

KENYA: CHOLERA

appeal no: 19/97
10 November 1997

***THIS APPEAL SEEKS CHF 224,000 IN CASH
KIND AND SERVICES
TO ASSIST 240,000 BENEFICIARIES FOR 6 MONTHS***

Summary

Five districts of Nyanza province and parts of Western Kenya have been hit by cholera. Information from the International Federation's Regional Delegation in Nairobi confirms official hospital data showing 2,500 registered cases with a 5-10% mortality rate in Nyanza and Western Kenya. To date 140 people have died. Due to the limited health infrastructure in the province, and the difficult terrain, it is feared that many more are dying at home. Confirmed hospital data show a case fatality rate of up to ten per cent.

The Kenya Red Cross Society (KRCS) and the Regional Delegation in Nairobi have conducted rapid health assessments in Rachunyo and Migori districts in Nyanza Province. These form the basis of this appeal (which also covers Kisumu, Suba and Homa Bay, already showing significant caseloads). The population of Nyanza province is 2.4 million people, while neighbouring Western Kenya province has a population of 3.4 million.

The Disaster

The current outbreak of cholera was first reported on 27 August 1997 in the Rachunyo district, on Lake Victoria. Since then, five districts of Nyanza province have been affected: Migori, Rachunyo, Kisumu municipality, Suba and Homa Bay.

Factors contributing to the spread of the disease include the prevailing poor environmental and personal sanitation conditions, the common use of unsafe drinking water, the recent onset of seasonal rains, some traditional cultural practices (i.e. communal meals during funerals), and poor health infrastructure.

Since 10 September, 30 deaths out of 120 cases have been reported in Tanzania's Tarime district which is located immediately over the border. The Federation's regional health delegate, together with Tanzania Red Cross, is conducting an assessment there.

In Migori district, Kenya, 858 patients were treated for cholera in government-owned facilities. Privately-owned clinics also treat cholera patients but their statistics are not known to the health authorities. It is also believed that some patients are not brought to any facility and may be dying at home.

Absence of good laboratory back-up contributes to inaccurate diagnosis and treatment. However, it has been established that the sensitivity of the virus to Tetracycline was high in the beginning but has declined with time, pointing to the possibility of emerging resistance or several points of origin.

The Response so far

Government Action •

The Government of Kenya has already received support from international partners. The Italian Government has contributed USD 75,000 which will be used in Nyanza, Coast and Eastern provinces, not only to combat the epidemic but to train personnel and purchase emergency medical supplies and laboratory materials. The provincial health authorities have established a monitoring/data collection system and the Ministry of Health (MOH) has appealed to humanitarian organisations for further assistance.

Red Cross/Red Crescent Action •

KRCS and the Federation Regional Delegation carried out two rapid assessments: in Rachunyo on 11-13 September, and in Migori on 25-27 September, and they are presently conducting a third one in neighbouring Tanzania. Their findings, included in a detailed report, prompted KRCS to request assistance in cash and kind totalling CHF 214,858 for an at-risk population of 240,000. This amount was released from the Federation's Disaster Relief Emergency Fund in October.

Red Cross branches in the affected areas have been carrying out community-based first aid (CBFA) and disaster preparedness training. A Norwegian Red Cross-funded water and sanitation programme has existed in Migori since February, Kisumu has a Family Health Home-Based Care programme dealing with HIV/AIDS and Rachunyo has a primary health care (PHC) programme supported by the Netherlands Red Cross, which also serves Suba. These projects will all be included in the cholera response.

Throughout the operation the Red Cross network will work hand in hand with the MOH. Volunteers who have medical or nursing qualifications will provide case management and care, while others will support local health providers in cleaning treatment centres.

Red Cross volunteers will visit homes that are deemed vulnerable, advising on latrine use, water, preparation of food, first aid for diarrhoea at household level, and provide oral rehydration salts (ORS) to all patients while advising them to go to the nearest treatment centre.

The plan of action, developed by the KRCS health programme officer and the Federation regional health delegate concentrates on both curative and preventive activities, implemented through a large network of volunteers, and is expected to last six months. It includes:

- conducting health education and training in households, schools, treatment centres and the community at large;
- provision of safe drinking water through purification, identifying unprotected water sources and providing chlorine to MOH;

- assisting MOH with Federation cholera kits, oral rehydration salts, intravenous solutions, antibiotics, emergency treatment centres and surgical material;
- In the long-term, efforts will be made to adapt existing KRCS health programmes to carry out preventive health activities.

The KRCS Health Programme Officer will give regular follow up by reacting to reports from the field and making visits to operational sites. He will provide the field with technical and training assistance and will be responsible for requisitioning supplies and technical support from the Regional Delegation. He will also provide regular reports to the Regional Delegation. The management of the operation will be conducted by KRCS in close consultation with the Federation.

Other Agencies' Action •

Médecins Sans Frontières-France and World Vision International are the most prominent of other agencies working in Nyanza. MSF-F is working in five districts, focusing on medical assistance and health education.

Co-ordination •

All agencies are working in close collaboration with the MOH and co-ordination is carried out through the Provincial Medical Officer.

National Society/Federation Plan of Action

Short term intervention:

September - November 1997

The following activities, started in August, will continue well into November. KRCS/Federation are:

- Providing health education and assistance at treatment centres using Red Cross branches and volunteers, distributing Federation cholera leaflets, providing health education in schools, implementing "crash" cholera sessions to 200 Trainers, providing household-tailored health education, providing care and assistance at treatment centres;
- Assisting the Ministry of Health with critical cholera supplies: Federation cholera kits, oral rehydration salts, intravenous solutions, emergency treatment centres (tents), locally-made cholera beds, antiseptics and other medical supplies;
- Continuous monitoring of the situation, carrying out a rapid assessment with Tanzania Red Cross Society on the cholera outbreak across the border in Tarime District.

Phase Two:

December 1997 - March 1998 and beyond

In the long-term, the following activities will be implemented by the expansion of existing health programmes:

- Initiate discussions with the Norwegian Red Cross and the Netherlands Red Cross on adapting the programmes they support to provide long-term activities against cholera, as well as ensuring that all KRCS health programmes include comprehensive, epidemic-related components;
- Establish baseline information on the prevailing level of sanitation and health behaviour to design interventions;
- Improve water sources through spring and shallow well protection and exploring other technologies.

Capacity of the National Society •

KRCS is a well established National Society with extensive experience in relief operations. It is presently managing two major operations (drought response in North Eastern Kenya and refugee assistance in the coastal region), and providing assistance to those affected by the recent coastal

flooding. The cholera-affected region supports some active Red Cross branches which can mobilise sufficient volunteers, but they require financial, material and technical support from headquarters and regional offices.

Present Capacity of the Federation •

The Regional Health Delegate has been giving community and relief health advice. The Operations Support Unit of the Regional Delegation has supplied the necessary logistical support to ensure the smooth running of the operation.

Evaluation •

A mid-term evaluation will be carried out after three months, and a final evaluation after six months.

Conclusion

Detailed reports of assessment missions and other information are available from Juan Saenz, Acting Desk Officer, Eastern Africa Desk on ++ 4122-7304315.

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