



Kenya

Humanitarian Situation
Report # 4
1 October to 30 December
2015

unicef 

Highlights:

- Associated with El Nino, thirteen counties have registered above average rains in the first two months of the Short Rain season when compared to the long term mean for October-November-December.
- In total, 40,121 Households (HHs) (approximately 240,726 people) have been affected, and a total of 17,254 HHs (approximately 103,524 people) have been displaced during October-December rains.
- The cholera situation has been aggravated by the heavy rains and flooding and has contributed to the spread of cholera in the country after the first cases were reported in late December 2014. As of 28 December 2015, a total of 10,221 cases and 174 deaths with a Case Fatality Rate of 1.7% have been reported. A total of 22 counties have been affected, of which 14 counties have controlled the outbreak.
- The Cholera Outbreak in Dadaab Refugee Camps began on 18th November 2015. A total of 1,216 cases with 11 deaths have been reported. Case Fatality Rate (CFR) is at 0.84%.
- On 18 December, 28 confirmed Cholera cases were reported in Moyale, with unconfirmed cases reported across the border with Ethiopia. UNICEF Kenya and UNICEF Ethiopia are supporting cross border coordination.

Situation in Numbers:

Across the country:

40,121 Households affected by El Nino rain (MoH, 28 Dec. 2015)

10,221 Cholera cases reported

174 Cholera deaths reported

1.7% Cholera Case Fatality Rate (MoH, 28 Dec. 2015)

Dadaab Refugee Camps:

1,261 Cholera cases

11 Cholera deaths reported

0.84% Cholera Case Fatality Rate (MoH, 5 Jan. 2016)

UNICEF Kenya 2016 Humanitarian Requirements:

US\$ 16,450,000

Situation Overview and Humanitarian

- Kenya is experiencing massive flooding associated with the El Niño weather phenomenon which started in the last quarter of 2015, and is expected to last until early 2016, affecting an estimated 2 million people and with some 800,000s at risk of displacement, according to Government estimates.
- Kenya Red Cross reports indicate that by 31st December 2015, floods and landslides/ mudslides had affected 40,121 HHs (HHs) (approximately 240,726 people) have been affected, and a total of 17,254 HHs (approximately 103,524 people). According to Kenya Red Cross assessments in Garissa and Tana River, displaced populations lack safe water, shelter, sanitation, food and non-food items, disposing them to the risk of water borne diseases including acute watery diarrhea, malaria and Rift Valley Fever. *[See below snapshot of Kenya's Rainfall Performance and UNICEF's El Nino response.]*
- Rains are also contributing to the further spread of disease. Since the beginning of the cholera outbreak on 26th December 2014, a total of 22 counties have been affected. Fourteen of the counties have managed to successfully control the outbreak. As of 28th December 2015, a total of 10,221 cases and 174 deaths (CFR=1.7%) have been reported nationally. However, only 1,169 (13%) of the cases are laboratory confirmed. A total of eight counties have active Cholera outbreaks with two having the 1st wave (Wajir and Marsabit) while four are reporting the 2nd wave (Garissa – including Dadaab Refugee Camps, Mombasa, Kilifi, Nakuru), one reporting the

3rd wave (Siaya) and one reporting the 4th wave (Nairobi). By 18 December, 28 confirmed Cholera cases were reported in Moyale, with acute watery diarrhea cases reported across the border with Ethiopia.

- Suspected cases of Cholera have been reported in the Garissa Referral Hospital and although they tested negative for cholera, the County remains at risk (700,000 people with 150, 000 in Garissa town) as it is hosting Dadaab Refugee Camps.
- The next county at risk is Tana River (240,000 people) that faced large scale floods in November/December and where humanitarian access is more difficult. Due to the recent heavy rains, most of the water pans in the Arid and Semi-Arid Lands are full and communities are likely to fetch untreated water for drinking and domestic use, increasing the risk of further spread of the Cholera outbreak.
- Wajir reported the highest number of cholera cases with over 224 cases and 33 deaths during the reporting period. The Cholera Epidemic in Wajir town is extremely difficult to control the high number of shallow wells at household's level which can be easily contaminated and a generalized bucket latrine system that is not well managed. *[See below snapshot of UNICEF's Cholera Outbreak Overview.]*
- The Cholera outbreak in Dadaab Refugee Camps started on 18 November 2015, with both refugees and host community populations being affected. Causal factors of cholera are attributed to poor hygiene and inadequate sanitation facilities, which has been exacerbated by the ongoing heavy rains linked to El Nino. Additionally, partners support to hygiene measures was curtailed in September due to resources which contributed to the number of Community Health Workers (CHW) across the camps falling well below the standard 1:500 ratio. Cases of affected children are attributed to playing in the stagnant contaminated pools of rain water and possible ingesting of the same. As of 5 January 2016, a total of 1261 cases with 11 death cases were reported, with the case fatality rate (CFR) standing at 0.84%. *[See below snapshot of UNICEF's Dadaab Camp Cholera response.]*
- The risk of further spread to the host community is very high. This is the second outbreak in 2015 in Dadaab after the one between July and August with eight reported cases (with one positive tested on culture test on 16th July from Kambioos) successfully controlled. There was similar scale outbreak of Cholera was in Dadaab Refugee Camps in 2011, where the number of cases reached 1245 between 25 October 2011 to 2 March 2012 with a CFR of 0.2 %.

Leadership and coordination

County Governments are leading Cholera and El Nino response activities, with National Government providing overall coordination under the Director of Medical Services, disease surveillance, information management, technical support and provision of supplies. Technical oversight and information management support is being provided to Government and partners through UNICEF's sector lead role. Essential Health, WASH and non-food items are pre-positioned and are being provided in response. Critical gaps remain as current stocks are insufficient to meet the evolving needs. Behavior change communication is also required to sensitize affected populations. Cholera coordination mechanism at national level have not been occurred regularly and communication between national and county level is at times challenged.

An Outbreak Control team for the Dadaab Refugee Camps outbreak comprising WASH, Health partners, UNHCR, MoH and DRA is activated with coordination meetings being held at Dadaab level on every Friday and daily at camp level, and updates shared daily. According to WHO, there is a need to increase the presence of epidemiologists from within Garissa County MoH staff in order to enhance surveillance and monitoring. While response to the outbreak at camp level is principally the role of UNHCR, the outbreak is also affecting the host community and is likely to spread further, and thus the multi-sectoral approach and involvement of the key Government line ministries at national and county level is key to the success of the control of this epidemic.

UNICEF has been advocating for better coordination of partner response with OCHA and MoH at Nairobi level, and is actively participating in coordination fora at all levels with the deployment of Health, WASH and C4D staff to Dadaab, Moyale and Wajir to provide technical support for upscaling response and improving coordination. UNICEF Education Office and additional Health, WASH and C4D staff based in Dadaab are the key contacts with UNHCR, MoH and partners in Dadaab. UNICEF Kenya and Ethiopia Country Offices are facilitating cross-border coordination between Ethiopian and Kenyan authorities to control the Moyale outbreak.

UNICEF and Partners Programme Response

Health overall response

- Health supplies including interagency kits to support Cholera Treatment Centers were distributed to affected counties through UNICEF zonal offices.
- Capacity building of National, County and Sub county multi sectoral teams is taking place.
- UNICEF Health team has also offered technical assistance, assessment and actively participated in multi-sectoral coordination fora at the National, County and Sub-county levels.

Health Dadaab response

- Health supplies (207,000 tablets and 800 bottles of antibiotics; 10.3 Million ORS and Zinc sachets and a health inter-agency kit of assorted medication) to support Cholera Treatment Centers in Dadaab Refugee Camp have been dispatched to UNHCR. The supplies will be sufficient to provide treatment for up to 10,000 people for three months.
- Capacity building of Community Health Workers in Dadaab is ongoing. The UNICEF team provided a rapid Training of Trainers (ToT) in Hagadera camp for 25 Community Health Workers on Cholera related messages. The follow up comprehensive training for the community health workers is planned for early January 2016
- Health supplies (one inter-agency kit; 10,000 tablets of antibiotics and 10,000 tablets of zinc) were also dispatched to Tana River County on 3 December to respond to flood-displaced populations.

Gaps in Health Response

- Lack of rapid diagnostic testing kits.

WASH overall response

- UNICEF WASH team has conducted sensitization exercise of community leaders/ community dialogues.
- Training of Community Health Volunteers and Community Health Workers on Cholera prevention.
- Distributed WASH NFIs in schools, health facilities and at the household level.
- Conducted hygiene promotion in schools and at the household level.
- Provision of Household water treatment kits, Aqua tabs and Pur sachets at the household level.

WASH Dadaab response

- From current pre-positioned stocks, UNICEF has dispatched sufficient supplies to address existing gaps in soap (32,000 pieces), aquatabs (500,000 pieces), Chlorine (30X45 kg drums) and PUR (400 boxes) which will cater for both refugees and host communities. Accelerated procurement is ongoing for 20,400 rigid jerry cans to be dispatched immediately, which will meet 85% of the gaps. Accelerated procurement is also ongoing for additional stocks (soap, chlorine and aquatabs) for pre-positioning.
- In response to the Tana River County flooding, 100 jerry cans, 400 pieces of soap, 100 buckets, 500 UNICEF Family Relief Kits and 10,000 aquatabs were dispatched.

Gaps in WASH response

- Inadequate WASH NFI's.
- Low latrine coverage.
- Stagnant pools of water resulting from heavy rains.
- Poor hygiene practices in communities.

Communication for Development (C4D) overall response

- Rapid assessment of knowledge, attitude and practices in six Cholera hot spot counties (Baringo, Nairobi, Lamu, Migori, Nakuru, Busia)
- Dissemination of hygiene and sanitation messages on Cholera prevention at the National, County and Sub county level.
- Distribution of behavioral change communication materials.
- Conducted mass media – radio spot in Migori and Homabay Counties.
- Capacity building of health promotion officers in 47 Counties on Cholera prevention and disease outbreak.

Communication for Development (C4D) Dadaab response

- Dissemination of hygiene and sanitation messages on Cholera prevention have been intensified in Dadaab with a handwashing spot running in all Somali speaking radio stations (Dadaab FM, STAR FM, Wajir FM and Risala FM) at least five times a day on each station during primetime hours. Two other cholera prevention radio spots (one on prevention and another on three key messages) are under production and will start airing on 31 December 2015. A Somali TV spot on handwashing will be aired at food distribution points starting on 4 January 2016 when food distribution resumes. Also, through FilmAid and all partners managing the five camps will air this public service announcement in all public areas and their facilities.
- 4,000 IEC materials were dispatched to Tana River for floods response.

Gaps in the Dadaab response

- Currently the ratio of frontline health workers is 1:2070 persons.

Proposed actions in Dadaab – with UNICEF support:

- Develop and implement a minimum package interventions at household level (demonstration of water treatment, storage and handling, key messages on hygiene promotion at critical times; proper disposal of faeces, active case and contact finding, contact prophylaxis and referrals) to targeted communities at risk and close contacts.
- Advocacy for resource mobilization, multi-sectoral and coordinated approach for cholera prevention and response.
- Technical support (Health, WASH, Nutrition, C4D).
- Intensify key messaging to communities.
- Additional Supplies for targeted distributions: rigid jerry cans and soap.
- Additional medical supplies (Sodium lactat. comp. inj, ORS, Amoxicillin).
- Reinforcing prevention activities in host communities in Garissa county and Tana river.

FUNDING REQUIREMENTS

Against UNICEF's 2015 requirement of US\$25 million, US\$ 9,841,601 million, 59 per cent has been funded. In 2016, UNICEF is requesting US\$16,450,000 million to meet the humanitarian needs of children in Kenya in 2016, this includes response to El Niño-related flooding, to ensure that emergency-affected populations build resilience to future shocks.

Humanitarian Funding as of September 30, 2015

Appeal Sector	Original 2015 HAC Requirement (US\$)	Funds Received Against 2015 HAC (US\$)	Funding gap	
WASH	2,500,000	589,146	1,910,854	76%
Education	2,000,000	809,111	1,190,889	60%
Health	5,500,000	742,554	4,757,446	86%
Nutrition	7,500,000	5,637,658 ¹	1,862,342	25%
Child Protection	4,500,000	796,850	4,069,037	90%
HIV/AIDS	1,000,000	0	1,000,000	100%
Programme Support	2,000,000	1,266,282	733,718	37%
Sub-Total	25,000,000	9,841,601	10,331,870	41%
Carry-forward*		4,826,529		
Total funding available**		14,668,130		
Grand Total	25,000,000	14,668,130	10,331,870	41%

* The carry-forward figure is the unutilized budget balance that was carried forward from the prior year to the current year, available as of 1 January 2015. ** Total funding available includes total funds received against current appeal plus carry-forward. ***'Funds received' does not include pledges.

In 2015, UNICEF Kenya received Humanitarian funding from the following donors to-date:

1. Government of Japan Supplementary funding
2. USAID/Food For Peace
3. European Commission/ECHO
4. USA (USAID) OFDA

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Kenya: Cholera outbreak overview as of 28th December 2015



Since the beginning of the outbreak on 26th December 2014, a total of 22 counties have been affected. Fourteen of the counties have managed to successfully control the outbreak. As of 28th December 2015, a total of 10,221 cases and 174 deaths (CFR=1.7%) have been reported nationally. However, only 1,177 (12%) of the cases are laboratory confirmed. Currently, 8 counties have active Cholera outbreaks with 2 having the 1st wave (Wajir and Marsabit) while 4 are reporting the 2nd wave (Garissa, Mombasa, Nakuru), 1 reporting the 3rd wave (Siaya) and 1 reporting the 4th wave (Nairobi)

Summary of Key Figures



10,221

Total number of cases



302

Total number of new cases



1177

Lab confirmed cases



174

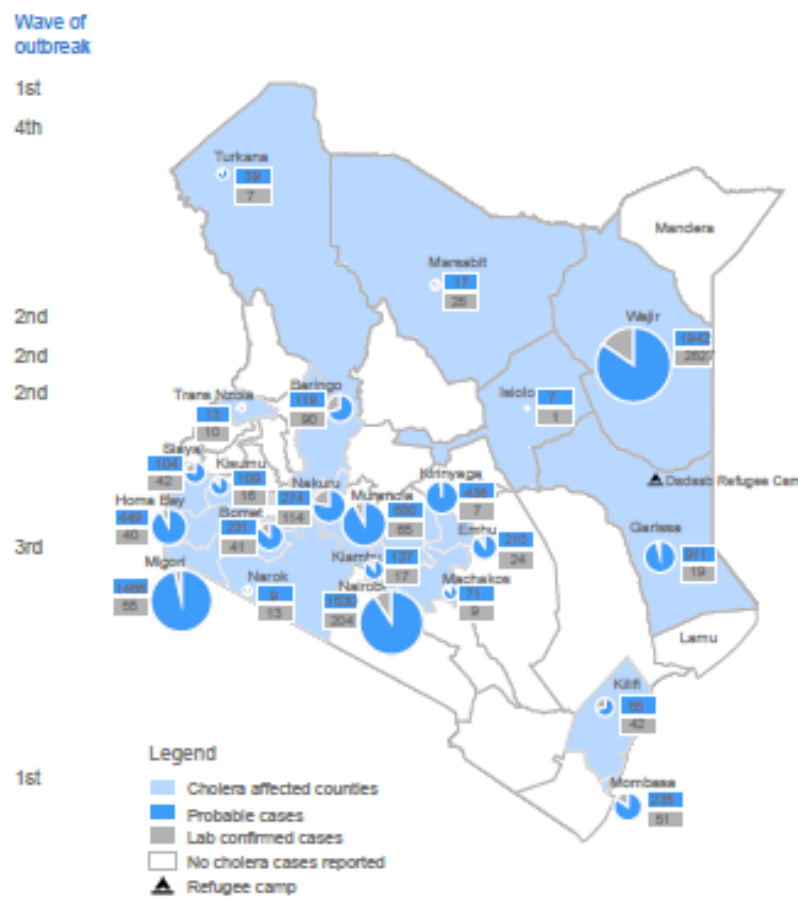
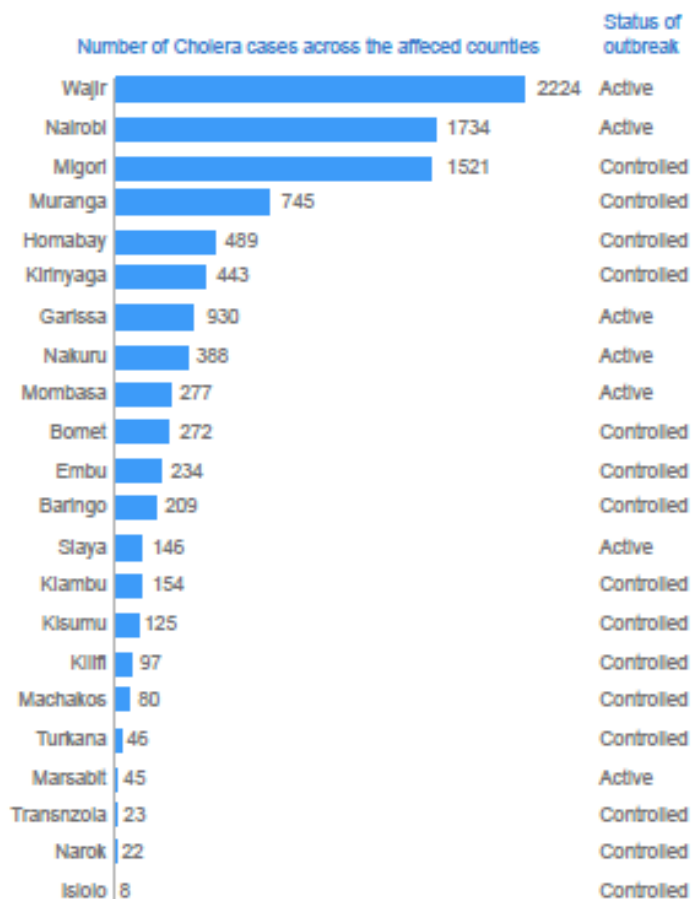
Total number of deaths



8

Total number of new deaths

CFR=1.7%



Interventions



Coordination

Outbreak coordination teams meeting at National and County level



Social mobilization

Local FM radio stations are supporting in dissemination of health messages in the counties



Food safety

Enforcement of the Food Drugs and Chemical Substances Act, Cap 254 is ongoing in all the affected counties



WASH

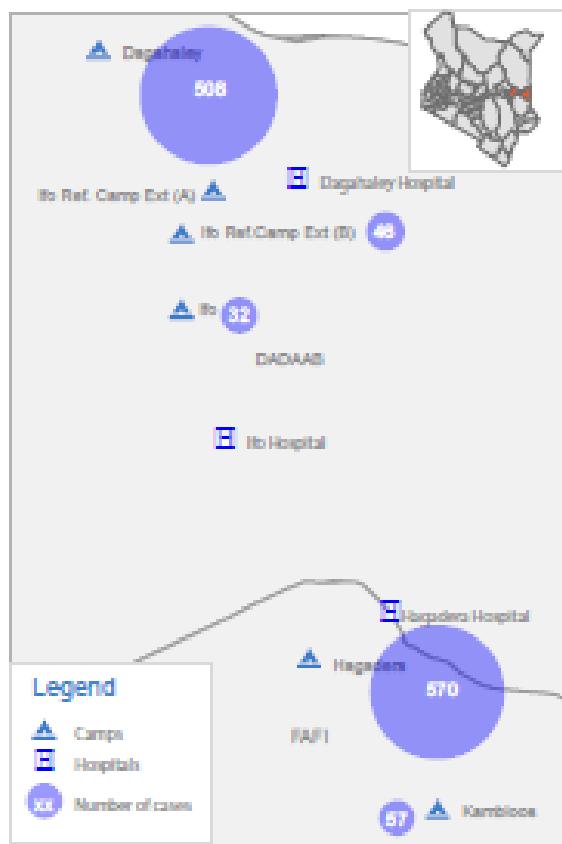
Water treatment is ongoing in high risk counties. Education on hygiene and sanitation is also ongoing.



Health

Case management at National and County level
Surveillance
Laboratory and data management
Provision of chemoprophylaxis to close contacts is ongoing

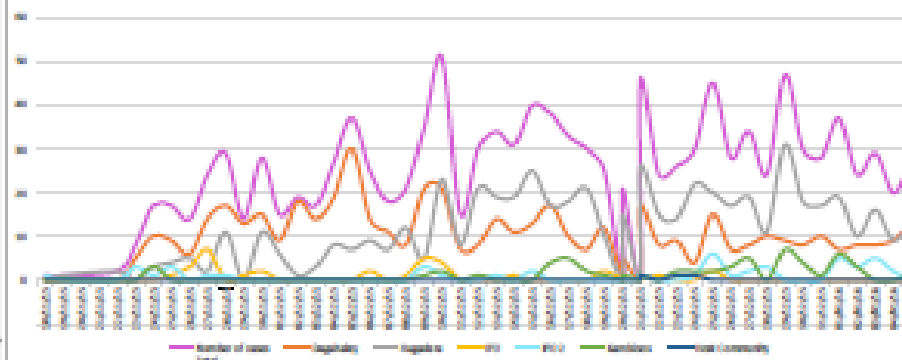
Kenya: Dadaab Cholera situation overview as of 5th January 2016



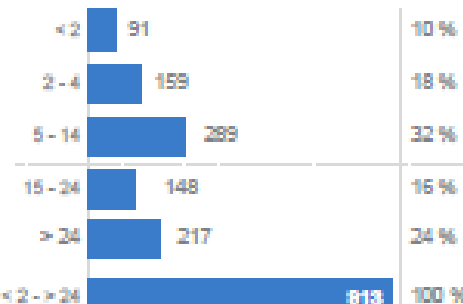
The current Cholera outbreak in Dadaab Refugee Camps started on 18 November 2015, with the first confirmed case being a ten year old boy from Block T-6, IFO 2 Camp. The second confirmed on 19 November 2015 was a 30 year old male from block C-10, Hagadera. He is a host community member. This is the second outbreak in 2015 after the one between July and August with 8 reported cases (with one positive tested on culture test on 16th July from Kambloos) successfully controlled. There was similar scale outbreak of Cholera was in Dadaab Refugee Camps in 2011, where the number of cases reached 1345 over the period between 25 October 2011 to 2 March 2012 with a CFR of 0.2 %.



Epidemic curve for the Cholera outbreak in Dadaab Refugee Camp



Dissagregation of Cholera cases by age group as of 26th December 2015



Those below 15 years accounted for 60% of the total cases

- Legend**
- < Less than
 - > Greater than
 - xx % Percentage of affected population
 - Number of affected population

Partners actively responding

	Health	KRCS, CARE, NRC, MSF, UNHCR, UNICEF, IRC
	WASH	KRCS, CARE, NRC, UNHCR, UNICEF, IRC
	C4D	KRCS, CARE, NRC, UNHCR, UNICEF, IRC

UNICEF Response

<p> Health</p> <p>Provision of 16 assorted Interagency Emergency Health kits, each for 10,000 for 3 months.</p> <p>Provision of ORS and Zinc.</p> <p>Capacity building of community health workers on Cholera prevention</p>	<p> WASH</p> <p>Distribution of WASH NFIs</p> <p>Dissemination of hygiene and Sanitation messages on Cholera prevention</p> <p>Community engagement through religious and traditional leaders</p>	<p> Coordination</p> <p>UNICEF participating in coordination meetings at the National, County, Sub County and Camp level</p>
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Gaps

<p> Health</p> <p>Lack of rapid diagnostic testing kits</p>	<p> WASH</p> <p>Inadequate WASH NFIs</p> <p>Low latrine coverage</p> <p>Stagnant pools of water</p>
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Kenya: El-nino UNICEF Response as of December 2015

UNICEF has taken part in the EL-Nino response in not only providing Medical, WASH and Shelter NFI, but also intervened in other aspects such as

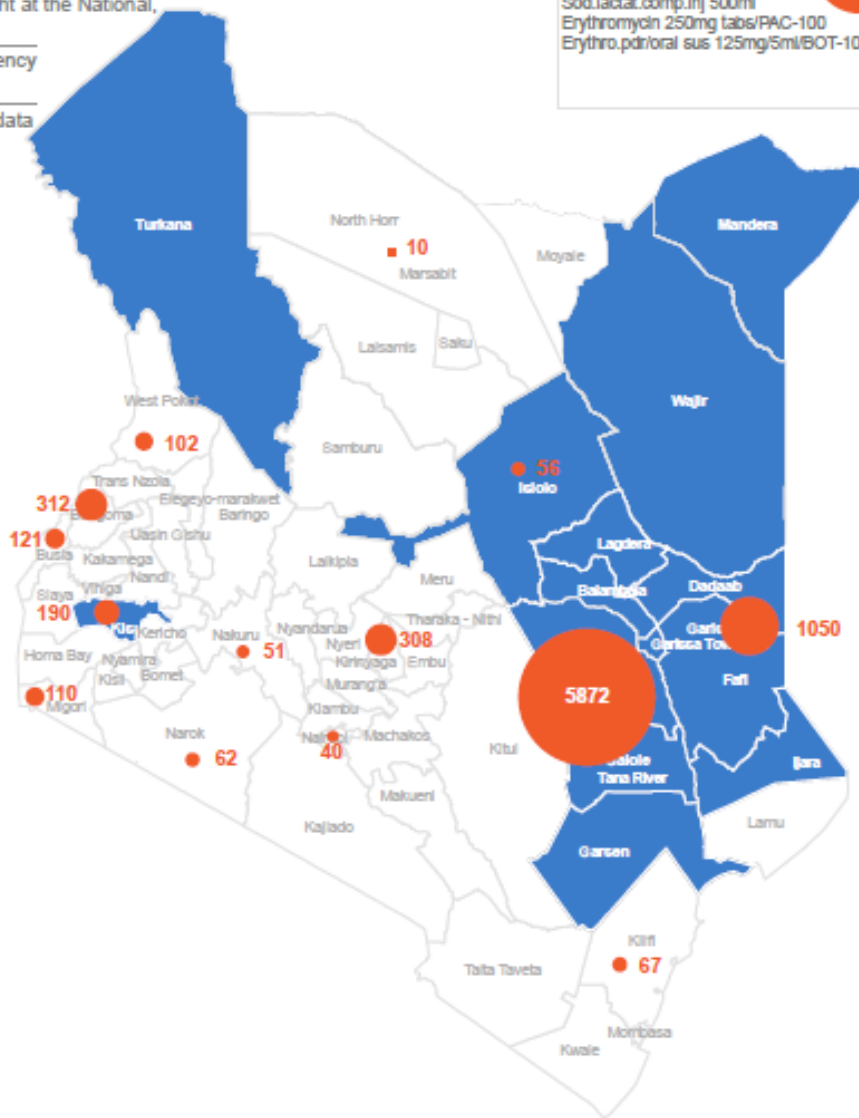
- Coordination** UNICEF has provided oversight at the National, County and Sub County level.
- Assessment** Offered support in the interagency rapid assessment.
- Technical Assistance** UNICEF took the lead role in data collection and analysis for evidence based planning.

Turkana **NFI**

Family Relief kit

Kisumu **NFI**

Family Relief kit



Isiolo **Health**

ORS low osm. 20.5g/1L
Sod.lactat.comp.Inj 500ml
Erythromycin 250mg tabs/PAC-100
Erythro.pdr/oral sus 125mg/5ml/BOT-100ml

Mandera **Health**

ORS low osm. 20.5g/1L
Sod.lactat.comp.Inj 500ml
Erythromycin 250mg tabs/PAC-100
Erythro.pdr/oral sus 125mg/5ml/BOT-100ml

Wajir **NFI**

LLIN, 150d, white, 190x180x150cm
Family Relief kit
Jerry can Rigid 20 L circular 990g
Plastic Bucket 20L, HDPE/LDPE w/ld 630g
Jerry can Rigid 10 L circular 450g

Garissa **NFI**

LLIN, 150d, white, 190x180x150cm
Family Relief kit
Jerry can Rigid 20 L circular 990g
Plastic Bucket 20L, HDPE/LDPE w/ld 630g
Jerry can Rigid 10 L circular 450g

Tana River **Health**

Amodillin 500mg tabs/PAC-100
IEHK2011, kit, basic unit
IEHK2011, kit, suppl. 1b-malaria
IEHK2011, kit, suppl. 2-equipment
IEHK2011, kit, suppl. 3-renewable
Zinc 20mg tablets/PAC-100
IEHK2006, kit, suppl. 2-equipment
ORS low osm. 20.5g/1L CAR/10x100
Sod.lactat.comp.Inj 500ml w/g.set/BOX-20
Erythromycin 250mg tabs/PAC-100
Erythro.pdr/oral sus 125mg/5ml/BOT-100ml

NFI

LLIN, 150d, white, 190x180x150cm
Family Relief kit
Jerry can Rigid 20 L circular 990g
Plastic Bucket 20L, HDPE/LDPE w/ld 630g
Jerry can Rigid 10 L circular 450g

WASH

Water purif. (NaDCC) 67mg tabs
Plastic Bucket 10L, HDPE/LDPE w/ld
Jerry can Rigid 20 L circular 990g
Soap, Laundry 800g, Indv packed, 25/crtn

- Legend**
- Non focus counties
 - Focus counties
 - Displaced households
 - Health
 - WASH
 - Emergency NFI



Kenya: October, November, December (OND) rainfall performance



Map showing a visual representation of rainfall distribution for the period of October and November

Graphical representation of meteorological stations that recorded above normal rainfall



Station	Total rainfall received (OCT, NOV) (mm)	Long term mean (OCT, NOV, DEC) (mm)	% RCV higher than LTM
ELDORET AP	218.6	388.5	179.4%
LAMU	130.7	202.1	154.6%
ELDORET	154.6	238.2	152.8%
MANDERA	115.5	184.1	142.1%
MOMBASA	289	358.9	123.5%
M.A.B	288.9	310.9	115.6%
KAKAMEGA	395.3	456.3	115.4%
KERICHO	403.8	483.1	114.7%
KITALE	238.4	254.9	107.8%
THIKA	337.6	381.2	107%
NYERI	297.5	310.6	104.4%
KISII	538.7	557.8	103.5%
NAROK	177.2	183.4	103.5%
WILSON	282.2	283.7	99.5%
EMBU	519.3	532.6	97.5%
MTWAPA	252.9	283.3	98.1%
KISUMU	335.7	354.3	94.8%
NYAHURURU	175.8	188	93.5%
JKIA	237.3	281.5	90.7%
MARSABIT	288.5	298	90%
DAGORET	271.7	310.4	87.3%
MALINDI	140.5	171.5	81.5%
NAKURU	148.7	180.8	81.1%
LAIKIPIA	171.7	220.5	77.9%
VOI	213.6	278.5	76.7%



■ Counties with above normal rainfall but no impact reported
■ Counties with above normal rainfall and impact reported
 No data collected

■ Total rainfall received (OCT, NOV)
■ Long term mean (OCT, NOV, DEC)
XX% Percentage received (OCT, NOV)

¹ Includes USD 1,388,899 received from USA (USAID) OFDA on 1st October 2015