



Situation report 003 – Mandera Cholera & Chikungunya Outbreak

Sitrep No. 004/June/2016

Data of issue – 6 May 2016

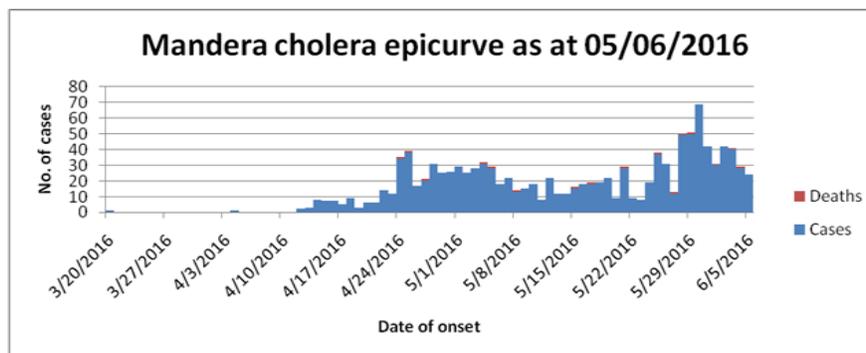
Time period of Sitrep: As at 2322hrs

Current situation

This situation report covers activities between Friday, 27 May and 6 June 2016, and describes the response activities by the Kenya Red Cross Society (KRCS) and other partners.

Cholera outbreak

The cholera-affected population are still drawn from Bulla Shafshafey, Bulla Mpya, Bulla Power, Bulla Jamuhuria and Township, according to the latest line-listing (5 June 2016) by the county government. Several multi-stakeholder consultations and meetings, both in Mandera and Nairobi, have been held to review the outbreak containment strategy and resourcing.



The total line listed cases of cholera stood at 1,213, while the reported deaths as at 5 June 2016 stood at 18 (facility reported). The county government health officials have begun the auditing of the number of deaths at the community level. This information is being collected by the KRCS volunteers and the provincial administration. A total of 92 patients were admitted at the Cholera Treatment Centers (CTCs) on 5 June 2016.

Chikungunya outbreak

The effects of the Chikungunya virus disease is slowly fizzling off among healthcare workers from the county. The real burden of the Chikungunya outbreak at the community level remains largely unknown, with the only intervention being the creation of awareness and the planned vector control.

Revised Social Mobilization Strategy

The daily technical forum received a proposal from the KRCS for the change of the social mobilization strategy so as to ensure the rapid reach to all households in the cholera-affected villages, as well as ensuring targeted contact tracing. The villages were profiled based on the cholera caseload and population.

The table below shows a summary of villages targeted for house-to-house visits by KRCS volunteers, as well as those targeted for community-wide sensitization by KRCS and the provisional administration.

Village	POPULATION	EST HHS	EST Social Mob Teams	Vols for Social Mob	PHO Allocation	Contact Tracing	Team Lead
Villages targeted for House to House visits by KRCS Volunteers							
BARWAKO	5,985	998	4	8	2	1	2
BULLA MPYA	34,008	5,668	20	40	2	4	
SHAFSHAFEY	65,844	10,974	39	78	2	7	
BULLA JAMHURIA	7,653	1,276	5	10	2	1	
BULLA POWER	9,192	1,532	5	10	2	1	
CENTRAL	17,848	2,975	11	22	2	2	
TOWNSHIP	10,750	1,793	6	12	2	1	
BULLA NGUVU	3,511	585	2	4	2	1	
Sub-Total	154,791	25,801	92	185		16	
Villages targeted for community wide sensitization by KRCS and provincial administration							
KAMOR	9,497	1,583					
BORDER POINT 1	5,932	989					
Sub-Total	15,429	2,572					

The technical working group and the social mobilization team agreed to 14 days of intensified household visits to ensure 100 per cent coverage. This was agreed while ensuring the following:

- The demonstration of proper hand-washing techniques.
- The provision of hygiene and sanitation messaging.
- The disinfection of all latrines.
- The chlorination of household water tanks and distribution of water treatment chemicals.
- The distribution of water containers.
- The collection of cholera-related deaths at the household level.
- Revisiting of households every two weeks for monitoring purposes and the replenishment of water treatment chemicals.

KRCS Actions

KRCS has deployed additional medical officers and nurses from the Kenya Association of Muslim Medical Professionals. The current technical staffing has increased to 39 comprising, public health officers, entomologists, epidemiologists, medical officers, nurses, nutritionists, water engineers, logistics and operation managers. This team is supported by a pool of 226 volunteers who possess basic skills in community engagement. KRCS has deployed WASH, medical and non-medical supplies, as well as a fleet of six land cruisers and two motorbikes.

A stakeholder coordination meeting, held on 5 June 2016, at the Governor's office identified vector control, cross-border strategies to control both outbreaks, overwhelming admissions at the CTC and the already immobilized healthcare workforce as major challenges affecting the prevention and control efforts of this outbreak.

Following the county government's request for additional personnel, KRCS fulfilled most of the gaps and the only pending human resource requirements are as follows:

1. To mobilize more health personnel as follows; 1 medical officer, 6 nurses, 1 laboratory technician, 1 public health officer, 1 pharmaceutical technologist and 15 volunteers. Additional technical personnel are being mobilized.
2. To mobilize and set up a second 60-bed capacity CTC at the Khadija Grounds, which is proximal to the most affected area - Bullas. Preparations on the ground are ongoing and set up of the structure will begin on 1 June 2016.
3. To mobilize vector control by deploying aerial spraying for the Chikungunya response. This has, however, been re-directed by the national Ministry of Health (MoH) on technical grounds and the county will begin fogging and probably larviciding in the coming days.

As reported in the last Sitrep, KRCS remains largely the lead agency on the community intervention. The coverage as at 6 June 2016 is as follows;

1. **Advocacy, Communication and Social Mobilization (ACSM) team:** The main activities have been house-to-house sensitization, sensitization via public address system (PAs) mounted on a vehicle. Several local radio talk shows have been planned and running daily in the local dialect. Kiswahili and English talk shows are also planned in the same local radio station. Posters availed by the county government.

The table below gives the summary of the reach by the social mobilization team after the approval of the revised strategy.

SOCIAL MOBILIZATION DAILY HOUSEHOLD REACH AND TARGETS						
VILLAGES	HOUSEHOLD TARGETS in 14 days	DAILY HOUSEHOLD TARGETS	5 June 2016		6 June 2016	
			HOUSEHOLD # Reached	%	HOUSEHOLD # Reached	%
BULLA MPYA	5668	405	97	24	386	95
BULLA JAMHURIA	1276	91	101	111	741	95
BULLA SHAFEY	10974	784	741	95	200	94
BULLA CENTRAL	2975	212	200	94	119	109
BULLA POWER	1532	109	97	89	79	111
BULLA BAWAGO	998	71	80	113	128	100
TOWNSHIP	1793	128	120	94	41	89
BULLA NGUVU	585	46	30	65	100	109
TOTAL	25801	1846	1466	79	1794	97

2. **Active case finding:** Active case finding has been ongoing from 5 June 2016 to date. The KRCS volunteers visited all the hotspot villages and disinfected soiled beddings, fresh vomit found in compounds and latrines. A total of 145 cases were followed up so far with 100 households disinfected. Other households had been reached by the social mobilization team, while some households refused and the matter was taken up by the county government. 8,870 aqua tabs were distributed, water tanks in 80 households were chlorinated and 35 toilets disinfected.
3. **Water safety and hygiene promotion:** The water safety and hygiene promotion team of volunteers have been chlorinating water at the affected areas. To date, the team chlorinated nine storage water tanks, 26 shallow wells and two boreholes to ensure water safety. Generally,

this has been crude chlorination as the establishments of the water volumes, turbidity and recharge rates remains a challenge.

4. **Rapid Assessment:** A rapid assessment to determine knowledge and hygiene practices before the implementation is being led by the national MoH staff. The findings will be shared once available. A post-response evaluation will be done later after the outbreak and a comparative analysis undertaken.
5. **Cross-border approach to the outbreak:** On 31 May 2016, KRCS was part of a special meeting on cross-border security and health deliberations. Only the Somali MoH was represented, as the Ethiopian counterparts could not attend. Key deliberations that concern the Red Cross was the request made by the cross-border committee to re-look at the possibility of activating IFRC and/or ICRC, and mobilize resources to respond to the crisis in Bulla Hawa in Somalia, where the delegation confirmed to have had Chikungunya and cholera outbreaks for several months, with little effort in controlling the outbreak.

Other Actors

1. UNFPA, UNOCHA, WHO, KEMRI, MSF, AMREF, and the Mandera county government technical team members have been on the ground and are part of the technical team to support the strategy development of the response and to look at the issues of cross border concerns.

Immediate needs

1. Mobilization of resources to facilitate the huge personnel requirements.
2. Continuous engagement with the Somalia and the Ethiopian governments on cross-border outbreak

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