



INTERNATIONAL RESCUE COMMITTEE | KENYA
2010 | ANNUAL REVIEW

FROM THE COUNTRY DIRECTOR

I am proud to present IRC-Kenya's annual review for 2010, a year of challenges, new beginnings and many achievements. Throughout the year IRC-Kenya provided life-saving and life-changing support to vulnerable Kenyans and refugees in the Turkana region, the Dadaab and Kakuma refugee camps and in Nairobi. Working in close partnership with local actors and other international organizations, our programs supported 500,000 men, women and children in Kenya.

In Turkana, 2010 marked the close of our very successful five-year HIV/AIDS program. Over the span of the program, IRC-Kenya tested over 110,000 individuals, provided access to free antiretroviral treatment to close to 2,000 patients, and reached 200,000 individuals annually with awareness-raising messaging through various forms of media.

Our team in Dadaab responded to the steady flow of refugees (predominantly from Somalia) by providing comprehensive health care

to 98,281 refugees and over 9,000 individuals from the surrounding community. In addition to the health programs, IRC-Kenya began managing a gender-based violence program in Hagadera, focusing on prevention, behavior change and psychosocial support.

The Kakuma team responded to malnutrition rates above the emergency threshold through massive screenings, reaching over 20,000 children and reducing malnutrition rates by over half by April.

IRC-Kenya continued to be an influential advocate for urban refugees and vulnerable urban communities, working with these populations to understand their struggles and raising their issues at high level meetings. IRC-Kenya also fundraised for urban programming and at the time of this publication, secured support from several donors to implement a multisectoral program, with a specific emphasis on protection and rights for urban refugees.

We also rolled-out IRC-Kenya's five year strategic plan, whose four thematic program areas are Urbanization, Governance, Disaster Risk Reduction and Refugees. We are excited to continue to integrate these areas into our already existing programs, creating further linkages to achieve greater impact.

IRC-Kenya thanks our donors, partners and the Government of Kenya for their continued support throughout 2010. I would also like to express my sincere gratitude to the IRC-Kenya team, whose dedication and effort allowed us to continue to support and assist the most vulnerable in Kenya.



Kellie Leeson
Country Director

Cover photo: Turkana women sing and dance songs of peace before a District Peace meeting in Kainuk, South Turkana – *Victoria Shepard*

THE IRC'S IMPACT IN NUMBERS

In 2010, IRC-Kenya supported roughly **500,000** men, women and children in Kenya.

To tackle malnutrition, IRC-Kenya assisted **49,189** children under five and pregnant and lactating women in the Turkana region, and the Hagadera and Kakuma refugee camps.

In Dadaab's Hagadera refugee camp, IRC-Kenya provided healthcare to **98,281** refugees and **9,000** Kenyans from the surrounding community. Our programs in the Kakuma refugee camp benefited **78,247** individuals.

To help create safer communities, IRC-Kenya

counseled and tested **73,173** people in Turkana, Hagadera and Kakuma for HIV/AIDS.

In order to reach those in greatest need, IRC-Kenya trained **455 new** community health workers to support nutrition, health and HIV/AIDS programs in all three sites.



Refugees in Hagadera refugee camp applaud a performance at an IRC-Kenya event



THE IRC'S IMPACT IN NUMBERS

We admitted and treated **14,965** patients to hospitals in Hagadera and Kakuma. An additional **247,491** individuals were seen and treated without admission.

To improve reproductive health practices in the camps, IRC performed **4,604** safe deliveries in the hospitals in Hagadera and Kakuma.

In Nairobi, we continued to engage with **10** women and youth groups, supporting their capacity building, holding literacy classes and advocating on their behalf.

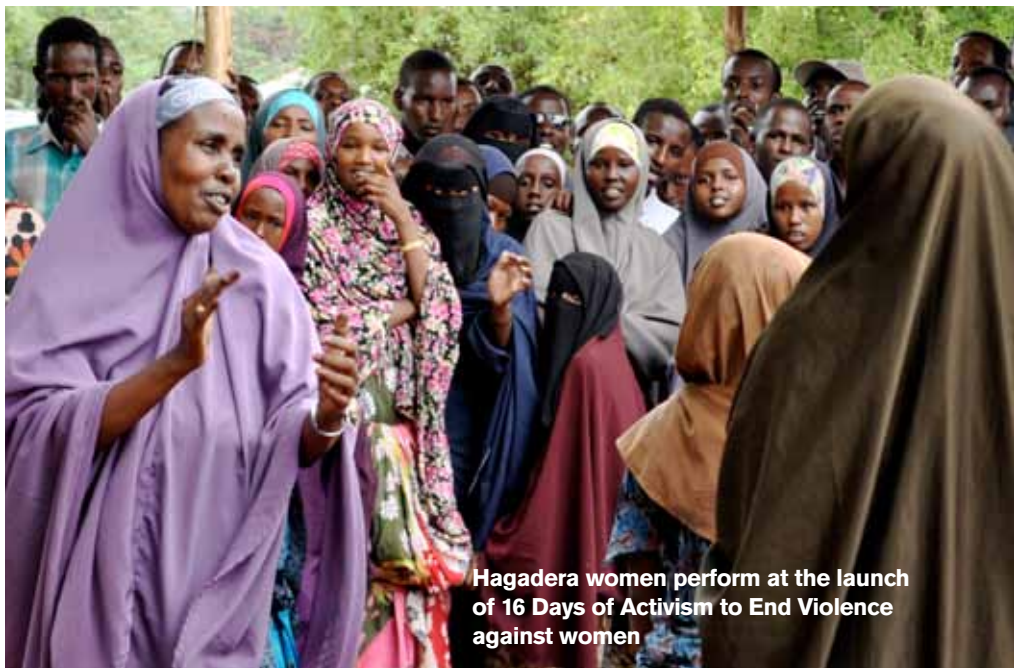
Each month IRC health staff visited **48,499** households in Hagadera and Kakuma.

DEVELOPING SAFER COMMUNITIES

GENDER-BASED VIOLENCE

In September 2010, IRC-Kenya assumed responsibility of a comprehensive gender-based violence (GBV) program to create a safer environment for women and girls in Hagadera. Overcrowding in the camps, growing insecurity and the constant influx of refugees increased protection concerns in 2010, especially in relation to violence against women and girls.

Focused on prevention, behavior change and psychosocial counseling and support, the IRC-Kenya GBV team designed a holistic, survivor-centered approach using women's



Hagadera women perform at the launch of 16 Days of Activism to End Violence against women

community centers as the entry point into the community. The community centers provide a safe space where skills-building

classes, educational activities, and psychosocial support are available to women and girls. Construction on one center

DEVELOPING SAFER COMMUNITIES

concluded in 2010 and the second will be built in early 2011.

On November 26th, to mark the launch of the annual 16 Days of Activism to End Violence Against Women campaign, the IRC-Kenya GBV team officially established itself in the community through an all day event, starting with a march through the Hagadera residence blocks and market, and culminating with speeches and performances by members of the community. Hundreds of people turned out, demonstrating their support for the initiatives. Sinéad Murray, the IRC-Kenya GBV program manager believes the

importance of the community being involved and taking ownership of local programs cannot be overstated.

“Community ownership is critical to addressing violence against women in Hagadera” Murray said. “Strengthening the community-based protective mechanisms and promoting community-led solutions is the only way to effectively prevent and respond to GBV.”

From September to December 2010, the IRC-Kenya GBV program provided support to 46 adult survivors of gender-based violence, a 35 percent monthly increase compared to the two previous quarters. The GBV team worked closely

with the various IRC health programs, in particular with the HIV and community health programs and their respective community workers to increase access to healthcare services, provide information, and ensure appropriate clinical responses to survivors.

Looking forward, the program plans to conduct a camp-wide GBV assessment in early 2011 to inform programming priorities for the coming years. Specifically, the GBV program plans to look at economic opportunities available to women and girls in order to develop livelihood activities to reduce vulnerability.

DEVELOPING SAFER COMMUNITIES

HIV/AIDS

As part of its focus on integrated programming to develop safer communities, IRC-Kenya has implemented HIV/AIDS programs since 2001. Throughout 2010, IRC-Kenya maintained a comprehensive HIV/AIDS prevention, care and support program in all of its sites.

In both the Hagadera and Kakuma camps, the HIV/AIDS program, in coordination with community health teams extended the reach of the counseling and testing component of the HIV/AIDS program.

In Kakuma 13,412 people accessed voluntary testing and counseling services in 2010, up from 6,000 in 2009. The HIV/AIDS program expanded its coverage by opening three new voluntary testing and counseling tents at the main hospital and at clinics four and five. In addition to improving coverage at the clinical level, the program increased the number of counselors providing counseling and testing at the community level to 24. This allowed the HIV/AIDS team to detect HIV/AIDS earlier, and thereby improve the quality of life for people living with HIV/AIDS.

The stigma that still surrounds HIV/AIDS in Hagadera is a constant challenge for the HIV/



An IRC-Kenya community outreach worker provides voluntary testing and counseling in Nabubte village near Lodwar

DEVELOPING SAFER COMMUNITIES

AIDS program team. Despite a relatively low infection rate, the lack of community awareness in Hagadera makes the potential for new infections very real.

Salah Dagane Hassan, IRC-Kenya's provider initiated testing and counseling nurse in the camp said that it was crucial that the initiative to learn about and address HIV/AIDS come from the community. "Increased community awareness would go a long way in reducing the number of new cases" he said.

To address the information gap, the HIV/AIDS team conducted multiple community campaigns. They formed and trained three groups of community volunteers

to provide peer mentoring at the block level, prior to launching mass campaigns. In 2010 the Hagadera HIV/AIDS team provided counseling and testing to 14 percent of the population, a huge increase from 2009's rate of 5 percent.

Since 2005, the IRC has partnered with communities in Turkana to bring HIV/AIDS services to the people of the region. Though 2010 marked the end of this program, the services will continue through the established partnerships. Over the years, the program improved the ability of local health facilities to monitor and manage HIV-positive patients and provided antiretroviral therapy for over 1,800 people.

The program also ran HIV/AIDS prevention campaigns that reached an estimated 200,000 people annually.

One of the program's major successes was decentralizing the delivery of HIV/AIDS services to the most remote parts of the region. Between July 2009 and June 2010, 49,314 people in the Turkana region received HIV testing and counseling.

To commemorate the success and achievements of the five-year Turkana, IRC-Kenya recently published the study "Living On! Fighting HIV/AIDS in Turkana." It can be found here: Rescue.org/sites/default/files/resource-file/IRC_LivingOn_online-1.pdf.

DEVELOPING SAFER COMMUNITIES

CROSS-BORDER PEACE BUILDING

Conflict among pastoral communities along the Kenyan and Ugandan border is aggravated by economic and social insecurity. At the end of 2009, IRC-Kenya and IRC-Uganda launched a two-year cross-border peacebuilding project,

to strengthen the capacity of local civil society organizations to prevent and resolve conflict. The project has two critical phases: the first, completed in 2010, focused on the formation and empowerment of peace committees, the second on developing economic micro projects that build community trust and develop local markets.

Working with local partners is vital to the success of the peace building project. In Kenya, the IRC has partnered with the Practical Action and Resource Conflict Institute (RECONCILE) who in turn have brought local and district peace committees into a



Turkana men and women during a peace committee meeting in Kainuk, South Turkana

DEVELOPING SAFER COMMUNITIES

dialogue with local communities. Ken Otieno of RECONCILE attributes the strength of the partnership to mutual respect and an understanding of each organization's role. Speaking about the project successes in 2010, Otieno notes "the ability to take the dialogue forward through work with government and other actors has been critical in engaging the communities."

The direct involvement and running of programs by the affected communities themselves is a key element of the peace building project's strength.

Dorcas Epusie, 34, has been the treasurer of the Kainuk

peace committee in Turkana South since 2004. She became involved after her 12-year-old son was killed in a raid in 2002, along with nine other members of her community. Speaking about the conflict, Dorcas reflected, "Before people never used to meet. There was rampant conflict at that time. It's a border point between Pokot and Turkana. It's a disputed area. The Pokots claim it's theirs. I am Turkana. It was extremely bad. Sometimes it's the men that go to raid but it's the women and children that suffer."



Dorcas says she became active in the peace committee because she knows it can improve the lives of her community. "I want to stop any further bloodshed and suffering. My loss was not the first time we lost a close relatives or animals. We want to ensure peace and alleviate suffering." As a result of the peace committee, the Turkana and the Pokot have begun to talk to each other, Dorcas says. "We have been able to exchange information with the Pokot and that has stalled and stopped imminent attacks. If we continue with the peace building, I know that the future is bright."

Dorcas, outside her home in Kainuk, South Turkana

KEEPING FAMILIES HEALTHY

NUTRITION

In the fall of 2009, the annual nutrition surveys conducted in Hagadera and Kakuma reported a worrying trend: in Kakuma, malnutrition among children under five had reached 17 percent, above the 15 percent rate that is considered the threshold of a nutrition emergency. It was also significantly higher than that reported in the two previous years. In Dadaab, the malnutrition rate was within the emergency threshold but a consistent flow of new refugees primarily from Somalia created a delicate and constantly changing environment. “The situation is complex and can change at any



Women and children receiving supplementary food at one of the IRC health posts in Hagadera

time, which is why we must be vigilant,” says Millicent Kavosa, the IRC’s nutrition manager in Hagadera.

To address the deteriorating situation in Kakuma and a potential emergency in

Hagadera, the IRC-Kenya nutrition teams in collaboration with the health teams initiated a major nutrition campaign at the two sites.

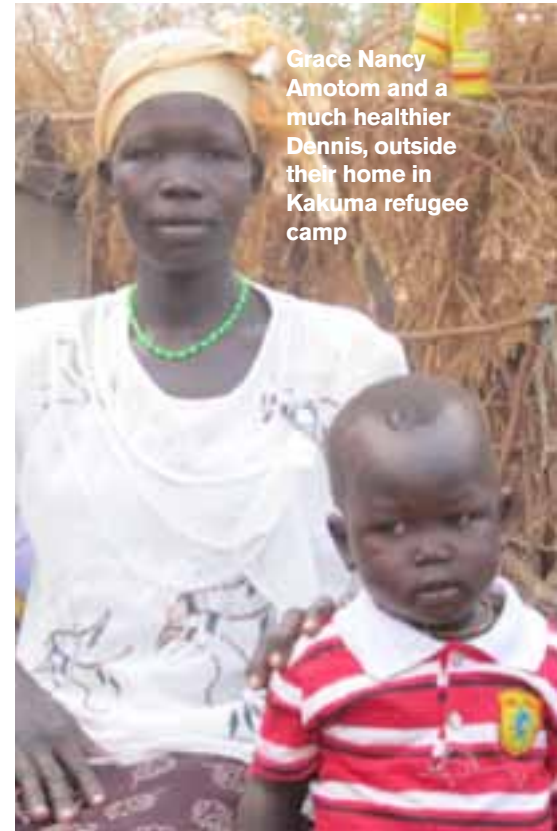
In Kakuma, the IRC carried out three mid upper arm

KEEPING FAMILIES HEALTHY

circumference screenings for children between six months and five years old, measuring their body fat to identify undernourished children. The effort reached 22,376 children. To strengthen the integration of the health programs, the community health team carried out daily screenings for individual households. The screenings, coupled with the introduction of new World Health Organization growth standards allowed IRC-Kenya to capture, identify and treat more children than in previous years. By April 2010 malnutrition rates in Kakuma had been cut in half to 7.9 percent.

Grace Nancy Amotom, a mother of three, arrived in Kakuma from Sudan 13 years ago. When her youngest son, Dennis Loki was born three years ago she practiced breastfeeding exclusively for six months and then introduced complimentary feeding. But soon she became concerned because Dennis refused to eat. “He was eating only soil and was drinking a lot of water,” she says.

Nancy continued try to feed her son but he grew weaker and weaker. IRC nutrition and community health teams discovered her situation during a routine household visit and referred mother and son to IRC’s stabilization center in Kakuma.



Grace Nancy Amotom and a much healthier Dennis, outside their home in Kakuma refugee camp

KEEPING FAMILIES HEALTHY

From there Dennis was sent to an outpatient therapeutic program and then to a supplementary feeding program until he completely recovered. In December 2010 Dennis turned three and is a healthy, happy and growing boy. Nancy says she is very grateful to the IRC for its help. Without it, she says, Dennis would probably have died.

The IRC's nutrition team in Hagadera, meanwhile, tackled malnutrition through integrated programming with the other health teams and increased community involvement. The team conducted mass screenings, which were followed up by the community health team. The community

health program visited 15,349 households twice a month. The IRC expanded its nutrition programming, starting in hospital and health facilities and extending to the block level. It supported cooking classes and mother-to-mother support groups that help families to understand and manage nutrition. Altogether, the IRC's nutrition program reached 22,854 people in Hagadera. A special emphasis was placed on reaching children under age five and pregnant and lactating women.

As 2010 drew to a close, the malnutrition rate in Hagadera had been reduced to 5.6 percent.

Millicent attributed to program's success to the support of the community health team and to the increased community involvement, noting that "there are strong inter-program links, which help us in terms of speaking to the community with one voice, which in turn helps us throughout implementation. And this community and the nutrition program – they have really owned that."

In recognition of the IRC's achievements in combating malnutrition and encouraging nutrition, partner organizations including UNHCR and UNICEF asked the IRC to prepare a best-practices document on its work. It will soon be available at Rescue.org/Kenya.

KEEPING FAMILIES HEALTHY



Members of an IRC-supported mother-to-mother support group discuss infant health practices in Hagadera refugee camp

MATERNAL CHILD HEALTH

Reproductive and maternal child health remained an area of focus for IRC-

Kenya in Kakuma and Hagadera at the onset of 2010. In Kakuma and Hagadera, deeply engrained cultural traditions produce a resistance to certain

elements of the IRC's health programming. For example, pregnant or lactating women often present their medical problems late to health facilities

KEEPING FAMILIES HEALTHY

or hospitals, which can lead to emergencies.

To address gaps in delivery and in antenatal and post-natal care and to encourage the practice of exclusive breastfeeding, the IRC-Kenya health team scaled up its maternal and child programs at the hospital, health posts and households by increasing coverage and community education.

In Kakuma, IRC-Kenya introduced 24-hour coverage in the hospital maternity ward, which allows for quick detection of problems and effective treatment.

The IRC hospital in Hagadera improved its reproductive health indicators compared

to 2009, with high hospital delivery and complete antenatal coverage rates at 86 percent and 97 percent respectively. Complete antenatal coverage rates improved from 2009 (when they measured at 76 percent) after the successful introduction of community based postnatal follow up by community health workers.

In the Hagadera community, IRC-Kenya's health teams supported mother-to-mother support groups that increase awareness and stronger health initiatives. Every week, groups of 12 women meet to discuss challenges and educate new members about the importance of practicing exclusive breastfeeding, child

spacing, and other women's health concerns. Hasna, who has been in a mother-to-mother support group for three years, believes that the groups not only help educate and train women, but also strengthen them. "When we have meetings and come together we share experiences. The groups are successful because they empower us."

BUILDING SUSTAINABLE SOCIETIES

DISASTER RISK REDUCTION

Addressing Kenya's environmental sensitivity and the impact of climate change was a priority for the IRC in 2010. Environmental disasters are common in Kenya, which regularly experiences droughts, famine and outbreaks of



disease during the rainy seasons. Local communities, however, generally lack the capacity and infrastructure to address these challenges.

In the Turkana region, IRC-Kenya and its partners facilitated the development of district disaster preparedness plans. The Turkana region, because it is so isolated, is especially vulnerable to disasters. Working with IRC-Kenya, the Kenyan government and local partners, communities designed emergency response and disaster management plans that have resulted in better-coordinated responses to disasters especially in public health occurrences.

The better coordination led to improved case identification and reporting at the community level when a public health issue arose, in turn facilitating faster response. Surveillance of epidemiological trends also improved with consistent support to district health management teams in supervision of service delivery in the community health posts.

IRC-Kenya also developed a disaster risk reduction plan in early 2010, which focuses on helping communities adapt to climate change and mitigate the effects of disasters. The plan will be rolled-out in Dadaab, Kakuma and Turkana in early 2011.

BUILDING SUSTAINABLE SOCIETIES

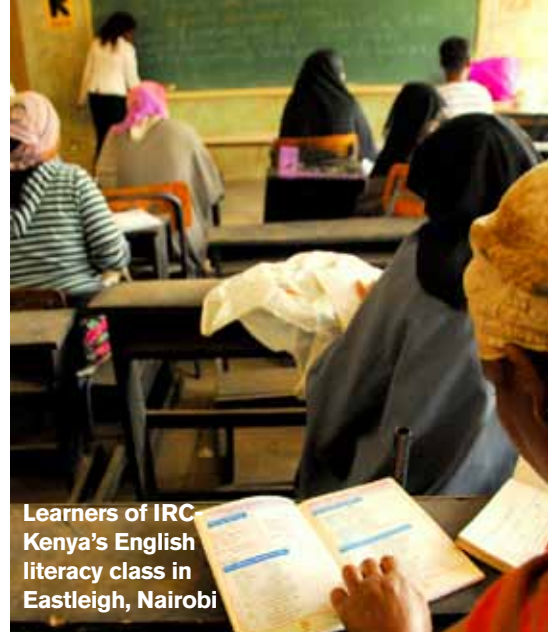
URBAN AREAS

Addressing the challenges of protection and livelihoods in urban areas has been a core of IRC-Kenya's programming since 2006. This year was no different, with IRC-Kenya supporting research efforts, opening an information center and holding adult English literacy classes in the Eastleigh area of Nairobi.

For IRC-Kenya, the urban context is two-fold: not only is there a significant population of vulnerable Kenyans living in Nairobi, but there is an ever-growing number of urban refugees. In 2010, the United

Nations High Commissioner for Refugees reported that 46,000 registered refugees were living in Nairobi, though other organizations put that figure closer to 100,000.

To highlight the plight of the urban refugee in Nairobi, in March 2010, IRC-Kenya in partnership with the Overseas Development Institute's Humanitarian Policy Group, and the Refugee Consortium of Kenya (RCK) launched "Hidden and Exposed: Urban Refugees in Nairobi, Kenya". The report highlights the protection and livelihood challenges faced by urban refugees in Nairobi, and the challenges faced by those who



Learners of IRC Kenya's English literacy class in Eastleigh, Nairobi

provide services to them. The full report can be found here [Rescue.org/urbanrefugees](https://www.rescue.org/urbanrefugees).

Following the continued advocacy on these issues, IRC-Kenya opened the Community Information and Training Centre in Eastleigh in 2010. The centre

BUILDING SUSTAINABLE SOCIETIES

serves as a resource for refugees and vulnerable Kenyans, providing them with information on services and referrals to other agencies that provide healthcare, legal assistance and registration support for refugees. The centre also seeks to help the community address their challenges by holding various trainings.

IRC-Kenya and its partner, Strathmore University ran an adult literacy class in Eastleigh and Huruma for refugees. Classes were held twice a day, four days a week and when the program concluded in December, over 100 adult learners had been reached through the classes.

IRC-Kenya and the University of Nairobi, meanwhile, forged a partnership to develop an education in emergencies academic program, the first such program anywhere in the world. The three-year project began in 2009 and seeks to build a regional presence of expertise by offering a Master of Education degree, as well as a diploma and short courses that ensure that children living in countries affected by crisis do not miss out on education. The first master's candidates began their studies in 2010, and the first short course will be offered in June 2011.

2010 concluded with IRC-Kenya's urban program

preparing to kick off several urban programs in the new year, addressing protection and rights issues, women's empowerment as well as livelihood initiatives.

IN MEMORIUM



On December 2, 2010, Dr. Dominic Mutisya, a valued member of the IRC-Kenya staff was killed

in a road accident while traveling from Lodwar to Kakuma after attending four-day workshop. IRC-Kenya and the Kakuma community with which he worked mourn his loss. We dedicate this publication in his memory.

PARTNERS AND DONORS

Throughout 2010, IRC-Kenya partnered with local organizations, communities and populations to enhance the quality of programming. Partnership is at the core of the IRC's global strategy, as it deepens our engagement with the issues and fosters program sustainability. We wish to thank our partners for their continued support.

In 2010, the IRC partnered with:
Strathmore University
University of Nairobi
African Inland Church
Diocese of Lodwar
Practical Action
Resource Conflict Institute
Kakuma Mission Hospital
Lodwar District Hospital
Kenya Medical Research Institute
Kituo Cha Sheria
Refugee Consortium of Kenya

IRC-Kenya would also like to recognize our donor partners, whose coordination and support enables our work. In 2010, IRC-Kenya received funding from the following:



EUROPEAN COMMISSION



Humanitarian Aid



Bureau of Population,
Refugees and Migration



THE OTTO M. BUDIG
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INTERNATIONAL
RESCUE
COMMITTEE

The International Rescue Committee responds to the world's worst humanitarian crises and helps people to survive and rebuild their lives. Founded in 1933 at the request of Albert Einstein, the IRC offers lifesaving care and life-changing assistance to refugees forced to flee from war or disaster.

At work today in over 40 countries and in 22 U.S. cities, the IRC restores safety, dignity and hope to millions who are uprooted and struggling to endure. The IRC leads the way from harm to home.

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