



**INTERNATIONAL  
RESCUE COMMITTEE**  
Kenya Program

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# Welcome to IRC Kenya

It is my pleasure to present the 2018 International Rescue Committee in Kenya Annual Review. Throughout this past year, our team provided interventions that saved lives and enhanced quality of life for refugees and host community beneficiaries in Dadaab, Kakuma, Lodwar, and Nairobi. Working closely with the county and national government, community organizations, and international NGOs, the IRC provided services to more than 307,000 beneficiaries.

Our team of qualified health workers continued providing essential health care for refugees and host community members in Kakuma Refugee Camp and Hagadera Refugee Camp within the Dadaab Refugee complex. In addition to completing routine procedures in general health, reproductive health/HIV services, and Ophthalmology, the health teams responded efficiently and successfully to chronic cholera outbreaks within the camps. The IRC's multi-lateral response focused on treatment, active case finding through networks of community volunteers, and promotion of health-seeking behaviour within target communities. Outside of cholera outbreaks, the IRC's cross-border immunization initiative has been critical in efforts to reduce the polio virus.

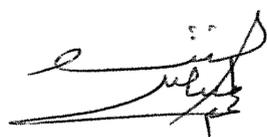
Similarly, our nutrition teams in Turkana and Garissa County also faced additional challenges in their efforts to combat malnutrition. Facing drought and then flooding, many of Kenya's arid and semi-arid counties needed emergency response resources to increase water sanitation and hygiene (WASH) programming and interventions against malnutrition. From healthy cooking demonstrations in Kakuma and Hagadera to outreaches at hard-to-reach sites throughout Turkana, the IRC has focused on treating children under five and pregnant and lactating women with the knowledge and resources needed to prevent malnutrition.

Livelihoods work in urban Nairobi through the Building Incomes and Leveraging Livelihoods for Youth (BILLY) initiative has continued throughout 2018 with tremendous success. In the second year of the five-year initiative, 138 target refugees and vulnerable Kenyans in Nairobi's informal settlements reported increased income due to vocational training and apprenticeship opportunities. The IRC's livelihoods programming has also expanded to our Lodwar host community office in Turkana County, where we are partnering with the Turkana Pastoralist Development Organization to improve livelihoods through educational training and Village Savings and Loans programs.

While carrying on our critical work and responding to humanitarian crises, the IRC has maintained a commitment to our Strategic Action Plan through 2020 through close alignment with our organizational values and a focus on client responsiveness, gender equality, and Outcome and Evidence Frameworks.

The reach and impact of our work this year would not have been possible without the generous support of our donors, the Government of Kenya, the Nairobi, Garissa, and Turkana County Governments, our many partners, and the IRC country team.

As we reflect on the past year and look towards 2019, we also want to recognize that while we measure by results, our work is about people, and with this in mind we share just a few of their stories in this year's report.



Mohamed ELMontassir Hussein  
IRC Kenya Country Director

# Where We Work

## Nairobi

Nairobi is the operations and technical coordination hub for the Kenya program. It is also where the recently launched Livelihoods Resource Center is based in Pangani.

## Kakuma Refugee Camp

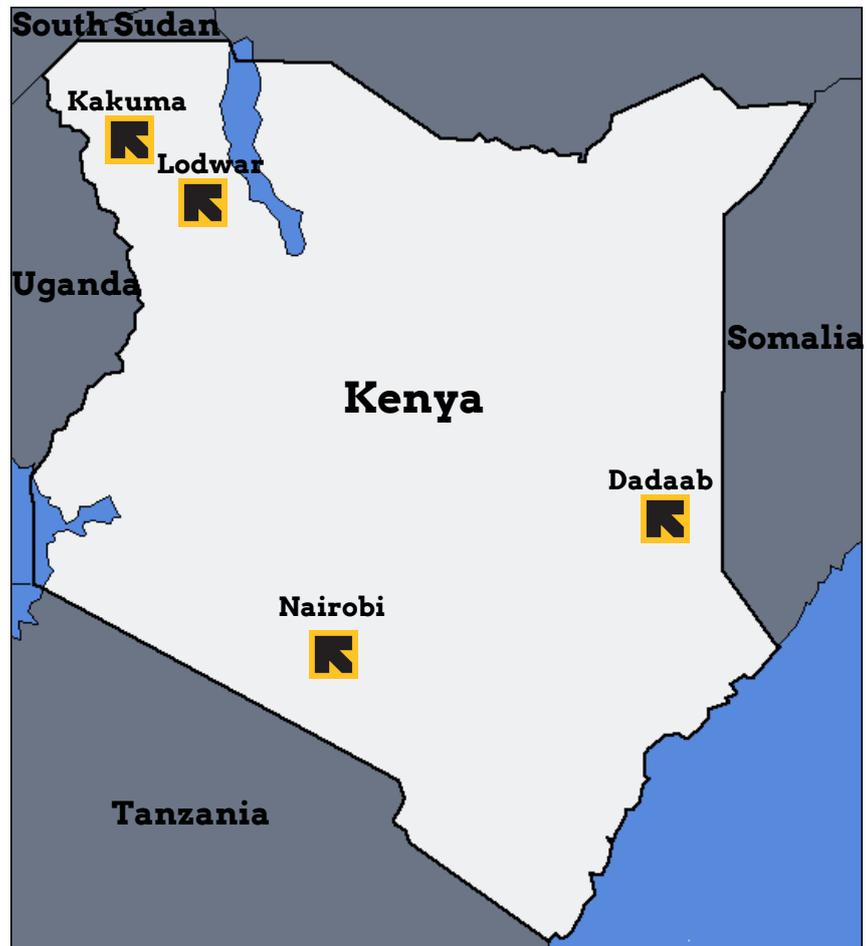
Kakuma Refugee Camp, in Turkana County and near the border with South Sudan, has existed since 1992 and hosts a population of 114,428.

## Dadaab Refugee Camp

The IRC operates in Hagadera Camp, one of the camps within the Dadaab Refugee Complex, which borders Somalia. Hagadera has a population of 73,815.

## Lodwar Host Community

The IRC's office in Turkana County provides support to the host community for Kakuma Refugee Camp, with about 229,000 affected individuals in the target area.



Throughout 2018, **Safety and Protection** was integrated into all IRC programming. The Safety and Protection team upheld safe, meaningful, and dignified access to IRC services. The IRC conducted **four protection risk assessments** in Kakuma and Dadaab refugee camps to uncover barriers to service access and staffed help desks at every hospital and health post where clients could report problems or ask for information. Through staff, community leaders, and celebration of calendar holidays, the IRC undertook information dissemination campaigns explaining refugee rights and entitlements. Safety and protection mainstreaming has also been crucial in our urban livelihoods programming, where the **Livelihood Resource center was launched** in Pangani this year. The urban livelihoods program has been a leader in **client responsiveness**, establishing more feedback channels to integrate client feedback in programming. More than **10,000** refugees and Kenyans in an urban setting and more than **18,000** refugees in Kakuma and Hagadera **were reached with information on services, refugee rights and entitlements, and feedback mechanisms.**

# Health

*The IRC in Kakuma and Dadaab refugee camps continued to provide basic primary health care and secondary healthcare services to refugee and host community members through qualified staff and on-job trained refugee staff at one hospital and four clinics/posts in each camp, respectively. The health team maintained impressively low morbidity and mortality rates while successfully handling one mass casualty event of 32 at the border transit centre in Nadapal as well as managing multiple cholera and malaria outbreaks, attending to 31,334 and 647 patients respectively.*

## 11,416

children immunized against measles

## 414,773

primary healthcare consultations conducted

## 22,703

hospitalisations managed

## 709

patients with cholera line-listed & managed during 4 outbreaks

## Surgeries That Change Lives

Hawa fled Somalia and has lived with her family in Kakuma Refugee Camp since 2009. She was treated at the IRC hospital in Kakuma for a haemorrhage, which made doing basic daily tasks like walking, cooking, and taking care of her children incredibly difficult. She recovered well from her surgery, and noted that as a single mother it would make a huge difference in her ability to take care of her seven children. While sitting with her daughter, as pictured below, Hawa was thankful for her surgery at the IRC hospital, but also recognized that there are still many challenges and difficulties for her to overcome – “What I can tell you,” she said, “is that living in Kakuma is hard. Living in a refugee camp, it’s a really hard life.”



# Reproductive Health (RH)

*Our RH teams in Kakuma and Dadaab perform skilled deliveries, provide care to pregnant and lactating women, respond to the health needs of sexual assault survivors, offer family planning resources, and support vulnerable populations with HIV/AIDS in Kakuma and Hagadera Refugee Camps.*

## 7,282

live births attended by skilled health personnel

## 95.5%

of deliveries conducted by a skilled attendant

## 837

obstetric complications promptly managed at IRC facilities

## 97.5%

of sexual assault survivors who reported in 72 hours & received comprehensive case management

## Step into the Maternity Ward

Meet baby twins Shuaib and Hussein, pictured to the right. Born in the IRC Hagadera hospital when their mother Khadija was only 30 weeks pregnant, Shuaib weighed just one kilogram and Hussein only 900 grams. Khadija was scared, but staff support and care from the IRC maternity team assured her of their health and encouraged her to practice breastfeeding. After six weeks, the family was discharged in good condition. At discharge, Shuaib weighed 1.8 kilograms, Hussein weighed 1.75 kilograms, and Khadija joined an IRC mother-to-mother support group to continue receiving the support she needed.



# Eye Health

*As part of our health program, our eye clinics in Kakuma and Hagadera serve the entire catchment population of refugee and host community beneficiaries. Our trained ophthalmologists provide eye screenings, hand out lenses to those with refractive errors, and perform surgeries to correct cases of preventable blindness like cataracts and glaucoma.*

## Restoring Vision for the Vulnerable



Eighty percent of reversible blindness is preventable. Sometimes, however, patients can live with blindness for years when a simple procedure can reverse the process. This was the case with Logilae. Part of the host community in Turkana County, Logilae spent the last three years blind in both eyes due to cataracts. He travelled for two days to attend a surgical camp hosted at the IRC hospital and eye clinic in Kakuma, and it took only a 10 minute procedure on each eye to remove the cataracts that had been severely impacting his life for the past three years. With his vision returned, Logilae hopes to open a store or purchase cattle to raise and his enthusiasm for both options and his excitement to see again were palpable.

**1,835**

beneficiaries screened for refractive errors

**1,114**

beneficiaries received spectacles

**621**

eye surgeries were performed to treat cataracts, trachoma, trichiasis, and other conditions.

# Nutrition

**29,100**

children under five treated for moderate or severe malnutrition

**48,844**

caregivers who participated in nutritional education or infant/young child feeding peer support groups in Kakuma & Hagadera

**94% & 90.8%**

Severe Acute Malnutrition Recovery Rate in the camps and in Lodwar host community, respectively

**65,715**

host community members receiving direct hygiene promotion

**110,418**

host community members directly utilizing improved water services

*Nutrition, a signature strategic outcome, is implemented for both refugee and host communities with the goal of reducing malnutrition, which is often caused by a combination of communicable diseases and poor dietary intake. The programme focuses on ensuring children have optimal dietary intake and treating moderate to severe malnutrition, which is done through coordination with the health teams and improvements in water, sanitation, and hygiene. For the refugee program IRC implements both preventive and curative services while our host community programming focuses on treating children and pregnant or lactating women for malnutrition as these groups are often more at risk.*

## Nourishing Big Dreams



At Kaakalel, an IRC-supported nutrition outreach site in Turkana County, nine-month old Atiir Esinyen was diagnosed with severe acute malnutrition. She weighed only 5.9 kilograms and was immediately enrolled in one of IRC's supplementary feeding programs. With access to ready-to-use therapeutic food for Atiir and counselling on infant/young child feeding for her mother, Atiir gained 4.3 kilograms over the course of two weeks. Atiir's mother has big dreams for her daughter, hoping that she grows up to one day become a doctor. "If it were not (for) IRC, I don't know where I would have gotten money to seek for medication... I wish my child well when she grows up also to become a medic."

# Economic Recovery & Development

The IRC's flagship urban livelihoods program in Nairobi, *Building Incomes and Leveraging Livelihoods for Youth (BILLY)*, has continued flourishing throughout the second year of the five year initiative. This comprehensive approach to improving livelihoods for vulnerable urban refugees and Kenyans offers a bundle of services to target clients. The bundle of services include vocational training, apprenticeships/internships, entrepreneurship and business skills training, business start-up capital, literacy and numeracy lessons, and support to Urban Savings and Loans Associations. The BILLY program has also set up comprehensive client responsiveness mechanisms for collecting client feedback on IRC services from which lessons and best practices are drawn that include involving clients in project design, implementation, and close-out. 2018 also saw the launch of livelihoods programming in Turkana County in partnership with Turkana Pastoralist Development Association to improve the socioeconomic and nutrition status of drought affected pastoralists. Through TUPADO, the IRC works with the Ministry of Agriculture, Pastoral Economy & Fisheries (Veterinary Department) to support county workers in reaching beneficiaries with veterinary services/inputs whenever there is occurrence of livestock/animal disease outbreaks. The program has also provided livelihood options alongside pastoralist activities through identifying and supporting Village Savings and Loans Associations.

## In Urban Nairobi...

**10,855**

urban refugees and Kenyans with information on services, rights and feedback mechanisms

**37**

mothers who received childcare stipends to successfully complete the BILLY program

**138 (76%)**

of clients who reported an income increase after participating in BILLY training

**12**

local urban partners, including community organizations and private sector companies

## In Turkana Host Community...

**109,750 KES**

total amount saved by Village Savings and Loans groups in Turkana County

**18**

number of Village Savings and Loans groups in Turkana County

# Meet the Photographer With a Mission



21-year-old photographer Patience Dosita Uwiduhaye, pictured right, is a go-getting force-of-nature who has never let anything stand in the way of her goals. Originally born in the Democratic Republic of the Congo, at a young age Patience's parents were killed and her hand was cut off during the brutal civil war. She was adopted by a woman with disabilities who she credits for helping her learn to live with one hand. Patience later made her way to Nairobi after her adoptive mother died. It was here she joined the International Rescue Committee BILLY program, which supported her to undertake training in photography and videography at De-capture Media Institute, boosting her confidence to pursue her career from behind the camera, as above. Since her initial training in 2017, IRC had the pleasure of watching her career continue to grow throughout the course of 2018. This is what building livelihoods is all about – not just providing training, but making sure that training results in income and security.



# Women's Protection and Empowerment

*Women's Protection and Empowerment ensures the health and safety of beneficiaries impacted by gender-based violence (GBV). The IRC's team of advocates and counsellors provided comprehensive case management to survivors of GBV in Kakuma, Hagadera, and Nadapal transit centre, including counselling, referrals, and health services in collaboration with the reproductive health team. The team also provides women's centres and women's support groups, as well as opportunities to reduce dependency through livelihoods training.*

**6,046**

survivors receiving an appropriate response to GBV

**70.5%**

of community initiative to prevent gender-based violence undertaken jointly with men and women

**100%**

of adolescent girls participating in safe space activities report knowing where to go for services

## A Single Mother's Journey to Recovery

Ayan is a single mother of two. Her first husband was killed in Somalia while she was pregnant with their child, and shortly after giving birth she fled Somalia for Kenya. Ayan's second husband, whom she met in Hagadera and who was the father of her second child, was emotionally and physically abusive, ending their marriage upon his repatriation to South Sudan and remarriage there. Due to this, Ayan was stigmatized by her community, faced with the challenges of single motherhood, and drained from physical and emotional abuse. IRC provided Ayan with comprehensive case management, including individual and group counselling. Through this, Ayan joined a support network of survivors who empowered her to experience catharsis and embody resilience.



# Asante Sana to our Donors

Center for Disease Control and Prevention (CDC)  
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Humanitarian Innovation Fund (HIF)  
IKEA Foundation  
Irish Aid  
New Venture Fund  
Pfizer  
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RV (Raising Voices)  
Stichting Vluchteling (SV)  
True Colours  
United Nations Children's Fund (UNICEF)  
United Nations High Commissioner for Refugees (UNHCR)  
United Nations Fund for Population Activities (UNFPA)  
United States Agency for International Development (USAID)  
United States Bureau of Population, Refugees and Migration (BPRM)  
Walton Family Fund  
World Food Programme (WFP)  
World Vision, Inc. CORE Group Polio Project (CGPP)

## And Our Partners

Amref  
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Barefoot to Boots  
Center for Public Health and Development  
The Christian Industrial Centre  
The Danish Refugee Council  
Film Aid  
Garissa County  
Government of Kenya, Ministry of Health  
Government of Kenya Refugee Affairs Secretariat  
Humanity and Inclusive (HI)  
The Institute of Advanced Technology  
The Insitute of Development and Welfare Services  
IsraAID  
Jesuit Refugee Services (JRS)  
Johanniter International  
Kakuma Mission Hospital  
Kenya Institute of Professional Studies  
Kenya Red Cross Society (KCRS)  
Lodwar County Referral Hospital  
Little Sisters of the Poor  
The Lutheran World Federation  
Nairobi County  
National Council of Churches of Kenya  
The Norwegian Refugee Council  
Project CURE  
Refugee Consortium of Kenya  
Rural Agency for Community Development and Assistance  
The St. Francis Training Centre  
St. Therese Training Institution  
SAKI Hair Dressing and Beauty College  
Turkana County  
Tuskys Outlets  
University of Geneva  
UN Women  
Wajir South Development Association

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.

**The International Rescue Committee in  
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**Rescue.org**



**INTERNATIONAL  
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*Host community patients after cataract surgery at the IRC Eye Clinic.*