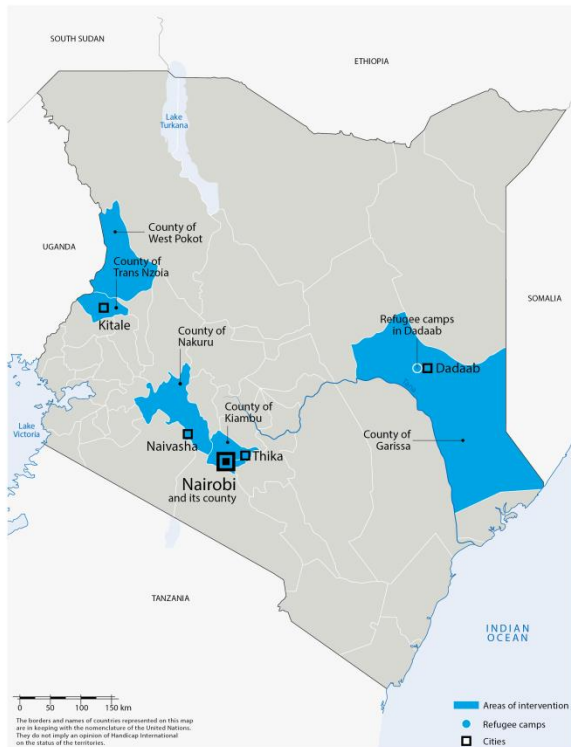




Kenya

**HANDICAP INTERNATIONAL**



**MANDATE**

The mandate of Handicap International in Kenya is to improve the living conditions of people with disabilities and of people living in refugee camps. Handicap International also conducts a regional project in Kenya and in Tanzania, to promote rights of people with disability and implement the International Convention of people with disabilities in this country.

**SITUATION**

After the post-electoral violence phase of 2007-2008 (the first in 40 years), Kenya has regained its internal stability and its predominant role in the region. However, the situation of disabled and vulnerable people is still fragile and many services need to be provided, such as education, health prevention or those helping prevent sexual violence.

The country also has an enormous population of refugees, who are both concentrated in the North-Eastern and North Western regions. Dadaab camp has a population of around 450,000 refugees<sup>1</sup>, mainly Somalis fleeing from civil war and starvation. Kakuma hosts a 100 000<sup>2</sup> predominantly South Sudanese population. Those vulnerable populations need healthcare and food, and a special attention has to be paid to disabled people living in those conditions.

Tanzania is one the poorest country in the world, ranked 159 out 187 countries on the Human Development Index.

Poverty has an impact on living conditions of population: malnutrition, maternal health, primary school and environmental sustainability.

In this context, rights of people with disabilities, weakened, are not always respected.

**BACKGROUND**

In 1992 Handicap International launched its activities in Kenya through an emergency food aid programme in Garissa, following the famine and civil war in Somalia. For the next four years HI focused on improving surgical treatment at Garissa Provincial Hospital for refugees and support to the primary health care system in neighbouring communities. Since 2001, Handicap International in Kenya has been building the capacities of local partners at the national, provincial and community level, in conjunction with coordination bodies. It began bolstering its support for the physical rehabilitation and education of children with disabilities in Kibera and Dandora informal settlement areas (aka

slums) and persons with disabilities in the Dadaab refugee camps. Since 2006, Handicap International has taken a leading role in the development of HIV&AIDS awareness, prevention and treatment for persons with disabilities in the country. In Tanzania, in 2009, the organisation launched a project of strengthening health system and support for people with diabetes. In August 2013, the association also launched a regional project in Kenya and in Tanzania, which contributes to implement the International Convention of people with disabilities.

**KEY FACTS**

Human development index (HDI)*	0.535 - 147/187
Life expectancy*	61,7
GNI per capita *	2,158 \$ per annum
Population**	44.35 million inhabitants
Surface area**	580 370 sq.km

\*Human Development Report 2014

\*\* World Bank 2013

<b>Convention on the Rights of Person with Disabilities (CRPD)</b>	Ratified: 15 May 2008
<b>Convention on cluster munitions (Oslo)</b>	Signed: 03 December 2008
<b>Mine ban treaty (Ottawa)</b>	Ratified: 23 January 2001

**STAFF**

- Total national staff employed: 80 national staff and another 117 refugee incentive staff
- Total expatriates employed: 3

<sup>1</sup> <http://www.unocha.org/eastern-africa/about-us/about-ocha-eastern-africa/kenya>

<sup>2</sup> <http://www.unocha.org/eastern-africa/about-us/about-ocha-eastern-africa/kenya>



## Support to the most vulnerable in Dadaab refugees camps

### OBJECTIVE

- Enhancing Protection and Boosting Self-reliance of the most vulnerable refugees in Dadaab Refugee Camps
- Improve protection of persons with disabilities and reduce their vulnerability through increased awareness of and access to Protection mechanisms and key mainstream humanitarian services.
- Ensure person with disabilities' access to health and rehabilitation services to improve their overall well-being, inclusion, and participation.

### METHOD

- **Provision of functional rehabilitation services** and assistive devices (crutches, wheelchairs) to PWDs in rehabilitation centers and the community
- **Referral** of clients for prosthesis/orthosis fitting and orthopedic surgeries in specialized centers
- **Capacity development** of refugee staff to provide comprehensive rehabilitation services
- **Empowerment** of community-based structures (i.e. CBR Committees)
- Establish awareness, response, and **prevention mechanisms** for protection and GBV issues towards PWDs
- Awareness raising, advocacy, **disability mainstreaming**

### TYPE OF INTERVENTION

Directly with populations		Through partners		
Service or care : yes	Distribution : yes	Technical support : yes	Donation of equipment : no	Financial support : no

### BENEFICIARIES

- 11712 direct beneficiaries;
- 46848 families (indirect beneficiaries).

### PARTNERS

UNHCR and humanitarian operators in the camps.

### LOCATION

Dadaab refugee camps (Ifo, Ifo2 and Dagahaley camps).

### FINANCING

Financing secured until :	31/08/2016
Extension (subject to funding) for another year at least :	/



## Assisting vulnerable people in refugee camp in Kakuma

### OBJECTIVE

Enhancing protection and improving life conditions of the most vulnerable refugees in Kakuma camps by ensuring equal access to humanitarian services, reduction of discrimination and violence associated with disability, delivery of rehabilitation services and empowerment of national staff in Kakuma camps.

### METHOD

- **Provision of functional rehabilitation services** and assistive devices to PWDs in rehabilitation centers and the community
- **Referral** of clients for prosthesis/orthosis fitting and orthopedic surgeries in specialized centers
- **Capacity development** of refugee staff to provide comprehensive rehabilitation services
- **Empowerment** of community-based structures (i.e. community based rehabilitation committees)
- Establish awareness, response, and **prevention mechanisms** for protection and GBV issues towards PWDs
- Awareness raising, advocacy, **disability mainstreaming**

### TYPE OF INTERVENTION

Directly with populations		Through partners		
Service or care : yes	Distribution : yes	Technical support : yes	Donation of equipment : no	Financial support : no

**BENEFICIARIES**

- 5740 direct beneficiaries;
- 47260 families (indirect beneficiaries).

**PARTNERS**

UNHCR and humanitarian operators in the camps.

**LOCATION**

Dadaab refugee camps (Ifo, Ifo2 and Dagahaley camps).

**FINANCING**

Financing secured until :	<b>31-3-2016</b>
Extension (subject to funding) for another year at least :	<b>!</b>



## Stopping sexual violence against children with disabilities

**OBJECTIVE**

The project aims to tackle the underlying causes of violence towards children with disabilities, and to reduce their consequences. This involves enforcing the rights of children, as guaranteed under the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities.

**METHOD**

Handicap International takes a community-based rehabilitation approach to many aspects of this project. This makes children, their families and communities actors in their own protection, and ensures children are involved in decisions affecting them. People who come into contact with children with disabilities (disabled people’s organisations, families and communities) are empowered to oversee their development and ensure their needs are met. One of the project’s priorities is to implement an integrated protection system in the health, education, legal/judicial and psychosocial sectors.

**TYPE OF INTERVENTION**

Directly with <b>populations</b>		Through <b>partners</b>		
<b>Service or care : no</b>	<b>Distribution : no</b>	<b>Technical support : yes</b>	<b>Donation of equipment : yes</b>	<b>Financial support : yes</b>

**BENEFICIARIES**

- 800 vulnerable children, including children with disabilities, 300 service professionals from the legal, judicial, educational and psychosocial sectors and specialist children’s centres, as well as 12 local organisations.

**PARTNERS**

- Disability Group of Trans-Nzoia (DIGROT);
- Chanuka Youth Development Programme (CYDP) ;
- Tuwani Community Gender Representative-Community Based Organisation (TUWANI CGR).

**LOCATION**

TransNzoia Province (districts of West TransNzoia, East TransNzoia and Kwanza). This regional project is being run jointly in Burundi and Rwanda.

**FINANCING**

Financing secured until :	<b>31/12/2015</b>
Extension (subject to funding) for another year at least :	<b>!</b>



## ROAD SAFETY PROJECT (RS)

### OBJECTIVE

To enhance road safety in Kenya by working with the traffic police department in Thika and Naivasha to build their capacity on speed and helmet enforcement as well as to strengthen their capacity in data collection and analysis, as well as strengthen the advocacy efforts by Kenyan civil society and the media towards speed enforcement and policy change

### METHOD

- Capacity build of Traffic Police from the Rift Valley region (Naivasha) and Central Region (Thika) on helmet , reflector jacket wearing and speed enforcement
- Through research, implement data collection approaches to assess the long term social, economic and health consequences of traumatic injuries in Kenya.
- Advocate for road safety polices (Traffic (Amendment) Bill, 2014) that enhance the safety of all road users.

### TYPE OF INTERVENTION

Directly with <b>populations</b>		Through <b>partners</b>		
Service or care : no	Distribution : no	Technical support : Implementation at national, county and community levels	Donation of equipment : no	Financial support : no

### BENEFICIARIES

Directly-362 Traffic Officers

Indirectly- (362\*500)181,000 road users reached through traffic police trained and 3000 through various stakeholder engagements

### PARTNERS

- Association for Safe International Road Travel- ASIRT Kenya
- Usalama Watch Initiative
- Gertrude's Hospital
- Institute for Legislative Affairs
- WHO Country Office
- National Transport & Safety Authority
- Ministry of Health
- Ministry of Education

### LOCATION

Kenya- Naivasha, Thika and Nairobi

### FINANCING

Financing secured until :	<b>31-12-2015</b>
Extension (subject to funding) for another year at least :	<b>31-12-2016</b>



## ARMED VIOLENCE REDUCTION (AVR):

### OBJECTIVE

To contribute to the reduction of risks and incidence of armed violence among affected communities in North – western Kenya

### METHOD

- Promote intra and inter community dialogues in reducing armed violence.
- Capacity build the local security and community peace representative to carry out sensitization education to the community on small arms risks and sexual gender based violence.
- Strengthen the local and county government security structures and establish coordination between the community peace representative and security agencies to improve incidence reporting.

### TYPE OF INTERVENTION

Directly with <b>populations</b>		Through <b>partners</b>		
Service or care : <b>yes</b>	Distribution : <b>no</b>	Technical support : Implementation at community level	Donation of equipment : <b>no</b>	Financial support : <b>yes</b>

### BENEFICIARIES

10,000 risk takers and people at risk to armed violence

### PARTNERS

- Justice and Peace centre (JPC) -Kitale
- Free Pentecostal fellowshio- Kenya (fpfk)

### LOCATION

North Western Kenya- Trans Nzoia and west Pokot counties

### FINANCING

Financing secured until :	<b>31-12-2015</b>
Extension (subject to funding) for another year at least :	<b>31-12-2016</b>



## EMPOWERMENT OF CIVIL SOCIETY PARTNERS FOR THE EVOLUTION OF DISABILITY-FRIENDLY MOTHER AND CHILD HEALTH SERVICES

### OBJECTIVES

- To improve the health status of marginalized mothers, newborns and young children in Kenya.
- To improve long-term capacity of civil society organizations, in partnership with state actors, to implement effective Mother and Child Health (MCH), nutrition and family planning services for marginalized populations in Nairobi, especially those with disabilities.

### METHOD

- Community-based research to collect qualitative and quantitative data on MCH, nutrition, family planning (FP) and disabilities
- Raise knowledge and awareness on maternal and child health and disabilities
- Improve access to services
- Care and support for children with disabilities
- Training of healthcare workers on prevention, early identification and intervention of disabilities in pregnant women and newborn children
- Improvement of maternity facilities
- Raising awareness in the community on the risks in pregnancy and early childhood
- Link family planning commodity suppliers, providers and communities Improving nutrition of children with disabilities
- Raising awareness on nutrition, growth monitoring and breastfeeding
- Loans and savings
- Improving access to family planning services
- Raising awareness on sexual and reproductive health, family planning and disabilities

### TYPE OF INTERVENTION

Directly with <b>populations</b>		Through <b>partners</b>		
Service or care : <b>no</b>	Distribution : <b>no</b>	Technical support : <b>yes</b>	Donation of equipment : <b>yes</b>	Financial support : <b>yes</b>

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### BENEFICIARIES

#### Directly

- At least 5 local disabled people's organizations (DPO) (2,000 youth with disabilities) and 2 parents groups of children with disabilities (150 members)
- At least 20 staff from Kasarani and Langata Health Districts
- At least 1,100 community health workers and community health extension workers
- Kenya Medical Training College- KMTC (educates 80% of Kenya's health care providers)

#### Indirectly

- Women of reproductive age (78,000)
- Newborns, infants and young children (34,000), with special focus on people with disabilities-PWD (more than 11,460) and men in Kibera and Korogocho

### PARTNERS

- Action Network for the Disabled Youth (ANDY): Kenyan NGO
- Nairobi Family Support Services (NFSS): Kenyan NGO
- Light and Hope for Children with Disabilities (L&H): Community Based Organization.

### LOCATION

Kibera & Korogocho Slums

### FINANCING

Financing secured until :	31/10/2018
Extension (subject to funding) for another year at least :	Not Sure

**INSTITUTIONAL DONORS**

<p>Bureau of Population, Refugees, and Migration</p> 	<p>French Development Agency</p> 	<p>International Federation of Red Cross</p> 
<p>Institute for Foreign Cultural Relations i f a Institut für Auslands- beziehungen e. V.</p> 	<p>Oak Foundation</p> 	<p>Bureau of Democracy, Human Rights, and Labor</p> 
<p>Ministry of Foreign and European Affairs (Luxembourg)</p> 	<p>European Union</p> 	