CARE International in Kenya

KISII COUNTY PROFILE

April - June 2015

Total County Population: 1,152,282 people

CARE staff numbers: 44 staff

CARE activity regions: South Mugirango, Bonchari, Kitutu Chache North, Kitutu Chache South, Bobasi, Bomachoge Borabu, Bomachoge Chache and Nyaribari Chache

Total Direct Beneficiaries: 134,559; 74,676 female and 59,883 male

Poverty Rate: 60.7% (KIHBS 2005/2006)

ABOUT CARE INTERNATIONAL IN KENYA

CARE commenced its humanitarian programme in Kenya in 1968. Since then we have built a substantial development and humanitarian programme, and currently carry out major programmes in refugee assistance, health, water and sanitation, financial inclusion, adaptation to climate change, disaster risk reduction, agricultural value chains and humanitarian/emergency response with an average annual budget of approximately US$ 35 million. CARE is a lead partner of the United Nations High Commission for Refugees (UNHCR) and World Food Programme (WFP), for water & hygiene, food distribution, and formal education in the refugee camps in Dadaab, near the Kenya-Somalia border. As of 31st March 2015, the refugee population in Dadaab was 351,446 refugees.

Our main office is in Nairobi, and our main focus areas are western Kenya, Nairobi informal settlements and northern Kenya arid and semi arid lands. We also have projects in central and rift valley counties around financial inclusion and agricultural value chains. We currently work directly in 17 Kenyan counties through our programming, with 355 staff country-wide.
Financial Inclusion: CARE’s innovative group savings and loans (GS&L) methodology aims to empower communities, especially women, through the pooling and utilization of financial resources. Combined with training and support in enterprise development and linkage to formal financial institutions, we are currently reaching over 700,000 individuals directly throughout the country. Started in October 2009, the Banking on Change II (BOC II) project aims to reduce poverty and enhance income and livelihoods security for households in seven rural and peri-urban districts of Kenya, currently working in the Embu, Kisii, Kisumu, Migori and Nairobi counties and directly impacting 111,725 beneficiaries (17,439 in Kisii; 9,477 women and 7,962 men). The project improves livelihoods through sustained access to community-based financial services. BOC II is undertaken through local partners; key agencies partnering with the project are Barclays Bank in Kenya, local/provincial administration and a number of line ministries, Faith Based Organizations and Civil Society Organizations. The wPower project is a CARE USA Access Africa program supported by U.S Department of state covering three years from September 2012 and to December 2015. The main goal is reduction in carbon emissions, deforestation and improves economic status of women through increased uptake of clean energy products by rural and peri-urban households. Project objectives include increasing access of women to small-scale clean energy markets, increasing the number enterprises and incomes of women-managed small-scale clean energy technology enterprises (specifically solar lamps and improved cook-stoves), increasing public awareness of the role of women in clean energy markets, and improving documentation, evidence, and learning about the economic and environmental benefits of integrating women into clean energy value chains. wPower currently works with 737 beneficiaries (553 women and 184 men) in Kisii, with other beneficiaries in Homa Bay, Kisumu, Nyamira, Siaya and Vihiga counties.

Health: Chagua Maisha, meaning Choose Life, is a PEPFAR funded comprehensive HIV program implemented in Kisii County and supported through the US Centers for Disease Control (CDC) and prevention. The objectives of the program is to: (1) To increase the quality, access and utilization of HIV prevention services at community and facility; (2) To increase the quality, access and utilization of HIV care and treatment at the community and facility; (3) To strengthen the capacity of indigenous organizations and the Kenyan Ministry of health. The programme is implemented in partnership with the Ministry of Health and MERLIN, to increase access and utilization of HIV prevention, care and treatment services. Specifically, the Chagua Maisha program supports strengthening and expansion of HIV services at the community and facility levels in the following technical areas: elimination of Mother to Child Transmission (eMTCT); adult and pediatric care and treatment; TB-HIV testing and treatment, HIV testing and counseling (with particular attention to “provider initiated” testing and counseling (PITC) as well as partner counseling and testing, prevention with positives including increased condom use and contraceptive use/prevention of unwanted pregnancies among People living with HIV (PLHIV) (PwP); and adopting other prevention approaches and strategies that support primary prevention of HIV among the population and family planning integration targeting uninfected and HIV infected population. The program also integrated Maternal, neonatal and child health (MNCH) as well as reproductive health in HIV programming. The program covers over 126 health facilities. As part of the strategy to achieve the intended objectives, the program has laid down modalities to ensure sustainable indigenous health organizations thus reflecting in quality comprehensive HIV services. This includes health facilities renovation and an assortment of medical equipment purchased and distributed to the health facilities. Chagua Maisha reaches 116,383 direct beneficiaries in Kisii; 64,646 women and 51,737 men.