CARE International in Kenya

FACTSHEET

April—June 2015

Refugee student in a CARE-supported school in Dadaab Refugee Camps/CARE Kenya/2012
About CARE in Kenya

CARE International traces its roots back to 1945, when 22 American organizations combined forces to rush emergency food rations in the form of 'CARE Packages' to the starving survivors of World War II in Europe. Thousands of Americans, including United States President Harry S. Truman, contributed to the effort. On May 11, 1946, the first 20,000 packages reached the battered port of Le Havre, France. Some 100 million more CARE Packages reached people in need during the next two decades, first in Europe and later in Asia and other parts of the developing world.

CARE International is a global confederation of 13 National Members and one Affiliate Member with the common goal of fighting global poverty. Each CARE Member is an autonomous non-governmental organization and implements program, advocacy, fundraising and communications activities in its own country and in developing countries where CARE has programs. The oldest members are CARE USA and CARE Canada (of which CARE Kenya is a part of), which were established in 1945 and 1946 respectively. The other member countries are Australia, Austria, Canada, Denmark, France, Germany, Japan, The Netherlands, Norway, the United Kingdom, India and Thailand. CARE Peru is an Affiliate Member, and along with India and Thailand, strengthens the diversity of CARE's governance.

CARE commenced its humanitarian assistance to the Kenyan public in 1968, under the auspices of CARE USA. CARE Canada took over in 1989 when it first became operational as a lead member on an international basis. This was in line with CARE’s response to other countries in the region which had to deal with massive famine. CARE worked in Africa despite donor fatigue in 1985 and the years that followed, as drought and the century’s worst famine gripped Africa in the harshest way. From the onset, CARE’s involvement in Kenya focused not only on emergency assistance, but capacity and resilience building. Long term agroforestry projects were initiated, integrating environmentally sound tree and land management practices with farming programs to provide diversification of agriculture. Self-help development has been a watchword in Kenya since independence in 1963. The self-help movement (called Harambee in Kiswahili) was started and carried on by villagers’ groups throughout the country. The groups would decide what the most urgently needed assistance was, and would come together to rally their financial and human resources to make a difference. CARE supported this movement by providing the missing components to community development. This included building schools for children who were studying under trees for lack of anything better to pursue a better education and a better future.

CARE International’s Mission

CARE International’s mission is to serve individuals and families in the poorest communities of the world. Drawing strength from our global diversity, resources and experience, we promote innovative solutions and are advocates for global responsibility. We facilitate lasting change by strengthening capacity for self-help; providing economic opportunities; Delivering relief in emergencies; Influencing policy decisions at all levels; and addressing discrimination in all its forms. Guided by the aspirations of local communities, we pursue our mission with both excellence and compassion; the people whom we serve deserve nothing less.

CARE International’s Vision

We seek a world of hope, tolerance and social justice where poverty has been overcome and people live in dignity and security. CARE will be a global force and partner of choice within a worldwide movement dedicated to ending poverty. We will be known everywhere for our unshakeable commitment to the dignity of people.

Impact Goal

By the year 2030, women and girls in Kenya will be self-reliant, have a sustainable high quality life and fully realize their rights.
CARE International in Kenya (CARE) Programme Overview

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:

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<th>COUNTY</th>
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LIVELIHOOD SECTOR

Our Livelihood sector exists to empower vulnerable rural communities to enhance their livelihoods through multiple approaches including food security and economic development, integrated water, sanitation and hygiene (WASH), disaster risk reduction, community based climate change adaptation (CBA) and value chain/ making the markets work for the poor. This sector implements interventions that address diverse livelihood needs of different segments of the target populations. The needs range from inadequate water, hygiene and sanitation services, food insecurity and low income. In rural, remote and semi-arid regions where living conditions are deplorable and unfavourable, CARE Kenya has strived to address the underlying causes of poverty by actively involving the local communities and stakeholders to finding sustainable solutions to their own problems and needs. Relevant interventions are being rolled out to mitigate effects of drought, hunger, climate change and environmental degradation as well as enhancing disaster risk reduction. The livelihood sector hosts a diverse range of projects spread in different sub-counties in Kenya including, Fafi, Garissa, Karatina, Kinangop, Lagdera, Mbalambala, Moyale, Siaya, and Wajir North. There are a cluster of projects and programmes that focuses on livelihood improvement specifically contributing to food security through value chain and market based approaches (Kilimo Biashara project), Water Sanitation and Hygiene (MWA-KALDRR, SWS and SWASH+ Projects) and climate change adaptation and mitigation (ALP and STARCK+ Projects).

Adaptation to Climate Change

Adaptation Learning Programme (ALP)
Start Date: 01.01.10: End Date: 31.12.14
Current Beneficiaries: direct 2496; indirect 133,067
Male:56% (according to the census report): Female 44% (according to the census report)

ALP's goal is to increase the capacity of vulnerable households in Sub-Saharan Africa to adapt to climate variability and change. In collaboration with partners at the community, government and CSOs, ALP aims to incorporate Community-Based Adaptation (CBA) approaches for vulnerable communities in development policies and programmes in Ghana, Kenya (in Garissa, County), Mozambique and Niger, with plans in place to replicate across Africa. ALP responds to adaptation challenges by developing and applying innovative approaches to the CBA to generate best practice models; empowering local communities and civil society organizations to have a voice in decision-making on adaptation; promoting best practice models for CBA among adaptation practitioners; and influencing adaptation policies and plans at national, regional and international levels. ALP will benefit 59,000 people in 40 communities, plus Civil Society Organizations (CSO) and local government learning and advocacy within the county, country and across ALP. The project is funded by DFID, as well as the Finnish, Danish and Austrian governments.

Water, Sanitation and Hygiene

SWASH+ II
Increasing Accountability in school WASH
Start Date: 09.11.12: End Date: 31.03.16
Current Beneficiaries: direct 194,634; indirect 97,080

School Water Sanitation and Hygiene plus community impact (SWASH+II) is running from November 2012 to March 2016. Bill and Melinda Gates Foundation (BMGF) is funding the project. SWASH+II partners comprise of local and international actors. The current membership consists of the Ministry of Health (MoH), Ministry of Education Science and Technology (MoEST), CARE Kenya, CARE USA, Emory University and Georgetown University. SWASH+ phase II aims to improve the sustainability and effectiveness of school water, sanitation and hygiene (WASH) at scale in order to support the Government of Kenya’s Comprehensive School Health Programme, which is to enhance the quality of health in the school community and improve achievement in education performance by creating a healthy and child friendly environment for teaching, learning and psychosocial development through appropriate collaboration of stakeholders. In addition to sustainability and effectiveness of school WASH being critical for its own sake, a secondary goal of the program will be to lay the foundation for a potential longer term partnership between the Ministry of Education, Science and Technology and the Bill and Melinda Gates Foundation to test, at some point in the future, reinvented toilet technology in a school setting, in accordance with the Foundation's “Reinvent the Toilet” campaign and investments.

The objectives of the project are:
- Decision makers have access to and act on high quality data to make investment decisions to provide school WASH services
- Based on robust evidence, decision makers appropriately allocate costs for capital, operating and minor maintenance, capital maintenance, direct support and indirect support expenditures.
- Decision makers access learning and take measures to improve school WASH governance, inclusive of accountability and support...
Key activities include:

- Strengthening partnerships and linkages with on-going school health programs
- Cultivating high level champions and ambassadors for SWASH
- Testing innovative governance and Education Management Information System (EMIS)
- Private sector trial in urban informal settlement schools
- Sensitization of County Officers on WASH modules for teachers and National School Health Policy and Guidelines
- Training of Teacher Advisory Centre (TAC) Tutors on WASH modules for key resource teachers.

**KALDRR**

**Millennium Water Alliance Programme in Kenya**

**Start Date:** 01.01.13:  **End Date:** 31.12.14

**Current Beneficiaries:**  direct 2,110

The Millennium Water Alliance (MWA) is funded by the United States Agency for International Development (USAID) to implement a program on water sanitation and hygiene (WASH) in Northern Kenya. This program provides a platform for addressing other challenges affecting the communities in the arid and semi-arid lands of Northern Kenya. The community managed disaster risk reduction (CMDRR) approach is a key component in the project. This will enhance the communities’ resilience to common disasters of drought and flash floods.

To address sustainability, the program has integrated learning innovations that include multiple uses of water (MUS), water recharge, retention and reuse (3-R) and life cycle cost approach (LCCA) activities. These learning events are envisioned to serve as prototypes for future WASH programming in community water supply systems. KALDRR-WASH targets the three Counties of Garissa (Lagdera, Balmabala and Garissa central) Marsabit (Moyale Sub County) and Wajir (Wajir North Sub County). KALDRR-WASH program is also currently implementing a school WASH project funded by UNICEF. The project purpose is to increase access to safe drinking water, construct gender sensitive sanitation facilities and improve hygiene behavior among 16000 pupils in 17 low cost boarding primary school in Garissa County.

**Project Goal**

To increase resilience to drought and flash floods while simultaneously increasing access to improved water supply and sanitation services, and improving hygiene behaviors, for poor and vulnerable populations in the arid counties of Turkana, Marsabit (including Moyale District), Garissa, Isiolo, and Wajir in Kenya.

**Strategic Objectives**

SO1: Increase water storage capacity in arid lands, through improving natural and artificial storage

SO2: Improve WASH conditions at health facilities and nutrition centers frequently utilized during emergency response.

SO3: Improve access to safe drinking water sources, improve access to and usage of point of use water treatment products, promote good hygiene behaviors and use of sanitation facilities as a means of reducing diarrheal disease in areas with recurrent emergency levels of malnutrition and around areas of improved water storage.

**School WASH**

**Water Sanitation and Hygiene in Low Cost Boarding Public Primary Schools in Garissa County**

**Start Date:** 01.05.14 :  **End Date:** 31.01.15

**Current Beneficiaries:**  direct 4,609

The project aims for an increased proportion of pupils using safe water, improved hygiene and sanitation in 20 low cost boarding primary schools of Garissa County.

**Project Outputs:**

16,000 school children (7,200 girls, 8,800 boys) have access to adequate and safe water supply for drinking and hand washing.

16,000 school children (7,200 girls, 8,800 boys) have access to gender sensitive sanitation facilities.

16,000 school children (7,200 girls, 8,800 boys) have improved hygiene behaviour.
20 schools, 21 Sub County and 10 County officials have increased awareness on National School Health Policy and Guidelines.

**Agricultural Value Chains**

**Kilimo Biashara (KBP) Project**

*Start Date 01.01.12: End Date: 30.12.14*

*Current Beneficiaries: direct ; 3,248, indirect ; 12,992*

Started in January 2012, it is a partnership between smallholder farmers, Sunripe Ltd which exports fresh produce and its main buyer in Denmark (Coop), and CARE. KBP aims to contribute to sustainable development and poverty reduction in Kenya by increasing fresh produce sector competitiveness and improving the livelihoods of out growers. Towards this it is addressing bottlenecks in the Coop value chain for sugar snaps, green beans and baby corn. Farmers are trained in good agricultural practices to enhance timely delivery of high quality target produce to Sunripe and also on general livelihood initiatives, including group savings and loan. Specifically, the project will address improved access to input and capital for out growers, identification of new procedures for handling rejects and risk sharing among chain actors.

**FINANCIAL INCLUSION SECTOR**

CARE has implemented the Group Savings and Loan (GS&L) methodology, a community managed micro finance (CMMF) scheme whose approach is to increase the economic resilience of micro entrepreneurs. Its basic principle is that members of a self-selected group form an association and save money by contributing regularly to a fund, governed by the group itself. Members save at a rate matching their capacity, thus lowering the threshold of entry for the poor. The core of the model is investment of the savings into a loan fund from which members can borrow, repaying with a service charge. Members take out loans in amounts closely aligned to their actual needs and opportunities. Such lending allows members to earn substantial interest on their savings. The cycle of savings and lending is time bound and at the end of an agreed period, maybe up to a year, the accumulated savings and service charge earnings are shared out amongst the members in proportion to the amount that each saved throughout the cycle, plus interest earned. The approach promotes saving first and credit/loans second. GS&L also functions as a business incubator by linking, informing, sharing information and linking the more cautious or inexperienced participants with peers within the group who are experienced micro-entrepreneurs operating in the same environment, with the same constraints.

The program targets both potential and existing micro entrepreneurs. These are the poorer sections of the economically active populations in rural areas, who cannot access credit easily from commercial banks and the conventional micro financial Institutions. CARE implements GS&L projects in five Counties namely: Nyanza, Western, Nairobi, Eastern and North Eastern, and includes Nairobi’s Kibera slums. CARE in partnership with the Financial Sector Deepening (FSD) is working on strategies for a national roll out of GS&L methodology, with FSD currently funding GS&L expansion specifically in Nyanza and the greater Marsabit Counties in Eastern Kenya. CARE is also working on modalities on improving GS&L service delivery in the informal settlements, targeting youths and women.

**wPOWER Kenya**

*Start Date: 19.09.12: End Date: 30.09.15*

*Current Beneficiaries: direct ; 2,277, indirect ; 14,234*

This is a three year project running from September 2012 and ending in December 2015. The main goal is reduction in carbon emissions and deforestation and increased economic status for women through increased uptake of clean energy products by rural and peri-urban households in the Great Lakes Region. The project has four strategic objectives which include; increase access of women to small-scale clean energy markets, increase the number and income of women-managed small-scale clean energy technology enterprises, increase public awareness of the role of women in clean energy markets and improve documentation, evidence, and learning about the economic and environmental benefits of integrating women into clean energy value chains. The project will use existing GS&L groups to train 1,285 entrepreneurs who will be linked with clean energy product suppliers (Solar lamps and improved Cookstoves) to create a supply value chain that will reach villages in Kisumu, Siaya, Homabay, Nyamira, Vihiga and Kisii Counties. During the three years, the project is targeting to facilitate distribution of 82,275 solar lamps and 11,642 improved Cookstoves by linking GS&L entrepreneurs with strong local or global clean energy suppliers/manufacturers.
Banking on Change II (BOC)

**Start Date:** 01.01.13; **End Date:** 31.12.15  
**Current Beneficiaries:** direct; 111,725, indirect; 446,900

The Banking on Change project phase II funded by Barclays UK comes as a result of the successful implementation of Banking on Change phase one which ended in December 2012. At a global level, the project is done in partnership with Plan International. The phase two runs from 1st Jan, 2013 and is to end on 31st, Dec, 2015. The 3 year project is to target 80,823 youth and women in order to have increased potential for wealth creation through access to financial services, employment creation and business skills by December 2015. The project is being implemented in six counties in Kenya namely Migori, Kisii, Homa Bay, Kisumu, Nairobi and Embu. A total of 12 sub counties are targeted within the six counties. BOC Phase II at a global level focuses on Youth - the Next Generation. This is aligned with CARE Kenya’s programme approach which identified youth in Kenya as one of its priority impact groups. In BOC Kenya Phase I, 39.4% of youth (aged 10-35) were reached. BOC Kenya wants to deepen the outreach to youth to empower them with skills necessary for greater financial management, asset acquisition and improved income generating activities. This is to be achieved through Financial Education, GSL, linkage to financial institutions and enterprise and value development. The skills gained in financial, marketing and enterprise development will enhance self-reliance and improve the youth’s ability to seek employment. In these areas the project is mostly implemented in urban centers and rural areas especially in sub-counties of Dhiwa, Mbeere and Homabay.

Currently the BOC II Project has engaged 26 implementing partners (Franchisees and FBOs) who are supporting 108 Community Based Trainers. In addition the project has had an opportunity to engage 170 Barclays Bank Kenya staff in the field where they are providing basic skills on entrepreneurship skills, accounting and banking information. A total of 745 groups have been linked to Barclays Bank of Kenya with a cumulative savings amounting to KES 79,474,320.

**Link Up**

**Project Start Date:** 24.10.13; **Project End Date:** 30.4.17  
**Current beneficiaries:** direct; 15,942, indirect; 47,826

The Link Up Project is funded by Bill and Melinda Gates Foundation for 3 1/2 years. This follows a successful innovative pilot that was carried out in 2012 in Bondo and Suba districts in the western region. Its main objective is linking Group Savings and Loan groups to formal financial service providers in order to bridge the gap between member needs for financial services and capacity of a Group Savings and Loan Associations to meet those needs, both in terms of security of the funds and capacity to borrow funds to build businesses. It will also provide financial education to all the linked GS&L groups.

One of the key barriers to financial inclusion is the distance of community from the financial institution. The project will therefore try and find innovative solutions to address this barrier. Some of the potential solutions will be the use mobile technology and bank agents within the communities where GS&L groups exist. Currently the sites targeted include Bondo, Suba, Kisumu West, Vihiga, Nyamira and Marsabit districts.

Link Up project is run in two phases, the first which is the planning phase running from November 2013 to June 2014 and the second phase which is the implementation phase picking from July 2014 to April 2017. During the planning phase, a few deliverables were expected including the Business model/case, results framework reviewed by steering committee, clear process of learning shared with tools and budget reviewed based on the key deliverables of the project, review of the Bank products for the GS&L groups including developing new ones that had not been done in the pilot like the credit product, development linkage training modules, staffing and general preparation of the groups towards linkage process. The implementation phase is to involve majorly:

- Authenticating of the business model for financial services providers to interact with GS&L groups commercially.
- Assessments of GS&L groups and identifying GS&L groups for linkages
- Capacity building of GS&L groups on linkages
- Capacity building of CARE’s staffs on integrated Financial Education and linkages
- Capacity building and sensitization of Equity Bank’s staffs and technology providers on GS&L groups
- Product and process development for delivering financial services
- Identifying relevant platforms for enabling financial transactions – mobile technology, agent banking
- Pilot testing of credit product before roll-outs
- Capacity building of local institutions/trainers in integrated Financial Education with linkages and wide scale roll-out of linkages
- Monitoring and Evaluation of the Link Up project
The main goal of the project is to enhance economic independence and security of 500 youth entrepreneurs through participation in clean energy activities to 25,000 households. The project has five strategic objectives which include; creating awareness and building the capacity of the youth and community on the need for solar lamps, building the capacity of youth and women in business initiation and management in implementation of solar based entrepreneurship activities, building the capacity of youths and women in financial education, enhancing access of clean and safe energy lighting solutions to rural and peri urban young households through development of incentive - driven models and finally encouraging new private sector entrants to the promotion of solar lighting solution through increased collaboration/partnerships. The project will use existing GS&L groups currently or formally working with Banking on Change II project to train 500 youth entrepreneurs who will be linked with clean energy product suppliers, particularly of solar lamps to create a supply value chain that will reach villages and peri-urban areas in Migori, Homabay, Kisii, Nairobi (Embakasi) and Embu Counties.

Advancing Pro poor financial Access, linkage and e-recording (APPLE)
Project Start Date: 01.01.14 End Date: 30.12.15
Current Beneficiaries: direct ; 21,055 ; indirect ; 36,117
Effective 1st January 2014 to December 2015, CARE and FSDK are implementing a joint initiative dubbed Advancing Pro Poor Financial Access, Linkage And E-Recording (APPLE) Project. The project is funded to the tune of Kes. 100,000,000. The project aims at improving financial access through implementation of appropriate group savings and loan methodology and through adoption of simple technologies. APPLE project targets poor people specifically by a combination of geographical targeting and selection on the basis of set of criteria, with the support of community members developed during wealth ranking. The project also measure poverty levels of group members using the progress out of poverty index tool. Group savings and loan outreach is based on geographical targeting in Marsabit and Turkana counties while pro poor targeting is in informal and peri -urban settlement of Kisumu and Migori counties. The project also target youths of the ages between 15 to 30 years with the financial access initiatives. The following intermediate results are envisaged: Pro poor targeting with appropriate group savings and loan methodology, Use of electronic group savings and loan training kit(e-kit) for creation of savings groups and e-recording for and loan group record keeping, Mature GS&L groups linked to formal financial services of their choice through m-linkages and finally, Learning’s from the implementation and activities of the working group are shared to inform design of a national scale up strategy. The project targets to reach 21870 clients in Turkana and Marsabit out of geographical targeting and 105708 clients with pro poor targeting in Kisumu and Migori with GS&L training only. The projects targets 3,500 groups with e-recording technology for record keeping.

HEALTH SECTOR

Chagua Maisha Program
Project Start Date: 30.09.09 End Date: 30.12.15
Current Beneficiaries: direct ; 64,646 ; indirect ; 1,335,092
This is a PEPFAR funded comprehensive HIV program implemented in Kisii County and supported through the US Centers for Disease Control and Prevention (CDC). Since its inception in September 2009 and ending in September 2015, the program now in its fourth year seeks to achieve the following objectives: (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 institutions and the Ministry of Health (MoH) to implement and deliver comprehensive HIV prevention, care and treatment services at both the community and facility levels. The programme is implemented in partnership with the Ministry of Health, 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, Positive Health Dignity and Prevention (PHDP) including increased condom use and contraceptive use/prevention of unwanted pregnancies among People living with HIV (PLHIV) 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 124 health facilities being public, private and
faith-based. 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.

Kisumu Integrated Family Health Project
Project Start Date: 01.11.14  End Date: 31.10.17
Target Beneficiaries: direct; 68,000; indirect; 125,000

The project aims to primarily contribute to achieving MDG 4 "Reduce by two thirds, between 1990 and 2015, the under-five mortality rate", and MDG 5 Target 5.A: "Reduce by three quarters the maternal mortality ratio" and Target 5.B: "Achieve universal access to reproductive health". Working with project partners; Kenya Red Cross Society (KRCS) and Family Health Options Kenya (FHOK), CARE aims to contribute to the achievement of the overall objective, ‘Improved maternal and child health (MNCH), sexual reproductive health (SRH), family planning (FP) and nutritional status of communities living within Kisumu slums” (Nyalenda and Manyatta urban slums) ensuring inclusion of marginalised and vulnerable groups. This overall goal encompasses the reduction of maternal deaths and deaths among neonates, infants and children under 5 years of age; reduction of the fertility rate, especially by improving child spacing and lowering adolescent pregnancies thus contributing to the well-being of women as well as improving SRH; improvement of the nutritional status of pregnant and lactating women, their new-borns and children under 5 years, so that their immune system is strong enough to fend off ailments, which might be fatal in undernourished persons.

WOMEN’S EMPOWERMENT

Women and Girls Lead Global
Start Date: 16.01.13: End Date: 30.09.15
Current Beneficiaries: direct; 262

Women and Girls Lead Global is a three-year effort in nine countries; including Kenya, Bangladesh, Colombia, Egypt, El Salvador, India, Jordan, Malawi and Peru to use independent story-driven documentary films to help increase girls and women’s ability to understand and seize their opportunities for leadership and empowerment. The films are intended to complement and strengthen existing efforts to pursue WGLG’s broad vision.

In Kenya, Women and Girls Lead Global activities are advised through a Local Steering Committee comprised of alliance partners, USAID and Ford Foundation, main implementing partner, CARE – Kenya, and local partners Akili Dada, MEDEVA and Well Told Story. n 2013, and every year through to 2015, a local broadcasting partner with national reach will screen 8-10 of these films in each country. In Kenya, WGLG partners USAID, the Ford Foundation, and CARE will integrate the films into existing or new campaigns and activities in collaboration with their local CSO partners or grantees, while Kenya Broadcasting Corporation (KBC) will screen the movies in 2013 and maybe beyond. ITVS has resources with which to adapt or create accompanying study or discussion guides for community engagement activities. The Geographical focus will work to cover most regions in Kenya, if not all, CARE’s involvement in the campaign currently focuses only on Group Savings and I Loans (GSL) participants in Kisumu, Homa Bay, Marsabit, Nairobi and Embu.

Girls Scholarship Project
Start Date: 30.06.14: End Date: 31.12.18
Current Beneficiaries: direct; 4

Sponsored by Venus William and Aqualia Foundation, the projects aims at empowering girls through education. One of CARE’s roles role is to principally ensure that the scholarship awardees uphold good academic performance throughout secondary school. Scholarship projects offers a favourable platform to the projects implementers to build girls capacity to improve their very own situation and that of others in society by amalgamating forums that share/train on various components including leadership session, life skills and career talks with an intend of not only nurturing academic success but future developmental upshots that would cause girls to make use of impacted knowledge and skills to bring about positive change on social, cultural and economic change at the community and to the larger society.
EMERGENCY

Emergency WASH in Wajir
Start Date: 06.12.14  End Date: 15.5.15
Current Beneficiaries: direct ; 15,000
The main goal of the project is to Increase accesses to clean water, sanitation and hygiene and support early recovery for 15,000 persons as well as improve nutritional status of children who are internally displaced from recent inter ethnic conflicts in Wajir County:

* **Output 1:** 15,000 children, women and men in humanitarian crises have access to adequate and safe water supply for drinking and hand washing.

* **Output 2:** 2,000 persons in humanitarian crises have access to appropriate toilets and hand washing facilities that are secure, user friendly and gender appropriate.

* **Output 3:** 15,000 children, women and men in humanitarian crises receive critical WASH related information to prevent illness, especially diarrheal.

REFUGEE ASSISTANCE PROGRAM (RAP)

From 1991, conflict in Somalia has displaced hundreds of thousands of individuals and since then, CARE has provided relief and development assistance in the refugee camps in Dadaab in addition to supporting host communities around the camps. In the height of the influx in 2011 caused by the drought in the Horn of Africa and increased conflict in Somalia, the population rose up to highs of 463,602 (as of 30th October, 2011). As of 31st January 2015, the refugee population in Dadaab was 353,702 refugees. On Donor funding, as of January 2015, the following were the funding partners of RAP; UNHCR, WFP, ECHO, BPRM, MoFA Germany and MoFA Luxemburg. In Dadaab, CARE offers these services:

**Logistics and distribution**

CARE distributes relief food provided by WFP in three camps (Dagahaley, Ifo 1 and Ifo 2) through general food distribution which is undertaken twice every month from 1st to 7th and 15th to 21st. CARE also provides support to UNHCR associated implementing partners in the form of storage and distribution of fuel, warehousing and distribution of core relief items (jerricans, tarpaulins, blankets, cooking ware etc) and complimentary food.

**Mechanical Service Unit (MSU)**

CARE provides a cost effective optimum fleet maintenance of vehicles and equipment to 19 Partners including UNHCR and WFP.

* Crucial attention is given to 60 security vehicles that cover escorts and area patrols across all Camps. Fleet maintenance in terms of availability & Serviceability is maintained at 90%.
* Apart from maintenance activities, MSU provides technical advice in terms of Vehicle and equipment specifications during procurement.

**Education**

CARE is currently implementing primary education in seven (7) schools in Dagahaley camp with a current enrollment of 15,594 (6,824 girls) learners as at 30th June, 2014. CARE’s education sector has ensured that gender mainstreaming has been done in Dadaab education projects, with the main objective being provision of quality education to the refugees by equipping them with the desired knowledge, skills, attitudes and values to enhances their standards of life as refugees, and to prepare them for the challenges and roles awaiting them in case of possible repatriation or resettlement.

**Water & Sanitation and Hygiene (WASH)**

CARE is currently implementing a full WASH package (Water supply/quality, Sanitation and Hygiene promotion) in Dagahaley and Ifo 1 Camps. In the last few years, the focus of WASH has been to empower the refugee communities to take lead in the delivery of WASH services through capacity building of WASH committees and refugee staff on WASH technical issues, this is line with the Operational Continuity Plan (OCP) and the recently develop LRSP for RAP. The main objective of WASH is to ensure that the
beneficiaries have adequate access to safe water (quality/quantity) as per SPHERE and UNHCR Standards and they also live in proper sanitary conditions free from WASH related diseases.

**Gender & Community Development**

The Gender and Development Sector in CARE plays a leading role in prevention and response to Sexual and Gender Based Violence (SGBV) for refugees in Dagahaley camp. The sector promptly receives SGBV reports, where survivors visit the office to report, this is then documented and the survivors are assisted to access other emergency support services such as health options to protect them from possible contraction of HIV/AIDS, pregnancy or STIs in cases of rape. Survivors of rape are also encouraged to report to nearest health center within 72 hours. GCD provides this support through an extensive referral network of partners in Dadaab. In Dagahaley camp, CARE works closely with MSF to facilitate medical referrals, Kenya Police, Save the Children international (SCI), Lutheran World Federation, and the National Council of Churches in Kenya. CARE chairs monthly Inter Agency Child Protection and SGBV coordination meetings.

In 2014, CARE rolled out a male centered initiative to prevent and respond to SGBV through ‘**Engaging Men through Accountable Practice in Prevention of Violence against Women and Girls (EMAP)**’ project rollout earmarked for Dadaab. The project will run for a period of 10 months and will target between 400-500 persons. Implementing the EMAP initiative is part of an agreed roll out of UNHCR SGBV strategy for 2013-15. The GCD sector also provides information, communication and technology training to 100 refugee youth per year which is supported by the Grand Duke of Luxembourg. The students undergo intensive three month training using curriculum approved by computer society of Kenya (CSK) and they later sit exams administered by the same institution (CSK). After successful completion, students are then awarded certificates that are nationally recognized which help them secure employment opportunities within the Agencies operating in the Camps, initiate their own business and or prepare them for resettlement and/or planned repatriation to Somalia.

**Practice of Conflict Sensitivity**

The conflict sensitivity consortium was formed by 10 international NGOs: Action Aid, CAFOD, CARE International UK, International Alert, Plan International, Responding to Conflict, Safer world, Save the Children UK, Skill share International, and World Vision. The objective of the consortium is to provide international emergency humanitarian teams with a set of practical conflict sensitive approaches (CSA) that will help improve the conflict sensitivity of their work during the first 30 days of an emergency response. CARE International in Kenya is engaged in this consortium to improve policies and practices that support Conflict Sensitivity across a broad network of NGOs, local partners and donor agencies.

**Major Donors**

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**CARE International members supporting current programmes**

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Contact information

Bogdan Dumitru - Country Director
Rosemary Mbaluka - Assistant Country Director Programme
Serah Ndegwa-Kamau - Deputy Director Finance & Administration
Michael Chilla - Deputy Director Safety & Security

CARE International in Kenya
Mucai Drive off Ngong Road
P. O. Box 43864-00100
Nairobi, Kenya

Mobile Phone (Safaricom) +254 723151081/722509870/
Mobile Phone (Airtel): 733300756/733300764
Wireless (Telkom) +254 20 2585381/28/3
Email: info@care.or.ke
Website: www.care.or.ke