

CARE Kenya Factsheet

OCTOBER – DECEMBER 2013



Abdi Tarura, tends to his portion of irrigated maize crop at Baad farm in Sankuri – Garissa county, where rain-fed agriculture has become increasingly difficult to practice due to change in the rainfall patterns.

(Adaptation Learning Programme in Kenya)



About CARE in Kenya

CARE was founded in USA on 27th November, 1945, to provide those who had been victims of World War II in Europe, left without livelihoods. Originally known as the **Cooperative for American Relief to Europe (C.A.R.E)**, it aimed at sending food aid and basic supplies to war-torn Europe, in the form of "CARE packages." At the time, such goods were hard to find or were rationed, and millions of people were at risk of suffering from hunger. As the economies of the former wartime nations developed and improved, the focus of CARE's work shifted from Europe to the problems of the developing world. In the 1950s, CARE expanded into emerging nations. In the 1960s, CARE pioneered primary health care programs. In the 1970s, CARE responded to massive famines in Africa with both emergency relief and long-term agroforestry projects. CARE is now a proven leader among international humanitarian organizations, striving to bring about lasting, meaningful change in the of the world's poorest communities. In 1982, CARE International was formally created, with CARE USA, CARE Canada and CARE Germany as founding members, soon to be joined by CARE Norway.

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 famines. 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.

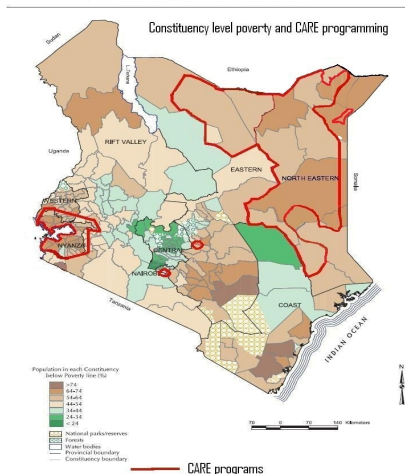
CARE International's Vision

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 unshakable 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 will fully realize their rights.

Poverty map and CARE Programming by County



This map shows the Government of Kenya analysis of poverty by parliamentary constituency.

We have added our current areas of operation to the map to show where we are working, and to demonstrate the focus of that work.

CARE International in Kenya (CARE) Programme Overview

We currently carry out major initiatives in Refugee Assistance, Health, Livelihoods, Water and Sanitation, Climate Change adaptation, Social Protection, and Community Managed Disaster Risk Reduction and in Group Savings and Loans, with an average annual budget of approximately USD 35million. CARE is one of the lead agencies under the United Nations High Commission for Refugees (UNHCR) and World Food Programme (WFP), for water & hygiene, food distribution, and formal education in the Dadaab refugee camps near the Kenya-Somalia border. As of 22nd September 2013, the refugee population in Dadaab was 405,306. Our main office is in Nairobi, and our priority Counties are Embu, Garissa, Homa Bay, Kericho, Kirinyaga, Kisii, Kisumu, Mandera, Marsabit Nyandarua, Nyeri, and Siaya. As a result of the wide scope of our programme, CARE Kenya keeps growing, and by August 2013, there were 461 local staff, distributed as follows:

Nairobi	110	Garissa	27
Kisumu	20	Dadaab (Garissa county)	210
Kisii	37	Takaba (Mandera county)	12
Siaya	7	Moyale (Marsabit county)	4
Homa Bay	2	Embu	8
Bondo	2	Marsabit	10
Nyando	1	Karatina	2
Nyakach	1	Nyandarua	1
Rarieda	2	Kinangop	1
Rongo	5		

1) Livelihoods 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 unfavorable, 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 livelihoods sector hosts a diverse range of projects spread in different districts in Kenya including, Fafi, Garissa, Karatina, Kinangop, Kipkelion, Lagdera, Mbalambala, Moyale, Nyando, Siaya, and Wajir North. There are a cluster of projects and programmes that focuses on livelihoods 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+) and climate change adaptation and mitigation (ALP and SACC). The sector has also other new opportunities in the pipeline (Climate Smart Agriculture and WASH) that are still at design or donor negotiation level.

Adaptation to Climate Change

Adaptation Learning Programme (ALP)

Start Date: 01.01.10: End Date: 31.12.14

Beneficiaries: direct 2500; indirect 138,000

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.

SWASH + II

Increasing Accountability in school WASH

Start Date: 9.11. 12: End Date: 31.3.16

Beneficiaries: 20 Public Primary Schools

The overall goal of the program is 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 Policy, 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 current membership consists of the Ministry of Health (MoH), Ministry of Education Science and Technology (MoEST), CARE Kenya, CARE USA and Georgetown University. The project is supporting decision makers to access high quality data, information and learning in order to influence their actions on investment priorities, resource allocation and improved governance of WASH in primary schools respectively. The following activities will jointly be implemented:

- Revamping the Education Management Information System (EMIS) through a school based mobile data transmission platform
- Championing the development of a Performance Charter on the Comprehensive School Health Programme and training teachers on running School Health Clubs
- Promoting learning through field trials and outreaches on incentives for improved governance in public primary schools as well as the private sector model of service delivery in informal settlements
- Producing Policy Briefs from a study on the annual cost of WASH in schools and various field trials

The Government of Kenya (GoK) will provide leadership and coordination through a Project Steering Committee (PSC), co-chaired by MoEST and MoH. CARE Kenya and other SWASH+II Partners will facilitate decisions raised by the PSC through a Project Implementation Unit (PIU) that will also be co-chaired by the two Ministries.

KALDRR

Millennium Water Alliance Programme in Kenya

Start Date: 1.1.13: End Date: 30.11.14

Direct Beneficiaries: 36812

CARE Kenya is one of the leading humanitarian agencies in north east region of Kenya. CARE's previous and current programs have a strong focus on humanitarian assistance at the Dadaab refugee camps as well as community development programs for the refugee host community. Despite the gains in the past, recent challenges by climate change phenomenon puts more strain on the existing infrastructure. The region has suffered in the recent past persistent droughts, erratic rains with flash floods, heightened insecurity and social conflicts. All these have led to reduced communities' coping capacities and resilience to withstand disaster risks related to this phenomenon. CARE consequently believes that by improving the targeted communities resilience to drought and flash floods, entrenching the culture of community managed disaster risk reduction approaches, the impacts realized thereof will help protect and enhance the health of women and children thence support the attainment of the MDGS by 2015. CARE plans to use the MWA/USAID funds through KALDRR program to target 36,812 direct beneficiaries largely comprising women and children to access improved water supply, proper usage of sanitation facilities and good health behaviors. The communities will be capacitated to increase their resilience to disasters like drought and flash floods through simplified community managed disaster risk reduction approaches 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, Garissa, Isiolo, Wajir. Key activities will include improving water supply infrastructure, sensitization towards sanitation facilities' usage, hygiene promotion and risk management.

Agricultural Value chains

Kilimo Biashara (KBP) Project

Start Date 01.01.12: End Date: 30.12.14

Project Beneficiaries: 265 contract farmers; 1,995 GS&L clients.

Started in January 2012, it is a partnership between 265 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 sector competitiveness and improving the livelihoods of out growers through addressing bottlenecks in the Coop value chain for sugar snaps, green beans and baby corn. Towards this 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.

Carbon Finance for Sustainable Agriculture Work Sustainable Agriculture in a Changing Climate (SACC)

Start Date: 10.9.10: End Date: 30.9.13

Beneficiaries: Male: 1,068: Female: 677

Sustainable Agriculture in a changing climate (SACC) Project is a sequel to the very successful Aglive Project which was implemented between 2008 and 2010 along river Nyando catchment within Kisumu and Kericho Counties. SACC Project covers the same areas and will ultimately cover some parts in Homa bay County. The project will be in three phases with phase I which started in September 2010 as a pilot phase targeting 1700 Households in two Blocks of 10 by 10 km square to end in September 2013. The Project will use verified carbon standard (VCS) and climate, community and Biodiversity standards (CCBS) to earn carbon finance which will help farmers in mitigating against climate change through greenhouse gas (GHG) absorption.

Towards this 6 tree species are planted in any of three configurations: Woodlots, Dispersed within the cropland or Boundary planting with each farmer planting a minimum of 50 trees which will be managed per technical specifications for 25 years carbon credit period. Up to 100 initial seedlings are given by the project. In addition farmers are trained in the production and marketing of high value crops that are adaptable to the changing climate in order to generate intermediate benefits.

Benefits to farmers include improved farm production, enhanced dietary diversity (nutrition), improved conservation, enhanced landscape aesthetics, revenue from sale of trees at the end of credit period and potential carbon credit.

Nyanza Healthy Water Safe Water Systems (SWS)

Start Date: 1.1.12: End Date: 31.12.14

Beneficiaries: 161, 100 people both directly and indirectly (School Pupils/Teachers/MCH Clients/PSC Clients/CHWS Clients)

CARE's SWS is as an inexpensive water quality intervention at point-of-use, encompassing three components; water treatment using P&G purifier of water and Water Guard; safe storage of treated water in containers with narrow neck, lid and spigot; and behaviour change through community mobilization and capacity building. SWS interventions are aimed at improving the quality of drinking water at household and clinic levels to reduce the incidence of diarrhea and other water-borne diseases in Siaya County. This is done through schools, health facilities and by Community Health Workers to reach out to vulnerable households. The current programming is based in Ugunja, Ugenya, Gem, Siaya and Bondo Sub Counties targeting 60 schools and adjoining Early Childhood Development Centers, 73 health clinics and 1200 Community Health Workers.

The objectives of the project are to;

- .. Increase partners' knowledge on safe drinking water and hygiene promotion
- .. Improve access to safe drinking water and hygiene infrastructure in schools and health facilities
- .. Enhance linkages at the community level to boost adoption of safe drinking water and
- .. Assess uptake and measure intervention's impact

Ultimately, the project aims to sustainably improve the quality of life of vulnerable women and children.

2) Financial Inclusion

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.

KE845: Community Savings & Loans (COSALO) II

Start Date: 20. 04. 11: 30. 09. 13

Beneficiaries: 176,387

COSALO II is a group savings and loan project being supported by financial sector deepening trust Kenya (FSD). The project is a follow on project of COSALO I which was implemented from 2008 to 2011 and was very successful. The project runs from April 2011- July 2013. The main aim of the project is to develop savings group models to the stage at which scale up programme impacting significantly on financial exclusion at a national level becomes viable. The projects components includes

includes **i**) refining the delivery channels **ii**) developing a national scale up **iii**) poverty impact assessment. The project implements in Siaya, Kisumu and Marsabit counties. The project is also testing additional interventions and particular design features needed to reach highly marginalized groups in Marsabit and the Islands of Lake Victoria. So far the project has reached 176,387 individuals with Group savings and loan training in Siaya, Kisumu and Marsabit counties and a savings and loan portfolio of Kenya shillings 446,574,037 and Kenya shillings 872,295,039 for Kisumu and Siaya respectively and Kenya shillings 25,972,766 and 21,576,939 for Marsabit county respectively as at June 2013. The livelihoods of the two communities have been greatly improved, thus positively impacting the education of their children, their housing situation, food security and the organization of social events. COSALO II will run until 30th September 2013.

wPOWER CARE Kenya

Start Date: 19.09.12: End Date: 30.09.15

Beneficiaries: 95,202

This is a three year project running from September 2012 and ending in December 2015, funded by U.S Department of State. 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 incomes 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, Kisii, Nyamira, Embu, Garissa, Wajir and Mandera County. During the three years, the project is targeting to promote uptake of 82,275 solar lamps and 11,642 improved Cookstoves.

Banking on Change II (BOC) - GS&L Linkages with Financial institutions

Start Date: 01.01.13: End Date: 31.12.15

Beneficiaries: 80,823

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.

3) Emergency

Regional Resilience Enhancement against Drought (RREAD IV)

Drought Intervention

Start Date: 01.01.12: End Date: 30.12.13

Direct Beneficiaries: 49587 Male: 41747 Female

Indirect Beneficiaries: 65700

Northern Kenya is characterized by unreliable rainfall and a fragile environment, compelling the pastoralists to adopt highly mobile lifestyles often crossing ethnic, national and international boundaries, and subsequently fuelling resource based conflicts. It is widely recognized that in order to maximize the use of limited primary resources in these dry areas livestock mobility is essential as a way of evading drought shocks. The prevalence of recurrent droughts has worsened along the international boundaries where different government policies and border dynamics create a lawless atmosphere that fuels disharmony. The internal problems of pastoralists living along the common borders of Kenya and Ethiopia's often spill over to either side, hampering free cross-border movements. In recognition of the drought induced disasters, the RREAD-IV project has been applying Community Managed Disaster Risk Reduction (CMDRR) approaches through building and strengthening of the capacity of traditional institutions in order to defuse tensions arising from resource sharing during critical periods and bring harmony between the Kenyan and Ethiopian pastoralist communities within the targeted districts. The project has facilitated communities to realize their own potential to reduce the effect of drought, mitigate and respond to protect their livelihood assets along the Kenya-Ethiopia border. The RREAD-IV project has facilitated the formation of CMDRR cross border committees for new communities and strengthens the old DRR community committee focusing on natural resource management, livestock and Livestock Product marketing, cross border disease surveillance, and drought management. Wama women group is one of the new groups in Waye location of Sololo who were sensitized and mobilized on the methodology and concept of the group savings and loans. Expression of interest forms were issued to savings and loan groups to apply for support on capacity building on group savings and loans. Several groups submitted their applications out of which Wama was selected based on their previous experiences on home grown saving and lending initiatives known as (Ququbi) means merry-go-round. The group members benefited from training on basic principle of the Group Savings and Loan (GS&L) methodology. The objective is to make the group to diversify their activities as a fall back during the critical period of drought. Group also have kitchen garden as an alternative source of income CARE provided logistical support to the County Veterinary Office and community animal health service providers to conduct mass treatment, deworming and vaccination campaign in three cross-border points: The vaccine was procured by Director of Veterinary services. Dugo and Iresteno in Bute Wajir North neighboring -Dugo and Qadaduma Ethiopia and Godoma in Moyale -Dukisu Ethiopia. The mass vaccination, deworming and herd treatment was meant to help in reducing incidences of trans boundary diseases outbreak due to depressed immunity as a result of drought and increased worm loads in animals. Sheep and goats (Shoats) are vaccinated against CCPP and PPR. The total number of Shoats Vaccinated was 17,136 and cattle 2036 against Black quarter and Anthrax. The total number of cross border community household benefited from the services was 2,235 among them Kenyan household 1,341 and Ethiopia 894 HH. Joint livestock disease surveillance along the border has improved timeliness of animal health interventions and Trans-boundary disease information sharing between communities resulted in decreased disease outbreak also enhances collaboration with line department.

Floods Emergency Recovery Project (FERP)

Start Date: 4.7.2013: End Date: 15.1.2014

Beneficiaries: 15,000

To improve the quality of life of people affected by floods in three districts of western Kenya. Project activities include:-

- Distribution of hand washing facilities in schools.
- Hygiene education on hand washing with soap
- Construction of latrines in schools and households
- Promotion of Community Led Total Sanitation at household level
- Distribution of water treatment chemicals and safe storage vessels
- Water sampling and testing for bacteriological quality

4) Health, HIV and AIDS Sector

Global Fund Round 7 HIV Program: CARE Kenya was awarded the civil society Principal Recipient of Global Fund (to fight Tuberculosis, Aids & Malaria) Round 7 for HIV and AIDS. The goal of this program is to improve the quality of life for people living with HIV (PLHIV) in Kenya and reduce HIV infections, scale up and maintain PLWHAs on adherence to ARV treatment, increase access to HIV testing and counseling services, increase uptake of HIV prevention and treatment services, strengthen institutional capacity to effectively implement and monitor HIV/AIDS services. CARE partners with the Ministries of Public Health and Sanitation & Medical Services, National AIDS Control Council (NACC), Global Fund Country Coordinating Mechanism, Non-Governmental and Civil Society Organizations (NGOs & CSOs—54 agencies), National AIDS/Sexually Transmitted Infections (STI) Control Program (NASCOP) and UNAIDS, who provide technical support. Key strategies in achieving the goal is by promoting access to HIV counseling and testing and ensuring that those counseled and tested receive their test results, treatment adherence sessions for persons living with HIV (PLHIV) together with their family members (treatment supporters), sensitization of youth (aged 10-35), persons living with disability (PWDs) and MARPs [sex workers, injecting drug users (IDUs), prison inmates, the fisher folk, men having sex with men (MSM) and long distance truck drivers], behavior change communication (BCC) at the community level and at the workplace, promoting peer education and strengthening institutional capacity of civil society implementers through supportive supervision, organized thematic trainings, cross learning visits and during periodic stakeholder feedback forums. Cumulatively the program has reached over 2 million people since inception with diverse HIV interventions. Markedly, there has been significant progress made towards narrowing the gender gap in all the service delivery areas (SDAs) where out of the total population reached, 50.6% were male against 49.4% females. As at end of June 2013, based on the GF rating methodology, the program posted a tremendous performance of an A1 (more than 100%) which the program seeks to sustain.

Chagua Maisha programme: This is a PEPFAR funded comprehensive HIV program implemented in Kisii County and supported through the US Centers for Disease Control 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 intergrated 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.

5) Refugee Assistance Programme

Conflict in Somalia has displaced hundreds of thousands of individuals. Since 1991, CARE has provided relief and development assistance for the three refugee camps in Dadaab in addition to supporting host communities around the camps. In recent months, drought and conflict in Somalia increased the refugee influx into Dadaab, as of June 30th, 2013, the population in Dadaab stood at 427,047 after an on-going verification exercise of refugees. Dadaab has a total of 5 camps in the area all under UNHCR sub office Dadaab. As of June 2013, the following were the funding partners of RAP; UNHCR, WFP, ECHO, BPRM, MoFA Germany, MoFA Luxemburg, DRC and 1 German based private donor (RTL). 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 different food programs, including general food distribution which is undertaken twice every month. There is also a school feeding program in all the six (6) primary schools in Dagahaley camp where CARE is the agency mandated to deliver primary education. CARE also provides support to associated implementing partners of the UN in the form of storage and distribution of fuel, warehousing and distribution of core relief items (jerricans, tarpaulins, blankets, cooking ware etc), provision of motor vehicle and generator repairs and maintenance.

Education

CARE is currently implementing primary education in six (6) schools within Dagahaley camp with a current enrollment of 17,534 (7,708Girls) learners as at 6th September, 2013. Through additional funding received for 2013 from RTL through CDL, the sector is currently constructing a 7th school which should be complete by the end of October and ready for commissioning in January 2014 as the new school year begins. This will go a long way in reducing the classroom/pupil ratio in the existing schools. 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 enhance 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 focuses on improving access to safe water and the efficiency of its supply to the refugee population. This is done alongside rehabilitation of the water reticulation system, through construction and maintenance of bore holes and storage facilities. With the continued growth of the population in the Dadaab camps, disposal of solid waste has become an increasing problem which must be addressed to prevent potential health and sanitation related infections. CARE supports sanitation through community mobilization to clean the camps, latrine construction. These are also blended with hygiene promotion activities. From January 2013, the focus has been mainly on Dagahaley camp. However, there is a possibility of extending services back to Ifo Camp in the near future since the Project has received some calls for proposals.

Gender & Community Development

This is done through development programs that promote self-reliance among the refugee population, through increased access to productive opportunities and sustained capacity development. There is a special focus on the youth who constitute 48% of the entire refugee population. CARE ensures that the basic needs and rights of the refugees are met and protected, while also building their capacity to cope and be integrated into society, post repatriation and/or resettlement. This is currently achieved through psychosocial support and vocational training of the youth. Another method used for reaching out to the youth is through sports in which CARE has partnered with Right To Play, an NGO headquartered in Canada. CARE plays a leading role in Sexual and Gender Based Violence (SGBV) protection and response by promptly reporting and referring cases for counseling, protection and medical support in two camps, Dagahaley and Ifo. This involves prevention and response to Female Genital Cutting (FGC) and Sexual Exploitation and Abuse (SEA) in the camps, through multi-sectoral interventions that encompass safety, medical, legal, psychosocial and community re-integration measures. From September, 2013, focus is now only in Dagahaley Camp after the closure of Ifo Camp Projects.

6) CARE Kenya Women and Girls Lead Global (WGLG) Strategy

Start- 2013: End- 2015

Beneficiaries:

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.

In 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 focusses only on Group Savings and Loans (GSL) participants in the Nyalenda informal settlement, Kisumu, and the Shiners Women's group in Homa Bay. Both these groups are in Western Kenya, and are part of the wPower GSL initiative. Advocacy goals for WGLG include Mobilize men and women to take action to create more social, economic and political opportunities for women and girls and to increase productive participation in existing gender equality activities. Create emotional and personal media experiences for television viewers, increasing knowledge and changing attitudes about the importance of equitable and inclusive roles for women and girls, including leadership positions. Increase public attention, exposure, and awareness around the roles of women and girls in society, with a focus on issues identified locally as most critical for progress.

CARE Kenya and ITVS are currently researching on various Kenya-based film companies that specifically make films and documentaries for social change. The idea is to make a documentary film that follows the progress of selected GSL women over the period of the WGLG campaign. This would include telling their story of how they got involved in GSL, the impact of CARE's GSL on their lives, their current occupations, and their current involvement in other community leadership roles, such as local school committees, economic leadership(such as Homa Bay 10), religious groups, market management committees county boards, and county government. The plan would also involve documenting the impact of the WGLG campaign on the individuals over the three years. Undertaking this film initiative would include the following steps:

- Identify these women, who inspire and what role they play,
- Highlight why they are esteemed by their peers and why their story is exceptional;
- Tell how they decided to take on additional responsibilities beyond their family;
- Describe the environment in which they are leading, whether supportive to their leadership development or not supportive at all

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, Saferworld, Save the Children UK, Skillshare 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

The Canadian International Development Agency (CIDA), the United States Agency for International Development (USAID), Australian Aid, the Millennium Water Alliance, the Global Fund, the European Commission Humanitarian Office, the Centre for Disease Control & Prevention, the H. G. Buffet Foundation, the UK Department for International Development (DfID), the German Ministry of Foreign Affairs, the Sternstunden Foundation, the RTL foundation, the Luxembourg Ministry of Foreign Affairs, the World Food Program, the Disasters Emergency Committee (DEC), Proctor and Gamble Ltd., the Danish Refugee Council, the UN High Commission for Refugees (UNHCR), FSD Trust Kenya, the Rockefeller Foundation, the Cherie Blair Foundation for Women, the Bill and Melinda Gates Foundation, Barclays Bank and various other private and corporate donors.

CARE International members supporting current program

CARE Australia, CARE Austria, CARE Canada, CARE Denmark, CARE Germany, CARE UK, CARE USA.

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