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**Response to Health Needs of Internally Displaced Persons (IDPs)  
and Affected Communities in Kibera and Surrounding areas in Nairobi**



**12th FEBRUARY 2008 to 12th May 2008**

**Project Title: Response to Health Needs of Internally Displaced People (IDPs) and affected communities in Kibera and Surrounding areas in Nairobi**

**Cooperative Agreement/Grant No. DFD-G-00-08-00086-00**

**Country/Region: Kenya, Africa**

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**Disaster/Hazard: Violence following the presidential election in Kenya**

**Period covered by this Report: 12<sup>th</sup> February to 12<sup>th</sup> May 2008**

**Dollar Amount Requested from OFDA: \$ 197,857**

**Dollar Amount Requested from other sources:**

**Dollar Amount of In- Kind Contributions:**

**Total Dollar Amount of Project: \$ 197,857**

## LIST OF ABBREVIATIONS

AMREF	African Medical and Research Foundation
ANC	Antenatal Care
CHC	Community Health Committee
CHW	Community Health Worker
CBO	Community Based Organization
EPI	Expanded Programme on Immunization
FBOs	Faith Based Organizations
FIC	Fully Immunized Children
GoK	Government of Kenya
HF	Health Facility
HW	Health Workers
IEC	Information, Education and Communication
IDPs	Internally Displaced Persons
ILRI	International Livestock Research Institute
IPT	Intermittent Preventive Treatment
KCBHC	Kibera Community Based Health Centre
KEMRI	Kenya Medical Research Institute
KeNAAM	Kenya NGO Alliance Against Malaria
MCH	Maternal Child Health
MoH	Ministry of Health
PHASE	Personal Hygiene and Sanitation Education
PMTCT	Prevention of Mother To Child Transmission
ToT	Trainers of Trainers
TT	Tetanus Toxoid
USAID	United States Agency for International Development

## **I. EXECUTIVE SUMMARY**

The outcome of the Kenya general elections on 27th December 2007 triggered a nationwide security situation that overnight, dramatically escalated into injury, displacement, and personal property loss for large numbers of Kenyans. An estimated 25% of the population in Kibera's 13 villages had their homes destroyed and many lost all of their possessions.

With funding support from USAID, AMREF carried out outreach medical camps in Kibera, Dagoretti and Kawangware from 12<sup>th</sup> February to 12<sup>th</sup> May 2008. The project had targeted to reach 27,000 beneficiaries in general among whom 5,000 were to be IDPs. By the reporting period, 13,301 clients (49.3%) of target population had been reached. The number of IDPs reached at the end of the reporting period was 6,838 people exceeding the target by 27%. Out of the 6838 IDPs to whom AMREF attended, 5,470 (80 %) were females while the rest were male.

Among the 13,301 clients seen, there were 4,525 children under five years of age and out of this number, 2,145 children were treated for ARIs while 1,213 were treated for diarrhoea. Some 211 children aged 6 months to 15 years received measles immunization. Vitamin A supplement was provided to 2,703 children aged 6 to 59 months and 363 mothers received iron and folic acid tablets and Tetanus Toxoid injection. Those suffering from minor ailments received treatment. Some 8,481 basic laboratory tests were done and 118 health education sessions were held, reaching 8,776 people. A total of 5,900 pieces of various Information, Education and Communication (IEC) materials were distributed during the reporting period. The IEC materials focused on nutrition, malaria, HIV, diarrhea and personal hygiene and sanitation education. Six (6) cases of Gender Based Violence were counseled and referred to Nairobi Women's Hospital. A total of 1,543 clients (918 adults and 625 children) were counseled on psycho trauma and related effects. Activities related to HIV-AIDS included training in HIV-AIDS, PMTCT, nutritional assessment and follow up and care of people infected by HIV-AIDS.

Among the challenges that were encountered during the outreach activities were rain, poor access roads in some parts of Kibera, Dagoretti and Kawangware as well as general insecurity between February and April 2008.

## **II. PROGRAM OVERVIEW**

### **A. GOAL AND OBJECTIVE**

#### **Goal**

Mitigate the health impact among the internally displaced and settled people in Kibera and neighboring host communities.

#### **Objective**

The main objective was to facilitate provision of outreach preventive, promotive and curative services to the affected populations in Nairobi West area.

### **B. BENEFICIARIES**

The target beneficiaries were women, children and other vulnerable groups. All groups had to receive treatment for minor ailments as well as psychosocial support. Those cases needing further management were referred to appropriate health facilities. Gender based violence victims would be facilitated to receive PEP services and be referred to relevant health

facilities for further management. Those on ARVs had to be linked to health facilities in order to continue with their medication without interruption.

### C. GEOGRAPHIC LOCATIONS

The project was implemented in Kibera’s 13 villages, Kawangware and Dagoretti in Nairobi West District.

Organization: African Medical Research and Institute Foundation
Date: Information was recorded: 25 <sup>th</sup> July 2008
Country (Common short form): Kenya
First administrative Unit: Nairobi province
Second administrative Unit: Nairobi West District

### Geo-Referencing Data

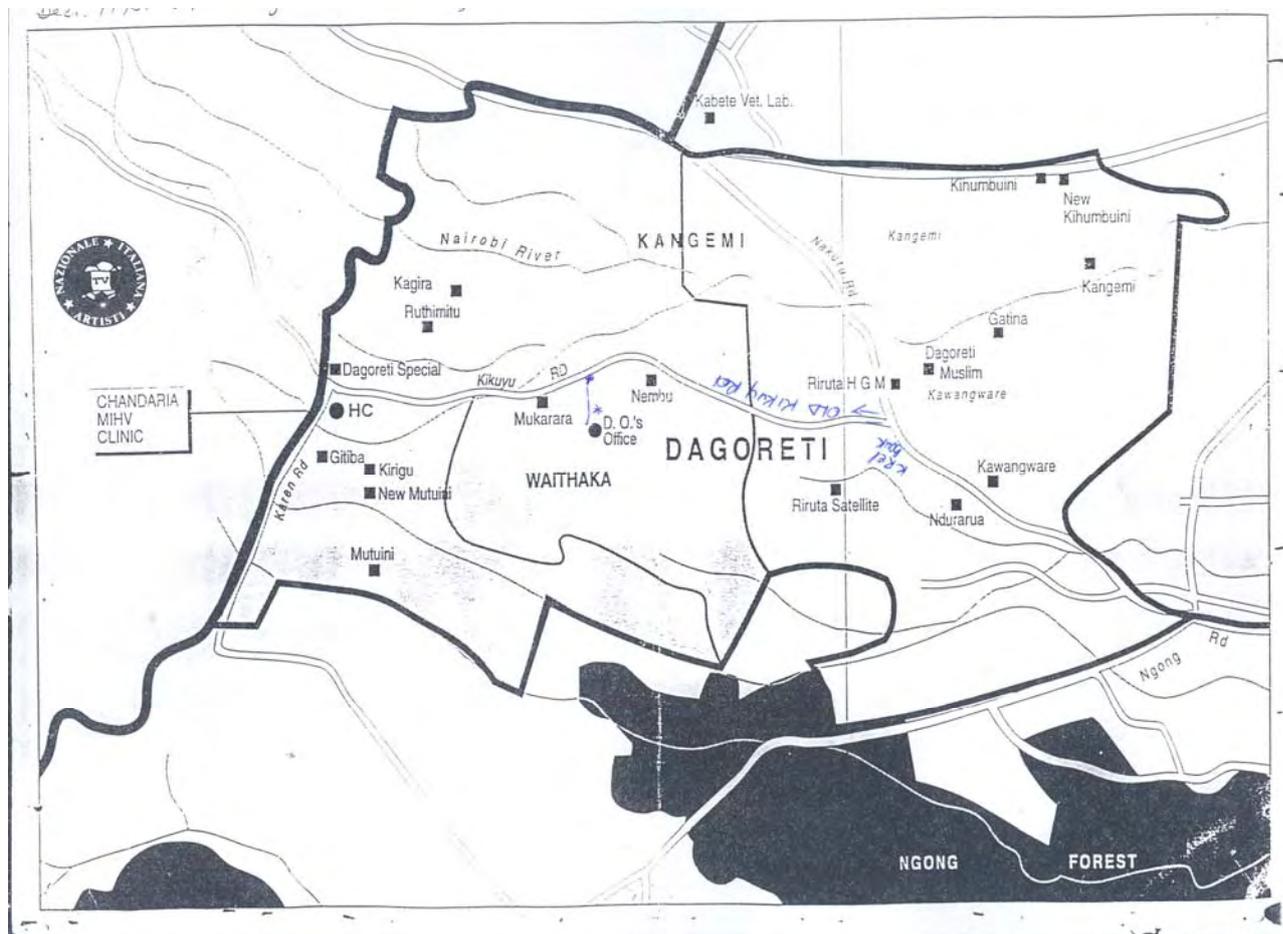
**Organization: AMREF**

**Date: 25<sup>th</sup> July 2008**

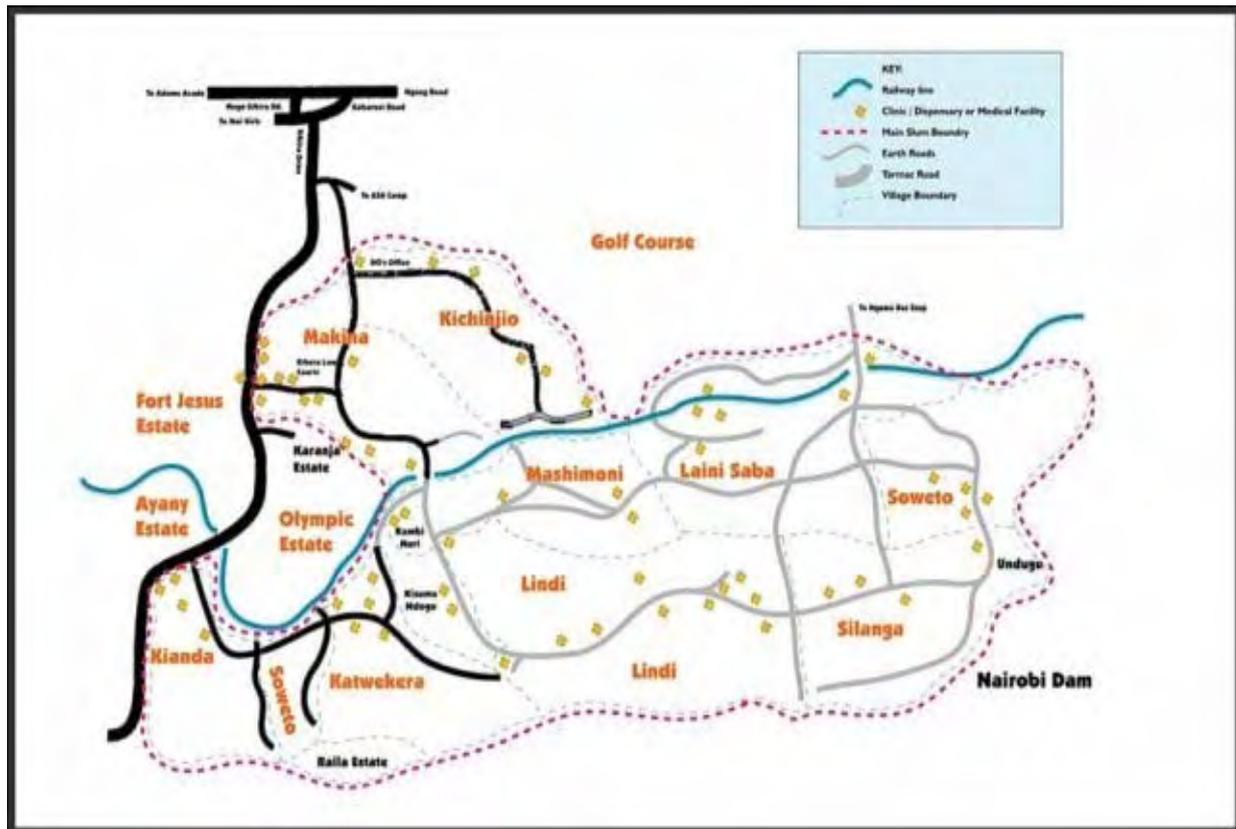
**Country: KENYA**

ADMIN1	ADMIN2	PLACE	SECTOR/ACTIVITY	START	END	TARGET POPULATION
Nairobi	Nairobi West District	Dagoretti Division Kibera Division	Health	12 <sup>th</sup> Feb. 08	12 <sup>th</sup> May 08	27,000

### Dagoretti Division



## Kibera Division



### III. PROGRAM PERFORMANCE

#### ***SUB SECTOR 1: CHILD HEALTH***

##### **Indicator 1: Number and percent of population under 5 effectively treated for Acute Respiratory Tract Infection (ARI) with appropriate antibiotics.**

During this reporting period, curative services were provided both at the outreach medical camps and at Kibera CBHC. Some 4,525 children < 5 years of age were attended to and out of these, 2,145 (38 %) were treated for ARI. They were provided with appropriate antibiotics.

##### **Indicator 2: Number and percent of population under 5 effectively treated for diarrhoea with ORT and zinc (antibiotic for dysentery) at health facility and /or community level**

Out of 4,525 under fives attended to at Kibera CBHC and outreach medical camps, 1,213 (21.5%) were treated for diarrhoea diseases. They were given appropriate antibiotics and ORS.

##### **Indicator 3: Measles immunization coverage, ages 6 month to 15 years.**

During the period under review, a total of 6,381 children (6 months to 15 years) were screened at the child welfare clinics in the outreach medical camps and Kibera CBHC to establish their immunization status. The measles immunization was given to 139 children below one year and 72 children between 1 to 15 years respectively.

##### **Indicator 4: Vitamin A coverage, 6 to 59 months**

A total of 2,703 children aged 6 to 59 months received Vitamin A supplement at the outreach medical camps and at Kibera CBHC.

**Indicator 5: Number and percent of total population, pregnant women, and <5 effectively treated for malaria with appropriate anti-malarials.**

A total of 156 children below 5 years (2.8 %) and 875 (6.2%) patients above 5 years out of the total cases attended to were treated for malaria with coartem. Some 731 ante-natal mothers were given Intermittent Preventive Therapy (IPT) systematically at the outreach medical camps and at Kibera CBHC.

**Indicator 6: Growth monitoring**

During the outreach camps and at Kibera CBHC, all the 4,525 children under five years were weighed and their nutritional status assessed. Out of the total, 181 (4%) were moderately malnourished and were provided with Corn Soya Blend<sup>1</sup> (Nutritional supplement) while 64 (1.4%) with severe acute malnutrition were referred to Mbagathi Hospital for further management. The mothers were advised on better ways of feeding their children. Follow up is being done at Kibera CBHC and other health facilities.

***SUB-SECTOR 2: MATERNAL HEALTH***

**Indicator 1: Percentage of pregnant mothers receiving iron and folic acid**

Out of 5,800 mothers attended to at the outreach medical camps and Kibera CBHC **386** mothers were attended for family planning services while **363** were antenatal mothers. The mothers who were attended for antenatal care underwent ANC profile (laboratory tests), and were given iron and folic acid tablets, Tetanus Toxoid injection, treated for minor ailments and were given health talks on family planning, proper nutrition and clinic follow ups. The mothers were given iron and folic acid and compliance was at 90%. Thirty three (33) mothers who tested positive after screening for HIV antibodies at the camps were counselled and referred to Kibera CBHC for the PMTCT programme or to the nearby health facility for ARV prophylaxis and follow up.

***SUB SECTOR 3: HEALTH EDUCATION***

**Indicator 1: Number of health education and promotion sessions (number of population targeted) provided to communities.**

Over the three month period, 118 Health Education sessions were held at the medical camps and Kibera CBHC. There were 8,776 (1,856- children in school going age, 6,920- adults) who benefited from the Health Education sessions.

A total of 5,900 various IEC materials were distributed during the reporting period. The IEC materials focused on nutrition, malaria, HIV/AIDS and prevention of diarrhea diseases using the PHASE approach in schools.

A total of 1000 T-shirts with health messages were distributed to the community health workers, stakeholders, local administration, teachers and to school children.

**Indicator 2: Percentage of target population with knowledge of and practicing two methods to prevent diarrhoea.**

During the health education sessions, the participation was remarkable, knowledge and practice of washing of hands during critical times proper waste disposal practices were the two mostly emphasized methods for prevention of diarrhoea diseases. Proper personal

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<sup>1</sup> Langata Health Centre, Woodley Health Centre and Ngong Dispensary support child welfare activities by providing Corn Soya and vaccinations

hygiene and sanitation practices were poor partly due to lack of water and sanitation facilities thus presenting a major challenge in promotion of personal and household hygiene.. The percentage of the target population with knowledge on prevention of diarrhoea stood at 50%.<sup>2</sup>

#### **SUB SECTOR 4: CROSS CUTTING ISSUES**

##### **Issue 1: HIV-AIDS**

###### **Indicator 1: Number of activities addressing HIV-AIDS**

At Kibera CBHC and at the outreach medical camps, the following activities were carried out to address issues on HIV -AIDS:

- Voluntary Counseling and Testing
- Diagnostic Counseling and Testing
- Providing Ante-Retroviral Therapy
- Providing advice on PMTCT
- Follow up and care of people infected and affected by HIV-AIDS
- Nutrition assessment and counseling for person living with HIV and AIDS
- Supplementary feeding for ARV clients at the camps and at KCBHC
- Theatre and drama at schools and in the community to mitigate against HIV stigmatization.
- Organizing football tournaments
- Conducting door to door awareness campaign
- Providing home based care
- Providing youth outreach activities
- Adherence counseling

###### **Indicator 2: Numbers of people sensitized/trained in HIV-AIDS issues**

Some 31 community health workers were trained in HIV-AIDS and they are actively involved in door to door awareness campaign, home based care, post test clubs and adherence counseling.

##### **Issue 2: Protection Mainstreaming**

###### **Indicator 1: Number and types of Gender Based Violence (GBV) cases treated or referred**

During the reporting period, 6 cases of GBV were seen at the medical camps. They were counseled and referred to Nairobi Women's Hospital. These cases included:-

- A 10 year old female orphaned child who was HIV positive, who had been physically abused by her aunt and sexually abused by the aunt's husband.
- A 17 year old woman who presented with history of miscarriage after being assaulted by her husband.
- A 15 year old girl who had been raped by a person who was a member of a vigilante group

These cases are still being followed by the social workers, district children officer and officials from the Ministry of Gender and Social Services.

###### **Indicator 2: Percentage of staff trained in protection sensitivity**

Out of 75 staff from both Kibera CBHC and the outreach team, a total of 55 staff underwent on-the-job training on protection sensitivity.

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<sup>2</sup> Questionnaire was administered to randomly selected people from the crowd and the data was analyzed.

**Indicator 3: Numbers of individuals experiencing acute mental distress provided psychological first aid at health service facilities or in the community**

A total of 1,543 clients (918 adults and 625 children) who were affected by post-election violence in one way or another were counseled on psycho-trauma and other related issues including hygiene, nutrition, HIV/AIDS, sexuality and drug abuse. They went through group counseling and individual counseling.

**Issue 3: Internally Displaced Populations (IDPs)**

**Indicator 1: Total number of IDPs assisted.**

A total of 6,838 IDPs (male-1368, female-5470) benefited from various services offered at both Kibera CBHC and outreach camps during the reporting period. They were also linked to the administration for social support. The project networked with various organizations to refer those who needed further psychological and psychosocial support.

**Indicator 2: Number of female IDPs assisted**

Out of the total IDPs attended to, 5470 (80%) were female. They were offered various services depending on the needs they presented. Others were linked with to the local administration and social support groups for support.

**IV. SUCCESS STORY**

***GIVING BABY MARTHA A FIRM GRIP AND A SMILE***



**Martha Ayacko trying to use what was left of her hands to play with soil and a bottle**

Little Martha Ayacko picks up a dried reed and sweeps a heap of soil into a corner. She scoops some with her right hand and makes to transfer it into her left, but it just pours to the ground. She tries this several times, patiently, without success.

Little Martha's left hand cannot hold anything in it. Her arm ends in a stump at her wrist - a distorted mass of thick black skin punctuated by five brown scars that mark the points from where fingers once sprouted.

Eventually the bubbly two-year-old gives up on the soil and runs to her mother, who is sitting nearby. Her smile reveals more horror. Her face is badly scarred, with poorly healed wounds that have formed into keloids sweeping across most of her face, starting from the mouth upwards across the nose and engulfing the entire left eye, forehead and plump cheeks.

Oblivious of her scars and injuries, Martha is making the best out of her little world. The innocent little girl loves to play and has a smile for everyone. She does not seem to know, or remember, the traumatic incident that stole her smile and her grip.

Martha is one of Kenya's post-election violence statistics. She is lucky to have escaped with her life after a group of bloodthirsty youths came to her Kibera neighbourhood, in the name of protesting the results of the presidential elections. The electoral commission had just announced Mwai Kibaki as presidential vote winner over his opponent Raila Odinga, who is the Member of Parliament for Langata, where Martha's Silanga village in Kibera is situated.

"I was away at work when the gangs of drunken and machete-wielding youths torched our house. They targeted our plot because it was owned by an individual from a community they claimed had stolen the election," Martha's mother, Rhoda, recalls.

A neighbour snatched Baby Martha from the raging inferno in the nick of time and took her to the Kenyatta National Hospital. Her mother found her in the intensive care unit later in the afternoon, where she was to spend the next week unconscious, barely clinging to life.

"It was the most trying time for me, watching her just lying there. She didn't even cry. The machines and the many tubes going into her tiny body were frightening. I feared I would lose her," says Rhoda, tears welling in her eyes at the memory.

But luck was on the tiny angel's side. Her condition improved and she was moved to the Burns Unit, where she stayed for 45 days, followed by another two weeks in the General Ward. For seven weeks, Rhoda made daily trips to the hospital to take milk to her daughter, whom she was not allowed to feed - the milk was taken away from her and given to Martha from a bottle. Gradually, the little girl regained her strength, her cry and her smile, and eventually her enthusiasm to run around and play.

But their troubles were not over. Her husband lost his job with a city hotel because he could not report to work, as he had to stay home and look after their three other children while the baby was in hospital. When little Martha came home, she developed a flu, and Rhoda sought help from AMREF's medical outreach clinic, which the project set up to help residents of Kibera who were unable to get to medical facilities after the election chaos. "Her medical cream has also run out," she told Nurse Monica Wambui. "If I don't apply it on her wounds, she is uncomfortable. Her skin itches and her eyes tear. Do you have anything that can help?"

Rhoda she got more than she bargained for. Not only did Nurse Monica give her medicine for the flu and cream for Martha's skin, she phoned clinical officer Chrispin Ochieng and within minutes had worked out a referral for baby Martha to be screened by AMREF doctors to explore chances for reconstructive surgery. Martha is now on the waiting list for surgery.

“I cannot believe it! They not only gave me medicine but they want to give my baby her smile and her hand back,” said an ecstatic Rhoda after a meeting with Monica and Chrispin.

Martha is just one of the many people who have been treated at AMREF mobile clinics.

## **V. UNFORESEEN CIRCUMSTANCES**

During the reporting period, the community willingness to come for the services offered at the camps was overwhelming. However, the harsh<sup>3</sup> weather condition in March and part of April caused a reduction in number of patients expected to attend the outreach camps. Four-wheel drive vehicles were used to ferry drugs and staff to the sites.

Between February and April, inter-tribal tension was still high even after the National Reconciliation and Accord Bill 2008 was legislated and enacted by parliament. This was due to mayhem caused by a vigilante group known as “Mungiki” that affected most parts of the city. AMREF was compelled to reschedule planned outreach camps in the month of April.

## **VI: RESOURCE USE/EXPENDITURE**

Unfortunately, some project activities were interrupted from time to time because of violence, preventing AMREF from completing all the planned activities before May 12, and we missed the deadline to request a no-cost extension. Overall, the project spent 49% of the budget by the end of the planned period. Of the total budget of USD 197,857, AMREF spent \$97,857, leaving a balance of \$100,390, which is being remitted to HHS. The details of the expenditures are included in the accompanying spreadsheet.

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<sup>3</sup> Rain and muddy conditions coupled with poor road infrastructure both in Kibera and Dagoretti.