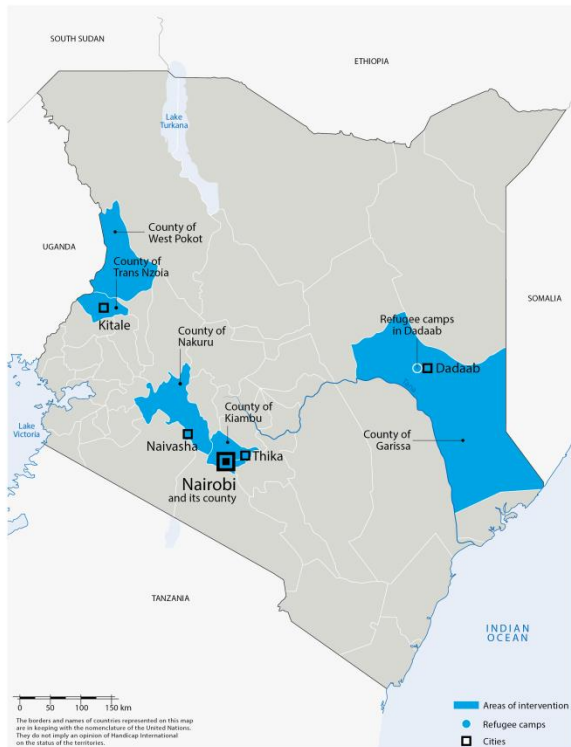




Kenya



MANDATE

The mandate of Handicap International in Kenya is to improve the living conditions of people with disabilities and of people living in refugee camps. Handicap International also conducts a regional project in Kenya and in Tanzania to promote the rights of people with disabilities and implement the International Convention of People with Disabilities in these countries.

SITUATION

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

The country also has an enormous population of refugees, who are both concentrated in the North-Eastern and North-Western regions. Dadaab camp has a population of around 350,000 refugees¹, mainly Somalis fleeing from civil war and starvation. Kakuma hosts a more than 180 000² predominantly South Sudanese population. Those vulnerable populations need healthcare and food, and a special attention has to be paid to disabled people living in those conditions.

Kenya is one of the poorest country in the world, ranked 145 out 188 countries on the Human Development Index. Poverty has an impact on living conditions of population: nutrition, maternal health, primary school and environmental sustainability. In this context, the rights of people with disabilities are weakened and not always respected.

BACKGROUND

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

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

STAFF

- Total national staff employed: 77 national staff and another 174 refugee incentive staff
- Total expatriates employed: 2

KEY FACTS

Human development index (HDI)*	145 th /188 classified countries
Life expectancy*	61,6 years
GNI per capita *	2,762 \$ per annum
Population**	45,55 million inhabitants
Surface area**	592,000 sq.km

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

*Human Development Report 2014
 ** UNSD 2015

¹ <http://www.unocha.org/eastern-africa/about-us/about-ocha-eastern-africa/kenya>
² <http://www.unocha.org/eastern-africa/about-us/about-ocha-eastern-africa/kenya>

Current projects 2016



Support to the Most Vulnerable People in Dadaab Refugee Camps

GOALS

Enhancing protection and boosting self-reliance of the most vulnerable refugees in Dadaab Refugee Camps, improving protection of persons with disabilities, reducing their vulnerability through increased awareness and access to protection mechanisms as well as key mainstream humanitarian services, and ensuring persons with disabilities' access to health and rehabilitation services to improve their overall well-being, inclusion, and participation.

METHOD

- **Provision of functional rehabilitation services** and assistive devices (crutches, wheelchairs) to PwDs in rehabilitation centres and in the community
- **Referral** of clients for prosthesis/orthosis fitting and orthopaedic surgeries in specialised centres
- **Capacity development** of refugee staff to provide comprehensive rehabilitation services
- **Empowerment** of community-based structures
- Establishment of awareness, response and **prevention mechanisms** for protection and gender-based violence issues towards PwDs
- Awareness raising, advocacy and **disability mainstreaming**

BENEFICIARIES

- 11,712 direct beneficiaries
- 46,848 families (indirect beneficiaries)

PARTNERS

UNHCR and humanitarian operators in the camps.

LOCATION

Dadaab refugee camps (Ifo, Ifo 2 and Dagahaley camps).



Assisting Vulnerable People in Refugee Camp in Kakuma

GOAL

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

METHOD

- Provide functional rehabilitation services and assistive devices to PwDs in rehabilitation centres and in the community
- Refer clients for prosthesis/orthosis fitting and orthopedic surgeries in specialized centres
- Develop capacity of refugee staff to provide comprehensive rehabilitation services
- Empower community-based structures (i.e. community based rehabilitation committees)
- Establish awareness, response, and prevention mechanisms for protection and gender-based violence issues towards PwDs
- Raise awareness raising, advocacy, disability mainstreaming

BENEFICIARIES

- 9,874 direct beneficiaries
- 105,511 families (indirect beneficiaries)

PARTNERS

UNHCR and humanitarian operators in the camps

LOCATION

Kakuma Refugee camps (Kakuma 1, Kakuma 2, Kakuma 3, Kakuma 4 and Kakuma 5)



Stopping Sexual Violence against Children with Disabilities

GOALS

Tackling the underlying causes of violence towards children with disabilities, and reducing their consequences. This involves enforcing the rights of children, as guaranteed under the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities.

METHOD

Handicap International takes a community-based rehabilitation approach to many aspects of this project. This makes children, their families and communities actors of their own protection, and ensures children are involved in decisions affecting them. People who come into contact with children with disabilities (disabled people's organisations, families and communities) are empowered to oversee their development and ensure their needs are met. This strategy is implemented in specific locations to create child protection safety nets where all the levels of protection within the locations are strengthened in the response and prevention of sexual violence. One of the project's priorities is to implement an integrated protection system in the health, education, legal/judicial and psychosocial sectors.

BENEFICIARIES

- 400 vulnerable children, including children with disabilities
- 120 service professionals from the legal, judicial, educational and psychosocial sectors and specialist children's centres
- 3 local organisations

PARTNERS

- Catholic Diocese of Kitale (CDK)
- Chanuka Youth Development Programme (CYDP)
- Tuwani Community Gender Representative-Community Based Organisation (TUWANI CGR)

LOCATION

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



Road Safety Project

GOALS

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

METHOD

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

BENEFICIARIES

Directly

362 traffic officers

Indirectly

181,000 road users reached through trained traffic police and 3000 through various stakeholder engagements

PARTNERS

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

LOCATION

Naivasha, Thika and Nairobi



Armed Violence Reduction

GOAL

Contributing to the reduction of risks and incidence of armed violence among affected communities in North-Western Kenya

METHOD

- Promote intra and inter community dialogues in reducing armed violence
- Build the capacity of local security and community peace representatives to carry out sensitisation education to the community on small arms risks and sexual gender based violence
- Strengthen the local and county government security structures and establish coordination between the community peace representative and security agencies to improve incidence reporting
- Mobilise the community towards a community safety approach through outreach, dialogue and public education
- Involve the community in developing and integrating community safety plans into development plans for sustainable armed violence reduction process
- Increase security team response through Early warning and Early response system

BENEFICIARIES

30,000 risk takers and people at risk of armed violence

PARTNERS

- Justice and Peace centre (JPC) - Kitale
- Free Pentecostal Fellowship of Kenya (FPFK)

LOCATION

North-Western Kenya: Trans Nzoia, West Pokot and Turkana counties



Strengthening Participation of Persons with Disabilities in the Electoral Process of Kenya

GOALS

Making persons with disabilities having increased participation in electoral processes in the 2017 electoral cycle in Kenya, as well as being supported by more inclusive programming, and legal and institutional frameworks.

METHOD

- Conduct a baseline survey (including a barrier and facilitator assessment) to better understand the situation of persons with disabilities
- Provide 1 sensitisation training on the issue of disability equality and mainstreaming in general to key electoral actors at national levels
- Share survey findings to key electoral-related actors, and develop an official action plan on “Mainstreaming Disability”
- Provide direct technical support to IEBC (at national level) to strengthen specific electoral documents
- Collaborate with Elections observation group (ELOG) to develop a protocol for monitoring the extent PWDs rights are being respected during voting
- Engage registrar of political parties, through UDPK and Disability Caucus on the Implementation of the Constitution (DCIC), through series of meeting on policies and quotas
- Work with DCIC to advocate for enactment of legislation to implement article 100 of the Constitution of Kenya
- Conduct community level outreach sessions by providing grants to grassroots DPOS in 15 counties
- Produce and disseminate accessible (e.g. easy to read, large print, Braille, tactile material) IEC materials
- Collaborate with National Democratic Institute (NDI) and IEBC on promoting inclusive women and men candidate training programmes.
- Conduct training for election observers with disabilities
- Provide funding to renovate 2 polling stations for accessibility
- Produce an endline and prepare lessons learned report with formal recommendations

BENEFICIARIES

Directly

- 130,000 persons with disabilities
- 14 Disabled Peoples Organisations
- 200 national level government and electoral stakeholders
- 300 county level government and electoral stakeholders
- 14 electoral agencies

Indirectly

- Families and caregivers
- All persons with disabilities in Kenya,
- The general population of Kenya,

PARTNERS

- United Disabled Peoples of Kenya (UDPK)
- Action Network for Disabled Youth (ANDY)
- Independent Elections and Boundaries Commission (IEBC)

LOCATION

15 counties: Nairobi, Kisumu, Homa Bay, Migori, Siaya, Kiambu, Taita Taveta, Bungoma, Uasin Gishu, Mombasa, Isiolo, Nakuru, Tharaka Nithi, Bomet, Trans-Nzoia.



Empowerment of Civil Society Partners for the Evolution of Disability-Friendly Mother and Child Health Services

GOALS

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

METHOD

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

BENEFICIARIES

Directly

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

Indirectly

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

PARTNERS

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

LOCATION

Kibera & Korogocho Slums

MAIN FUNDING BODIES

<p>Bureau of Population, Refugees, and Migration (USA)</p> 	<p>French Development Agency</p> 	<p>International Federation of Red Cross</p> 
<p>Ministry of Foreign and European Affairs (Luxembourg)</p> 	<p>European Union</p> 	<p>UK Aid</p> 
<p>Institute for Foreign Cultural Relations (Germany)</p> <p>ifa Institut für Auslandsbeziehungen e. V.</p> 	<p>Global Road Safety Partnership</p>  <p>GLOBAL ROAD SAFETY PARTNERSHIP</p>	