

Kenya

There are 1.5 million people living with HIV/AIDS in Kenya, and MSF's work in the country continues with a strong focus on HIV care. Teams are also providing relief and healthcare to hundreds of thousands of Somali refugees living in camps around the town of Dadaab.

Healthcare in North Eastern Province

For many Somali refugees, there is little solace to be found on the Kenyan side of the border. MSF has taken charge of the healthcare needs of refugees living in Dagahaley camp, part of a complex of refugee camps near Dadaab. The Dadaab camps are bursting at the seams, with 300,000 people living in a space made for 90,000. With the camps already overcrowded, new arrivals have been forced to settle in makeshift shelters outside.

"Each week, we have 1,400 or 1,500 new arrivals from Somalia. This is making the camp very overcrowded, and it means there is less space and many more difficulties for those who are already living here", said Mohammad Daoud, MSF's field coordinator in Dagahaley. MSF has been working in the camp since 2009, running a 110-bed hospital and four health posts. In 2010, an average of 10,000 general consultations were held and 600 patients were admitted to the hospital every month.

In July MSF signed a memorandum of understanding with UNHCR, the UN refugee agency, for the provision of health services in a second camp, Ifo 2, to be located less than ten kilometres away from Dagahaley and with the capacity to accommodate 80,000 refugees. Construction work began and refugees were due to be relocated in November, when the rainy season started and conditions got even worse. However, negotiations between the Kenyan authorities and the UN have stalled and by the end of 2010 no relocations had taken place.

In addition to continuing medical services in Dagahaley camp, MSF also provided shelter material to 700 families and, with other organisations, ensured the supply of water for the new arrivals.

In 2010 MSF teams began working in the remote Ijara district, which is also host to many refugees. Staff focused on reproductive healthcare, working in Sangailu dispensary and Hulugho hospital, and aim to expand services to include immunisation and tuberculosis (TB) care.

Taking HIV care to the community

Massive gains have been made in the fight against HIV/AIDS and TB in Kenya, but many people still suffer from these diseases. In an effort to improve access to treatment, MSF has extended its decentralised care programme. Homa Bay, along the shores of Lake Victoria, is the district most affected by the epidemic. In collaboration with the Ministry of Health, MSF ensured that treatment is available in eight healthcare clinics across Homa Bay: 10,000 people living with HIV received care, of whom 850 were children under 15 years old.

In the capital Nairobi, MSF provides HIV/AIDS and TB treatment in two slum areas, Mathare and Kibera. Here, some 7,400 people living with HIV/AIDS are currently receiving care at MSF's clinics and 5,800 are on antiretroviral (ARV) treatment.

In Kibera, MSF has set up a task force with local authorities to facilitate the handover of three health facilities to the Ministry of Health. As part of the handover, a new health centre will be built just outside the slum to provide healthcare to local people.

After 10 years, MSF's HIV/AIDS project in Busia, a rural region in western Kenya, was handed over to other organisations. The project has effectively shown that ARV treatment with good outcomes is feasible in resource-poor rural settings, and that ARV treatment and the empowerment of people living with HIV reduce stigma and discrimination.

Sexual violence in the slums

Both the Mathare and Kibera projects have a particular focus on gender-based violence. In Kibera, the sexual violence clinic was moved into its own building, so that patients could access medical and psychological services with greater confidentiality. Meanwhile in Mathare, staff started operating a 24-hour on-call service. The clinics offer post-exposure prophylaxis – medication that greatly reduces the risk of HIV infection – counselling and social support. Staff treat around 70 patients every month, many of whom are children.

Making kala azar a national priority

After seven years of working with kala azar (visceral leishmaniasis) patients in Pokot, near the border with Uganda, MSF started a kala azar training programme in the neighbouring districts of Turkana Central and Turkana South. Teams support and train Ministry of Health staff on the use of first-line medication and, where that fails, second-line medication. Kala azar is spread by sand flies and is fatal if left untreated. MSF is lobbying for treatment to be provided free of charge by the

Ministry of Health and for rapid testing methods, which are ideal for resource-poor settings, to be implemented more widely.

MSF has worked in Kenya since 1987.