MSF IN KENYA 2024

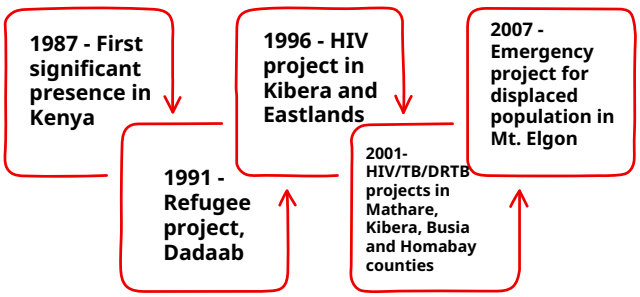
OUR HISTORY

MSF has been in Kenya for over 30 years

MSF has had a significant presence in Kenya since **1987**, initially supporting its operations in Sudan during the civil war. In **1991**, MSF opened its first project in Kenya, providing assistance to refugees arriving from South Sudan and Somalia. By **1996**, MSF had expanded its work to Nairobi, operating in Kibera and the Eastlands area implementing HIV/AIDS care programmes in collaboration with the ministry of health. In **2001**, in response to the emerging HIV pandemic, MSF launched HIV/TB/DRTB (drug resistant TB) projects in Mathare, Kibera, Busia and Homa Bay County. In collaboration with the Kenyan Ministry of Health, MSF introduced **the first free antiretroviral drugs (ARVs)** in the country. These activities were later handed over to the Ministry of Health and other partners.

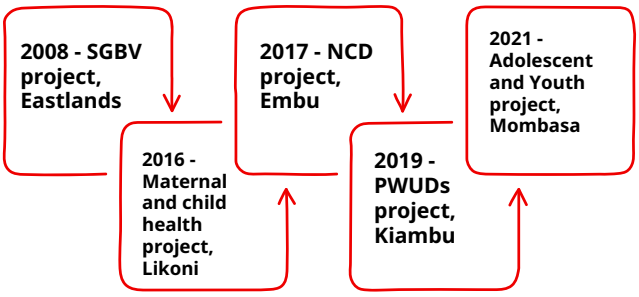
MSF started providing medical and humanitarian relief in **2007** to people displaced by violence in Mount Elgon area in Kenya. In **2008**, following the post 2007 election violence, MSF developed a Sexual and Gender-Based Violence (SGBV) project in Eastlands, Nairobi. In **2016**, MSF in partnership with the Mombasa County Department of Health began a maternal and child health project in Likoni offering sexual and reproductive health services, (including emergency obstetric care), antenatal and postnatal services as well as neonatal care.

KEY DATES



Throughout its years in Kenya, MSF has also responded to numerous emergencies, including **outbreaks of cholera** and **measles**, **population displacements**, **influxes of wounded individuals**, and **cases of malnutrition**.

KEY DATES



In **2017**, in partnership with the Division of Non-Communicable Diseases and the Embu County Department of Health, MSF launched a project aimed at reducing death and illness related to non-communicable diseases (NCDs). Both project were handed over to the respective department of health in 2021.

In **2019,** MSF implemented a project for people who use drugs (PWUDs) in partnership with Kiambu County Department of Health and partners, which included opioid substitution therapy and psychosocial support.

The services were run in partnership with the County Government of Kiambu, Kenya Prisons Services, the National AIDS and STI's Control Programme (NASCOP) and LVCT Health. This project was handed over in 2024 to the Department of Health and Kenya Prison Services.

In **2021**, MSF started providing health care focused on the Adolescent and Youth Population, in Mombasa addressing the needs of Young Key Populations who are vulnerable to violence and excluded from care and in Dandora focused on sexual reproductive health services.

CURRENT PROJECTS IN KENYA

Eastlands: Response to urban violence in Nairobi

Since 2008, MSF has been providing comprehensive medical care for survivors of sexual and gender-based violence (SGBV) in Eastlands. Services are delivered through the MSF Lavender House clinic and two MSF supported Ministry of Health facilities at Mama Lucy Kibaki Hospital and Dandora II Health Centre using a nurse-led model. The Lavender House clinic offers a toll-free hotline, full medical and psychosocial support, referrals for advanced care and medical expert witnessing in court. MSF also operates an emergency medical program featuring a 24/7 call center, trauma room, and medicalized ambulances capable of en-route stabilization and resuscitation. These services cover areas like Mathare, Huruma, Kiambiu, and Eastleigh, and support responses to mass casualty incidents, violence, accidents, fires, and disease outbreaks such as cholera. Additionally, MSF runs a youth-friendly clinic in Dandora II Health Centre, providing adolescent and youth-friendly sexual and reproductive health services.

Homa bay: Primary and Secondary healthcare for chronic disease patients

MSF runs in collaboration with MOH the adult medical wards including the TB/DRTB wards of Homa Bay County Teaching and Referral Hospital. MSF also provides post-discharge treatment and follow-up for unstable patients from the inpatient wards with chronic diseases including HIV, and non-communicable diseases at the post discharge clinic, while providing long-term continuity of care through linkages. To address the increasing burden of non-communicable diseases, MSF provides a decentralised, simplified and integrated model of chronic disease care in two Healthcare facilities in Homa Bay Subcounty: Nyalkinyi and Marindi to address the increasing burden of non-communicable diseases such as Diabetes, Hypertension, Asthma, Epilepsy, Chronic Obstructive Pulmonary Disease, and Sickle Cell Disease, with an established referral framework for continuum of care - including community engagement and support.

Dagahaley: Medical care for refugees and host communities

MSF has been delivering healthcare in and around Dadaab for almost 32 years. The Dadaab refugee camp complex consists of four camps: Dagahaley, Ifo, Hagadera and the newly reopened Ifo 2, and currently hosts 416,403 refugees mostly from Somalia (UNHCR, December 2024). MSF currently provides healthcare in Dagahaley Refugee Camp, which hosts an estimated 104,000 refugees and has a host community of around 14,000 people living in neighbouring villages. MSF provides primary and secondary health care in Dagahaley. The services also include responding to public health emergencies, disease outbreaks and humanitarian needs through three health posts and a 90-bed hospital.

Mombasa: Peer-led adolescent and youth health and well-being project

Since 2021, MSF has been partnering with Mombasa County Department of Health to implement the Adolescent and Youth Population (AYP) Strategy through youth-friendly services in three public dispensaries, and community outreach activities in Kisauni, Nyali, and Mvita sub-counties. The project targets young people aged 10–24 years, including vulnerable groups such as street youth, persons with disabilities, and key populations often excluded from healthcare due to stigma and discrimination.

Adolescents and youth make up one-third of Mombasa's population and face significant gaps in access to sexual and reproductive health, mental health services, care for teen pregnancies, Sexual or Gender Based Violence (SGBV) survivors, and substance abuse support. The project addresses these unmet needs through a peer-led model aimed at improving access to stigma-free, inclusive, quality healthcare and well-being services for marginalized youth.

EMERGENCY MEDICAL RESPONSES 2024

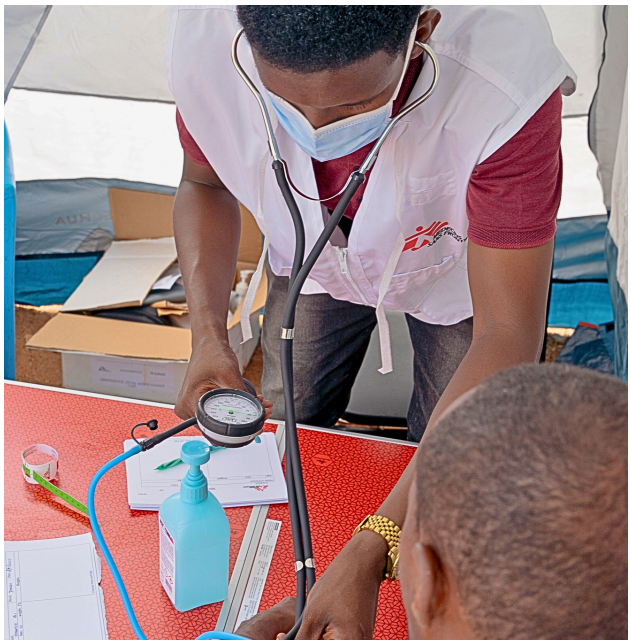
Nairobi Gas explosion response in Embakasi,

In February, MSF emergency team responded in Embakasi, Nairobi after a gas explosion. The team provided treatment to 106 patients with burn injuries and referred others to Kenyatta National Hospital for advanced medical care. The team also assisted other responders on site by supplying gloves, dressing supplies, painkillers, and other medications for burn injuries.

Floods response in Garissa

In response to severe flooding across North Eastern Kenya, in November 2023, that displaced thousands including over 16,000 people in Garissa Township alone, MSF provided medical care to 8,978 patients through a health post and two mobile clinics, delivering mental health services, malnutrition screenings, routine vaccinations, health promotion and general healthcare.

The response also addressed water and sanitation needs by distribution of water treatment sachets, construction of latrines and distribution of mosquito nets to pregnant women and children below five years. MSF concluded its intervention once floods receded, conditions stabilized, and local health services resumed in February 2024



In response to the floods in April that affected people in Mathare, MSF teams in Nairobi identified camps where the displaced persons moved in and provided warm clothing for over 500 children under ten years. The team also distributed water jerricans to displaced households and drinking water for internally displaced persons camps in Huruma grounds.

Flood reponse in Mathare

In April, a catastrophic flash flood struck Maai Mahiu and neighboring villages leading to the loss of life, displacement and damage to livelihoods. In response to this, MSF donated medical supplies including drugs, dressing and infection Prevention and Control materials to the Mai Mahiu Health center to replenish their depleted stocks while responding to the victims of flash floods to enable the facility to continue providing care.

Flash Floods response in Maimahiu

Displacement response in Moinin IDP camp, Baringo

MSF provided emergency medical services in April, in Baringo County after an ongoing conflict displaced over 16,000 people and shut down health facilities, leaving communities without care. MSF reached 10,115 patients through outpatient consultations, provided mental health support, and improved water, sanitation, and hygiene in camps through distribution of clean water, pure sachets, aquatabs, and the construction of latrines.

MSF trained health workers and community health promoters on mental health and support for sexual violence survivors. As floods in May worsened the crisis, the response expanded to include primary healthcare, malaria prevention, mental health services, distribution of non-food items, water purification, and mosquito nets. The intervention ended with the closure of the displacement camps.

Displacement response in Ruiru

Following intercommunal clashes at Kakuma Refugee Camp in June, causing over 3,700 refugees to come to Ruiru in Kiambu. The refugees had overcrowded the church, making their living conditions dire with limited access to medical care and poor sanitation. MSF provided 557 medical consultations including management of non-communicable diseases and referred six refugees for further treatment. MSF also provided mobile toilets, including water tanks, to enhance access to clean water.

Flood Response in Simbi and Osodo

In Homa Bay County, as floods impacted communities, MSF organized outreach clinics in April to provide outpatient services to affected populations sheltering at Simbi Kogembo Health Centre and Osodo Primary School. Over the course of one month, 308 patients received medical consultations.

MSF supplied essential commodities, including medications and point-of-care laboratory tests. Additionally, MSF distributed non-food items, providing blankets and mosquito nets to households in Osodo. The team also constructed latrines at Simbi Dispensary, where internally displaced persons (IDPs) were being hosted.

Flood response in Garsen

In May severe flooding in Tana River County displaced over 43,000 people, destroying infrastructure and contaminating water sources, increasing the risk of disease. The crisis, intensified by climate change, overwhelmed local capacity and deepened food insecurity.

To reduce mortality and illness, MSF provided over 11,554 medical consultations for respiratory infections, diarrhea, chronic diseases, mental health, and sexual & reproductive health. The intervention ended on August 3rd after the control of the Cholera outbreak, and the recession of the floods allow the displaced families to begin returning home.

Protest response in Nairobi

In June and July, nationwide protests against Kenya's Finance Bill escalated into violent confrontations, leading to multiple injuries and fatalities among demonstrators. MSF deployed emergency teams in Nairobi, the epicenter of the unrest, to support the overwhelmed health system.

The teams evacuated five critically injured patients to Kenyatta National Hospital and triaged and treated 48 others. To strengthen the local response, MSF also donated essential trauma kits to Mbagathi Level 4 Hospital, helping to bolster its capacity to manage the influx of wounded patients.

Rift Valley fever and measles response in Illeret, Marsabit county

MSF supported the Ministry of health to undertake a Rift Valley fever outbreak investigation after it was declared in February and donated personal protective equipment and insecticide-treated mosquito nets to the community. Additionally, a measles outbreak was declared in the same area in August, the second outbreak in two years.

In response, MSF conducted a measles reactive campaign vaccinating 9,874 children aged nine months to 15 years while providing treatment and referrals. 893 medical consultations were provided to children under five years and 386 pregnant and breastfeeding women screened for malnutrition. MSF also conducted community-based surveillance.

Malaria response in Turkana

MSF responded to a malaria outbreak in September supporting the Ministry of Health to provide medical care through outreaches in surrounding villages in two subcounties. MSF provided 7,230 medical consultations with patients treated for malaria.

The team also trained community health promoters on community case management for malaria and distributed insecticide treated mosquito nets to affected households. Children under five years were also screened for malnutrition and others managed for severe or acute malnutrition.

Malaria response in Tiaty Baringo

In September, MSF conducted an emergency medical response in Baringo County after a sharp rise in malaria cases, with high positivity rates, confirmed deaths, worsened by limited access to healthcare, and drought followed by heavy rains. Targeting households in Silale and Tangulbei-Korossi wards, MSF provided outpatient care through mobile clinics to 7,767 patients.

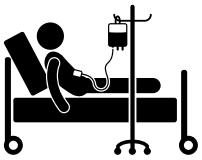
The team treated patients for malaria, referred severe malaria cases for secondary care, distributed insecticide-treated mosquito nets and non-food items to households, conducted community-based surveillance, and trained community health promoters. 1,102 children under five years were screened for malnutrition with some being managed for either severe or moderate malnutrition in addition to 386 pregnant and lactating women. Routine immunization was also provided to children below five years.

KEY DATA 2024

OVERALL REACH

334,900 Outpatient consultations

45,829 consultations in emergencies



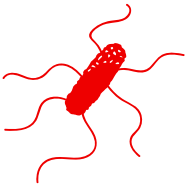
17,500 patients admitted

EMERGENCY CARE

2800 Displaced households reached with Water and Sanitation support

7,220 Malaria patients

79,215 Measles patients



1,100 insecticide treated nets distributed to **812** households and **720** personal Rift Valley fever protective equipment distributed to most at risk community members

SPECIALIZED CARE

15,215 trauma consultations

81 Home Insulin Management Patients

45,993 Sexual and Reproductive Health patients

96 Kaposi Sarcoma patients

4,378 Sexual and Gender Based Violence Consultations

679 Tuberclosis patients

556 People Who Use Drugs Reached

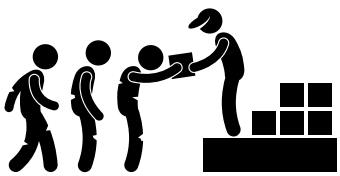
18,455 Non- Communicable disease consultations

22,151 Antenatal Care Consultations

5,869 Ambulance Interventions

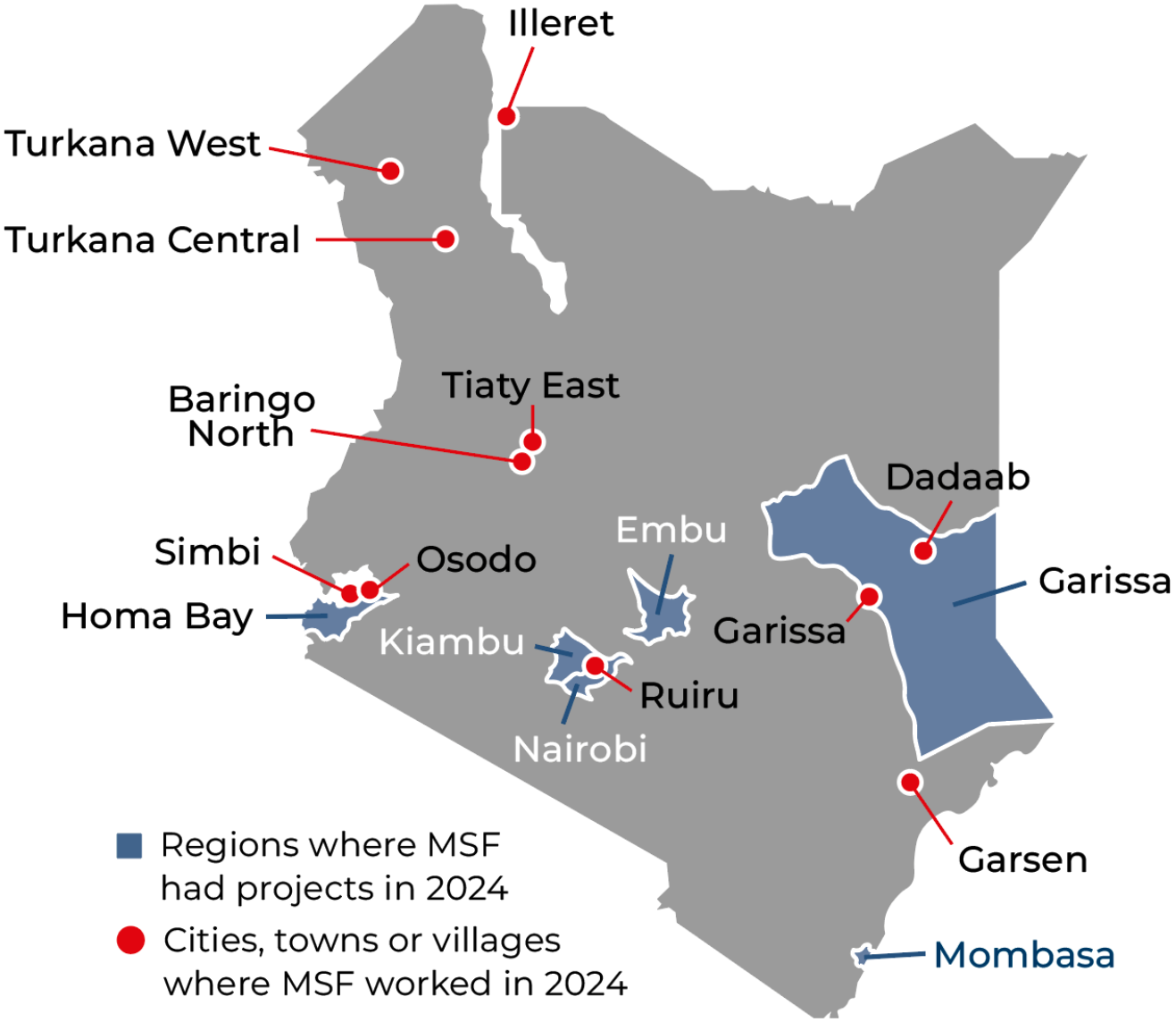
7,798 Mental health consultations

74 Palliative Care patients



63,694 Youth and Adolescents reached

MSF PROJECTS AND EMERGENCY RESPONSES IN KENYA 2024



OUR PRINCIPLES

Medical Ethics

MSF actions are first and foremost medical. We carry out our work with respect for the rules of medical ethics, in particular the duty to provide care without causing harm to individuals or groups. We respect patients' autonomy, patient confidentiality and their right to informed consent. We treat our patients with dignity, and with respect for their cultural and religious beliefs. In accordance with these principles, MSF endeavours to provide high-quality medical care to all patients.

Independence

Our decision to offer assistance in any country or crisis is based on an independent assessment of people's needs. We strive to ensure that we have the power to freely evaluate medical needs, to access populations without restriction and to directly control the aid we provide. Our independence is facilitated by our policy to allow only a marginal portion of our funds to come from governments and intergovernmental organisations.

Impartiality and Neutrality

MSF offers assistance to people based on need and irrespective of race, religion, gender or political affiliation. We give priority to those in the most serious and immediate danger. Our decisions are not based on political, economic or religious interests. MSF does not take sides or intervene according to the demands of governments or warring parties.

Accountability

MSF is committed to regularly evaluating the effects of its activities. We assume the responsibility of accounting for our actions to our patients and donors.

Bearing Witness

The principles of impartiality and neutrality are not synonymous with silence. When MSF witnesses extreme acts of violence against individuals or groups, the organisation may speak out publicly. We may seek to bring attention to extreme need and unacceptable suffering when access to lifesaving medical care is hindered, when medical facilities come under threat, when crises are neglected, or when the provision of aid is inadequate or abused.

OUR CHARTER

Médecins Sans Frontières (MSF) is a private international association. The association is made up mainly of doctors and health sector workers and is also open to all other professions which might help in achieving its aims. All of its members agree to honour the following principles:

- Médecins Sans Frontières provides assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict. They do so irrespective of race, religion, creed or political convictions.

- Médecins Sans Frontières observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and claims full and unhindered freedom in the exercise of its functions.

- Members undertake to respect their professional code of ethics and maintain complete independence from all political, economic or religious powers.

- As volunteers, members understand the risks and dangers of the missions they carry out and make no claim for themselves or their assigns for any form of compensation other than that which the association might be able to afford them.

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