



# KENYA

# ONE COUNTRY, MULTIPLE APPROACHES

January 2024

**With thanks to:**

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## KEY LEARNING

Integrating NCDs within disaster response nationally and locally can improve life for people living with NCDs in a country where multiple humanitarian crises are taking place simultaneously.

## Nature of the humanitarian emergency

Kenya is a country where multiple humanitarian emergencies exist simultaneously. Some of these emergencies are protracted: longstanding conflicts in South Sudan and Somalia have led to a huge influx of refugees and asylum seekers, and Kenya's refugee camps are some of the largest in the world. The Dadaab camps currently house 240,000 people and the Kakuma camp has over 200,000. The Kalobeyei Integrated Settlement was established in 2015, when Kakuma surpassed its capacity, and is designed to promote the self-reliance of refugees and host communities by providing them with better life opportunities and service delivery relative to a refugee camp. Today, Kalobeyei is home to an estimated 53,000 people.

Disaster preparedness is essential in Kenya, as the country is prone to acute emergencies such as flooding and drought – and these are becoming more pronounced as the climate crisis intensifies. All crises were compounded in 2020 by the COVID-19 pandemic, which was a national-level emergency in Kenya as in the rest of the world.

## NCD context

In Kenya, there is a pronounced double burden of disease. As progress is being made on infectious disease and on maternal and neonatal health, NCDs are rising at an alarming rate. More than half the adult population is now thought to have at least one NCD (such as hypertension or cardiovascular disease) and NCDs now account for 41% of all deaths and around half of all hospital admissions in Kenya.

## Action on NCDs

At the national level of government, the Ministry of Health is developing a policy document, with input from stakeholders (including the NCD Alliance Kenya) on NCDs in humanitarian emergencies, including floods, drought, pandemics and political unrest and NCDs among populations living in slum areas. The Ministry of Health has included people with lived experience in developing this policy and accompanying manual, which is due to be published in early 2024. This will help to set out the emergency needs and the required health providers in each county in Kenya.

**'The Ministry of Health has opened doors that people living with NCDs couldn't have got into previously. Sharing their lived experience on the challenges and how they would want their issues addressed has really made a difference.'**

– Catherine Karekezi, NCD Alliance Kenya

Previously, NCDs were not separately budgeted for, but some counties now have an explicit NCD budgetary allocation. In addition, the planned national health insurance fund will expand the NCD benefit package. This package is available to those who contribute and will be available to refugees paying national health insurance, which will be potentially very helpful for refugees and the host population, as most NCD costs are currently paid out of pocket.

Several partners have been working together to improve and ensure access to NCD care for affected populations, integrating NCD care into disaster preparedness and response operations. Currently, work is taking place in areas that are particularly prone to natural disasters (the Kilifi and Tana River counties), in informal settlements in Nairobi, and in refugee camps and settlements (Dadaab and Kalobeyei).

## BOX 1

### Action to integrate NCD care

A consortium of stakeholders – the Kenya Red Cross and the Danish Red Cross with support from Novo Nordisk Foundation – have been working in the Tana River and Kilifi counties, which are coastal regions particularly prone to natural disasters, with around 56,000 people displaced annually due to flooding. A pilot was run in 2020–21 and the current project runs from February 2022 to March 2026.

Tools have been developed to better capture the need for NCD care and management in emergencies, and an assessment of NCD needs was undertaken in 20 health facilities in the area. A training package on NCD care in emergencies was developed and has been rolled out to 93 health professionals in Tana River and Kilifi over the last three years.

An important further part of this project was the contextualisation of WHO's NCD Kit for use in Kenya,<sup>1</sup> working in partnership with the Ministry of Health's Department of NCDs and Community Health Strategy. The adapted NCD kit – covering diabetes, hypertension, mental health conditions, injuries and asthma – was first implemented in the Coast region in 2021. An initial baseline survey and rapid assessments of the impact of emergencies on NCD care, as well as real-time evaluation during flooding, have shown that this has had the intended purpose of ensuring continuity of services for NCD patients during emergencies. The assessment also provided a platform to identify the tools available for gathering NCD indicators, which resulted in the revision of some assessment tools and the development of tools to better capture NCD data. Lessons learnt have been disseminated in other forums nationally and in different counties, and it is hoped that they will be adopted by other Red Cross and Red Crescent national societies.



1 The WHO NCD Kit was originally developed in 2015/16 to address the shortfall in NCD medication in standard emergency response medical kits (e.g. cheap medicines and basic technologies such as blood glucose tests), and can be used to bridge supply gaps. Each kit provides all that is needed to treat a population of 10,000 for three months.

## BOX 2

### Action in refugee camps and settlements

The Continuity in Crisis initiative (Kenya Red Cross and Danish Red Cross, funded by Novo Nordisk Foundation) is a four-year project (2022–26) implemented in Kalobeyei Integrated Settlement to ensure continuity of care among persons with NCDs. This aims to increase refugees' knowledge of NCDs and encourage healthy lifestyles in Kalobeyei, to strengthen the capacity of the health system to provide NCD care (at health facility and community level), and to improve uptake of NCD treatment and support for people living with hypertension, diabetes and mental health conditions. Collaboration with other partners is hoped to build interest in integrating NCDs into other existing projects, which will help to ensure NCDs are a health priority in camps and settlements.

Results are already becoming clear, with people living with NCDs identified and linked to care and support at health facilities to ensure continuity of care, and through the use of Ministry of Health reporting tools at the health facilities. Baseline data is now available, which will inform improved planning on incorporating NCD services.

The health centre in Kalobeyei Natukobenyo is now being supported to provide NCD clinic days, with comprehensive services including psychological support services:

**'Clinic days mean that people living with NCDs now have ample time with clinical teams for observation and clinical review. The Kenya Red Cross Society believes that bolstering the relationship between patients and health workers is key to referrals and ensuring continuity of care.'**

– Esther Wangari, KRCS

Community health volunteers have been trained in Kalobeyei to support patient follow-up at the level of refugee settlements and to conduct screening services at village level, with positive impacts on early case detection and enhancing prompt treatment.

In addition to patient education and self-care, the capacity of people living with NCDs is also strengthened through empowering them to take on income-generating projects that enable them to afford other basic needs (such as a healthy diet):

**'Patient empowerment has been intensified in the four implementing counties [Tana River, Kilifi and Nairobi counties, and Kalobeyei integrated settlement]. KRCS has trained a number of NCD support-group members on a village loan/saving-association model, geared towards making people living with NCDs sustainable and at the centre of their own care. For example, in Nairobi, support-group members worked together to come up with a soap-making idea, resulting in strengthening their economic situation through selling soap products'**

– Gregory Okal, KRCS

Work is also ongoing in Dadaab camp as part of a separate 2022–25 initiative with partners including the Kenya Red Cross, Danish Red Cross, Somali Red Crescent, the World Diabetes Foundation, the Kenya Ministry of Health and UNHCR. This is building local capacity by training 90 health workers and community health volunteers, and is expected to screen 35,000 refugees for NCD risk factors and screen nearly 5,000 people for diabetes, and to refer around 1,000 patients for diabetes care.

### BOX 3

## Action on NCDs during COVID-19

During COVID-19, people living with NCDs were particularly affected. There was significant disruption to drug supply chains and widespread cancellation of services such as dialysis and cancer treatment, and people living with NCDs were forced to stay at home to avoid infection. NCD Alliance Kenya advocated for people living with NCDs to sit on the Ministry of Health’s NCD COVID-19 subcommittee – and their involvement directly catalysed action by the Ministry to facilitate better access to care during COVID-19; for example, by providing passes for people with cancer or requiring dialysis to enable them to move between containment areas and reach Nairobi, where most dialysis units and cancer centres are based.

During the pandemic, the Kenya Red Cross’s COVID-19 Response Humanitarian Project strengthened psychosocial support for vulnerable populations, including those living with NCDs, by providing psychological first aid training to over 2,100 mental health workers in 47 counties during the crisis period. This was mostly facilitated through integration with other existing projects.



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This case study was authored by Katy Cooper.

We are grateful for the support of The Leona M. and Harry B. Helmsley Charitable Trust.

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Photos: © NCDA

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