

Kenya | Antiretrovirals prolong life in Homa Bay

- International staff: 39
- National staff: 224

| The AIDS epidemic continues its disastrous assault in Kenya. About 2.3 million Kenyans live with the disease, and an estimated 500 people die daily from AIDS-related infections. In addition to providing medical care – and now antiretroviral (ARV) treatment – for people with AIDS, MSF is pushing for accessible treatment options for AIDS and other diseases. Although some positive steps have been taken, the crisis is far from receiving adequate government response.

| In late 2001, MSF began ARV treatment at the hospital in Homa Bay in Nyanza province, where about 35% of the adult population is infected with HIV. Around 240 will be under treatment by fall 2002. This project shows the effectiveness of ARV treatment in rural and resource-poor settings, and is one of several MSF ARV programs around the world (see page 89). MSF also trains medical staff and works to improve treatment of opportunistic infections in AIDS patients. One of the most common such infections is tuberculosis (TB), and in the Homa Bay hospital and 27 local health centers MSF works with Kenya's national TB program to treat 1,500 patients and improve TB diagnosis and follow-up.

| In Busia, in Western province, MSF carries out HIV/AIDS testing, treatment and home-based care, as well as TB treatment. MSF has also embarked on an extensive grass-roots effort, eliciting the support of parents, village elders, religious leaders and others to encourage prevention of HIV/AIDS through the formation of school-based anti-AIDS clubs.

| AIDS prevention, testing, care and training are also the focus at Mbagathi hospital in the capital Nairobi and in the city's slums of Kibera, Dandora and Mathare. In these

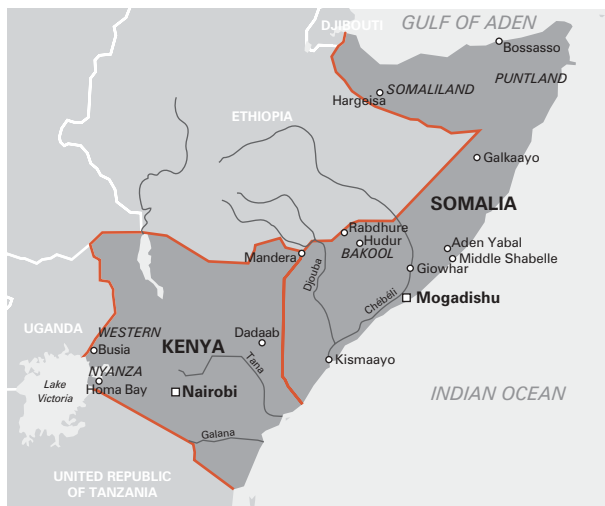
Local MSF volunteers use music and dance to increase HIV/AIDS awareness among fellow residents in the Kibera slum area of Nairobi, Kenya, October 2001.



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Somalia | Medical aid to civilians worn down by war

- International staff: 19
- National staff: 298



areas, health workers provide both primary health care and AIDS-related care to thousands of people each month.

| MSF has been assisting refugees in Kenya for many years. In May 2002, when several thousand Somalis fled fighting in southern Somalia for refuge near Manderla, MSF reopened one of its area feeding centers. With the Somalis confined to a dangerous area near the border, MSF asked the authorities to move them to safer areas.

| In eastern Kenya, near Dadaab, MSF provides medical care and nutritional support to Somali refugees in three camps. Around 300 patients are also treated for TB. In March 2002, MSF began to train local staff and treat and diagnose the deadly parasitic disease kala azar (visceral leishmaniasis), which has recently surfaced in the area.

| MSF has been working in Kenya since 1987.

| In early 2002, the “war on terrorism” briefly focused international attention on Somalia as a potential harbor for terrorists. Little mention was made of the country’s real problems: a long-running civil war, an inexistent or poorly functioning health system, treatable diseases that kill thousands and, for women, a very high chance of dying in pregnancy or childbirth. While providing medical aid in various parts of the country, MSF is urging international actors to take notice of the desperate situation in which many Somalis live.

| MSF restarted its programs in the capital Mogadishu in May 2002, over a year after seizure of several staff members (later released) forced suspension of the projects there. At mid-year, fighting was continuing in and around the city. MSF offers consultations in outpatient clinics and mother and child health care programs. A cholera treatment camp has also been set up to cope with periodic outbreaks.

| Fighting in southern Somalia in May 2002 forced 10,000 Somalis to seek refuge in neighboring Kenya, and MSF teams there were able to assist them. MSF voiced concern about pressure being exerted by Kenyan authorities on refugees to return to Somalia despite the continued fighting.

| In Hudur, the capital of the Bakool region, MSF runs a tuberculosis ward and therapeutic feeding center, as well as primary care and kala azar (visceral leishmaniasis) projects. In summer 2002, a health post opened in the Rabdure district, also in Bakool. Coordination of a separate kala azar project in the south was handed over to Health Net International in April 2002.

| In Middle Shabelle, in Giowhar and Aden Yabal, MSF responds to disease outbreaks and provides health care via health centers, a network of mother and child health care programs and vaccination campaigns. MSF also supports a 60-bed hospital in the city of Galkaayo and three health centers in rural areas, and cares for wounded civilians when fighting breaks out.

| In January 2002, after a meningitis outbreak, MSF sent a team to Hargeisa in Somaliland for a vaccination campaign,



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Mother feeding her baby at an MSF food distribution point in Rabdure, Bakool region, Somalia, September 2002.

reaching 190,000 people. In Bossasso, in Puntland, MSF established a cholera treatment camp in April 2002 when an epidemic hit the city, and treated 1,100 patients in seven weeks. Fighting in the area in May caused international volunteers to evacuate for a week.

| MSF has been active in Somalia since 1991.