The History of Catholic Relief Services in Kenya, 1943-2010

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Abstract: This article focuses on the historical development of Catholic Relief Services (CRS) in Kenya. CRS has been involved in many development activities throughout the country since 1965. Some of these activities, it partnered with donor agencies to see fruition of its programmes. CRS has been involved immensely in peace building especially in areas of North Eastern. There were challenges experienced by CRS in its undertaking as it relies mostly on donor funds. Very little support comes from the citizens and the government of Kenya. The Catholic Scholarship Programme for Kenya (CSPK) is mostly known to religious persons and very few people have benefitted from the programme. Also, very little support is given to CSPK from the local citizens as all resources come from the donor abroad. All in all, CRS and CSPK have provided vital services which the government has not been able to provide.

Keywords: Peace building, Conflict, Relief Services, Agriculture

1. Introduction

This article presents the impact of Catholic Relief Services (CRS) in Kenya. Catholic Relief Services (CRS) is the international humanitarian agency of the Catholic community in the United States. Founded in 1943 by the United States Conference of Catholic Bishops, the agency aids 130 million people in more than 110 countries and territories in Africa, Asia, Latin America, the Middle East and Eastern Europe.

1.1 The Impact of Catholic Relief Services (CRS)

CRS has immensely impacted the lives of many Kenyans through development programs it has started or which it has supported. Among the impact CRS has had in these projects they are discussed below:

1.1.1 CRS Impact on Peace Building

CRS’ justice and peace building programs engage civil society and the public and private sectors to foster inclusion, equity and accountability. They focus on both peace building and post-conflict recovery. CRS peace building programs are conflict sensitive, aiming to minimize potential harm and maximize social benefits for all. They are also gender sensitive, helping to reduce inequalities between women, boys and girls at the individual, household, community, national and international levels. For Instance, CRS was immensely involved in the aftermath of post-election violence of 2007/2008. CRS responded to the aftermath of the violence by providing emergency relief to those in the Internally Displaced People (IDP) camps, and supported livelihoods, protection, and peace building programs in the conflict affected areas. In 2009, CRS implemented a project called Rift Valley Amani Peace Project, which focused on reducing the impact of post-elections violence in Nakuru, Kericho, and Eldoret (Kiptoo, 2014). “There was a lot of hatred, and many people were still in camps. People needed to talk first about all of their issues. Given all the anger toward each other, you first need to facilitate that process and see if they can come together to dialogue over issues. It was such a long process because there was hostility. There were also ongoing investigations, so people were not willing to talk to each other.” Says William Kiptoo the then project coordinator of Rift Valley Amani Peace Project."

According to William Kiptoo the peace building was a long process that went on for nearly two years. However, some places took longer and others shorter as it depended on the impact of the violence and the sensitivity of the issues. For example, “in Kericho it took a pretty short time because the violence was not as intense; it was easy for them to talk to each other. But other areas took longer. Burnt Forest, for instance, took a long time because it had been affected since 1992, and the hatred ran deep. As a facilitator, you see the trust is not there because the cycle repeats every five years,” he adds.” (Kiptoo, 2014).

CRS also partnered with the Diocese of Maralal, helping to design a livelihood project integrated with peace building. This is because the area suffers from insecurity because of cattle rustling, and some retrogressive cultural practices. The area also suffers from persistent drought and banditry. CRS was interested in supporting agricultural livelihood projects for the youth in that area, but recognized the insecurity was a challenge. Its strategy was to build the resilience of the community to be able to cope with the recurring disaster. The drivers of insecurity were actually undermining livelihoods. CRS encouraged dialogue among communities and targeted youth and women, for these groups are often caught in the web of violence. CRS targeted the youth who are violent to be part of the process. It created mixed groups of rivals (Turkana and Samburu), and hoped this model would promote dialogue as they worked side by side. Various programs to bring the two warring groups like sport were championed (Kiptoo, 2014).

Conflict violence among pastoralist remains a big challenge in Kenya. The extensive violence among pastoralists, as seen
in some of the massacres are products of processes in situations where the state institutional infrastructure is weak or easily manipulated by local elites. Acts of revenge are used firstly to mobilize the warrior-age based on their cultural duty to defend the community. Secondly revenge acts are part of the patron-client relationships between warriors and political leaders. For instance, revenge in the Baragoi massacre case was, therefore, not only aimed at recovering the livestock raided earlier by the Turkana but also aimed at communicating a political message of power in terms of the skewed relationship between the Samburu and Turkana of Baragoi. Therefore, NGOs and Government officials are should be on the forefront shunning revenge acts which tend to worsen the situation among pastoralist communities.

1.1.2 CRS Impact on Education
Education is also at the heart of CRS’ mission. CRS has supported communities, local partners and governments in their efforts to ensure that all children including the most vulnerable and marginalized have the right to a quality education. Recognizing that education can be a force for either inclusion and acceptance or exclusion and conflict, CRS engages a wide variety of people to ensure that schools play a positive role in building a culture of peace.

CRS education projects encompass a range of activities based on equity, including early childhood development, school feeding programs, and primary, secondary, and higher education in both formal and non-formal settings. CRS is able to have a broad and deep reach through its national and local networks of Catholic organizations and schools, as well as through public and private entities. Just like CRS, for UNICEF, equity is a guiding principle and implies "that all children have an opportunity to survive, develop and reach their full potential without discrimination, bias or favoritism regardless of gender, race, religious beliefs, income, physical attributes, geographical location or other status" (UNICEF, 2011).

CRS has been implementing the SCORE ECD program in Kenya to strengthen the capacity of Religious Women in in Early Childhood. Prior to the implementation of the (SCORE ECD) project in Kenya, antenatal and postnatal (ANC/PNC) Clinic attendance and completion of immunization was a problem. As per the Kenya Expanded Programme on Immunization, (KEPI), completion of 4th ANC visits and immunization schedules were low. This tended to increase maternal and child mortality in the country. This has since improved as one of the key messages promoted by the project highlights the importance of ANC/PNC visits and immunization (CRS SCORE ECD, 2019).

Today mothers in some instances now begin ANC visits as early as the first or second months of pregnancy. This has been attributed to the increased knowledge on the importance of antenatal visits on the health of the mother and her unborn child. Additionally, there has been increased male involvement in childcare. It is important to note that the project has contributed to increased male involvement right form the birth planning stage through to pregnancy and childcare. This is because the project encourages couples to plan for the pregnancies so that they only get the child when they are ready for it. The men are also encouraged to practice early stimulation throughout the pregnancy by communicating and playing with the foetus as well as providing support to the expectant mother with household chores, accompanying them for the ANC/ PNC visits. And after the birth of the child, they are encouraged to make age appropriate play items using locally available materials, providing clean, safe and stimulating environment for the baby. As such, child spacing is now not an issue to most women in SCORE ECD implementing areas as they now have bargaining power over their men (CRS SCORE ECD, 2019).

Thus, the project has increased responsive caregiving in several ways. More than ever, the frequencies of deliveries in health facilities have increased leading to low infant and maternal mortalities at birth. Also, there has been an increased practice of maternal, infant and young child feeding behaviors like early initiation of breastfeeding, exclusive breastfeeding, complimentary feeding and adherence to dietary diversity standards. This has reduced poor child outcomes like stunted growth, low birth weight babies and malnutrition. Through the Integrated Mothers’ and Babies Course, (IMBC), the capacity of mothers to cope with stress has been reinforced. This has improved the relationship between mothers and their babies due to the mental wellbeing of mothers. There is also increased practice of hygiene among caregivers. For instance, latrine coverage and use has improved as well as hand washing practices like after visiting latrine and changing baby’s diapers, before feeding or handling food is on the rise. These, coupled with safe disposal of fecal matter and the provision of plate/dish drying racks and safe drinking water have drastically lowered cases of water borne diseases like diarrhea (CRS SCORE ECD, 2019).

Despite the success of the programme, it has been met by the following challenges: One of the key challenges facing the implementation of the project in the region has been the frequent transfers of Sister Master Trainers out of the project. However, the SCORE ECD Project team has held meetings with superior generals over this and most of the participating congregations have heeded to this. Another challenge is the high expectations from the community members for material benefits from the project which is often fueled by other ‘similar’ projects providing incentives for attending sessions.

This coupled with the little budget to cover unique systems gaps for the individual congregations has affected the implementation of the project in some instances. On this issue, Catholic Relief Services has liaised with the County Steering Committees to plead with partners to harmonize service delivery in the community with a focus on sustainability meanwhile congregations have been trained on resource mobilization and are being encouraged to apply the skills through proposal development and other income generating initiatives. Here a number of congregations have succeeded and we foresee such congregations continuing with ECD initiatives beyond the project’s lifespan.
1.1.3 CRS Impact on Health

Making Well-Informed Efforts to Nurture Disadvantaged Orphans and Vulnerable Children (MWENDO) Project is one of the projects that CRS has had an impact on by funding its activities which is also a Swahili word meaning “motion.” MWENDO is a Catholic Relief Services-led project funded by U.S. Agency for International Development, or USAID, and the President’s Emergency Plan for AIDS Relief, or PEPFAR. The project helps parents and other caregivers provide support to children affected by HIV and AIDS. It does so by improving access to health services, helping families set up and run small businesses, linking them to community savings groups, and strengthening the ability of local governments and institutions to respond to child welfare and protection needs. Under MWENDO over sixty children and their families have benefitted from this program that has been funded by the CRS. Often in Kenya, people living with HIV will choose to receive their medication and counseling from health facilities that are long distances away from their homes in order to avoid bumping into other members of their communities and prompting unwanted questions. The downside of this is that families often cannot afford the cost of transportation or to miss a full day of work. By CRS funding MWENDO project many participants have been provided with the transportation cost in order to reduce the stigma.

Also, through the initiative of CRS, Mwendo has been able to conduct an analysis of every potential problem at the household level and has provided different interventions based on the needs of the affected people. They also have developed a sustainability approach where they do not give something for just immediate need but also have provided services that are able to address the secondary needs of the individuals. “For instance, a caregiver who has issues with food insecurity. If provided with business grants, we have seen caregivers who are able to go beyond buying food. They have businesses that are able to earn enough income, to pay school fees for their children. They have businesses that are now able to support them to ensure that their children go to the health facility without failure, and without separate transport support because they are able to provide it through their earnings,” says Janet KanzeBayu, a beneficiary of MWENDO and a mentor to caregivers and parents with children affected by HIV.” (CRS Annual Report May, 2021).

MWENDO has also gone a step further to provide basic Education and sensitization to people affected by HIV/AIDS in order to reduce the stigma. These training have helped mothers and caregivers on how bring healthy HIV/AID affected children. One of the beneficiaries of such training Janet Kanze had noted the following to: “After being informed that I was HIV-positive, I decided to be strong for the sake of my children. I said to myself, ‘If this weighs me down, then what will happen to my children? Janet began treatment immediately, including adherence counseling, peer group meetings and precautions aimed at prevention of mother-to-child transmission so her infant could remain HIV-negative. Within the group I was attending, I was the only literate person. The other group members couldn’t even write down their names on the attendance list. So, I helped write their names to track attendance. Because of this I was identified as someone who might have the potential to help others. I was identified as a potential Community Mentor Mother by a case manager. The case manager came to look for an HIV-positive mother who is able share her own life journey as a way to support other women and children who are living with HIV to be able to accept their own status. Since then, I was taken for a three-week training where I learned about HIV, how to support other mothers so they can bring up their children not to be infected with HIV, and how to support a person who is HIV-positive to ensure that they are adhering to their medication well.” I feel like this is something I have to offer, and I am able to use my HIV status to provide mentorship and also impart hope among other caregivers and children living with HIV,”(CRS Annual Report, 2021).

Through such training and initiatives taken by CRS, the wellbeing of people living with HIV/AIDS has reduced. The stigma has also reduced because people are now aware of the disease and how they can prevent themselves from it. CRS has therefore had a tremendous impact on the suppression and disclosure of the HIV/AIDS stigma. More and more people are now able to live a long life than before because of such training and groups that are funded by the CRS.

However, despite the progress CRS has done in the health sector, it faces serious challenges. The most common challenge is corruption. In Kenya corruption is the order of the day. People have embezzled funds set aside for the distribution of medical services and facilities. Medical facilities and equipment imported for the needy have ended up in individual pockets. CRS further faces the challenge of lack of health practitioner especially in the arid and semi-arid population. As such administration of proper health services remain a dream to many. For instance, Marsabit has a well tarred road for easy access of individuals transporting health facilities. However, there are very few dispensaries in the county. The available ones are far apart. In other areas CRS faces the challenge of penetration to the local people. Hostility also compounds the effectiveness of administration of health services to people. A Measures should be put forth to ensure transparency and accountability of all health care departments. The governments of the day also need to offer financial and material support to CRS. CRS does not entirely have to rely on help from abroad. Kenya has adequate resources for every one if put in proper good use and distribution.

1.1.4 CRS Impact in Provision of Clean Drinking Water

CRS and its partners, through the Kenya Resilient Arid Lands Partnership for Integrated Development Program, or Kenya-RAPID, drilled a borehole and then installed the water tank and solar panels, creating a solar pumping system to provide clean water for the community to drink, cook, wash, irrigate land and sustain livestock in a remote village in Isiolo County (Hutchison, 2018). The village now has four water kiosks from which they can access clean water. The villagers can now walk for small distance to access clean water for household use. Each household pays $1 a
month for their water supply and can collect 32 gallons of water each day. The money is used for the maintenance of the water system in case repairs are needed, ensuring its sustainability once the Kenya RAPID project ends (Hutchison, 2018).

“We used to fetch water quite a distance away 7 kilometers (4 miles) one way. Our children did not go to school because they were dirty since we had no clean water. Now they are able to go to school.” Says Monica a farmer and a mother in Isiolo County.” (CRS Annual Report 2018).

With help from CRS and the Athi water project, supported by USAID, the Swiss Agency for Development and Cooperation, and private donations, Monica and others have been able to increase their harvests and sell produce locally to make extra income. Incomes that can be used to buy food, pay school fees, buy livestock and extra seed for their farms to diversify and strengthen their income (Hutchison, 2018). Some 3.4 million Kenyans are facing hunger because of the drought, and 500,000 are in a hunger emergency, especially in Kenya’s arid and semi-arid lands, like Isiolo, Marsabit and Turkana, which make up more than 80% of Kenya and are home to nearly 30% of its population. It is therefore clear that without the aid of CRS most of these communities would barely survive hence the impact of CRS cannot be ignored by championing and making the available needed resources visible.

As, visible in the entire country wide, Turkana faces lack of adequate electricity supply. As such the maintenance services of the boreholes available for provision of water remain a challenge. Turkana is endowed with adequate sunlight which is ideal for provision of solar energy that can be harnessed to produce energy. The government of Kenya relies on NGOs like CRS to implement these programmes. It’s high time for other stakeholder to assist CRS in implementation of programmes that can help Kenyans in Turkana.

2. Summary of the Chapter

This chapter has demonstrated the impact of Catholic relief Services in Kenya. It is evident that CRS has had a tremendous impact through its program on the people of Kenya. The Impact can be felt in Education, Health, Peace building and even in agriculture. Through this, it is evident that Kenya is on the road to realization of vision 2030. The chapter has also pointed out some challenges that CRS is facing like lack of enough resources to oversee all its set target programs hence some of the started programs may not see fruition.

References


[5] The CRS SCORE ECD Magazine Vol 1, 2019