



# CFK AFRICA OVERVIEW

Recognized as a Time Magazine and Gates Foundation “Hero of Global Health,” **CFK Africa fights extreme poverty in African informal settlements through complimentary youth leadership development and public health initiatives.** Founded in 2001 as Carolina for Kibera by a Kenyan youth leader, a nurse, and an NROTC midshipman at the University of North Carolina at Chapel Hill (UNC), CFK Africa is a 501(c)3 U.S. nonprofit, a major affiliated entity of UNC, and an international NGO registered in Kenya.

## KEY PROGRAM & RESEARCH AREAS



**Community Health** - CFK Africa provides essential services to improve the health and well-being of residents in informal settlements.



**Youth Leadership & Education** - CFK Africa supports the next generation of young leaders in achieving their dreams.

## COMMUNITY IMPACT

CFK Africa’s **public health initiatives** serve more than 50,000 people each year and include a full-scale medical facility in the heart of Kibera, Kenya that hosts one of the largest urban infectious disease surveillance platforms that the Centers for Disease Control and Prevention (CDC) has established globally in an informal settlement. CFK Africa also operates a youth-friendly center that focuses on reproductive health education and a life-saving maternal and child health facility. CFK Africa’s **youth leadership initiatives** serve more than 15,000 young leaders each year in informal settlements in Kenya and include the Best Schools Initiative, a scholarship program, girls' empowerment activities, sports for development projects, and livelihoods training and support.

## RESEARCH & POLICY

Since 2006, CFK Africa has partnered with the CDC and its Kenyan counterpart to lead its population-based infectious disease surveillance (PBIDS) platform, the largest in an urban informal settlement globally. This innovative longitudinal platform provides early disease detection, lifesaving healthcare, and innovative public health interventions in Kibera. The research findings from this platform have informed policy in Kenya and informal settlements globally, including timely findings about the pathology of COVID-19. In 2021, CFK began expanding its work to 20+ informal settlements throughout Kenya, increasing its opportunities to create even larger platforms for global public health research. An affiliate of UNC, CFK Africa collaborates on equitable research with faculty in the schools of public health and social work, and has provided dozens of UNC students with meaningful international experiences.





# WHERE WE WORK

**CFK Africa works in 26 informal settlements across 8 counties in Kenya.**

These communities are characterized by overcrowding, poverty, tenure insecurity, limited access to healthcare and education, and lack of infrastructure.

After marking 20 years of service in Kibera in 2021, CFK Africa began expanding to additional informal settlements in Nairobi County and across seven other counties in Kenya, including Kajiado, Kiambu, Kilifi, Kisumu, Machakos, Mombasa, and Nakuru.



people are estimated to live in informal settlements worldwide



homes often house 8-10 people



informal settlements in Kenya

# THE POWER OF \$26

*It all started with \$26, an unlikely connection, and a commitment to service.*

A widowed nurse and mother of four, Tabitha Atieno Festo was searching for work and living in Kibera when she met Rye Barcott, then a student at the University of North Carolina at Chapel Hill, who was researching youth empowerment and ethnic violence in the community.

She helped diagnose and treat Rye's case of malaria, introduced him to neighbors, and shared insights about life in Kibera. One day, as Rye was preparing to return to the U.S., Tabitha approached him with conviction and a plan. She asked him for an investment of KSH 2,000, about \$26, and told him that she planned to buy vegetables and sell them in the Eastleigh District of Nairobi to make a small profit.

Though Rye had made a point not to distribute money while in Kibera, Tabitha's pointedness and confidence struck him. He believed in her and gave her the \$26 before returning home.

Six months later, Tabitha had accumulated \$130 in savings and used the money to achieve her lifelong dream of opening a clinic. One of the few clinics in Kibera operated by a registered nurse, Tabitha's facility was attached to her home and operated 24 hours per day because, in her words, "people do not stop getting sick at night."

Though Tabitha sadly passed away in 2004, her clinic has only continued to grow, and her youngest daughter, Joy, now works as an integral member of the team. Tabitha Medical Clinic sees more than 30,000 patients each year, co-hosts one of the CDC's largest overseas public health surveillance efforts, and played an integral role in responding to the COVID-19 pandemic.



Tabitha Atieno Festo



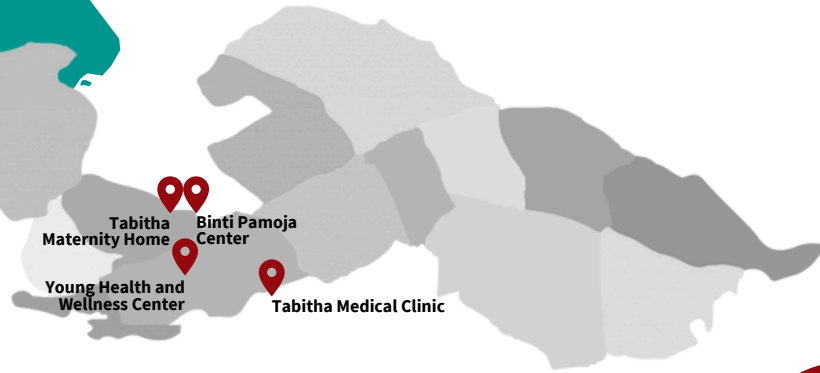
Joy Barnice Henry



# ABOUT KIBERA

**Located just outside of Nairobi's Central Business District, Kibera is one of the largest informal settlements in the world.**

Divided into 13 villages, Kibera spans an area the size of Central Park and is home to more than 300,000 people. In this crowded community, most residents make less than \$3 per day on average, access to quality healthcare and education is limited, and infectious diseases spread rapidly.



## NAIROBI CONTEXT

Home to Kenya's capital city and more than 4 million people, Nairobi County is the most populated and urbanized county in the country. Despite its growing startup and tech scene – often referred to as the Silicon Savannah – Nairobi struggles to meet the needs of its rapidly growing population, which increases about 4% every year partially caused by the movement of Kenyans from rural to urban areas in search of economic opportunity.

***This combination of rapid population growth leads to the proliferation of informal settlements like Kibera.***



people are estimated to live in informal settlements worldwide, and this proportion is only expected to grow alongside rapid urbanization

## COMMUNITY CHALLENGES



Clean water, proper sanitation, and adequate hygiene are some of the most critical measures in reducing the spread of infectious diseases, but access to infrastructure like electricity, sewer systems, and access to clean water remains limited in informal settlements.



Cycles of poverty and poor educational outcomes are fueled by income inequality, barriers to education and job-training opportunities, and high rates of unemployment. Recent inflation in East African informal settlements has sent costs of basic food staples like ugali (maize meal), and sukuma wiki (collard greens) soaring by over 40%.



Women and girls face additional challenges in informal settlements. Violence against women, sexual abuse, teenage pregnancy, unequal access to education, and lack of access to legal and sexual reproductive health services are key challenges women face, with poverty being the root cause of many issues.



homes often house 8-10 people



of Kenya's population is estimated to be under the age of 35, representing power and promise for youth development