

SUPPORTING COMMUNITIES TO RESPOND TO
COVID-19



EVERY ACTION COUNTS

If someone experiences gender-based violence and asks for help, **listen to their problem and link them to information about GBV helplines** and the available social support services.



**BREAK
THE
SILENCE
ON
GENDER
BASED
VIOLENCE**

Call Gender Based Violence
Emergency Numbers.

SGBV Hotline-**1195**;
Childline Toll free - **116**;
Kenya Red Cross Toll free -**1199**
for free counselling and
Psychosocial support.





Kenya
Red Cross

ReachOut

OUR CORE VALUES

SERVICE TO HUMANITY

Embodying responsibility, accountability and commitment – we will faithfully execute the duties and responsibilities entrusted to us and maintain the highest ethical and professional humanitarian standards.

INTEGRITY

We will be consistent, honest, accountable and transparent in what we say and do. We will safeguard the integrity and dignity of those we serve.

RESPECT

We will serve with respect, honouring the people we serve, our communities, partners and one another. We will highly value the relationships we build with our communities, partners, stakeholders and each other.

INNOVATION

This means creating opportunities and creative solutions: we will continue to identify and explore uncharted opportunities for growth and sustainability, mitigate risks, and provide the best humanitarian services that we can.

OUR VALUE PROPOSITION

ALWAYS THERE

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FROM THE EDITOR

STAY SAFE

Centuries ago evolution theorist Charles Darwin gave us the concept of 'Natural Selection' and embedded in it the idea that only those species able to adapt to new environmental realities survive. History is dotted with moments when humanity was called upon to abandon old ways and adapt new ones so as to survive.

The COVID-19 pandemic has presented such a moment for our generation. We must confront the virus by not only drawing from our innovative instincts but by dropping some of our most cherished behaviours - behaviours that have defined us as a people for generations.

Disease outbreaks and pandemics of global spread are not new to humanity and it has been through accepting the reality and adapting new ways that humanity has survived.

We are social beings - we love to congregate, party, exchange handshakes and other close contact interactions. Experts have, however, advised that these habits must take a break while we battle COVID-19. We can retain our social instincts even as we maintain the recommended physical distance, call one another to keep in touch and if we must go out wear a face mask.

The Kenya Red Cross Society and the Reachout Editorial team therefore calls on us to adapt to the new reality, be safe, and keep others safe.

ENJOY OUR

ReachOut
72nd Edition



“During this difficult time, we have deployed our volunteers to support communities to prepare and respond effectively to contain the spread of the virus.”

FOREWORD

WELCOME

Since Kenya confirmed her first COVID-19 case in March this year, the number of confirmed cases continues to rise. As at July 31, over 15,000 people had been diagnosed with the virus while 250 had sadly succumbed to virus. This season the country has witnessed numerous disasters including COVID-19 pandemic, floods, invasion by desert locusts and other disease outbreaks that have dominated the work of the Kenya Red Cross in the first half of 2020. As auxiliary to the Government of Kenya, our focus in this period has been to support both National and County Government of Kenya to respond to these disasters.

From the onset, the Society has been part of the Ministry of Health National Task Force leading the response. Kenya Red Cross Society co-chairs-with the Ministry of Health's Division of Mental Health through the 24-hour call number 1199, providing psychosocial counselling to healthcare workers, children, persons affected by the pandemic including those in quarantine and isolation as well as the general public.

In addition, Kenya Red Cross Society is making contributions through a number of other committees dealing with specific aspects of the pandemic. Some of them include; Risk communication, community engagement and health promotion sub-committee. In the 47 counties, county coordinators have been part of county level coordination teams supporting the response.

During this difficult time, we have deployed our volunteers to support communities to prepare and respond effectively to contain the spread of the virus. We continue to carry out community sensitization and capacity building to promote behavior change.

The Society also supports the Ministry of Health and County health departments in surveillance, screening and contact tracing. Kenya Red Cross Society continues to enhance the capacity of Community Health Volunteers for intensified community sensitization on control measures for COVID-19 and adherence to outlaid government directives.

We have supported provision of essential personal protection equipment for healthcare workers, and distribution of hygiene materials including soap and hand sanitizers to vulnerable communities. Furthermore, in partnership with county governments we have helped install hand washing facilities, especially in public spaces.

In collaboration with Kenya Prisons and ICRC, The Society has been supporting COVID-19 response through sensitization for prison staff and inmates, distribution of hygiene materials, supporting inmates restore family links and procurement and distribution of thermo-guns to support screening of inmates. Through this, we have reached approximately 54,600 prisons. Additionally, we have been working with partners in refugee camps to lead interventions around prevention and management of COVID-19 cases in Daadab and Kalobeyei camps.

Appreciating that COVID-19 is more than a public health problem, our interventions have been integrated to address both the health and other socio-economic effects. With support from various partners, the Society has also been providing affected communities with food hampers, cash and other basic supplies to support people whose livelihoods have been impacted.

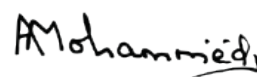
With respect to floods, Kenya Red Cross Society continues to work with various partners to support communities who were displaced towards the end of 2019 and during the March-May 2020 rains. Together, the October- November-December and the March-May rains left nearly 440,000 homeless with counties around Lake Victoria and along Tana River being the most affected. Although the rains have subsided, the long road to recovery has just begun. Kenya Red Cross Society teams in various parts of the country supported the evacuation of families to safer areas. Working alongside the Government of Kenya, our teams delivered relief items and essential supplies like household and sanitation items to those who had been displaced by the flooding.

The Society continues to work with the National Government, the county governments and other partners to support the recovery process. In May we resettled 222 families displaced by the landslides that hit West Pokot in November 2019. The 222 houses were constructed through a multiagency initiative established jointly by the National Government and the County Government of West Pokot, with the Kenya Red Cross Society coordinating the construction of the houses.

The other disaster that Kenya Red Cross Society is combatting is the desert locust's invasion in the Northern and Eastern Counties. The Society supported Ministry of Agriculture in ground surveillance and spraying. In May 2020, the Food and Agricultural Organization (FAO) funded an impact assessment on crop production, livestock feed and natural resources to determine the extent of damage caused by the invasion and made recommendations on mitigation measures for possible future invasions.

Given the complexity and interconnectedness of the disasters, Kenya Red Cross Society uses an integrated approach to ensure a holistic response to the affected communities. We will continue working with communities through our volunteers to ensure that vulnerable families are not left alone.

2020 has had many challenges affecting communities, we move forward with a spirit of resilience and the strength of partnerships to do the best we can to serve Kenyans.



Dr. Asha Mohammed
Secretary General



COVID-19

Kenya Red Cross Society: Prepared for The Response

In mid-January, the Kenya Red Cross held its annual contingency planning meeting in Eldoret. The contingency planning meeting is held at the start of the year to map out potential disasters, and put in place contingency plans to respond effectively. During the week, long meeting, the Society goes through various scenarios from best to worst case scenario.

Traditional disasters in Kenya have mostly been climate related such as floods and drought. In recent years, however, terrorism, and intercommunity conflicts have been common- so too have incidences such as collapsed buildings and major road accidents.

On the health front outbreaks of non-communicable diseases such as malaria and cholera have become sporadic in some counties. In 2020, however, the

team had to worry about a different type of contagion- the Novel Coronavirus Disease officially named COVID-19 by the World Health organization.

Although the contingency planning meeting was taking place at a time COVID-19 was still a distant problem yet to be declared a global pandemic by WHO, the team spent a considerable amount of time analyzing several scenarios of dealing it should it become a problem in Kenya.

During the planning meeting, and having determined that the key question of concern was not whether the pandemic would arrive in Kenya or not, but rather what to do if it did, the team proceeded to analyze various scenarios.

Scenario 1

An outbreak in a Country with close linkages with Kenya with sustained human to human transmission but no case reported in Kenya; Alert, preparedness and readiness.



Scenario 2

Seen as the best-case Scenario one suspected case showing signs and symptoms of Coronavirus arrives in the Country from the affected areas through one of the key points of entry. The suspected case is promptly recognized and isolated. This would prevent community spread.

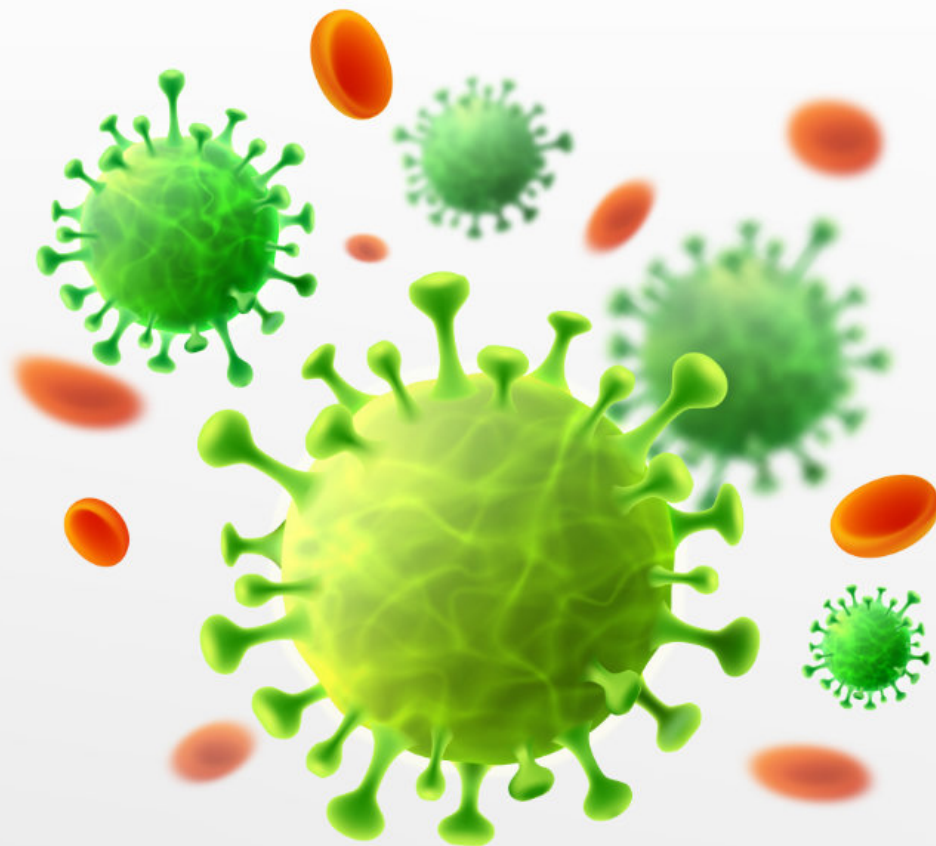
Scenario 4

There are unexplained respiratory illnesses reported in a community. Some of the sick will report to the nearby health facilities. Health workers are alerted and there will be initial response. The Ministry of Health is called to investigate the outbreak and it is confirmed as COVID-19. Several close contacts begin to get sick including health workers. Some deaths are reported. There is high community transmission. The system is overwhelmed. There will be a very high number of deaths and contacts who will be dispersed across several communities and Counties; A national disaster is declared.

Scenario 3

seen as the most likely Scenario An asymptomatic case arrives in the Country through one of the points of entry undetected. The case develops signs and symptoms of the virus within the local community before seeking medical attention in a health facility. The case interacts with community members and frontline health workers before diagnosis is made.

Kenya Red Cross has continued to work with the National Ministry of Health, County departments of health and other stakeholders to contain the spread of the disease. Among the activities, the society has carried out community sensitization on prevention measures, distribution of personal protection equipment, distribution of soap and hand sanitizers, installation of hand washing stations, provision of psychosocial support and support to prisons.



OUR RESPONSE SO FAR



285,523

Number of Refugees
Sensitized in camps



870,079

Number of Community
members screened
by KRCS volunteers and
staff.



90,495

Number of CHVs
sensitized countrywide
on COVID-19 under the
UHC Support from MOH



6,476,869

Mass media messaging
on COVID-19 through TV
Spots, radio spots and
social media- 1,191,194
people reached.



377,565

People reached Through
in-kind food distribution
KRCS



640,580

Number of people
reached through
distribution of
Handwashing material



11,139,497

People reached Mass
campaigns through
public address systems.



5,265

5,265 people reached
through tele counseling
psycho social support (an
average of 59 calls a day
since March 2020-June
2020)

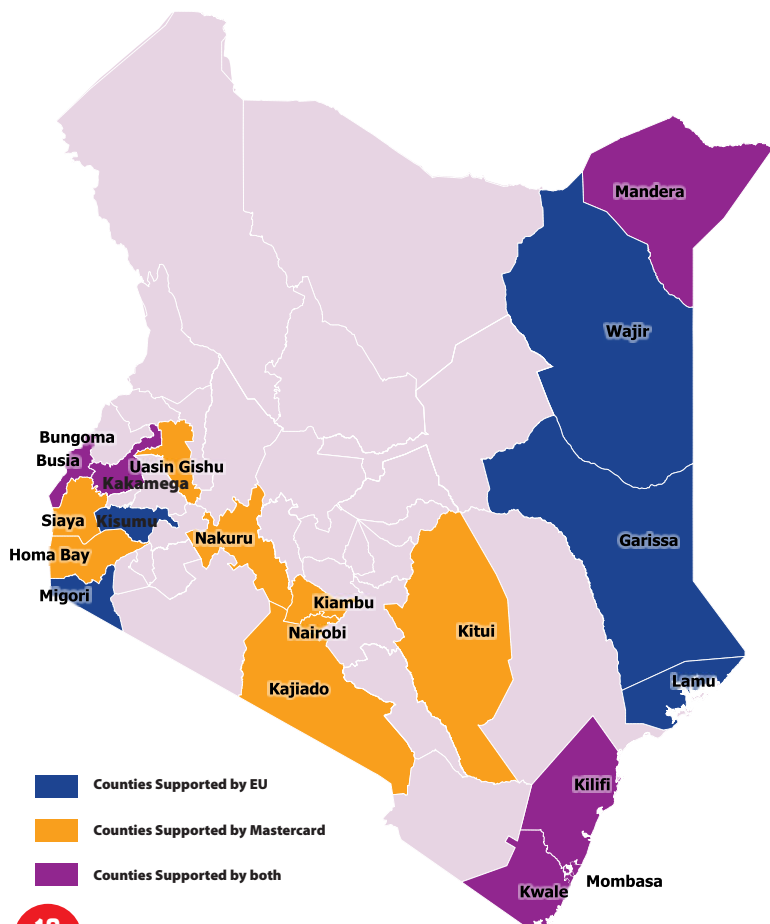


72,945

With support from ICRC,
KRCS has reached
approx. 54,600 people in
prisons



European Union and Mastercard Foundation fund Kenya Red Cross COVID-19 response In 14 counties



The European Union and the Mastercard Foundation are funding the Kenya Red Cross Society to support the Kenya Government's response to COVID-19 in 14 counties. The activities aim to contain the spread of the disease and address a number of health and socio-economic challenges occasioned by the outbreak.

The EU support comes under two projects under its emergency programme that aims to minimise the spread of COVID-19. The programmes will help strengthen Kenya's health response and community engagement to manage COVID-19 and will also provide cash-transfers to vulnerable households.

Strengthening the Health Response to the Pandemic

The Health system strengthening component will entail capacity enhancement of response teams, equipping of the county referral hospitals with pharmaceutical and non-pharmaceutical supplies for management of COVID-19, as well as strengthening of response coordination both at national and county levels. Under this project Kenya Red Cross Society will also embark on screening of front line health care providers and reinforcement of human resource through deployment of surge teams.

At community level, KRCS will enhance the capacity of community

health volunteers for intensified community sensitization on control measures for COVID-19 and adherence to outlaid government directives. Case detection, contact tracing and referrals will be scaled up within the areas of implementation.

Overall objective of this project is to minimize the loss of lives and risk of further spread of COVID-19 through implementation of risk communication and community engagement (RCCE) and health promotion activities in high-risk areas in Kenya.

Target Population

20,000 vulnerable Kenyan households (80,000 individuals) in the in the Kibera, Korogocho, Mathare, Soweto, Majengo, Gitare, Marigo, Gatina Lunga Lunga, Kayole and Mukuru informal settlements in Nairobi. These are households that are unable to meet their basic food and sanitation needs due to reduced or lost income during the COVID-19 pandemic, and who are at risk of sexual and gender based violence. The project will specifically target the disabled, chronically ill, and elderly Kenyans; as well as orphans and pregnant or lactating women.

The Safety Nets Cash Project

The Cash Safety Nets project that will provide 20,000 households in Nairobi informal settlements with monthly cash transfers for three months, beginning in June. The cash transfer, through mobile money transfer, will complement the Ministry of Labour's Inua Jamii programme with 11,250 households receiving KES 5,668 per month. A further 8,750 households, identified through the Nyumba Kumi system and independently verified by the Kenya Red Cross Society will receive KES 7,668 per month.

The aim of the project is to improve food security covering 50% of recipients' food needs, and other essential costs such as soap, water, rent, and mobile phone credit.

This project is implemented by Oxfam in Kenya, The Kenya Red Cross Society, Concern Worldwide, ACTED, IMPACT, the Centre for Rights Education and Awareness (CREAW), and the Wangu Kanja Foundation in collaboration with the Ministries of Labour and Social Protection, Health, and Gender.

MINISTRY OF LABOUR'S
INUA JAMII PROGRAMME
KSHS
5,668
PER HOUSEHOLD PER MONTH

KENYA RED CROSS
THROUGH NYUMBA KUMI
KSHS
7,668
PER HOUSEHOLD PER MONTH



Oxfam in Kenya Humanitarian Director Mat Cousins, European Union Ambassador for Kenya, Simon Mordue and Labour CS Mr. Simon Chelugui at the signing ceremony of the Safety Nets Cash Project. (L-R)

The Mastercard Foundation COVID-19 Recovery and Resilience Programme

The Mastercard Foundation COVID-19 Recovery and Resilience program will utilize the already trained national and county trainers to roll out training for clinical officers, nurses, laboratory technicians and other frontline staff including community health volunteers who are instrumental in community-level surveillance.

This program will focus on two specific objectives. These are: To strengthen the capacity of health care workers from 14 hot spot counties to provide quality COVID-19 case management and infection control and to increase access to and provision of protection (GBV and PSS) services at national and county levels in the 14 hot spot counties.

The intervention in its first objective will seek to strengthen the capacity of health care workers and Red Cross volunteers on the frontline on infection, prevention and control (IPC) of COVID-19 through training on IPC, surveillance, contact tracing and patient management. In addition, the provision of essential health services will be enhanced through support of health facilities to stock essential drugs especially for persons with pre-existing conditions. The second objective of the intervention will focus on increasing access to provision of protection services (Psychosocial support and Gender-Based Violence) to affected populations. This will be achieved through training of Mental Health and Psycho-Social Services (MHPSS) providers and health workers on Psychological First Aid (PFA), training of call centre operators, support to tele counselling

services, provision of psychosocial support to children/adolescents who are affected and conducting media campaigns to reduce stigma. With the rising cases of GBV, the intervention will focus on supporting existing coordination mechanisms of GBV, strengthening GBV/child protection referral pathways, training and equipping of health care facilities for clinical management of rape and enhancing community awareness on the prevention and response to GBV.

Technology will be employed to enhance service delivery of the above through use of Remotely Piloted Aircraft Systems (RPAS)/Drones that will aid in community sensitisation through mounted loudspeakers, mapping of hot spots to inform planning, detecting body temperature and disinfecting high risk and crowded areas. In MHPSS interventions, Kenya Red Cross will consider virtual means to reach out to target beneficiaries through virtual trainings on Psychological First Aid and tele-counselling services. Activation of Dr. Imani, a mental health Chabot, to enable individuals seek MHPSS services via chat and follow up will be done via telephone to those who will require further psychological support.

The intervention will ensure coordination with key actors such as the Ministry of Health, National Emergency Response Committee for COVID-19 and county governments to ensure there is no duplication and enhance maximisation of impact. KRCS will participate in relevant coordination meetings at the National and county government.

Targeted Counties

The program targets Nairobi, Mombasa, Kilifi, Mandera, Kiambu, Kajiado, Kitui, Nakuru, Siaya, Homabay, Kakamega, Kwale and Uasin Gishu. In addition to the thirteen (13), Busia, a border county has been a transit where truck drivers have tested positive in other locations after passing through the county and sometimes spending days in this county. As a result, such a county is a timed bomb and therefore has been included on the list of thirteen hence the focus on fourteen (14) counties for this partnership.



The Role of Community Engagement in Reducing the Spread of COVID-19 in Kenya

By **Miriam Mbembe**
Head of Health, Kenya Red Cross

President Uhuru Kenyatta on Monday 6th 2020 began the gradual reopening of the country's economy that has been crippled under the weight of the stringent measures instituted to contain the spread of the COVID-19 pandemic. Key among the measures eased is the cessation of travel into and out of the capital city Nairobi, Kenya's second largest commercial hub of Mombasa as well as Mandera Counties. These counties were put under partial lockdown in April following a higher number of COVID-19 cases reported.

While lifting the travel restrictions which had been imposed to prevent exportation of the virus from the capital to the countryside, the president explained that most counties had reached a level of preparedness sufficient to deal with a potential surge in COVID numbers. Nairobi and Mombasa has largely been the epicenters of the COVID 19 infection accounting for over 80% of the over 10,000 confirmed cases so far. The lifting of the travel restrictions will undoubtedly lead to an increase in a number of confirmed cases in the rest of the counties and the last one week is evident of the rising trend.

While most surveys indicate that knowledge about the pandemic is generally high countrywide, it has not translated into sufficient behavior change on the ground. Physical distancing is not adhered to with many still flocking funerals and other public gatherings; masks are rarely worn and where they are, they are not properly worn. For many Kenyans, they have introduced new ways of handshaking perpetuating the physical contacts through the elbow and fists.

The laissez-faire attitude to the COVID response has its roots in some of the early myths and misconceptions like the assertion

that Africans wouldn't be infected, or that it was harmless to them. When the first case was reported in March, people outside of the major cities dismissed the pandemic as a 'main town' problem and indeed many who traveled before the partial lockdown reported being stigmatized by those who physical distancing was a mirage.

With lifting of the travel restrictions there is a real fear that there will be an influx of people from Nairobi and Mombasa into the rural areas and therefore prevention must focus on the community.

To achieve this, we must do two key things. First, we must strengthen the community health structures in line with our aspirations for universal health coverage.

One of the key tenets of universal health coverage is empowering individuals, families, and communities to optimize their health, as advocates for policies that promote and protect health and wellbeing.

Kenya has been working to strengthen this component of its healthcare system and it is time this was re-emphasised and put to good use. We must strengthen the community health units and deploy sufficient numbers of community health volunteers to support community sensitisation, surveillance, case detection and referrals.

Secondly, behaviour change among populations of all ages needs a complete mind shift cognisant of the 'new normal' around the pandemic's prevention practices. What does it mean for Kenyans when the health fraternity speaks to your health your responsibility? A sustained change in positive practices that promote and prevent disease has to be broken down to ordinary Kenyans to enhance a sense of responsibility. The success of reducing the spread of infections is hinged at both individual responsibility and calling communities to action. What this means is that the right information needs to be shared, simplified and illustrative pathways and positive practices advanced through engagement and deliberate adherence to public information shared by both the Ministry of Health and World Health Organisation. What this means is that, there has to be concerted effort by everyone. We must appreciate the distinct role of the health care system, the local leaders, the community, household and the individual.

To reduce the burden of health care, strengthening of communities to participate in detecting, reporting, and referring of persons suspected with COVID-19 is encouraged. Kenya Red Cross with support of trained volunteers (community health volunteers and Red Cross volunteers) will continue to be on high alert for surveillance as well as consistent sensitisation across all the forty-seven counties.





No Matter How Lonely You May Feel You are Never Alone

Vivian Muthoni
Volunteer

Leyla Semkiwa, is a mental health champion, providing psychosocial support at the Kenya Red Cross Society, Mombasa branch. Having joined the team as a volunteer in January 2020, the COVID -19 pandemic is her first emergency. The emergency has presented her an opportunity to provide Psychological First Aid and Psychosocial Support for healthcare workers and members of the community.

Mombasa County was together with Nairobi were the first counties to report high numbers of COVID-19 cases in April. The mystery around the new disease combined with the measures that the government initiated to curb the spread which disrupted peoples' way of lives had a big psychological effect on the people of the Coastal town.

Given that Mombasa residents are predominantly Muslim, it did not help matters that movement restrictions were enforced during the holy month of Ramathan when families and friends traditionally congregate in prayer and to share meals.

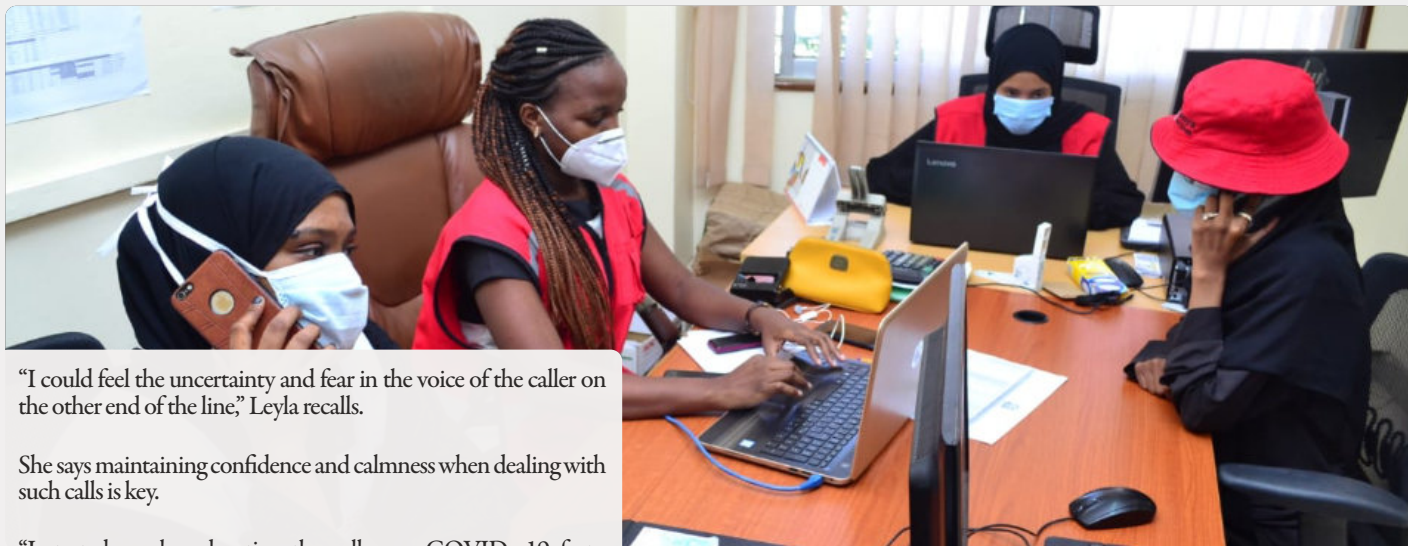
The call centre was set up jointly by the Kenya Red Cross Mombasa Branch and the County Government of Mombasa at the time when Old Town was getting into the lock down situation. The call centre was set up to respond to emergency cases from that area during the lock down. Most calls were

from people asking for food, water, garbage collection, power, health emergencies etc but a few others just wanted to speak to someone about their anxiety.

At the height of the lockdown, the call centre would receive over 200 with at least five being distress calls from people in need of counselling services. Counselling requests were from people affected with COVID-19 either directly or indirectly including those in quarantine and isolation centres.

Leyla recalls one late night distress call from a client who had taken a COVID-19 test and was waiting for her results.





"I could feel the uncertainty and fear in the voice of the caller on the other end of the line," Leyla recalls.

She says maintaining confidence and calmness when dealing with such calls is key.

"I started psycho-educating the caller on COVID -19 facts, explained about the isolation period and the treatment methods and told her that she needed not to be afraid. I also offered physiotherapy, advising the caller to focus on self and things they're in control of as COVID 19 is a global pandemic indiscriminately affecting the whole world," She said.

Living in a community that see mental health as a taboo, witchcraft and the mad man in the street, her desire is to see a community that is willing to open up about mental healthcare problems affecting ordinary people.

Today, Leyla is an agent of change promoting good mental health culture with those around her whilst creating a difference by spreading awareness around the stigma terming it as both an emotional and physical wellbeing.

Leyla, who holds a Bachelor's Degree in Psychology from Moi University in Eldoret, says life can be overwhelming so it is important for psychologists to be around and offer a helping hand and encourages those in need not to shy away but seek help.

"Psychologists offer a listening ear that is free of judgment and solid advice for those with mental health issues. Psychologists offer a variety of proven effective treatments to help people improve their lives," She says.

"It is amazing to notice a behavioural change of self - acceptance accompanied by staying positive during Covid-19," She adds.

The stigma and disruptions associated with the COVID-19 pandemic has resulted in increased stress and mental illness among the population. Worst affected are people in quarantine, isolation and their families.

To address this challenge, the National Taskforce on COVID-19 set up a subcommittee on mental health. The subcommittee is co-chaired by the Ministry of Health Mental Health Division and Kenya Red Cross Society.

The Kenya Red Cross has made an available its 24 hour free counselling service on its emergency call number 1199 that is accessible countrywide while branches also continue to work with the respective county governments to provide services similar Leyla's work in Mombasa county. With support from our partners The European Union, Mastercard and Dannish Red Cross, Kenya Red Cross Society has since reached over 5,000 people with telecounseling services.



OUR PARTNERS TAKE



Olivier Dubois
Head of Regional
Delegation, Nairobi

WHAT SUPPORT HAS BEEN EXTENDED TO KENYA PRISONS SERVICE DURING THIS COVID-19 PANDEMIC?

The International Committee of the Red Cross (ICRC) together with the Kenya Red Cross Society (KRCS) responded to a request from the Kenya Prisons Service to help avert the risk of COVID-19 breaking out or spreading in prisons. As in most prisons across the world, inmates cannot observe preventive measures like physical distancing because of living in confined spaces which are often overcrowded and so it was critical that we work quickly.

We began by supporting Kenya Prisons in the drafting of preventive protocols in line with those provided by the Ministry of Health for public places. The protocols involved aspects like separation of new inmates before mixing with the general population, protocols on food handling, use of Personal Protective Equipment (PPE's), hand washing procedures among others. Overall, the guidelines customized the MoH protocols for public places to be applied in prisons.

Additionally, we provided Kenya Prisons with preventive and hygiene items like soap, handwashing stations, mops, buckets, disinfectants, PPE's among others. We also provided construction material to build 43 quarantine centers in all the regions in the country, in line with the protocols we developed. Jointly with KRCS, we supported the sensitization of preventive measures and provided phones and airtime for inmates to call their families as family visits are suspended. Through the KRCS toll free line, inmates can receive psychological support. So far, the system is working quite well and there have not been major outbreaks of COVID-19 in the prisons or among prison

staff.

DOES THIS SUPPORT ONLY COVER PRISONS?

Prior to the outbreak of the COVID-19 pandemic, the ICRC and KRCS had been working together on two main areas which are still ongoing. The first is helping refugees reconnect with their families mainly through our phone call services in the camps and urban areas. COVID-19 has created an additional layer of anxiety where they want to hear about the wellbeing of their families even more. We had to adapt and ensure that this process continues safely and in line with preventive measures for the refugees, staff and KRCS volunteers.

We have also continued to jointly support the resilience and livelihood of some communities in Lamu and Garissa which have been affected by violence and climate shocks. For example, we have provided modern bee hives, maize, cowpeas and cassava cuttings in this planting season. We are also supporting the Village Savings and Loans Associations that we helped communities start, so that they continue operating especially during this critical period.

At the start of the pandemic, the ICRC and KRCS noted other planned programs which would be difficult to implement due to COVID-19 restrictions, and the ones which were less crucial. We reinjected the funds to support KRCS in their wider COVID-19 response, like financing staff and volunteers to carry out risk awareness and sensitization sessions all over the country. I'm glad to say that our donors were understanding and supportive of this realignment of priorities and funds.

WHAT WORK DOES THE ICRC DO IN PRISONS ACROSS THE WORLD?

The ICRC has been working in prisons for more than 100 years all over the world, primarily assisting prisoners of war, and people arrested and linked to situations of violence. Today, we work to secure humane treatment and conditions of detention for all detainees. We also seek to alleviate the suffering of their families, particularly by restoring communication between detainees and their relatives. During this COVID-19 pandemic, we are working with prisons in over 100 countries to help mitigate the risk of outbreak and spread of the virus in prisons like what we are doing here in Kenya.

Our joint ambition with KRCS is to forge a partnership with Kenya prisons beyond the COVID-19 pandemic. We want to strengthen what the KRCS has been doing in prisons for the past 20 years, which is mainly offering phone call services to inmates and other ad-hoc assistance activities. We want to seek where our combined strength can offer more added value, and that's where the ICRC's experience in working with prisons across the world may come in handy.



PRISON ENTERPRISES SHOWROOM



COVID-19 RESPONSE







WORLD RED CROSS DAY

On the Frontline: Kenya Red Cross Volunteers Dealing with a Disaster During a Pandemic, We #KeepClapping for you

By Martha Awino
PR & Communications

The month of March ushered in a global enemy, the COVID-19 pandemic, one that has affected over 10 million people globally and presented fear and uncertainty to humanity. Since its first detection in Kenya on 13th March 2020, COVID-19 cases remain on an upward worrying trend. Amidst fighting the pandemic, Kenya is dealing with the invasion of desert locust that has presented an unprecedented threat to livelihoods and food insecurity. The heavy rainfall being experienced across the country has triggered landslides and floods rendering thousands homeless.

In this moment of uncertainty, Kenya Red Cross volunteers continue to work tirelessly to contain the virus whilst facing the evolving life-threatening trilemma unfolding across the country, a reason to raise a thunder of gratitude to all the volunteers during this year's World Red Cross and Red Crescent Day. Celebrated on May 8th every year, World Red Cross and Red Crescent Day is a day dedicated to celebrating of the principles of the International Red Cross and Red Crescent Movement. This year's World Red Cross and Red Crescent Day was all about celebrating the amazing power of our network and how we answer everyone's call for help no matter who they are or where they are.

Even with the challenges associated with responding to disasters amidst a pandemic, Kenya Red Cross volunteers have been acknowledged for embracing coronavirus safety measures, most importantly practising physical distancing during relief food distribution, sensitisation and different community engagements.

“As a responder, COVID-19 dilemma has not stopped me from reaching out to the flood-affected communities but has changed tactic of response. Today, I have to ensure that I follow all COVID-19 safety precautions when responding to disasters”, says Samuel Owino- Volunteer, Kisumu.

The most vulnerable and marginalized people have been the priority for our volunteers across the country. The volunteers have visited and provided relief aid to street children and households within the informal settlement who are particularly vulnerable to the direct and indirect social and economic effects of COVID-19.

Additionally, the efforts to save humanity has given special attention to the differently abled promoting inclusivity in access to COVID-19 information. Mohammed Abdihamid, a volunteer in Garissa born with hearing loss is celebrated for taking the initiative to sensitise persons with hearing impairment on Coronavirus.

Mental Health Psychosocial Support Service (MHPSS) providers have received psychological first aid training that has enabled them to provide counselling services to health care workers on the front-lines in the fight against COVID-19. With support from the International Committee of the Red Cross (ICRC), volunteers have fortified prison facilities across the country from the threat of coronavirus disease by installing Hand washing stations, donating soaps and disinfectant gel to inmates as well as providing health education on how COVID-19 is spread.

Disseminating useful information through community health volunteers (CHV) and utilizing local radio station and public address systems has heightened preventive measures among vulnerable community members. Through the use of native language and traditional songs, volunteers are engaging illiterate populations, therefore, raising the community's understanding of the nature of the disease. For example,

according to West Pokot Volunteer Winny Lagat, the use of local Pokot language has strategically enabled her to reach out to vulnerable rural populations, making the Covid-19 information as clear as possible to the targeted households.

The Coronavirus pandemic is unfolding in a digital era where the spread of information is fast and furious. Myths and misconceptions on COVID-19 have been shared across social media platforms that sowed coronavirus panic globally. Dissemination of accurate information on how to combat the spread of the pandemic, and raising voices against stigma and discrimination has been at the top of the Volunteers agenda. Francis Kalama, a volunteer from Kilifi shared his close encounter with community members who do not believe in the existence of COVID-19.

“Sensitizing the community on COVID-19 is not an easy task. Some of the community members don't believe that the virus is real. However, this has not stopped me from engaging and spreading hope around the community. I am proud to be among humanitarian champions who are committed to spreading the helpful message on COVID-19” Francis Kalama- Volunteer, Kilifi

Volunteerism is the backbone of the Kenya Red Cross Society. “Always There” has been the society's success mantra. As an auxiliary to both the National and County Governments of Kenya, the society's volunteerism priority focus is on complementing the preparedness and response plan. This includes increasing levels of awareness across the country and providing free counselling psychological support through Kenya Red Cross Toll-Free 1199 among others. With support from the Ministry of Health Task Force, Kenya Red Cross volunteers are dedicated and will continue to faithfully execute the duties and responsibilities entrusted to them ensuring no one is left behind. Together we will win the war against COVID-19.

Disaster Management Operations

The department deals with disaster preparedness, disaster response and early recovery interventions within KRCS. These range from natural disasters, such as droughts and floods, to human-induced, such as conflicts, acts of violence, road traffic crashes, fires, building collapses, and emergencies such as epidemics

Floods Response

Elijah Muli,
Head of Disaster Management


41,417

households were affected since onset of the OND 2019 rains with at least 11,135HHs were displaced.

Since onset of the October-November-December 2019 rains season, the country experienced heavy rainfall that resulted in flooding in many parts of the country. The rains continued into the end of January, a month usually characterised by sunny and hot weather over most parts of the Country.

Heavy rains have been experienced across the country since the start of October with adverse effects in at least 21 out of Kenya's 47 counties. The worst affected counties include Mandera, Wajir, Garissa, in Northern Eastern; Tana River, Taita Taveta and Mombasa in Coast; West Pokot, Turkana and Trans Nzoia in North Rift; Makueni, Meru, Isiolo and Machakos in Eastern; Muranga in Central; Busia, Homa Bay, Kusumu and Migori in Western Region; and most recently Nairobi.

Effects of the rains included flash floods, rivers breaking banks and displacing populations downstream (Tana River, Garissa,

Migori, Makueni), mudslides, and landslides (West Pokot, Muranga and Taita Taveta).

A total of 41,417HHs (233,339 people) were affected since onset of the OND 2019 rains with at least 11,135HHs were displaced. 26,636 livestock were killed while 5051.5 acres of farmland destroyed

The Society has collaborated with agencies of both National and County governments to respond to the needs of affected populations. During the rain the Society issued actions include issuing region specific cautions such as urging people living in low lying flood risk areas or those near rivers to relocate to safer ground. This advice was based on rainfall predictions from the Kenya Meteorological Department and river level monitoring reports.

Other actions by the Society include positioning Red Cross Action Teams to respond and carry out rescue, and recovery; providing affected persons with non-food items; provision of health, water and sanitation interventions to prevent outbreak of water borne diseases.

An appeal was made to partners for support to deal with the effects of the flooding in November. The appeal received support from many partners both locally and internationally Among the organisations to support ECHO, USAID/ OFDA, Central Emergency Relief Fund (CERF), UNICEF, Italian Government Bilateral Emergency Fund, and Movement Partners including IFRC, British Red Cross, Finnish Red Cross, Danish Red Cross, Netherlands Red Cross, Japanese Red Cross Society, Red Cross of Monaco, and the Netherlands Red Cross (from Netherlands Government).

Locally, the Society received funding support from the Kenyan private sector; Tullow Oil, Kenya Pipeline Co. Ltd, Mabati Rolling Mills, Africa Oil, Coca Cola, Total Kenya among others. The West Pokot County Assembly also came forward to support and many other Government authorities are continuing to show interest as well.


5051.5
acres of farmland destroyed


26,636
livestock were killed

INTERVENTIONS

Through the Appeal, KRCS, has so far undertaken the following interventions:



Assessment

in 17 Counties was done; West Pokot, Kisumu, Siaya, Homa Bay, Garissa, Mandera, Isiolo, Meru, Machakos, Makueni, Kilifi, Kwale, Taita Taveta, Tana River, and Lamu.



10,146

households received emergency household kits



Food Distribution In

1,242

Hhs in Tana River

793

Hhs in Garissa

1007

Hhs in Isiolo



4,738,476

early warning messages were sent out

7,024 HHs

were reached with Point of Use Water treatment chemicals and a further 2,013 people were reached with health education and hygiene promotion



576



families (approx. 3,458 persons) in West Pokot, Makueni and Kajiado Counties were given psycho-social support

Rapid assessments in 17 Counties was done; West Pokot, Kisumu, Siaya, Homa Bay, Garissa, Mandera, Isiolo, Meru, Machakos, Makueni, Kilifi, Kwale, Taita Taveta, Tana River, and Lamu. The findings established varying levels of needs among affected communities ranging from emergency shelter needs, water, sanitation and hygiene, camp management, health services, psychosocial support needs, livelihoods. This were the foundation under which early response interventions search and rescue, lifesaving and emergency services were carried upon.

Through the search, rescue and evacuation response was carried out in; West Pokot, Garissa, Tana River, Turkana and Taita Taveta counties in coordination with the County and National Governments together with other humanitarian actors. A total of 278 people were assisted (42 in West Pokot, 233 in Garissa and 3 in Trans Nzoia counties). This were cases of people being marooned and needed specialised services including air lifting and boats to save their lives.

Distribution of emergency household kits to 10,146 households was done where a KRCS NFI kit consisted of; a kitchen set (which has several utensils sufficient for a family of 6 people), 2 tarpaulins, 2 jerry cans (20 litre and 10 litre each), 2 mosquito nets, 2 bars of soap and 2 blankets.

In-kind food distribution of food was also done reaching a total of

3,042HHs in Tana River (1,242 HHs) Garissa (793HHs) and Isiolo (1007HHs). This Counties were also experiencing acute food insecurity from the 2018 drought just before this floods came in.

Risk communication and community engagement were carried out. These interventions were done in the flood prone areas through local radio stations mainly. Local area administration officers also were instrumental in the community engagements as well as social media campaigns and mainstream media talk shows on safety during floods were employed too. In total 4,738,476 early warning messages reaching 2,706,908 people



at risk of floods effects in Marsabit, Mandera, Wajir, Garissa, Lamu, Kilifi, Kwale, Mombasa, Tana River and Taita Taveta were send out through TERA messaging platform. This was done in partnership with Safaricom communication company through an existing arrangement with KRCS.

Health and hygiene promotion. Activities were carried out to promote healthy behaviours and prevent spread of epidemics through distribution of Point of Use (PoU) water chemicals and super chlorination of contaminated water points in Turkana, Busia, Isiolo,

Marsabit, Garissa, Wajir and West Pokot. A total of 7,024 households (approx. 42,144 people) were reached with Point of Use Water treatment chemicals and a further 2,013 people were reached with health education and hygiene promotion (800 in Turkana, 352 in Marsabit, 146 in Wajir, 474 in Mandera, 95 in Tana River, 90 in Isiolo and 56 in Garissa).

Cholera prevention and control interventions were carried out in Garissa, Turkana, Kisumu, Marsabit and Tana River. This followed after cholera cases were confirmed in those counties. Working through Community Health Volunteers (CHVs) and Red Cross Action Teams (RCATs) a total of 34,117 people (19,403 women and 14,714 men) were reached.

Integrated medical outreaches were carried out to provide basic health services to complement the county government overstretched services. The outreaches provided wide spectrum of Primary health care services and the operation reached a total of 12,410 people including 8,961 children below the age of five, 1,253 Pregnant and lactating mothers. These interventions were conducted in; Kisumu, Garissa, Tana River, Turkana, Wajir, Tana River, Garissa, Marsabit and West Pokot Counties. The same outreach services were also conducted in IDP camps in Garissa and Tana River too.

Teams of Psychosocial Support (PS) counsellors were engaged during the search and rescue missions to provide mental health and psychosocial services to families and individuals traumatized by the impact of the floods. A total of 576 families (approx. 3,458 persons) in West Pokot, Makueni and Kajiado Counties were reached.

WASH assessments in Marsabit, Samburu, Isiolo, Busia, Turkana, West Pokot, Murang'a, Kajiado, Garissa, and Tana River counties were done and 73 water facilities identified as having been affected by floods. These facilities require rehabilitations to restore their functionality to the communities.



INDIAN OCEAN DIPOLE

RARE PHENOMENON THAT CAUSED ENHANCED RAINFALL DURING THE 2019 SHORT RAIN SEASON

By Emmah Mwangi

International Center for Humanitarian Affairs

In September 2019, global, regional and national forecasting centers predicted that the October-November-December (OND) 2019 rains would be above average over the East African region including Kenya. The rains were further predicted to start from the second week of October over most parts of the Country and towards the end of October over the Northern Kenya. However, the Eastern part of the Country started receiving rainfall as early as the first week of October and by the second week the rains spread out to the rest of the Country.

The rains continued into November and December and were characterized by days of very heavy rainfall and intense storms. This resulted in most parts of the Country receiving rains that were above (blue bars) what is normally received (red bars) in the season (Figure 1). For example, Meru which normally receives about 700mm in OND, received over 1400mm in OND 2019.

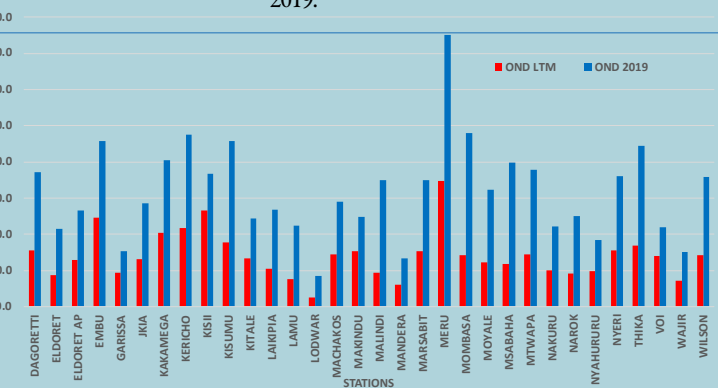


FIGURE 1: RAINFALL RECEIVED IN OND 2019 VERSUS THE LONG TERM MEAN. SOURCE: KMD

The above average seasonal rains in OND 2019 were linked to a positive Indian Ocean Dipole (IOD), this is a phenomena that is characterized by warmer ocean waters near the East African Coast and cooler waters near Australia (Figure 2). The warmer ocean waters near the East African Coast enhance cloud formation inland and hence more rain is received. By November 2019, the observed dipole index was +2.15°C, this is highest dipole index in record.

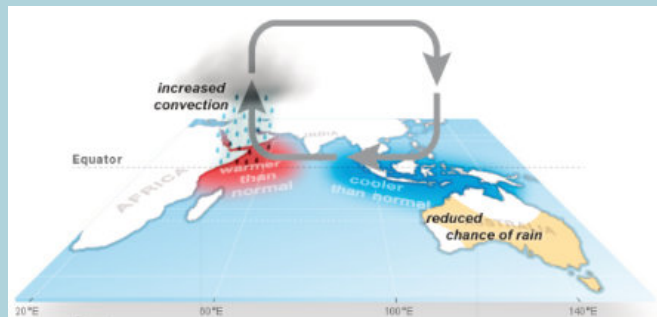


FIGURE 2: POSITIVE INDIAN OCEAN DIPOLE. SOURCE: BOM

The ocean waters over the Indian Ocean close to the equator were still warm through January 2020. Due to the warm waters, the rain bearing system which is usually over Southern Tanzania in January, was in some instances moving Northwards towards the Equator hence causing rains over most parts of the Country. Most parts of Western, Central, Rift Valley and South-Eastern received over 150mm in January (Figure 3) while normally, most parts usually receive below 100mm as the month of January is usually characterized by sunny and hot weather.

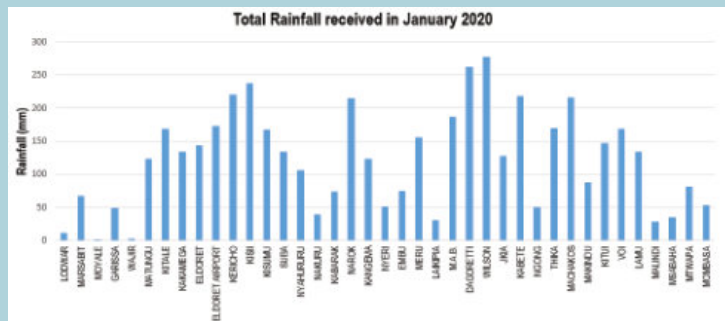


FIGURE 3: TOTAL RAINFALL RECEIVED IN JANUARY 2020. SOURCE: KMD



Floods Response



Partners Pull Resources to Give New Homes to 2019 West Pokot Landslide Victims

By Nicholas Kemboi

In February this year, the Kenya Red Cross and the County Government of West Pokot begun rebuilding houses for 223 families displaced by the horrific landslides which occurred in November 2019. The Society was part of a multiagency committee set up by the National Government's Ministry of Interior and the County Government to coordinate the response and early recovery following the landslides which also killed more than 40 people.

In May, the 223 families moved into their new houses constructed courtesy of donations from various organisations in the corporate and non-profit sectors. A total of KES 34,350,000 was received in cash to support the initiative.

Speaking in West Pokot when handing over the houses to the families, Secretary General Dr Asha Mohammed said, "I am pleased to be here to see families move into these new houses and start to rebuild their lives. However, we are in the middle of heavy rains that have caused flooding with over 17,000 families in Kenya currently in the cold-

countrywide, 100 of them here in West Pokot following last month's landslides. We must all come together again and support them in the immediate term but also explore more long term solutions to what has now become a perennial problem."

West Pokot Governor Hon. John Lonyangapuo said, "I want to thank all the partners who supported this reconstruction to give the people of West Pokot a place to live. I appeal for more support following the recent landslides in other parts of this county where more people have been affected."

During the commissioning, Kenya Red Cross also distributed mattresses and dignity kits donated by UNFPA to the families to help improve their livelihoods. In providing this support, UNFPA Representative.

Among the organisations that contributed to the efforts are Africa Oil, Mabati Rolling Mills, Kenya Pipeline, County Assemblies Forum, Tullow Oil, FGCK/FIDA, KCB, Ministry of Devolution, Total Kenya, KenGen

In May, the 223 families moved into their new houses

KES 34,350,000 was received in cash to support the initiative.

Red Cross Assesses Impact of Desert Locusts Invasion in Kenya

Kenya is currently experiencing one of the worst Desert Locust (DL) crises in 70 years, posing unprecedented threats to food security and livelihoods for vulnerable populations. Swarms first appeared in the northeast region on 28 December 2019, and are so far reported to have affected at least 16 Counties.

In June, Kenya Red Cross Society, with funding support from the Food and Agriculture Organization of the United Nations (UNFAO) began carrying out survey on the impact of the desert locust invasion in 16 counties.

This survey was done on behalf of the Ministry of Agriculture, Livestock and Fisheries (MOAL), Kenya in: Mandera, Garissa, Wajir, Marsabit, Isiolo, Samburu, Kitui, Machakos, Tana River, Tharaka Nithi, Meru, Embu, Kirinyaga, Laikipia, Baringo and Turkana.

The survey seeks to provide insight into the effectiveness of the ongoing control operations; to understand the impact of the desert locust invasion on key areas of livelihood; and to strengthen preparedness and response of counties against desert locust invasion to enhance the resilience of livelihoods.



(Above) Kenya Red Cross Innovations Manager, Safia Verjee, demonstrates use of drones to Agriculture Cabinet Secretary Hon. Peter Munya (right) and Kenya Red Cross Secretary-General Dr Asha Mohammed (left) at the launch of the desert locusts impact assessment in June. **(Below)** Red Cross Volunteers during a focus-group discussion with community members in Marsabit County.



An engraved skill culture by the youth to change the narrative of Mandera County.

By Corazon Mwende
PR and Communication

In 2013 and 2014 news of Wajir County was marred with headlines showcasing a trend of violence which had been caused by inter-clan conflicts. This forced many of the residents to flee from what they knew as their haven and reside in foreign lands. Their homes were burnt and all they escaped with, was each other; their children, relatives, neighbours and friends to find another home where they could start a life all over again. Rhamu town in Mandera County is where they settled as Internally Displaced Persons (IDPs).

The village is Darusalam and here we meet a group called Almahdu Youth Group who are part of those who escaped from Wajir to Rhamu. The group which consists of 20 members, 15 males and 5 females are running a shop business under the IGA (Income Generating Activity) initiative. Through the financial support of European Union, Kenya Red Cross Society under the Conflict Prevention Peace and Economic Opportunities for the Youth in Kenya (CPEYK) project, managed to train the group on group dynamics and different financial aspects such as small business management, business plan development and group savings.

“There are 5 shops in this area and the population is around 721 plots. Each plot could have around 3 families and we are lucky to have one of the shops that serve this area. Because we are foreigners here, it is difficult to access government financial funds. However, with this shop we have managed to better our lives. When Kenya Red Cross stocked the shop and we started making money, we expanded the business by adding another motorcycle which now helps us to transport bags of goods to our

customers. We no longer live in fear of sleeping hungry.” Abdi Ali, Chairman of the group.

A four-hour drive from Rhamu is another small town but one buzzing with blue collar jobs-Banisa Town. Here the communities have embraced apprenticeship as their means to create businesses and make money. The entrepreneurial culture is so engraved in them that once a skill is acquired the trainees set up their own businesses almost immediately. This is the case with Kenya Red Cross beneficiaries.

Termed as Enterprise Based Technical Vocational and Education Training (EBTVET) the model became a circumstantial method of engaging the youth seeing that there is only one vocational centre in the town that only focuses on tailoring. This model has seen our 78 beneficiaries equipped with beauty and hair therapy skills, mobile repair, mechanical skills, electric wiring skills, and welding skills.

From our interviews with the beneficiaries, it is not a shock that most people and especially the women have never gone to school-primary, secondary or otherwise. The support of European Union enables Kenya Red Cross to pay for the trainings of our beneficiaries and it was encouraging to see a few had set up their own businesses while some had been taken in by their trainers to work under them and earn some money.

Ibrahim Abdullah who was trained as barber by Osman Abdullahi has now opened his own barber shop in the town. It is well stocked with equipment and has even employed one person.



“

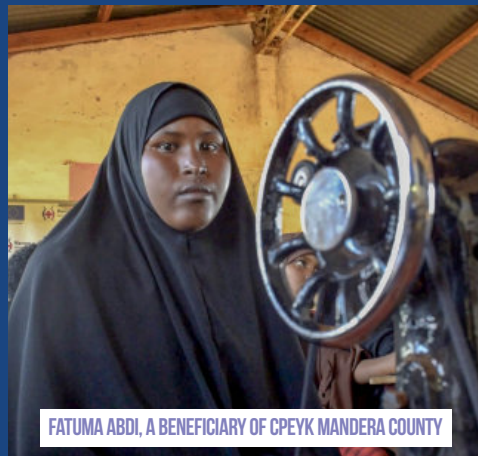
Through the help of my father, I sold a camel and managed to rent this place and buy all this equipment. I never wanted to go and graze animals like my peers. I wanted to have a business where I serve people and when Kenya Red Cross paid for my training, I quickly came to the Realisation that once I learn the skill, I will open a business. On a good day I can make around Ksh. 1,000 and I just can't wait to see the business grow and probably employ more young people in this area.

Ibrahim Abdullahi

Mandera County which is susceptible to periodic hazards ranging from clan conflicts, terror attacks, floods and drought has exposed the communities across the region to economic and social hardships. However, with the emergence of vocational trainings these issues are slowly getting eradicated because people are now learning of inventive ways to make ends meet and how to live and work communally. We visit the Mandera Youth Vocational Training Centre which has a variety of skill-based courses, they include; Electrical technology, Motor vehicle mechanic, hair and beauty therapy, masonry, plumbing, ICT, tailoring and dress making.

The courses are market oriented and when Kenya Red Cross came on board as a support system for the community, they paid for school fees for all their beneficiaries and this was made possible by the European Union funding. The collaboration with Kenya Red Cross has seen the school increase the number of graduates in the institution and to put this into perspective; 2014 had 50 graduates, 2015 had 45 graduates while 2016 had 52 graduates. In 2017 when KRCS partnered with the school the number of graduates shot up to 84 in that year while in 2018 it rose to 169. This clearly shows that there was a need in the community to learn but the challenge was financial support.

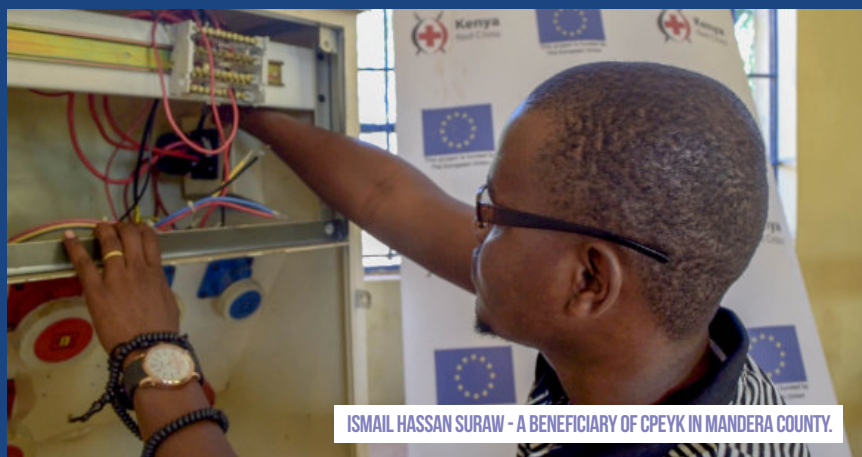
Zainab Derow a beneficiary who went through Mandera Training Vocational Centre shares with us her journey and her vision even for the women in her area.



FATUMA ABDI, A BENEFICIARY OF CPEYK MANDERA COUNTY

"I consider myself lucky to have heard of the Red Cross initiative to help pay fees for those who could not be in a position to do it. After the training, together with other classmates, we decided to put it into practice. Each of us contributed money so that we can rent out this shop and buy some salon kits. We each would contribute Ksh. 300 a month and Ks.50 a week so that we can keep the business moving. Yet again, Kenya Red Cross supported us with some kits-such as this hair drier and reduced our financial constraint. Through the money we contribute, we have also scaled up the business to rent out wedding gowns for Ksh. 5000 per person."

The light keeps shining in this county and the possibilities of living better lives are there. The youth are the future of Mandera and even with the hurdles that come their way, their optimism can't be shunned.



ISMAIL HASSAN SURAW - A BENEFICIARY OF CPEYK IN MANDERA COUNTY.



KENYA RED CROSS COMMUNITY HEALTH VOLUNTEER STEPHEN KAMOLO SENSITIZING COMMUNITY MEMBERS ON IMPORTANCE OF IMPROVING HYGIENE, WATER AND SANITATION CONDITIONS TO IMPACT THE WIDER COMMUNITY.

Promotion of Household Water Treatment and Safe Storage in Emergencies

By Martha Awino

PR and Communication

“Each time I need to fetch water for my household use, I request for help from my neighbours who will then assist me to fetch and carry the water home from a water spring which is quite a distance from my home. The handless containers made it difficult for me to fetch and carry water. The water from the spring is contaminated thus contributing to water-borne diseases within my household”.

Such is the story of Julius Kekelyo a 50-year-old father of five who has lived all his life with impairment in both his arms. His disability posed two challenges in his life; first his inability to access safe water facilities and the second being lack of opportunities due to social exclusion.

When I arrived at his home in Kapenguria constituency, West Pokot county, the vibrant Mr

Kekelyo was resting a few meters from his washroom. The washroom which is made of mud is built a few metres away from his main house, a knowledge he acquired from the UNICEF Hygiene Education and Promotion in Emergency program facilitated by Kenya Red Cross Society Community Health Volunteers (CHVs). In the past, Kekelyo's family passed stool in the open bush because pit latrines were unavailable in homes. The stool is washed into the river when it rains, using such water from rivers and streams contaminated with human faeces contributed to cholera outbreaks within his household.

Following the under-performance of the 2018 Nov-Dec short rain and the 2019 Oct-Dec extreme rainfall resulted in Baringo and West Pokot counties being negatively impacted by drought and floods. The drought led to the reduction in the number of

people accessing safe water following the drying up of major surface water sources including shallow wells and spring sources whilst the heavy rainfall caused floods that claimed lives of Kenyans and displaced thousands of households. Due to reduced access to safe water, safe hygiene practices become increasingly challenging putting populations at risks of diseases including waterborne diseases such as cholera.

According to Kekelyo from West Pokot county, the lack of safe water had serious effects on his children's academic performance and school attendance rates. Most of the time, his children always complained of stomach pains and diarrhoea. The treatment cost of cholera constituted almost 90% of total household maintenance cost. As the head of the household, at times he was forced to forego food to pay for the hospital bills.

Sarah Timer, 30, a resident of Baringo county explained the traditional roles assigned to women by the society limiting their access to both education and business opportunities. Sometimes she is forced to go with her children so they can get enough water for their household resulting in her children missing school.

“Every day, women in Baringo County walk an estimated five to ten kilometres to collect water for household use. The majority of residents within the county rely on rivers, unprotected springs, water pans and boreholes as sources of water. Fetching water from the river takes me about 3-4 hours to get to a source of drinking water. I have to ensure that I get enough water for domestic use and for my garden which is currently the source of food for my household”, said Sarah Timer.

Cholera remains a persistent health problem in many low and middle-income countries. Research by World Health Organisation shows that each year

there are 1.3 million to 4.0 million cases of cholera, and 21 000 to 143 000 deaths worldwide due to cholera yet cholera is treatable and could be managed at the household level. Kenya Red Cross Society in partnership with UNICEF is improving water, sanitation and hygiene in Kenya by promoting household water treatment and safe storage practice whilst carrying out emergency hygiene education targeted at vulnerable households. In West Pokot and Baringo counties, each vulnerable community members have been provided with a 20-litre jerrican, 10-litre bucket and water treatment chemicals. In addition, Kenya Red Cross CHVs have mobilized community members, government officials and institutions to work together to improve hygiene, water and sanitation conditions.

The provided long-term solutions including household-level water treatment, constructing latrines and handwashing promotion have reduced the risk of cholera and other faecally transmitted diseases. Kenya Vision 2030, calls for access to

sanitation facilities and clean water for all by 2030. Through the Kenya Red Cross and UNICEF Hygiene Education and Promotion in hygiene program, a total of 7,700 households using unsafe water sources received water treatment chemicals. Over 90,000 people in Baringo County and 60,000 in West Pokot county received emergency WASH-related information including handwashing with soap for the prevention of such diseases.

**THE TREATMENT
COST OF CHOLERA
CONSTITUTED
ALMOST 90% OF
TOTAL HOUSEHOLD
MAINTENANCE
COST. AS THE
HEAD OF THE
HOUSEHOLD, AT
TIMES HE WAS
FORCED TO
FOREGO FOOD TO
PAY FOR THE
HOSPITAL BILLS.**

Kekelyo, West Pokot



KENYA RED CROSS VOLUNTEER AND NUTRITIONIST JUDY LOCHEL CHEMOSOP HANDING OVER HOUSEHOLD WATER TREATMENT AND SAFE STORAGE TO VULNERABLE HOUSEHOLDS.

Health, Nutrition & Social Services

PHOTO: CORRIE BUTTLER/IFRC

The department continued to embrace the integration approach to continuously ensure affordable, accessible and equitable community based health care. The interventions are anchored to the KRCS 2016-2020 strategy, Kenya Health Sector Strategic Investment Plan (KHSSP) III, Vision 2030 (the social pillar) and Sustainable Development Goals (SDGs).

MRS. KURITO LOSO, 40, CP3 BENEFICIARY

Epidemics and Pandemic Preparedness at Community Level

By Martha Awino
PR and Communication

Kenya, for the last ten years, has experienced a series of epidemics such as anthrax, Brucellosis, Rift Valley Fever, Chikungunya, Cholera, Dengue fever, Malaria, Measles, Rubella and Polio. Narok county is one of those counties that have seen a number of disease outbreaks including cholera and anthrax outbreaks. In the years 2019 at least three lives were lost during a cholera while another three lives from anthrax.

The underlying factors contributing to the epidemic related deaths are highly associated with the cultural practices among the pastoralist communities in Narok. It is estimated that 60% of all infectious diseases in humans and 75% of emerging diseases are spread from animals

The impact of disease outbreaks has necessitated increased advocacy on preparedness at a community level in a bid to prevent the next pandemic. Kenya Red Cross with the support of International Federation of Red Cross and Red Crescent (IFRC) with funding from the US Agency for International Development- USAID has been helping communities prepare and prevent the spread of anthrax through the Community Epidemic and Pandemic Program (CP3) launched in October 2018.

Through the CP3 program, Kenya Red Cross Society has sensitized pupils in 50 primary schools and 48 school patrons, responding and controlling epidemics at the community level. The project also seeks to increase advocacy on epidemic preparedness in a bid to prevent the spread of a pandemic.

Since then they have been able to cascade the knowledge to the students through health clubs. It is during these interactive sessions that Nasianta Loso,¹³ adapted key behavioural changes such as disposing of carcasses of animals suspected to have died of anthrax and fencing the area to prevent further infections, washing hands before and after milking the cows and properly cooking meat before consumption.

Nasianta is a student and a member of the Red Cross Health Club at Nkoilale Primary School, Narok County and like most Maasai families she has been raised in a nomadic pastoralist community. While growing up, Nasianta's mother Mrs. Kurito Loso,⁴⁰ always reminded her that a cow was a source of life. Her daily routine includes milking the cows and taking them out for grazing. A role she enjoys during her school holidays.

Life in the Maasai village is very much centralized around rearing of livestock. However, among the Maa communities such as the Maasai, cattle are not merely a source of livelihood, but also a symbol of wealth, pride and status. The importance of their livestock is reflected in the way they protect their cattle from wild animals within an enclosure.

According to Naisanta Loso, when cattle dies, the Maasai herders open the dead carcass and traditionally diagnose the cause of the animal's death. One of the popular traditional methods that was used was burying the cattle's spleen in soil and if it appeared to increase in size and bursts, the meat was considered unsafe for consumption but if there was no increase the meat was considered safe for consumption.

But Kurito Leso, Naisanta's mother admits that it did not always work. "Unfortunately, some of the villagers died after consuming the carcass meat. We did not understand what caused skin rashes, vomiting and death of our community members after eating a dead cow when our traditional test had shown that it was safe for consumption," She said.

"It was until my daughter came and educated us on the dangers of eating dead cattle. Today, we don't eat meat from dead cows unless they are certified to be free from anthrax by a government visionary officer", asserts Kurito Losos.

"It was initially not easy to convince the community to dispose off a dead cow because they value cows. Today, my community ensures cows suspected to have died of anthrax are buried to prevent further infections," said Naisanta Loso,

To further enhance community-based surveillance, 20 health workers and veterinary officers, epidemics control for volunteers (ECV), 200 Community Health Volunteers and Animal Health Diseases reporters and 15 community Health agents were taken through a very interactive approach and practical sessions on CP3 project.

In Narok County, the Community Epidemic and Pandemic Program (CP3) project is turning school children into advocates for health and hygiene in their homes.



NAISANTA, 13, SENSITIZING HER MOTHER KURITO LOSO ON THE DANGERS OF EATING DEAD COWS.

Empowering Community Health Volunteers to Support Universal Health Coverage

By Kelly Muthusi
PR and Communication

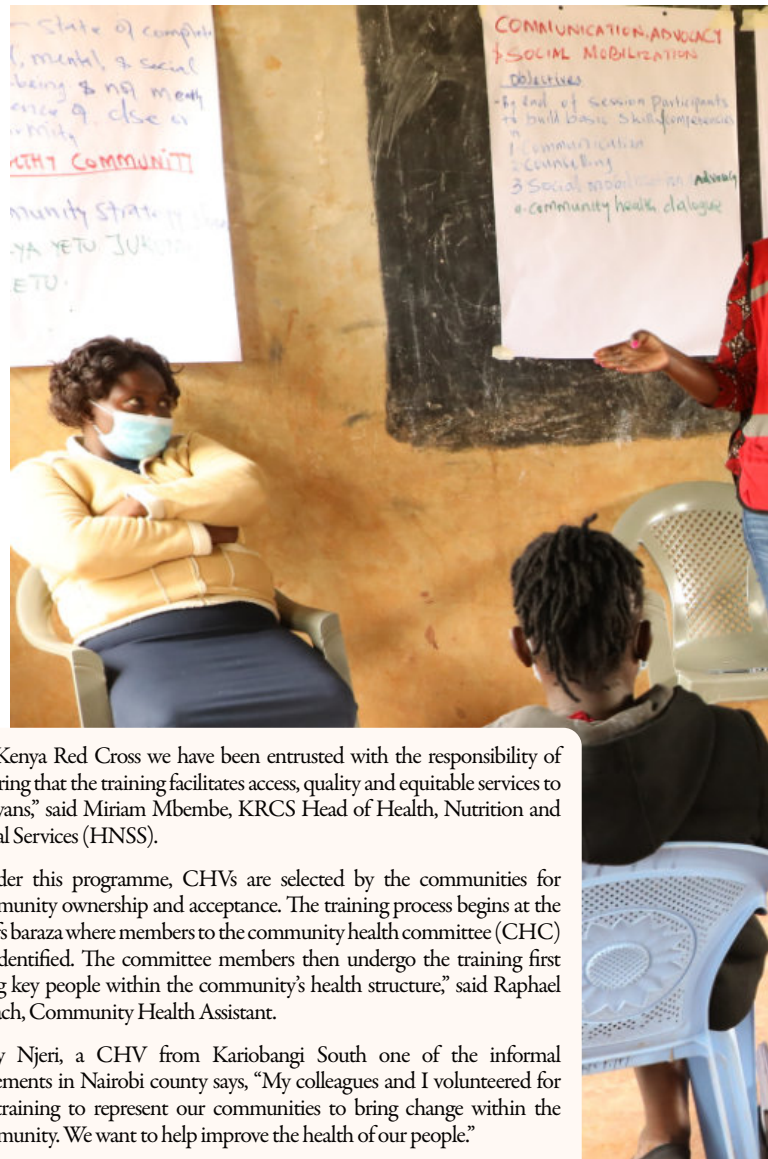
Access to health is one of the basic rights under the Constitution of Kenya. President Uhuru Kenyatta has made universal health coverage (UHC) a priority of his presidency as part of the 'Big Four' agenda.

Under the 'Big Four' the government seeks to ensure that by 2022, all Kenyans can access essential services for their health and wellbeing through a single unified benefit package, without the risk of financial catastrophe. To realize this there is need to strengthen the health system across all levels with the community level playing a critical role.

Evidence has shown that community health volunteers (CHVs) play an important interface role between the community and the health system. They help in implementing primary healthcare by mobilizing communities to prioritize their health. They can also provide basic healthcare at the community level especially in rural areas and informal settlements where health facilities may be long distances away.

The COVID-19 pandemic has made the need for strengthening the role of CHVs even more urgent. However, Dr John Odondi, Head of the Department of Primary Health Services at the Ministry of Health explains that for CHVs to be more effective and efficient, there is a need for more appropriate training not only in community mobilization but also in the assessment of health-related issues in their communities and identification of appropriate actions at that level.

The Kenya Red Cross, in partnership with the ministry of health and county departments of health in all 47 counties, is training CHVs across the country to support roll out of UHC. The two-week foundation course for CHVs aims to scale up universal health coverage and strengthen the COVID-19 response and primary healthcare. Under this programme, 31,178 CHVs will be trained across all 47 counties.



"As Kenya Red Cross we have been entrusted with the responsibility of ensuring that the training facilitates access, quality and equitable services to Kenyans," said Miriam Mbembe, KRCS Head of Health, Nutrition and Social Services (HNSS).

"Under this programme, CHVs are selected by the communities for community ownership and acceptance. The training process begins at the chiefs baraza where members to the community health committee (CHC) are identified. The committee members then undergo the training first being key people within the community's health structure," said Raphael Bakach, Community Health Assistant.

Nelly Njeri, a CHV from Kariobangi South one of the informal settlements in Nairobi county says, "My colleagues and I volunteered for the training to represent our communities to bring change within the community. We want to help improve the health of our people."

In Kitui County, CHVs went through interactive sessions including using local languages to sensitize the community on the Universal Health Coverage and primary healthcare. In Mowleh Supaloaf Primary School, Malkia Abuga, the training coordinator led CHVs to role-play a dowry negotiation. "This activity aim was to help CHVs learn how to convince community members through community dialogues, and engineer desired behaviour change," Malkia explained.

After the training, CHVs get to undertake a practicum to practice what they learned theoretically. Here, CHVs are grouped into groups of 10 CHVs and attached to one community unit. They then conduct a mapping of the number of households, using the MOH 315 tools. Each CHV having 100 households to work with (1,000 households per community unit). The CHVs work to promote health, prevent health issues as well as identify the gaps within their respective communities.

The community units are expected to submit monthly reports on the households allocated. These reports and summaries help identify weaknesses or gaps within and inform action to improve service delivery.



(Above) Miriam Mbembe, KRCS Head of Health, speaking to community health volunteers during the universal health coverage in Trans Nzoia County. (Below) Tom Kirapa, a community health volunteer from Wasakhulila unit, sensitising an expectant mother during a household visitation, amid the COVID-19 pandemic in Trans Nzoia County.

The Global Fund Programme

Reduced stigma helps female sex workers access services, and lower the rate of HIV infection.

“
Mwambie
aende
akulie
kwa ile
meza ya
malaya
”

The Kenya Red Cross Society has been the non-state Principal Recipient (PR) for the Global Fund HIV grant since 2012. The Programme priority areas of focus are based on the current Kenya National AIDS Strategic Framework. A new grant was awarded to the Society in 2018 and is being implemented through 73 organizations and networks across 33 counties.

Focus on Female Sex Workers

By Peter Abwao
PR and Communication

Twenty-nine years old Patricia Nakitare could not have imagined that the label prostitute would be accompanied with her name. Studying at Moi University, Patricia wanted to become a social worker and serve communities, but her first experience working with female sex workers (FSW) shocked her. At an event where she was representing her employer Neighbours in Action (NIAK), one of the organizers derogatively said in reference to her *Mwambie aende akulie kwa ile meza ya malaya*. (Tell her to go and have her meal on that table reserved for prostitutes)

“I was very angry and did not enjoy my meal at all. How could they call me a prostitute!” she quipped.

That was over five years ago. Today Patricia is the darling of the over 2,000 young women, most in their early 20s with a few as young as 16-years old who have made the drop-in center in Kitale town their home. Here, the young women come to unwind, share their experiences and learn from one other. They fondly refer to Patricia as Mama Wetu (our mother).

Life on the streets is no child's play. Many have been brutalized, and abused. Off the streets, they have been stigmatized, isolated and abused. At the drop in center, however, the young women feel safe and Patricia is at home with them.

Patricia's experience is symptomatic of the stigma key population groups face, which hinder them from accessing essential HIV services including testing, treatment and care.

Access to HIV services for key population is critical in Kenya's pursuit of the UNAIDS 90-90-90 treatment targets, which have been identified as critical in ending the HIV epidemic. Data at the National AIDS and STD Control Programme (NASCOP) shows that key population groups including female sex workers and men who have sex with men contributed at least 33% of new HIV infections in 2018. On the other hand according to avert.org, a website that specializes on HIV data, sex workers have the highest reported HIV prevalence of any group in Kenya with 2011 estimates showing that 29.3% of female sex workers are living with HIV. Similarly, a 2015 study of female sex workers in Nairobi found that around one-third were living with HIV.

NIAK's activities are funded by the Global Fund HIV grant through the Kenya Red Cross Society which is the principal recipient for civil society organizations. The community based organisation is implementing comprehensive prevention programs for sex workers and their clients, which is one of the ten modules under the grant.

At the drop-in service center, female sex workers are given a range of comprehensive services aimed at helping them to avoid contracting HIV and other sexually transmitted infections.

“We have two objectives: First is to provide comprehensive HIV prevention services including biomedical, and behavioral interventions and to give the female sex workers knowledge to prevent contracting HIV, and the second is to empower them and expand their options beyond sex work,” Patricia explained.

Anne Nasimiyu, 27 years old, who has been a sex worker for over 10 years believes she is lucky to still be alive.

“I was naïve and did not know how to protect myself so a lot of times I would fall sick for days with no idea what the cause was. I did not use the condom on most occasions and I did not know anything about pre-exposure or post exposure prophylaxis,” She explained.



PATRICIA NAKITARE DURING A SESSION WITH SOME OF THE FEMALE SEX WORKERS AT THE DROP IN SERVICE CENTER IN KITALE TOWN

*I was **sexually exploited** many times **by a family neighbor** when I was just **13 years old**. Our neighbor would **buy me gifts or give me a few shillings** then have sex with me. After some time I thought I could make more money by having more sex*

Anne however says that she is now more in for services at the drop-in service center

also gets services from the drop in center was neighbor who sexually exploited her.

NIAK with support from the Global Fund torture most female sex workers experience health facilities.

to wait for long as health workers disparaged us health care workers are very friendly. Besides we can stand up to defend ourselves,” Janet

education that the female sex workers are given, they are also screened every three months for any infections including HIV and those found

to be HIV positive are immediately enrolled for treatment.

NIAK has also trained health workers on other life skills including financial skills and supported them to initiate saving and lending initiatives. Some like Janet have started small businesses. This, Patricia says is to help the female sex workers to reduce dependence on sex work and eventually stop altogether.

With friendly services like those offered at the NIAK drop in centers, female sex workers like Anne and Janet can contribute to national and global targets to end the HIV epidemic and hope to find greater purpose in their own lives.

About the Female Sex Workers Intervention

The Kenya Red Cross Society has been the principal recipient of the Global Fund HIV grant since 2012. The goal of the current grant, which was awarded in 2018 is to contribute to achieving Kenya Vision 2030 through universal access to comprehensive HIV prevention, treatment and care for all. Specific grant objectives are a) to reduce new HIV infections by 75% , and b) to reduce AIDS related mortality by 25%.

The grant is being implemented by 73 organizations and networks and focuses on 11 modules (thematic areas):

1. Prevention programs for general population
2. Comprehensive prevention programs for MSM
3. Comprehensive prevention programs for people who inject drugs (PWID) and their partners
4. Comprehensive prevention programs for sex workers and their clients
5. HIV Testing Services
6. Prevention of mother to child transmission of HIV (PMTCT)
7. Prevention programs for adolescents and youth, in and out of school
8. Programs to reduce human rights-related barriers to HIV services
9. Treatment, care and support
10. Program management
11. RSSH: Health management information systems and M&E

Under the female sex worker's interventions, the programme has reached 40,765 Females sex workers, of whom 4,766 (12%) were enrolled for the first time in the program. The new cohort was largely from Nyeri and Vihiga counties where the implementation commenced in last quarter of 2019. Of these FSW 278 (1%) female age below 18 years, 28% (11,404) between the age of 18 and 24 years; and lastly 29,083 (71%, the majority) aged 25 years and above.

Organizational Development

Volunteers Celebrated For Their Gallant Works



By Peter Abwao

PR and Communication

Volunteerism is the heart of Kenya Red Cross Society's work and is key towards achieving humanitarian service excellence. The Society honoured volunteers during its fifth edition of the National Volunteer Awards held on Friday 29th November at the Society's head offices in Nairobi.

Under the theme Celebrating Volunteerism and Partnership, the Black-Tie event recognized and celebrated individuals, groups, institutions, corporates and organizations for outstanding volunteer service

and acts of great contribution to the society towards the cause of the Red Cross Movement.

Through the support of The Global Fund, E-plus and ICHA, the event provided a platform for volunteers from different branches across all 47 counties to network and share knowledge on the work they all do in ensuring that Kenya Red Cross achieves its mandate in alleviating human suffering through volunteerism. The award ceremony celebrated volunteers in 11 categories.

Award Title	Winner	County
A.A Molu	Rosemary Ireri	Embu
Michael Sululu	William Lochuch	Samburu
Youth Volunteer	Shigadi Rosalia Sangul	Voi
University Chapter	Kabete National Polytechnic	Nairobi
Corporate Humanitarian Sector	Base Titanium	Kwale
County Branch	Samburu County Branch	Samburu
Community Service	Caroline Musangi Kakamega County Government	Taita Taveta Kakamega
Junior Red Cross	Homabay Children's Home Academy	Homabay
Inclusion	Betty Karambu	Meru
Special Recognition	Joyce Mbuchu-Community Health Terason Lenduda- Community Health Charles Mugo-Peer Educator Col. Shem Hamadi Msalaba fc- Group/Institution.	
Vetting Com	Olive Gachara	Nairobi
Implementing Partner	The Omari Project	Kilifi



About the Awards

A.A Molu Lifetime Achievement Award - Recognizes a person who has overcome seemingly insurmountable challenges in the course of their volunteer work within KRCS. It celebrates persons who have made great contributions and shown great devotion consistently mainly for national significance and has helped others for a minimum of 20yrs. This is the highest award at the KRCS.

Michael Sululu Volunteer of the Year Award - Recognizes an individual who has made great sacrificial contribution with great devotion for the last one year in extremely risky emergency response operations and is the second highest award.

Special Recognition Award- Recognizes corporates, individuals, groups and other organizations that have selflessly and with high devotion engaged in humanitarian work without expecting any return. This award is decided by the KRCS and is the third most valued award by the KRCS. It also covers community health volunteers (chv), peer educators and philanthropist

Youth Volunteer of the Year Award- The award recognizes the contribution of KRCS youth volunteer (7-30 years) who has overcome diversity, made contribution to humanity and shown great devotion to help others to advance the mandate of red cross movement in the last one year.

University Chapter Award -Recognizes any public/private university which has a strong KRCS chapter with the highest number of active red cross members and volunteers. The chapter must have made a difference in the lives of the vulnerable in the communities where the university is located in the last one year

Corporate Sector Humanitarian Award -The award recognizes corporate/private sector corporations that have contributed to the red cross cause and volunteerism through their corporate social responsibility or any other humanitarian initiatives in the last one year

County branch of the year Award - Recognizes well-functioning KRCS branches that have provided great service to the communities they serve in the last one year. This category looks at the all-round functionality of the branch, from governance, management, youth programming, fundraising, networking, membership among other areas

Community Service Award - Recognizes celebrities, well-known personalities, politicians and individuals who have supported, participated or partnered with KRCS to voluntarily promote humanitarian work in the last one year. E.g. Outstanding first ladies, philanthropists

Junior Red Cross Award- Is dedicated to red cross clubs in primary and secondary schools that have participated in active humanitarian work during the year

The Inclusion Award -Recognizes groups, institutions and entities that have been active in promoting access to services for special groups advancing the inclusion agenda

Implementing Partner of the Year- this award recognizes all the entities that KRCS is working with in a sub-granting model.



Rosemary Ireri

Winner of the AA Molu award at the 2019 Kenya Red Cross Volunteer Awards

By Sam Arum

PR and Communication

W

hen Rosemary Ireri, won the AA Molu award at the 2019 Kenya Red Cross Volunteer awards, it did not come as a surprise for other volunteers and staff of the Society. Having volunteered at the Red Cross Embu branch for 3 decades this was a well-deserved recognition of selflessness.

“I joined Kenya Red Cross through the Embu branch as a volunteer on 6th September 1988 and my role was a cleaner. My calling has always been connected to serve people and cleaning was one of the ways I could give back to Kenya Red Cross. Now my main role at the Society is supporting the Jomo Kenyatta Home for Children with physical disabilities which is Run by Kenya Red Cross” said Rosemary.

Rosemary is reminiscent of the traditional storyteller in every traditional society whose responsibility was to act as a library for a community, preserving the heritage and passing it on to the next generation. With her immense experience in working with The Red Cross, it is no doubt that she is one of the best examples of selfless volunteerism.

“One of my God-given strengths is bringing people together. It’s a strength that I have used during the activities we conduct at branch level such as cleanup exercises and mentoring the youth who are at the branch”.

“This is my calling. My actions tell my story. You don’t spend all these years in service if you don’t feel like it’s an expression of who you are on the inside”.

When Rosemary isn’t working at the Children’s home or mentoring the youth in Embu County, she is selling vegetables to pay the bills. She describes volunteer work as a hobby that you are constantly trying to get better at, not for the financial gain but for the positive impact it has on humanity.

“The advice I gives to all the volunteers who have the intention of being a positive influence in their branches is to always have a giving heart in whatever assignment they have been given. Let your work be an expression of who you are. Let your work speak

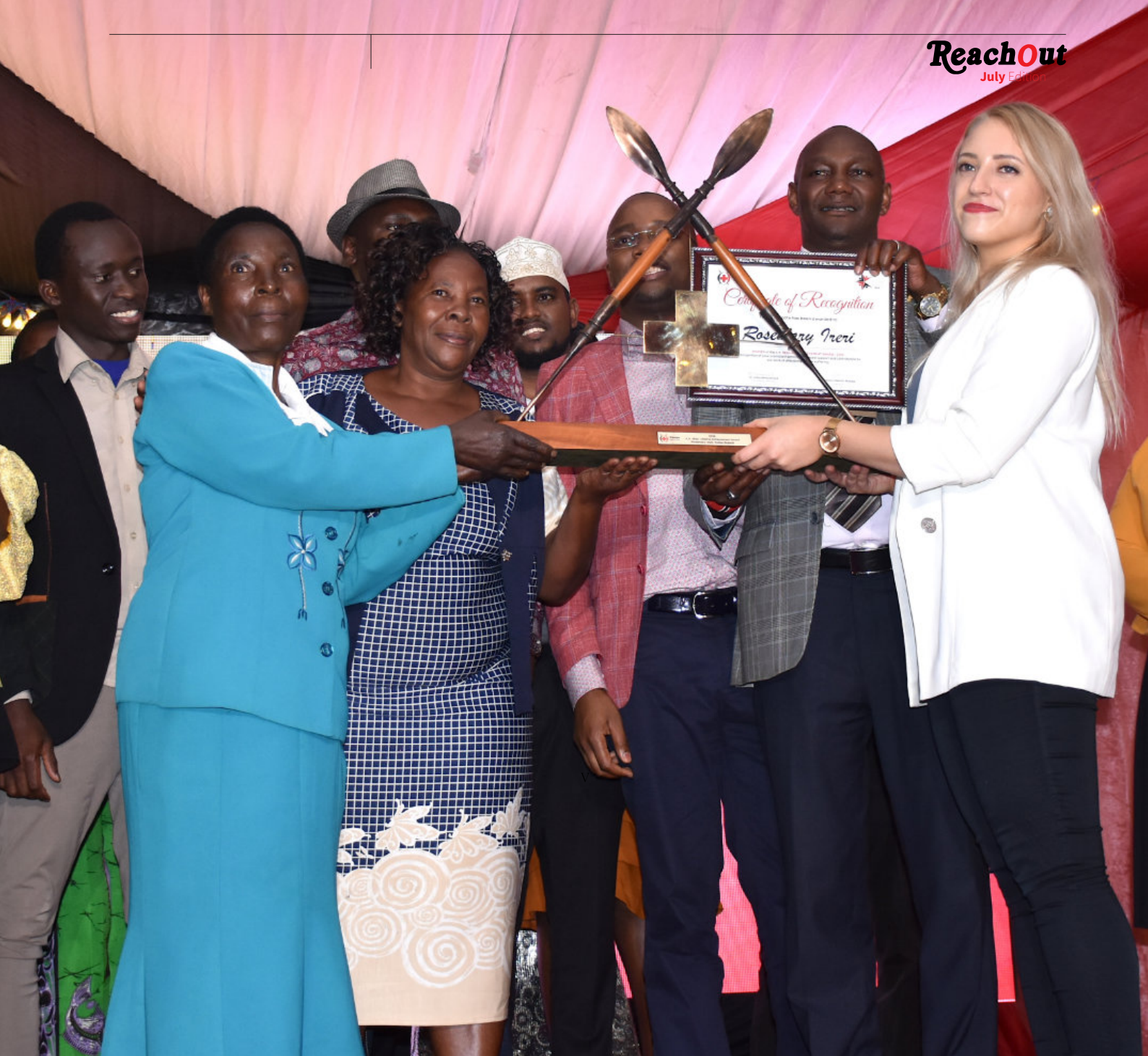
for you.”

Winning the 2019 Volunteer of the year award hasn’t slowed her down a bit.

“I have bigger goals now. Being acknowledged always pushes me to become better. I now intend to give more of my gifts through volunteer work. This award is great because it has also inspired the young people in my family to emulate my actions.”



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OUR HOPES OF BUILDING A BETTER AND SAFER WORLD
BECOME MORE THAN WISHFUL THINKING, WE WILL NEED
THE ENGAGEMENT OF VOLUNTEERS MORE THAN EVER.

KOFI ANAN

”

The spirit of volunteerism is that hallmark of the Red Cross and Red Crescent movement which currently boasts over 12million active volunteers. Kenya Red Cross Society has over 150,000 volunteers with varying ages and professional qualifications.

NATIONAL YOUTH CAMP 2019



Transforming Youth Through Sexual Reproductive Health Education

Njenga Sheba

Youth Department

Every year the Kenya Red Cross Society hosts a National Youth Camp that aims at facilitating development of the youth by targeting the volunteers from different counties. It does this by creating an environment conducive to such through the Youth department.

This year, the National Youth Camp was held at Arabuko Jamii Villa, Malindi, Kilifi County under the theme: “Transforming Youth Through Sexual Reproductive Health Education”. The camp held from 20th to

26th October 2019 attracted 149 participants from Red Cross Branches and other youth led organizations from across the country.

The youth were engaged in engaging indoor and outdoor activities that included group discussions, team building activities, Football tournament, visit to Marine Park, excursions and community service activities that allowed them to interact amongst themselves and develop useful skills and networks.

YOUTH HEALTH CAMP



Some of the key sessions at the camp included: Sessions on Sexual Reproductive Health (SRH), Mental Health, Sustainable Development Goals (SDGs), Training on Youth Leadership (YOULEAD) and Youth as Agents of Behavior Change (YABC), Sessions on Road Safety, Volunteer engagement Workshop, Intergenerational Dialogue that brought youth from the community, camp participants and community leaders together to discuss youth matters pertaining to Sexual Reproductive Health.

The Secretary General Designate, Dr. Asha Mohammed graced the camp by planting community service activity at Mida Secondary School where over 300 seedlings were planted. The camp culminated into a Cultural Night and Royal that saw youth showcase their diverse cultures and also modelling where Mister and Miss Kenya Red Cross Society were crowned; Mr. Moses Dulo and Miss Weddy Kathomi respectively.



Dr Asha Mohammed: From Dreaming to be a Nurse to the Helm of Kenya Red Cross Society

By Corazon Mwendu
PR and Communication



Dr. Asha Mohammed wanted to be different. Being **born in a community where girls only had a future as wives and mothers**, she wanted to become a health professional. Today Dr. Asha Mohammed is the Secretary General of the Kenya Red Cross Society.

Dr. Asha Mohammed, a Nubian, grew up in Kibra, a constituency in Nairobi County which includes several adjoining estates and majorly so-the largest urban slum in Africa. The expectation for young girls and women in her community was centred around home-making. Marrying off a girl was a prestigious crown for families. However, Dr. Asha's journey was different. She dreamed of a life that was not dictated by the norms of her social surrounding. She wanted to be different.

"I always wanted to be a health professional. It started with the book 'Truphena the City nurse'. I loved the main character whose calling it was to help people in her community. I didn't care so much whether it was being a doctor or a nurse, what mattered was how to get there - something that influenced the subjects I picked in school."

Dr. Asha was recently named the Secretary General of the Kenya Red Cross, rising from a girl whose heart was passionate for service, to a woman who seeks to develop herself and those around her. She has extensive experience within the Red Cross and Red Crescent movement where she has worked in Kenya and internationally in various leadership capacities. She has served as the Head of Operations at IFRC's Africa Zone office in

Dr. Asha defied the odds and picked education as a route to chart her own path. But it wouldn't have been possible without the support of her father, who rolled up his sleeves and supported her to become the woman she is today. He gave her the best education he could afford at the time, risking the preying eyes from people who wondered why he cared to educate a girl. The support of her father fired her up to actively mentor young girls and women in her community.

"I saw many girls that had the potential of becoming great but instead they got married. One particular case that moved me was that of a young lady who emerged the top in the country in one of our National Examinations and a month later she was married off. She never got to pursue her dreams and her potential to contribute to the society was cut off," said Dr. Asha.

Dr. Asha therefore decided to actively get involved in several women groups in Kibra, who meet up once a month to discuss issues affecting both women and girls as well as plug into the different areas of offering sustainable support.

"Some years ago we came up with the idea to start a foundation that focusses on educational excellence. We award students who excel in primary and secondary school level national examinations. But we also work together with university students and encourage them to do mentorships for younger people in our community during the holidays. Today we can proudly say that we have all cadres of professions, ranging from doctors, lawyers and engineers."

"In addition, I have been particularly interested in working with girls. Through this foundation, together with other colleagues, we formed a group where we can

offer mentorships by assigning ourselves to girls who we walk with in all matters of education and social issues. In that way, we ensure a sustainable, all rounded development."

Johannesburg, Head of Eastern Africa zone office in Nairobi and Movement Partnerships Advisor at ICRC, among others.

"This Secretary General position, I don't do it for myself. I see it as an opportunity for many others like me. For example, in my Kibra community, I hope that the girls I am mentoring can see that it is possible to be in leadership positions in this country and that they can do it too."

Dr. Asha emphasizes that leaders fail because they don't listen to the voices of those who are affected. They sit in boardrooms and make decisions for them, which most of the time don't fit. That's a narrative she wants to change.

"I don't want to forget the voices of those who really matter. Within Kenya Red Cross I can say that our backbone are our volunteers. Without the volunteers we cannot deliver our mandate and the National Society would not be where it is today. I intend to create platforms where volunteers can come and feel that there is a safe space to express what they need, rather than us subscribing them on what we think they should do. We have 150,000 members and volunteers and eighty per cent of those are young people, so where are the voices of the eighty per cent? That's what I really want to do, bring those voices from the ground."

"Can girls and women have it all, you ask yourself?"

"As women we should count ourselves privileged that we can play multiple roles in all spheres of life. You can be a career woman, a professional, a leader, a mother and a wife. We can be anything. It's about accepting that this is what we are. We can do it all, it can be a bit difficult to balance, especially when trying to climb up in our career ladder. But no side has to suffer. Take each role and do it at your best. Whether it is as a mother, as a wife or as a career woman."

"Girls should not feel that they need to choose- **you can have the best of all of it. Never forget that.**"



Finding a Home and Saying No to Infanticide: Jomo Kenyatta Home for Children with disability.

*By Corazon Mwende
PR and Communication*

Giving birth to children who are disabled has for the long been associated with myths, especially in Africa. In traditional African Societies, many associated a child with disability as some punishment for serious crime, or simply put a curse against the parents. It was, therefore, common in many communities for these children to be killed as a way of ending the curse.

Today, many children born with disability still suffer similar fate, with a number being stigmatized. Cases of parents abandoning their children at the hospital on realizing that they have given birth to one such child. Others lock them indoors denying them basic rights.

The Disability Rights International (DRI) reported in 2018 reported that there is pressure among Kenyan parents to murder



JOMO KENYATTA HOME FOR CHILDREN WITH DISABILITY IN EMBU, HOSTED AT THE KENYA RED CROSS EMBU BRANCH.

children who are born with disability as they are considered to be possessed.

With this in mind, the Kenya Red Cross through its branch in Embu has decided to change the narrative. 'Bring your children here. They will find a home.' This is what Jomo Kenyatta Home for children with physical disabilities is advocating for.

In the 1970s a group of members and volunteers from the Kenya Red Cross Embu branch came together and formed a social group whose purpose was to support the disadvantaged in the society. This they did with the endorsement of the District Commissioner and the Ministry of Social Services. In 1974, they then started the Jomo Kenyatta Home for children with physical disabilities which they later in 1981 entrusted the management of the Embu branch to run it.

The name Jomo Kenyatta was inherited because the first Kenyan President Hon. Mzee Jomo Kenyatta played an instrumental role in cementing the foundation of the home through a cash donation of KSh. 60,000, which was used to put up dormitories.

The home was begun on the realization that many children born with physical challenges in Embu and its surrounding districts lacked an opportunity to access education and health care unlike other children due to their inability to walk for long distances from their home to the nearest primary schools or health facilities.

In view of this, Jomo Kenyatta Home is currently adjacent to Embu Urban primary school (public) and in close proximity to the Embu Provincial General Hospital. Approximately 1000 children with physical disabilities have passed through the home.

"We have quite a good number of success stories where careers have been built, talents have been nurtured and successful rehabilitation of disabilities through surgeries among others. Every day is a living testimony of the selflessness which our staff and volunteers continue to do."

Do you wish to support this home? In kind, service or donations? Get in touch with the Embu Branch via embubbranch@redcross.or.ke.

"The idea of the home was to provide physically challenged children with an opportunity to access education through a regular school where they would integrate with other able children from the society. In addition to this, it was realized that due to the health complications commonly associated with some disabilities, there was need to locate such a home close to a major health facility where the children could promptly access medical attention whenever need arises."

Gitonga Mugambi

Community Currencies Transforming Vulnerable Communities

KRCS innovates towards allowing new forms of money to be safely and affordably managed by beneficiaries, especially in cash-strapped communities where national currencies are often in short supply. In a bid to cushion these vulnerable people, the Kenya Red Cross Innovation unit in partnerships with Grassroots Economics and funding support from Danish Red Cross rolled out a pilot on a community currencies project called Community Inclusion Currencies (CIC) in Mukuru Kayaba using Sarafu credits. Sarafu (or “currency” in Swahili) is a transparent and decentralized local currency system made up of interconnected village-level tokens, creating closed loops of local commerce within villages connected to the network.

So far, 2,599 users are registered with the project and given a credit of 400 token/ Sarafu that is equal to Ksh 400 to buy and sell basic commodities such as soap, water and food stuff within the community setting. Sarafu is a block-chain backed which apart from providing security it provides an ability to analyze, in real-time, the flow of liquid community currencies inside and across the villages, creating diverse and resilient channels of monetary links between locals. The Sarafu allows the community to trade amongst each other thereby increasing productivity, promotes saving culture, and the registered members are able to afford basic necessities.

This new form of cash transfer for humanitarian aid aims to spark trade inside local economies, and keep value flowing in the face of national currency shortages. The project is expected to combat poverty through the stimulation of local and regional commerce and peer-to-peer collaboration.



REGISTRATION AND SENSITIZATION OF COMMUNITY MEMBERS IN MUKURU KAYABA ABOUT SARAFU/ COMMUNITY INCLUSION CURRENCIES



PROJECT OFFICER ROY AHAWO FACILITATING INCEPTION A MEETING WITH LOCAL ADMINISTRATION ON THE SARAFU/CIC PROJECT.

THE CASE FOR RISK DASHBOARDS IN HUMANITARIAN ACTION

By Dr. Halima Saado (PhD)
ICHA

Extrême weather events are increasing across the world and this can be attributed to climate change occasioned by global warming. Droughts, floods and storms are occurring in Africa at an alarming frequency. This, compounded by development related challenges such as poverty and other vulnerability markers linked to accessing critical services, means that some parts of Africa cannot cope with hazards that cause plenty of loss and damage.

Kenya for example, had generally experienced drought cycles approximately every 10 years in the 20th Century. In the last three decades, this cycle has significantly increased to every 2-3 years, with the country experiencing roughly 12 drought periods between 1979–2017. Significantly dire consequences of these droughts were observed in 2000, 2009, 2010/2011 and 2016/2017.

This noted increase in hazard frequency has impacted the humanitarian sector's capacity to respond effectively, post disaster response mechanisms that are in place face challenges in keeping pace with the rise in hazard frequency. The clarion call is now towards forecast based planning and early action to intercede in advance of disasters. This poses a new challenge for data use in humanitarian response.

Humanitarian actors need to take proactive steps towards ensuring that their capacity to act meets the dynamic needs on the ground.

One of the tools that can aid this

process is a risk dashboard. An ideal risk dashboard seeks to highlight the following:

Who is vulnerable and where are they? – Spatial illustration of the hazard area overlaid with population data.

Why are they vulnerable? – The underlying conditions that make them vulnerable to hazards, for example poverty and insecurity.

What is their coping capacity? – What resources

do these populations and their institutions have to help manage impact from the hazards, for example number of health centres

What are the hazard threatening them? – Hazard types faced by the affected population.

In essence, the risk dashboard combines data on vulnerability and coping capacity with hazard exposure to highlight how many individuals are at risk and where they are situated geographically.

Integrating analysis from early warning and forecasting systems with information generated from risk dashboards will help humanitarian actors and the population at large to act ahead of impending crisis.

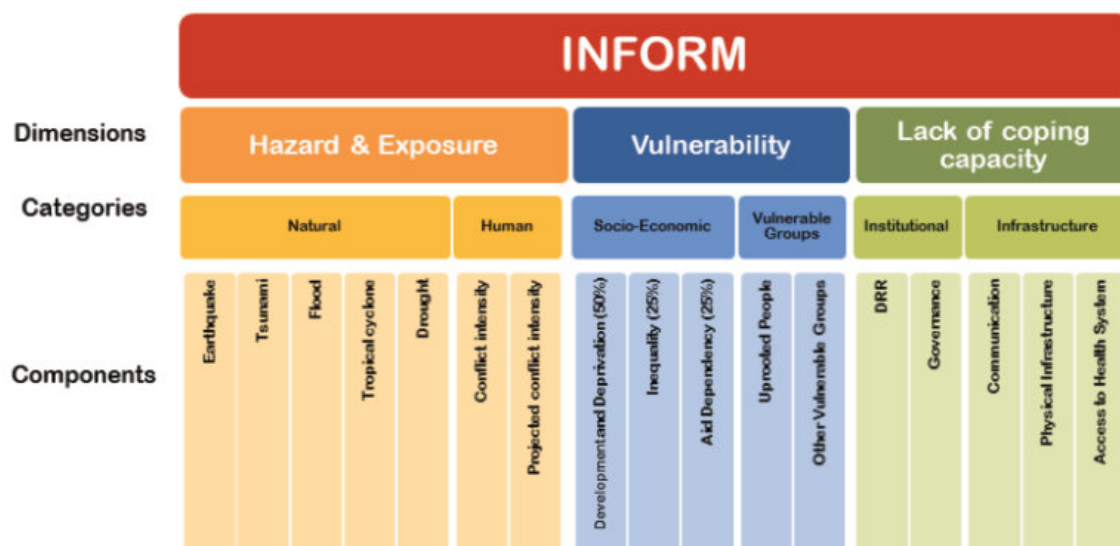
Funded by the IKEA Foundation and in partnership with national Red Cross Societies and 510, the Innovative Approaches to Response Preparedness (IARP) project is one such initiative that aims to change humanitarian response planning by relying on risk dashboards and predictive weather forecasts to act in the lead time to disasters in three countries, Kenya, Uganda and Ethiopia.

In Kenya, the Kenya Red Cross Society (KRCS) and 510 recently developed a risk dashboard for the country utilising the Community Risk Assessment method that 510 is implementing in fifteen other countries. This assessment adopted the INFORM risk mapping methodology due to its open source nature, rigour and science based approach, making it scalable and easily reproducible to our subnational approach. Simplified, the INFORM Methodology integrates data on a geographical area's human and natural hazard risk, communities, their vulnerability and the coping capacity of local infrastructure and institutions, to hazards:

Risk = Hazard x Exposure x Vulnerability

Kenya had generally experienced drought cycles approximately every 10 years in the 20th Century. In the last three decades, this cycle has significantly increased to

**EVERY
2-3 YEARS**



KRCS paid emphasis on obtaining official data disaggregated up to the smallest administrative boundary (ward level). The key challenge with this data is that prior to 2013, Kenya used different administrative structure to the current one (provinces and districts). This meant that historical data required additional processing from the national statistical office in order to conform to the new decentralised administrative demarcations (counties and wards).

Post processing of population distribution was conducted by the Kenya National Bureau of Statistics (KNBS) to enable the newly created county governments develop their planning resources i.e., the County Integrated Development Plans (CIDP) which is where KRCS sourced most of the demographic information.

A considerable amount of time was spent scouring the web for open datasets and we relied as well on data tables published in PDF reports, which needed additional manipulation and cleaning to extract the necessary data for the risk dashboard. A variety of methods were used in this exercise, but preference was made on working with programmable languages to automate most of the load, mainly working with Python and R packages to scrap tabular data.

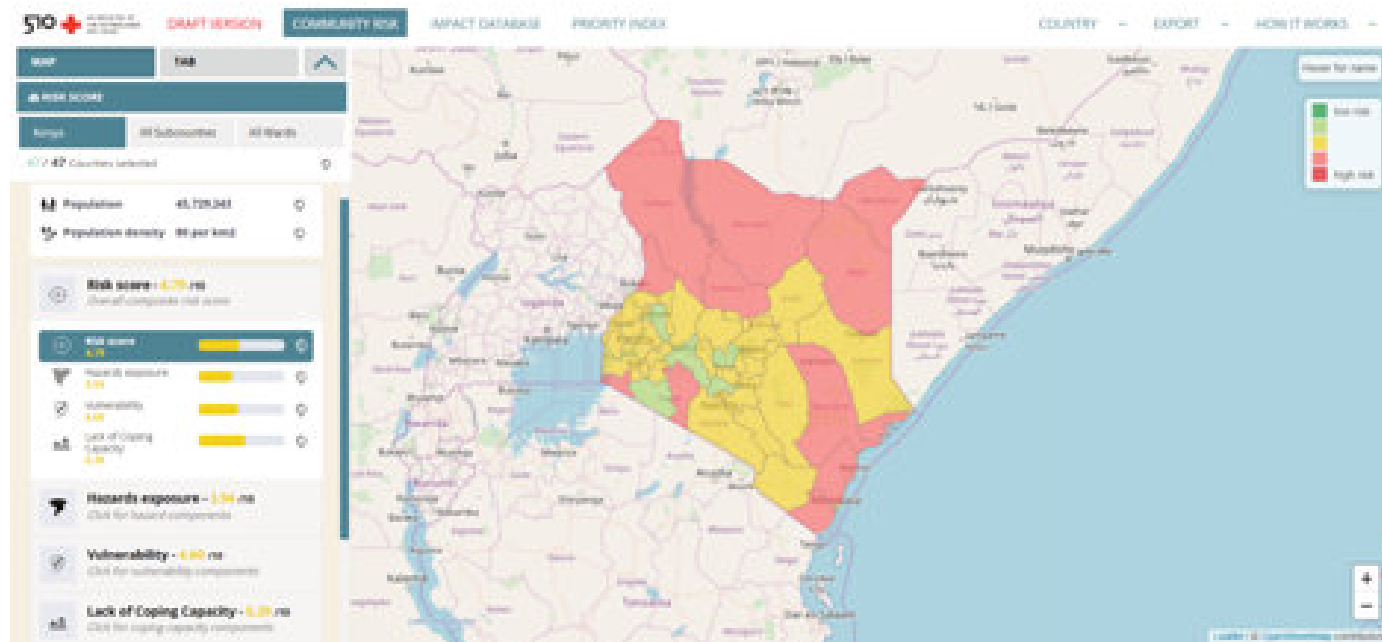
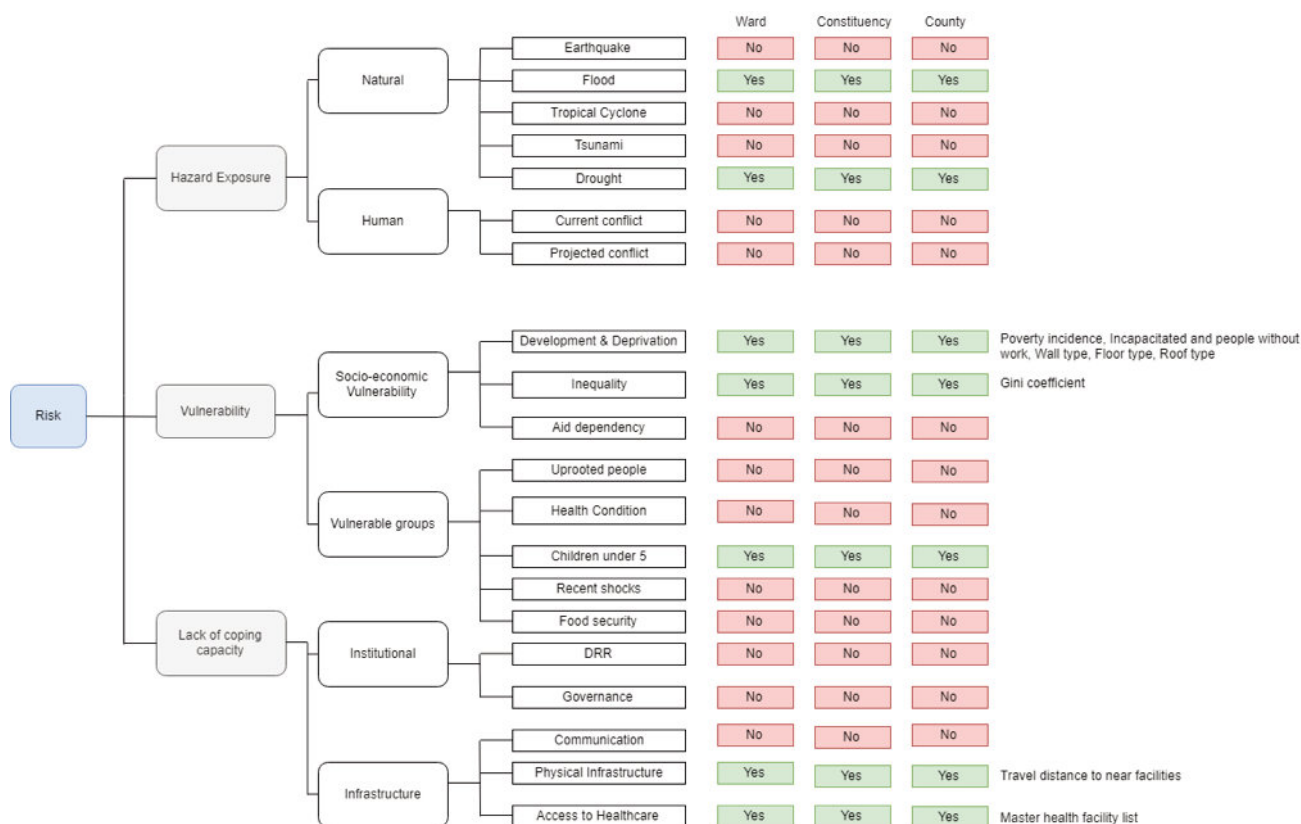
While KRCS obtained sufficient data to develop a risk score, there is a certain limitation associated with the data. One is that population distribution data is processed from the 2009 Census and this is unlikely to

capture the true reality on the ground. In addition, KRCS did not include any data on disability types and distribution patterns at ward level, this was primarily because available data was aggregated only at the county level. That said, the planned national census to be undertaken mid-2019, seeks to co-opt the Washington Group disability indicators. Once this data is available, it will be used to update the dashboard in the future.

For poverty and vulnerability assessment, in 2015/16 Kenya conducted an Integrated Household Budget Survey to measure new poverty incidence and access to services indicators. The county level data was available but ward level data is yet to be made public. This necessitated reliance on data from the 2005/06 Household Budget Survey that was processed by KNBS to inform the 2013 county CIDPs. The new ward data once available, will also be used in an update to the dashboard.

The chart on the next page summarizes data already collected and also indicates the identified data gaps

The dashboard is now live on https://dashboard.510.global/#/community_risk?country=KEN and KRCS will use data from this dashboard to inform forecast and impact based financing programs, to plan and prepare in advance for hazard response. This is will go on concurrently with engagements centred on building partnerships with relevant stakeholders to address the data gaps identified and improve the usability of the dashboard.





Using **Satellite** Imagery and **Helicopter** Services to Respond to **Floods**

By Priyanka Patel
Innovation (ICHA)

With Support from the Airbus Foundation and Airbus Helicopter Services, Kenya Red Cross airlifted household items to 200 families marooned by floods in Pakaso village, Kajiado County. The mission also involved aerial surveillance for Garissa and Tana River counties of the extent of damage from the March to May (MAM) 2020 seasonal flooding to provide key information to our response teams on the ground as they respond to the devastating floods.

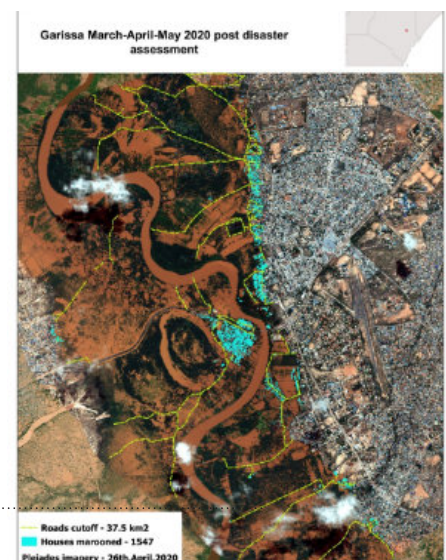


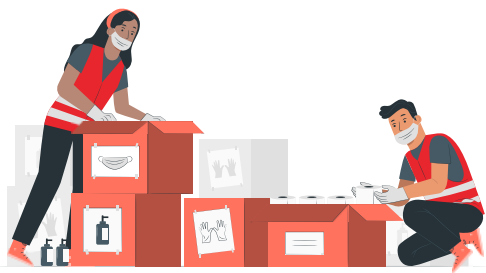
With the long rains season in Kenya that started in March and continued till end of May ranging from medium to high intensity many regions with West Kenya, Coast, North Rift, South Rift and Central Region were majorly affected. Following landslides and floods within many counties, the KRCs innovation and research team worked together on acquiring satellite images from Airbus satellites and freely available images from Sentinel 1 and 2. Using satellite images acquired from Airbus Space and

Defence centre, for Mandera and Garissa towns, the disaster operations team were able to assess floods impact on ground, and request for additional support to strengthen response to affected communities. Following this, under partnership with the Airbus Foundation, the Airbus Helicopter services were mobilised on the 11th of May for a thorough aerial assessment of Garissa and Tana River counties to understand and observe damage of the floods that further supported next steps for response on ground.

Similarly, satellite images acquired from Kajiado County, showed flood extent, after which a drone operation was conducted to further map out affected areas however, due to damaged infrastructure, the team was unable to reach some community areas. Airbus Helicopter services were utilised to deliver non-food items and shelter items to 200 households in Pakase Village, Kajiado County where the communities were stranded for almost 2 weeks due to no access routes for ground teams.

Satellite images and helicopter services provide more real time information to be better prepared and strengthen response after assessing damage and available access routes to disseminate further support to affected communities. Similar satellite services were also provided for Budalangi, Masinga Dam, Mandera, Kisumu, and parts of the Coastal region.





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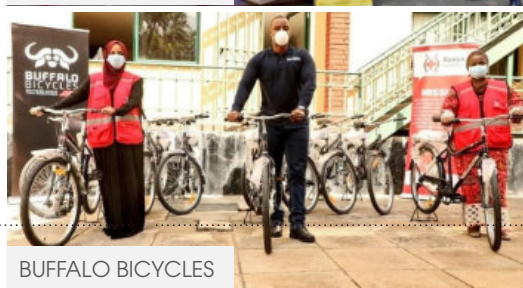
ROTARY CLUB



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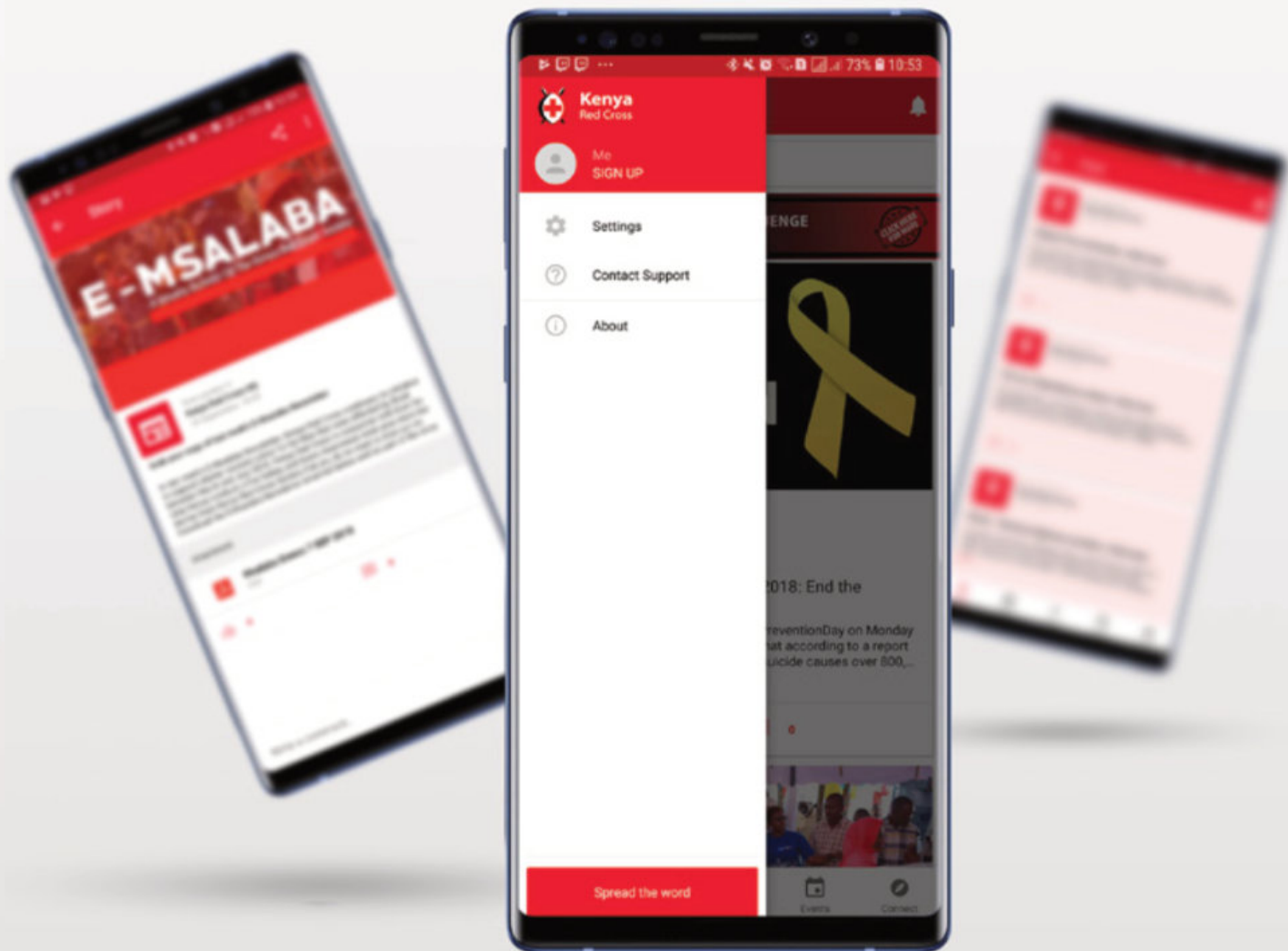


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