

Kenyan droughts: a community based approach

Kenya suffers from regular extreme weather events which exacerbate rural poverty, with devastating impact on pastoralists and subsistence farmers in the arid and semi arid regions of the country. In the last decade alone, drought periods in 91/92, 95/96, and 98/2000, and devastating floods in 1997/98 and again in 2002 in different parts of the country have been recorded. These phenomena have had the cumulative effect of reducing household food availability, purchasing power, and coping capacity, impoverishing the rural population.

In the year 2000 Kenya suffered its worst drought in 37 years. By June, an estimated 1.7 million people were in need of food assistance. By December 2000 this figure reached 4 million, and the Government of Kenya launched an urgent food appeal to feed 4 million Kenyans affected by famine. The Kenya Red Cross Society (KRCS) participated actively in the response to the famine in 2000 and the authorities appointed the KRCS as lead agency in Machakos district to distribute relief food on behalf of the GOK and the WFP, in partnership with the International Federation. The relief operation lasted for nine months with 260,497 beneficiaries, and gave the KRCS Machakos branch the opportunity to work closely with rural communities of Machakos. The KRCS Machakos Branch, together with the International Federation undertook an assessment at the end of the operation in order to review whether there was a need to continue the operation, as well as the underlying causes of the food crisis.

Machakos district has an estimated population of 906,644 people and the majority of the population (85 per cent) derive their livelihood through farming. More than 50 per cent of these people are categorised as the absolute poor (i.e. those who cannot afford to meet the basic minimum food requirement even after spending all their total incomes on food only).

The intervention

In 2001 the Spanish Red Cross (SRC) initiated a bilateral cooperation with the KRCS on a long term basis. After the first consultations, the Kenya Red Cross Society showed interest in implementing a Drought Preparedness programme in Machakos District.

This programme focuses on developing branch capacities through training to enable the Machakos branch to mobilize volunteers, and through training to work closely with and “from within” rural communities. The three-year project, implemented by the KRCS-Machakos branch with technical support from the SRC, aims at strengthening the local and district capacities, through local and innovative mechanisms, to predict, cope with and recover from recurrent drought impacts (there is a drought episode every three-four years).



The community participated in the programme implementation.

The underlying idea is to build assets to be able to cope with regular droughts, rather than only acting when the emergency has already struck. The project is structured into four major focal sectors, that incorporate different activities, and a cross-cutting issue that embraces different capacity building activities, advocacy and awareness campaigns that are directly or indirectly linked to drought consequences (Hygiene and Nutrition, HIV/AIDS and First Aid). The focal sectors are intended to encompass different types of actions related to drought, namely preventive (prior to drought), coping (during drought) and recovery (basically post-drought rehabilitation).

Beneficiaries were selected amongst the poorest sectors of the poorest divisions in the district. Masinga and Katangi divisions harbour a great percentage of food aid beneficiaries from the former food relief operation (2000-2001).

The project concentrates the efforts on the most vulnerable women in rural communities, supporting local associations and giving priority to women-headed households

with children. A second target group is the whole population, with the aim to promote, at communal level, simple water storing and irrigation systems, drought resistant crop farming and grain storage. Health education focusing on the most common diseases, normally related with safe water and environmental sanitation, and HIV/AIDS is also a component of the programme.

A participatory approach, based on Participatory Hygiene and Sanitation Transformation (PHAST) methodology, was used to identify the perceived needs of each community on health, water and sanitation. This mobilised the community to:

- take part in the solution of their problems through setting up steering committees;
- work through local associations to share the responsibility between individuals, and strengthen the social tissue and the associative structures;
- mobilise and train volunteers at community level to take part and responsibility in the implementation of the project;
- involve the local authorities in the project implementation, getting their support from the technical point of view, and their involvement on the management structures at the lowest possible level.

The activities were funded through a revolving fund to create ownership and solidarity between all the vulnerable women and included:

- selection and training of Red Cross field officers at district level. Train them on the aims of the project and PHAST methodology, as well as revolving funds;
- identify in each community the health, water and sanitation status, needs and perception, through a methodology based on PHAST;
- put in place in each location a focal point for the development of the community based organisation with 30 members elected through baraza system;
- setting up of Red Cross sub-branches or reorganising the existing ones;
- mobilisation of local communities, together with water department officials, to work on the construction of small-scale water systems with the participation of the community;
- setting up of and training for water committees in order to ensure the management of the water systems;
- community health education and sensitisation on basic environmental health, sanitation and HIV/AIDS through public sessions conducted by Red Cross volunteers;
- specific intervention in HIV/AIDS prevention, focussed on training for youth in community-based first aid, training in counselling for peer educators and

- support to the establishment of Red Cross youth clubs;
- malaria prevention activities in collaboration with the Ministry of Health, mainly related with the utilisation of mosquito nets;
- agriculture components with the aim of promoting the farming of drought resistant crops and advocacy in storing as well as setting up seed banks at communal level;
- provide local associations with funds and technical training to promote off-farm economic activities through revolving funds.

Specific training and support to Kenya Red Cross Society at district level and local level in order to improve their capacity to manage and monitor the activities and to ensure their future sustainability.



Water source development contributed to the health status of communities.

Positive Impact & Lessons learned

The “food gap” in the district, that affects the majority of the population every year, forces them to look for other sources of income to buy 1/3 of their food needs from the market.

- **Promoting economic activities** among the most vulnerable women helped them to “fill the gap”.
- **Promoting micro irrigation schemes** will help the small farmers to grow more food, and with an increased security and independence from climatic variability.
- **Increasing access to water sources** accompanied with health education and community first aid training have a direct impact in the health status of the population at large, preventing common diseases, such as diarrhoea and malaria making their life more productive.
- Finally, there is a poor knowledge of the HIV/AIDS impact in rural areas of Kenya, and information is the best way of **preventing the spread of the pandemic**.
- **Working with communities** is the key to success in this type of programme.

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