County Community Response to COVID-19 and Flood Pandemic - 2020

Complementing County Governments efforts in the fight against Covid-19 and Flood Pandemic in Bungoma County.

Organization Details:

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>KENYA NATIONAL CHAMBER OF COMMERCE AND INDUSTRY-BUNGOMA CHAPTER</th>
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<tbody>
<tr>
<td>Type of Organization/Legal Status</td>
<td>COMPANY LIMITED WITH GUARANTEE</td>
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**Introduction**

The social, economic and health impacts of the current coronavirus and flooding pandemic are playing out along the fault lines of our societies’ massive inequalities – of wealth, access to resources and services, ability to influence decision-making, freedom from external domination and warfare, and environmental justice. The consequences of the pandemic also make clear why human societies cannot succeed without undoing the damage caused by these inequalities, including violent conflict, widespread poverty, inadequate or unaffordable health care systems, industrialized agriculture and environmental destruction that facilitate new diseases, the disempowerment of vast numbers of people, and governments that no longer protect their citizens because of lack of resources. These problems have laid the groundwork for the current crisis, and must be addressed regardless.

At the same time, the immediate response to the coronavirus and flooding pandemic has also created conditions which are disproportionately dangerous or even impossible for many people living in poverty, displacement, and other forms of marginalization. Thus, in addition to addressing the long-term structural inequalities that have made our societies unsustainable, we must also protect the poorest and most marginalized among us from the immediate impacts of this health, social and economic crisis. By failing to protect the health and safety of people living in abject poverty around the county, many of whom do not have more than a few days’ worth of food, we put the entire country and world at risk.

**Scope**

Bungoma county lies between latitude 00 28’ and latitude 10 30’ North of the Equator, and longitude 340 20’ East and 350 15’ East of the Greenwich Meridian. The County covers an area of 3032.4 Km². It boarders the republic of Uganda to the North west, Trans-Nzoia County to the North-East, Kakamega County to the East and South East, and Busia County to the West and South West. The County is divided into 9 sub counties namely; Kanduyi, Bumula, Kabuchai, Sirisia, webuye east webuye west, Tongaren, Kimilili, and Mount Elgon. The sub counties are further divided into 45 wards.

*Figure 1 Map on Bungoma County and her sub-counties.*
The County boasts of a total population of 1,378,224 (673,133 males and 705,091 females) according to the 2009 population census (KNBS, 2010). As at 2015, the County’s population projections were 1,655,281 (808,449 males, 846,832 females) people. By the year 2017, the population is estimated to be 1,759,499 (859,350 males, 900,149 females) people, at growth rate of 3.1% (KNBS Bungoma County Estimates, 2015).

The trans-Africa highway via Bungoma joining Kenya to Uganda through Malaba is a major commercial sex corridor for Sex workers, MSM, traders, sugar industry workers, truck drivers and transiting refugees and is a hot spot towards COVID-19 infection in the county.

**Urgent Pandemic Response Measures to Protect the Most Vulnerable in Bungoma County**

The World Health Organization (WHO) categorized Corona Virus 2019 (COVID-19) as a global pandemic on March 11th 2020, following a spike in the number of cases outside China. The outbreak was first reported in Wuhan, Hubei Province on 27th December 2019.

Following the announcement of Kenya’s first case on the 12th of March 2020, the government banned all major public events. This included the suspension of all public gatherings such as sporting events and open-air religious meetings. In addition, all international arrivals were placed under mandatory quarantine at government designated facilities while employers were encouraged to allow their staff to work from home, so as to maintain the prescribed social distancing as one of the ways to curb the spread of the virus. The current floods have also caused havoc in almost all sub counties hence need to combine the two interventions to run concurrently.

_We must take special measures immediately to protect and support people living in poverty or homelessness; people working in the informal sector; people without a social safety net or protections from abusive employers; people who are marginalized for reasons of gender, sexuality, disability, , ethnicity or religion. Below we present suggestions under each category; the approach taken will differ from community to community_

1. **The community have no access to hygienic protection (soap and water, other disinfectants).**
   - Provide free basic water and electricity services where there is an infrastructure to carry them
   - Install water taps around cities where people can wash their hands easily, with provisions to prevent disease transmission through the tap heads
   - Provide hygiene kits (soap, disinfectants, menstrual supplies) and masks (paper or cloth) to all who need them
   - Provide daily public education via radio, visual posters and other accessible media on why and how to protect against the spread of the virus

2. **The poorest people often cannot stay home and self-isolate – they must go out each day to find money and food.**
   - We will use social mapping tool to identify those with urgent needs
   - Identify needy households effected with flooding and support them with relocation.

3. **Many of our community people are losing access to food, threatening them with starvation, because of disrupted supply chains and subsequent price gouging; malnutrition limits immune response as well.**
   - Open up routes and borders to food and other essential supplies, even if they are closed to people
• We will encourage our membership to observe and enforce laws against price gouging or discrimination on any essential product
• Together with other stakeholders will distribute free food to all who need it, including to children who normally get their food at schools (which are now closed)
• Support in house construction for those households effected with floods.
• Encourage and support relocation to households staying near riparian areas.

4. People often have more predisposing conditions (such as disease, malnutrition or air pollution), but do not have access to adequate health care.
• Implement widespread coronavirus testing in poor communities, to identify those who need care
• Provide free health care to all
• Ensure that doctors do not engage in discriminatory rationing or denial of care for poor or marginalized people
• Continue to meet all other essential health care needs (generously defined) during the pandemic

5. People are most likely to lose their homes, jobs or other forms of income.
• Require jobs to be protected to the maximum extent possible (with paychecks to continue even if work ceases temporarily, perhaps subsidized by governments)
• Employers must not endanger workers’ and their families’ lives by demanding work in unsafe conditions; they must provide protective equipment, and pay for every worker to be tested for the virus; if positive, must test the family and ensure treatment
• Identification of businesses which have been adversely effected by lock down and come up with long term measures towards their uptake.

6. People are most susceptible to misinformation, fear, panic and trauma.
• Require all social media to stop the viral spread of misinformation on the pandemic
• Circulate strong responses to misinformation, especially those that promote fear, panic, violence, or unsafe practices
• Establish fast, accessible ways for all people to question rumors and seek accurate answers
• Establish linkages with local radio stations and other accessible broadcast shows for people to hear accurate discussions by doctors and scientists
• Address emotional distress and mental illness which can be aggravated by fear and isolation
• Urgent consideration is needed for how death is handled (presence of families, bodies, rituals and burials) so that families are not traumatized

7. Rates of domestic violence against women and against children are skyrocketing during “stay at home” orders.
• Establish and strongly enforce laws against any domestic violence, including during lockdowns
• Establish safe and healthy shelters for anyone experiencing domestic violence to escape to, and circulate information on how to reach these shelters safely
Resource mobilization
Through the Public-Private Partnership. The chamber will mobilize resources from its membership to jumpstart the initiative. This concept will be shared to the Bungoma County Disaster management committee/National Covid-19 Response Committee for buy in and more resource allocation to the emergency. The NGOS, BMOs (Business Membership Organizations) and other CSOs and donor funded projects within the county will be also asked to support the initiative so us we avoid duplication and work within a coordinated frame work.

Partnership and Collaboration.
The implementation team will emphasize partnerships and coordination (between various levels of government, medical response units at all levels, civil society, community committees, international NGOs and donors, etc.).

Implementation strategy
The implementing team will Use a bottom-up approach in addition to top down (experts); bring local neighborhoods and communities into the discussion on what to do; Local task forces or committees must determine the most feasible strategies for closures and physical distancing, because they know the layout of the community, and behaviors
We will Work with and through existing structures in the settlements (e.g., Nyumba kumi and residents association); social protection (e.g., savings groups); livelihoods (e.g., unions and professional associations, particularly in informal sectors); spiritual needs (e.g., mosques, churches); and for socializing (e.g., sports clubs); health (e.g., peer support groups, community health worker networks, community health management committees); disaster relief (e.g., disaster management teams and committees)
We understand that with the principle of social distancing Community organization may not be safe as they involve contact with high risk groups; requires adaptation of established methods like. WhatsApp groups for coordination among the different stakeholders.

Monitoring
The Emergency steering committee (representatives from each participating organization) will meet monthly to evaluate progress and make adjustments if needed. The lead organization the Chamber will monitor all activities related to fiscal responsibility, project effectiveness, confidentiality and transmit the findings to stakeholders.
The disaster beneficiaries will be asked to give feedback on the intervention after each activity being undertaken by the project. The internal monitoring and evaluation team will keep track of activities being undertaken, document success stories and share with stakeholders. The project will enhance the beneficiaries capacities to undertake monitoring at community level hence will train the target groups in community M&E committees while entrenching skills such us action planning, indicator development and tracking as well as reporting. The idea is to institutionalize the culture of project planning and reporting at beneficiary level.