

## LEAGUE MISSION IN CENTRAL AND EAST AFRICA

*Early this year the Under Secretary-General of the League of Red Cross Societies, Mr. William H. S. Dabney, and the Head, Execution Section, Mr. Nicholas Phillips, went on a mission to the Red Cross Societies of Kenya, Madagascar, Tanzania, Zambia and Malawi. We have pleasure in publishing the following article giving an account of that mission.*

The object of the mission was twofold: firstly, for the Under Secretary-General, Mr. Dabney, to make contact with the leaders of Central and East African National Societies and secondly, to discuss projects in which the League is assisting certain of these National Societies within the framework of the Development Programme.

**Kenya.**—We visited Kenya from the 15th to the 22nd January which gave me the opportunity to observe the progress made by the Kenya Red Cross since I first came into contact with it in 1964. The Swedish Red Cross and the British Red Cross have been providing effective assistance through the Development Programme which is ensuring a healthy growth of Red Cross in the country. The number of divisions has risen considerably and although we had time for visits only to three of these we must pay tribute to the work we saw. Of particular interest was the Kirathimo Model Village run by the Limuru Division.

The object of this experimental Model Village is to educate the rural women in better home management, with particular emphasis on good nutrition and better use of those foodstuffs which are easily available, even in the poorest homes. The word "Kirathimo" is the Kikuyu for "Blessing" which is what the Division

hopes it will prove to be to the women living around Limuru. The motto of the Village fully sums up its aims—*Teach a mother, save a child*.

The women who are chosen for these courses are selected by the Mother and Child Welfare Clinics, as being women whose children show signs of malnutrition, and who the medical authorities feel will benefit from individual practical tuition. They are allowed to bring up to three pre-school children with them on the course, and will not be asked to pay anything towards their board and lodging, but will only be required to become a member of the Kenya Red Cross Society.

The Model Village was built with public funds and with a great deal of donated materials. The Division has been given a grant from the Kiambu County Council towards the daily running costs, and the Management Committee also intends holding fund raising events from time to time. However, the daily food requirements are largely met by donations from many Kenyan manufacturers, without whose help and co-operation the whole project would not have been possible.

If I mention this at some length, it is because I feel most strongly that this is an example to local Committees in many countries of the world of what can be achieved from local sources.

**Madagascar.**—On 23rd January we moved on to Madagascar whose Society had never before been visited by members of the League Secretariat.<sup>1</sup>

The Madagascar Red Cross Society is a decentralised society, work at national level being kept to that of a co-ordinating body and the onus of activity being placed on the provincial and local committees. There are six provincial committees: Tananarive, Tamatave, Diego Suarez, Fianarantsoa, Tuléar, Majunga. On last records, each provincial committee had about one hundred local committees to its name. This figure does not include representatives in smaller areas.

Broadly speaking the activities of the society are in the field of first-aid, mother-and-child care, disaster relief. For first-aid training

<sup>1</sup> Mr. G. Hoffmann, ICRC delegate-general for Africa went to Madagascar in 1963.

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the Society relies on the services of the medical profession to volunteer their help. On an average about 50 diplomas are given a year. Holders are then expected to make their services available to the provincial committee in Tananarive, if they are staying in the capital or, if they are moving into the country, to the nearest Red Cross centre to their base. As far as mother-and-child care programme is concerned the society operates primarily from the "centres de nivaquinisation"<sup>1</sup> throughout the country.

We saw activities in two of the provinces, Tananarive and Tamatave, and were told that the operations take broadly similar lines in the other provinces. The Red Cross volunteers at the centres undergo prior training in a mother-and-child care nutrition programme in the local hospitals before they are assigned to the centres, and at each nivaquine-dosing, consultations are held for the mothers of the children.

As far as relief is concerned, the society has a central warehouse, stocked with central supplies of foodstuffs and clothing. The society also has some funds set aside for purchase of essential supplies such as rice in the event of a disaster. In such a time the society can call upon military help for the airlifting of supplies to the area, where distribution is carried out by Red Cross volunteers. These are provincial or local committee volunteers.

**Tanzania.**—Our visit to Tanzania coincided with a Youth Festival, and in fact the work of the Red Cross which we saw in Tanzania had very much of a youth flavour to it.

I would mention particularly a most interesting day we spent at Bagamayo, which at one time was the staging point for the dispatch of slaves to the market in Zanzibar. Here an excellent rally had been arranged and local Junior Red Cross in-school groups gave displays of First Aid and dancing culminating in a spirited rendering of a Red Cross song in Swahili composed locally. This song, which lays great stress on the non-religious, impartial and humanitarian aspects of Red Cross, was composed as an antidote to the erstwhile hostility and reticence towards Red Cross on the part of many of the older members of the local community.

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<sup>1</sup> Nivaquine is an anti-malaria drug.

Mrs. Kawawa, the wife of the Second Vice-President of the Republic, was in the party in her capacity of honorary Vice-President of the Tanzania Red Cross and she took this song as her theme when addressing the elders of the community following the display. It was a most impressive address and will, I hope, have contributed towards strengthening the concept of the Red Cross in that part of Tanzania.

**Zambia.**—From Dar es Salaam we moved on to Zambia, whose Society was recently admitted to the League at the last meeting of the Board of Governors at The Hague in September 1967. We had the opportunity to visit three of the Branches active in the fields of first-aid, home nursing, Junior Red Cross and in a variety of hospital services. The Ndola Branch for instance, amongst its many activities, provides qualified first-aiders with ambulance and equipment at all major sporting events, organises first-aid and home nursing courses in schools, factories and for the general public and runs the blood donor service which in 1967-68 provided some 2,400 pints of blood to the Ndola hospitals.

The Society is also extremely fortunate in having five full-time first-aid instructors who are available to carry on training programmes for the Branches. These instructors were trained by a League Delegate through the Development Programme in 1966, and between 1966 and 1968 the Society has received assistance in delegates through the Development Programme from the National Societies of Great Britain, Federal Republic of Germany and Norway.

A service we saw outside the Red Cross but which made a great impression on us was the Zambia Flying Doctor Service. This Service, which has been opening up air-strips in remote areas is really doing far more than providing medical cover. It is pioneering an aspect of community development and there must surely be a useful role for Red Cross to play.<sup>1</sup>

**Malawi.**—Our last port of call was Malawi, where we found a small Red Cross Society doing a good job of work in a number of

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<sup>1</sup> See *International Review of the Red Cross*, March and May 1967.

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fields. Activities include first aid, training, hospital welfare, assistance to handicapped children and the running of pre-natal clinics in the area around Blantyre. We visited one of these and it was most encouraging to see that as a result of this activity, village women are forming member groups to come and assist the Red Cross staff at these clinics. This young Society is also giving training in first-aid and midwifery to the Air Malawi Hostesses and Mr. Dabney presented certificates to the first six of these girls who had just completed their course.

Another service which the Red Cross gives, this time to the Young Pioneers movement, is first aid training in each of the pioneer camps. This service was started by a delegate of the British Red Cross and the Malawi Red Cross man whom he trained is now in charge of these courses.

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## Kenya

*In a recent issue of its "Newsletter" the Kenya Red Cross published an interesting article on the model village of Kirathimo. We give below some extracts which supplement the information given by Mr. N. Phillips in his article on a previous page.*

A model village has been built consisting of five round mud huts, thatched with mukuti, and whitewashed inside and out, with gaily painted doors and windows, each hut having its own distinctive colour for all the woodwork and the furniture. The fireplaces have been built to the new improved pattern tried-out so successfully in Uganda, where the fire is made on top of a raised plinth three feet off the ground. This is to try to combat the dreadful burns children suffer from fire and boiling water. The huts are simply furnished with two beds complete with mattresses, plastic