



VIEW FROM THE FIELD

STOP THE BLEED® Kenya: A Community-Driven First-Response Model for Road-Traffic Trauma

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ABSTRACT

Background: Kenya loses an estimated 13 people daily to road traffic injuries, often from uncontrolled bleeding during the critical pre-hospital window.

Objective: To describe the design, early impact, and policy implications of the STOP THE BLEED® Kenya Initiative – a localized, community-led bleeding-control training program adapted from the global campaign.

Methods: This program was delivered to high-risk community groups through modular, scenario-based training and microlearning channels. Lay responders were trained using a localized curriculum aligned with global best practices.

Results: Within 31 weeks (March–September 2025), 1,275 people were trained across eight counties. Follow-up surveys indicated 87% post-training confidence, 69% skill retention at 4 weeks, and field reports of first aid delivered before ambulance arrival.

Conclusion: STOP THE BLEED® Kenya demonstrates that grassroots bleeding-control training can improve community readiness, bridge trauma care gaps, and align with national emergency care frameworks in LMICs.

Keywords: First aid; Road safety; Kenya; Africa; Community Health; Pre-hospital Care; LMIC

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CONTEXT

Kenya loses an estimated 13 people every day to road traffic accidents (RTAs) (KNBS, 2025). Many of these deaths are due to uncontrolled bleeding that occurs in the critical pre-hospital window.

Common bleeding emergencies from RTAs include severe limb injuries from motorcycle (boda-boda) crashes, pedestrian knock-downs, and head and facial trauma. These cases are often worsened by delayed ambulance response and limited access to trauma facilities outside major cities.

The STOP THE BLEED® Kenya Initiative was launched in March 2025 to democratize life-saving bleeding-control skills for those most likely to witness or experience road-traffic trauma. Adapted from the globally recognized program (ACS, STOP THE BLEED®), the Kenyan model uses low-cost, locally available training aids – including bamboo sticks paired with fabric strips as improvised windlass-type tourniquets, branded fabrics and scarves as triangular bandages and slings, foam rolls and rolled towels to simulate injured limbs, and water-filled gloves for wound-packing demonstrations.

The intervention is a short, high-impact 2-hour course, adapted from the US Department of Defense bleeding-control curriculum. The program aims to train 2,025 people free of charge by December 2025, equipping high-risk community members with critical skills before formal emergency services arrive.

PROGRAM DESIGN AND APPROACH

This initiative primarily targets boda-boda riders, schoolteachers, caregivers, and high-school students – groups with frequent exposure to road-traffic incidents.

Delivery combines:

- Instructor-led demonstrations and peer-to-peer practice
- Scenario-based drills with locally relevant case studies
- Micro-learning videos shared via WhatsApp and community forums
- Integration with community events such as road-safety campaigns, school-safety weeks, and cycling-awareness drives

Training is delivered in English and Kiswahili using culturally relevant case studies. For Deaf and Hard-of-Hearing participants, Kenyan Sign Language interpreters were engaged, with plans to integrate interpreters into the Training-of-Trainers (ToT) pipeline to ensure long-term inclusivity.

Sessions are tailored by audience type: boda-boda riders prefer short practical sessions, while teachers and students benefit from structured demonstrations. Deaf participants require visual aids and extended practice time.

Participants are mobilized through boda-boda Savings and Credit Cooperative Organizations (SACCOs), school boards, community-based organizations, non-governmental organisations (NGOs), and open calls at county-level events. WhatsApp groups are used for coordination, feedback, and ongoing peer support.

OUTCOMES AND IMPACT

In the first 31 weeks (March – September 2025), a total of 1,275 people were trained across the eight counties of Nairobi, Machakos, Kiambu, Mombasa, Kajiado, Meru, Kilifi and Nyandarua — all at no cost to participants.

A key milestone was the inclusion of Deaf and Hard-of-Hearing learners, with interpreters embedded in sessions.

Impact indicators:

- **87%** of trainees reported higher confidence in managing bleeding emergencies (post-training self-assessments).
- **69%** retained key bleeding-control steps after four weeks (via WhatsApp quizzes).

By September 2025, the program had achieved 63% of its annual target (1,275 of 2,025 trainees) while maintaining a no-cost model to maximize access.

Example Field Cases

- *In Nairobi, a boda-boda rider used a tourniquet improvised from a neck scarf and thin metal bar to control thigh bleeding in a fellow rider following a crash, stabilizing the victim until paramedics arrived.*
- *In Meru County, a Deaf participant, assisted by a peer interpreter, successfully managed a bleeding wound in a neighbor injured during a farm tool accident.*
- *In Kiambu, a teacher trained under the program controlled severe bleeding in a student injured in a school bus accident, using direct pressure and bandaging.*

These real-world cases were shared voluntarily through participant WhatsApp groups, which also serve as platforms for ongoing peer support and informal monitoring of impact.

WHAT NEXT?

STOP THE BLEED® Kenya demonstrates that a community-first, low-cost approach can close critical care gaps in low-resource settings by equipping ordinary citizens – especially those in high-exposure occupations – with bleeding-control skills to save lives before professional help arrives.

Early results show both grassroots and institutional traction, with counties expressing interest, professional bodies engaging, and volunteers stepping forward. Linking this initiative to national emergency care frameworks offers a scalable, evidence-based model for reducing preventable trauma deaths.

The Emergency, Chronic and Critical Illness Fund (ECCIF) under Kenya's Social Health Authority presents an opportunity to integrate trained community responders into formal emergency-care frameworks.

Recommendations:

- Recognize trained community responders as first-tier assets in county emergency – health plans.
- Incorporate bleeding-control education into outreach programs.
- Expand public – private partnerships with boda-boda SACCOs, schools, and transport associations to scale adoption.

Question for readers:

What other countries have Stop the Bleed initiatives and how are they tailored to the local context?

To keep up to date with Kenya's Stop the Bleed campaign see <https://stopthebleed.co.ke>.

COMPETING INTERESTS

The author has no competing interests to declare.

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