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Fondation Eagle
Project Interim Report
Reference No FF531-16
November 3rd 2020

Covid 19: Haller Programme to Increase Food Production, Water Capacity and Health Resources Mombasa, Kenya

Summary: This interim report details the impact of funding received on 25th March 2020 for the Haller Covid 19 initiative to provide emergency support to the fragile, rural communities we work with in Kisauni District, Mombasa.

Our aim was to address the issues that the spread of Covid 19 would have on food and water security, on livelihoods and on health services resulting from the lack of preparedness in communities on the outskirts of Mombasa and in Kisauni county.

Funding provided was allocated to:

- i) the enhancement of food sources and of existing water security **£21,657**
- iii) to provide Covid 19 awareness training, and health outreach services **£12,625**
(please refer to budget at end of document for note re reallocation of budgeted costs between categories)

Grant Acceptance: 26th March 2020

Grant Amount: £34,282

Period of project: Re capital and support costs – Q2 2020 to Q2 2021

Location - Kisauni District, Mombasa

Estimated number of beneficiaries: 31,962

Our Background

Over 54 communities along the Mombasa coast and it's hinterland in Kenya have benefitted from Haller's integrated programme – The Haller Journey. It breathes life into the land and revives local economies. Each community based organisation (CBO) on the Haller Journey is roughly 800 -1000 in size and is made up in the majority by women and children. Our collaboration with these fragile communities, living under the government radar screen, starts by delivering a WASH initiative and farmer training programmes, to provide them with the knowledge and techniques to farm sustainably and create meaningful livelihoods. Communities are supported with a mobile health service offering primary care, education, family planning and childhood vaccinations.

The Situation

Haller Kenya provide support to rural, highly social communities with rudimentary sanitation and no running water that congregate in large numbers at their community wells. All of these factors make them highly vulnerable to the Covid 19 virus. This combined with the lack of effective medical systems, inefficient government, little or no understanding of the disease, and poor nutrition could potentially have a devastating impact.

Our 60 years of experience in the region, witnessing the cycles of drought and their impact on such fragile communities, signalled to us that action was required urgently to avert a future hunger crisis, as well as deal with the potential health aspects of the pandemic. An effective 3 pronged support programme was devised focussing on health awareness and hygiene, a food support programme and improving fresh water access to reduce well congregation. Fondation Eagle's rapid evaluation of the impending situation and the speed of your response enabled us to get the programme in operation by the third week of March. We believe this early response has been instrumental in helping preventing the spread of the virus in these rural areas.

An Update

The Kenyan government responded quickly with the closure of schools and colleges, sweeping travel restrictions and curfews. However, the resultant economic shutdown in the resources sector and the cessation of tourism has decimated local incomes and the loss of one job in the sector impacts 20 - 30 people in their extended family groups. It was also soon evident, following consultative meetings with the Ministry of Health and the Interior, that no manpower was available to assist us in any form of rural health initiative. However, they lent their full endorsement to enable Haller to operate, conducting sensitisation and awareness campaigns across the region, with occasional help from the local Assistant chief, Ali Mzungu.

Haller's initiative was developed into an integrated health and farming outreach programme to ensure the most effective community support possible. The remoteness of the communities, the difficulties of off-road travel, particularly with the rainy season imminent (where roads can quickly become impassable), required us to reorganise our traditional delivery model, moving away from a hub and spoke approach (of bringing communities to the clinic and to our farmer training centre) to a model where a combined Haller team covered all aspects of health, farming, food and water security in an integrated session in each community.

Health Programme – Mobile Health Service & Nguuni Clinic

Status: Project Ongoing

Mobile Health Service: To educate the rural communities about Covid19 with the assistance of community chiefs and farming mentors. Source masks, introduce hand washing stations to communities, provide disinfectant and soap. Dispense medicines to relieve symptoms and provide testing where kits are available. Facilitate community transport to local hospitals if emergency treatment is needed.

Nguuni Clinic Service: To support the peri-urban communities who use this facility. Educating patients about Covid 19, resourcing medicines and testing (when available) for the drop-in patients. Our Haller Clinic is run as an NGO but works in conjunction with the Kenyan Ministry of Health, to whom we report all health data, and act as a delivery partner for certain services.

Outcomes:

In the first two months, the primary focus was spreading awareness within the communities and at the clinic of the disease itself. Community sensitisation was crucial to help reduce the number of infections. Haller staff travelled and held meetings with village elders, religious leaders and community chiefs to mobilise their own communities and encourage awareness of the virus. As many households as possible were addressed to advise on modes of transmission and prevention, referral and disposal of used masks. Hygiene training was reinforced as a control measure, masks and educational leaflets in relevant dialects were handed out and pinned to wells. Haller also manufactured large quantities of their own detergents and sanitisers for free distribution. Cheap, easy to construct “tippy taps” handwashing stations made of old plastic bottles were demonstrated, dispensed and replicated by households, and personal hygiene and handwashing were encouraged.

Following this first vital stage of the Haller health initiative, additional community health requirements were identified and responded to. An integrated health outreach programme was introduced to serve these needs. An expanded, improved service was delivered by combining basic health, Covid-19, Family Planning (FP) and HIV counselling and testing services. By May, the outreaches were delivered in regionalised clusters, so that more CBO's could be targeted in one visit, especially as some roads were becoming impassable due to the rainy season. Four outreach visits could now potentially cover up to 8-10 CBO's, improving efficiency and reaching more households in need.



Community outreach FP/ Covid 19 education

Oxygen treatment – Mother Covid +ve but asymptomatic



Tuk Tuk purchased



By July, it had become apparent that school closures had become a contributing factor to a rise in STI's and teenage pregnancies <https://www.devex.com/news/dramatic-rise-in-kenya-early-pregnancies-amid-school-closures-irc-data-suggests-97921>. So Haller health activities were expanded to target youths by integrating Covid-19 sensitisation and awareness with sexual and reproductive health, FP and HIV specifically for their age group.

Also during this month, it was noted that the number of Covid-19 patients was continuing to rise in the district. Reiteration and reinforcement of Covid 19 sensitisation and awareness continued as a key focus, with the aim of reaching as many community members as possible, both at our Nguuni health facility and at the community level, to help flatten the local epidemic curve.

An unanticipated consequence of lockdown was that as unemployed men returned from the workplace, women lost the freedom to make FP choices and were forced to consult with their husbands. As a result, Haller have been working with community health volunteers to help boost attendance at HIV and FP outreach clinics and encourage more male involvement in FP. We are now witnessing more men attending clinics and an increased numbers of condoms being dispensed during outreach visits. (For more details on Kenyan Covid 19 rates see “current challenges”).



Community health volunteer receiving condom distribution

Food Production and Water Security Programmes

Status: Project Ongoing

To improve and secure **food** production for both rural and peri-urban farmers through two programmes:

- **In the Communities:** by mobilising community farmers to plant every plot of available land before the imminent rains. To distribute seeds and compost so ensure food production can get underway immediately. To provide fish fingerlings, poultry stock and additional beehives to boost protein intake and to help the Ministry of Agriculture, who are poorly resourced, to join Haller in accessing remote farming communities.

- **At Mtopanga Farmer Training Centre:** to educate those without farmland on kitchen and backyard production techniques, and to provide them with the seeds and tools to get them started. To ensure our farmer trainers are fully versed in COVID 19 protection techniques so they offer education in health and on the need for immediate planting. To model and replicate our 'hand washing stations' which can be constructed from freely available resources.

To improve **water** security with the installation of 8 new 5000 litre water tanks and 8 water pumps in communities. This will both support the initiative to increase food production, and hopefully reduce the numbers gathering at community wells.

Outcomes:

Haller's primary concern was the district's highly erratic food supply chain and the significant pressure Covid 19 was likely to put on food sources. The key was to promote as much local food production as possible quickly, shorten supply chains and build more resilient and sustainable local food sources. This could be achieved by planting as much available community land as possible, before the rains. In fact, this very ethos was recently highlighted in the FAO's publication:

"COVID-19 and the role of local food production in building more resilient local food systems" <http://www.fao.org/3/cb1020en/CB1020EN.pdf>.

Firstly, the Haller farmer trainers visited the most vulnerable, newly formed CBO's as a matter of priority. The aim being to reinforce basic farmer training methods recently taught, provide tools where necessary, give advice on the best crops to grow for the current season and provide a variety of seeds for the planting of staple crops to supplement their harvest. Seeds include maize, sorghum, okra, eggplant, tomato, cow peas, amaranthus, green grams and capsicum. They also encouraged them to start their own nursery seed beds for tomatoes, okra and eggplants so they could eventually share seedlings amongst their own and neighbouring CBO's.



Distributing seeds to Mitedi Community



Seeds awaiting distribution

The next focus was on the more well-established CBO's, where more experienced farmers were urged to plant their donated seeds quickly but also encouraged to undertake more complex farming techniques, if they hadn't already

done so, such as mixed farming, intercropping and integrated farming practices (which involves combining agriculture with livestock keeping). Various agricultural livelihood methods such as livestock keeping, poultry keeping, fish farming and bee keeping were reiterated. Stocks of fish fingerlings and poultry, sourced from our Research Centre were distributed for community farming.

In July, the Ministry of Agriculture ran an initiative which focussed on active CBO's displaying exemplary results throughout the years. Free seeds from the ministry were received and Haller Kenya were able to supply five further Haller communities with a seed supply and a seed distribution plan. Brief recaps on organic farming and refreshers on other useful farming methods were provided.



Community raised tomato beds

To end September, over 30 remote communities have been provided with seeds and advice. At all outreach visits, statistics were logged, recording the number of farmers in attendance, their names and the quantity of seeds distributed to them. All farmers were advised to share farming knowledge and skills amongst their fellow community members.



Mtopanga Training farm with allocated community allotments

Current Challenges

To date, the reported African death rate from Covid 19 has been low compared with other parts of the world, despite the poor health infrastructure in many African countries, including Kenya. WHO states this could be partly due to the relatively young population, with Kenya's average age being 20.1 years. Also, common health problems, such as

obesity and type 2 diabetes that exacerbate morbidity, are less common in the region, and strict travel restrictions and outdoor living have been noted as other possible reasons for Africa's low death rate.

However, over the past month, Kenya has been experiencing a steep increase in cases, 45% on average, as lockdown measures have been eased. It is being reported that the virus is spreading fast in both urban and rural counties. The official track, trace and isolate strategy has collapsed due to endemic corruption and cost concerns and this, coupled with poor testing regimes, point to a future potential health disaster. The Kenyan Head of Epidemiology at KEMRI Wellcome Trust Research Programme believes that these factors have led to a silent spread of the disease over the past few months, given that most cases, to date, have been mild or asymptomatic.

It is crucial that Haller's health and food security support continues during this potential second wave of the virus.

Conclusion

The Covid 19 pandemic has made global, sustainable development more important than ever. The likelihood is that staggering global inequality is only likely to grow. For vulnerable individuals and families in remote communities the need for organisations like Haller has never been greater.

Our solid understanding of rural poverty and of community needs, enabled us to identify that a fast, local response was required to this pandemic, and we had a strategy in place, and were circulating emergency provisions only one week after the first reported case in the country on 13th March.

Haller Kenya have worked tirelessly during that time to dispense seeds, health and farming knowledge but also to respond to the needs of the communities as they have developed on the ground, with the aim of helping sustain their overall health and wellbeing. Your pro-active approach and generous grant have enabled us to fund this support and we witness the positive impact it is having on a daily basis.

Thank you.

Alison Davies
October 2020.

Budget vs Actual Covid 19 Response April - July 2020(and Ongoing) Support of Fragile Communities Programme

Expenditure to Date GBP – 31 October 2020*	Budget**	Actual	Var
Delivery of Health Services in the Community			
Covid prevention +masks/sanitiserstippy taps/prevention training	2,825	3,800	-975
Supply of medicines	2,500	3,600	-1,100
Second hand Tuk Tuk for clinic use	2,500	3,500	-1,000
Enhanced Security Construction at Clinic	1,000	850	150
Community health training	1,200	2,000	-800
Family Planning	2,600	2,700	-100
Sub total	12,625	16,450	-3,825
Enhancing Food Security			
Seeds, Tools, Compost & Distribution	4,935	4,600	335
Enhanced Security at Training Farm for Seed Storage	940	850	90
Farmer Training	3,557	2,600	775
Advanced Farmer Training Support + stock fish/bees/poultry	3,375	2,900	475
Contribution to Allotment Farming Development at Training Farm	1,200	2,000	-800
Transport to Outreach/ Fuel/ Vehicle Repairs	1,650	1,750	-100
Water tanks/ pumps ***	6,000	1,030	4,970
Sub total	21,657	£15,730	£5475
TOTAL	34,282	£32,180	+£1,650

NOTES:

*Original budget was for 4 months support of fragile communities April - July 2020. Given the needs of communities and the ongoing crisis we have been delivering the programme for 6 months, and are over budget in certain key areas.

**Please note that this interim budget has been adapted and costs reallocated slightly between health and food categories to better reflect the emergency needs apparent on the ground in Kenya, in the first 6 months of Haller's Covid 19 initiative.

***The remaining budget has been earmarked to provide additional water tanks and pumps in remaining communities when they become available. These have been incredibly hard to find during the crisis, due to curfews and transport blocks around Mombasa.

Estimated Number of Beneficiaries of Haller Covid 19 Initiative

Initiative	Beneficiaries
100 allotments built at Training Farm to support family groups of up to 15	1,500
32 CBO's (of approx. 800 per community) visited to dispense seeds and farming advice	25,600
428 attendees at Covid 19 talks (@23 CBO's) with average household of 10	4,280
312 attendees at outreach FP & HIV clinics	312
TOTAL BENEFICIARIES	31,962

Other Key Statistics:

32 CBO's visited regularly to dispense seeds and fertilisers and farming advice. (**141kg** of seeds for basic crops eg maize, sorghum and cow peas and **17.5kg** of assorted cash crop seeds (eggplant, tomatoes, capsicum, green grams etc) Each CBO received fish fingerlings, quail and chickens.

23 CBO's visited for regular health outreach, FP & HIV clinics and a further

4 of which specifically aimed at teenagers. **3,700** condoms dispensed.

250 kgs of sugar/ rice/ flour distributed in emergency rations.