



## ***COVID-19 Response***

***Providing vital personal protective equipment to support health workers in rural Kenya and Uganda***

**Project ref. FF 0533-19**



**Final Report to the Fondation Eagle**

**October 2020**

## **Project Summary**

<b>Donor Name:</b>	Fondation Eagle
<b>Name of Charity &amp; Project:</b>	CHASE Africa 'COVID-19 Response'
<b>Reference number:</b>	FF 0533-19
<b>Date grant accepted:</b>	1 <sup>st</sup> April 2020
<b>Grant amount:</b>	£9,618.00
<b>Location of the project:</b>	Rural locations where 8 of CHASE Africa's partners work in Kenya and Uganda <ul style="list-style-type: none"><li>• Kakamega County - Kenya</li><li>• Kajiado County - Kenya</li><li>• Nakuru County - Kenya</li><li>• Embu County, Kirinyaga County, Tharaka Nithi County, Meru County - Kenya</li><li>• Kasese County - Uganda</li><li>• Baringo County - Kenya</li><li>• Laikipia West and Tana ecosystem - Kenya</li></ul>
<b>Period of Project:</b>	From 1 <sup>st</sup> April 2020 (emergency COVID grant)

### **Conversion rate, date**

**& amount in local currency:** CHASE Africa made one transfer to each of local partner as part of a larger payment (to save on transfer fees). Dates and amount of grant FF 0533-19 are shown below:

- **Kakamega County – Kenya:** 5<sup>th</sup> May 2020, rate: 1 GBP = 128 KES, amount: £534.62 / 68,431.
- **Kajiado County – Kenya:** 4<sup>th</sup> May 2020, rate: 1 GBP = 130 KES, amount: £962.31 / KES 125,100.
- **Nakuru County – Kenya:** 5<sup>th</sup> May 2020, rate: 1 GBP = 128 KES, amount: £1,603.85 / KES 205,929.
- **Embu County, Kirinyaga County, Tharaka Nithi County, Meru County – Kenya:** 4<sup>th</sup> May 2020, rate: 1 GBP = 130 KES, amount: £335,311 / KES 2,619.62.
- **Kasese County – Uganda:** 6<sup>th</sup> May 2020, rate: 1 GBP = 4,554 UGX, amount: £1,710.77 / UGX 7,826,769.00.
- **Baringo County – Kenya:** 27<sup>th</sup> May 2020, rate: 1 GBP = 128 KES, amount: £641.54 / KES 82,117.
- **Laikipia West and Tana ecosystem – Kenya:** 15<sup>th</sup> May 2020, rate: 1 GBP = 130 KES, amount: £695 / KES 90,350.

## **Introduction**

In April 2020, CHASE Africa was awarded £9,618 from the Fondation Eagle to support health workers in rural Kenya and Uganda with personal protective equipment (PPE). This PPE was needed to ensure Community Health Workers (CHWs), Nurses and medical staff could continue to provide vital health and family planning information, advice and services to remote communities through mobile outreach strategies as the COVID-19 pandemic worsened.

The grant also aimed at allowing health workers to support rural communities with behavioural change communication to help them stay safe, prevent the spread of COVID-19 and combat fake news and misinformation.

## **Context**

Although the African continent's low COVID-19 cases remain something of an enigma, the pandemic had had significant impacts on day to day life.

The challenges faced by the rural communities we support have been numerous. Lockdown measured restricted local and international movement (and therefore tourism), impacting on livelihoods and household income. Many rural homes depend on income from the informal economy and casual jobs. The Kenyan tourism industry, which makes up 10% of GDP, alongside many other industries, ground to a halt during the period.

COVID-19 also brought about fear of contagion. With little known about the virus, there was a void left to be filled with misinformation and speculation. Community Health Workers and Nurses, as well as patients, were scared of coming into contact with each other. PPE supply chains took time to meet demand, and therefore the grant from the Fondation Eagle was critical in overcoming existing and new barriers to accessing healthcare and family planning in rural Kenya and Uganda.

In Kenya, most school children will be at home until January 2021. This puts further pressure on households to provide enough food for their children, as schools often run 'feeding programmes'. Another consequence of school closure is the heightened possibility of adolescent pregnancies, sadly already high in rural areas and often leading to girls dropping out of school early.

UNFPA predicts that for every 3 months that lockdown continues up to 2 million additional women in poorer countries may be unable to access contraceptives. Unintended pregnancies can lead to unsafe abortions, often causing permanent damage to women's bodies.

The World Bank estimates that COVID-19 could push 100 million people into extreme poverty, over a third these in sub-Saharan Africa. Increasing poverty will have devastating effects, likely reducing education levels, health and nutrition.

The support of the Fondation Eagle has been vital in giving health workers and rural people the confidence to seek out general healthcare and family planning services during this time. It has also allowed Community Health Workers to counter misinformation and provide guidelines on staying safe during the pandemic.

## **Project Results**

The grant was distributed amongst six of CHASE Africa's local partner organisations in Kenya and Uganda who provide mobile medical and family planning services. These organisations provide access to primary healthcare and family planning through mobile services in remote communities. They break down the many barriers to good health – distance to the nearest static clinic, lack of healthcare professionals, cost of transport/access to services and misinformation/lack of information.

The areas benefitting from the PPE grant, which allowed continuation of services, were:

- **Kakamega County** in Western Kenya, where our partner 'Community Health Volunteers' run mobile outreaches, door-to-door visits and referrals to static clinics and hospitals. This is a very rural area, close to Kenya's only remaining indigenous rainforest.
- **Kajiado County** is in Southern Kenya, and is notably home to the Maasai tribe. Our local partner Big Life Foundation have started a healthcare and family planning programme alongside their conservation and education work in the area. They are seeing increasing numbers of families coming to access services. They also run information sessions with groups on subjects including family planning and Covid-19.
- **Nakuru County**, in Central Kenya's Rift Valley is where we support Dandelion Africa, a fantastic women's charity providing economic opportunities as well as family planning and healthcare to rural women.
- Around **Mount Kenya** (Embu County, Kirinyaga County, Tharaka Nithi County, Meru County) our partner Mount Kenya Trust integrates environmental and healthcare programmes to support rural communities living close to the forest edge. They work through a network of 33 Community Health Workers and run medical outreaches and referral services.
- **Baringo County** is in Central Kenya, where we support a small community-based organization called Kalyet Afia Foundation to deliver mobile healthcare and family planning to remote, rural communities.
- **Laikipia West** and **Tana River Ecosystem** are areas in central/northern Kenya. They are semi-arid regions inhabited by pastoralist and semi-pastoralist tribes. These areas are very rural and often completely off-road making access to health services and family planning extremely difficult. We support 'Communities Health Africa Trust' to deliver mobile health and family planning here.
- **Kasese County** is a rural, mountainous region in South-West Uganda. Here, we support the Rwenzori Centre for Research and Advocacy to bring healthcare and family planning to remote homes in the mountainous terrain. They achieve this through a combination of mobile medical outreaches and increasingly 'Backpack' nurses who provide services at home.



*A primary school in Southern Kenya, one of the sites where medical outreach clinics are held for rural Maasai communities.*

The PPE grant has made it possible to achieve the following results for communities living in the six areas above:

- 154 CHWS, 16 'Backpack' Nurses and 16 health facilities/local shops benefitted from PPE

- equipment, allowing them to continue their work safely.
- 154 CHWs were trained on COVID-19 prevention measures, effective hand washing and communicating health information.
  - 154 CHW continued to provide door-to-door advice and referrals, reaching 186,856 people with information on COVID-19 and family planning.
  - 80 members of the Maasai community in Kajiado County, including community leaders and chiefs, attended COVID-19 information meetings and went on to share information with their communities.
  - 30,073 family planning services were delivered. Rural women and girls were provided with their choice of family planning during lockdown, preventing unintended pregnancies.
  - 9,362 primary healthcare services were delivered safely with PPE and social distancing measures in place (immunisations, HIV testing and counselling, general check-ups and other primary healthcare).

One of the most significant barriers rural communities face is misinformation and myths surrounding the safety of modern contraception. This made it important for us to combat fake news around 'miracle cures' to COVID-19 in rural areas where medical professionals are few and far between. This was achieved by CHWs and 'Backpack' Nurses going door-to-door.



*'Back-pack' Nurses make home visits to provide health and family planning services in the Rwenzori Mountains, Uganda*

PPE was key to continuing mobile health services during lockdown and reaching the most remote communities. Public transport was shut down in some areas, and large gatherings also prohibited. The Kenyan and Ugandan Ministries of Health both informed our local partners that their medical outreaches must be stopped due to the large groups they attract for primary healthcare services, immunisations, tests and family planning. Different areas decided on slightly different rules, meaning that certain partners had to stop most of their services, whilst others could continue via certain methods. From July 2020, some partners were able to resume mobile clinics with smaller groups of clients.

Both rural households and CHWs were worried about coming into contact with each other. Rural households were wary of visits from CHWs or any external contact. Without PPE our partners would have reached many less homes with information and services.

Below we have provided a few case studies from individuals and partner organisations who benefitted from this grant.

## Case studies

Community Health Workers require PPE during their working days, but also for training. Here (right), they are provided with additional training on gender-based violence, which is more prevalent due to lockdown measures and loss of household income. Community Health Workers then take these skills and knowledge door-to-door to support rural homes who have been affected by the pandemic and lack access to services.



Agnes (above) from Inchalai Health Clinic in Amboseli, southern Kenya, receives hand soap purchased with the Fondation Eagle PPE grant. This PPE has meant clinics feel safe and can sanitize the facilities between patients, avoiding potentially spreading the virus. This has given both health workers and clients the reassurance, meaning community members are more likely to come forwards for primary healthcare and family planning services despite the virus.



**Mary** (pictured left) is a mother of two from rural Baringo County, central Kenya. She was unable to take her newborn daughter to the health centre for her second dose vaccination since she didn't have transport. When she heard that free immunisation services were being offered at Gatarakwa village by a mobile nurse, she came for the service. Mary was relieved, since the second dose vaccination was three weeks late. Adequate PPE has ensured that nurses are able to travel to rural villages and provide safe services such as immunisations, which can so easily be missed when health services are stretched and all energy is directed to

tackling the COVID-19 crisis.

**Alice** (pictured right) is a student from Baringo County. She is currently out of school due to lockdown measures put in place across Kenya.

Alice was able to access a contraceptive implant through a Backpack Nurse visiting her village. This will ensure she doesn't get pregnant before schools start again, which could lead to her putting her education and career aspirations on hold.



**Masika** (right) is one of 3,638 women reached by Backpack Nurse for family planning in Kasese County, Uganda between April and June 2020. This is when a Nurse takes medication and equipment and meets the client at their home. Masika normally uses public transport to reach the closest health centre, but it doesn't provide long-term methods of contraception and during lockdown public transport was restricted. Masika told the Backpack Nurse who came to her home that she wants to use a long-term method of contraception to space her pregnancies, giving her the chance to invest in her children's education and basic needs. She knows she will be protected from an unintended pregnancy for several years, which will put her mind at rest.



In the Amboseli ecosystem close to the Kenyan border with Tanzania, PPE was provided to healthcare facilities and CHWs to ensure they were safe to continue their work. In April, four COVID-19 sensitisation meetings were held for 20 participants each, which included chiefs, elders, and opinion leaders.

Despite medical outreaches being cancelled, information and advice on COVID-19 and family planning was given door-to-door. PPE has been critical in ensuring health workers and clients feel safe and do not spread the virus.



*Maasai leaders and CHWs gather in Kajiado County to learn about the dangers of COVID-19 and the prevention methods*

Margaret is one of the women who attended a COVID-19 information gathering. She is 47 years old and a mother of 4.

“It is our prayer that this virus may not reach this place we really fear it since it is a deadly one as we hear also” said Margaret.

She openly expressed her fears as she explained that this disease mainly affects elderly people since they are not strong enough for their body to fight back. Margaret felt that her community does not yet believe in the pandemic and its effects, so they need to be empowered and informed to put prevention measures in place, especially social gatherings. “Today’s meeting has opened my eyes especially on the importance of washing hands and hygiene in general. I usually wash my hands but not to the required standard as taught today. So, from today I will be an example and teach my family and the community the same.”



## Photos



*A health worker in Kajiado County (Amboseli) receives PPE*



*CHW trains client on effective hand washing in Baringo County*



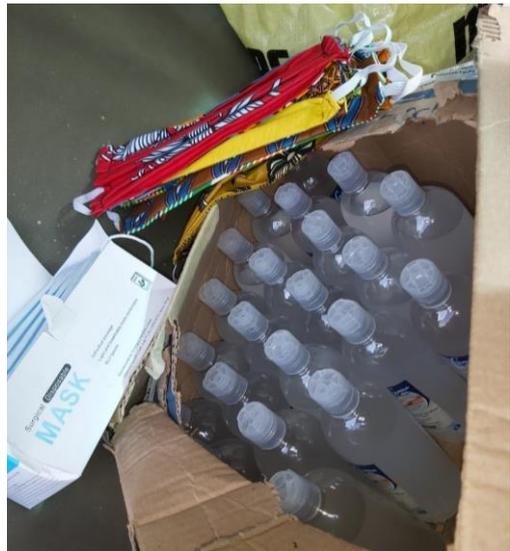
*A Nurse takes a client's temperature with a thermometer gun before providing a service in Laikipia*



*Health Centre staff with PPE purchased through Fondation Eagle, Amboseli*



*In Baringo County, the sub county health coordinator training CHWs on the preventive measures of COVID-19*



*PPE received for health workers around Mount Kenya*



*Training CHW on basic steps of hand washing which is essential to COVID-19 prevention.*



*CHW ready to go door-to-door around Mount Kenya with PPE*



*In Uganda, PPE supplies ready for distribution to CHWs*



*Health workers in Baringo County receive PPE*

## **Budget Report**

The PPE grant was spent by our implementing partners who were able to continue providing services following MoH guidance across Kenya and Uganda. Each partner was given a pot of funding depending on the level of service they were able to provide and the number of healthcare professionals and CHWs who were in contact with the clients.

There were some changes to the PPE needs of individual partners as compared to the budget. Overall, we spent more on hand sanitizer and soap, but less on masks and face shields. Most partners chose to buy reusable/washable face masks, or even to buy the materials and make their own. Goggles were not required in great quantities due to the Ministry of Health ordering the closure of mobile outreach clinics until July 2020. This also resulted in less primary healthcare activities being provided.

There were some items we had not budgeted for which became key to protecting health workers and clients. These included thermometer guns which take a temperature without physical contact, and disinfectant, which we had not included in our original budget. Name badges were also required by the Ministry of Health around Mount Kenya to ensure that CHWs could continue to go door-to-door.

We were able to provide PPE to 186 healthcare workers, project staff and CHWS, compared to the initially budgeted for 164. This was due to some partners recruiting more CHWs to reach more beneficiaries at home with information and services, as well as other health professionals receiving PPE.

Item	Budget £	Actual £
Hand sanitizer	883.08	3,089.66
Face Masks & Face Shields	3,784.62	1,840.46
Gloves	756.92	934.35
Hand Soap	883.08	1,136.21
Goggles	883.08	38.23
Gowns - protective	1,576.92	590.42
Gun thermometer		775.09
COVID-19 Information materials		146.02
Gum boots		31.25
Disinfectant		182.44
Water dispenser		31.25
Badge holders		18.00
CHASE Coordination and M&E	850.00	850.00
<b>TOTAL</b>	<b>9,617.69</b>	<b>9,663.37</b>

We are immensely grateful to the Fondation Eagle for their support in this difficult time. The grant has allowed rural communities to access vital healthcare and family planning services despite the pandemic. It has kept both clients and health workers safe and will have lasting benefits for thousands of rural households in remote areas of Kenya and Uganda. Thank you!

