



COVID-19 Response

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

Project ref. FF 0533-19



Interim Report to the Fondation Eagle

August 2020

Project Summary

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

Period of Project: From 1st 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: 5th May 2020, rate: 1 GBP = 128 KES, amount: £534.62 / 68,431.

Kajiado County – Kenya: 4th May 2020, rate: 1 GBP = 130 KES, amount: £962.31 / KES 125,100.

Nakuru County – Kenya: 5th May 2020, rate: 1 GBP = 128 KES, amount: £1,603.85 / KES 205,929.

Embu County, Kirinyaga County, Tharaka Nithi County, Meru County – Kenya: 4th May 2020, rate: 1 GBP = 130 KES, amount: £335,311 / KES 2,619.62.

Kasese County – Uganda: 6th May 2020, rate: 1 GBP = 4,554 UGX, amount: £1,710.77 / UGX 7,826,769.00.

Baringo County – Kenya: 27th May 2020, rate: 1 GBP = 128 KES, amount: £641.54 / KES 82,117.

Laikipia West and Tana ecosystem – Kenya: 15th 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/misinformation.

Context

COVID-19 cases continue to rise in East Africa. Kenya has had a hard-line response to COVID-19. Schools have closed, strict travel restrictions and curfews have been imposed, alongside reports of police brutality and overcrowded quarantine centres established for anyone breaking the rules. The tourism industry, which makes up 10% of GDP, alongside many other industries, ground to a halt during the period. Reports of new infections and deaths are still rising.

In Uganda, our local partner the Rwenzori Centre for Research and Advocacy (RCRA) have observed increased poverty through the loss of livelihoods, and increased pressure on already weak health services. RCRA reports misinformation about both COVID-19 and family planning, undermining health messages. This could cause lasting damage to health seeking behaviour if not tackled.

With reduced public transport, couples spending more time at home together, and adolescents out of school, we expect an increase in unintended pregnancies. Data shows this is sadly already the case in Kenya. Kajiado County had the highest number of teenage pregnancies in Kenya between March and June, and the same reported predicted 26% of teenagers from poor HHs would get pregnant during lockdown.

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 often 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 is absolutely vital in ensuring our work can continue in remote, rural areas of Kenya and Uganda.

Progress update

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. Each partner provides access to primary healthcare and family planning to remote communities who face numerous barriers to accessing services and information.

One of the most significant barriers 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.

To date, the six partners have achieved the following made possible because of the PPE grant:

- 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 96,467 people with information on COVID-19 and 123,979 people with family planning information
- 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
- 17,012 women and girls were reached with their choice of family planning during lockdown, preventing unintended pregnancies
- 1,273 primary healthcare services were delivered (immunisations and other primary healthcare).

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.

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 contacts, and 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 so far.

Case studies

Masika (pictured below) is a resident of Kyaka zone in Maliba Sub county, Kasese, Uganda. Masika was worried about accessing contraception from a health centre due to COVID-19.

She normally uses public transport to reach the centre, which is small and doesn't provide long-term methods of contraception. When she gets there, she says she often waits in line with many others coming to access services, and sometimes finds the method of contraception she wants has run out.



A Backpack Nurse listens to Masika's experience and provides her with a long-acting reversible contraceptive method at her home

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.

Masika is one of 3,638 women reached by 'Backpack Nurse' family planning services in Uganda between April and June 2020. This is when a Nurse takes medication and equipment and meets the client at their home.



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

In the Amboseli ecosystem close to the 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.

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



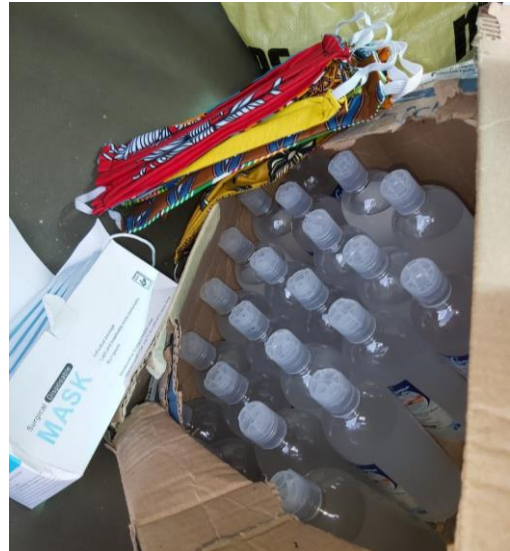
CHW trains client on effective hand washing in Baringo County



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



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

We have spent a total of £7,202.24 of the original budget to date, with the remaining £2,415.25 still to be purchased by three partners (in Kajiado County, Nakuru County and four counties around Mount Kenya). This is due to the fact that prices of PPE were extremely high and volatile during the first months of lockdown. Some of our partners decided to buy what they needed for the immediate work and save some funding for when the prices came down. They are still spending this funding now.

In addition, there were some changes to the actual needs of individual partners as compared to the budget. We spent more on hand sanitizer, but less on masks and face shields. Most partners chose to buy reusable/washable face masks, or even to buy the materials and make them themselves.

Goggles were not required in great quantities due to the Ministry of Health ordering the closure of mobile outreach clinics. 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 specifically included. 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.

Below is our actual spend, followed by the original budget as submitted to the Fondation Eagle.

Actual spend

Item	Budget £	Actual £
Hand sanitizer	883.08	1,373.02
Face Masks & Face Shields	3,784.62	1,623.09
Gloves	756.92	741.94
Hand Soap	883.08	1,069.36
Goggles	883.08	6.92
Gowns - protective	1,576.92	522.38
OTHER ITEMS		
Gun thermometer		681.73
COVID-19 Information materials		82.68
Gum boots		31.25
Disinfectant		171.09
Water dispenser		31.25
Name badge holders		17.53
CHASE Coordination and M&E	850.00	850.00
TOTAL	9,617.69	7,202.24

Original budget

Item	No. units/people	No. activities	Cost per unit KES	Total KES	£
Hand sanitizer	164	1	700.00	114,800.00	883.08
Face Masks	164	30	100.00	492,000.00	3,784.62
Gloves x 100	164	1	600.00	98,400.00	756.92
Hand Soap	164	1	700.00	114,800.00	883.08
Goggles x 20	164	1	700.00	114,800.00	883.08
Gowns 20 non-disposable	164	0.5	2,500.00	205,000.00	1,576.92
CHASE Coordination and M&E					850.00
TOTAL					9,617.69

COVID-19 restrictions are lifting slightly in Kenya and Uganda, and we hope to be able to resume small medical outreach clinics in the coming weeks. We will report on these activities with our final report.

On behalf of our local partners, Community Health Workers, Nurses and the communities they support we would like to express our gratitude to the Fondation Eagle.