



Summary of Results of 2021 Completed Projects

PROJECT TITLE: COVID-19: STOP THE SPREAD PROJECT, KENYA

PROJECT BRIEF

Project Period: Six (6) months

Project Budget: £200,000

Partner: GlaxoSmithKline

Target group: Frontline health workers (Community Health Volunteers and Health Care Professionals)

Region: Kenya

BACKGROUND

COVID-19 is rapidly spreading across the world; by the end of March 2021, Kenya had reported a total number of 132,635 confirmed cases with 2,147 deaths¹. To reduce the spread, Kenya adopted World Health Organisation (WHO) strategies to interrupt human-to-human transmission including: (1) reducing secondary infections among close contacts and health care workers, (2) inhibiting transmission amplification events, and (3) training health workers for early detection of suspected cases, diagnosis, and management. Drawing from more than 60 years' experience in health systems strengthening and community-led change, Amref Health Africa is working closely with regional ministries of health, alongside WHO in implementing preventive measures to curb the spread of COVID-19 and strengthen frontline health worker resilience.

As part of Amref Health Africa's continental response to COVID-19, the Institute of Capacity Development (ICD) led the implementation of a 6-month GSK funded 'COVID-19 **Stop the Spread**' project in Kenya through the following interventions:

¹ <https://www.health.go.ke/wp-content/uploads/2021/04/MARCH-31-2021-MOH-CS-COVID-RELEASE.pdf>

1. Training of frontline health workers (Community Health Volunteers and Health Care Professionals (HCPs) to strengthen surveillance, infection prevention, monitoring and referral mechanisms, and diagnostics.
2. Promoting the health and safety of health workers (occupational and psychological).
3. Advocacy and increasing awareness on COVID – 19 prevention and control at community level including hard to reach areas.

APPROACH

The project had three key approaches based on the three project objectives:

Approach 1: Support content creation and digitisation for CHVs and HCPs

The Ministry of Health (MoH) in Kenya developed a COVID-19 course for the training of CHVs (via Leap) and HCPs (via JIBU). At the inception of the project most of these training courses has been digitised through support from other funding and implementing partners (Master Card Foundation). However, as the pandemic evolved, a need emerged for content on home-based care for CHVs. Hence the project supported the development and digitisation of a module on Home-Based Isolation and Care guidelines aligned to the national CHV COVID-19 curriculum. The content has been added to the Leap curriculum targeting CHVs. The content writing process and subsequent translation was guided by subject matter experts (SMEs) from the MoH and Amref. The module addresses the following learning objectives:

- a) Education of community members about the eligibility for Home Based Isolation and care
- b) Assessment of the feasibility of home-based isolation and care spaces
- c) Inform community members about the procedures for home-based care
- d) Referral of patients if progression of symptoms is noted
- e) Use of Home-Based Isolation monitoring tools.

Approach 2: Train 2,000 HCPs through the Jibu App and 4,000 CHVs through Leap

Health Care Professionals (HCPs)

Amref enrolled a total of 2,050 (103%) of the targeted 2,000 HCPs on the MOH accredited COVID-19 curriculum, with 681 (34%) having completed the course. The course covered the following modules:

- a) Module 1: Overview of COVID-19
- b) Module 2: Infection Prevention and Control (IPC) measures for COVID -19
- c) Module 3: Rapid Response Teams (RRT) and Communication for COVID-19

The aim of the course was to enable healthcare workers to acquire knowledge and skills to:

i) Effectively diagnose and manage COVID-19; ii) Implement Infection Prevention and Control (IPC) practices for COVID-19; and iii) Effectively coordinate Rapid Response Teams and Risk Communication for COVID-19.

Community Health Volunteers (CHVs)

Amref enrolled 4,650 (116%) CHVs in three counties on the course, surpassing the targeted 4,000 CHVs. Of these, 2,969 (74%) successfully completed their training. To enhance ownership and sustainability of the community health strategy, a cascaded model of training was introduced. Amref built the capacity of county-based Trainer of Trainers (TOTs), who then trained the CHVs with Amref providing supportive supervision. A total of 356 TOTs were trained across the three (Nyeri, Samburu, Kilifi) counties, consisting of 3 county co-ordinators, 12 sub-county co-ordinators, 331 Community Health Extension Workers (CHEWs) and 10 County ToTs.

Approach 3: Provide mental health support to MoH

Amref engaged the Kenya MoH to identify the best approaches of offering psycho-social support to people experiencing COVID-19 related stress and stigma. The initial plan was to support the set-up of a national tele-counselling centre. However, this was difficult as it is a large-scale initiative dependent on support from multiple partners.

Amref therefore supported the MoH through the following activities:

1. Finalisation, digitisation and deployment a mental health curriculum, and manual for Community Health Assistants (CHAs) and the community health cadres. The manual covers issues such as substance abuse disorders, suicide and self-harm, all of which are being exacerbated by COVID-19 according to emerging data outlined in the United Nations Policy Brief.².
2. Conducted a knowledge, attitude and practice (KAP) survey in Meru Country to better understand mental health needs/gaps, and implement selected strategies

² <https://unsdg.un.org/sites/default/files/2020-05/UN-Policy-Brief-COVID-19-and-mental-health.pdf>

ACCOMPLISHMENTS

1. Summary of progress on objectives

#	Activity	Target	Achieved	%
1.	COVID-19 content creation and digitisation for CHVs and HCPs	4	4	100%
2.	COVID-19 Content modules for HCPs development and digitisation	6	8	133%
3.	Training of HCPs through Jibu	2,000	2,050	103%
4.	Training of CHVs through Leap	4,000	4,650	116%
5.	Tele-counselling support to MOH	1	2	200%

2. Finalised, digitised and deployed a mental health curriculum and manual for Community Health Assistants (CHAs) and the community health cadre
3. Conducted a knowledge, attitude and practice (KAP) survey in Meru Country to better understand mental health needs/gaps, and implement select strategies
4. Supported the Meru County Mental Health Task Force to develop a handbook of sensitisation messages to address the issues around stigma and social discrimination.

Survey findings from the Mental Health KAP survey:

The study involved 535 community participants and 109 healthcare workers. This translated to 100% survey target respondents. The survey results indicated that the majority of the community participants (90.5%) were aware of mental health with 35.1% reporting that they have a family member who requires mental health needs. 82.4% of the community participants were aware that mental disorders are not contagious with 87.5% reporting that most people with mental disorders are dangerous.

32.1% of the health care workers informed that they had been trained on mental health, while 91.7% of them were aware that mental disorders are not contagious. 54.1% reported that most people with mental disorders are dangerous. Only 29.4% of the respondents reported having provided counselling services in health facilities for patients with mental health needs.

The study established that aside from health facilities, community members sought mental health services from: religious leaders; traditional healers including the *Njuri Ncheke* who were approached for cleansing if one believed that the mental health issues were as a result of a curse from committing certain offenses. Some families did not seek any kind of help for their people with mental health and illness needs, with

some detaining them.

The study also established that:

- Community members did not have adequate knowledge on mental health and illness.
- Lack of awareness of the availability of mental health services in facilities was one of the challenges in access and utilisation of mental health services. The fear of contracting COVID-19 was reported to be preventing people from going to seek mental health services in health facilities.
- While most of the HCWs were knowledgeable on a number of mental health and illness, majority lacked skilled training in the treatment and management of mental health and illness.

The KAP survey report was finalised and disseminated in February 2021 during a Meru County stakeholders' workshop. A publication manuscript has been developed and peer reviewed. It is now at the final phase of publication, and the targeted journal for publication is Frontiers in Psychiatry.

LESSONS LEARNED

- Involvement of CHMTs from the onset is crucial as this led to more commitment from learners as well as a sense of ownership.
- The ToT approach has proven to be very effective and sustainable, as follow-up becomes easier and the reporting function is delegated to TOTs.
- There are major gaps in mental health programming that provide an opportunity for development organisations such as Amref to intervene.

CONCLUSION

The project contributed in strengthening COVID-19 surveillance, monitoring and referral mechanisms and, diagnostics in Kenya through equipping the frontline health workers with the necessary knowledge and skills to respond to the pandemic. The Mental Health KAP survey alluded a huge gap on mental health and psychosocial care hence potential areas for future collaboration.

REFERENCES

1. Training of healthcare professionals through Jibu Platform
<https://jibu.africa>

ACKNOWLEDGEMENT

1. GSK
2. Amref Health Africa (Institute of Capacity Development, Amref Health Innovations, Amref Laboratory)

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