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CONTINUITY OF CGP-GHS ACTIVITIES IN KENYA DURING COVID-19 PANDEMIC: APRIL-JUNE 2020

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Through a highly collaborative, multi-sectoral, community-centered approach, CORE Group Polio - Global Health Security (CGP-GHS) has been working to eliminate polio in Kenya since 2014. In 2018, CGP-GHS received additional investments to support Kenya's health security programming by integrating community-based surveillance for five priority zoonotic diseases – Anthrax, Trypanosomiasis, Rabies, Brucellosis and Rift Valley Fever. The purpose of this brief is to highlight the work that CGP-GHS has been able to accomplish in the context of the growing COVID-19 pandemic.

As of July 30, 2020, Kenya has 19,913 confirmed cases, 8,121 recoveries and 325 deaths from COVID-19. CGP-GHS has been able to support COVID-19 response, while continuing to perform essential activities of community-based surveillance (CBS), health education and outreach, and community engagement. CGP-GHS supports 95 cross-border health facilities in six Kenya counties (Garissa, Lamu, Wajir, Mandera, Marsabit and Turkana) in an effort to reach nomadic populations; additionally, the project works in Kamukunji sub-county in Nairobi. The project implements activities through five international NGOs: American Refugee Committee, International Rescue Committee, Catholic Relief Services, World Vision-Kenya, and Adventist Development and Relief Agency-Kenya.

CGP-GHS PROGRESSES IN SPITE OF COVID-19 DISRUPTION AND DISTRACTION

CGP-GHS conducts CBS, risk communication, and community engagement on zoonotic and other priority diseases. Community Health Volunteers (CHVs), Community Mobilizers (CMS), Community Animal Disease Reporters (CDRs) and Animal Health Assistants (CHAs) function as the primary linkage between community members, health facilities and veterinary services. A total of 583 individuals have trained on community-based surveillance for priority diseases, including zoonoses. This includes 60 community mobilizers, 271 community health volunteers, 97 community disease reporters, and 21 animal health assistants. As a formidable team, they work as a unit to improve early case detection and reporting of priority diseases of national importance to Kenya by going deeper into the community to complement the existing facility-based surveillance system; that is particularly poignant in communities where access to formal health facilities is limited, security is problematic, and traditional leaders are the preferred choice of care.

Since March 13, 2020, when the index case of COVID-19 arrived in Kenya, CGP-GHS was able to support COVID-19 response through leveraging private funds, while continuing to make significant progress on planned activities and deliverables. During the national lockdown, surveillance teams continued to report AFP, measles and priority zoonotic disease using telephone and text; use of KoBo Collect was further expanded to collect data on COVID-19 alerts. CBS involves house to house visits and One Health community dialogues at watering points, marketplaces, homesteads, grazing lands, and other locales where herders are tending their animals. From April through June 2020, CGP-GHS reported 94 animal health alerts across eight counties. The most frequently reported alert was aggressive animal bites (alert for rabies) (34), and the county with the highest number of alerts was Turkana (41 alerts).

In addition to continuity of CBS activities, the project has also maintained focus on ensuring staff and volunteers are trained and supported. In Turkana and Marsabit, health workers received refresher training to improve capacity to promptly detect and report alerts for priority zoonoses. In Lamu, Wajir and Garissa counties, the project conducted joint supportive supervision with veterinary teams. In Wajir, CGP-GHS and partners such as the Kenya Wildlife Service continued to develop a One Health team.

To protect progress made so far, community mobilizers and CDRs visited 64,792 households during the April-June quarter with health education and disease prevention messages; the project has expanded core activities to address the immediate pandemic emergency while continuing the search for cases of AFP and zoonotic diseases. During the same period, community mobilizers and volunteers reached 22,113 individuals through group visits. Information generated from both the household and group visits are shared with project supervisors, CHAs or border health facilities in-charge, and that information is used to adapt communications and outreach. Community mobilizers additionally engage the community during outreach clinic sessions; the project supported 173 outreach sessions for nomadic populations, 117 of which took place in Mandera, Turkana and Wajir counties and are intended to narrow widening immunity gaps among children under five during the pause of mass immunization campaigns.

During the April-June period, the project has finalized a field handbook for CHVs, CDRs and CHAs to support disease surveillance in arid and semi-arid counties of Kenya. The manual highlights information to prevent, detect, identify, and report suspected cases of AFP, measles, neonatal tetanus, acute watery diarrhea, fever with unusual bleeding as well as the priority zoonotic diseases. Additionally, the project developed a poster in multiple languages of the diseases for use in health facilities, veterinary pharmacies, marketplaces, and other public places to increase awareness and timely detection of animal health. The project recently developed a flip chart containing a series of lessons and illustrations for CHVs and Care Group lead mothers to teach about polio disease surveillance, immunization and other key family health messages; in response to community demand, a flip chart addressing animal health will be designed over the next several months.

These accomplishments demonstrate the resilience, perseverance, and dedication that CGP-GHS staff and volunteers have to community service. It also demonstrates the capacity of the Secretariat model to adapt to rapidly changing realities on the ground when faced with a novel pandemic. The team has been able to straddle the demands from government to support an agile response to COVID-19 while ensuring the commitments to pre-existing deliverables and outcomes. What started out as an investment to pilot the concept of weaving health security priorities into the polio infrastructure has shown to be a worthwhile investment.



Scar from aggressive dog bite reported at Nakururum-Turkana. Photo credit: Lomanat, IRC