



African Population and
Health Research Center

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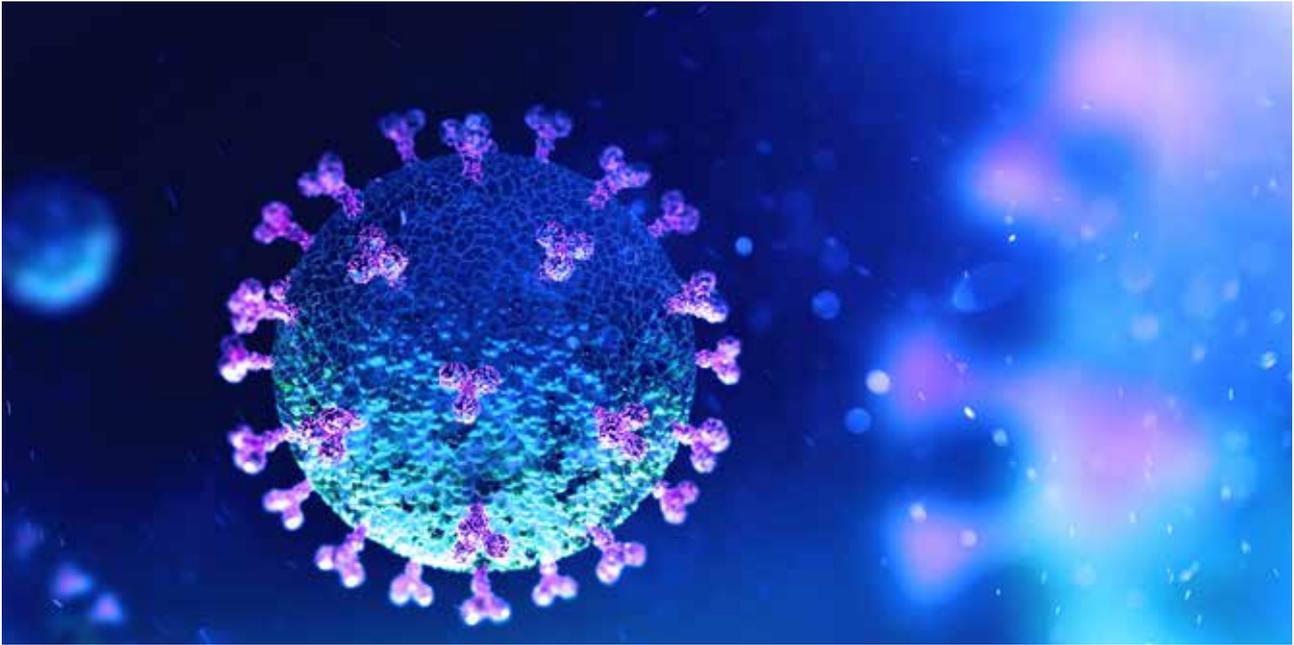
COVID-19 state of the mind

By Frederick Wekesah, Postdoctoral Research Scientist

COVID-19 is the worst global health crisis the world has experienced since World War II. Whole societies, communities, and individuals have been affected, and if they have not yet been affected, they are on course to suffer a great loss. The strongest global economies are devastated, and healthcare systems are overwhelmed by the demand for treatment of the disease. In many countries, resources earmarked for healthcare have been diverted to other sectors, while within the healthcare system itself, there has been a shift from preventative services to the provision of curative and emergency services.

The vagary of COVID-19 has brought social, economic, political, and cultural challenges and threats, and as is with any crisis, the first thing that is negatively affected is one's mental health. Shocks that come with a crisis destabilize the way we live and go about our business.

COVID-19 has also impacted societal demographics differently. The accompanying COVID-19 public health interventions have occasioned far-reaching challenges for the adolescent and the youth. At the core are issues such as loss of livelihood, over-exposure to information, self-doubt, anxiety, depression, widespread drug and substance abuse, and the dramatic increase in violence. Persons who have lost livelihoods due to public health restrictions have increased stress levels and are at risk of suffering depression. Individuals isolated and quarantined and those whose family members die from



the disease may experience post-traumatic stress syndrome. However, one group of people also affected, but often overlooked are young people. They, too, have to adjust to the new normal, which includes online learning, isolation from their friends, and the erasure of meaningful events from their calendars. The pandemic has had pervasive mental health consequences, eliciting fear, and anxiety responses for young people.

There are reasons why the health and well-being of younger people is particularly disproportionately affected by COVID-19. Most mental health disorders begin in childhood and worsen in adulthood. Additionally, threats to the safety of adolescents and youth linked to the pandemic have multiple origins, such as the disruption of their day to day lives being away from school, friends, and family and fear and anxiety about the disease.

It is especially difficult for younger people already struggling with mental health problems: the public health crisis, social isolation, and economic struggles accruing from the pandemic may exacerbate existing mental health problems and lead to a surge in mental disorders. Individuals may struggle to cope and fall into anxiety, substance use, and excessive alcohol consumption.

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COVID-19 has occasioned a situation where family members experience a high level of contact with people they can't get away from. This situation can lead to increased levels of repressed emotion and tension, and consequently, feel intrusive and threatening, possibly manifesting as violent outbursts. Younger people can be instigators or victims of violence. There is anecdotal evidence that the disease has increased incidences of violence for those living in volatile environments and relationships. For example, the press in Kenya is awash with stories of intimate partner violence and homicides during this period.

Younger people can be instigators or victims of violence.

Younger people are also avid users of social media, the internet, and technology, platforms that increase their vulnerability to cyber-based violence.

It is imperative and essential, therefore, that the mental health needs of adolescents and youth (including those on treatment for COVID-19, those in quarantine and isolation, and individuals with existing mental health conditions) are identified early and provided with treatment and social and psychological support to cope with the stressors. This support should also be accorded to those experiencing challenges due to loss of livelihoods leading to limited economic means, and their family members experiencing mental health stressors like drugs and substance use. This way, victims are not trapped in situations of perpetual danger, lost hope, and depravity.

Double tragedy for learners in informal settlements amidst the COVID-19 pandemic

By Catherine Asego, Project Coordinator



'*Kuja ukae hapa na unisubiri narudi,*' ('come sit here and wait for me, I'm coming back') beckons Bahati to his five-year-old sister Malaika as he runs into the obscured sunset to go and buy charcoal to prepare tea which is all that they will have for dinner. Bahati is a class 8 candidate at Holy Trinity primary school in Korogocho, where he lives with his mother and sister. Everyday, life in the slum is a struggle and for Bahati, his lifeline lies in fighting poverty that threatens to dim his hopes and those of his sister in these unprecedented times.

With the closure of learning institutions due to the COVID-19 pandemic, many students around Kenya are forced to find other ways, such as online learning, to continue with their studies. Unfortunately, for Bahati and numerous learners across informal settlements in Nairobi and around the country, the situation is dire. In these perilous times, accessing and continuing with their education seems unattainable given the myriad challenges they face. As Mwalimu Julius Nyerere, the former President of Tanzania once said, "Education is not a way of escaping poverty but fighting it."

To ensure learning continues amidst the crisis, the government needs to leverage low-cost technology, and utilize more community-based platforms to reach learners in urban informal settlements and other hard to reach areas. Parental engagement and support are pivotal in ensuring learners are adequately supported throughout the learning process.

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Government response to addressing the effects of COVID-19 on education in Kenya

In the wake of the pandemic that has nearly brought most nations to a halt, more than 90,000 learning institutions have been closed with over 18 million learners and 300,000 teachers forced to stay at home as part of the government's containment measures in Kenya (MoE COVID-19 Response Plan, 2020). To ensure continuity of learning, the Ministry of Education has instituted several measures to support learning during this period such as broadcasting of education content on local media stations and uploading of study resources on the Kenya Education Cloud and YouTube.



While these efforts may be laudable, many learners are still left behind, especially those in slums, arid and semi-arid lands, and other hard to reach areas. For instance, in the informal settlements across major towns and cities, low-cost private schools popularly known as Alternative Provision to Basic Education and Training (APBET) schools have been unable to continue supporting their learners and are at risk of collapse because they lack sustainable models that may mitigate against such crises. On the other hand, high-end private schools continue to support their learners through virtual classrooms and the provision of online learning material. This inequity poses a risk in terms of reversal of gains made in access to education, increased rate of enrolment, and progress in improving learning outcomes in Kenya.

According to the African Population and Health Research Center (APHRC), almost half of all learners in urban informal settlements attend APBET schools. According to the World Bank, poorer students and marginalized groups have less access to distance learning opportunities and experience greater learning losses while out of school as opposed to the learners from high-income areas.

Negative effects of COVID-19 on learners

The COVID-19 pandemic has brought with it a wave of destruction, anxiety, and irreversible damage. The negative impacts on education and schooling in Kenya include but are not limited to early pregnancies, child labor among others. According to the United Nations 2020 report, lockdowns and confinement measures come with a heightened risk of children witnessing or suffering violence and abuse. Furthermore, the effects of the pandemic and the prolonged closure of schools might see a spike in the number of school dropouts especially for learners from poor households. The economic downturn is characterized by numerous job losses for many Kenyans with some teachers and parents not being spared. Kenya's GDP is expected to decelerate substantially due to the negative impact of the pandemic.

For Bahati, and most slums dwellers, schools offer more than just learning opportunities - they provide learners with meals which they might not have at home, while some offer daycare services for working mothers.

Poor access to digital learning platforms and learning materials

According to the 2019 National Population Census report, 62.5 % of households in urban areas own a functional TV and 54% have access to radios. However, internet access remains low with only 18% of urban households owning a laptop computer or tablet. With limited or no access to the internet and/or TV and radio sets, learners from poor households are disadvantaged.

Most households in the slums are unable to meet their basic needs, given that a majority rely on daily wages from casual jobs and the informal sector has been hard hit. Thus, paying for internet, electricity, and mobile data to access online learning resources becomes an additional burden.

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The COVID-19 pandemic has exposed numerous challenges, opportunities and lessons for the education sector. With schools scheduled to reopen in September, several measures should be put in place to support Bahati and other learners in the country.

Parental engagement is at the heart of supportive learning. Parents should be empowered in their roles to enable them to fully participate and support their children to learn while at home. Empowering parents will further enable them to care for their children especially those with special needs while teaching them life skills that can be acquired at home. The Ministry of Education ought to leverage low-cost technology and more platforms such as local radio stations, SMS, and call platforms to ensure more learners have access to vital learning resources. Further, to cushion learners living in hardship areas like urban informal settlements, and particularly those enrolled in APBET schools, the ministry should consider exploring community-based initiatives that will ensure Bahati, and all other children have access to schools once they reopen.

How we are responding to the COVID-19 pandemic: The RELI experience

By Doris Omaso, Program Administrative Assistant



"Stay home and keep safe" the message on a loop in our minds as we see and hear it everywhere we go. We are living in uncertain times, and it is impossible to predict the future. There is a disruption in our lives, and we are unsure of what lies ahead. Education has been hit particularly hard by the COVID-19 pandemic. According to the global fund [Education Cannot Wait](#), 184 countries have mandatory country-wide school closure resulting in 1.52 billion out-of-school learners; 87.6% of the world's total enrolled learners. With children out of school, they are more vulnerable to abuse, including but not limited to family violence, child labor, sexual abuse, and the resultant mental health issues. Education stakeholders and policymakers are working around the clock to ensure learners are engaged while learning from home.

In the wake of this pandemic, the Regional Education Learning Initiative (RELI) network is keen to maintain its focus on improving learning outcomes for all children in East Africa. Since the disruption of learning in schools, and subsequent disruption of activities for most organizations, RELI members have regularly convened intense virtual meetings to deliberate on strategies to ensure continuity in learning.

From the discussions, it is evident that learners and tutors require a great support system to achieve their education. For instance, the Kenya learner-centered teaching thematic group identified parental

engagement as one of the crucial pieces towards ensuring learning continues amidst the crisis. School-from-home positions parents as the primary educators and supporters in this season. However, parents may not be capable of fully taking on this role because most of them have to juggle work and caregiving. It is quite an overwhelming role, especially for parents raising more than one child because each needs equal attention and support for school work. Parents, therefore, need the help of school leaders, teachers, and teaching assistants. These are capable of supporting learning while also playing an essential role as champions of key COVID-19 messaging and interventions.

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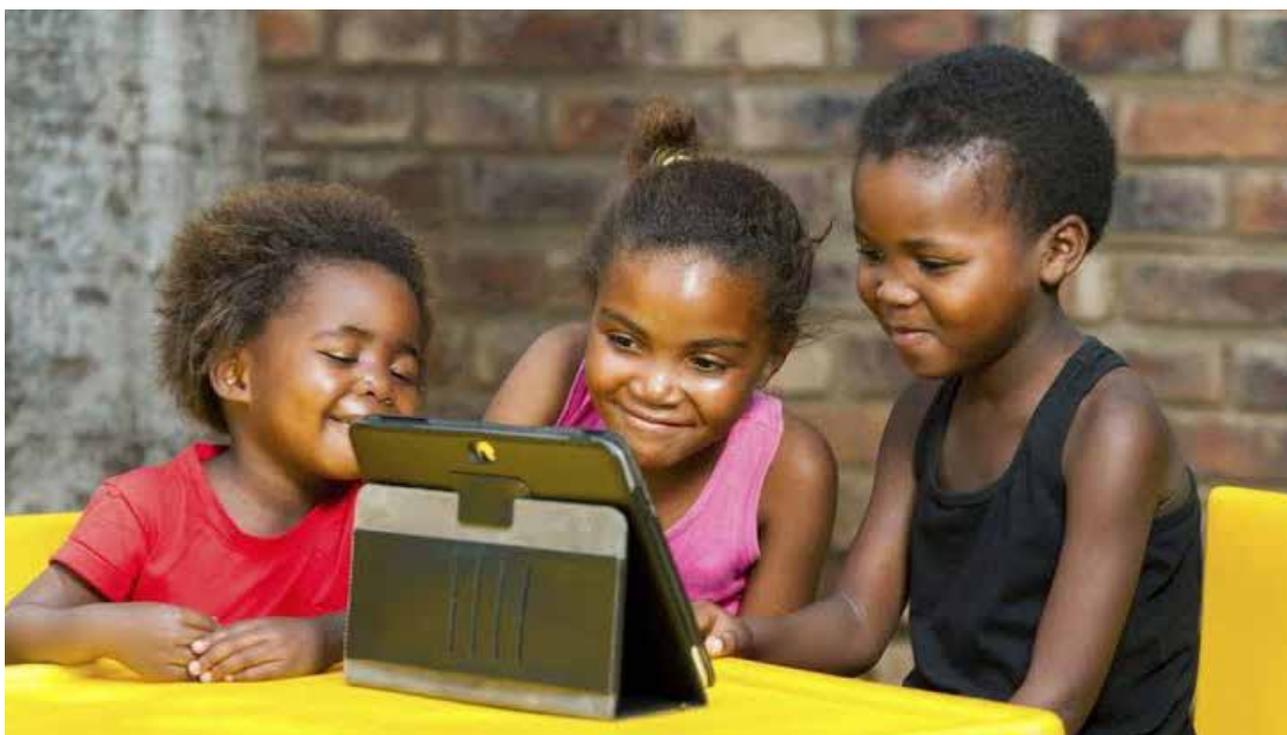
Other strategies are also crucial to effective learning. Peer learning is a valuable strategy for learners to support each other and encourage accountability. Use of media - radio and online resources with printed materials to enrich learning are also useful tools. Community champions such as Kenya Red Cross, teachers, and local radio stations can be used to communicate key messages in local languages - a great step towards motivating learners. Members also established that with appropriate child protection, sanitation, and physical distancing protocols, community resources such as cyber cafes and community DSTV centers could serve as learning hubs. Community DSTV centers provide learners with digital satellite technology and free access to the DSTV education package, including documentaries, educational, and current affairs channels. The Kenya team has engaged the COVID-19 National Education Response Committee, constituted by the Ministry of Education on these strategies.

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Across the border in Tanzania, the Teacher and Development Support (TDS) group is exploring the use of digital tools and platforms to facilitate connection, productivity and to make life easier during the global crisis. The team in Uganda support the implementation of the Ministry of Education and Sports framework for continued learning during the pandemic, such as through publicizing the Ministry's open-source self-study materials through text messaging to primary and secondary school teachers and learners in their networks. Some learners have been able to follow live lessons via television and radio platforms from their homes, thanks to the parents' guide on learning from home' included in this study package.

Amidst this pandemic, RELI members have prioritized continued learning through alternative learning pathways to ensure the disruption to education is as limited as possible, parallel to continued advocacy by members for disadvantaged learners.



Amidst the COVID-19 pandemic, blood pressure control is important

By Shukri Mohamed, Research Officer



Every year on May 17, the global health community celebrates World Hypertension Day. The aim of the day is to promote public awareness of hypertension, encourage prevention, and control efforts. However, this year's commemorations were a low-key affair owing to the global COVID-19 pandemic.

Despite the shift in attention towards the virus, we shouldn't lose sight of the fact that hypertension is the world's leading cause of death and a leading risk factor causing premature death and disability-adjusted life years in the world. Globally, it is estimated that more than a billion people have uncontrolled hypertension (UHTN) and the highest burden (46%) of hypertension is in sub-Saharan Africa (SSA). Uncontrolled hypertension is an established risk factor for life-threatening cardiovascular complications such as stroke and heart disease. Taking antihypertensive treatment substantially reduces the risk of morbidity and mortality related to uncontrolled hypertension.

Hypertension care is a challenge in SSA because of the continued prioritization of communicable diseases which also contribute significantly to the disease burden in SSA. In addition, healthcare systems across the region have an acute shortage of health workers, unreliable medical supply systems, wide variance in quality and safety among other factors, making hypertension care sub-standard. The diversion of health-related efforts in Africa towards the COVID-19 outbreak, only exacerbates these challenges. Health facilities have been tested in ways they did not anticipate and challenges will continue to confront the health system and health

workers in the days ahead. The growing number of cases threatens the capacity to provide adequate and quality standards of care for patients with other medical conditions. The COVID-19 impact on hypertension care is already being felt in Kenya as non-communicable disease (NCD) clinics have been closed since the beginning of the COVID-19 outbreak. These clinics provide care to people with hypertension, diabetes among other NCDs. Thus their closure threatens to curtail the gains made in the fight against NCDs and makes it difficult for patients to access treatment, and attend routine check-ups, where issues of urgent attention can be detected and managed early enough thereby reducing avoidable morbidity and mortality.

Current data on characteristics and early outcomes of COVID-19 shows that the virus induces more severe complications in people with pre-existing conditions such as hypertension, diabetes, heart disease and the elderly population who are more likely to have these conditions.

The COVID-19 impact on hypertension care is already being felt in Kenya as non-communicable disease (NCD) clinics have been closed since the beginning of the COVID-19 outbreak.

The economic ramifications of the pandemic put the poor under increased financial stress, which has knock-on implications on their healthcare spending. Major sources of income for the poor are threatened by the measures already put in place.

In these unprecedented times where most people are now confined in homes, it is important now more than ever for people with hypertension to maintain a healthy lifestyle that can reduce stress levels and more importantly continue taking their prescribed medications.

As most SSA countries head into the third month of partial lockdown and curfews, the poor need to make tough decisions on basic expenses, as revenue-generating activities decline and incomes fall. The economic ramifications of the pandemic put the poor under increased financial stress, which has knock-on implications on their healthcare spending. Major sources of income for the poor are threatened by the measures already put in place. For these reasons, **economic safety nets** such as cash transfers, and subsidized health insurance need to be put in place to support the poor and vulnerable populations. The high disease burden and life-threatening consequences of missed and delayed screening and management of hypertension make it an essential service to continue providing during this period.

Other actions that can be taken by different stakeholders include:

- Establishment of guidelines on the management of hypertensive patients during COVID-19. These should provide the alternative modes of hospital and community-based care such as mobile phone consultations/mobile clinics/telemedicine for hypertensive patients, screening/routine follow-up options for patients with and at risk of hypertension and clear means of accessing emergency care at any time considering lockdowns and curfews put in place.
- Mechanisms should be put in place to ensure accessibility and uninterrupted provision of antihypertensive medication and supplies, especially to poor and vulnerable patients. This includes: strengthening supply chains and allowing pharmacists to extend ordinary prescriptions. The result will be limited acute exacerbations, reduced need for patient-provider interactions, and minimized visits to the emergency room.
- Ongoing health education and awareness about the prevention and management of hypertension. This can be done through community-based and other non-governmental organizations currently delivering social care services to vulnerable populations, or via mobile messages through collaboration between mobile service and healthcare providers.

Despite having weak health systems, strategic coordination and management to maintain the provision of essential services such as hypertension will go a long way in reducing avoidable morbidity and mortality during the response and recovery phases of the pandemic.



COVID-19 should not hurt maternal health

By Estelle Sidze, Research Scientist, originally published in [The Standard](#)



What will be the impact of the COVID-19 pandemic on our healthcare system? Will the provision of maternal and child services be affected as the response to the pandemic monopolises and depletes limited health resources? What are some of the health systems and community strategies countries can take now to forecast and prevent possible negative consequences?

Currently, the African continent remains the least affected by the COVID-19 pandemic. However, significant increases in the number of cases have been observed. These numbers are expected to rise in the coming weeks. It is, therefore, critical for all countries to quickly transition from preparedness to response, scaling up diagnostic capacities, training health workers, and strengthening health systems and surveillance in communities.

As stressed by international health bodies over the past few months, ensuring the healthcare system continues to function is paramount in global health responses to the pandemic as facilities may and will need to respond to a surge of patients requiring care.

There are currently fears that health systems in Africa, particularly those of the poorest countries, will not sustain additional pressures from increasing numbers of COVID-19 patients. Those fears are worsened by media images of overwhelmed health systems in developed countries, with some experts predicting already gloomy or catastrophic scenarios.

A number of countries on the continent have registered important gains in improving maternal and child health in the past two to three years, with few countries now on the right path to achieve SDG 3 goals: reducing maternal mortality ratio to less than 70 maternal deaths per 100,000 births, and neonatal mortality to at least 25 or fewer deaths per 1,000 births by 2030.

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Success stories like Rwanda show that key ingredients for success are increases in the coverage of skilled deliveries, immunisation and family planning through careful investments in the health workforce, infrastructure and strong community involvement.

Potential scenarios through which the health system response to COVID-19 in African countries will affect maternal and child health include crowding out of services with rising cases, diversion of health workers,

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reprioritization of resources for maternal and child health services, and a lack of proper guidelines to continue 'safe' delivery of services at health facilities and communities.

To avert maternal and child deaths, women need to have access to appropriate and quality care along the continuum of care; before pregnancy (family planning services), during pregnancy (antenatal care), birth (skilled delivery), the immediate postnatal period (postnatal care for mother and baby) and childhood (exclusive breastfeeding, case management of pneumonia, and measles immunisation).

Critical gaps currently exist, particularly for access to antenatal care (4+ and 8+ visits), skilled attendance at delivery and postnatal care within two days. The gaps are significantly higher among the poorest women. In countries like Cameroon, Guinea, Mali, Niger and Nigeria, less than 20% of the poorest women benefit from life-saving skilled deliveries. All these critical services require women to visit health facilities in most countries.

Additional vulnerability

The COVID-19 pandemic in itself brings along potential additional vulnerability along the continuum of care, making the need to seek and receive appropriate care more crucial for women and children. Although the evidence is still not clear if pregnant women have a greater chance of getting sick from COVID-19 than the general public, it is a fact that changes in pregnancy increase risk of some infections.

It is also known that pregnant women are at a higher risk of severe illness if infected with viruses from the same family as COVID-19. Evidence also shows that although symptoms are generally mild, young children and infants are vulnerable to COVID-19 infection.

Evidence from the Ebola experience is clear about significant negative impacts on maternal and child health care seeking behaviours during epidemics. The Ebola epidemic led to significantly fewer institutional deliveries, fewer women achieving at least one antenatal care visit, and significant

reductions in the level of all vaccinations (polio and tuberculosis being the worst affected) in Guinea.

As most African countries move into partial or total lockdown in efforts to contain the transmission of the disease and flattening the curve, it is critical to put in place measures to ensure pregnant women and children can continue to safely access care when needed.

This includes putting in place guidelines and safety measures for continuous provision of maternal and child health information for disease prevention and care seeking at households by social mobilisers and community health workers/volunteers.

Failure to implement such measures will result in higher percentages of foregone care for maternal and child health services and higher levels of complications and deaths.

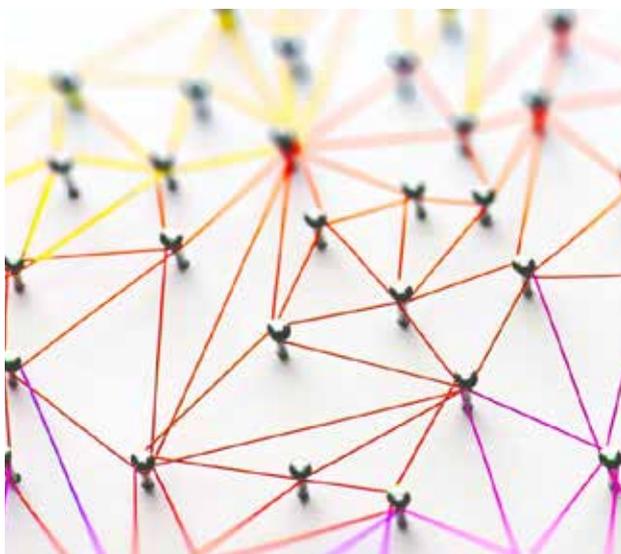
Failure to implement such measures will result in higher percentages of foregone care for maternal and child health services and higher levels of complications and deaths. Maternal and child health gains will only be affected or reverted across the continent if we fail to maintain the health system and community strategy pillars on which those gains stand.

Some of the recommendations to prevent possible catastrophic scenarios include:

- Assessing the preparedness of the health system to continue offering outpatient, inpatient and emergency care to all patients, not just to COVID-19 patients in the weeks to come.
- Sensitising families on the need to continue seeking antenatal care, skilled delivery, and immunisation using traditional media, social media and community health workers.
- Rethinking the framework of care provision for essential services, in particular antenatal care and immunisation. The strategy adopted for saving lives has been to push women and children to receive care at health facilities. Innovative models of care delivery at home without pressure on limited health personnel should be considered.
- Evaluating and learning. We learned valuable lessons from the Ebola epidemic. Those should not be ignored.

Connecting the dots the measurement and impact evaluation way

By Michelle Mbuthia, Communications Officer



In January this year, the Center, for the first time in its history, delved into the world of Measurement and Impact Evaluation (M&IE). The project, led by Drs. Moses Ngware, Damazo Kadengye, and Moussa Bagayoko was developed to strengthen the Center's position in policy-relevant evaluations driven by measurement methodologies spanning impact evaluations, performance and monitoring systems, economic evaluations (cost-benefit analysis, cost-effectiveness analysis), and development of theories of change, through building of strategic relationships with key policy actors at national and sub-national levels. It is also aimed at enhancing APHRC's position as a Pan-African center of excellence and a strong regional player in measurement and impact evaluation (M&IE). In collaboration with research institutions and universities from the Global North, the project also seeks to build internal capacity in human resources for M&IE, classical and emerging M&IE methodologies, scenario-building, and theory of change conceptualization.

While many may be familiar with the 'monitoring' aspect of the project, impact evaluation is a bit of a foreign concept to others. Let us break it down a bit: while measurement is concerned with the performance and progress of a particular undertaking (considering its relevance, efficiency, effectiveness, and even sustainability), impact evaluation is 'the assessment of the contributions of interventions towards a specific outcome or goal.' Here, impact refers to the changes that can be attributed to a

particular intervention based on models of cause and effect, and requires a credible counterfactual to control for factors other than the intervention. It can either be positive or negative, primary or secondary long-term effects produced by a development intervention, intentionally or inadvertently, directly or circuitously. To put it succinctly, M&IE is an accountability tool.

As a continuous exercise over the life-course of a project, impact evaluation is important because it provides evidence that can be used in critical decision-making during or after the project, such as scale-up, replication, or perhaps discontinuation. It enables researchers and program implementers to establish how much-observed change is attributable to their initiatives. In this case, attribution means showing linkage to observed changes as stemming from the intervention or study, but also how they came about. An MIE exercise would demonstrate, for example, how APHRC's interventions in informal urban settlements have improved the lives of the residents of these areas by conducting impact evaluation. There would also be subsequent uptake of the evidence from the evaluation findings in decision-making by stakeholders at different levels for policymaking and action in informal settlements.

It is imperative to consider the timing of an impact evaluation. When conducted too late in a project's life, the findings come too late to inform decisions. On the other hand, if they are too early, then they may be deemed premature. As with other aspects of project implementation, impact evaluation can be a participatory process. The key, however, is in the selection of the participants based on the role they play as well as the timing of their involvement. Within this stakeholder group, some define impact while others are affected by it. At times those two groups cut across each other.

Impact Evaluation can be conducted for different levels and scales of implementation. For example, with the world going into the homestretch of the Sustainable Development Goals, governments can use impact evaluation to assess their progress towards the achievement of these development objectives and use the findings arising from it to inform the identification, planning, and implementation of future targets.

Hopefully, the three-year initiative will inform a new way of doing business at the Center.

We need mechanisms in place to realize the right to food for all Kenyans especially during the COVID-19 pandemic

By Florence Sipalla, Communication Manager, originally published in the [Daily Nation](#)



"I wonder how grass tastes like." This is a statement that those who, like me, grew up *watching The Sound of Music* might remember. The little boy Kurt was so hungry that he wondered out loud, what grass tastes like. That statement struck me. And stayed with me.

Reading about the Peninah Bahati Kitsao, the widow who was boiling stones to feed her eight hungry children reminded me of Kurt's musings. Before her neighbors came to her rescue on hearing the cries of the children, like Kurt, Kitsao was wondering how she could turn what was around her into food. This mother, at her tether's end, decided to give her children a semblance of hope, a boiling pot of stones as she thought of what to do to find their next meal.

"If you don't work, you don't eat!" I have heard this statement repeated often. But it does not apply for many people. It is not that they are unwilling to work, but that they are unable to. Newspapers are awash with news of job cuts, including in the newsrooms. There are many who have lost jobs as a result of the implementation of the necessary social distancing guidelines. There are those who earn a living from the many commuters on the roads, as they hawk their wares, sell water, sodas, provide food (breakfast

and lunch) to many office goers. All these are jobs that have shrunk or disappeared and with them, the ability to put food on the table. Those who would employ them to do odd jobs, are now either doing it themselves, in a bid to observe social distancing guidelines, or trying to save an extra coin for a rainy day, or both.

Unfortunately, this is the reality of many Kenyans, especially those living on the margins. Kenyans who survive on piece-meal work, which continues to shrink with people opting to do such work themselves, cleaning, gardening either as they adhere to social distancing instructions or as they cut down on expenses.

The right to food is enshrined in article 43 (a) of the Kenyan constitution (2010). The APHRC Right to Food initiative led by Dr. Elizabeth Kimani-Murage asserts that: "Every Kenyan has the right to feed oneself in dignity." Many of our economic and social rights (ECOSOC) also captured in international instruments such as the universal declaration for human rights and Sustainable Development Goal two which aims to eradicate hunger.



Food insecurity especially in urban areas was the discussion of [APHRC's first webinar](#), bringing together like-minded people to discuss the impact on the pandemic on this basic need. We had Wawira Njiru, founder of Food for Education, an initiative that provides affordable meals to school children and James Smart, a seasoned freelance journalist who has been documenting the impact of the pandemic on small traders who are key to food distribution networks in informal settlements discussing what they are witnessing on the ground.

After the school closures occasioned by the pandemic, Food for Education changed their approach and were supporting the families of the school children, providing care packages as many of these parents depend on shrinking casual jobs to put food on the table. Smart indicated that some traders selling food items such as cereals and pulses had seen a market increase in demand for their wares as families made plans to ensure that they could feed the children who were home from school for an extended break. However, the traders were also incurring increased costs as they procure food items as a result of the restrictions put in place to help control the spread of the COVID-19.

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To discuss the research and movement building perspectives we had Dr. Kimani Murage, Senior Researcher and Head of the APHRC Maternal and Child Wellbeing Unit, and Emmanuel Atamba, Program Officer, Research & Policy at Heinrich-Böll-Stiftung, working with the Route to Food Initiative. We also had Veronica Kirongo, head, Nutrition and Dietetics Unit at Kenya's Ministry of Health who shared information on the nutrition guidelines put in place by government as part of the COVID-19 response.

Atamba noted that cessation of movement and lockdown measures in some urban centers such as Nairobi and Mombasa had an impact on food distribution. This is because small-scale traders depend on public transport to transport food items (in the boot) from rural and peri-urban centers. This supply chain had effectively been halted by the measures implemented by the government.

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Kimani-Murage shared a finding from the Wellcome Trust funded public engagement work where participants identified urban farming as one of the solutions to food insecurity in informal settlements. This is because it would provide a source of food and livelihood as the urban farmers can sell some of the produce to their neighbors. She noted that urban farming is very critical, especially for the most vulnerable households in informal settlements. In the discussions, we highlighted that often, those who live in urban informal settlements experience food scarcity at home, even when there is an abundance of food in the market, owing to limited purchasing power.

The researcher also spoke about the visionary work she is leading, to craft a [vision for Nairobi in 2050](#), where all city dwellers can enjoy food and nutrition security in a peaceful and serene place of cool waters. The team is working on refining the vision that we hope to bring to fruition through a transformed food system where no one will have to worry about food or have to dupe children by boiling stones, in the hope that food will come. Policies to support food production and distribution are the building blocks that will help us realize this dream.

Health and health systems in the COVID-19 aftermath in sub-Saharan Africa

By Abdhahah Ziraba, Research Scientist



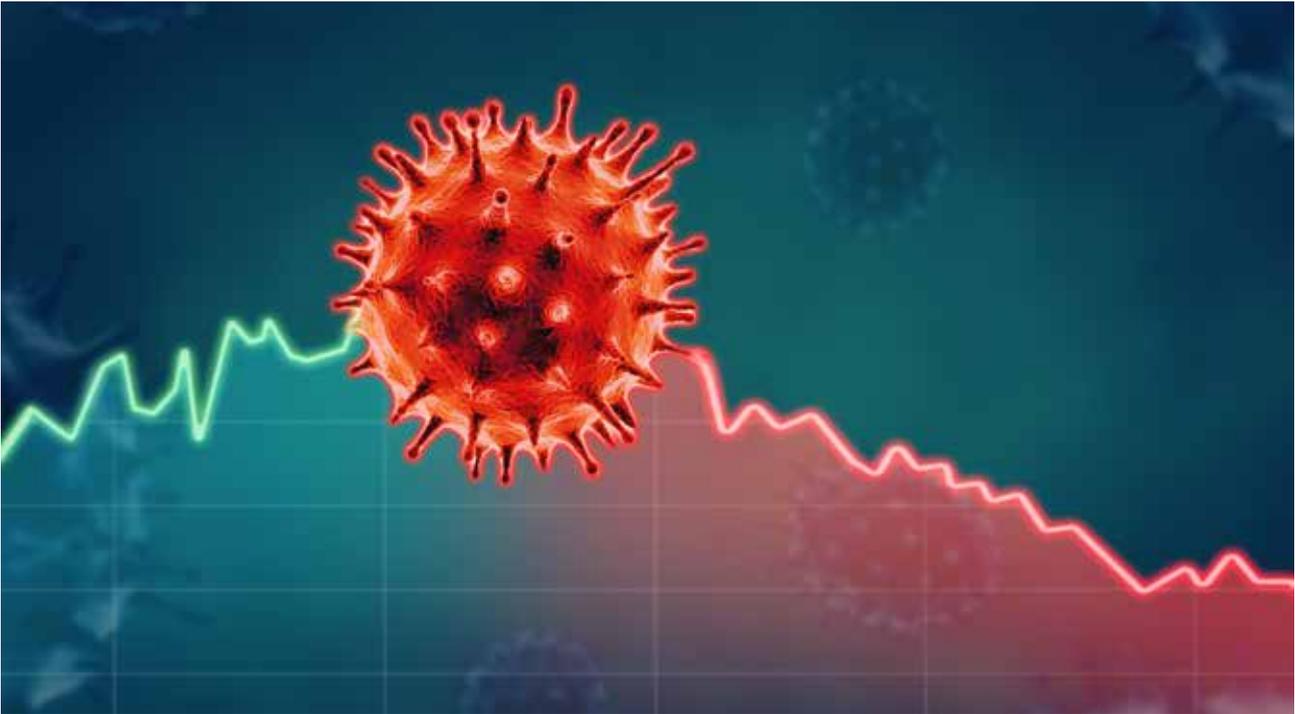
The sub-Saharan Africa region has a substantial share of the global burden of disease. Major causes of death include HIV/AIDS, malaria, tuberculosis, maternal, newborn and child health, and an upsurge in non-communicable diseases such as cardiovascular diseases, cancers, and injuries in the last two decades. Concerted efforts supported by national governments and global partnerships have led to some significant improvements and optimism on many fronts is high as we head towards the end of the Sustainable Development Goals (SDG) era in 2030.

The coming on the scene of COVID-19 is threatening to derail all this. The concern is premised on evidence—the havoc it has caused in China, Europe, and the United States of America. The pandemic in sub-Saharan is taking a protracted course with fewer cases and deaths than anticipated. However, the impact of the COVID-19 response is unsettling the social and economic situation while at the same time, fears of the healthcare system getting overwhelmed, should cases increase are still palpable.

By global metrics that measure the functionality of a health care system, such as the State Party self-assessment Annual Reporting (SPAR), most countries in the sub-Saharan Africa region are classified as weak. Other measurements that have attempted to

quantify the vulnerability of countries to infectious disease outbreaks such as the Infectious Disease Vulnerability Index have painted a similar picture. While these indicators have faced criticism on their predictive value, especially with COVID-19, they provide a clue on the resilience of a healthcare system, including the elasticity to adapt if disaster strikes. The fiscal wiggle room is a critical aspect especially when prevention fails and an epidemic takes hold. This is the lens that most modelers of the COVID-19 epidemic have used. One aspect that has probably not been given the correct weight is that responses to such a pandemic go beyond the

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functionality of a health care system as envisaged. Most of the critical interventions are indeed not your everyday public health interventions. For example, closure of schools, airports, business premises, and restrictions on movements. All these go beyond the health sector and require a bold political commitment bearing in mind the potential consequences. Indeed, the compliance to observe the interventions by all sectors and overall political leadership might be the most crucial contribution to stemming the COVID-19 epidemic. Globally, we have examples of countries where leadership has been decisive, experience more favorable trajectories of their epidemic. Japan, Germany, and many African countries acted in earnest even before they recorded a single case. This means that a country with a good system can have a poor response to an epidemic depending on the prevailing political situation at the time.

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The projections for the COVID-19 epidemic on the continent have been far from accurate, and this has been great news where doom was predicted. While people have argued that the projections were not targets to be achieved, it is undeniable that the expected trajectory has been light-years off the mark for new infections and mortality. However, this is not to say we are out of the woods, far from it. The epidemic is still evolving, new cases are being reported, the economies are hurting, and fatigue towards the government interventions is setting in. As a result, many countries are contemplating relaxing their restrictions. This requires caution. Elsewhere in places like the USA and China, we have seen examples of what appears to be a rebound upon removing social distancing restrictions. Below, I summarize current and predicted health and health system impacts as the epidemic rages on in sub-Saharan Africa.

The COVID-19 numbers:

Recent models still predict substantial mortality that we cannot ignore. While slow and predominantly urban, the epidemic is bound to reach rural areas where the majority of the older and more vulnerable population lives. In my opinion, governments need to sustain the response, the surveillance, and availability and readiness of healthcare services, should the need to accommodate large numbers arise. Overwhelming healthcare systems in the region will not require tens of thousands of very ill patients. The available capacity will be stretched

long before numbers get to those levels. On the other hand, sustaining the response at the current levels will have significant health, social and financial costs, making it hard for decisionmakers.

Displacement of other essential services:

The displacement of other services has been occasioned by financial prioritizing, shortage of key staff, constraints on shared infrastructure, and services. Over the last two decades, progress has been made in addressing some major health challenges such as tuberculosis, HIV/AIDS, and diagnosis and treatment. There is also progress in child survival through interventions like immunization and nutrition. Maternal health is improving through increased antenatal care use, reduction in unintended pregnancies through family planning, and skilled birth attendance. The gains in the health sector have not come easy, yet they can be lost in a few months.

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The ebola virus disease outbreak in West Africa and the Democratic Republic of Congo illustrates this very clearly. Lapses in TB programming are bound to promote multidrug-resistant TB; preventable maternal deaths will increase as a result of unwanted pregnancies, and unsafe abortions and childhood survival will dip due to low uptake of child health prevention interventions.

Fewer resources available to the sector- financial, infrastructure, personnel:

The amount of financial resources mobilized for the COVID-19 response has been substantial-coming from donors and local resources, including budgetary reallocations. The reallocations are not only impacting other sectors of the government; they are also affecting some health programs. In the last several years, many countries have been attempting to remove the financial barriers to accessing health. This initiative is vulnerable to being derailed and hence will undermine progress towards achieving Universal Health Coverage (UHC). Reassigning and task shifting of health personnel is happening to plug the gaps in the COVID-19 response. This is likely to compromise the quality and quantity of care with dire consequences. Shared facilities like wards, laboratories and other investigative facilities such as medical imaging are overstretched. They will consequently not be readily available to other non-COVID-19 users.



Low demand for services:

The decline in the demand for services will arise out of several factors. These include cost, due to lost income and fear of getting infected at health care facilities. Other issues might be perceptions around quality and service provision timeliness with attention going to COVID-19 cases. All these can reverse the momentum attained in some health program areas like maternal newborn and child health.

Intended health consequences due to COVID-19 interventions:

While the focus on the potential implications of COVID-19 has been on the social, economic and limited access to health services for other conditions, there has been little engagement on the potential of new health developments as a direct or indirect consequence of the COVID-19 interventions. For instance, many are experiencing being homebound

for long periods for the first time, loss of income, and uncertain financial future. There are reports of people experiencing anxiety and depression, as well as physical and emotional abuse. The inactivity associated with being house-bound is a recipe for weight gain, a precursor to many health problems.

Opportunities:

While on the balance of things, it looks like the pandemic has and will continue to impact population health and the healthcare systems gravely, it also provides a learning opportunity. Global health has often been politicized, with some world leaders being negligent of their responsibilities in the face of incontrovertible evidence, as seen with climate change and its health and development impacts. The pandemic might be the catalyst that world leaders need to rethink their world view of public health.

Some quick take away lessons:



1 Global health cooperation

COVID-19 has demonstrated how interconnected we are, providing an opportunity for re-engineering global diplomacy and cooperation on health as it happened with HIV/AIDS. In a way it is an opportune moment for countries to strengthen healthcare systems;



2 Making available essential services for all

Some of the currently recommended interventions for COVID-19, such as handwashing, are practices that need high coverage. However, this is not the case. There is an opportunity to ensure universal access to basic sanitary services and behavior change through strengthening primary health care;

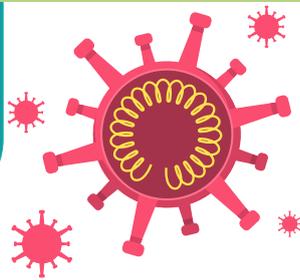


3 Data systems

every country needs a functional and robust surveillance system for early detection of outbreaks. Data is also crucial for evidence-based decision making. Unfortunately, during the pandemic, there are instances where decisions have been made without evidence resulting in grave errors and thousands of needless deaths.

NEW CORONAVIRUS

Covid-19 or 2019-nCov



SYMPTOMS

● Common ● Less typical



PREVENTION

- Stay at home when you are sick
- Avoid close contact with people who are sick.
- Wash your hands at least 20 seconds.
- Cover your cough or sneeze with a tissue.
- Don't eat raw food, thoroughly cook meat & egg.
- Avoid touching eyes, nose, & mouth with unwashed hands.
- Clean & disinfect frequently touched object & surfaces.
- Avoid Crowd Places.

Editorial team

Frederick Wekesah, Catherine Asego, Doris Omaso, Shukri Mohamed, Estelle Sidze Michelle Mbuthia, Florence Sipalla, Abdhahah Ziraba, Moreen Nkonge and Siki Kigongo

About the African Population and Health Research Center (APHRC)

The African Population and Health Research Center is the continent's premier research institution and think tank, generating evidence to drive policy action to improve the health and wellbeing of African people.

Contact details

African Population and Health Research Center
 APHRC Campus, 2nd floor, Manga Close, Off Kirawa Road
 P.O Box 10787-00100
 Nairobi, Kenya
 Email: info@aphrc.org
www.aphrc.org