

EVALUATION OF THE HYGIENE AND BEHAVIOUR CHANGE COALITION FOR COVID-19 PREVENTION:

The inclusion of persons with disabilities and older people



This policy brief highlights the findings from an evaluation study on the inclusion of persons with disability and older persons in hygiene and behaviour change interventions implemented in Kenya during the height of the COVID-19 pandemic. The results of this study are intended to inform and improve similar programs and interventions.

I. INTRODUCTION/BACKGROUND

Persons with disabilities and older people comprise a significant proportion of the world's population, and they often face social and economic exclusion; including inequitable access to WASH services.

According to the 2019 census¹, approximately 2.2% of the population in Kenya have some form of disability, and approximately 6% of the total population were aged at least 60 years. The government of Kenya recognises that inclusion of disability is a prerequisite to the achievement of national and international goals and that older persons are entitled to care and protection from the State.

The Ministry of Public Service, Gender, Senior Citizens affairs, and Special Programmes is mandated to coordinate, mainstream and implement the concerns of older persons and persons with disability. The Ministry implements this mandate in partnership with other state and non-state organisations who have provided support to the inclusion of older persons and persons with disabilities in development and well-being programmes.

The COVID-19 pandemic had a disproportionate impact on the lives of persons with disability and older people owing to their vulnerability such as underlying medical or chronic conditions among older persons. The Hygiene & Behaviour Change Coalition (HBCC) program was introduced to raise awareness on hygiene behaviours to curb the spread of COVID-19. Aspects of this program were implemented in Kenya by various organizations, including AMREF health Africa, Population Services Kenya, and Water and Sanitation for the Urban Poor (WSUP). Among the various interventions implemented by governmental and non-governmental organisations, and in line with the COVID-19 preventive strategies, were hygiene and behaviour changes including handwashing with soap, the use of hand sanitiser, and disinfection/cleaning of surfaces.

We conducted a study to evaluate the inclusiveness, effectiveness, and outcome of HBCC interventions for persons with disabilities, older people, and their caregivers, of implemented programmes in Kenya. The evaluation was conducted using qualitative and quantitative methods in Kwale, Taita Taveta, Embu and Homa Bay.

II. RESULTS

A. Implementation

Overall, 21% of respondents had some form of disability, and specifically visual impairment (5%), hearing difficulties (3%), mobility impairment (11.5), communication impairment (3%), cognitive impairment (5%), self-care impairment (5%), anxiety (4%), and depression (3%).

1. 2019 Kenya Population and housing Census

BOX 1: Key Messages

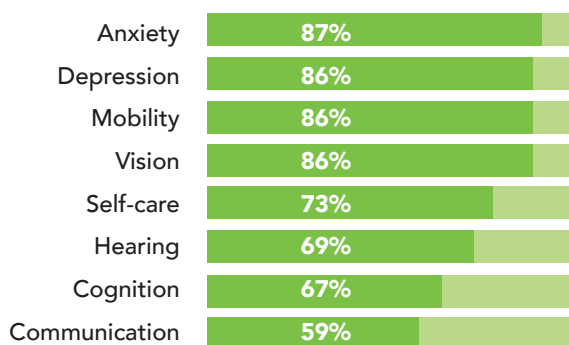
- Various organisations were involved in delivery of hygiene and behaviour change interventions, including to PWDs and older people
- PWDs and older people mainly received the interventions targeting the general population
- Broadcast media was a common source of COVID-19 prevention measures
- Health care staff and community level leaders were instrumental in delivery of messages and ensuring adherence of prevention measures
- PWDs and older people needed assistance in using public handwashing facilities

Interventions implemented during the pandemic included (i) capacity building of health workers, (ii) distribution of hygiene facilities and products, (iii) behaviour change information and communication, and (iv) capacity building of DPOs, county level support staff, PWDs and caregivers.

More than half (58%) of the respondents with some form of disability and 71% of older people received hygiene and behaviour change messages, mainly from the Ministry of Health. The most common messages received were on mask use, handwashing with soap, and social distancing, which were mainly received from broadcasting media (TV and radio).

However, among the types of impairments, persons with communication impairment had the lowest reach of the intervention messages.

Messages received by type of impairment



In terms of hygiene kits, less than 10% of PWDs and older people received soap, sanitiser, or detergent; and less than 20% received masks. These products were mainly distributed at public health centers. A total of 51 handwashing stations were observed in public spaces, majority (72%) of which were functional.

Overall 64% of the PWDs in rural areas received at least one hygiene intervention compared to 36% in urban areas (36%); and 68% of the older people in rural areas received at least one intervention, compared to 32% in urban areas.

B. Mediators

Health professionals were the most common influencers of hygiene and behaviour change. Community level leaders such as chiefs and village elders were also instrumental in delivering and influencing hygiene and behaviour change, especially in rural areas. Both PWDs and older people believed that the hygiene messages and measures were effective in preventing the spread of the COVID-19 pandemic.

C. Experiences

Approximately 91% of PWDs and 94% of those who were older believed that the messages were appropriate for them (compared to 95% of those without disability, and 93% who were below 60 years). However, the handwashing facilities in public spaces were more convenient to the general population. PWDs and older people experienced challenges in reaching the handwashing stations, both at home and in the public spaces, and as such needed assistance from their caregivers.

Contributors:

Sheillah Simiyu: ssimiyu@aphrc.org
 Kanyiva Muindi: kmuindi@aphrc.org
 Nelson Mbaya: nmbaya@aphrc.org

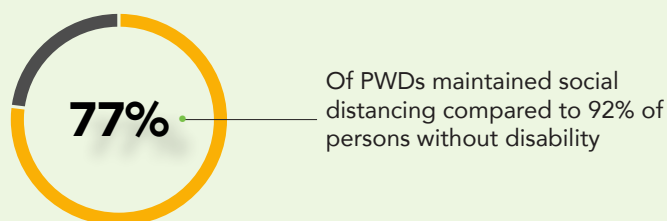
She needed assistance in operating [the handwashing facility in a public space] because she is elderly. She had to be assisted to open and close the tap.
 [Female caregiver of older person, Homa Bay]

Within their homes, PWDs and older people commonly used a basin for handwashing purposes.

D. Context and outcomes

The respondents had fairly good knowledge of the spread of COVID-19, and they mentioned practices such as coughing, sneezing and handshaking that contribute to the spread of the disease, as well as preventive measures such as handwashing and using face masks.

Comparing the persons with disability and those without, significantly less PWDs understood that social distancing should be maintained in public places (67% compared to 83%), which translated to a significantly less PWDs maintaining social distancing compared to persons without disability (77% compared to 92%). In terms of vaccination, significantly more older people had received vaccination (24%) compared to those less than 60 years (16%).



Persons with disability (47%), the elderly (50%) and their caregivers stated that their ability to wash hands at home had significantly increased after the pandemic, with hygiene practices becoming a habit.

I am used to washing my hands every now and then. [Caregiver of a PWD, Taita Taveta]

BOX 2: Key Messages

- Increased funding and resource mobilisation to ensure enough allocation of resources to interventions across the country
- Involvement of all stakeholders in design and implementation of interventions
- Designing interventions that are inclusive of older persons and the different types of types of impairments, and use of appropriate modes of delivery of these interventions
- Continued sensitisation and awareness raising, through local level stakeholders and the public health system.

This study was led by APHRC in collaboration with International Centre for Diarrhoeal Disease Research, Bangladesh, and with funding from the UK's foreign Commonwealth and Development Office.

Phylis Busienei: pbusienei@aphrc.org
 Allan Musumba: amusumba@aphrc.org