



# COVID-19 COUNTRY PREPAREDNESS & RESPONSE PERFORMANCE

**DR. EVA NJENGA  
CHAIR, KMPDC**

**COVID-19 SYMPOSIUM**

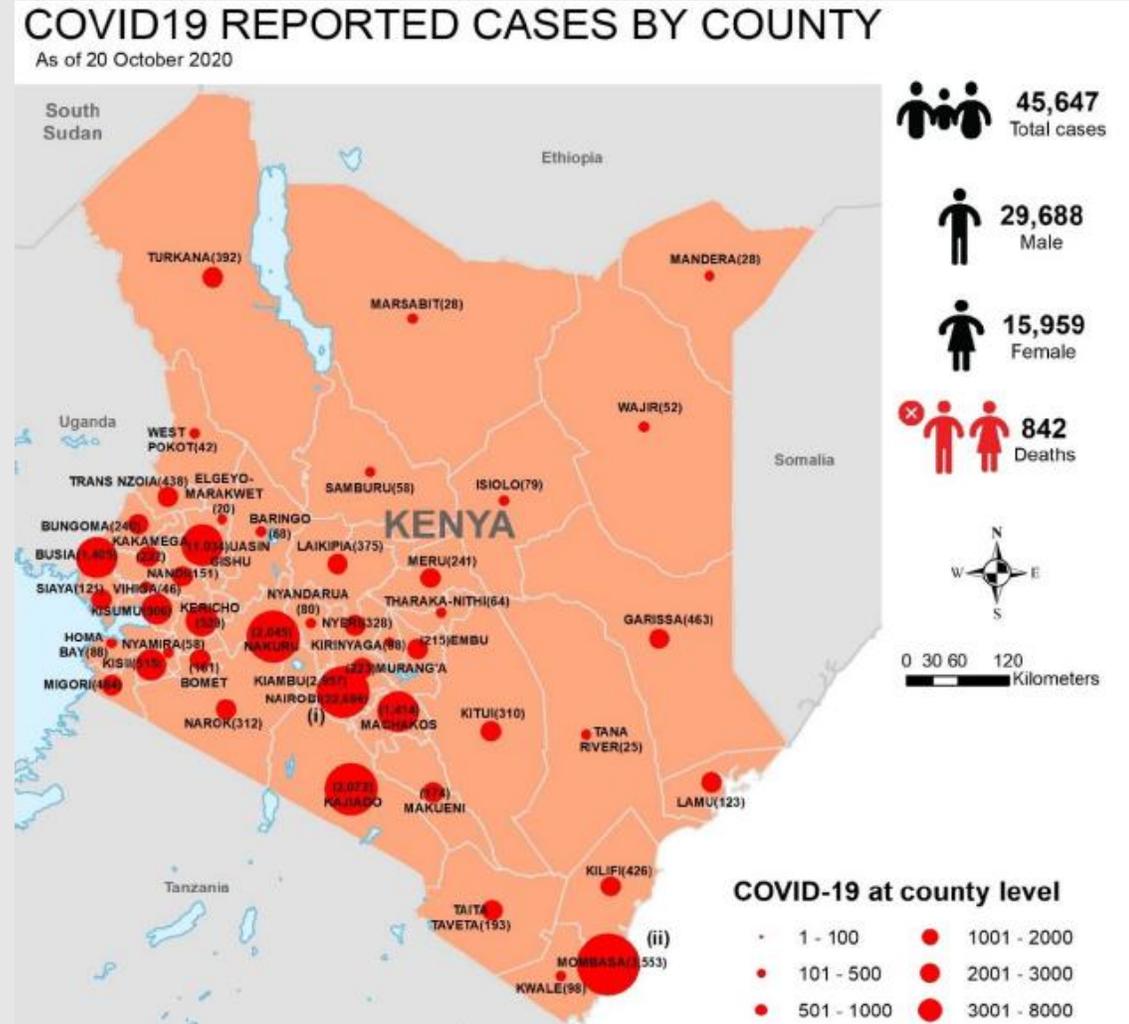
Serena Hotel Nairobi  
22<sup>nd</sup> October, 2020





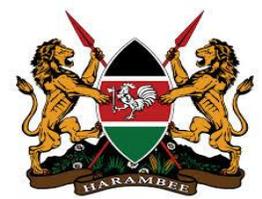
# National Situational Analysis

- ❑ As at October 20, 2020, **45,647** positive cases have been confirmed nationally.
  - Recoveries - **73%**
  - Deaths - **1.8%**
- ❑ **Key Challenges**
  - Limited health infrastructure
  - Delayed laboratory test results & inadequate supply of testing kits
  - Health worker infections/ inadequate staffing
  - Stigma, discrimination, and public perception.
- ❑ **Mitigations:** capacity building on rapid response, contact tracing and use of data management systems





- Following the first COVID-19 case in Kenya reported on **13th March 2020**, data based evidence has shown that the outbreaks in the various counties is through inter/intra country importation of the virus.
- This places the role of **County Governments** in the current COVID-19 response as a critical component in managing the COVID-19 situation.
- To facilitate the County governments to **upscale their systems** the Cabinet Secretary Ministry of Health Sen. Mutahi Kagwe EGH, constituted a team of Experts to provide **Technical Assistance** to the Counties.
- A team of **154 officers** under the overall leadership of **Dr. Eva Njenga**, Chair, KMPDC Commenced the exercise on 7<sup>th</sup> July 2020 to assist the Counties to **plan, prepare and upscale systems to mitigate COVID-19 pandemic**.



# Technical Experts Team

## Overall Team Leader

Dr. Eva Njenga, Chair Kenya Medical Practitioners & Dentists Council (KMPDC)

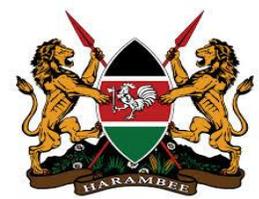
## Coordinating Secretariat

**Daniel M Yumbya, MBS CEO KMPDC: Secretariat Head**

Jeane W Mathenge, Strategy KMPDC: Chief Rapporteur/Lead Coordinator

Dr. Stephen Muleshe, MOH

Regional Cluster	County	Cluster Team Leader
Cluster 1; North Rift	Uasin Gishu , Trans Nzoia, West Pokot, Baringo, Nandi, Turkana, Elgeyo Marakwet	Dr. Wilson Aruasa, MBS CEO, MTRH
Cluster 2; South Rift	Nakuru, Narok; Kericho, Bomet,	Mrs. Hanna Muriithi, EBS CHAIR, NHIF
Cluster 3; Nyanza	Kisumu, Siaya; Homa Bay, Migori, Kisii, Nyamira	Dr. Willis Akhwale, MOH
Cluster 4; Nairobi	Nairobi	Sen.Kembi-Gitura, MGH, CHAIR KEMSA
Cluster 5; Central	Nyeri, Muranga, Kirinyaga, Nyandarua; Kiambu	Dr. Evanson Kamuri, CEO KNH
Cluster 6; Upper Eastern	Embu, Tharaka Nithi; Meru	Dr. Peter Kamunyo, CEO NHIF
Cluster 7; Lower Eastern	Machakos, Kitui; Makueni, Kajiado	Dr. Angeline Yamaton Siparo, CHAIR NACC
Cluster 8; Coast	Mombasa, Kilifi, Kwale, Lamu, Tana River, Taita Taveta	Dr. Jacqueline Kitulu, Council Member KMPDC
Cluster 9; Western	Kakamega, Vihiga, Busia, Bungoma	Mr. George Ooko, CHAIR KNH
Cluster 10: North Eastern	Garissa, Wajir, Mandera	Dr. Gerald Macharia, VP Clinton Health Access Initiative (CHAI)
Cluster 11: Central Rift & Upper Eastern	Laikipia, Samburu, Isiolo, Marsabit	Prof. Philip Kaloki, CHAIR KMTC



## The Technical Assistance was in the areas of strengthening preparation & response:

1. Functionality of County Emergency **Rapid Response team (RRT's) & Multiagency teams (MAT's)**.
2. County **communication & information sharing** between National, inter county and public channels;
3. **Human Resources for Health** capacity in the County
4. **Infrastructure capacity** in the County, to support the current pandemic and essential services delivery.
5. Availability of **essential equipment**, health commodities; **supply chain** functionality
6. County Epidemic/Pandemic response planning on **laboratory testing**, contact tracing, **case management**, quarantine & isolation.
7. County **Risk Management Systems** for risk identification & mitigation strategies.
8. County **Financing mechanisms** & cost management for pandemic related cases
9. **Monitoring and evaluation** systems & capacity through reports and feedback.



## TREMENDOUS COVID TEAM EFFORT

- ✓ **47** counties visited between July 14 - Aug 14, 2020.
- ✓ Over **290** facilities collaboratively assessed with County Health Reps
- ✓ Over **350** reports received from the teams
- ✓ Over **40,000** hours of intense ground and reporting efforts
- ✓ Over **15,000** kilometers travelled by road and air
- ✓ **272** facilities licensed as infectious Disease Treatment Centers
- ✓ Over **13,000** isolation beds and **492** ICU Beds identified nationally
- ✓ Increased approved laboratory testing centers by **40%** to **39** centers



## 1. Facility Checklist

1. A comprehensive **Check list** was used to score the facility's **standards** in accordance with **MOH guidelines**;

<i>High/Strong</i>	<i>Good</i>	<i>Fair</i>	<i>Low</i>
80%+	60-79%	40-59%	0-39%

## 2. County Admin Support Dashboard

2. The County administrative support involved a **consultation** with the County management on various parameters aimed at strengthening existing **capability to manage** current and future emergency situations.



# Critical Success Factors for the COVID Exercise

## Leadership

1. Strong visionary leadership from the Ministry
2. Well coordinated logistical **team support** across 47 counties

## Data

3. Use of **Tools** which objectively scored the health facility's **standards** in accordance with established **MOH guidelines**

## Collaboration

4. **Collaboration** with the County Health Management Teams
5. **Consultative** Technical assistance involved sharing and exchange of knowledge and information

## Ownership

6. County **ownership** of the findings and recommendations



# Key Lessons Learned for effective response

Leadership

Resource  
Mobilization

Data & information  
sharing

Communication

National  
Collaboration

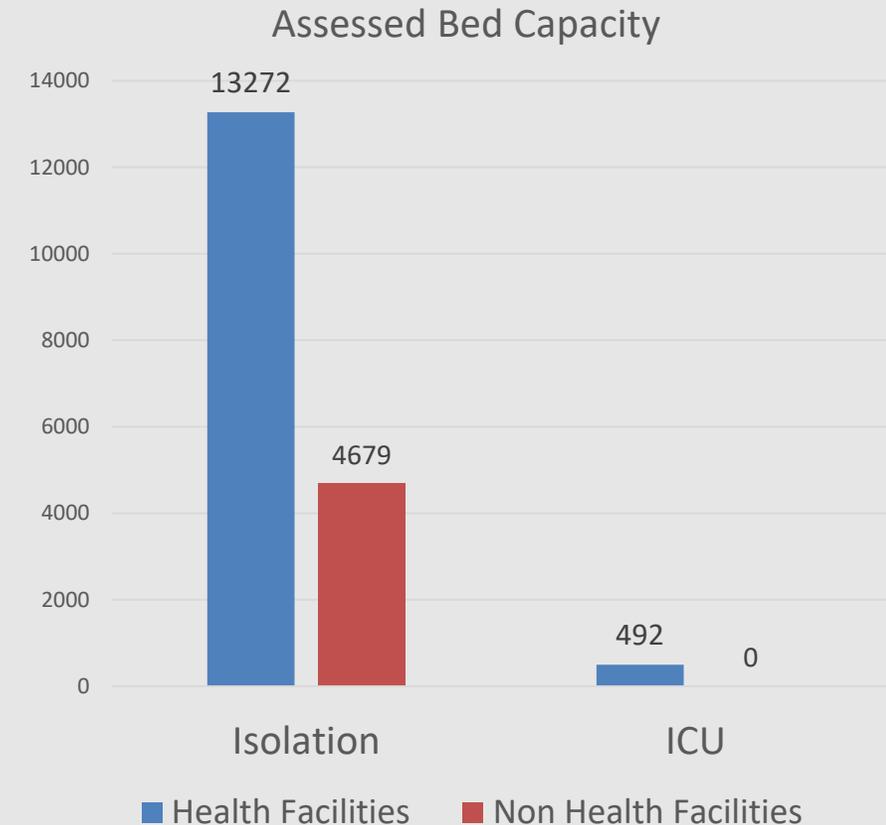
1. **Leadership** is essential to effective response
2. **Communication** management – one voice, one message
3. People, frontline workers, technical experts are at the heart of the response
4. **National Collaboration** with counties playing a key role to stem the pandemic
5. Local **resource mobilization** – “Buy Kenya Build Kenya”
6. **Partnerships** to enhance resource support
7. The importance of accurate, timely and consistent **data and reporting**
8. Robust **digital platforms, tools** for data collection and analysis
9. **Risk Management** is the foundation of effective response planning
10. **Monitoring and evaluation** – continuous improvement



# Summary Findings: Bed Capacity

- The assessed national bed capacity is **11, 513 beds** plus the projected additional county bed capacity will boost the total bed capacity to **18, 443** (17,951 isolation/492 ICU)

Isolation Bed Capacity	Health Facilities	ICU	Non Health Facilities	Total
Assessed Bed Capacity	7,644	319	3,550	<b>11,513</b>
Projected County Beds	5,628	173	1,129	<b>6,930</b>
<b>Total Bed Capacity</b>				<b>18,443</b>

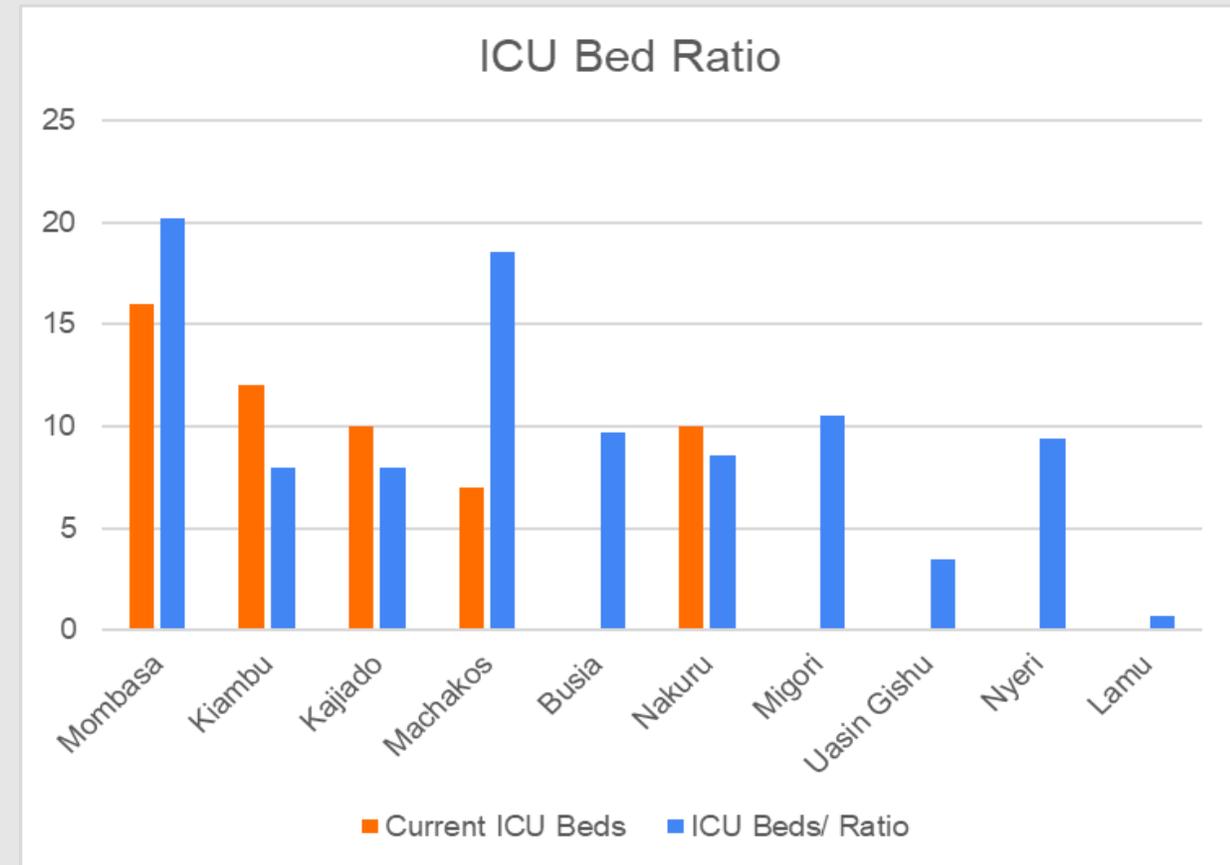




# Summary Findings: ICU Bed Capacity

## FINDINGS

- The total ICU bed capacity across 47 counties is **492 ICU beds**;
- MOH recommended ICU beds is **5-6%** of total Isolation beds or **663 - 796 ICU Beds**.
- *There is still opportunity to increase the national ICU Capacity*



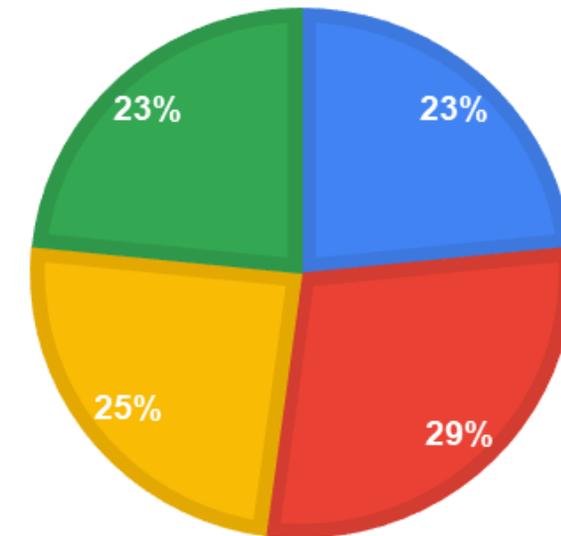


## FINDINGS

- **48%** of the facilities scored **Good to High**. These facilities displayed **high** levels of capacity and preparedness to handle patients, as revealed in the availability of medical equipment, supplies, IPC, SOP's, structures and services for staff and Patients.
- The facilities that scored '**low**' (23%) revealed high levels of disparity and gaps in the provision of services and supply of equipment, and general adherence to facility standards.

## FACILITY SCORES

■ Low 0-39%   ■ Fair, 40-59%   ■ Good, 60-79%   ■ High, 80%+



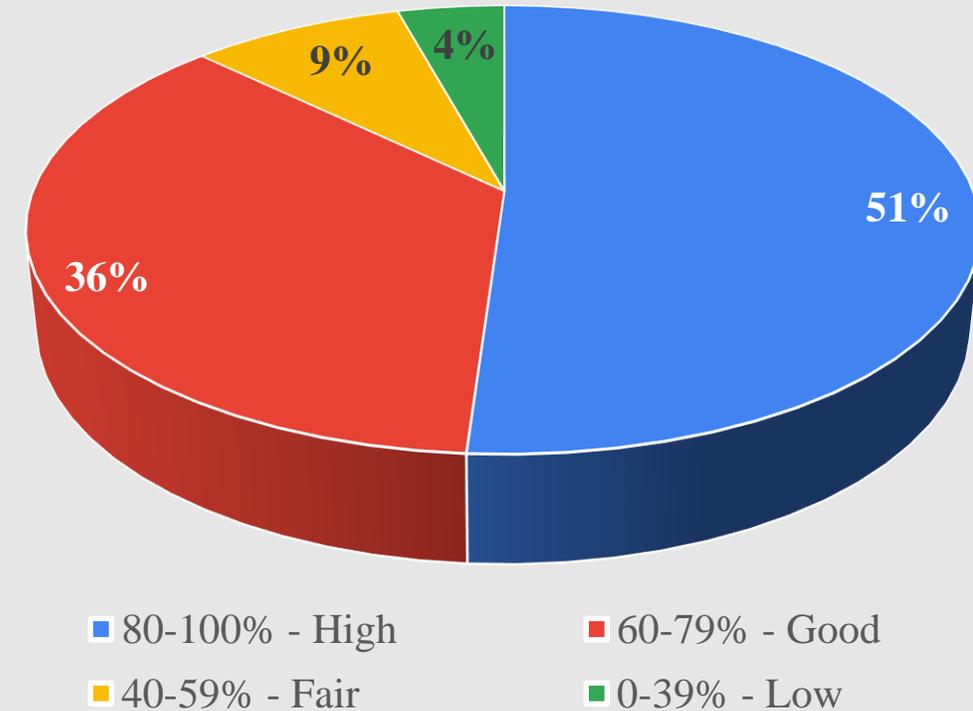


# Summary Findings: County Administration Support

## FINDINGS

- Out of the 47 counties assessed, **87%** of the Counties scored in the '**Good – High**' Category.
- This reflected strong levels of **coordination** and **structures**, mechanisms for Emergency Response.
- Good **laboratory** sample collection, transport, packaging, and organized **supply chain** management and adequate supplies of essential medicines, IPC commodities.
- Strong **case management**, and reasonable levels of **communication** and publicity on COVID; as well as working mechanisms for **finance and cost** management.

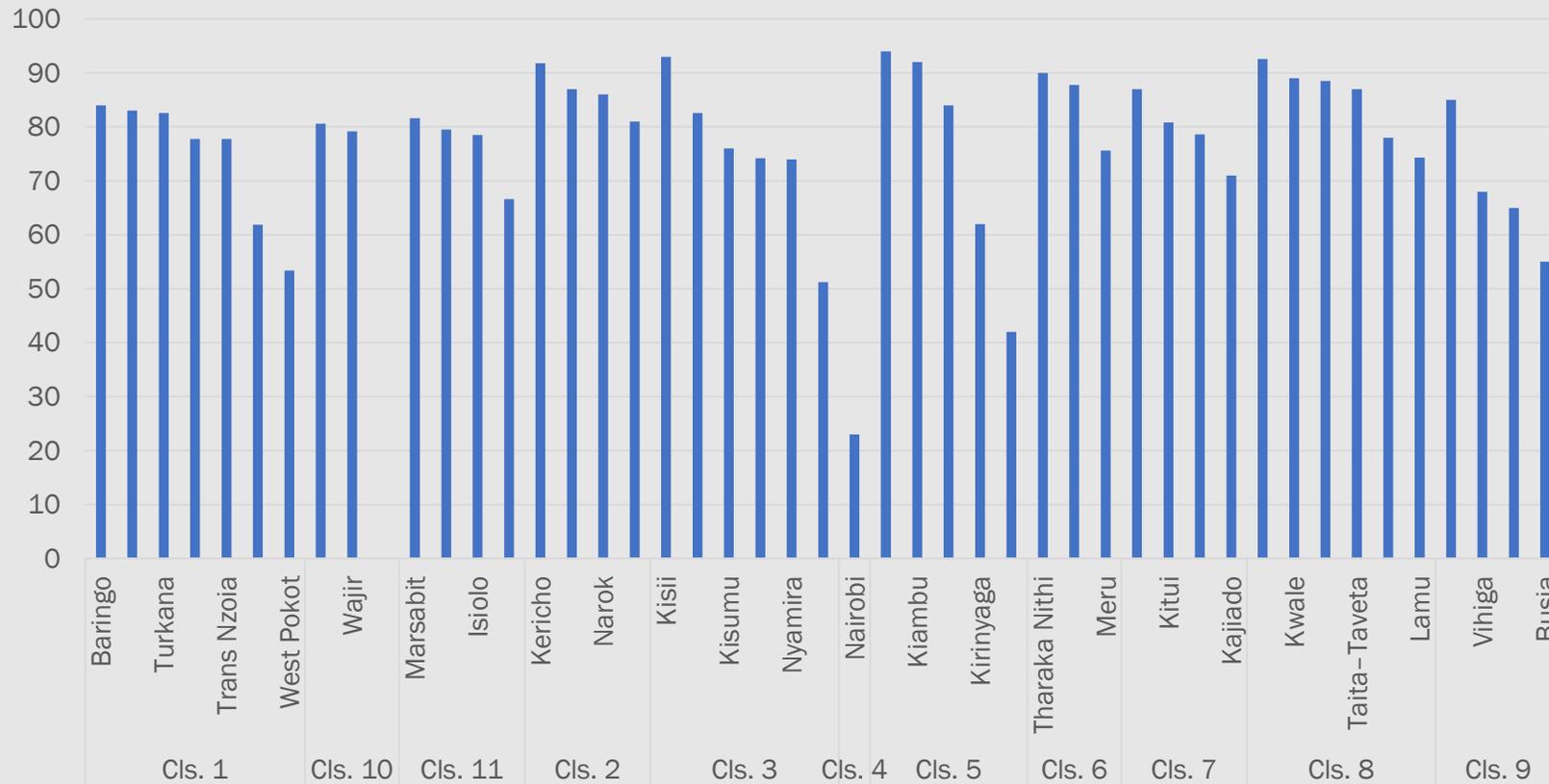
County Administrative Support Scoring



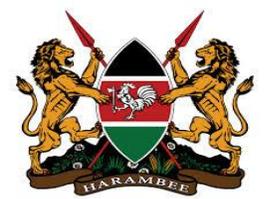


# Summary Findings: County Administrative Support

County Administrative Support Scoring



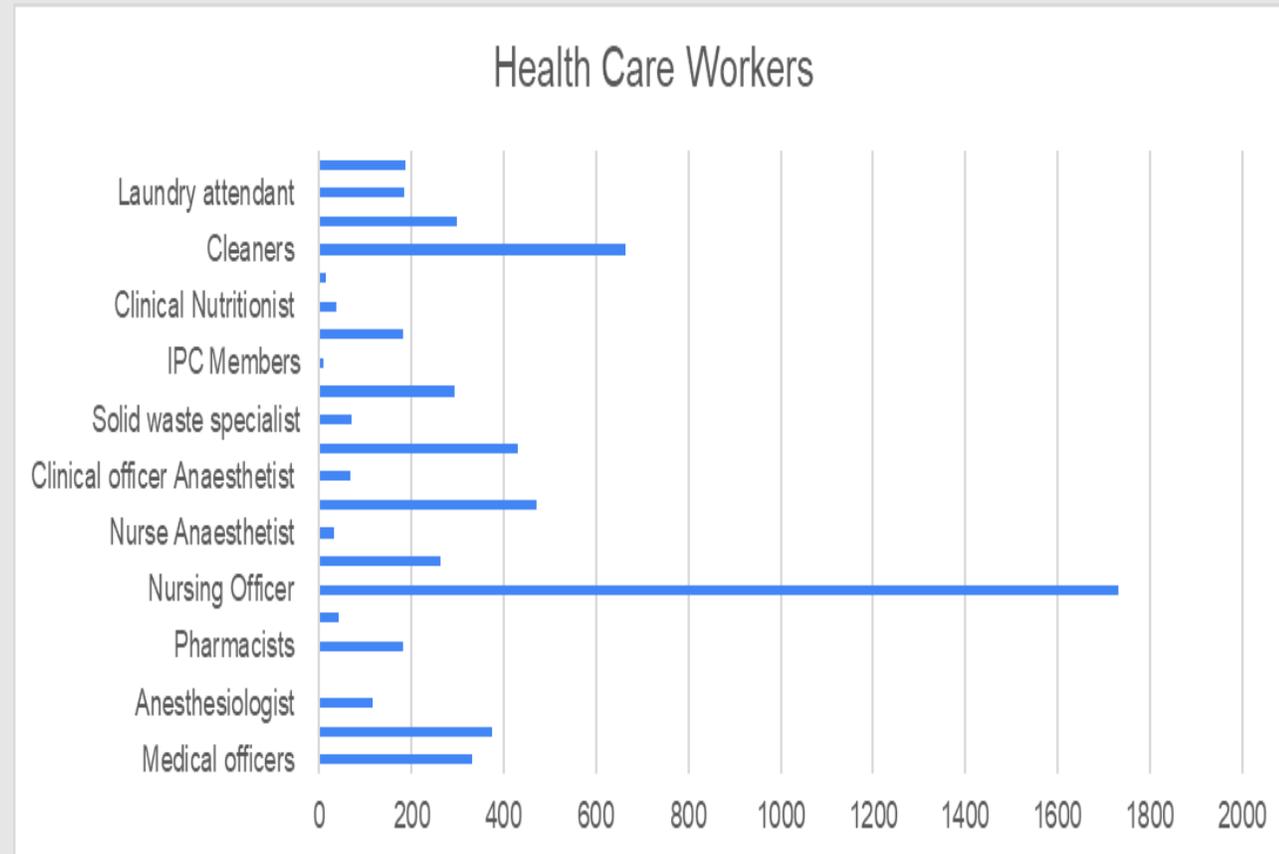
- There is a link between the strength of the county administrative leadership and support, and the technical facility findings.
- For counties demonstrating strong county management coordination, structures and visible **hands on leadership** the facility standards were also found to be discernibly organized and overall county readiness was strong.



# Summary of Findings: Human Resources for Health

## FINDINGS

1. Based on the MOH HRH protocols for Staff to patient Ratios, all counties in general, have **inadequate** HRH to effectively support the desired level services in a pandemic
2. The most prominent cadre was **Nursing Officers**; other cadres unavailable in the facilities.
3. *There is need to identify the gaps and build the HRH strength in line with MOH guidelines.*





# Summary of Findings: Laboratory Services

## FINDINGS

- **65%** of the facilities assessed had general lab services in house;
- **54%** did not have adequate lab supplies for the pandemic and are relying on external labs for testing.
- Good mechanism for referred lab services, however, the dependency is debilitating to **timely response** and requires additional services including sample transportation/collection at extra cost.
- Lack of well equipped, dedicated county lab services, reliable transportation, **long turnaround** times for sample collection and results was seen as a **weak link in effective** management of the pandemic.



Number of COVID testing labs nationally: **39**



# Summary of Findings: Oxygen Supply

## FINDINGS

- Approximately **70%** of the 47 counties, have Oxygen plants.
- The most common supply method noted is **oxygen tank/cylinder supply**.
- In general, majority of the government level 5 hospitals have **Oxygen Plants**;
- The use of Oxygen concentrators and manifold cylinders was also noted.
- *Reliable Oxygen supply is a critical treatment component in a pandemic*



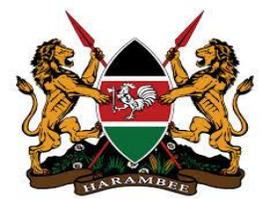


# Summary of Findings: Home Based Care

## FINDINGS

- Majority of Counties have an implementation framework for **Home Based Care** albeit at various levels of roll out.
- The community is **highly receptive** to HBC program and working with CHV's from home rather than a health facility.
- Home based care has helped to **reduce admissions** in the local hospitals and has the potential to notably **reduce strain** on limited health resources.
- In general, at least **75%** of the counties had trained/sensitized at least **50%** and more of their CHV's with a plan to extend training to enhance the HBC implementation.
- The counties with low COVID cases have plans to roll out the HBC in the short term.





# More COVID cases in the Counties

COUNTY	AUGUST 2 <sup>ND</sup>	OCTOBER 21 <sup>ST</sup>
• BUSIA	9	19
• ELGEYO MARAKWET	4	2
• EMBU		10
• HOMABAY		1
• KAJIADO	28	11
• KAKAMEGA		1
• <b>KIAMBU</b>	56	7
• KILIFI		6
• KISII		2
• KISUMU	6	4
• LAIKIPIA	3	28

COUNTY	AUGUST 2 <sup>ND</sup>	OCTOBER 21 <sup>ST</sup>
• MACHAKOS	7	64
• MAKUENI		3
• MERU	1	2
• MOMBASA	1	51
• <b>NAIROBI</b>	535	227
• NAKURU	6	9
• NAROK	3	1
• NYERI	24	4
• TURKANA		2
• UASIN GISHU		37
• WAJIR		7



# What we need to do - Infrastructure

## Recommendations

1. Raise the **functional readiness of facilities** which scored poorly to the desired MOH standards.
2. Expedite the completion and operationalization of ongoing **construction works** to meet the projected/planned bed capacity.
3. Enhance **refurbishing and upgrading** of unused facilities
4. Optimize **PPP** to enhance infrastructure capacity with the private and faith based partners.
5. Consider **consolidation** of COVID facilities to reduce the risk of exposing infection and reduce the strain on limited HRH.
6. Leverage **technology** such as CCTV to monitor patients; this has the potential to reduce exposure to HRH and reduce PPE utilization.





# What we need to do - Health Care Workers

## Recommendations

1. A dedicated national effort is needed to realize the appropriate staffing levels in line with **MOH staff to patient ratio** protocols,
2. Implement **rotation schedules** to balance provision of health services and staff welfare.
3. **Training of health workers** is linked to proper COVID Case Management and Staff Occupational Safety & Health; support of county capacity building through critical training and **dissemination of protocols** is key to handle the COVID situation safely and effectively.
4. Ensure a **designated isolation** treatment facilities for health workers

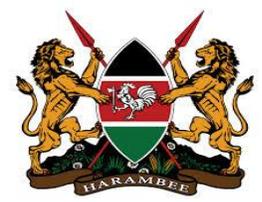


SYMPTOMS	POINTS SYSTEM
Do you have a cough?	1 pt
Do you have cold?	1 pt
Are you having Sore/throat?	1 pt
Do you have sore throat?	1 pt
Are you experiencing NYCT, DKA or Body Aches?	1 pt
Do you have a headache?	1 pt
Do you have Fever (Temperature 37.8 C and above)	1 pt
Are you having difficulty breathing?	2 pts
Are you experiencing Fatigue?	2 pts
Have you travelled recently during the past 14 days?	3 pts
Do you have a travel history to a COVID-19 INFECTED AREA?	3 pts
Do you have a direct contact or in taking care of a positive COVID-19 PATIENT?	3 pts

**Score Results:**  
0-2 May be stress related and observe.  
3-6 Hydrate properly and proper personal hygiene.  
Observe and the evaluate after 2 days.  
8-12 Seek consultation with a Doctor.  
12-24 Call the MOH Hotline - 80072318.

For more information about Corona Virus Dial 719 or 7798  
You also can reach the Ministry's @MOH\_kenya hotline on 800 721 318  
#MuliKaCorona #KomeshaCorona

Social Workers



## Recommendations

1. **Mapping of test labs** to Counties to facilitate accessible testing, surveillance and response.
2. Strengthen mechanisms for external **lab referrals** services from institutions like MTRH, KEMRI and NPHL for COVID sample testing.
3. **Adequately equip labs** to ensure timely and continuous access to lab services throughout this pandemic.
4. MOH should facilitate counties seeking **accreditation** and **certification** for COVID-19 laboratory testing capabilities

- ✓ *12 PRIVATE laboratory centers have been approved to enhance the Government laboratory efforts in testing*



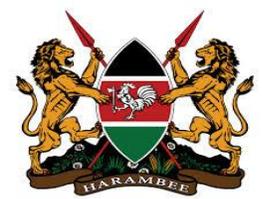


# What we need to do – Oxygen supply

## Recommendations

1. Mitigation of high rates of referrals/strain on the high level hospitals through provision of **stable oxygen supply**. The minimum capacities per facility should be guided at a national level.
2. To support COVID treatment through adequate availability and reliable supply of oxygen, medical supplies and testing services, MOH should **initiate policy and guidelines** for Oxygen, facilitate enhanced support for supplies and establish clear mapping and access to labs for all counties.
3. The Ministry of Health, should support the **installation of oxygen plants** in all the counties.
4. The importance of reliable and quality oxygen supply needs to be **prioritized** in capacity building to enable facilities to handle escalating cases, and to limit congesting the specialized facilities





## Recommendations

1. **Capacity building** of county administration is a key consideration to helping the counties manage the current emergency situation more effectively and should be prioritized, promoted and supported
2. **Home Based Care**; The counties are encouraged to strengthen the roll out of HBC, as this is **mitigating the stigmatization** of COVID and also serving to **mitigate potential strain** on limited health infrastructure
3. As part of the national and county financial management, **NHIF** should enhance clarity on the guidelines pertaining to NHIF role in the COVID pandemic, for the benefit of public knowledge.
4. There is strong opportunity for all counties to **enhance their communication** planning to equip the public with information to mitigate the spread of the pandemic



COUNTY GOVERNMENT OF GARISSA  
DEPARTMENT OF HEALTH

## CORONA VIRUS ALERT

### HOTLINE NUMBERS

0110040708

0111207207

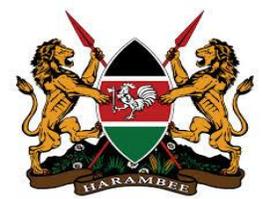
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# How well are we doing?

- 1) Overall, the Counties have the **administrative structures and systems** to adequately support and respond to the COVID-19 pandemic.
- 2) The counties will need to **strengthen the capacity at the health facilities** and align their planned/projected physical **infrastructure expansion** with assessed risk of COVID-19 caseload.
- 3) The planned extension of health infrastructure needs to be supported with adequate **planning for Human Resources for Health** which has been assessed as inadequate at the current time. The Technical Team should provide assistance to the County to align human resource capacity to the MOH staffing guidelines and enhance staff and CHV training capabilities.
- 4) The counties should establish a **clear financial mechanism** for COVID to cushion patients who cannot afford to pay; the role of NHIF should be considered/clarified in this regard.



# How well are we doing? Contd.

- 5) The technical teams will help strengthen capacity building at the Counties in **risk management, public communications** to inform the public on COVID guideline and provide support to rapidly roll out the **home based care program**.
- 6) The recommendations from the Technical Assistance teams will continue to inform and **strengthen the National response and preparedness** to handle the pandemic.
- 7) The current and projected planning for COVID-19 will **strengthen the UHC pillar**, by availing enhanced and increased health service delivery channels and infrastructure.

**TOGETHER WE CAN  
BEAT THE CORONAVIRUS**

**WHATSAPP SUPPORT:  
0110 719 719**

**EMERGENCY NUMBER:  
719**

**KOMESHACORONA**

Call 719 or Dial \*719#  
FOR MORE INFORMATION:  
@MOH\_Kenya @SpokespersonGOK @WHOKenya  
#KomeshaCorona

**Komesha  
Coronavirus**  
Wash Your Hands Regularly



# Thank you

**“The best way to find yourself is to lose yourself in the service of others.”**

**– Mahatma Gandhi**

