

### COVID-19 IN BORDER COUNTIES IN KENYA: CHALLENGES AND OPPORTUNITIES TO ENHANCE COMMUNITY AND HEALTH SYSTEM RESPONSE

#### KEY MESSAGES

- Leverage preferred and most trusted communication channels for targeted health education to increase knowledge on measures to reduce risk of transmission, and work towards universal practice of all prevention measures.
- Protect the health system capacity threshold by planning for a potential surge following the festive season and schools reopening.
- Operationalise HBC with intensive investment in the community and health workers.
- Secure livelihoods by creating an enabling environment for trade and job creation.
- Enhance cross-border collaboration and cooperation to foster border health security.



*In Search of Better Health*

**KING'S**  
College  
LONDON

#### SUMMARY

Kenyan border counties, characterised by long porous borders and highly mobile communities present a unique challenge to COVID -19 control. Understanding the needs and experiences of border communities during the pandemic is key to informing tailored response measures. The brief presents preliminary findings of a research study conducted in September and October 2020, aimed at understanding the response of border communities and health systems to the pandemic and mitigation measures. Knowledge on COVID-19 prevention measures was found to be high but influenced by socioeconomic inequalities, whose effect was lessened by access to trusted sources of information. Adherence to prevention measures waned over time, undermined by the community's loss of trust in the process, skepticism and financial barriers. The community reported heightened worry and anxiety as a result of the pandemic response measures whose consequences were severe and cross-cutting. Their greatest fear was for their financial security. The shift from institutionalised to home based care was not strongly supported by empowerment and capacity building of health workers. Local dynamics at the border areas were found to potentially hasten the spread of COVID-19, and adversely affected livelihoods and well-being. Accordingly, recommendations focus on community engagement and communication, building health system resilience, securing livelihoods and border health security.

#### INTRODUCTION

The first case of COVID-19 in Kenya was reported on 13th March and as of 15th December 2020, the country had 92,459 cases. Kenya has long and porous borders with Tanzania, Uganda, Ethiopia, South Sudan and Somalia, inhabited by predominantly rural highly mobile communities with strong cross-border cultural, social and commercial ties. This presents a unique challenge as control of coronavirus is reliant on control of movement and physical interaction. As of the second week of May 2020, a quarter of all reported cases came from border counties. Furthermore, health services at the border areas remain a weak link in health security due to internal and external demands, which render existing infrastructure at the borders inadequate to the populations actually served. Control measures are a key enabler to staying below the threshold of critical cases that outstrip health system capacity. The pandemic's trajectory remains fluid with the situation evolving depending on scope and successful implementation of control measures.

## METHODOLOGY

The aim of the study was to understand the response of border communities and health systems to the pandemic and mitigation measures. In September and October 2020, we conducted a household e-survey involving 582 randomly sampled adult participants, and 73 qualitative telephone interviews with policy actors, healthcare workers, truckers and traders, COVID survivors and carers, and other community members including religious leaders, village elders, persons living with disability and commercial sex workers, in Busia and Mandera counties.

## RESULTS AND CONCLUSIONS

Majority (88%) of the e-survey participants were aged 55 years and above; 57% were female, 43% male; and 14% without formal education. Preliminary analysis showed:

### 1. Community response to COVID-19 pandemic

#### **Knowledge on COVID-19 and prevention measures**

- Survey results showed the overall level of knowledge of COVID-19 and measures to reduce the risk of infection was high. The most common COVID-19 prevention behaviour identified was regular washing hands (86.5%), use of hand sanitiser (74.8%), wearing a face mask (63.1%), covering the mouth when sneezing or coughing (56.3%) and keeping 2 meters distance from others (40.1%).
- Knowledge on COVID prevention measures varied by educational level and wealth status. However, these inequalities were lessened by access to trusted sources of information (*religious leaders were the most trusted source of information on handwashing, WhatsApp for wearing a face mask and covering mouth and nose when coughing or sneezing, radio for use of hand sanitizers and community health workers (CHWs) for social distancing*). Overall, the most trusted source of information for COVID-19 was local radio (73.8%).

**Adherence to prevention measures:** Interviewees indicated that adherence to prevention was reasonably high at the beginning of the response, driven in part by the perceived seriousness of the measures implemented, such as movement restrictions, closure of border points and schools.

However, continued adherence and the community's belief and trust in the process was undermined by:

- Perceived extreme sanctions for nonadherence and alleged misappropriation of resources.
- The experience of COVID-19, especially for asymptomatic patients, who had difficulty reconciling the experience with what they had learnt from the media was a very serious illness.
- The perceived 'remoteness' of testing, being done in distant labs, conferred a sense of dissonance from the testing results.
- Skepticism, largely based on not having seen or known anyone who had the disease.
- The example set by political leaders not following prevention measures.
- Financial constraints and the need to continue earning a livelihood, including cross-border trade.

**Community experiences:** The socio-economic impact of the pandemic on livelihoods and well-being seemed to be severe. Interviewees reported:

- Heightened fear, worry and anxiety, more so among the educated.
- Overwhelming worry about financial security as a result of lost incomes and livelihoods. They attributed increased family conflict, continuing transactional sex, sexual and gender-based violence, marriage separation/divorce, suicide and theft to financial disruptions.
- Fears over increased cases of early marriages and teenage pregnancies.
- Disruption in cross-border trade which affected food prices, increased the cost of living and forced some to downgrade their standards of living.
- People with disabilities and older people were the most vulnerable as few were reached by government social protection programmes.

### 2. Health system response to COVID-19 pandemic

**Care for COVID-19 patients:** Interviews with stakeholders in health revealed:

- Deliberate measures were taken to create public awareness and increase health system capacity to provide care to COVID-19 patients and their contacts. This included identification and equipping of isolation and quarantine sites and establishing critical care capacity.
- Implementation of response measures was slowed by lack of budgetary allocation for emergencies

and limited resources. The counties had to rely on partner support to bridge gaps while administrative processes for release of funding was ongoing. Both counties had to cater for isolation and quarantine of people plying their trade across the border point specifically truck drivers.

- Pivoting of health resources to COVID response reported to have hampered delivery of other health services such as emergency referrals in Busia, and in Mandera water safety checks resulting in increases in diarrhoeal cases. Lack of drugs at health facilities was also mentioned.

**Testing and contact tracing:** Contact tracing was not uniformly adopted. Interviewees in Mandera County discussed leveraging the generally heightened vigilance and surveillance network to trace and quarantine contacts of cases, whilst interviewees in Busia described delays or lost opportunities for contact tracing. Contacts who crossed the border were lost to follow-up, hindering containment efforts.

**Home-based care (HBC):** With increased knowledge on COVID-19 and the rise in cases, provision of care evolved from fully institutionalised isolation and quarantine to home-based isolation for asymptomatic/mild cases and hospitalisation of severe cases.

- Preparedness and implementation of the home-based isolation and care system was not strongly supported by empowerment and capacity building of CHVs and other health workers. Reports from COVID-19 survivors and their caregivers was reflective of these gaps.
- News of the diagnosis was met with fear and anxiety, and wherever possible this information was restricted to immediate family. Where this was not the case, some households were reportedly shunned by the community.
- There were concerns about feasibility of implementing HBC, as typical homesteads did not have suitable facilities for maintaining effective hygiene, and were too small for social distancing and isolation.

### 3. Border-specific issues pertaining to the COVID-19 response

#### ***Cross-border collaboration***

- There was collaboration on testing and tracking truck drivers. However, it took time to harmonize the trucker testing protocol across the border points causing delays in transit of cargo.
- Testing on the Kenyan side was interrupted by shortages of test kits, and in the case of Mandera the additional challenge of distant testing labs. This resulted in longer transit times and prolonged pooling of the drivers. Stakeholders felt this contributed to increased community transmission of COVID-19 in Busia.

#### ***Cross-border movement restrictions***

- Restrictions in movement of people across the border was reported to have hampered Kenyan traders' access to Ugandan markets, with small scale traders particularly hard hit. In contrast, it was reported that pastoralists in Mandera hardly use designated border crossings, further undermining controls on movement.
- The long turnaround on mandatory COVID-19 testing prompted attempts to bypass regulations by using unofficial crossings (*panya routes*); consequently the community noted a rise in the cost of food. Of notable concern were reports of criminal activity such as rape of female traders along these routes.

#### ***Cross-border collaboration and health security***

- Policy actors were of the opinion that border health security warrants the same measure of focus as national security, and health investments in these areas should be paired with military investments.
- Mandera County exhibited innovativeness in addressing local challenges through the establishment of a multiagency cross-border health committee.
- Stakeholders reported some hesitance among neighbouring countries in sharing health information.
- Testing of food quality at Mandera border point was a specific gap they requested be addressed.

## RECOMMENDATIONS

- 1. Community engagement and communication:** Support greater adoption of prevention measures to mitigate the anticipated consequences of increased movements and gathering associated with the festive season and re-opening of schools by:
  - Using trusted channels to engage the community with clear, simple and accurate information on prevention measures and linkages to care taking into account local resources and environment.
  - Embracing a participatory inclusive approach utilising community structures and peer to peer networks to elicit ideas on how to counter pandemic fatigue.
  - Providing communities with social protection measures that support isolation, or through engagement to address stigma of isolation centres.
- 2. Build health system resilience in border counties:** Despite noted improvements in health system capacity, counties should:
  - Review current capacity against projected caseloads and apply innovative solutions in tailoring surveillance and contact tracing to local circumstances, working in partnership with stakeholders. Learning institutions present opportunities for adaptation, disease monitoring and containment.
  - Operationalise HBC through intensive capacity building, integration, seamless communication and referrals to minimise COVID-19 transmission and cushion the health system.
  - Make a case for added investments, given the demand on the health systems of border counties to address both health service provision and health security needs across two or more populations.
  - Set up alternate sites to accommodate patients whose home environments are not conducive for home-based isolation. Community-based isolation is under threat with full resumption of learning.
- 3. Securing livelihoods:** Cushion low income earners by boosting local trade and linking communities with support groups to help them navigate the current economic and social hardships.
- 4. Cross-border co-ordination and collaboration:** Secure border health security through strategic investments in outbreak investigation, regional laboratory testing capacity for novel infections, and through enhanced harmonized cross-border surveillance and information sharing.

## ACKNOWLEDGEMENTS

- Busia and Mandera participating community members and county teams.
- County Commissioners' office of Busia and Mandera.
- KEMRI research and administrative teams
- Kings College London, UK

**Funding:** The Government of Kenya Special COVID Grant to KEMRI. Views expressed in this brief do not necessarily reflect the funder's opinion.

### Study Team

Lydia Kaduka<sup>1</sup>, Joanna Olale<sup>1</sup>, Clare Coultas<sup>2</sup>, Alexis Karamanos<sup>2</sup>, Joseph Mutai<sup>1</sup>, Erastus Muniu<sup>1</sup>, Ismail Adow<sup>1</sup>, Veline Lesperance<sup>2</sup>, Elia Christelle<sup>2</sup> Kennedy Cruickshank<sup>2</sup>, Paola Dazzan<sup>2</sup>, Ursula Read<sup>2</sup> & Seeromanie Harding<sup>2</sup>

<sup>1</sup>Kenya Medical Research Institute; <sup>2</sup>Kings College London, UK