

2XE 2020 Outreach Report

Covid-19 interventions by 2X Education

Eldoret - 5 February 2021



2X Education and KENO team handing over hand-washing buckets to Boda Boda Groups

Background

Following the global outbreak of Covid-19, 2X Education through its partners rolled out an extensive outreach campaign in the Western Kenya region counties of Uasin Gishu, Kisumu, Elgeyo Marakwet and Homabay to stem the spread. We launched an extensive campaign on 20th April 2020 to help the most-at-risk communities contain the spread of Covid-19 and mitigate its effects. In line with the World Health Organization's recommended containment measures, we assembled a team of former students in the Fashion and Design department, 2X Education and KENO Coffee House staff to spearhead the mass production and distribution of face masks, hand washing soap and sanitizers. Through an established a grassroots network that included the local administration,

community leaders, women groups and youth groups, we embarked on the distribution of washable face masks, home-made liquid soap and sanitizers.

Impact Summary

Item	Quantity	Number Impacted	Households reached
Masks	347,880	347,880	-
Handwashing Stations	60	324,000	-
Home-made Soap	20,720L	324,000	-
Sanitizer	8,280L	347,880	-
IEC Materials	84,000	84,000	33,800
Totals		1,427,760	33,800

Monthly Breakdown

Item	Face Masks	Liquid Soap	Sanitizer	IEC Materials
April	23,500	1020	330	-
May	43,990	5,000	1,430	-
June	51,000	4,700	800	-
July	52,980	4,000	820	-
August	57,000	2,500	2,600	30,000
September	52,000	3500	1,200	20,000
October	19,000	-	400	24,000
November	25,000	-	460	10,000
December	23,410	-	240	-
Total	347,880	20,720	8,280	84,000



Engaging local women

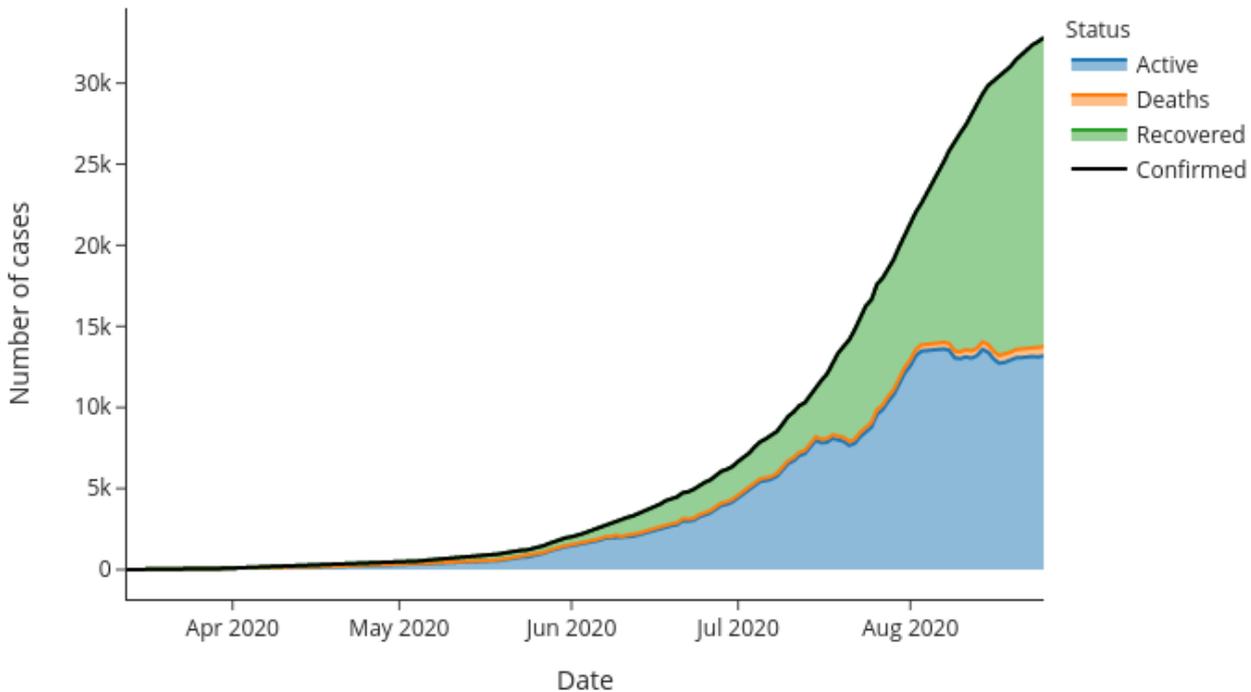
Our team visiting a households

Special Outreach Team

In August 2020, we launched a special Covid-19 outreach team, an eight member team consisting of medical students and local college graduates. The team's mandate was to comb through the villages and slums around Eldoret to sensitize people on Covid-19, measure temperature and oxygen levels and advise on the best containment measures available. We procured basic medical equipment to support these efforts including Pulse Oximeters, contactless infrared thermometers and Blood Pressure Monitors. Through this team, we scaled our efforts to reach the more marginalized areas with predominantly farming communities and high percentage of the elderly. The spike in reported Covid-19 cases necessitated the formation of the team. Kenya witnessed a sharp increase in the number of new cases and deaths between June and August that saw the Government introduce more stringent measures. However, these measures proved inadequate in the short time thereby creating a scenario for a potential disaster.

New Infections between April and August 2020 in Kenya

Covid-19 status in Kenya over time



Key Outreach Activities

1. Door to door sensitization on Covid-19 containment measures and symptoms.
2. Measuring of blood oxygen levels using pulse oximeters.
3. Measuring body temperatures using a contactless infrared thermometers.
4. Encouraging strict adherence to the proposed containment measures.
5. Distribution of Face Masks.
6. Distribution of soap and sanitisers.
7. Distribution of foodstuffs.
8. Distribution sanitary towels
9. Distribution of IEC Materials on Covid-19 to households.



Measuring body temperature



Melvin from the outreach team



Door to door campaigns by our team



Handing out Covid-19 IEC Materials

Target group - Slum dwellers and rural communities

About 60% of Kenyans reside in slums and rural areas. Majority still lack the very basic needs and have little to no information about the major issues facing the world today. Depending on the family set up, most ordinarily rely on relatives to deliver crucial information on a range of issues. Low-income households were projected to be among the worst hit partly due to the following factors;

1. Ignorance

Majority of the rural folk and slum dwellers lacked full information about Covid-19. Many did not believe that Covid-19 is real while others believed that it only affected the rich. They did not understand the importance of the containment measures proposed by WHO or the symptoms. For this reason, many still continued with their normal way of life.

2. Widespread poverty

Widespread poverty made it almost impossible for them to practice certain containment measures like social distancing and self isolation. For a family of 8 sharing a one room shack, it's almost impossible to enforce social distance. Infection of a single member therefore puts all the rest at risk.

3. Cultural Beliefs

Cultural values and beliefs were the biggest factors in the spread of Covid-19. Strict adherence to retrogressive cultures and beliefs continued to expose rural communities the pandemic.

4. Immunosuppression

Since regular check-ups are out of reach for many, there's a likelihood that many people had undetected pre-existing conditions. This, coupled with the high number of HIV / AIDS patients could prove detrimental if the virus strikes.

5. Inadequate and ill-equipped Health Facilities

There are few health facilities in rural areas. Besides, the health facilities are ill-equipped to handle Covid-19 patients. If there's a spike in cases, the few available facilities would be overwhelmed.

Outreach Trends

The team was well received when the project was launched. Being the first project of its kind in this area, it generated a lot of excitement as locals were happy to finally see a group of committed youths leading from the front. The Government lockdown was still in force in big cities and towns but with minimal enforcement in slums and villages. The Pulse Oximeters and the Blood Pressure Monitors were new tools that majority had not used before and therefore added to the team's credibility.

During our subsequent visits to these areas, the excitement had gone down and there were few people willing to interact with our team. In some cases, people would outrightly dismiss us. This was partly attributed to;

1. Misinformation by the political class

Most of the politicians were moving around carefree and spreading misinformation about the pandemic. They made their constituents to believe that it was a ploy by the Government to source for donor funding and to impose rules to target some influential individuals.

2. Reduction in Number of new infections

Reported Covid-19 cases had slightly declined thereby giving false hopes to the locals. Normalcy had started to return and people went about their businesses without caution. Most of the stringent measures put in place by the Government had been relaxed with little or no enforcement thereby underscoring people's belief that this was political.

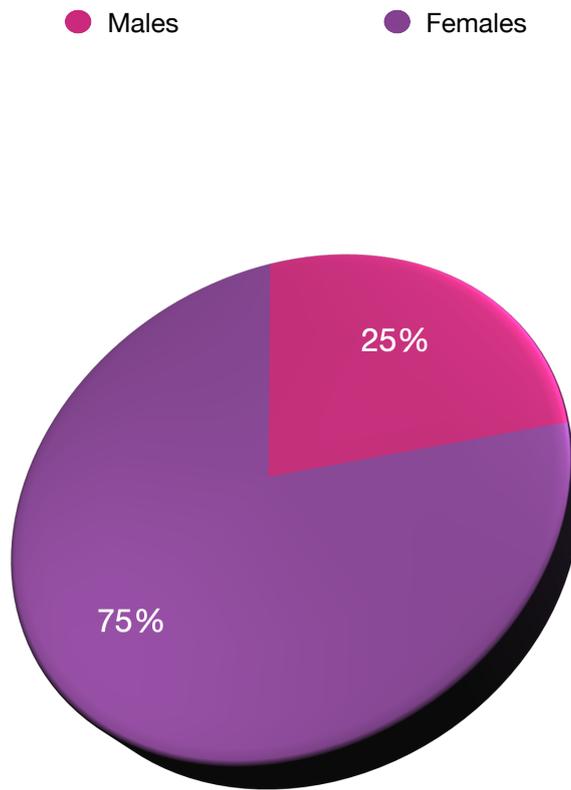
3. Low Covid related deaths

The number of Covid-19 recorded deaths was relatively low compared to the normal death rate. This gave people a sense of false confidence that after all, it was not as devastating as it was being reported.

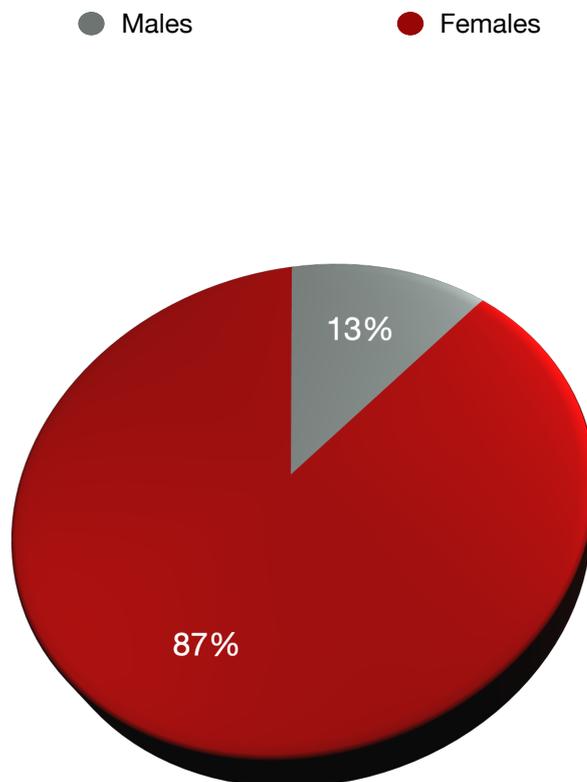
4. High Expectations

Most people expected some kind of support from us. This was mostly in the form of foodstuffs which even though we distributed, we were not able to sustain. This therefore changed their perception as those who missed out accused us of being selective.

Composition of the 20-member Outreach Team by Gender



Composition of the Face Masks production team by Gender



Observations

1. Despite the increased awareness among the population, majority are yet to embrace the recommended containment measures e.g the usage of face masks and social distancing.
2. The acquisition of face masks still remains a challenge for large families living on less than a dollar a day. Most have to choose between spending on masks or providing for their families.
3. The socio-economic impact of the pandemic has been more severe in informal settlements and rural areas.
4. Exposure is more on children as adults get masks to avoid arrest while leaving the young ones exposed.
5. The pandemic has created room for widespread corruption especially among the security agencies who have taken advantage of the situation to steal from the public under the pretext of enforcing the Covid-19 rules.
6. Most establishments have partially complied with the rules even though full enforcement remains a challenge
7. Individual responsibility which is key to stemming the spread is lacking. On several occasions, we witnessed a scramble for masks in public places.
8. Frontline personnel still lack the personal protective equipment despite the high risks.

Measures taken

1. We increased our outreach frequency with impromptu sensitization meetings targeting small groups.
2. We shifted our focus from mainstream areas to the more overlooked populations residing in villages and slum areas. This made it possible to alleviate the burden on the most needy families.
3. We targeted entire families instead of individuals to lessen the burden on them. Our team made inquiries on the number of family members and handed out enough masks for all.
4. We worked closely with the security agencies to ensure that they protected rather than extort. We supplied masks to the police in a number of stations both for their own use and for distribution to the general public. If one is arrested, they're given a mask instead of bribing to secure their freedom.
5. We scaled down our support of the hand-washing stations and shifted focus to face masks.
6. To avoid the scramble for masks during distribution, we worked with village elders, chiefs and the police as a distribution network. The village elders were instrumental in identifying the most vulnerable families and groups in need of support.
7. We supplied masks to a number of frontline personnel.

Conclusion

The 2X Education interventions were timely and impacted thousands of families. Such interventions were limited to Government agencies that lacked the will to penetrate the

villages and only relied on mass media to pass their message. We believe that we saved thousands of lives that would've been lost to the pandemic and saved families millions of shillings that would've gone towards paying medical bills.

Along the way, we learnt very valuable lessons that will guide our future engagements with the local communities.

Appreciation

Our special thanks goes to the Hjelde Family who made this possible. We appreciate the kind support of our partner, Acini Capital As whose financial support throughout this period enabled us to implement these projects. Our local partners including KENO Coffee House, Acini Driving School, 2X Education and Acini Capital Limited also played a pivotal role that cannot go without mention. Special thanks to our external partners including Omega Foundation, Ogra Foundation and the County Government of Uasin Gishu.

