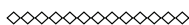


Amref Health Africa

COVID-19 Report: Six Months Later



COVID-19 REPORT: SIX MONTHS LATER



On the ground since 1957, Amref Health Africa has made countless inroads and progress in sub-Saharan Africa - saving lives and building health systems. COVID-19 stood to upend much of that work.

We are now six months into our response to this global pandemic. While countries all over the globe are slowly reopening, we are still expecting high rates of severe COVID-19 infections in Africa due to the virus' interaction with already prevalent medical conditions. This includes malnutrition, infectious diseases such as malaria, and HIV which can only be managed with daily use of medication from a health facility.

With countries in lockdown, less people are going to health facilities, which means even less people are getting the essential care they need, whether they have HIV, need immunizations for their child, or are pregnant. This is all made worse by the lack of strong health systems and services,

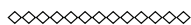
such as intensive care units, hospital beds, and specialized equipment, especially outside of large cities. Overcrowding in informal urban settlements and displaced refugee camps, and the lack of access to clean water and sanitation also create ideal environments for COVID-19 to spread dangerously.

Thanks to the support of our donors, Amref was able to mobilize quickly and meet COVID-19 head on, even before the first case was reported on the continent.

In the following report, you will read how we focused our response on the following four pillars to make the most impact: training health workers; increasing access to water and sanitation; strengthening and expanding laboratory testing; and mitigating the secondary factors caused by COVID-19 including maternal health, sexual and gender-based violence, and malnutrition.



TRAINING COMMUNITY HEALTH WORKERS



Countries: Ethiopia, Kenya, Malawi, Senegal, South Sudan, Tanzania, Uganda, Zambia

Misinformation and myths about COVID-19 have contributed to the rapid spread of the virus across parts of Africa. Community Health Workers (CHWs) are at the heart of our COVID-19 response because they are the key to reaching even the most remote communities with health education. Like other frontline health workers such as nurses and doctors, they must be trained, supported, and protected.

To stop the spread of COVID-19, we are training CHWs to ensure that communities are informed and understand the risks they face with this virus. We also trained them to provide practical advice to their communities on how to protect themselves and their loved ones. We do this by using LEAP - our innovative mobile phone training platform which functions on a basic phone and does not rely on internet connectivity, so CHWs can learn whenever and wherever they are. Over the past six months, we have trained 270,000 CHWs working in eight countries with LEAP to achieve the goal of preventing transmission and identification of suspected COVID-19 cases. In Kenya alone, we have trained nearly 60,000 CHWs since the

start of the pandemic. We recorded these CHWs have reached a staggering 1.8 million community members.

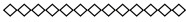
In Ethiopia, the government has adopted LEAP as its go-to training platform for CHWs, and has mandated every aid organization, including UNICEF, utilize it.

We believe that community involvement and education are crucial to stopping the rapid spread of the virus which is why CHWs are at the center of our response. But alongside CHWs, we continue to train health workers at all levels on prevention, treatment, and case management of COVID-19. This includes nurses, clinical workers, midwives, and laboratory workers. We are also ensuring that every health worker has an adequate supply of Personal Protective Equipment (PPE) - thanks to our donors, and especially The Rockefeller Foundation for a \$1 million grant for PPE distribution. In addition, we have, and will continue to provide health workers with psychosocial support during this fearful and stressful time.



Margaret, a CHW we trained, demonstrates hand washing in Kibera, the largest informal settlement in Africa where social distancing can be a challenge.

WATER AND SANITATION



Countries: Ethiopia, Kenya, Uganda

Clean water and proper sanitation are essential for good health – especially for the urgent effort to stop the spread of COVID-19. Many communities throughout Africa, however, still do not have continuous access to clean water and sanitation (WASH).

To prevent the spread of this virus, we are supplying clean water stations, soap, and hand sanitizers to low-resource areas such as informal settlements, refugee camps, public transport terminals, border crossings, police stations, and are supporting over 280 health facilities.

CHWs ensure that proper sanitation practices, such as handwashing and the use of face masks, are followed, by providing education to their communities

through socially distanced meetings and through household visits.

In May alone, we distributed over 400,000 bottles of alcohol-based sanitizer in two urban informal settlements in Nairobi, Kenya, in partnership with East African Breweries. These two settlements have a total population of 702,000 and lack adequate water to sustain proper handwashing.

These efforts have ensured the most vulnerable have access and availability to clean water, sanitation and proper hygiene and will help eliminate inequalities that are especially critical right now. Until there is a vaccine or treatment for COVID-19, there is no better cure than prevention.



TESTING AND LAB STRENGTHENING



Countries: Ethiopia, Kenya

Accurate and readily available COVID-19 testing is crucial for preventing the spread of the virus. Using our existing networks built from years of improving laboratory infrastructure and training lab workers, we moved quickly to prepare to test for COVID-19. We distributed essential testing equipment and continued to improve infrastructure at labs in both Kenya and Ethiopia to increase their testing capacity.

We trained lab workers using our digital learning platforms that allow them to learn wherever they are, giving them the opportunity to build their skills in proper implementation of lab protocols, quality control, and detection and reporting of COVID-19 cases.

In May, the Amref Flying Doctors used light aircraft to fly 33 blood samples from patients suspected of having

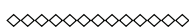
COVID-19 in Mandera County all the way to Nairobi for testing, cutting the two-day drive down to two hours. By the next day, the samples were tested, with four coming back positive, enabling us to immediately follow up with treatment and contact tracing.

The gold-standard for COVID-19 testing is Polymerase Chain Reaction (PCR) tests. PCR tests are not easily accessible because they require specific lab equipment, personal protective equipment for staff, and Laboratory Technologists trained in biomolecular techniques.

Thanks to our supporters, we successfully outfitted the Amref Central Laboratory and five other laboratories in Kenya to conduct PCR tests and trained the health workers at each lab to properly carry out the tests.



MITIGATING SECONDARY IMPACTS



Countries: Ethiopia, Kenya, Malawi, South Africa, South Sudan, Tanzania, Zambia

It is expected that the COVID-19 pandemic will ultimately have the largest impact in Africa, based on the secondary impacts alone. The virus' effect on maternal and child mortality, malnutrition, sexual and reproductive health, gender and sexual based violence, and infectious diseases will be so widespread, it is difficult to quantify.

COVID-19 disrupted many of our programs that already address these issues. We had to quickly adapt to ensure ongoing critical activities could continue during full or partial lockdown. Here are just a few examples of how we are doing that:

Immunization Rates: Due to lockdown, misinformation, and donors re-distributing funds, child immunization rates have fallen drastically during this pan-

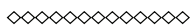
dem. Missed immunizations creates the potential for a dramatic increase in child deaths. To deal with this, we have doubled-down on our efforts to reach even the most remote communities with education and vaccination services, and ensured that our health workers have adequate PPE - protecting them, and creating a trusting environment for parents.

Food insecurity: With so many out of work, the uptick in food insecurity has been severe. To respond to this, we are increasing our screenings for malnutrition and have established food distribution programs in the most vulnerable communities.

Maternal mortality: Due to lockdown restrictions such as curfew and mandatory transport documents, we found that many expectant mothers are not able to get to hospitals to give birth, creating complications and needless deaths. In response, we created the "Wheels for Life" program - a service for any pregnant woman and their partner which offers free transport to and from a health facility so they can access the life-saving care they need.



LOOKING AHEAD



We believe COVID-19 will not be over any time soon, and as described on the previous page, the virus will undoubtedly have long-term effects that will be felt far into the future. Regardless, we will not stop until the threat is eradicated.



Expanding training for frontline health workers into other African countries on infection, prevention and control using our mobile phone training platforms



Providing access to water and sanitation in more communities to protect against COVID-19 and other diseases



Continuing to provide basic psychosocial support and resources for frontline health workers to protect their well-being



Preparing and outfitting more labs and lab workers to test for COVID-19 and other infectious diseases; Evacuating more infectious patients and transporting medical staff, specimens for testing, and medical equipment using light aircraft to cut down on travel time



Continuing our essential health programs that improve maternal and child health, address infectious and non-communicable diseases, and empower youth under safe COVID-19 guidelines to protect the communities where we work, health workers we train, and Amref employees



Continuing to protect girls from gender-based violence including Female Genital Mutilation and child marriage, and ensuring that communities have access to domestic violence services and resources during lockdowns

As unprecedented as this pandemic is, it has shown the continent's resilience and ability to tap into home-grown innovation to create a better future for all. Many African governments have taken quick and decisive leadership in managing this deadly pandemic with organizations such as Amref playing a supportive role. This could very well set the pace for greater government ownership of future emergencies and humanitarian crises within their borders. We welcome this and will continue to work hand in hand with Ministries of Health - lending our expertise and community-led perspective to what is needed most, and what solutions will have the greatest long-term impacts.

WASH YOUR HANDS WITH SOAP AND
RUNNING WATER AFTER VISITING THE TOILET



ENSURE THE TOILET IS CLEAN ALL
THE TIME



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