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Pioneering Gender Responsive COVID-19 Isolation Centres Case Study of Migori County, Kenya

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Purpose of the Case Study

At the onset of the COVID-19 pandemic when Kenya's first case was reported on March 13th 2020, Migori County did not have a single facility dedicated to managing infectious diseases. The County was classified among the 14 hotspot counties due to its cross-border location, with porous borders and major road network connecting Kenya and Tanzania via Isebania border.

The objective of this case study is to illustrate the steps taken by Migori County in setting up and managing gender-responsive Isolation and treatment Centres, as part of its overall response approach towards managing and containing COVID-19. The Covid-19 response measures adopted at the isolation and treatment centres responded to the needs of male patients, female patients, male and female prisoners and remandees, expectant and lactating mothers as well as children.

The purpose is to provide other Counties and Sub-national governments globally with an opportunity to learn from the experiences and lessons of Migori County, and replicate what can apply in their context to improve their Covid-19 response approaches, and in combating future pandemics.

Context and Challenge

Covid 19 is an acute viral pneumonia caused by corona virus. The causative agent, corona virus has nearly 80% homological resemblance with that which was responsible for past outbreaks such as Middle East Respiratory Syndrome, (MERS COV) and Severe Acute Respiratory Syndrome Coronavirus (SARS COV), thus earning it the name SARS n CoV 2.

SARS-CoV-2 is the strain of coronavirus that causes coronavirus disease 2019 (COVID-19), the respiratory illness responsible for the COVID-19 pandemicⁱ. It emerged from China, Wuhan Province in December 2019 and was declared a pandemic outbreak by WHO on 11th March 2020. The virus is classified under especially dangerous pathogens with potential of spreading via contact, airborne and droplets.

Kenya's first case was reported on March 13th 2020. In preparation for this pandemic, the national Covid 19 Rapid Response Team classified Migori County among the 14 hotspot counties due to its cross-border geographical location, with porous borders and major road network connecting Kenya and Tanzania via Isebania border. Low income and middle income countries have weak health systems and so such countries including Kenya are ill-prepared to respond to pandemics. This was the scenario in Migori county where there was no single dedicated hospital to handle such outbreaks.

World Health Organization (WHO) adopted the general principle of management of infectious diseases through case identification and isolation. Thus this involved enhanced surveillance both in the community and health facilities. Migori County had local guidelines for surveillance, quarantine, screening, testing and case management.

Consequently, the County government swiftly converted Macalder Sub County Hospital to a treatment center with each sub county having a holding area for suspected cases awaiting Covid results before evacuation to the treatment centers. At the treatment center we initially allocated 33 beds, with 13 for males, 8 beds designated for female, 8 for pregnant, lactating mothers and pediatrics for with 4 beds for prisoners (before creation of treatment center in the prison).

The County recorded its first confirmed COVID-19 cases on 2nd May 2020 following enhanced surveillance especially along the vast Kenya-Tanzania border that spans 4 sub-counties with several unofficial border crossing points.

The first two confirmed cases were a 22 year old gravid female in her first trimester and a 16-month old baby who had to be admitted with his COVID-19 negative mother. The next confirmed cases were then a mix of different gender and age groups, with men being most infected compared to women at a ratio of 5:1, while the most affected age group was ages between 25-35 years. Healthcare workers, Police Officers, Customs Officials and other personnel in the fore of the fight against COVID-19 were also infected and soon afterwards, an increasing number of prisoners contracted COVID-19 from the police cells and prisons. By the end of July, Migori had recorded 298 confirmed COVID-19 cases with positivity rate of 5.5%, tallying with what was projected at the point in time. The prison infection rate at that same time was 28.7% with an attack rate of 30.1%. This was recorded from total of 230 being admitted to the isolation centers, 132 in Macalder COVID-19 Treatment Center and 98 at Migori GK prison.

Majority of those infected were males and their numbers outstretched the available space for the male gender, thereby making cohorting by gender a big challenge. This resulted in reported cases of re-infection thus increasing number of days one spent in the isolation centers. Unfortunately this situation compelled the County Health team to allocate male patients a room which was close to the female ward. Similarly the 4 beds that were allocated for inmates were full, with more inmates testing positive in the main prison. Due to security considerations, the department of health decided to set up a treatment center within the Migori GK prison.

With time, the County team observed that majority of offenders were males, while more men continued to register more COVID-19 positive cases compared to women. For this reason the department overlooked the need to set up female wing in the prison treatment center. This became a real challenge when one female remandee tested positive in one of the police cells, and therefore had to be isolated and treated.

Response and Actions (to address the challenge)

Against the foregoing context, the Department of Health-Migori County took the following steps as part of the covid-19 response measures:

Step 1: Formation of COVID-19 Coordination teams

At the County level, the Health Department formed three teams to respond on Covid-19 cases. The teams included: Case Management Team, Logistics Team and Surveillance. The Treatment Team was tasked to evacuate patients who turned positive, and also manage the therapeutic part of the patient. Meanwhile, a Covid-19 Response team was established at the County and Sub-county level to oversee and guide covid-19 management. The teams are interconnected, and convene regular meetings to monitor progress.

Step 2: Converting Macalder Sub-county Hospital into a COVID-19 Hospital

As already mentioned, the County did not have a pre-existing dedicated infectious disease hospital. Macalder Sub-county Hospital in Nyatike Sub-county was converted into a COVID-19 hospital since it fit the infrastructural requirements for setting up an isolation center in line with the set National guidelines, and also has vast land for possible expansion. A treatment team was then put in place and posted to the treatment center immediately Kenya recorded its first COVID-19 case in March 2020. Between March and May when Migori recorded its first case, the treatment team had been adequately trained and conducted weekly drills at the treatment center. The drills helped foresee gaps and address them prior to our first admissions. This included defining the patient flow, dedication of different sections and installing appropriate Infection Prevention and Control (IPC) measures.

Step 3: Expansion of bed capacity of Macalder COVID-19 Hospital and enhancing gender responsiveness of Covid-19 treatment and care.

The sections within the treatment center initially comprised of 24 beds: Female section (10 beds), Male section (10 beds), pregnant mothers and Pediatric section (4 beds). However, due to the increasing number of cases requiring admission and in compliance with the Presidential directive to expand county COVID-19 bed capacities to a minimum of 300, the bed capacity of Macalder was expanded to 203 beds: Male section (108 beds), Female section (64 beds), Pregnant mothers/pediatric section (11 beds), Recovery section (13), and health care workers section (7 beds). However, the infrastructure at Macalder in terms of wards could not accommodate these beds and patients. The county government therefore bought two tents, one for female and one for male patients. This helped in accommodating the increased covid-19 patients, while at the same time ensured that the facility was observing Covid-19 containment measures.

Step 4: Deployment of psychosocial support specialists

Overall, most patients in the Covid-19 isolation and treatment centres experienced a deep sense of exclusion due to being kept away from their families, without the option of being visited by family and friends. The county deployed psychosocial counselors who provide psychosocial counselling services to the patients so that they do not feel excluded, and reassure them of their healing and prepare them to rejoin their families.

Step 5: Establishment of a COVID-19 treatment centre at the Migori GK Prisons

Initial COVID-19 cases from the prisons and police cells were admitted to Macalder treatment center. This posed a security challenge necessitating establishment of a treatment center within the Migori GK Prison. For this to work, a meeting was held with the Judiciary Department, Head of Prisoners, Police Commander and the Health Department.

Considering the prevailing realities, after the meeting by stakeholders, Migori GK Prison treatment centre was dedicated to service COVID-19 positive male inmates, while all women inmates were transferred to Rongo Prison. Most of the office spaces and rooms at the G.K prison Migori were then converted to treatment rooms and holding areas. Health care workers were deployed at the G.K prison isolation center to help in observing patient recovery process. However, female remandees and prisoners who turn positive from other security and correctional facilities are still being admitted to the Macalder Treatment Center due to challenges in setting up a gender sensitive section at the GK Prison.

Step 6: Special provision to minimize risks for COVID-19 Healthcare Workers

Health care workers are very key in the fight against COVID-19 pandemic and when they contract the disease in the line of duty, it is the responsibility of the employer to provide optimal care and regain their health. It is against this premise that the County government dedicated a separate room at Macalder Sub-county Hospital to accommodate health care workers who turn positive. We also rented a holding area that acts as a quarantine facility for the health care workers at the treatment area where after their shift, the healthcare teams first get admitted at the holding area for observation before rejoining with their families.

Outcomes and Results

With the above actions (containment measures), Migori County experienced the following results:

1. Even with an increased testing sample size, there was a drop in numbers of positive cases both at the G.K prison and the county at large. Positivity rate at the Prisons treatment centre dropped from 28.7% in the beginning of July to 8.1% as at end of August 2020. The County at large also experienced a drop in positivity from 10% positivity rate at week one (start of May 2020) to 3% positivity rate in week 16 (end of August 2020).
2. Cohorting of patients within different sections helped in reducing the average length of stay at the treatment facility from 18days to 10days.
3. Stigma of healthcare workers who turn positive has also reduced because of the optimal care given to them during treatment.
4. Having the above structural framework, particularly segregation according to gender, was a deliberate effort towards provision of social protection. Migori County's treatment centers, being gender responsive has successfully managed to mitigate exposure to social risks during patients' stay in the isolation center that have disproportionate negative impacts on women and girls.

Gender responsiveness at the treatment center further enabled healthcare workers attend to specific gender needs of patients throughout their admission period, including persons with disabilities, who are often excluded from essential services. These needs continue regardless of whether people are affected by COVID-19 or not.

Lessons Learned

1. Pre-Covid, Migori County did not have a facility for handling infectious disease in place. If such facilities existed prior to onset of Covid-19, the pandemic would have been easily managed without the rush.
2. At the onset of Covid-19 pandemic, inmates who turned positive for Covid -19 test at the Migori GK Prison were male. This led the County Response team to make the assumption that it would be very unlikely to have Covid-19 positive female prisoners. For this reason, this assumption failed the test, and led to failure by the County team to plan for gender mainstreaming at the G.K prison, which was a big blow to the County's COVID-19 response strategy. Counties should avoid such a pitfall.
3. Consultation and collaboration between County government of Migori and National government structures within the County proved to be a critical pillar in effective response to covid-19 pandemic.
4. It is important to plan for and provide targeted Covid-19 care by separating men, women, expectant mothers and children, and minimize security risk by separating convicted patients from the general public.
5. Ensure 24hr security surveillance in order to minimize any risk of rape and sexual abuse within COVID-19 Isolation and treatment centres. This will also support in enforcing covid-19 containment measures within the facilities, and in avoiding need for repeat tests emerging from non-adherence to prescribed protocols.

Recommendations [what can other counties learn?]

1. All other counties should treat their patient with gender sensitivity. Male and female patients should be completely separated even during emergencies.
2. All Counties should enhance the COVID-19 Isolation and treatment Centres into Centres dedicated to treating infectious diseases, preferably one per Sub-county at the minimum. Counties should also invest in hiring and training personnel to handle infectious diseases, and public healthcare in general.
3. Counties should interrogate their assumptions when designing emergency response measures.
4. Counties should plan for emergency response in their County Integrated Development Plans (CIDPs) and Annual Development Plans (ADPs), and allocate adequate resources. In this regard, modalities for financing of pandemics should be clearly outlined in order to ensure that Counties do not get stuck on how to finance critical services including feeding patients in quarantine, isolation and treatment centers, as well as remunerating security personnel in those centers.
5. County governments and National government structures within respective Counties should collaborate in setting up frameworks for implementing protocols for containing pandemics and emergencies within prisons in order to minimize and curtail the spread of infectious diseases. Such collaboration should be extended to other public institutions and other types of emergencies.

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Photo Gallery: 4 photos with captions/description



Photo 1: Macalder Sub county treatment center



Photo 2: The treatment area tent innovation to facility more patients



Photo 3: Additional beds allocated to cater for the rising numbers of positive cases



Photo 4: Macalder treatment hospital frontline health care workers



Photo 5: Migori G.K prison women wing that has been converted to a treatment center



Photo 6: Migori County Covid-19 Response team in a planning meeting

ⁱ https://en.wikipedia.org/wiki/Severe_acute_respiratory_syndrome_coronavirus_2