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# COVID-19 and Long-Term Care in Kenya

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This document is available through the website [ltccovid.org](http://ltccovid.org), which was set up in March 2020 as a rapidly shared collection of resources for community and institution-based long-term care responses to Covid-19. The website is hosted by CPEC at the London School of Economics and Political Science and draws on the resources of the International Long Term Care Policy Network.

Corrections and comments are welcome at [info@ltccovid.org](mailto:info@ltccovid.org). This document was last updated on 30th May 2020 and may be subject to revision.

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## 1. Key messages

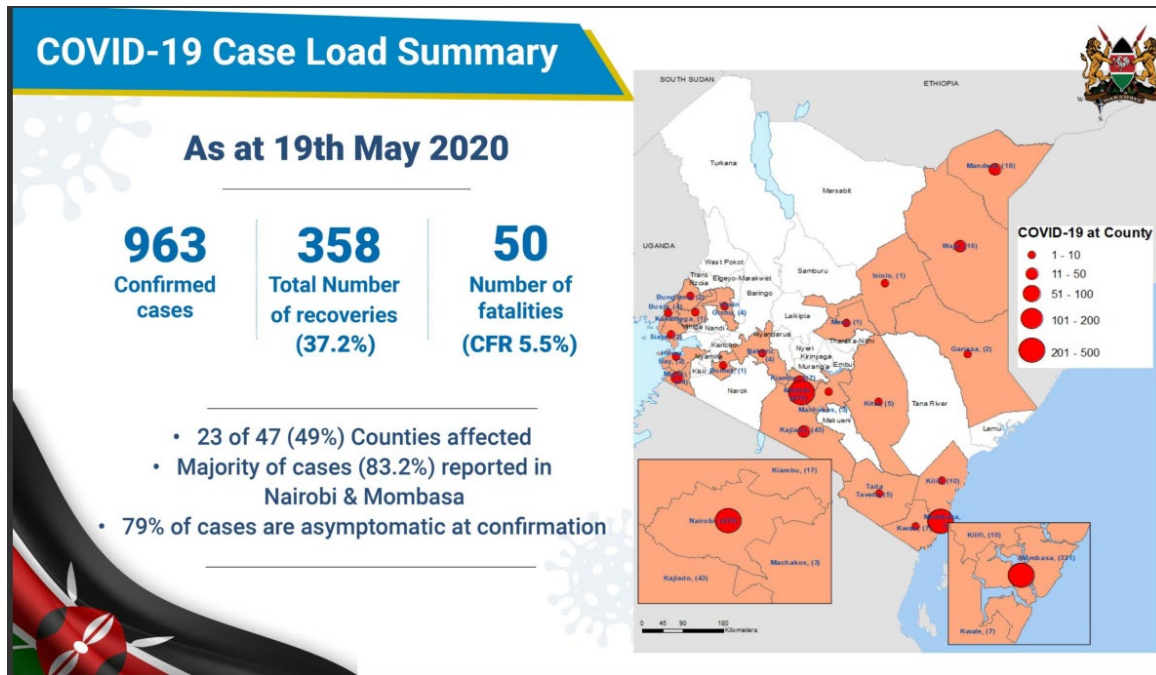
- Government restriction measures have detrimental effects on the mental health and socio-economic aspects of individuals, carers, families and the society
- Vulnerable populations such as older persons, those with disabilities and living in poverty situations require special attention to reduce spread of infection and improve their mental wellbeing
- Long-term care (LTC) policies need to be developed to address the needs of older persons and those in need of LTC services
- Addressing COVID-19 related stigma even after recovery could enhance proper reporting and provide an opportunity for the government to address difficulties in dealing with the outbreak
- LTC resource allocation e.g. funding and care workers during COVID-19 pandemic and beyond could reduce the impact of long-term conditions in communities
- While the Older Persons Cash Transfer (OPCT) is targeted for those aged 65 years and above, more focus should also be on unpaid carers who mainly provide LTC in Kenya (with no training or experience)
- Older persons are at a greater risk of having their human rights violated because they are a vulnerable population in terms of the probability of becoming dependent
- There is a need for policy makers and decision makers to prioritize the needs of front-line health care providers and provide the necessary support systems at work and home with the aim to improve their wellbeing and increase productivity.

## 2. Impact of COVID-19 so far

Kenya has not been spared from the COVID-19 scourge that has spread in most parts of the world and become a global crisis. The first COVID-19 case in Kenya was reported on 12<sup>th</sup> March 2020 in Nairobi (Kenya's capital) <sup>1</sup> resulting in many people migrating to rural areas. Since then, the government put in place some containment measures to reduce within and across county transmissions. However, the number of positive cases has been on a steady rise ever since the first case was reported. Within a span 3 months, the government tested 74,003 people with 1,745 testing positive as of 29<sup>th</sup> of May 2020 and the highest single daily increase reported to be 147 cases <sup>2,3</sup>. So far, Kenya has recorded a total of 58 deaths, making the case fatality rate at 3.6% and a 26% recovery rate, given that 421 individuals have been treated and discharged <sup>4</sup>. According to the report given by the Ministry of health in Kenya on 27<sup>th</sup> May 2020, 32 out of the 47 counties in Kenya had reported cases of covid-19, with Nairobi (835 cases) and Mombasa – coastal region (490 cases) counties recording the highest number of cases <sup>2</sup>. Within Nairobi, Eastleigh-which is known for its business prowess and poor infrastructure; and Kibera-one of

the largest slums in Africa, are considered to be hotspots for COVID-19 spread <sup>2,5</sup>. Figures 1 to 3 illustrate a summary of confirmed cases and deaths by age and gender as of 19<sup>th</sup> May, 2020.

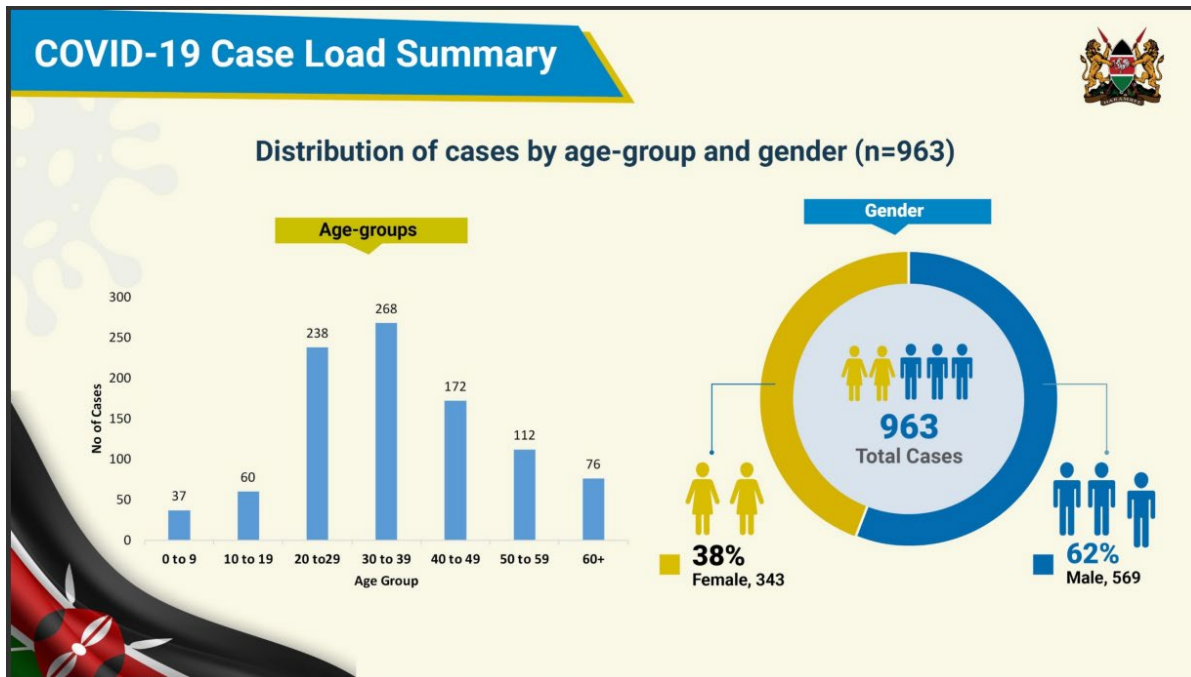
Figure 1: Summary of confirmed cases in 23 out of 47 counties <sup>6</sup>



Source: Kagwe (Ministry of Health) 2020

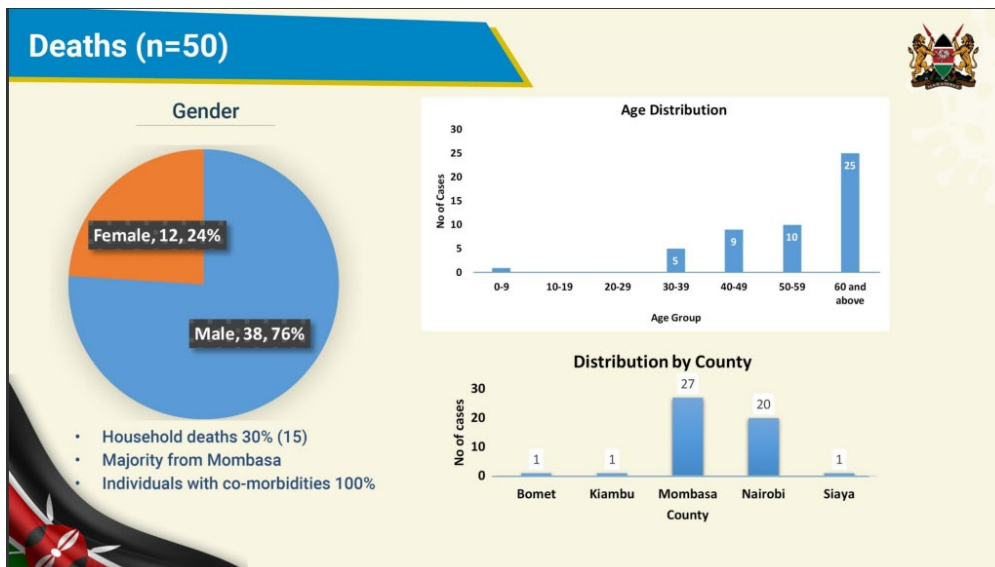
As witnessed by the spread of this pandemic, it is no secret that no one is immune or safe from contracting COVID-19. However, people with pre-existing conditions are at a higher risk of developing serious complications including death. Half of these deaths reported are 60 years and above and 100% of them had underlying conditions e.g. hypertension (34%), diabetes (19.9%), asthma (16.7%), other conditions (14.3%), HIV/AIDS (5.2%), respiratory infection (4.5%), tuberculosis (3.4%) and cancer (2.0%) <sup>7</sup> (figure 2 and 3 as of 19<sup>th</sup> May, 2020).

Figure 2: Distribution of cases by age and gender <sup>6</sup>



Source: Kagwe (Ministry of Health) 2020.

Figure 3: Number of deaths by age and counties <sup>6</sup>



Source: Kagwe (Ministry of Health) 2020.

Furthermore, health care staff have also been overwhelmed and been affected physically and psychologically due to the increasing numbers of COVID-19 cases. The shortage of personal protective equipments (PPEs), little understanding on their use and stigma has resulted in increasing number of infections among health care providers. There is therefore a call for policy

makers and decision makers to provide these front-line health care providers who are at risk of contracting COVID-19, with the necessary support systems at work and home and prioritizing their mental health needs with the aim to improve their wellbeing and increase productivity.

The government of Kenya, through the Ministry of Health, took various steps to ease the spread of this disease as follows:

- i. Closure of schools and working from home for all public and private sector workers not providing essential services
- ii. Travel restrictions on non-residents and 14-day self-quarantine after arrival in the country for residents
- iii. Restriction of public gatherings in churches, mosques, funerals and elsewhere to no more than 15 people
- iv. Adherence of all public service vehicles to passenger-distancing guidelines e.g. only one passenger per row of two seats.
- v. Public wearing of masks
- vi. A national curfew between 19:00 to 05:00 hours except for essential service providers
- vii. Closure of restaurants, bars and barber and salons
- viii. Lockdown of five Counties with high cases of COVID-19 (Nairobi metropolitan, Mombasa, Kilifi, Kwale and Mandera) with some specific estate lockdowns in Nairobi and Mombasa.
- ix. Restriction of movement across the Kenya, Tanzania and Somalia border

Recently, eateries and restaurants, barber and salon shops have been re-opened under strict measures e.g. observing distancing, wearing masks, using contact-free thermometers and restaurants to observe specific protocols published by the Ministry of Health <sup>8,9</sup>.

### **3. Brief background to the long-term care system**

Older persons with disabilities and chronic health problems often receive care from unpaid family members in Kenya. Residential and nursing homes; and palliative services provided in public health care settings are either unaffordable or distantly located (which increases the cost of out of pocket expenses for older persons). For those who are able to access general services, they experience difficulties during this pandemic especially if the need for care is past curfew hours or is in another county under lock down.

Formal Long-Term Care (LTC) services in Kenya are provided mainly by Ministry of Health and Ministry of Labour and social protection. The latter ministry provides social protection via cash transfers with no contribution towards public or private health insurance for older persons. The Older Persons Cash Transfer (OPCT) targeting those aged 65 and above had supported 833,129 households by 2019 <sup>10</sup> but only one person per household, regardless of the number of people

aged 60 years and above, receives the cash transfer. Between January and April 2020, 766,254 beneficiaries had received the OPCT<sup>11</sup>. During the COVID-19 pandemic, the government increased cash transfers by 12 billion Kenya shillings to support older persons and the most vulnerable to buy food.

## **4. Long-term care policy and practice measures to respond to the pandemic**

A regulatory or policy framework on long term care system does not exist in Kenya. However, various initiatives have been established by the government to increase access to LTC services. These include <sup>12</sup>: establishment of a health and ageing unit at the Ministry of health, initiation of social protection schemes for older persons and development of a national policy on older persons and ageing to “provide an environment that recognizes, empowers, and facilitates Older Persons to participate in the society and enjoy their rights, freedoms and live in dignity, p.4” <sup>13</sup>.

There are neither health care workers providing LTC services in public health services nor specific funding allocated for LTC in Kenya. The lump sum amount for health care is expected to cover LTC services and may not be sufficient because of the increasing health demands for older persons such as presence of co-morbidities.

LTC services including during this pandemic are provided in health care settings and care homes and appropriate discharge processes applied when necessary. The interim guidelines on management of COVID-19 in Kenya state that conditions for discharge to the community should include the ability to self-isolate, a negative Viral PCR tests in two respiratory samples collected 1 day (24 hours) apart and a viral clearance after 10 days when COVID-19 symptoms have resolved. In addition, all discharged patients should return to the hospital in case their condition worsens <sup>14</sup>. There are currently no clear guidelines on hospital discharges to the residential and nursing homes.

### **4.1. COVID-19 prevention in care homes**

While older people in care homes are particularly vulnerable to COVID-19, there are steps that can be taken to reduce their risk, and to ensure they are well cared for and supported. Care home staff must also be looked after and equipped with information to protect themselves as well as those in their care. The guidelines published by the Ministry of Labour and Social protection website provide guidance and advice for care homes during COVID-19. These include: (i) temperature measurement of residents twice a day (morning and evening); (ii) staff to ensure regular communication (calls and online chats) between residents, their family and social networks e.g. friends and to discourage visits to the care homes; (iii) clean and disinfect all surfaces; and (iv) promote mental wellbeing (by reducing contentions and enhancing affectionate communication), daily routine for residents and reduction of interruptions <sup>15</sup>.

In order to control the spread of infection that has entered a facility, the person (either resident or staff with COVID-19 symptoms) should be isolated in a well-ventilated room with a separate

washroom until they are transferred to an isolation facility. Any contacts with the infected person should also be isolated and the case(s) reported to relevant authorities or facilities for further instructions. All staff taking care of the isolated cases should wear PPEs <sup>15</sup>.

Places and surfaces where the infected people has come in contact with should be disinfected after transfer to an isolation facility in Kenya by relevant authorities. All staff should also be provided with protective gears and prevention of spread items (gloves, thermometers, masks, alcohol based sanitizers, soap) and allowed to work (unless they are experiencing symptoms) without salary cuts or losing their job. They should also be trained on the basic knowledge on the virus, provided with regular updates and precautions to be undertaken during care provision and at home <sup>15</sup>.

Home-based care is an extension of the patients' care from the hospital to their homes. The community based carers should be informed of recent updates on information provided by the Ministry of Health during this period. Some of these measures include: (i) Self-isolate when experiencing symptoms except when accessing medication; (ii) Elbow cough or covering one's mouth with tissue when coughing; (iii) frequently clean surfaces with disinfectants; (iv) avoid spitting; (v) maintain regular hand washing with soap and water or sanitizer with 70% alcohol content; (vi) designate a separate room for any sick member as well as bathroom or toilet <sup>16</sup>.

## **5. Impact of people living with dementia and measures to support them**

Dementia is considered a disability and as it advances, it has detrimental effects on the individuals, carers, families and society. A person with dementia experiences progressive cognitive impairment and decline in performing day-to-day activities (e.g. rapid mood changes, loss of interest in activities or withdrawal from social networks). Although there are no specific COVID-19 statistics that have been reported for persons with dementia in Kenya, the government acknowledges that people are at risk of mental health issues due to containment measures. It is also possible that people who may have the condition may not be aware due to minimal detection attributed to stigma and the local negative interpretation of the term dementia <sup>17</sup>.

Effects of COVID-19 on people with dementia include interference of routine activities, risk of being abandoned or feeling anxious, especially if he/she lives in rural areas where visiting is limited after lockdown of some counties, fear of losing a relative to COVID-19 in counties that have been put on lockdown, or financial constraints to buy medication or food if the bread winner or caregiver has lost a job. A survey conducted on the socio-economic impact of COVID-19 in Kenya revealed that 50% of the participants were not working because of government measures (lockdown or curfew), temporary layoff or work reduction and nearly 90% did not know when they would go back to work <sup>7</sup>.

People with dementia may also experience difficulties complying with government measures e.g. remembering to put on their masks which may expose them to risk of infection or being quarantined and fear of being trapped because of the curfew in Kenya. Statistics reveal that

half of the deaths are occurring among older persons (60 years and above) and this could be attributed to their vulnerability and their risk of having pre-existing conditions (reported among 100% of total deaths) <sup>6</sup>.

The Kenya Human Rights Commission is also on the forefront to ensure that people with dementia are not mistreated, beaten or fined in case they are found on the streets after curfew time. Due to late detection of dementia in Kenya, information is provided to carers via virtual meetings on the importance of slowly communicating information on infection control to people with dementia since some of them may not comprehend their surroundings.

## 6. Impact on unpaid carers and measures to protect them

Informal carers and families of people with care needs are at risk of health problems, financial constraints, self and public stigma, family conflict, unemployment and diminished self-care during COVID-19 pandemic. The government's restrictive measures increase the time spent providing care and, in the case of caring for people with dementia, rapid mood changes might cause tension, conflict or physical abuse, in an attempt to cope with the situation. Before the first COVID-19 case, there was some provision of support for carers delivered face to face by non-governmental organizations (NGOs) through peer to peer support. As a result of the pandemic, these services have only been accessible virtually but with challenges such as poor connectivity in some areas resulting to "apologies e.g. sorry, please go ahead, can you hear me etc?" conversations taking nearly a quarter of the time, online fatigue (if the meetings are too long) and lack of finances to buy internet bundles. Other forms of support include reading information on social media platforms, dementia-related accounts or projects such as the [Strengthening Responses to Dementia in Developing Countries](#) (implemented in Kenya by [Africa Mental Health Research and Training Foundation \(AMHRTF\)](#) and [Alzheimer's and Dementia Organization, Kenya \(ADOK\)](#) in collaboration with the Ministry of Health) whose aim is to build capacity, reduce stigma and increase public awareness on dementia in Kenya and six other countries.

Similar to the general population, carers are also provided information on numbers to call if someone with dementia has COVID-19-like symptoms.

## 7. Lessons learnt so far

- i. Financial resources need to be allocated to address health system barriers to COVID-19 reduction and reduce mental health impact on families and communities
- ii. Government's initiative to cushion vulnerable populations from COVID-10 economic effects is a positive initiative as this group is more susceptible to mental stress and at risk of adverse economic repercussions
- iii. Implementing COVID-19 reduction responses requires coordination of different ministries e.g. health, labour and social protection and partnerships with NGOs and



- research institutions to achieve optimal care to individuals, families, communities and the wider society
- iv. Urgent and adequate provision of PPEs and training of health care workers could reduce stigma and increase access to health care services for the general population
  - v. LTC and dementia services need to be integrated with the main health care system. There is also a need to increase awareness among health care providers about the importance of giving attention to older persons and other vulnerable populations due to high risk of infection and other underlying health conditions
  - vi. Dementia care information can be delivered virtually and reduce financial burden related to communication by NGOs directly calling these families to reassure and send messages on reducing the risk of COVID-19

### **7.1. Short-term calls for action**

The COVID-19 pandemic has affected people of different ages, gender or socio-economic status and has detrimental effects to vulnerable populations such as older persons, those with disabilities and living in poverty situations. People in slum areas in Kenya may be at a higher risk of contracting the virus due to overcrowding, limited access to running water and employment opportunities to cater for their needs. Older persons, particularly those dependent on carers, may struggle to maintain distancing due to the need for contact involved in personal care e.g. feeding, turning etc. In addition, persons with dementia and their carers have been worried about the impact of the lockdown on their health (risk of burn out with no social engagement activities or developing depression due to isolation) and economic status (loss of jobs). The impact of this caregiving role is higher on the women who mainly provide care in Kenya due to cultural and community demands on the role of a woman in the family. In instances when the men have either lost jobs or have been laid off temporarily, they still do not shift roles to help at home.

Carers of people with dementia also face the challenge of creating a new normalcy in the daily activities of a person with dementia during a pandemic because there are uncertainties about elimination of COVID-19 in the country. There have also been a number of people with dementia who have been lost and may be arrested or abused as they may not remember to comply with the government regulations such as wearing a mask or observing curfew times.

Self and public stigma around COVID-19 transmission and risk of discrimination even after recovery is also posing mental health issues on individuals and families and results in underreporting of new cases or difficulties in addressing arising issues related to the outbreak. There have also been media reports of intimate partner violence in Kenya which could be attributed to loss of income, substance abuse at home, stress and disconnection from community support systems. Sometimes access to care is considered as exposing the family to shame resulting in many victims suffering within home environments.

Despite the shortage of health care workers in Kenya to address the above issues, those practicing in health care settings, residential homes, assisted living and nursing homes are anxious about risk of infection. This is because of shortage of PPEs and minimal focus on inspection of these institutions to control the spread of COVID-19.

## 7.2. Longer term policy implications

Lack of LTC policies, stigma and shortage of human and protective gear resources during provision of care services puts a strain on the health care systems which may struggle to meet the increasing disease burden unless a comprehensive approach is used to reduce the risk of COVID-19 spread and address socio-economic aspects of disadvantaged populations. The Kenyan government needs to be prepared to reduce stigma, test, apply prevention measures and develop policies and strategies that could cushion people who have lost jobs or experiencing financial strain to reduce risk of crime and corruption. Realizing health care gaps through sustained efforts to address weak governance, leadership and stigma has been shown to increase access to care <sup>18</sup>.

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