



Dandora Community AIDS support Association (DACASA)



Your REF: TBA

Our REF: C/KELIN/2020

Date: 17/April/2020

Hon. Mutahi Kagwe
Cabinet Secretary for Health
Chairperson, National Emergency Response Committee on Coronavirus

Dear Sir,

RE: OPEN LETTER AND REQUEST FOR INFORMATION ON PROVISION OF SUPPORT TO HEALTH CARE WORKERS IN THE COVID-19 RESPONSE

We, the undersigned organizations and associations, are representatives of health and human rights, civil society and non-governmental organizations, community-based organizations and representatives of professional bodies, informal sector actors, economic, and governance experts.

We are also Kenyan citizens concerned about the state of preparedness of health facilities to deal with COVID-19, given that any of us is likely to use them. The information we seek in this letter is therefore critical to safeguard our rights including right to life, and right to health.

We make reference to our previous advisory dated 28th March 2018 [“Advisory Note on Ensuring a Rights-Based Response to Curb the Spread of COVID-19: People - not Messaging - Bring Change”](#) that remains unanswered.

[In the previous advisory](#), we noted the need to support health care workers during this pandemic period through provision of adequate training, and ensuring that all necessary preventive and protective measures are taken to minimize occupational safety and health risks.

We write this urgent request for information letter in light of concerns that health care workers continue to raise as regards to their occupational safety and health risks. We note that it is imperative that the plight of health care workers is urgently, adequately and conclusively addressed given that they have placed themselves and their families at risk to secure the health of this nation.

In our previous advisory, we urged the Ministry of Health to guarantee the safety and well-being of health care workers by:

- Providing adequate training for all healthcare workers deployed towards the management of the COVID-19 pandemic.

- Ensuring that all necessary preventive and protective measures are taken to minimize occupational safety and health risks through provision of quality and adequate personal protective equipment (masks, gloves, goggles, gowns, hand sanitizer, soap and running water, cleaning supplies) in sufficient quantities to healthcare or other staff caring for suspected or confirmed COVID-19 patients.
- Consulting with healthcare workers on occupational safety and health aspects of their work and put measures in place to ensure safety.
- Allowing workers to exercise the right to remove themselves from a work situation if they have reason to believe it presents an imminent and serious danger to their life or health.
- Minimizing occupational risks and risk to families of healthcare workers by the provision of insurance and adequate and acceptable frontline healthcare worker shelters.
- Increasing testing of people who are at risk such as vulnerable populations and healthcare workers.
- Increasing testing of symptomatic healthcare workers and non-clinical staff regardless of their contact history.

Additionally, we proposed that the government ensures this information is available to the public through a live dashboard that is updated on a regular basis with the following information on inputs and processes:

- Number of health care workers trained in every county and in each designated COVID-19 facility by cadre, evidence of team-based approaches in COVID-19 facilities e.g. number of ICU teams with nurses, Clinical Officers Anaesthetists, general physicians and critical care specialists. Number of health care workers deployed in every county.
- Information on the working conditions for persons providing essential health services, including health care workers, staff in quarantine facilities, and home-based care providers. This should include updates on trainings provided; measures taken to mitigate occupational safety and health risks, insurance coverage; and availability of frontline healthcare worker shelters.
- Information on how communities will be included in efforts to reduce health risks, access care, and participate in prevention and treatment to slow down COVID-19 spread without undermining the critical role of biomedical and epidemiological interventions that have so far been implemented.

However, we take note of the fact that to date there are still complaints and concerns on the protection of health care workers in this pandemic. For instance, the Health Unions (Kenya National Union of Nurses, Kenya Union Clinical Officers and Kenya Medical Practitioners Pharmacist and Dentist Union) have recently done a survey and noted that most of their members in county governments and Ministry of Health have not been adequately trained and or prepared to handle the Corona Virus pandemic.

[They have also reported](#) that provision of personal protective equipment (PPE) remains a challenge at health facilities in most counties. The Kenya Medical Practitioners Pharmacists and Dentists' Union in its weekly brief dated 13th April, 2020 called for:

- The need to provide adequate PPEs for all personnel in the hospital including N95 masks, face shields, goggles, scrubs and gowns;
- Designation of specific COVID-19 testing centers for health care workers;
- Provision of catering services to healthcare workers;

- Provision of transport for all health care workers handling COVID-19 patients to and from the hospital to their accommodation facilities;
- Increase in the number of health care personnel;
- Provision of accommodation to health workers on duty during the pandemic (especially those in health facilities treating suspected and confirmed COVID-19 patients).

The government has a Constitutional and legal obligation to ensure every person enjoys their right to the highest attainable standard of health. This obligation cannot be achieved without health care workers. We therefore urge the government in fulfilment of its legal obligations and in line with the [World Health Organization](#) guidelines to (among others):

- Ensure that all necessary preventive and protective measures are taken to minimize occupational safety and health risks;
- Provide information, instruction, and training on occupational safety and health, including; refresher training on infection prevention and control (IPC); use, putting on, taking off and disposal of personal protective equipment (PPE);
- Provide adequate IPC and PPE supplies (masks, gloves, goggles, gowns, hand sanitizer, soap and water, cleaning supplies) in sufficient quantity to those caring for suspected or confirmed COVID-19 patients, such that workers do not incur expenses for occupational safety and health requirements;
- Familiarize personnel with technical updates on COVID-19 and provide appropriate tools to assess, triage, test, and treat patients, and to share IPC information with patients and the public;
- Provide appropriate security measures as needed for personal safety;

From the foregoing, we now demand that the Ministry of Health, and the National Emergency Response Committee on Coronavirus urgently makes the following information public in compliance with Article 35 of the Constitution of Kenya and section 4 and 9(2) of the Access to Information Act, 2016:

- (i) Number health care workers trained in each designated COVID-19 facility by cadre, evidence of team-based approaches in COVID-19 facilities e.g. number of ICU teams with nurses, Clinical Officers Anaesthetists, general physicians and critical care specialists. Number of health care workers deployed in every county.
- (ii) Number of designated COVID-19 management facilities, distribution around the country, capacity to manage severe cases (number of beds, oxygen availability), capacity to manage critical cases (ICU capacity to serve cases of COVID-19, ventilator numbers), laboratory capabilities e.g. blood gas analysis, full metabolic screen and full electrolyte screen.
- (iii) Number of personal protective equipment (masks, gloves, goggles, gowns, hand sanitizer, soap and water, cleaning supplies) procured and distributed to health care workers and the distribution schedule.
- (iv) Number of health care workers tested for COVID-19.
- (v) Whether health care workers in health facilities treating suspected and confirmed COVID-19 patients are being provided with (a) catering services; (b) accommodation; (c) transport to their accommodation.

We look forward to your urgent response not later than 48 hours to inform our next course of action.

Signed by the following individuals:

1. Allan Maleche
2. Becky Odhiambo Mududa
3. Bradley Njuki
4. Caroline Oyumbo
5. Cecilia Mumbi
6. Erick Okioma
7. Fenwick Oyumbo
8. Houghton Irungu
9. Mary Ger
10. Nelson Silas
11. Patricia Osero
12. Peter Owiti
13. Samson Onditi
14. Sheila Masinde

Endorsed by:

1. Amnesty International
2. Boda Boda Association of Kenya
3. COFAS
4. Dandora Community AIDS Support Association (DACASA)
5. EMAC Kenya
6. Kenya Legal & Ethical Issues Network on HIV & AIDS (KELIN)
7. Happy Life Development
8. HERAF
9. ICJ – Kenyan Section
10. Kenya Sex Workers Alliance (KESWA)
11. Mumbo International
12. Nelson Mandela TB-HIV Resource Centre Nyalenda
13. Nyarwek Network
14. Transparency International
15. WOYDEP (Wote Youth Development Projects)

cc:

1. Kenya Medical Practitioners Pharmacist and Dentist Union
2. Kenya National Union of Nurses
3. Kenya Union Clinical Officers
4. Association of Public Health Professionals Kenya (APHOK)
5. Kenya Medical Association (KMA)
6. Chairperson, Council of Governors
7. Kenya National Commission on Human Rights
8. Commission on Administrative Justice