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**SCIENCE**

# SAYANSI

*Telling the African science story*

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## COVID-19: Why we need expanded safety net programmes

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**T**he Media for Environment, Science, Health and Agriculture (MESHA) was founded in November 2005 in Nairobi, Kenya and is an organisation that provides support to science journalists covering health, development, technology, agriculture and the environment. It does so by offering training workshops, consultancies and encouraging networking through meetings and conferences among journalists, scientists and other stakeholders in Kenya.

The association emphasises on rural journalism and communication.

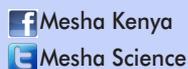
The idea for the formation of this association sprang up from the fact that there were many organisations and communicators in the fields of agriculture, environment, health and development. However, few organisations in the region bring journalists covering these issues together, for better reporting in the media.

MESHA believes that in a democratic society where science must be answerable to the public, there is need to find new and innovative ways of effective mass communication about the benefits of science, and other areas of concern to the general public.

MESHA aims to ensure continuity, sustainability and consistent coverage of science and development issues as they arise.

## SAYANSI

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Cover photo: Machakos Chief of Staff Mwangi Mutuse distributes foodstuffs to residents of Kisayani Market in Makueni County on June 20, 2020.  
Photo: Phillip Kahindi



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# African journalists must not relent in their reporting of COVID-19

For the last over one year, African journalists have been doing a great job covering issues around the COVID-19 pandemic. The novel coronavirus however seems unrelenting and the situation on the continent appears to be getting worse and death tolls are rising, forcing some countries to now take more stringent measures to curb its spread. For instance, President Yoweri Museveni has placed Uganda on lockdown and his Rwanda counterpart Paul Kagame has replicated the same for Kigali and eight other districts, where a 6pm-4am curfew has been imposed, schools closed, private and public offices closed and social gatherings prohibited, among other measures.

Kagame said the additional measures were due to “the surge in COVID-19 cases and the emergence of new variants globally”. In Kenya, the situation has been threatening to get out of hand in the western part of the country, with President Uhuru Kenyatta saying, in his June 29 address, that the 13 counties had experienced a high positivity rate of 21 per cent, compared to the national average of 9.1 per cent as at June 17.

This unrelenting nature of the virus only means journalists cannot relent either in the reporting. They must continue to hammer the message home that we are not out of the woods yet and citizens must continue to take extra precautions at a personal level to stop the surging infections and deaths. However, journalists must not only always see gloom in their coverage. Solutions journalism is an important part of their assignment that they cannot sidestep to ensure they tell stories of hope.

A lot of positive events are happening around COVID-19 and many groups and individuals – both government and private – are doing little but important things to make life easier during the pandemic. These issues need to be brought to light not only to celebrate those involved for their efforts, but also to provide crucial lessons to the public and encourage them to follow suit. This can be done by none other than journalists.

Even as they up the ante in writing solutions stories, journalists and the African media must not forget their watchdog role. They must continue telling the governments and people where they are going wrong. Issues of COVID-19 corruption must be exposed with more vigour, and misinformation, disinformation and fake news must be called out and aptly corrected.

One of the biggest casualties of misinformation is the ongoing vaccination globally. In Kenya, the government has started giving the second dose of the Oxford/AstraZeneca vaccine to those who got the first dose. Pfizer and Johnson & Johnson vaccines are also now being administered in the country. However, some people are still shying away from taking the jab because of pieces of misinformation they pick up especially on social media.

In his June 29 address, President Kenyatta said, “Although vaccination is free-of-charge and no one will be forced to get it, some education about it is crucial.” The president’s statement justifies the role of health journalists, to do more during this time of the pandemic to educate the masses.

Health journalists hence need to play the role of the watch dog and guide dogs together to slay the COVID-19 dragon.



**East African Conference of Science Journalists**

**23 - 26 Nov, 2021, Venue: Kisumu, Kenya**

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# Expanded social safety net programmes critical to COVID-19 response

Photo Credit: Joyce Chimbi



**John Maina preparing his land for the planting season. He is among farmers reeling from the impact of COVID-19, a situation that saw him let go some of his farm hands.**

**By Joyce Chimbi | [j.chimbi@gmail.com](mailto:j.chimbi@gmail.com)**

**F**or Susan Auma, life may never be the same again. The community worker in Nairobi's Mathare and Kasarani slums, who survives on odd jobs, says when the third wave of COVID-19 infections unfolded and containment measures kicked in, the situation got direr for the vulnerable in Nairobi's informal settlements.

"Paying rent of Sh1,000 (USD 10) is a big challenge when we can barely afford one meal per day. People are desperate for work. We are used to odd jobs such as cleaning people's houses and that is not an option anymore. No one wants to open their doors to us for fear of contracting COVID-19," says Auma.

"Our young men who work in construction are also having it rough. Work at many construction sites has slowed down or completely stopped. Those of us who sell food to construction workers are really suffering," she adds.

COVID-19 continues to reveal that the most vulnerable and marginalised populations such as those in informal settlements remain largely unprotected and extremely vulnerable from its devastating impacts.

Today, there are more vulnerable households than there were when the first case of COVID-19 was reported in Kenya.

In March 2020, statistics by the Kenya National Bureau of Statistics (KNBS) show that unemployment rate stood at 5.2 per cent compared to 10.4 percent only a few months later in September 2020.

The predicament of those like Auma living in the informal settlements are laid bare in a recent survey conducted by the Trends and Insights for Africa (TIFA).

The survey focused on Nairobi's informal economy residents who account for an estimated 60 per cent of Nairobi's population of 4.4 million.

According to TIFA, nine out of 10 respondents reported experiencing reduced income from loss of employment or casual work. The findings are in tandem with the situation on the ground where Auma now explains there are families that have combined households in a bid to survive, while others have migrated to their rural areas.

Auma's sentiments are reflective of data by KNBS, which estimates that at least 1.7 million Kenyans are out of work as a direct impact of COVID-19.

Further, the country's significant economic recession that started in July to September 2020 at the height of the pandemic has plunged the country into its first economic recession in 20 years.

As a reflection of the state of the economy, workers and businesses defaulted on loans estimated to be worth Sh45 billion (USD 45 Million) in only six months, from March to August 2020.

As the country continues facing a series of lockdowns and curfews, fears are rife that the economic impact will be immediate and lasting.

The impact is not restricted to urban areas only. In Ngangarithi in Nyeri County, John Maina is a worried farmer. He says COVID-19 has compounded challenges for farmers and it could be the last straw.

Maina affirms that the same challenges that faced farmers last year are now back to haunt them throughout the year's planting season and this will have dire consequences on food production.

"Even the livestock markets are today faced with many challenges. Transporting livestock will be a problem, gathering animals at the



**A farmer picks leafy vegetables from her farm. Farmers are concerned about the long-lasting impact of COVID-19 restrictions on food security in Kenya.**

local market for sale will be another problem because of the off and on COVID-19 restrictions and low demand," he says.

Just like many other farmers in the area, Maina has had to let go of a majority of his farmhands. Today, he does most of the farm work as he has only two out of 10 regular farmhands.

As more and more Kenyans slide down the bottom of the pyramid, Auma says vulnerable Kenyans are now at the mercy of the government's social assistance initiatives.

Pre-COVID-19, there existed four government supported cash transfer programmes to cushion the most vulnerable households.

These four social assistance schemes include the Hunger and Safety Net programme, Cash Transfer for Orphans and Vulnerable Children, Cash Transfer for Persons with Severe Disabilities and the Older Persons Cash Transfers.

The schemes are supported through the Inua Jamii cash transfer, a national safety net programme under the Ministry of Labour and Social Protection.

Inua Jamii currently supports a total of 1,091,166 beneficiaries up from 500 households in 2004 when the cash transfers first began.

In Nairobi and Nyeri counties, there are a total of 36,146 and 31,275 households, respectively, under the Inua Jamii cash transfer intervention.

Patrick Kamondia, an Inua Jamii payment agent, says every month, each registered beneficiary is entitled to Sh2,000 (USD 20) paid out through the State Department for Social Protection and collected from Inua Jamii bank accounts throughout the country.

He further confirms that the National Treasury allocated an additional Sh10 billion to support vulnerable groups such as the elderly, orphans and widows during the pandemic.

However, even as community workers call for a scaling up of these social safety nets, the programme is not without its challenges.

Photo Credit: Joyce Chimbi



**Susan Auma, a community worker in Mathare and Kasarani, observes that there are now more Kenyans in need of social protection.**

“There are many people who should be receiving this money, but they do not. We do not know how people are selected. Last year people came here and took our names and mobile phone numbers. We were told that we would receive COVID-19 money. We have not received anything to this day,” says Angeline Akoth, a Mathare resident.

Still, beneficiaries affirmed that without the government support, the situation could have been worse.

Dr. Grace Gakii, a gender and development expert and lecturer at a local university, explains that there is a lot to be done to “address existing challenges, while at the same time expanding the programme to include COVID-19 generated vulnerable households.”

She said access to social protection is not only a moral obligation but a right enshrined in the universal Declaration of Human Rights and in Kenya’s Constitution.

“If existing challenges could be addressed, social assistance would expand to reach more vulnerable people. We have a lack of proper coordination and duplication of duties across the four programmes,” observes Dr. Gakii.

“Addressing these capacity gaps could help scale up these programmes. The government can also do with complimentary support from development partners. Last year, the World Food Programme targeted households with a social assistance package of Sh4,000 (USD 40) per month. Such support could go a long way in addressing the status of vulnerable people,” she says in conclusion.

Records from the Department of Social Protection show that the cash transfer programme experiences significant delays of even up to four months in dispatching money to beneficiaries all over the country.

Kamondia explains that beneficiaries receive money on a bi-monthly basis “which means that they receive Sh4,000 (USD 40) at a go”.

Still, the first payments in 2021 began on February 22 for the September to October and November to December 2020 cycles.

Beneficiaries interviewed in Mathare and Nyeri, who declined to be named, indicated that the cash transfer programme carries out validation exercises every now and then. If it so happens that a beneficiary is not accounted for, say they are old or sick and unable to travel for the exercise, they are effectively dropped from the system.

They added that social protection officers at times make errors in filling out beneficiaries’ details and that when this happens, it can take many months to rectify. They also said a beneficiary is dropped from the system, when and if at all they are reinstated, they are not compensated for that period they were excluded.

# How misinformation is blocking COVID-19 vaccination in Africa

By **Tebby Otieno** | [tebbyotieno62@gmail.com](mailto:tebbyotieno62@gmail.com)

Photo Credit: **Tebby Otieno**

**C**helu Matuzya, a senior journalist at Tanzania Broadcasting Corporation (TBC) is expecting her second born.

As a mother, she will do all in her power to protect her unborn child. It is for this reason she is in a dilemma on whether or not to go for the COVID-19 jab when her country rolls out the vaccination programme.

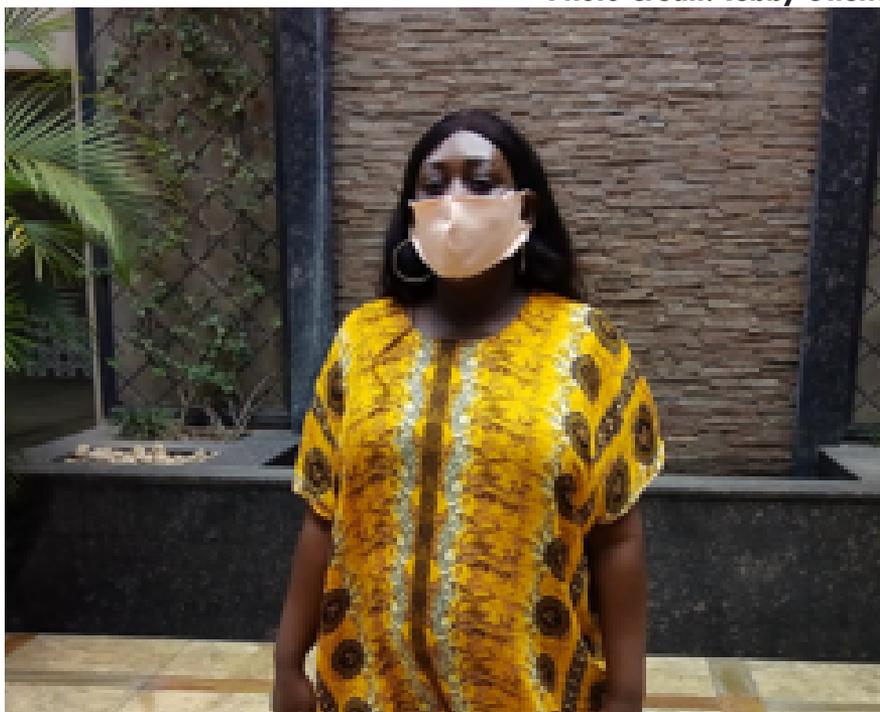
Despite that she is a senior journalist who ideally should be well informed, Chelu admits she is confused about this matter, thanks to a lot of misinformation surrounding COVID-19 vaccines world over.

"In Tanzania, we keep getting this negative attitude towards vaccines. We are told they are not good or they do not work or that they reduce life expectancy," she says.

In Chelu's neighbouring country, Kenya, the vaccination is ongoing and will be done in three phases. The first phase, which is ongoing, targets 1.25 million people and was planned to run until May 2021.

Phase two will run between July 2021 and June 2022. It targets 9.79 million people who are the most vulnerable, including the elderly and those aged above 18 years with comorbidities.

Phase three will target 4.9 million people aged 18 years and above in congregations, hospitality and the tourism industry. It will run between July 2022 and June 2023. Simon Dikir, 45, a hotelier, is one of the Kenyans who have received the jab.



**Chelu Matuzya, a senior journalist at Tanzania Broadcasting Corporation, calls for awareness creation on the COVID-19 vaccine to prevent misinformation.**

"It's a good experience though I have experienced some side effects. I did not sleep two nights after getting the jab.

Before I was vaccinated, everything was just normal," says Dikir. Just like in Tanzania, Kenyans have also had a share of misinformation about the COVID-19 vaccine, as is confirmed by Head of Immunisation Programme in the Ministry of Health, Dr Collins Tabu.

"The COVID-19 vaccine does not have fertility agents. There is no biological possibility from any angle that the COVID-19 vaccine is really geared to affect fertility," says Dr Tabu.

The question on whether pregnant women should receive the vaccines has attracted mixed reactions on social media.

However, Dr Tabu allays any fears about the vaccines being risky for pregnant women, but with a caveat.

"The vaccine has not been proven to be unsafe in pregnancy. Studies from the West, especially the US, have shown that the vaccines have no effect on pregnancy. However, we still have to be cautious because of the limited information we have because these are few studies and the burden of evidence needs to be higher," he explains.

Dr Tabu says it is not recommended to screen for pregnancy such as asking women about their last menstruation period before they receive the jab.

“However, if someone is confirmed pregnant or reports it by themselves, then we try to ascertain their level of risk,” he adds. Other myths about COVID-19 vaccines that Dr Tabu demystified include those around egg allergies and lactating mothers.

“Even if you have an allergy to eggs or chicken please get the vaccine. Egg or chicken allergy does not impact the vaccination process. Breastfeeding mothers who fall within the priority groups identified by the ministry should receive the vaccine even as they continue nursing their children,” he says.



**Vials of COVID-19 vaccines. There is need to demystify myths and misconceptions about the vaccine.**

Dr Tabu therefore advises that pregnant women should go for the jab when it is ascertained that the benefits outweigh the risks.

Despite these assurances, Chelu still calls for further awareness and education about the vaccines. She particularly hopes that her country will conduct this crucial education before it embarks on the vaccination programme.

## ANNOUNCEMENT



### Calling on new individual and corporate members

**Do you want to join the Media for Environment, Science, Health and Agriculture (MESHSA) as a member, corporate or individual?**

Please visit our website [www.meshascience.org](http://www.meshascience.org) and fill in the application form and submit it online as per the instructions therein.

We also invite members and non-members seeking internship and mentorship to send their applications to [info@meshascience.org](mailto:info@meshascience.org)

# We are committed to quality healthcare for mothers, children and adolescents

Photo Credit: Joyce Chimbi



**Clinic time for mothers and their babies. Kenya signed a commitment to promote the health and wellbeing of mothers, children and adolescents in the face of COVID-19.**

*In this interview, Dr Mercy Onsando, the Chief Executive Officer of Health NGOs Network (HENNET), explains the status of Reproductive Maternal Neonatal Child Health & Nutrition and strides Kenya has taken to address emerging issues, including the signing of the Partnership for Maternal, Newborn and Child Health call for action for COVID-19.*

**By Nduta Waweru** | [bndutawaweru@gmail.com](mailto:bndutawaweru@gmail.com)

## **Tell us about HENNET and its duties.**

HENNET is a network of health non-government organisations (NGOs) and civil society organisations in Kenya, registered by the NGOs Co-ordination Board in 2007. It brings together like-minded organisations within the health sector, whose core mandate is to strengthen quality and delivery of health services through improved healthcare systems in the country.

HENNET's areas of focus are co-ordination, advocacy, representation of health CSOs, capacity building of health CSOs, promotion of accountability in the health sector, and policy influence in Kenya. HENNET also works through its partners and the county chapters to implement projects that ensure health empowered communities

## **Could you briefly tell us the status of Reproductive Maternal Neonatal Child Health & Nutrition in the country?**

Globally, maternal and newborn deaths have declined in the previous three decades; nevertheless, low and middle-income nations still excessively experience the highest mortality and morbidity rates. Kenya's maternal mortality ratio and infant mortality rate have also declined, yet remain among the highest in the world at 342 per 100,000 live births and 39 per 1,000 live births, respectively.

In Kenya, sexual and reproductive health services are in place; nonetheless adolescents' access and usage of these services continue to be very low.

The COVID-19 pandemic underscores society's reliance on women both on the frontline and at home, while simultaneously exposing structural inequalities across every sphere, from health to the economy, security to social protection, especially for women who have multiple roles in their professional and personal lives, as they work while caring for families and home-schooling children.

Before the pandemic, 243 million women and girls aged 15 years–49 years worldwide experienced sexual and/or physical violence by an intimate partner in one year and since the pandemic, violence against women, especially domestic violence, has intensified.



**Dr. Mercy Onsando, HENNET C.E.O**

In Kenya, gender-based violence has been on the rise, especially during the COVID-19 era. Due to increased cases of GBV during the COVID-19 pandemic, the President directed the National Crime Research Centre to carry out a study to establish the causes of the increased cases of GBV.

### **COVID-19 has come with various challenges, especially on Reproductive Maternal Neonatal Child Health & Nutrition: what are the main challenges?**

COVID-19 is threatening three decades of improvement in health and social services for women, newborns, children and adolescents.

The pandemic hovers to interrupt the delivery of essential services owing to obstacles in supply and demand for services. Mathematical models point out that hefty service distractions in the country have the potential to have fewer than 1.7 million women receiving family planning services,

230,400 women without access to facility-based deliveries, and leave 1.7 million children without DPT (diphtheria, pertussis and tetanus) vaccinations and 1.1 million deprived of oral antibiotics for pneumonia. As a result of interruptions in all crucial services, child deaths in Kenya might surge by 22 per cent and maternal deaths by 26 per cent over the next year.

The pandemic has brought to bear the multiple roles women play in both their professional and personal lives as they work while caring for families and home-schooling children. This has further highlighted the inequalities and vulnerabilities based on gender in Kenya, hence a government's response that has a strong gender perspective.

During the pandemic, we have seen loss of jobs in which women as adolescents have been highly affected.

### **How can we overcome these challenges?**

The government needs to continually identify and strengthen implementation of strategies that will assist to mitigate and de-escalate the vices increased or caused by COVID-19. The country needs to deploy a multi-pronged approach that includes various stakeholders such as ministries, CSOs, faith-based organisations, county governments, development partners, media and other non-state actors.

As a country, we need to continually generate data to inform us on the progress and best practices in protecting the health and wellbeing of women, children and adolescents.

There should be public sensitisation and awareness creation to ensure the community and all leaders are conversant and are empowered to implement and protect such strategies or commitments to protect and reclaim the health rights and well-being of women, children and adolescents. This is more so needed during the pandemic.

### **One of the most recent strategies the country has put in place is signing commitments to the Partnership for Maternal, Newborn and Child Health (PMNCH) call to action for COVID-19. Could you tell us more about the call to action?**

In December 2020, Kenya was among countries that signed the PMNCH global Call to Action. PMNCH issued a seven-point Call to Action in response to the devastating effects of COVID-19 on the health and well-being of women, children and adolescents. The pandemic presents a massive shock to already struggling health systems globally and the world economy. Countries are grappling with how best to address mortality and morbidity due to the virus.



**President Uhuru Kenyatta signs a document at the launch of Universal Health Care in Nairobi in 2018. UHC is among Kenya's strategies to provide quality and affordable healthcare for all its citizens.**

At the same time, the pandemic is disrupting the provision of life-saving maternal, newborn, child and adolescent health services and contributing to the erosion of sexual and reproductive health and rights of women and adolescents. It is also exposing and exacerbating systematic and structural racial, ethnic and gender inequities everywhere.

The call appeals to leaders to protect this vulnerable group during the COVID-19 response and recovery by strengthening political commitment, policies, and financing for vital health services and social protections, particularly for the most vulnerable. The world is facing a global health pandemic without a clear end in sight.

**What actions have Kenya committed itself to?**

**Kenya committed to:**

- Strengthening efforts to advance sexual, reproductive, maternal, newborn, child and adolescent health services, supplies and information and demand generation.
- Investing in and advancing sexual and reproductive rights and gender equality.

- Guaranteeing social protection, including food and nutrition, for marginalised and vulnerable groups, and enhanced data to better understand disparities.
- Scaling up prevention of violence against women, children and adolescents through education and protection programmes.

The country committed to investing US\$2.2 billion (KSh233 billion) in 2021-2022 for the provision of Universal Health Coverage (UHC) to ascertain quality and affordable healthcare, with additional funding committed under the post-COVID-19 Economic Recovery Strategy for inequality, social cohesion and social protection.

**7. Are those enough? Could we do more?**

We thank the government for being on the frontline in signing such documents. But looking at all the seven commitments and knowing what our country is doing around RMNCAH+N, I would have wished to see Kenya commit to all the seven actions since we are at the moment implementing all the seven stated areas. The call-to-action commitments complement each other.

As a country, we also need to increase and sustain financial investment in the RMNCAH + N programme to protect and reclaim the over three decades of gains we have made.

Moreover, let us give more attention to the prevention of COVID-19, violence and disease in general.

**8. Why are these commitments important?**

The above commitments demonstrate the Government of Kenya's intent to prioritise service delivery and reverse the risks to women's, children's, and adolescent's health and well-being during the COVID-19 response and recovery, leaving no one behind.

The call to action can prevent the pandemic from becoming a long-lasting crisis while forging resilient primary healthcare systems as a path to UHC and nurturing a more impartial world, hence, the need to drive this call urgently.

Not only has progress towards the Sustainable Development Goals (SDG) been slow and uneven, but COVID-19 has magnified social and economic inequalities, as well as deep inequities in health coverage and outcomes.

The pandemic's direct impact will probably be far outweighed by its indirect effects: disruption of health services, fear of seeking medical care, high unemployment and food insecurity, worsened mental health, reduced self-care, increased intimate partner violence and worldwide economic recession.

**The call to action can prevent the pandemic from becoming a long-lasting crisis while forging resilient primary healthcare systems as a path to UHC and nurturing a more impartial world, hence, the need to drive this call urgently.**



Labourers claim it is difficult to use masks as they work because of intense heat.

# You can still contract COVID-19 in hot climate, health experts warn

By Phillip Kahindi | [info@meshascience.org](mailto:info@meshascience.org)

**A**t a construction site in Wote town, Makueni County in Eastern Kenya, four young men work in unison, methodically turning and mixing sand and cement to prepare mortar.

In this part of the country, temperatures soar to 30 degrees Celsius and above.

With rivulets of sweat running on his body, Kimanzi Mwanja runs his index finger on the face and wipes the sweat. All this while, his face mask, just like those of his two other colleagues, hangs loosely on the neck. One of the four men does not have a mask on.

“You cannot comfortably wear a mask in this heat, otherwise you might suffocate. Besides what virus can survive here in this heat?” poses Mwanja before his colleague Alex Kathau interjects, “There is no way coronavirus can survive in these hot temperatures. Just walk around and you will see very few people with their masks on. We only carry them just in case we bump into police.”

True to his assertion, a casual look in the streets of the town reveals that a majority of the people have their masks lowered to the chin as they go about their business. The masks are properly worn when people are seeking services in banks or supermarkets or when they suspect the presence of police.

The narrative that the COVID-19 virus cannot survive in hot and humid regions such as Ukambani that comprises Makueni, Machakos and Kitui counties, is widespread.

The narrative, which is not grounded in any science, has become the local ‘truth’ and is being passed from matatu termini to market places, all the way to the villages.

In the neighbouring Kitui County, Jackson Muvea, a fruit vendor goes about his business at Kitui bus terminus unbothered. Like many others, his mask is covering only the chin.

Photo: Aaron & Lisa (Flickr)

In 10 of his clients, only one or two would have their masks covering the mouth and nose.

“We are yet to see the impact of COVID-19 in our county. The community believes the pandemic cannot hit us because the hot weather conditions favour us,” says Muvea.

It is the same case in Machakos County where Mutisya Musyoka and Titus Munzyu claim that hot temperatures and humidity make people immune to the virus.

“We believe the virus cannot spread during hot weather, maybe during the cold seasons,” Musyoka asserts.

While this belief has gained currency in many parts of Ukambani, there seems to be no scientific proof of the same.

For instance, according to figures from the Ministry of Health on cumulative number of confirmed COVID-19 cases in Kenya as of June 24, 2021, Machakos County has recorded 4,708 cases compared to Meru and Nyandarua counties, which have recorded 2,569 and 923 cases, respectively. Ironically, Meru and Nyandarua, unlike Machakos, experience cold climate throughout the year.

The data also shows Kitui has 1,943 reported cases of COVID-19, higher than a relatively cold Embu County at 1,144. Makueni, with humid climate, has recorded 1,006 total cases compared to Nyandarua and Nyamira, which tie at 923.

These statistics is evidence enough that hot weather has no impact in slowing down the spread of coronavirus, meaning the residents of Ukambani, and perhaps other humid regions are exposing themselves more to the virus by banking on climatic conditions.



**Makueni county is a semi-arid area with averagely high temperatures year-round.**

According to the World Health Organisation (WHO) myth busters, the COVID-19 virus can be transmitted in any climate, including in areas with hot and humid conditions. The sure prevention method is to observe and maintain the laid down health protocols, states WHO.

Dr Emanuel Leiposha based at Makueni County Referral Hospital, however, says although the virus is not slowed down by any form of climate, there is remarkable rate of recoveries in hot climatic conditions.

Latest findings published in the Science Journal also indicate that currently there is no conclusive evidence that either weather or climate has influence on transmission of coronavirus.

Researchers quoted by the journal noted that humans’ current lack of immunity against the virus, and not weather, will likely be a primary factor driving the continued and rapid spread of the novel coronavirus.

“Climate would only become an important seasonal factor in controlling COVID-19 once a large proportion of people within a given community are immune or resistant to infection,” the journal quotes the scientists as saying.

This finding is enhanced by [www.healthline.com](http://www.healthline.com) where researchers at the University of Texas are quoted saying the novel coronavirus spreads with about the same efficiency regardless of air temperature and humidity.

“Temperature and humidity is not much of a factor. The effect of weather is low and other features such as mobility have more impact than weather,” Prof Dev Niyogi is quoted as saying.

**Climate would only become an important seasonal factor in controlling COVID-19 once a large proportion of people within a given community are immune or resistant to infection**

# Advocates urge support for Kenya's maternal and child health commitment

By Joyce Chimbi  
j.chimbi@gmail.com

**M**aternal and child health advocates have called for support for the Kenyan government's commitment to promote the health and wellbeing of mothers, children and adolescents.

The Partnership for Maternal, Newborn and Child Health (PMNCH), in collaboration with the Health NGOs Network, says this is a critical commitment as statistics show that every year, "at least 74,000 children in Kenya die before reaching the age of 5 years, and out of this, 46 percent are neonatal deaths."

PMNCH is a multi-constituency partnership hosted by the World Health Organisation (WHO) and seeks to achieve universal access to comprehensive, high quality reproductive, maternal and child healthcare.

Child health experts say these deaths are largely preventable.

While the country has made laudable progress towards reducing maternal, newborn and child mortality, this is greatly threatened by the COVID-19 pandemic, says Dr Mercy Onsando, CEO of the Health NGOs Network (HENNET) – a coalition of health NGOs operating in all the 47 counties in Kenya.

Photo Credit: Marisol Grandon/Department for International Development.



**A Kenyan mother with her ten-month-old daughter Kinyonga in a hospital in Lodwar.**

Dr Onsando cautions that the pandemic could erode gains made, thus, timely action is needed to cushion women, children and adolescents.

In a recent virtual meeting with science and health journalists, Dr Onsando said the government has made "a commitment to sexual, reproductive, maternal, newborn, child and adolescent health services, advancing their rights and social protection and preventing violence against women, children and adolescents."

These commitments are critical, as experts say complications of pregnancy and child birth are still a leading cause of preventable deaths and ill-health among

adolescent women aged 15 to 19 years. Adolescent women account for an estimated 86 percent of all unintended pregnancies, according to the Guttmacher Institute, a leading research organisation.

Georgina Ann Nyambura, the founder of Umoja Women Mobile Health Care, a community-based organisation with over 6,000 members across the country, says there is a cause for alarm.

She emphasises that whereas before COVID-19 adolescent girls were already left behind for shortcomings in reproductive health programmes, policy and targeted health budgeting, the pandemic has only exacerbated these challenges.

Photo: DFID



**Mothers queue for treatment at Suba (Sindo) District Hospital in Homa Bay County.**

According to the Kenya Demographic and Health Survey (KDHS) 2014, adolescent women in Kenya account for an estimated 20 percent or one-fifth of the female population. Alarming, these 20 percent account for approximately 14 percent of all births.

Other statistics by the Guttmacher Institute indicate that an estimated 63 percent of pregnancies among adolescents in Kenya are unintended. Even more worrying, about 35 percent of these unintended pregnancies are aborted.

"The government has taken an initiative to protect the health of women, children and adolescents and this is a very critical health and development agenda," says Reuben Kyama of PMNCH.

"Thus far, the Partnership for Maternal, Newborn and Child Health has held virtual summits to take stock of progress made by the government in the areas of protecting women, children and maternal health," he adds.

As the pandemic rages, causing a significant disruption of healthcare and access to critical SRHR services in particular, Dr Onsando says this is not the time to be silent.

"The pandemic has disrupted service delivery and other critical health structures at the community level have been challenged. This call to action is towards preventing the pandemic from becoming a lifelong crisis," she says.

"At the same time, it is a call to forge resilient primary healthcare systems as a path to Universal Health Coverage (UHC) and nurturing a more impartial world."

During the virtual meeting, discussions further laid bare the government's commitment to the PMNCH COVID-19 Call to Action. Not only has the government committed itself to advancing gender equality as part of its Big Four Agenda and to achieve UHC, it has also made a financial commitment.

"The government stated that its commitment to the Call to Action is articulated in the Financial Year 2020/2021 Budget Statement and the Post COVID-19 two-year Economic Recovery Strategy 2020," said Dr Onsando.

Additionally, in the same financial year, the government has allocated Ksh50.3 billion (USD 50.3 million) towards the provision of UHC to guarantee quality and affordable healthcare for all Kenyans.

**The pandemic has disrupted service delivery and other critical health structures at the community level have been challenged. This call to action is towards preventing the pandemic from becoming a lifelong crisis**

# How COVID-19 travel restrictions disrupted farming, food distribution

Photo Credit: Joyce Chimbi



A vendor sells mangoes to a buyer in the market. Food experts call for increased consumer knowledge of food safety and nutrition.

By Joyce Chimbi | [j.chimbi@gmail.com](mailto:j.chimbi@gmail.com)

**F**armers are still reeling from the challenges the pandemic has brought since the announcement of the first COVID-19 case on March 12, 2020.

In addition to longstanding challenges of extreme weather patterns, increased seed and fertiliser prices, infiltration of uncertified seeds and a recent locust invasion, the pandemic set off a series of events that have disrupted farming activities for the second year running.

Dr. Jemimah Njuki, the Africa Director for International Food Policy Research Institute (IFPRI), says pandemic-driven challenges to the entire food system is at both the production stage and in consumption markets.

She affirms that COVID-19 restrictions cut off access to inputs and threw farmers into a state of uncertainty.

Most affected are smallholder farmers who account for at least 70 per cent of the country's agricultural production and meet more than 75 per cent of domestic food needs, according to the Ministry of Agriculture.

"Farmers who did not delay their farm activities and accessed needed farm inputs in spite of the pandemic were left relatively unscathed," Dr. Njuki observes.

A study by research firm, 60 Decibles, indicates that at least 71 per cent of farmers paid a higher price for farm inputs such as seeds and fertilisers between June and October last year.

The high prices are in spite of the government injecting some much needed Sh3 billion (3 million) into the agricultural sector in May last year.

This cash injection targeted 200,000 smallholder farmers in 12 agricultural counties with farm inputs through an e-voucher programme. None of the farmers interviewed was aware of this affirmative move rolled out at the height of the pandemic in 2020.

Njeri Kamau affirms that it is no longer business as usual for farmers. In their small village in Githunguri, Kiambu County, their system of relying on one farmer, for each planting season, to buy seeds in bulk from Nairobi on behalf of other farmers was disrupted by COVID-19.

"First, nobody wanted to travel to Nairobi for fear of COVID-19 because it is where the first case of the virus was discovered. Secondly, there was a lockdown in April so we borrowed seeds from each other and bought a few from Githunguri town," Njeri explains.

Not only were the yields lower than expected and the crop quality poor, Njeri could not easily access her clients at Muthurwa market, as usual.

"Once we harvest, we package our goods and send them by a lorry to Nairobi. We did not have the permits required to move goods across counties.

People in this village were feeding their cows with cabbages and other greens.

We had no markets for them because we are all farmers in this community and our market is in Nairobi," she explains.

When farmers in both highland and lowland agricultural areas were occupied with the maize planting season from March 15 through March 31, 2021, Njeri's family decided against planting maize.

"Usually we harvest 15 bags of maize. Last year we harvested eight bags and yet we spent more money on seeds and fertilisers. We bought seeds and fertilisers that were available and the crops were of very poor quality, so we decided to focus on vegetables," she says.

Justus Mwangi in Nyeri County says the disruptions to an already struggling food system will have long-term implications if interventions are not activated to cushion farmers.

"It is the norm for farmers in areas around Nairobi such as Kiambu and Murang'a to buy seeds from certified dealers in Nairobi because we are close to the city. This year, we have struggled with a lockdown and high prices on top of a very poor harvest last year," he says.

A study by COLEACP, an international civil society organisation, shows that Kenya's agricultural industry suffers a loss of roughly Ksh300 million (USD 3 million) every day of inter-county lockdowns. Overall, the study shows that at least 45 percent of farmers have seen their household incomes fall.

Mwangi, a recently retired teacher and now a full time farmer in Kieni East with an acre of maize farm in Kitale, says seed and fertiliser prices are very high now because of transportation challenges.

"Kenya Seed headquarters are in Kitale. We all need those seeds to reach us wherever we are through their dealers. It is clear that transportation has been an issue because of lockdown and the night curfew. So we have actually shifted to anyone with seeds that we want at the price that we can afford," he says.

Effective December 1, 2020, the headquarters of the Ministry of Agriculture closed following a rise in COVID-19 cases and this effectively meant that all other agencies connected to this ministry could not operate at full capacity. The effects are still ongoing.



**Dr. Jemimah Njuki, the Africa Director for International Food Policy Research Institute**

"In 2020, farmers in lowlands had access to a very good variety of maize called 529. This year, it was a challenge accessing it through dealers. These dealers were talking about transportation problems," Mwangi says.

Mwangi says farmers in lowlands and highlands use region-specific seeds. He says a good variety is high yielding, can withstand extreme weather patterns, including strong winds and, that it maintains very minimal post-harvest losses.

But even after crops were out of the ground, the consequences of COVID-19 continued to afflict farmers as they looked to sell their harvests. Additionally, the lack of clear information about how COVID-19 restrictions would impact farming caused confusion and has transformed local market systems.

Esther Kiruthi from the Community Sustainable Agriculture and Healthy Environment programme (CSHEP), says COVID-19 has widened the gap between the farmer and consumer.

She speaks of the proliferation of middlemen as a result of transportation challenges that remain a reality since end of March 2020. Where farmers previously packed had unfettered access to their clients in urban markets, this is no longer the case.

Mwangi says the issue of middlemen started as a solution for farmers grappling with transportation issues. "We are farming under great difficulties so we want the government to look at the plight of farmers very carefully and critically. Whatever little we produce in coming months, we want farming to be considered as an essential service so that seeds, fertilisers and harvests can cross counties uninterrupted," he says.

Mwangi gives an example of how farmers in the North Rift relied on a fleet of commercial shuttles to move their foods.

"When people were not allowed to move in and out of Nairobi and shuttles were out of business, they reverted to carrying food stuff but of course the prices were high and that affects the price of goods. So it is a complex issue," he warns.

"We usually receive information about COVID-19 restrictions abruptly. We want the government to prepare farmers in advance by making it easy for them to have the right papers for transportation during lockdowns because the pandemic is still with us."

While some of the challenges facing farmers can be alleviated through technology, research by 60\_decibles further shows that the uptake of technology among farmers is limited as many of them are elderly.

Further, only 40 percent of those surveyed have a smartphone and only 13 percent of them used digital agricultural extension officers, hence the need for interventions in line with the challenges facing farmers and their limitations.

On the need to cushion farmers from being infected with COVID-19, especially during planting and harvesting seasons, interviewed farmers stated that their vulnerabilities are not necessarily in acquiring the virus itself, but the havoc the ongoing pandemic has caused on their livelihoods.

# Keeping food markets working and safe critical, experts say

Photo Courtesy



Kiambu governor Dr James Nyoro receives masks and sanitisers from GAIN Country Director Leah Kagwara.

By Joyce Chimbi | [j.chimbi@gmail.com](mailto:j.chimbi@gmail.com)

The confirmation of Kenya's first COVID-19 case set off a series of events that significantly threatened access to safe and nutritious foods.

Not only were food systems disrupted at the production level as farmers faced difficulties accessing farm inputs but also distribution of food products was greatly hampered.

The Global Alliance Improved Nutrition (GAIN) undertook a survey to determine the extent to which wet markets, from where a significant majority of urban population access their foods, had complied with COVID-19 preventive guidelines.

As such, GAIN has undertaken a series of surveys, with a special focus on Marikiti Market in Machakos County and Madaraka Market in Kiambu County. The surveys are conducted on a bi-weekly basis since September 2020 and will run till December 2021.

GAIN seeks to intervene towards keeping food markets working and safe as the pandemic continues to unfold. To this end, GAIN has distributed 20,000 facemasks and 960 pieces of sanitiser at Madaraka Market and plans are underway to distribute a similar number of protective items at Marikiti.

The importance of this intervention cannot be overemphasised. Food experts stress that promoting availability and access to safe and nutritious foods is particularly critical.

"GAIN is committed to ensuring that every Kenyan eats safe and nutritious foods every day, wherever they are. We have a clear focus on open air markets where a majority of Kenyans access their foods. We are joining efforts to ensure that open air markets remain open," said Leah Kagwara, Country Director at GAIN.

She was speaking during a ceremony to hand over personal protective equipment (PPE) to Kiambu Governor James Nyoro, his officials and representatives of Madaraka Market.

Ms. Kagwara said the intervention to provide vendors with PPE is in keeping with efforts to ensure that not only are open air markets open, but that they are safe for both vendors and markets users.



**Vendor at a market in Nairobi. Experts have called for increased efforts to make food safe and available.**

She took the opportunity to also provide Dr. Nyoro with a copy of an infrastructural audit conducted by GAIN providing a roadmap towards smart, clean and safe markets.

Additionally, GAIN committed KSh5 million to support the building of infrastructure that will ensure people can access safe foods at Madaraka Market.

In February this year, GAIN revealed that at Marikiti Market, “28.6 percent of consumers, up from 11.9 percent in the previous survey round, are considering going to a different market because of COVID-19.”

Further, the survey found that “88.1 percent of vendors compared to 73.8 percent in the last round, have observed some changes in the market, including COVID-19 specific communication.”

Additionally, 76.2 percent of consumers, down from 83.3 percent in the previous round, reported having concerns when shopping in the market due to ongoing COVID-19 pandemic.

Overall, a total of 69 percent of the consumers, down from 73.8 percent in the last round, believed that the food they buy at the market is not safe to eat.

Similarly, interviews for a survey conducted at Madaraka Market revealed that there was a decrease from 60 percent to 50 percent from a previous survey, of consumers who reported having concerns while shopping at the market.

According to the survey, “75 percent of the vendors compared to 87.5 percent in the last survey round indicated that consumers have changed their shopping behaviour.

Vendors at 41.7 percent and consumers at 43.8 percent mentioned reduced frequency of shopping as a behaviour change in regard to reducing the risk of contracting COVID-19.”

Further, the survey shows a slight drop in consumers who said the government is doing a good job to ensure food they buy in the market is safe, 70.8 percent compared to 72.9 percent in the last survey

Additionally, GAIN found that “there was a slight drop in the consumer perception that food they buy in the market is safe to eat from 87.5 percent to 83.3 percent in a previous round of interviews.”

The most recent Global Hunger Index shows that Kenya ranks position 84 out of 107 countries with sufficient data to calculate the year 2020 Global Hunger Index. The index comprehensively measures and tracks hunger at the global, regional and national level.

As the COVID-19 pandemic rages on, food experts emphasise the need to address COVID-19-driven barriers to access to safe and nutritious foods to ensure that even more households do not become increasingly food insecure.

# Hope for mild-moderate COVID-19 patients with ongoing research on drugs

By Ruth Keah | rkeahkadide@gmail.com

Photo Credit: Aghan Daniel

**F**atuma Ali knew that she was exposed to Coronavirus when members of the family she was working for tested positive for the virus.

Fatuma was working at a restaurant in Lunga Lunga area, which borders Kenya and Tanzania. Most workers contracted the virus, but little did she know that she would be the next victim.

‘My friends had started showing the COVID-19 symptoms. A few days later, I started experiencing pain all over my body, headache, sore throat, loss of appetite and body weakness set in,’ said Fatuma.

Her next course of action was to use lemon, honey and ginger concoction – all in the belief she was preventing the virus.

She used to take the concoction every time she felt like coughing to prevent it.

Like many other people, relying on social media and hearsay, Fatuma started using the concoction even before she was tested for the coronavirus. She had learnt from social media and from the streets that the concoction prevents and even cures the disease.

Sadly, despite taking the concoctions, she became worse and finally decided to visit a hospital, where she tested positive for the virus and was put on the right treatment regimen.

Fatuma stayed in quarantine for two weeks and self-isolated for another two weeks, before going back for the test which turned out negative.



**Dr Borna-Nyaoke of DNDi addresses journalists on ANTICOV. She said that the trial aims at looking at early treatment which can be used to prevent progression of mild to moderate COVID-19 to severe disease.**

Fatuma says she is lucky to have tested negative from the coronavirus because the employer whom she was working for succumbed to the virus.

She is among many Kenyans who take home remedies when they suspect to have the coronavirus. Remedies which have not been prescribed by the doctors.

People like her who are sick with the disease at the mild and moderate stages, are the target of an on-going clinical trial called ANTICOV, the largest clinical trial in Africa to treat COVID-19 cases before they become severe.

The clinical trial will be carried out at 19 sites in 13 countries by the ANTICOV consortium, which includes 26 prominent African and global research and development (R&D) organisations, coordinated by the Drugs for Neglected Diseases initiative (DNDi).

Launched in November 2020, ANTICOV is an open-label, randomised, comparative, ‘adaptive platform trial’ that will test the safety and efficacy of treatments in 2,000 to 3,000 mild-to-moderate COVID-19 patients.

According to Dr John Nkengasong, the Director of Africa Centre for Disease Control and Prevention, African countries have mounted an impressive response so far to COVID-19 and now is the time to prepare for future waves of the disease.

‘There is a need for large clinical trials in Africa for COVID-19 to answer research questions that are specific to an African context, we welcome the ANTICOV trial led by African doctors because it will help answer one of our most pressing questions: with limited intensive care facilities in Africa, can we treat people for COVID-19 earlier and stop our hospitals from being overwhelmed?’ he said.

Photo Credit: africanews, SIPHIWE SIBEKO/AFP



### One of the first South African Oxford vaccine trialists takes part in immunization

Countries participating in the ANTICOV clinical trial include Kenya, Democratic Republic of Congo, Sudan, Ethiopia, Uganda, Mozambique, Cameroon, Equatorial Guinea, Mali, Ghana, Cote d'Ivoire, Republic of Guinea and Burkina Faso.

"We need research here in Africa that will inform policies and test-and-treat strategies, so that as clinicians we can give the best options to people with COVID-19," said Dr Borna Nyaoke from DNDi.

She added that the trial aims at looking at early treatment, which can be used to prevent progression of mild to moderate COVID-19 to severe disease.

This will include patients who have COVID-19 symptoms, but are still in stable condition, and can be treated from home.

Some treatments, which Dr Nyaoke said they are already investigating in the trial, include the drug combination Nitazoxanide and Ciclesonide, which are also used to treat other diseases. Other treatments will be added in the next few weeks.

According to Dr Nyaoke slightly over one percent of Kenyans have so far received the COVID-19 vaccine, which is not enough to prevent transmission, hence there is need for more research to have more treatments available for the rest of the population who currently do not have access to the vaccines.

Treating these patients with mild disease and preventing them from being hospitalised due to severe disease will help avoid overwhelming healthcare facilities.

Speaking in Mombasa at a health journalists training organised by the Media for Environment, Science, Health and Agriculture (MESHA), Dr Nyaoke said the ANTICOV trial is aligned with the World Health Organisation's Research and Development Blueprint, as well as other clinical trials looking at treatment or prevention for COVID-19. She reiterated that ANTICOV is tackling the problem earlier, by looking at solutions that would prevent mild cases from becoming severe.

The training was supported by South Africa based National Research Fund under the banner of Africa Rapid Response on COVID-19. The training was held from June 30 to July 2, 2021.

'ANTICOV mobilises African and global science and public health leaders to respond to an urgent unmet medical need and will provide much-needed answers to enable countries in Africa and beyond to adopt effective therapeutic strategies adapted to resource-constrained settings," she said at the training.

An early therapeutic response to the disease is considered an essential strategy to reduce severity of COVID-19, she added.

The first results of the ANTICOV clinical trial are expected between January and March 2022. The trial has so far enrolled over 150 patients from DR Congo, Republic of Guinea, Ghana, Mali and Kenya.



A farmer from Western Kenya: The COVID-19 has affected delivery of seeds to farmers globally

# Study: COVID-19 impacted negatively on availability of quality seed

By Evelyn Makena | [evelynmakena@gmail.com](mailto:evelynmakena@gmail.com)

**C** COVID-19 has negatively affected the availability of quality seed and farmers timely access to it, posing a serious risk of food insecurity in many countries, recently released assessments have shown.

The rapid assessments on impact of COVID-19 on availability of quality seed to farmers conducted by experts in Nigeria, Myanmar, Ethiopia and Uganda show that the public health crisis has seriously impacted the food systems and the agriculture sector.

The findings are contained in a study known as Rapid assessments of the impact of COVID-19 on the availability of quality seed to farmers: Advocating immediate practical, remedial and preventative action, trade blockages occasioned by the pandemic and instability in local and global food markets have caused disruptions in food availability and supply with the poorest people most affected.

The study was published in the Agricultural Systems, an international journal that deals with interactions - among the components of agricultural

systems, among hierarchical levels of agricultural systems, between agricultural and other land use systems, and between agricultural systems and their natural, social and economic environments.

According to the assessments, farmers in low and middle-income countries acquire most of their seed - 86 per cent - from informal seed systems. Sources of seed for majority of these farmers include what they save for themselves, exchange with others and purchases at unregulated markets.



**Seed technician from Burkina Faso: Sales and farmers' willingness to pay for seed declined by 62 per cent and 64 per cent respectively.**

### Food Insecurity

Consequently, shortage of particularly new and improved seed varieties will affect future food productivity and production. Additionally, the nutrition and income derived from food crops could deteriorate with the potential of the current health crisis progressing into a hunger crisis.

The economy will not be spared by the crisis especially in sub-Saharan Africa where agriculture is a key sector. A 2020 analysis by World Bank projected that economic growth in sub-Saharan Africa will decline from 2.4 per cent in 2019 and contract by between 2.1 per cent and 5.1 per cent in 2020.

Agriculture will be one of the hardest hit sectors resulting in many countries in the region facing food insecurity. Trade blockages will result in a decrease of agricultural production by 2.6 to 7 per cent. Food imports are estimated to decline by between 13 and 25 per cent.

### Study rationale

Rapid assessments on the impact of COVID-19 on seed availability were conducted by a coalition of partners from the four countries in May and June 2020. The assessments were valuable in assessing the availability and timely access to seeds by farmers and key in advocating for necessary preventative action.

A panel of 36 or more local experts operating in the formal seed system in each country helped identify existing threats and challenges in the seed sector and recommended practical measures to tackle the two issues.

Survey panelists relied on focus group discussions, mobile applications, web survey and virtual conferencing apps to collect data and compile findings. It took two weeks to collect and publish findings of a seed alert per survey cycle. The four countries published the data in their own dashboards showing where impact was felt the most and displaying contextual information since they were at different stages in their agricultural seasons.

### Consequences of movement restrictions

For all the challenges identified practical solutions were offered and implemented. At the root of disruptions in seed supply and other inputs to farmers, was reduced mobility as a result of lockdowns, social distancing, curfews, prohibition of gatherings and closure of public property. More than 75 per cent of the survey panel in the four countries reported this as a barrier to seed supply.

Increased cost of transactions and doing business during the pandemic, experts believed, would exacerbate scarcity and increase cost of inputs for seed production. This cost was likely to be pushed to either the producer or the farmer with 72 per cent of the respondents raising concern over the outlook of seed production and availability in 2020 and in future.

Respondents of the survey panel believed that seed sales and farmers willingness to pay for seed had declined by 62 per cent and 64 per cent respectively.

Delays in seed distribution were caused by lockdown and absenteeism of workers in processing zones due to COVID-19 restrictions leading to a decline in sale of quality seeds. Due to these delays, farmers are unlikely to benefit from investments in crop improvement for more seasons to come. Additionally, the assessments show that there has been an increase in uptake of information technologies in crops service provision during the pandemic.

According to the assessments the pandemic has magnified the structural weaknesses in the organization of the seed sector for which reforms ought to have been effected long ago.