

Covid-19 and Community Resilience



Trevor (4) washes his hands. Ambeza Idd, (35) (blue vest) mans the hand washing station. Kibera Slum, Nairobi, Kenya
Photo: Ed Ram / Concern Worldwide.

Overview

This survey was undertaken in Nairobi, Kenya in October / November 2020 as part of a multi-country piece of research implemented by Alliance2015 to look at the impact COVID-19 was having on people's resilience. The results show that a high level of knowledge about COVID-19 (and how to avoid it) did not necessarily translate into action – people face many challenges in terms of affordability and availability of basic items such as soap and water. Virtually all respondents (95.0%) said their ability to earn an income had been affected due to COVID-19, with women and older people particularly badly affected. Amongst all respondents, 82.4% said they were worried that COVID-19 will (further) affect the financial situation of their household over the next six months. Overall, 79.5% of those interviewed said they were eating less now, while 88.2% said the quality of what they were eating had gotten worse. Over one quarter of respondents identified that they, or another person in their household had delayed, skipped or been unable to complete needed health care visits since the start of the pandemic and just under one third said if anybody in their household fell sick this week would not feel comfortable taking them to the health facility. In both cases the fear of contracting COVID-19 at the facility and cost were the main reasons given. Three quarters of those interviewed felt that compared to the period before COVID-19 access to school for the children in their household had gotten worse, with almost half of those with children between the age of 4 and 16 saying that none of the children in their household were currently accessing education. One fifth of these respondents said they did not expect these children to return to school. Amongst the respondents 61.2% said they thought people in their community were arguing more than before the COVID-19 pandemic and 65.1% felt that people were arguing more within families. The scale of the impact of the COVID-19 pandemic and the ensuing economic shock on poor households in the urban areas suggests the need for programmes that focus on rebuilding their livelihoods and getting children back into school.



COVID-19 art work outside Maasai Mbili Artists' Centre in Kibera Slum, Nairobi, Kenya Photo: Ed Ram / Concern Worldwide.

Introduction

The first cases of COVID-19 were reported in Kenya towards the end of March 2020, with cases rising to 90,978 and 1,582 deaths by the end of November 2020 (the time of the survey). This has risen to 156,787 COVID-19 infections and 2,622 deaths by the end of April 2021 (the time of writing the report). Nairobi County alone has accounted for nearly 60 percent of all recorded Covid-19 cases. Kenya Medical Research Institute (KEMRI) projects that there will be 1.1 million (0.53m-1.7m) infections by June 2021. However, many cases are going undetected due to low testing rates. Moreover, two variants of the SARS-CoV-2 have been identified in Kenya that spread faster and have a deadlier outcome, further exacerbating the situation.¹

The worsening situation has forced the Government to identify and lock down a disease-infested zone (DIZ), including Nairobi County. Furthermore, the Government has commenced the National COVID-19 vaccination program among the priority groups, including health workers, the elderly (above 58 years), teachers, and other frontline workers. Approximately 1.2 million doses of COVID-19 vaccines have been made available through the COVAX facility. While these measures are necessary from a public health perspective, they have significant implications on the Kenyan economy as they affect labour productivity, export demand and tourism, remittances, internal demand, and internal trade costs, among other key revenue streams. The negative impact on market systems on which vulnerable urban populations depend will directly affect their ability to earn a decent living. It is worth noting that 83.6% of the people in Kenya depend on the informal sector, which is the most affected by these measures. This is particularly hard-hitting for vulnerable urban households that are still dealing with the effects of the 2020 lockdown, an increase in the cost of living, and a recent rise in fuel prices. The health and nutrition service-seeking behaviour deteriorated during the onset of COVID-19; however, the uptake of essential services has increased over the months with service promotion.

Methodology

The research targeted the Nairobi County informal settlements in the seven Sub-Counties, (Langata, Embakasi East, Ruaraka, Kasarani, Starehe, Kamukunji, and Makadara). In particular, Babadogo Korogocho, Mathare, Dandora, Kiambu, Majengo, Kibera, Mukuru (Kwa Njenga, Kwa Rueben), Viwandani, Fuata Nyayo, and Landmawe, Soweto, and Mathare informal settlements were targeted. A two-stage cluster random sampling was used, with the first stage targeting all the villages based on the population leading to selecting the 30 villages. The second stage sampling involved a systematic selection of 17 households per cluster/ village.

Before the survey, the team obtained clearance from the Nairobi Metropolitan Service authorities. Enumerators were competitively selected based on experience, ICT knowledge, and availability during training for the entire data collection period. Subsequently, the program conducted a one-day training and pretesting of the tools. All data collectors were trained on the digital data gathering (DDG) collection method, the completion of questionnaires and the sampling methodology. The Community Health Extension Worker and Concern Worldwide staff managed six teams of two enumerators throughout the survey. A structured questionnaire was developed, hosted in a DDG device using the iFormBuilder platform.

¹. Unless otherwise stated, all figures relating to COVID-19 caseloads and deaths are taken from the 'Our World in Data' dashboard at <https://github.com/owid/covid-19-data/tree/master/public/data>

Data was collected from 486 individuals between 30th of October and the 7th of November 2020. Interviews were conducted in person, observing stringent precautions against the spread of COVID-19 including mask wearing, maintaining a distance of two metres between the enumerator and the respondent and avoiding physical contact. Data was collected on digital data gathering devices using the iFormBuilder platform. Respondents were drawn from Health and Nutrition, and livelihood supported sites. The respondents were predominantly female (78.8%) and had a mean age of 36 years (median 33) with 34% being 29 years and under, 45.7% being between 30 and 44 years and the remaining 20.4% being 45 years and above.

Knowledge of COVID-19

Almost all of the respondents interviewed (99.2%) said they had heard about COVID-19, with knowledge of the main means of avoiding catching COVID-19 also quite high. Amongst all respondents, 84.6% identified frequent hand washing with soap as one of the main precautions to take, a further 85.3% identified the importance of wearing a mask and 51.7% identified the need to maintain a physical distance. Somewhat surprisingly, only 5.0% identified the importance of covering your mouth and nose when coughing or sneezing (including coughing into your elbow) and 7.1% identified the need to avoid touching eyes, nose and mouth with unwashed hands.

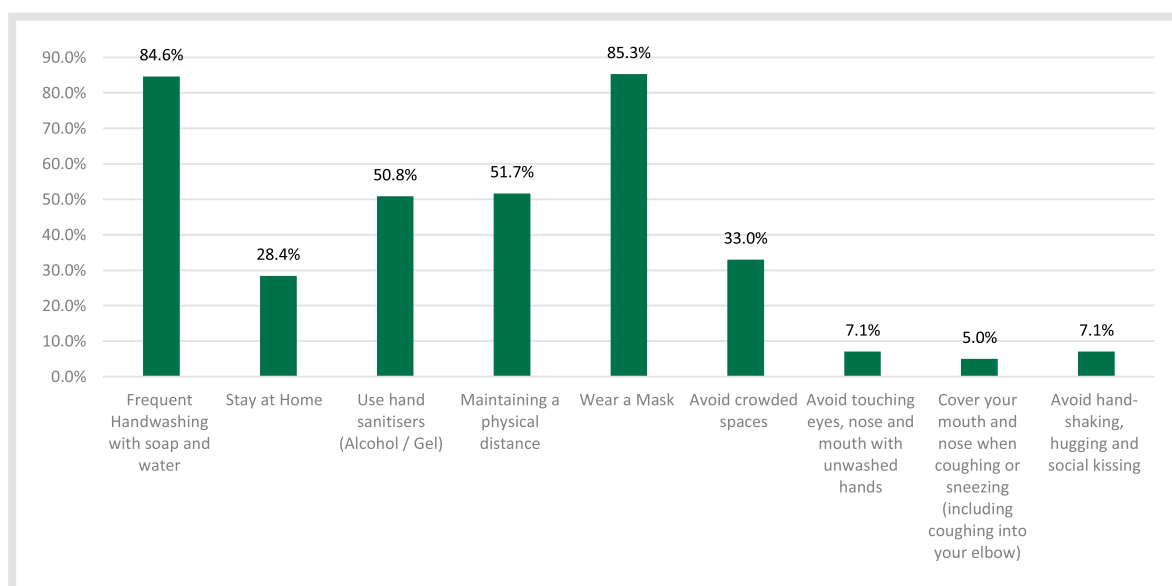


Figure 1 % of respondents identifying the main precaution to avoid COVID-19

However, of more relevance may be the challenges that people face in terms of following the guidelines on preventing the spread of COVID-19. Respondents were asked to identify all the challenges they faced, which can be grouped into issues related to affordability, availability and the dense population in the areas in which they work and live. Affordability appears to be the biggest challenge with 29.5% saying they cannot afford water, 26.3% saying they cannot afford soap and 36.3% saying they cannot afford face masks. This is followed by challenges related to the spaces in which they live and work with 23.2% saying they live in crowded houses and 22.4% saying the market places are crowded. A smaller proportion, 13.9%, said they found it difficult to stay away from neighbours and friends. Issues around availability were less frequently mentioned with 17.6% saying water was not generally available, 14.9% saying soap was not available and 23.0% saying masks were not available.

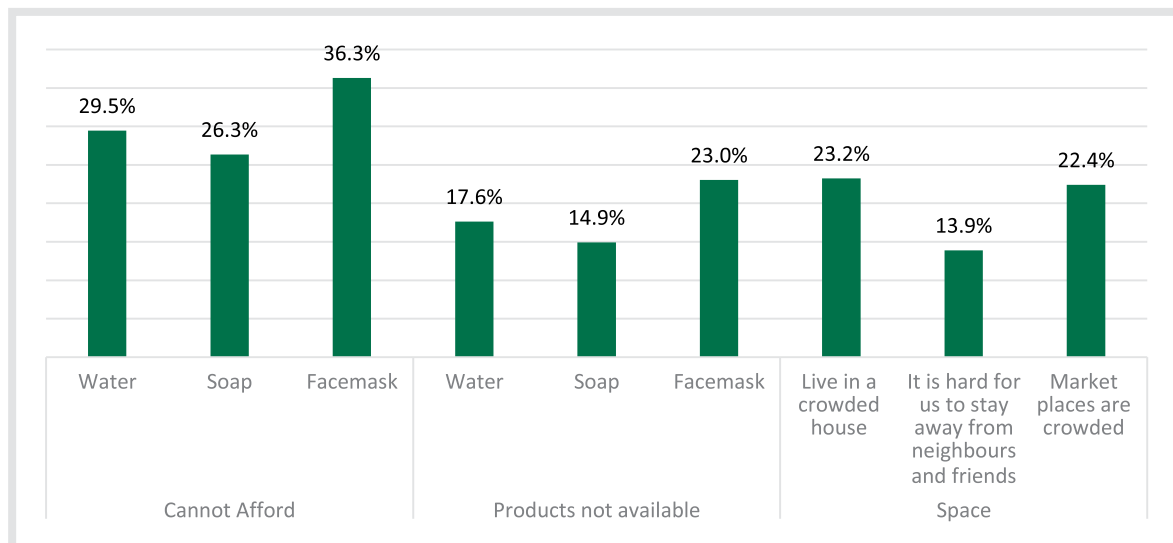


Figure 2 Why people cannot follow COVID-19 prevention measures

There were some slight differences in some of the responses in terms of the sex of the respondent with women more likely to say they cannot afford water (30.2% against 26.2% for men) or soap (29.3% against 15.5% for men), while men were more likely to say they found it difficult to stay away from neighbours and friends (with 26.2% of men giving this response compared to 10.6% of women). Overall, 11.4% of respondents did not feel they faced any challenges following the guidelines, 19.1% identified one challenge only, 35.1% identified two, with one third of respondents (34.4%) identifying three or more challenges.

Income

Respondents were asked to identify their household’s usual primary source of income (before COVID-19). As the data was collected in urban areas of Nairobi it is no real surprise to see that 36.5% were involved in small scale trading activities, 45.2% depended on casual labour and 13.3% were engaged in more formal employment.

However, there are differences in terms of age and sex of respondent. Women were much more likely to be engaged in petty trading activities when compared to men (37.7% against 32.0%),

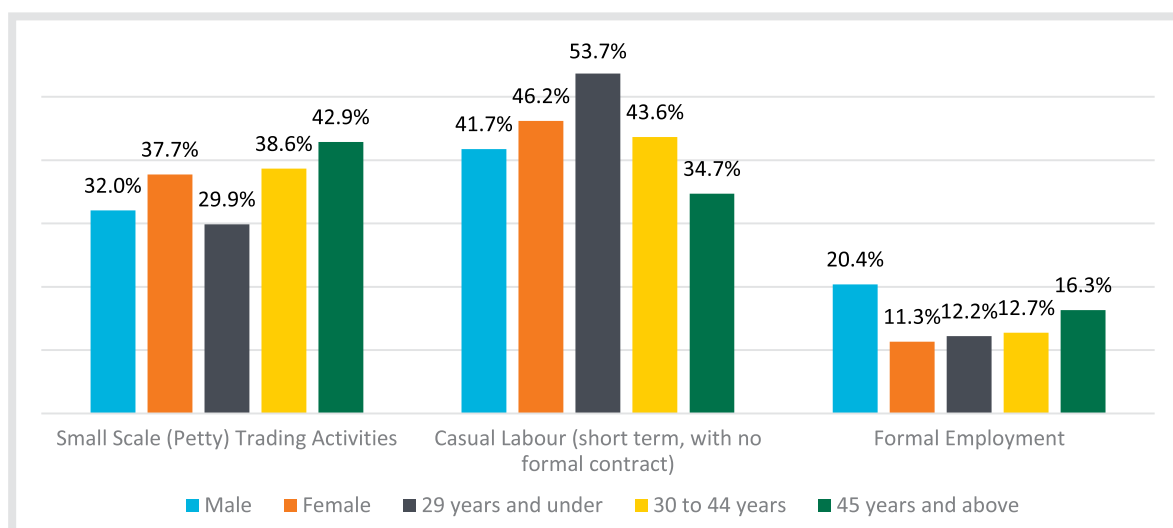


Figure 3 Primary Source of Income for the Household, by age and sex

similarly women were more likely to be engaged in casual labour than men (46.2% against 41.7%), while men were more likely to be involved in formal employment (20.4% against 11.3%). Older respondents were more likely to engage in petty trade and formal employment, with younger people more likely to be engaged in casual labour.

Virtually all respondents (95.0%) said their ability to earn an income had been affected due to COVID-19, and while a very small proportion of these (0.7%) said their income had gotten better, most (57.0%) said that it had gotten a lot worse. Women were more likely to give this response than men (58.3% against 52.0%), while those in the older age group of 45 years and above were much more likely to give this response (79.1%) than those in the younger age group of 29 years and under (46.7%). Similarly, those involved in formal employment were much more likely to give this response (73.3%) than those engaged in petty trading (44.7%).

Table 1 How has income been affected by COVID-19

	Got a little better	Got a little worse	Got a lot worse
Male	2.0%	45.9%	52.0%
Female	0.3%	41.4%	58.3%
29 years and under	0.7%	52.6%	46.7%
30 to 44 years	1.0%	40.7%	58.4%
45 years and above	0.0%	29.9%	70.1%
Small Scale (Petty) Trading Activities	0.6%	54.7%	44.7%
Casual Labour (short term, with no formal contract)	0.5%	36.2%	63.3%
Formal Employment	1.7%	25.0%	73.3%
Total	0.7%	42.4%	57.0%

Respondents were then asked to identify the main challenges they faced. Those who answered that small scale trading was their household’s primary source of income identified these challenges: the fact that their customers no longer have any money to spend (mentioned by 45.6% of respondents); that trading areas had been temporarily closed by government restrictions (given by 43.2% of respondents); that customers were not coming to the market because of COVID-19 restrictions (given by 53.8% of respondents); and that the usual goods they trade are not available anymore, or were more expensive (given by 34.3%).

Amongst those who identified that their household’s primary source of income was from petty trade, the main challenge they face was that people are no longer recruiting (given by 78% of respondents) or that the amount they are being offered for their labour is lower than it was before (given by 41.2% of respondents). For those who reported that their income had been negatively affected and who had been engaged in formal employment, the main reason given for that was that employers had laid people off (86.4%), they were not able to work because of lockdown / travel restrictions (mentioned by 13.6%) or that their employer had reduced their work hours (mentioned by 10.2% of respondents).

Respondents were asked whether they were worried that COVID-19 will (further) affect the financial situation of their household over the next six months. Amongst all respondents, 82.4% said they expect this to be the case, with more men giving this response than women (87.4% compared to 81.0%). The older age groups were (slightly) more worried and those depending on casual labour as their primary source of income were less worried about the future than those depending on petty trading or formal employment (see the following figure for more details).

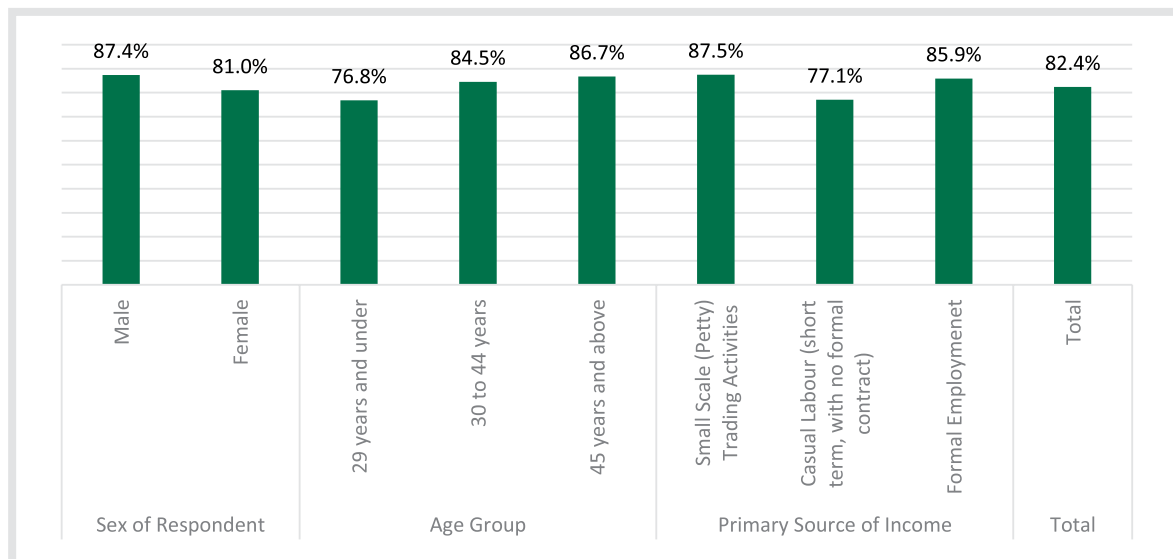


Figure 4 % respondents saying they are worried about their financial future

In terms of what the main worries were, the most frequently cited was the loss of their current position leading to the complete loss of income (given by 69.5% of respondents). This was followed by a fear that they would be unable to pay their rent (66.0%), with potential increases in the prices of basic commodities being raised by 35.3% of those who were worried about their financial future.

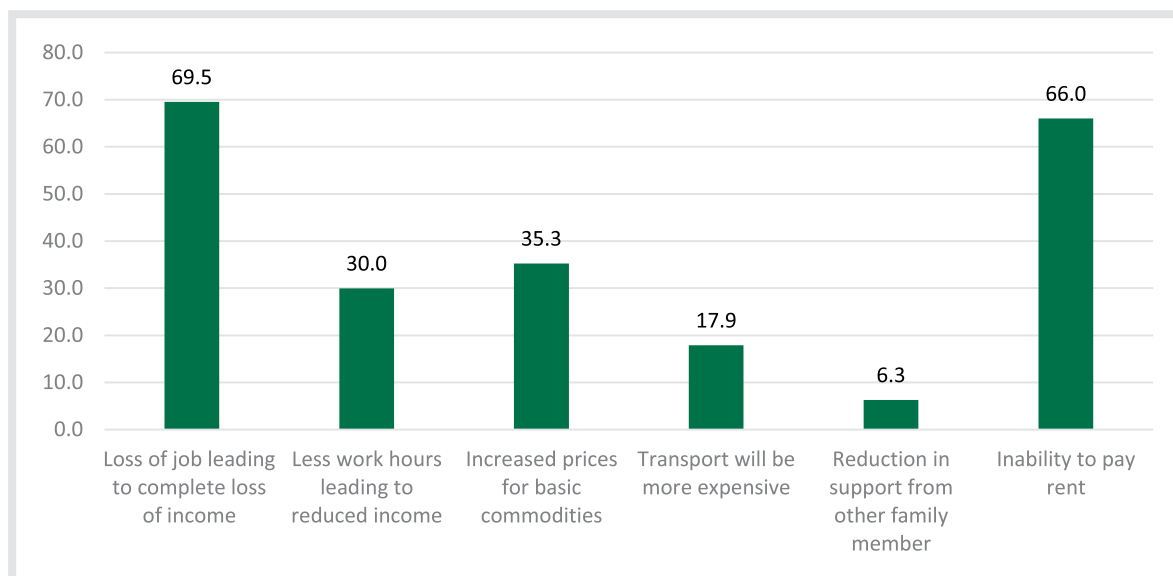


Figure 5 What are the main financial fears for the future

Remittances

While less than one per cent of respondents identified that remittances were their household’s primary income source, 18.9% said that before March, when the COVID-19 pandemic started, they were regularly receiving transfers from family living in other parts of the country or abroad. This was slightly higher amongst women (at 19.5%) than men (at 16.5%), and was a more frequent response from those 29 years and under (21.3%) and 45 or over (20.4%) than those aged between 30 and 44 years (16.4%). Over half of those who had received remittances reported that they either have decreased a lot or have stopped completely.

Table 2 How have remittances change since the start of COVID-19

	They have increased	They have stayed the same	They have decreased (up to 1/2 less)	They have decreased a lot	They have stopped completely
Male	5.9%	0.0%	29.4%	11.8%	52.9%
Female	5.4%	6.8%	40.5%	9.5%	37.8%
29 years and under	2.9%	11.4%	42.9%	11.4%	31.4%
30 to 44 years	8.3%	2.8%	38.9%	0.0%	50.0%
45 years and above	5.0%	0.0%	30.0%	25.0%	40.0%
Total	5.5%	5.5%	38.5%	9.9%	40.7%

The main reasons given for these declines were that relatives lost their jobs (given by 39.5% of respondents), with the same proportion identifying that their relatives’ income was reduced (39.5%), and increases in their relatives’ own cost of living identified by 30.6% as the reason. A smaller proportion (16.0%) identified that the cost of sending the transfer had increased.

Food

Respondents were asked to compare the situation at the time of the interviews to the period before COVID-19 in terms of the quantity and quality of food. Overall, 79.5% of those interviewed said they were eating less now, with 8.3% saying it had remained the same and 12.2% saying they were eating more. In terms of quality, 88.2% said it had gotten worse, with 11.2% saying it was the same. Female respondents were more likely to say their household was eating less than men were (82.6% compared to 68.0%), even though there was little difference between men and women in terms of their response on quality. Younger respondents were more likely to say the quantity had declined than older respondents, who were in turn more likely to say that the quality of what their household was consuming was worse than before the COVID-19 pandemic.

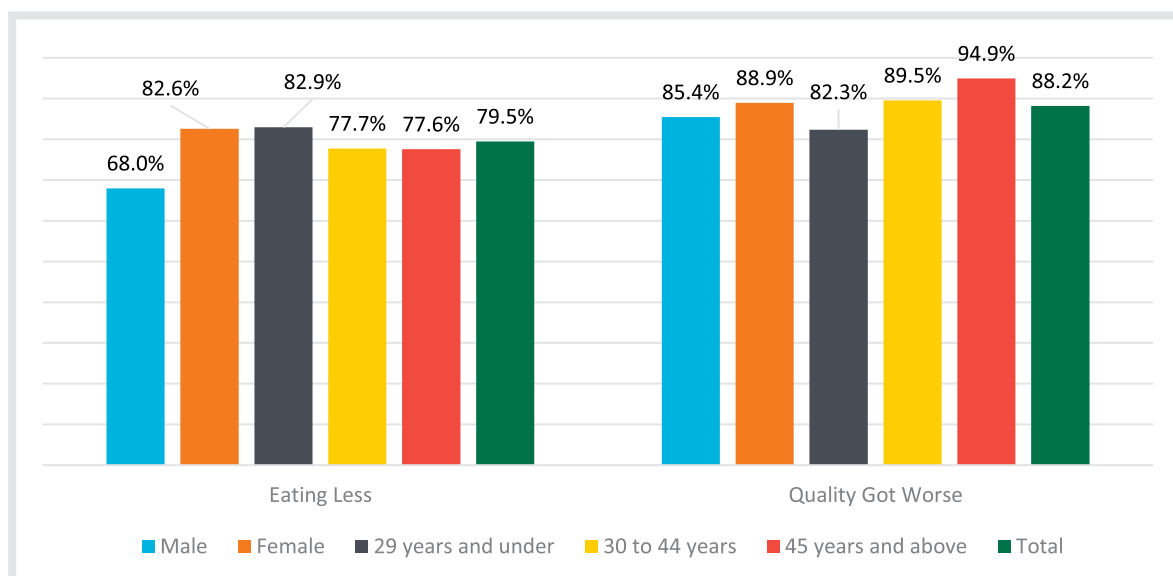


Figure 6: % of respondents saying they were eating less and the quality of the food was worse

Health

Respondents were asked to describe the health and well-being of their family members compared to the period before COVID-19, with 53.7% saying that it had gotten worse, with women more likely to give this response than men (55.4% against 47.6%) and with those in the older age groups more likely to say this than those in the younger age group.

Respondents were further asked whether they, or any other person in their household delayed, skipped or had been unable to complete needed health care visits since the start of the COVID-19 pandemic, with 27.4% of respondents saying this had been the case, amongst female respondents this was 28.5% and amongst males 23.3%.

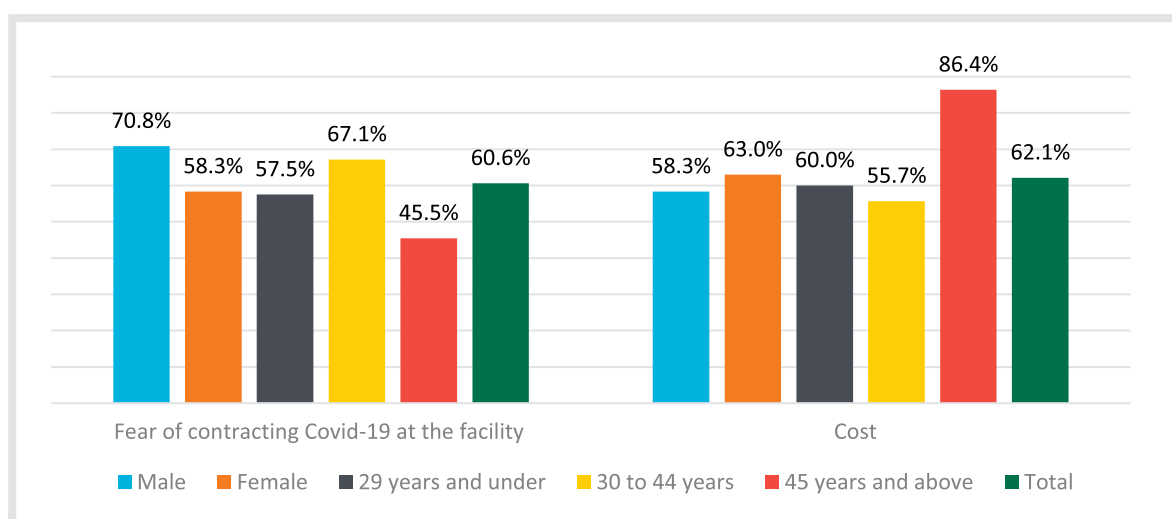


Figure 7: Main reason for not attending at health facility

For those who had foregone assistance, the two main reasons given for this were a fear of contracting COVID-19 at the facility (given by 60.6% of respondents) and cost (given by 62.1% of respondents). As Figure 7 shows, fear of contracting COVID-19 at the facility was higher amongst male respondents and those in the 30 to 44 age group, while cost as a constraint was more frequently identified by women than men (63.0% against 58.3%) and amongst the older age group (86.4%).

Respondents were also asked ‘if anybody in your household fell sick this week would you feel comfortable taking them to the health facility?’ Just under one-third (31.3%) said this was not the case, with very little difference observed in terms of the sex of the respondent or their age (though younger respondents were slightly less concerned). The same two reasons were overwhelming given for this – with 70.2% saying cost would deter them from attending, compared to 51.7% who feared contracting COVID-19 at the facility.

Well Being

Respondents were asked if, during the pandemic period, they had experienced a selection of (negative) feelings more than usual. Virtually all respondents (92.3%) said that they had felt worried more than usual over the previous months, with a very high proportion (89.2%) saying they had felt sad. Similar proportions (80.9%) report having sudden mood swings (such as anger or crying easily), while 82.8% said that they had experienced trouble sleeping. In all instances a greater proportion of women gave this response than men, though the differences are quite small, suggesting that the emotional strain of COVID-19 is affecting everybody.

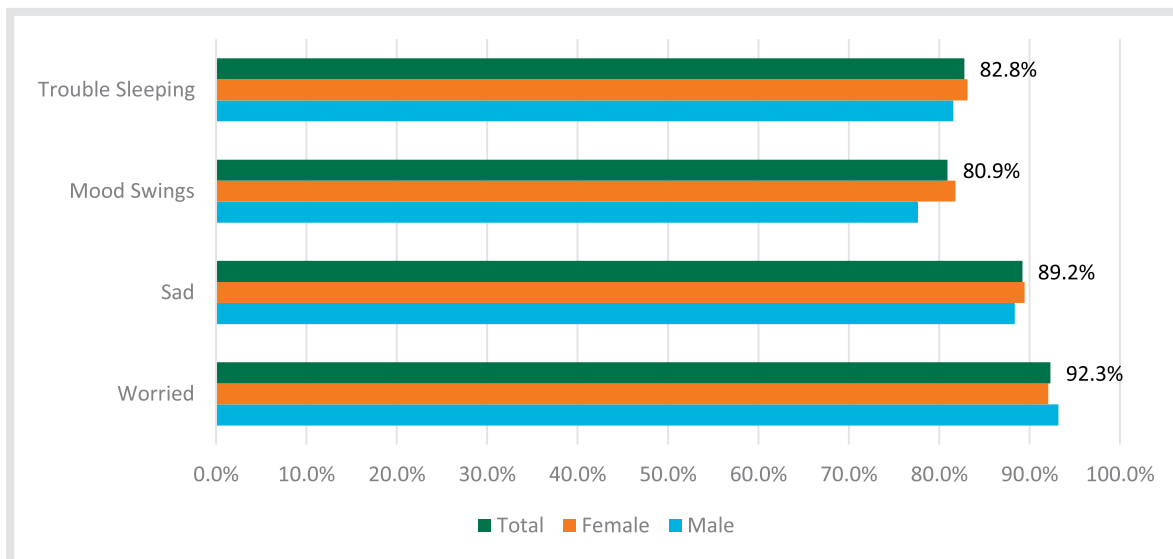


Figure 8: % of respondents saying that had experienced a selection of (negative) feeling in the previous months

Education

Respondents were asked ‘compared to the period before COVID-19, how would you describe the access to school for the children in your household?’ In response, 75.2% said it had gotten worse, with 18.5% saying it had remained the same, a very small proportion said it had improved (less than 1%), with the remainder not having children in their household.

This was refined further by asking whether there were children between the age of 4 and 16 in the household. In total 56.8% said this was the case. Virtually all of these respondents said that the schools had been closed at some stage (98.9%) but that some (64.6%) or all (24.7%) of them had reopened, with 10.3% of respondents saying none of the schools had reopened.

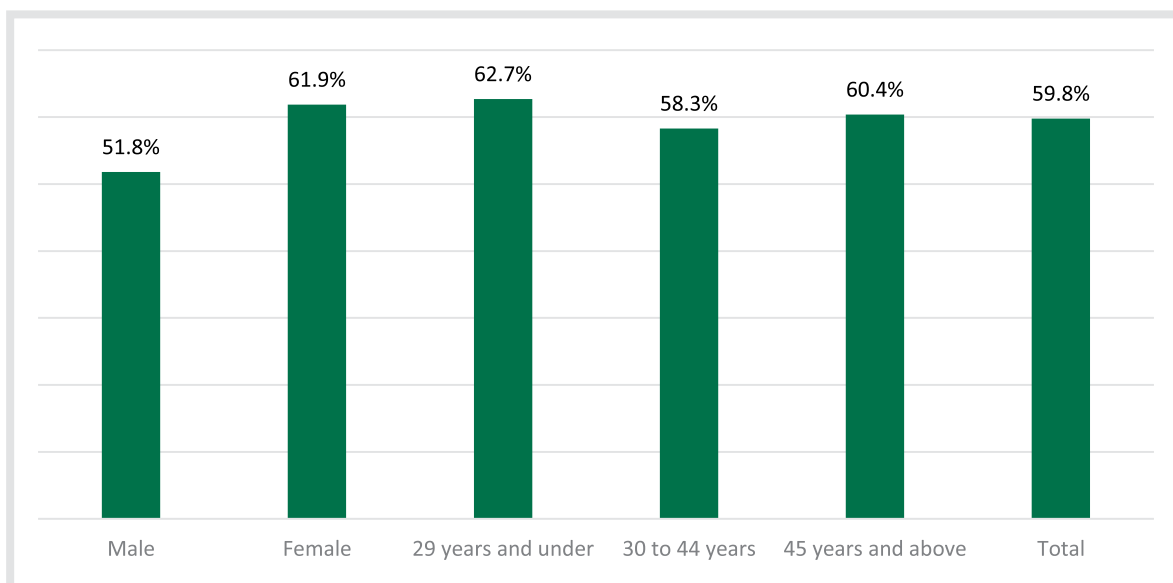


Figure 9: Proportion of Respondents who felt girls had suffered the most in terms of their education

All of the households with children of this age were then asked if these children were accessing some form of education. In response almost half (48.9%) said none of them were, with only 19.0% saying all of them were. This was considerably worse in households where the respondent was female (51.9% against 37.9%).

Table 3 Are children currently accessing some form of education

	No, none of them	Yes, some of them	Yes, most of them	Yes, all of them
Male	37.9%	34.5%	1.7%	25.9%
Female	51.9%	31.0%	0.0%	17.1%
29 years and under	50.7%	31.3%	0.0%	17.9%
30 to 44 years	44.1%	34.9%	0.7%	20.4%
45 years and above	60.0%	23.6%	0.0%	16.4%
Total	48.9%	31.8%	0.4%	19.0%

The main means of accessing education was through attendance at schools mentioned by 54.3% of respondents), 11.4% were accessing education through educational TV programmes, 5.0% through radio and 11.4% through online classes.

Amongst respondents who did not say all of the children in the household were accessing education, the main reason given for doing so was that the schools were still closed (given by 71.2% of respondents), followed by a lack of electronic devices to access lessons (22.1%) and a lack of internet access (16.2%). Respondents were also asked whether they expected these children to return to school once they reopened, with 20.2% of respondents said they did not expect this to happen.

Respondents were also asked whether they thought girls or boys had suffered the most. Overall, 59.8% said girls had suffered more, 2.6% said boys had and 37.6% said they had suffered the same. A greater proportion of women said girls had suffered more, while those in youngest age groups were also more likely to give this response.

Coping

Respondents were asked to identify which of a series of strategies they had used to cope with the situation since the start of the COVID-19 pandemic. Of the respondents, 62.9% said they had to borrow money (more prevalent amongst male respondents); 43.6% said they had to sell household items, 79.7% said they took goods on credit in the local store (more prevalent amongst women than men), and 55.8% said they had asked for help from neighbours (a more frequent response amongst the older age group).

Table 4 Most frequently used Coping Strategies

	Borrow Money	Sell Household items	Take goods on credit in the local store	Ask for help from neighbours
Male	67.0%	43.7%	71.8%	54.4%
Female	61.7%	43.5%	81.8%	56.2%
29 years and under	61.6%	35.4%	77.4%	50.0%
30 to 44 years	65.0%	50.9%	83.6%	57.7%
45 years and above	60.2%	40.8%	74.5%	61.2%
	62.9%	43.6%	79.7%	55.8%

Those who borrowed money predominantly did this from neighbours or friends (60.4%) or extended family (27.4%), even though a substantial number did borrow from micro finance institutions (MFIs) (24.1%), banks and other financial institutions (12.5%) and money lenders or loan sharks (14.2%). Looking at access to the more formal means of lending, women and older people borrowed more from MFIs, while men were more able to borrow from banks and other financial institutions.

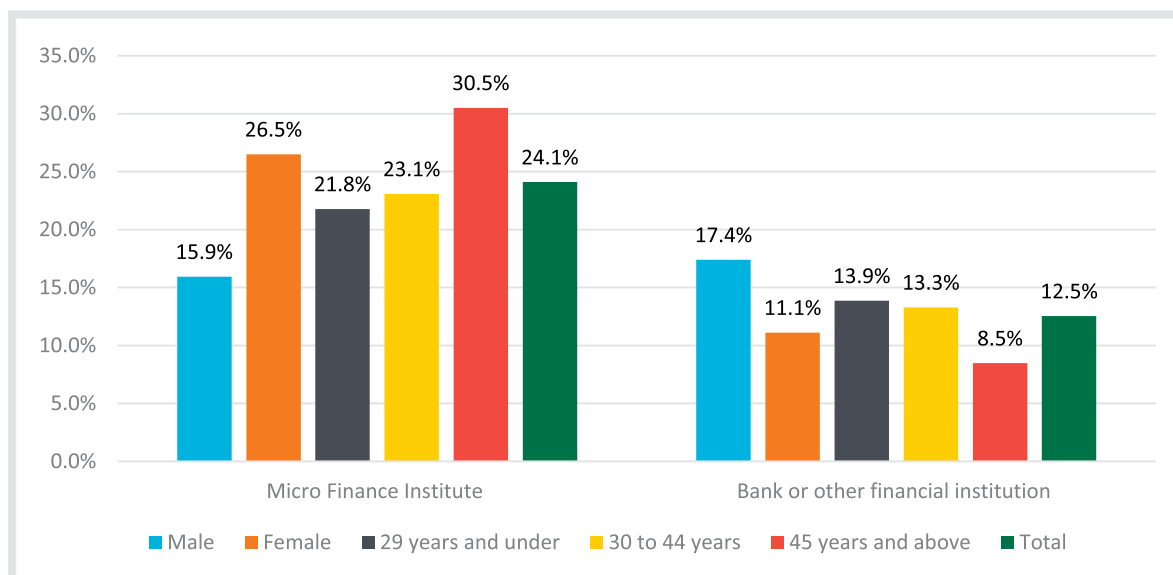


Figure 10: Who borrowed from banks and MFIs

Respondents were also asked whether they felt they would be able to repay this loan in the agreed time frame. Only 14.5% answered yes to this question, 70.3% said no and 15.2% said they did not know, suggesting households will become further indebted as a result of the COVID-19 crisis.

In terms of selling off household assets, overwhelmingly the items sold were material goods, such as televisions or radios (82.9% giving that response); with a smaller percentage saying they had sold items of clothing (7.6%), with 93.3% of those who sold goods feeling they did not get a fair price for what they sold.

People were also asked whether they or anyone in their household received a cash or goods transfer from any government, international organisation, or NGO assistance programme since the beginning of the COVID-19 pandemic with 26.6% saying that had been the case. Amongst those who did receive assistance 98% said it had been helpful in increasing their ability to deal with the effects of COVID-19.

A further question was asked in terms of whether the respondent knew if anyone in the community received any food, cash or other support from government, international organisation, or NGO assistance in the past three months that is related to the COVID-19 pandemic with 60% saying they were aware of this. These respondents were further asked if they thought the assistance had gone to those who needed it the most; amongst these, 27.7% said they thought this was the case, 17.3% said this was partly the case, 15.2% said they did not know but 39.8% categorically said no it had not gone to those who needed it most.

Finally, respondents were asked whether, compared to before the COVID-19 pandemic, they felt that they and their family could manage and adapt successfully. Less than half (44.4%) said this was the case, with more men and older people giving this response, though as the following figure shows there was very little difference between the groups:

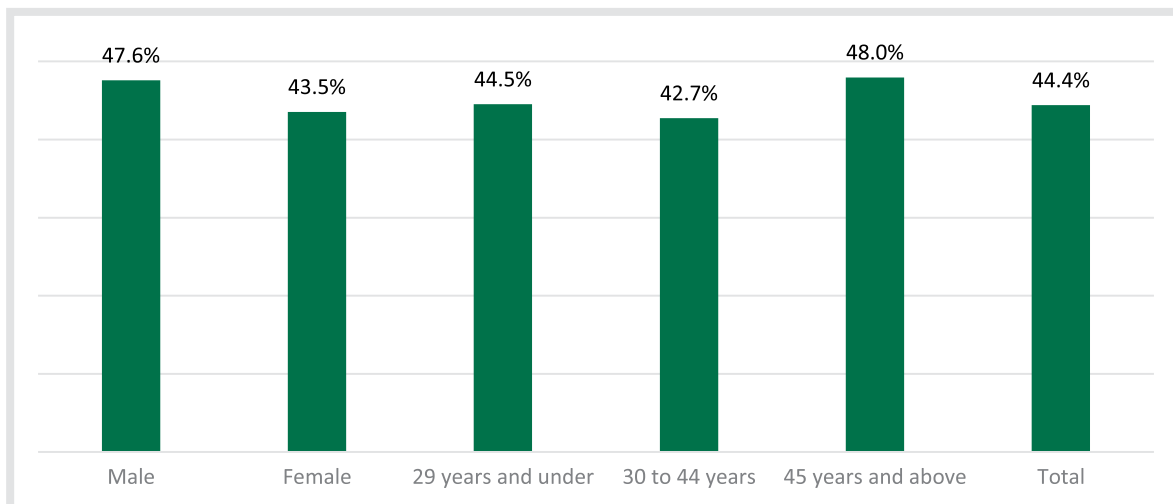


Figure 11: % of respondents saying they were able to cope

Community

Just over one third of respondents (36.3%) said they felt people in their community were helping each other more since the start of the COVID-19 pandemic. This was slightly higher amongst male respondents, when compared to female respondents (39.8% against 35.4%).

Respondents were also asked if they thought people in their community were arguing more than before the COVID-19 pandemic – which 61.2% said they thought was the case. The proportion giving this response was higher amongst male respondents than females, and amongst younger age groups. Those interviewed were asked if they felt that people were arguing more within families since the COVID-19 pandemic with 65.1% saying this was the case. More men than women gave this answer and older respondents were more likely to give this response.

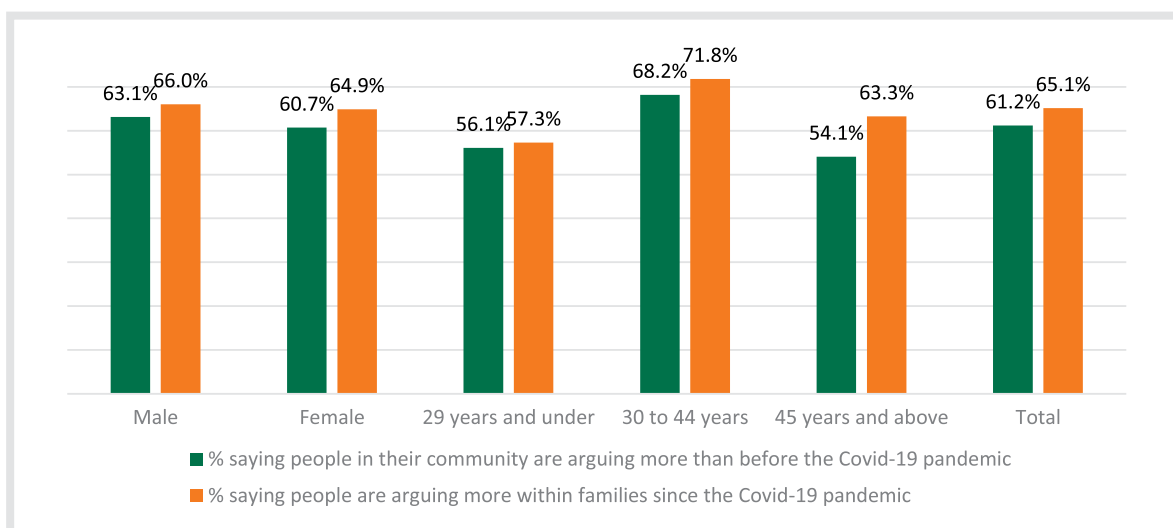


Figure 12: % respondents saying there is more arguing in the community and in families

Respondents were also asked if they thought that some people in the community have suffered more during the pandemic than others, with 59.1% saying this was the case. Amongst all respondents, 56.0% said the elderly had been most affected, followed by children (56.4%), women and women-headed households (55.6% and 54.7% respectively), and people living with disabilities (52.9%)

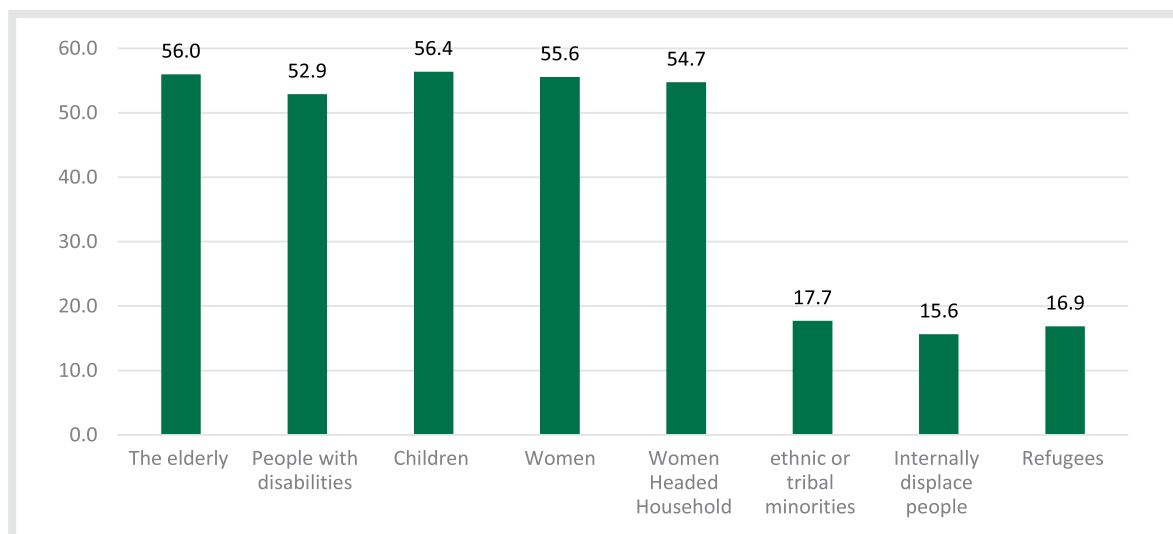


Figure 13: % identifying specific groups as suffering the most since the start of the pandemic

Recommendations

This data was collected in one of the poorest areas of Nairobi, an area often neglected in terms of support and responses. If we are to achieve the SDGs it will be important for any and all recovery programmes to focus first on these areas, and on countering inequalities made inexcusably starker by the pandemic and the limited responses to them. In particular:

- Address the challenges presented by declines in food quantity and quality, being cognisant of the potential long terms impact.
- Ensure that Social Protection interventions, particularly those run by the government reach people living in these areas in a clear and transparent manner.
- Focus on restoring the livelihoods and income of the extreme poor who have been so severely impacted by the pandemic. This may include providing targeted assistance to those who have become indebted.
- Strengthen primary, community-based health care services and local care workers who play a crucial role in controlling the spread of COVID-19.

Alliance 2015

Alliance2015 is a strategic network of eight European non-governmental organisations engaged in joint humanitarian and development action to achieve greater scale and quality of impact. Originally constituted to strengthen its contribution to the Millennium Development Goals (MDGs), Alliance2015 joins forces to achieve greater impact on poverty reduction and disaster preparedness and response in the framework of the Sustainable Development Goals (SDGs). Based on this work on the ground, Alliance2015 also strives to influence development and humanitarian policies in Europe, and globally. Alliance2015 is a unique partnership that relies on its members’ inputs and shared interests. While focusing on joint impact, the partnership is designed to enable its members to retain their own identity, brand and philosophy.

Alliance2015 members have identified Community Resilience as their common shared vision. The pandemic is testing the resilience of communities globally, across all regions and socio-economic groups. It is also having very differentiated impacts on people across regions of the world and within countries, exacerbating existing inequities and inequalities and creating new ones. Alliance2015 members have adapted their programmes and have initiated new activities to address the crisis. We have been collecting qualitative and quantitative data to inform and shape our interventions right from the start of the pandemic.

