



INDEPTH

KENYA INDEPTH REPORT



CCRDA
Consortium of Christian Relief &
Development Associations



Canada 

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Introduction

On December 31st 2019, the Chinese authorities alerted the World Health Organization (WHO) of severe pneumonia cases in Wuhan City, China, with an unknown cause. The mystery disease was first referred to as 2019-nCoV and then renamed COVID-19¹. The virus started to spread to other countries from 13th January with Thailand reporting its first case then Japan, followed by South Korea. All these cases were reported as imported cases. On 21st January, WHO confirmed that the virus was transmitted through human to human contact. On 25th January, the virus had spread to more counties as Australia, France, Malaysia and Canada report their first cases.

In Africa, Egypt was the first country to report its first case on 14th February 2020. The African Union Commission held an emergency meeting on the COVID-19 outbreak with health ministers from across the continent on 22nd February 2020, and on 25th February Algeria reported its first case. The first cases in Africa were all imported cases by travelers coming in from other affected continents. On 28th February, WHO raises the global risk of the spread of COVID-19 to very high and released and updated guidance on global travel restrictions on 29th February².

On 12th March 2020, the Government of Kenya (GOK) through the Ministry of Health (MOH), confirmed the first case of Covid-19 in Nairobi, Kenya. The suspected patient had returned to Kenya from the United States on 5th March via London, UK. After a test was conducted at the National Influenza Centre Laboratory of the National Public Health Laboratories, the case was confirmed. Further tracking and testing of 27 other individuals who had come into contact with the patient were done. Subsequently, the Ministry of Health issued a warning stating that cases would rise exponentially in the coming days, while urging Kenyans to remain calm and follow the established guidelines as issued by the Ministry of Health. According to the Corona Tracker, Kenya has a 1.8% Fatality rate and a 68.8% Recovery rate. These are calculated according to the total number of cases in the county which is at 62,488cases³.

¹ COVID-19 — a timeline of the coronavirus outbreak; <https://www.devex.com/news/covid-19-a-timeline-of-the-coronavirus-outbreak-96396>

² Updated WHO recommendations for international traffic in relation to COVID-19 outbreak; <https://www.who.int/news-room/articles-detail/updated-who-recommendations-for-international-traffic-in-relation-to-covid-19-outbreak/>

³ Corona Tracker; <https://www.coroom/country/kenya/>

Community Engagements and Action Towards Covid-19 Response in Kenya.

Community engagement is defined as the process of working collaboratively with and through groups of people affiliated by geographical proximity, special interests or similar situations to address issues affecting the well-being of those people (Center for Disease Control and Prevention, 1997). The goals of community engagement are to build trust, enlist new resources and allies, create better communication and improve overall health outcomes as successful projects evolve into lasting collaborations⁴.

To respond to the threat of COVID -19, the Government of Kenya (GOK) established a National Emergency Response Committee on Coronavirus (NERCC) vide Executive Order No. 2 of 2020 and established several technical committees to provide technical support to the NERCC. In January 2020, Kenya's Ministry of Health set up a National Taskforce on COVID-19 comprising of state agencies and development partners that supported the development of the country's preparedness and response plan. Arising from the work of the task force, the GOK put together a two-pronged contingency plan for COVID-19 articulating preparedness and response actions. While the broader contingency plan encompasses many aspects of preparedness and response, the communication and community engagement subcommittee was tasked with the development of the Communication and Community Engagement Strategy for Coronavirus.

The overall goal of the strategy is to effectively coordinate national and county communication and community engagement activities to prevent as well as mitigate the spread of the disease, build trust in the leaders and health workers to provide accurate information and essential services and encourage communities' active participation in supporting risk reduction and response measures⁵. The following supporting goals and objectives of the strategy;

- i. To strengthen coordination and information management structures across government ministries and county governments as well as with development partners and private sector entities to promote efficient

⁴ Principles of Community Engagement (Second Edition) Chapter 1;

https://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_Chapter_1_SHEF.pdf

⁵ National Communication and Community Engagement Strategy for CORONAVIRUS, June 2020.

<https://docs.google.com/document/d/19qlA-2QgMW-XhCWrl6QH0zisHxoRXF1uv71D5gcjix4/edit#>

and holistic approach to addressing the multifaceted impacts of the pandemic.

- ii. To amplify key public health awareness messages and catalyze conversations with communities to prevent and reduce the spread of COVID-19, especially for the highest risk groups, and ensure people still go to health facilities for essential services. In addition, mobilize formal and informal leaders to share accurate information.
- iii. To promote two-way communication with communities to reduce fear, misconceptions, and stigma; to understand risk perceptions, knowledge gaps and provide accurate information tailored for diverse audiences and channels throughout the pandemic response period. These efforts will be crucial in supporting advocacy for responsive county and national efforts.
- iv. To ensure that health workers and community health workers have the key information and tools to effectively provide accurate information in a way that is respectful of people's fears, grief and other psychosocial concerns.
- v. To establish strong monitoring and evaluation mechanisms for measuring national, county and community levels outcomes.

In the spirit of community engagement, some of the Kenyan citizens took it upon themselves to spread information to other citizens, distribute soaps and sanitizers and public health workers and CHWs tried to educate citizens on ways to keep safe from contacting COVID-19. The president, Hon. Uhuru Kenyatta, kept on insisting on the nyumba kumi initiative aspect of living during these pandemic. He encouraged Kenyans to support one another wherever they can and to also educate each other on the pandemic and how to keep safe during these times. He even encouraged Kenyans to keep checking up on each other but to avoid interacting with the elder generation in the population as they were the most vulnerable. In Mombasa county⁶, with support from WHO, public health officers engaged community members to ensure COVID-19 protective and preventive measures are followed throughout the county and this increased the number of people showing up for voluntary testing. Traders at Kongowea market kept on talking about the need to be tested and quickly so that the spread of the virus doesn't affect their businesses. In Kawangware⁷, a slum within Nairobi, Judy

⁶Community engagement in Mombasa during the COVID-19 pandemic; <https://www.afro.who.int/pt/node/13002>

⁷ Kenyan communities taking the lead in curbing COVID-19 spread; <https://www.afro.who.int/news/kenyan-communities-taking-lead-curbing-covid-19-spread>

Emeza took her children for a COVID test which she had heard about through the radio about the mass free testing campaign in her neighborhood. Health promotion officers worked hard to counter the myths by sensitizing communities through visits and radio programmes and encouraging testing. Through the ministry of health, WHO is capitalizing on 21community radio channels throughout the country to relay COVID-19 messages and conduct debates and discussions on the disease and its spread.



Figure 1; A WHO officer conducting a community engagement in a refugee community.

Amref Health Africa in Kenya together with the Ministry of Health's Division of Community Health convened an active Community Engagement Coordination Committee⁸. They brought on board national and international civil society organizations, humanitarian organizations, as well as national and county actors. The team moved with speed to put in place a Community Engagement Strategy and Implementation Plan for COVID-19. They managed to sensitize over 85% of the country's CHWs and implemented targeted mobilization of critical sub populations including informal settlements, adolescents and youth, prison populations, pastoralist and hard to reach populations,

⁸Community Health Workers Champion Kenya's COVID-19 Response <https://amref.org/kenya/blog/community-health-workers-champion-kenyas-covid-19-response/>

refugee and migrant populations, women, faith communities, people living with HIV among others.

On 8th March 2020⁹, Africa's Voices partnered with Radio Africa Group to launch a pilot project that combined Public Service Announcements, interactive radio shows and 1 on 1 SMS communication in order to provide immediate high quality public health content, establish a trusted communication space and garner rapid social insights on citizen perceptions of risk and preparedness related to COVID-19. The shows, aired nationwide in Kiswahili on Radio Jambo, curate the space for discussion on COVID-19 while SMS interaction is generating citizen-driven insights that inform programming and public health responders. The shows feature Dr Moses Miuu Masika, a virologist at the University of Nairobi as an expert guest, focusing on priority issues derived from the citizen messages shared in response to the PSAs.

Empirical Researches and studies conducted on Covid-19 in Kenya.

Bio MedCentral(BMC) Medicine did a survey on the impact of COVID-19 control measures on social contacts and transmission in Kenyan Informal settlements¹⁰. They did the survey with 213 residents of five informal settlements around Nairobi in early May 2020. The respondents were asked to report all direct physical and nonphysical contacts made the previous day alongside a questionnaire asking about the social and economic impact of COVID-19 and control measures. They examined contact patterns by demographic factors. They described the impact of COVID-19 and control measures on income and food security and they compared contact patterns during control measures to patterns from

⁹ COVID19 – KENYA: TRUSTED TWO-WAY MASS AND INDIVIDUAL HEALTH COMMUNICATIONS AND RAPID SOCIO-EPIDEMIOLOGICAL INSIGHTS; <https://www.africasvoices.org/case-studies/covid19-kenya-trusted-two-way-mass-and-individual-health-communications-and-rapid-socio-epidemiological-insights/>

¹⁰ The impact of COVID-19 control measures on social contacts and transmission in Kenyan informal settlements; <https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-020-01779-4>

non-pandemic periods to estimate the change. The survey established that the control measures reduced physical; contacts by 62% and nonphysical contacts by either 63% or 67% depending on the pre-COVID-19 comparison matrix used. Masks were worn by at least one person in 92% contacts. Respondents in the poorest socioeconomic quintile reported 1.5 times more contacts than those in the richest. Eighty-six percent of respondents reported a total or partial loss of income due to COVID-19, and 74% reported eating less or skipping meals due to having too little money for food. The conclusion was that the control measures had a large impact on direct contacts and therefore transmission, but have also caused considerable economic and food security¹¹.

Rescue.co have been sharing their projections as to the impact and severity of the virus and gaps in healthcare capacity in Kenya¹². The goal of the models was to prepare their fleet of first responders and help other frontline health workers to prepare for potential outcomes and needed capacity. They used open-sourced epi models that were tailored with the best available Kenya specific information. They limited their analysis to Nairobi county where there were already medium high levels of community transmissions and where majority of the cases were found.

Another study was done by Fidow Noor from USIU to investigate empirically the effect of pandemic outbreaks on loan repayment of small enterprises in Eastleigh business community focusing on those who borrowed funds to start and to operate their businesses. The target population of the study was the business community of Eastleigh and sampled 50 businesses which were randomly selected. The results indicated statistically the significant negative relationship between the pandemic outbreak and loan repayment ability of the small businesses. The ministry of tourism and wildlife did a research on the impact of COVID-19 on tourism in Kenya, the measures taken and the recovery pathways¹³. Due to the national guidelines on the travel bans, social distancing and sanitization, a lot of the businesses in the tourism sector were affected causing a significant amount of them to be closed and some are even out of business at the moment. Majority of the

¹¹ The impact of COVID-19 control measures on social contacts and transmission in Kenyan informal Settlements; <https://www.medrxiv.org/content/10.1101/2020.06.06.20122689v1.full.pdf>

¹² Adjusted projections for COVID-19 in Kenya; <https://rescue.co/adjusted-projections-for-covid-19-in-kenya/>

¹³ RESEARCH REPORT: IMPACT OF COVID-19 ON TRAVEL AND TOURISM IN KENYA; <https://www.tourism.go.ke/wp-content/uploads/2020/07/COVID-19-and-Travel-and-Tourism-Final-1.pdf>

respondents were under tour operations followed by those working in accommodation sector such as hotels, guests houses and lodges which accounted for 20.9%. The lowest represented business category in the study was the airlines accounting for 0.3%. The survey also showed that most of the respondents, 48.6%, were serving the inbound international tourism market, 45.7% the domestic market and 5.7% serving the outbound tourism market. Most of the respondents also indicated that the organizations had reduced the number of employees as a result of COVID-19 outbreak, taken pay cuts as a way to survive the loss of revenue and other organizations had sent their employees on unpaid leaves. The international tourism market was the hardest hit by the COVID-19 pandemic as reported by 81.3% of the respondents.

From the above mentioned studies, it is clear that Covid-19 had a negative effect on the livelihoods of the citizens of Kenya especially economically. Most youth lost their jobs during this time, a lot of people got pay cuts from their salaries, businesses went out of business and the virus still keeps on spreading like wildfire even with the guidelines that have been put in place for the citizens to follow. With the opening up of the economy some of the businesses have been able to be revived but business is slow with all things being put into consideration. Therefore, it is important for the government and the citizens to find a way to survive through the pandemic and not hurt the social and economic factors of the government.

Stakeholders and partnership levels established for COVID-19

The Kenya COVID-19 Emergency Response project aims to prevent, detect and respond to the threats posed by COVID-19 and strengthen national systems for public preparedness. The stakeholder emergency plan comprised of the following components¹⁴;

1. Improve the availability of medical supplies and equipment needed to respond to COVID-19 and other public emergencies and strengthen the capacity of the MOH to provide timely diagnosis for COVID-19 patients.

¹⁴ Environmental and Social Impact Assessment <https://www.health.go.ke/wp-content/uploads/2020/07/Stakeholder-Engagement-Plan-SEP-KENYA-COVID-19-EMERGENCY-RESPONSE-PROJECT-P173820.pdf>

2. Strengthen response capacity and building capacity through training of key stakeholders including health workers and communities.
3. Strengthen health systems capacity to effectively provide infection prevention and control(IPC) and case management of COVID-19 cases.
4. Ensure the safe disposal of waste generated by laboratories and medical activities.
5. Ensure there is a way of communication between the government and the population since advocacy, communication and social mobilization is the integral component to strengthen surveillance and response to health emergencies.
6. Ensure the availability of safe blood and blood products for transfusion services
7. Finance activities for program implementation and monitoring by providing additional resources to strengthen coordination and management capacity of the project.

They applied the following principles for stakeholder engagement; openness and life cycle approach, informed participation feedback and inclusive sensitivity. The stakeholders were divided into affected parties, other interested parties and vulnerable groups.

The WHO "COVID-19 Strategic Preparedness and Response Plan Operational Planning Guidelines to Support Country Preparedness And Response" (2020) outlines the following approach in Pillar 2 Risk Communication and Community Engagement, which will be the bases for the Project's stakeholder engagement: It is critical to communicate to the public what is known about COVID-19, what is unknown, what is being done, and actions to be taken on a regular basis. Preparedness and response activities should be conducted in a participatory, community-based way that are informed and continually optimized according to community feedback to detect and respond to concerns, rumors and misinformation. Changes in preparedness and response interventions should be announced and explained ahead of time and be developed based on community perspectives. Responsive, empathic, transparent and consistent messaging in local languages through trusted channels of communication, using community-based networks and key influencers and building capacity of local entities, is essential to establish authority and trust.

It was important that the different activities were inclusive and culturally sensitive therefore ensuring that the vulnerable and marginalized groups outlined above will have the chance to participate in the project

benefits. They did household outreaches and focus group discussions in addition to village consultations, used different languages, used verbal communication. Below is a copy of the stakeholder engagement plan;

Project stage	Topic of consultation	Method used	Target stakeholders	Responsibilities
After appraisal	Risk communication and community engagement strategy	Key informant discussions and FGDs	Media experts and information users including VMGs	MoH communication expert and social safeguards officer
Implementation	Complaints about service provision	County focal point logs and reports and national hotline	Receivers of information and services	MoH PMT
Quarterly evaluation and feedback survey	Feedback of effectiveness of different channels of communication	Survey	Different stakeholders and VMG groups	MoH Communications

They even came up with a communication matrix considering all the stakeholders as follows;

Stakeholder	Specific org / agency	Message	Communicator	Delivery method	Schedule
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<i>Who will you communicate to?</i>	<i>Who exactly will be targeted at this level?</i>	<i>What is the purpose of communication?</i>	<i>Who will the communication be from?</i>	<i>How will the communication be delivered?</i>	<i>When will it happen and how often</i>
People directly affected by COVID-19	COVID-19 infected people	Update on their status and psychosocial support	Health personnel responsible	In person	Daily
	Relatives of COVID-19 infected people	Update on the progress of the patients and psychosocial support	Health personnel responsible	-Phone -Text	Daily
	People under COVID-19 quarantine	Update on their status and psychosocial support	Health personnel responsible	In-person	Daily
	Relatives of people	Update on the progress of	Health	-Phone	Daily

	under COVID-19 quarantine	the those in isolation and psychosocial support	personnel responsible	-Text	
	All of the above	Grievance mechanism and patient/relative feedback questionnaires	Health personnel responsible	Posters at facilities Patient feedback questionnaire	At discharge
People at risk of infection	Neighboring communities to laboratories, quarantine centers and screening posts	-Progress of the construction -Safety measures in place	-Facility in charge -Health promotion team	-Fact sheets -Radio -TV -Public Address System (PAS)	Weekly and on-need basis
	Workers at	-Safety measures	-Facility in-	-Fact sheets	Weekly and

	<p>construction sites of laboratories, quarantine centers and screening posts</p>	<p>-Infection prevention and control (IPC) management</p> <p>-Referral pathways</p>	<p>charge</p> <p>-Contractors</p> <p>-Health promotion team</p>	<p>-Radio</p> <p>-TV</p> <p>- Posters/flyers,</p> <p>- PAS</p>	<p>on-need basis</p>
	<p>Municipal waste collection and disposal workers</p>	<p>-Safety measures</p> <p>-Referral pathways</p>	<p>-CEC for Health</p> <p>-Health promotion team</p> <p>-Occupational health team</p>	<p>-Fact sheets</p> <p>-Radio</p> <p>-TV</p> <p>- Posters/flyers,</p> <p>PAS</p>	<p>Weekly and on-need basis</p>
<p>People at risk of COVID-19</p>	<p>Travelers</p>	<p>-Quarantine measures</p> <p>-COVID-19 Protocols</p>	<p>-KMPDC</p> <p>-MoH team</p>	<p>-Fact sheets</p> <p>-Protocols</p>	<p>Before and after arrival</p>

				-SMS, PAS	
	Inhabitants of areas where cases have been identified	<ul style="list-style-type: none"> -Safety measures Progress on the patients/ those in quarantine -Sensitization on stigma 	<ul style="list-style-type: none"> -CEC for health -Community leaders (CHWs) -Health promotion team 	<ul style="list-style-type: none"> -Fact sheets -Radio -TV -Posters/flyers -SMS, PAS 	<ul style="list-style-type: none"> Weekly and on-need basis
Vulnerable groups	<ul style="list-style-type: none"> -VMGs -People with pre-existing conditions -Informal settlements -Refugees camps - VMGs/HUTLCs 	<ul style="list-style-type: none"> -Information on COVID-19 -Safety measures -Availability of health services -Sensitization on stigma -Updates on COVID-19 	<ul style="list-style-type: none"> -Health -Promotion team -CEC for health -Implementing partners (with local networks) 	<ul style="list-style-type: none"> -Fact sheets -Radio -TV -Posters/flyers* -PAS 	

			-CHWs	
Healthcare workers	All cadres including CHWs	<ul style="list-style-type: none"> -Personal safety -IPC -Roles & responsibilities for observation of protocols & to patients and communities, GRM -Institutional safety -Update on protocols -Status of infection in the country 	<ul style="list-style-type: none"> -Acting Director of Health -Chair KMPDC -Chair of the relevant councils, unions and associations -County teams 	<ul style="list-style-type: none"> -Update reports on WhatsApp -WebEx/zoom meetings -In-person briefings
People at risk of COVID-19, VMGs and healthcare		Grievance mechanism Community feedback survey	<ul style="list-style-type: none"> Health promotion team PMT 	<ul style="list-style-type: none"> Leaflet, poster in health offices and health facilities Telephone or in

workers				person survey
MoH	The entire health system	<ul style="list-style-type: none"> -Update on protocols -The status of infection in the country 	<p>CS, CAS, PS and Acting Director of Health</p>	<ul style="list-style-type: none"> -Update reports on WhatsApp -WebEx/zoom meetings -In-person briefings
National coordination teams	National COVID-19 Taskforce	<ul style="list-style-type: none"> -Country needs/emerging challenges -Citizens perceptions and complaints -Country progress -Updates on protocols -Global trends 	<p>CS, CAS, PS and -Acting Director of Health</p>	<ul style="list-style-type: none"> -Update reports on WhatsApp -WebEx/zoom meetings -In-person briefings
	National Emergency Response Committee (NERC) on COVID-19			
County	County Governors	-County status	- NERC	-Update reports

Governments	and CECs for Health	<ul style="list-style-type: none"> -County preparedness -Challenges -Complaints and grievances - Community concerns 	-CoG	<ul style="list-style-type: none"> on WhatsApp -WebEx/zoom meetings -Virtual monitoring tools e.g. GEMS
Public Authorities	NYS and security officers	<ul style="list-style-type: none"> -Update on protocols -Safety measures -Referral pathways 	<ul style="list-style-type: none"> -NERC -MoH 	<ul style="list-style-type: none"> -Update reports -Protocols -WebEx/zoom meetings
Ports of Entry	Airports and land borders	<ul style="list-style-type: none"> -Update on protocols -Safety measures - Grievance mechanism - Traveler feedback surveys 	<ul style="list-style-type: none"> -MoH -NERC 	<ul style="list-style-type: none"> -Update reports -Protocols -Fact sheets -Posters/flyers Ongoing

				-Survey forms	
Health community – local and global	Africa CDC, WHO and other key partners	-Country progress -Country needs/ emerging challenges -Global trends	-National Taskforce on COVID-19	Update reports	Weekly/ monthly. On need basis