



Kenya

## Background

Public health and social measures (PHSMs) are an important strategy to slow transmission of COVID-19 and reduce the burden on health care systems. Effective implementation of PHSMs requires public support and adherence, but they can place a significant burden on people, especially when they restrict movement or entail the closure of services. This situational analysis, based on publicly available data and a recent phone survey, aims to inform efforts in Kenya to balance PHSMs to mitigate COVID-19 with other priorities, including public acceptance and social impacts.

# Effective Implementation of Public Health and Social Measures in Kenya: Situational Analysis

## Highlights<sup>1</sup>

Public health and social measures should respond to data about the growth of the epidemic and be implemented in a way that engages communities. Communities should be involved in helping to determine strategies for adapting measures to the local context, protecting livelihoods, and introducing appropriate relief measures to counteract the economic impact of these measures. The government should counter misinformation with appropriate risk communication and engage with communities to ensure voluntary adherence to COVID-19 response measures.

- The COVID-19 epidemic is growing slowly in Kenya, compared to other African Union Member States. However, testing data are limited, so caution should be applied when analyzing epidemiological trends.
- The government has implemented strong measures to contain the virus, with a nightly nationwide curfew, and restricted movement in and around five cities and towns (Nairobi, Kilifi, Kwale, Mombasa, Mandera). Population mobility has fallen since mid-March in line with these measures. To cushion the economic impact, the government is increasing cash transfers to vulnerable people.
- According to survey results, urban Kenyans are keenly aware of the COVID-19 crisis and the vast majority think it will be a problem for the country; only half see themselves as being at high personal risk for infection. Significant misinformation persists, some of which may provide a misplaced sense of protection or contribute to stigma which could lead to violence or prevent people from accessing needed care.
- While a majority expresses support for and trust in the government, there is disapproval and distrust among a significant minority, to a greater degree than seen in other Member States.
- Kenyans will face a significant burden in adhering to lockdown measures, with around three-quarters likely to run out of food and money in less than a week.
- There have been numerous reports of police violence to enforce curfews and other measures, with 11 fatalities reported.

### ABOUT PERC

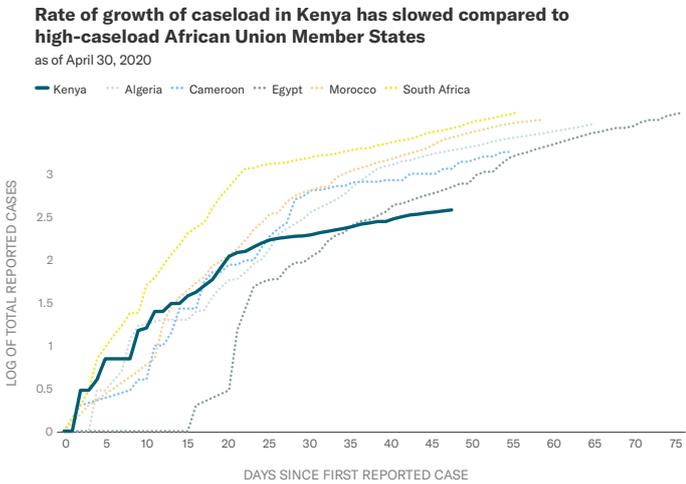
The Partnership for Evidence-Based Response to COVID-19 (PERC) is a public-private partnership that supports evidence-based measures to reduce the impact of COVID-19 on African Union Member States. PERC member organizations are: Africa Centres for Disease Control and Prevention; Resolve to Save Lives, an initiative of Vital Strategies; the World Health Organization; the UK Public Health Rapid Support Team; and the World Economic Forum. Ipsos and Novetta Mission Analytics bring market research expertise and years of data analytic support to the partnership.

<sup>1</sup> This situational analysis brief is based on data from available sources as of the date of publication, and may not reflect more recent developments or data from other sources not referenced. Information about data sources available here: <https://preventepidemics.org/coronavirus/perc/data>

# Disease Dynamics

**SINCE THE FIRST CONFIRMED CASE OF COVID-19 IN MID-MARCH, KENYA'S CASELOAD INITIALLY GREW RAPIDLY, BUT GROWTH HAS SLOWED SINCE EARLY APRIL.**

Total cases	Total deaths	Case-fatality rate (%)	Total # of days to double case count	Date of first reported case
384	15	3.91	18	March 13



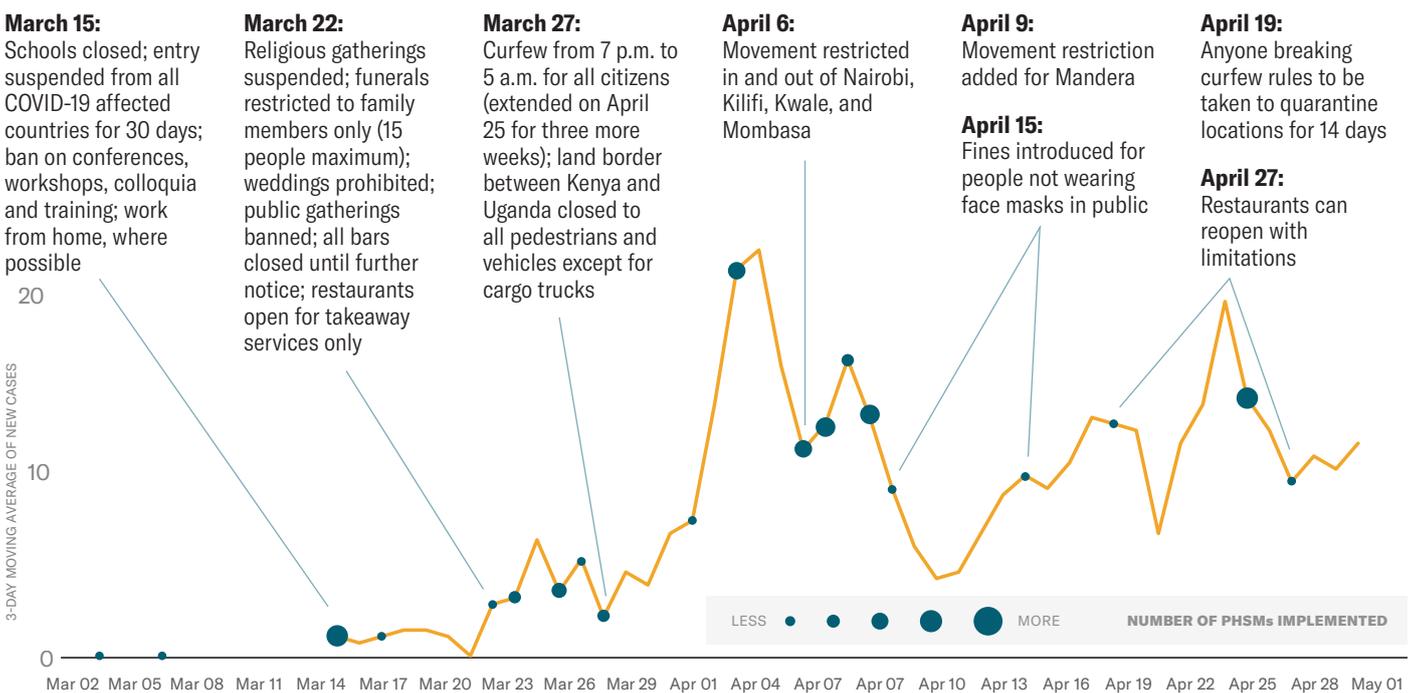
- Kenya's caseload remains low compared to the five most affected African Union Member States (Algeria, Cameroon, Egypt, Morocco and South Africa) and growth in confirmed cases is considerably slower, but this may be due to limited testing.
- In Kenya, the most recent doubling time is 18 days. Doubling time is the number of days it took for cases to double to reach their current level. This metric can be used to estimate the recent rate of transmission, with higher doubling times indicating slower growth. In general, doubling times exceeding seven to 10 days and increasing over time suggest a slowing of the epidemic. If testing is believed to be sufficient or is increasing, then changes in case counts per day can also be used to assess COVID-19 transmission.
- Testing remains limited. As of April 30, a total of 20,268 tests had been conducted in Kenya, which is equivalent to 0.38 tests per 1,000 people, compared to 3.65 in Ghana and 1.94 in Tunisia.<sup>2</sup>

## Implementation of Key PHSMs

**KENYA HAS IMPLEMENTED MEASURES TO SLOW VIRUS TRANSMISSION, WITH SCHOOL CLOSURES AND INTERNATIONAL TRAVEL RESTRICTIONS INTRODUCED ON MARCH 15, FOLLOWED BY A NATIONWIDE NIGHTLY CURFEW STARTING MARCH 27. MOVEMENT RESTRICTIONS IN AND OUT OF FIVE CITIES AND TOWNS (NAIROBI, KILIFI, KWALE, MOMBASA AND MANDERA) WERE PUT IN PLACE IN EARLY APRIL FOLLOWED BY A LOCKDOWN OF THESE CITIES ON APRIL 22. FINES ARE IMPOSED FOR NOT WEARING MASKS IN PUBLIC.**



### 3-day moving average of new cases and date of PHSM implementation

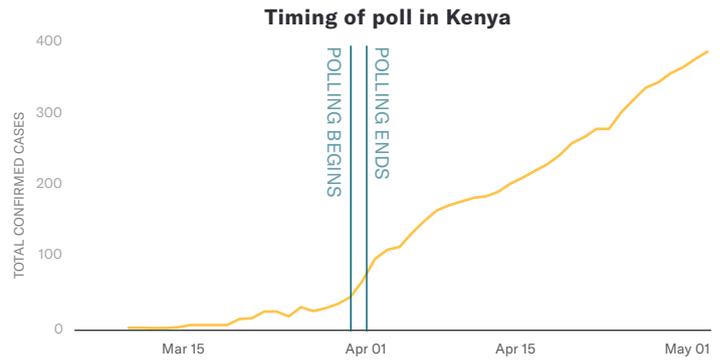


<sup>2</sup> Note that Our World in Data only collates testing data for the following African Union Member States: Ethiopia, Ghana, Kenya, Morocco, Nigeria, Rwanda, Senegal, South Africa, Tunisia, Uganda, and Zimbabwe. Source: official sources collated by Our World in Data <https://ourworldindata.org/grapher/full-list-total-tests-for-covid-19>

# Public Reactions to COVID-19 and Related PHSMs

## RESULTS FROM RECENT POLLING

Market research firm Ipsos conducted a telephone poll of 1,031 adults in two urban and peri-urban areas of Kenya (822 in Nairobi and 209 in Mombasa) between March 29 and April 1, 2020. At the time of polling, Kenya had 38 to 59 confirmed COVID-19 cases

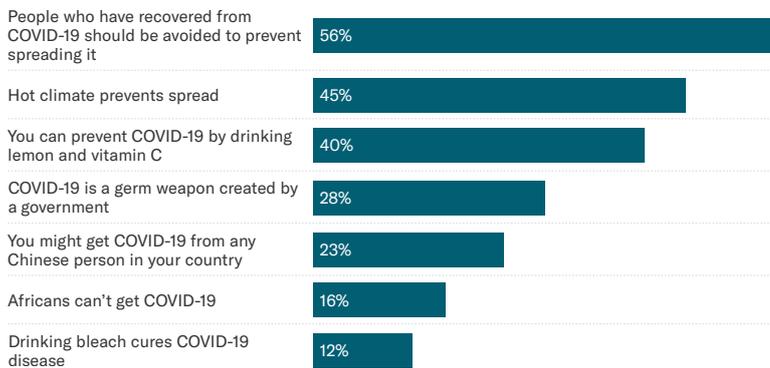


## Information on COVID-19

In the poll, Kenyans reported high awareness of COVID-19 (99%) and basic awareness of disease symptoms and spread. However, misperceptions persist, and may provide a false sense of security (45% believe that hot climate prevents spread, while 16% believe Africans cannot get COVID). There are also some prevalent misconceptions that could lead to stigmatization of those with the disease, with 56% believing that individuals who have recovered should be avoided. A significant proportion (35%) said they needed more information, particularly on transmission, prevention and treatment.

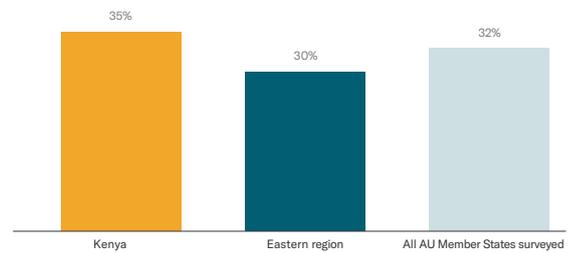
## Belief in Misinformation and Rumors

Percentage believing each false statement is probably or definitely true

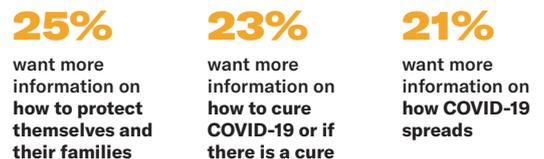


## Demand for Information

Percentage reporting they **do not** currently have enough information about COVID-19

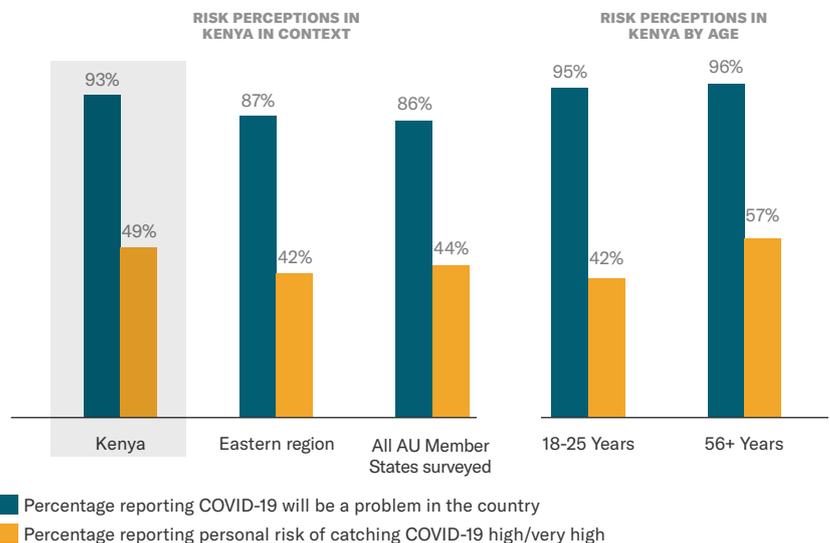


## Information Needs



## Risk Perceptions

Urban Kenyans perceive significant risk from COVID-19, with 93% reporting that it would be a problem for the country. A much lower proportion (49%) reported that their personal risk was high or very high.



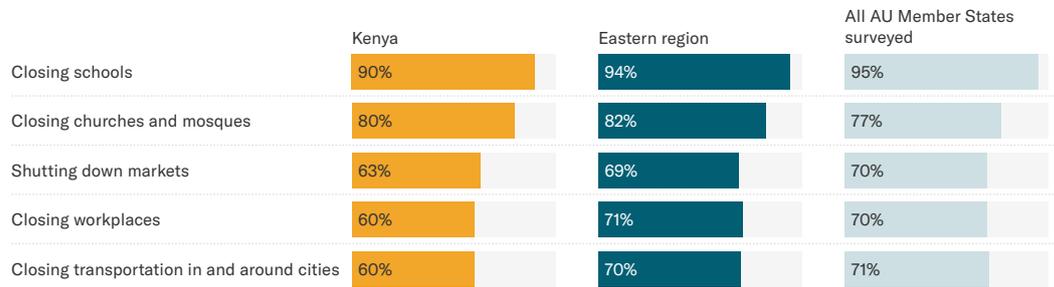
**Support for Government and PHSMs**

The majority of Kenyans surveyed were positive about the government's response to date and trust the information it provides on the virus; however, there were significant minorities expressing disapproval (38%) and distrust (42%). These are substantially higher than the rates of disapproval and distrust across other African Union Member States surveyed. Doctors were more trusted for health information than the presidency, while very low trust was expressed for political leaders or traditional healers. Respondents expressed optimism that they would be able to get the care they needed to deal with the illness if they became infected, with 68% confident that they could get help.

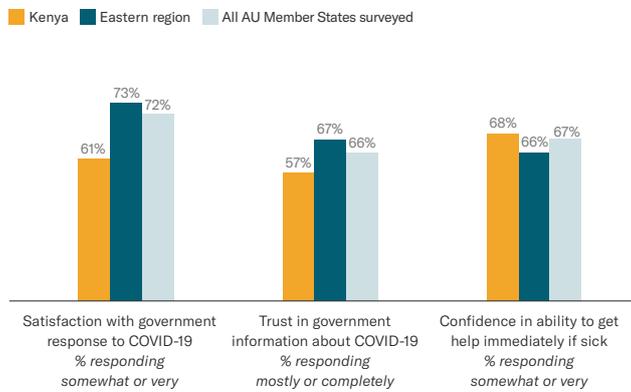
Respondents expressed support for a wide range of personal and community public health and social measures to help limit the spread of COVID-19 (for example 90% support school closures), but there was lower support for closing markets (63%) and transport in and around cities (60%).

**Support for PHSMs**

Percentage of respondents that somewhat or strongly support

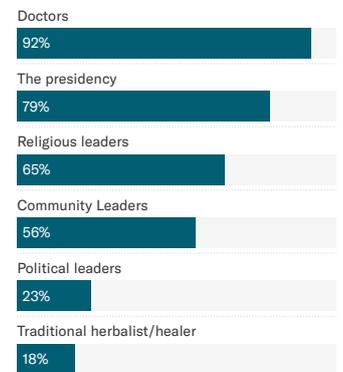


**Perceptions of Government & Health System**



**Trust in Information Sources**

Percentage that completely or mostly trust each source for health information



**Barriers to Adherence**

Such interventions may be difficult to comply with as current personal supplies of food and cash will last less than one week for most households, and only 28% have separate rooms to isolate those who become infected.

**28%**

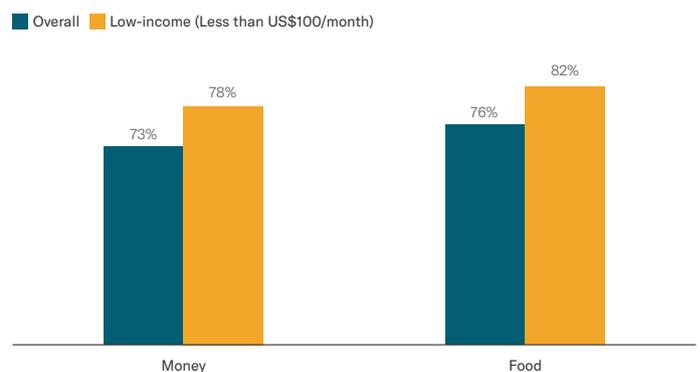
of respondents have a separate room in the home to isolate someone with COVID-19

**22%**

of respondents in families making less than US\$100 per month have a separate room in the home to isolate someone with COVID-19

**Supplies of Food & Money**

Percentage who expect to run out in 1 week or less



## Economic and Relief Measures

Kenya is already experiencing declines in horticulture and tourism, which will significantly affect economic growth. In an online survey of eight countries conducted by BFA Global, eight in 10 Kenyans polled April 11-12 said that their income had already decreased as a result of the pandemic, a proportion which had not changed since a first-wave poll two weeks earlier. Almost nine in 10 (86%) of respondents expected the crisis to have a severe financial impact on their household. The government has earmarked KSH 40 billion (approximately US\$375 million or 0.4% of GDP) to address the effects of COVID-19.

- **Health care:** The government will invest in enhanced surveillance, laboratory services, isolation units, equipment, supplies, and health communication, and will reallocate KSH 1 billion (US\$9.5 million) from the universal health coverage budget to hire new health workers.
- **Social support:** The government has implemented tax relief for businesses and individuals and is topping up existing cash transfers for the elderly, orphans and other vulnerable people; 1 million beneficiaries will receive KSH 8,000 (US\$75) through the existing Inua Jamii social protection program. Fees on mobile money transfers have been waived.
- **Food security:** Food insecurity was already on the rise prior to the crisis, with a severe desert locust crisis affecting the country and more than 10 million Kenyans consuming insufficient food.

## Overview of Security Incidents Related to COVID-19

A rise in unrest or insecurity—including peaceful protests as well as riots and violence by and against civilians—can affect adherence to PHSMs and serve as a warning sign of the burden such measures are imposing on the population. In Kenya, police have been accused of using tear gas and in some cases live ammunition to enforce curfews and other COVID-related measures. There have also been protests against measures and reports of mob violence. There have been 11 reported fatalities related to violence or enforcement.

INFORMATION ABOUT DATA SOURCES AVAILABLE HERE: [HTTPS://PREVENTEPIDEMICS.ORG/CORONAVIRUS/PERC/DATA](https://preventepidemics.org/coronavirus/perc/data)

