



Finding the Balance: Public Health and Social Measures in Kenya

Data updated 19 August 2020



Background

Public health and social measures (PHSMs) are an important strategy to slow transmission of COVID-19 and reduce the pressure on health care systems, but they can place a significant burden on people, especially when they restrict movement or access to services. This brief aims to inform policy decisions in Kenya that balance the benefit of PHSMs for reducing transmission with other priorities, including economic and social impacts. It is based on the review, synthesis and analysis of data illuminating different dimensions of COVID-19 in Kenya—including a nationally representative telephone poll, media monitoring, epidemiological data and other publicly available data sources. Data sources and methods are described at the end of the document.

Highlights

Disease Dynamics: In June and July, reported COVID-19 cases grew rapidly in Kenya, in step with the loosening of PHSMs and mobility increases. Although Kenya still has one of the highest caseloads in Africa, reported new cases have been on the decline since early August; between 23 July and 19 August, Kenya saw a 3% average decrease in new cases reported each week. However, this decrease should be interpreted with caution, as there have been reports of limited laboratory testing and a shift away from testing the highest risk groups, which has likely led to decreased detection of positive cases.

PHSM Implementation: Shortly after its first case in March, the Kenyan government quickly implemented stringent PHSMs, including announcing fines and mandatory quarantine for violators. In April, strict lockdowns in Kenya's largest cities were announced. Reported cases remained relatively low and contained up until June, when the lifting of city lockdowns was announced. Kenya continued to loosen some PHSMs in June and July, but also extended the curfew in response to the growing caseload and instituted bans on alcohol sales in restaurants. Domestic and international flights resumed by August.

PHSM Support and Adherence: Support for and adherence to personal measures (such as washing hands, wearing a mask and avoiding physical greetings) were high in Kenya, with nine in ten respondents reporting regularly wearing a face mask in the previous week. In contrast to the widespread anti-government sentiment on social media, the majority (72%) of survey respondents in Kenya expressed satisfaction with the government handling of the virus.

Risk Perceptions and Information: Almost eight out of ten respondents agreed that COVID-19 would affect many people in their country, however, far fewer respondents thought their risk of catching the virus was high. More than half of respondents reported that they believed foreigners were testing the vaccine on them and discrediting African medicines. Belief in these narratives could negatively affect uptake of a vaccine once it is available.

Essential Health Services: Respondents report significant disruptions to their health care access, with fear of catching the virus, inability to pay for services and mobility restrictions cited as the most common barriers. The most commonly reported missed visits were for malaria, routine checkups and respiratory issues/asthma. There were also significant disruptions to maternal and child health services reported. Disruptions were highest among respondents living in urban areas, which may have been a result of the strict lockdowns in cities in June and July.

Economic Burden and Food Security: More than 80% of respondents reported experiencing barriers to food access and loss of income since the pandemic. Traditional and social media highlighted increasing poverty and hunger, particularly in informal settlements in cities. Only 8% of respondents surveyed reported receiving additional government assistance in the previous month.

Security: There were 70 security incidents related to COVID-19 reported in Kenya since March. The majority of incidents were categorized as crowd-control incidents, in which police violently enforced PHSMs. There were a number of protests against police brutality following these incidents. In August, major health care worker protests broke out across the country, with hundreds of doctors walking off the job, demanding better personal protective equipment, fair compensation and government transparency in the management of COVID-19 funds.

Disease Dynamics and PHSM Implementation

Total Cases (Cumulative incidence per 100,000 population)	Total Deaths	Diagnostic Tests (Tests per confirmed case ratio)	Case-Fatality Rate
31,015 (59)	506	402,452 (13)	1.6%

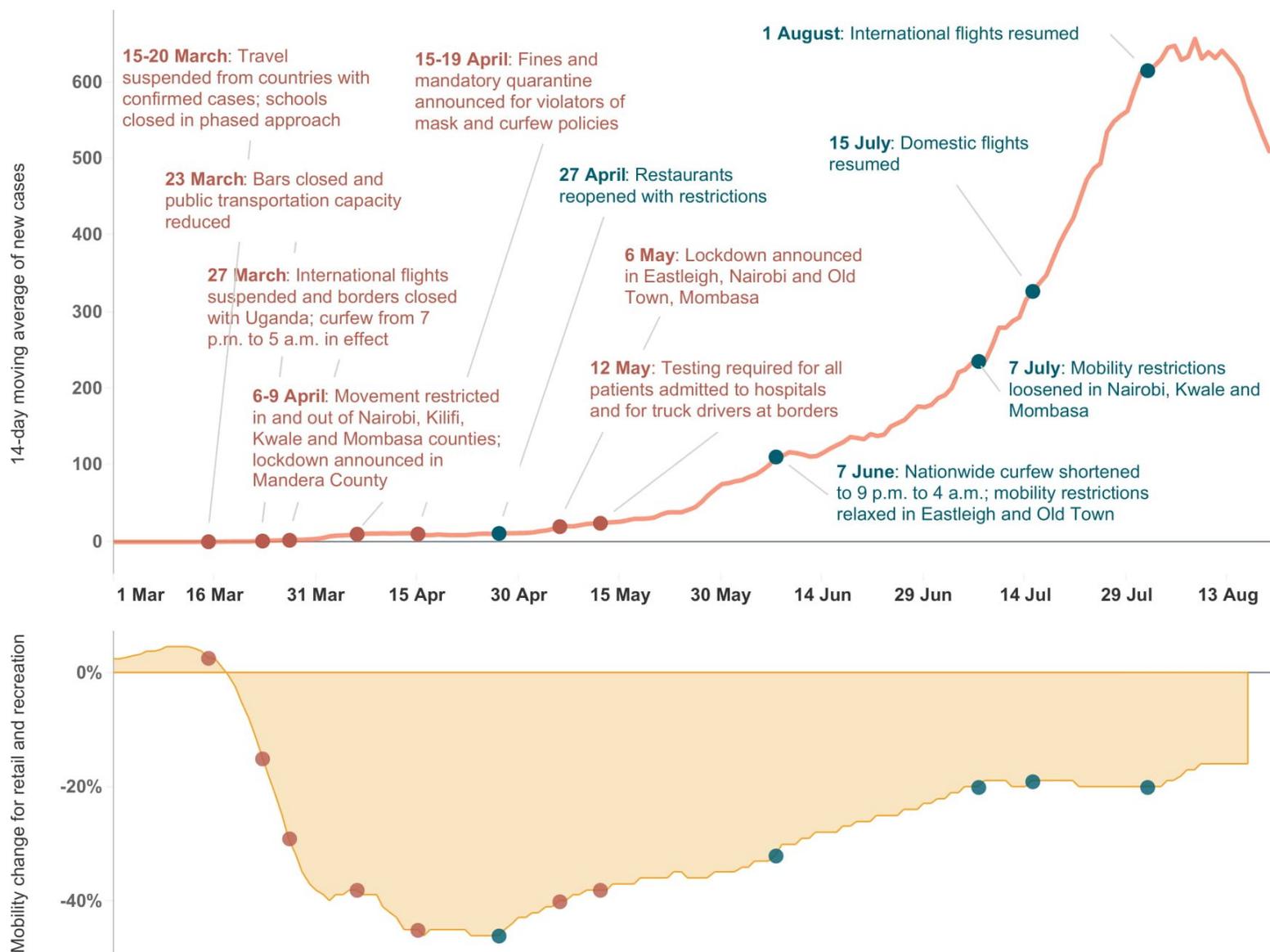
WHO recommends 10-30 tests per confirmed case as a benchmark of adequate testing.

The use of PHSMs should respond to the changing epidemiological situation. When these measures are effectively implemented and adhered to, they can significantly reduce disease transmission. Phased and adaptive loosening of measures can prevent spikes in transmission while lessening the burden on communities. If transmission accelerates, reintroduction of targeted measures may be needed to control the epidemic.

A hub for international travel, Kenya has experienced one of the largest epidemics in Africa, even with a strict lockdown and PHSMs. Reported new cases started to decrease in early August, but this may be a result of limited laboratory testing.

- Soon after the first reported case on 12 March in Nairobi, the Kenyan government closed all schools and suspended international flights. By 6 April, the government announced a lockdown in Nairobi, Kilifi, Kwale and Mombasa—the counties with the highest burden of new reported cases due to international travel and trade. Borders with neighbouring countries were closed except for trade of essential goods. The Kenyan government announced fines for refusal to wear masks and a mandatory 14-day quarantine of those who broke curfew, but these measures were relaxed in May following reports of unsanitary and overcrowded quarantine centers.
- In May, Kenya joined other Eastern Region countries in requiring mandatory testing of all truck drivers transporting goods from neighboring countries. It also announced wide scale testing of all health care workers and mandatory testing of all patients admitted to hospitals. New cases remained low in April and May during the most stringent PHSMs.
- Reported cases started to steadily increase in June and accelerate by July, as PHSMs loosened and mobility increased. On 7 July, the nationwide curfew was shortened and movement in and out of Nairobi, Kilifi, Kwale and Mombasa was permitted. Religious services were allowed to resume but with strict guidelines.
- The highest 7-day average of new reported cases was recorded on 3 August (678 cases). On 27 July, the government announced an extension of the curfew and limited alcohol sales at restaurants, in an effort to contain the virus while also avoiding another lockdown. New reported cases have started to decrease (in the previous month, a 3% average decrease in the new cases reported each week has been recorded), but still remain high overall.
- Although Kenya's tests per confirmed case ratio remains within the World Health Organization's recommended range, there have been recent reports of lengthy turnaround time for testing results and a lack of available reagents in laboratories, as well as a shift away from testing the highest risk groups in Kenya. These factors likely contributed to the recent decrease in new reported cases.

Reported cases accelerated in June and July with loosening of PHSMs, but began to decrease in early August. Mobility increased with PHSM loosening but has remained well below pre-COVID-19 levels, in line with the PHSMs still in place. *Update as of 26 August, Kenya announced another extension of its nightly curfew, alongside the closure of bars and nightclubs.



Data sources: Africa CDC, Google Community Mobility Reports, ACAPS, OxCGR Note: Mobility changes for retail and recreation shows the percent change compared to baseline (3 Jan-6 Feb) in visits to retail and recreation sites (e.g. restaurants, cafes, shopping centers, etc.) among Google users.

PHSM Support and Adherence

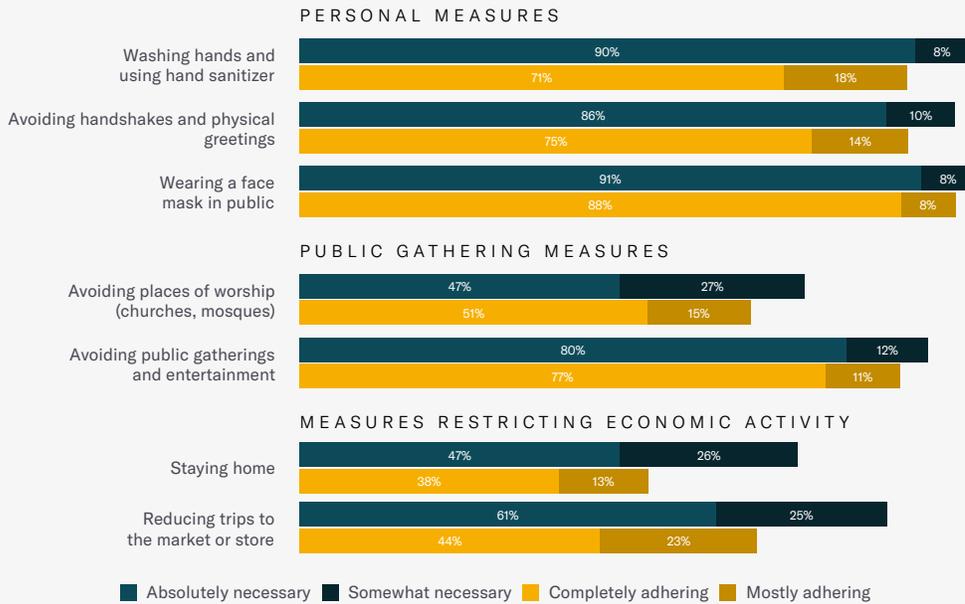
PHSM effectiveness relies on widespread behavior change. To identify measures that have a higher likelihood of acceptance, it is critical to monitor public support, adherence, and overall trust and confidence in the government response. Where adherence is lower, further analysis of barriers to behavior change can strengthen PHSM implementation and help to mitigate burdens.

Support for and self-reported adherence to personal measures (such as washing hands, wearing a mask and avoiding physical greetings) were highest among respondents in Kenya. Lower reported adherence to measures that restrict economic activity (such as staying home or reducing trips to markets and stores) may be due to the recent relaxing of PHSMs.

- Almost all respondents reported adherence to wearing a face mask in the previous week, which is high compared to other AU Member States surveyed and may be a reflection of the strict enforcement of mask-wearing policies in Kenya, as well as the punitive measures for non-compliance.
- Attitudes about reopening were almost evenly split in Kenya, but slightly more respondents (54%) supported reopening for economic purposes than those that favored waiting to reopen (45%). However, more than two-thirds of respondents reported that returning to normal life made them feel anxious. Along with high support for PHSMs overall, this suggests that there may be room to tighten measures if required to control the epidemic.
- In contrast to the widespread anti-government sentiment on social media, more than 70% of survey respondents in Kenya expressed some satisfaction with the government's handling of the virus. Satisfaction was highest among the 8% of respondents who reported receiving government assistance. This is in line with other Member States surveyed.

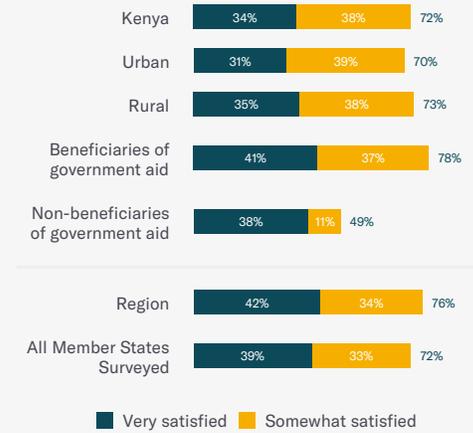
With the recent relaxing of PHSMs, self-reported adherence to measures that restrict economic activity was lower in Kenya compared to public gathering restrictions and personal preventive measures.

Support (perception of necessity over previous month) and adherence (over previous week) for preventive measures



Nearly three-quarters of respondents in Kenya reported satisfaction with the government handling of the virus, similar to the average across all AU Member States surveyed.

% satisfied with government COVID-19 response, by country, subgroup and region



Data Source: Ipsos Survey

Face Masks

Kenya requires the use of face masks in public places and imposed fines for violators.

99%

of survey respondents had a face mask ready to use

94%

recognized that wearing a mask could prevent spread

96%

report wearing a mask in the previous week

Data Source: Ipsos Survey

Attitudes About Reopening

Timing of reopening:

45%

favor waiting longer to loosen restrictions

54%

favor opening up to get the economy moving

Comfort with resuming activities:

68%

report that resuming normal activities makes them anxious

67%

would feel comfortable using public transport if it were not too busy

Data Source: Ipsos Survey

Traditional news and social media coverage of PHSMs

Monitoring public narratives in traditional news and social media can shed light on how critical issues are perceived and beliefs are formed. By design, media monitoring and analysis captures the views and opinions expressed by a subset of the population that is actively engaged in public debates and discussion through online and social media. These data are qualitative and are not intended to be representative of the views of the wider population.

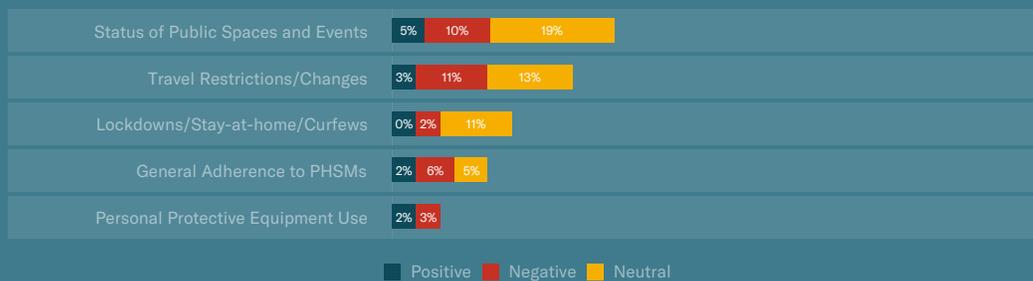
From May to July, the majority of traditional media articles and social media posts on PHSMs were neutral in tone, reporting on the latest government announcements. However, 35% of coverage was negative in tone, with reporters and private citizens criticizing both national and local governments' responses to the virus, reporting on supposed government corruption, and amplifying news of police brutality under the guise of PHSM enforcement. This is in contrast to the survey findings, which identified widespread satisfaction with government handling of the virus.

- Negative sentiment in coverage of PHSMs in Kenya rose sharply in late June and early July as Kenyans protested against police brutality during the enforcement of curfew and mask-wearing policies.
- In late July, the media alleged that the Kenya Medical Supplies Authority (KEMSA) purchased and sold personal protective equipment at inflated rates for profit. Social media users widely criticized KEMSA, using the hashtag #COVID19Millionaires to voice their complaints.

The Nation reported on 12 August, "The government has been condemned after President Kenyatta and Health CS Mutahi Kagwe were on Monday seen holding rally-like meetings in Nairobi and Kericho respectively, with appearance of crowds that were not wearing masks and social distancing."

In early August, Facebook users shared information of what to do if they saw someone not adhering to PHSMs, "Call the toll free number 1196 to report any non-compliance of the covid-19 rules."

Top Trending Topics in Traditional News and Social Media Coverage of PHSMs, May-August



Data Source: Novetta Mission Analytics

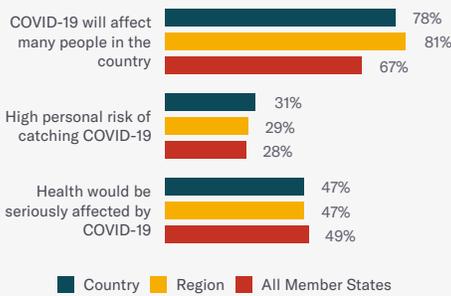
Risk Perceptions and Information

Evidence from past epidemics shows that both information and risk perceptions influence preventive behavior, including adherence to PHSMs. People who are well informed may have a high level of awareness about COVID-19, but may not perceive that their personal risk of catching the disease is high or that the disease would have severe health implications. In addition, people must believe that they can change their behavior to effectively reduce risk—both for themselves and the community at large. Misinformation narratives can undermine motivation to adhere to preventive measures.

Although almost eight in ten respondents in Kenya believed that COVID-19 would affect many people in their country, less than one-third of respondents thought their risk of becoming infected was high. The survey identified widespread belief in misinformation narratives about foreigners testing vaccines on Kenyans, which may negatively affect uptake of a COVID-19 vaccine when it becomes available.

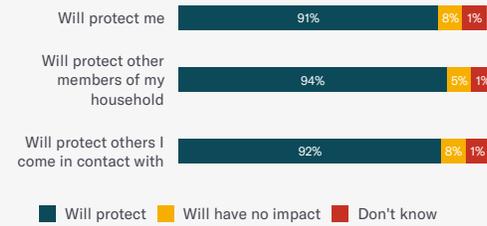
- Nearly eight of ten Kenyan respondents agreed that COVID-19 would affect many people in their country. This is slightly higher than the average for all AU Member States, but similar to others in the Eastern Region.
- More than nine in ten Kenyan respondents agreed that following public health guidelines could protect them, their families, and their communities from the virus.
- More than half of respondents agreed with statements that foreigners are testing a COVID-19 vaccine on them and discrediting African medicines that may cure the virus. These misinformation narratives were more common among urban respondents than rural, and have played out in social media. Early communication and community engagement to build confidence in vaccines will be critical to ensuring vaccine uptake when a vaccine becomes available.

Although nearly eight in ten respondents thought that COVID-19 would affect many people in Kenya, less than one-third thought their personal risk of catching the virus was high.

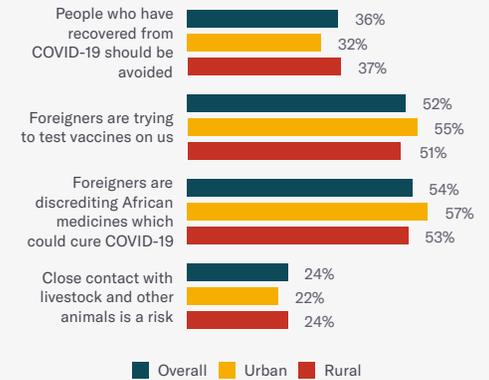


More than nine in ten respondents believe following public health guidelines will help protect them from COVID-19, as well as their families and communities.

Attitude toward following public health guidelines



More than half of respondents agreed that foreigners are trying to test a COVID-19 vaccine on them and are also discrediting African medicines.



Data Source: Ipsos Survey

Risk perceptions and information in traditional news and social media

Recent social and traditional media coverage of COVID-19 largely acknowledged the threat posed by COVID-19 in Kenya, in line with the 78% of respondents who thought COVID-19 would affect many people in Kenya. Facebook users criticized the potential reopening of public schools, citing the high risk of transmission.

- A minority of Facebook users in Kenya encouraged reopening, arguing that the risk of the virus did not justify school closures. These users called for a return to normal.
- Vaccine hesitancy narratives also trended on social media in Kenya, in line with the survey findings of widespread belief that foreigners were testing vaccines on Kenyans. In June, traditional media reported that the recruitment of study participants for a COVID-19 vaccine clinical trial was suspended, after Kenyans protested that they were being used as a “testing lab.” However, in August, a clinical trial for COVID-19 vaccine was announced in Nairobi, with study participants already enrolled.

A Facebook user posted on 16 August: “Covid is real stay safe, sanitize your children every time, [and] don't end up being a statistic.”

A different Facebook user posted about supporting reopening on 16 August: “Please government, open businesses, coronavirus is an imported virus [and] it can't stop us from our normal lifestyle.”

Data Source: Novetta Mission Analytics

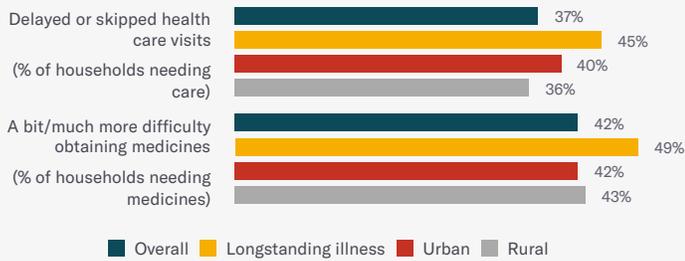
Burden of PHSMs

Essential Health Services

The COVID-19 epidemic can disrupt essential health services through the burden it places on health systems, disruptions to medical supply chains and restrictions on movement. People may also be hesitant to seek care due to the risk of transmission or inability to pay for care. Evidence from past epidemics and initial reports from COVID-19 suggest that the indirect health effects can be far larger than the direct effects of the disease. Closely monitoring essential health services can inform policies to adapt PHSMs and maintain essential care. Data on disrupted services should be interpreted within the context of a country's disease burden and health care utilization patterns.

The survey uncovered major disruptions to health care access in Kenya since the start of COVID-19, with about four of ten respondents, and nearly half of those with longstanding illnesses, reporting that they skipped or delayed medical visits and had issues obtaining medication. The health care disruptions found in the survey are a major cause for concern and policy action, particularly as health system issues may be further exacerbated by the ongoing health care worker strikes in Kenya. Of households experiencing issues accessing care, the most commonly reported missed visits were for malaria (21%), general/routine checkups (17%), and respiratory issues/asthma (9%). According to the World Health Organization, there were more than 3.5 million malaria cases in Kenya in 2017, a number which may increase if treatment and preventive measures stall. Notably, the delay in malaria and respiratory/asthma visits may indicate that some people are hesitant to seek care for COVID-19-like symptoms. Among respondents who reported disruptions, there were also reports of missed visits for maternal and child health, including care for children under age five (7%), antenatal care (3%), and perinatal care/birth complications (3%). Maternal and child health access issues were more commonly reported among urban respondents compared to rural. This is in line with media reports of labor and delivery complications due to mobility restrictions in major cities like Nairobi. And, although few respondents reported disruptions to family planning services (only 1%), there have been widespread media reports of increasing teenage pregnancy in Kenya, with health care officials noting that school closures have placed more young girls at risk for unintended pregnancies.

Almost half of survey respondents with longstanding illnesses reported disruptions to health services and difficulty obtaining medication.



Barriers to Essential Services

Among those who reported that someone in their household had delayed or skipped health care visits, the top three reasons cited were:

- 34%** Worried about risk of COVID-19
- 32%** Couldn't afford care
- 20%** Couldn't get to facility due to mobility restrictions

The most common self-reported reasons for missed visits were:

- 21%** Malaria
- 17%** General/routine check-up
- 9%** Respiratory problems/asthma

Data Source: Ipsos Survey

Economic Burden and Food Security

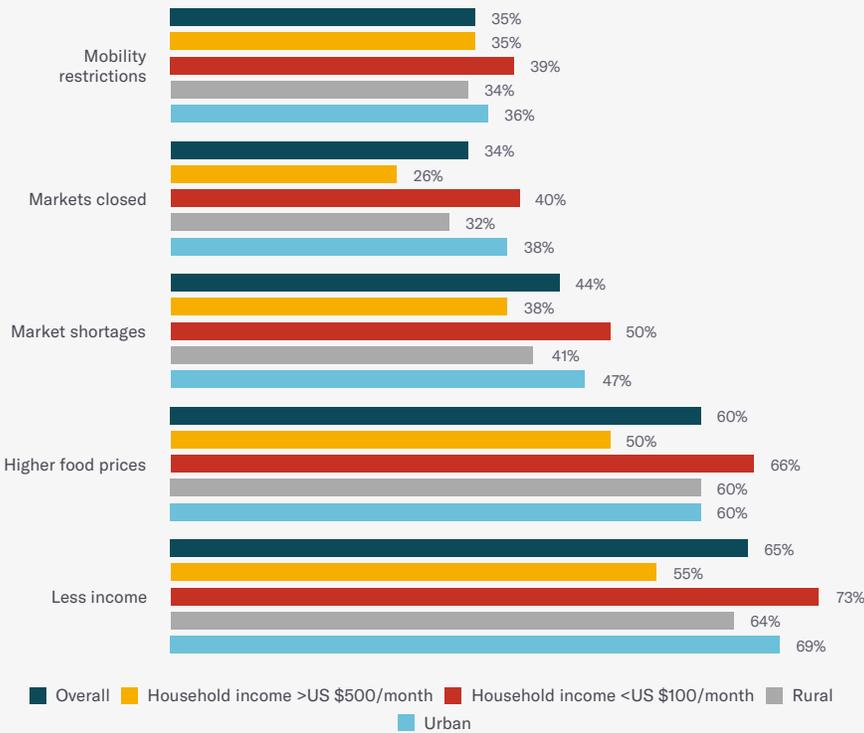
PHSMs that restrict economic activity—such as workplace closures, restrictions on movement of people and goods, and stay-at-home orders or curfews—place high burdens on people by disrupting livelihoods and access to markets. Monitoring household economic burdens and food security can help identify people in need of support and inform the design of appropriate relief measures.

More than 80% of respondents in Kenya reported experiencing at least one barrier to food access in the previous week, with loss of income and higher food prices as the most common barriers cited. Notably, food insecurity appears to be slightly higher among urban respondents than rural, which supports media reports of increased food insecurity and economic instability among people living in informal settlements in cities. There are reports of an increasing number of refugees and asylum-seekers returning to refugee camps because they can no longer support themselves in urban areas. Almost 80% of respondents reported that their income was smaller compared to last year at this time, with losses greatest among low- and middle-income households. At the start of the pandemic, Kenya announced a US\$400 million social protection plan that included cash transfers, food relief and a public works scheme. The government also provided tax relief to low-income households. However, only 8% of respondents surveyed reported receiving additional government support in the previous month, with the majority reporting receipt of cash and food assistance. Notably, reports of receiving government aid were not higher among lower income households, indicating that assistance may not be reaching those who need it most.

Around two-thirds of respondents reported difficulty purchasing the normal amount of food due to loss of income. Reports of food insecurity are slightly higher in urban areas compared to rural areas of Kenya.

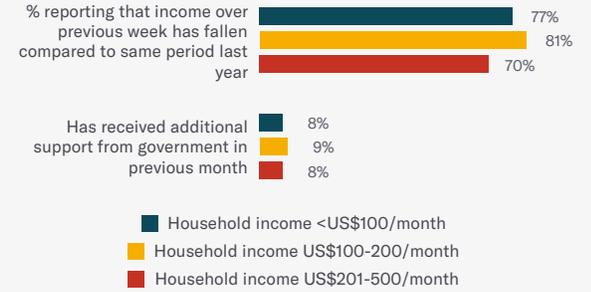
Note: Income categories should be interpreted as indicative as sample sizes vary and income reporting can be subject to bias.

(% of respondents reporting that they had difficulty buying food in the previous week for each of the following reasons)



More than three-quarters of respondents reported that their income was less than the same time last year, with all income groups affected.

Note: Income categories should be interpreted as indicative as sample sizes vary and income reporting can be subject to bias.



Data Source: Ipsos Survey

Narratives about burden of PHSMs in traditional news and social media

From May to July, traditional news and social media coverage of COVID-19 highlighted the many indirect effects of the pandemic on people’s livelihoods. Much of the coverage was negative toward the Kenyan government, demanding that it do more.

- Social media users in Kenya largely cited poverty and unstable employment as the main burdens stemming from the implementation of PHSMs. Many also blamed government corruption for increased hunger and poverty.
- Domestic and international media reported that the indirect burdens of COVID-19 were having the greatest impact on women, often citing evidence of increased teenage pregnancy rates, poor maternal health outcomes and gender-based violence.
- From early to mid-August, Kenyan and regional media reported on protests led by hundreds of youth who had not received payment for their work in the government-led Kazi Mtaani work program.

One Facebook user criticized the government on 14 August: “Some population are getting richer and some are risking their lives to fight the pandemic the least that can be done is to ensure there is enough PPEs and stop the daily briefing like let’s do corona like any other disease. If there is insufficient funds minimize the briefings to once a week and buy PPEs they are the key here”

In response to growing reports of poor personal protective equipment among health care workers in Kenya, one doctor is quoted in the New York Times as saying: “Doctors are not martyrs. Doctors are not children of a lesser God.”

Data Source: Novetta Mission Analytics

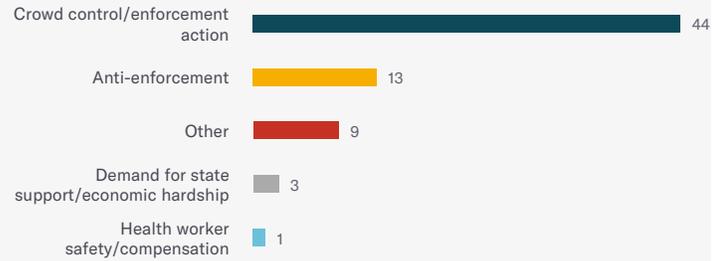
Security

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 people.

There were 70 COVID-19-related security incidents reported in Kenya since March, two-thirds of which were categorized as crowd-control/enforcement incidents in which military or police enforced PHSMs. All these incidents were classified as violent, with reports of police shooting or beating citizens who did not adhere to PHSMs. Crowd control incidents have decreased since June, which may be due to the loosening of PHSMs and, therefore, less need to enforce them. Notably, some of these violent crowd control incidents led to protests against police brutality, categorized as anti-enforcement incidents. On 7 July, hundreds of activists congregated for the annual Saba Saba Day in Nairobi to protest nationwide police violence. In early August, health care workers protested against poor personal protective equipment (PPE) and lack of compensation. The protests come at a time when health care workers are needed more than ever to help Kenya manage its COVID-19 caseload. However, without proper PPE, health care workers are at high risk for contracting the virus. More than 700 health care workers have reportedly been infected with COVID-19 in Kenya, with reports of 8 deaths from the virus to date.

The majority (63%) of COVID-19-related security events in Kenya resulted from police enforcing PHSMs.

Number of reported events by category, March-July



Data Source: ACLED Coronavirus-Related Events Database

Data Sources and Methods

Survey Data: Ipsos conducted telephone poll of a nationally representative sample of 1,224 adults (332 urban, 892 rural) in Kenya between 6-13 August. The percentages reported in Ipsos charts may be different from percentages reported in other PERC products and communication of this data. Differences may be reconciled by investigating the denominator used, as indicated in each instance of use.

Traditional News and Social Media: Research is conducted by Novetta Mission Analytics using online, open-source African media, and geolocated African Twitter and Facebook sources. These qualitative data reflect public narratives in online media sources and among social media users. Quotes have been edited where necessary for clarity, with modified text in brackets.

Epidemiological Data: Provided by Africa Centres for Disease Control and Prevention.

Other Data: Drawn from publicly available sources.

Findings reflect the latest available information from listed sources at the time of analysis, and may not reflect more recent developments or data from other sources. Data vary in completeness, representativeness, and timeliness; limitations are discussed further at the link below.

For full details on data sources and methods see preventepidemics.org/covid19/perc/.