

THE CONVERSATION

Academic rigor, journalistic flair

We wanted to know how coronavirus affects Nairobi's slum residents. What we found

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Graffiti artists from Mathare Roots Youth Organisation pose in front of their latest mural advocating safety practices to curb the spread of the novel coronavirus. Nairobi/Kenya. TONY KARUMBA/AFP via Getty Images

To control the spread of coronavirus, the Kenyan Ministry of Health COVID-19 Taskforce implemented initial prevention and mitigation measures. These included encouraging the public to wash their hands, wear face masks and stay home.

But not everyone will be able to adhere to these because they rely on a daily wage and cannot afford to stay home. Many of these people live in Nairobi's low income settlements which are overcrowded and where sanitation and social distancing measures are near impossible to maintain. COVID-19 would spread rapidly under these conditions.

Authors



Karen Austrian

Senior Associate in Kenya, Population Council



Timothy Abuya

Senior Analyst, Population Council

To make sure this doesn't happen, health authorities need timely data to design policies and interventions that are easily understood and relevant to the lives of urban slum inhabitants.

Along with our colleagues at the Population Council (an organisation dedicated to carrying out research on critical health and development issues), we worked with the government's taskforce committees to do just that. We used rapid phone-based surveys to collect information on knowledge, attitudes, practices and needs among 2,000 households in five Nairobi urban slums. The survey will be conducted every 2 to 3 weeks over the coming months as the pandemic unfolds in Kenya.

Some of our **key findings** so far are that prevention methods are being adopted by most, but people are starting to struggle: many are missing meals, have lost work and say that the cost of living is going up.

It's vital to have this information as it will help to inform prevention, control and mitigation measures during epidemics. A recent example is from the **Ebola** response, where surveys identified the prevalence of misconceptions about Ebola transmission and prevention, the need to prevent stigmatisation of Ebola survivors, and to foster safer case management and burial practices.

What people are saying

One of our **key findings** so far was that most people are adopting prevention practices, including social distancing, hand washing and wearing face masks. For instance participants reported that – compared to before COVID-19 – they: saw less of family (56%), saw less of their friends (87%), avoided public transportation (76%) and stayed at home more (85%).

But staying at home is proving more difficult. In the day before the survey, 79% had left the house; 37% left once, 24% left twice, 39% left three times or more. Of those that left home, 34% travelled outside of the slum where they live, suggesting significant travel around Nairobi.

When it came to wearing face masks, 89% said they had worn one in the last week, 73% said they always wore the face mask when outside of the home. Of those who did not always wear a face mask, the reasons were mainly that they were uncomfortable (57%) and unaffordable (19%).

Hand-washing was also a widely adopted practice: 95% said most public spaces have hand-washing stations, 76% said they washed their hands more than seven times a day, and 88% said they always used soap. Only 5% of participants say they wash their hands between 1 and 3 times per day. Barriers to regular handwashing were a lack of access to water at home (25%) and that they couldn't afford (32%) extra soap or water.

Hand sanitisers were used far less: 40% of participants said they don't use them because they're too

expensive (83%) or not available in shops (24%).

Skipped meals

The pandemic is clearly having a negative impact on people's health and economic and social status.

Most people who responded to our survey (68%) said they had had skipped a meal or eaten less in the past two weeks because they did not have enough money to buy food. Only 7% had received any type of assistance – such as cash, vouchers, food and soap – and only half said the assistance given was enough to cover their households' most important needs.

Participants expressed their single biggest unmet need was food (74%) followed by cash (17%). This may be related to 77% of participants reporting increased food prices and 87% noting household expenditures increased, as well as more than 4 out of 5 participants reporting complete or partial loss of income or employment.

Women may be disproportionately affected with increased time spent on chores (67% vs 51% of men) and more women reported a complete loss of income or employment compared to men.

When it came to how well-informed people are of the illness, we found a big majority knew that fevers (83%) were a symptom. But less knew about difficulty breathing (48%) and coughs (52%).

We also found that young people were less likely to think they were at high risk of becoming infected compared to older people. We identified two other persistent myths: 27% thought that coronavirus was a punishment from god and 13% thought it could not spread in hot places.

Recommendations

Based on our findings, we recommend that the Kenyan government continue its public education campaigns, with a focus on:

- Clarifying that everyone can be infected with COVID-19 and pass on the virus to others, even if they themselves are not at high risk from severe illness.
- Recognise that people are starting to be flooded with information on COVID-19 from all sources. This suggests that messaging can be refocused toward accurate prevention measures and accessing social protection.
- Given the high rates of people forgoing food, and experiencing a complete or partial loss of income, assistance must be provided so as to avoid a secondary humanitarian crisis. It is particularly

important that assistance gets into the hands of women to help them cope with these challenges.

- Current assistance efforts are reaching less than 10% of the participants and should be ramped up in a coordinated way.