



#OKOAMOMBASA



**MUHURI**  
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## **Highlight results from Covid-19 Survey carried out in Old Town between 1-4 June 2020 by Okoa Mombasa, MUHURI and Old Town Residents**

### **1. Introduction:**

Kenya officially recorded its first Covid-19 case on 12 March 2020. Since then, the Covid-19 positive count has continued to rise, slowly at first, but at this writing, seems to have gathered momentum, and currently stands at 8067 positive cases as at 6 July 2020.

As cases continued to rise from March, the Ministry of Health identified the Counties of Nairobi and Mombasa as epicenters for the disease, as they consistently had the highest number of positive cases. Within these Counties, Eastleigh in Nairobi and Old Town in Mombasa were singled out as allegedly being hotspots for the disease, and on 6<sup>th</sup> May 2020, the Cabinet Secretary Mutahi Kagwe issued a cessation of movement directive for 15 days for these two areas.

He stated that the measures were meant, not to punish residents, but to ensure that the disease was identified, isolated and contained. On 20<sup>th</sup> June 2020, the cessation of movement directives were extended to 6<sup>th</sup> June 2020, when they were finally lifted. Although the Cabinet Secretary indicated how many positive cases were from Eastleigh or Old Town, there was no evidence presented to justify identifying these two areas as hotspots or as necessitating cessation of movement - or for lifting the cessation of movement directive for that matter. Areas such as Kilimani and Kawangware in Nairobi County had previously been labelled hotspots, but had not been locked down. Additionally, when the lockdown was lifted by the President in his 6<sup>th</sup> June 2020 speech,<sup>1</sup> no indication was given as to what changes had occasioned the opening up. Were there now fewer cases? Was the rate of transmission reduced? How was this momentum (if any) to be maintained? Was the lockdown a means to an end (what end?) or an end in itself?

Neither the residents of Old Town nor their leadership were consulted in the process of decision-making on the cessation of movement. They were not engaged as partners in the efforts to contain the Corona virus and therefore, were unable to convey their doubts and questions to the appropriate authorities. The imposition of such an extreme measure that

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<sup>1</sup> <https://www.president.go.ke/2020/06/06/the-eighth-8th-presidential-address-on-the-coronavirus-pandemic-state-house-saturday-june-6th-2020/>

purports to contain a danger whose evidence was not provided and whose effects were not evident was inevitably considered to be retribution for political reasons.

Upon request by Old Town residents, Okoa Mombasa and MUHURI, through this survey wanted to find out residents' views on Covid-19, and what indicators on the ground could have suggested to residents that Old Town was an epicenter as suggested by the Cabinet Secretary. Further the survey sought to assess the impact of the lockdown on Old Town, particularly in relation to the provision of basic needs.

Over the 4 survey days, a questionnaire (annexed), was circulated by about 30 volunteer youth from Old Town. The questionnaire sought information on demographics of Old Town, the status of Covid-19 testing, accessibility of basic necessities and also residents' thoughts about Covid-19. The objective of the exercise is to assess the government's responses for adequacy and effectiveness, particularly in relation to the extreme measure of imposing a lockdown. Approximately 1015 responses were received to the questionnaire.

The following is a summary of the findings. Conclusions and recommendations follow in the next section.

## 2. Findings:

### (a) Demographics

Of the neighbourhoods in Old Town area, most respondents (324 or 32.3%) came from Kibokoni, followed by 186 (18.5%) from Ingilani. Most of the respondents (33.1%) live in households of 3-4 persons. Households of 5-6 persons constitute 29.2% (295) of the respondents. In terms of age, it would appear that a significant proportion of the Old Town population falls within the age groups of 18-60 years. As such most of Old Town is working age population. Over 300 households have at least 1 unemployed person, and 162 households have at least 2 unemployed persons.

### (b) Narrative:

To establish a little of what the residents of Old Town think or believe about the Covid-19 Pandemic, we asked whether the respondents believed that the virus was real and it could affect them, and if so how.

Over half of all the respondents (58.6%) do not believe that the Corona virus is real. 41.3% believe that the virus is real, but many of these do not believe that the virus is in Africa, or in Kenya or in Old Town. Some respondents were of the view that the numbers or effect of the virus is exaggerated in Kenya. Among the few who were aware and acknowledged that the virus can affect them, some spoke to the need to abide by the government's directives, some referenced specific means of infection such as being in overcrowded places, coming in contact with an infected person, shaking hands and unhygienic practices.

### (c) Testing

It is not surprising that 95.5% of 987 respondents have not been tested for the Corona virus given their belief that the virus is not real. It is notable though, that even those

who believe that the virus can affect them similarly have not been tested. (What accounts for this?) In tandem with this, a vast majority of the respondents do not know anyone who has been tested for Covid-19 in Old Town. Nevertheless, 8.5% of 942 respondents did know someone who had tested positive for Covid-19, and the names that kept recurring were the late Sheikh Karama and the late Syed Peer of Madobini. Many had heard this information from the media. Respondents also pointed to their families as having undergone quarantine at home and at TUM.

953 respondents (96%) did not know anyone who had died of Covid-19.

A central reason for respondents not volunteering to be tested for Covid-19 was the fear of being quarantined, in facilities that did not meet basic hygiene standards, and sometimes at the expense of the patient, a very expensive undertaking.

(d) Basic services:

A total of 831 respondents (82.3%) received food donations as distributed by the county government and other organisations, while 17% (171) had received cash transfers. In a few cases respondents had received both food donations and cash transfers.

A significant 74% of the respondents had access to water and sanitation facilities, in many cases, better than before the lockdown. Some respondents appreciated the free fresh water that was now available brought by water bowsers, stored in tanks within the neighbourhood, and sometimes accessible through household taps. There were however residents who experienced worse water and sanitation access since the lockdown, and some who did not think the access was any different than normal.

Access to medical care that is not Covid-related was not widespread. Only 274 (31.5%) of respondents felt they had access to health facilities for other illnesses. Some of the perceived barriers to access health facilities included the fear of being tested for Covid and being quarantined, the lack of public hospitals within Old Town, hence a reliance on private facilities which were deemed expensive, and the lack of sufficient pharmacies and chemists in Old Town.

469 (56.5%) out of 830 persons felt that it was difficult to access markets with fresh produce. Nevertheless, many respondents agreed that access to shops was easy enough, but due to the closure of markets, fresh produce was not as easily available. Further, the prices of commodities has risen making them further inaccessible.

(e) Movement

Respondents largely felt it was difficult to leave Old Town (94.4%), although it was clear that with as little as Kshs 20, one could bribe their way out. For those willing and able to pay a bribe it was easy to leave and return to Old Town. Similarly, for those with permits, it was also easy to cross the boundaries of Old Town.

(f) Impact of lockdown:

From the respondents' answers, the impacts of the lockdown affect nearly every aspect of their lives. Residents noted the inability to earn a living or even look for work,

resulting in lack of money to pay rent, and lack of an income for other needs and expenses. The inability to continue with studies, attend congregational religious observances and prayers, meet with family and friends, attend burials, all had a negative psychological and social impact on the residents.

### 3. Conclusions:

From the foregoing findings, several conclusions can be made:

- A significant proportion of Old Town residents are aged between 18-60 years, therefore are of working age. The effect of the lockdown adversely affected many residents who are unemployed and depend on daily hustles to earn a living. The lockdown meant they were unable to go in search of jobs, to continue with their studies, to restock or conduct businesses – all of which has a detrimental effect on the livelihoods in Old Town.
- Many Old Town residents do not believe that the Corona Virus is real or that it can affect them. This is illustrated further by the small proportion of residents that have volunteered to get tested.<sup>2</sup> As such, the lockdown was not well received, and was rather perceived as punishment and an unfair targeting of Old Town residents. The timing of the lockdown, during Ramadhan and just before Eid-ul-Fitr exacerbated these perceptions. The Cabinet Secretary in imposing the lockdown, indicated that 39 persons had tested positive from Old Town.<sup>3</sup> However, the manner in which mitigation measures such as testing, quarantine, contact tracing etc was carried out may have led to the hostility witnessed in the area. It was not clear whether any efforts had been made to educate the public about the disease and to counter negative perceptions and stigma around it.

A more consultative approach, including the provision of additional information about the pandemic to counter residents' skepticism would have yielded better results in efforts to mitigate the spread of Covid. It remains unclear (especially to Old Town residents) why the extreme option of a lockdown was applied to Old Town, given that other areas in other counties had similarly high numbers of positive Covid-19 cases.

- The County Government did a commendable job in providing food and access to water and sanitation facilities to residents. However, it was also clear that a cash transfer would have further enabled residents to take care of other basic needs such as the purchase of fresh produce, payment of rent, purchase of medication etc that were not provided with the food package. The provision of a cash transfer would also facilitate the households' ability to priorities their needs and choose how to fulfil them. Consideration should also have been had for the Ramadhan period and the celebrations thereafter, a cash transfer would have enabled households to meet their needs in a culturally appropriate manner.

### 4. Recommendations:

Residents of Old Town have the following recommendations to make:

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<sup>2</sup> <https://www.the-star.co.ke/news/2020-05-01-old-town-residents-keep-off-coronavirus-testing/>

<sup>3</sup> <https://www.health.go.ke/wp-content/uploads/2020/05/CamScanner-05-05-2020-15.48.16.pdf>

- County Government to provide justification for the cessation of movement directive, particularly given that other neighbourhoods in Mombasa and Nairobi that might similarly be considered hotspots were not subjected to the extreme measure of cessation of movement;
- Reimbursement of expenses paid for quarantine by the County Government, since the Government undertook to pay for quarantine;
- Redress by authorities for hardships suffered during the cessation of movement period, including loss of business during Ramadhan peak period, loss of income and basic necessities, unwarranted restrictions of freedom of movement and the right to practice religion among other negative consequences;
- Redress by political leadership for the intimidation, coercion and failure to engage the public prior to making and implementing the unjustifiable cessation of movement directive.

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