



#OKOAMOMBASA



MUHURI
MUSLIMS FOR HUMAN RIGHTS

COVID-19 & OLD TOWN MOMBASA

The human impact of lockdown

Kenya officially recorded its first Covid-19 case on 12 March 2020. Since then, the Covid-19 positive count has continued to rise.

Early in the pandemic, the Ministry of Health identified Nairobi and Mombasa Counties as epicenters for the disease – with Eastleigh in Nairobi and Old Town in Mombasa being singled out as alleged hotspots. On 6 May 2020, the government issued a cessation of movement directive for 15 days for these two areas. The directives were extended before finally being lifted on 6 June 2020.

The government provided no evidence 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. Moreover, Old Town residents were not consulted in the process of decision-making on the cessation of movement. The imposition of such an extreme measure was inevitably considered to be a form of political retribution by many in Old Town.

Upon request by Old Town residents, Okoa Mombasa and MUHURI conducted a survey of Old Town residents to document their perceptions on the impact of the lockdown, including in relation to the provision of basic needs. Over four days in June 2020, a questionnaire was circulated by about 30 volunteer youth from Old Town. Approximately 1015 responses were received to the questionnaire. This factsheet summarizes the findings. The full report can be [read here](#).

KEY NUMBERS

4

Days spent carrying out the survey in June 2020

30

Volunteer youth helped distribute the questionnaire

32

Days that Old Town Mombasa was locked down in May and June 2020

1,015

Households responded to our questionnaire

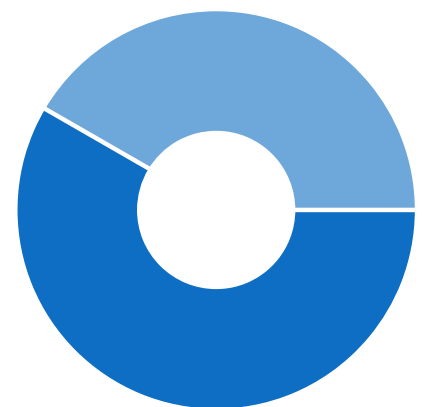
22,597

Cases of Covid-19 in Kenya as of 4 August 2020

Key findings: Do people believe Covid-19 is real?

To establish what 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.

Over half of all 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 virus' impact and presence 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.



58.6%
Say Covid is not real

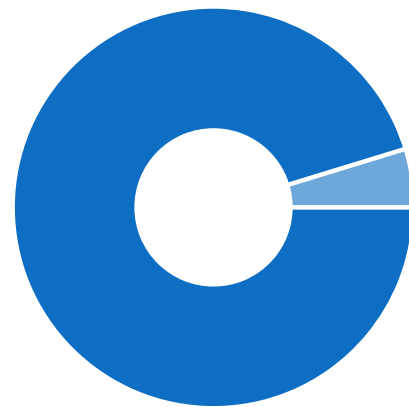
41.3%
Say Covid is real

Key findings: Effectiveness of testing

Some 95.5% of 987 respondents have not been tested for the Corona virus – perhaps not surprising given the common belief that the virus is not real. However, even those who believe that the virus can affect them similarly have not been tested.

A vast majority of the respondents do not know anyone who has been tested for Covid-19 in Old Town. Nevertheless, 8.5% did know someone who had tested positive for Covid-19. In total, 953 respondents (96%) did not know anyone who had died of Covid-19.

A central reason given by respondents for 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.



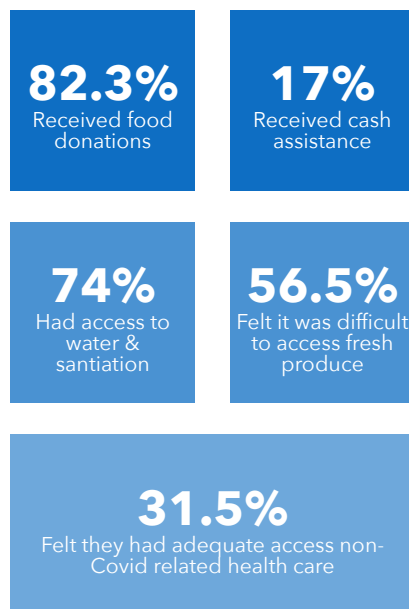
Key findings: Availability of basic services

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

A significant 74% of the respondents had access to water and sanitation facilities, in many cases, better than before the lockdown (though some reported worse water and sanitation access since the lockdown).

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. Perceived barriers included the fear of being tested for Covid and being quarantined, the lack of public hospitals within Old Town, and the lack of sufficient pharmacies and chemists in Old Town.

Some 56.5% felt that it was difficult to access markets with fresh produce. Access to other shops was considered easier.



RECOMMENDATIONS

Residents of Old Town made the following recommendations:

- County Government should provide justification for the cessation of movement directive;
- Reimbursement of expenses paid for quarantine by the County Government, since the Government undertook to pay for quarantine;
- Redress by authorities for hardships suffered, 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;
- Redress by political leadership for the intimidation, coercion and failure to engage the public prior implementing the cessation directive.

LOCKDOWN OR SHAKEDOWN?

94%

Percentage of respondents who said it was "difficult" to leave Old Town during lockdown

20 KES

Bribe required to leave Old Town during lockdown, according to multiple respondents