

COVID-19 Brief: Evidence from Kilifi and Garissa

Introduction

Oxford Policy Management (OPM) has been contracted by UNICEF to conduct an independent, mixed methods evaluation of the Mwangaza Mashinani project. The Mwangaza Mashinani project is an innovative pilot project designed to enhance energy access to the most vulnerable segment of the Kenyan population in order to increase their wellbeing in terms of health, education and livelihoods with a particular focus on women and children. The project is providing bi-monthly cash top-ups to 2,000 households residing in Kilifi and Garissa who are enrolled in the Inua Jamii cash transfer programme and wish to purchase a small solar device for lighting on a pay-as-you-go basis.

The primary purpose of the evaluation is to generate robust evidence on whether and how the project has impact on the quality of life of children and their families in terms of education, health and livelihoods. The evaluation is also looking at the effectiveness of project implementation and operational modalities. In light of the COVID-19 pandemic, the evaluation design was adapted to ensure that we are still able to produce rigorous evaluation results and to allow us to gather timely evidence to support the COVID-19 response in Kenya.



As part of the mixed methods evaluation, OPM has undertaken a number of research activities including a midline mobile phone survey in August 2020. The results presented in

this brief include a sub-set of indicators related to COVID-19 drawn from the midline mobile phone survey. Other research activities include a baseline quantitative survey, qualitative research at the household level, a national-level implementation review and a value-for-money study. The full set of results from all research activities are presented in the Mwangaza Mashinani midline evaluation report.

The midline survey

The midline survey took place in August 2020 and data was gathered remotely as part of the Mwangaza Mashinani midline evaluation activities. We interviewed 943 vulnerable households who were sampled for the evaluation of the Mwangaza Mashinani project in Kilifi and Garissa. The table below provides a breakdown by county and gender of the household head.

County	Number of households	Number of female headed households
Kilifi	589	326
Garissa	105	176

Following the quasi-experimental design of the impact evaluation, the quantitative survey sample includes 501 households enrolled in the project ('treatment' households) and 442 households not currently enrolled in the project ('comparison' households). We collected data on COVID-19 knowledge and behaviours and indicators related to programme implementation and impact.

It is important to note that the Mwangaza Mashinani project is targeting a specific group of households in Kilifi and Garissa. Specifically, these households are vulnerable households that are enrolled in the Inua Jamii, do not have access to electricity, have at least one school going child and are interested in purchasing a solar home system. Therefore, the sample interviewed for this survey is representative of this specific population of households. While these results are not representative of the population in these counties, they are indicative of the views of vulnerable households in Kilifi and Garissa.

COVID-19 knowledge and behaviour

This section presents findings on households’ knowledge about COVID-19 and the risk mitigating behaviours that can reduce the spread or likelihood of contracting the virus. The results show that nearly all households (99.7%) are aware of COVID-19.

More than 85 percent of households have concerns or fears about COVID-19. As Figure 1 shows, the most commonly reported fears include the fear of death (60%), becoming ill (56%), infecting other people (24%), and being separated from family or being taken to an isolation centre (13%). Other fears include not knowing where to get treatment (11%), loss of job or income (8%) and food shortages (4%). In general, there are no major differences in the kind of fears female headed households experience compared to male headed households.

However, differences are seen between the two counties. More households in Garissa (23%) do not have any fears related to COVID-19 compared to those in Kilifi (6%). In contrast, households in Kilifi are 29 percentage points¹ more likely to fear becoming ill, 17 percentage points more likely to fear infecting others and 10 percentage points more likely to fear death.

Figure 1: Main fears about COVID-19

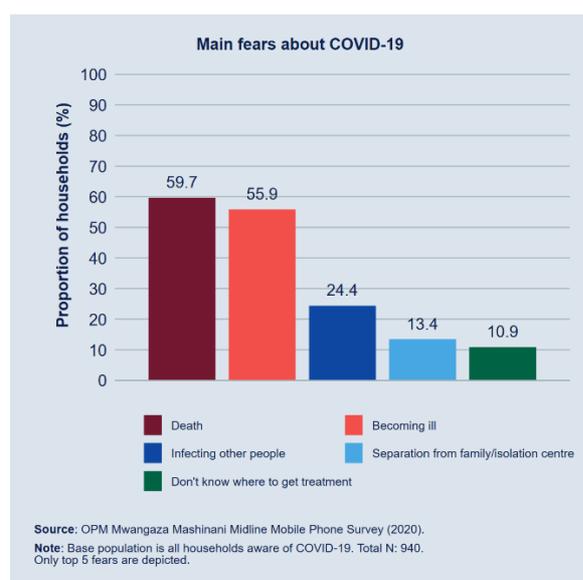
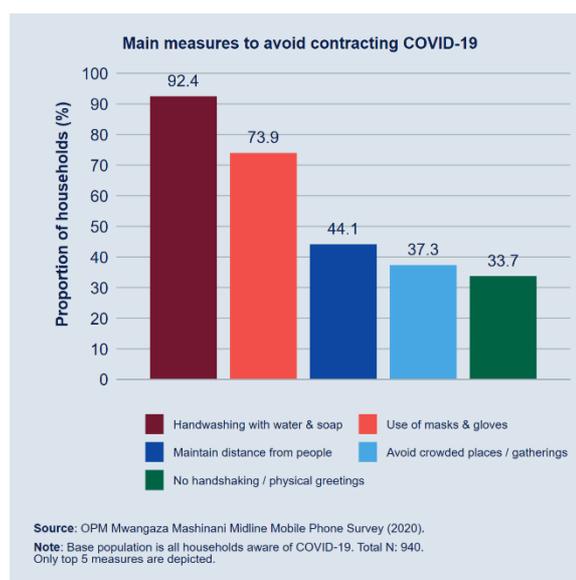


Figure 2: Main measures to avoid COVID-19



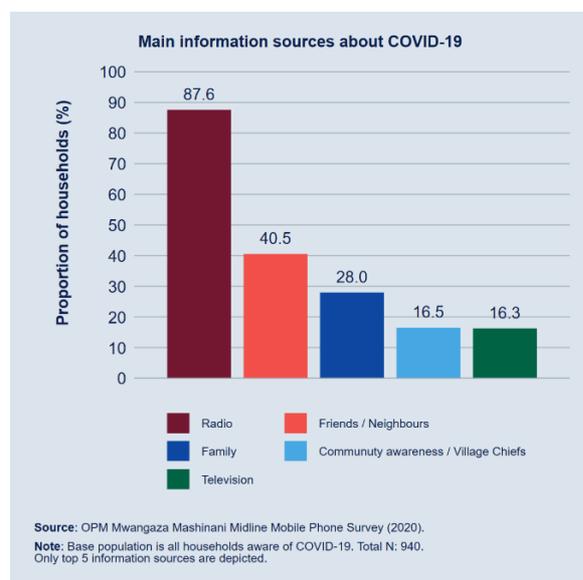
As shown in Figure 2, the most commonly known measures to avoid COVID-19 include handwashing with soap and water (92%), use of mask and gloves (74%), maintaining social distance (44%), avoiding crowded places or gatherings (37%) and avoiding handshaking and physical greetings (34%). Similarly, the known mitigating measures do not differ between female and male headed households.

On the other hand, there are significant differences in reported mitigating measures across counties. More households in Kilifi compared to those in Garissa cite the use of gloves and

¹ The difference is statistically significant at 1% level. When differences between groups are referenced directly in the text of the brief, this means that they are statistically significant differences, even if it is not stated explicitly.

masks (by 32 percentage points), and maintaining distance from people (by 16 percentage points) as known ways to reduce the risk of contracting COVID-19. Conversely, more households in Garissa report that they should be avoiding certain places including churches and mosques (by 29 percentage points), hospitals and clinics (by 21 percentage points), and avoiding unnecessary trips outside the home (by 20 percentage points).

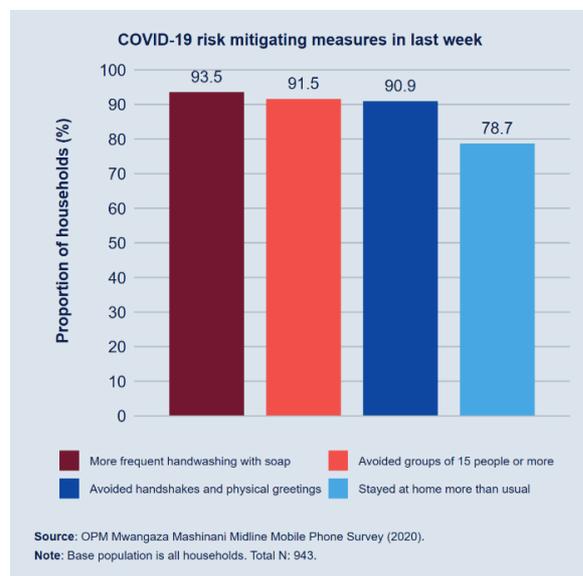
Figure 3: Main information sources about COVID-19



The survey findings indicate that 88 percent of households received information about COVID-19 through the radio and, of those, 72 percent consider this the most trustworthy source of information. As shown in Figure 3, other commonly reported sources of information include friends and neighbours (41%), family (28%), village chiefs and other community awareness avenues (17%) and television (16%).

As for differences in the source of information based on the gender of the household head, more female headed households reported television while more male headed households cited radio (by 6 percentage points for each). Television was also cited as the most trustworthy source of information among female headed households as was radio among male-headed households. In relation to county level differences, more households in Kilifi compared to those in Garissa reported television as the source of information about COVID-19 (by 16 percentage points), while more households in Garissa relied on information from churches or mosques, social media or family.

Figure 4: COVID-19 mitigating measures



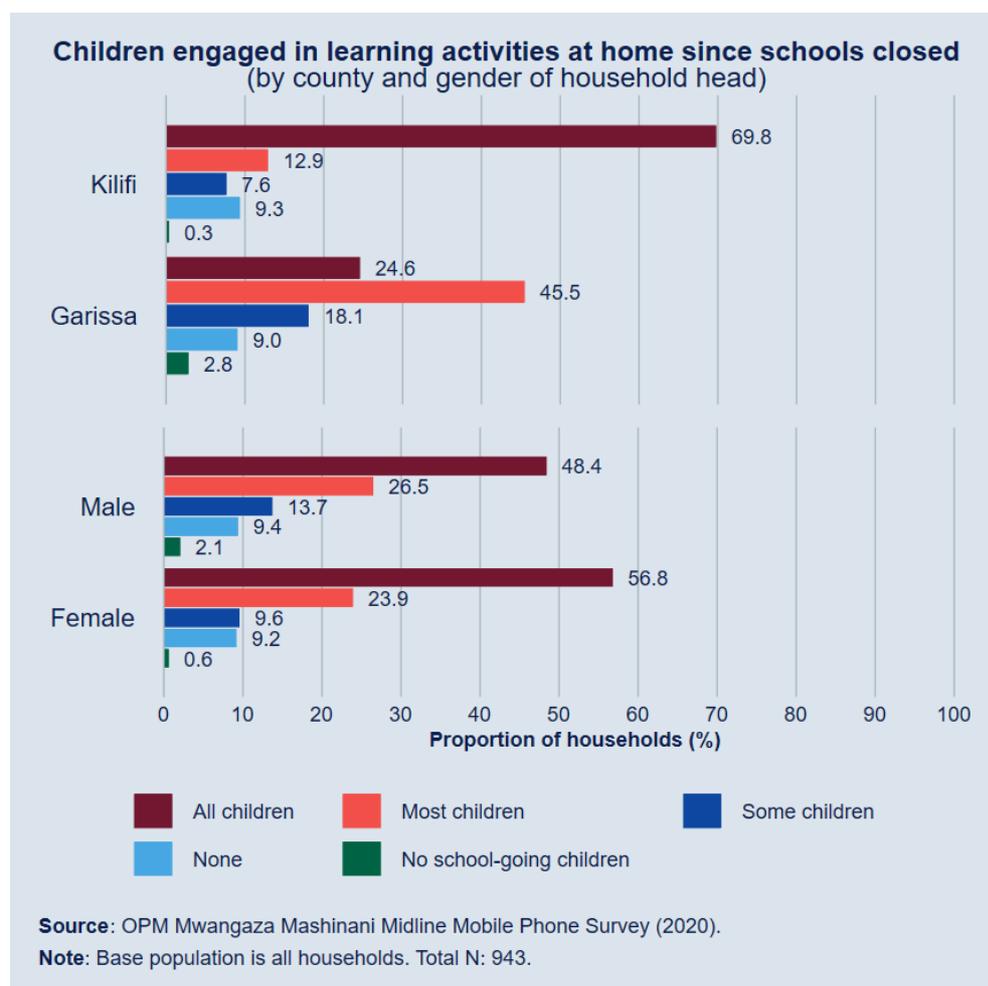
The survey asked households whether they had adapted their behaviour to reduce the risk of contracting COVID-19 in the seven days preceding the survey. More than 90 percent of

the households reported engaging in more frequent handwashing with soap and water, avoiding handshakes and physical greetings, and avoiding groups of 15 people or more, while 79 percent reported staying at home more than usual (see Figure 4). In general, there are no major differences in the risk mitigating behaviour reported by households based on the gender of the household head or the county of residence. Interestingly, the only marked difference concerns the attitude towards staying at home: 19 percent more households in Garissa cited staying at home more than usual due to COVID-19, compared to those in Kilifi.

Education

This section presents findings on the extent to which households have been able to continue their children’s education at home since the schools were closed in March 2020, the types of learning activities they engaged in or the factors that hindered this pursuit.

Figure 5: Engagement in learning activities at home by household head gender and county



The survey findings indicate that more than 90 percent of households have at least some of their children engaging in educational learning activities at home since the schools closed in March.² For more than half of the households (53%), all of the school-going children in the household have been engaging in learning activities at home. Only a very small proportion of

² The Kenya National Bureau of Statistics (KNBS) is conducting a panel survey on the socio-economic impact of COVID-19 on households. The findings suggest that 24.6% and 17% of households with members who usually attend any learning institution were not using any method to continue learning at home in May and June 2020, respectively. However, we caution against making comparisons of our findings to these results due to differences in the questions asked as part of each survey and the difference in representativeness of the surveys samples. While the KNBS survey is representative at the national level, the Mwangaza Mashinani midline survey is representative of households eligible for the project only.

households with school-going children (9%) do not have any child engaged in learning at home.

As for differences in educational engagement by gender of the household head, more female headed households reported that all their school-going children have been engaging in learning activities at home (see Figure 5). There are also marked differences in children's engagement in learning activities at home across counties. Significantly more households in Kilifi compared to those in Garissa cited that all their school-going children were engaged in learning (by 45 percentage points).

Figure 6: Types of learning activities

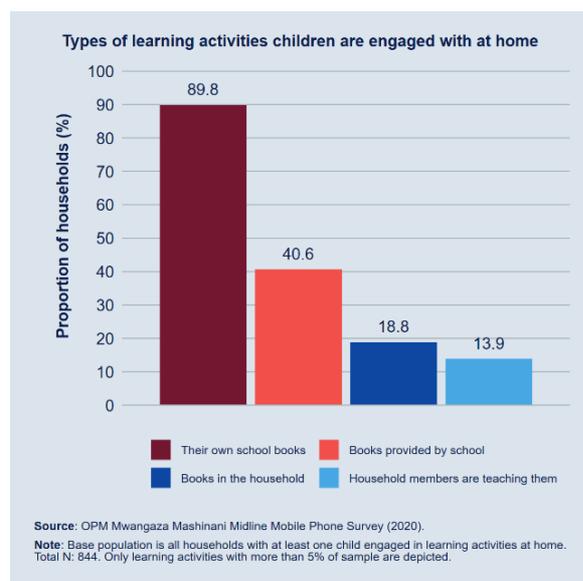
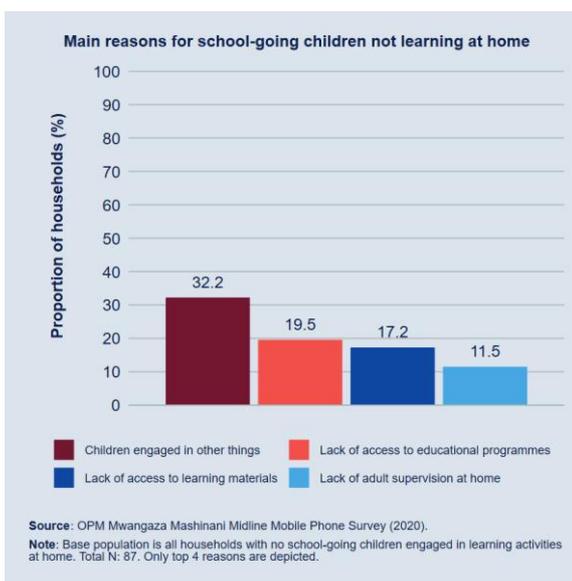


Figure 7: Reasons for not learning at home



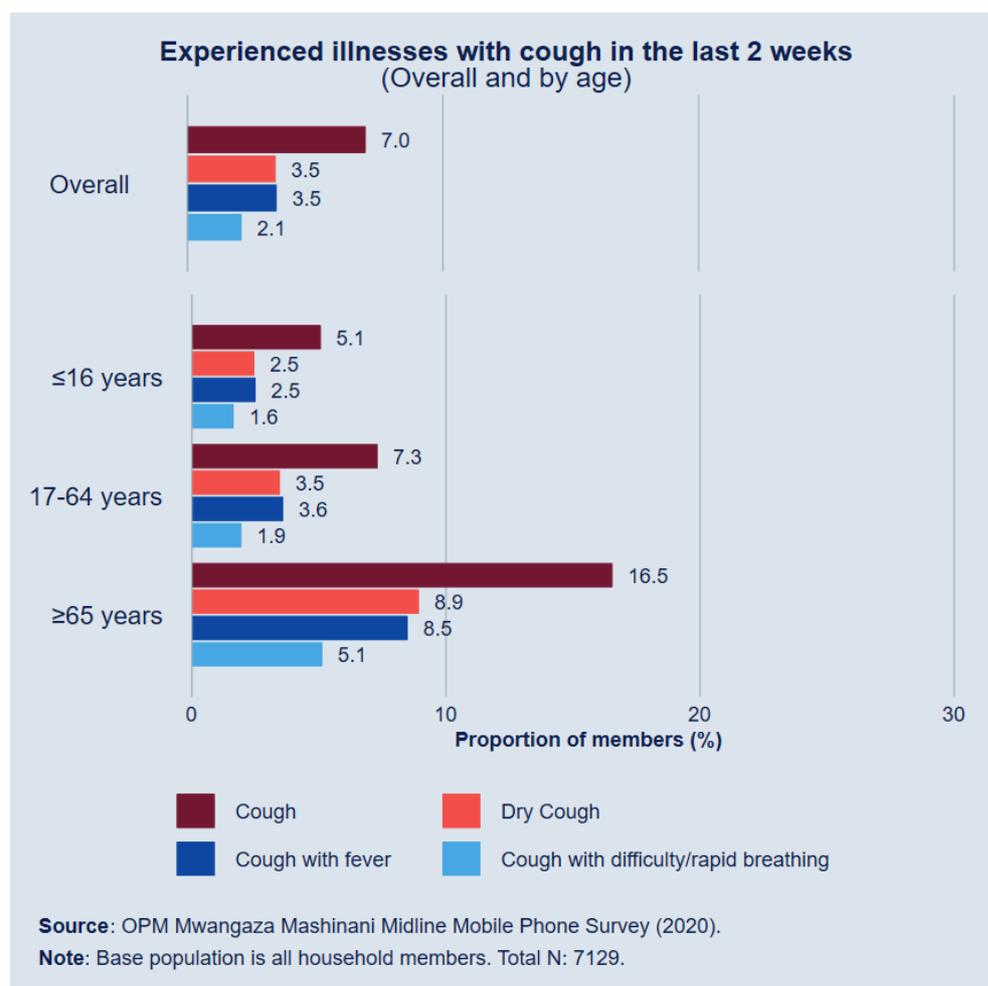
In relation to the learning activities that children engage in at home, the most commonly reported activities include using children’s school books and notes (90%), using books provided by the school (41%), using other books the household has at home (19%) and teaching by household members (14%) (see Figure 6). There are no differences in the types of learning activities reported based on the gender of the household head. However, there are differences across counties whereby more households in Kilifi compared to those in Garissa cited using books provided by schools, and children’s school books and notes, as the main learning activities (by 24 percentage points and 7 percentage points, respectively).

Among the minority of households where all school-going children were not learning at home, the most commonly cited reasons include children’s engagement in other things (32%), lack of access to educational programmes (20%), lack of access to textbooks/learning material (17%), and lack of supervision from adults in the households (12%) (see Figure 7). No differences are observed based on the gender of the household head. The only difference across counties is that significantly more households in Garissa reported that the lack of access to educational programmes hindered learning at home (by 38 percentage points).

Health outcomes

This section presents findings on household members' health, particularly focusing on the incidence of certain symptoms commonly associated with COVID-19, namely cough, dry cough, cough with difficulty breathing and fever, in the two weeks preceding the survey.

Figure 8: Experienced illness with cough



The findings indicate that a very small proportion of household members experienced a cough (7%), dry cough (4%), cough with fever (4%) and cough with difficulty or rapid breathing (2%) in the two weeks preceding the survey, as shown in Figure 8. A very small proportion of the overall sample reported experiencing a fever without a cough (5%). Among the small proportion of the sample who reported a cough, 50 percent also experienced a fever while 31 percent also experienced difficulty breathing.

In general, there were no major differences in symptoms experienced by household members on the basis of gender. On the other hand, across counties, the findings indicate that more people in Kilifi compared to those in Garissa cited having experienced cough, dry cough, cough with difficulty breathing and fever, albeit the differences being moderate in magnitude. In terms of age, more household members aged 65 and older reported experiencing a cough and related symptoms compared to younger members (see Figure 8).

Summary of findings

In this section, we summarise the key findings presented in this brief.

In relation to **COVID-19 knowledge and behaviour**:

- The majority of households have concerns or fears about COVID-19, particularly in Kilifi. The most commonly cited concerns were the fear of death or becoming ill.
- The most commonly known measures to avoid COVID-19 include handwashing with soap and water and the use of mask and gloves. However, less than half of respondents cited maintaining social distance, avoiding crowded places or gatherings or avoiding handshaking and physical greetings. These findings are important to consider in public health communication campaigns in light of the rapidly evolving body of knowledge around COVID-19 transmission.
- The vast majority of households received information about COVID-19 through the radio and most considered this a trustworthy source of information. Other sources of information include friends, neighbours, and family.
- The findings indicate that most households had adapted their behaviour to reduce the risk of contracting COVID-19 in the seven days preceding the survey. Most households reported engaging in more frequent handwashing with soap and water, avoiding handshakes and physical greetings, avoiding groups of 15 people or more, and staying at home more than usual.

In terms of **education**:

- Almost all households have either all or at least some of their children engaging in educational learning activities at home since the schools closed in March, although this was more common in Kilifi. In these households, most children are either using their school books and notes or using books provided by the school to learn at home.
- Among the minority of households where all school-going children were not learning at home, the most commonly cited reasons include children's engagement in other things and lack of access to educational programmes or to textbooks/learning material.

Finally, in terms of **health**:

- The findings indicate that a very small proportion of household members experienced a cough, dry cough, a cough with fever and cough with difficulty or rapid breathing in the two weeks preceding the survey.
- Among this small proportion, more people in Kilifi compared to Garissa and more household members aged 65 and older compared to younger household members reported experiencing a cough and related symptoms.