STRENGTHENING COMMUNITY COPING STRATEGIES TO COVID-19 PANDEMIC

RAPID NEEDS ASSESSMENT REPORT

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This report was produced with support from The European Union through Aga Khan Foundation it was prepared by Dream Achievers Youth Organization Monitoring and Evaluation Officer Asaph Benaiah with technical support from Mombasa County Chief Officer of Health Pauline Odinga, Partners and DAYO Staff Members

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List of Abbreviations

DAYO	Dream Achievers Youth Organization
AKF	Aga Khan Foundation
AYP	Adolescence and Youth Program
HH	House Hold
SS	Sub County
CBO	Community Based Organization
NGO	Non-Governmental Organization
KII	Key Informant Interviews
FGD	Focussed Group Organizations

Acknowledgement

I would want to thank and appreciate Mombasa County-Department of Health Chief Officer Madam Pauline Odinga for the technical support provided during the Rapid Needs Assessment, Strengthening Community coping strategies project.

Further, much appreciation to the study participants and all stakeholders who were involved and who without prejudice willingly gave information that contributed to the study findings. This include all identified and selected key informants, National Government Officials, County Government Officers and community owned resources persons who allowed us access to conduct the study and for responding to our questions. It also includes the parents, Male and Female who freely and voluntarily agreed to participate in the study providing the very necessary information used to compile this report.

Much appreciation is due to Seif Jira the Executive Director-DAYO who provided the necessary backstopping and commissioning of this work as well as conceptualizing the principal objectives of this study and approved all required support systems. I acknowledge his valuable brilliant guidance and second eye reviews of the study protocol that actualized this study. My gratitude also goes to DAYO finance team that supported with all the logistical requirements to ensure smooth coordination and execution of the study with minimal disruptions. This work would not have been possible without the valuable contributions, comments, reviews, and suggestions made by project lead staff with guidance from the Aga Khan Foundation programme staff. I also wish to acknowledge the very important contribution by the Field Officers that did the mobilization of respondents

Separately, I am indebted to everyone

Dream Achievers Youth organization

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Executive Summary

This report originates from an internal needs assessment survey undertaken by Dream Achievers Youth Organization under AKF-EU project dubbed “Strengthening Community coping strategies to COVID-19 Pandemic. The report aimed at assessing the impacts of the pandemic and help establish the immediate community support requirements by Needs and Priorities to enhancing their coping mechanism.

The study was undertaken in all the six sub counties (changamwe, Likoni, Nyali, Mvita, Kisauni, Jomvu) of Mombasa County, through structured questionnaires (house hold, KII, FGDs) to gauge, assess and craft their opinions based on the immediate priorities and needs.

We acknowledge the need of ensuring an all-inclusive intervention that capitalizes on home grown solutions that will not only ensure sustainability but also steer for the ownership of the project and the immediate results by the community as well.

Beside the rights bearers, the assessment also brought on board the duty bearers to give forth expert professional opinions that may shape and aid implementation that aligns to the existing county government priorities, so as to supplement the work of the Government who bears the ultimate responsibility to ensuring the rights of every Kenya are protected and met.

To reaching the most vulnerable and also ensure inclusion of persons living with disability, the vulnerability aspect was purposively introduce to ensure valuable insights are received from these population for incorporation into the report.

Further, a gender lens was utilized throughout the designing phase of the study protocol, during data collection, as well as in the analysis and reporting phase

Background

Dream Achievers Youth Organization (DAYO) was founded in 2005 as a theatre performing outfit by young people who saw the need of using art to raise awareness on the issues affecting adolescents and young people in Mtopanga area of Mombasa. Due to the increased need to expand its area of intervention, DAYO was later registered as a community based organization (CBO) in 2009 and in December 2021 as an NGO. DAYO currently implement Projects in five Kenyan Counties; Kilifi, Kwale, Kisumu, Nairobi and Mombasa.

Project Overview:

DAYO with funding from The Aga Khan Foundation (AKF) will be implementing EU - Rapid Response Funds in Mombasa for the next six months. To this extent, the organization undertook a Rapid Needs Assessment (RNA) with the aim of alleviating the impact of Covid -19 with regards to the youth cohort through mobilization and linkages to training, learning and securing of sources of livelihood/quantifiable means of sustenance, while also assessing the impact of Covid-19 and coming up with workable solutions/interventions aimed at cushioning the most vulnerable population in the six implementing sub counties of Mombasa.

Objectives:

The main objectives of the project are as listed below:

- To conduct a rapid needs analysis, and resource mapping to better understand the different needs, priorities, and resources available for the identified needs.
- To Understand the current Covid-19 situation with a view of developing responsive interventions in collaborative with all relevant stakeholders.
- To Increase access to livelihood opportunities for youth in Mombasa through entrepreneurship support.

Design and Methodology

The assessment took place in the six sub counties of Mombasa County. The proposed study design was one with a convergent parallel mixed-methods design; an approach to inquiry that combines both qualitative and quantitative methods concurrently, prioritizing both methods almost equally (Creswell & Clark, 2011)[1], data was collected using questionnaires and observation protocols, while interviews and focus group discussion protocols were used to

[1] Creswell, J. W., & Clark, V. L. P. (2011). Designing and conducting mixed methods research (2 Ed.). Thousand Oaks, CA: SAGE Publications, Inc.

collect qualitative data. The principal tool for data collection was a structured survey questionnaire administered to sampled households. The smallest sampling unit was the households. Households were then allocated proportionately in the villages depending on their population sizes. A systematic random sampling with a sampling interval of 5 for densely populated villages and 3 for sparsely populated villages was then adopted. In interviewing the household heads, there was a deliberate effort to engage equal members of male and female heads for a gender diverse opinion of the issues being investigated.

The study adopted Yamane's sample size for proportions (1967:886) at 95% confidence level, P=0.05. Using the 2019 population census data, a total of 399.9 household rounded of to 400 households were targeted. It was estimated that the Non-Response Rate (NRR) that could result from households that could be either absent, not accessible, refuse to be surveyed, or any other reason that prevent survey teams from reaching the selected head of household is 10%. The study used the formula by SMART (2012) to adjust the sample size to 444

Ethical Considerations

The study is founded on ethical considerations as outlined in research standards and also in international practices that govern research. Stufflebeam and Shinkfield (2007) recommend that a researcher should strive to control bias, prejudice and conflict of interest when conducting a research. In accordance to Creswell (2009) who noted that the researcher must obtain informed consent both expressed and implied from all the respondents before undertaking the study.

THE STUDY FINDINGS AND INTERPRETATION

The Assessment directly reached a total of 489 (285F, 204M) respondents within select households within the six sub counties in Mombasa County, of which 169 (20F, 149M) of the reached households, had the household heads not within their units and instead, and as such the questionnaire administered to a family member above the ages of 18 years after an approved consent and briefing of the study objective. In total 380 household heads were reached directly in their houses

The percentages of the reached respondents is as presented in Fig 1:

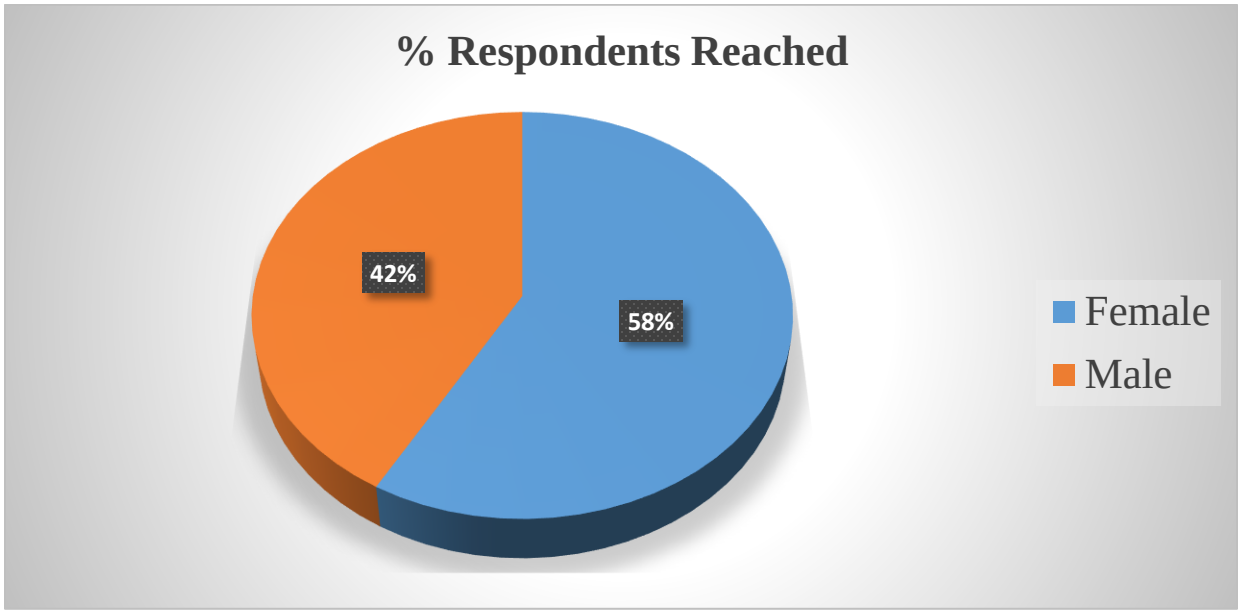


Figure 1:Percentage of respondnets reached

As a best practice, the assessment predetermined to understand the distribution of the reached respondents by gender and by location across the six sub counties. The distribution is as presented in Table 4.

Q9. What is your gender? * Q2. What sub County are you located? Crosstabulation								
Count								
		Q2. What sub County are you located?						Total
		Changamwe	Jomvu	Kisauni	Likoni	Mvita	Nyali	
	Female	47	40	57	56	34	51	285
	Male	32	40	23	26	45	38	204
Total		79	80	80	82	79	89	489

Table 1: Respondents reached by sub counties and gender

The findings established that the female gender were reached more, 285 out of the total reach of 489, across all the six sub counties of the study, with just about 204 males reached within the same study area. The implication of the above finding is that more females were found within their respective household in comparison to their male counterparts.

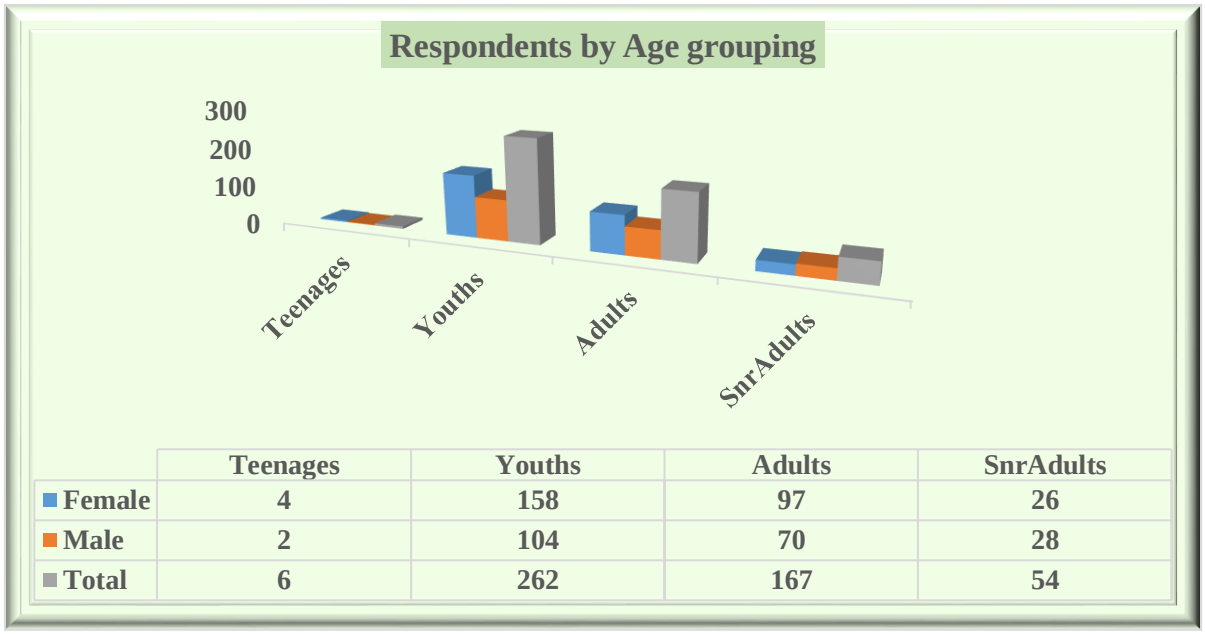
The study further sought to comprehend the interviewed respondents by different age categories so as to draw conclusions on the impact of COVID-19 within the age clusters. To the above effect, the respondents were asked on their specific age brackets or year of birth for computation of the exact ages. The various ages were then grouped and recorded into different variables as follows: Ages 1 years old through to 18 years were defined as Teens/Adolescents, the youth comprised of ages 19 years through to 35 years, 36 to 55 years were recorded as 'Adults', while any person above the age of 56 years were recorded as senior citizens.

The findings established that majority of the people reached with the household questionnaires were the youth constituting about 262 (158F, 104M) of the total respondents. This is more than half of the received responses. This was followed by the adult category at 167 (97F, 70M) responses, then the senior citizens at 54 (26F, 28M) and lastly the teen age category at 6 (4F, 2M) respectively.

It is however important to acknowledge the outliers in specific households where the house hold heads only understood the local dialect or were children headed. In the above mentioned scenario, language barrier, the household heads gave their consent for either their grandson or granddaughter to be interviewed on their behalf. This, therefore, explain the reason as to why six

teens were directly interviewed by the researchers through structured and approved questionnaires. In lieu of the afore mentioned sentiments, the findings, therefore gives diverse opinions across the different age categories on the impact of COVID-19 and the probable coping mechanisms to be prioritized during the implementation.

The distribution by the age bracket is as represented in Figure 2 below:



	Teenages	Youths	Adults	SnrAdults
Female	4	158	97	26
Male	2	104	70	28
Total	6	262	167	54

Figure 2: Respondents reached by different age categories

A detailed interrogation into the distribution by age categories among the six sub counties depicts that 3 of the total underage teens interviewed were from Jomvu, Kisauni, Likoni and Mvita had at least on interviewed respondent under the ages of 18, while Nyali and Changamwe had zero. Whereas more youths were reached with the household questionnaire, the trend slightly differ in Changamwe where more adults were interviewed, in comparison to the other sub counties. The above information is as presented in Table 5:

AgeGroups * Q2. What sub County are you located? Crosstabulation

	Changamwe	Jomvu	Kisauni	Likoni	Mvita	Nyali	Cat. Totals
Teenages	0	3	1	1	1	0	6
SnrAdults	3	8	11	13	12	7	54
Adults	42	18	25	25	29	28	167
Youths	34	51	43	43	37	54	262
Totals	79	80	80	82	79	89	489

Table 2: Cross tabulation of ages by sub counties

The assessment further sought to assess the various educational backgrounds of the respondent to establish the highest attained qualification. Besides, the assessment further evaluated the marital statuses of the select house hold heads so at gauge on how the latter impacts on the ability of the household to bounce back and cope with the CIVID-19 impacts. A cross tabulation of level of education and the marital status is as presented in table 6:

Q13. What is the marital status of the household head? * Q14. What is the level of education of the head of the household? Crosstabulation

Count

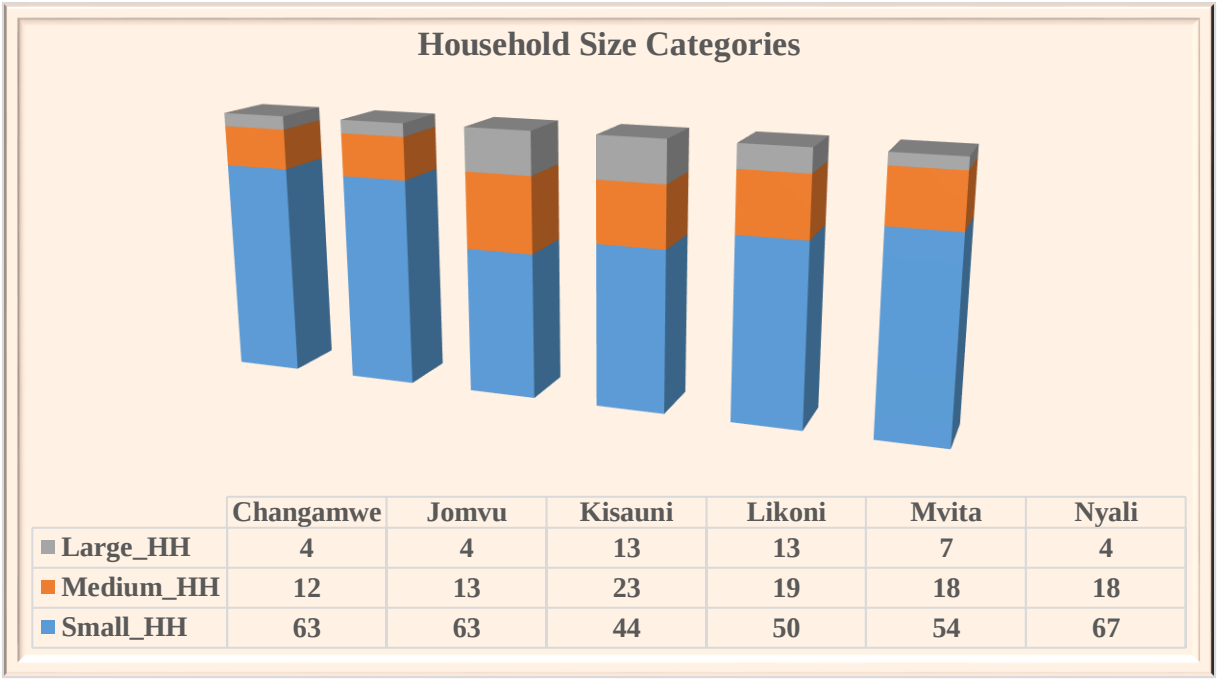
		None	Other (specify)	Primary School	Secondary School	TVETs Institutions	University	
	Divorced	9	0	10	7	0	0	26
	Monogamous marriage	18	2	115	120	26	22	303
	Other	0	0	6	5	0	0	11
	Polygamous marriage	7	0	8	5	2	2	24
	Single	7	2	30	23	8	16	86
	Widowed	18	0	9	9	1	2	39
Total		59	4	178	169	37	42	489

Table 3: Respondents marital status versus education levels

Besides the representation of the marital status of the household heads, about eleven household heads indicated they neither belonged to monogamous marriage, polygamous, divorced nor single. These household gave other reasons to suit the type of marriage in which they belonged. Some of the reasons specified under other included: abandoned by the husband in the last pregnancy trimester of the second borne; come we stay marriages; having a long staying girlfriend; in a relationship; Long-term committed girlfriend but live separately; and separation due to financial constraints.

Household by sizes

Further to the above findings, the assessment further interrogated the sizes of individual households. The respondent were asked to list and disaggregate by gender the number of persons living within that particular household. This included, if any, presence of pregnant or lactating women within the same household. The households were then categorized by sizes in the below format: one to five members were recording as small households in SPSS; six to eight to represent medium households; while any household with nine and above members was recorded as large. The findings are as presented in the Figure 3:

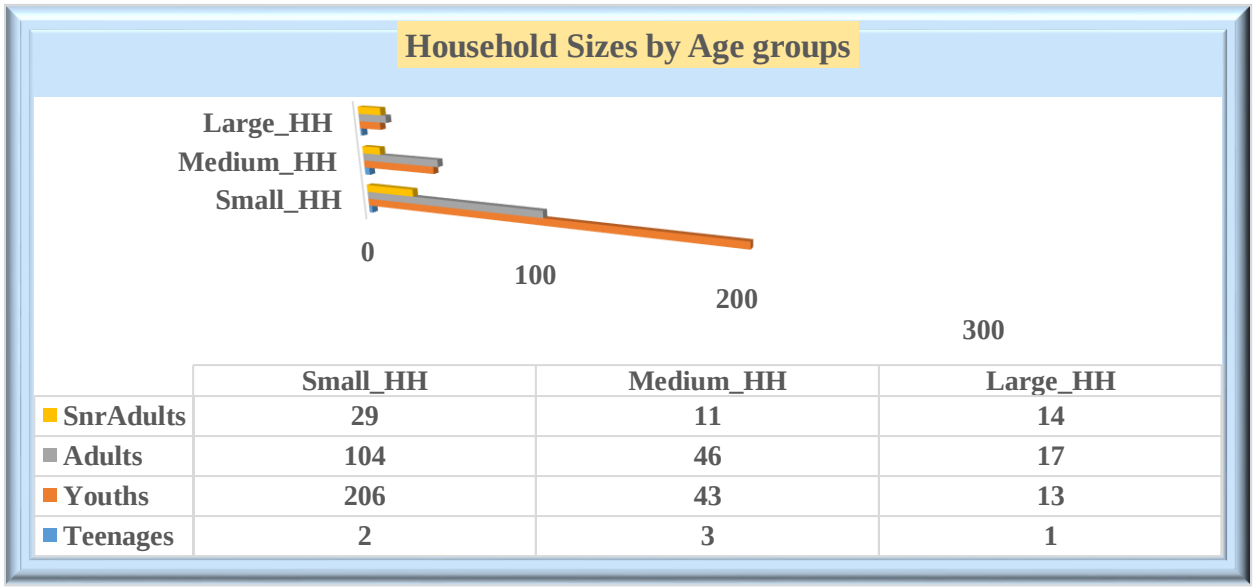


	Changamwe	Jomvu	Kisauni	Likoni	Mvita	Nyali
Large_HH	4	4	13	13	7	4
Medium_HH	12	13	23	19	18	18
Small_HH	63	63	44	50	54	67

Figure 3: Respondents house hold by categories

The findings established that Kisauni and Likoni sub counties had the highest number of families considered as large households at thirteen each respectively. The same sub counties took lead in household with between six to eight members, medium, at 23 and 19 respectively. There was no significance in the small household across the six sub counties as it remained nearly constant.

A cross sectional interrogation of the household sizes by different age groups established that the youth had the highest number of small households at 206 (1 to 5 members), close to half the sampled population, followed by the younger adults at 104. The difference in medium and high was however significant when compared across the different age categories. A summary of the cross tabulation is as summarized in Figure 4:



	Small_HH	Medium_HH	Large_HH
SnrAdults	29	11	14
Adults	104	46	17
Youths	206	43	13
Teenages	2	3	1

Figure 4: size of households by age groups

Pregnant/Lactating Women

The assessment further sought to determine the presence by numbers of either pregnant or lactating women within the sampled household. This was largely to establish vulnerability of the specific households and the impact of COVID-19 to the families. The findings established that only a single house hold had more than three either pregnant or lactating mothers. Households with one either pregnant or lactating mother constituted 18.6% of the sampled population while those without any pregnant or lactating mother constituted 78.5%.

The findings by frequencies and percentages is as presented in table 7:

Pregnant/lactating mothers	**Frequency**	**Percent**	**Valid Percent**	**Cumulative Percent**
0	384	78.5	78.5	78.5
1	91	18.6	18.6	97.1
2	10	2	2	99.2
3	3	0.6	0.6	99.8
4	1	0.2	0.2	100
Total	489	100	100	

Table 4:Percentages of pregnant or lactating mothers

A further analysis was undertaken to identify the distribution of either pregnant or lactating women across the six sub counties where the assessment was conducted. The findings on the distribution by sub counties is as presented in table 8:

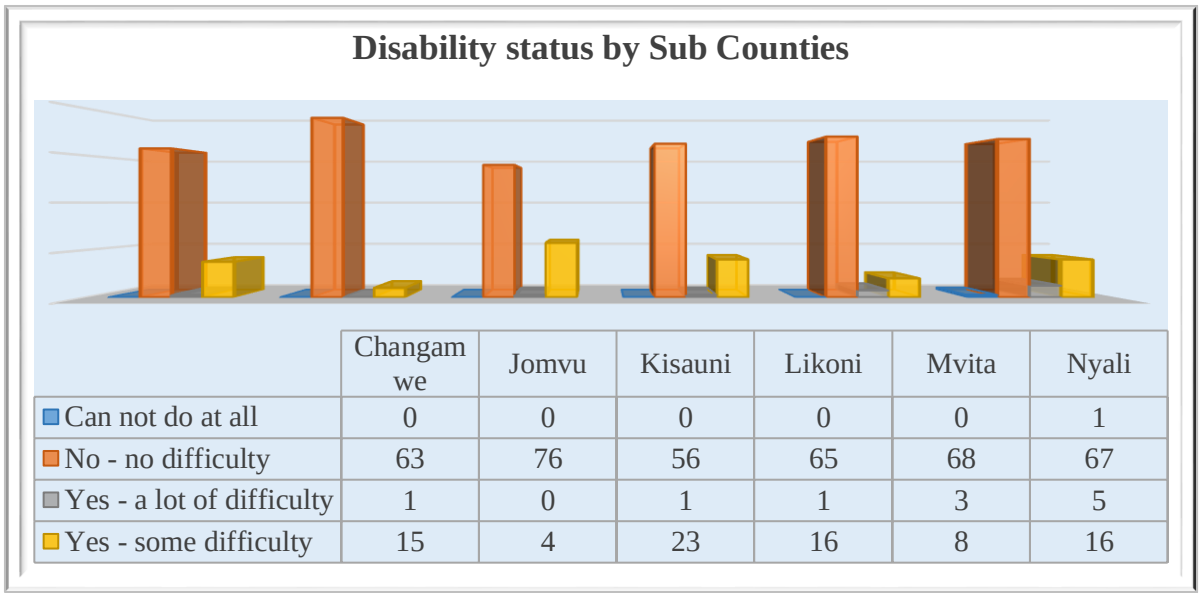
Pregnant or lactating women by sub County Cross tabulation

		Changamwe	Jomvu	Kisauni	Likoni	Mvita	Nyali	
Pregnant or lactating women in household	0	64	73	49	69	60	69	384
	1	15	5	27	11	17	16	91
	2	0	1	4	0	2	3	10
	3	0	0	0	2	0	1	3
	4	0	1	0	0	0	0	1
Total		79	80	80	82	79	89	489

Table 5: Pregnant or lactating females reached by sub counties

The findings by sub counties indicates that Kisauni had the highest number of pregnant and/or lactating mothers at 31 households, followed by followed by Nyali at 20 household. Mvita Sub County came in at 19 while Changamwe had 15 households respectively.

Besides pregnancy, the assessment further sought to establish the disability status by Sub County. This is the broader perspective of mapping which population segment in what precise location were adversely affected by the COVID-19 pandemic. The findings are as presented in Figure 5



	Changamwe	Jomvu	Kisauni	Likoni	Mvita	Nyali
Can not do at all	0	0	0	0	0	1
No - no difficulty	63	76	56	65	68	67
Yes - a lot of difficulty	1	0	1	1	3	5
Yes - some difficulty	15	4	23	16	8	16

Figure 5: Disability status by sub counties

The vulnerability assessment further looked into underlying health conditions such as chronic lung disease, moderate to severe asthma, history of heavy smoking, cancer, diabetes, obesity, immune deficiencies amongst others. The findings established that, out of the total number of households surveyed, 21.5% of the household had at least an individual with underlying health condition.

Residential structure;

One of the key component of the assessment was to further determine the type of shelter the respondent lives with his/her family. The three variables evaluated were on whether the respondent lived in an emergency structure, permanent or temporary structures. The findings by Sub County is as presented in Table 9

Shelter/sub county	*Changamwe*	*Jomvu*	*Kisauni*	*Likoni*	*Mvita*	*Nyali*	
Emergency shelter (e.g. plastic sheeting)	0	0	0	0	6	1	7
Other	0	0	0	0	7	0	7
Permanent shelter (e.g. apartment, flat, house with adequate condition)	69	21	25	53	29	1	198
Temporary shelter	10	59	55	29	37	87	277
	79	80	80	82	79	89	489

Table 6: Respondents shelter type

The selection of other encompassed those in permanent but dilapidated structures and also those on rotational duties as night guards, moving to and from with their families. By age groups, the youths encompassed the majority of those families living in temporary structures across all the sub counties. The presentation by different age categories and respective shelter is as presented in Figure 6:

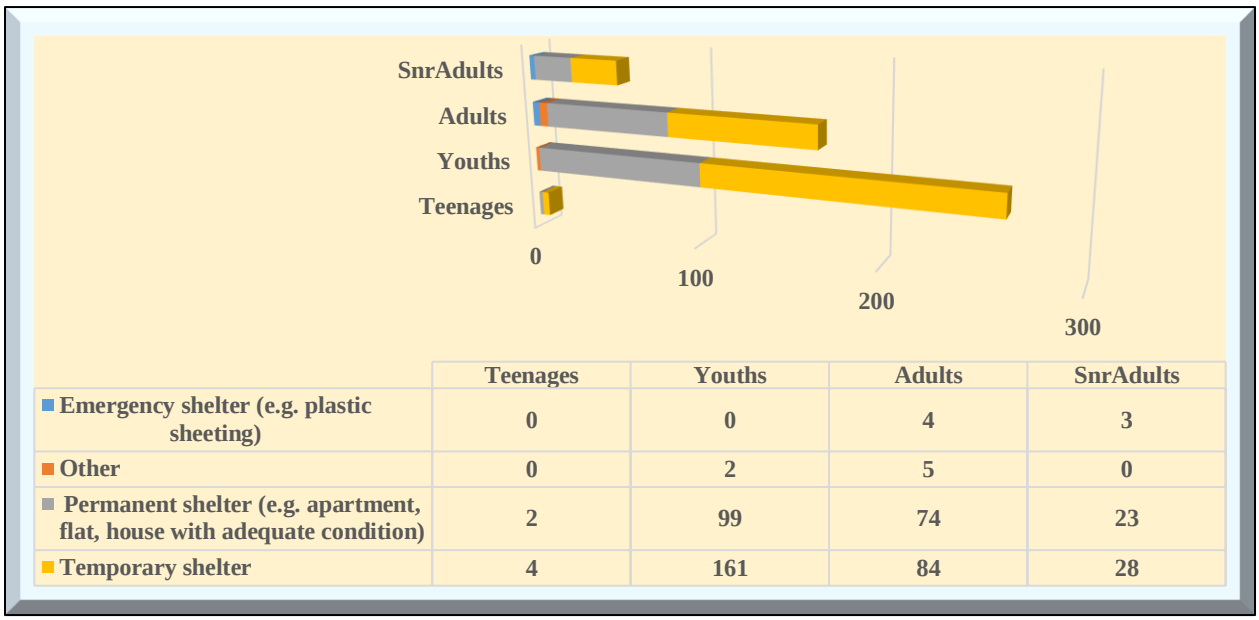


Figure 6: Shelter type by age clusters

COVID-19 AWARENESS AND DISSEMINATION

One of the key objective of the assessment was to establish on whether the respondents have received or been receiving information on COVID-19 prevention and containment measures within the past one year. Also, was to establish which mechanisms did the community receive COVID-19 related information. The findings established that 91.2% of the respondents had received COVID-19 messaging through different platforms, while 8.8% indicated having not been receiving the pandemic related information. A query on the informing authorities is as presented in the Table 7:

Information Source	**Responses**		**Percent of Cases**
	N	Percent	
Other	31	3.90%	7.00%
From community support group, VSLA group, Women's Group	62	7.70%	13.90%
From NGOs, local associations, aid workers	108	13.50%	24.20%
From local authorities, religious leaders	117	14.60%	26.20%
From relatives, friends, neighbors	213	26.60%	47.80%
From government official, military official, health authorities	270	33.70%	60.50%
	801	100.00%	179.60%

Table 7: Information sources

From the findings, It is evident that majority of the people, 33.70% of the total responses, mentioned having been receiving information from government official, military official and health authorities. This constituted 60.50% of the respondents (valid responses) who answered the question. The other sources mentioned by the respondents included the social and digital Medias, including those who spoke of teachers as sources of information at 3.90%. The respondents who indicated having not received any information relating to COVID-19 pointed out to be getting information indirectly through the social networks and health workers.

Similar sentiments were echoed through the respective key informants. Specific KIIs with the chiefs and government officials indicated the commitment by the government to ensure the

community practice prevention approaches as well as championing for self-responsibility to minimizing the impacts.

Medium of information Dissemination

Further to the dissemination of information, the respondents were further asked to specify, under a multiple response question the medium through which they received information regarding COVID-19 prevention and containment. Among the variables interrogated included platforms such as social media, TV news, Radio, newspaper, WhatsApp, leaflets, posters, meetings, informal discussions among other means.

> "As the area chief, one of my primary responsibilities is to coordinate government functions at the location level. I have always coordinated with the health docket in the dissemination of information through outreaches and during the 'Barazas'. I saw religious leaders and even the media disseminate"
>
> Chief, Location xx,

This was to enable establish the best information packaging and dissemination through the most effective medium. The findings are as represented in table 11:

Medium Of Information Sharing	Response N	Percent	Percentage of Cases
Radio	305	24.10%	68.40%
TV news	302	23.80%	67.70%
Social media (Facebook, Instagram, etc.)	127	10.00%	28.50%
SMS/WhatsApp etc.	109	8.60%	24.40%
Posters	76	6.00%	17.00%
Newspaper	75	5.90%	16.80%
Informal discussion	73	5.80%	16.40%

Public meeting or awareness session	72	5.70%	16.10%
Via religious leaders and institutions	57	4.50%	12.80%
Door to door sensitization	51	4.00%	11.40%
Discussion on the phone	13	1.00%	2.90%
Leaflets	5	0.40%	1.10%
Other	2	0.20%	0.40%
Total	1267	100.00%	284.10%

Table 8: Medium of received information

From the frequency tabulation, it is evident that majority of the respondents indicated having received COVID-19 messages through the radio and television at 24.10% and 23.80% respectively. Social media, SMS/WhatsApp were mentioned at 10.00% and 8.60% respectively of the total medium cases. Other was the least selected platform at 0.20%. The other medium reported was majorly in schools. On a similar note, those who had not been receiving information directly did indicate having heard of the messaging through radios, informal meetings and public gatherings.

"The government use to create awareness through the media, water points were installed for us to clean our hands"

Female Respondent R2 – FGD with Youths, Likoni

Language of Information Packaging

In preparation and strategizing on information packaging, the respondents were further asked to prioritize which language if utilized in information packaging will be more effective and efficient to the residing community. The languages interrogated ranged from English, Kiswahili, to the native/local dialect. Being a multiple response question, the respondents were given the alternative of selecting either all or any of the provided option. An analysis into the most preferred language is as presented in Figure 8:

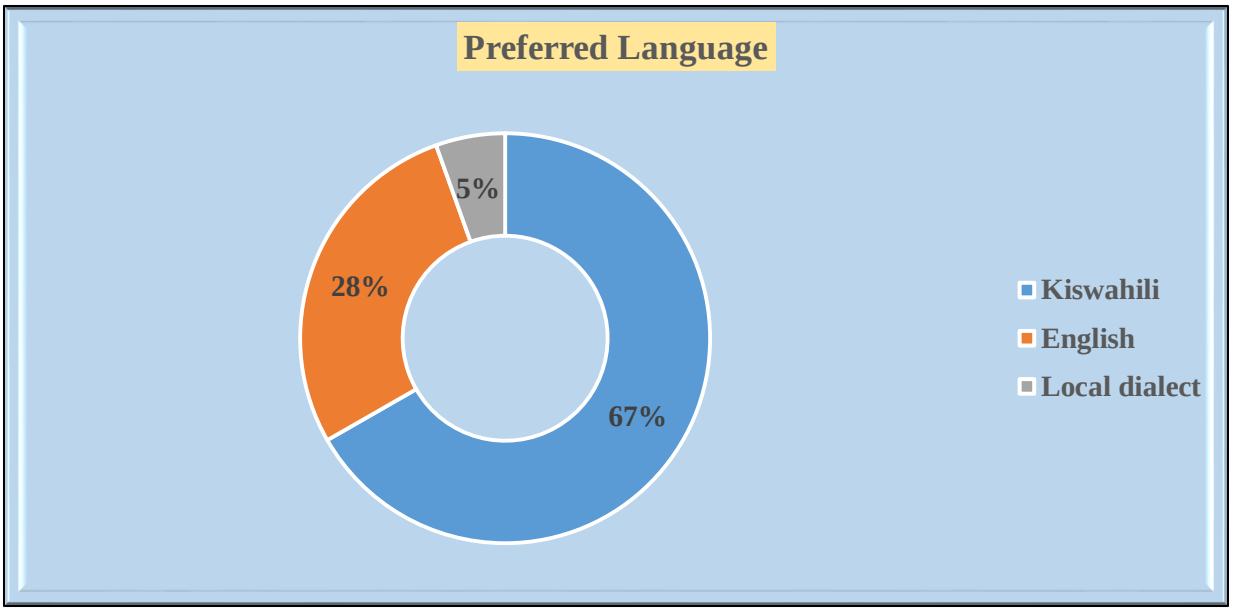


Figure 7: The preferred Messaging language

The analysis established that up to 67% of the total cases responded to preferred Kiswahili. That is to say that Kiswahili was the most selected response at any given time, followed by 28% of the total responded cases being English and the least responded/selected was local dialect at 5%.

Mostly received Key messaging

The assessment guide interrogated the most received information about COVID-19 and the least received message by the respondents. Based on the multiple responses, an analysis by most reacted to option in terms of COVID-19 received information is as presented in the Table 11:

	Responses		**Percent of Cases**
	N	Percent	
Wash your hands frequently with soap and water or use a hand sanitizer with >60% alcohol	321	23.20%	72.00%
Maintain social distancing, at least 1.5-2 meters distance between yourself and others, specifically anyone who is coughing or sneezing. Stay at home as much as possible	317	22.90%	71.10%
The most common symptoms are fever, tiredness, dry cough, sore throat, nasal congestion, diarrhea, in some cases loss of taste and smell	228	16.50%	51.10%
Avoid touching your eyes, nose and mouth	167	12.10%	37.40%

The contamination vectors: The virus is spread from person to person through small droplets from the nose or mouth when an infected person coughs or exhales. People can catch COVID-19 from breathing the droplets or if they touch objects or surfaces where droplets landed and then touch their eyes, nose or mouth. It is not certain how long COVID-19 survives on surfaces (may last few hours to few days)	90	6.50%	20.20%
Practice respiratory hygiene: cover your mouth and nose with a bent elbow or tissue when coughing or sneezing. Dispose used tissue immediately.	88	6.40%	19.70%
If you are sick, stay at home and monitor your symptoms. If your symptoms become severe for example, difficulty breathing, coughing, high fever, seek medical attention	86	6.20%	19.30%
Infection and contagion: Some people become infected but do not develop any symptoms and do not feel unwell but are contagious for others. 80% of people recover from the disease without needing any treatment. About 1 in 6 people who get COVID-19 become seriously ill & have breathing difficulties that might require medical attention, especially older people or those with underlying medical conditions.	57	4.10%	12.80%
Other	29	2.10%	6.50%
	1383	100.00%	310.10%

Table 9: Information received most by number of cases

The findings establishes that information that widely reached the respondents and was most picked across was on washing hands frequently with soap and water or the use of hand sanitizers at 23.20% followed closely by social distancing of at least 1.5-2 meters between oneself and others at 22.90%. Common symptoms of COVID-19 was also largely selected of the total number of cases at 16.50%. Other information received, 2.10%, included the elements of avoid shaking hands, wearing of face mask and COVID-19 vaccination selection at 0.4% each under the other ‘variable’. This sentiments equally transpired during the FGD session undertaken in the community.

"Yes, I heard about methods of preventing the spread of the disease since I was involved in a programme relating to COVID-19. Among the methods I heard of included wearing masks, washing hands using sanitizer, maintaining social distance, and avoiding crowded places. Finally lock down and curfew."

Female Respondent (R1) – FGD with young women Kashani.

The last interrogated factor under the COVID-19 information and awareness, was on either any member of the house hold having experienced any of the mentioned/identified COVID-19 effects. The findings recognized that 75% of the respondents indicated that no member of the household has ever experienced COVID-19 side effects. 23% indicated either themselves or a household member having experienced the mentioned effects, while 2% responded as not knowing respectively. The information is as presented in Figure 8:

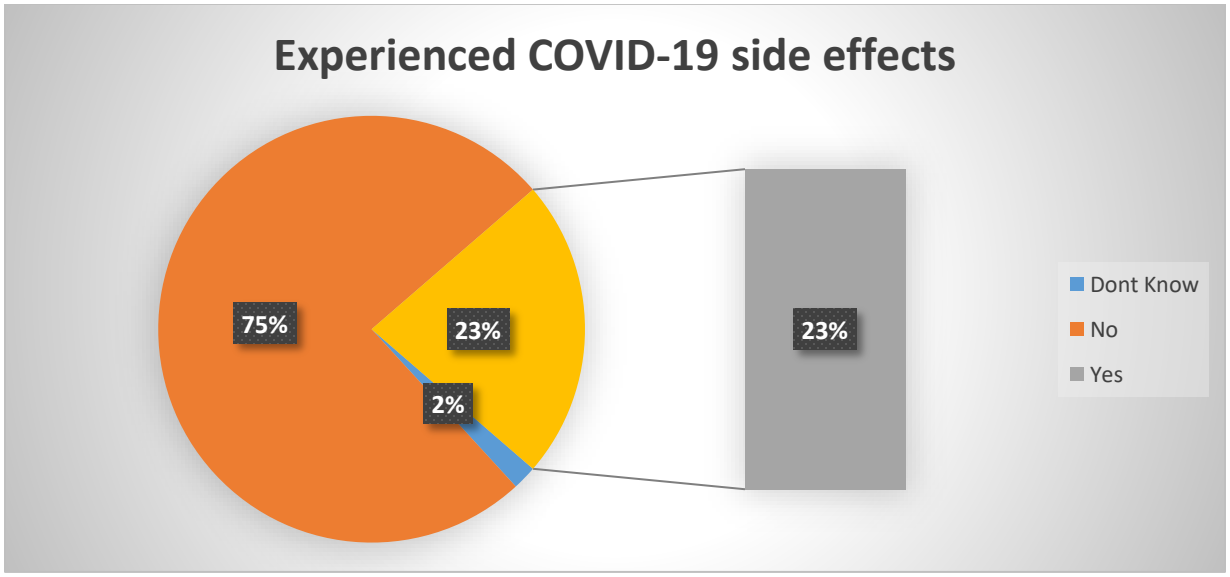


Figure 8: Experienced COVID-19 effects

The sub counties whose households experienced COVID-19 effects were largely in Mvita and Nyali sub counties.

Figure 9: Dayo M&E Officer facilitating and FGD with Women in Changamwe Sub County.

Hand Washing Station

The researchers interrogated and verified the presence of hand washing devices with the sampled households. Photos of the same were taken as evidence on their availability and current state. The findings established that 75.9% of the households had no hand washing stations while about 24.1% had hand washing stations. A follow up question was then asked to the 75.9% of the households on as to why they didn't have a handwashing station with either running water /soap.

Figure 10: Sampled photos of hand washing stations

The widely responded to variable was largely on the other reasons at 34.60%. One of the main other reason mentioned was that 'COVID-19 is not that serious' and the effects have largely reduced and such don't find it necessary. Other respondents indicated having one in the early days of the pandemic but later removed the same. The other selection was followed by 'cannot afford water/soap at 25.40% and 'ran out of water/soap at 17.70% respectively. A detailed analysis is as presented in Table 13:

	Responses		*Percent of Cases*
	N	Percent	
Ran out of water/soap	73	17.70%	19.70%
Cannot afford water/soap	105	25.40%	28.30%
Soap is unavailable/cannot find water	29	7.00%	7.80%
Soap is unnecessary	14	3.40%	3.80%
Don't like soap	3	0.70%	0.80%
Don't know	46	11.10%	12.40%
Other	143	34.60%	38.50%
	413	100.00%	111.30%

Table 10: Reasons for absence of a hand washing facility

Access to health facility:

In line with the initial government directive to self-isolation and immediate health attention within specified health facilities, the study sought to determine on whether the respondents had safe and easy access to health facility. The findings found out that more than half of the respondents had safe and easy access, 348 out of 489 sampled households. A total of 63 indicated the health facility is far while 59 indicated not having enough money to pay for the health care respectively. The finer findings are as presented in the Figure 12:

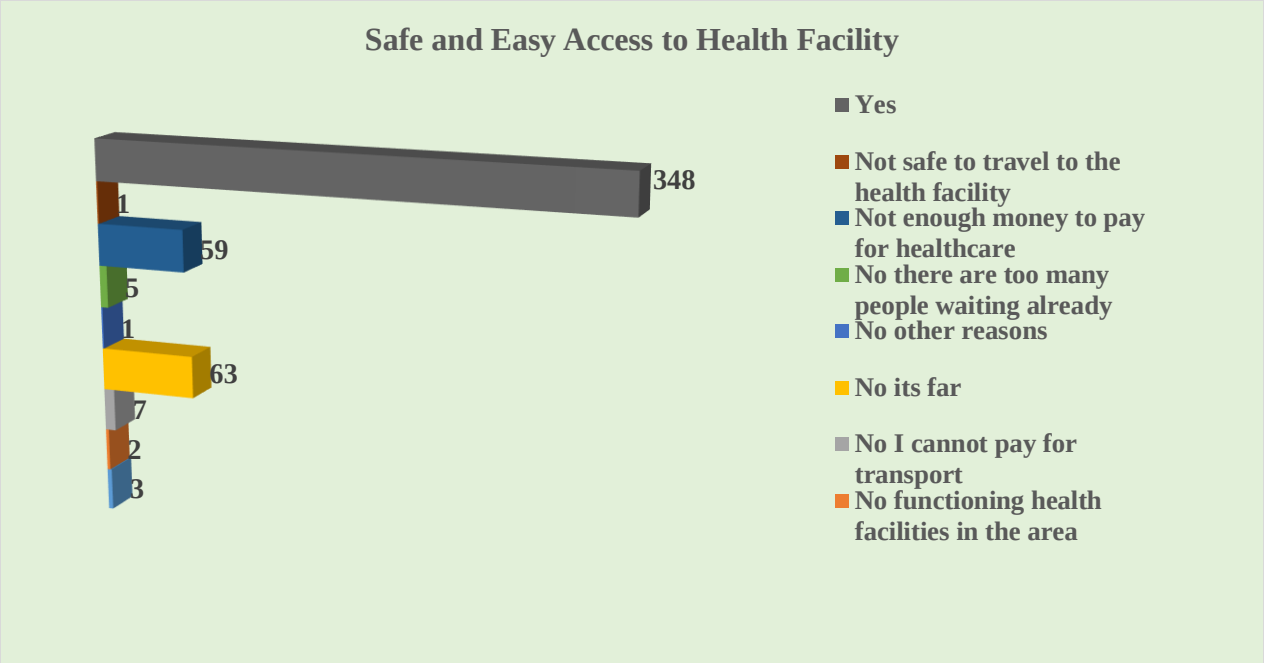


Figure 10: Ease and safety to accessing a health facility

Stress levels and disseminated information

The assessment sought to establish the stress levels of individuals based on the COVID-19 disseminated information. This was to gauge and get their opinions on their well-being, both psychologically and mental, to coping with the pandemic impacts. The findings established that 12.3% of the respondents reported not being stressed, 22.7% reported not being worried at all because they felt COVID-19 isn't that serious, 34.6% reported being slightly worried because they understood not what is going on, 29.2% reported being very scared and 1.2% reported don't know respectively. A detailed insight by different age clusters is as presented in the Table 14:

	I am not stressed. I feel safe because I am respecting the key messages	*I am not worried at all because I don't believe COVID 19 is that serious*	*I am slightly worried because I don't understand what is going on or what will happen to me in the future*	*I am very scared for myself and my family's health and survival*	*I don't Know*

Teenages	0	1	1	4	0	6
Youths	39	58	82	80	3	262
Adults	18	35	70	41	3	167
SnrAdults	3	17	16	18	0	54
	60	111	169	143	6	489

Table 11: Stress levels by age categories

The FGD and Key informants' undertaken points out t specific myths and believes that have contributed to the results as presented in the table above. Majority of the people engaged in the assessment are of the opinion that COVID-19 regulations were meant to punish the humble while the rich roam freely and hold big forums. Others pointed out that it was a way of income generation for the government and not that of an issue.

"THE GOVERNMENT HE IS ONLY USING THE COVID PANDEMIC TO GET MONEY FROM INTERNATIONAL ORGANIZATIONS DONORS."

Respondent 8: Mixed FGD, Jomvu Sub County

Household fears

In line with the rippling implications and impacts of COVID-19, the respondents were asked of the various fears that they possess as a household. This was a multiple response question that sought to identify all the probable fears within the communities and households interviewed. The findings established that the economic situation and income generating activity was the most reported case out of the total cases at 36.2% followed by access to food at 26.1%. The other reported fears are as presented in Table 15:

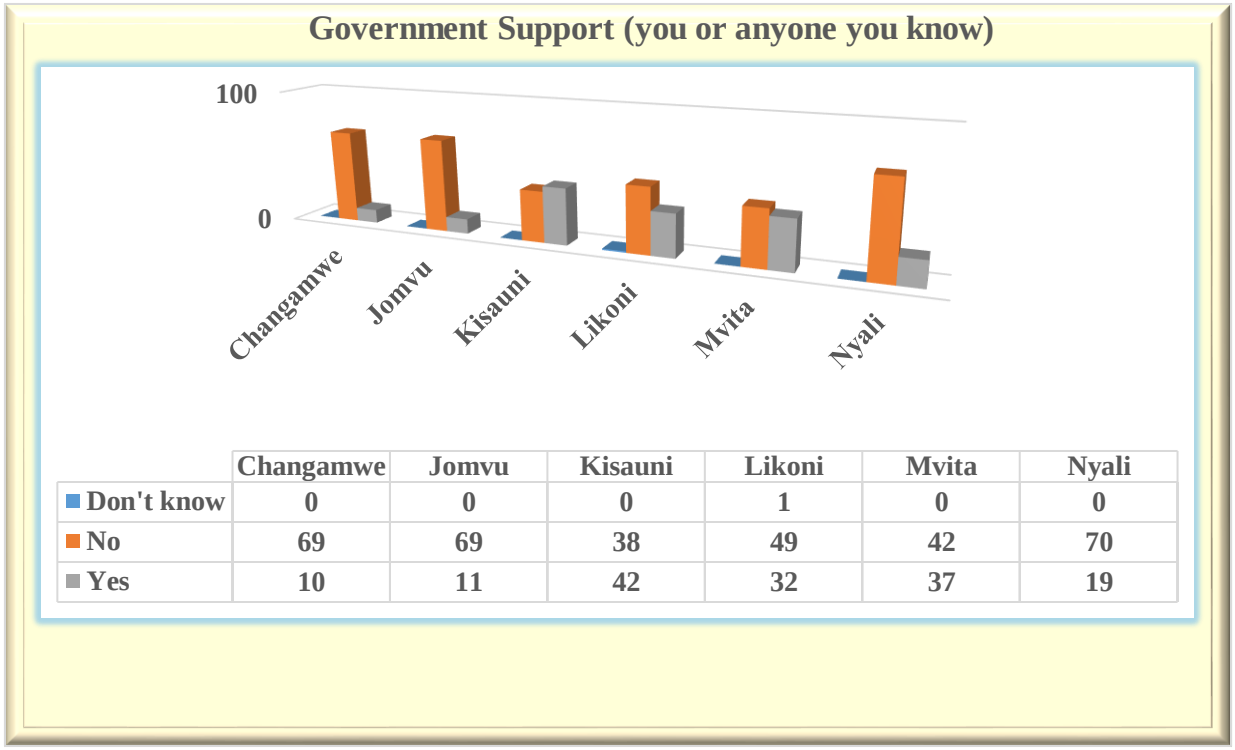
		Number of Cases	Percent	Percent of Cases
What are you main household fears[a]	Economic situation and income generating activities	409	36.20%	83.60%
	Access to food	295	26.10%	60.30%
	Health Issues	203	18.00%	41.50%
	Missing school	87	7.70%	17.80%
	Safety (related to the crisis specifically)	73	6.50%	14.90%
	Access to medicine	48	4.30%	9.80%
	Others	14	1.20%	2.90%
Total		1129	100.00%	230.90%

Table 12: Cross tabulation of household fears

Other fears mentioned by the as mentioned by the community included adversity of water for use and for crops, lack of school fees, unemployment and livelihoods.

Government Support

Further quest to assess and map out the available support versus the support received during the COVID-19 period was evaluated during the rapid assessment. The study sought to establish on whether the respondent or anyone within their cycles did receive any kind of support from either the County or National Government. The findings established that 30.9% of the respondents reported having received or at least knowing someone who benefited from the County or National government support. 68.9% of the respondents reporting having not received or heard of any one supported by the governments programs, while 2% didn't know. Analysis of responses by sub counties is as presented in Figure 13:



	Changamwe	Jomvu	Kisauni	Likoni	Mvita	Nyali
Don't know	0	0	0	1	0	0
No	69	69	38	49	42	70
Yes	10	11	42	32	37	19

Figure 11: Support received from either County or National Government

In terms of effects by wards, there was no significance as the majority of the respondents indicated that every ward was worst hit by the COVID-19 pandemic. The study observed a consistency of the specific respondents mentioning their ward of residence or generalizing the affect as having been felt in equal magnitude across all the wards.

Figure 12: DAYO Staff, Sophy facilitating an FGD session with male participants in Changamwe Sub County

Three priority Needs

To shape the programe implementation strategy and design, the sampled household and community members were asked to determine three immediate priorities that would aid or strengthen their coping strategies to COVID-19 pandemic. The findings established that up to 27.4% of the total cases responded to ranked food as the highest need and priority. This was followed by water and livelihood programmings at 18.0% and 17.5% respectively.

A detailed quest on the responses is presented in Table 16:

		Responses N	Percent	Percent of Cases
what are the top three priority needs[a]	Food	413	27.40%	84.50%
	Water	271	18.00%	55.40%
	Livelihood	263	17.50%	53.80%
	Shelter and household items	212	14.10%	43.40%
	Education	196	13.00%	40.10%
	Sanitation- Hygiene	80	5.30%	16.40%
	Protection	53	3.50%	10.80%
	Other	17	1.10%	3.50%
Total		1505	100.00%	307.80%

Table 13: Top priority needs

The other factors mentioned included, lighting, money, child sponsorship, good health and income generating activities.

Recommendations and Conclusion

Conclusion

The Assessment established some level of support/initiatives by both the County an National Governments to supporting the community coping strategies during the peaks of COVID-19 pandemic. Some of the mentioned supports included the "Kazi Mitaani initiative" by the National Government; Cash money transfers both the County/National governments and Humanitarian AID organizations/agencies. The members of the community established knowing specific persons who were beneficiaries from the mentioned schemes, however, reported some reservations on the selection criteria.

Besides, discussions and deliberation with the specific government bodies, Youth Officers, MCA, pointed out to existence of support funds with very limited absorption rates. One of the major identified concern from the community in relation to access of the funds included, capacity issues on the processes to accessing the funds; time was also mentioned as they felt the processes were broader with limited success rates, as well as the respective offices to approach. On the flip side, the community members expressed concerns on the awarding criteria and reported nepotism as the broader barrier to accessing the funds.

To ensure sustainability and capacity building, it will be necessary to purposively target the community with specific, crafted information on the processes to acquiring the complementary government funding, as well as targeted trainings on how best to work with the existing government systems and support to enhance their coping strategies and livelihood. This will to a larger extent remedy some of the established needs and priorities as established in the research.

It also remains evident that the county government priorities are shifting from Prevention messaging to championing for vaccination. With a population of 15.2% having been fully vaccinated, it may be interesting supplement the Government work with regards to COVID-19 vaccination. This calls for targeted programing to breaking some of the adopted myths and behavioral perceptions with regards to COVID-19 as a matter of urgency.

Recommendations

- It is important to ensure regular sensitization to the community on the need to norming the hygienic practices as outlined by the MOH and WHO not only to prevent COVID-19 but other infectious diseases.
- It is important to upscale the vaccination messaging and sensitization to initiate behavioral and perception change to COVID-19 Vaccination.
- For sustainability, there is need to always work with the existing County and National government system and funding infrastructure to ensure efficiency and effectiveness in supporting the community coping strategies.
- There is not to build up working relationship with Community Health Workers (CHW) in the beneficiary identification and support as they were largely involved in the COVID-19 programing.
- Special Consideration should be made and be deliberate to meeting the needs and priorities of the People Living with Disability/Abled Differently, to ensure they are not left out during the implementation phase.
- As a best practice, it is important to sensitize the community further on the locally devised handwashing innovations that have proved effective in the management of CLTS programing.
- There is need to sensitize the youth further on content creation work and use of digital media as a means to income generation and a coping mechanism.
- It will be important to undertake in-depth analysis with the girls and young women of reproductive age to determine their priorities and needs.

ANNEX 1: HOUSEHOLD SURVEY QUESTIONNAIRE

COVID 19 RAPID NEED ASSESSMENT – INDIVIDUAL INTERVIEWS

Research Assistant Information		
Enumerator Name		
Enumerator's Gender	• Male • Female • Other	Select one
Date of Interview		
Consent		
Read the following key messages: Greetings…. My name is_____, and I work for DAYO. We are a Youth Based organization located at Mtopanga Mombasa. I would like to share some information with you about COVID 19 and to ask you some questions about your household needs in this challenging time. The aim is to better understand the situation related to COVID 19 and to understand how our Organization and its partners can support to improve the situation. However, at this stage this does not mean we will be able to provide support. We are expecting funding and checking the best options to respond to the needs in the community. It should take approximatively xxx minutes. You may stop the interview at any point in time and you may choose to not answer questions if you don't feel comfortable doing so.		
1. Are you comfortable to participate in this survey? Do you give me your consent to continue the survey?	• Yes • No	Select one
Respondent's Profile		
2. Geographical location level 1 (e.g. Sub County)	• Kisauni • Nyali • Likoni • Mvita • Changamwe	Select one

	• Jomvu	
3. Geographical location level 1 (eg location)	----------	Free typing
4. Name of the respondent	----------	
5. What is your age?		Type number
6. Are you the head of the household?	• Yes • No • Don't know	Select one
7. What is your gender	• Male • Female • Other	Select one
8. What is the level of education of the head of the household?	• None • Primary • Secondary • TVETs • University • Other (specify)	Select one
9. What is the status of the household?	• Local permanent resident/Host • Refugee • Returnee • Internally Displaced • Migrant workers • Other (specify)	Select one
10. If Q9 is no, what is the age of the household head?		Type number
11. If Q9 is no, what is the gender of the household head?	• Female • Male • Other	Select one
12. What is the marital status of the household head?	• Monogamous marriage • Polygamous marriage • Windowed • Single	Select one

	• Divorced • Other (specify)	
13. What type of shelter do you live in?	• Permanent shelter (eg apartment, flat, house with adequate conditions) • Temporary shelter • Emergency shelter (eg plastic sheeting) • Other (Specify)	Select one
14. Composition of the household?	-------- Males -------- Females -------- Other	Type by gender
15. How many pregnant or lactating women and girls are there in the household?	---------	Type number
16. Does anyone in your household have : - difficulty seeing, even if wearing glasses - difficulty hearing, even if using a hearing aid - difficulty walking or climbing steps - difficulty remembering or concentrating - difficulty (with self-care such as) washing all over or dressing - difficulty communicating, for example understanding or being understood	• No - no difficulty • Yes – some difficulty • Yes – a lot of difficulty • Cannot do at all	Select one
17. If yes in Q16, how many people have such difficulties?	-----	Type number
18. Does anyone in your	• Yes	Select one

household have underlying health conditions such as chronic lung disease, moderate to severe asthma, history of heavy smoking, cancer, diabetes, obesity, immune deficiencies?	• No • Don't Know	
19. If yes in Q18, how many people have such underlying health conditions		Type
This Section Seeks to establish the preferred Communication and Awareness medium		
20. Did you receive any COVID 19 related information or awareness messages?	• Yes • No • Don't Know	Select one
21. If yes Q20, from who did you receive the information or awareness messages about COVID 19? If no Q20, from who do you usually receive information regarding public health issues and awareness messages?	• From government official, military official, health authorities • From NGOs, local associations, aid workers • From community support group, VSLA group, Women's Group • From local authorities, religious leaders • From relatives, friends, neighbors • Other	Multiple answer question (select many/don't probe or read the options)
22. If yes Q21, how did you receive information or awareness messages about COVID 19? If no Q21, how do you usually receive information	• Social media (Facebook, Instagram, etc) • TV news • Radio • Newspaper • SMS / WhatsApp etc • Leaflets	Multiple answer question (select many/don't probe or read the options)

regarding public health issues and awareness messages?	• Posters • Discussion on the phone • Door to door sensitization • Public meeting or awareness session • Via religious leaders and institutions • Informal discussion • Other	
23. In which languages, would you like to receive information about COVID 19?	• Kiswahili • English • Local dialect	Select many
24. What key messages did you receive about COVID 19?	• The most common symptoms are fever, tiredness, dry cough, sore throat, nasal congestion, diarrhea, in some cases loss of taste and smell • The contamination vectors: The virus is spread from person to person through small droplets from the nose or mouth when an infected person coughs or exhales. People can catch COVID-19 from breathing the droplets or if they touch objects or surfaces where droplets landed and then touch their eyes, nose or mouth. It is not certain how long COVID-19 survives on surfaces (may last few hours to few days) • Infection and contagion: Some people become infected but do not develop any symptoms and do not feel unwell but are contagious for others. 80% of people recover from the disease without needing any	Select many. Don't read the options. Select the messages that are appropriately remembered by the respondents

	treatment. About 1 in 6 people who get COVID-19 become seriously ill & have breathing difficulties that might require medical attention, especially older people or those with underlying medical conditions. The key barriers to contamination are: • Wash your hands frequently with soap and water or use a hand sanitizer with >60% alcohol • Maintain social distancing, at least 1.5-2 meters distance between yourself and others, specifically anyone who is coughing or sneezing. Stay at home as much as possible • Avoid touching your eyes, nose and mouth • Practice respiratory hygiene: cover your mouth and nose with a bent elbow or tissue when coughing or sneezing. Dispose used tissue immediately. • If you are sick, stay at home and monitor your symptoms. If your symptoms become severe for example, difficulty breathing, coughing, high fever, seek medical attention. • Other (Specify)	
25. Has anyone in your household or neighborhood ever experience the COVID related side	• Yes • No • Don't Know	Select one

effects?		
This section seeks to establish the Household ability to access hand washing and cleaning detergents		
26. Is there a specific hand washing device/station in your house where the household members can wash their hands? (if in the field, ask to see it to confirm)	• Yes • No • Don't Know	Select one
27. Is there water and soap in the hand washing device/station? (if in the field, ask to see it to confirm)	• Yes • No • Don't Know	
28. If no Q27, what are the main reason why your household does not have either?	• Ran out of water/soap/Used it • Cannot afford soap/water • Soap is unavailable/cannot find water • Soap is unnecessary • Don't like soap • Other • Don't know	Select many (do not read)
This section will ask questions of Health and the support Requirements/needs		
29. Do you have safe and easy access to the health facility?	• Yes • No it is far • No I cannot pay for transport • No there are too many people waiting already • Not enough money to pay for health care • No functioning health facilities in the area • Not safe to travel to the health facilities	Select many (read the options)

	• No female health staff • No male health staff • No, other reasons • I don't know	
30. How does the situation and the disseminated information make you feel or affect your stress level?	• I am not worried at all because I don't believe COVID 19 is that serious • I am not stressed. I feel safe because I am respecting the key messages • I am slightly worried because I don't really understand what is going on or what will happen for me in the future • I am very scared for myself and my family's health and survival • I don't know	Read options (select one
31. What are the main fears you and your household face?	• Health issues • Economic situation and income generating activities • Access to food • Access to medicine • Missing school • Safety (related to the crisis specifically) • Others	
32. Have you or anyone you know ever received any form of support from the County or National government with regards to COVID-19?	• Yes • No • Don't know	Select one
33. Which part of this sub county do you consider the livelihood of individuals		Type (the mentioned areas)

being largely disrupted?		
Conclusion		
34. Last question, what are the top three priority needs or concerns for you and your household	• Health care • Food • Water • Sanitation - Hygiene • Shelter and household items • Education • Livelihood • Protection • Other	Select many (rank 3)
35. Do you want to add something before we finish the interview? Enumerator can also add notes here		Type text

Thank you for taking the time to answer these questions. The aim is to better understand the situation related to COVID 19 and to improve how DAYO and its partners can support to improve the situation. However, at this stage this does not mean we will be able to provide support. We are looking for funding and checking the best options to respond to the needs in the community.

Please note that all humanitarian assistance is provided free of charge. You will never be asked to provide sex, money, or other favors in exchange for receiving land, goods, food or services. Report such cases to a person or organization you trust.

Remember to wash your hands for 20 seconds with soap and water or an alcohol-based solution especially if you are using a shared phone.

Annex 2: KEY INFORMANT INTERVIEWS

Key Informant Guide (KII)

1. Briefly share with me some of your roles and functions you support in this office?
2. Kindly highlight for me the COVID-19 situation/trend in this area over the past one year.
3. In what ways have the community in this area been receiving information related to the COVID-19 pandemic?
4. In your opinion, what are some of the most effective ways of disseminating COVID-19 related messaging to people in this sub-county?
5. What type of messaging will you consider most useful to the people in this sub-county?
6. In your opinion, what are some of the community perception (Both Negative and Positive) towards COVID-19 prevention and Mitigation?
7. How best can the community be supported to curb some of the negative perception with regards to containment measures of COVID-19?
8. How has the COVID-19 pandemic affected/disrupted the livelihood and income of the people in this sub-county?
9. What are the current County government priorities in relation to COVID-19 messaging?
10. In your opinion, what are some of the immediate community priorities and needs that may enhance their coping mechanism during this COVID-19 period?
11. What are some of the county government initiatives in place to support some of the immediate needs as mentioned in Q7 above?
12. What resources have either the County or National government put in place to enhance the community coping mechanism during the COVID-19 pandemic?
13. What are some of the existing gaps in the county strategies to supporting community coping mechanism of the communities in this sub county?
14. Which area within this sub county do you consider individual livelihoods having been largely affected by the COVID-19 Pandemic?
15. Is there any other information that you may want to bring to my attention regarding community coping mechanism and COVID-19?

Annex 3: Focused group Discussion

Focused Group Discussion (FGD) Guide

1. Briefly share with me the COVID-19 situation in this Sub County?
2. Please share with me how COVID-19 pandemic has affected the livelihood of people in this sub county?
3. In you understanding, which parts of this sub-county do you consider as having been largely effected by the COVID-19 pandemic?
4. Please share with me some of the COVI-19 prevention measures that you are aware of?
5. Is the community in this area implementing/practicing the containment measures you have mentioned above?

   b) If no, why are they not practicing?
6. What are some of the myths about COVID-19 that you have heard from people in this sub county?
7. What messaging would you recommend to us to share with people of this sub county?
8. What medium, if any, would you recommend we utilize to disseminate this information?
9. What type of support, if any, have you or anyone you know ever received from either the County or National government?
10. What immediate needs and priorities would you recommend to supporting the most vulnerable people of this sub county to enhance their coping mechanism?
11. Is there any other information that you may want to bring to my attention regarding community coping mechanism and COVID-19?

End of FGD (Thank the participants)

Report Validation stakeholders

This report was validated by the following representation of organizations:

1. **Name**	**Organization**
2. Perpgoa Martini	Ministry of Interior
3. Mitchelle Tati	Ministry of Interior
4. Noah Longwatae	Ministry of interior
5. Angela Lengerded	Ministry of interior
6. Jeremiah Machache	Ministry of Interior
7. Miriam Tilas	Ministry of Interior
8. Fatuma Sunwa	Department of Health-Mombasa
9. Rhophus Mwangwa	Department of Health-Mombasa
10. Isaih Karisa	Department Of Health-Mombasa
11. Agatha Mainaa	Department of Health-Mombasa
12. Hussein Bilac	Department of Health -Mombasa
13. Rose Gichana	Department of Health -Mombasa
14. Rebbeca Wachira	CHIEB-K
15. James Nzoia	USAID
16. Judy Mboku	DSW
17. Felix Agoi	AKU
18. Ali Komora	Board Chair –DAYO
19. Emmnuel Ngaira	
20. Harrison Kisivu	Media max
21. Vivian Edwich	YACH-Mombasa
22. Peter Kombe	Baraka FM
23. Philip Baya	Surveillance Community Based Organization
24. Vivian Mesi	Dream Achievers Youth Organization
25. Hezron Oenga	CGTRH
26. Sharon Anyango	CGTRH
27. Ami Mohammed	Council of Imams and Preachers of Kenya
28. Oliver Mbwana	
29. Bernard Ochieng	Family Health Option –Kenya

30. Alma Rama	Talanta kazi
31. Asaph Benaiah	Dream Achievers Youth Organization
32. Bety Mutweta	Dream Achievers Youth Organization
33. Seif Jira	Dream Achievers Youth Organization
34. Enos Opiyo	Dream Achievers Youth Organization

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