Covid-19 Global Pandemic in Nairobi's Low-Income Areas:

The Virus: Knowledge, Prevention Measures, Perceived Risk, Testing and Expected Future Impact

Round Two Survey Report | 4th Release | 12th July 2020

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Canada

Hanns Seidel Stiftung

Contents

Executive Summary

Photo by Adam Nieścioruk on Unsplash

Testing for Covid-19

Testing for Covid-19

	R1	R2
Know someone who has been tested for corona (n=total sample)	7%	17%
Found to have corona after testing (n= those who know someone who has tested)	29%	28%
Personally know some who died of Covid-19 (n=those aware who has tested positive)	25%	26%

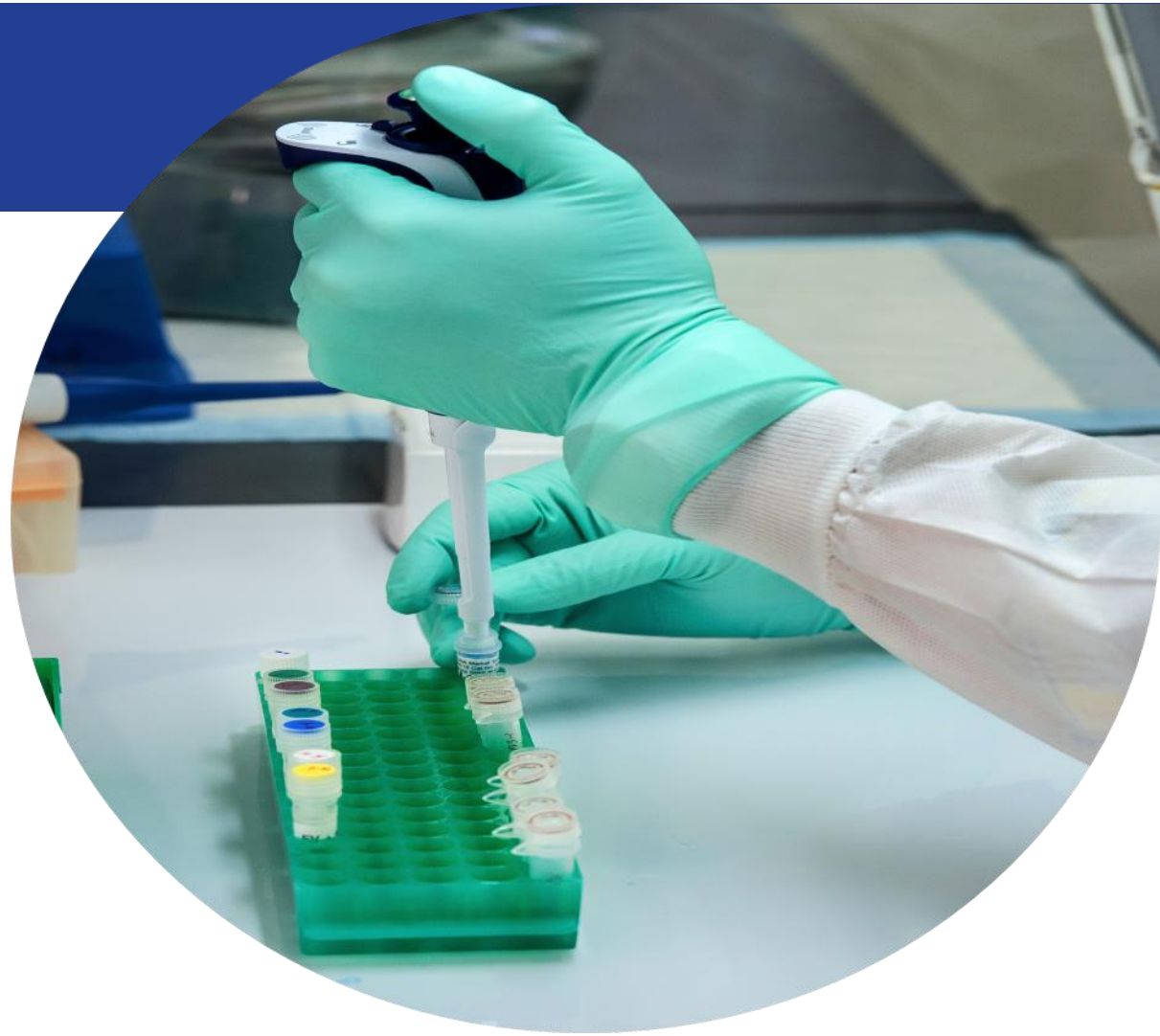
Willingness to test for Covid-19

- **90%** are willing to test for Covid-19
- **10%** are NOT willing to test for Covid-19

Barriers to testing for Covid-19

Amongst those unwilling to test;

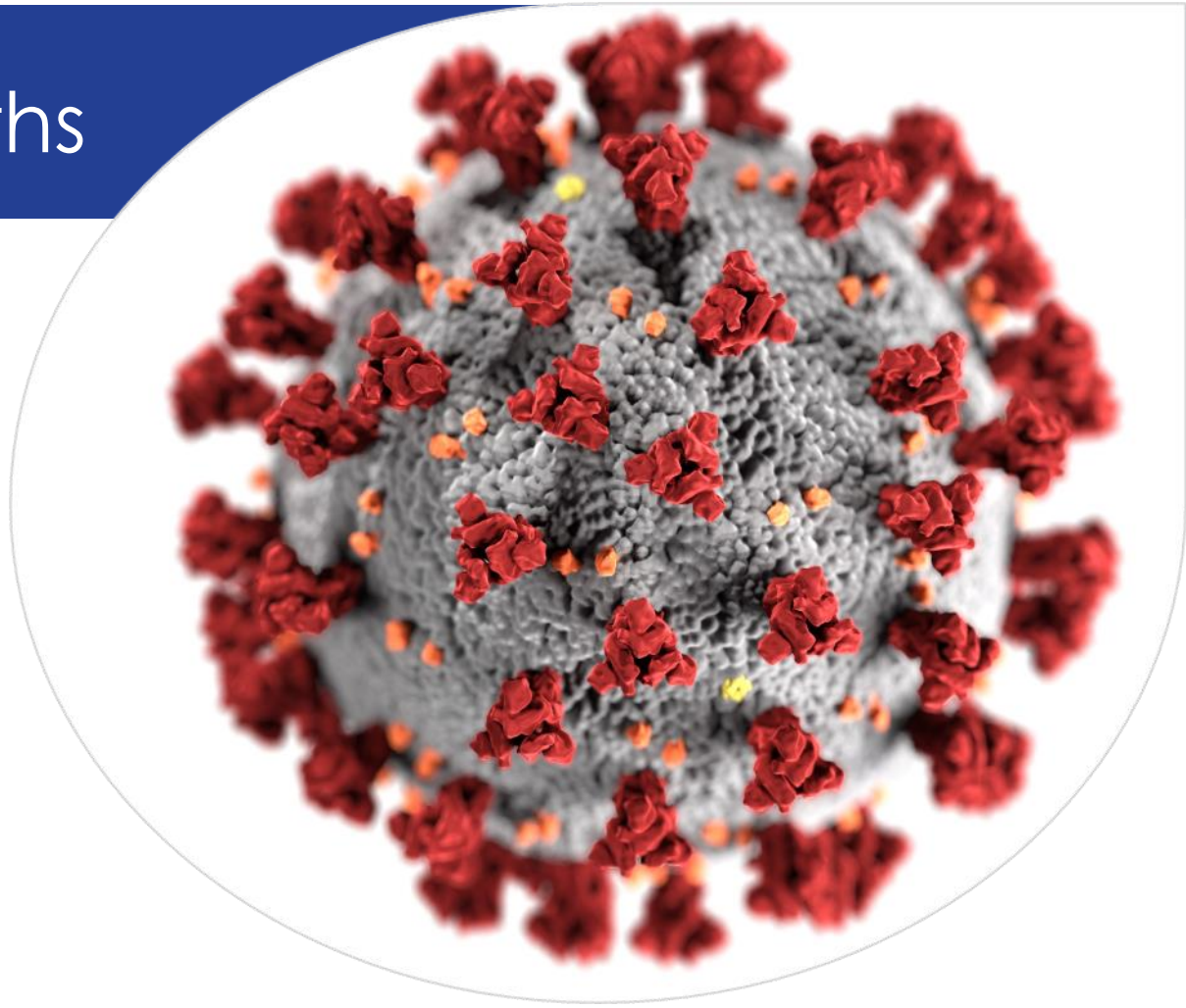
- **45%** fear the procedure
- **15%** social stigma if found positive
- **11%** fear of forceful quarantine
- **4%** fear medical costs associated with the treatment



RI - Round One Survey in April 2020
R2 - Round Two Survey in June 2020

Photo by CDC on Unsplash

Covid-19 infected & deaths



Knowledge of infected and deaths

- ❑ **13%** mention BOTH correct number of cases and deaths
- ❑ **32%** mention EITHER correct number of cases and deaths
- ❑ **55%** Do not mention may figures for cases and deaths
- ❑ 5% give incorrect number of cases and deaths

Gender disparities in knowledge

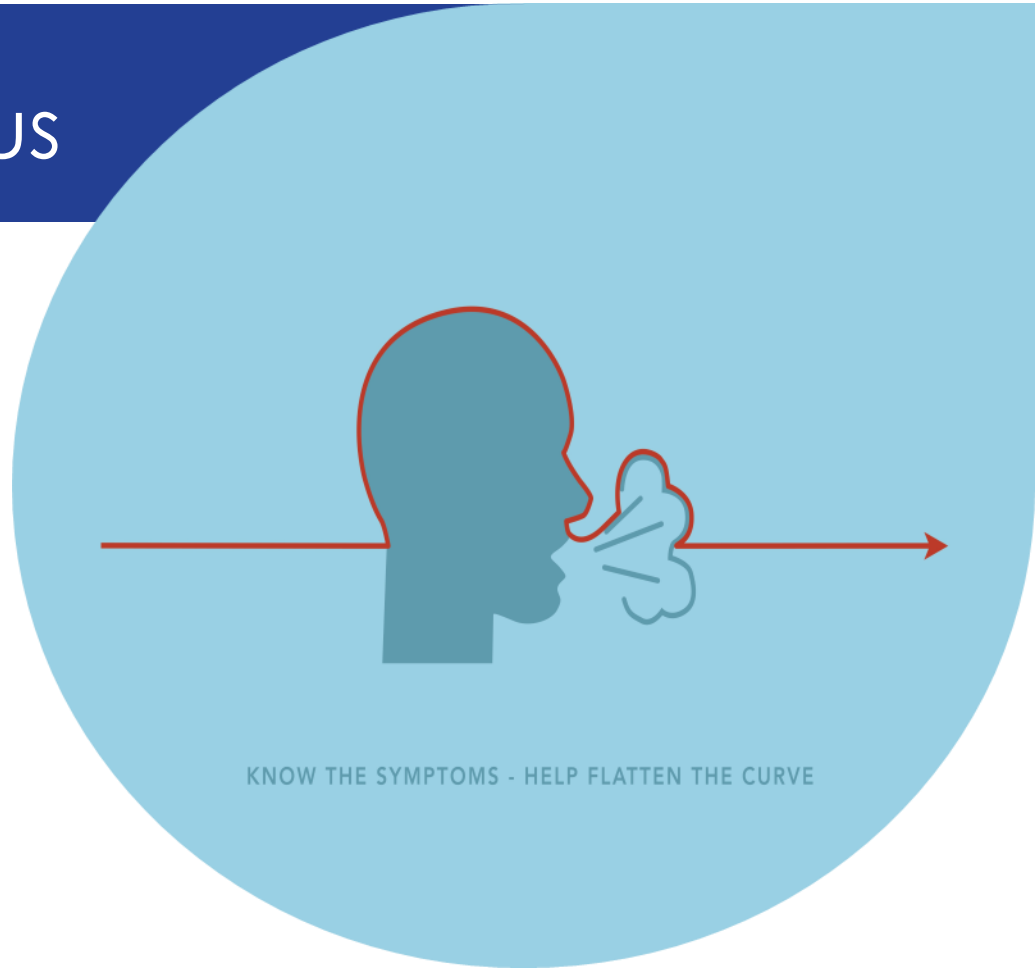
- ❑ **13%** of total sample mention BOTH correct number of cases and deaths
- ❑ **16%** of **males** mention BOTH correct number of cases and deaths
- ❑ **10%** of **females** mention BOTH correct number of cases and deaths

Anxiety about contracting virus

Anxiety on the virus declining

Respondents are less concerned about the medical risks stemming from the Covid-19 virus than they were at the end of April when Round One was conducted.

	R1	R2
Very worried about contracting the virus	71%	54%



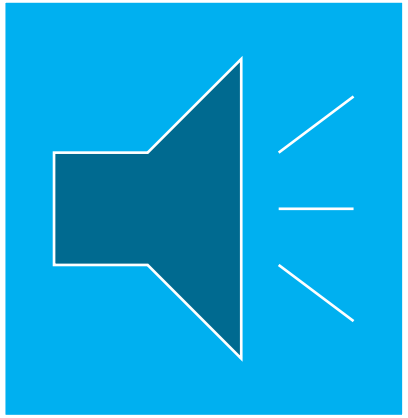
Expectations of The Virus' Future

Small increase in the proportion of respondents who expect the future of the Covid-19 virus to be worse/more destructive than it was at the time of Round One..

	R1	R2
The worst is yet to come	50%	54%
The worst has happened & things will improve	39%	38%

Study Objectives Background Information, and Release Introduction

Overall Study Objectives



- To measure the level of **awareness of the disease** among residents of selected low-income areas in Nairobi, and their level of concern with it
- To assess the immediate **social-economic impact** of the Covid-19 crisis on them
- To understand their current **coping mechanisms and future expectations** of their medical and economic well-being
- To establish their experience with and opinions about relevant **government enforcement efforts**
- To determine the proportion who say they have **benefited from any remedial measures** instituted by either state or non-state actors, or even know about them

Introduction: Study Background

- The measures taken in Kenya to contain Covid-19 have affected households in many ways, including job loss, loss of remittances, higher commodity prices, heightened insecurity, and disruption to health care services and education. While these impacts have affected most households across the country, they appear to be more profound and longer-lasting amongst low income-earners in more congested urban areas who are inherently more vulnerable.

- Nairobi has registered the highest number of Covid-19 cases in Kenya – nearly one-third of the national total (yet fewer than one-in-ten Kenyans reside there). Given the restrictions placed on movement in and out of this county (including the curfew) as well as the recommended (and in some cases enforced) 'social isolation' measures in response to the Corona pandemic and the resultant economic slow-down, it has become clear that many people are finding it increasingly difficult to 'make ends meet', especially those in the lower-income areas captured in this survey.

- In this context, TIFA Research, in collaboration with Dr. Tom Wolf, designed and implemented a survey to explore these issues among this section of Nairobi's population over time. Round One of the survey was conducted at the end of April and captured the experiences, views and expectations of 356 respondents resident in Nairobi's main low-income areas. Subsequently, a webinar was held to explore some of the issues captured. (Both the webinar and the entire Round One Release may be accessed from here http://www.tifaresearch.com/the-covid-19-global-pandemic-in-nairobis-low-income-areas/.

Introduction: Content and Context of This Round Two Release

- This is the 4th Release of TIFA's Round Two survey on the awareness and impact of the Covid-19 virus pandemic and the measures implemented to contain it among Nairobi's low-income areas. It includes findings related to public health issues associated with the Covid-19 virus, specifically: awareness, levels of concern, citizen prevention measures, main sources of information); government prevention measures (awareness, levels of compliance, and opinions about them).

- The findings are based on CATI (mobile phone) interviews with 579 respondents, 286 of whom had participated in Round One. The survey was conducted during 2-15 June. It involved 579 respondents (including 286 who had participated in Round One) in these same low-income areas.

- The focus of the 1st Release (of 30 June) was the virus' economic impact, a consequence of its regional and international consequences as well as of the measures implemented by Government to contain it. The 2nd Release focused on personal and public prevention measures, with particular attention to the night curfew and Nairobi area travel restrictions. The 3rd Release included two social issues: having children at home and their ability to access educational content, and domestic violence. The remaining Releases will cover its impact on various aspects of personal and community life (crime, domestic violence, social welfare issues (awareness of/experience of assistance to the needy, awareness of such assistance by non-state actors), and knowledge of/levels of trust in particular sources of information about the virus.

Introduction: 4th Release Content and Context (con't)

- When President Uhuru Kenyatta addressed the nation on 6 June there were 2,600 confirmed Covid-19 cases. As of 4 July this figure had ballooned to over 7,000. During the period of the survey it ranged between 2,021 (on 2 June) and 3,727 (on 15 June). During this period confirmed deaths increased from 69 to 104. (As of today the figure is close to 200.)

- In his address, which including a lifting of the travel restrictions affecting three counties, including Nairobi, and the reduction of the duration of the night curfew by three hours, he made it clear that the continuation of such a 'softening' of such disease-prevention measures would depend upon the course of the virus, a reality that would depend on both Government efforts (i.e., testing, tracing, quarantining, the provision of necessary medical equipment and treatment, etc.), and on those of citizens. These latter include adhering to various regulations (e.g., wearing masks in public, obeying the curfew, etc.) and practicing prevention measures for which they have personal responsibility. Failure to take such responsibility, evidently verified through the information gained from testing as well as the patient-load in the country's various public and private medical facilities (as well as their collective medical outcomes), he made clear, would trigger the re-imposition of such restrictions, or even harsher ones.

Introduction: 4th Release Content and Context (con't)

- The results of this 4th Release of the Round Two survey therefore focus on such issues related to the virus itself. Among the various issues explored, it examines whether there is any measurable connection between knowledge (and fear) of the virus (symptoms, awareness of its extent and lethality in Kenya, etc.) and levels of concern tolerance of/adherence to the prevention measures which remain in place as public requirements and as recommendations at a personal level. Some of these measures apply especially to those now able to move freely and out of Nairobi, many to visit their up-country homes, and vice-versa.

- It is hoped that such survey findings (most of which were also explored in Round One and will be again in Round Three) will help both the relevant authorities and civic actors better appreciate the factors which determine or at least influence citizens' behavior with regard to such (legal) regulations and (informal) guidance. Specifically, while adherence to the former is likely a reflection of how serious the penalties are for violating them and the likelihood of being caught, practicing the latter is likely to be mainly a reflection of how tangible/real the Covid-19 virus-threat is considered to be.

Methodology: Data Collection

Sub-topic	Detailed information
Field work dates	2nd-15th June 2020
Geographical scope of study	Nairobi County - low income areas (mainly: Huruma, Kibera, Mathare, Korogocho, Mukuru kwa Njenga, Kawangware)
Proportion of Nairobi's adult population covered	29% of the estimated 820,000 i.e., adults living in the low income areas
Target respondents	Adults (18+ years) living
Sample size	579 respondents (Male = 306, Female = 273)
Margin-of-error	+/- 4.1% for the total sample. (Note: Sub-sample results have higher error-margins)
Average duration of interview	35 minutes
Proportion who stated that they enjoyed the interview	99%
Proportion who agreed to participate in a similar future survey	97%
Data collection methodology	Telephonic – calls made to respondents recruited in previous face-to-face/household surveys.

The safety and well-being of our office and research field staff, as well as of our survey respondents, is paramount during this period of the COVID-19 threat. In aligning with government guidelines to minimize movements and promote safe (i.e., physical) distancing, TIFA has set up a virtual call centre-platform allowing the field staff to make interview-calls from their homes.

Methodology: Data Analysis

- In addition to presenting the results based on these Study Objective topics, the presentation of results also explores some of the contrasting experiences and opinions within the sampled population by using particular sub-groupings of the total sample.

- This is done both to underscore the point that even within Nairobi, there is considerable variation in how the Covid-19 virus and the measures implemented by Government to combat it among residents in the city's low-income areas, and that such data can be used to reveal the logic as to why such variations occur. This is considered especially useful for policy-makers and others involved in combating the virus and addressing the needs of those most affected by it. Further, such analysis raises critical issues that could be further explored in subsequent Rounds of the survey.

Survey Sponsors

For this Second Round of a planned multi-round survey of the same respondents, TIFA gratefully acknowledges the support of following organizations:

- The Canadian High Commission in Kenya
- The Hanns Seidel Foundation-Kenya

Activity supported by the
Canada Fund for Local Initiatives

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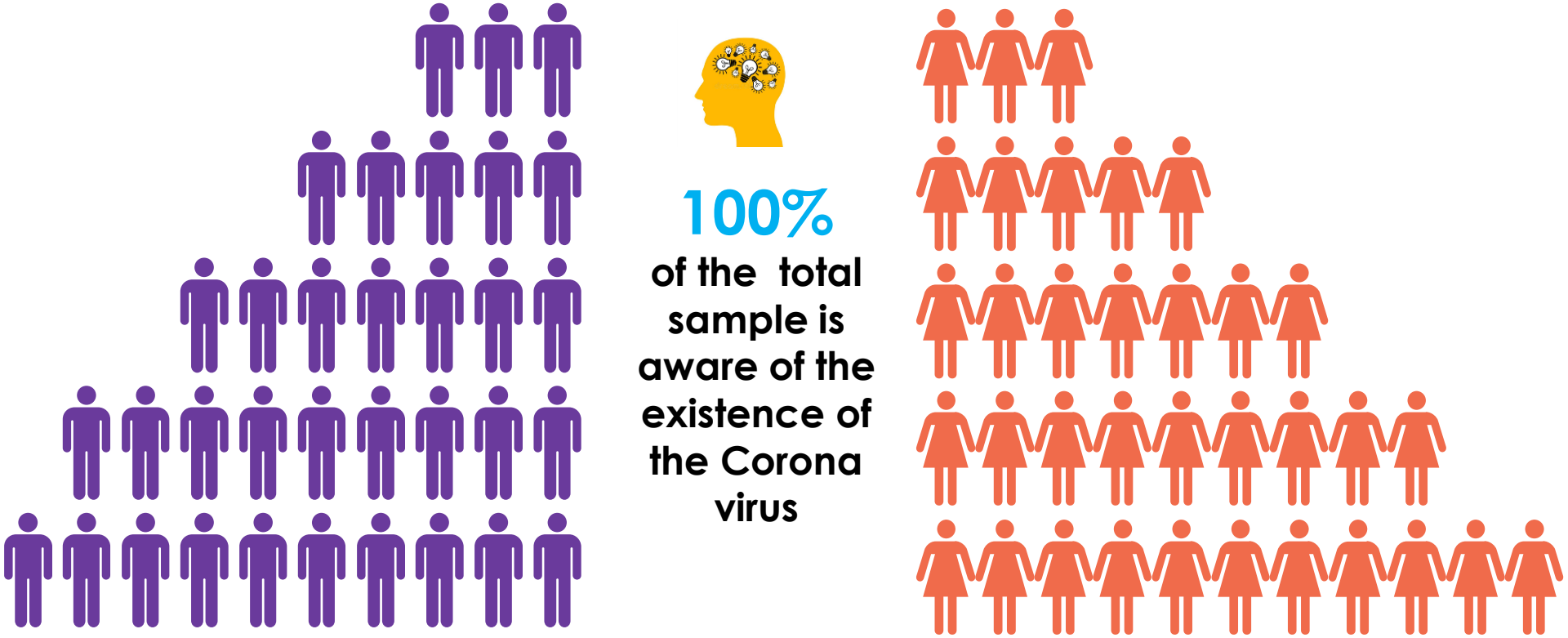
Covid-19: Awareness, Prevention Measures, Level of Concern of Infection, and Future Impact Expectations

Knowledge of Covid-19



Q: If you know, what is the name of the disease or illness that is now affecting some Kenyans as well as people all over the world?

Base=579 (Total Base)

Personal Knowledge of Someone Who…Has Been Tested/Was Found Positive/Died From the Virus/Has Symptoms of the Virus

- Although certain figures have increased since Round One of the survey was conducted at the end of April, it remains the case that very few respondents personally know anyone who: (1) has been tested for the Covid-19 virus, (2) was found to be positive after the test, (3) has died from it, or even (4) has symptoms of infection. Given the still quite limited testing that had been done by the time of the survey (around 100,000 nationally), such results are not surprising.

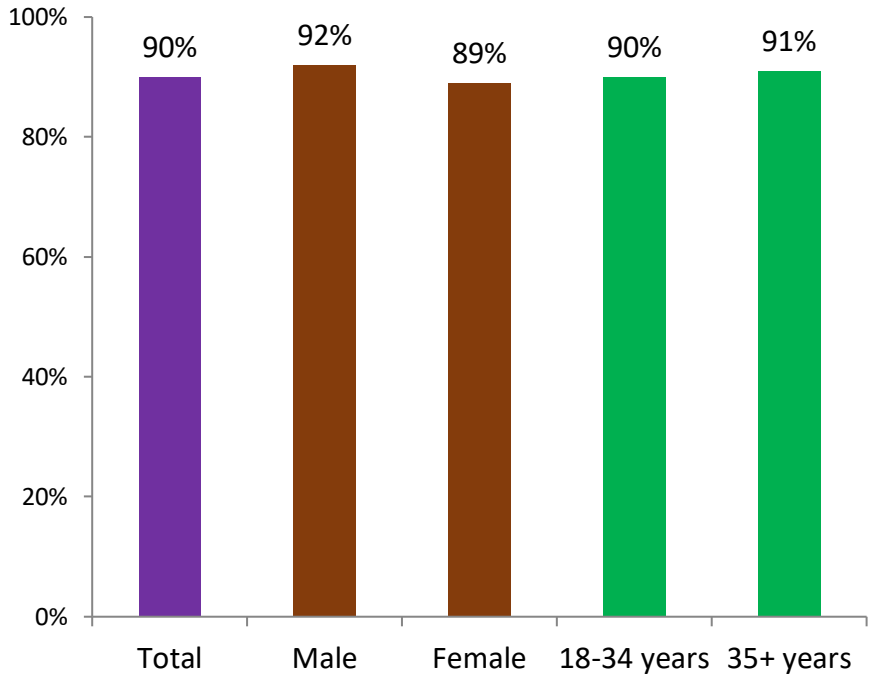
"Do you personally know anyone who…*	Number (and %) Saying "Yes"
…has been tested for the Covid-19 virus?"	100 of 579 (all respondents) = 17% (Round One: 24/356 = 7%)
...was found to have the disease after the test?"	28 of 100 (those knowing anyone tested = 28% - 5% of all respondents) (Round One: 7/24 = 29%)
...has died from it?"	7 of 28 (those knowing anyone who tested positive = 25%) (Round One = 2/7 = 26%)
...you think has the disease because of the symptoms they are showing?"	8 of 579 (all respondents) = 1% (Round One: 7/356 = 2%)

Base (Round Two) = 579
Base (Round One) = 356

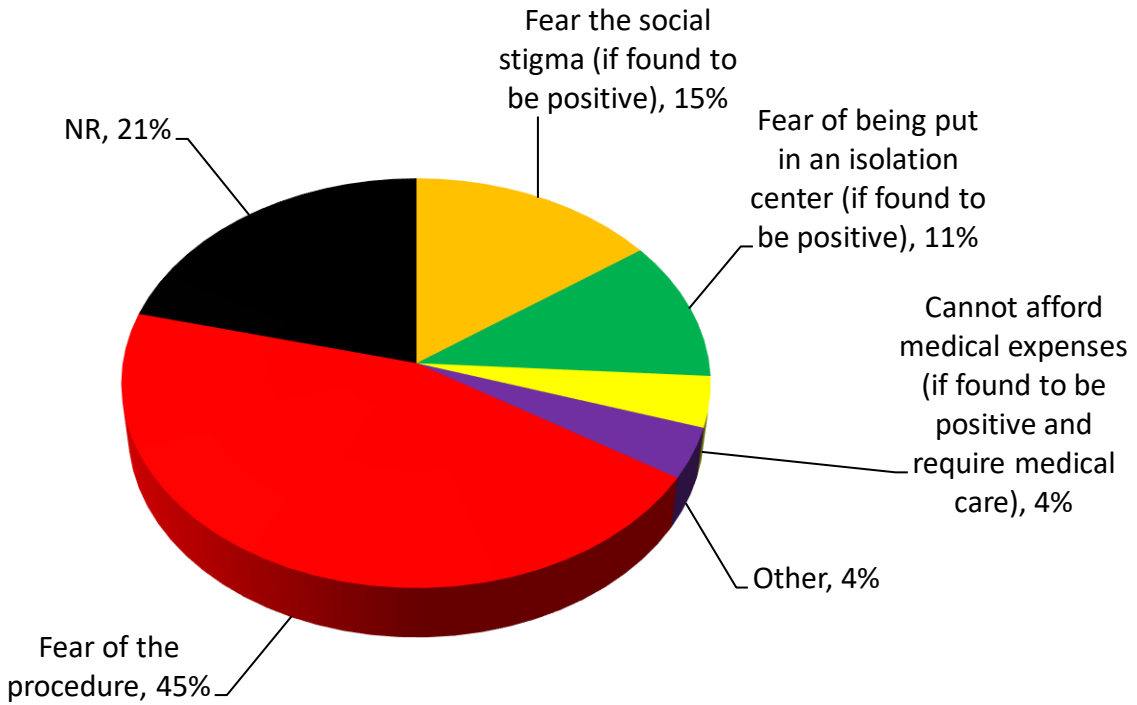
Reported Willingness to Be Tested for Covid-19: by Total/Main Reason for Not Wanting to be Tested: by Those Unwilling to Be Tested

- Nearly all respondents say they would agree to have a free test for the Covid-19 virus, with no contrasts in terms of gender or age.
- Among the few (10%) who say they would not, the main reason is fear of the procedure, though fear of the social stigma, fear of being forcibly quarantined, and the cost of potential medical expenses – if found to be positive – were also mentioned.

% Saying They Are Willing to Be Tested: by Total



Main Reason for Not Wanting to Be Tested: By Those Who Would Not Be Tested Even for Free



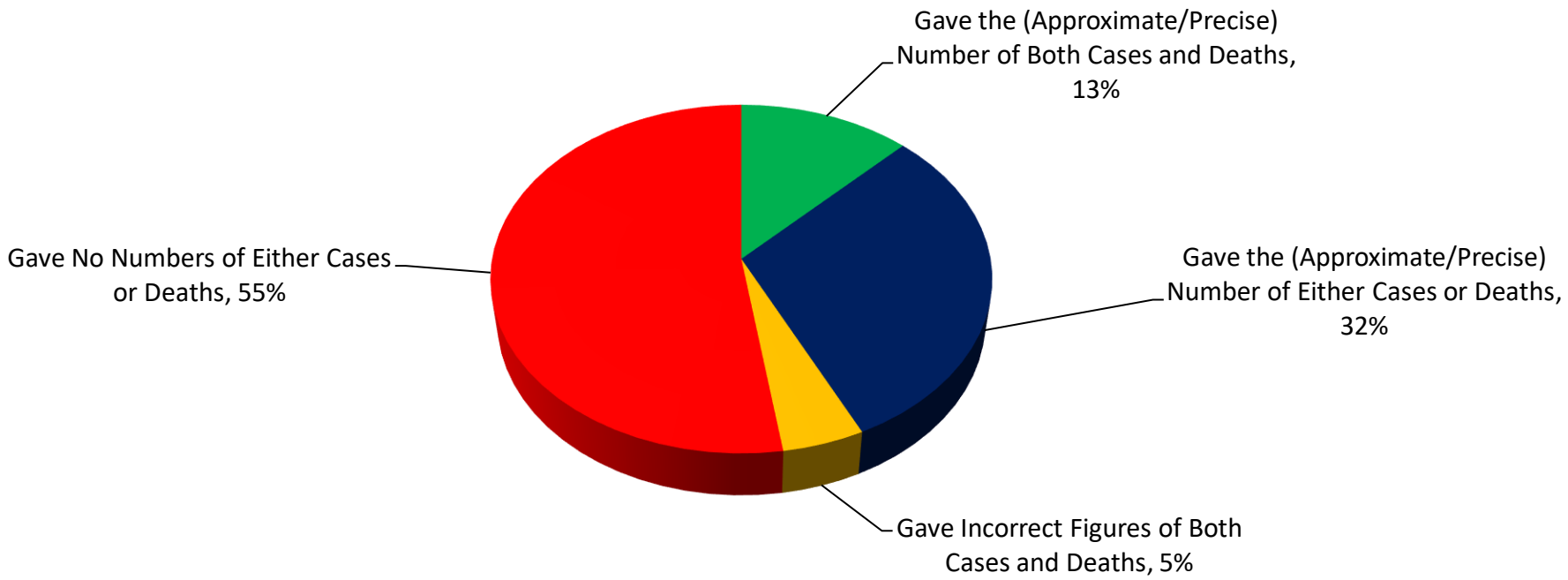
Q: If you had the opportunity to take a free test for the Covid-19 virus, would you do so?
Q: What is the main reason you would not have a test even for free?

Bases= 579/53

Awareness of Correct Figures of Covid-19 Cases/Deaths: by Total

- Nearly two-thirds of all respondents (60%) gave either significantly incorrect figures or no answer at all for the number of confirmed cases and deaths from Covid-19 in the country. Slight fewer than half (45%) could give (nearly) correct figures for either one or both of these illness-victim categories.

Awareness of Confirmed Cases/Deaths (+/- 200 of the Precise Previous Day's Official Figure On Date of Interview):
by Total

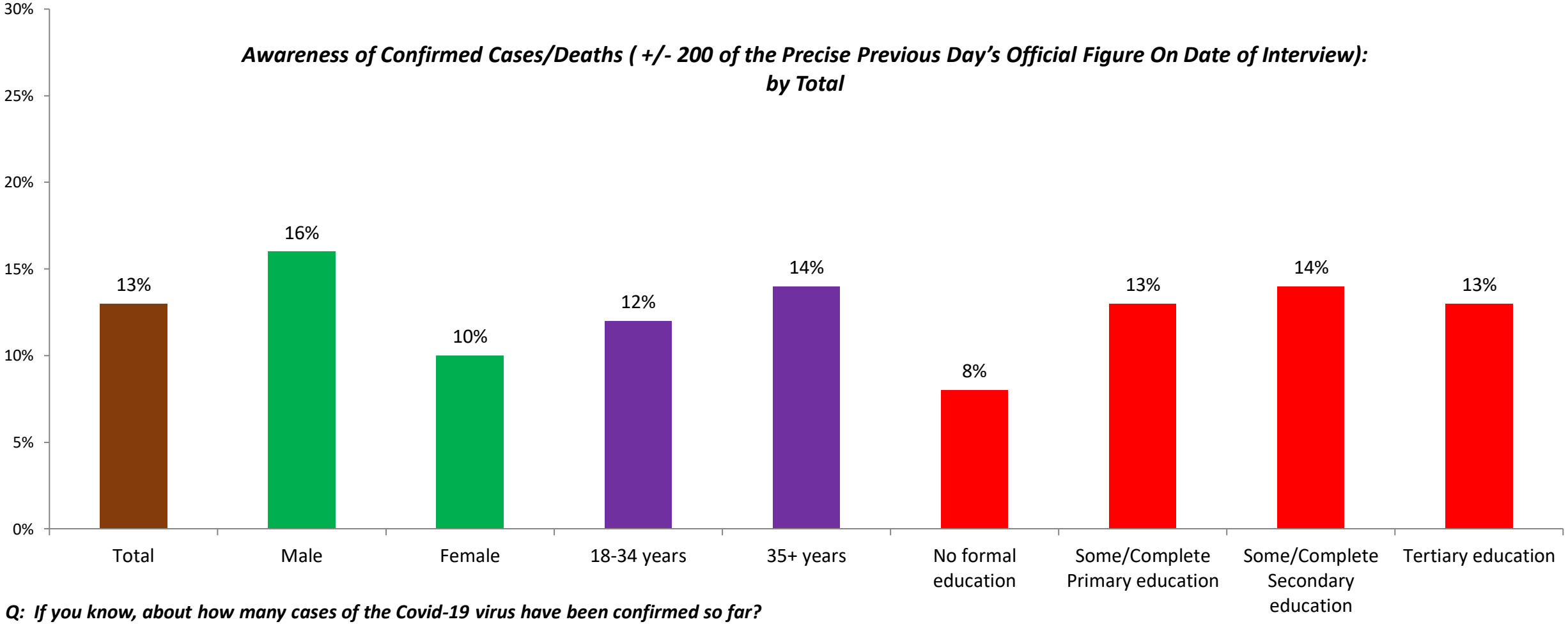


Q: If you know, about how many cases of the Covid-19 virus have been confirmed so far?
Q: And about how many people have died?

Base= 579 (all respondents)

Awareness of Correct Figures of Covid-19 Cases/Deaths: by Total, Gender, Age and Education

- Rather more men than women offered correct figures for cases/deaths at the time they were interviewed. Far fewer of those without any formal education could provide such correct figures as compared with those of any education at all.



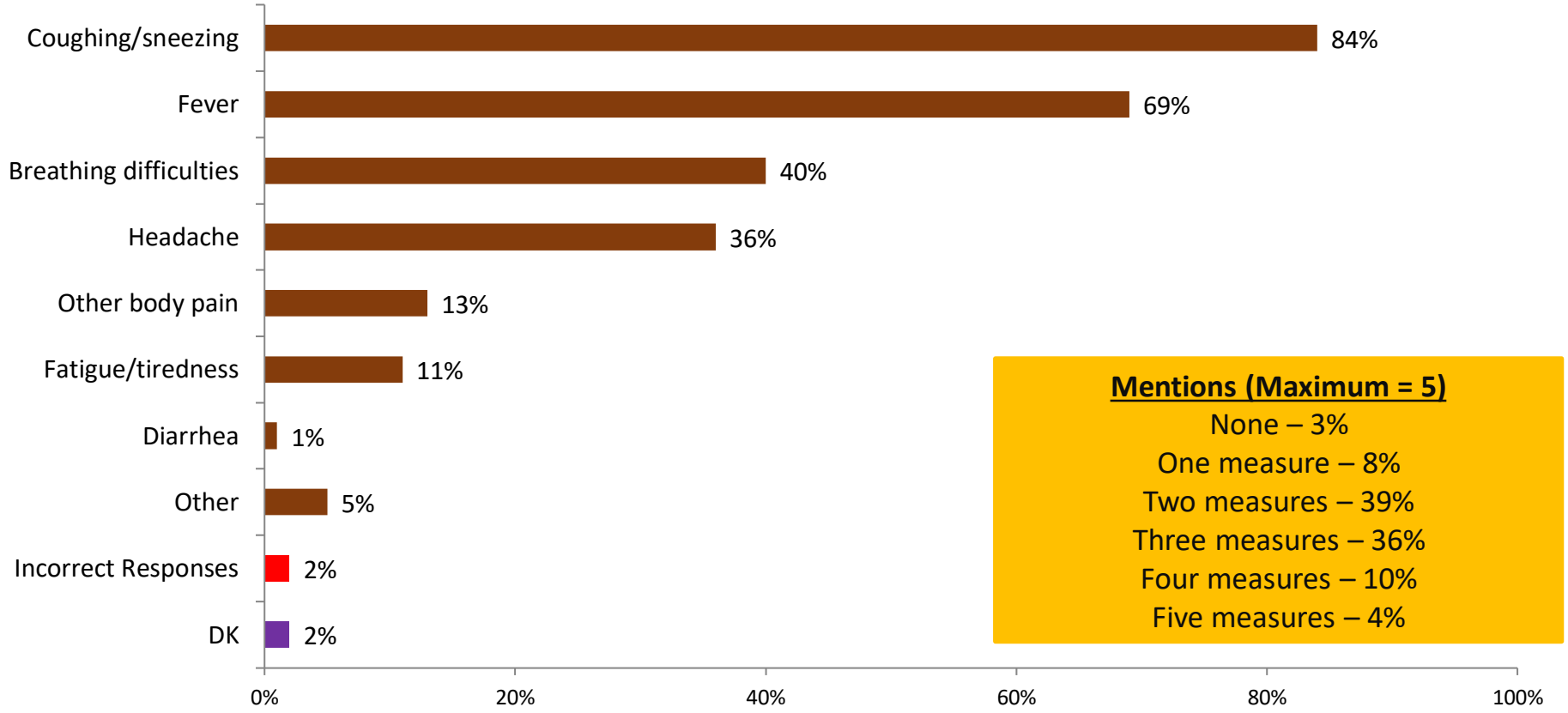
Q: If you know, about how many cases of the Covid-19 virus have been confirmed so far?
Q: And about how many people have died?

Base= 574

Knowledge of Symptoms of the Virus: by Total

- Only half of all respondents could mentions more than two symptoms of the virus, but only 3% could not mention any.
- More than eight-in-ten know that coughing/sneezing may be symptoms, and over two-thirds likewise know that fever is another common symptom of Covid-19.

Knowledge of Covid-19 Symptoms: by Total



Mentions (Maximum = 5)
None – 3%
One measure – 8%
Two measures – 39%
Three measures – 36%
Four measures – 10%
Five measures – 4%

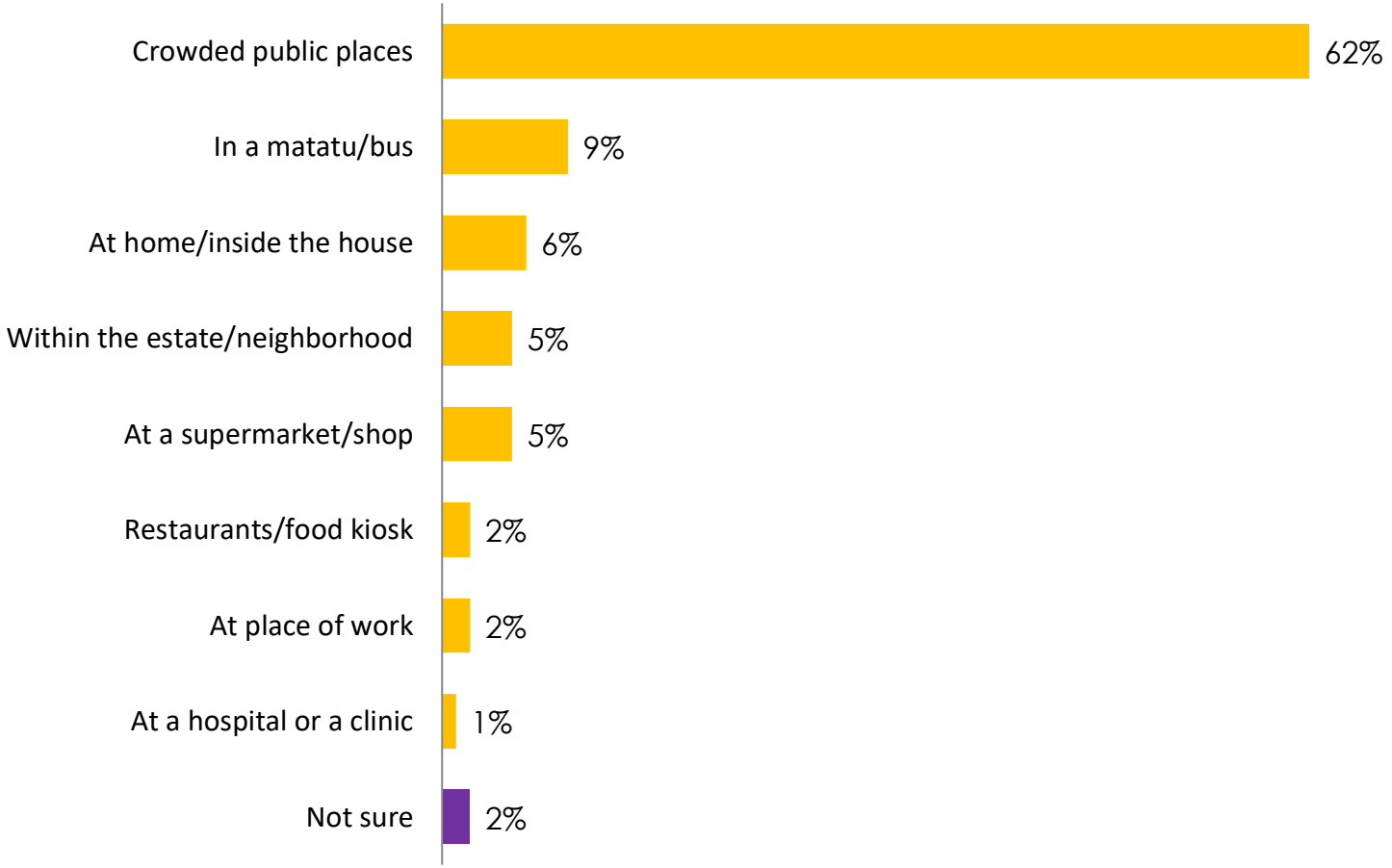
Q: As far as you know, what are the symptoms of this Corona virus disease? (Multiple response – up to five)

Base= 579 (all respondents)

Places with the Greatest Perceived Exposure-Risk: by Total

- A majority feel they are at greatest risk of being exposed to the virus at public places where many people congregate, as well as at supermarkets/shops/market, places and elsewhere where it is also impossible to 'keep social distancing'.
- Public transport has 9% mentions whilst hospitals, religious places, restaurants and public toilets have fewer than 5% mentions, but such lower figures may mainly reflect the fact that respondents are usually or now less inclined to visit them.

Places Considered at High Risk for Contracting the Virus: by Total



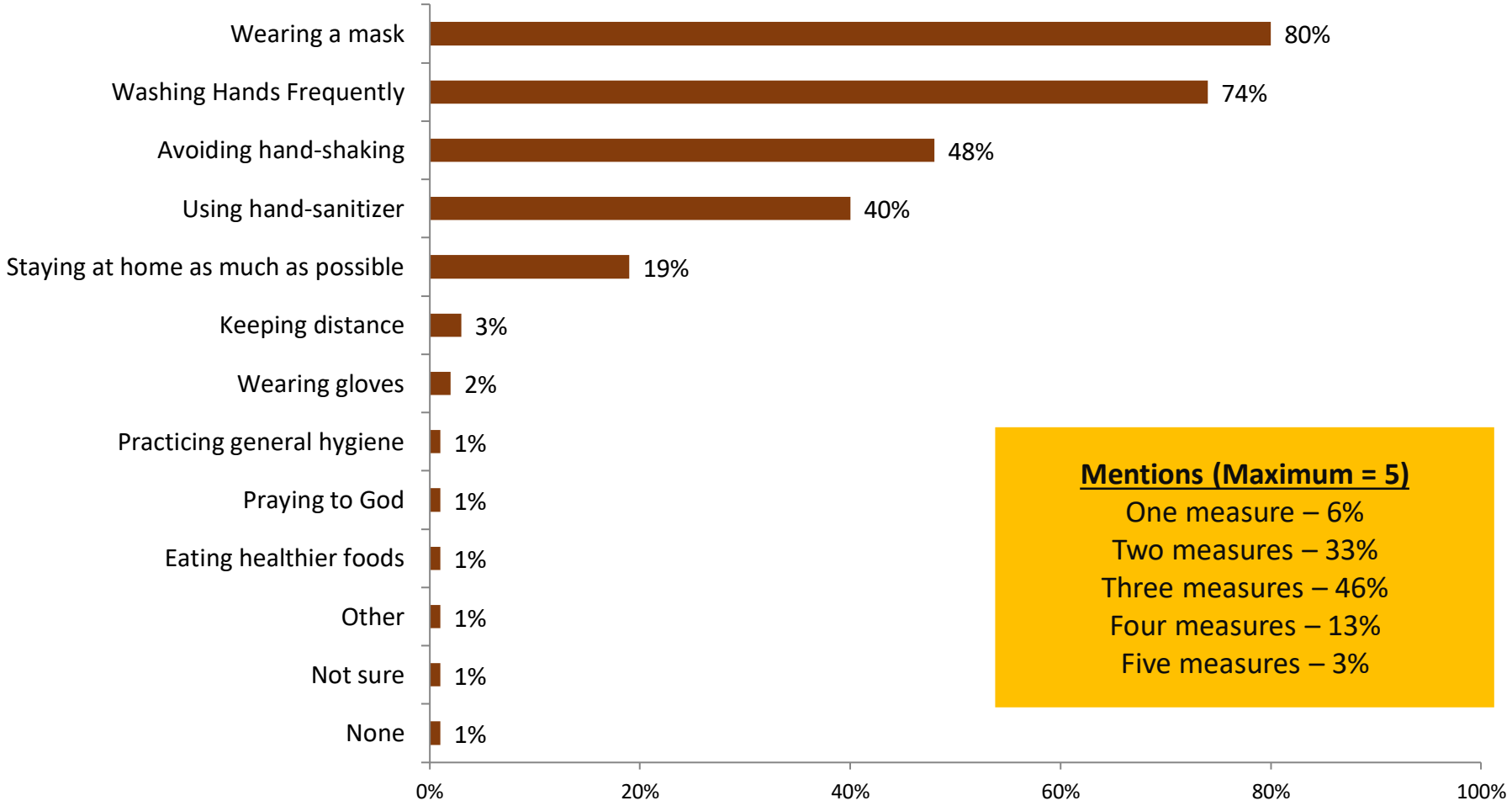
Q: Where do you think you are most likely to possibly get infected to coronavirus?

Base=579 (all respondents)

Reported Personal Prevention Measures: by Total

- Respondents report a high level of adoption of the recommended behaviour of washing hands frequently and the required mask-wearing. The high level of use of a hand sanitizer apparently reflects its required use in many shops and other facilities, since its purchase may be beyond the reach of many of the respondents.

Self-Reported Protection Measures Taken to Protect One's Self from Contracting the Virus: by Total



Mentions (Maximum = 5)
One measure – 6%
Two measures – 33%
Three measures – 46%
Four measures – 13%
Five measures – 3%

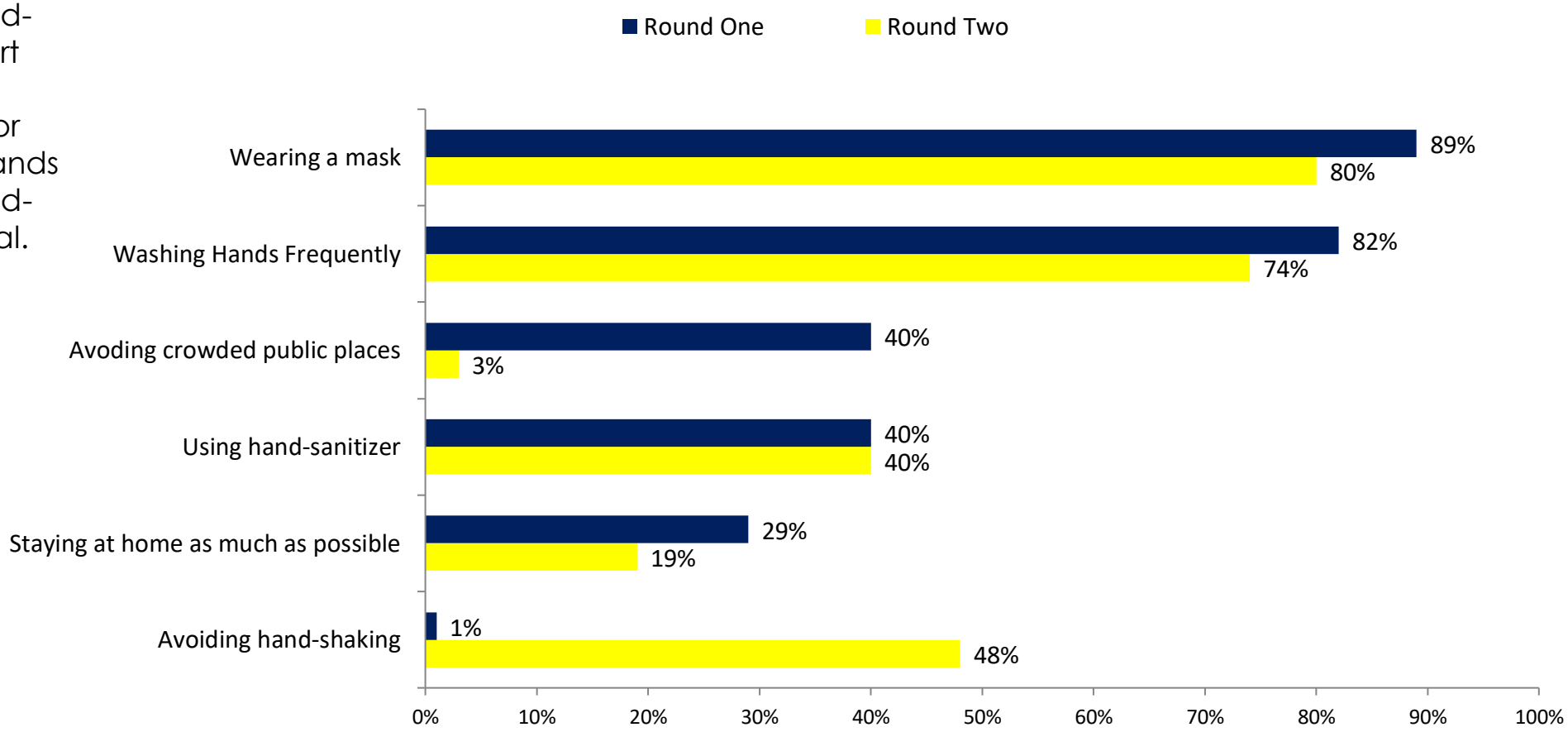
Q: What measures, if any, have you adopted to protect yourself from this virus? (Multiple Response – Up to five, Unprompted)

Base=579 (all respondents)

Reported Personal Prevention Measures: Round One vs. Round Two (Top Six Mentions)

- Compared to Round One, many more Respondents say that they are avoiding hand-shaking, but far fewer report that they are avoiding crowded places. Figures for wearing masks, washing hands frequently and using a hand-sanitizer are almost identical.

Self-Reported Protection Measures Taken to Protect One's Self from Contracting the Virus: by Total - Round One vs. Round Two



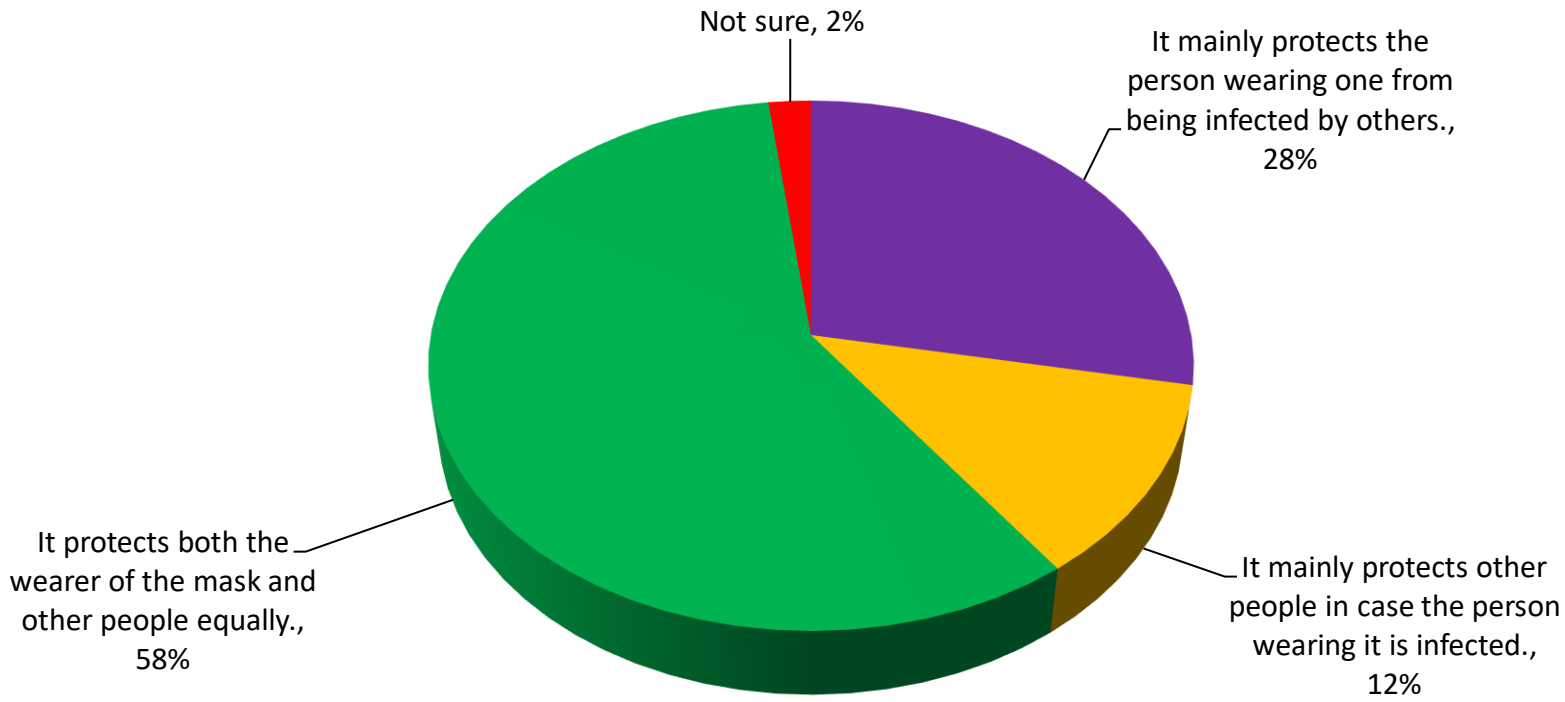
Q: What measures, if any, have you adopted to protect yourself from this virus? (Multiple Response – Up to five, Unprompted)

Base=579 (all respondents)

Perceived Main Purpose/Benefit of Mask-Wearing: by Total

- A clear majority (58%) believe that masks are of equal benefit to both those wearing them and other people in close proximity, while a substantial minority (28%) the main beneficiary is the wearer. (Note that at the time of the survey, the official international medical view was that such coverings mainly protect others from those who are infected.)

Perceived Main Beneficiary of People Wearing Masks: by Total



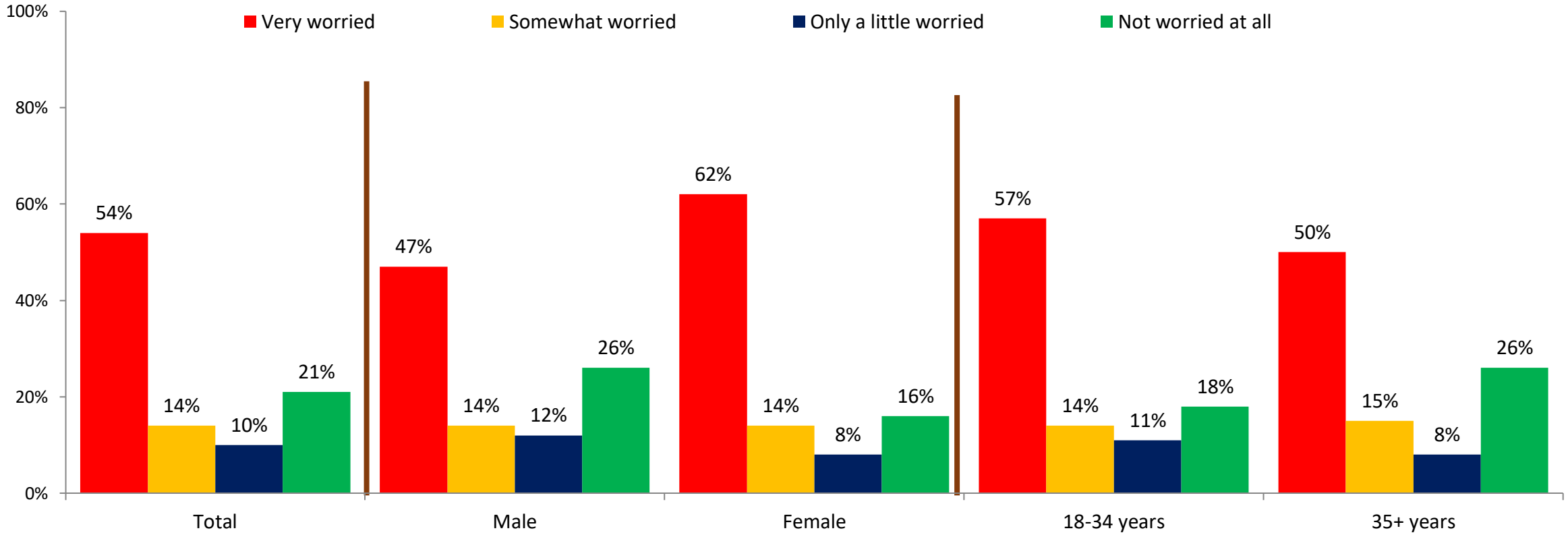
Q: If you or any member of your household thought that they had the virus, would they be able to stay apart from everyone else until they were tested so as not to spread the disease?

Base= 579 (Total)

Anxiety Level About Contracting the Virus: by Total, Gender, Age

- More than half of all respondents are "very worried" about contracting the Covid-19 virus. Women and younger respondents are more anxious about this.

Anxiety-Level About Contracting the Corona Virus: by Total, Gender, Age

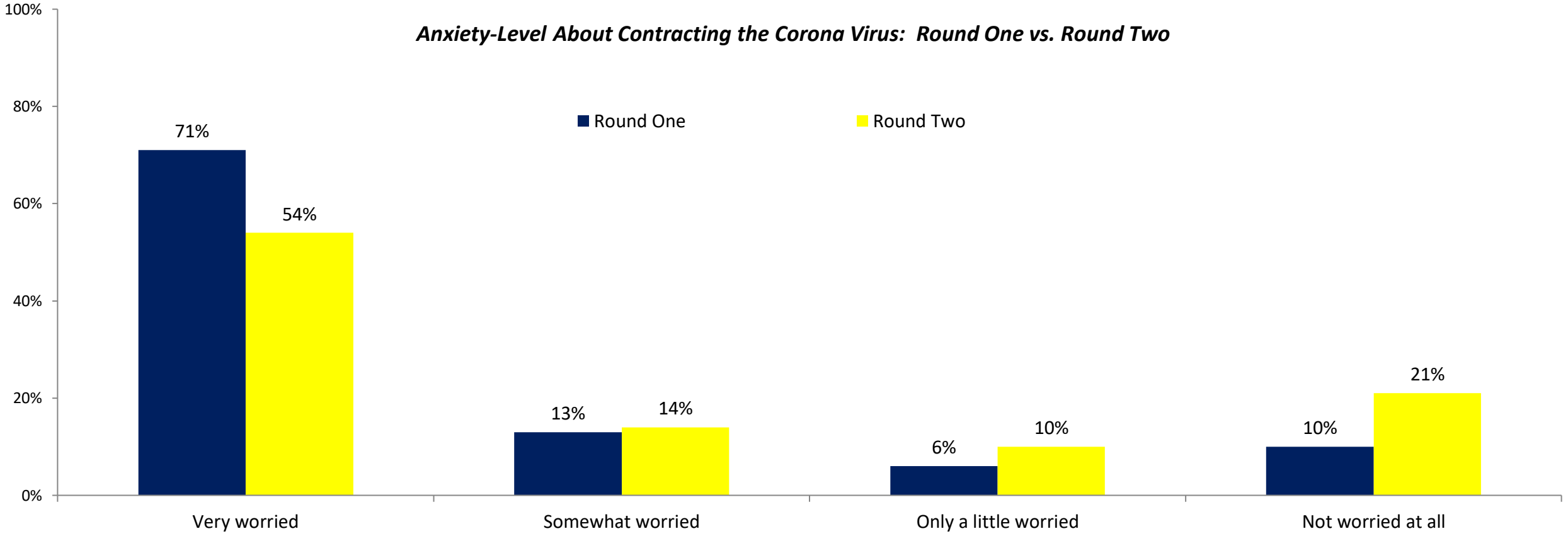


Base=579 (all respondents)

Q: How worried are you about getting infected with Corona/COVID-19? Would you say that you are…?

Anxiety Level About Contracting the Virus: Round One vs. Round Two

- Respondents are clearly less concerned about the medical risks stemming from the Covid-19 virus than they were at the end of April when Round One was conducted.



Q: How worried are you about getting infected with Corona/COVID-19? Would you say that you are…?

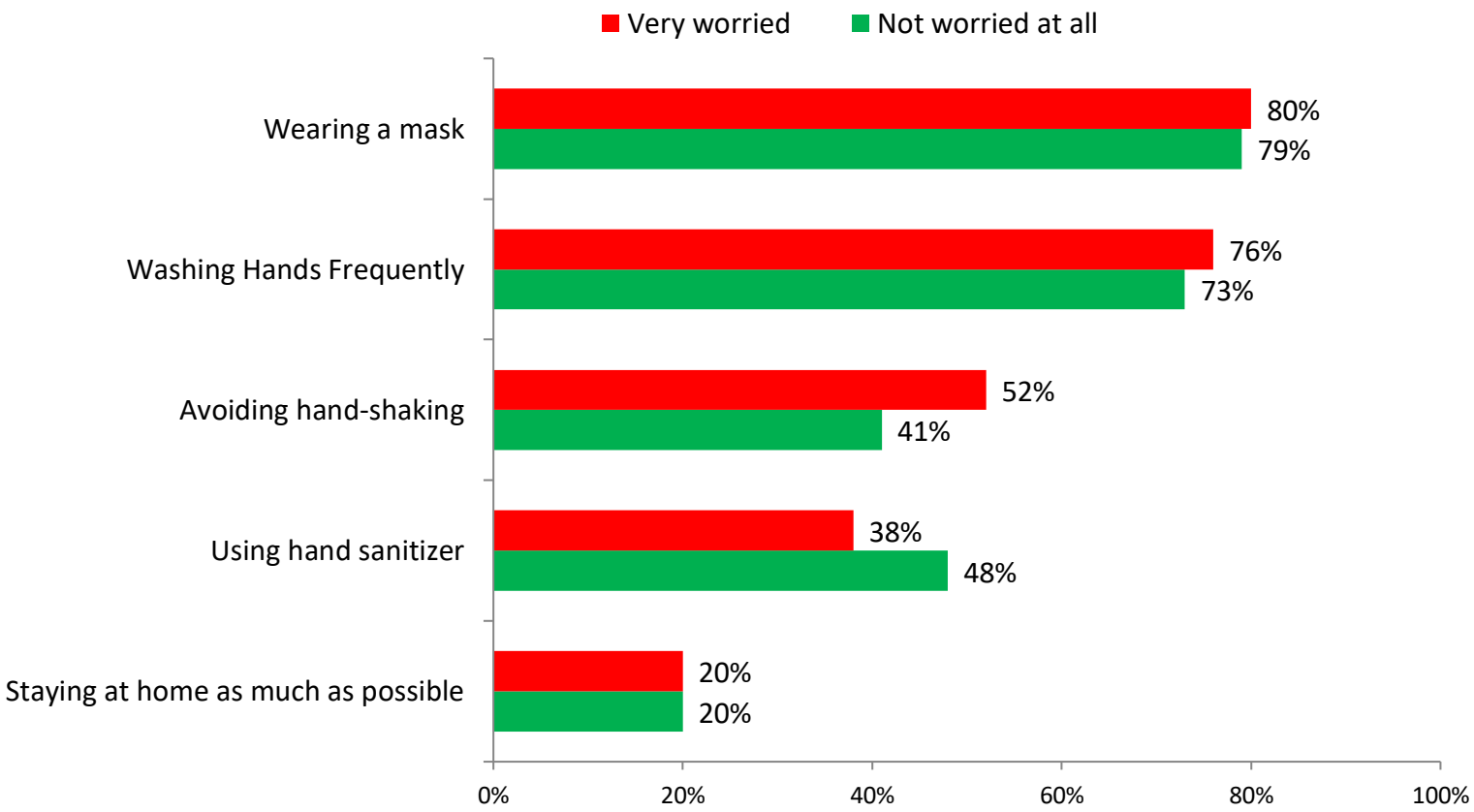
Base=579 (all respondents)

Covid-19: The Virus – Correlation Analyses

Five Reported Prevention Measures: by Two Anxiety-Levels About the Virus

- There are minimal contrasts between those respondents who are "very worried" and "not worried at all" about contracting the virus regarding the levels to which they have take protective measures against the virus, with the exception of the use of a hand-sanitizer, reported at a higher level by those "not worried at all." However, slightly more of those "very worried" about contracting it report (1) wearing masks, (2) frequently washing their hands, and (3) avoiding shaking hands.

Five Most Common Measures Taken to Protect Against Contracting the Corona Virus: by Two Anxiety-Levels About Contracting It



Q: What measures, if any, have you adopted to protect yourself from this virus? (Multiple Response – Up to five, Unprompted)

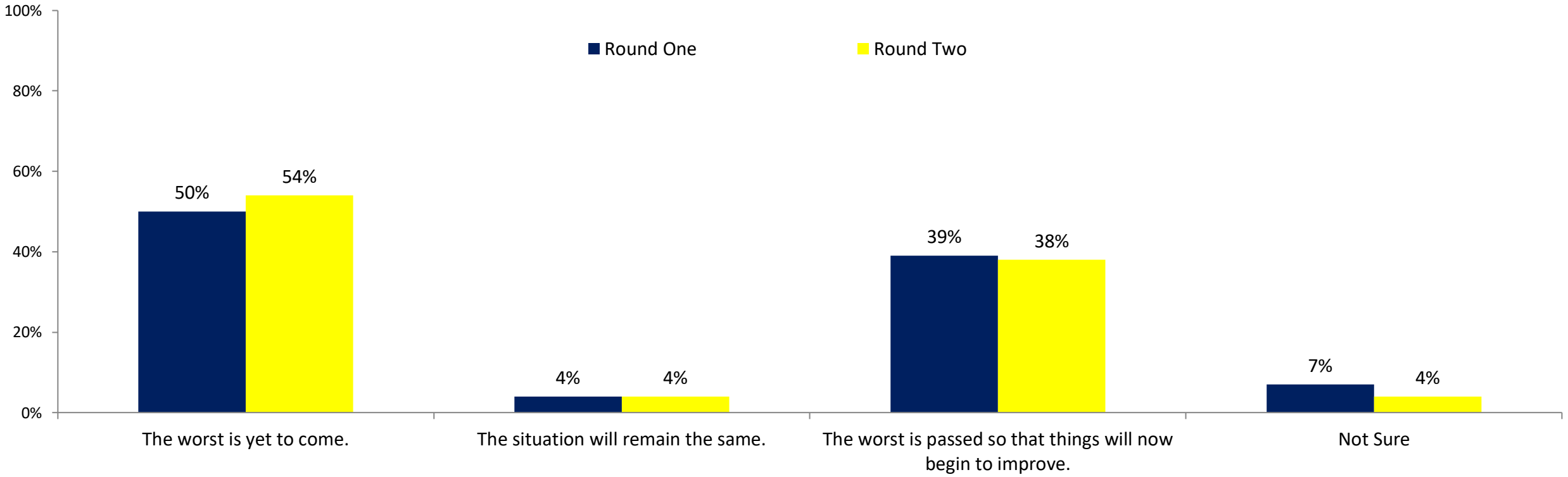
Q: How worried are you about getting infected with Corona/COVID-19? Would you say that you are…?

Base=579 (all respondents)

Expectations of The Virus' Future: Round One vs. Round Two

- There has been a small increase in the proportion of respondents who expect the future of the Covid-19 virus to be worse/more destructive than it was at the time of Round One.

Expected Most Likely Future of the Virus in Kenya: Round Two vs. Round One



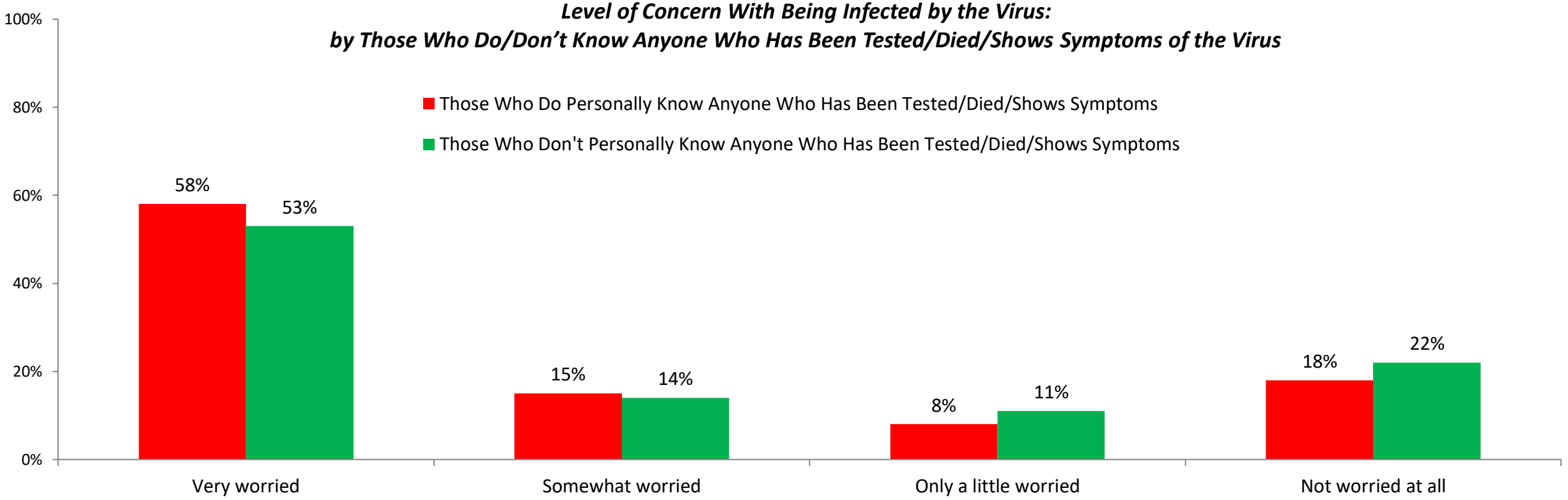
Q: When thinking about the Coronavirus here in Kenya, which of the following do you think is most likely to happen over the next few months? Do you think that…?

Bases= 579/356

Level of Concern with Being Infected by the Virus: by Personal Knowledge of Anyone Who Has Been Tested/Died/Shows Symptoms of the Virus

- There is a clear if modest correlation between respondents' level of concern with being infected by the virus and their personal knowledge of anyone who has been tested, has died, or who shows symptoms of it. This suggests that as cases/deaths increase (assuming that they do), such concern will also increase.

Level of Concern With Being Infected by the Virus:
by Those Who Do/Don't Know Anyone Who Has Been Tested/Died/Shows Symptoms of the Virus



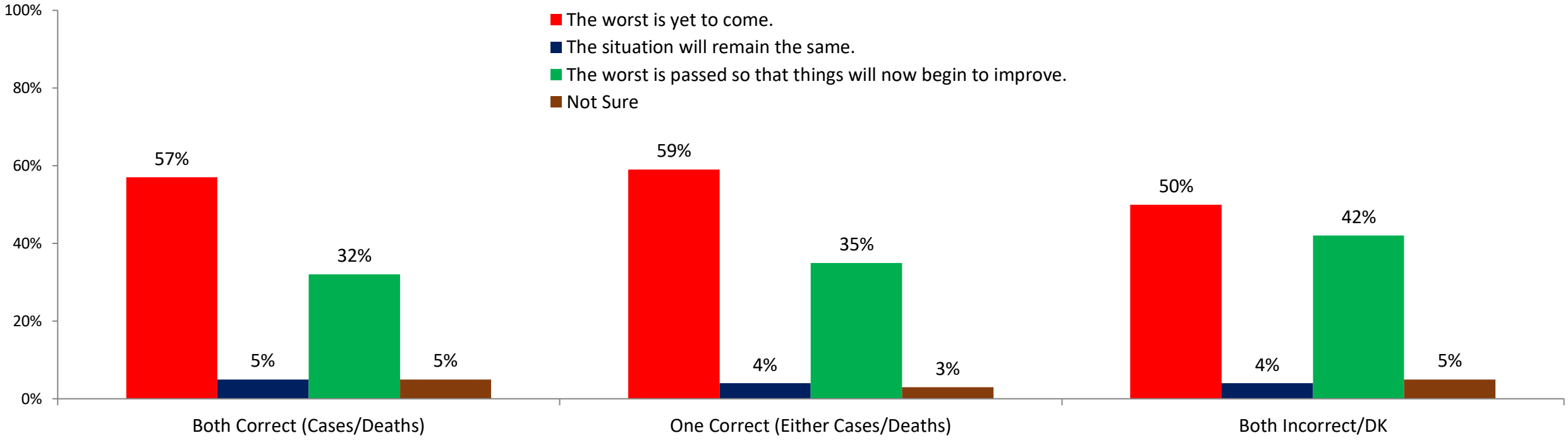
Q: How worried are you about being infected by the Covid-19 Virus? Are you..?
Q: Do you personally know anyone who has been tested/has died/shows symptoms of the Covid-19 virus?

Bases= 112/467

Expectations of The Virus' Future: by Awareness of the Number of Cases/Deaths

- There is a clear if modest correlation between respondents' level of awareness about the virus' impact in terms of cases and deaths and their level of concern about its future impact, with those who are better informed more likely to believe that "the worst is yet to come." Conversely, those who do know the correct figures for either cases or death more likely to think that "the worse is past."

Expectations of the Virus' Future:
by Awareness of Correct Figures of Covid-19 Cases/Deaths



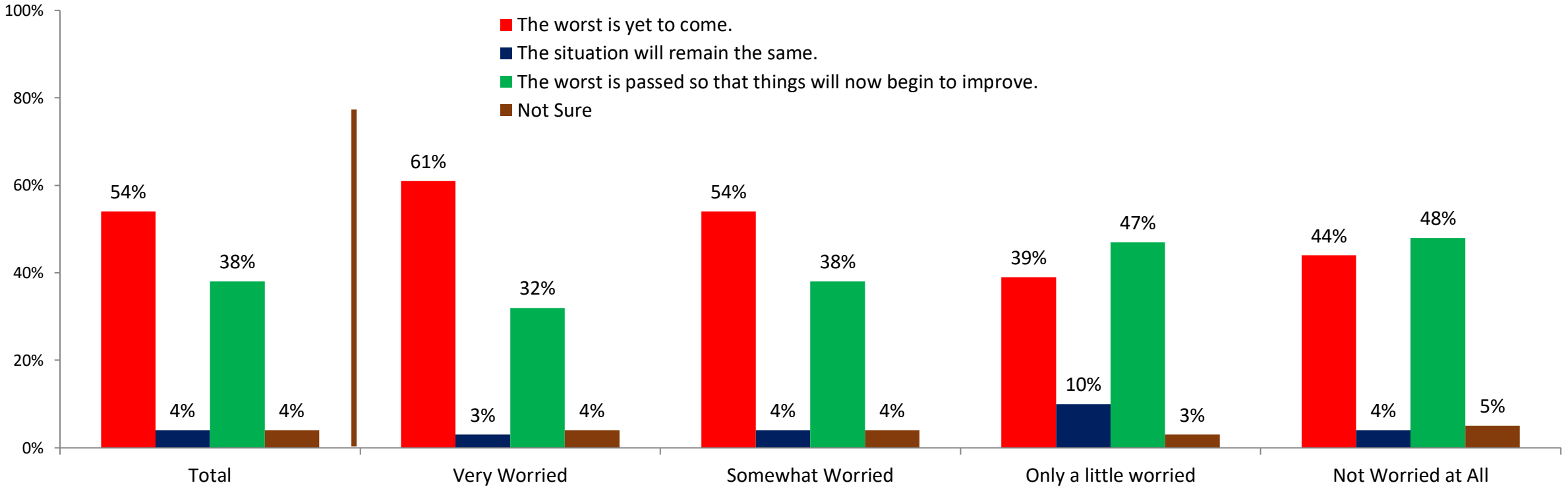
Q: When thinking about the Coronavirus here in Kenya, which of the following do you think is most likely to happen over the next few months? Do you think that…?
Q: If you know, about how many cases of the Covid-19 virus have been confirmed so far? Q: And about how many people have died?

Base= 579

Expectations of The Virus' Future: by Total, Level of Concern About the Virus

- There is a clear if modest correlation between respondents' current level of concern with the Covid-19 virus and expectations of its impact in the future, with more of those most concerned now also more expecting 'bad times' ahead because of it.

Expectations of the Virus' Future:
by Expressed Present Level of Concern with Infection by the Virus



Q: When thinking about the Coronavirus here in Kenya, which of the following do you think is most likely to happen over the next few months? Do you think that…?
Q: How worried are you about getting infected with Corona/COVID-19? Would you say that you are…?

Base= 579

Insights: Knowledge, Prevention and Perceived Risk

- Several findings from Round Two of the survey related to the Covid-19 virus itself appear contradictory and which emerge through correlation analyses For example, whereas more people know at least one person who has been tested (17% vs. 7%) and more feel that "the worst is yet to come" regarding its general impact on the country (54% vs. 50%), there is been an even greater decrease in the proportion who feel personally at risk of infection (71% vs. 54%). This suggests that the perceived actual or at least potential threat to public health from the virus – as seen in the official figures of cases/deaths, of which few (13% for knowing both, and another 32% who knew at least one of them), as well as in the fact that only 5% know anyone who has been tested and just 1% know anyone who has died – had decreased between the end of April (i.e., the time of Round One) and the first half of June (i.e., the time of Round Two). If this is true, and especially given the fact that there was an easy of certain restrictions on 6 June (travel ban affecting three counties, duration of curfew) there is a danger that without a change in both public health measures and citizen behavior the threat from (and damage by) the virus will increase.
- Another apparently contradictory finding is that whereas a clear majority of respondents identify "crowded public places" as dangerous in terms of where they are "most likely to get infected", far fewer (19%) say that among the measures they have taken to avoid infection they "stay at home as much as possible" or "avoid crowded places" (3%). This suggests that while many people know the dangers of such exposure to crowds, necessity requires that they often do so.

Insights: Knowledge, Prevention and Perceived Risk (con't)

- With regard to the wearing of masks, at the time of the survey, the 'conventional wisdom' (as embodied in World Health Organization guidelines) with regard to masks/face-coverings is that their main benefit is to protect those who interact/come close to those who are already infected. Yet until this week it was agreed among international medical professionals (and the WHO) that the main purpose of wearing such masks is to protect others from those already infected (even if the latter are often asymptomatic and thus unaware of this). However, new research suggests masks me equally protect wearers. Given this, it will be interesting to see if the results to this question change during the next Round (Three) of the survey.
- While there are only minor contrasts between those with varying levels of concern with being infected by the virus and the level/type of infection-prevention measures that they report taking, there is are clear contrasts between those with varying levels of awareness/knowledge of the extent of the virus and the degree of concern about its future impact. Similarly, there is a clear (if modest) correlation between the level of concern with becoming infected and expectations of the damaging impact the virus will have on the country moving forward.
- The same (minor but clear) contrast is seen in comparing those who do/do not "personally know" anyone who has been tested/has died/shows symptoms of the virus in terms of how worried they themselves are with getting infected.

Insights: Concluding Points

- Whereas many of the infection-prevention measures are legal requirements (e.g., wearing a mask in public, complying with the curfew), others are inherently personal. Practicing the latter is likely to be mainly a reflection of how tangible/real the Covid-19 virus-threat is considered to be, the reality of which being a consequence of several possible types of information. One is the virus' global scale and impact, a function of access to international news. Another such motivating factor is its documented/reported scale in Kenya of which citizens become aware, based directly on the regular briefings from Ministry of Health officials or indirectly through media reports about them. Yet another is actually knowing people who have been infected, especially those who have shown symptoms/become ill.

- When the latter conditions lead to enforced (or self-) quarantine or even the death of more people that citizens personally know, or who are public notables (such as political leaders, leading media personalities and entertainers, and so on), it can be assumed that the impact on behavior will be even greater. (Indeed, the recent death of Dr. Adisa Lugaliki as a result of the virus has received 'headline' media attention.)

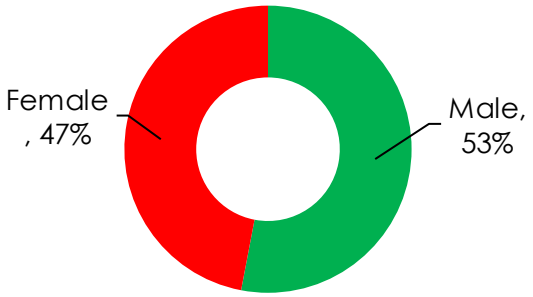
- But the main point is that unless the vast majority of people do what is required/advised – at least until there is a vaccination that would allow everyone to resume 'normal life', the virus will be continue in our midst, causing even more damage to both the health of individuals and the economy. And even together with a robust program of public health education, the harsh economic realities affecting the greater majority of the sort of people captured in these successive TIFA surveys will make adherence to such regulations and advise increasingly challenging.

Sample Demographics

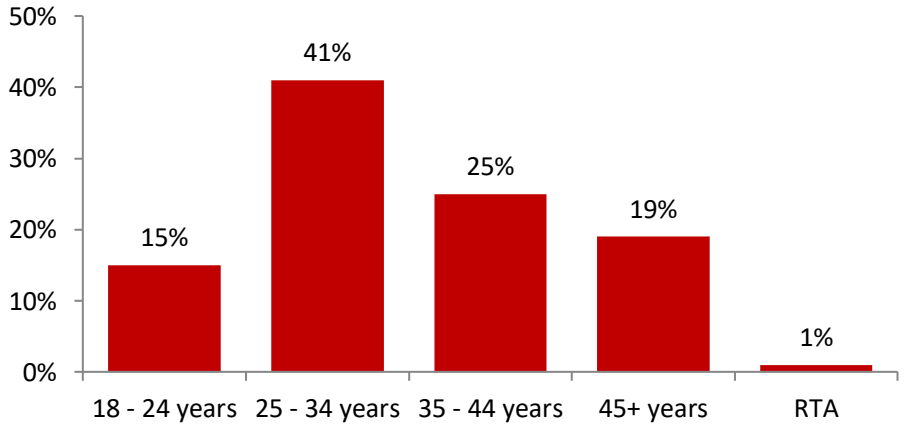
Demographics: Gender, Age and Education

- The sample has a slightly higher number of men than women.
- The largest age group category is that of 25-35 years.
- In terms of education, 44% did not study past primary school and another. 11% did not complete secondary school, and only 19% went beyond this level.

Gender

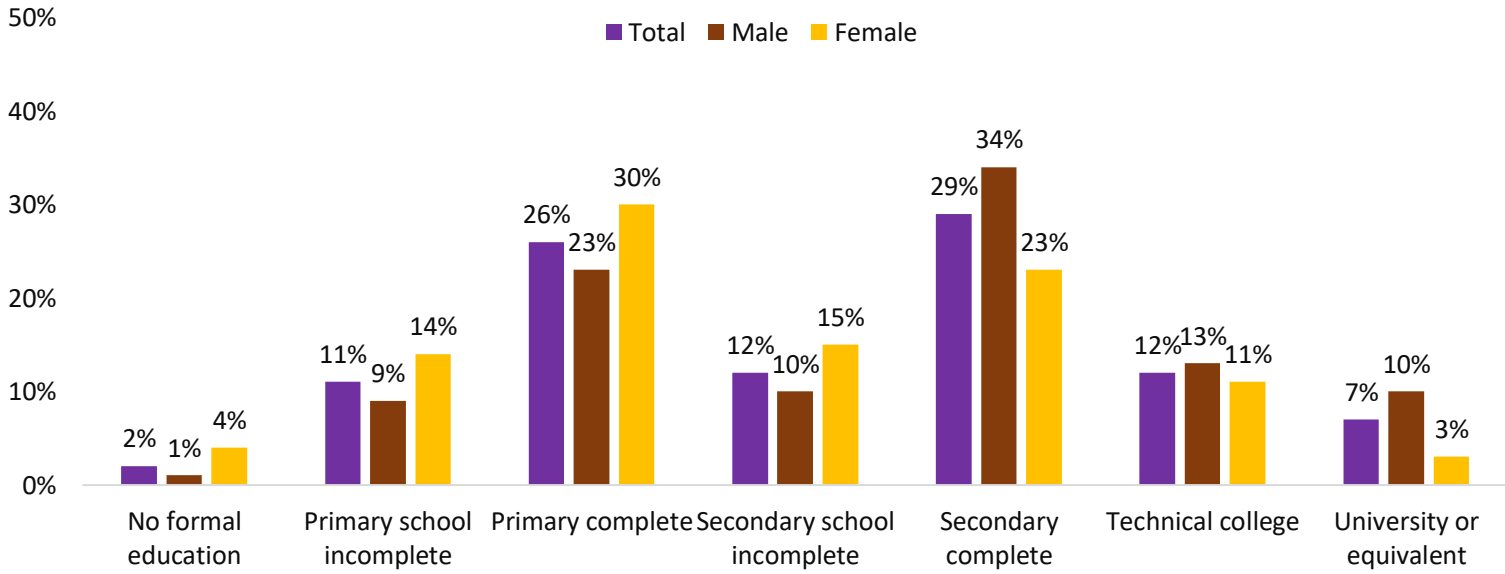


Age Group



Base= 579 (all respondents)

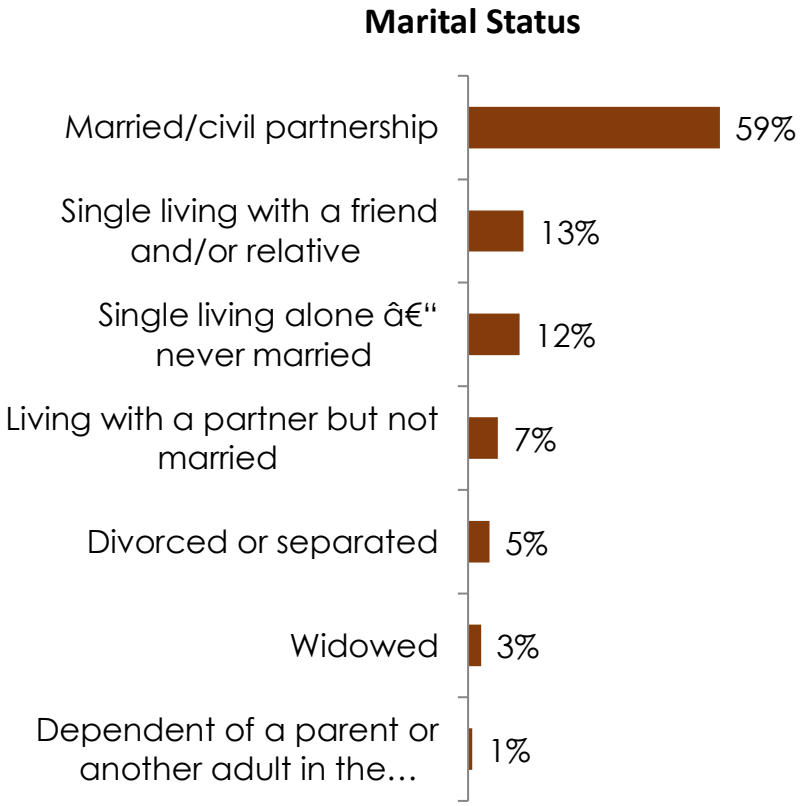
Level of Education

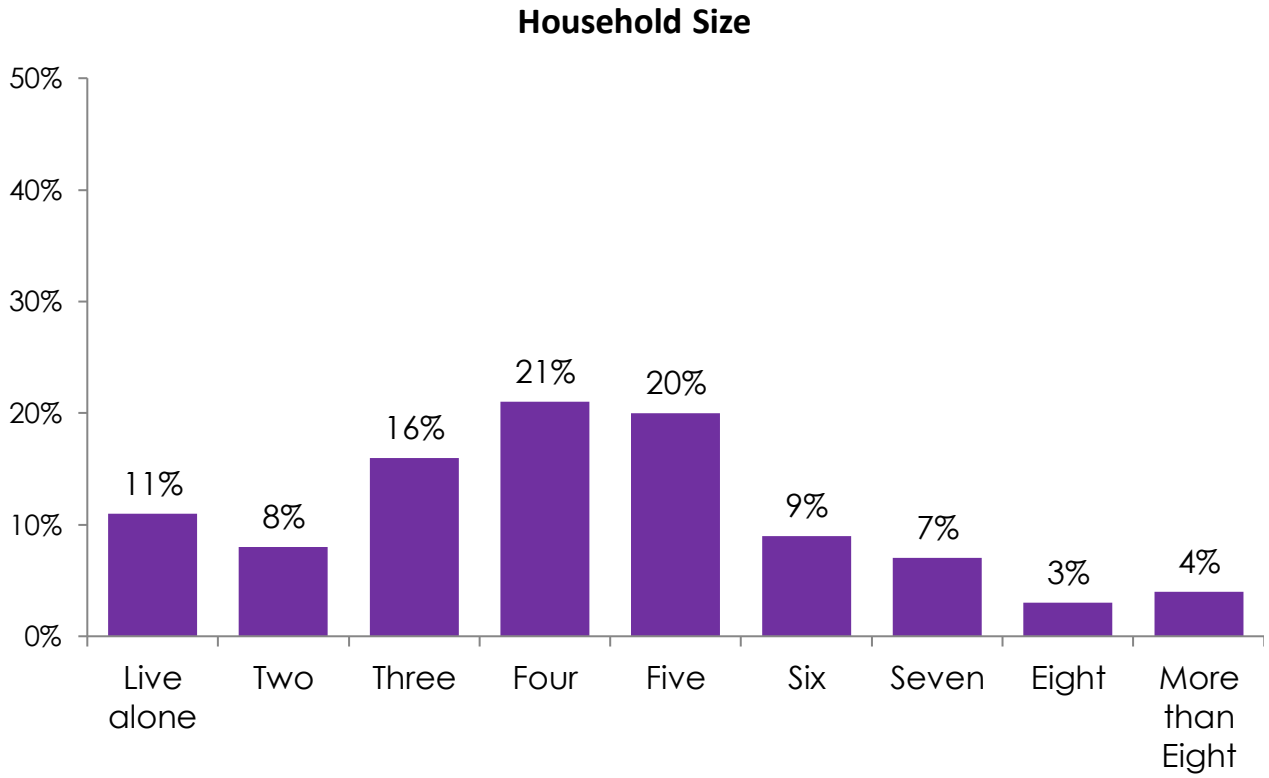


Base= Total = 579 ; Male = 306: Female = 273

Demographics: Marital Status and Household Size

- 59% of the respondents are married/living together. The average household size is 4 members.

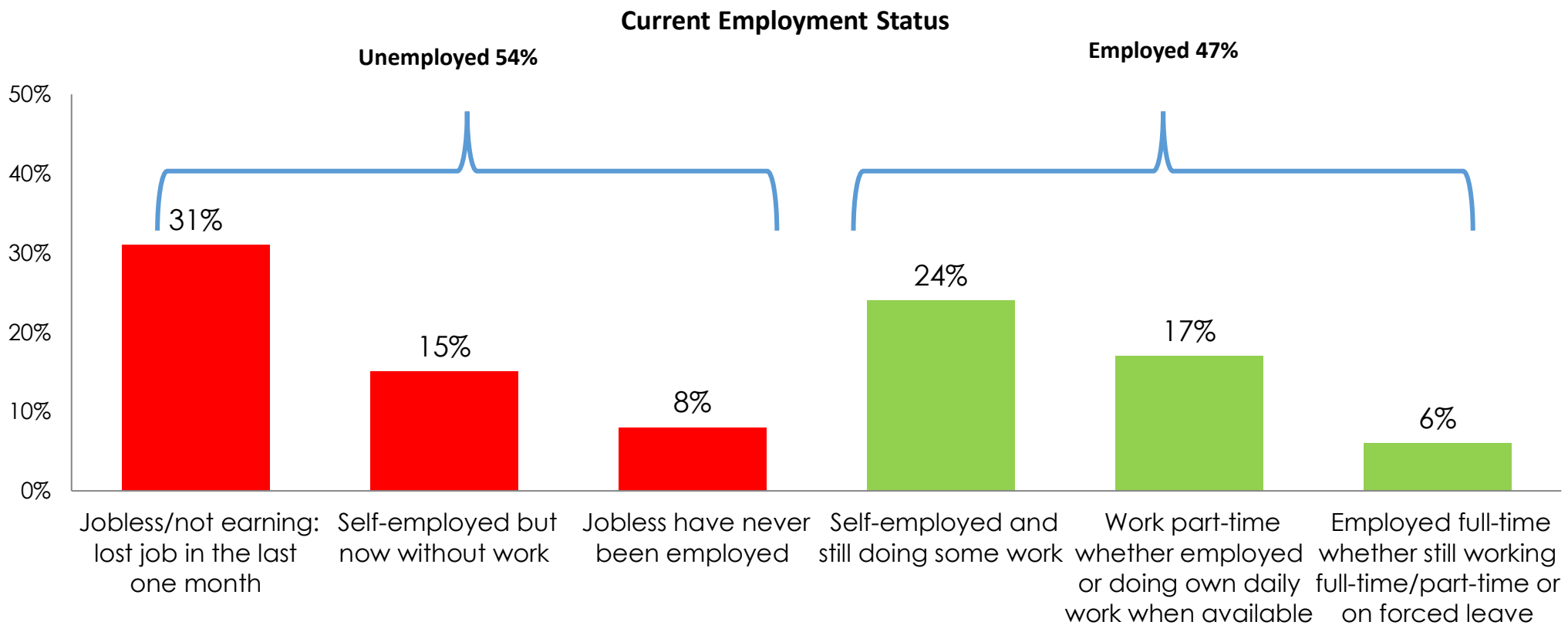




Base= 579 (all respondents)

Demographics: Employment Status

- A majority of the sample are unemployed with half of them having recently lost their source of livelihood.

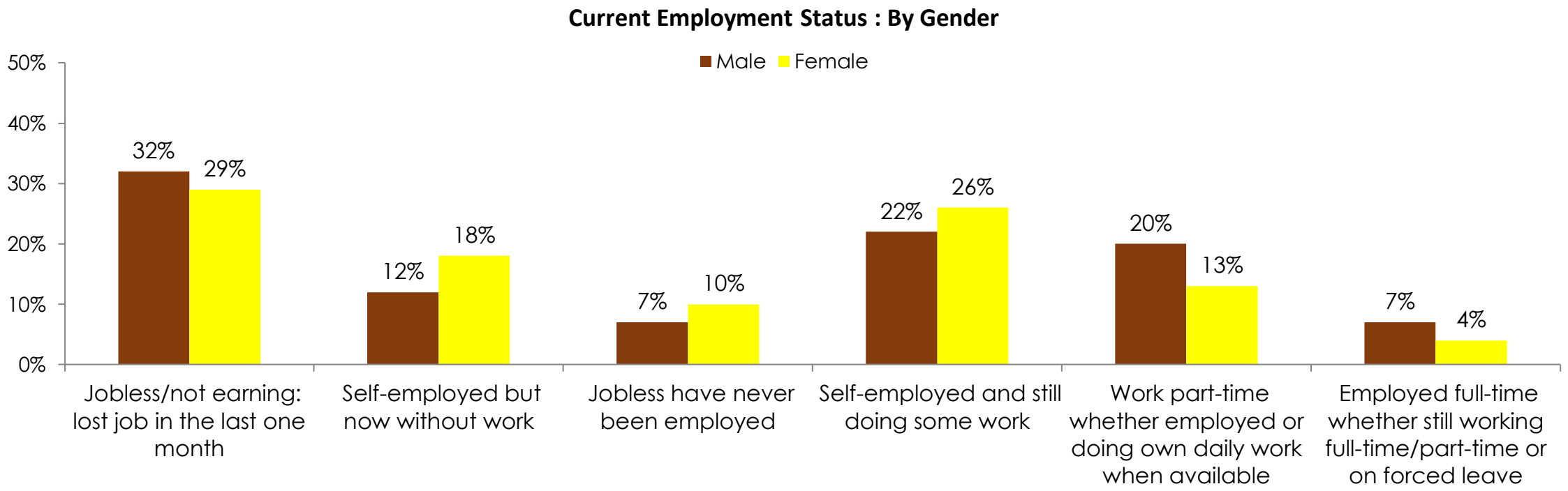


Q: What is your current employment status?

Base= 579 (all respondents)

Demographics: Employment Status: by Gender

- There are moderate but significant disparities in employment status by gender, especially the fact that a higher proportion of women have never been employed. This includes part-time as well as full-time work.

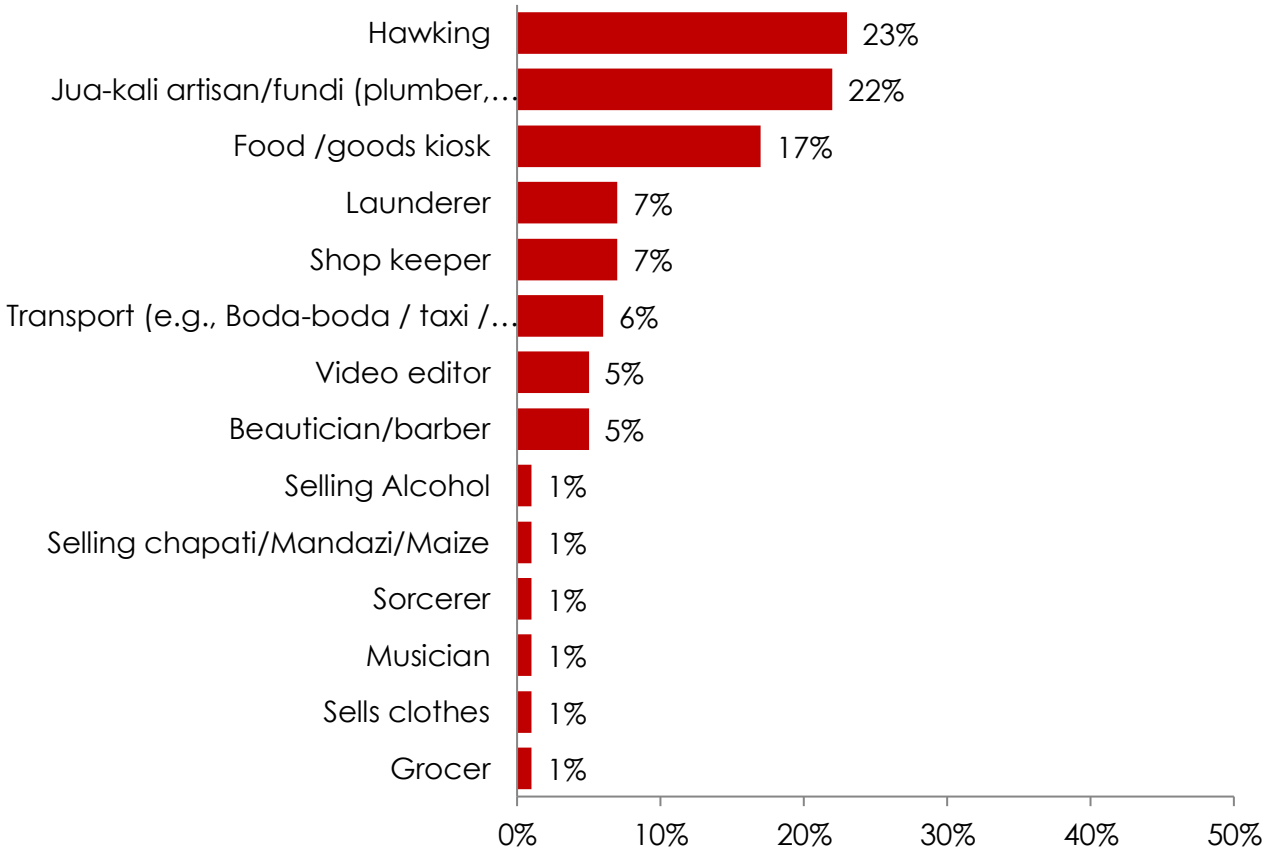


Base= Total = 579 (Male = 306: Female = 273)

Demographics: Type of Self-Employment

- Amongst those who are self-employed, more are in the informal sector working as hawkers , jua-kali artisans and kiosk vendors.

Work or Business Activity (Among the Self-Employed)



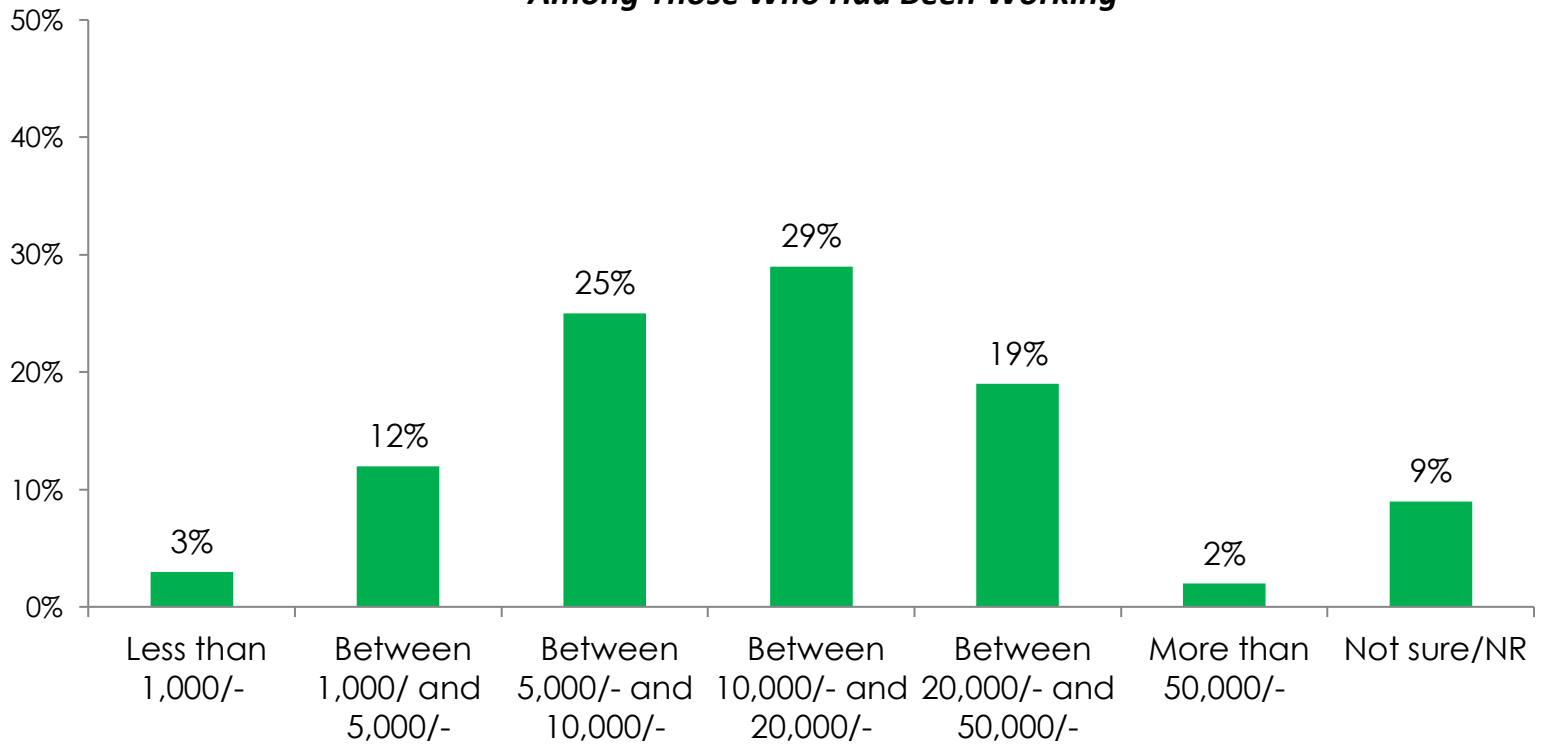
Q: What kind of work or business did you most recently do/are currently doing?

Base=137 (those who are self-employed)

Sample Demographics: Pre-Virus Monthly Income Levels (among those who had been working then)

- Only about one-fifth of all respondents who had been working earned more than KES 20,000 per month before the restrictions to counter the virus were implemented.
- 40% of the sample earned less than the minimum wage as set by the Government of Kenya's Regulation of Wages Order (2019).

Estimated Monthly Income Before the Virus Crisis:
Among Those Who Had Been Working



Q: About how much money, if any, were you earning per month before this virus crisis began?

Base=507 (Those who are/were employed and self employed)

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