A REPORT ON A SURVEY CONDUCTED WITHIN MATHARE TO GAUGE THE LEVEL OF AWARENESS AND PREPAREDNESS OF THE COMMUNITY AND STAKEHOLDERS ON COVID 19 CONDUCTED FROM 25<sup>TH</sup> MARCH TO 30<sup>TH</sup> MARCH 2020 BY MATHARE SOCIAL JUSTICE CENTRE.

The following survey was conducted and written by:-

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INTRODUCTION

Mathare Social Justice Centre [MSJC] is a community based human rights organization formed in 2015 with the vision of having a Mathare free from human rights violations with a mission to promote social justice by engaging community members through social justice movement platforms. It is the mother of the twenty six social justice centers within and out of Nairobi. All these centers form a network called Social Justice Working Group whose vision is to see a Free Human Rights Violated Society and its Mission is to ORGANIZE, EDUCATE and LIBERATE. We organize the community around human right issues affecting them, educate them on their rights and how decisions are made at national and international level affect them, and come up with community based solutions to liberate themselves.

ETMOLOGY OF THE SURVEY

When the government confirmed the first case of COVID 19 in the country on Friday 13<sup>th</sup> March, 2020, Mathare Social Justice Center [MSJC] felt it’s prudent to take precautionary measures by suspending its activities for two weeks to figure out ways of responding to the foreseen catastrophe that might be fall us. Knowing too well how unprepared the Government and our community were in the fight against COVID 19 spread.

Two weeks later, members who were under self-quarantine but still monitoring the situation on the ground, through thorough deliberations and wide consultations resolved to conduct a survey and assess
the situation on the ground before resuming operations. This survey was carried across the six wards of Mathare. The six wards include, Mlango Kubwa, Hospital, Mabatini, Huruma, Ngei and Kiamaiko wards. The research and the survey was conducted in the following ways:

METHODOLOGY OF THE SURVEY

The survey and assessment was conducted using the following means of research

1. Observation
2. Interviews
3. Consultations
4. Focus Group Discussions

The survey commenced at Mlango Kubwa ward. The following are Mlango Kubwa findings:-

MLANGO KUBWA WARD

OBSERVATIONS

Observations made at Mlango Kubwa ward include the following

1. Residents were keen on hand washing practices on the first day of the survey but became reluctant by the fifth day of our assessment. Temporary hand washing points stationed in different business premises were just a way of avoiding harassment by the police not self-drive to combat COVID 19

2. Children were freely playing around and touching everything on their way. Other children as young as four years old were even licking dirty playing toys which they shared amongst themselves. These observations were screamingly scary and alarming as no adult was around to notice these unhealthy and hazardous behaviors of these children. We thereby identified these behaviors a deadly loophole in the sporadic spread of COVID 19 among the children to the larger population. Children in our slums unknowingly will act as agents and vessels in the spread of this virus and are the most vulnerable in contracting COVID 19.

3. Among the adults and youths, precautionary measures were well disseminated though none observed social distancing but avoided shaking hands and keenly adhered to hand wash practices.
4. The police on patrol were not observing social distancing rule. They congested themselves in probox registration number KCH 461Z. That was a fertile environment in the spread of coronavirus. They were also extorting money from business communities around. The policemen in question were Baraza on the steering wheel [a serial killer], Blacky on the back seat and three others one being a woman holding handcuffs.

**INTERVIEWS**

The following interviews were conducted,

- At Mlango Kubwa ward, we conducted interviews with community business owners and most of them shared how their businesses were hit hard since the first case of coronavirus was reported by the government. Some businesses had already collapsed.

- At Loving Concern hospital held an interview with the clinical officer.

- Had an interview with the Ward Admin where he assured that well laid plans were on course to ensure that there was constant flow of clean water throughout the ward.
FOCUS GROUP DISCUSSIONS

➢ Held a focus group discussion at Mathare Empire youth group. The discussions touched on the preparedness of combating the corona virus among the youth.

➢ We also held a discussion on the possible repercussions of lockdown on informal settlements.

CONSULTATIONS

➢ Had consultations with Billian Leadership and Resource Centre.

➢ Consulted office of the area Member of County Assembly on their level of preparedness and steps they have taken in the fight against the spread of COVID 19.
MABATINI WARD

OBSERVATIONS

1. Residents were keen on hand washing practices at temporary points stationed by SHOFCO. Shofco staff were also onsite training community on best hand wash practices. Most businesses such as shops, mama mboga, salons, barber shops, butcheries and hotels had stationary hand washing points for their customers.

2. Very many children were playing outside their houses in large groups without parental guidance making this a deadly loophole in the quick spread of COVID 19.

3. The only guidelines issued by the ministry of health that were adhered to among adults were hand washing and avoidance of handshakes. None observed the social distancing rule.

4. We observed at the office of the deputy county commissioner, all guidelines issued by the ministry of health were adhered to.

CONSULTATIONS

1. Held consultations with Mabatini ward administrator at Undugu society. The admin assured that he had consulted with Nairobi Water and Sewerage Company to ensure constant supply of water throughout the ward. He also assured the rationing of water would stop with immediate effect.
2. Had wide consultations with Mr. John Ngungi alias Johnte the chair of the disability campaign at MSJC.

3. Also held consultative discussions with Mr. Samuel Kiriro of Ghetto Foundation where he shared how Ghetto Foundation had rolled up a cash transfer to assist the sick and the elderly. Over one hundred residents including the disabled had benefited from the program. He also cited that they are on course to seek assistance to get coronavirus testing kits.
FOCUS GROUP DISCUSSION

- Held a focus group discussion with boda boda youths at Mashimoni Kwa Jaba base. The discussions were centered on how the youth are prepared to combat the spread of coronavirus amongst themselves.
- We also discussed effects of curfew on their businesses and repercussions of a possible lockdown.

HOSPITAL WARD

OBSERVATIONS

1. Hospital ward 4B old Upendo area, a handful of shops had temporary hand washing points.

2. They had a water shortage and water supply was done by a private vendor.

3. We met the area chief patrolling to ensure all government regulations concerning combating COVID 19 were adhered to.

4. It was the first ward where we observed men who were under recreation were talking as they sat one meter apart to observe social distancing rule.

5. Pool centers and other creational facilities were shut down though at around 9am the pool center at Gitadhuru was in operation disobeying the social distancing rule.
6. The population of children playing outside their houses had greatly reduced in hospital ward especially at Kosovo. At depot playing grounds only a handful number of children were there as opposed to the other normal days.

**DISCUSSIONS**

- Held discussions with Mr. Odek Odek the chairperson of the persons with disability where he highlighted the plight of persons with disability. He mentioned one PWD currently resides at 4B social hall and faces a high risk of contracting coronavirus since there is high influx of people walking in and out of the hall.

- Held discussions with Mr. Rajab a youth leader at the chief’s camp where he shared how the chief’s office has been on frontline in ensuring implementation of ministry guidelines in households.
Held discussions with Julie Ndungu, a business lady at Gitathuru who shared how business profit has been on the decrease and most businesses face threat of closure if the corona pandemic persists.

INTERVIEWS

Had an elaborate interview with assistant clinical officer at SHOFCO on their level of preparedness. The organization had stationed temporary hand washing points throughout Mathare Sub County. They also distributed antibacterial hand washing soaps to Mathare residents. They also had a standby motorcycle for quick responses just in case any urgent need arises and for constant supply of hand washing soap to temporary hand washing points. We exchanged contacts and they gave us the free hotline number for Mbagathi hospital which is national quarantine center.
HURUMA AND NGEI WARDS

OBSERVATIONS

1. Physical distancing of one meter a part was being largely ignored either deliberately or unknowingly by community members.

2. At Ngei ward, hand washing containers were in display outside shops and business premises only in compliance with the government directives to avoid arrest and bribing the city inspectorate who were always on patrol. The containers were not being used unlike other areas.

3. In these two wards, children were also freely playing around touching everything on their way exposing them as a dangerous loophole in the prevention of the spread of the coronavirus. They stand a higher chance of being infected and spreading the virus amongst themselves.

4. There was water shortage at Huruma ward as evident by the huge number of residents who were milling around private water vendors scrambling in order to purchase water.

5. Most hotels were operating normally as opposed to the government’s directive of serving take away food only.

6. We observed police extortion and arbitrary arrests still rampant in Huruma. The police were extorting money from traders.

CONSULTATIONS

- Held consultations with an official from the office of the Huruma ward administrator and highlighted the plight of residents in terms of water shortage
Had further consultations at Huruma Lions Health Centre where the nurse in charge shared how they are prepared in tackling the COVID 19. They also shared that they had given the community health volunteers sanitizers to distribute to the community members.

Held consultative discussions with Kiamaiko Justice center and Kiamaiko Community Health Volunteers who were doing door to door sensitization training the community on how best to conduct themselves without complicating the war on the spread of coronavirus.

**CHALLENGES**

1. **Lack of enough volunteers to support the community health volunteers in sensitizing the community members to follow the ministry of health guidelines.**

2. **Disunity and competition among stakeholders who compete amongst themselves on who wins the community’s heart and media by the donations they give.**

3. **Ignorance from both the community members and the police on following the precautionary measures given by the ministry of health in the fight against COVID 19.**

4. **Lack of proper guidelines that fit the slum scenario. for instance, in slums, the community public toilets if the curfew starts at 7pm, this will bring back the in appropriate “flying toilets”**

5. **Children are difficult to keep indoors due to their nature and parental irresponsibility.**

6. **Misinformation, myths and conceptions that slum areas are too poor in sanitation to be affected by coronavirus or availability of traditional herbs that treat coronavirus.**
7. Lack of enough adequate funds from the Government and its supporting partners to assisting in preventing the situation from getting worse.

8. Overcrowding in slums and high levels of poverty would make lockdown a challenge.

RECOMMENDATIONS

1. There’s urgent need to supply gloves, soaps or sanitizers to the community. These should be clearly marked Ministry of Health to avoid scrupulous businessmen from selling them to the public.

2. It is prudent for the community members to be equipped as soon as possible with knowledge on how to make antibacterial soaps and sanitizers.

3. Retail stores must be closely monitored to avoid stock hoarding of sanitizers in order to sell them at higher prices when the demand increases.

4. The terminally ill, persons with disabilities [PWDs] and the elderly should be mapped and given special monitoring by the community health volunteers.

5. The police should follow the law and stop extorting money from the public and business persons. Anyone found breaking the law should be dealt with according to the law not extortion. Extortion is not only criminal but also immoral and it also counters the ongoing efforts to curb the spread of the virus since we all know the conditions of police cells and vehicles.

6. Organizations distributing food should slow down at the moment since food is not an urgent need at the moment. The food distribution should wait till government calls for either a total or partial lockdown when majority of slum residents who survive on daily wages will not be able to afford basic commodities.

7. Parents should be compelled to closely monitor their children at all times and supervise when they sanitize or wash their hands with water and soap every time they come home from the playground.

8. The Non-Governmental Organizations and Community Based Organizations to form a network/ consortium that works together in times of such disasters.

9. Every active organization and community health volunteer should be agents of hope by giving positive news and information to community members to dispel fake news,
myths and misconceptions about the coronavirus going round the community hence driving the community members into depression.

10. The police to maintain social distancing as they patrol and stop overloading in their vehicles for they risk contracting or spreading the COVID 19.

11. The government should ensure uninterrupted water supply and crack down on water distribution cartels who create artificial water shortages so that they can make illicit money.

12. The government must equip health providers and health centers with testing kits, trained personnel and ambulances so that they can handle emerging cases successfully.

13. The government must control the prices of basic commodities to ensure most Kenyans can afford basic commodities during this time.

14. Community leaders and other stakeholders must create a well-documented data base and map out areas covered by organization on the supply and distribution of donations to ensure equal distribution across Mathare.
FACTORS MAKING MATHARE HIGHLY VULNERABLE TO COVID 19

1. Children left to play freely without monitorization (18%)
2. High level of ignorance among community members and the police in the fight against COVID 19 (16%)
3. High population density in the slum area (11%)
4. myths and misinformation about COVID 19 in Mathare (6%)
5. Overwhelmed health service providers with no or limited testing kits to fight COVID 19 (9%)
6. Lack of a well coordinated and united team to fight the spread of COVID 19 (6%)
7. Inadequate intervention and support by both the county and national Government (13%)
8. Inadequate water supply and sanitation (21%)

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