

POLICY BRIEF

An Assessment of Knowledge, Attitudes, Perception and Practice (KAPP) about COVID-19 among the Kenyan Population

August 2020

KEY MESSAGES

Results

- Basic knowledge on COVID-19 is high, but 62% respondents want more information on treatment, prevention
- Fear of COVID-19 and stigma are high - 71% of respondents said they would not be comfortable being in the same home, office or school with someone who has COVID-19
- Most respondents are not observing COVID-19 control measures at all times – less than half of respondents reported practicing social-distancing and hand hygiene, and only half wear a face mask in public.
- More than half of respondents who experienced COVID-19 like symptoms either bought drugs from local pharmacy or ignored the symptoms hoping they will go away
- Half of the healthcare workers who participated in the survey had neither received any COVID-19 related training nor had PPEs

Recommendations

- Train, empower and facilitate community health workers to educate communities on COVID-19 prevention, treatment and management as part of strengthening the Home-based care option for patients with Covid-19
- Prioritize a multi-pronged approach to ensure that all communities, including remote communities, are reached with COVID-19 public education campaigns
- Review, diversify and intensify public education on COVID-19 including the importance of consistency in adhering to the various intervention measures and what to do if one suspects that they could be having COVID-19 like symptoms – the do's and don'ts, and on home-based care
- Increase collaboration with local pharmacies on symptomatic screening and appropriate referral for COVID-19 testing
- Implement measures that destigmatize COVID-19 for effective home-based quarantine and isolation
- Enhance socio-economic cushioning that caters for the new vulnerable persons who have lost their jobs or income as result of the pandemic
- Prioritise training and provision of PPEs and psychosocial support to healthcare workers

Partners

AFIDEP

African Institute for
Development Policy



Ministry of Health

INTRODUCTION

The Corona virus disease 2019 (COVID-19) is an emerging severe respiratory disease caused by a novel virus SARS-Cov-2. It was first detected in December 2019 in Wuhan, China, and declared a pandemic on 11 March, 2020. Globally, there are now more than 20 million reported cases. The first case was reported in Kenya on 13 March, 2020. As of 18 August, 2020 there were: 30,636 cases; 17,368 recoveries; and 487 deaths translating to a case fatality rate of 1.6%.

The government's COVID-19 management strategy follows the test, trace/track, and treat principles. The government has put in place several measures to reduce disease transmission and increase prevention efforts including: mandatory face-masking in public, promotion of hand and cough hygiene, dusk to dawn curfew, (including initially restricting movement into and out of hot-spot counties), promotion of social and physical distancing, suspension of learning in all education institutions, and promotion of working from home modalities. More recently, the government has added the home-care management of the asymptomatic and mild cases. It has also decentralized the COVID-19 response to counties and is focused on optimizing the use of a community strategy in managing and controlling the disease.

Community transmission of COVID-19 is now firmly entrenched in the population driven mostly by asymptomatic spreaders who are unaware or oblivious of the dangers they present to their families, friends, colleagues and communities. It is therefore imperative that the measures put in place by the government to control the pandemic are reinforced by individual behavioral changes to embrace practices that do not favor the spread of the infection. Towards this end, knowledge and attitude towards the disease must be enhanced as a matter of urgency among the population.

To generate the evidence needed to inform the ongoing government efforts to control the spread of COVID-19, the Ministry of Health in collaboration with the Kenya Medical Research Institute (KEMRI) and the African Institute for Development Policy (AFIDEP) conducted a Knowledge, Attitudes, Perceptions and Practices (KAPP) survey between June-July 2020. This was a cross-sectional quantitative survey of a representative sample that interviewed 2,425 Kenyans spread across 21 counties and aged 18 years and above. Interviews were conducted via mobile phones.

2. KEY RESULTS

Basic knowledge on COVID-19 is high, but many want more information on treatment, prevention

All respondents had heard about COVID-19 and majority correctly identified the ways in which the disease is transmitted. However, 62% of the respondents wanted more information on the treatment and prevention of COVID-19. While most respondents reported that they heard about COVID-19 from the TV and radio, they mainly go to the Internet to find more information they need on COVID-19 or some indicated that they call the short-code 719 provided by the government to get more information on COVID-19.

Source	Frequency** (n=2,425)	%
Television	1708	70.4%
Radio	1543	63.6%
Social media platforms [Facebook/Instagram/WhatsApp]	910	37.5%
Public Forums [e.g. Chief Baraza]	183	7.5%
Other (church, health workers, banners, colleague, market, neighbour, newspaper)	139	5.7%
Health Talks [Facility or Household]	138	5.6%
Brochures and Leaflets	56	2.3%

Kenyans are willing to share their COVID-19 results, but are less willing to be near people who have COVID-19

While 95% of respondents reported willingness to share their COVID-19 test results with family and friends, 71% indicated that they would not be comfortable being in the same place (i.e. home, work or school) with someone who has COVID-19 symptoms. In regard to respondents' preferred places for quarantine if they have come in contact with people who have tested positive for COVID-19, 47% reported self-quarantine at home, while 40% would opt for Government designated facilities such as the Kenya Medical Training College or the Kenya School of Government. If they tested positive for COVID-19, 70% of respondents indicated that they would prefer being isolated at a Government health facility.

Most respondents are not observing COVID-19 control measures all the time

While most respondents have access to face-masks and water and soap or hand sanitisers, most reported not observing the COVID-19 control measures all the time or always as represented in the table below. Only 36% reported practicing social distancing always, 48% frequent hand-washing with soap and water or hand-sanitizing always, 59% observe dusk-to-dawn curfew, and 51% wear a face-mask when in public. Besides failing to observe or practice COVID-19 measures all the time, respondents also reported observing sub-optimal practice of prevention activities in their neighbourhoods.



Covid-19 Prevention activity	% that indicated (n = 2425)			
	Always	Mostly	Sometimes	Never
Social distancing and avoidance of crowded places	36	23	31	9
Frequent hand washing with soap and water or hand sanitizing	48	28	20	2
Dusk to dawn curfew	59	22	12	3
Mandatory wearing of a face mask when in public	51	23	23	2

Most respondents who reported experiencing COVID-19 like symptoms reported buying drugs from pharmacies or ignoring the symptoms

13% of the respondents indicated that they had experienced symptoms akin to COVID-19 including headache, fever and fatigue. When respondents experienced these symptoms, 33% bought medicine from a local pharmacy, 27% visited a health facility, and 25% ignored the symptoms and hoped that they would go away.

Action taken**	n = 317	%
Buy drugs from the pharmacy	106	33%
Visit a local health facility	85	27%
Ignore and hope it will resolve on its own	79	25%
Other	35	11%
Take non-pharmaceutical remedies – herbal	18	6%
Call the MoH hotline - 719	10	3%
Seek spiritual healing	4	1%
Don't Know	7	2%
Declined to answer	2	1%

In the absence of a cure for COVID-19, respondents indicated resorting to alternative remedies

15% of respondents indicated that they were aware of alternative remedies for COVID-19 other than the treatment provided at the health facility. The top three alternative remedies reported were: herbal medicine (40.5%); vitamins and mineral supplements (20.8%); and hot water and lemon (13.5%).

Kenyans are aware that health facilities are continuing to offer services for other conditions, nearly half who reported having scheduled hospital visits reported that these visits were affected by COVID-19 measures

84% of respondents reported that they were aware that health facilities were open and offering the usual routine services such as antenatal and immunization clinics. Although only 7% of respondents reported having illnesses that required regular follow-up at health facilities, nearly half of these (45%) reported that their scheduled visits had been affected by the COVID-19 intervention measures.

The now lifted restriction of movement measure was most unfavourable to Kenyans' previously normal routines

Of all the COVID-19 control measures put in place by government, the restriction of movement in and out of hot-spot counties was reported by most respondents as the measure that affected them most. Among the younger age groups: 18-24 and 25-34 years, the dusk-to-dawn curfew had affected their previously normal routines, while among the older age groups 35-44 years and 45+ years, social distancing and avoidance of crowded places came in second as the intervention that affected them most. Men (29%) were more affected by the dusk-to-dawn curfew than women (19%).

COVID-19 Prevention Intervention**	% whose normal practice and routine has been affected (n=2425)
Restriction of movement in and out of counties identified as COVID-19 hotspots. Nairobi/Mombasa/Kilifi/Kwale and Mandera	40%
Social distancing and avoidance of crowded places	28%
Dusk to dawn curfew	24%
Suspension of learning in educational institutions	19%
Mandatory wearing of a face mask when in public	14%
Working from home	11%
Frequent hand washing with soap and water or hand sanitizing	6%

Kenyans are supportive of the Government's COVID-19 measures, but more than a third have lost their jobs

74% of respondents felt that the COVID-19 interventions implemented by the Government are adequate. While 61% of respondents reported coping well the COVID-19 measures, 33% reported that they had lost their jobs or their sources of income as a result of these measures.

Respondents rating on the various control measures that Government has instituted, KAPP Survey, June/July 2020	
Control Measure	% Respondents who rated Excellent & Good
Communication about Coronavirus status in Kenya	78%
Frequent hand washing with soap and water or hand sanitizing	78%
Mandatory wearing of a face mask when in public	73%
Isolation of those who are infected	71%
Suspension of learning in educational institutions	64%
Social distancing and avoidance of crowded places	63%
Restriction of movement in and out of counties identified as Coronavirus hotspots.	60%
Implementing mandatory quarantine	60%
Dusk to dawn curfew	59%
Working from home	45%

Half of the healthcare workers who participated in the survey had neither received any COVID-19 related training nor had PPEs

Of the 2,425 survey respondents, 44 were healthcare workers (2%), comprising members of county health management (18.2%), frontline healthcare workers (43.2%), national MoH personnel (15.9%), pharmacist (4.5%), and others accounted for 6.8%. 81.8% (36) reported that they had experienced anxiety and fear since the first case of COVID-19 was reported in the country. About half of the healthcare workers (47.7%) reported having attended some training relating on COVID-19. A similar proportion of healthcare workers (47.7%) reported they had access to personal protective equipment

(PPEs) when they need them. Only about 30% of healthcare workers reported they have all the necessary resources to support their work during the COVID-19 pandemic session. And, only 36.4% (16) reported that there was a procedure/mechanism in place to support them to manage stress.

3. IMPLICATIONS OF SURVEY RESULTS

Kenyans who have no access to TV, radio, Internet may not have adequate knowledge on COVID-19

The main sources of information on COVID-19 was TV and radio, and when Kenyans need additional information, majority went to the Internet or called the short-code 719. Community health workers (CHWs), an important health system mechanism for reaching communities with information, were hardly mentioned as a source of information on COVID-19. This means that poorer households who have no TV or radio, and marginalized communities lacking access to TV, radio and Internet may not have the adequate knowledge on COVID-19 that is a critical requisite for controlling the spread the of the disease.

There is still a notable need for more information on COVID-19 particularly on prevention and treatment

The fact that many Kenyans reported still needing additional information on COVID-19 prevention and treatment implies that there is still a huge need for information on COVID-19 prevention and treatment among Kenyans. The Government may need to rethink its public health campaign on COVID-19 to focus this on providing more detailed information on COVID-19 prevention and treatment so that many Kenyans do not resort to the Internet for additional information as this may not be accurate or applicable to the Kenyan contexts.

There is a lot of fear of COVID-19, which could affect the Home-based care intervention and fan the spread of the disease

Many respondents reported not being comfortable to be in the same house or office with someone who has COVID-19. This means that there is a lot of fear among Kenyans of COVID-19. This has potential to affect the recently introduced home-based care intervention for asymptomatic and mild cases of COVID-19. This fear also has potential to translate to stigma, which can put COVID-19 patients at risk in households and communities. The fear could also lead to people not revealing their COVID-19 status to family members or people they are in contact with which could further fan the spread of the disease. The Government therefore needs to introduce measures to address the fear of COVID-19.

Since majority of Kenyans are not adhering to COVID-19 measures all the time, community transmission will continue

For Kenya to flatten the COVID-19 infection curve, it needs to address the now well-established community spread of the disease. The results of this survey which show that majority of Kenyans are not practicing COVID-19 control measures all the time, mean that stemming community spread of the disease will remain a problem in the country for the coming weeks. The Government therefore needs to intensify its public health campaign and community-level efforts of promoting and enforcing adherence to the COVID-19 measures.

Relatedly, the fact that more than half of the people with COVID-19 like symptoms opt to either go to local pharmacies or ignore and hope the symptoms will go away, means if positive, these people are continuing to spread the disease without even knowing. This points to the need for the Government to intensify its public health messaging on encouraging

more Kenyans to seek care in health facilities if they have COVID-19 like symptoms, but also to take actions that give Kenyans confidence and reduce the fear of visiting health care facilities.

The drastically reduced access to other health care services may result in far-reaching consequences for the country's health outcomes

Nearly half of the people with conditions that require hospital visits have had their visits affected by the COVID-19 situation. Although the lifting of movement restrictions partly address these results, the Government needs to implement a clear strategy of public campaigns and actions that will encourage and enable more Kenyans with conditions requiring health facility care to visit health facilities. County governments as well as community health workers should be central in these efforts to ensure most Kenyans are reached with the public campaigns and actions that give them the confidence and enable them to visit health facilities to get the healthcare services they need.

Loss of income is a reality for many Kenyans, and has dire impacts on the economy and health outcomes

More than 3 in 10 Kenyans who participated in this survey reported having lost their job or source of income due to the COVID-19 measures. This means that more Kenyans have been driven into poverty. As a major determinant of health, poverty underlies many poor health outcomes. This points to the need for Government to review its cash-transfer policies and expand these efforts in order to cushion the many Kenyans who have been driven into poverty by the pandemic from severe health and other socio-economic outcomes.

Healthcare workers may not adequately prepared to fight the COVID-19 pandemic

Although only a few healthcare workers took part in the survey (44), the results imply that healthcare workers in the country may not been adequately prepared to fight the COVID-19 pandemic. The fact that half of the workers who responded to the survey in June-July had neither been trained nor provided with PPEs points to urgent need for Government to continue implementing interventions that will ensure healthcare workers are well-trained in the management and care of COVID-19, but also that they are provided with the PPEs in order to protect themselves. This needs to be monitored regularly.



4. RECOMMENDATIONS

Train, empower and facilitate community health workers to educate communities on COVID-19 prevention, treatment and management

Community health workers (CHWs) can play a key role in reaching communities at the grassroots and in remote locations with COVID-19 information. They can also play a role in educating communities about the home-based care strategy that is currently being implemented. CHWs could also be instrumental in reducing the fear and stigma associated with COVID-19. Therefore, Government needs to urgently bring CHWs on-board in the COVID-19 response. They should be adequately trained and facilitated if they are to play this role effectively.

Prioritise remote communities with COVID-19 public education campaigns

Government should prioritise remote communities with the public education on COVID-19. This requires close collaboration with county governments within remote regions.

Review, diversify and intensify public education on COVID-19, and on home-based care

To address the information gap that many Kenyans have on COVID-19 prevention and treatment, the Government needs to review its ongoing public education strategy and content. The review and revision of this strategy should also address the fear and stigma associated with COVID-19, as well as educate Kenyans on the home-based care programme and guidelines.

Increase collaboration with local pharmacies on symptomatic screening for COVID-19 and referral for testing

Government should increase its collaboration with local pharmacies for COVID-19 symptomatic screening where many respondents reported going to buy drugs when they experience COVID-19 like symptoms. This collaboration should link pharmacies to a referral system where they can refer people presenting with COVID-19 like symptoms for testing.

Implement measures that destigmatize COVID-19 for effective home-based quarantine and isolation

There is an urgent need to implement efforts that address the fear and stigma associated with COVID-19. Focused public education campaigns are needed to enable more and more Kenyans appreciate the effectiveness of strict adherence to COVID-19 control measures of face-masking and hand and other hygiene in controlling the spread of the disease. The public education campaign should also prioritise educating Kenyans on the home-based care guidelines so as to give more Kenyans confidence in managing COVID-19 cases at home.

Enhance socio-economic cushioning that caters for the new vulnerable persons who have lost their jobs or income

The Government needs to expand its cash-transfers programme to cushion the new vulnerable persons who have lost their jobs or income as result of the pandemic against adverse socio-economic outcomes. Other mechanisms of cushioning these groups should also be explored.

Prioritise training and provision of PPEs and psychosocial support to healthcare workers

The central and county Governments need to do much more to ensure more healthcare workers are trained in handling COVID-19 and are provided with PPEs and psychosocial support. The war against the COVID-19 pandemic will not be won if healthcare workers are not adequately prepared and protected.

For more information, refer to the study report: Kenya Ministry of Health, Kenya Medical Research Institute, and African Institute for Development Policy (2020) *An Assessment of Knowledge, Attitudes, Perception and Practice (KAPP) about COVID-19 among the Kenyan Population*. Nairobi: MoH, KEMRI and AFIDEP.

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