

Covid-19 Impact Situation Assessment on OVC Project
Conducted by Dr. Samuel Oketch of NCO
Requested by Nehemiah's Restoration Organization
July 21, 2021

Thanks to the efforts of mass access to the COVID19 vaccine in many developed countries, as in the U.S. and others are beginning to see hope in this global pandemic. However, Western Kenya, along with other developing countries, are experiencing a crisis-like rise in COVID19 cases and subsequent deaths. Kisumu County, and twelve other counties in western Kenya have been put under a third round of lockdown restrictions in the last year after the daily positivity rate in these counties rose to 21%, 12% higher than the national average. As of June 18th, when the lockdown was put in place, these counties accounted for over 60% of the national caseload of COVID19 cases.

The lockdown restrictions include, but are not limited to: a 7pm to 4am curfew, banned public gatherings of any kind (including church services), and all non-food markets have been closed. With the lockdown in place and access to vaccines being limited at best, it is likely that these counties will remain in lockdown for at least the next six months. But these restrictions are already having a huge impact on the caregivers and families we work with. On top of the strict lockdown, the area is experiencing the beginning stages of drought and are unable to raise enough crops to provide for themselves or to sell as a form of income. Below is a copy of a situational assessment conducted by Dr. Samuel Oketch of Nazarene Compassionate Organization, (NCO).

As we move forward, Nehemiah's Restoration Organization, (NRO) is committed to ensuring the families we work with are assisted during this difficult time. At this point in time, we have committed to doing monthly emergency food relief distributions with our two active centers. Currently, it is our goal to provide at a minimum, monthly distributions for each of the 36 families we work with 12 kgs of corn flour, 2 kgs of beans, 1 liter of cooking oil, 1 bar of soap and face masks. This amount will ensure that these families are able to eat structured meals daily.

The following are tools used to conduct a situation assessment:

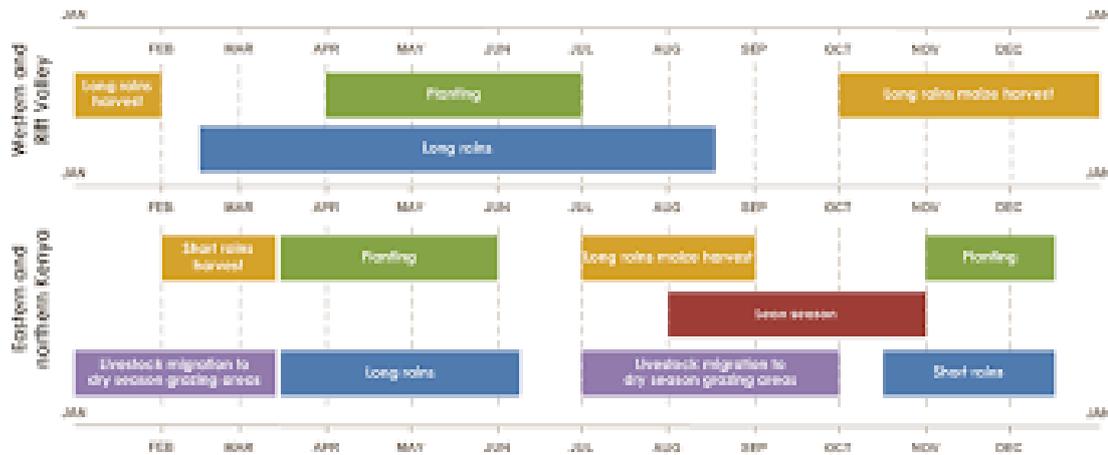
1. One-on-one interview
2. Questionnaires in hardcopy
3. Focus Group Discussions (FGDs)
4. Seasonal Calendar
5. Venn diagram
6. Rich picture
7. Key Informant Interview (KII)
8. 24 hour-daily activity clock
9. Access and control of resources
10. Marketing

The following tools were used out of the 10 tools listed above:

1. *One-on-one interview (as well as Key Informant Interviews)*: I engaged our centre coordinators, village elders, opinion leaders and area assistant chiefs on a one-on-one consultation on their current situation and noted the following:
 - There are increased prices of essential commodities such as maize, beans, cooking oil, sugar, milk, rice, etc.
 - Curfew hours from 7:00 pm – 4:00 am have greatly affected small businesses because they are forced to open for about 2-3 hrs in the afternoon before closing.
 - When children are sent away from school for not wearing face masks, they opt to look for those not adequately disposed of and wear back to school, not knowing the danger they are getting themselves into. They do this because they know their parents cannot buy face masks and leave them without food.
 - The leaders feared that family conflicts are beginning to rise because of the lack of food in families. The village elders mentioned that they were called almost regularly to solve cases in families, unlike before.
 - They mentioned that local hospitals are full of Covid-19 patients and any new case is encouraged to do home-based care. As of June 29, Kenya has 183,603 confirmed COVID-19 cases, with a seven-day rolling average of 534 daily confirmed COVID-19 cases. On June 17, due to the detection of three new COVID-19 variants and a steady increase in confirmed daily cases, thirteen counties in western Kenya were placed under additional containment measures, including longer curfew hours, 60-day closure of nonfood and livestock markets, and the prohibition of public functions and gatherings. Across the rest of the country, the previous restrictions continue.

2. *Focussed Group Discussions (FGDs)*: I conducted FGDs with our caregivers from both centres, and the following were highlighted:
 - They mostly rely on rainfed agriculture. They were hoping to have excellent harvests until the abrupt stop of rain changed everything for the worse.
 - Too much rain at the initial stage of the planting season also affected the growth of beans. The majority of the caregivers lost beans due to too much rain in April and May.
 - Most people are taking crops from their gardens before they are fully mature as a survival mechanism.
 - The OVCs are so stressed because when they come home for lunch, there is nothing to eat or very little to eat.
 - The OVCs are doing exams, so not having something to eat will most likely affect their end-term grades.
 - The majority are opting to use wood ash for handwashing as opposed to buying soap.

3. *Seasonal Calendar*: The seasonal calendar is as shown below:



The above is a typical calendar for western Kenya.

4. *Venn Diagram*: A Venn diagram is a widely-used diagram style that shows the logical relation between sets, popularized by John Venn in the 1880s. I asked the caregivers to draw circles in sizes of organizations in the community helping them. They drew circles of County Governments, NR, and other organizations. I could see that the NR circle was more giant as compared to County Governments and other organizations. On inquiring why it was so, they said County Governments last brought food to them in April 2020 (for Lungá) and May 2020 (for Ugolwe), and it was only 2 kgs of maize flour for both villages. The other organizations are dormant since the outbreak of the Covid-19 pandemic.
5. *24-hr daily Activity Clock*: I wanted to determine how the 24-hr daily activity clock look like for the caregivers. The result is as follows for most female caregivers:

Morning hours

- wake around 6 am prepare their OVCs to go to school
- conduct household chores
- go to their garden
- come back home to prepare lunch for the OVCs

Afternoon hours

- go to market from 2 pm
- come back home at 6 pm just before curfew hours start
- prepare dinner for the OVCs
- go to bed at around 9 pm

6. *Access and control of resources*: Most caregivers admitted to controlling their resources – both household resources and land.
7. *Marketing*: The various groups admitted that there is a low circulation of money currency in their midst. Prices of essential commodities have gone up because people opt to stay indoors and only go out for critical needs. The current prices are as follows:
- Maize (2kgs) from Kes 80 to Kes 150
 - Beans (2kgs) from Kes 150 to Kes 250

- Cooking oil (10 lts) from Kes 1,700 to Kes 2,500
- Soap (1 small pc) from Kes 5 to Kes 30.
- Vegetables (kales) 3 sticks go for Kes 20

Small businesses (where most of our caregivers fall) are really suffering because to beat the curfew hours, they only open for 2-3 hours in the afternoon and close by 5:30 pm to walk home before curfew hours begin at 7:00 pm.

Coping Strategies

- ✓ Minimization of food consumption and mealtimes. OVCs are eating first and only smaller than normal quantities.
- ✓ Most families take light porridge in the morning, and if available heavy porridge in the evening
- ✓ Some are taking crops from the garden before they mature properly.
- ✓ Some are burning and selling charcoal.
- ✓ To combat the Covid-19 pandemic: the majority have opted out of soap and instead use wood ash or no soap at all to wash their hands. Overuse of the recommended surgical masks is common even with the people in the community.
- ✓ Youths in the community are engaging in the motorcycle transport business popularly known as “boda boda.”
- ✓ Both men and women are engaging in casual labour.
- ✓ People in the community sell their livestock through private arrangements using brokers because non-food and market days are banned until further notice.