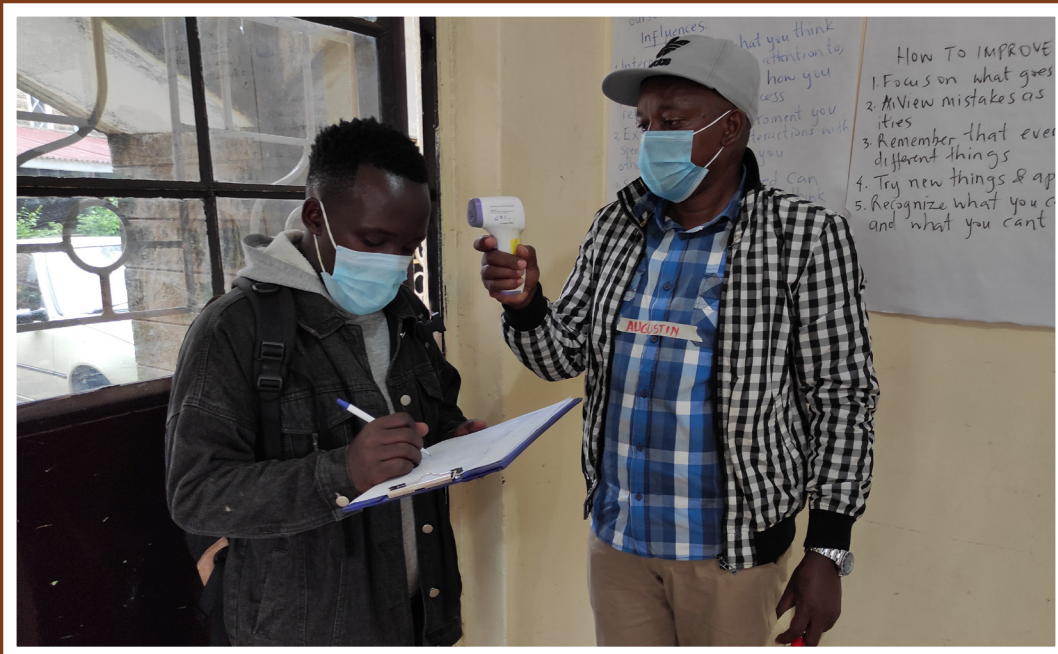




REFUGEPPOINT



COVID-19 Impact Report

March 2021

689 Massachusetts Avenue
Cambridge, MA 02139

A LIFELINE FOR FORGOTTEN REFUGEES

info@RefugePoint.org
www.RefugePoint.org

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Photo Caption: Augustin, (right) a RefugePoint Community Navigator, takes a temperature reading of one of the participants of a Life Skills training held in Kayole, Nairobi

EXECUTIVE SUMMARY

Following the onset of the COVID-19 pandemic in March 2020, governments worldwide restricted movement and ordered many businesses closed—resulting in an unprecedented slowdown in economic activity and income generation. The consequences have been brutal, especially for poor communities that rely upon menial jobs and small-scale businesses for survival.

The situation in Kenya has been no exception, with households reeling from declining household income due to the closure of small enterprises, salary cuts, and temporary layoffs. All of this has had a cumulative effect on informal and casual workers, who comprise the majority of the Kenyan labor force as well as the refugee clients served by RefugePoint. Additionally, most of RefugePoint’s refugee active core clients struggle with health conditions, which heighten their susceptibility to contracting the virus. The impact of the COVID-19 pandemic on these households is further intensified by their lack of formal status, which affects varied dimensions of their lives, ranging from access to healthcare, secure housing and reliable water.

This report measures and documents to what extent and how the self-reliance of refugee households has been negatively affected by the pandemic. RefugePoint comparatively analyzed self-reliance scores of a sample of active and graduated core client households, noting differences in their experiences, survival mechanisms and coping strategies, and identifying contributing factors.

The findings indicate that a substantial proportion of both active and graduated core clients have experienced a deteriorating household situation during the COVID-19 pandemic. The data suggests that many of the issues refugees face, especially in terms of declines in household income and economic well-being, have been caused directly by the impact of the pandemic. However, findings also suggest that while some of these issues were exacerbated by the pandemic, others pre-date its onset.

Generally, it appears that even in the middle of the COVID-19 pandemic, ***graduated client households¹ were more financially independent***, with a significant percentage reporting income from their businesses, casual jobs and self-employment, and the ability to create and utilize some savings. Conversely, ***active core client households appear to have been much more likely than graduated client households to receive support from an agency or community organization***, and less likely to be generating income from a business, casual job or self-employment. That said, this has also meant that core clients have maintained some stability by not reducing their food intake and by avoiding falling into significant rent arrears

¹ “Graduated” clients refer to those refugee households who previously received services from RefugePoint, but effectively graduated from the program once their self-reliance increased (as determined by their self-reliance scores on the Self Reliance Index and through interviews/discussions with these households). “Active core” clients refer to those refugee households who are currently receiving services from RefugePoint.

thanks to this support. However, core active clients were more likely to be affected by health conditions, which puts them at greater risk for COVID-19 infection, limits their ability to engage in income generation and can create debt from treatment and healthcare expenses.

Although there is still a need to explore and better understand contextual contributing factors and issues pre-dating the COVID-19 pandemic, RefugePoint will take steps to assist households in “building back better” by helping them get back on their journey to self-reliance.

1. BACKGROUND

1.1. Introduction

Since the World Health Organization declared COVID-19 a pandemic in March 2020, the loss of lives and livelihoods has been devastating. Governments across the globe closed restricted movement within and outside their borders and ordered many sectors of their economy to close. This led to an unprecedented slowdown in economic activities and consequently the ability to generate income. The government in Kenya was no exception to the measures taken. It implemented a night curfew, closed restaurants and other small businesses, and barred movement in and out of Nairobi for several weeks. By the time the government started relaxing these measures, households were already reeling from declining household incomes, and there were cumulative, indirect effects on the broader economy. The consequences of the pandemic and these protective measures have been especially brutal to urban refugee communities dependent upon menial jobs and informal businesses for survival. A significant number of small enterprises have been forced to close, while others have resorted to salary cuts and temporary layoffs. This continues to have an effect on household incomes, particularly for informal and casual workers who are found in most of the refugee households that RefugePoint serves.

In order to better understand and respond to the impact of the COVID-19 pandemic on refugee households, RefugePoint designed and executed a study to measure and document to what extent refugee households have been differently affected by the pandemic in terms of their self-reliance, by comparatively analyzing the self-reliance scores of “active core” clients versus “graduated” clients², identifying contributing factors, noting differences in their survival strategies, and highlighting ways in which they can continue to be supported on a path towards increased self-reliance.

² “Active core” clients refer to those refugee households who are currently receiving services from RefugePoint. “Graduated” clients refer to those refugee households who previously received services from RefugePoint, but effectively graduated from the program once their self-reliance increased (as determined by their self-reliance scores on the Self Reliance Index and through interviews/discussions with these households).

1.2. Key objectives of the study

This study had the following key objectives:

- a. To investigate how refugee households in Nairobi have fared since the onset of the pandemic, including the similarities and differences between RefugePoint's active core and graduated clients, the coping mechanisms they have adopted, and the influencing factors.
- b. To identify the types of support needed by active core and graduated households to mitigate the impact of COVID-19 and support their self-reliance.

1.3. Study methodology

This assessment included focus group discussions (FGD) and computer-assisted telephone interviews (CATI), in which interviews were conducted through the phone and data stored in the cloud. A total of four focus group discussions were conducted in three areas where RefugePoint has a high concentration of clients. All interviews were conducted between June and August 2020 with a sample size of 223 households. The collected data was coded and tabulated for analytical insights and conclusions. The data was analyzed, and the results were interpreted based on the objectives of the study.

1.4. Sampling

The sampling was done using clustered sampling in which respondents were first clustered according to their status: graduated or active core clients. The active core client category consisted of respondents who were part of RefugePoint's current caseload and were receiving any form of assistance. The graduated client category consisted of households that were previously part of RefugePoint's caseload but were exited from case management since 2019, having met self-reliance criteria.

Active core clients accounted for 61% of the total respondents, while the graduated clients accounted for 39%.

1.5. General characteristics of the respondents

The assessment gathered background information on respondents, including nationality, sex, age, education level, relationship to the head of household, marital status, household composition and household location. Descriptive statistics (i.e., frequency distributions, mean, median, mode and standard deviations) were utilized in analysing the demographic data.

a. Age

The respondents' mean age was 37 years, and the most common ages were 29 and 32 years. The majority of the respondents (42.2%) were between 29-39 years old.

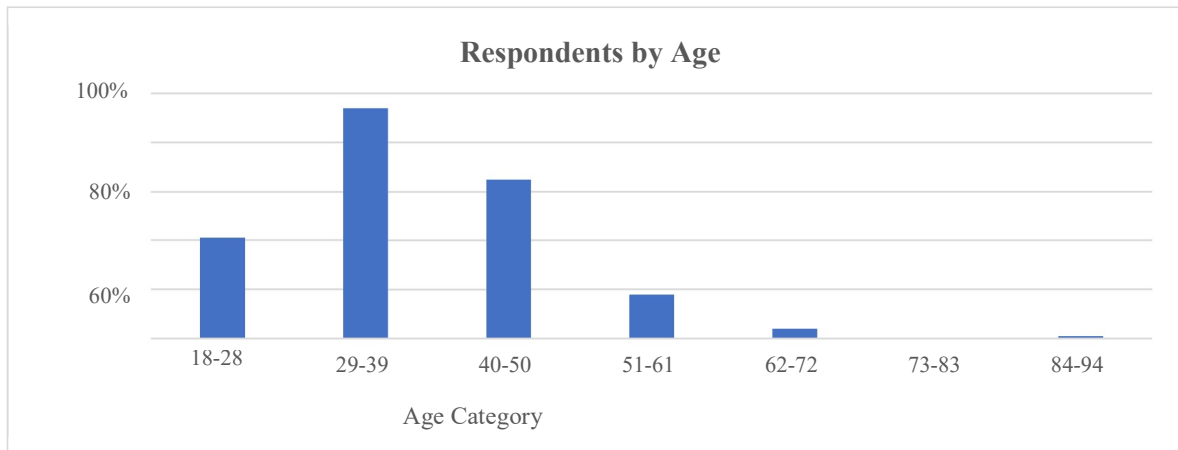
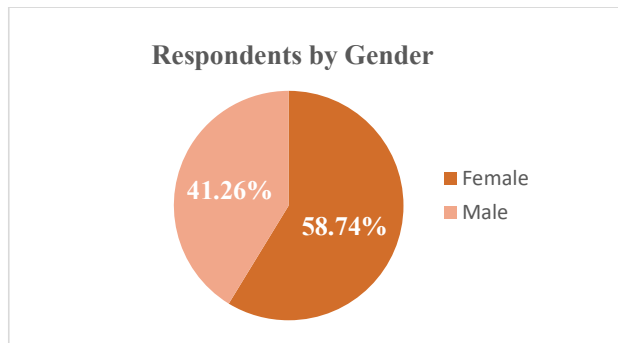


FIGURE 1: AGE

b. Gender and marital status



The majority of the respondents identified as Female (58.74%), compared to Male (41.26%).

In terms of marital status, the largest category of respondents was Married (39%) followed closely by Single (31%).

FIGURE 2: GENDER

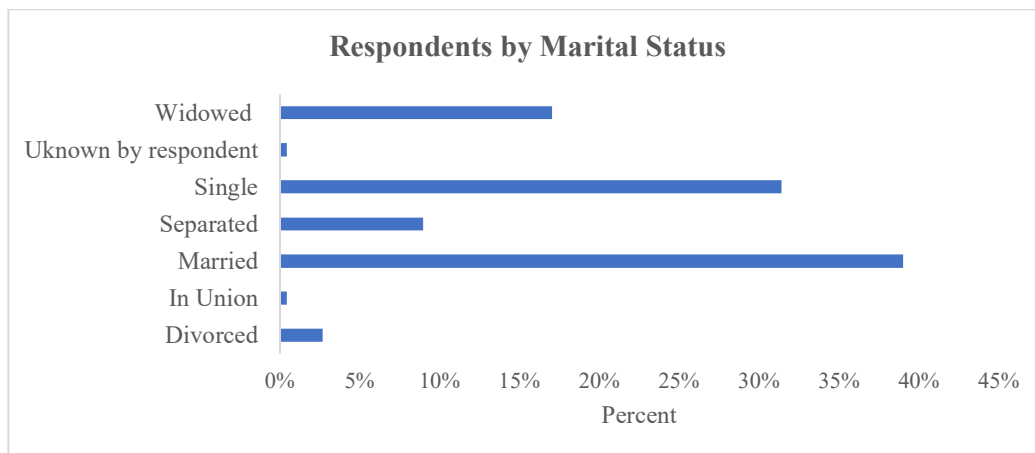
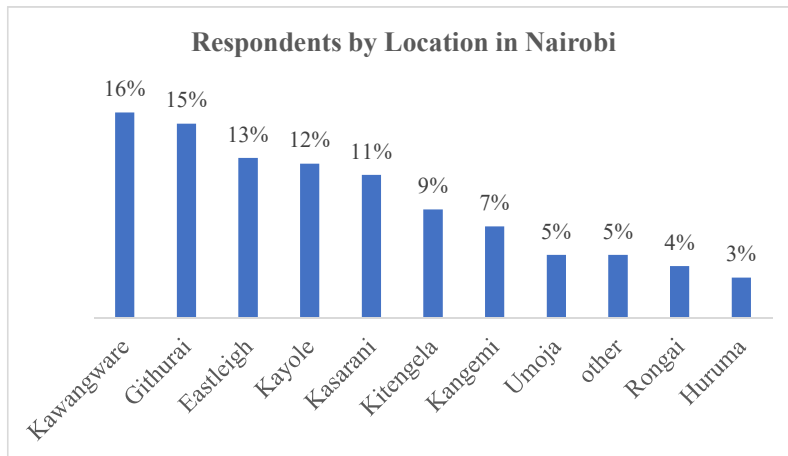


FIGURE 3: MARITAL STATUS

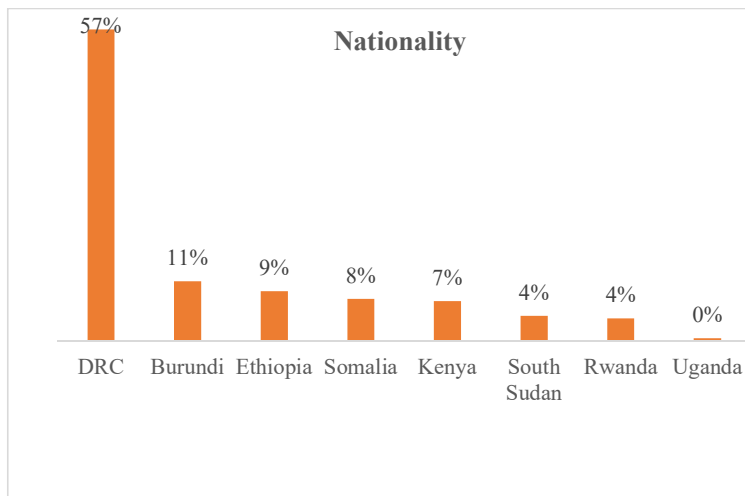
c. Geographical distribution



Kawangware had the highest number of respondents (16%), while Huruma had the least (3%).

FIGURE 4: LOCATION IN NAIROBI

d. Nationalities



Most of the respondents were from the Democratic Republic of Congo - DRC (57%). Kenyans constituted 7% of the total respondents.

These profiles closely correlate to the nationality distribution of clients currently in RefugePoint's database.

FIGURE 5: NATIONALITY

2. COMPARATIVE FINDINGS: CORE VS GRADUATED RESPONDENTS

2.1 Engagement in income generation during the COVID-19 pandemic

Respondents were asked if they had been able to engage in any income-generating activities during the three months prior to assessment. Although most core and graduated clients reported engagement in income-generating activities, there was a small difference between graduated respondents (87%) and active core respondents (78%).

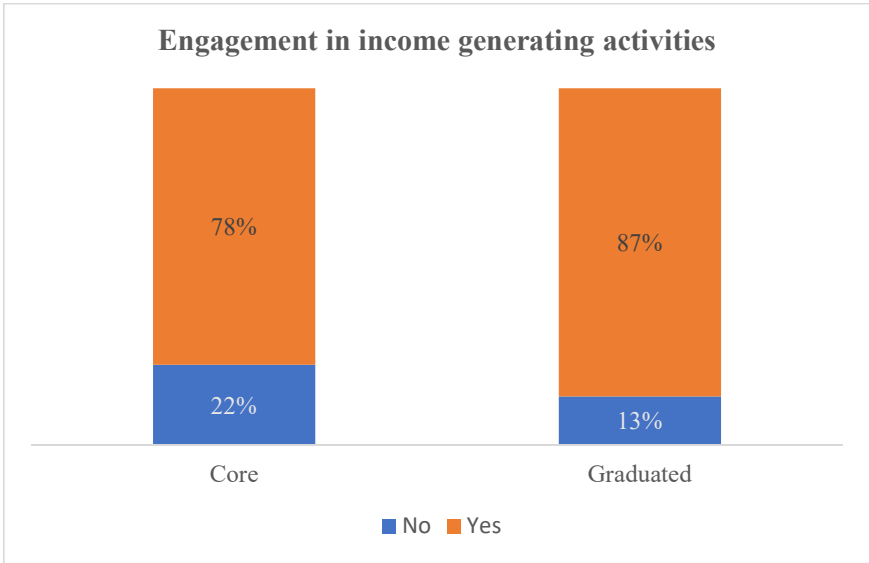


FIGURE 6: HOUSEHOLD ENGAGEMENT IN INCOME GENERATION

2.2 Reasons for lack of engagement in income generation

Among the graduated respondents who reported an inability to engage in income-generating activities, the most prevalent factor was the collapse of their business following the declaration of COVID-19 as a pandemic. The next three most significant factors also reflected the impact of pandemic restrictions, e.g. restrictions on public gatherings, market unavailability and workplace retrenchment. This was different from active core clients reporting a lack of income-generating activities, who cited health concerns as the most common reason.

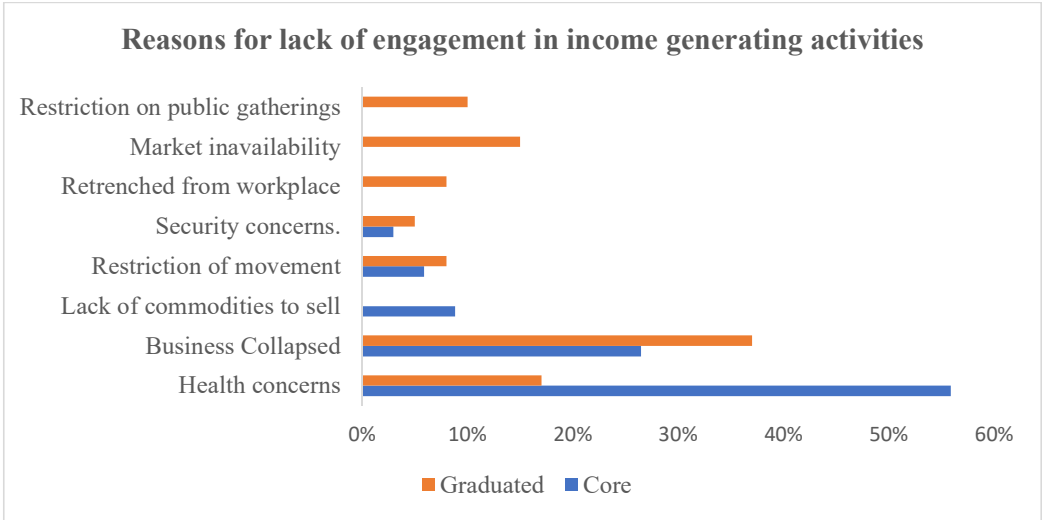


FIGURE 7: REASONS FOR LACK OF ENGAGEMENT IN INCOME-GENERATING ACTIVITIES

2.3 Sources of household income during the COVID-19 pandemic

Most graduated respondents relied on their own businesses as the primary source of income. In contrast, support from agencies and community organizations was the most prevalent household income source amongst the active core respondents.

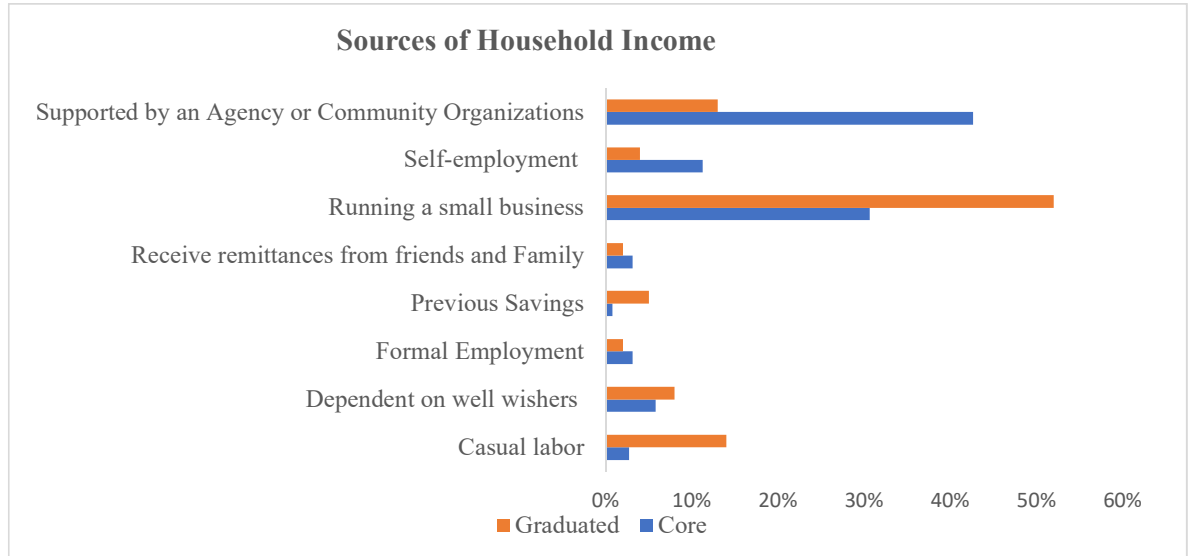


FIGURE 8: SOURCES OF HOUSEHOLD INCOME

2.4 Changes in household income and economic situation

A majority of both graduated and active core respondents reported losing *at least one* source of income within three months of the time of assessment, as shown in *Figure 9*. Also, the majority of both graduated and active core respondents reported that their household economic situation had worsened following the declaration of COVID-19 as a pandemic in Kenya (*Figure 10*). This was directly attributed to the loss of income sources among most households, as well as pandemic-related directives and factors that significantly disrupted market forces and interfered with the ability of many households to conduct business, often their primary source of income.

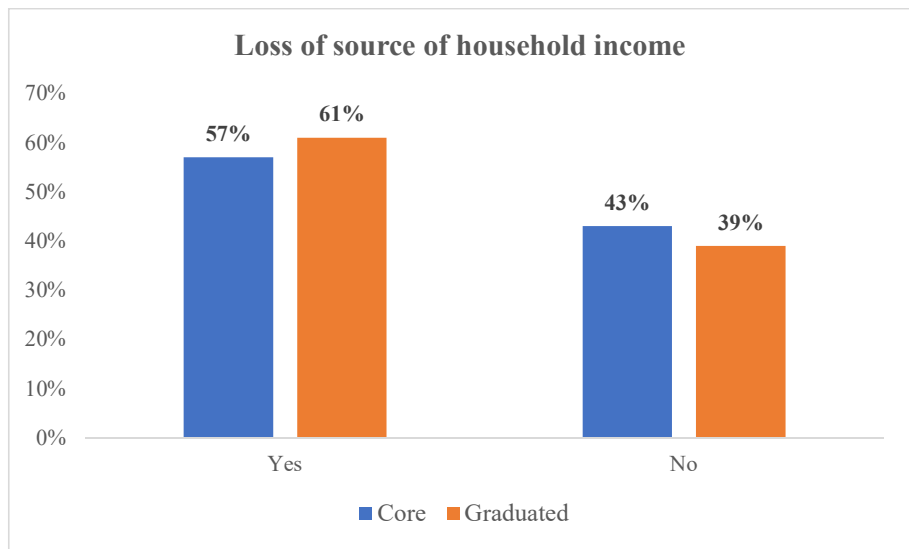


FIGURE 9: LOSS OF SOURCE OF HOUSEHOLD INCOME

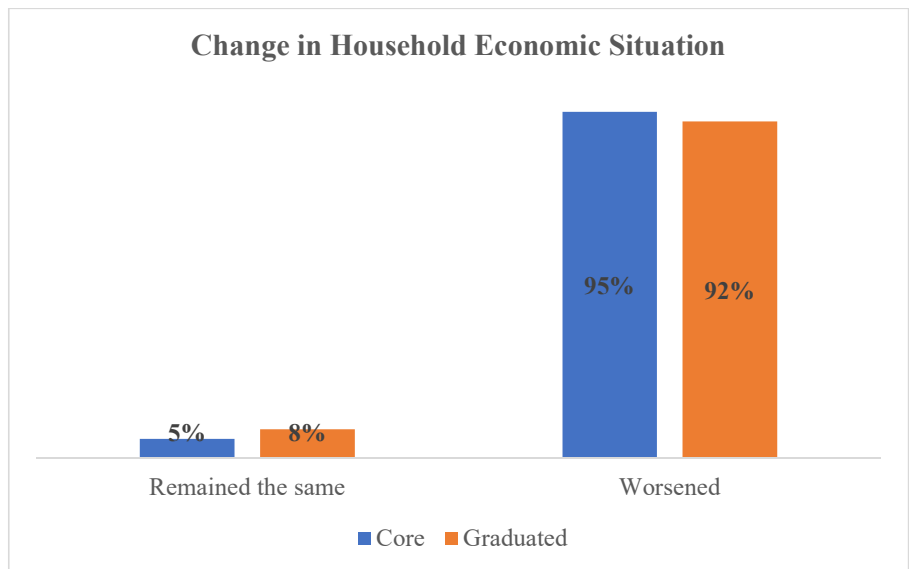


FIGURE 10: CHANGE IN HOUSEHOLD ECONOMIC SITUATION

2.5 Ability to initiate new income-generating activity

The study assessed the degree to which respondents explored alternative or additional sources of income during the pandemic to either protect existing income or minimize the effects of losing income sources. High numbers of both graduated and active core respondents reported that they could not initiate new income-generating activities (see *Figure 11*).

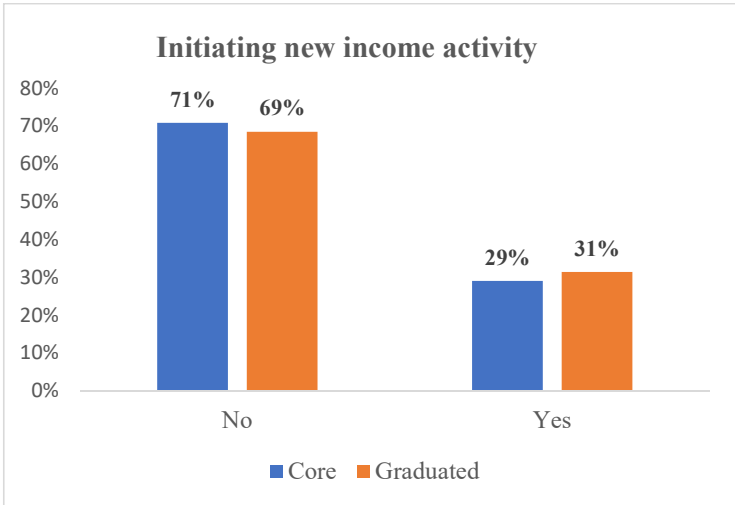


FIGURE 11: INITIATING NEW INCOME ACTIVITY

The assessed households attributed the inability to start new income-generating activities to several reasons, as summarized in *Figure 12*. The most commonly cited reason by graduated respondents was a lack of capital. Conversely, the most frequently cited reason by active core respondents was that they were already in business or work and therefore felt no need to start new income-generating activities. Interestingly, none of the graduated respondents reported a lack of available income-generating opportunities, unlike active core respondents. This could suggest that graduated clients felt there were income-generating opportunities that they could not access, perhaps due to the aforementioned lack of capital.

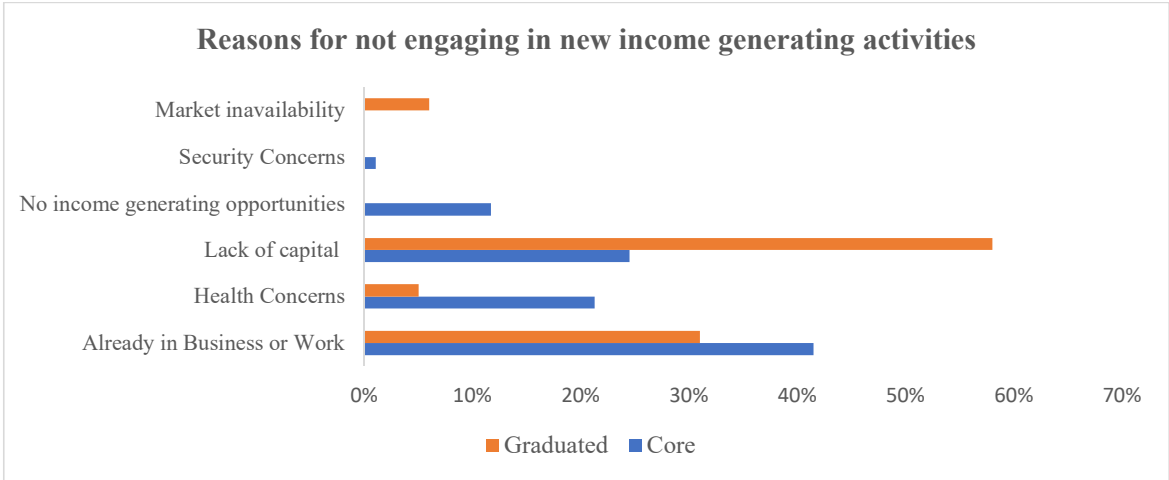


FIGURE 12: REASONS FOR NOT INITIATING NEW INCOME-GENERATING ACTIVITIES

2.6 Levels of household income, savings, and debt during the COVID-19 pandemic

The estimated monthly household income distribution for the month prior to assessment is shown in *Figure 13* below.

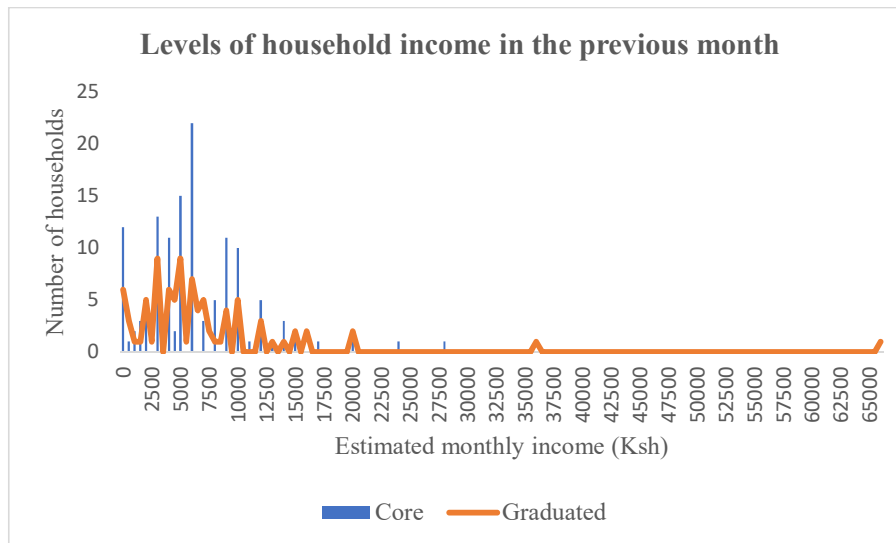


FIGURE 13: LEVELS OF HOUSEHOLD INCOME IN THE PREVIOUS MONTH

Overall there were minimal differences in income distribution between graduated and active core respondents. Evidence suggests that households with minimal amounts of income were those in which members were not engaging in income generation due to health concerns, had small numbers of members partaking in income generation or had a single source of income that generated a lesser amount of money. Households with high income values had many members pooling their income generation or had multiple income sources.

The study also sought to determine whether the households had any savings at the assessment time (see *Figure 14* below). Although most graduated and active core respondents indicated that they did not have savings, a greater percentage of graduated respondents than active core clients stated that they did.

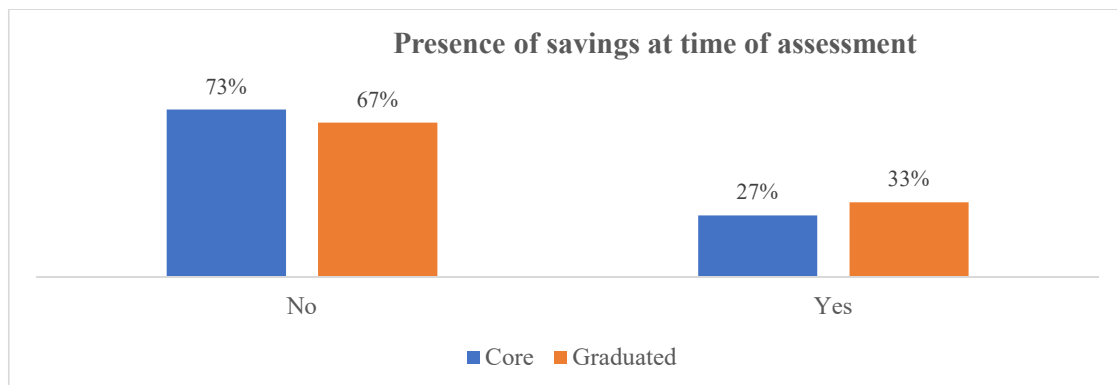


FIGURE 14: PRESENCE OF SAVINGS AT TIME OF ASSESSMENT

The various modes of saving are summarized in *Figure 15* below³.

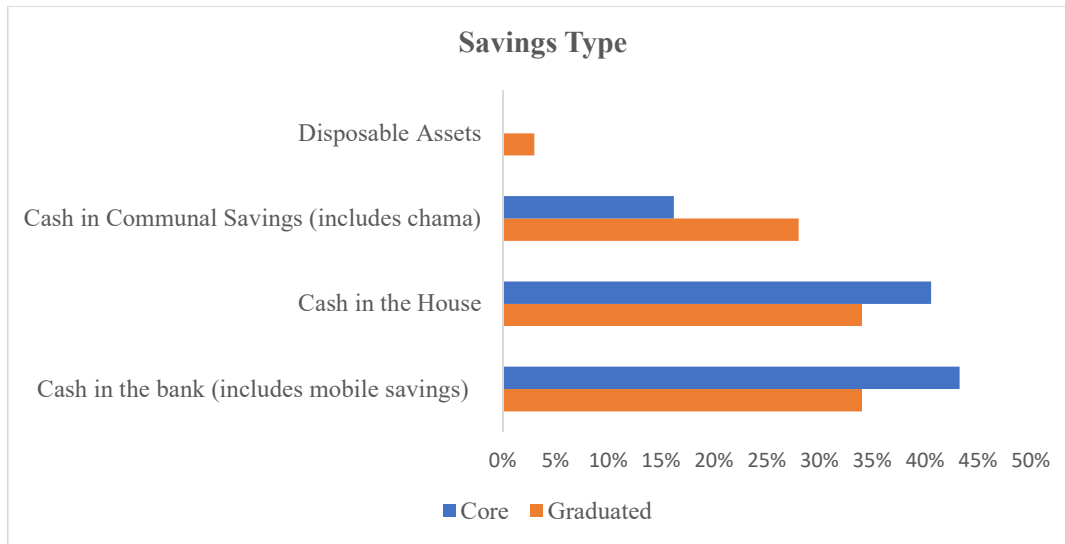


FIGURE 15: MODES OF SAVING

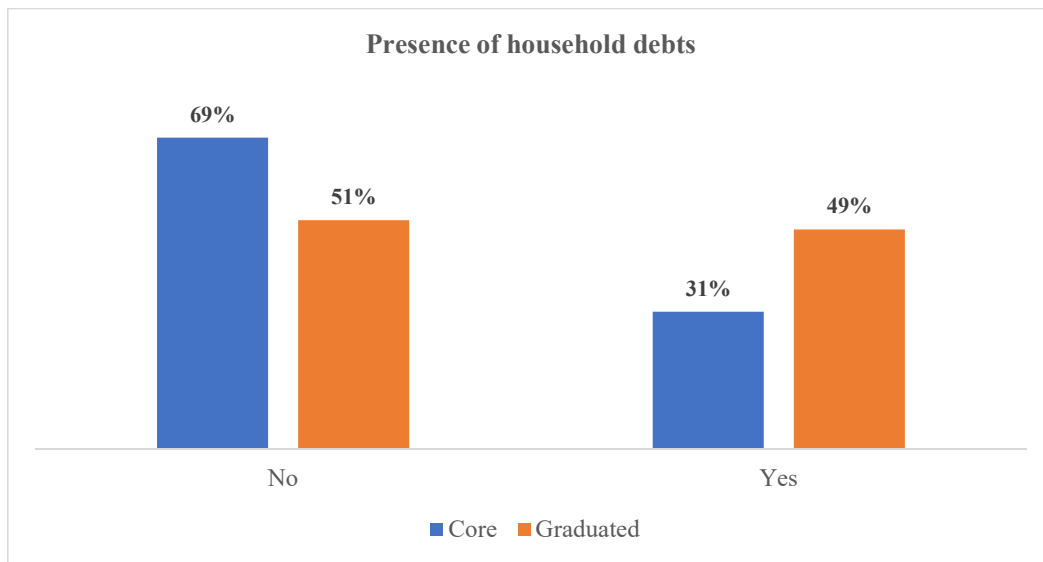


FIGURE 16: PRESENCE OF DEBT

A greater percentage of graduated respondents were indebted, as compared to active core respondents (see *Figure 16* above).

Figure 17 below shows the distribution of debt values among active core and graduated respondents. Among both groups of respondents, the very minimum debt amounts were primarily “debts in kind, e.g., commodities from shops.” In contrast, the maximum debt amounts were mainly debts incurred from financial institutions for business expansion or from medical bills.

³ Disposable assets are items households expressed the willingness to sell, in case a financial need emerged.

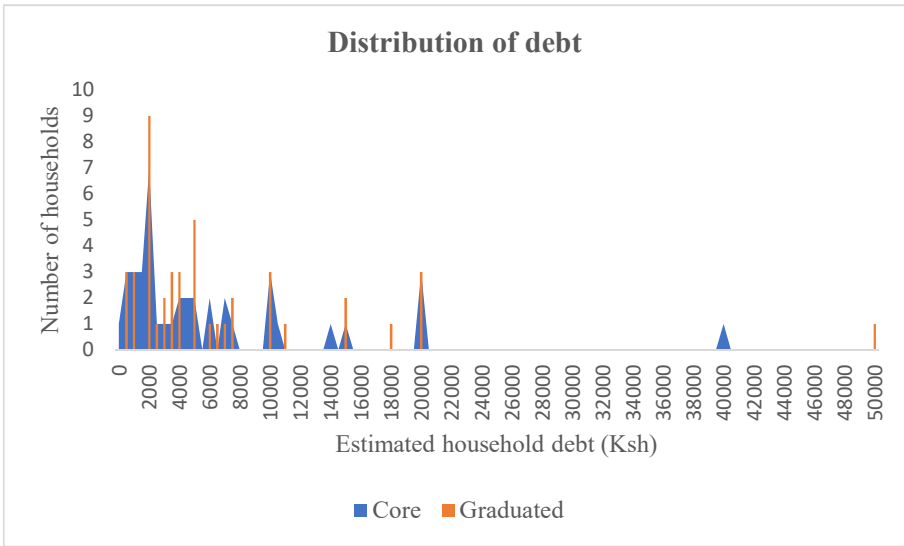


FIGURE 17: HOUSEHOLD DEBT LEVELS

For both types of respondents, the most commonly cited creditor was “*friends*,” as shown in *Figure 18* below. Graduated clients were more likely to carry debt incurred through community savings groups, mobile apps and religious institutions, suggesting an indirect reflection of greater social cohesion.

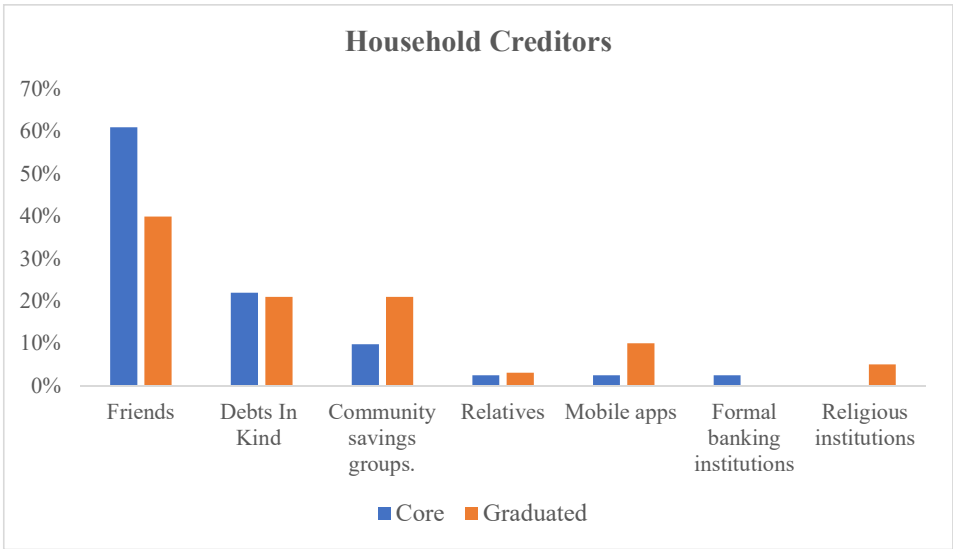


FIGURE 18: HOUSEHOLD CREDITORS

2.7 Household concerns

Respondents were asked about their concerns, and loss of income was the most prevalent concern for the assessed households, even those households whose members were able to engage in income generating activities (see *Figure 19*). Despite being able to engage in income activities, the general reductions in overall household income elicited concerns.

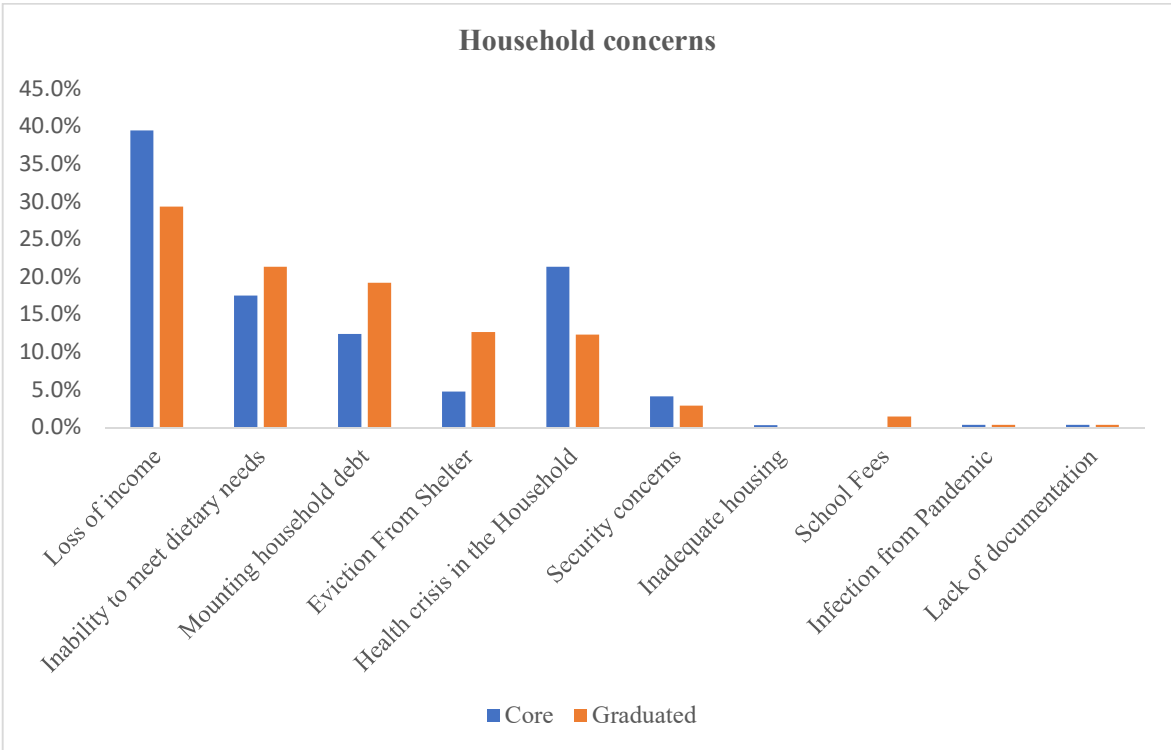


FIGURE 19: HOUSEHOLD CONCERNS

2.8 Urgent household needs

Respondents were also asked about their greatest and most urgent needs. Rent support was by far the biggest need amongst all respondent households, with a considerable number also indicating a need for food. A significant number of the core active respondents also mentioned medical needs.

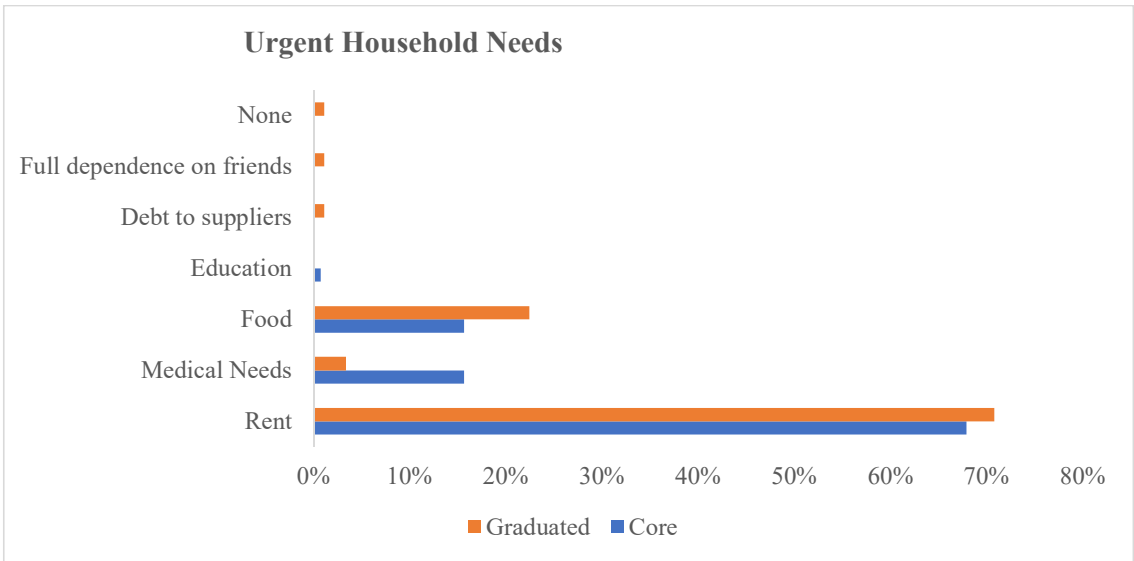


FIGURE 20: URGENT HOUSEHOLD NEEDS

2.9 Housing during the COVID-19 Pandemic

2.9.1 Rent during the COVID-19 pandemic

Respondents were asked if they had any rent arrears for the period three months before the assessment. The gravity of rent as a household need was further illuminated by the fact that a majority of both graduated and active core respondents reported the existence of rent arrears (see *Figure 21*), with a significant number of graduated respondents reporting three months or more of rent arrears (see *Figure 22*).

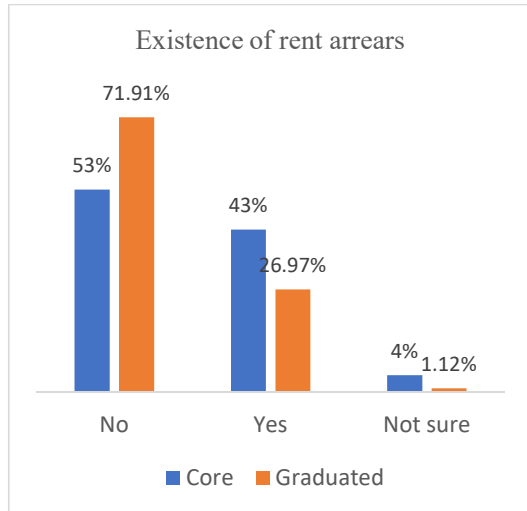


FIGURE 21: EXISTENCE OF RENT ARREARS

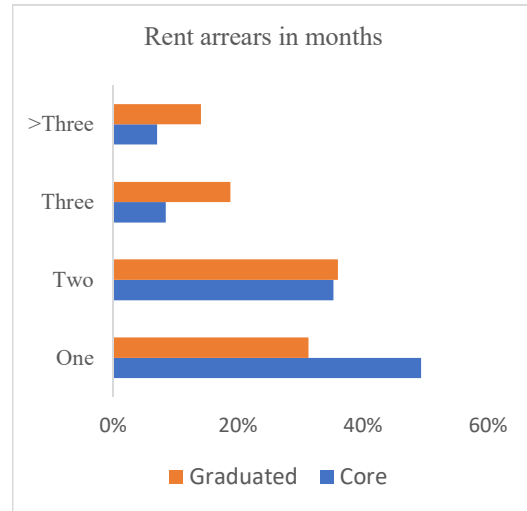


FIGURE 22: RENT ARREARS IN MONTHS

Table 1 below shows the distribution of rent costs amongst the active core and graduated respondents.

	Min (Ksh)	Max (Ksh)	Mean (Ksh)	Mode (Ksh)	Median (Ksh)	STDEV
Active Core Households	0	15,000	5,739	4,000	5,000	2,707
Graduated Households	3,000	16,000	5,990	5,000	5,000	2,383

TABLE 1: RENT VALUES

The respondents who reported minimum rent amounts (0 Ksh) were being hosted either by other households or community organizations. The households that paid rent on the higher end had many members within the same house, and were able to cost-share amongst the individual members.

2.9.2 Relocation

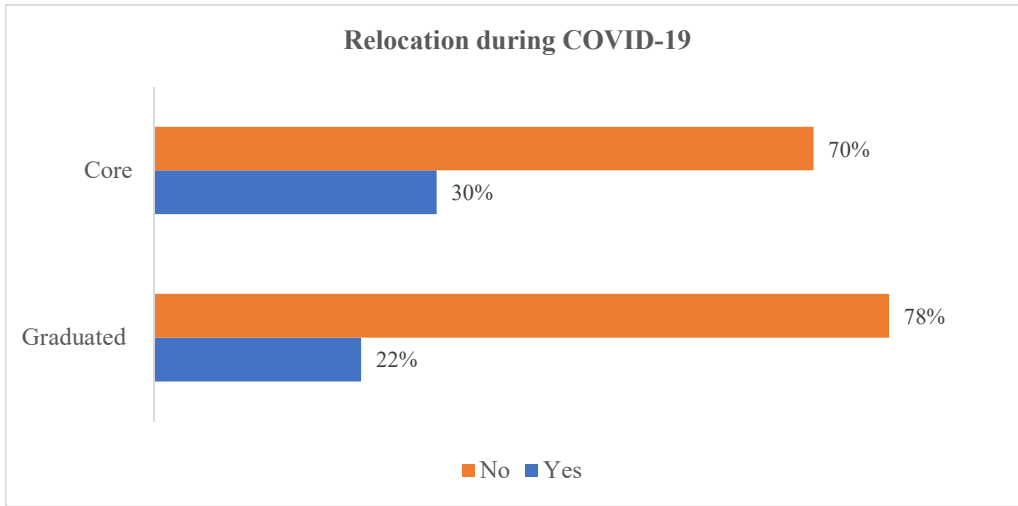


FIGURE 23: RELOCATION DURING COVID-19

Most active core and graduated clients had not relocated during the assessment period. Of those who did, a greater percentage were active core clients.

Most graduated respondents relocated due to rent-related reasons, while a majority of the active core respondents attributed their relocation to security reasons. Relocation reasons are summarized in *Figure 24* below.

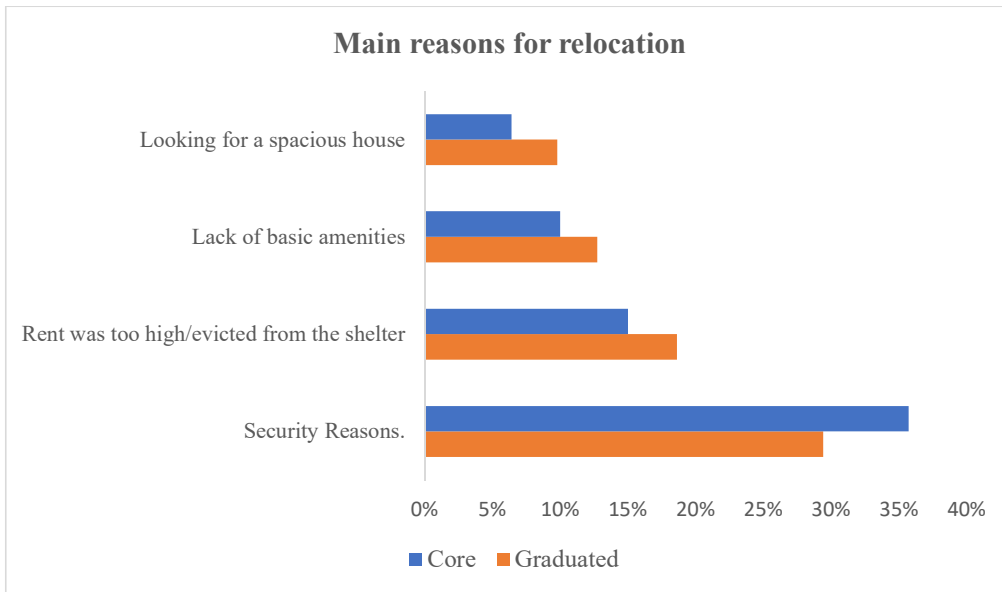


FIGURE 24: RELOCATION REASONS

2.9.3 Housing size

In terms of the housing size, a majority (59%) of all core and graduated respondents resided in single rooms, while 35% lived in double-roomed dwellings, and 6% lived in three-roomed houses. There was no direct proportionality noted between the number of rooms and the

number of people within the house, as exemplified by some instances in which small-sized houses had more occupants and vice versa.

2.9.4 Access to water

Given that water was essential to effective hygiene and disinfection to prevent COVID-19 infection, households were assessed on whether they had sufficient access to water and water storage facilities. The results are shown in *Figure 25* below. More graduated respondents reported a lack of weekly access to tapped water, while more active core respondents reported a lack of access to water storage facilities. This lack of access could have increased the susceptibility of the households to contracting COVID-19.

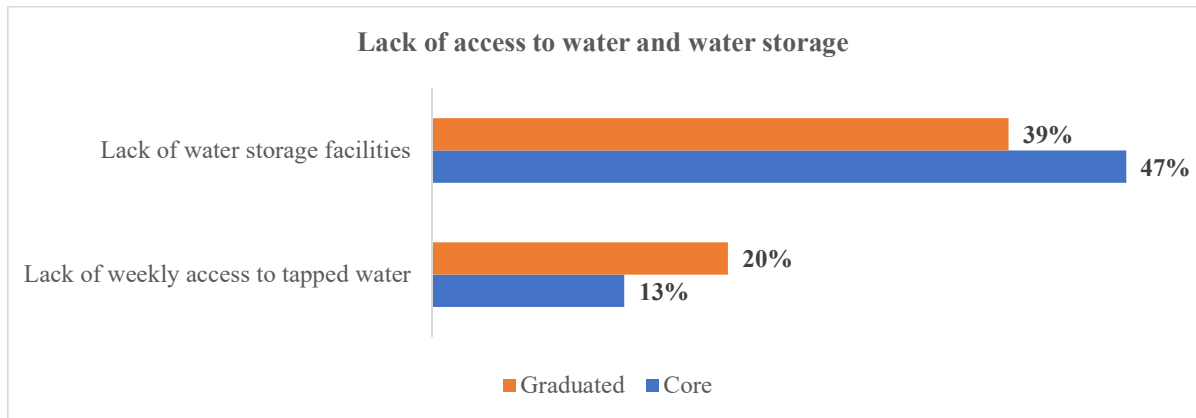


FIGURE 25: WATER ACCESSIBILITY

2.10 Household food security during the COVID-19 pandemic

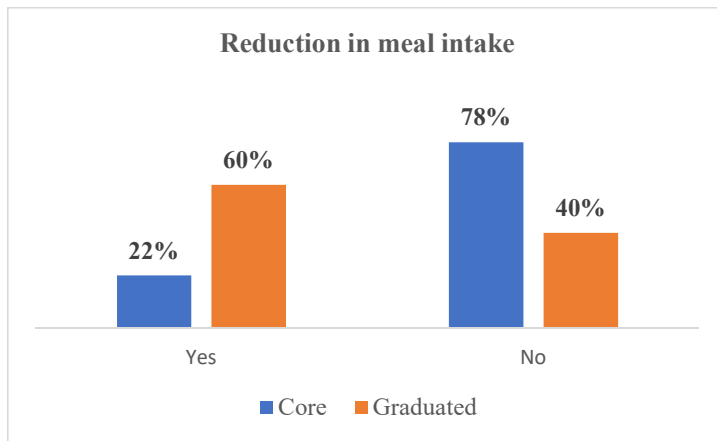


FIGURE 26: REDUCTION IN MEAL INTAKE

When asked about whether their household had to reduce their meal intake, there were striking differences between graduated and active core respondents. More than half of graduated households reported having to reduce their daily meal intake, significant on its own, and at a greater percentage than the active core respondents (60% vs. 22%). Some of the factors attributed to this were lack of income to purchase the food and absence of food

support from any agencies or community members. A significant majority (78%) of active core respondents stated that they had not reduced their meal intake.

Most households indicated that they could afford two to three meals per day, as shown below in *Figure 27*.

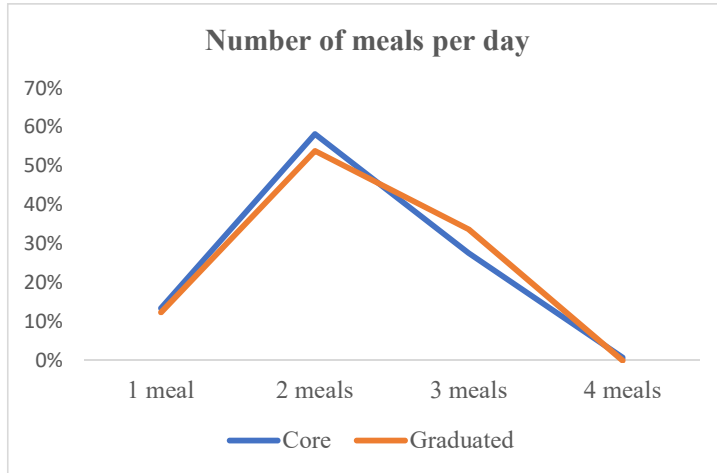


FIGURE 27: NUMBER OF MEALS PER DAY

2.11 Online learning during the COVID-19 pandemic

Following the directive by the Kenyan government to close all schools, many schools shifted to online learning. More graduated than core active respondents reported having access to online education. However, most respondents said that they did not have any access to online learning—attributing it to the lack of facilities and means to access online education, and the absence of existing guidelines and awareness from learning institutions.

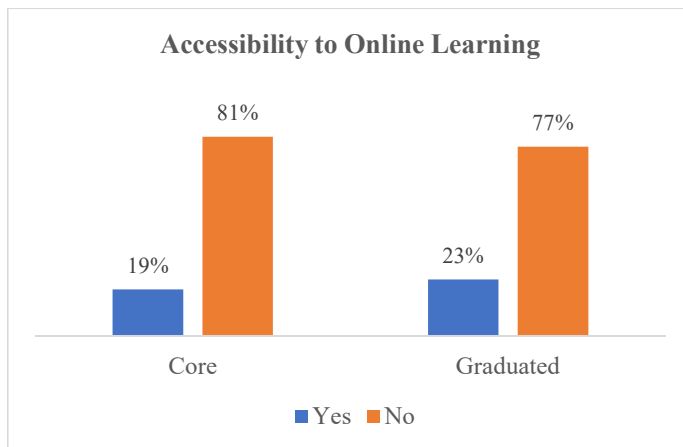


FIGURE 28: ACCESSIBILITY TO ONLINE LEARNING

For the households able to access online learning, most did so through their own means, as shown in *Figure 29*.

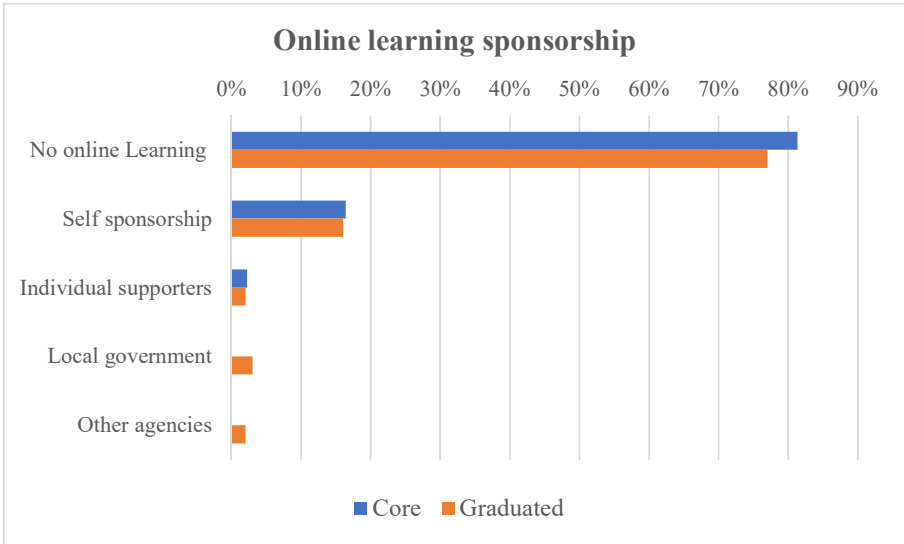


FIGURE 29: ONLINE LEARNING SPONSORSHIP

2.12 Community support and social capital during the COVID-19 pandemic

The study assessed whether households had received any support from community members, including neighbours, individual supporters and friends during the pandemic. Community support was more available to graduated respondents than active respondents, as shown in *Figure 30* below.

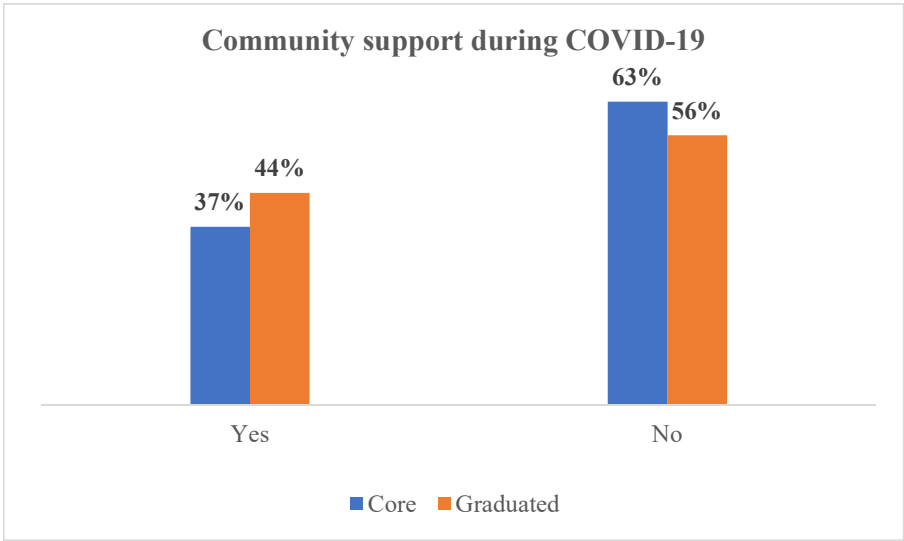
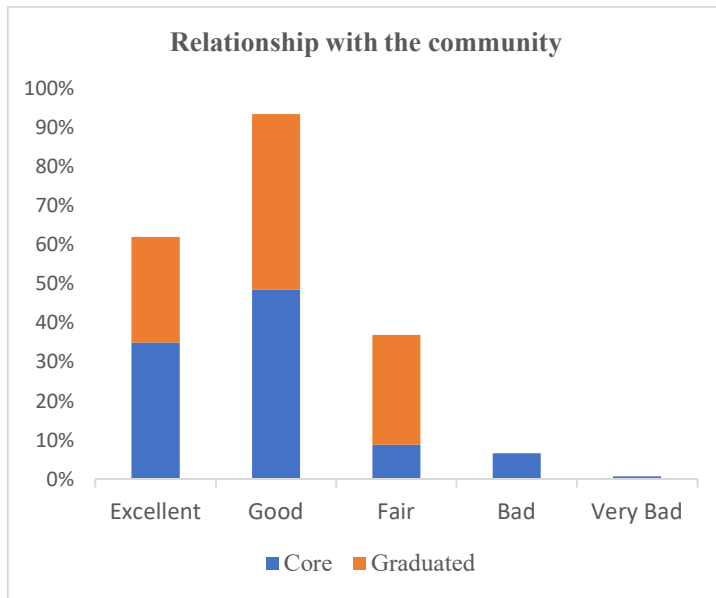


FIGURE 30: AVAILABILITY OF COMMUNITY SUPPORT

2.12.1 Relational social capital



Using a 5-point Likert scale, a majority of both graduated and core active respondents reported Fair to Excellent Relationships with other members of the community during the assessment period.

FIGURE 31: RELATIONAL SOCIAL CAPITAL

2.12.2 Financial social capital

Respondents were asked where they would prefer to borrow money in a time of need. Most reported that they preferred borrowing from friends, although a significant number also mentioned they did not have any lending source (see *Figure 32 below*).

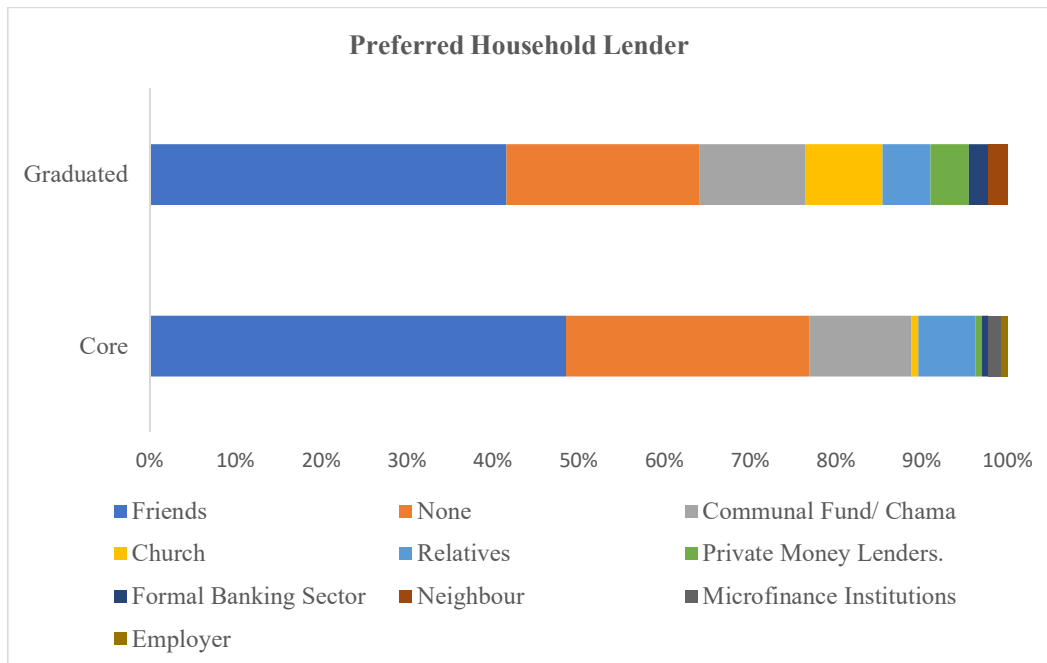


FIGURE 32: PREFERRED HOUSEHOLD LENDER

2.13 Agency support during the COVID-19 pandemic

Respondents were asked if they had received any support from agencies during the past three months from the time of assessment. More active core respondents received support from agencies (including RefugePoint) than graduated respondents (see *Figure 33* below).

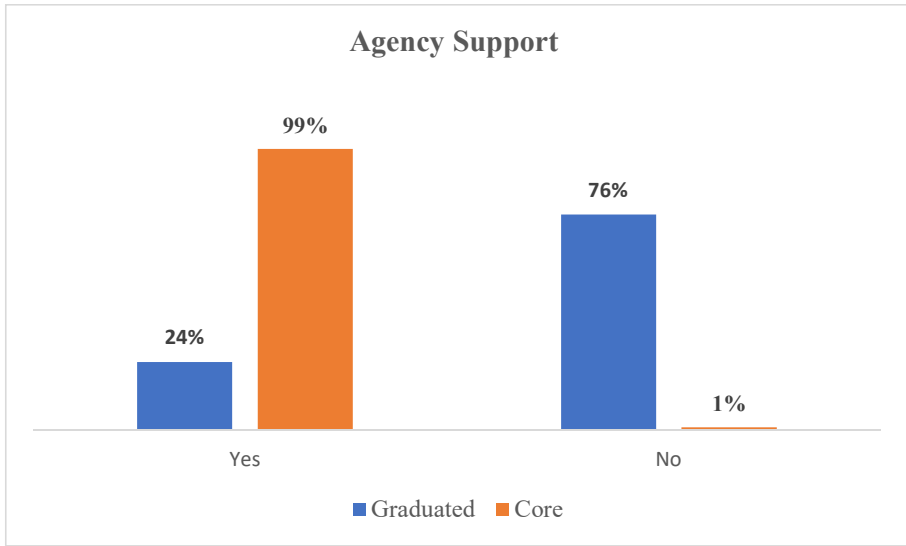


FIGURE 33: AGENCY SUPPORT DURING COVID-19

2.13.1 RefugePoint support during the COVID-19 pandemic

RefugePoint had provided some kind of support to 100% of active core respondents at the time of assessment, which is to be expected given that they were actively on the agency's caseload. Only 9% of graduated respondents had received support from RefugePoint (see *Figure 34* below).

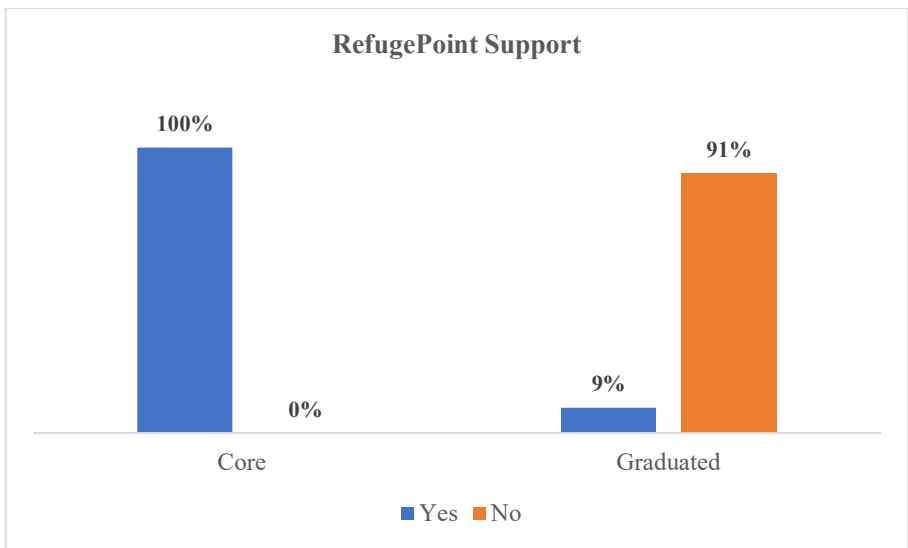


FIGURE 34: REFUGEPOINT SUPPORT

In terms of the types of support provided by RefugePoint, 100% of active core respondents were receiving social work support, with 84% additionally receiving other household needs

support. *Figure 35* below shows the prevalence of these other types of household needs support, excluding social work⁴. For the graduated clients, *Figure 35* does not exclude social work support. Food assistance was the most prevalent amongst both core active and graduated respondents receiving support from RefugePoint. Respondents who stated that they were receiving livelihoods support were those who had either undergone a livelihoods assessment and were awaiting business grants, or those who had been provided rapid grants. Households reporting education support received this support prior to the closure of learning institutions. No rent, counseling, or livelihood support had been provided to graduated respondents at the time of assessment.

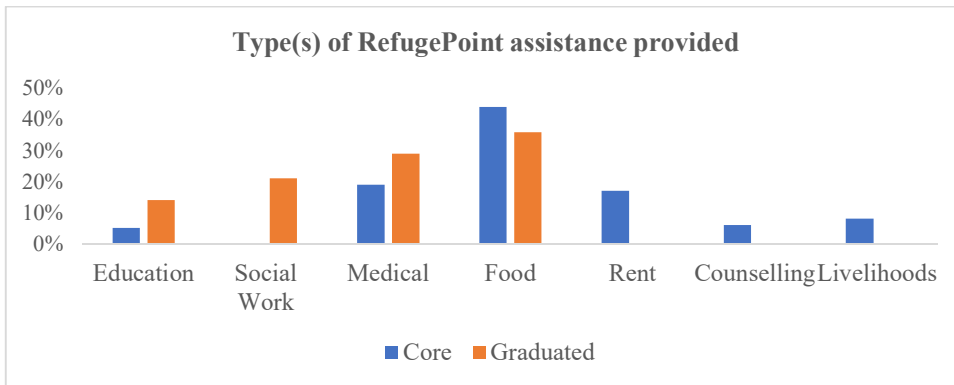


FIGURE 35: NATURE OF REFUGEPOINT SUPPORT

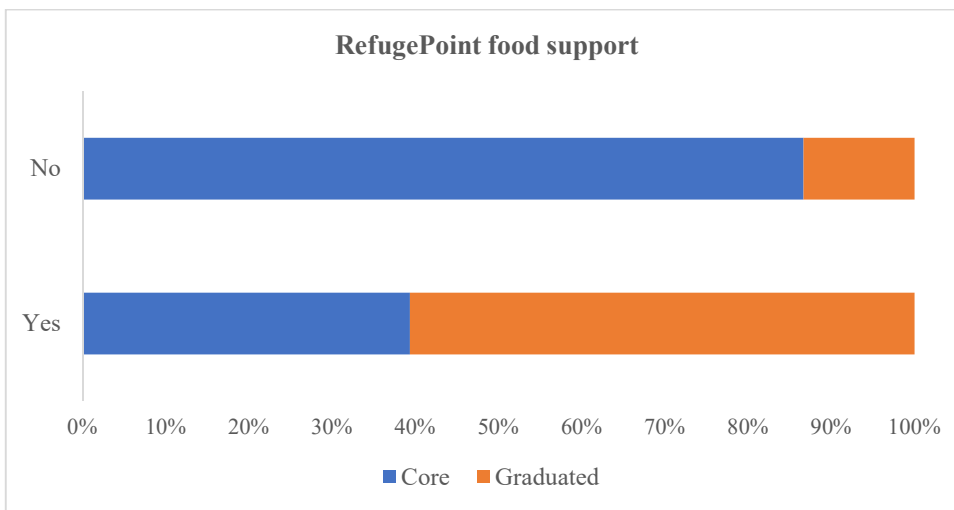


FIGURE 36: REFUGEPOINT FOOD SUPPORT

More active core than graduated respondents received food support from RefugePoint. Of those graduated respondents who received food support, all of them reported that the provided ratios could not last for one month.

⁴ Percentages have been calculated using the total number of respondents who received support from RefugePoint, and not the total number of overall respondents.

For the households that were not receiving food support at the time of assessment, their dietary needs were met by individual members of the household as well as other groups, including religious institutions, individual supporters and other agencies.

2.14 Awareness of COVID-19 health guidelines

Respondents were assessed on their level of understanding of the COVID-19 health guidelines. All respondents confirmed awareness of the steps they are supposed to take to prevent or minimize the risks of contracting the virus. The distribution of various information sources is shown in *Figure 37* below.

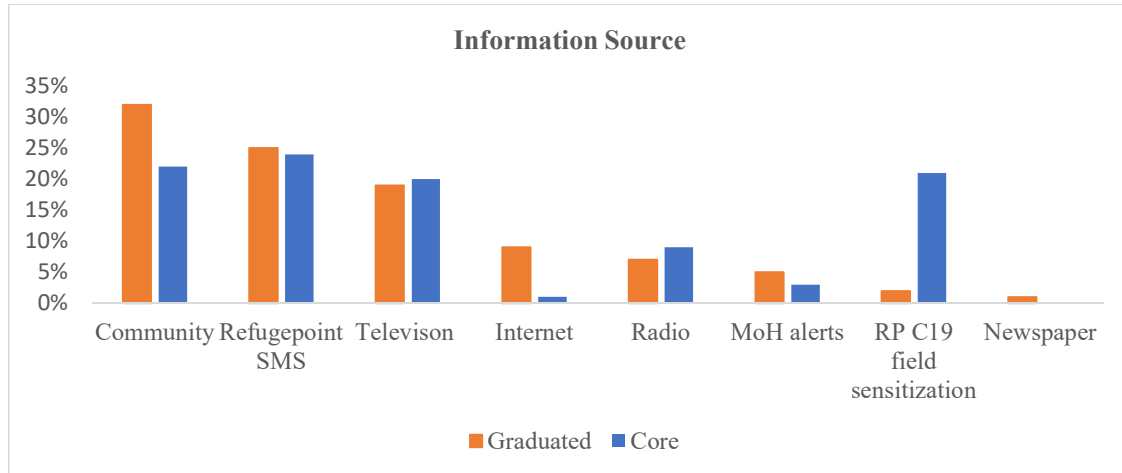


FIGURE 37: COVID-19 SOURCES OF INFORMATION

CONCLUSIONS

The findings in this report indicate that a substantial proportion of both core and graduated clients experienced a deteriorating household situation during the COVID-19 pandemic. The data suggests that many of the issues they face, especially those related to declines in household income and economic well-being, have been caused by the pandemic. However, findings also suggest that some of these issues were exacerbated by the pandemic, while others were issues that pre-dated its onset.

Generally speaking, it appears that even in the middle of the pandemic, graduated client households were more financially independent, with a significant percentage receiving income from their businesses, casual jobs and self-employment, and were able to create and utilize some savings (although the amount saved was small, perhaps indicating a need for greater savings promotion). Conversely, core client households appear to have been much more likely to be receiving support from an agency or community organization, and less likely to be generating income from a business, casual job or self-employment. That said, this has also meant that core clients have been able to maintain some stability thanks to the agency support, which allowed them to maintain their meal intake and avoid falling into significant rent arrears.

Graduated clients appear to have been more likely engaged in income generation. However, as many graduated clients rely on income through self-employment or running a small business, and most cited business collapse and lack of markets as the reason for the lack of or decrease in income generation, it is unsurprising that they were also more likely to be dealing with debts related to those income-generating activities and lacking the capital needed to initiate new income generation. In addition, graduated clients were more likely than core clients to have fallen into significant rent arrears (3+ months) and to be experiencing food insecurity. It would be interesting to explore how self-employed entrepreneurs, particularly those involved in market-dependent income generation, could be supported through these shocks – for example, reinvigorating businesses, reducing debt burdens or maintaining food security – while also recognizing and addressing the unique context refugee households in Nairobi must navigate.

The data also suggests that core clients were more likely to be affected by health conditions, which negatively impacts these clients' ability to engage in income generation (thereby affecting household income) and contributes to the household debt burden due to the health-related expenses. These health conditions may have pre-dated COVID-19 or may have been exacerbated by COVID-19; however, more information is needed to make that determination, as well as whether and to what extent health conditions impacted livelihoods engagement and ultimately increased or decreased self-reliance.

It is also clear that overall household income fell, even if income-generating activities stayed the same or increased. The data also suggests that in order to stabilize household income, as many household members as possible must engage in income generation. This has potential gender and age implications—for example, the ability to access education, questions around time-use and double burden for women, and implications for those affected by aforementioned health conditions that prevent engagement in income-generating activities.

The data regarding housing and associated conditions seems to be mixed, and requires further exploration. Rent affordability and adequate housing were significant pressing concerns for both graduated and core client households. Of the graduated and core clients who said they relocated, both groups stated they were forced to move. Graduated clients were more likely to have moved due to housing costs, which could reflect their decreased household income. In contrast, core clients were more likely to have moved due to security concerns, which may have pre-dated the pandemic. It would be interesting to explore whether this difference is significant and why. Of critical concern during the pandemic is the percentage of both active core and graduated clients reporting a lack of reliable access to tap water and water storage, thereby potentially increasing their COVID-19 susceptibility in addition to existing water access issues. Given concerns about housing adequacy and movements, it would also be interesting to explore the extent to which refugee households in Nairobi, particularly RefugePoint core client households, have access to adequate housing

and water, and generally feel safe in their local community, while also identifying the contributing factors and opportunities to address.

Overall, the data suggests that the pandemic has had a negative impact on the self-reliance of refugee households in Nairobi. The resilience of these households is also clearly dependent to some extent on conditions that pre-existed the pandemic. The challenge now is to find ways to “build back better” by helping refugees continue their self-reliance journey and navigate the external conditions exacerbated by the COVID-19 pandemic.