Table of Contents

List of Acronym and Abbreviations ........................................................................................................ iii
List of Acronyms ........................................................................................................................................ iii
List of Figures .............................................................................................................................................. iv
List of Tables ............................................................................................................................................... v
Executive Summary ..................................................................................................................................... 1
Key Findings ............................................................................................................................................... 3
1.0 Introduction ......................................................................................................................................... 4
  1.1 Statement of the Problem ................................................................................................................ 5
1.2 Objective of the baseline study ....................................................................................................... 6
  1.2.1 General Objective ..................................................................................................................... 6
  1.2.2 Specific objectives ..................................................................................................................... 6
2.0 Literature Review ............................................................................................................................... 6
  2.1 Kenyan Youth, Employment and COVID 19 ................................................................................. 6
    2.1.1 The Kenya Covid-19 Emergency Response Fund ................................................................. 8
2.2 Youth Engagement During the Covid-19 Pandemic ..................................................................... 9
  2.2.1 Distributing soap in slums and vulnerable communities ....................................................... 9
  2.2.2 Creating support networks for women in crisis ................................................................. 10
  2.2.3 Inclusive education or out of school students ................................................................ 10
  2.2.4 Distributing contraceptives to women in the community ..................................................... 11
  2.2.5 Journalism .............................................................................................................................. 12
  2.2.6 Supporting the most vulnerable in the community ............................................................. 12
3.0 Methodology ..................................................................................................................................... 12
4.0 Results and Discussion ..................................................................................................................... 13
  4.1 Response rate and Location ......................................................................................................... 13
  4.2 Demographic Description ............................................................................................................. 13
  4.3 Nature of Organizations Youths are Engaged in ....................................................................... 15
  4.4 Organizations Main Area of Work .............................................................................................. 16
  4.5 Length of Affiliation to the Organization .................................................................................... 16
    (i) Youth Mobilization during COVID-19 ..................................................................................... 17
      (a) Mobilization of the Youth to Participate in COVID 19 Response ........................................ 17
      (b) Mobilization of the Youth to Participate in Design of the Response .................................... 18
      (c) Mobilization of the Youth to Support the Response ............................................................ 19
(d) Youths Level of Involvement ................................................................. 20
(e) Nature of Youths Involvement .............................................................. 20
(f) Factors Influencing Level of Youths Involvement .................................. 21
(g) Public Health System, socio-economic life & COVID 19 Response ........... 22

(ii) Capacity of Youths to Participate in COVID-19 Response ..................... 23
  (a) Youths Participation Activities in COVID 19 Response .......................... 23
  (b) Preparedness of Youths to Participate in COVID-19 Response ............... 24
  (c) SupportAccorded to enable Youths to Participate in COVID-19 Response .... 25
  (d) Training Specificity, Capacity Enhancement and Community Support .......... 26
  (e) Community Attitude Towards the Role of Youths in COVID 19 Response ..... 26
  (f) Youth Engagement Constraints................................................................... 27

(g) Suggestion to Enhance Respondents’ Capacity to Contribute to the COVID19 response .............................................................. 28

(h) Youth Involvement in COVID 19 Response by Government or NGOs ........... 29
(i) Nature of Youths’ Involvement in COVID 19 Response by Government or NGOs .... 30
(j) Activities Youth were Involved in COVID 19 Response .......................... 30
(k) Reception and Access of COVID 19 Response in the Community .................. 31
(l) Youths Part of Life Affected by COVID 19 .................................................. 33

(iii) Partnership with the Youth in COVID 19 Response .................................. 33
  (a) Youth involvement in Budgeting for COVID-19 ........................................ 33
  (b) Youth Involvement in Formulation of Peace and Security Policies ............ 34

(iv) Youth Involvement in Policy Engagement and Knowledge Sharing .............. 35
(v) Accountability in COVID 19 Response ....................................................... 35
(vi) Youths Witnessing Abuses in the COVID 19 Response in the Community ...... 36

5.0 Recommendations ................................................................................. 37
(i) For Policy Makers .................................................................................... 37

References ..................................................................................................... 38
### List of Acronym and Abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBO</td>
<td>Community Based Organization</td>
<td></td>
</tr>
<tr>
<td>COVID</td>
<td>Corona Virus Disease</td>
<td></td>
</tr>
<tr>
<td>COVISAF</td>
<td>COVID-19 Vertically Integrated Social Accountability and Advocacy Framework</td>
<td></td>
</tr>
<tr>
<td>CSO</td>
<td>Civil Society Organization</td>
<td></td>
</tr>
<tr>
<td>COYOQA</td>
<td>COVID-19 and Youth Question in Africa</td>
<td></td>
</tr>
<tr>
<td>FBO</td>
<td>Faith Based Organization</td>
<td></td>
</tr>
<tr>
<td>GoK</td>
<td>Government of Kenya</td>
<td></td>
</tr>
<tr>
<td>IDRC</td>
<td>International Development Research Centre</td>
<td></td>
</tr>
<tr>
<td>IGAD</td>
<td>Intergovernmental Authority on Development</td>
<td></td>
</tr>
<tr>
<td>ILO</td>
<td>International Labour Organization</td>
<td></td>
</tr>
<tr>
<td>KNBS</td>
<td>Kenya National Bureau of Statistics</td>
<td></td>
</tr>
<tr>
<td>KPHC</td>
<td>Kenya Population and Housing Census</td>
<td></td>
</tr>
<tr>
<td>NCCRCNP</td>
<td>National Coordination Committee on the Response to the Corona Virus Pandemic</td>
<td></td>
</tr>
<tr>
<td>OSSREA</td>
<td>Organization for Social Science Research in Eastern and Southern Africa</td>
<td></td>
</tr>
<tr>
<td>PPE</td>
<td>Personal Protective Equipment</td>
<td></td>
</tr>
<tr>
<td>SACCO</td>
<td>Savings and credit co-operative organisations</td>
<td></td>
</tr>
<tr>
<td>SDGA</td>
<td>State Department for Gender Affairs</td>
<td></td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
<td></td>
</tr>
<tr>
<td>UNDESPD</td>
<td>United Nations Department of Economic and Social Population Division</td>
<td></td>
</tr>
<tr>
<td>UNHCR</td>
<td>United Nations Higher Commission of Refugee</td>
<td></td>
</tr>
<tr>
<td>VAT</td>
<td>Value Added Tax</td>
<td></td>
</tr>
</tbody>
</table>

### List of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>chamas</td>
<td>Welfare groups formed by persons with a common goal eg table banking</td>
</tr>
<tr>
<td>Jua Kali Workers</td>
<td>Workers in the informal sector</td>
</tr>
</tbody>
</table>
List of Figures

Figure 1: Youth Involvement in Youth-Based Organizations............................................. 15
Figure 2: Organizations Main Areas of Work................................................................. 16
Figure 3: Length of Affiliation to the Organization....................................................... 17
Figure 4: Youth Mobilization to Participate in the Design of the Response....................... 18
Figure 5: Mobilization of the Youth to Support the Response......................................... 19
Figure 6: Youth Level of Involvement............................................................................ 20
Figure 7: Nature of Youths Involvement ........................................................................ 21
Figure 8: Factors Influencing Levels of Youth Involvement ........................................... 22
Figure 9: Rate of Preparedness to Participate in COVID 19 Response ............................. 24
Figure 10: Support Accored to enable Youths to Participate in COVID 19 Response....... 26
Figure 11: Community Attitude Towards the Role of Youth in COVID 19 Response ........ 27
Figure 12: Youth Engagement Constraints........................................................................ 28
Figure 13: Youth Involvement in COVID 19 Response by Government or NGOs ............ 30
Figure 14: Youths Part of Life Affected by COVID 19..................................................... 33
Figure 15: Youth Involvement in Budgeting for COVID 19 Response ............................... 34
Figure 16: Youth Involvement in Formulation of Peace and Security Policies ................. 34
Figure 17: Accountability in COVID 19 Response .......................................................... 36
Figure 18: Forms of Abuses Witnessed in the Community ............................................. 37
List of Tables

Table 1: Response Rate .......................................................... 13
Table 2: Response Distribution per Sub-County................................. 13
Table 3: Demographic Descriptive .................................................. 14
Table 4: Mobilization of Youth Participation in COVID-19 Response............ 17
Table 5: Public Health System, Socio-economic Life and COVID 19 Response........ 22
Table 6: Youth Participation Activities in COVID 19 Response.................... 23
Table 7: Training Specificity, Capacity Enhancement and Community Support.......... 26
Table 8: Enhancing Youth Contribution to the COVID-19 Response.................... 28
Table 9: Nature of Involvement in COVID 19 Response by Government or NGOs........ 30
Table 10: Activities Youth were Involved in COVID 19 Response .................... 31
Table 11: Reception and Access of COVID 19 Response in the Community ............... 32
Table 12: Youth Involvement in Policy Engagement and Knowledge Sharing ............. 35
Executive Summary

Organisation for Social Science Research in Eastern and Southern Africa (OSSREA) in collaboration with CEWARN-IGAD, Makerere University (Uganda), OSSREA Kenya Chapter and CCRDA (Ethiopia) were funded by IDRC-Canada to conduct a study entitled: COVID-19 and the Youth Question in Africa: Response, Impact and Prevention Measures in the IGAD Region. The study was conducted in three IGAD member states, namely Ethiopia, Kenya and Uganda.

This survey report presents the Kenyan study conducted by OSSREA Kenyan Chapter. It addressed the youth question, focusing on how they were mobilized to participate in COVID 19 response; their capacity to participate; nature and involvement level they were engaged in; policy engagement and knowledge sharing; and accountability in COVID 19 response.

UNHCR recommends that one tactic to combat the spread of the virus in vulnerable communities must be to engage local youth and youth networks. This survey re-emphasizes the value government, CBOs, FBOs, CSOs and any Youth Organizations may gain by tapping into youth creativity and innovation. This survey has revealed non engagement of youth participation in COVID 19 response.

The youth constitute a critical mass of the Kenyan population. Its them who have the raw energy and provide the human resource that is essential for sustainable development. Therefore, they form a constituency that should never be ignored when seeking for solutions to address societal challenges.

This survey reveals negligible government involvement in youth mobilization to participate in COVID 19 response; youths were involved as casuals more, less as administrative or supervisory staff; the youth had good knowledge about COVID 19 and poor knowledge on motivation to participate in the response value chain; Partnership with the youth in COVID 19 response was poor, they were not involved in budgeting for COVID 19 response funds, formulating peace and security policies, and policy engagement and knowledge sharing; and budget constraints were experienced by the youth participating in COVID 19 response.
This survey made recommendations for policy makers as well as for practitioners in the CBOs, CSOs, FBOs and Youth Organizations.

LIAISON OFFICER OSSREA - KENYA CHAPTER
Key Findings

The findings of this report are based on a baseline study carried out in Nairobi County. It also draws on a review of the literature that is available on youth engagement in the COVID-19 pandemic mitigation drawn from the analysis of documents and videos with information from stakeholders to gain insights into the strategies and plans adopted by the Government of Kenya, well-wishers and funders in the effort to mitigate the COVID-19 pandemic. The statistical data is drawn from the analysis of the questionnaires that were responded to by youth in the CSOs, FBOs, BBOs and Youth Organizations in Nairobi County.

This baseline study has highlighted major findings and these are:

- Mobilization of the youth to participate in COVID-19 response was done to some extent by Civil Society Organization (CSO), who were responsible for mobilizing 11.20% of the youth. Government mobilized 4.30%, Youth Organizations 2.10%, Faith Based Organizations 5.3%, Individuals themselves 16.5%, Others 1.6%, Community Based Organizations 11.2% and 47.9% were not mobilized at all.

- Youth involvement in COVID-19 response was at different levels. 87% of the youth were involved as casuals, 5% as administrative staff, 2% supervisory staff and 6% other involvement. Furthermore, the level of involvement of the youths in COVID-19 response kept fluctuating from insignificant to quite strong and very strong.

- Capacity of youth to participate in COVID-19 response revealed that the youth had good knowledge about COVID-19 (52%); emergency preparedness and resilience (50%); and ability to speak out and to engage (46%). However, they had poor knowledge on motivation to participate in the response value chain (41%); ability to demand for information from the people implementing activities in the COVID-19 response (42%); ability to participate in following up the way money was spent on different activities (53%); knowledge on information on mandate, rights, responsibilities and entitlements (37%); and emergency preparedness and resilience (financial resources). Other aspects that attracted high ratings of “very poor” included ability to participate in allocation of money to different activities (36%); and ability to participate in following up the way money was spent on different activities (32%).

- Partnership with the youth in COVID-19 response was poor as they were not involved in budgeting for COVID-19 response funds, formulating peace and security policies, and policy engagement and knowledge sharing.
The main constraints youth experienced in COVID 19 response were budget constraints (27%) and limited time (17%). The part of youths’ life affected by COVID 19 included their livelihoods with males registering 75.4% while female 76% and employment of most of the youth (64.5 male, 66% female), their health was equally affected as figures of 29.7% for male and 32% for female were registered.

Accountability in COVID 19 Response, results indicate that 52% of female and 36.2% of male youth have heard of people being arrested as a COVID 19 response measure. Also, 40% of female and 34.1% of male respondents are aware of the existence of platforms for reporting abuses in the government COVID 19 response. A big percentage of male (42%) indicated that they were not aware of any measures listed as COVID 19 response.

1.0 Introduction
In practically all walks of life, COVID 19 pandemic presented and continues to generate numerous challenges some that are of insurmountable proportions, often disrupting the socio-economic fabric of countries. Since its declaration by the World Health Organization (WHO) as a public health emergency of international concern on 30 January 2020, and recognition as a pandemic on 11th March, 2020, the main objective has been to stop its exponential spread. The immediate observable effect of COVID 19 disease was in older people and those with underlying medical conditions like cardiovascular disease, diabetes, chronic respiratory disease, or cancer who were more likely to develop serious illness. For a while the youth were not put in the COVID 19 pandemic equation until learning institutions were closed as a non-pharmaceutical intervention measure of social distancing and self-isolation to curb the spread.

In Kenya, all learning institutions were closed through a presidential directive on 16th March 2020, a ‘dusk to dawn’ curfew introduced and a ban of public gathering (GoK Covid-19 Response Plan, May 2020). In some incidences the youths tried working on their own in isolation leading to stress, anxiety and depression, which was exacerbated by failure to access counselling services, generating mental health challenges (Human Rights Watch, 2020). COVID 19 was technically generating a new wave of health challenges, but with time this transformed into an economic and social crisis as its effects began to be felt in the creative and performing arts sector, dominated by youths; small and medium scale business, particularly the informal sector (Theuri, 2020); transport and hospitality sectors (Wambu, 2020); among other income generating ventures. In principle they could not meet their basic need of housing, food, utilities and access to services like health.
The Kenyan government created a National Coordination Committee on the Response to the COVID-19 Pandemic (NCCRCP) to assess the impact of the virus and recommend economic mitigation. It also came up with measures to cushion Kenyan citizens against the economic challenges generated by COVID 19 pandemic. For instance, a reduction in Value Added Tax (VAT) from 16% to 14%; reduction in income tax from 30% to 25%; Temporary suspension of listing with credit reference bureaus for persons who default on their loan obligations with effect from 1 April 2020; Flexible provisioning requirements for banks in relation to loans that were performing as at March 2020 but subsequently go into distress as a result of the pandemic; among other measures.

1.1 Statement of the Problem

COVID-19 broke out in China and quickly spread to other parts of the world, reshaping and transforming the world order dramatically. The WHO’s Director-General, Dr Tedros Adhanom Ghebreyesus declared COVID 19 a pandemic and advised countries to consider taking mitigation measures that are all-government and all community inclusive while preserving human rights of the citizens. Guaranteeing human rights for everyone poses a challenge for every country around the world to a differing degree.

Observing the crisis and its impact through a human rights’ lens puts a focus on how it is affecting people, particularly the most vulnerable, and what can be done now, and in the long term. WHO developed and shared guidelines on what to do to flatten the curve and contain human to human transmission. Since no-one-size fits all, countries adopted different response measures. Most countries adopted a top-down centralized approach, missing out on the opportunity to meaningfully engage communities to mitigate the impacts of COVID-19. Governments, philanthropists, cooperate, and well-wishers have mobilized funds and resources to fight COVID-19 but accountability frameworks are not clear.

There is increased focus within the development community on governance and its role in achieving better service delivery. Social accountability mechanisms play a key role in improving governance, increasing development effectiveness and promoting empowerment and can be applied to a number of fields and issues. Meaningful youth engagement in social accountability should put into practice the principles of inclusion, accessibility, collaboration and responsiveness. These social accountability mechanisms should be key at the local community, regional and national levels. In this regard, young people, women and men aged 15 to 35 years, should be an
integral part of social accountability in their countries. Meaningful participation of young people especially the marginalized would strengthen implementation, improve outcomes and fulfill the right of young people to participate in shaping and monitoring decisions that affect them. It makes it possible to correct mistakes made and provide remedies. It also helps to determine how a service or policy can be improved or adjusted to be more effective. Unfortunately, COVID-19 mitigation has missed the opportunity to work meaningfully with communities. It is against this background that the insights, experiences, perspectives of youth are important in COVID-19 responses. Focusing on young women and men from different socio-economic, political and cultural backgrounds, and from both urban and rural areas, as well as youth in informal settlements, the research generated evidence for policy makers and actors to address.

1.2 Objective of the baseline study

1.2.1 General Objective

The objective of this baseline study is to establish a benchmark for the implementation of COYOQA project and contribute to a better understanding of context specific and meaningful youth engagement in COVID-19 preparedness, response, capacity, key gaps and support needs at the youth, program and enabling environment level.

1.2.2 Specific objectives

(i) To assess the level of youth engagement in social accountability during COVID-19 response
(ii) To identify factors affecting youth engagement in COVID-19 response
(iii) To assess the impact of COVID-19 pandemic on youths
(iv) To assess the level of youth engagement in the Monitoring and Evaluation of COVID-19 response

2.0 Literature Review

2.1 Kenyan Youth, Employment and COVID 19

By 2030, the target date for the sustainable development goals, the number of youth globally is projected to have grown to nearly 1.3 billion. In Africa, the population of youths is rapidly growing with expectation of an increase of 42% in 2030 from 2015 figures and projected to continue growing throughout the remaining 21st Century, and more than double come 2055 (UNDESPD, 2015). This calls for proper planning to assure universal high quality education, productive employment and decent work for all. There are indications that some developing countries
particularly in Africa are struggling currently to educate and employ their young people, while also anticipating substantial growth in the number of youth. This is likely to be catastrophic in the long run.

According to the Kenya Population and Housing Census (KPHC) figures of 2019, Kenya has a population of 47.6 million people, of which 49.5% (23.548 million) are male and 50.5% (24.014 million) are female and the data for 2019 census revealed that a population of 3.3 million people were attending pre-primary school; 10 million primary school; 3.4 million secondary school; about 500,000 middle-level college, while 471,000 university education (KNBS, 2019a). Also the population aged 18 to 34 was 13.7 million, out of which 61% were working while 1.6 million were seeking work or indicated that there was no work available, an implication that youth unemployment stands at 39% (KNBS, 2019b).

The dominant population in Kenya based on KPHC of 2919 is the youth and according to United Nations the youth can be a positive force for development when provided with the knowledge and opportunities they need to thrive (UNDESPD, 2015). The fiscal economic measures put in place will determine a steady move towards youth real engagement in socio-economic development. Kenya has experienced inflationary pressures from 2018 being 4.7%, increasing to 5.2% in 2019 and 5.4% in 2020. COVID 19 pandemic, though a health crisis has accelerated pressure on the economy emanating from laying-off of workers as some business establishment closed down, while manufacturing entities slowed down production as they tried to observe mitigation recommendations of social distancing through redesigned work schedules.

The main response to COVID 19 pandemic was to institute measures to stop its spread. A nationwide ‘dawn to dusk’ curfew was imposed by government and social distancing advised between people to limit transmission of the virus. To implement these measures closure of all learning institutions, churches and some business premises (hotel, restaurants and bars) was done by government. The government also came up with measures to cushion Kenyans against the economic effects of the pandemic, such as reduction in Value Added Tax (VAT) from 16% to 14%; reduction in income tax from 30% to 25%; Temporary suspension of listing with credit reference bureaus for persons who default on their loan obligations with effect from 1 April 2020; Flexible provisioning requirements for banks in relation to loans that were performing as at March 2020 but subsequently go into distress as a result of the pandemic; among other measures.

Kenya’s economic growth has not been reflected in the employment rates and economic opportunities for its youth. This is because employment growth has largely benefitted the older
segments of the labour force, who have more experience and sometimes contacts (Escudero & López Mourelo 2013). There are indications of disconnections of the skill-set and aspirations of Kenya’s young generation from the realities and demands of the actual labour market (Ndayambaje et al 2016; Odero et al 2017; Sikenyi 2017). This may imply that the youths may not meaningfully contribute to the mitigation course as their limiting skill-sets and reality disconnected aspirations may militate against their efforts towards COVID 19 pandemic solutions.

On the other hand, the State Department for Gender Affairs’ (SDGA) established in 2015 within the Ministry of Public Service, Youth and Gender Affairs to promote gender mainstreaming in national development processes and to champion the socioeconomic empowerment of women, set priorities that if well implemented during the COVID 19 pandemic period, could make the youth participate productively in prevention of the spread of the virus as well as actively participate in any research efforts as research assistant (KNBS, 2019d).

2.1.1 The Kenya Covid-19 Emergency Response Fund
The COVID-19 pandemic led to the appointment of the Emergency response committee which has always been called upon to raise funds during national disasters such as famine. By July 3rd 2020, the fund raised more than Kshs. 2.8 billion from Corporates, religious entities, foundations, multinationals, and Kenyans of good will. Some of the organizations which contributed to the fund include: Safaricom (200 million), KCB (150 million), National Treasury (150 million), the Cooperative Bank and NCBA (100 million), ABSA bank (50 million), First Chartered Securities (Sh25 million), Citi Bank Kenya (Sh21.3 million), Devki Group (Sh20 million), UBA Bank (Sh15 million), Kenya Civil Aviation Authority (Sh15 million), BAT Kenya PLC (Sh10.6 million), Chandaria Foundation (Sh10 million), Eco Bank (Sh10 million), Sanlam Investments East Africa Ltd (Sh8 million) and WPP Scan group Limited (Sh5 million).1

Donations in kind and other forms of donations were received from The Media Owners Association, which gave airtime worth Sh150 million, the Hindu Council gave food supplies worth Sh100 million, the Devki Group gave oxygen supply worth Sh80 million, Capwel gave food supply worth Sh20 million as did Naivas Supermarket chain.

According to the fund Chair, Jane Karuku, the funds were be spent in the following way:

1. 500 Million- was to be disbursed via M-Pesa to the most vulnerable communities. This was to include residents of slums like Mukuru, Kibera, Mathare and Ngara.

2. 237 Million- was to be spent towards purchasing of PPEs (Personal Protective Equipment) for health workers.

3. 95 Million- Supporting the Mental Health of Medical and Health Workers.

4. 1.3 Billion- Towards the purchase and distribution of face masks among vulnerable community members including Jua Kali workers and mama mbogas in towns all over the country.

2.2 Youth Engagement During the Covid-19 Pandemic

UNHCR recommends that one tactic to combat the spread of the virus in vulnerable communities must be to engage local youth and youth networks.

2.2.1 Distributing soap in slums and vulnerable communities

The youth came up with ways to distribute soap and sanitizers to the Kenyan population especially those living in vulnerable communities and households. Isaac ‘Kaka’ Muasa of Mathare Environmental One Stop in Kenya teamed up with the UN-Habitat2, the Norwegian Embassy and the Canadian High Commission to support residents of Mathare slums to stop spread of coronavirus in the poor neighborhood. The group begun a hand-washing program meant to protect Mathare residents from COVID-19. As a result of the initiative, children and young people make up the majority of the people who are washing their hands.

Mike Oyola who lives in the Kawangware Slum in Nairobi, Kenya, where access to safe water, sanitation, and safe housing puts members of his densely populated community at a high risk of contracting the virus. Mike, who holds a degree in community health and development, started distributing soap and water to households. He bought the soap and water with his own funds. The reason behind this was because it was very difficult to follow the new regulations of keeping distance and avoiding over crowded places since Nairobi slums are over populated therefore he decided it is best to focus on sanitation 3.

---

2 Facilities set up by Kenyan youth group to protect against COVID-19 top 8000 hand washes

3 Here’s how youth in Africa are creating rapid responses to COVID-19 https://www.dotrust.org/africa-youth-covid-19/
In vulnerable communities like the Kawangware, Kibera, Kayole, Dandora, Baba Ndogo, Huruma and Mathare where healthcare services are weak and stretched thin, prevention and inclusion must have been at the heart of the response. Unstable supply chains, healthcare worker shortages, a lack of space, shelter, soap, and clean water prevented people from accessing diagnostic testing, medical care, and adequate sanitation.

2.2.2 Creating support networks for women in crisis
Catherine Kamau in Nairobi, Kenya created an initiative called Vijana Tustawi (“Youth Thrive” in Swahili) where she and three of her peers created a mental health support networks through Facebook for young women who are struggling to cope with stress and uncertainty in this time of crisis. Quarantine is a challenge for women, especially pregnant women and new mums. It was not easy to get the support they need with quarantine measures, and going to hospital for essential checkups and immunizations for children was a challenge. Through the digital networks they created for women, Catherine and her team are finding ways to counsel and support women through their fears and anxieties.

This was especially important during a pandemic since COVID-19 is a gendered international crisis. UN Women stated that the economic impacts of COVID-19 will hit women harder, as more women work in low-paying, insecure, and informal jobs. Disruptions, self-isolation, quarantine, and movement restrictions are likely to compromise women’s ability to make a living and meet their families’ basic needs; it also meant that the risks of domestic violence will increase, access to education decreases and access to sexual and reproductive health will be limited.

2.2.3 Inclusive education or out of school students
UNESCO estimated that 87% of the world’s student population will be affected by school closures\(^4\). This meant that the world will see unequal access to digital learning opportunities and interrupted learning – particularly for under-privileged learners who tend to have fewer educational opportunities beyond school. As the world was scaling up distance learning practices, UNESCO called for coordinated and innovative action to focus on inclusion and equity to make sure that students with limited internet access, diverse language skills, and accessibility needs are not left behind.

Kelvin Guma runs the SAIDE Community Library in Vihiga, Kenya which provides free learning to local children. Working with 15 schools, Kevin provides reading hours, digital literacy programs, and community outreach. With schools in Kenya closed for quarantine, Kelvin set up a makeshift video recording studio at the library, so now teachers can come to the library to deliver lessons on Facebook Live and YouTube for students. Kelvin and his team have reached out to more than 400 families to ensure they’re aware of this resource, and currently three teachers are live-streaming daily mathematics, chemistry, and English classes.

2.2.4 Distributing contraceptives to women in the community
According to the United Nations Population Fund (UNFPA), one in every five girls between the ages of 15 and 19 years became pregnant or gave birth in Kenya in 2019, resulting in 380,000 teenage pregnancies. The reproductive health needs of adolescents in Kenya cannot be ignored, especially during the COVID-19 pandemic. The need for quality contraceptive services for young people was even greater considering the challenges they were already facing in accessing reproductive health information and services at health facilities and pharmacies.

Gideon Obuya – or ‘half cast’ as he is popularly known among his peers – focused on the needs of adolescents and youth in his community in Dagoretti Sub-County. Being a young adult himself, he understood the reproductive health knowledge and information gaps among the youth within his community. In his role as the media coordinator for the Nairobi chapter of the Youth Advisory Council (YAC), he helps overcome the gaps. He described the dire situation faced by youth as a result of COVID-19 saying that with the COVID-19 challenges, adolescents and youth have too much time on their hands and no constructive activities to engage in. When the national government announced stay-at-home orders, daily lives for many youths changed. Youth in his community needed more education and awareness on health issues affecting them, such as teenage pregnancy and drug abuse.

The Challenge Initiative (TCI), also known as Tupange Pamoja in East Africa, encourages meaningful youth engagement in the design and management of adolescent and youth sexual reproductive health (AYSRH) programs. In collaboration with the Ministry of Health (MoH) team in Nairobi County, TCI works through youth champions and advocates, like Gideon, to enhance access to and uptake of contraceptive commodities by adolescents and youths within the

---

5 Kenyan Youth Advocate Sees Greater Need for AYSRH Information and Services During COVID-19
community, especially during COVID-19. More than 150 youth advocates from the 10 sub-counties, including Dagoretti, were oriented to be able to reach out to adolescents and youth with accurate information on contraceptives as well as other SRH issues.

2.2.5 Journalism
James Smart and Kizito Gamba in Nairobi, who are leading a team of young journalists under Tazama World Media. They are putting their lives on the line to bring out compelling stories on the effect of coronavirus among the extreme poor in Kenya and detailing why quick, robust and well-thought responses are required. This team focuses on the stories that are not told about the Kenyan population especially those living in vulnerable communities and from vulnerable households. Read some of their articles here\(^6\)

2.2.6 Supporting the most vulnerable in the community
That is why Emmie Kemper, through Miss Koch Kenya not-for-profit youth empowerment organization, is leading young people in her neighborhood to support the most vulnerable in the sprawling slums of Korogocho. They have supported hundreds of families whose livelihoods have been disrupted\(^7\).

3.0 Methodology
In the context of Kenya, the study focuses on three research sites Nairobi, Busia and Mombasa. However, for the baseline study the team opted for a rapid research focusing on Nairobi County in two constituencies of Starehe and Kibera where 201 youth and 14 youth-based organizations were asked to complete the questionnaire and interviewed on the focus questions. The COYOQA baseline data questionnaire was uploaded on SurveyCTO. Subsequently the Research Assistants were trained on how to conduct the study and on how to use tablets to upload the data from the study respondents during the completion of the questionnaire.

Rapid research is a methodology of data collection that most often utilises short-study time frames, participatory approaches, team-based research and iterative data collection and analysis. This approach has advantages when the techniques employed allow the researcher to triangulate data collected concurrently using more than one tool. In the Kenyan context the questionnaire and the Key informant interviews were useful in establishing the baseline information required to understand the problem under investigation. The choice of one of the sites to conduct the rapid research is a familiar technique were mapping is frequently used to delineate areas and

\(^6\) Tazama World Media [https://tazamaafrica.org/](https://tazamaafrica.org/)
\(^7\) Miss Koch Organization [http://misskoch.org/about-us/](http://misskoch.org/about-us/)
populations affected by the problem in question. As observed by Miles McNall and Pennie G. Foster-Fishman, “a central issue in the use of rapid evaluation and assessment methods (REAM) is achieving a balance between speed and trustworthiness” (pg 153, 2007). This is “a set of techniques for putting trustworthy, actionable information in the hands of decision makers at critical moments” (pg 153, 2007). McNall and Pennie G. Foster-Fishman, found Guba and Lincoln’s framework particularly useful for their REAM projects because this approach was designed, in part, for situations where intense collaboration between the evaluator and members of the targeted setting is desired to ensure that evaluation process and findings represent and accurately portray the “claims, concerns, and issues of stakeholders” (p. 162)

4.0 Results and Discussion
This section shows the results of the study and discusses the findings.

4.1 Response rate and Location
The response rate for the study was 93.53%. Out of expected 201 respondents, 188 participated in the study. Only 13 questionnaires were not completed. The findings are presented in Table 1.

Table 1: Response Rate

<table>
<thead>
<tr>
<th>Respondent</th>
<th>Number of Respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expected Response</td>
<td>201</td>
<td>100</td>
</tr>
<tr>
<td>Received Response</td>
<td>188</td>
<td>93.5</td>
</tr>
<tr>
<td>Unreceived Response</td>
<td>13</td>
<td>6.5</td>
</tr>
</tbody>
</table>

The respondents were 105 from Kibra sub-county and 83 from Starehe sub-county. The distribution between the two sub-counties is shown in table 2.

Table 2: Response Distribution per Sub-County

<table>
<thead>
<tr>
<th>Sub-County</th>
<th>Number of Respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kibra</td>
<td>105</td>
<td>56.86</td>
</tr>
<tr>
<td>Starehe</td>
<td>83</td>
<td>44.14</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>188</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

4.2 Demographic Description
The study collected demographic data from respondents. This includes their gender, age employment status and income levels. Age had three categories to choose from, which included 18 – 24 years, 25 – 29 years and 30 – 35 years. Employment status had paid employment, self-
employment, casual labourer, unemployed and others. Income levels was grouped as follows Kes.0-9,999; 10,000 – 24,999; 50,000 – 99,999 and above 100,000. The demographic data is presented in table 3.

Table 3: Demographic Descriptive

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>138</td>
<td>73%</td>
</tr>
<tr>
<td>Female</td>
<td>50</td>
<td>27%</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 – 24 years</td>
<td>55</td>
<td>29%</td>
</tr>
<tr>
<td>25 – 29 years</td>
<td>88</td>
<td>47%</td>
</tr>
<tr>
<td>30 – 35 years</td>
<td>45</td>
<td>24%</td>
</tr>
<tr>
<td><strong>Employment Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid Employment</td>
<td>73</td>
<td>39%</td>
</tr>
<tr>
<td>Self-Employment</td>
<td>98</td>
<td>52%</td>
</tr>
<tr>
<td>Casual Labourers</td>
<td>19</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Income Level (Monthly) in Kes.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 – 9,999</td>
<td>55</td>
<td>29%</td>
</tr>
<tr>
<td>10,000 – 24,999</td>
<td>113</td>
<td>60%</td>
</tr>
<tr>
<td>25,000 – 49,999</td>
<td>13</td>
<td>7%</td>
</tr>
<tr>
<td>50,000 – 99,999</td>
<td>6</td>
<td>3%</td>
</tr>
<tr>
<td>100,000</td>
<td>2</td>
<td>1%</td>
</tr>
</tbody>
</table>

The distribution of the respondents by gender showed that 73% of the respondents who completed the questionnaires were male, while female constituted 27%. This shows that more males participated in the study than female respondents.
Age distribution of respondents showed that the age bracket of 18 - 24 years had 29% of the respondents, between 25 – 29 years 47%, and lastly 30 – 35 years 24%. Most respondents came from the age bracket of between 25 – 29 years.

Employment demographics indicated that 39% of the respondents had paid employment, 52 were self-employed and 9% were casual labourers.

Income levels of respondents included 29% having a monthly income of between Kes.0 – 9,999, 60% earn in a range of Kes.10,000 – 24,999, 7% between a range of Kes.25,000 – 49,999, 3% between a range of Kes.50,000 – 99,999 and those earning more than Kes.100,000 registered 1%.

4.3 Nature of Organizations Youths are Engaged in

The study sought to know how many of the youth interviewed had any affiliation to youth-based organizations. Only 24.5% of the youth who participated in the survey are associated with a youth-based organization. Of these 36 are male and 10 are female. Figure 1 shows the percentages of youth involved in youth-based organizations.

From the findings the youth who participated in the study were employed in Local NGOs/ Civil Society Organizations and Community Based Organizations in equal proportion of 33%, which also represented the larger percentage. Faith based organizations had 17% of the youths involved in them. This allows easy projections to similar groups in other locations.
The other types of organizations they were involved in include youth based SACCOs, Welfare groups (Chamas), youth-based organizations and work groups – that took up small paid assignments. Those working in the youth-based organizations were involved in a range of activities including; agribusiness, education, environmental improvement, fundraising and savings ventures, painting, and youth and women empowerment activities.

4.4 Organizations Main Area of Work
The study investigated the area of work of the organizations the youth were engaged in. Figure 2 shows the findings.

![Bar chart showing the main areas of work for organizations.](chart)

**Figure 2: Organizations Main Areas of Work**

The findings revealed that the main work organizations youths were involve in education (21.4%), health (17.8%) and environment (14.2%). Both peace and security, and advocacy registered 3.3%.

The other organizations youths were engaged in were involved in sports, life skills coaching, culture and heritage, food security, social well-being and gender equity, and faith-based activities.

4.5 Length of Affiliation to the Organization
Length of affiliation to the organization was investigated. This was checked less than a year, between 2 to 5 year, and over 5 years. The results are shown in figure 3.
Figure 3: Length of Affiliation to the Organization

Half of the youths who participated in the study have less than one-year affiliation to the organizations they engaged in, between 2-5 years 35% and over 5 years 14%. This could be probably more youths joining the organizations because of cessation of face-to-learning in all institutions. Over 5 years affiliation could be low due to most youths leaving the organizations as they get employed and it becomes difficult for them to remain actively involved in these organizations.

Further investigations were conducted as described in the sections that follow:

(i) Youth Mobilization during COVID-19

To establish how the youth were mobilized during specific phases of COVID 19 in the country the baseline study is reported under the following sub-headings:

(a) Mobilization of the Youth to Participate in COVID 19 Response

To establish how the youth were mobilized, the survey checked whether Civil Society Organizations (CSOs), Government, individually, Faith Based Organizations (FBOs), Community Based Organizations (CBOs), Youth Organizations, any other organizations were or if they were not mobilized at all. The mobilization indicated a level of involving the youth in response to COVID 19 pandemic. Table 4 shows how they got mobilized.

Table 4: Mobilization of Youth Participation in COVID-19 Response
The findings show that when COVID-19 pandemic was declared a national disaster youth were minimally mobilized to participate in COVID 19 response. The results indicate that 4.30% were mobilized by the Government and 2.10% by youth organisations. The CSOs were responsible for mobilizing 11.20% of the youth which gave them opportunities to participate in response to COVID 19 pandemic. Individual efforts, faith-based organisations, community-based organisations and others were responsible for 34.6%.

A large percentage of the youth (47.9%) were not mobilized at all. This could be because the government had encouraged most employees to work from home and therefore found it difficult to meaningfully mobilize and engage the youth. It could also have emanated from the fact that COVID-19 was a novel disease and therefore there were no clear facts on how to have specific groups participate in some structured intervention other than the healthcare practitioners.

(b) Mobilization of the Youth to Participate in Design of the Response
A further interrogation of respondents on how they were mobilized to participate in the design of the response was done with focus on policy, budgeting and selection of activities to support the vulnerable. Figure 4 shows the results.

---

**Table:**

<table>
<thead>
<tr>
<th></th>
<th>CSOs</th>
<th>Government</th>
<th>Individually</th>
<th>FBOs</th>
<th>CBOs</th>
<th>Youth Organisations</th>
<th>Other</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Male</strong></td>
<td>8.5%</td>
<td>2.1%</td>
<td>9.0%</td>
<td>3.7%</td>
<td>8.0%</td>
<td>1.6%</td>
<td>1.6%</td>
<td>38.8%</td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td>2.7%</td>
<td>2.1%</td>
<td>7.4%</td>
<td>1.6%</td>
<td>3.2%</td>
<td>0.5%</td>
<td>0.0%</td>
<td>9.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>11.2%</td>
<td>4.3%</td>
<td>16.5%</td>
<td>5.3%</td>
<td>11.2%</td>
<td>2.1%</td>
<td>1.6%</td>
<td>47.9%</td>
</tr>
</tbody>
</table>

---

**Figure 4: Youth Mobilization to Participate in the Design of the Response**

- Policy Framework: 3%
- Activities Selection: 91%
- Budgeting: 6%
Figure 4 provides insight into youth participation in designing of the response. Only 3% were involved in policy framework designing activities, 91% were involved in selection of activities to support the vulnerable and 6% in budgeting activities. The layout of figures could be because policy framework is done at administration levels. With COVID 19 pandemic government officials were highly involved in policy framework. This applies to budgeting also. The youth were likely to be involved at implementation levels and hence few were engaged in budgeting. The high percentage witnessed in selection of activities reflects their capacity to suggest activities that fits well as a response to COVID 19 pandemic. This could be probably through experiences they had in CSOs, CBO, FBOs and Youth organizations.

(c) Mobilization of the Youth to Support the Response
Investigation was conducted on how the youth were mobilized to support the response. This involved checking their support in terms of care for the sick, distribution of COVID 19 material and others. Figure 5 shows the percentage distribution.

**Figure 5: Mobilization of the Youth to Support the Response**

The results show that 20% of the youth were involved in care for the sick, 71% in distribution of COVID 19 materials (information resources, masks, hand wash facilities, etc) while 9% were engaged in other activities. The other activities included cleaning the environment, making water jerry can taps, fund raising for the vulnerable, sourcing for food donations and spreading COVID-19 information.
(d) Youths Level of Involvement

The study sought to find out the level of involvement of the youths in COVID 19 response. This was checked as insignificant, quite strong and very strong. Figure 6 shows the findings.

![Figure 6: Youth Level of Involvement](image)

The findings indicate 23% ranked the level of involvement as insignificant, 40% quite strong and 40% very strong.

A further interrogation revealed fluctuation in the level of involvement from insignificant, quite strong and very strong. For instance, at policy formulation and budgeting they felt their involvement was insignificant, while when selecting activities to be involved in as response for COVID 19, they felt their involvement was quite strong. It was very strong in cleaning of the environment and distribution of COVID 19 materials.

(e) Nature of Youths Involvement

The survey examined the nature of involvement. It was interrogated against casual involvement, administrative, supervisory or any other involvement. Figure 7 shows the results.
Figure 7: Nature of Youths Involvement

The results indicate that 87% of the youth were involved casually, 5% as administrative staff, 2% supervisory staff and 6% other involvement. This reflects activities around experiences and skill-set of individuals. Administrative work is at times done at top and middle level management, while supervisory figures show organization-based direct involvement. The youth are likely to be involved more casually as shown by the high percentage (87%).

(f) Factors Influencing Level of Youths Involvement

The study investigated factors that influenced level of youth involvement. The results are presented in figure 8.
Figure 8: Factors Influencing Levels of Youth Involvement

The results indicate that economic variable factors (33%) influenced level of youth involvement more, followed by laws (22.9%) and tolerance for youth opinion (14.4%). Culture influenced less (2.7%). Other factors listed included family engagement and influence, friends and peer influence, and youth skills and knowledge inadequacy.

(g) Public Health System, socio-economic life & COVID 19 Response

The study examined youth evaluation of strengthening public health system, socio-economic life of citizens and the effectiveness of the COVID 19 response. The results are shown in table 5.

Table 5: Public Health System, Socio-economic Life and COVID 19 Response

<table>
<thead>
<tr>
<th>Question</th>
<th>Very Important</th>
<th>Important</th>
<th>Moderately Important</th>
<th>Slightly Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthening existing public health systems</td>
<td>68%</td>
<td>23%</td>
<td>7%</td>
<td>2%</td>
</tr>
<tr>
<td>Socio-economic life of citizen</td>
<td>53%</td>
<td>28%</td>
<td>14%</td>
<td>5%</td>
</tr>
</tbody>
</table>
The effectiveness of the COVID 19 response

The results in table 5 show the percentage ranking of youths’ response on strengthening of existing public health system. 68% indicated that it was very important, 23% important, 7% moderately important and 2% slightly important. The ranking could be because of the novel disease COVID 19, which has disrupted education, business, transport and health sectors of the country. The belief that a strengthened public health system would probably address the health challenges and bring about normalcy exists.

Socio-economic life of citizens was ranked by youths with 53% being very important, 28% important, 14% moderately important and 5% slightly important. This could have been ranked in this manner because COVID 19 pandemic had impacted socio-economic life of Kenya as some lost their jobs or had to close their businesses. Therefore, a relative improvement in the socio-economic life would contribute to mitigating impact of COVID 19 pandemic.

The effectiveness of the COVID 19 response was ranked 79% very important, 14% important, 4% moderately important and 3% slightly important. The effectiveness of the COVID 19 response will determine achievement of objectives set to mitigate COVID 19. This applies to all effort from government to partnering institution and general public.

(ii) Capacity of Youths to Participate in COVID-19 Response

The youth capacity to participate in COVID 19 response was evaluated.

(a) Youths Participation Activities in COVID 19 Response

The survey sought to find out specific activities’ youth were involved as COVID 19 response. A list of activities was presented and the indicated those that they participated in. Table 6 shows the results.

<table>
<thead>
<tr>
<th>No</th>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Providing essential reproductive health services and championship</td>
<td>1.2%</td>
</tr>
<tr>
<td>2</td>
<td>Using social media and apps to spread accurate information</td>
<td>13%</td>
</tr>
<tr>
<td>3</td>
<td>Speaking out for effective and equitable care</td>
<td>14.7%</td>
</tr>
<tr>
<td>4</td>
<td>Championing mental wellness</td>
<td>1.8%</td>
</tr>
<tr>
<td>5</td>
<td>Conducting research and development technology</td>
<td>3.0%</td>
</tr>
</tbody>
</table>
6. Harnessing the strength of communication 2.5%
7. Delivering food and sanitation 31.7%
8. Engaging elected officials and law makers 11.2%
9. Ensuring the most vulnerable are not left behind 8.9%
10. Others 12.0%

The results indicate most youths were involved in delivering food and sanitation (31.7%) and speaking out for effective and equitable care (14.7%). They were engaged less in providing essential reproductive health services and championship (1.2%), championing mental wellness (1.8%), harnessing the strength of communication (2.5%) and Conducting research and development technology (3.0%).

(b) Preparedness of Youths to Participate in COVID-19 Response

The respondents rated their preparedness on involvement in the COVID-19 response on a range of levels from motivation, ability to speak and engage, ability to demand for information, knowledge of information and mandates, participation in following up the way money was spent, emergency preparedness and resilience and having knowledge about COVID-19. The ratings were from good to poor and very poor. Figure 9 shows the results.

Figure 9: Rate of Preparedness to Participate in COVID 19 Response
The findings revealed that the youth had good knowledge about COVID 19 (52%); emergency preparedness and resilience (access to protective materials) e.g. masks and sanitizers (50%); and ability to speak out and to engage (46%). This reflects realities on the ground as knowledge about COVID 19 was disseminated via media and internet. This made the youth more knowledgeable in this area compared to the other areas interrogated.

They registered poor on motivation to participate in the response value chain (41%); ability to demand for information from the people implementing activities in the COVID 19 response (42%); ability to participate in following up the way money was spent on different activities (53%); knowledge on information on mandate, rights, responsibilities and entitlements (37%); and emergency preparedness and resilience (financial resources). Since planning and budgeting was done at administrative levels where most of the youths were not involved, they lacked requisite information to enable proper follow up on how money was spent.

Other aspects that attracted high ratings of very poor included ability to participate in allocation of money to different activities (36%); and ability to participate in following up the way money was spent on different activities (32%). Most youths participated casually in COVID 19 response and had not affiliated long to the organizations the engaged with. There was high chance that they were not holding administrative positions or lacked knowledge and experience that could enable them to be engaged meaningfully in funds allocation.

(c) Support Accorded to enable Youths to Participate in COVID-19 Response

Investigation was done on the support youth were accorded to enable them participate in COVID 19 response. This included training by government; training by CSOs; training by both government and CSOs; financial; materials; others and no training. Figure 10 shows the results.
Figure 10: Support Accorded to enable Youths to Participate in COVID 19 Response

The results indicate that the youths mostly received financial support. Some respondents were not accorded any support at all. Financial support could have been in terms of facilitation to participate in distribution of COVID 19 materials like masks and wash.

(d) Training Specificity, Capacity Enhancement and Community Support

A range of follow up questions in relation to training were asked. Table 7 shows the responses.

**Table 7: Training Specificity, Capacity Enhancement and Community Support**

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Don’t Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent Training was specific to youths’ context</td>
<td>46%</td>
<td>31%</td>
<td>23%</td>
</tr>
<tr>
<td>Focus on enhancing youth capacity to monitor activities in the COVID 19 response</td>
<td>56%</td>
<td>27%</td>
<td>17%</td>
</tr>
<tr>
<td>Community support of youths’ participation in COVID 19 response</td>
<td>73%</td>
<td>14%</td>
<td>13%</td>
</tr>
</tbody>
</table>

The results in table 7 show the extent to which training was specific as 46% the respondents strongly agreed, 31% agreed and 23% did not agree. Most training done by government, CBOs and FBOs were specific and factored in safety of the youths. They were specific to tasks expected of them to perform in COVID 19 response efforts.

The training intended to build capacity of youths to adequately participate in the COVID 19 response hence a high percentage (56%) strongly agreed. COVID 19 is a novel disease and the training youth were given enabled them become more effective in conducting their activities and therefore they felt their capacity had been enhanced.

The youths involved in the study come from areas where health services are inadequate. They felt their community needed them to participate for the sake of accessing information and any supplies like masks and wash. 73% strongly agreed that the community supported their participation in the COVID 19 response.

(e) Community Attitude Towards the Role of Youths in COVID 19 Response

The Survey Investigated community attitude towards the role of youths in COVID 19 response. The results are shown in figure 11.
The findings show that 37.8% indicated that the community attitude towards the role of youth in COVID 19 response was very strong, 33% strong, 16.5% moderate, 6.9% poor and 5.9% very poor. The attitude was strong most probably because of activities the youth got engaged in like supply of masks and wash. This were activities that would minimize the spread of the disease.

(f) Youth Engagement Constraints
The survey investigated the engagement constraints the youth experienced. Figure 12 shows the results.
Figure 12: Youth Engagement Constraints

The results reveal that budget constraints were experienced more with it reflecting 27%, followed by limited time (17%). The funding could have been a challenge since government assigned funds were handled by civil servants and youth involvement by government was limited for fear of them being infected and consequently spread the disease. Time may have been limited because some places had a total lockdown and the imposition of a dawn to dusk curfew made it difficult for movement to far off places and staying out working for long hours.

(g) Suggestion to Enhance Respondents’ Capacity to Contribute to the COVID19 response

The respondents were asked to suggest what needed to be done to enhance their capacity to contribute to COVID 19 response. The responses were captured at an individual level, government level and institutional level. Table 8 shows respondents’ suggestions.

Table 8: Enhancing Youth Contribution to the COVID-19 Response

<table>
<thead>
<tr>
<th>Individual level</th>
<th>Government level</th>
<th>Institutional level</th>
</tr>
</thead>
<tbody>
<tr>
<td>27.4</td>
<td>17.0</td>
<td>7.0</td>
</tr>
<tr>
<td>6.3</td>
<td>2.1</td>
<td>7.2</td>
</tr>
<tr>
<td>2.1</td>
<td>4.0</td>
<td>6.5</td>
</tr>
<tr>
<td>6.3</td>
<td>1.7</td>
<td>6.9</td>
</tr>
<tr>
<td>8.0</td>
<td>1.7</td>
<td>8.0</td>
</tr>
</tbody>
</table>
### (h) Youth Involvement in COVID-19 Response by Government or NGOs

The survey sought to find out if the youths were involved in COVID-19 response by government or NGOs. Figure 9 shows the results.

<table>
<thead>
<tr>
<th>Actions Taken</th>
<th>Expected Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adherence to protocol</td>
<td>Should be accountable to the citizens on the funds, medication, and vaccines</td>
</tr>
<tr>
<td>Awareness for individuals</td>
<td>Equitable allocation of resources</td>
</tr>
<tr>
<td>Access to protective materials</td>
<td>Make the essential services and materials easily available.</td>
</tr>
<tr>
<td>Availability of funds</td>
<td>Ensure more vaccines are administered</td>
</tr>
<tr>
<td>Better breakdown of information</td>
<td>Do more surveillance in the communities</td>
</tr>
<tr>
<td>Contribute to helping the vulnerable</td>
<td>Involved more youth in decision making</td>
</tr>
<tr>
<td>Donate more to the vulnerable</td>
<td>Create conducive working environment for businesses</td>
</tr>
<tr>
<td>Ensuring equitable distribution of resources</td>
<td>Do better follow up activities</td>
</tr>
<tr>
<td>Should have been freer to speak out on grievances</td>
<td>Leaders to lead by example and adhere to the COVID-19 protocol</td>
</tr>
<tr>
<td>Maintaining high level of hygiene and sanitation</td>
<td>Train the police on how to handle citizens without brutality</td>
</tr>
<tr>
<td>Persona financial savings for such situations</td>
<td>Create safe zones for youth to be able to air out their opinion and ideas</td>
</tr>
<tr>
<td>Be more involved in community activities.</td>
<td>Create more employment opportunities for the youth since most lost their jobs during the pandemic</td>
</tr>
<tr>
<td></td>
<td>Providing equitable financial aid to the vulnerable</td>
</tr>
<tr>
<td></td>
<td>They should advocate to make the government more accountable to the citizens</td>
</tr>
<tr>
<td></td>
<td>Provide a conducive working environment for their employees</td>
</tr>
<tr>
<td></td>
<td>Hold fundraisers to help the vulnerable in the communities</td>
</tr>
<tr>
<td></td>
<td>Do wide scale advocacy and awareness campaigns on COVID-19.</td>
</tr>
<tr>
<td></td>
<td>Distribution of mass and sanitizers in the local communities</td>
</tr>
<tr>
<td></td>
<td>Provide training and capacity building seminars to the masses on COVID-19</td>
</tr>
</tbody>
</table>


Figure 13: Youth Involvement in COVID 19 Response by Government or NGOs

The findings indicate that 96% of the youths were involved in COVID 19 response by government or NGOs. This was probably because activities the novel disease were monitored closely to minimize infections and its spread.

(i) Nature of Youths’ Involvement in COVID 19 Response by Government or NGOs

Investigations were done to find out nature of youths’ involvement in COVID 19 response by government or NGOs. The findings are shown in table 9.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Casual</th>
<th>Well-planned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nature of youths’ involvement in COVID 19 response by government organizations</td>
<td>93%</td>
<td>7%</td>
</tr>
<tr>
<td>Nature of youths’ involvement in COVID 19 response by NGOs</td>
<td>37%</td>
<td>63%</td>
</tr>
</tbody>
</table>

The results reveal that government involvement of the youths in COVID 19 response was more casual (93%) and less planned (7%). The NGOs planned more (63%) of youth involvement in COVID 19 response. This could be because most NGOs particularly Youth Organizations and CBOs interact more often with the youths and are more likely to structure youth engagement in a relatively continuous basis. The government organizations on the other hand are more like to form youth teams with specific objectives and disband them once an assignment is over.

(j) Activities Youth were Involved in COVID 19 Response

The study investigated activities youth were involved in COVID 19 response. Table 10 shows the findings.
Table 10: Activities Youth were Involved in COVID 19 Response

<table>
<thead>
<tr>
<th>Activities</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dissemination of funding information</td>
<td>3.7%</td>
</tr>
<tr>
<td>Participatory monitoring of budgeting and policy implementation</td>
<td>12.2%</td>
</tr>
<tr>
<td>Hiring of doctors, nurses, community health workers, WASH officers, etc</td>
<td>4.8%</td>
</tr>
<tr>
<td>(frontline workers)</td>
<td></td>
</tr>
<tr>
<td>Participatory budgeting and oversight</td>
<td>4.3%</td>
</tr>
<tr>
<td>Social audits - Public hearings to oversee COVID 19</td>
<td>20.7%</td>
</tr>
<tr>
<td>Dissemination of audits</td>
<td>7.4%</td>
</tr>
<tr>
<td>Co-governance of funds</td>
<td>4.8%</td>
</tr>
<tr>
<td>Interface meetings</td>
<td>13.8%</td>
</tr>
<tr>
<td>Inclusionary community discussion and assessment of service performance</td>
<td>18.1%</td>
</tr>
<tr>
<td>Local transparency</td>
<td>3.7%</td>
</tr>
<tr>
<td>Local trainers</td>
<td>2.1%</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>4.3%</td>
</tr>
</tbody>
</table>

The youth were involved more in social audits (20.7%). They were involved less as local trainers (2.1%). This could have been because COVID 19 was a novel disease and healthcare workers were mandated to disseminate information. The standard messages on prevention of its spread was done through media houses and daily newspapers.

Activities that involved funds had limited youth involvement. This include dissemination of funding information (3.7%), participatory budgeting and oversight (4.3%) and co-governance of funds (4.8%). This may be attributed to the fact that most of the youth had been affiliated to their organizations for less than a year. Therefore, were involved less in administrative matters including management of funds.

(k) Reception and Access of COVID 19 Response in the Community

The receptiveness of youth voice of governmental and non-governmental organizations involved in the COVID 19 response in the community was investigated, as well as access to information
given to youth by governmental and non-governmental organizations involved in the COVID 19 response in the community. Table 11 show the percentage distribution of the responses.

Table 11: Reception and Access of COVID 19 Response in the Community

<table>
<thead>
<tr>
<th>Statement</th>
<th>Very Good</th>
<th>Good</th>
<th>Poor</th>
<th>Very Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receptiveness of youth voice of the governmental organizations involved in the COVID 19 response in the community</td>
<td>34%</td>
<td>37%</td>
<td>18%</td>
<td>13%</td>
</tr>
<tr>
<td>Receptiveness of youth voice of the non-governmental organizations involved in the COVID 19 response in the community</td>
<td>41%</td>
<td>32%</td>
<td>20%</td>
<td>7%</td>
</tr>
<tr>
<td>Access to information given to youth by governmental organizations involved in the COVID 19 response in the community</td>
<td>31%</td>
<td>29%</td>
<td>27%</td>
<td>13%</td>
</tr>
<tr>
<td>Access to information given to youth by non-governmental organizations involved in the COVID 19 response in the community</td>
<td>39%</td>
<td>24%</td>
<td>22%</td>
<td>15%</td>
</tr>
</tbody>
</table>

The findings revealed that receptiveness of youth voice of the governmental organizations involved in the COVID 19 response in the community was ranked 34% very good, 37% good, 18% poor and 13% very poor. Receptiveness of youth voice of the non-governmental organizations involved in the COVID 19 response in the community was ranked 41% very good, 32% good, 20% poor and 7% very poor. This could be because the non-governmental organizations have been providing services in communities where governmental organizations presence is minimal.

Access to information given to youth by governmental organizations involved in the COVID 19 response in the community was ranked 31% very good, 29% good, 27% poor and 13% very poor. Access to information given to youth by non-governmental organizations involved in the COVID 19 response in the community was ranked 39% very good, 24% good, 22% poor and 15% very poor. This could be because of the way government handle COVID 19 response funds, which raised many questions on usage and accountability of the funds. Chances are the community had little trust of government.
(I) Youths Part of Life Affected by COVID 19

COVID 19 affected people of all works. The survey sought to find out how the you were affected. The results are displayed in figure 14.

![Figure 14: Youths Part of Life Affected by COVID 19](image)

The livelihoods of the youth were affected more with males registering 75.4% while female registered 76%. The normal way of life was disrupted hence such a high percentage. Some business establishments like hotels and restaurants were closed indefinitely. This affected employment of most of the youth (64.5 male, 66% female). Their health was equally affected as 29.7% for male and 32% for female was registered. Studies have shown that COVID 19 affected the mental health of youth especially those that were out of school.

(iii) Partnership with the Youth in COVID 19 Response

United Nations Higher Commission of Refugee (UNHCR) recommends that one tactic to combat the spread of the virus in vulnerable communities must be to engage local youth and youth networks. Partnership with the youth in COVID 19 response was investigated.

(a) Youth involvement in Budgeting for COVID-19

The study sought to determine if the budgets allocated for COVID-19 pandemic were made public and if the youth were involved in tracking expenditure. The results are presented in figure 15.
The results show that 74% of the youth were not involved in the budget allocations for COVID 19 response, while 26% were involved. The small percentage that was involved in budgeting did not participate in tracking expenditures at all.

(b) Youth Involvement in Formulation of Peace and Security Policies
The survey sought to investigate if the youths were involved in formulating peace and security policies. Findings are shown in figure 16.

The results show that only 3% of the youth were involved in formulation of peace and security policies, while 97% were not involved. This could be because security issues are handled by designated officers and government officials and these are rarely shared with the general public which includes the youth.
(iv) Youth Involvement in Policy Engagement and Knowledge Sharing

The survey sought to find out youth involvement at national and regional administrative units. Table 12 shows the results.

<table>
<thead>
<tr>
<th>Administrative Levels</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>County</td>
<td>2%</td>
<td>98%</td>
</tr>
<tr>
<td>Sub County</td>
<td>7%</td>
<td>93%</td>
</tr>
</tbody>
</table>

The results reveal that there was minimal youth involvement in policy engagement and knowledge sharing at all administrative levels. This could have emanated from the fact that COVID 19 is a novel disease and the government was careful to engage experts only to limit infections or spread of the disease.

(v) Accountability in COVID 19 Response

Accountability in COVID 19 response was checked against a range of items. The respondents were asked if they were aware of existence of the interrogated items in government COVID 19 response. Figure 17 shows the results.
The results indicate that 52% of female and 36.2% of male youth have had people being arrested as a COVID 19 response measure. Also, 40% of female and 34.1% of male respondents are aware of existence of platforms for reporting abuses in the government COVID 19 response. A big percentage of male (42%) indicated that they were not aware of any measures listed as COVID 19 response.

(vi) Youths Witnessing Abuses in the COVID 19 Response in the Community

The respondents were asked if they have witnessed abuses/corruption in the COVID 19 response in their community. The survey singled out the aspect of youth awareness of abuse of the regulations and funding of COVID-19 response. Figure 18 shows the findings.
Results reveal that embezzlement of COVID-19 resources in their community was witnessed by more (90% female and 74% male respondents). It’s possible that the youth have witnessed embezzlement of COVID-19 funds, they are aware of situations where people have used fake companies to defraud the government funds meant to purchase and supply PPEs to medical staff and the needy of the community.

Flouting of procurement/logistics procedures was witnessed less at 9.4% for male and 14% for female respondents. The reason why flouting of procedures/logistics was not witnessed more is because these are activities done at senior administration levels. It may not be easy for a common citizen to be aware of the expected procurement procedures or logistics procedures.

5.0 Recommendations
The survey makes the following recommendations:

(i) For Policy Makers

- Mobilization efforts for youths to participate in any form of response is vital as they form a major and important portion of the population that will be relied on immensely for sustainable development. They provide the energy and creativity that is needed to generate solutions to society’s pressing needs. Therefore, government should be on the forefront of youth
mobilization. The youth could potentially contribute in some way to resolving some challenges at all levels of administration units.

- Youth levels of involvement in COVID 19 response kept fluctuating from insignificant, quite strong and very strong. For instance, at policy formulation and budgeting they felt their involvement was insignificant, while when selecting activities to be involved in as response for COVID 19, they felt their involvement was quite strong. It was very strong in cleaning of the environment and distribution of COVID 19 materials. This study recommends that understanding capabilities of the youth should be done to minimize chances of engaging them where their skills are not fully utilized, like in casual work.

(ii) For Practitioners in CSOs, CBOs, FBOs and Youth Organizations

- Capacity of youths to participate in COVID 19 response varied greatly. There were areas that reflected a lack of capacity while in some there was indication of existence of some knowledge or skill. This survey recommends that before engaging the youth in any venture like COVID 19 response, it's important to audit knowledge and skills held by them for productive engagement. They should be trained to enhance their capacity for demanding and ensuring social accountability of the government.

- Partnership with the youth in COVID 19 response was poor as they were not involved in budgeting for COVID 19 response funds, formulating peace and security policies, and policy engagement and knowledge sharing. UNHCR recommend that one tactic to combat the spread of the virus in vulnerable communities must be to engage local youth and youth networks. This study re-emphasises that CSOs, CBOs, FBOs and Youth Organizations must establish working partnerships with the youths to tap into their creativity and innovativeness.

References


