# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIST OF ACRONYMS AND ABBREVIATIONS</td>
<td>3</td>
</tr>
<tr>
<td>EXECUTIVE SUMMARY</td>
<td>4</td>
</tr>
<tr>
<td>1 BACKGROUND</td>
<td>5</td>
</tr>
<tr>
<td>2 CONTEXT</td>
<td>6</td>
</tr>
<tr>
<td>3 APPROACH AND METHODOLOGY</td>
<td>7</td>
</tr>
<tr>
<td>4 KEY FINDINGS</td>
<td>8</td>
</tr>
<tr>
<td>5 RECOMMENDATIONS: WHAT STAKEHOLDERS WANT</td>
<td>14</td>
</tr>
<tr>
<td>6 CONCLUSION</td>
<td>15</td>
</tr>
</tbody>
</table>
Findings from a *Perception Study*

### LIST OF ACRONYMS AND ABBREVIATIONS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>COK2010</td>
<td>CONSTITUTION OF KENYA AS PROMULGATE IN 2010</td>
</tr>
<tr>
<td>COVID-19</td>
<td>THE CORONA VIRUS DISEASE (OF 2019)</td>
</tr>
<tr>
<td>GOK</td>
<td>GOVERNMENT OF KENYA</td>
</tr>
<tr>
<td>SITREP</td>
<td>THE KENYA SITUATION REPORT</td>
</tr>
<tr>
<td>KCA</td>
<td>KENYA CORRESPONDENTS ASSOCIATION</td>
</tr>
<tr>
<td>KII</td>
<td>KEY INFORMANT INTERVIEW(S)</td>
</tr>
<tr>
<td>KMPDU</td>
<td>KENYA MEDICAL PRACTITIONERS, PHARMACISTS &amp; DENTISTS UNION</td>
</tr>
<tr>
<td>MOH</td>
<td>MINISTRY OF HEALTH</td>
</tr>
<tr>
<td>NGOS</td>
<td>NON-GOVERNMENTAL ORGANIZATIONS</td>
</tr>
<tr>
<td>WHO</td>
<td>WORLD HEALTH ORGANIZATION</td>
</tr>
</tbody>
</table>

*The daily briefings do not give an in-depth analysis of the state of the pandemic, resource allocation and utilization, ... guidance on access to much needed services would be beneficial to citizens.*

~ *Study respondent*
EXECUTIVE SUMMARY

This perception study was conducted between August and September 2020. The exercise sought to understand the perceptions of key stakeholders and infomediaries on the usability of Covid-19 related data as provided by the government of Kenya in the period of the corona pandemic.

Focusing on persons who needed the Covid-19 related data for response or decision making in their normal line of work, the study involved completion and analysis of responses to an online survey, augmented by key informant interviews from respondents from diverse sectors and backgrounds including healthcare, media (including journalists and communication professionals), right to health advocates (including reproductive and human rights), governance (including accountability, anti-corruption and right to information champions), and grant makers.

This study is part of PROTECT\(^1\) program that is working to engineer a paradigm shift from unequal and closed societies to free and open societies where civil society actors including media organisations are able to help citizens to hold their governments accountable. PROTECT is being implemented by a consortium that brings together Hivos, ARTICLE 19, Internews and the International Center for Not-for-Profit Law (ICNL).

At a time when the World Health Organization (WHO) is warning that pandemics have become a \textit{fact of life}\(^2\) and that the global community must prepare better for the next pandemic,\(^2\) it is hoped that these findings will provide important feedback to the government of Kenya, frontline responders and institutions, including and more specifically the Ministry of Health on how data availability can strengthen public communications, help catalyse meaningful action by key stakeholders (including citizens) and help defeat future (public health) emergencies.

The following are six key findings from the perception study:

1. Generally, respondents are happy with the consistency of the daily briefings, including submission of daily data to media houses by the government of Kenya.
2. A significant number of respondents find the Covid-19 related data as provided by the government of Kenya both ‘useful’ and ‘usable.’
3. Television and social media (including WhatsApp, Twitter and Facebook) are the top two access points for Covid-19 related data for most respondents.
4. Lack of data transparency by GOK is eroding trust on government data, and undermining public confidence on government’s ability to effectively handle the pandemic, protect public interest and ensure value for money.
5. Poor dissemination approach undermines meaningful public participation and verification as daily briefings provide little to no feedback, clarification or follow up mechanism for key data consumers.
6. Lack of meaningful analysis of the data (e.g. emerging trends, state of preparedness, key drivers of pandemic etc.) place too much burden of synthesis and analysis on the shoulders of key data consumers, including the public.

\[^1\] Protecting Rights, Openness and Transparency Enhancing Civic Transformation


\,...those are some of the questions ...{for which} you can’t actually get direct answers because even if you ask Mutahi Kagwe he will be so irritated even on record and you feel that he is very angry and he doesn’t want to respond to these questions...\n
~ Key informant on whether GoK is intentionally withholding important data on the pandemic.
The coronavirus (Covid-19) pandemic is creating public health and economic risks that are causing serious harm to citizens and governments alike. To counter the spread of the virus, save lives and reduce the economic damage during and after the global health crisis, both individuals and governments are forced to take quick decisions and actions, often under intense pressure and distress.

Good decision-making and action require timely and efficient access to reliable information. Despite increased access to information due to increased connectivity to the worldwide web, government-provided data and information still retain a significant level of trustworthiness, credibility and authenticity. Globally, flattening the curve or even defeating the Covid-19 pandemic has relied more on individual behaviour patterns and behaviour change than the success of treatment for those already infected with the virus.

Preventive action by individuals, communities and institutions has become the single most effective strategy to beat the virus, be it social distancing, sanitization or keeping social interactions to a bare essential minimum.

Subsequently, and in an era of massive misinformation, the public and stakeholders have legitimate expectations with regard to timely access to reliable government data and information to make informed choices. Such stakeholders include but are not limited to frontline healthcare workers, healthcare and associated businesses, media practitioners and communications professionals, patients’ rights champions, patients’ groups, grant makers and development partners, human rights defenders, women’s rights and reproductive rights advocates as well as the whole continuum of marginalised and vulnerable populations.

In moments of crisis, government communication has great potential to calm growing public anxiety by explaining the ‘state of play’ and reassuring the public by outlining the actions it is undertaking in response to the crisis.
The constitution of Kenya 2010 (CoK2010) lays significant emphasis on the importance of public participation by citizens in development agenda setting and decision making at all levels of government. For participation to be meaningful, citizens must be able to access the right information. The drafters of the CoK2010 made access to information a constitutional promise to which every Kenyan citizen is entitled. Additionally, among the legislation that have been passed to birth this constitutional promise include the Access to Information Act (2016) and the County Government Act (2012). Similarly, Article 35(1) of the Constitution in particular guarantees all Kenyan citizens the right to access any information held by the state or information held by another person and which is required for the exercise or protection of any right or fundamental freedom.

Since the confirmation of the first case of Covid-19 in Kenya on 12th March 2020, the government of Kenya embarked on developing or reviewing various guidelines, policy standards, legislations and protocols to guide its response to the pandemic. At present, the government has around 71 instruments that are guiding its response to the pandemic. Additionally, the government of Kenya instituted daily briefings to update the general public on the status of the pandemic in the country as part of proactive disclosure of information as enshrined under the Access to Information Act, 2016.

The daily briefings make what is referred to as the Kenya Situation Reports (SITREP) by the government of Kenya. Ideally, SITREPs should have data on among others, the global disease burden and progression, the number of cases reported in the last 24 hours (often segregated by counties), total number of deaths and recoveries, nationality of the transmissions, status of the contact tracing, sample size tested, trends of the pandemic outbreak in Kenya, age and sex distribution of confirmed cases and deaths and lastly the key actions to be undertaken by government.

The Kenya SITREPs are commendable as key stakeholders including citizens have come to rely on them as the single most important and regular source of information on the pandemic, with many looking forward to the daily briefings. However, the rapid generation of data from daily government briefings as well as existence of other (often competing or contradictory) sources of information can breed scepticism on the accuracy, reliability and consequently the usability of the data that the government is sharing with the public especially in the early days of the pandemic.

Finally, voluntary sharing of information for instance on financial resources, sources and use can promote transparency and improve government credibility and believability, both of which may have positive impact on the pandemic by influencing citizens’ behaviour. As the Open Government Partnership (OGP) asserts on the relevance of the principles of transparency, accountability, and participation to the Covid-19 response, it is in moments of disaster response and relief that the values of open government can come under intense pressure, but can also meaningfully contribute to better outcomes.

---

**APPROACH AND METHODOLOGY**

The perception study took place in three main trajectories. The first included informal consultations with Hivos focal point and select partners, preliminary desk research and quick scan of the media and public facing Covid-19 communications by some stakeholders including government.

The second trajectory was an online survey sent to a diverse group of approximately 50 respondents spanning healthcare workers, media and communication professionals, grant makers, humanitarian response and relief, patients associations, civil society actors including programming staff and human, women and health rights advocates, as well as accountability and anti-corruption actors. These respondents comprised a diverse range of actors and organizations at different levels from grassroots to elite, county to national, as well as institutional to independent activists. With 29 responses, the survey registered a response rate of 62 per cent, largely attributable to the use of multiple platforms and carefully targeting relevant, potential respondents.

The third trajectory involved conducting key informant interviews with respondents across the categories outline above. Out of a total of seventeen interview requests sent out, a much lower response rate of 29 per cent was achieved, with seven key informants representing the media (journalists), grant makers, health rights advocates, accountability and anti-corruption actors, as well as those working on economic empowerment programs for the vulnerable, especially women from low income households. All key informant interviews were recorded and analysed for this report.
KEY FINDINGS

i. Generally, GoK has not made Covid-19 related data available for those in need

Data availability refers to the timeliness and reliability of access to and use of data. The ability to make information and related resources accessible as needed, when needed and where they are needed is critical in determining 'data availability.'

It includes continuous accessibility without for instance, online site downtime and other service disruptions. While 24 per cent of the survey respondents believe that the GoK has made Covid-19 related data more easily available, up to 45 per cent of the respondents disagree. At the same time, it is worth noting that at 31 per cent, a significant proportion of the respondents are unable to make a definitive judgement on the issue of data availability.

![Pie chart showing responses to the question: Do you agree that the government of Kenya has made Covid-19 related data easily available?

Do you agree that the government of Kenya has made Covid-19 related data easily available?

<table>
<thead>
<tr>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>37.9%</td>
<td>7%</td>
<td>24.1%</td>
</tr>
</tbody>
</table>

ii. GoK could be more ‘Open’ in sharing Covid-19 related data.

Data is said to be “open” when it can be freely accessed, used, re-used and distributed by anyone for any purpose subject only, at most, to the requirement to attribution. Open data allows for data inter-operability, i.e. the data must be available in a convenient and modifiable form to enable deployment for a variety of purposes and occasions and across diverse systems and organizational set-ups.

While 24 per cent of the survey respondents feel that the GoK has provided citizens, stakeholders, and those in need with data on the pandemic in an ‘open’ manner, 69 per cent either disagrees or strongly disagrees with the sentiment. This result mirrors the KII where all key informants characterised most people’s perception of GoK’s commitment to data transparency as ‘Not Good.’

Both survey respondents and key informants agree on the need for increased openness and transparency in public finance, including provision of verifiable data on financial resources available for pandemic response at both national and county levels, including but not limited to budget allocations, source of funds, resource allocation and prioritisation logic as well as accountability for funds including cash transfers to the vulnerable.

Findings from a Perception Study

7 The Open data handbook https://bit.ly/2FcVNaL
iii. Social Media and Television are the most dominant data access points

Dissemination is the process of communicating information through defined channels and media in order to reach various target groups e.g. national policymakers, researchers, journalists, healthcare professionals, or consumers. Television and social media (including WhatsApp, Twitter and Facebook) emerged as the two media through which a majority of respondents accessed Covid-19 related data. Radio however scored a low figure as only 17 per cent of respondents listed it among the top two media.

One possible explanation for the dominance of the television over radio could be attributed to the scheduled daily live updates on television to which many Kenyans looked forward.

This, coupled with the ‘new normal’s remote work culture may explain the dominance of the television viewership during the pandemic.

iv. Poor dissemination model for sharing Covid-19 related data undermines meaningful participation

Only 14 per cent of the respondents feel that the models used by the government of Kenya to disseminate Covid-19 data do encourage meaningful interaction and participation, including verification and feedback by interested parties and stakeholders.

Poor dissemination approach undermines meaningful public participation and verification as the daily briefings by the GoK provide little to no feedback, clarification or follow up mechanism for key stakeholders including data consumers, journalists and interested parties. In this regard, the media briefings are seen by some stakeholders as merely platforms for one-way information or monologues rather than platforms for meaningful interaction between the government and stakeholders in attendance.

Do the various models used by government of Kenya to disseminate Covid-19 data enable meaningful interaction, including verification and feedback?
vi. Majority find Covid-19 related data ‘Usable’ among non-technical persons

While data usability examines how data will be used and whether it enables the user to do so in an effective, simple (and even pleasurable) manner. Only 3 per cent find the data ‘Not usable.’

On the other end of the spectrum, up to 93 per cent and 94 per cent of respondents find the Covid-19 related data as provided by the government of Kenya useful and usable respectively. Although a significant number of respondents find the Covid-19 related data as provided by the government both ‘useful’ and ‘usable,’ there is an important caveat; namely, that despite this finding, and drawing from key informant interviews, there is greater probability that most respondents equate data ‘usability’ to data ‘usefulness’ hence need for caution in drawing firm conclusions from this finding.

While 7 per cent of respondents find the Covid-19 related data ‘Not useful’ at all.

v. A significant majority find the GoK Covid-19 related data both ‘Useful’ and ‘Usable.’

Data is useful when it allows a user to accomplish a task or objective. On the other hand, data usability examines how data will be used and whether it enables the user to do so in an effective, simple (and even pleasurable) manner. Only 3 per cent find the data ‘Not usable.’

On the other end of the spectrum, up to 93 per cent and 94 per cent of respondents find the Covid-19 related data as provided by the government of Kenya useful and usable respectively. Although a significant number of respondents find the Covid-19 related data as provided by the government both ‘useful’ and ‘usable,’ there is an important caveat; namely, that despite this finding, and drawing from key informant interviews, there is greater probability that most respondents equate data ‘usability’ to data ‘usefulness’ hence need for caution in drawing firm conclusions from this finding.

Additionally, some respondents feel that the data could be made user friendly by adopting the use of infographics in place of long narratives by the ministry of health officials during briefings at national and sub-national levels.

Data disseminated had little to no feedback mechanisms. No way of following up. No way of asking further questions

~ Key informant interview
vii. Access to Covid-19 related data has been universally important for stakeholders’ work.

Despite the massive disruption experienced across sectors since the onset of the pandemic in Kenya in March 2020, many stakeholders still need reliable access to Covid-19 related data for work-related decision making. This seems true across programme work within non-profits as much as among healthcare workers and managers and many others.

Asked ‘... how important has access to Covid-19 data been for your work, programmes, decisions and interventions in the period of the pandemic?’

100 per cent of respondents say access to data has been ‘Very important’ (62%), Important (28%) and Somewhat important (10%).

While significant focus has been on the epidemiological dimensions of the Covid-19 pandemic, and the inevitable healthcare-centredness of the response, the ripple effect of the pandemic has reached every sector.

Subsequently, beyond the understanding spread of new infections (in terms of speed, demographic clusters etc), morbidities and fatalities, it is important that the government of Kenya provides accurate data on the impact of Covid-19 pandemic on other social and economic spheres including job losses and disruptions in manufacturing, impact on health systems at county and national levels and how the health system is responding, mental health issues as a result, the impact on education and the future of education, public transport and mobility among others.
viii. Politicians’ behaviour and selective dissemination betray lack of accountability and erodes public trust in GoK

All key informants rank most people’s perception of the government’s commitment to data transparency in general as most ‘Not Good,’ citing the number of people who despite the massive public communications campaigns, still say there is no Covid-19. Others cite the behaviour (political rallies, hosting of political meetings at their residences) of the powerful and influential within government and the general political class in general as a pointer to the double standards that show both inequality and a lack of government seriousness in dealing with the pandemic.

Diminished public trust of government can partially explain what MoH officials call ‘misbehaviour’ by citizens who seem to not take public health precautions seriously, including not wearing masks, failure to social distance or avoiding non-essential movement and gatherings.

ix. Overall, the performance of GoK is unsatisfactory

Overall, and on the basis of availability, openness, usefulness, usability and completeness, the survey respondents find the performance of the government of Kenya in the provision of Covid-19 data as below average, with only 24 per cent rating the GoK’s performance as either ‘Good’ (17%) or ‘Very good’ (7%).

On the contrary, 48 per cent of the respondents rank GoK performance as ‘Average,’ while a further 28 per cent gave the GoK a ‘Poor’ score.

The poor performance is largely attributed to the limited disaggregation and refinement of the data, lack of significant analysis, lack of meaningful engagement with stakeholders as well as a perceived lack of transparency and accountability for data sources and financial resources. Perhaps of all these, concerns over data disaggregation remain significant, not just among journalists, but across other data consumers as voiced by a respondent from the civil society.

There is a disconnect between government statements and the behaviours of senior government officials and influential Kenyans.

~ Key informant interview

Additionally, respondents feel strongly that the GoK is concealing, and/or has been unwilling to share important data on financial resources, including budgetary allocation, domestic and international grants, donations and loans, as well as utilization and accountability for all the Covid-19 funds and resources.

Respondents feel that Covid-19 related data should have included financial disclosures including of funds donated as well as how an where the funds have been used. Recent allegations of abuse of Covid-19 funds by politically connected individuals (#CovidMillionnaires expose), coupled with perceived unwillingness to share financial data is undermining citizens’ confidence and eroding public trust on the government’s ability to handle the pandemic, ensure value for money and protect public interest.

My biggest issue remains selective dissemination of data. If they focused on seriously giving us a daily breakdown of $S used, funds received, PPEs bought etc the way they do daily briefs of how many tested, we would be more trusting.

~ Survey respondent
Respondents also pointed out that given centrality of the issue of ‘underlying conditions’ as a major factor driving Covid-19 vulnerability, severity, hospitalizations and morbidity, it would have been helpful if the government disaggregated and shared the data on the proportion of deaths with/from underlying conditions out of the total deaths.

... there was effort to break down into male/female and county numbers. Beyond that, we barely saw a meaningful analysis of the trends by MOH. It was left to NGOs to form a thesis. In essence, the ‘so what?’ question was left to us to figure out. Each group formed its own hypothesis. Youth, HIV, persons with disability etc.
RECOMMENDATIONS: ‘WHAT STAKEHOLDERS WANT’

The following section presents some of the most dominant ideas that emerge from respondents’ feedback, thoughts, and recommendations on what the GoK can do differently during this and future pandemics.

a. Data disaggregation, completeness and analysis:
Disaggregate data more by gender, age, location, and other factors. Avoid (unnecessary) selective sharing of data and broaden the scope of information during daily briefings to include county-level interventions, challenges encountered, and how they’ve been addressed, as well as reports on other (emerging) illnesses with a bearing on Covid-19. Additionally, provide analysis on other non-health impacts e.g. on economy, jobs, society, education etc. to enable citizens have a well-rounded view of the pandemic.

d. Better, meaningful and respectful public engagement:
Intentionally develop elaborate public engagement strategies that are intentional about creating an interactive environment for meaningful dissemination of critical information, including creating real-time Q&A sessions. Additionally, ensure that public officials treat the public with respect, and are less paternalistic and condescending to all demographic groups.

e. Diversification of media channels:
Use multiple media channels to broaden the reach of Covid-19 messaging across Kenya, including verbal and non-verbal, print and non-print as well as sign language interpreters. In addition to commercial radio, use community and ethnic radio stations while harnessing the use of social media platforms for personalized and timely responses to inquiries. Keep an updated, comprehensive and reliable website to supplement the various call centres set up. Collaborate with telecommunications companies to provide reliable and consistent mobile messaging.

b. Financial transparency and accountability:
To the extent possible, adopt or retain open contracting best practices during crisis, increase the use of public information portals to share information on budgets, procurement, disbursements and utilisation of funds. Break down pandemic resourcing and funds use including criteria for selecting beneficiaries among the vulnerable, sources of funds, nature of funds (grants, donations, loans, supplementary budgets, foreign or national etc.)

f. Decide on few but effective contact numbers:
Stop the proliferation of emergency numbers that have flooded the space leading to confusion, inconsistency, and delayed action. Reclaim the consistent use of 999 and/or 911 emergency telephone lines and Make Them Work.

c. Data quality:
Provide information on data quality checks and explain the time lag between tests and the reports to enable better contextualization of the data.
CONCLUSION

A review of media reports and SITREPs in later months e.g. July 2020 onwards show that the GoK provided more data and detail on the Covid-19 pandemic situation in Kenya, indicative of some sort of improvements at a time when many were losing or had lost trust or interest in government data and information. The perception study reveals that while reliance on, and public trust of government and thus government data was high at the beginning of the pandemic, evidence point to a diminished or diminishing trust, interest and reliance on government data as the pandemic continues in Kenya.

As a consumer, I religiously watched Kagwe8 and UK9 between March and June 2020. Daily. After that, I switched off. I now go to twirra10 for updates on a weekly basis. Muniite wakisema “Breaking news.”

~ Survey respondent.

While these findings will enable key stakeholders including frontline healthcare workers and humanitarian responders, health rights advocates and civil society actors including anticorruption, accountability and open data champions to demand from government and other duty bearers an enabling environment for access to meaningful data for action, they also help these actors identify critical pressure points for advocacy and action.

Finally, this quick survey provides a basis for further research in three key areas. First is a more in-depth study of the subject of usability of GoK-provided Covid-19 data. Secondly, a deeper evaluation of the performance and capacity of key state and non-state actors in ensuring access to meaningful data especially in moments of crisis. Thirdly, a study on how interested actors can work together to improve the compliance of key stakeholders with the constitution of Kenya and the various legal instruments and policy standards in so far as access to meaningful, usable data is concerned.

---

8 Cabinet Secretary/Minister for Health, Mutahi Kagwe
9 President Uhuru Kenyatta
10 Twitter
PROTECT is a programme funded UK Aid Connect which supports consortia to create innovative solutions to complex development challenges that deliver real change in the lives of people living in poverty and disadvantaged regions of the world.