**Evidencing Effectiveness in Covid-19 Response – The Kenyan Case**

**Background and Introduction**

Kenya’s first COVID 19 Case was confirmed on 12th March 2020. The case was an imported case from Abroad. Currently Kenya has 38,529 positive cases of COVID19 with 711 deaths reported and 24,908 patients having successfully recovered from the treatment. 98 per cent of the total case load in the country is locally transmitted. The country has carried out cumulative tests of 547 946 so far. The tested number is quite small considering a total population of 50 million. There are also very limited testing carried out in the rural area prompting the fear that the numbers of those infected by the disease of dead from it could be higher than officially captured. There also views that many more could have recovered from the disease that currently reported. Simply put, the statistics put out by the government may not necessarily be accurate given the challenges highlighted.

 What is key to note is that the numbers continue to surge albeit slowing down in intensity. This has prompted the government to declare that the curve of COVID 19 is flattening and as a result have started easing the restrictions on social, political and economic activities in the country.

Kenya has been identified as a Level 1 country for the COVID19 disease by the US Center for Disease Control and World Health Organization (WHO) ranks the country as a top priority country, alongside others such as Algeria, Côte d'Ivoire, Ethiopia ,Ghana, Nigeria, Senegal, and South Africa. Together these countries contribute over 50 percent of the total infection rates in Africa.

**Policy Response**

To manage a country wide spread of COVID19, the Government of Kenya (GoK) is implementing actions designed to reduce exposure to the disease. The measures have been adaptive in nature and have been adjusted according the curve of infection. Some of the measures adopted by the government included

Closing of all schools at the onset of the pandemic in the country and subsequently declaring the academic year lost, suspension of all international flights with the exception of cargo flights, restriction of all public gatherings at churches, mosques, funerals and elsewhere to no more than 15 people, and weddings were banned and introduction of curfew hours.

In the same context, the government of Kenya announced array of measures meant to cushion Kenyans and businesses from the vagrancies of the pandemic and to buffer Kenyans against financial hardships arising movement restrictions associated with the coronavirus crisis. The measures targeted both the formal and the informal sectors. The measures included increased the allocation of funds for health care, and fiscal adjustments to the economy.

The key elements of fiscal adjustments included:

The reallocation of US$9.5 million from the Universal Health Coverage kitty to be channeled to the employment of new health workers to help combat the spread of COVID-19, a $5 million package to support the tourism industry, policy rate cut of interest rate from 8.25% to 7.25% and making available US$95 million to vulnerable groups including the elderly and orphans, among others.

Additionally the government gave 100% tax relief to Kenyans earning US$228 and below and reduced Pay as you earn taxes n from a maximum of 30% to 25%. There was also Reduction of VAT from 16% to 14% and reduction of turnover tax rate from 3% to 1% for all micro, small and medium enterprises.

**Social and Economic Impact of COVID 19**

Despite the measures put in place to cushion Kenyans against the effects of the pandemic, negative social and economic impacts continue to be experienced both at the household and the national level. The main ones include

**Increased Vulnerability of Women and Children**

The COVID-19 pandemic has increased the vulnerability of women’s and girls’. The country is registering high cases of gender based violence on women and children. Workload on women and girls has increased as demand for increased hygiene and sanitization to combat the pandemic takes hold in the households. Women and girl child spend many hours looking for water for sanitization exposing them incidences of molestation and abuse. Also as a result of closed schools there are high incidence of teenage pregnancies.

 **Loss of Lives**

Officially, over 700 people have died of coronavirus in Kenya. The true total is likely higher, as the country’s testing capacities are limited, especially in rural areas. The number however is still surging with the second wave of the disease anticipated. While the numbers are not as high as other regions in the northern Hemisphere, the impact is great on the livelihood on those who have lost their loved ones. Most of those who have succumbed were bread winners in their families and have therefore been condemned to reduced or no income.

**Job losses**

About 1.72 million workers lost jobs in three months to June when Kenya imposed coronavirus induced lockdown that led to layoffs and pay cuts. Data from the Kenya National Bureau of Statistics (KNBS) shows the number of people in employment fell to 15.87 million between April and end of June compared to 17.59 million the previous quarter. Young people have remained the hardest hit by job cuts compared to their counterparts aged above 35 years. They accounted for 63 percent of the lost jobs or 1,158,466 positions. This is largely because of the hiring freeze by most companies as well as the closure of the most informal sector under the strict implementation of the curfew regimes.

**Decline in household earnings**

The hardship from the crisis has disproportionately befallen the poorest and the most vulnerable households in Kenya. Many of these depend on farming (for the rural), self-employment and informal wage (for the urban). While those in the rural areas have experienced prolonged drought and locust infestation, those in the urban areas suffered job losses as a result of closing down of shops and companies. The result has been that of no income and increased borrowing at the household level.

**Food Security**

The enforcement of stringent measures in combating COVID 19 has inadvertently disrupted peoples’ way of life with significant ramifications on food security. This is particularly true in Kenya which is already struggling with widespread poverty, hunger, drought and locust infestation. Food security and dietary quality worsened, as measured by the food insecurity experience scale and the frequency of consumption of nutritionally-rich foods. The proportion of food insecure population has increased by 38 per cent in Kenya since the pandemic. Low Income-poor households and those dependent on labour income have become more vulnerable to income shock, and have poorer food consumption during the COVID-19 pandemic. As such, they have employed food-based coping strategies compared to those pursuing alternative livelihoods.

**Country Analysis**

**Country Leadership and Ownership**

The country has a National Contingency to respond to and manage the COVID 19 pandemic. It is a government led and has benefited from the input from development partners including the Specialized UN agencies. It aligned to the WHO guidelines on the response and the management of COVID 19. It however did not benefit from participation of broader stakeholders including CSOs, Parliament, private sector and foundations during its design and development. The government has however created task forces some of which have incorporated CSOs to assist with the implementation of the contingency plan.

**Development Partners**

There is no strategy of development partner support to COVID 19 response beyond the government plans. Most development partners have allocated their resources towards the Contingency Plan with no window of support or engaging CSOs. Furthermore development partners have not sought to engage with CSOs in COVID 19 response agenda. Most local CSOs complain that their funding have either been channeled to COVID 19 related initiatives of the government or compelled to be COVID 19 compliant in the context of country contingency plan. There have also been cases of delayed disbursement, reduced funding or cancellation of calls for proposals that originally targeted CSOs.

**Access to Information**

Information pertaining to CIVID 19 is tightly controlled by the government and is based on status updates on numbers and trends. The information is tailored for public consumption and for citizen behavior change advocacy. Update is carried out on a daily basis on live broadcasting networks. Government provides opportunities for question and answers with the media.

However the information provided is not adequate for effective engagement on policy matters with the government. CSOs have no opportunities to engage with the government on issues regarding transparency and accountability on COVID 19 resource management. CSOs have repeatedly requested for more transparency through memorandums and petitions with no response from the government. There are also no structured forum to provide feedback on the impact of the measures on citizen. CSOs thus only rely on the media to ask questions which in most cases are never sufficient.

**Partnerships during COVID 19**

CSOs have largely partnered with local governments in their response to COVID 19. Local governments have created structures that have included CSOs in awareness raising, resource mobilization and supply of essential PPE equipment. At the national level, governments have largely sought partnership with the corporate private sector whom they see as the main engine for driving the economic recovery. They are also seen as major contributors to the national trust fund for fighting the pandemic.

**Enabling Conditions for CSO Operations**

While COVID 19 has presented challenges for operating environment, it has not enabled a change of behavior in government on how it engages CSOs in policy and program management. CSOs have been left to define their own programs but in line with the country strategy. This has been the case not only with the conditioning of new funding to meet the COVID 19 response framework but also in the manner of selection of which CSO government deals with. The right to self-initiative and self-organize has not been enabled or facilitated by both the government and the development partners

**Freedom of movement**

Freedom of Association and movement has been greatly hampered by the cessation of movements in certain regions as well as the implementation of the curfew regime. There was also suspension of religious gatherings including Friday prayers in mosques, Sunday church services, weddings. However, the government has allowed for the reopening of these institutions albeit under strict measures to maintain social distancing.

In implementing the above regime for the containment of COVID 19 there were severe violation of human rights in the initial phase. The police shot and killed at least 3 people and many more suffered injuries. Cases of corruption among the police also went up as citizens who were caught after curfew hours had to bribe there way to get home. Political activities have however continued unabated, with large crowd gatherings being witnessed across the country without regard to containment measures put in place by the government. Politicians continue to operate with impunity!

**CSO engagement**

While initially the response to the pandemic was exclusively a government affair in terms of framework, structure and process, the creation of task forces allowed for engagement beyond the government spheres. Task forces saw the inclusion of development partners, private sector and specialized CSOs in some task forces. Most of the CSOs included in the task force either dealt in medical services or humanitarian response.

Local CSOs including those of advocacy, community based have not been included in the main structures for COVID response. Nevertheless in their own context, they have organized and engaged government initiatives albeit at the periphery. Most of their action has included simplification of messages to fit the grassroots context, provision of PPEs and supply of food materials to those living in vulnerable conditions