



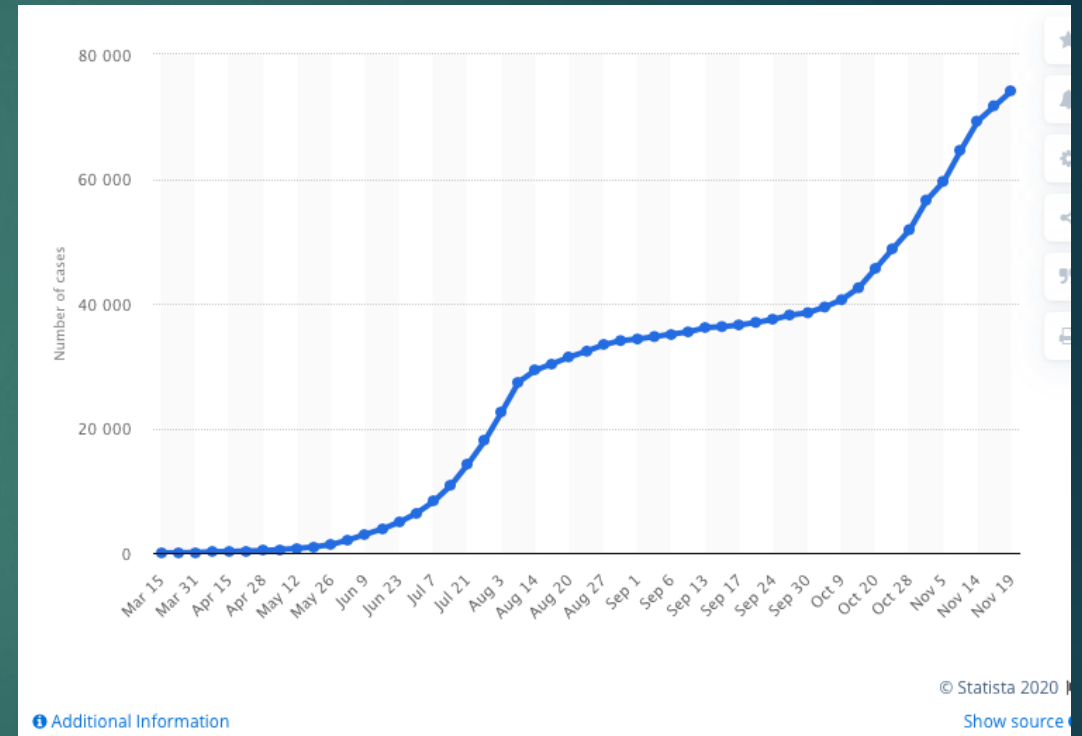
Building Systems to Cope with Future Trends - Kenya

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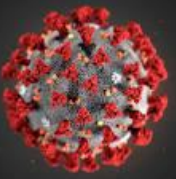
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Covid-19 in Kenya

- ▶ The 1st case was announced on March 13, 2020
- ▶ To-date (November 25th) there are:
 - ▶ 79,797 cases
 - ▶ 1,417 fatalities
 - ▶ 52,974 recoveries
 - ▶ Kenya ranks 7th in region - with South African taking the lead in the number of cases and deaths
- ▶ There is however under reporting of cases, hospitalization and deaths due to systemic issues
- ▶ The country approach to Covid-19 was reactionary – the government and people were operating on fear and uncertainty



The context of Covid-19 in Kenya?



- ▶ The approach
 - ▶ Travelers (it was brought to us)
 - ▶ Nairobi and Mombasa are hot spots (ostracize)
 - ▶ Serious effects on the old and those pre-existing conditions – those without felt secure
 - ▶ Not serious among blacks – effects are mild
- ▶ Actions around enforcement: police brutality (fear instead of understanding)
- ▶ Lack of tangible support to families - no social protection or interventions on costs including tenancy, food, etc.
- ▶ Lack of trust in the government – payment for quarantine (seen as punishment)




Some key impacts of Corona

- ▶ Measures put in place to contain the spread of the virus have had adverse effects on the poor, more so those engaged in the informal economy and those that reside in informal settlements
- ▶ Limited use of health facilities for Covid-19 and for other forms of care including routine health services (immunization, ANC services)
- ▶ Loss of income has pushed and threatens to push many households into poverty, especially those that were living at the poverty margin before the pandemic
- ▶ Stigma set in – impacting on the willingness for people to go for testing (even when available), disclose infection and seek treatment and support

What are some of the lessons learnt that can help build and manage better?

- ▶ Limited investment in prevention with a lot more emphasis on curative care: the allocation for health promotion and prevention has fluctuated between 5% and 10% of the national health budget
- ▶ Lack of a robust social protection system: although the national government runs a social protection program, the reach is limited while its ability to expand depending on need is also limited
- ▶ Inadequate civil registration: systems of documenting people is not robust. People movement across the country and some deaths may have or are going unreported
- ▶ Lack of transparency and accountability: a report about misallocation of Covid-19 funds further eroded government trust and led to losses in the gains made on behavior change



Measures taken by the Government to
protect the vulnerable

Strategic Pillar

Description

Interventions implemented

D

Protect the Vulnerable

Measures implemented by the Government of Kenya to address the special needs of vulnerable groups with measures such as nutrition assistance programs, temporary eviction moratoriums, eligibility for food assistance programs etc.

- ✓ Developed & implemented guidelines to embed nutrition security to support vulnerable households
- ✓ Distribution of food to flood-affected households
- ✓ Distribution of re-usable face masks worth Ksh. 300,000,000 to households in informal settlements
- ✓ Weekly cash transfer of KSh. 1,000 to the identified vulnerable households electronically
- ✓ Centralized distribution of in-kind donations by well-wishers to vulnerable households
- ✓ Provision of free water and sanitation infrastructure in informal settlements

Strategic Pillar	Description	Interventions implemented
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> E Re-build the Economy </div>	<p>Measures aimed at reducing the impact of COVID on the economy and facilitate recovery as soon as possible</p>	<ul style="list-style-type: none"> <li data-bbox="1082 168 2257 268">✓ Tax reduction measures implemented to increase disposable incomes <li data-bbox="1082 319 2257 372">✓ Reduction in bank cash reserve ratio to stimulate lending <li data-bbox="1082 424 2257 476">✓ Reduction of central bank rate to reduce cost of credit <li data-bbox="1082 528 2257 581">✓ Payment of pending bills to inject liquidity into the economy <li data-bbox="1082 632 2257 685">✓ Restructuring of bank credit for financially-stressed clients <li data-bbox="1082 736 2257 789">✓ Partial credit guarantees to MSMEs <li data-bbox="1082 841 2257 893">✓ Establishment of Job creation for the youth <li data-bbox="1082 945 2257 1068">✓ Local production of Covid-19 related commodities to promote fair pricing, stimulate the economy and create jobs <li data-bbox="1082 1105 2257 1158">✓ Promotion of the Buy Kenya Build Kenya Initiative <li data-bbox="1082 1209 2257 1262">✓ Tax subsidy for imported food to lower the consumer prices

3 Review of the impact of social containment measures



Enhanced Social distancing, contributing to slowing down the spread of the COVID-19 virus



Innovative adoption of technology as more people worked from home and as businesses were forced to adapt to the containment measures



Improved general hygiene leading to a significant reduction in communicable diseases



Reduced instances of fatal road carnage in the transportation sector due to reduced cases of drunk driving following the introduction of the curfew



Increase in the incidents of gender-based violence (as people are forced to work from home) and teenage pregnancies (as schools are closed)



Increased consumption of alcohol and drugs at home as a result of restrictions in movement, exposing minors to unwholesome practices



Reduction in the number of patients seeking health services including ante-natal check-ups, vaccination, elective surgeries, medicine collections etc.



Significant job losses as firms downsized to cope with the drastic changes in the operating environment and informal traders in goods (mitumba) and services (salons) faced either outright ban in good or service provision restrictions

3 Palliatives to cushion the vulnerable population (1/2)



Description

Government interventions to boost employment

Specific Interventions

- ✓ Rehabilitation of access roads & foot bridges using local labor in all constituencies
- ✓ Fumigation and clean-up of drains and markets using local labor
- ✓ Recruitment of **10,000** contract teachers to support the 100% transition in schools
- ✓ Recruitment of **1,000** ICT Interns to support Digital Learning in public schools
- ✓ Employment of **31,689** (Phase 1) and **283,210** (Phase 2) workers from informal settlements across the country under the National Hygiene Program (Kazi Mtaani)
- ✓ Support to KWS to engage **5,500** community scouts for a period of one year
- ✓ Rehabilitation of wells & underground tanks in ASAL counties using locally available labor
- ✓ Rehabilitation of water pans, undertake flood control and mitigation measures in ASAL counties using local communities
- ✓ Recruitment of additional **5,000** health workers for one year
- ✓ Provision of support to artists, actors and musicians, during the period of the COVID-19 pandemic

3 Palliatives to cushion the vulnerable population (2/2)



Description

Interventions to ensure vulnerable population have access to water

Specific Interventions

- ✓ Directives issued to Water Service Providers to provide free water supply to identified low income locations
- ✓ Provision of water tanks, drill boreholes and deploy water bowser to low income locations



Interventions to ensure staple foods are available & affordable

- ✓ Set-up of a central war room to track the price and availability of staple foods across 47 Counties
- ✓ Distribution of food (rice and beans) to flood-affected households via District Relief Food Distribution Committees
- ✓ Removal of local taxes on food transport and subsidy on imported staple food to lower the consumer prices



Intervention to improve access to healthy food during the pandemic

- ✓ Developed & implemented nutrition guidelines to embed nutrition security to support vulnerable households (proper diets to boost immunity, production of vegetables etc.)

4 COVID-19 Economic Interventions (3/6)



Social Interventions

- ▶ Cash Transfer Program: KSh. 11 Bn (Ksh.10Bn in FY19/20 & KSh.1Bn in FY2020/21) distributed to over 431,200 beneficiaries through cash transfers using Safaricom MPESA Platform¹ (see annex for certificate)
- ▶ Inua Jamii Program: KSh. 13.13Bn disbursed to 1,094,372 beneficiaries of vulnerable groups² who receive Kshs 2,000 per month (Kshs 4,000 bi-monthly) for 6 months
- ▶ National Hygiene Program (Kazi Mtaani): KSh. 10.72Bn used to employ 31,689 youth (Phase I) and 283,210 youth (Phase II) across the country until 31st December 2020.
- ▶ COVID-19 Emergency Response Fund: KSh. 1.351Bn contributed in cash, KSh. 435Mn coordinated through the secretariat, KSh. 458Mn contributed in-kind and KSh. 1.29Bn in pledges from various donors & well-wishers towards the coronavirus relief through the Fund
- ▶ Sports Stimulus Package: KSh. 54Mn to cushion over 2,199 athletes and technical officials from 83 Sports amidst Covid-19 pandemic
- ▶ Artist program: KSh.100Mn made available to 8,000 cultural & creative industry players countrywide

1: High Poverty Index or Households where the Head is Chronically ill, Disabled, Widowed, Orphaned/Child-led household, Mentally unsound and those not benefiting from any other government support programs. These beneficiaries were identified through the Nyumba Kumi initiative and covered all 47 counties and were coordinated by National Government Administration Officers up to Sub-location level

2: Orphans and Vulnerable Children, Citizens above the age of 70 years, Persons with Severe disabilities and Hunger Safety Net Program

Key challenges (1)

- ▶ Weak
 - ▶ Health system: this has had an impact on access to services and exposed the health workers and patients to Covid-19 infections
 - ▶ To date over 3,000 health workers have been infected by the virus
 - ▶ The cost of treatment has been out of reach for many people (cost of tests and treatment)
 - ▶ Social protection: the short-term support was ad hoc and provided in a manner that was not informed by actual vulnerability
 - ▶ Disease surveillance systems: these systems have been overwhelmed during the pandemic
- ▶ Inadequate attention to behavior change: the initial efforts were medical oriented (testing, tracing and treat) with limited investment in BCC
 - ▶ Delayed deployment of community health volunteers to be part of the effort
 - ▶ Delayed used of community influencers and community structures
 - ▶ Socialization, burials and religious gatherings

Experience with health communication in Kenya

- ▶ 'Do what I say but not what I do' – behavior is shaped by actions - leaders cannot expect people to behave in a certain way as they do the opposite
- ▶ Communicator – who is communicating? Central vs decentralized vs community gatekeepers



Key challenges (2)

- ▶ Lack of trust: the pandemic has illustrated the suspicion the people have towards the government and its interests
- ▶ Inadequate coordination of partner support: since development partners fund activities directly (through CSOs) it has taken awhile to coordinate the support and spread it across the country
- ▶ Lack of sustainability of the measures put in place: the government has borrowed heavily from the World Bank, IMF and ADB to finance the Covid-19 efforts

Opportunities to build better

- ▶ Adopt the lessons learnt in the health sector:
 - (i) Need for homegrown solution to issues including pandemic
 - (ii) Use established systems to reach out to the vulnerable and marginalized – community health systems for health
 - (iii) Strengthen Universal Health Coverage and the National Health Insurance Fund to ensure the poor and vulnerable have access to treatment
- ▶ Build on the intervention structures in place including:
 - (i) Responses should build on and strengthen existing systems, e.g. this experience should inform how to manage the social protection system in the country
 - (ii) Enhance partner coordination in the country to ensure the resources are planned for and used equitably across the country
- ▶ Identify and address gaps
 - (i) Documentation of persons including the deceased
 - (ii) Resources for health promotion and prevention activities
 - (iii) Disease surveillance is key

Together we can kick COVID-19 out of
Kenya

