

How CSOs in Kenya are coping with the COVID19 pandemic

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1. Introduction

In many African countries, the COVID19 pandemic is an unfolding story right now; though in the early days, it is already disrupting millions of people's livelihoods – especially for poor households and small and informal businesses. According to the World Health Organization (WHO), as of 6 April 2020, 1,210,956 cases of COVID-19 had been recorded globally, with nearly 68,583 deaths confirmed¹.

WHO has categorized African nations into priority groups based on transport connections between countries and China. Kenya has been identified as a Level 1 country for the COVID19 disease by the US Centers for Disease Control's (CDC's 3 level classification); Level 1 basically means: Practice usual precautions to keep yourself from getting sick if traveling to the country; Level 3 means: Avoidance of all non-essential travel. Based on both classification, Kenya ranks as a top priority country, alongside others such as Algeria, Angola, Côte d'Ivoire, DRC, Ethiopia, Ghana, Mauritius, Nigeria, South Africa, Tanzania, Uganda, and Zambia.

At the time of writing, compared to other regions, the number of recorded cases in Africa is 10,105 cases and ~490 deaths across 47 African countries². Kenya had confirmed 158 positive cases of COVID19 with 6 deaths reported and 7 patients having successfully responded positively to health care and support.

Governments, CSOs and businesses have made various social and economic responses that tapping local knowledge and skills, to spread awareness of the virus, to ramp up testing, produce protective gear and masks, provision of handwashing facilities in order to prevent COVID19 reaching overcrowded, under-resourced slums and rural Kenya.

1.1. Responses by the Government of Kenya

To prevent a country wide outbreak of COVID19, the Government of Kenya (GoK) is implementing actions designed to reduce exposure to the disease through measures that include self-quarantine, quarantine of people who have travelled from high risk countries (and now all travelers), and any other high risk cases reported by the public. GoK is encouraging people to stay and work from home and has effected a nationwide curfew putting in place a national dusk till dawn curfew beginning 27 March 2020 (7p.m. to 5am). Other measures include closure of schools, churches, restaurants and entertainment places as well as limiting social gatherings (for example, presently only close family members can attend funerals). Counties are also putting in place different measures that have included closure of public fresh-produce markets, asking businesses and traders to ensure there is water and soap in premises as well as advocating for handwashing and physical distancing in social places. On 6 April 2020, in addition to the nationwide curfew, the President announced there shall be cessation of all movement by road, rail or air in and out of the Nairobi Metropolitan Area and the counties of Kilifi, Kwale and Mombasa; movement in and outside the affected four counties, which will be restricted and supervised by the National Police Service.

Further, the government has moved to approve the use of over Kes 40 billion to cushion needy households in urban areas from economic shocks following reduced activity in the wake of the coronavirus pandemic. Leaders in the executive have also announced pay cuts with proceeds to go towards face masks, medical supplies and

¹ World Health Organization (2020). *Coronavirus disease (COVID-2019) situation reports*. [viewed 7 April, 2020]. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>

² BBC News Coronavirus Tracker. [viewed 7 April, 2020] <https://www.bbc.co.uk/news/resources/1d4a11d568-2716-41cf-a15e-7d15079548bc>

specialised equipment, to support the most vulnerable through provision of water and food items and any other vital items³. Some county governments have moved forward to set up kitties that will be used as a safety net during this tough period⁴.

Additionally, to mitigate the effects of COVID19 to the Kenyan economy, the Government has proposed various tax reduction measures⁵ (effective from May 2020) including:

1. Reduction of Personal Income Tax top rate (PAYE) from 30% to 25%
2. 100 % Tax Relief for persons earning up to Ksh. 24,000
3. Reduction of Resident Corporate Income Tax rate from 30% to 25%
4. Reduction of Turnover Tax rate for SMEs from 3% to 1%
5. Immediate reduction of VAT rate from 16% to 14%

Further to this, the Government has implemented the following measures:

1. Suspension of all listing for all persons including companies at Credit Reference Bureau (CRB)
2. Lowering of Central Bank Rate (CBR) to 7.2%
3. Lowering of Cash Reserve Ration (CRR) to 4.2%
4. Central Bank of Kenya to offer flexibility to banks on loans that were active as of March 2020 to maintain liquidity levels
5. Facilitating expedited payment of VAT Refunds by allocating an additional Ksh. 10B
6. Setting up a fund to which players in the Public and Private Sector are contributing in support of Government efforts

1.2. Responses by Civil Society Organizations (CSOs)

During disasters, those on the margins (women, children, the elderly, the poor, persons with disability) often bear the brunt of the adverse effects of disasters. For COVID19, the elderly and those with pre-existing conditions that compromise their immunity are particularly at risk. Consequently, CSOs have had a concerted and coordinated effort to specifically target these groups.

Members of the SDG Kenya Forum, mainly CSOs, have provided Personal Protective Equipment (PPE) such as :face masks, soap, medical supplies, sanitizers and food/water rations in case of lock down to people in informal settlements - especially in Kilifi, Mombasa, Nairobi and Kisumu. Community social workers have been deployed to educate citizens on handwashing and physical distancing, others are providing much needed prevention and control, psychosocial support, among other ways to stop the spread of COVID19.

Alongside the private sector, CSOs have also contributed to policy frameworks such as the proposed Public Health (Prevention, Control and Suppression of COVID19) Rules, 2020; and have provided critical views (focusing on the needs of the most vulnerable) that have been shared with the National Emergency Response Committee on COVID19 - chaired by the Health Cabinet Secretary.

³ PSCU (2020). *President Kenyatta Urges Kenyans To Observe Government Directives On Coronavirus*. [viewed 7 April, 2020].

<https://www.president.go.ke/2020/04/07/president-kenyatta-urges-kenyans-to-observe-government-directives-on-coronavirus/>

⁴ Lamu County Government has set aside Kes 10 million to assist families cope with adverse effects of COVID19.

<https://www.kenyanews.go.ke/lamu-county-sets-up-sh10-million-covid-19-fund-kitty-for-pandemic/>

⁵ Deloitte Kenya Tax Alert (COVID-19) Government Measures. [viewed 7 April, 2020]

https://www2.deloitte.com/content/dam/Deloitte/ke/Documents/tax/Deloitte_Kenya_COVID19_Government_Measures.pdf

2. Purpose

The aim of this paper is to examine how Civil Society Organizations in Kenya are responding to the pandemic and to provide a short-term guide of action to mitigate the social impact of COVID19. To aid in this, the SDG Kenya Forum (or Forum) conducted a survey between 25/03/2020 and 6/03/2020; the main purpose was to find out 1. The effects of COVID19 on work arrangements and activities of CSOs in Kenya, 2. What are the main responses and coping strategies by CSOs to these challenges - including direct responses to COVID19. 3. Suggestions and recommendations for near-term actions to mitigate against the disruptive social and economic impact of COVID19.

A survey questionnaire (Annex 1) was designed and sent out to 172 CSOs; 42 of them responded over a period of 9 days. This paper presents the results of the survey and discusses them in view of a global scan of government, private sector and non-profit sector interventions that are being implemented by countries (including Kenya) or are in consideration.

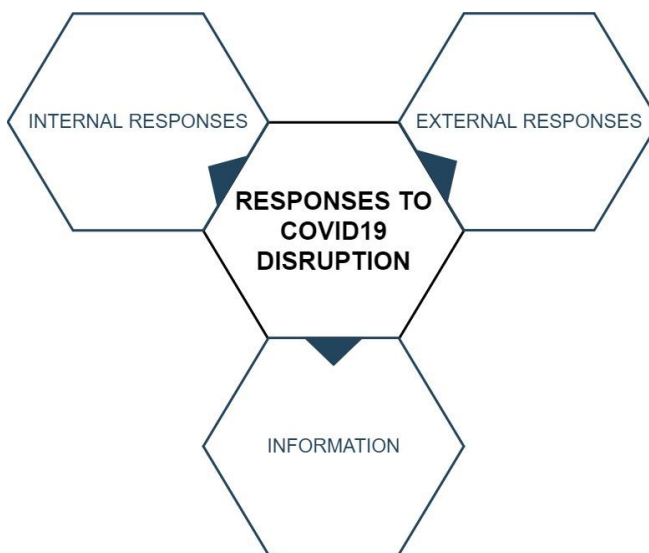


Figure 1: Outline of COVID19 responses in this study

As illustrated above, the results are presented and discussed in 3 parts: Part 1: the internal responses/coping mechanisms, that is, what CSOs have undertaken within their own organizations to avoid disruption, Part 2: the external responses, that is, what CSOs are doing in their respective spaces through their programmes to counter COVID19, Part 3: What are the credible sources for COVID19 related news at this time to avoid misinformation and fake news.

Which is the primary sector your organization works?

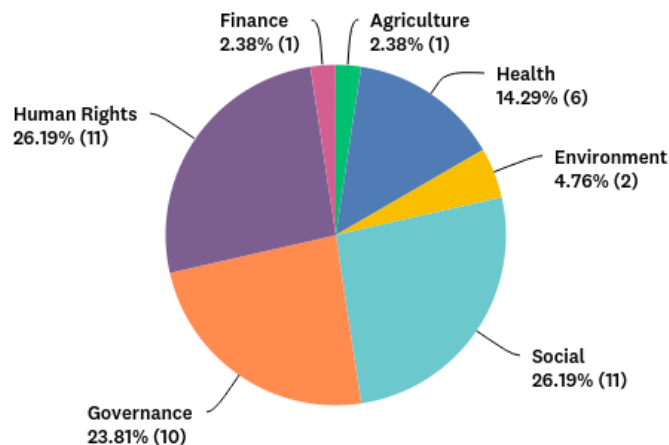


Figure 2: Sector in which respondents work

Majority of CSO respondents work in human rights, governance as well as the social sectors (specifically, by social sectors, we grouped organizations working on programs that focus on gender, disability, youth, the elderly, among others). Education, health and agriculture are other critical sectors reported on.

3. Results and discussion

3.1 Internal Responses

3.1.1 Work arrangements - Workforce protection measures and solutions to counter challenges of remote working.

The sudden increase in working from home is presenting problems as well as opportunities.

There are administrative roles (and which do not fall under essential services⁶) that cannot be undertaken remotely. They include receptionists, administrators and other logistics planning work, finance, agricultural extension; program officers are also among those who cannot perform their roles at this time as no fieldwork can be undertaken. Moreover, almost all participants (97.56%) have work-from-home provisions from their employers; only 2.44% do not allow working from home. Admittedly, for this survey, the main reason cited is that the nature of the work does not allow it given that they are providing health care services.

Digital dividends are the broader benefits (and disadvantages) from using these technologies⁷. According to the World Bank's 2016 World Development Report, optimizing digital dividends requires better understanding of how technology interacts with analogue components. It is impossible to do away with human judgement, intuition and discretion; rather computers can automate routine tasks, transaction-intensive tasks, to make them cheaper, faster and more efficient. dramatically cheaper, faster, and more convenient. If technology is

⁶ Critical essential services in this paper refers to roles that have been designated by [Kenya's Public Order No. 1 on the Corona Virus](#) (COVID19) pandemic

⁷ World Bank, 2016. *World Development Report 2016: Digital Dividends*. [Viewed 27 March, 2020] <https://openknowledge.worldbank.org/bitstream/handle/10986/23347/9781464806711.pdf>

applied to automate tasks without matching improvements in the complements, it can fail to bring broad-based gains.

An important consideration by many employers moving forward is how Covid-19 could permanently shift working patterns for the next 5 to 8 months. Indeed, many employees who have been working from home for the last few weeks are now starting to question why they had to go to the office everyday in the first place⁸. These are mostly for workers who have acquired digital technologies and their job roles allow operation in a digital economy (the internet, mobile phones, and all the other tools to collect, store, analyze, and share information digitally). This is through tools such as Slack, Skype, Zoom, Whatsapp and other project management tools such as Asana, Monday, Trello, Jira, Google calendar, offer extremely detailed and robust ways to collaborate and keep track of tasks. This is how teams are trying to have weekly check-ins and with documentation on progress reports coming in weekly. This has also extended to external stakeholders such as colleagues in government who traditionally have not employed teleconference tools.

Further, based on participant responses, there have been 5 main responses by CSOs to ensure both employee’s health and business continuity. Save for the first item, all the other responses also apply to persons who are providing essential services.

Table 1: CSOs 5-fold response to protect workforce

1. Work policy and job description changes	<ul style="list-style-type: none"> - Remote work including work-from-home except for essential services - Improved channels of communication especially with line managers; many have been forced to use technology to pass their messages and do this effectively. - Roles realignment - for example, team members have been diverted to work full time on COVID-19 which has left a shortfall for others.
2. Work related travel restrictions	Suspension of all work related international and domestic travel
3. Office automation of processes	<ul style="list-style-type: none"> - Finance approvals that are electronic, online transactions - Video and teleconferencing for weekly staff meetings and check ins using tools such as skype/zoom
4. Allowances and stipends	<p>Employers are supporting employees in these financial hard times through:</p> <ul style="list-style-type: none"> - Food stipends - Internet purchase stipends - Pay despite absence from work
5. Information sharing channels	Some organization have created internal channels to keep their staff with updated information around the unfolding COVID19 pandemic

Crisis management responses and business continuity plans have kicked in - as information changes rapidly to impact operational tactics.

⁸ Hern, A. (2020). Covid-19 could cause permanent shift towards home working. [Viewed 1 April, 2020] <https://www.theguardian.com/technology/2020/mar/13/covid-19-could-cause-permanent-shift-towards-home-working>

Have solutions (whether working remotely or not) been sought out on staying on track with set targets, programmes and schedules?

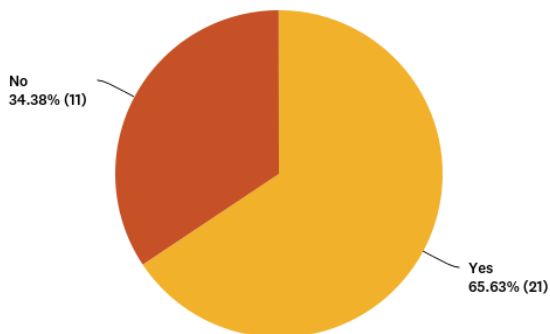


Figure 3: Majority of respondents (65.63%) have provided solutions to counter challenges of remote working

However, it should not be assumed that all employers have fully embraced changes in operations and tactics to counter COVID19. For some of these, there are ‘analog’ re-courses for some which have included keeping skeleton staff in the office for purposes of business continuity.

All in all, it is posited that in 2020 there will be painful job losses as we look into the future due to COVID19 related restrictions on movement and physical distancing: 1) Where workers have not obtained these skills, they might become redundant and not be able to find alternative employment 2) where job roles are purely analogue (drivers, factory machine operators)- though there is a ramp up in local manufacture currently being experienced that is occasioned by a slowing down of imports of finished products or 3) activities that need facetime (social work, teachers, health care, psychosocial work, agricultural extension work).

3.1.2 Organizational team dynamics

Team dynamics are organizational psychological forces that influence collective performance and behaviour - through personalities of the individuals involved and how they interact. Various skills of the team members complement one another. On the one hand, positive team dynamics lead to speedy and efficient work. On the other hand, improper team dynamics can limit the entire team's ability to get the job done. This section examines ways in which team members perceive COVID19 has impacted team dynamics.

Table 2: How organization team dynamics for CSOs have changed

For the better	For the worse
Several team members have been diverted to work full time on COVID-19 which has left a shortfall for others.	<ul style="list-style-type: none"> - Following through on work and general communication is challenging - Consultations with supervisors are taking some time as the response times are not as immediate as walking into an office for approvals and go aheads. - Work that involves physical meetings with partners (like government) has been put off indefinitely - There are challenges around using tele/video conferencing technology - sometimes staff are pushed to use their own resources (airtime, data, etc) or to work overtime - especially where roles have been repurposed for the fight against COVID19

	<ul style="list-style-type: none"> - Decisions are taking longer to make - because of lack of physical contact - causing further delays. - Facetime with management has reduced which has impact on supply of vital feedback
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The above table suggests that COVID19 has adversely disrupted teams; it may further be compounded by anxiety about this disease and what it means for job security, especially in view of absence of clarity on the expectations of donors as issues unfold. With lack of facetime, employees feel isolated from their managers; they are afraid their work will not be visible. Teamwork therefore has dwindled due to lack of proximity, some workmates have become over-sensitive; in the words of one respondent, “skype does not allow bonding over the 10.00 AM tea”.

These dynamics are not just inward-looking but also external, such as with external partners and broader stakeholders - county governments, citizens, development partners, Community Based Organizations (CBOs) where these respondents work. Momentum that has been made towards relationship building has definitely slowed down.

Remote working also presents the challenge of miscommunication. Nothing outweighs 2-way conversations and dialogues in the workplace that avoid total ambiguity. With team dynamics disruption and miscommunication, there is likelihood to make wrong choices, poor decision-making or no decision-making at all; leaving the team vulnerable to chances of conflict.

The positive note however is that CSOs have remained agile with some staff - especially those in the health sector - being diverted from normal operations to work full time on COVID19 response.

3.1.3 The most affected organizational activities.

All respondents reported that their work plans have been negatively affected by the pandemic. Fieldwork has largely halted country-wide- disrupting work across multiple sectors, especially health services, agriculture, education programs and gender programmes on women economic empowerment and girls empowerment. This also means that onsite monitoring of implementing partners has been curtailed.

Conferences, workshops and meetings - nationally and internationally have been cancelled or postponed, pointing to missed opportunities for advocacy with county government staff and legislators, planned training and capacity building put off, and meetings by boards of management have also slowed down. On one hand, some of these have been moved online even - and this remains a positive move to ensure that work continues. On the other hand, there is a webinar ‘overkill’; countless online meetings can be distracting to actual work performance. Also, government is ‘absent’ from these online conversations; understandably as many are involved in service delivery in practical responses to the COVID19 disruption.

3.1.4 Support/engagement by donors/partners on the unfolding COVID19 in view of the adverse effects to programming.

CSOs are negotiating with their donors in view of the COVID19 disruption to programmes. Donors vary - some do not allow repurposing of funds for COVID19 related activities but have encouraged their partners to apply for specific calls that relate to COVID19 response. For donors who have allowed repurposing activities to encompass a COVID19 response, respondents indicate that this has entailed ramping up distribution of food/water relief,

essential medicines, sanitary towels, handwash, sanitizers, clean water, as well as general support for COVID19 advocacy with all stakeholders, especially citizens on physical distancing, and hygiene etiquette. .

81.82% of our respondents actually confirm that they are receiving the support to ensure future planning and business continuity.

3.2 External Responses

3.2.1 CSO involvement in the fight COVID-19

95.65% of the respondents are participating in COVID19 related responses. They are involved in 3 main ways: information sharing, policy drafting and advocacy and the frontline response against COVID19.

With funding from the African Union Centres for Disease Control and Prevention (Africa CDC), Amref Health Africa is using a mobile phone platform called Leap to train health workers on COVID19⁹. This will enable health care workers to educate communities on the virus and relevant prevention measures. Training entails how to identify, isolate and refer suspected cases as well as maintain safety standards at high-risk areas. The goal is to reach 24,000 Community Health Volunteers (CHVs) and 2,000 health workers in 2 months.

Oxfam has substantial expertise in public health work drawing from past disease outbreaks of Zika and Ebola. They are therefore changing tactics to enable their operations to respond to COVID19. Some of the activities include providing citizens with accurate information and advice in local languages on handwashing as well as delivery of soap and clean water to higher risk environments - including crowded urban informal settlements. Oxfam is also protecting their staff through proper hygiene and infection management, travel restrictions and self-isolation.

CSOs are collaborating with the government on information sharing in the following ways:

1. Through memoranda and follow up meetings
2. Sharing correct and contextual messages and stopping misinformation with the public via social media
3. Community engagement and advocacy
4. Globally in virtual conferences and meetings and cascading the lessons and good practices from countries who have faced this longer - from issues related to frontline interventions down to agile procurement in the face of COVID19
5. Radio talk shows in some counties

From a policy perspective:

1. CSOs are also sitting on the emergency committee on COVID19, CSO's have participated in creation of the national business compact to respond to COVID19
2. HelpAge International has developed and disseminated key messages focused on COVID19 and older people. They are engaging with government through the ministry of labour and social protection whose head of communication is sharing widely these key messages especially with MoH and media houses. Elderly people who might be quarantined possibly face being separated from their families are especially vulnerable in the rural area.

⁹ <https://amrefusa.org/news/amref-partners-with-kenyas-ministry-of-health-on-covid-19-response/>

Frontline responders have been undertaking the following activities:

1. Provision of COVID19 kits to healthcare facilities
2. Supporting vulnerable populations of stateless persons and migrants in the country:
3. IEC materials for COVID-19 provision
4. Availing sanitizers and hand washing facilities including water and liquid handwash
5. Setting up of structures to ensure food aid reaches vulnerable people during the quarantine period at home during the COVID19 crisis..
6. Rapid response teams have put up public handwashing points and provision of water supply.

CSO demands on accountability and transparency in the wake of COVID-19

This is an additional section that briefly discusses the key issues around accountability and transparency that have been experienced - and which CSOs in Kenya have responded to. COVID19 has reminded us that we all deserve to be treated equally and have the same basic rights. It doesn't matter where you come from, what language you speak, or your cultural background. Whereas Chinese officials knew about the new virus back in December 2020, they stand criticized that they did not warn their citizens or allow further information on the pandemic to be disseminated¹⁰. In Kenya, on one hand, the decision by the Governor of the county government of Nairobi on 17 March 2020 to suspend all arrests by the Nairobi City Council Government Inspectorate and Enforcement officers until further notice was welcome¹¹. On the other hand, just as is the case with Chinese authorities, at the start of the spread of COVID19, Kenyan authorities 'appeared' more concerned with prosecuting those who share information that damages its reputation and legitimacy as opposed actually dealing with the spread of misinformation about COVID19, its spread and how to protect oneself¹².

Admittedly, misinformation represents a serious challenge that can counter progress in the fight against the spread of the COVID19, and actually increases risks of the virus. Thus governments are correct to take issue to halt the spread of misinformation. The right information is essential to ensuring effective responses to COVID19. In the case of COVID19, their intention of publishing such information may not be with the ill intent of putting individuals at risk. Hence why the Constitution of Kenya (2010) provides guidance and limitations to this under Part 2 section 33 and 35, that is, freedom of expression and access to Information.

Article 19 has recommended that public authorities refrain from reliance on criminal prosecution and other repressive laws as the primary means of countering misinformation about COVID19; criminal proceedings and custodial sentences should be reserved for very serious forms of speech-related crimes¹³. Public authorities will not comprehensively be able to monitor COVID19 and even respond without inputs from journalists, public health officials, researchers and the general public.

¹⁰ Page, J., Fan, W. and Khan, N. (2020). *How It All Started: China's Early Coronavirus Missteps*. [viewed 7 April, 2020]

<https://www.wsj.com/articles/how-it-all-started-chinas-early-coronavirus-missteps-11583508932>

¹¹ Orinde, H. (2020). Hold your horses! Sonko suspends arrests by City Inspectorate. [Viewed 29 March, 2020]

<https://www.standardmedia.co.ke/article/2001364589/sonko-suspends-kanjo-askaris-arrests>

¹² Robert Alai was arrested and arraigned in court on 23 March 2020 for claiming that the government was concealing crucial information in relation to the spread of Covid-19 and that the impact of the disease was much more pronounced than the government was portraying it. <https://www.standardmedia.co.ke/article/2001365307/blogger-robert-alai-to-be-arraigned-over-covid-19-post>

Gire Ali who filmed and shared a video showing a Southern China Airlines plane with 239 passengers landing at JKIA was suspended on 27 February, 2020 but thereafter reinstated subsequently transferred. The Cabinet Secretary Transport deemed Ali a criminal who should be locked up before members of parliament on 4 March, 2020. <https://allafrica.com/stories/202003050394.html>

¹³ Article 19. (2020). Viral Lies: Misinformation and the Coronavirus (Policy Brief).

[viewed 9 April, 2020]

<https://www.article19.org/wp-content/uploads/2020/03/Coronavirus-briefing.pdf>

Further, in the wake of the imposition of a nationwide dusk-till-dawn curfew from 26 March, 2020, various reports of police brutality were reported in the towns of Nairobi, Eldoret, Nakuru, Kisumu and Mombasa - with women, children, journalists and youth bearing the brunt of the violence¹⁴. These actions led to an uproar from different quarters including a section of leaders, the private sector, Kenyans in the Diaspora, Kenyans online (through social media), the Editors' Guild and CSOs and CBOs for the police to put an end to brutality in enforcing the curfew to contain the spread of COVID19.

CSOs highlight of gender issues and COVID19

The stay-at-home recommendations spell trouble for men, women and children in abusive households. Because not all homes are safe, prolonged periods of isolation in the home will put many at risk; admittedly, majority of these will be women. Further, during pandemics, sexual and reproductive health services and products for women and girls are usually overlooked. This includes maternal health care, contraceptives and sanitary kits. The effecting of the curfew has also had an adverse impact on pregnant women seeking prenatal care and those that need ante-natal care because of long waiting times and also that services must cease by 4pm to allow people to commute back home.

3.2.2 Supporting vulnerable groups

Poverty entails more than the lack of income and productive resources to ensure sustainable livelihoods. Its manifestations include hunger and malnutrition, limited access to education and other basic services, social discrimination and exclusion as well as the lack of participation in decision-making. Various social groups bear a disproportionate burden of poverty. For example, people in rural areas are more likely to miss the benefits of health related services. Health systems tend to be weakest in rural and remote areas, with lower rates of health service coverage in rural areas than in urban areas.

Proper hand washing with soap and water is the most effective and cheapest form of slowing down the spread of COVID19. However, the WASH (Water and Sanitation Hygiene) joint monitoring programme report (2019) by WHO and the United Nations Children's Fund (UNICEF) reports that that only 59% of the Kenyan population has access to water¹⁵. The remaining 41% - who include people living in informal settlements and on the streets as well as - communities living in arid and semi-arid areas have often complained of long spells of going without water. Thus, handwashing – whilst lifesaving at this time – is also out of reach for a sizeable number of Kenyans.

This has prompted CSOs to focus particularly on those being left behind in their response to covid-19 as described below.

Table 3: How CSOs are supporting the vulnerable

Vulnerable group	Interventions
People living in informal settlements	<ul style="list-style-type: none"> - Grants due to income loss for sustenance and medical bills footage, - Food aid, - Clean water, sanitizer and soap, - Sensitization (through social and other media), - Medical supplies,

¹⁴ Njeru, B.(2020). *Editors Guild condemns police brutality as curfew kicks off*. [viewed 2 April, 2020]

<https://www.standardmedia.co.ke/article/2001365937/police-brutality-prevails-as-kenyans-rush-to-beat-curfew>

¹⁵ <https://www.unicef.org/kenya/water-sanitation-and-hygiene>

	<ul style="list-style-type: none"> - Working with local leaders to ensure physical distancing - Practical and contextual solutions for physical distancing - in dialogue with local leaders.
The elderly	<ul style="list-style-type: none"> - Grants due to income loss for sustenance and medical bills footage, - Food aid, - Clean water, sanitizer and soap, - Sensitization (through social and other media), - Medical supplies, working with local leaders for social isolation, - Practical and contextual solutions for physical distancing in dialogue with local leaders; - Identifying peculiarities of elderly which makes them more vulnerable to COVID19, such as, pre-existing conditions, - Advocacy for enhancement of the social protection fund (that targets per head as opposed to per household) - Psychosocial support to avert fear on physical distancing
Women and girls living with vulnerabilities	<ul style="list-style-type: none"> - Grants due to income loss for sustenance and medical bills footage, - food aid, - Clean water, sanitizer and soap, - protection from GBV - Helpline numbers to report GBV that they can access - including texting as they may not be able to speak freely - Providing safe spaces for women and girls living with vulnerabilities - advocacy for enhancement of the social protection fund (that targets per head as opposed to per household) - Distribution of sanitary towels
Street children and families	<ul style="list-style-type: none"> - Grants - Provision of shelters and food - Food aid, - Clean water, sanitizer and soap, - Protection from violence - sensitization (through social and other media),
Persons living with disabilities	<ul style="list-style-type: none"> - Grants to their caregivers - Food aid, - Clean water, sanitizer and soap, - Sensitization (through social and other media), - Medical supplies, working with local leaders for social isolation, - Disability friendly communication on COVID19, or that is sensitive to PWDs - Have disability friendly points for sanitizing/hand washing - All COVID19 interventions should deliberately target persons with disability (PWDs) as they are likely to be left behind because they are seldom counted
Small Scale traders	<ul style="list-style-type: none"> - Have involved these traders in emerging business opportunities such as digital markets - Provided sanitizer and soap for their businesses - Intensive messaging and education required on COVID19 for behaviour change; continuity planning, financial management
People in informal employment (and labour market segment with low social safety net)	<ul style="list-style-type: none"> - Provide them with survival allowance - Clean water, sanitizer and soap, - Sensitizing on COVID-19 for behaviour change; financial management and planning, what to do in event of infection - Strategies on alternative ways of making an income - Advocacy for increased access to credit - Advocacy for tax waivers (from both national and county governments) for small businesses.

<p>Persons in Prison</p>	<ul style="list-style-type: none"> - Recommendation to National Council on the Administration of Justice to decongest by releasing persons charged with petty offences and those about to complete their prison terms - Recommendations to stop prison visits - Support those with skills to help produce needed resources like hospital beds - Enhance their medical care, - Improve general hygiene conditions in prisons - Hand washing practices and cough etiquette - Alternative correction approach for petty offenders and those without criminal charges - Sensitizing on COVID-19 for behaviour change - both prisoners and prison warders
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3.3 Information sources

3.3.1 Trustworthiness of information sources on COVID19.

Finding reliable information is challenging, especially now during a global pandemic when fake news, misinformation and hyperbole are rife. COVID19 was only identified in December 2019, with little time to investigate it, many have been learning about it as we go along. Fake news on COVID19 has opened up a different problem; the life-endangering consequences of supposed cures and misleading claims.

What is your main source of information/updates (that you trust) on the current status of the Corona Virus?

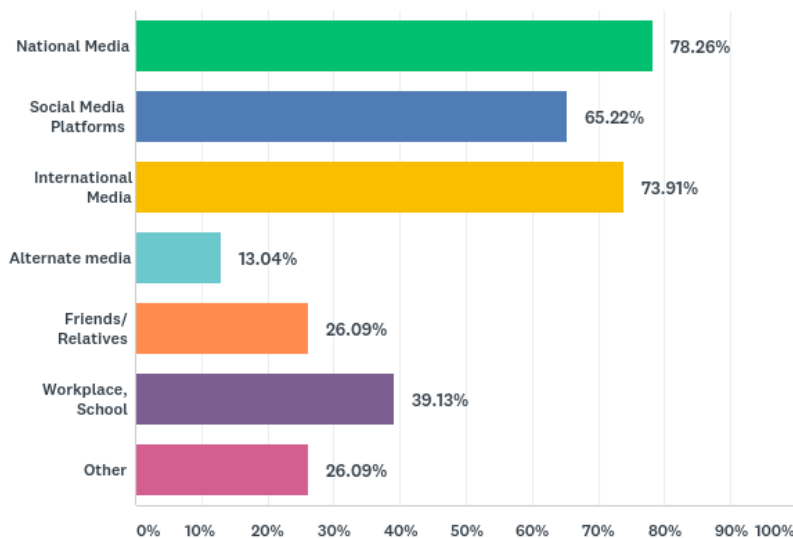


Figure 4: Trustworthiness of news sources

Majority of the respondents (78.26%) rely on local (Nation media, Standard media, K24 for print, radio and TV) and international media houses (BBC, CNN, Aljazeera) (73.91%) for news about COVID19. Though social media is accessed (65.22% by virtue of how easy/fast it is to spread information), it is not reliable because it is rife with misinformation about COVID19. Other key sources of information that have been cited (26.09%) that are popular

at this time include the Ministry of Health and the World Health Organization websites. The use of alternative media¹⁶ (13.04%) is also noted - as not such a reliable source - but people are still seeking information.

4. Recommendations

4.1 Internal Responses

4.1.1 Work arrangements - Workforce protection measures and solutions to counter challenges of remote working.

Because a digital economy also requires a strong analog enabling environment, it is important that all sectors (public, private, non-profit) recommend regulations that foster creativity, innovation and education that enables skills that allow workers, entrepreneurs, and public servants to seize digital opportunities. For example, in 4 days, the duo of Paul Kariuki and Samuel Kairu have locally made a respiratory ventilator using a wiper motor - they posted a video online on April 2, 2020 describing how it works¹⁷. Kenya has to be innovative because the world is facing a shortage of ventilators; but ventilator's have to be reliable in a high-stakes environment; thorough testing is required. In the face of COVID19, the response by the government, private sector and medical research institutions should be to stress test, secure financing, and enact any policies to ensure that this innovation can be speedily produced to save lives.

To borrow from Ghana's President Nana Akufo-Addo, whilst delivering the fourth address to the nation on the coronavirus which has affected 137 people and killed 4 of them in the country by 28 March 2020, the president warned that the the effects of COVID19 on Ghana's economy would be dire should it prolong¹⁸. However, the President also said that the government cannot resuscitate dead people - hence the urge for citizens to abide by the measures put in place by health authorities and government to stop the spread of the disease. This is absolutely the right thing to do - the right messages need to go out to citizens and to educate them that COVID19 is a real disease; citizens need to heed all the government's measures to stop the spread of the virus by adhering to the curfew, physical distancing and working from home as much as possible.

However, with more people working remotely, there is need for ensuring that network operators and internet service providers offer better and reliable internet services. Also, with work from home, it may be important to facilitate training on information security awareness so that cybersecurity of platforms is ascertained; also that employee information security awareness is raised so as to maintain good 'online' behaviour as more work is undertaken remotely.

4.1.2 Organizational team dynamics

If the organization culture is wrong, teams working remotely might not be effective and work falls through the cracks. For example, if prevalent culture is that employees shoulder individual responsibility for risks, these

¹⁶ Media that differ from established or dominant types of media in terms of their content, production, or distribution. This may include local language community radio stations all over the country, street art and murals, street or 'gutter' press publications (eg. the Confidential, Citizen Weekly)

¹⁷ <https://www.youtube.com/watch?v=0bX1M7MurIQ>

¹⁸ Ghana Web news (2020). "We've what it takes to bring our economy back to life after coronavirus – Nana" Addo. [viewed on 1 April, 2020]

<https://www.ghanaweb.com/GhanaHomePage/NewsArchive/We-ve-what-it-takes-to-bring-our-economy-back-to-life-after-coronavirus-Nana-Addo-907105>

employees are less likely to take risks or innovate; more so when they are working remotely. It is important to defuse risky decision making.

Here are some suggestions to help create strong team dynamics:

1. Now more than ever before is the time for managers to be effective team leaders who know employees well enough to know which projects/task they would excel in, what their roles are.
2. The vision is important so that all team members rally around working together toward the same goal. Clearly defining and communicating the vision, mission and values is essential
3. Match team members strengths to their job responsibilities.
4. Communication is key in successful teamwork dynamics.
5. Schedule regular meetings to help each team member; managers should open up lines of communication so that employees feel they are heard.
6. Celebrating successes in order to help bring the team together and showcase the progress that can be made when they work together. It helps each person to recognize the impact his or her efforts on the team as a whole.

4.1.3 The most affected organizational activities.

In the face of COVID19, CSOs will have to redesign their programmes especially within the health sector. They will also have to readjust their work plans at department and organization level to focus on areas that do not require travel and other in-person meetings.

4.1.4 Support/engagement by donors/partners on the unfolding COVID19 in view of the adverse effects to programming. Are they supportive?

CSOs report that they largely are receiving the support that they need. However, they would want:

1. Clearer communication from their donors whenever it is felt activities have been cancelled or they will be postponed.
2. That donors will try as much as possible to delay rather than cancel work to avoid job losses.
3. Where possible, some of the more technical work such as policy drafting, advocacy should go on unhindered

4.2 External Responses: Improving CSO support to vulnerable groups

The lack of disaggregated data is a problem in highlighting issues of Leave No One Behind (LNOB). There is little data that can tell on the situations of migrants, refugees, older persons, persons with disabilities, minorities and indigenous peoples. Women especially are likely to be hardest hit. Women shoulder the vast burden of unpaid care which is bound to increase dramatically, whether caring for sick relatives or looking after children at home because schools are closed. It will be important that CSOs recognize this and structure their programs accordingly.

Better data is required - by both state and non-state actors. UNDP has provided a framework that governments and stakeholders can leverage to enact their pledges on LNOB. CSOs must play a role as a watchdog that ensures both government and CSO programs adhere to commitments and are translated into effective action through considering each of the following issues:

1. Discrimination: Exclusion, bias or mistreatment based on some aspect of a person's identity (ascribed or assumed) including, but not limited to gender, ethnicity, age, class, disability, sexual orientation, religion, nationality and indigenous or migratory status;

2. Geography: Being physically isolated, that is, deprivation or inequity based on a people's geographic area of residence. Geography is a dominant determinant of poverty - which country the child is born, whether in an urban or rural environment, and whether in a fast-developing region or not[2].
3. Governance: Global, national and/or sub-national institutions that are ineffective, unjust, exclusive, corrupt, unaccountable and/or unresponsive; and/or laws, policies and budgets that are inequitable, discriminatory or regressive (including taxes and expenditures);
4. Socio-economic status: Disadvantages in terms of income, wealth, life expectancy, educational attainment or chances to stay healthy, be well-nourished, be educated; and access to energy, clean water and sanitation, social protection, financial services, vocational training, among others.
5. Others: Vulnerability and exposure due to the nexus between COVID19 pandemic and the effects of climate change, natural hazards (such as the locust invasion in East Africa), violence, conflict, displacement, health emergencies, economic downturns and others.

At this time CSOs also need support in the form of funds and and logistical support to ensure the delivery of the right protective gear and equipment where it is needed (ensuring the vulnerable are reached), distribution of food, medicine and face masks as well as cash transfers that will enable resilience for livelihoods in these difficult times.

4.3 External Response: Trustworthiness of information sources on COVID19

The Constitution of Kenya (2010) confers sovereignty to the people - directly or through their elected leaders. This allows individuals and non-state actors to do independent research and investigative work and publish such in the public's interest. Citizens have the right to hold the government accountable.

But some people often fail to think whether the content they both read or share is reliable. It is important to prompt users to consider the accuracy of content before they spread it. Consequently, when information sources - especially on COVID19, consider:

1. Where ISs the information coming from? Is there a reference or link to the original quote or report? This is often a good sign that the person writing actually understands and has questioned the topic or that information from the original source has not been reinterpreted or modified.
2. Also check if the same information has been shared in other outlets. If you rely on a lone resource, then one should think twice.

Just because someone is a scientist doesn't mean that they're qualified to comment on topics they do not have had training or experience in. During the COVID19 pandemic, there is also a lot of such commentary; this is also something to watch out for (even in mainstream media) to avoid misinformation.

5. Conclusion

The study delves into 3 focus areas - the internal, external and informational responses to COVID19 which CSOs have adopted.

Most organizations have generally taken steps to protect their workforce through: all, or some level of work from home; infrastructure improvements such as use of VPN, laptops, broadband increase, etc. There has also been an increase of engagement of companies with regulators and public health officials to beef up on protecting workers- either through information, protective gear and the right work arrangements that prevent infections.

However, while some employees have the privilege to work from home, many more cannot. Especially those in the informal sectors who are wage earners and those without any safety net, and those whose businesses stand to suffer losses which will have an almost instant impact on livelihoods. Physical distancing is also very difficult to implement in informal settlements due to crowded living arrangements.

Stakeholder engagement has continued, with organizations reaching out to their stakeholders (beneficiaries, partners - both state and non-state, among others) to assure them of the preventive measures they are taking to protect their staff and to ensure continuity of operations. Another important consideration has been financial management planning - running relevant scenarios to ensure that as many jobs as possible are protected despite reduced travel and fieldwork.

Externally, CSOs have focused on the vulnerable populations - not only engaging in direct responses to the needs of communities where they work in order to sustain livelihoods, but also in education campaigns and in policy drafting. CSOs have also been agitating for respect of human rights and the freedom of expression and the right to information. But with this comes a responsibility for citizens not to spread misinformation as it may hamper the fight against COVID19 - or even infringe on these very freedoms and rights.

All in all, these actions have been designed to keep people healthy and slowing the spread of COVID19. Projections indicate that the pace of new infections is set to increase; hence it is the actions that collectively undertaken by Government, Private and Non-Profit Sectors now that will impact the next critical 14-21 days in terms of the extent of COVID19's disruption.

6. Annexure

Annex 1 - COVID19 Survey Questionnaire

1. Which is the primary sector your organization works?
2. Is your organization allowing working remotely?
3. How is your organization supporting you in this regard?
4. What organizational team dynamics (whether working remotely or not) have been affected the most by the COVID-19 responses?
5. What organizational activities (whether working remotely or not) have you found to be affected most by the COVID-19 responses?
6. Have solutions (whether working remotely or not) been sought out on staying on track with set targets, programmes and schedules?
7. If yes, what tools or solutions is your organization using to keep track and ensure targets are met?
8. Is your organization responding in the fight against COVID-19?
9. If Yes Above, what are some of the ways in which this is being done?
10. In the spirit of leave no one behind, Please provide recommendations on how best to support vulnerable groups
11. What is your main source of information/updates (that you trust) on the current status of the Corona Virus?
12. Are your donors/partners and counterparts in Government (both National and Sub-National) keeping you informed and engaged on projects/programs and funding changes in light of the COVID-19?
13. If No, how would the ideal scenario look like?

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