



# CRECO INTERVENTIONS DURING COVID-19 PANDEMIC IN KENYA

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## **ABOUT CRECO**

Since 1998, Constitution and Reform Education Consortium (CRECO) has provided non-partisan leadership in the democratization process in Kenya through programmes in the civic engagement, human rights and civil society coordination. The primary objective of CRECO is to lead in the promotion of constitutionalism, democratic governance and institutional development of civil society in Kenya and globally. We raise public awareness, to equip both the general citizenry and civil society organizations with information and knowledge necessary to allow everyone to exercise their democratic rights and responsibilities effectively and without fear. The goal being the realisation of a democratic environment in which the citizens are able to realise their full potential and to become responsible citizens who adhere and comply with the provisions of the Constitution. For more information visit [www.crecokenya.org](http://www.crecokenya.org)

## **COVID-19 IMPACT ON CIVIL SOCIETY WORK IN KENYA**

The number of cases of Covid-19 in Kenya has risen rapidly from the first reported case on 13 March 2020 to 30,636 cases reported by 19th August 2020. The Government of Kenya in March 2020 instituted wide-range measures to curb the spread of the COVID-19 disease including stay home, school closures, work from home advisories, travel restrictions, night-time curfews, the banning of large gatherings and social distancing. While these measures were proportionate and justified for the imperative of protecting lives, there have been cases where the pandemic has posed a serious challenge to human rights and government officials have used the measures disingenuously to violate human rights and silence critical voices. The most affected are the poor citizens whose livelihoods were altered by the anti-COVID-19 measures. However, interventions by civil society organizations stopped abruptly due to COVID-19, leaving vulnerable communities without any support for the services they require, including reporting violations of human rights. Most civil society organizations were not prepared to deal with these sudden changes due to COVID-19 pandemic as the impact was swift, widespread and destabilizing. The disruption included changes in funding, operations and implementation of program activities; reduced face-to-face interactions with communities requiring services, restrictions in movement of project staff.

## **CRECO APPROACH AND ADAPTATION**

CRECO devised ways to mitigate the existential threats imposed by COVID-19. The new ways of conducting work such as “work from home” arrangements were advanced to have community beneficiaries access proactively services of CRECO. These include providing information and education on essential prevention actions supporting governments to reach remote and hard-to-reach communities and advocating for equitable policies and service delivery. The COVID-19 pandemic sharpened the need to defend human rights by monitoring violations and abuses, documentation and making recommendations to address policy challenges that will require deeper change by duty bearers. In this regard CRECO has been conducting comprehensive monitoring of violations of human rights in Kenya to help guide both county and national policy responses to COVID-19 emergency while adapting right-based approaches. We have established a Virtual Situation Room for data collection and analysis for use in engaging the responsible government institutions. Respect for human rights across the spectrum, including economic social, and cultural rights, and civil and political rights, are fundamental to the success of the public health response and recovery from the pandemic.

### **THE SITUATION ROOM**

The Situation Room is a safe space for reporting incidences of human rights violations for rapid response. The information is collected by trained Human Rights Monitors (HRMs) based at the communities using provided data collection tools and channels of communication. These include Toll Free Call line and bulk SMS communication build in a central database. The HRMs are trusted persons residing within the mapped urban and rural communities. Crowd sourcing of information from the public can be done through dedicated social media channels. The information is received by the Situation Room Coordinator supported by Data Entry Clerks and Analysts.

## **WHAT RIGHTS DO WE MONITOR?**

### **1. Access to Health Care**

We recognize that health strategies by the county and national governments should address not only the medical dimensions of the pandemic but also the human rights and gender-specific consequences of measures taken as part of the health response. Treatment should be available to everyone without discrimination, including the most vulnerable and marginalized. This means ensuring that no one is denied timely and appropriate treatment because they lack the means to pay for it, on the basis of age, or because stigma prevents them from getting treatment.

### **2. Water and Sanitization**

We recognize that washing hands with soap and clean water is the first line of defense against COVID-19, but cases of lack of access to safe water services in both urban and rural areas have been reported. Addressing the needs of vulnerable populations, including those with inadequate access to water, is essential to ensuring success in our country's struggle against COVID-19. Immediate measures that can help include prohibiting water cuts to those who cannot pay water bills, providing water, soap and sanitizer free of cost (such as through mobile dispensers in communities without access to adequate sanitation) for the duration of the crisis to people in poverty and those affected by the upcoming economic hardship.

### **3. Stigmatization and Discrimination**

We recognize that COVID-19 pandemic is generating a wave of stigma and discrimination against dimensions such as gender, age and geographical areas. We need to combine efforts together to push back against this trend, including by referring to this disease as COVID-19, rather than using a geographic reference. Political leaders and other influential figures should speak out forcefully against the stigma this crisis has generated and must at all costs avoid fueling the fire of such discrimination. The government should act quickly to counter rhetoric that stokes fear, and ensure their responses to COVID-19 do not make certain populations more vulnerable to violence and discrimination. Therefore, additional efforts are needed to monitor incidents of discrimination and responses to any incidents should be swift and well-publicized.

#### **4. Social and Economic Impacts**

The occupational health and safety of those working during this crisis, particularly health workers, should be assessed and addressed. Health workers and others working in at-risk environments should be provided with quality personal protective equipment as needed. No one should feel forced to work in conditions that unnecessarily endanger their health because they fear losing a job or a paycheck. With school closures as a measure to combat Covid-19 has resulted to online learning, and specialized TV and radio broadcasts. Girls have been disproportionately affected, as many already face significant obstacles to go to school, and may now be expected to take on increased care work at home. Limited educational opportunities for those without access to the internet risks deepening inequalities and poverty. Cases of early pregnancies and motherhood of girls due to the heightened vulnerabilities they face based on their early stage of physical, intellectual and emotional development have been reported. Rapid response is required to curb the menace.

#### **5. The Right of Access to Information**

We recognize that relevant information on the COVID-19 pandemic and response should reach all people, without exception. This requires making information available in readily understandable formats and languages, including indigenous languages and those of national, ethnic and religious minorities, and adapting information for people with specific needs, including the visually- and hearing-impaired, and reaching those with limited or no ability to read or with no internet access.

Medical professionals and relevant experts, must be able to speak freely and share information with each other and the public. Journalists and the media should be able to report on the pandemic, including coverage that is critical of government responses, without fear or censorship. Concerted efforts should be made at the county and national levels to counter false or misleading information that fuels fear and prejudice.

## **6. Right to Participation**

Participation which is commonly known as public participation is defined as an open, accountable process of engaging people, deciding, planning and playing an active part in the development and operation of services that affect their lives. Citizens have a right to participate in decision-making that affects their lives. Being open and transparent, and involving those affected in decision-making is key to ensuring people participate in measures designed to protect their own health and that of the wider population. During the COVID-19 pandemic, governments should adapt proper communication channels accessible to citizens to provide timely information and sufficient notice for public participation.



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