



RESULTS, RESILIENCE & RECOVERY

A Review of Kenya's Response to the COVID-19 Pandemic

September 2020



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1: Introduction/Background

2: Health Interventions

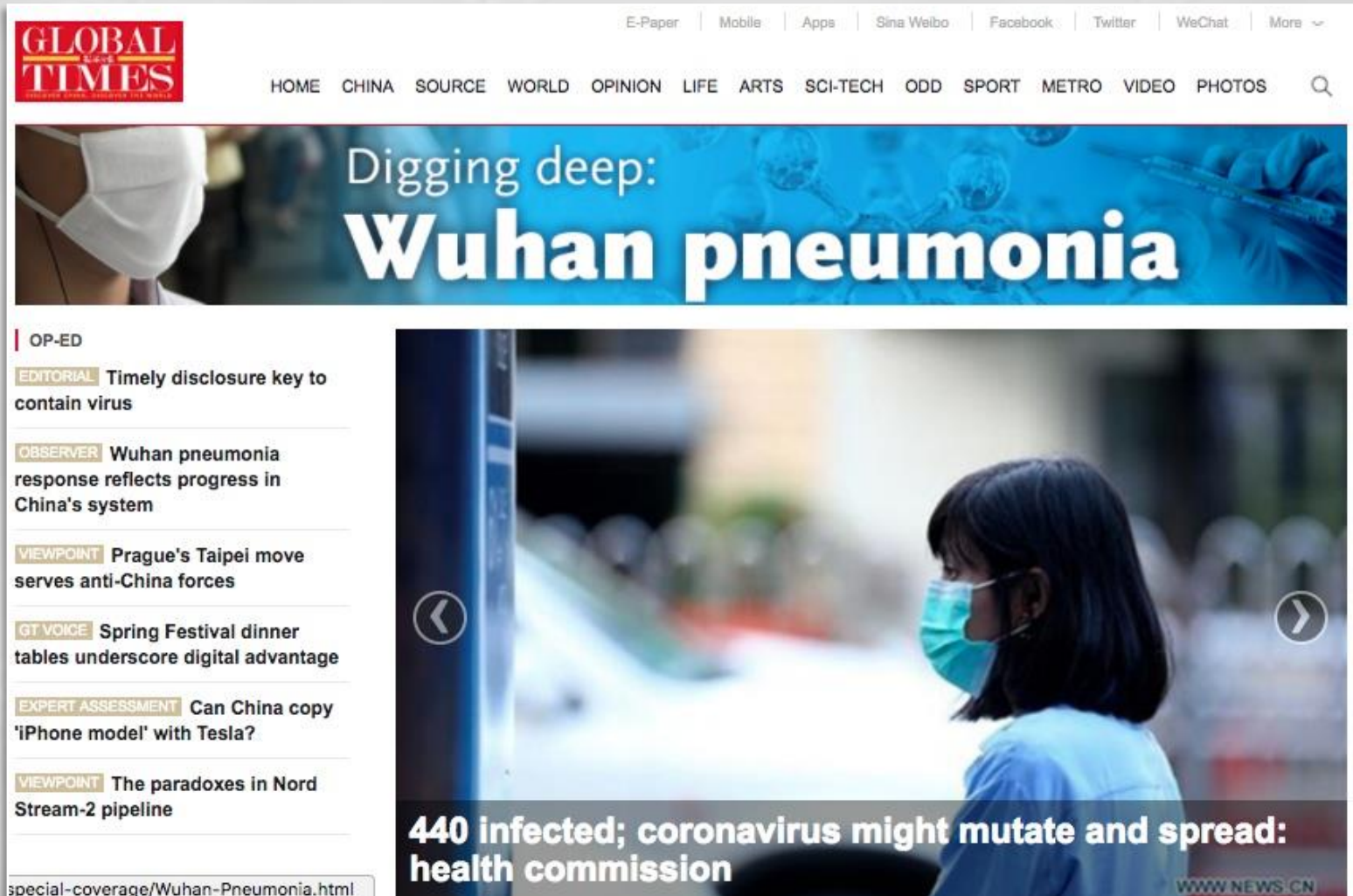
3: Social Interventions

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1 Where it began ...



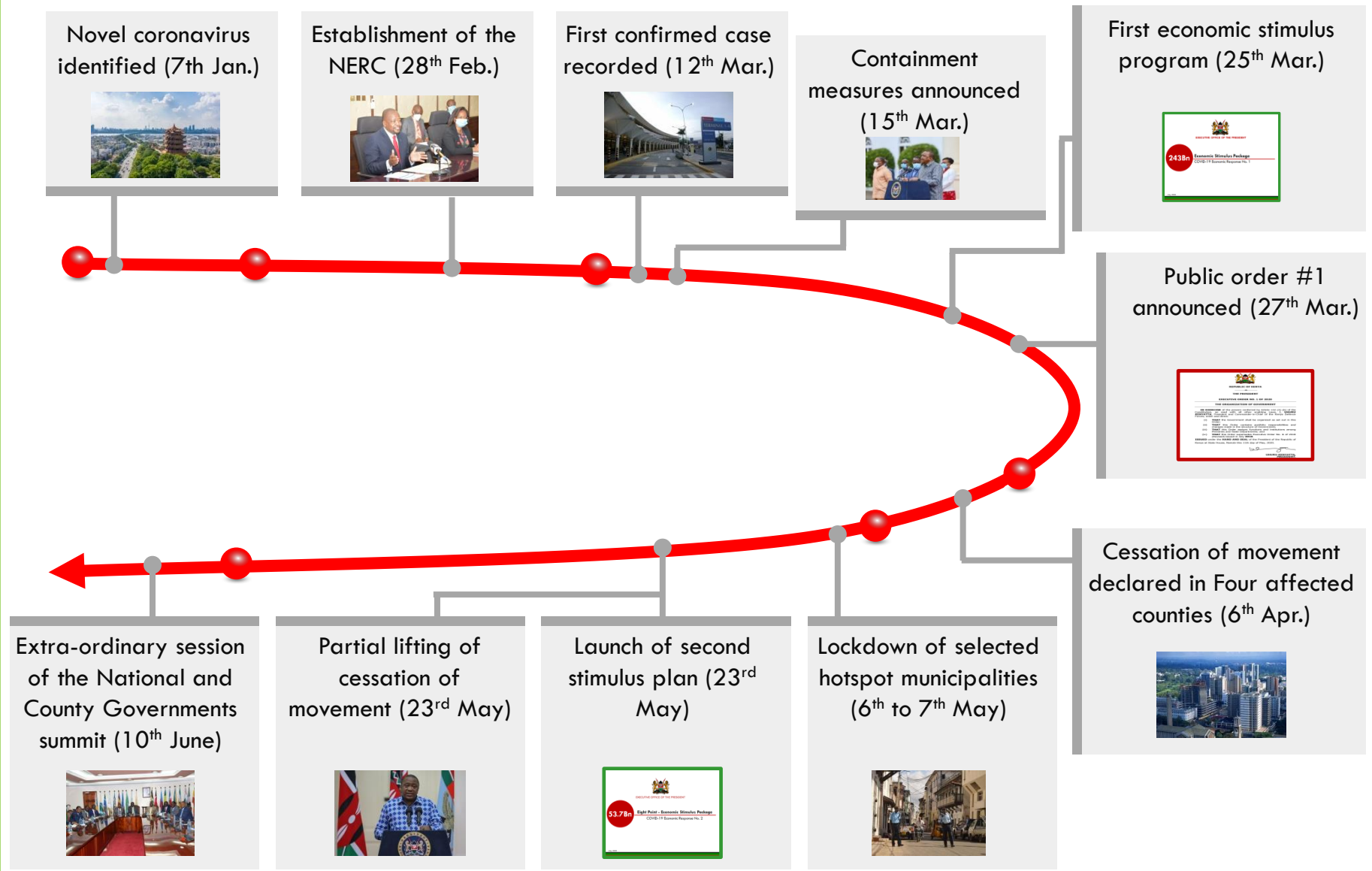
1 ... then it spread across the globe ...



1 ... and finally hit home!



1 Chronology of key events (1/4)



1 Chronology of key events (2/4)



Novel coronavirus identified (7th Jan.)

- Chinese authorities identify Coronavirus as the cause of pneumonia-related infections in Wuhan.
- China had already declared an outbreak of the disease from the hitherto unknown virus and shutdown the Wuhan seafood market suspected to have been the source of the virus



Establishment of the NERC (28th Feb.)

- H.E the President, through Executive Order No. 2, established the National Emergency Response Committee on Coronavirus.
- NERC was tasked to upscale and coordinate the country's preparedness and response to Covid-19



First confirmed case recorded (12th Mar.)

- The first confirmed case in the country was that of a Kenyan citizen who had travelled from the United States.
- The confirmation followed testing at the National Public Health Laboratories. patient was isolated at the Infectious Disease unit at the Kenyatta National Hospital



Initial containment measures announced (15th Mar.)

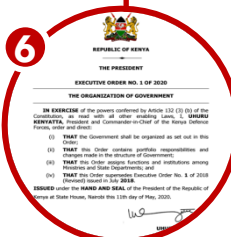
- In the First Presidential address on Covid-19, H.E President Uhuru Kenyatta directed:
 - Travel ban to and from countries with confirmed Covid-19, 14 days self-quarantine for all incoming passengers, Immediate suspension of all learning institutions and encouraged a Work-from-home policy

1 Chronology of key events (3/4)



First economic stimulus program & Public order #1 announced (25th Mar.)

- To protect jobs and free more money to the economy, H.E announced the first economic stimulus package consisting of fiscal, monetary, health capacity building and social protection measures



Public order #1 announced (27th Mar.)

- Declaration of nationwide dawn-to-dusk curfew .
- Movement of people bar those designated as essential services within the hours prohibited .



Cessation of movement declared in Four affected counties (6th Apr.)

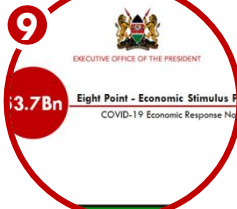
- Cessation of movement ordered in Nairobi metropolitan region and the counties of Mombasa, Kilifi and Kwale for an initial period of 21 days.
- Targeted regions deemed to be Covid-19 hotspots



Lockdown of selected hotspot municipalities (6th and 7th May)

- Health CS Mutahi Kagwe declared a 15-day cessation of movement in two municipalities – Eastleigh (Nairobi County) and Old Town (Monbasa County)
- The decision was arrived at after the two municipalities emerged as COVID-19 hotspots

1 Chronology of key events (4/4)



Launch of second stimulus plan (23rd May)

- Launch of 8-point Economic Stimulus Program.
- The KSh.243Bn stimulus program is focused on improving road infrastructure, enhancing SMEs liquidity, improving education outcomes, tourism, agriculture and food security, improving environment, health & sanitation, improving health & social protection and support to the manufacturing Sector



Partial lifting of cessation of movement (23rd May)

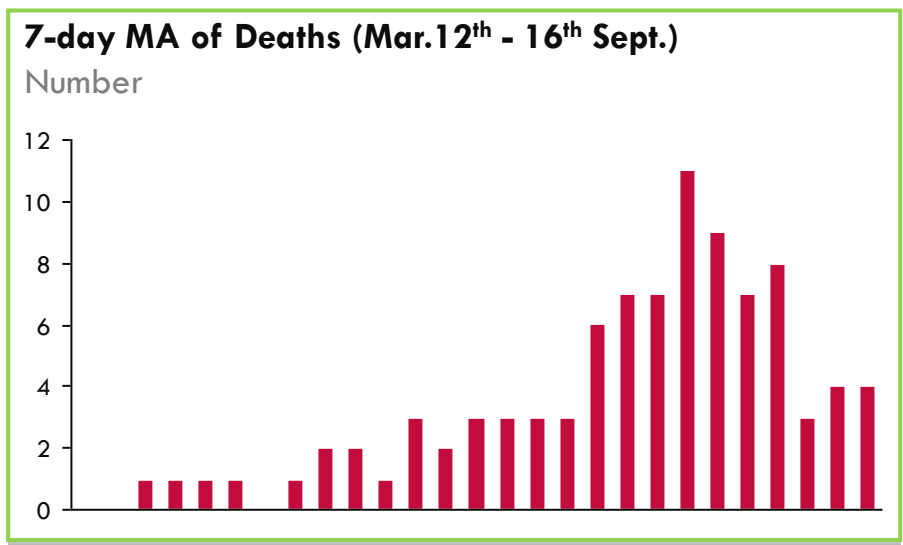
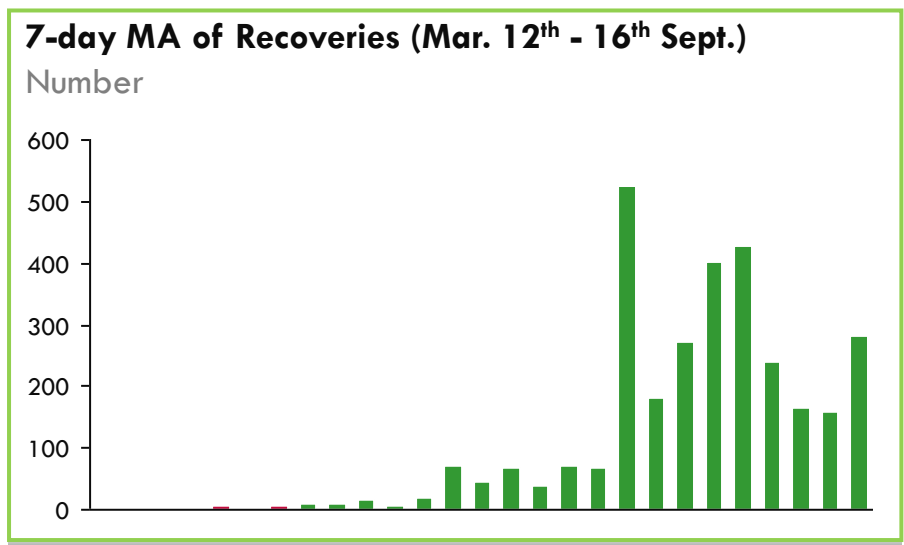
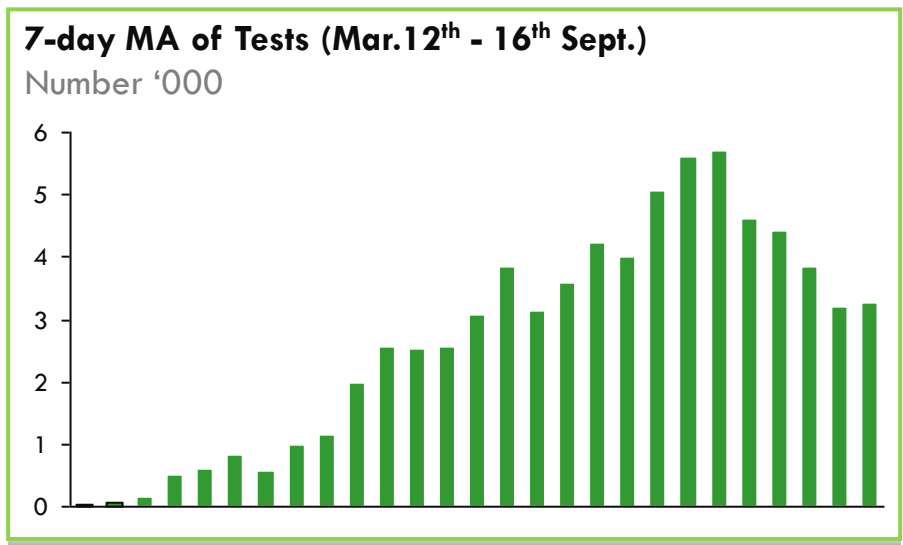
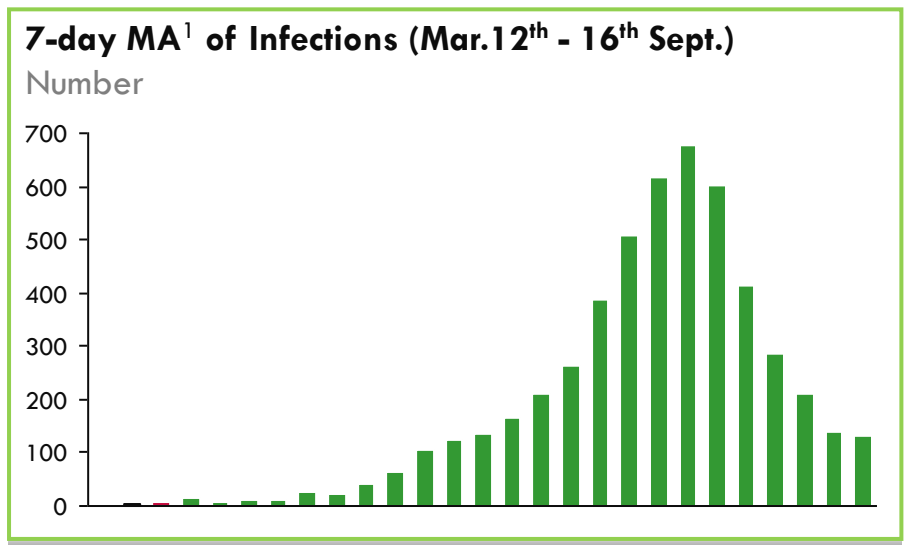
- Cessation of movement in and out of Kwale, Kilifi, Old Town in Mombasa county and Eastleigh in Nairobi was lifted



Extra-ordinary session of the National and County Governments summit (10th Jun.)

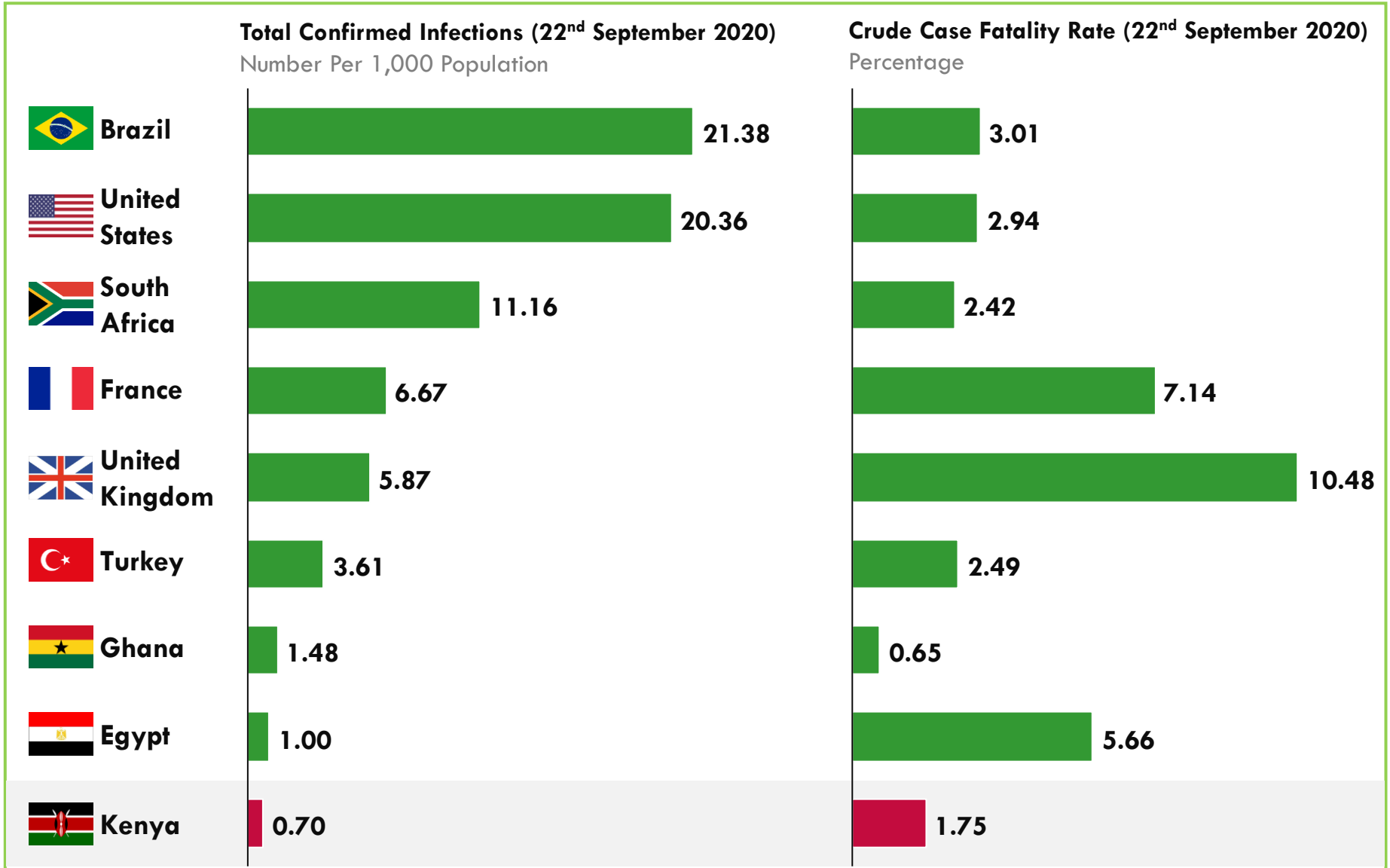
- H.E hosts all governors to an extra-ordinary meeting to:
 - Review effectiveness of the containment measures
 - Commit county governments to each deliver isolation facilities with at least 300-bed capacity
 - Develop protocols for progressive reopening of the economy

1 Local infections, testing, deaths & recoveries statistics



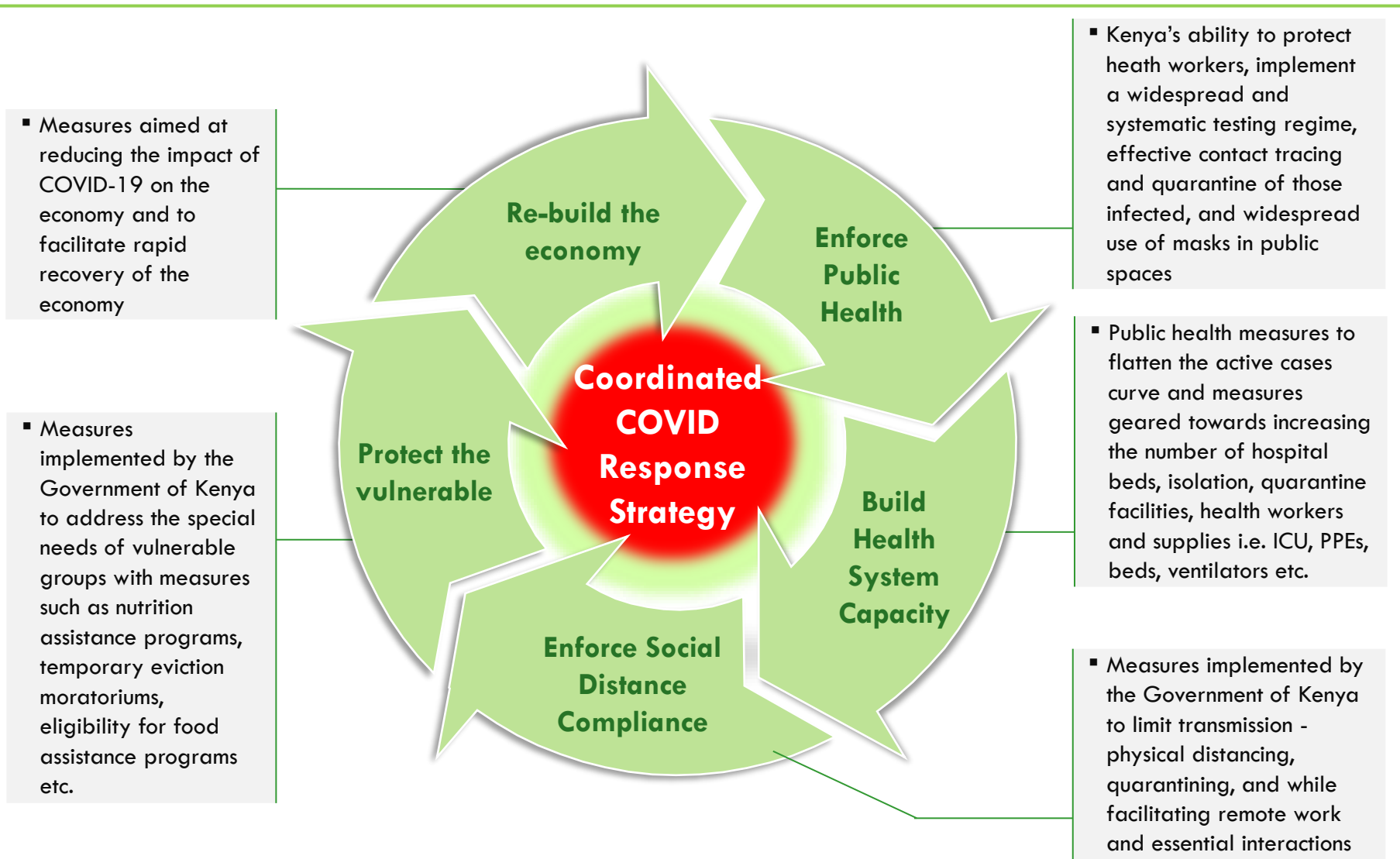
1: Seven-day Moving Average
SOURCE: Ministry of Health

1 Overview of selected global COVID-19 statistics



SOURCE: <https://worldhealthorg.shinyapps.io/covid/>

1 Overview of the COVID-19 response strategy



1 Detailed COVID-19 response strategic measures (1/5)

Strategic Pillar	Description	Interventions implemented
<div> <div>A</div> <div>Enforce Public Health</div> </div>	Protect health workers, implement testing regime, effective contact tracing, quarantine and widespread use of masks in public spaces	<div> <div>✓</div> <div>Public communication and citizen engagement on COVID-19</div> </div> <div> <div>✓</div> <div>Enforcement of infection prevention and control measures: hand washing, use of sanitizers and wearing of masks</div> </div> <div> <div>✓</div> <div>Provision of a dedicated toll-free line 719 for COVID-19</div> </div> <div> <div>✓</div> <div>Invocation of the Public Health Act on use of face masks</div> </div> <div> <div>✓</div> <div>Mandatory screening e.g. temperature checks in public spaces & points of entry</div> </div> <div> <div>✓</div> <div>Provision of 67,514 PPEs (full-kit) to health care workers</div> </div> <div> <div>✓</div> <div>Sanitization of public spaces - Fumigation and disinfection</div> </div> <div> <div>✓</div> <div>Mandatory quarantine of suspected cases and targeted testing of persons in quarantine and contacts</div> </div> <div> <div>✓</div> <div>Contact tracing and isolation of confirmed cases</div> </div> <div> <div>✓</div> <div>Establishment of a psycho-social support system</div> </div> <div> <div>✓</div> <div>Protocol developed for the transport sector, reopening of restaurants and Home-Based Care protocols</div> </div>

1 Detailed COVID-19 response strategic measures (2/5)

Strategic Pillar	Description	Interventions implemented
<div>B</div> <div>Build Health System Capacity</div>	Measures to flatten the active cases curve and measures geared towards increasing the number of hospital beds, isolation, quarantine facilities, health workers and supplies i.e. ICU, PPEs, beds, ventilators etc.	<div>✓</div> Activation of the Public Health EOC <div>✓</div> Mobilization, mapping and deployment of ambulances <div>✓</div> Scaling up of testing capacity at national and county levels <div>✓</div> Capacity building for Train-the-Trainers, health care workers and non-healthcare workers <div>✓</div> Epidemiological modelling to inform decision making <div>✓</div> Enhanced surveillance & reporting <div>✓</div> Enhanced health infrastructure – increase in number of public hospital ICU beds from 153 to 319, isolation beds to 11,426 (in both health & non-health facilities), number of validated labs from 2 to 38 <div>✓</div> Establishment of electronic data management systems <div>✓</div> Recruitment of additional healthcare workers

1 Detailed COVID-19 response strategic measures (3/5)

Strategic Pillar	Description	Interventions implemented
<div>C</div> <div>Enforce Social Distance Compliance</div>	Measures implemented by the Government of Kenya to limit transmission - physical distancing, quarantining, and while facilitating remote work and essential interactions	<div><input checked="" type="checkbox"/> Closure of learning institutions</div> <div><input checked="" type="checkbox"/> Nationwide dusk-to-dawn curfew</div> <div><input checked="" type="checkbox"/> Restriction of Movement in identified hotspots</div> <div><input checked="" type="checkbox"/> Closure of all places of worship, eateries and entertainment spots</div> <div><input checked="" type="checkbox"/> Ban of large gatherings/events</div> <div><input checked="" type="checkbox"/> Physical distancing in public spaces and PSVs (60% occupancy)</div> <div><input checked="" type="checkbox"/> Work from home measures across the public and private sectors, and closure of non-essential business</div>

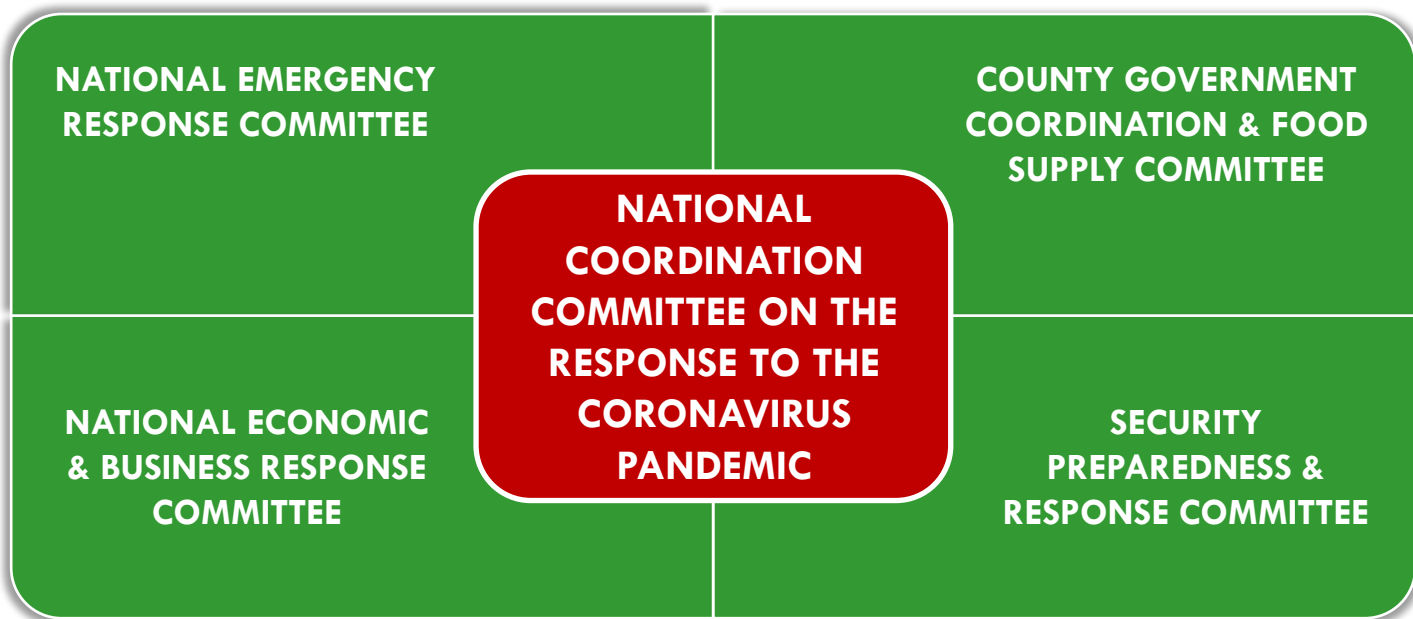
1 Detailed COVID-19 response strategic measures (4/5)

Strategic Pillar	Description	Interventions implemented
<div>D</div> <div>Protect the Vulnerable</div>	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.	<div><input checked="" type="checkbox"/> Developed & implemented guidelines to embed nutrition security to support vulnerable households</div> <div><input checked="" type="checkbox"/> Distribution of food to flood-affected households</div> <div><input checked="" type="checkbox"/> Distribution of re-usable face masks worth Ksh. 300,000,000 to households in informal settlements</div> <div><input checked="" type="checkbox"/> Weekly cash transfer of KSh. 1,000 to the identified vulnerable households electronically</div> <div><input checked="" type="checkbox"/> Centralized distribution of in-kind donations by well-wishers to vulnerable households</div> <div><input checked="" type="checkbox"/> Provision of free water and sanitation infrastructure in informal settlements</div>

1 Detailed COVID-19 response strategic measures (5/5)

Strategic Pillar	Description	Interventions implemented
<div>E</div> <div>Re-build the Economy</div>	Measures aimed at reducing the impact of COVID on the economy and facilitate recovery as soon as possible	<div>✓</div> Tax reduction measures implemented to increase disposable incomes <div>✓</div> Reduction in bank cash reserve ratio to stimulate lending <div>✓</div> Reduction of central bank rate to reduce cost of credit <div>✓</div> Payment of pending bills to inject liquidity into the economy <div>✓</div> Restructuring of bank credit for financially-stressed clients <div>✓</div> Partial credit guarantees to MSMEs <div>✓</div> Establishment of Job creation for the youth <div>✓</div> Local production of Covid-19 related commodities to promote fair pricing, stimulate the economy and create jobs <div>✓</div> Promotion of the Buy Kenya Build Kenya Initiative <div>✓</div> Tax subsidy for imported food to lower the consumer prices

1 Overall response structure & coordination mechanism



Terms of Reference

- Provide a coherent national framework to respond to the Pandemic
- Provide leadership and policy guidance on the overall response to the pandemic
- Develop a comprehensive package of financial, technical and logistical resources required to respond adequately to the coronavirus pandemic and guide effective resource allocation
- Monitor, evaluate and enforce effectiveness and impact of the national response

1 Supporting structures & coordination mechanism (1/4)

National Emergency Response Working Group

Terms of Reference

- Coordinate capacity building of health workers to enable the country respond quickly and effectively to any outbreak within the Republic
- Enhance surveillance at all points/ports of entry
- Coordinate the supply of critical medical health supplies and protective gear within the Republic
- Collaboration with both local and international technical, financial and human resource assistance efforts with key stakeholders
- Participate in enforcing and reviewing of regulations on entry into Kenya of any persons or class of problems known or suspected to have travelled from a coronavirus affected area
- Coordinate technical committees' plans and sector stakeholders



Developed and facilitated coordination mechanisms between national and county governments in the COVID-19 pandemic response



Developed and facilitated coordination mechanisms within State departments (national government) in response to the COVID-19 pandemic



Coordinated overall County readiness and preparedness for the pandemic including operationalization of treatment and isolation facilities



Engaged and coordinated with the Ministry of Communication in operationalizing the crisis communication

1 Supporting structures & coordination mechanism (2/4)

National Economic & Business Response Working Group

Terms of Reference

- Coordinate mobilization of resources required to respond to coronavirus pandemic
- Conduct a Household Economic Impact Assessment, develop and implement an appropriate response to mitigate the impact of the viral disease on poor and vulnerable households
- Partner with the private sector and the non-government sector to develop & implement appropriate response strategies to bolster employment, protect incomes and mitigate the economic impact of the pandemic
- Develop and implement strategies to protect Micro Small and Medium Enterprises (MSMEs) during the pandemic



Introduced measures to cushion the vulnerable population segment from the full impact of the pandemic i.e. income tax relief, subsidies, temporary suspension of listing of individuals



Introduced liquidity improvement measures to cushion businesses from the impact of the pandemic i.e. reduction in CIT, Turnover taxes, settling pending suppliers bills etc.



Provided direct funding support to agencies tasked with managing/containing the spread of the Covid-19 pandemic



Drove the assessment of the COVID-19 impact on the economy, effectiveness of the economic stimulus package and reviewed mitigation measures to keep businesses running

1 Supporting structures & coordination mechanism (3/4)

County Government Coordination & Food Working Group

Terms of Reference

- Monitor availability of staple foods and ensure adequate food supply for all Kenyans during the Covid-19 crisis
- Identify food insecure households, map them to their localities, and develop a strategy to mitigate risks and support them
- Support and facilitate flow and utilization of Coronavirus resources from National Government to counties
- Support and guide harmonization of Covid-19 response policies and practice across all counties



Developed and tracked the enforcement of guidelines and protocols to ensure uninterrupted supply of staple foods during the pandemic and continued market operations



Set-up a central war room to track and take remedial measures on staple food prices, market operations and proactively resolve issues along the food supply chain



Ensured the uninterrupted supply of free water to water stressed regions, slums through the supply of water tanks, bowsers and coordination with water supply companies



Monitored and tracked the implementation of the cash transfer program to vulnerable households during the pandemic

1 Supporting structures & coordination mechanism (4/4)

National Security Preparedness & Response Working Group

Terms of Reference

- Coordinating the country's security preparedness and response during Covid-19 crisis
- Monitor the enforcement and impact of the curfew, lockdowns and other measures imposed by the Government to curb the spread of the virus
- Provide support for the logistics in the procurement of specialized medical supplies and distribution of food to vulnerable families in informal urban settlements



Tracked and monitored the impacts of curfew and lockdown on workers, movement of goods and services, overall security situation, intervening and providing feedback



Implemented measures to enhance capacity and support contact tracing by health teams, providing logistics support for country-wide contract tracing



Provided direct procurement support for supply of scarce and specialized medical supplies for the COVID-19 pandemic



Provided logistics support to enhance food supply to vulnerable groups in informal urban settlements by identifying vulnerable households and defining the logistics and budget required to deliver support



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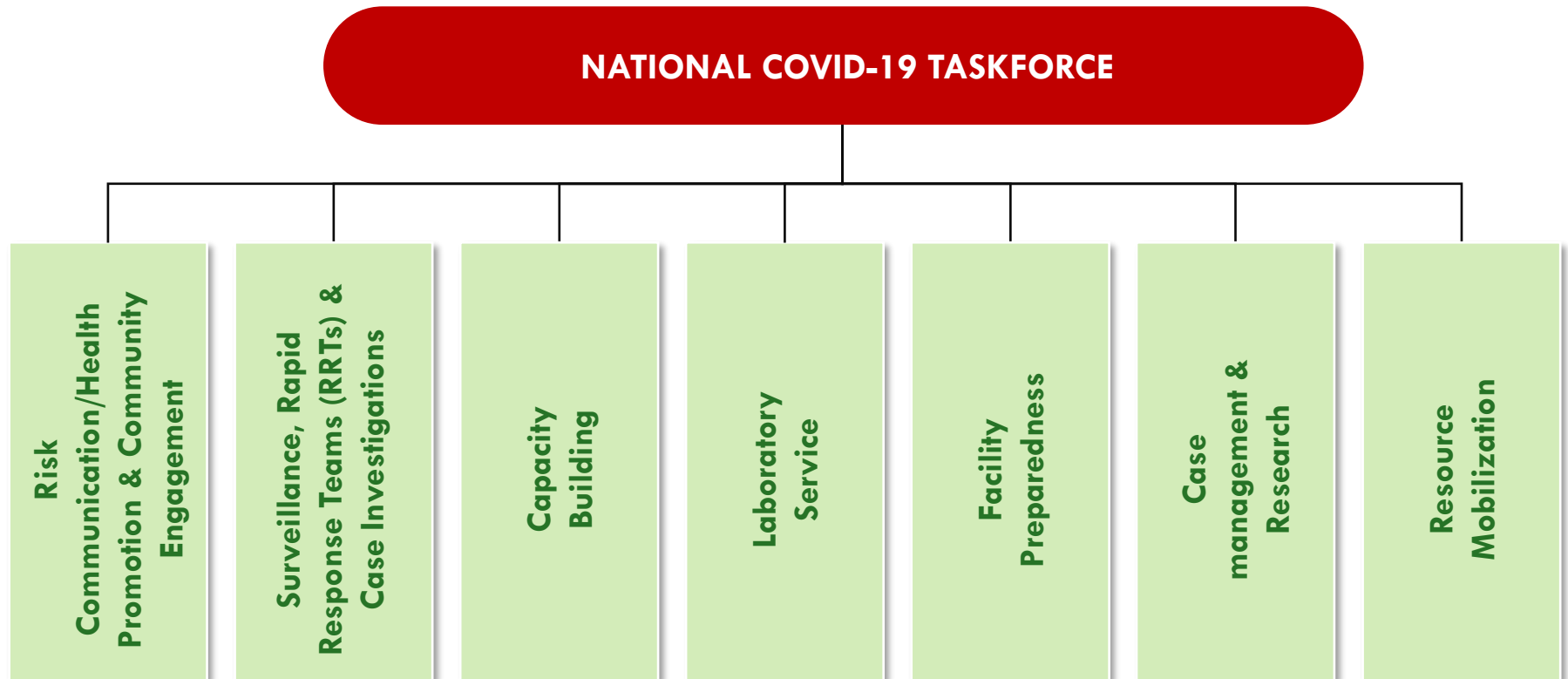
5: Rallying the Country

6: Lessons Learnt and The 'New Normal'

























2 Structure of the COVID-19 Taskforce



2 Component & impact of the COVID-19 Taskforce (1/4)

Sub-Committee	Role	Impact
A Risk Communication & Health Promotion & Community Engagement	 Coordinate national and county community engagement for COVID	 Communication strategy developed in partnership with development partners
	 Development of information education communication material	
	 Media engagement, media monitoring & evaluation/research	 Daily media briefings and impact assessment of public health interventions
	 Health communication & sensitization	
	 Capacity building	 Stigma-reduction campaign
B Surveillance, Rapid Response Teams (RRTs) & Case Investigations	 Provision of coordination and technical guidance at national level, and direct response to incidences at sub-national level	 Activation of RRTs in 28 Counties
	 Data collection, risk assessment & analysis and logistics including ambulances and points of entry	 Rolling out of an electronic data management system
		 Improved coordination of reporting from sub-national level



2 Component & impact of the COVID-19 Taskforce (2/4)

Sub-Committee	Role	Impact
C Capacity Building	 Improve knowledge and skills in the early detection of suspect cases, diagnosis, isolation, care & appropriate referral, infection prevention & control	 91,557 Health care workers have had training/sensitization on COVID-19
	 Sensitize non-health sectors and public on COVID-19	 64,000 Community Health Volunteers sensitized on COVID-19
<hr/>		
D Laboratory Service	 Sample testing, capacity building, mapping and validation of laboratories for COVID testing across the country	 Validated 38 laboratories (from an initial 2), enhanced resource mobilization for laboratory commodities
	 Acquisition of laboratory resources for testing and developing research protocol	

2 Component & impact of the COVID-19 Taskforce (3/4)

Sub-Committee	Role	Impact
<div>E</div> <div>Facility Preparedness</div>	<div>✓</div> <div>Mapping & inspecting COVID-19 isolation and quarantine units preparedness and availability of , health resources</div>	<div>🎯</div> <div>National & County preparedness assessments, installation of hand washing stations, disinfection of health and quarantine facilities</div>
	<div>✓</div> <div>Developing guidelines/tools for psychosocial support mechanisms, disinfection and WASH</div>	<div>🎯</div> <div>Development of the interim human resources for health protocols for COVID and recruitment of additional staff for COVID response</div>
<hr/>		
<div>F</div> <div>Case management & Research</div>	<div>✓</div> <div>Develop case management protocols & job aids and undertake clinical and epidemiological research</div>	<div>🎯</div> <div>Weekly national clinical webinars with practitioners from all counties</div>
		<div>🎯</div> <div>Presidential advisories on disease progression and public health interventions through epidemiological modelling</div>

2 Component & impact of the COVID-19 Taskforce (4/4)

Sub-Committee	Role	Impact
<div><div>G</div><div>Resource Mobilization</div></div>	<div><div>✓</div><div>Identify/track national & county gaps & needs; mobilize resources and recommend allocation & deployment of resources</div></div>	<div><div></div><div>Coordination of donations from donors, budget and gap analysis</div></div>
	<div><div>✓</div><div>Maintain inventory of resources received & how they were applied</div></div>	<div><div></div><div>Coordination of budgeting process for various work streams, generation of distribution lists</div></div>

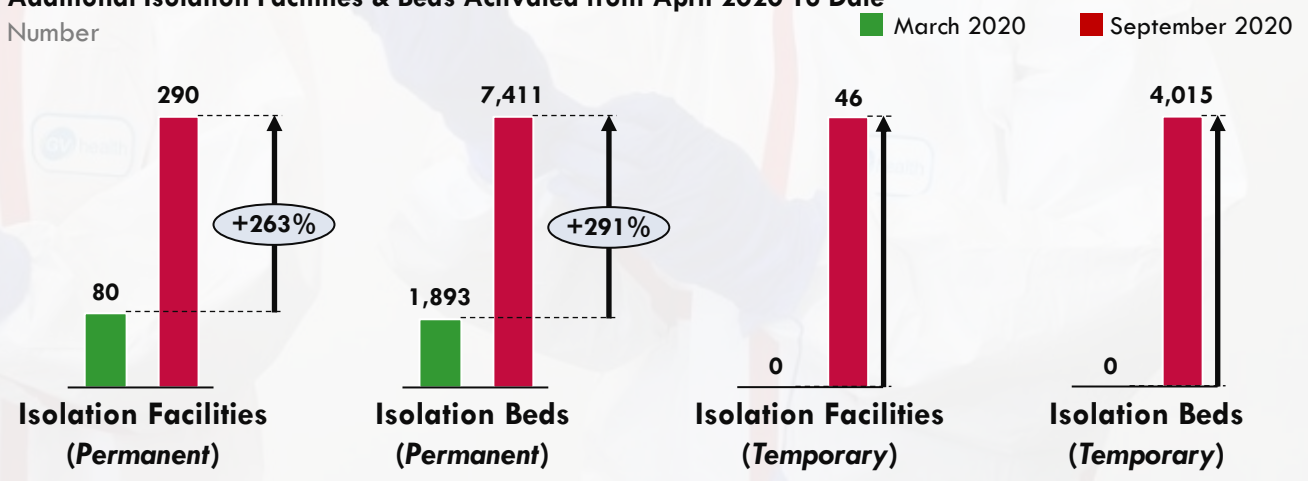
2 Interventions to build the health system capacity (1/2)



Additional Healthcare Professionals Recruited from April 2020 To Date
Number



Additional Isolation Facilities & Beds Activated from April 2020 To Date
Number



2 Interventions to build the health system capacity (2/2)



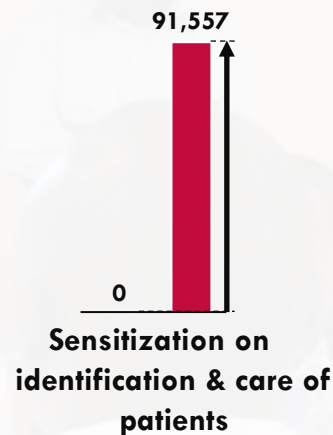
Equipping
Healthcare
workers with
COVID-19
Training
programs^{1,2,3}

Health Workers COVID-19 Trainings Implemented from April 2020 To Date

Number

■ March 2020

■ September 2020



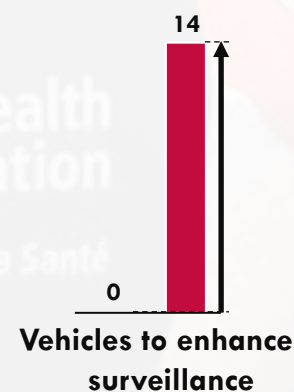
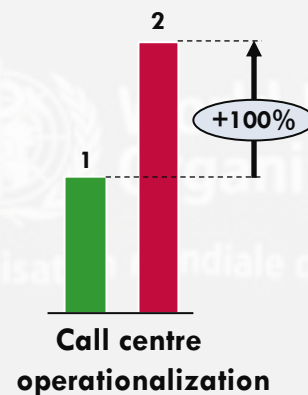
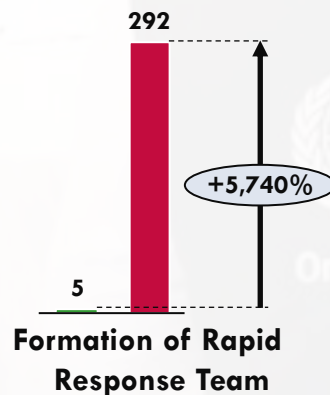
Rapid Response Teams & Call Centers Activated from April 2020 To Date

Number

■ March 2020

■ September 2020

Formation of
Rapid
Response
Teams, increase
in call centres
and boosting
surveillance
capacity



2 Overview of the Test-Trace-Isolate-Treat strategy (1/3)



Test

- 🎯 Mass testing was initially conducted for the high-risk population groups to establish transmission patterns and as a pre-condition for partial lifting of restrictions
- 🎯 Epidemiological modelling projections place the need for up to 10 Million tests by February 2021
- 🎯 Due to the disruptions in global supply chain, there was erratic availability of test kits



Trace

- 🎯 Contact tracing was initially a centralized function domiciled at the National Public Health Emergency Operations Centre
- 🎯 The EOC receives information through the hotline and works closely with the RRT in Nairobi & Counties to deploy response teams as required. Over 180 Kenyans including volunteers work at EOC



Isolate

- 🎯 Initially mandatory quarantine was required for all travelers into Kenya and all contacts of persons identified positive
- 🎯 The initial guideline was for a 1st test after 14 days of quarantine, followed by a 2nd test which determines if an individual is placed in isolation (positive) or released for follow-up (negative)



Treat

- 🎯 Enhancement of health capacity – currently 319 ICU beds in public hospitals in the country (previously 153), additional 14,197 health resources and 27,000 community health workers of various cadres have been hired
- 🎯 Knowledge sharing through web-based sessions with experts across the region and globe

2 Overview of the Test-Trace-Isolate-Treat strategy (2/3)



🎯 To mitigate this challenge following strategies were employed:

- Set-up laboratory networks of clustered counties, linked to the nearest validated laboratory
- Mobilization of test kits with the support of partners and through Government of Kenya funding
- Moved to targeted testing

🎯 Currently, 18 RRTs consisting of medical officers, nurses and epidemiologists have been formed and deployed in Nairobi, equipped with 23 ambulances to ferry any suspected or high-risk patients. 33 Counties have set up RRTs

🎯 Capacity building to County and Sub county teams ongoing with support of development partners

🎯 A National Coordination Centre for quarantine and isolation centres was set up to:

- Identify isolation and treatment centers
- Staff the isolation centers, ICU facilities
- Determine resources for infrastructure requirements across the Country

🎯 Development of case management guidelines

🎯 On-line and physical support to counties that require support

🎯 As of 17th September, 36,673 positive cases confirmed, 23,638 recovered and 623 deaths

2 Overview of the Test-Trace-Isolate-Treat strategy (3/3)



Test



Trace



Isolate



Treat

- Initially only two public laboratories conducted tests - National Influenza Centre and KEMRI-Nairobi. Currently 38 validated laboratories across the country are undertaking this testing

- The installed testing capacity exceeds 30,000 tests per day

- Total number of tests done as at 17th September is 513,855

- Challenges that have led to reduced effectiveness of contact tracing include slow uptake of the electronic data management system, lack of dedicated officers for contact tracing in some counties and limited facilitation for team operations

- County governments and MOH have prepared 7,411 (permanent) & 4,015 (temporary) isolation beds

- Launch of home-based isolation & care as 88% of people testing positive are asymptomatic & require monitoring within community facility environment, freeing up isolation beds for the moderate to severe cases

- N/A

2 Non-pharmaceutical interventions implemented (1/5)

	Objectives	Interventions implemented
A Mass Communication	To enhance information flow and educate the public on facts about the disease and prevention measures in order to reduce fear, disprove misconceptions and advocate for behavioral change	<div><div>✓</div>Designed, reviewed and disseminated Covid-19 messages to various target audiences via print, daily press briefings, Radio and TV interviews and talk shows by experts, policy makers and influencers</div> <div><div>✓</div>Leveraged digital platforms disseminate Covid-19 content to complement traditional channels</div> <div><div>✓</div>Awareness on Covid-19 is at 99.4% with majority of the percentage acquiring information via radio & TV</div>
B Community Engagements	Promote awareness and demonstrate prevention measures (including cough etiquette, social distancing, wearing of face masks, household innovations for handwashing facilities) leveraging barazas and media tours targeting households & communities in 8 high risk counties	<div><div>✓</div>Refugees and migrants: 140,000 refugees and migrant populations reached</div> <div><div>✓</div>ASAL & Pastoralists - 2.3 million reached in pastoralists and ASAL counties</div> <div><div>✓</div>Prisons: 27,000 prisoners in 79 prisons sensitized (and, 766 handwashing facilities installed)</div> <div><div>✓</div>Religious gatherings: COVID-19 congregational message developed, and 14,000 religious' leaders (Christian, Muslim and Hindu) reached</div>

2 Non-pharmaceutical interventions implemented (2/5)

	Objectives	Interventions implemented
C Enforce prevention and control measures	Enforce adherence to interventions leveraging the Public Health Act to break transmission chains and delay peak infection to allow for health systems strengthening. These resulted in reduced interactions from an assumed $k=50$ to $k=38$ in a day, and led to increase in health systems capacity	<ul style="list-style-type: none">✓ Developed and enforced regulations on use of face masks/social distancing/ban sale of alcohol✓ Developed and enforced protocols/guidelines on the removal and disposal of bodies✓ Designated facilities for quarantine and isolation, mandatory quarantine and isolation/power of search
D 24-hrs Support and Helpline	Provide round the clock support to the general public to cater for COVID-19 information dissemination and psychological support	<ul style="list-style-type: none">✓ Establishing a dedicated toll-free line 719 manned by healthcare professionals for COVID-19 to ensure ready access to information on the disease, access to healthcare services and mental health services aimed at reaching all Kenyans

2 Non-pharmaceutical interventions implemented (3/5)

	Objectives	Interventions implemented
E	Mandatory Screening	<div> <input checked="" type="checkbox"/> Mandatory screening (temperature checks at points of entry, public spaces/ offices/ malls etc.) through use of handheld & mounted thermo-guns was aimed at identifying symptomatic individuals in order to ensure early identification, and quarantine so as to limit spread of the disease </div>
F	Sanitation Targeted WASH	<div> <input checked="" type="checkbox"/> Encouraged hygiene by increasing access to clean water (provision of handwashing facilities, construction of boreholes & tanks) especially in public spaces and informal settlements. This is expected to serve over 2.6m vulnerable communities per day </div> <div> <input checked="" type="checkbox"/> Guidelines & SOPs on disinfection were developed and shared with all counties and have been used to guide disinfection and WASH efforts </div> <div> <input checked="" type="checkbox"/> Provision of Handwashing facilities (8150), Provision of Storage tanks (6849), Bowsers (193) and Exhausters(31) to public spaces </div> <div> <input checked="" type="checkbox"/> 193 boreholes and 193 tanks constructed in informal settlements to cater for vulnerable communities (water is free) </div> <div> <input checked="" type="checkbox"/> Provision of water treatment chemicals for distribution to 74 water service providers in the country </div>

2 Non-pharmaceutical interventions implemented (4/5)

	Objectives	Interventions implemented
<div>G</div> <div>Cashless Transactions</div>	To break potential disease transmission chain by discouraging physical currency transactions	<div>✓</div> Measures such as eliminating charges on transaction on money wallets up to KSh. 1,000 were introduced to encourage cashless transactions
<div>H</div> <div>Contact Tracing</div>	Tracking of contacts of confirmed cases to establish early identification of transmission chains in order to contain the pandemic and institute appropriate mitigation measures to reduce mortality and protect vulnerable populations	<div>✓</div> Ongoing daily contact tracing & listing, leveraging sub-county teams <div>✓</div> Over 95% of all contacts listed are followed up daily by the responsible officers at the EOC <div>✓</div> The National Command Center provides support to the Ministry in contact tracing efforts including mopping up of identified contacts

2 Non-pharmaceutical interventions implemented (5/5)

I	Protocol Development	Objectives	Interventions implemented
		To ensure the safe reopening of the economy by allowing resumption of activities, operations and businesses in a safe environment for all staff and customers	<div><input checked="" type="checkbox"/> MoH in collaboration with various stakeholders, has developed protocols & guidelines including protocols on:<ul style="list-style-type: none">—Air travel—Border control—Restaurants—Places of worship—Workplace occupational health and safety</div>



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5: Rallying the Country

6: Lessons Learnt and The 'New Normal'





3 Social containment measures implemented (1/3)

13th March
2020



Description

- All public gatherings suspended (Religious services allowed to continue) for the next 30 days
- All inter-school events suspended (But schools to remain open) for the next 30 days
- All prison visits suspended for a period of 30 days

15th March
2020



- Suspension of travel for all persons coming into Kenya from any country with reported Coronavirus cases for the next 30 days
- Closure of all primary and secondary day schools (16th March), boarding schools (18th March) and tertiary institutions (20th March)
- Government offices, businesses and companies to allow employees to work from home, except for employees working in critical or essential services

22nd March
2020



- All bars to close until further notice while restaurants to focus on take away services
- Suspension of all religious gatherings and restrictions on weddings and funerals to immediate family members only until further notice

25th March
2020



- Effective 27th March 2020, daily curfew imposed from 7 p.m. to 5 a.m, country-wide with all movement by unauthorized persons prohibited.
- All domestic and international flights were banned effective 25th March 2020 (with the exception of cargo flights)

3 Social containment measures implemented (2/3)

6th April
2020



Description

- Cessation of movement in/out selected counties for an initial period of 21 days (excluding cargo transportation):
 - Nairobi Metropolitan Area effective 6th April 2020
 - Kilifi, Kwale and Mombasa, effective 8th April 2020

25th April
2020



- Extension of movement cessation within the Nairobi Metropolitan Area, Kilifi, Kwale and Mombasa for a further 21 days
- Extension of the nationwide dusk-to-dawn curfew currently in force for a further period of 21 days

6th May
2020



- Cessation of movement and the closure of markets, restaurants and eateries for a period of 15 days in:
 - Eastleigh, Nairobi and
 - Old Town, Mombasa

16th May
2020



- Cessation of movement of persons and any passenger ferrying vehicles through the Kenya-Tanzania and Kenya-Somalia international borders (cargo vehicles exempted)
- Nationwide dusk-to-dawn curfew currently in force extended for a further period of 21 days
- Cessation of movement within the Nairobi Metropolitan Area, Kilifi, Kwale, Mandera and Mombasa extended up to and until the 6th June 2020

3 Social containment measures implemented (3/3)

6th June
2020



Description

- Cessation of movement into/out of Eastleigh (Nairobi), Old Town (Mombasa), Kilifi and Kwale to lapse on the 7th June 2020
- Cessation of movement into/out of the Nairobi Metropolitan Area, Mombasa and Mandera extended for 30 days
- Ban on all forms of gatherings extended for a further 30 days
- National curfew adjusted to 9pm to 4am and extended for 30 days

6th July
2020



- Cessation of movement into/out of Nairobi Metropolitan Area, Mombasa and Mandera to lapse on the 7th July 2020
- Countrywide curfew is extended for a further 30 days. Places of worship to commence phased re-opening in strict conformity with applicable guidelines and protocols for a maximum of 100 participants for one hour
- Local air travel to resume on 15th July and international air travel on the 1st August

27th July
2020



- Extension of the nationwide curfew for a further 30 days
- Extension of the ban on alcoholic beverages sales in eateries and restaurants for a further 30 days
- Closing time amended for restaurants and eateries from 8pm to 7pm for the next 30 days

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.)



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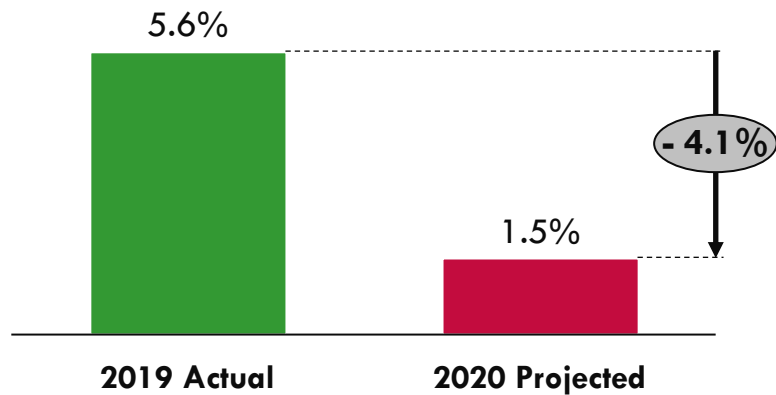




4 Overview of the impact of COVID-19 on the economy

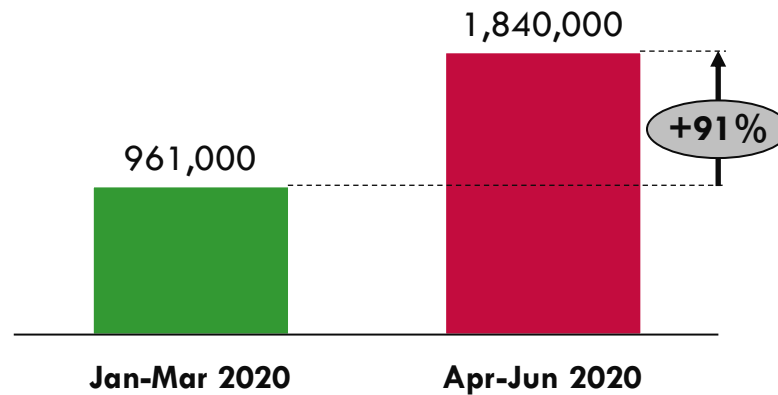
GDP Annualized Growth Rate

Percentage



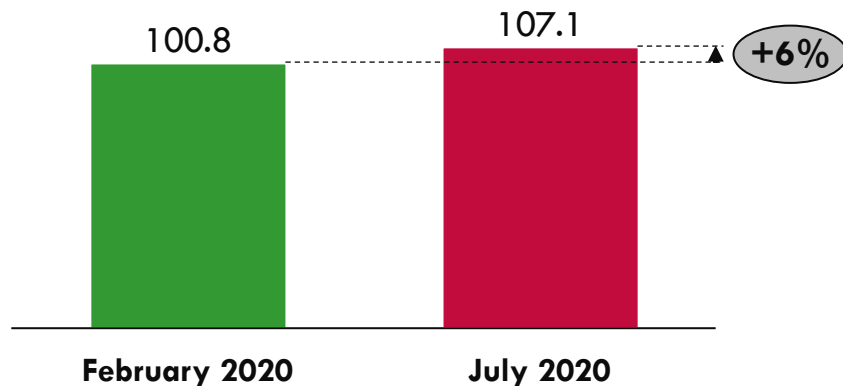
Unemployment

Number



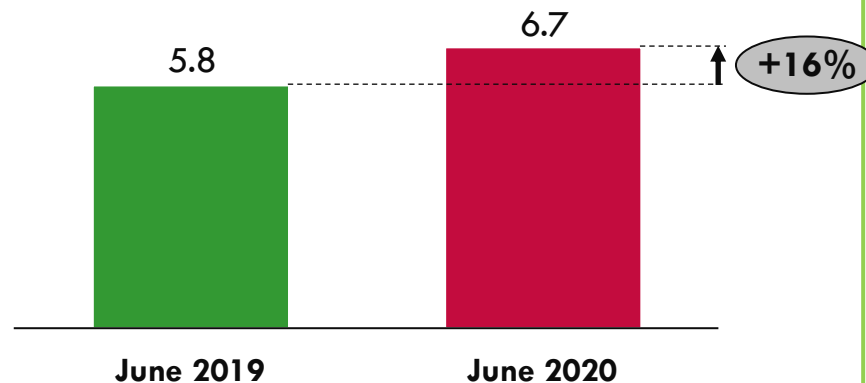
Exchange Rates

Number (KSh. To 1 US\$)



Public Debt

Number '000 000 000 000 (KSh. Trillion)





Fiscal

- ▶ 100% Tax Relief for low-income earners
- ▶ Reduction in MSME turnover tax to 1%
- ▶ Expedite VAT Refunds of KSh.10Bn owed to local businesses
- ▶ Reduction in PAYE top rate to 25%
- ▶ Reduction of the VAT rate from 16% to 14%
- ▶ Reduction salaries of senior officials
- ▶ Reduction in Corporate Income Tax to 25%.
- ▶ Payment of KSh.13Bn pending bills to local businesses to inject liquidity into the economy
- ▶ Provide seed capital to operationalize the SME Partial Credit Guarantee Scheme
- ▶ Bills payment holiday (Kenya Power Limited)
- ▶ Tax subsidy for imported food

4 COVID-19 Economic Interventions (2/6)



Monetary

- ▶ Suspension of the listing of entities with Credit Reference Bureau (CRB)
- ▶ Restructuring of existing Bank loans to financially stressed clients
- ▶ Reduction in Central Bank Rate (CBR) to 7.25% to reduce cost of credit
- ▶ Reduction in Bank Cash Reserve Ratio (CRR) to stimulate lending



Manufacturing

- ▶ KSh. 600Mn for purchase of locally assembled cars for use by MDAs
- ▶ KSh. 712Mn for provision of credit to SMMEs in the manufacturing sector (KIE)
- ▶ Local production of Covid-19 related commodities to promote fair pricing
- ▶ Promote the Buy Kenya Build Kenya Initiative

4 COVID-19 Economic Interventions (3/6)



Social Interventions

- ▶ Cash Transfer Program: KSh. 11 Bn (KSh.10Bn in FY19/20 & KSh.1 Bn 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

4 COVID-19 Economic Interventions (4/6)



Health

- ▶ KSh. 1 Bn for recruitment of Health workers
- ▶ Establish modern walkthrough sanitizers at border points and hospitals
- ▶ National Contingency Fund Preparedness for COVID-19 disbursed to MDAs to support various interventions including tracing, quarantine, community engagements, isolation, sanitation/fumigation and treatment
- ▶ Support COVID-19 treatment in seven select hospitals¹
- ▶ Expansion of Isolation centers
- ▶ County Governments Conditional Grants for COVID-19 Emergency
- ▶ Administration of quarantine facilities
- ▶ Provision of 67,514 PPE kits to the health workers
- ▶ Procurement of Testing Kits and Reagents through KEMSA
- ▶ Procurements of PPEs through KEMSA
- ▶ Emergency allowances and benefits for frontline workers

1: Coast General Hospital, Jaramogi Oginga Odinga Teaching & Referral Hospital; Kitui Hospital; Mandera Hospital; Kenyatta National Hospital; Moi Teaching and Referral Hospital; and Kenyatta University Referral and Teaching Hospital

4 COVID-19 Economic Interventions (5/6)



Education

- ▶ KSh. 2.1 Bn for rehabilitation/construction of additional classrooms/ infrastructure in 300 secondary and primary schools
- ▶ KSh. 90Mn for provision of 650,000 locally fabricated desks for primary & secondary schools
- ▶ KSh. 700Mn for improvement of Infrastructure in Low cost boarding schools in ASAL regions using local labour
- ▶ KSh. 300Mn for recruitment of 1,000 ICT Interns to support Digital Learning in Public Schools
- ▶ KSh. 2.4Bn for recruitment of 10,000 Teachers to support the 100% transition in schools



Water, Sanitation & Hygiene (WASH)

- ▶ KSh. 1.73Bn for drilling and equipping of boreholes in Informal Settlement Areas
- ▶ KSh. 200Mn for purchase of water treatment chemicals for distribution to 74 water service providers in the country

4 COVID-19 Economic Interventions (6/6)



Tourism

- ▶ KSh. 1 Bn for provision of Government Grant to Community Conservancies (KWS)
- ▶ KSh. 1 Bn for aggressive promotion of post COVID-19 Tourism Marketing/Products – KTB
- ▶ KSh. 3Bn for supporting renovations of hotels through soft loans and support Utali College
- ▶ KSh. 1 Bn for supporting KWS to engage 5,500 community scouts for a period of one year



Agriculture, Food Security and Environment

- ▶ KSh. 1.5Bn for support to cushion flower & horticultural producers to access international markets
- ▶ KSh. 80Mn for rehabilitation of water pans, wells & underground tanks in ASAL using locally available labor
- ▶ KSh. 540Mn for Tree planting in public institutions & public spaces sourced from local nurseries
- ▶ KSh. 400Mn for response to flood emergencies across the country



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6: Lessons Learnt and The 'New Normal'
















5 Rallying the Country Interventions (1/5)



Government Objectives	Engagement Mechanisms	Measures Adopted
<div>  To understand the risks and threats posed by Covid-19 </div>		<div>  200,000 messages on Covid-19 on 130 radio and TV stations & 8 newspapers </div>
<div>  To understand the necessity of Covid-19 preventive measures </div>		<div>  22 interviews on 14 vernacular radio stations </div>
<div>  To support containment measures against Covid-19 announced by the Government </div>		<div>  14 media interviews on 7 Swahili radio stations & 6 media interviews on 5 English radio stations </div>
<div>  To adhere by practice to Covid-19 containment measures announced by the Government </div>	<div>    </div>	<div>  5 radio, TV & newspaper interviews on Covid-19 by H.E the President </div> <div>  8 community engagement forums held </div> <div>  2,030 Tweets, 218 Facebook posts & 209 Instagram posts </div>











5 Rallying the Country Interventions (2/5)



Government Objectives	Engagement Mechanisms	Measures Adopted
<div>  To appreciate the challenges posed by Covid-19 </div>	<div>  </div>	<div>  3 extraordinary sessions of the National and County Governments Coordinating Summit held on COVID-19 </div>
<div>  To facilitate a situation audit of existing health care facilities and capacities under county governments </div>	<div>  </div>	<div>  9 sittings of the Council of Governors held on COVID-19 </div>
<div>  To undertake urgent upgrading of county health facilities and capacities to handle Covid-19 </div>	<div>  </div>	<div>  8 Governors co-opted into the five committees of the Enhanced National Response to the Covid-19 pandemic </div>
<div>  To facilitate effective coordination of Covid-19 preventive strategies at the county level </div>		<div>  21 Council of Governors official statements on Covid-19 </div>










5 Rallying the Country Interventions (3/5)



Government Objectives	Engagement Mechanisms	Measures Adopted
 <p>To understand the Government COVID-19 preventive and combative strategies</p>		<div>  <p>26 National Task Force on Covid-19 meetings held</p> </div>
 <p>To strengthen partnerships and coordination of Covid-19 preventive and mitigative strategies</p>		<div>  <p>5 virtual Heads of State summits held</p> </div>
 <p>To secure financial and material support to complement the Government's Covid-19 activities budget</p>		<div>  <p>5 meetings held on bilateral trade protocols around Covid-19</p> </div> <div>  <p>32 governments and international organizations pledges for cash and material support for Covid-19</p> </div>












5 Rallying the Country Interventions (4/5)



Government Objectives	Engagement Mechanisms	Measures Adopted
<div>  <p>To appreciate the need for Government preventive and combative strategies against Covid-19</p> </div>	<div>   </div>	<div>  <p>200 civil societies engaged in community education on Covid-19</p> </div>
<div>  <p>To support the Government Covid-19 communications via community sensitization activities</p> </div>		<div>  <p>65 community engagement forums held</p> </div> <div>  <p>140,000 refugees and migrant populations sensitized</p> </div>
<div>  <p>To extend sensitization activities to special groups with higher exposure risk to Covid-19</p> </div>		<div>  <p>14,000 inter-faith leaders' engagements held</p> </div>

5 Rallying the Country Interventions (5/5)



Government Objectives	Engagement Mechanisms	Measures Adopted
<div>  <p>To appreciate the necessity of Covid-19 preventive measures announced by the Government</p> </div>	<div>   </div>	<div>  <p>130 Government-KEPSA meetings held</p> </div>
<div>  <p>To secure financial and material support to complement the Government's COVID-19 activities budget</p> </div>		<div>  <p>20 Government-KBA meetings held</p> </div>
<div>  <p>To ensure the sustenance of essential goods and services supply lines</p> </div>		<div>  <p>89 Government-KAM meetings held</p> </div>
		<div>  <p>37 Government-Tourism sector stakeholders meetings held</p> </div>
<div>  <p>To adopt protocols for the gradual reopening of the economy</p> </div>		<div>  <p>129 Government- SMEs meetings held</p> </div>

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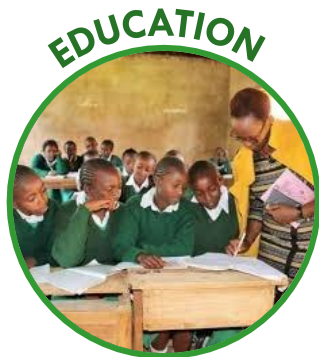


6 Lessons learnt and way forward (1/4)



Context	Government Measures	Lessons Learnt
<ul style="list-style-type: none"> • Risk of spread of the coronavirus was high in government offices • Movement restrictions & need for social distancing made direct interactions a challenge • Where cases were confirmed, offices had to shut down for fumigation and sanitization and contacts quarantined or isolated 	<ul style="list-style-type: none"> ✓ Officials work from home & flexible work plans ✓ Adoption of virtual meetings, conferences and briefings ✓ Scaled down international travel to essential travel 	<ul style="list-style-type: none"> Public services can be efficiently delivered remotely Savings in operational budgets via increased technology-driven processes Need for affordable & accessible internet connectivity. Need for mandatory digital skills for all public servants Need for an e-government model (digitizing public records & evaluation tools)

6 Lessons learnt and way forward (2/4)



Context	Government Measures	Lessons Learnt
<ul style="list-style-type: none"> Large numbers of learners was a risk factor, forcing the government to close learning institutions Enforcing public health measures and financing infrastructure to adapt to new environment are a challenge School closure has disrupted learning and exposed learners to vices resulting in increased teenage pregnancies and substance abuse 	<ul style="list-style-type: none"> ✓ Adoption of technology innovations such as e-learning, virtual graduations and stakeholder consultations ✓ On-going efforts to: <ul style="list-style-type: none"> – Re-open institutions safely – Scale-up critical infrastructure e.g. classrooms – Increased human resource headcount for enhanced digital learning 	<ul style="list-style-type: none"> Need to up-scale completion of learning infrastructure to cater for the high number of learners Need to adopt digital technology to manage future disruptions e.g. Digital Literacy Program (DLP)

6 Lessons learnt and way forward (3/4)



Context	Government Measures	Lessons Learnt
<ul style="list-style-type: none"> Large numbers of court users posed a risk factor, forcing frequent closures of court sessions Social distancing measures imposed critical interactions challenging Regular outbreaks in courts disrupted judicial services requiring the closure of courts for disinfections and quarantine for affected staff and court users 	<ul style="list-style-type: none"> ✓ Scale-down of court activities as directed by National Council on Administration of Justice ✓ Directives to high courts to: <ul style="list-style-type: none"> – Decongest prisons by reviewing cases of 19,000 offenders' with less than 6 months to serve & facilitate their release – Magistrates to reduce bond and bail for petty offenders and facilitate their release from prison ✓ Advocates directed to adopt mandatory e-filing & Judges to adopt electronic mgt of court proceedings & deliver judgements via electronic mail and video conferencing 	<ul style="list-style-type: none"> Need for digitization of court records and automation of judicial processes Need for to integrate virtual court sessions alongside physical appearance Need for stakeholders to promote and embrace Alternative Dispute Resolution (ADR) mechanisms Need to embrace alternative corrective rehabilitation for petty offenders

6 Lessons learnt and way forward (4/4)






Context	Government Measures	Lessons Learnt
<ul style="list-style-type: none"> Compliance with movement restrictions & social distancing has increased production costs and lower revenues In addition the associated financial burden of compliance with safe working measures Disruptions in export markets and critical imports required to keep businesses operational 	<ul style="list-style-type: none"> ✓ Scale up of technology platforms to keep employees engaged with clients ✓ Opportunities emerged for new manufacturing activities, particularly in medical supplies including PPEs, sanitizers, ventilators, hospital beds and other essentials ✓ In distributive services industry, supermarkets, hotels and restaurants devised innovative ways of engaging with their clients via e-commerce 	<ul style="list-style-type: none">  Opportunity for businesses to shift online to deliver goods and services  Opportunity to revitalize the manufacturing sector via import substitution  Flexible working hours can enhance productivity and work life balance of employees including embracing the 24hr economy

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