



COUNCIL OF GOVERNORS

A COMPENDIUM OF COUNTY INNOVATIONS AND BEST PRACTICES ON COVID-19 RESPONSE



JUNE, 2021



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Maarifa Centre

The Maarifa Centre is a knowledge sharing and learning platform established by the Council of Governors for capturing of lessons and experiences from the 47 County Governments to support its learning agenda.



Our Vision

Prosperous and democratic Counties delivering services to every Kenyan.



Our Mission

To be a global benchmark of excellence in devolution that is non-partisan; providing a supporting pillar for County Governments as a platform for consultation, information sharing, capacity building, performance management and dispute resolution.



Our Values

Our core values are professionalism, independence, equality and equity, cooperation and being visionary.



Our Motto

48 Governments, 1 Nation.

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ABBREVIATIONS AND ACRONYMS

CEC	County Executive Committee
CECM	County Executive Committee Member
CIDP	County Integrated Development Plan
EOC	Emergency Operation Centre
FY	Financial Year
GBV	Gender Based Violence
GBVRC	Gender Based Violence Recovery Centre
ICU	Intensive Care Unit
KEMRI	Kenya Medical Research Institute
M&E	Monitoring and Evaluation
MoDA	Ministry of Devolution and ASAL
MoH	Ministry of Health
PHO	Public Health Officer
PMC	Project Management Committee
PPE	Personal Protective Equipment
SDGs	Sustainable Development Goals
TBIGC	Tony Blair Institute for Global Change
TWG	Technical Working Group
UN	United Nations
UNDP	United Nations Development Programme
WHO	World Health Organization

FOREWORD



The Council of Governors' Knowledge Management Unit (Maarifa Centre), has been continuously documenting success stories, experiences, initiatives, innovations and good practices from the Counties since 2017. This process became even more vigorous with the outbreak of COVID-19 in 2020, where Counties learnt how to adapt and work together by sharing experiences and strategies towards fighting the pandemic.

At the onset of COVID-19 in Kenya in March 2020, information revealed that the virus was deadly and could spread rapidly and silently, total global lockdowns were sanctioned, and high demand, panic buying, and rationing occasioned a global scarcity of Personal Protective Equipment and medicines to treat the virus. Counties came up with local innovations and initiatives either to contain the virus or in preparation for the first case in their respective Counties. With increased cases, Counties experienced a shortage of human resource, hospital beds, Intensive Care Unit equipment and supplies such as ventilators and oxygen. The virus not only affected the health sector but also had adverse socio-economic impacts. Counties had to work round the clock to prevent deaths and the spread of the virus while cushioning their citizens from the ripple effects of the virus.

The knowledge and learning hub of the Council of Governors, Maarifa Centre, has been documenting these success stories to date and has been sharing them via social media and on its online platform maarifa.cog.go.ke. The County Governments participated in the documentation as resource persons and reviewers, and in some cases, as co-authors.



This compendium showcases success stories across sectors namely: Health, Finance, Planning, Economic Affairs, Water, Gender, Education, Communication and Information Technology

This inaugural compendium in a bi-annual series is a curation of success stories in Kenyan Counties in an effort to improve service delivery. It acts as a reference guide to solutions in dealing with challenges during service delivery, shares country-led response strategies particularly, towards the impact of COVID-19 on an ongoing basis, and most importantly, remains a testimony to the resilience of Kenyan Counties in an unprecedented emergency like this one.

This compendium showcases success stories across sectors namely: Health, Finance, Planning, Economic Affairs, Water, Gender, Education, Communication and Information Technology

It contains practical experiences, lessons and practice or policy recommendations by specific County Governments for the benefit of other County Governments, before and during the pandemic. County Governments and devolution stakeholders, chief among them, development partners will find this compendium useful in informing their development planning to bridge the gaps identified, especially in health services, including infrastructure, human resource, logistics, legal and policy frameworks.

I urge all partners to work collaboratively with County Governments in scaling-up these innovations and best practices with the purpose of improving service delivery to all citizens.

H.E. Hon. Martin Nyaga Wambora, EGH.
Chairman,
Council of Governors

ACKNOWLEDGEMENT



The Council of Governors' Maarifa Centre has continually engaged with the Counties to support identification, documentation and capturing of best practices, innovations and initiatives in a bid to fostering a knowledge culture at the County level and promoting peer to peer learning amongst the County Governments. During the COVID-19 period, this process was intensified to ensure that lessons across the various sectors were captured and documented to promote knowledge exchange among the Counties. This Compendium, a first of its kind, is a compilation of documented best practices, success stories and experiences from the County Governments for the last Financial Year. We look forward to County Governments and other devolution stakeholders using this Inaugural Compendium to find solutions to common problems and scaling up the innovations emerging from the Counties. Kenya being a knowledge-driven economy, I trust that this book will provide a great opportunity for continued learning within the devolved system of government.

There are thirteen (13) Counties that have been featured in this Compendium. It is my hope that the next edition will feature more Counties' success stories. This year, the Council of Governors will continue to support County Governments to institutionalize Knowledge Management (KM) in all levels of administration. It is anticipated that this investment will culminate into establishment and funding of KM units across all the Counties.



A special thank you to all the authors, reviewers and editors who contributed to the development of Maarifa Centre's first Compendium of County Success Stories.

On behalf of the Council of Governors, I would like to acknowledge our long-standing partnership with the World Bank and United Nations Development Programme (UNDP) who provided two consultants to support in the documentation process. We appreciate your continued support and look forward to future partnerships in entrenching KM in County Governments.

A special thank you to all the authors, reviewers and editors who contributed to the development of Maarifa Centre's first Compendium of County Success Stories. Appreciation also goes to all County Governments' staff and Council of Governors' KM Champions who were integral in the generation of the Compendium. May I single out contributions by Ms. Clemency Dorah in compiling the stories, Ms. Jane Kimbwarata and Dr. Nancy Njeru for reviewing the first edition of the Compendium-*asanteni sana!*

As I conclude, I would like to acknowledge the collaboration of stakeholders within the devolved system and to urge them to work closely with County Governments in mainstreaming KM.

Enjoy the read!

A blue ink signature of Mary Mwiti.

Mary Mwiti
Ag. Chief Executive Officer,
Council of Governors

INTRODUCTION

Since the outbreak of COVID-19 in Kenya in March 2020, many Counties quickly came up with local initiatives, innovations and solutions either to contain the virus or in preparation for the first case in their respective Counties, following information that the virus was deadly and could spread rapidly and silently, and therefore, there was a total global lockdown, occasioning the scarcity of Personal Protective Equipment and medicines to treat the virus. With increased cases, Counties experienced a shortage of human resource, hospital beds and ICU equipment and supplies such as ventilators and oxygen. The virus not only affected the health sector but also had adverse socio-economic impacts. Counties had to work round the clock to prevent deaths and the spread of the virus while cushioning their citizens from the ripple effects of the virus.

The knowledge and learning hub of the Council of Governors, Maarifa Centre, has been documenting these success stories to date and has been sharing them via social media and on its online platform maarifa.cog.go.ke. The County Governments participated in the documentation as resource persons and reviewers, and in some cases, as co-authors.

This inaugural compendium in a bi-annual series is a curation of COVID-19 success stories in Kenyan Counties. It acts as a reference guide to solutions to dealing with the impact of the virus on an ongoing basis, and also acts as a testimony to the resilience of Counties in an unprecedented emergency like this one.

This compendium showcases the stories as they are on the online platform but has grouped them under these sectors:

- Health
- Finance, Planning, Economic Affairs
- Water
- Gender
- Education
- Communication
- Information Technology

This reference contains practical experiences, lessons and practice or policy recommendations by specific County Governments for the benefit of other County Governments, during and after the pandemic. County Governments and devolution stakeholders, chief among them, development partners will find this compendium useful in informing their development planning to bridge the gaps identified, especially in health services, including infrastructure, human resource, logistics, legal and policy frameworks.

The Compendium is indeed relevant for a wider audience that seeks to appreciate the critical role played by the 47 County Governments in collaboration with the National Government, multi-sectoral development partners, private sector, civil society organisations and citizens, in fighting the pandemic while maintaining service delivery, amidst many limiting factors.



SECTOR: HEALTH

This section highlights innovations within the Health Sector from the following Counties; Machakos, Kericho, Migori and Homa bay.

MACHAKOS COUNTY CONVERTS STADIUM INTO A MAKE-SHIFT HOSPITAL IN RESPONSE TO COVID-19 THREAT, APRIL 2020

In preparation for the rising incidences of positive COVID-19 cases in the country, Machakos County put in place innovative measures in an emergency response. In addition to several interventions to safeguard public health and reduce the potential for spread of the corona virus, the County sought to increase its ability to admit and manage patients testing positive to COVID-19.

The County immediately converted its stadium, the Kenyatta Stadium, into a temporary hospital for mass testing and isolation to treat mild and moderate cases of COVID-19 infections. The sixty-bed makeshift hospital was made out of a tent erected at the stadium and installed with testing equipment including handwashing facilities. The bed capacity could be expanded up to 400 if a need arose to admit more people. The goal of the Governor was to have a bed capacity of 1,000 for isolation in the County. This concept had been adopted globally by other nations including: China, Australia and Brazil in the fight against COVID-19.

The process of converting the stadium into a temporary hospital for the County was simple since the County did not have to demolish any existing structures. The County also utilized existing facilities like the available washrooms. Smaller tents were erected to be used as labs housing testing equipment. Awareness on the facility and generally on coronavirus was done through local media stations and administrators both at the ward and sub-location levels.

In its decision to convert the stadium into a temporary hospital, distance was among the key factors that the County put into consideration in case of any medical emergencies. The stadium is situated 200 metres or less from Machakos Level 5 Hospital, which in turn made it efficient for any anticipated emergencies that would require patients to be moved to the ICU. It is also worth noting that the ICU at Machakos level 5 hospital had 10 ventilators in place and was to procure 10 more ventilators during the first month of Kenya reporting its first case of the virus.

The short distance between the stadium and the level 5 hospital also made the movement of health workers efficient. By adopting the use of a tent, the County has gone an extra mile to cost-effectively support the efforts that were being made globally to ensure social distancing and total isolation of COVID-19 cases. This was noteworthy since there were many cases of patients at the beginning who were afraid of visiting hospitals because of the rise in numbers of COVID-19 cases.



About Machakos County

Machakos County has eight (8) constituencies, namely Machakos Town, Mavoko, Masinga, Yatta, Kangundo, Kathiani, Matungulu, and Mwala. Machakos Town is the administrative capital of the County. The County borders Nairobi and Kiambu Counties to the West, Embu to the North, Kitui to the East, Makueni to the South, Kajiado to the South West, and Murang'a and Kirinyaga to the North West. The County currently has a population of 1,421,932 people, and it is rapidly growing.

Progress Made by the County in addressing the Pandemic as at 20th April, 2020

1. Machakos County established a regional Public Health Laboratory which was certified by KEMRI to test COVID-19 cases.
2. In collaboration with the National Public Health Laboratory and the National Influenza Centre, the County embarked on training of health workers and trials for testing the virus.
3. The County sensitized 2,524 Community Health Volunteers/Workers (CHVs) and 1,600 health workers on how to deal with the virus.
4. The County had one (1) positive local case of COVID-19 at Mavoko. It's also worth noting that Machakos town and Mavoko sub-counties remain at a higher risk due to their proximity to Nairobi with a population density of 609 and 386 persons per sq km respectively.

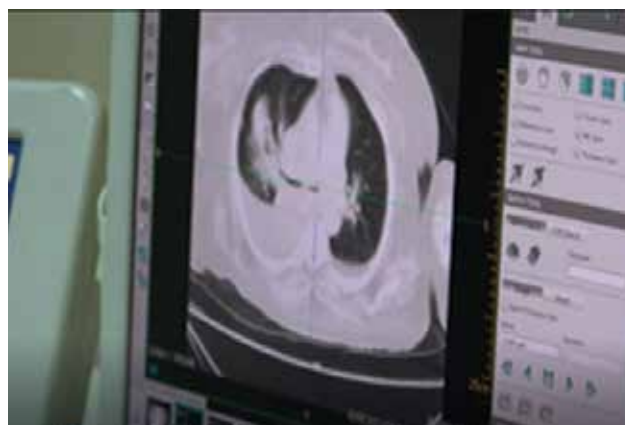


KERICHO COUNTY MITIGATES THE INADEQUACY OF REAGENTS BY USING RADIOLOGY TO TEST COVID-19 AND INITIATE TREATMENT ON TIME, APRIL 2021

Introduction

Soon after the Coronavirus hit Kenya in March 2020, the Government initiated mass COVID-19 testing but soon scaled down the testing citing reagents stock-out. The Health Cabinet Secretary confirmed the shortage in his August 10, 2020, daily COVID-19 update, and communicated that the government had sought help from embassies to secure reagents, and that in the meantime, the government had directed the Kenya Medical Research Institute to manufacture coronavirus testing reagents as the global shortage persisted. The Ministry of Health, as a strategy, prioritised the testing of the elderly, persons with underlying health conditions and patients presenting symptoms. The shortage caused

delays in releasing results for samples picked from across the Counties, with some patients succumbing to the virus due to late treatment, especially if they had underlying conditions. The decline in testing also affected actual infection numbers reported since only widespread testing could provide a better picture of the spread of COVID-19 infections.



An abnormal CT scan image of a COVID-19 infected lung

Kericho County like all other Counties was experiencing a shortage of reagents which caused a surge in the spread of the virus due to delayed testing, thus risking patients' lives, especially those with underlying conditions. Doctors at the Kericho County Referral Hospital came up with an ingenious solution to continue testing without using reagents. Doctors used the CT scan to determine the status of suspected COVID-19 patients. So far, 99% of cases confirmed positive using CT scan turned out positive using the reagents. COVID-19 positive patients showed a unique pattern in the lungs that diverges from that of asthmatic patients or any other patient with respiratory condition.

Implementation of the Practice (Solution Path)

Kericho County Referral Hospital radiologists' review of follow-up chest CT scans for patients who had confirmed COVID-19 had revealed abnormal CT imaging features such as ground-glass opacity appearance with consolidation patterns in the lungs. Given the shortage of reagents, the radiologists decided to rely on CT imaging alone to identify the virus and utilize the results to initiate treatment. This led to the successful treatment of the patients, saving many from succumbing to the virus.



Kericho Governor, H.E. Prof. Paul Chepkwony explaining the initiative of using CT scan to diagnose COVID-19

Besides, serial CT scans are used to observe the different radiological patterns at different times throughout the disease course to determine the efficacy of the treatment.

Where doctors stayed away either because they were in the high-risk group or were stationed in other medical facilities, they were sent the CT scan images using telemedicine and were able to remotely diagnose COVID-19, thereby allowed for initiation of treatment.

The hospital did not incur extra expenses as the hospital already had the CT scanners. Further, the County Government used its own doctors to do the testing. CT

scan is a cheap but very effective first-line diagnostic tool for COVID-19. The patients paid a minimal fee of KES 200 which was used to sustain the service. The CT scanners are occasionally serviced by local medical engineers to ensure they were always in good working condition.

Results of the Practice (Outputs and Outcomes)

- Between November and December 2020 alone, over 50 patients had been diagnosed with COVID-19 using CT scan and successfully treated.
- Motivated by the successful treatment following CT scan diagnosis, doctors in Kericho continued to use the CT scan and DNA machines (for PCR testing) to save lives.
- Kericho County also developed the technical capacity of private hospitals which had excellent facilities, to help in the fight of the virus.
- The surge in COVID-19 cases was brought under control in Kericho.
- The County Government supported other Counties with their testing. Patients from other Counties were allowed to access services from the Kericho County Referral hospital.

This initiative yielded positive results because:

- Combining assessment of CT scan results with clinical and laboratory findings facilitated early diagnosis and successful treatment of COVID-19 in over 50 patients.
- Due to inadequate supplies of reagents, the radiologists relied on CT scan testing of the lungs to correctly diagnose COVID-19.
- The CT scan results were efficient and instant, as images were immediately available for review. In case reagents were not available to verify the results, patients that turned out positive using the CT scan were put under home-based care or referred for hospitalisation immediately.

Lessons Learnt

- COVID-19 manifests with chest CT imaging abnormalities, even in asymptomatic patients, with rapid evolution from focal unilateral to diffuse bilateral ground-glass opacities that progress to or co-exist with consolidations within 1–3 weeks. Combining assessment of imaging features with clinical and laboratory findings facilitated the early diagnosis of COVID-19 pneumonia.
- Since most COVID-19 patients have abnormalities on chest CT images at the initial presentation, imaging features combined with patients' exposure history

and onset symptoms facilitated the identification of the suspected patients for further examinations, thereby saving on the use of the limited reagents.

- Facilitated treatment of County health workers in a single facility and giving them specialized care. This ensured that they received good medical care and out of the 115 COVID-19 positive cases among health workers, none died of the disease. Those admitted and treated were 18 and the rest (97) received home-based care.
- Availing quality PPEs to the health workers ensured minimal infections among them.



- The use of reagents worked well. However, the reagents are very expensive and the expense is transferred to the citizens.
- The use of CT scan is an affordable and effective way to diagnose COVID-19, especially when faced with a shortage of reagents.
- COVID-19 is a vicious disease that requires mobilisation of collaborative action to fight it.
- Developing the capacity of private hospitals, which have excellent facilities to help fight the virus, is a crucial mechanism.

Recommendations

- 'Work with what you have to save lives'. One can either use clinical examination and patients' history or lab tests or CT scan or all three to diagnose COVID-19.
- Make use of telemedicine by collaborating with other medical facilities that have resources that you lack. Kericho used a teleradiology platform where a doctor situated anywhere in the world could view images taken at hospitals in Kericho to diagnose the problem.
- Radiologists can use a compact disc (CD) to save the radiology images for doctors instead of a film, thus creating efficiency because the scan gets to the consultant doctor before the patients gets to the doctor. This way, the hospital uses fewer resources and saves money crucial to sustaining the service.

- Capacity-build your medical staff to be able to use available Medical Equipment Services (MES) programme equipment donated by the National Government to save patients' lives. Kericho doctors are very well trained and are allowed to go for further training on request.
- Encourage and reinforce behaviour change among patients by sensitising them to the Ministry of Health/WHO COVID-19 protocols. At Kericho, patients were required to wear face masks before being served. The County Government collaborates with the County Commissioner's office to arrest those who defy the measures in place.



Photo 1 and 2: Kericho County Radiology Unit

KERICHO COUNTY PARTNERS WITH UNILEVER TO PROVIDE DEDICATED MEDICAL CARE FOR ITS HEALTH WORKERS AND THEIR FAMILIES DURING THE COVID-19 PERIOD, APRIL 2021

Introduction

Since the Coronavirus hit Kenya in March 2020, the country got alarmed and aggrieved by daily statistics from the Ministry of Health on positive cases, admissions, deaths and recoveries. Kenya lost some of its top specialists among the tens of health workers who succumbed to COVID-19 having contracted it while on duty trying to save fellow Kenyans from the ravaging virus. Citing these deaths caused by the inadequate or poor quality personal protective equipment in most health facilities and the lack of medical cover against COVID-19, the health workers' associations severally issued strike notices accusing both the National Government and County Governments of displaying a total lack of regard for the welfare of their members who were at the frontline fighting COVID-19 with a high

of risk contracting it. They demanded a safer working environment and medical cover against the virus. On several occasions, doctors, clinical officers and nurses went on strike, and each time calling off their strike after talks with the government. Countrywide, the health workers who attended to COVID-19 patients were at high risk of contracting the virus or dying from it if they did not receive timely and quality medical care. Also, the fear for most of them was that there was no medical insurance cover for it, and with their pay being delayed for months, they were not be able to cater for their medical expenses. Already, several health workers had died. Besides the risk of contracting the virus, the psychological trauma and stigma associated with taking care of the patients or contracting the virus, and the long hours of work took a toll on the workers who needed psychotherapy to cope.

Implementation of the Practice (solution path)

Recognising that COVID-19 is a serious disease that required concerted efforts, and in a deliberate effort to ensure that no health worker succumbed to the Coronavirus due to poor medical attention, and to give its health workers high-quality medical care in a dignified environment, the top management of the County Government of Kericho identified and approached the management of Unilever's Kericho Tea Estate Health facility which offers quality healthcare and requested that its County health workers and their families be treated there for COVID-19 as a form of Corporate Social Responsibility (CSR). The request was granted, the County did COVID-19 testing at its state-of-the-art KEMRI/Walter Reed Clinical Research Center and referred positive cases to Unilever for admission and/or treatment. This arrangement ensured that the County health workers were given better care for free while being afforded privacy. The facility has 73 beds and 17 COVID-19 beds. It also has a mini-ICU ward with a ventilator and oxygen.

Besides addressing the health workers' medical needs, the County Government of Kericho ensured the health workers were trained well to ably protect themselves while working. In partnership with the National Government, the County Government enforces the WHO COVID-19 protocols to the patients being attended to.

To motivate the health workers, the County Government recognises their importance and releases them to go for training when they make requests. Their issues are also attended to efficiently. Those deserving promotions are given and in case of delays, they are engaged in dialogue.

All this has been happening since March when COVID-19 hit Kenya. Testing is done at the KEMRI/Walter Reed Clinical Research Center situated within the Kericho County Referral Hospital while the admissions are done at

Unilever's Kericho Tea Estate Health facility. The County is responsible for the testing infrastructure and its health workers conduct the testing while Unilever is responsible for admitting and treating Coronavirus positive cases.

Results of the Practice (outputs and outcomes)

As of April 2021, no health worker from Kericho County had died of COVID-19. So far, 115 health care workers tested positive for COVID-19 cumulatively. Those admitted and treated at the Unilever facility were 18, while 97 were trained on home-based care and released to go recuperate at home in self-isolation by April 2021.

With the announcement of the virus, the Walter Reed Research Center quickly developed protocols for testing the virus. This state-of-the-art facility set up by the US government to research deadly diseases such as the pandemic had the capacity to test up to 8,000 samples a day with a single testing machine having capacity to test 96 samples at a go.

Also, due to inadequate supplies of reagents, the County health workers innovated testing using a CT scan of the lungs.

Lessons Learnt

- The partnership with private hospitals which have excellent facilities has enabled the County to manage the numbers turning up for testing and treatment of the virus.
- The County's hospitals successfully dealt with patient screening, treatment and contact tracing.
- Jointly building the capacity of the health workers at both the public and private hospitals.
- Supplementing DNA polymerase chain reaction (PCR) testing with CT scan ensured that treatment of patients started early before the DNA PCR test results were out (normally in 4 days). Case management started immediately after the CT scan as the swab test results were being processed.
- The willingness of the County Government to listen to the health workers and address their issues with the importance they deserved, including allowing those who needed further training to go for the training motivated them to keep working since they felt valued and dignified.
- Kericho County is surrounded by multinational companies that are always willing to share their resources.
- Working in partnership with private companies and the national government has enabled the sharing of resources and staff, joint training and enforcement

of the COVID-19 protocols while saving the lives of those affected by the virus.

- Training of health workers on new diseases and how to use new equipment. The medical equipment donated by the national government to Kericho hospital is all being utilised, thanks to training and creativity.

Recommendations

- Encourage exchange programmes for Counties for capacity building and benchmarking to maximise the limited resources while avoiding reinventing the wheel.
- Enter into partnerships with the private sector to benefit from their support and resources.
- Doctors and other health workers must be motivated to work by recognising and appreciating their work.
- Training of health workers, especially on new conditions, is critical.
- Innovation to mitigate the lack of resources could save lives as was done with CT scan when reagents for PCR tests were lacking. CT scan picks the early stages of COVID-19 better than X-ray though not as accurately as reagents.
- Complying with scientifically proven protocols is essential.
- Adopt a multisectoral approach by working with the National Government and the private sector.
- Adhere to the WHO and Ministry of Health COVID-19 protocols by working with the National Government (the Office of the County Commissioner) to enforce adherence, e.g. arresting those who do not wear masks or restricting the numbers of people attending funerals, etc.
- Avoid politicising the pandemic by laying blame on others, rather than working with them to find solutions.



Unilever Health Care facility in Kericho County

CORONAVIRUS RESPONSE IN CORRECTIONAL FACILITIES IN KENYA: A CASE STUDY OF G.K. PRISON, MIGORI COUNTY, NOVEMBER 2020

Introduction

Coronavirus disease (COVID-19) is an infectious pandemic disease caused by a newly discovered Coronavirus. It was first identified amid an outbreak of respiratory illness cases in Wuhan City in Hubei Province, China. World Health Organization (WHO) declared COVID-19 outbreak a global health emergency on 11th March 2020. Kenya recorded its first case on March 13th 2020. As of 12th July 2020, Kenya had recorded 10,105 confirmed positive cases, 3,017 recoveries and 202 deaths (SITREP 12 July 2020, MOH). Migori County being among the high-risk Counties in Kenya had 219 confirmed positive cases by 12th July 2020, with 74 recoveries and 1 death. Suna East Sub-county reported the highest cumulative positive cases (80), of which 72 (90%) were from the G.K. Prison.

The Ministry of Health adopted the WHO Guidelines on methods for preventing and slowing down transmission of COVID-19 at individual and community level. These include ensuring that the public is informed about the spread of disease; observing social distance; wearing a mask appropriately; frequent handwashing and use of alcohol-based hand sanitizers.

At the institutional level, these methods include active surveillance, screening at strategic points of entry and exit, mass testing, quarantine of suspected cases, isolation and treatment of confirmed COVID-19 positive patients, treatment of the positive cases, as well as contact tracing and testing.

In this regard, the County Government converted Macalder Sub-county Hospital in Nyatike Sub-county to a treatment centre with an allocation of 32 beds. The first recorded case was on the 2nd of May 2020. Thereafter, the numbers started increasing outstretching the allocated bed capacity. Most of these cases (80) were from Suna East Sub-county, with 90% of the cases being from the G.K. Prison.

Migori County has 2 prisons, with the Central G.K. Prisons being the largest, with an average monthly population of 300 inmates. All prisons were expected to strictly adhere to COVID-19 prevention measures as per the MOH Protocols for Prisons (Circular of 25th May 2020).

Response and Actions

Overall Response: Conducting a Joint Study

The County Government of Migori (through the Department of Health) and the Migori G.K. Prison decided to undertake a joint study whose main objective was:

to make evidence-based recommendations for minimizing transmission of COVID-19 within the GK Prison, Migori County. The two specific objectives of the study were:

- to study the trend of infection at the Migori G.K. Prison.
- to identify the causative factors associated with the rapid transmission of COVID-19 within the Migori G.K. Prison.

Step 1: A task force was formed to steer the Study. It comprised the Director for Public Health; the Officer Commanding Police Division (OCPD) for Central Suna East; the Principal Magistrate; the Officer In-charge at Migori Prison and the Deputy County Health information Officer.

Step 2: The task force convened regular scheduled meetings, and sought to inquire and confirm the following specific attributes that define the case scenarios in the cells, and therefore likely to explain the transmission rates:

- At what point is testing for COVID-19 done on the inmates?
- Turn-around time from the cell to the prison.
- Infrastructure in terms of space to hold the patients in quarantine and treatment rooms.
- Support provided by the National Government, County Government and partners towards fighting COVID-19.

Step 3: Data Collection and Analysis

A cross-sectional study design was done with data collection undertaken in line with the two specific objectives of the study, and observations made regard to the scenario at the prison and the cells. A sample of 69 COVID-19 sample line list was aggregated for analysis (Fig. 2).

Study Area

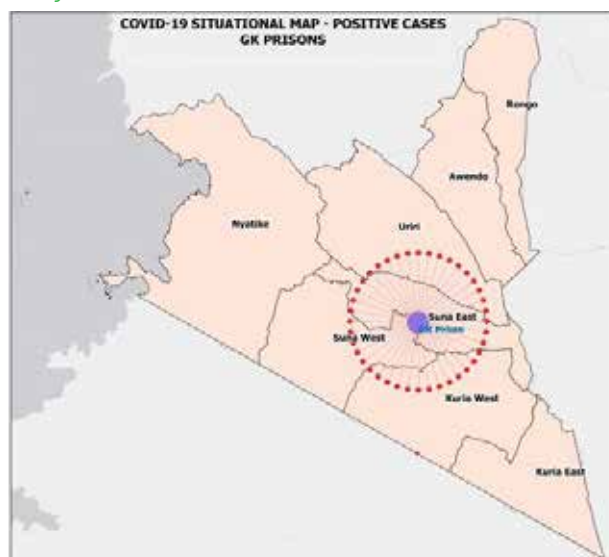


Figure 1. Study area highlighting Suna East Sub-county

The data collection involved identifying respondents for each objective, developing specific questions per objective, designing the data collection tool and formal communication to target respondents of the objectives of the Study. A sample data sheet is presented in Table 1. Descriptive data was aggregated and summarized based on responses of respondents and observations of the task force. Key informant interviews were conducted with four healthcare workers attending to the prisons cases, two prison wardens and three police officers at the police cell. On the other hand, quantitative data was analyzed using Microsoft Excel.

Table 1. Sample Data Sheet for COVID-19 Migori G.K. Prisons Case Study

Case ID	Age	Gender	County	Sub county	Ward	Village	Any symptoms	Type of contact	Date of admission	Date of discharge
Mig/1410/17728	31	male	Migori	Suna East	Suna Central	GK Prisons	No	Primary	4/6/20	29/6/20
Mig/1661/17728	30	male	Migori	Suna East	Suna Central	GK Prisons	No	Primary	11/6/20	25/06/2020
Mig/1662/17728	69	male	Migori	Suna East	Suna Central	GK Prisons	No	Primary	11/6/20	25/06/2020
Mig/1721/17728	30	male	Migori	Suna East	Suna Central	GK Prisons	No	Primary	13/6/20	25/06/2020
Mig/2283/17728	26	male	Migori	Suna East	Suna Central	GK Prisons	No	Primary	23/6/20	09/07/2020
Mig/2782/17728	28	male	Migori	Suna East	Suna Central	GK Prisons	No	Primary	27/6/20	09/07/2020

Source: Department of Health, Migori County and G.K. Prisons, Migori County.

Outcomes and Results

The outcomes and results are presented in line with the study objectives:

Outcome 1: Trend of infection at the Migori G.K. Prison.

The Study established that the positivity rate at the prison as of 11th July was 28.7%. This implied that overall, 28.7% of the prisoners were COVID-19 positive. Similarly, the attack rate (exposed and turned positive against

exposed patients) was 30.1%.

The epidemic curve (Fig. 2) shows that there was a drastic rise in positive cases in the prison and this was as a result of one positive case. The Most infected age group was 21–25 years (Fig.3), while most of the confirmed cases were asymptomatic, and only one case was symptomatic.

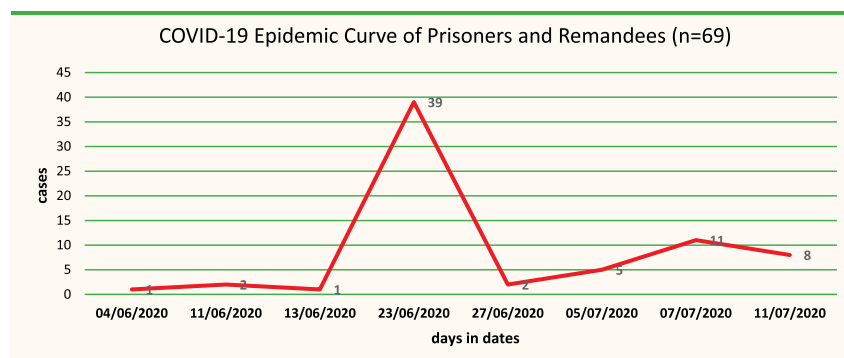


Figure 2. Epidemic curve for 69 sampled prisoners and remandees at Migori G.K. Prisons
Source: Department of Health, Migori County and G.K. Prisons, Migori County.

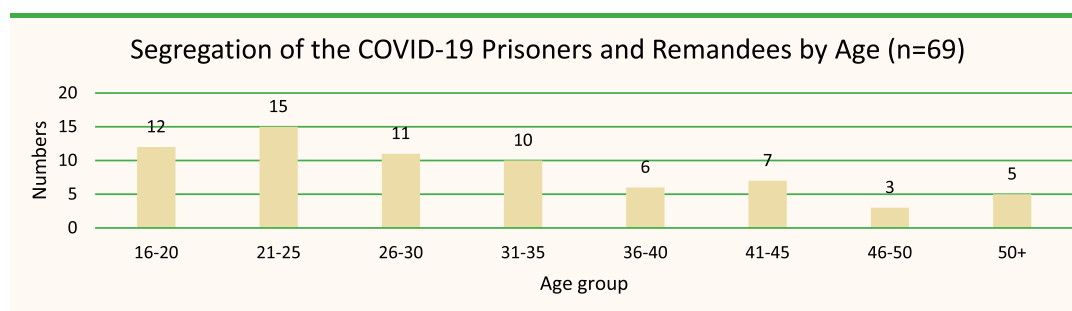


Figure 3. Most of the COVID-19 prisoners and remandees were 21–25 years of age
Source: Department of Health, Migori County and G.K. Prisons, Migori County.

The average length of stay in the Wards was 16 days (Fig. 4). With a 16-day length of stay and with the positivity rate, Migori G.K. Prison is at risk of re-infection due to inadequate space.

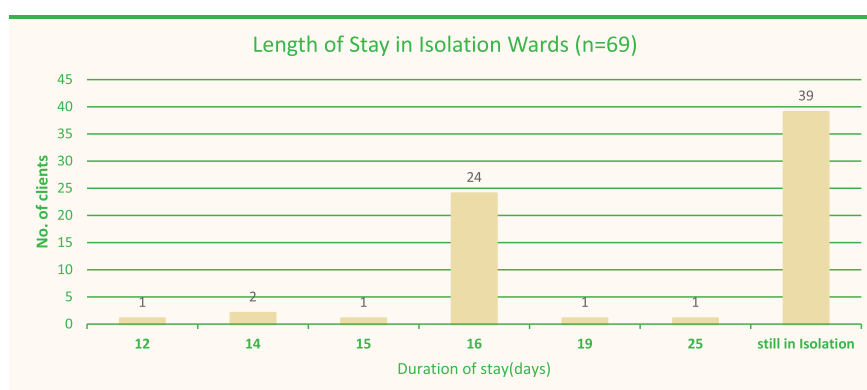


Figure 4. Length of stay in isolation ward for most prisoners and remandees was 16 days
Source: Department of Health, Migori County and G.K. Prisons, Migori County.

Outcome 2: Causative factors associated with the rapid transmission

Observations regarding COVID-19 prevention precautions at the police cell revealed that there was no handwashing facilities; few police officers wore masks; most of the suspects were not in masks; COVID-19 testing was not being done frequently; no thermo-guns were being used for temperature screening, and; fumigation was not done frequently. This effectively violated the MOH guidelines for preventing COVID-19 transmission.

Further explanation of the rapid transmission was revealed by the Case scenario at the police cell. However, it is worth acknowledging that the management of the Migori G.K Prison COVID-19 Isolation and Treatment Centre is an integral part of the continuum of Kenya's five-stage criminal justice system, namely Investigation and Arrest, Pre-trial Activities, Trial, Sentencing and Corrections.

A suspect is arrested and taken to court within 24hrs for plea-taking. If he/she denies the allegation and pleads not guilty, the ideal situation is that the suspect is taken for remand pending hearing or released on bond. With the high number of cases in the prison, suspects who cannot afford the bond or are on remand will be forced to get back to the cell until their date of hearing.

On average, there are 5 new suspects in the cell per day, and an average of 30 suspects in a cell per day (new plus old). Hearing of cases can take one month hence, the turn-around time for suspect before getting to remand is 30 days. With each cell room measuring 10 metres by 10 metres (or 100 square metres), an average 30-day exposure period for most inmates coupled with limited social distance presented a high risk of COVID-19 transmission, where some inmates could be positive but were yet to be tested.

Chances for cross-infection as observed in the study included inmate-inmate and inmate-police officer within the police cells, quarantine centres, prison cells, in the shared sanitation facilities and even during transportation to and from the courts.

Unlike at the police cells, at the Migori G.K. Prison, hand washing and hand sanitizing were well observed. However, the quarantine space was very small. This compelled some offices to be turned into quarantine rooms, which was still not adequate. Poor sanitation facilities and stigma among staff and inmates who had recovered from COVID-19 remained a key challenge. Meanwhile, one of the immediate outcomes of the study was posting of a Public Health Officer at the COVID-19 Prisons Isolation and Treatment Centre.

Case scenario at the G.K. Prison

- An inmate comes from the police cell, is taken to the quarantine centre and mixed with others whose COVID-19 results have not been received.
- All inmates whether positive or negative use one toilet.
- Due to inadequate space at the quarantine centre, compliance with COVID-19 precautions is inadequate.

Conclusions

The study concluded that it was difficult to observe containment measures because of inadequate space in both the police cell and the prison. This increased the possibility of re-infection at the G.K. Prison. Although there was a Circular that clearly stated the COVID-19 Protocols for Prisons, there was no systematic/structured implementation of the Protocols at the Migori G.K. Prisons.

Best Practices/Innovation

Establishment of a COVID-19 Isolation and Treatment Centre at the Migori G.K. Prison

Initial COVID-19 cases from the prisons and police cells were admitted to the Macalder Treatment Centre. This posed a security challenge necessitating establishment of a treatment centre within the Migori G.K. Prison. For this to work, a meeting was held with the Judiciary Department, Head of Prisoners, Police Commander and the Health Department.

Considering the prevailing realities, after the meeting by stakeholders, the Migori G.K. Prison Treatment Centre was dedicated to service COVID-19 positive male inmates. Most of the office spaces and rooms at the G.K. prison Migori were then converted to treatment rooms and holding areas.

Deployment of a health workforce at the Migori G.K. Prison COVID-19 Isolation and Treatment Centre

Healthcare workers were deployed at the Migori G.K. Prison COVID-19 Isolation and Treatment Centre to help in observing the patient recovery process.

Development of a COVID-19 Model Flow Chart for Correctional Facilities

This case study resulted in the development of a model flow chart showing transition of suspects from police cells to the COVID-19 Isolation and Treatment Centre at the Migori G.K. Prisons (Fig 5). The flow chart is copyright of the Council of Governors Maarifa Centre, the County Government of Migori and the Migori G.K. Prison, 2020. The chart is rightfully a knowledge asset

and a “first” that can be adopted by other correctional facilities to fit diverse local contexts. This case study is therefore a “two-in-one knowledge asset.” The flow chart should be used to improve the “Guidelines for the Handling of Arrested Persons and Remandees in the Context of COVID-19 Pandemic”, Ministry of Interior and Co-ordination of National Government National Police Service (Aug 2020).

Lessons Learnt

- Collaboration and synergy between the National Government and the County Governments is critical. Although Prisons is a National Government function, collaboration with the County Governments’ team ensured that the County Department of Health advised the Police and Prisons on COVID-19 prevention measures, and also supported in assessment of adherence to MOH Protocols.
- Exposure of inmates at the G.K. Prison depended partly on the implementation of COVID-19 containment measures at the police cells, where the suspects were first exposed before proceeding to the Prison.
- Posting of uniformed Public Health Officer to the G.K. Prisons after the study supported in reducing the COVID-19 cases from a 28% positivity rate to 8.1% per week as of November 2020.

Recommendations

The following recommendations emerge from the outcome of the study. They also serve to promote the adoption of components of the “Guidelines for the Handling of Arrested Persons and Remandees in the Context of COVID-19 Pandemic”, Ministry of Interior and Co-ordination of National Government National Police Service (Aug 2020).

Shared spaces and facilities:

- Provide a holding room for the suspects awaiting verdict.
- Provide a quarantine centre with sanitation facilities at the G.K. Prison.

Observing health protocols:

- There is a need for Police and Prisons teams (Officers) to have a shared strategy for enforcing/implementing COVID-19 protocols and handling suspects since the exposure of remandees and prisoners is likely to start at the police cells.
- The Police and Prisons authorities should schedule regular fumigation.
- For infection prevention, the Police and Prisons

authorities may use bleach, soaps, etc., as a substitute for disinfectants.

- COVID-19 testing and result submission should be mandatory and done before an inmate is taken to the prison. In addition, due to the high risk of transmission, arrangements should be made to produce COVID-19 test results for inmates within 24 hours.
- Physical distance of not less than 1.5m to be maintained in the detention facility.
- The suspects and remandees to be tested for COVID-19 within 24 hours of entry at the police station.
- Limit the number of visitors to a maximum of two per day per suspect/remandee.
- Limit the duration of interaction between a visitor and the suspect or remandees to 10 minutes.
- Document and maintain a contacts register for all visitors to police cells or facilities designated as holding areas for arrested persons and remandees for ease of contact tracing.
- Carry out a daily screening and monitoring of body temperature for suspects and remandees in cells for COVID-19 symptoms at least three times a day, in the morning, mid-day and evening.
- Any person released from a police cell or prison should proceed on 10-day mandatory/ self-quarantine, upon which tests shall be conducted.

Strategic support to COVID-19 positive patients

- Provide psychosocial support at the prison to curb the stigma.
- Posting of uniformed Public Health Officers for compliance monitoring and 24hrs surveillance.
- Ensure that prisons and police cells are part of structured COVID-19 response support by the National Government, County Governments and partners (through the County Emergency Response teams). This, therefore, calls for very close intergovernmental collaboration of the mandated institutions and structures within the Counties.
- Correctional facilities should adopt and fully implement *Guidelines for the Handling of Arrested Persons and Remandees in the Context of COVID-19 Pandemic*, Ministry of Interior and Co-ordination of National Government National Police Service (Aug 2020).

Transition of Suspects from Police Cells to the COVID-19 Isolation and Treatment Centre at Migori G.K Prisons.

NB: The transition of suspects follows the five-stage criminal justice system namely; Investigation and Arrest, Pre-trial Activities, Trial, Sentencing and Corrections.

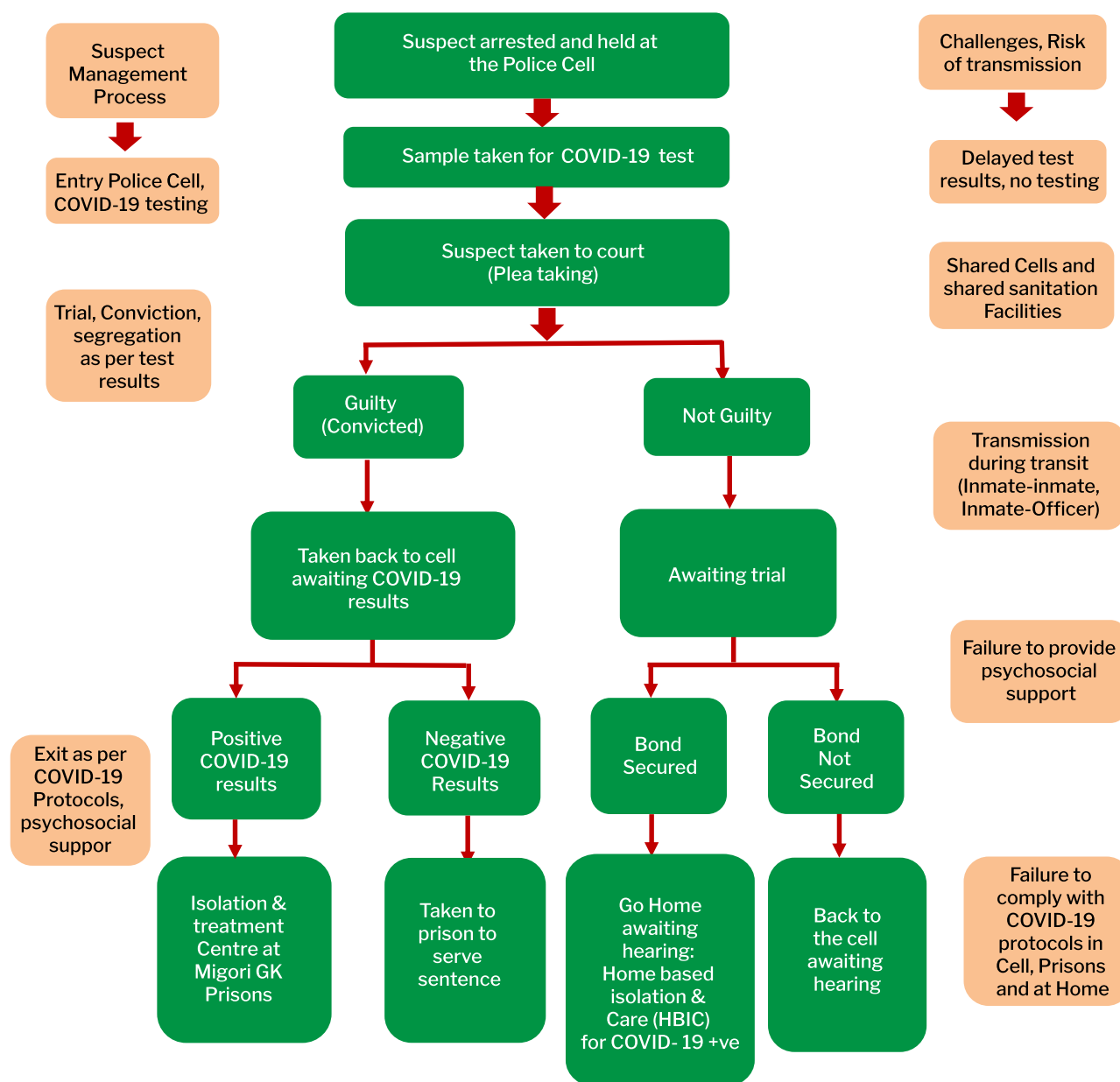


Figure 5. Flow chart showing transition of suspects from police cells to COVID-19 Isolation and Treatment Centre at the Migori G.K. Prison.

©Council of Governors Maarifa Centre, County Government of Migori and Migori G.K. Prisons, 2020

HOMA BAY COUNTY HARMONISED COVID-19 COORDINATION FRAMEWORK TO ENHANCE TIMELY INTERVENTIONS AND ACCOUNTABILITY

In kicking off its preparedness and response to the COVID-19 pandemic, the County Government of Homa Bay came up with an operations structure for special assignments, separate from the normal assignments in an inverted pyramid with different teams handling specific tasks. This while guaranteeing speedy response due to clear roles and responsibilities ensures more respect than in normal structures. In the Homa Bay structure (in the flow chart below), Green is for the policy team comprising the County Executive and primary stakeholders such as the County Commissioner; Yellow is for the technical team, and Blue is for the Sub-county and community teams. The County has so far enjoyed

strong and effective coordination with the National Government, development partners, volunteers, well-wishers, and the community. The County achieved the required 300-bed capacity, among other successes. Counties that are facing coordination and accountability challenges can adapt the framework to their contexts, instead of reinventing the wheel.



Governor Awiti receiving equipment for the isolation facilities from the suppliers

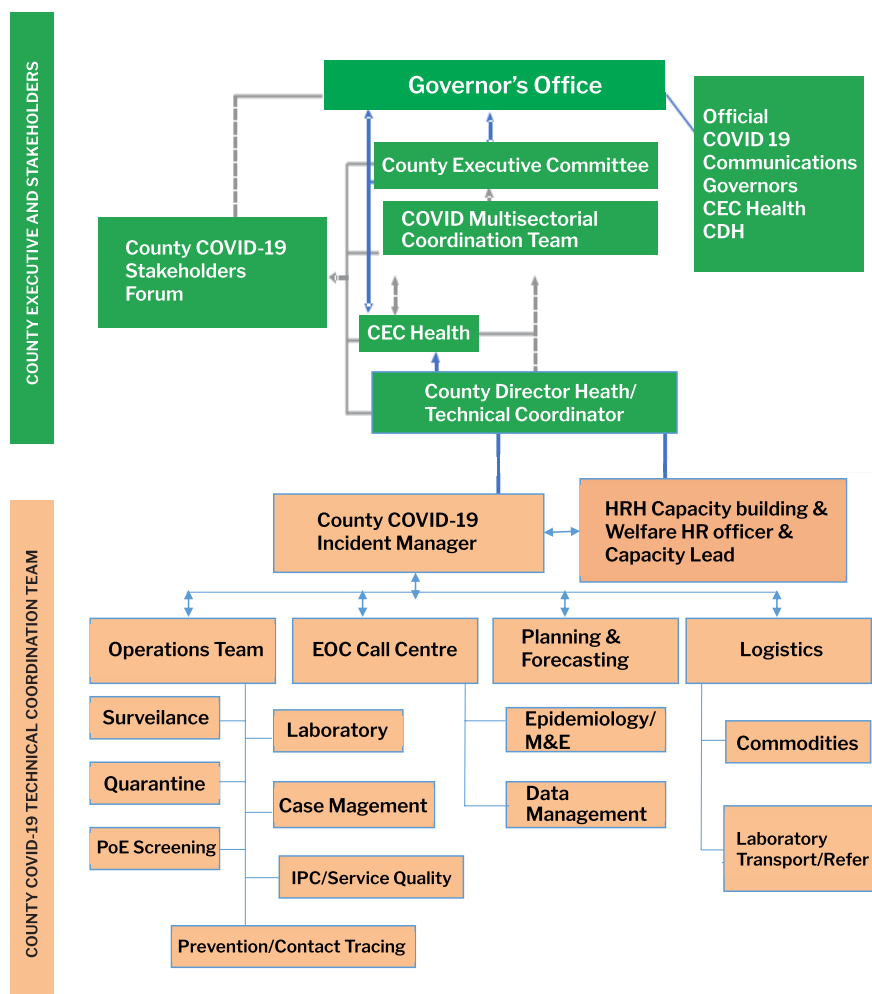


Figure 1. County Government of Homa Bay COVID-19 Coordination Framework

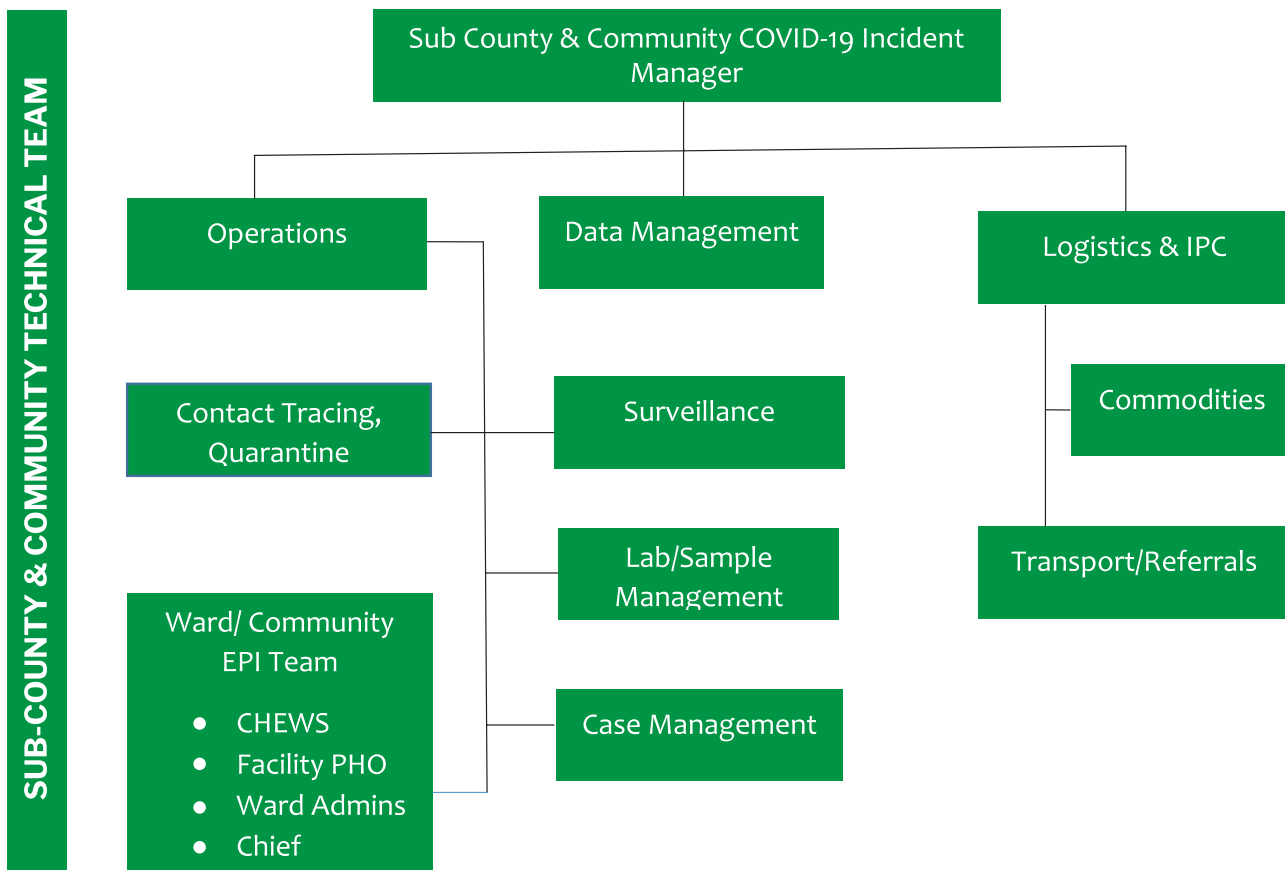


Figure 2. Sub-county Incident Management System (IMS) Structure

SECTOR: FINANCE AND PLANNING

This section highlights innovations within the Finance and Planning Sector from Nyeri County in setting up County Delivery Units to improve service delivery.

NYERI COUNTY GOVERNOR'S DELIVERY UNIT: A DELIVERY TOOL FOR THE COUNTY'S DEVELOPMENT AGENDA AND COMPREHENSIVE RESPONSE TO COVID-19, JUNE 2021

Introduction

Following the confirmation of the first COVID-19 case in the Republic of Kenya in March 2020, the National Government launched an array of measures to curb the spread of the virus and prevent the loss of lives. At the devolved level, County Governments were tasked with the domestication of the national-level response within their respective Counties. It was in this context that the County Government of Nyeri, led by H.E. Governor Mutahi Kahiga, requested the support of the Tony Blair Institute for Global Change (TBIGC) to strengthen the County's health and socio-economic response to COVID-19 given TBIGC's significant expertise in the establishment of management structures to coordinate and steer health and economic responses to pandemics.

TBIGC Kenya, in consultation with the Nyeri County administration, undertook an assessment exercise to determine the needs of the County to strengthen its multi-faceted response to COVID-19. Given that the public health response within the County was already underway, the assessment revealed that critical gaps concerned the limited resources to meet the immediate and long-term COVID-19 health facility and equipment needs. From a socio-economic perspective, the negative impacts of COVID-19 were already being felt by residents of the County, with representatives from the private sector reporting the loss of up to 5,000 jobs a few months after the first COVID-19 case was identified in the country. The assessment revealed that a coordinated county-level COVID-19 socio-economic response was yet to be defined due to the speed at which the virus was spreading in the country.

Response and Actions

The approach adopted by the County Government of Nyeri, with the support of TBIGC Kenya, to address the identified gaps revolved around:

1. Strengthening resource mobilisation efforts to meet the immediate and long-term health needs of the County, and;
2. Developing a medium-long-term economic recovery and reconstruction strategy to cushion Nyeri residents against the economic impact of COVID-19 and transform the economic apparatus of the County in the long term.

TBIGC Kenya recommended the establishment of a "crisis management structure" that would drive the County's response to COVID-19. It proposed the establishment of a Governor's Delivery Unit, to not only serve as the crisis management structure in the immediate short term but ultimately to drive delivery of the County administration's priority outcomes in line with the Governor's vision for the County and other County planning documents, including the County Integrated Development Plan (CIDP).

TBIGC's definition of "delivery" is a specialised approach to designing, managing, and monitoring the implementation of government priorities that are intended to have a significant effect on development outcomes. TBIGC's model for delivery units consists of a small group of dedicated, skilled individuals trained in delivery tools and techniques, focused exclusively on achieving impact and improving outcomes within government priorities.

TBIGC Kenya worked closely with the County administration to identify a limited number of priority outcomes that would ultimately deliver on the Governor's vision for the County, one of which was mitigating the health and socio-economic impact of COVID-19 on the residents of Nyeri County. In line with the key priorities identified by the leadership of the County, TBIGC supported the County administration to define the skills, structures and systems that would be required within the Governor's Delivery Unit (GDU) to ensure the Unit had the required capacity to consistently support, track, monitor and report on the Governor's priority programmes/projects, and troubleshoot problems/challenges proactively to mitigate programme/project delays.

Following the establishment and operationalisation of the Unit, TBIGC Kenya supported the onboarding members of the GDU, and facilitated their induction, covering critical

concepts related to delivery practice and principles, including the importance of prioritisation, planning and resourcing, performance management, stakeholder engagement, problem-solving techniques and tools, and communication strategies. TBIGC Kenya continues to support the Unit to institutionalise delivery systems and processes, utilise delivery tools and implement delivery approaches.

Successes of the Nyeri County Governor's Delivery Unit include:

1. The appointment of a special advisor within the Unit, who is a delivery expert and serves as the Head of the GDU.
2. The Nyeri County Hospital Bed Manufacture Programme was one of the 5 key interventions within the Nyeri County Social Economic Re-engineering and Recovery Strategy that has yielded quick gains at the community level, namely the procurement and distribution of foot-pedalled handwashing equipment to all County hospitals following the release of funds by the Kenya Devolution Support Programme for level one capacity-building support.
3. The Nyeri GDU coordinated the process of establishing performance contract targets, and evaluation and ranking of departments in line with the County Performance Management Guidelines. The Nyeri GDU also supported the integration of the 5 interventions of the Nyeri County Social Economic Re-engineering and Recovery Strategy within the performance contracts of the relevant County departments and staff, which will ease the process of monitoring progress towards each of the interventions.
4. The Nyeri County GDU has played a key role in the monitoring of key projects and programmes within the County, specifically by writing and disseminating progress reports to the Executive arm of the County and the County Assembly. The progress reports include pictorial evidence observed from the ground, and verification procedures to ensure quality assurance in line with standards tendered.

Following the operationalisation of the GDU, TBIGC has adopted a light-touch approach to supporting the Unit. This support is in the form of technical delivery advice and support related to the functioning of the GDU and the fulfilment of its mandate as communicated to TBIGC during monthly periodic check ins.

It is anticipated that as the Country emerges from the third wave of COVID-19, the Nyeri County GDU will

continue to play a critical role in identifying and addressing service delivery barriers while driving progress towards the completion of county-level projects and programmes and institutionalisation of principles of integrity and accountability in county-level project management.

A key concern encountered in the establishment of the Nyeri County GDU relates to the need to ensure that the functions of the GDU did not compromise/encroach on the functions of the existing County administration. This challenge was overcome by strengthening the understanding of delivery principles and practice within the County administration, and clearly defining the roles and responsibilities of each GDU officer to avoid encountering bureaucratic obstacles.

Recommendations

A key good practice regarding the establishment of a Governor's Delivery Unit/Service Delivery Unit is to integrate TBIGC's 7 critical components of delivery, namely:

1. Political authority emanating from the Governor to empower the Unit to incentivise delivery within the County administration.
2. Strong capacity of the Unit by ensuring the members of the Unit are delivery professionals, with sufficient resources to drive the delivery agenda within the County.
3. The Unit should serve as an accountability mechanism regarding the delivery of 3–4 key priority projects/programmes in line with the Governor's vision for the County, the CIDP and the Annual Development Plan (ADP).
4. The Unit should serve as a tool to institutionalise delivery practice and principle through role modelling and to facilitate regular communication with the public on key priorities/projects and progress towards the realisation/full implementation of these.
5. Prioritisation of 3–4 key priorities/projects that represent the Governor's vision for the County and the CIDP and driving concerted efforts to fully implement these priorities/projects in line with established budgets and time frames.
6. Efficient planning and resourcing processes to translate 3–4 key priorities/projects into realistic trajectories and to support resource mobilisation efforts to meet any budgetary shortfalls.
7. Undertaking performance management processes by monitoring progress towards achievement of established milestones and goals, and applying

problem-solving techniques and tools to tackle implementation challenges across the delivery chain.

Another good practice is ensuring that state and non-state actors are consulted in the decision to establish a GDU, and that they are included in the process of identifying key priorities that the GDU will drive delivery of. This avoids creating bureaucracy within the County administration and eases the nature of interaction between the GDU and other members of the County administration.

It is important to note that Delivery Units are intended

to embed an evidence-based culture in government by collecting and analysing performance data, and proactively proposing interventions and strategies to ensure that desired results related to government priorities, programmes and projects materialise on the ground. It is therefore important to ensure that delivery units are structured accordingly, and equipped with knowledge of delivery practice, principles and tools to avoid duplication of existing efforts to implement government priorities, programmes and projects within County administrations.



TBIGC Advisors, during a meeting with the Governor Nyeri County to review the Strategy for the County Economic recovery



H.E. Mutahi Kahiga (Extreme right), Governor Nyeri County, during the meeting with advisors from TBIGC

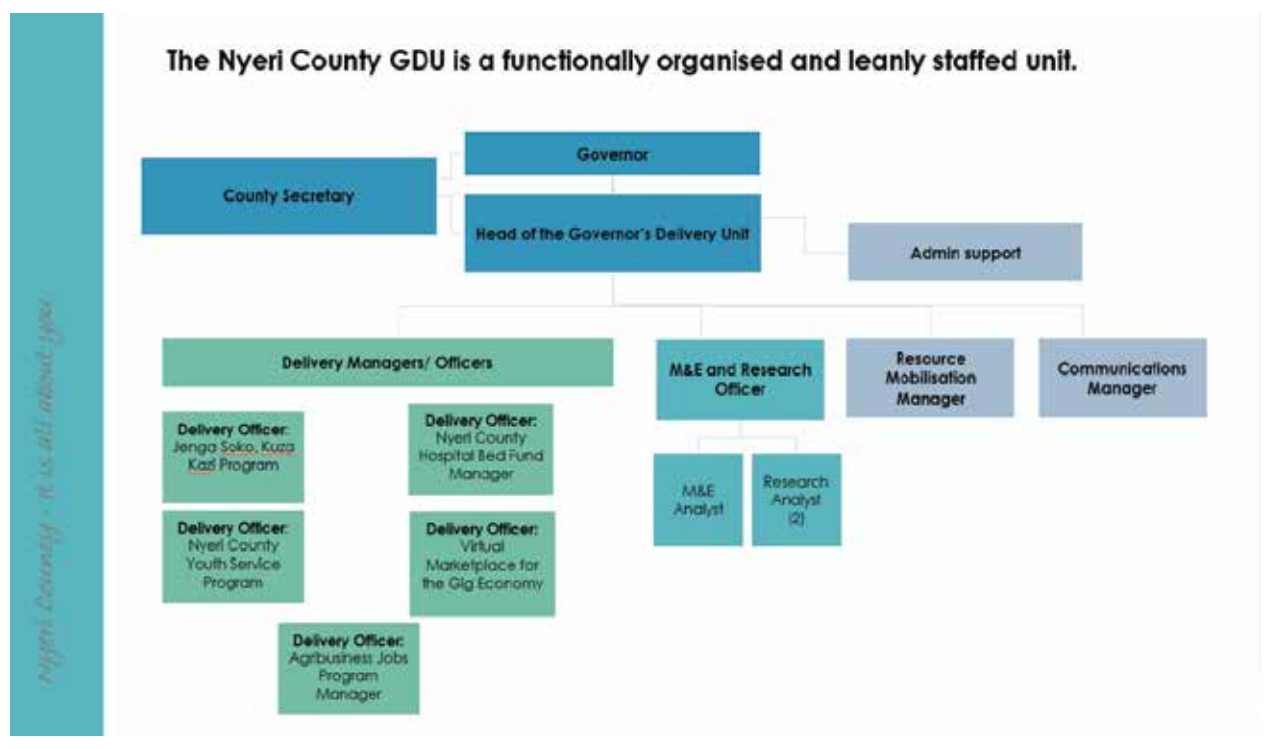
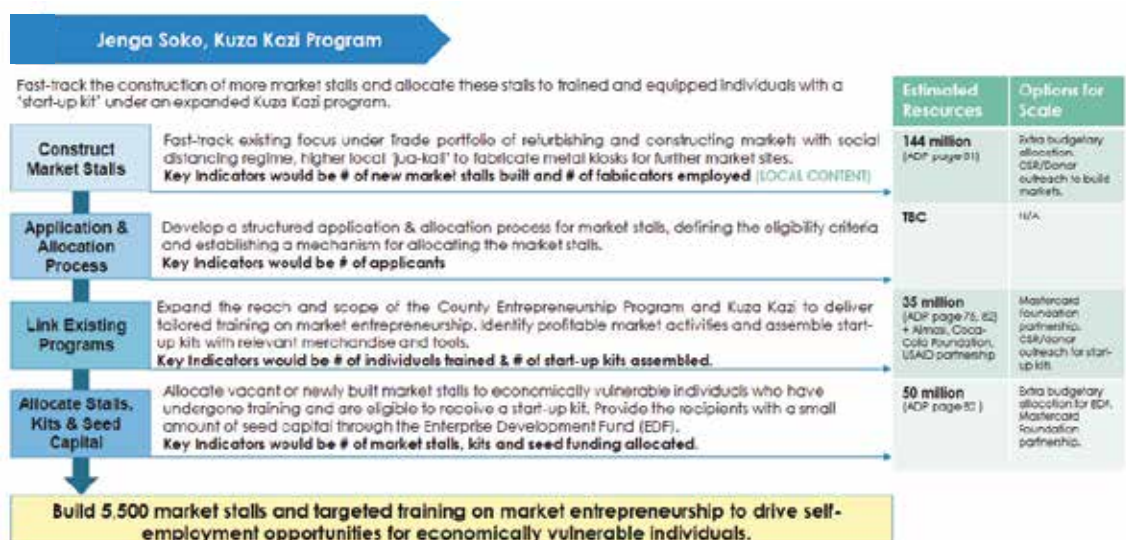


Figure 2. The Structure of the Nyeri County GDU

The 5 Interventions of the Nyeri County Economic Recovery Strategy



Nyeri County Youth Service Program

Under the CISP the County Government has partnered with the National Youth Service (NYS) on the establishment and implementation of the Nyeri County Youth Service (NCYS) phase one. This aims to direct the untapped potential and energies of the youth in the County towards both personal and National socio-economic development and it will be implemented in 3 phases targeting 100 youth this year and scale up in the next financial year." Through the allocation of additional funds this program and partnerships, the reach can be expanded to 10,000 young people across the County and targeted at conducting budgeted initiatives such as county greening, tree planting, land clearing etc.

		Estimated Resources	Options for Scale
Expand NCYS	Expand reach beyond the initial 100 target to 10,000 through the NYS partnership; provide recruits with training, uniform and a work/community service placement following training. Key Indicator would be # of youth recruited into NCYS	TBC	Extra budgetary allocation.
Link Existing Projects	Link with existing County, budgeted projects such as those around youth empowerment, tree planting, County greening & land clearing etc. and National Government's Kazi Mtaani initiative. Key Indicator would be # of County projects executed by NCYS	94.7 million (ADP page 75, 01)	Extra budgetary allocation.
Uniforms	Provide recruits with a respectable uniform aimed at boosting personal empowerment and self-image. Contract local polytechnics, tailors & MSEs to design and produce the uniforms Key Indicator would be # of tailors contracted to produce uniforms (LOCAL CONTENT)	TBC (staff welfare amount ADP page 74)	Extra budgetary allocation, CSR, donor outreach for uniforms.
Train 10,000 youth through the 3-moth NYS program followed by 3-months of community service with a stipend and seek to absorb 25% of graduates in a job placement within Nyeri County.			

AQUACULTURE

Prioritise and scale up activities under 'Fisheries Development & Management' program using development partner support to reach and engage more youth and women on prospective incomes in the aquaculture value chain. With growing local & export demand for fish and with unused capacity in water bodies & Wamagana Plant, there exists significant potential for both short & long term growth in the subsector. The former focussed on building smallholder incomes while the latter focussed on attracting mid-scale operators in the value chain to set up in Nyeri County.

		Estimated Resources	Options for Scale
Build Aquaculture Prospects	Reach out to IFAD/Msingi Foundation (who have a specific expertise & mandate on aquaculture) to realise potential and build out incomes across value chain for aquaculture with the view to engage more young people and women in income generating activities in the subsector. Key Indicator would be # of Nyeri residents earning an income from aquaculture	35 million (ADP page 78) (CISP page 25)	Extra budgetary allocation. Partner with Msingi Foundation & IFAD.
Scale-Up Support to Aquaculture	Prioritise and engage IFAD's Aquaculture Business Development Program (ABDP) of which Nyeri County is set to be a recipient to scale up activities & support around the aquaculture value chain. Key Indicator would be support received from IFAD in line with above mentioned goals	Extra budgetary allocation. Partner with Msingi Foundation & IFAD.
Procure Materials from Local Artisans	A key activity in promoting the aquaculture value chain is cage construction which can be replicated and constructed by local jua kali artisans Key Indicator would be # of cages constructed & procured from local artisans (LOCAL CONTENT)	Extra budgetary allocation, CSR/ donor outreach for cages.
Provide 4,500 economically vulnerable individuals with an opportunity for income generating activities through building the aquaculture value chain.			

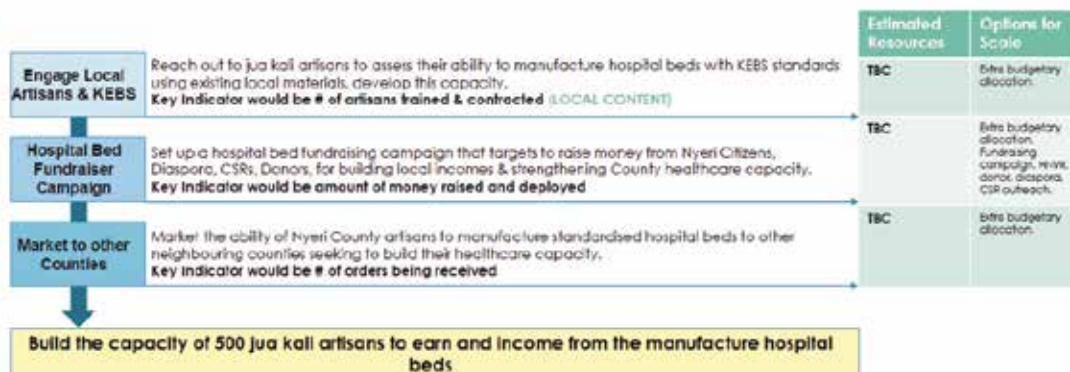
AVICULTURE

Expand the indigenous poultry farming initiative under the Kenya Climate Smart Agriculture Program (KCSAP) through extra-budgetary allocation and development partner outreach. The project seeks to create opportunities in the aviculture value chain of indigenous chicken by providing economically vulnerable individuals and groups with equipment, support and training to engage within the aviculture value chain. This specific sub-set of the value chain has been identified by the Nyeri County Department of Agriculture as a nascent opportunity for growth and impact.

		Estimated Resources	Options for Scale
Assess Aviculture Prospects	Assess the value chain of indigenous chicken farming including key bottlenecks and nascent areas of opportunity for smallholder farming, income generation and self-employment. Build on existing material and project management structures of the KCSAP project. Key Indicator would be # of areas of possible income generation identified	TBC	Extra budgetary allocation. Partner with DAV, KCSAP.
Scale-Up Support to Aviculture	Build on existing KCSAP structures and processes including donor outreach to build direct support for identified areas of income generation and impact. This could include provision of indigenous poultry farming kits, incubators, chicks and extension services. Key Indicator would be support received from donors in line with above mentioned goals	Extra budgetary allocation. Partner with DAV, KCSAP.
Procure Materials from Local Artisans	A key activity in promoting the aviculture value chain is cage construction which can be replicated and constructed by local jua kali artisans Key Indicator would be # of cages constructed & procured from local artisans (LOCAL CONTENT)	Extra budgetary allocation, CSR/ donor outreach for cages.
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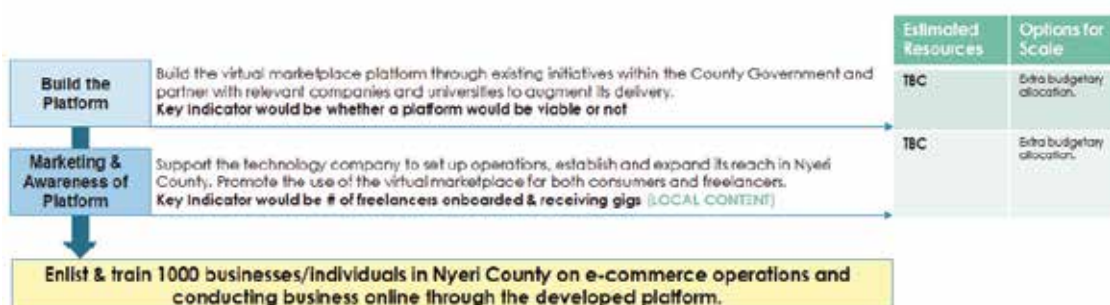
Nyeri County Hospital Bed Manufacture Program

Building on the recent move by local artisans in Kiambu County to start manufacturing hospital beds and the directive from President Uhuru Kenyatta for the state to purchase 500 of these beds. Engage local jua kali artisans in Nyeri County to transfer the knowledge of small-scale hospital bed manufacturing and establish a hospital bed fundraiser campaign that will attract donations from Nyeri Citizens & diaspora, philanthropists, CSR foundations etc. to create income and build health capacity in Nyeri at the same time.



Virtual Marketplace Program

Establish a business directory, services exchange platform for Nyeri County that connects freelancers with households and businesses in a safe and smart way. The platform would seek to leverage the use of smartphones and the internet to connect households and businesses with verified domestic workers, funds, artisans, and blue-collar professionals and make hiring of casual workers simple, convenient, and safe. The platform would also serve as a business directory and e-commerce platform for Nyeri County businesses.



Handwashing stations prior to distribution



A foot operated handwashing station installed at Thangathi Health Centre in Tetu Sub County

SECTOR: GENDER

This section highlights innovations within the Gender Sector from the following Counties; Mombasa, Machakos, Kwale and Kilifi during the fight against COVID-19.

MOMBASA COUNTY OPENS A TOLL-FREE LINE AND SETS UP A SITUATION ROOM FOR SURVIVORS FOR GENDER BASED VIOLENCE PREVENTION AND REPORTING, MAY 2020

Introduction

Cases of gender-based violence had been reported to have increased across the country due to the stay-at-home directive and the curfew imposed by the government in the initial phase of the Coronavirus pandemic. In this period of the pandemic, the County Government of Mombasa noted a decline in the number of reported cases at the GBV Rescue Centre (RC) at the Coast General Hospital and the police stations. However, there was a slight increase in cases that were being reported through other stakeholders within the Mombasa County GBV Technical Working Group (TWG). For example in March and April, the GBV RC at the Coast General Hospital reported 35 cases while 15 cases were reported at the police station as opposed to 60–70 cases that were being reported through other stakeholders. The sharp decrease in reported cases was linked to the curfew, stay-at-home and social distancing directives. GBV cases are sensitive and privacy is required during reporting. However, with social distancing at the police stations without a dedicated GBV desk, it meant that survivors were not assured of privacy as they had to speak louder. The low numbers in the reported cases were also attributed to the relocation of the rescue center at the Coast General Hospital to a different wing which was necessitated by the need to have a quarantine center within the hospital. The County through the GBV TWG saw the need to have a toll-free number that would support calls and SMSs for the residents.

Response and Action

The County reached out to partners within the TWG to support the toll-free calling and SMS line to support residents during this COVID-19 pandemic. The County also saw the need to set up a situation room to follow up on the cases through trained social workers. The situation room acted as a call centre and also dealt with survivors who walk in to report cases of GBV and information on the referral pathways.

Sauti ya Wanawake through their partners supported the toll-free number 0800 720 587 and SMS number 21094 for a period of three (3) months from May to July 2020 after which the County budgeted for this initiative for sustainability. The process of acquiring and operationalizing the toll-free number took a maximum of two weeks. To ensure efficiency, the County had ten (10) people working at the situation room and had also linked the toll-free number to various extensions for people within the TWG to ensure that a psychosocial tele-counsellor was always available to receive a call from the survivors. Six (6) of the workers at the situation room were employees of the County while the other four (4) were volunteers from the community. This was informed by the fact that volunteers drawn from the community had firsthand experience in dealing with GBV at the community level and possessed a certain level of awareness of some of the issues that were reported. The workers complemented each other well and worked together effectively. The County also facilitated the workers in the situation room with an allowance to cater for their meals and transport since they worked in shifts.

For awareness creation of the initiative, the County was involved in a series of sensitization activities and outreach within the sub-counties, using various platforms, including door-to-door sensitization through social workers and use of local radio stations.

Outcome and Results

Through this initiative the County recorded more reported GBV cases and worked on referral effectively through the support of other stakeholders within the TWG. So far, the County has been reaching out to the survivors who call or visit the centre for support. It also has an efficient referral system in dealing with reported cases. This has led to the County receiving calls from survivors of GBV from neighbouring Counties.

Lessons Learnt

Some of the key lessons and challenges the County has learnt and faced through implementing this initiative include:

- The need to have a budget that can support some of the survivors who visit the centre is key. Some cases are very sensitive, e.g those of rape, and the need for immediate rescue action is required. Some of the survivors cannot support some expenses like transport and thus the County wishes to establish a kitty to support them. In the next phase, the County has planned to acquire a van to transport the survivors to police stations and hospitals in a bid to safeguard evidence to be collected for medical and medico-legal purposes to ensure that there is no loss of evidence as the due process is followed.
- There is a need to review the viability of safe houses because an unintended consequence of refuge accommodation in safe houses has been that safety is secured by fleeing rather than excluding the perpetrators of violence.
- There is a need for continuous resource mobilization within the Department to support activities due to the constraints in budget, especially during this pandemic period where all the efforts were concentrated towards health and other sectors.
- A strong TWG is very key because the County need not bear the entire burden, there is need to work together with stakeholders on the GBV referral pathway including gender champions and male champions.
- The County has also noted a rise in the cases being reported from the neighboring County of Kilifi. Joint coordination and intervention of the two Counties is necessary.
- The County has also faced challenges where residents use the line to report unrelated issues. Further sensitization is required on the importance of proper usage of the line.

Recommendations

- There is a need to map out GBV hot spots within their jurisdiction and the related violence experienced in those areas because of the different dynamics that are experienced within different wards. This is also key to supporting stakeholder mapping and budgeting for various wards/sub-counties within the Counties and the development of appropriate and inclusive messaging even during awareness

creation through various platforms. This is important to ensure that the message being shared is relevant and specific to certain areas.

- There is a need to have trained personnel to offer psychosocial support to some of the survivors that call and also visit the situation room for help.
- There is a need for Counties to work collaboratively in cases where there are jurisdiction issues and survivors need to be referred to their respective Counties for support.
- There is a need to adopt a multi-sectoral approach when dealing with GBV for effective stakeholder participation and resource mobilization.



Launch of the toll-free line and situation room in Mombasa County

TARGETED GBV INTERVENTIONS TO ADDRESS RISING CASES IN MAKUENI COUNTY DURING THE COVID-19 CRISIS, JULY 2020

Introduction

The COVID-19 crisis and physical distancing measures caused deep concerns about their impact on women in abusive relationships. Numerous articles in the Kenyan media pointed to the increased risk women in these relationships faced under lockdown conditions. With support from partners, the County Government of Makueni through the Department of Gender, Children, Culture and Social Services (DGCCSS) established a Gender-Based Violence Recovery Centre (GBVRC) operating during normal working hours and offering free comprehensive response services for survivors of Sexual and Gender-Based Violence (SGBV), including referrals using a multi-sectoral approach to response, prevention, and management. The GBV service providers were fully empowered through sensitisation on GBV management, held regular debriefings and established a county-wide GBV service providers' network to ensure uniformity in SGBV service delivery, and ease data collection to inform policymaking. Interventions followed a root-cause analysis to mitigate the vice, creating awareness on gender concepts, including gender equality and gender-responsive budgeting and legal frameworks prohibiting various forms of GBV.

A forum was held to engage, train and equip men to become gender champions. The Department enjoyed political goodwill from the County leadership (both the Executive and County Assembly), including fully backing the enactment of policies that prevent SGBV, and promoting awareness on GBV locally and nationally. Moreover, the Department established and trained community-based child protection committees across the County. Thirty (30) forums for children-safe spaces targeting 6,000 children were held to get the children's opinions and voices. The County used the children's voices such as, "Why do people sexually abuse orphaned children?" and many more to develop walking galleries and so far, they have been presented to the teachers during the Kenya Primary School Headteachers Association Annual Delegates Conference that was in Mombasa and in February 2020.

A duty bearers' handbook under publication will be circulated to all relevant stakeholders. Kenya reported its first COVID-19 case on 13th March 2020, and by 1st June 2020, there were 2,021 confirmed cases out

of 80,054 tested, with 482 recovered cases and 69 deaths. Makueni County which was among 13 counties yet to report a single case, reported 2 cases on June 1, 2020. As part of countrywide precautionary measures against the spread of the virus, the national government started issuing guidelines aimed at reducing incidences of cross-infection. Passenger flights into the country were stopped and parts of the country put on lockdown. Residents were asked to stay home. Many businesses thus shut or scaled down and jobs were lost as well as other sources of livelihood. Learning institutions and places of worship and entertainment closed too, curtailing spiritual nourishment and socialisation. Correctional facilities released petty offenders. The economy suffered further as production dipped and food prices and household expenditure hiked. With the COVID-19 restrictions, families found themselves reunited in these new dynamics as husbands returned home from urban areas, with little hope. At home, the new dynamics brought about shifting expectations and roles of each family member, causing higher stress levels, leading to increased cases of gender-based violence, especially emotional, psychological, physical, sexual and intimate partner violence, and child marriages.

Response and Actions

During the COVID-19 period, the unique dynamics brought about by the precautionary measures taken by the National Government and County Governments pushed the Department of Gender, Children, Culture and Social Services to mobilise multi-sectoral support to enhance its GBV response accordingly as follows:

- Established a 24-hour hotline to encourage reporting of all forms of gender-based violence occurrences.
- Those reporting cases could call via reverse calls by dialling 0700346405.
- Continuous awareness and sensitization was carried out by the anti-GBV champions within their respective communities. Most of them detected and responded to cases before reporting and referring to the recovery centre and the DGCCSS offices. Also, through the forums, the citizens were aware of the GBV referral pathways and the 24-hour hotline.
- The DGCCSS trained male anti-GBV champions to act as watchdogs in detection, prevention, response and management of GBV.
- Created of various WhatsApp groups whose membership comprises community anti-GBV champions for sharing and reporting of cases.
- The County's GBV Recovery Centre now remains open after curfew hours.

- Established a furnished emergency safe shelter in one of the health centres with a 15-bed capacity (8 for women and 7 for men) for short-term placement of the most vulnerable survivors of GBV. The safe shelter is strategically situated within the hospital and near a police station.
- Continuous psychosocial support to survivors of GBV in collaboration with the Department of Health Services.
- The Department strengthened the existing anti-GBV and child protection networks.
- To ensure administration of justice is accessed and achieved, the DGCCSS continues to monitor, follow up and offer surveillance on cases of GBV across the County.
- Strengthened partnerships and linkages with GBV stakeholders.

Outcomes and Results

- The GDCCSS in Makueni County enjoys political goodwill from the leadership in terms of funding to conduct sensitisation forums for the community on gender issues.
- Increased sensitisation on GBV prevention and reporting has seen more cases reported.
- The 24-hour hotline enhanced communication with the police since most of the survivors were accompanied by the police to the recovery centre. In a day, a total of 4–5 cases were reported and handled. It is noteworthy that the majority of survivors were minors, mostly defiled by family members/relatives and/or neighbours. Most of the survivors were school-going teenage girls and were already pregnant. Recently, a case was reported of a 5-year old girl defiled by a 17-year old boy.
- People shared the hotline number through social media pages. They knew where to get help and were confident of quick response; they knew the safe house took care of SGBV survivors, which gave them confidence. They knew who to call to intervene, i.e. the chain of reporting.
- Identification of male champions helped since men were helping each other. Initially, men suffered GBV silently due to their egos. A male champion to whom men feel free to open up operates the hotline.
- With correctional facilities closed to comply with social distancing measures, most GBV cases were being resolved through counselling and reconciliation, after review of the root cause, for example, husband and wife feuds.
- The twin sensitisation on COVID-19 and GBV issues

has led to increased reporting of GBV. Empowered duty bearers, including Members of County Assembly (MCAs), sensitised parents to take responsibility for their children.

- The DGCCSS has expanded its human resource and is ably coping with the GBV cases, and with support to the vulnerable in the community.
- Funds that had been set aside to support the vulnerable in the community pre- COVID, supported them fully, and with a lot of food donations from the business community were able to cushion them for some time.
- Donors outside Makueni include GVRC Nairobi who offered training, Equality Now Africa who offered training and supported to produce a duty bearers' handbook on GBV for children, the National Council for PWDs, Lions Club, Starkey Foundation, Mully Children's family, and many others.

Lessons Learnt

- Commitment, responsibility and accountability to donors create confidence and attracts further support.
- There is a need to encourage the community to develop a saving culture to be able to weather future crises and avoid the stress that results in GBV and other vices.
- There is a need to sensitise families on taking responsibility, co-existing and community resilience through economic empowerment (training how to fish). The pandemic exposed the fact that parents have not been bonding with their children, and thus view them as a burden. We need to train the community that responsibility for children is with family and not the church or school. Extended families (guardians) returned children to children's homes as they found it difficult to cope with them. Likewise, couples have not been bonding enough; divorce cases are high in both old and young couples who learn from the older ones. Post-COVID, Gender Programmes need to initiate family programmes to help rebuild families.
- Communities should be discouraged from rushing to the safe house and instead learn to take responsibility to take care of their people; empower the community economically and through knowledge.
- The COVID-19 crisis taught people the art of sharing. Members of the community have engaged in resource mobilisation to help those in need. Gender Programmes should encourage communities to support one another.

- The success of the interventions was due to the involvement of partners, including the National Government and non-state actors in and outside Makueni like NGOs, FBOs, CBOs, private sector, businesses, and individuals. Most of them have donated food and water tanks.
- The number of vulnerable people increased due to COVID-19. The National Government and County Governments need increased funding to support targeted programmes such as counselling, economic empowerment, behaviour change, etc.

Recommendations

- The community should be the first champion to fight GBV within it. Government officers should involve the community fully.
- Gender should be mainstreamed in every County department as a matter of policy since most of them are gender-blind. Gender is not about women; it is about equity. Counties should have gender-focused structures up to the village level.
- Counties should strengthen networks; the GBV war cannot be won single-handedly, or by one gender.
- Success in gender interventions requires a combined effort and multi-sectoral approach. Makueni succeeded in COVID-19 interventions by involving agriculture (chicken), Water Department (for distribution of water since girls are sometimes defiled going to fetch water), etc. GBV is not a matter for women only — to succeed, you must involve men — Gender Departments should work towards a change of attitude on gender being about women. We should break stereotypes existing due to socialisation.
- Counties should initiate long-term resilience programmes to avoid giving handouts.
- A lot of gender work involving OVCs, the elderly and the PWDs is managed at the national level yet the gender officers in the national government are never facilitated. This function should be devolved to the county level.
- Sensitisation campaigns for duty bearers — chiefs, pastors, teachers' union and others need empowerment towards attitude change on gender issues and GBV matters in particular, and to take responsibility in resolving issues affecting the public within their jurisdictions.
- Reconciliation should be informed by root-cause analysis.
- There is need to break the culture of silence, especially for men, some of who are, for example, sleeping without eating, yet they cannot tell people;

men are dying more than the women as a result of stress and related diseases, following GBV. There are more widowers than widows.

- Debriefing for service providers is necessary given the heavy issues they handle, which are draining; gender work requires a lot of passion; it is a calling.

LAUNCH OF A GENDER-BASED VIOLENCE RECOVERY (GBVR) CENTRE AND A TOLL-FREE NUMBER TO HELP END GBV IN KWALE COUNTY, JANUARY 2021

The onset of COVID-19 and the subsequent containment and preventive measures put in place by the Ministry of Health brought with them a number of challenges that disproportionately affected women, youth and Persons Living with Disability (PWDs). The closure of schools exposed children to all forms of violence, including violent discipline by family members, emotional abuse, child labour, transactional sex and child marriage. Economic hardships due to lost jobs or unpaid leave also took a mental toll on household providers. Curfews and lockdowns only served to increase GBV-related risks and violence against women and girls, but also limited survivors' ability to distance themselves from their abusers as well as reducing their ability to access external support. Counties reached out to the Council of Governors seeking support, particularly in offering psycho-social support to survivors.



Governor, H.E. Salim Mvurya, announcing the setting up of a GBVRC in Kwale County

Gender-based violence (GBV) cases affecting men, women and children, were increasingly reported in Counties. Due to a surge in such cases in Kwale County, the County Government launched a Gender-Based Violence Recovery Centre (GBVRC) at the Kwale Referral Hospital and a toll-free hotline number (0800720503) to report and help end such cases. This 24-hour toll-free helpline is operated by a trained tele-counsellor who

is responsible for providing psycho-social support to survivors. Before this, the only such facility was at the Coast General Hospital in Mombasa County and this in part caused delays in access to justice for Kwale County survivors. The GBVRC in Kwale intends to work closely with all security agents in the region to ensure that children's rights are protected and perpetrators face the full force of the law.



The Kwale County GBV toll-free number 0800720503

The Centre offers, among other services, remote psychological first aid to GBV survivors, including male survivors whose GBV cases often go unreported due to cultural and social factors associated with masculinity. Men are encouraged to seek GBV support and not to shy away. GBV breaks men, women and children. The GBVR Centre was put up in partnership with the Gender

Violence Recovery Centre, Nairobi.

KILIFI COUNTY MITIGATES THE HIGH PREVALENCE OF TEENAGE PREGNANCY TO KEEP THE YOUNG GIRLS IN SCHOOL, MAY 2021

Introduction

The gravity of high child pregnancy is not new in Kenya. Data from the Demographic and Health Surveys show that almost 2 out of 10 girls between the ages of 15 and 19 are reported to be pregnant or have had a child already. This was also the case in Kilifi County which has a prevalence rate of 21.8%, the highest in the Country according to a national survey conducted in 2018. Some of the causes and implications identified by the County include:

a) Social

- i) Poor parenting — parents/guardians have abdicated their responsibilities of counselling and educating their children on sexual health.
- ii) Inadequate information on sexuality health and rights — parents and the children lack knowledge on sexual health including menstruation hygiene management, life skills.
- iii) Drugs and substance abuse, especially among young men, lead them to exert peer pressure on young girls to engage in sex.
- iv) Inadequate religious teachings, coupled with low levels of education have led to massive school dropout and lack of appropriate sexual and reproductive health and rights (SRHR) information due to illiteracy — about 5,788 primary school age and 92,030 secondary school-age children are out of school in the County.
- v) Uncontrolled/uncensored social media exposure.
- vi) Lack of role models.

b) Economic

- i) Economic status — the poverty level in Kilifi County is high and this has contributed to teenage pregnancies.
- ii) Access to sanitary towels — children at puberty do not have access to dignity packs and this has resulted in trading sex for the same.

c) Cultural

- i) Myths — there are cultural beliefs among teenagers that early sex will give them good physiological shape.

- ii) Physiological development — young teenagers in today's set up tend to mature faster and are sexually active.
- iii) The culture of night gatherings during funerals has provided a platform for teenagers to engage in alcohol, drug abuse, and sex.
- iv) Inadequate entertainment avenues
- v) Retrogressive cultures such as child marriages and petting of young girls by adults/guardians/relatives that exposes the girl children to predators leading to defilement, incest, molestation

Implications

- A high number of school dropouts in the County
- Early marriages
- High rate of maternal and infant deaths
- healthcare burden
- HIV and AIDS and other STIs
- Emotional instability of survivors and stigma
- Inability to access lifelong livelihood skills (training/skilling).

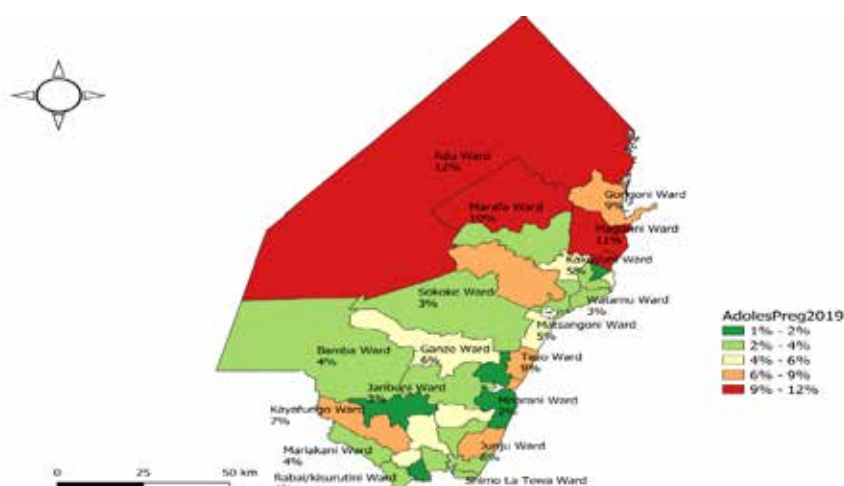


Figure 1. Kilifi County Map showing the teenage pregnancy distribution per Ward in 2019

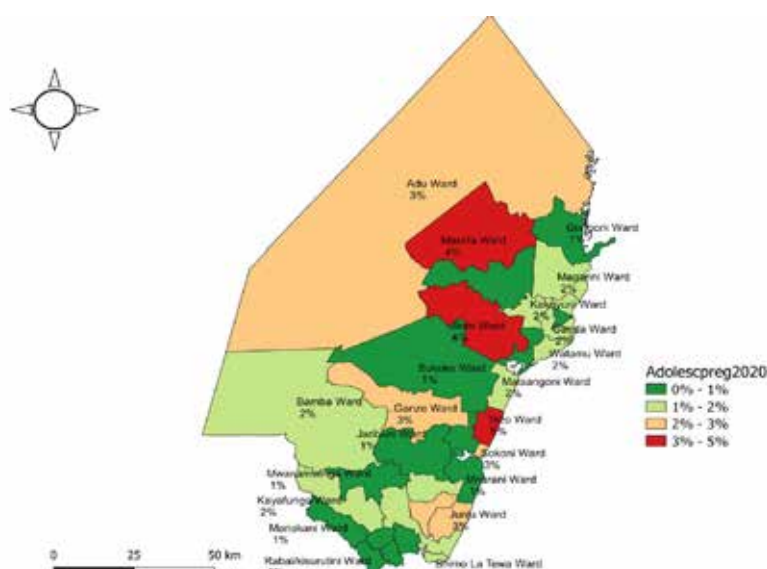


Figure 2. Kilifi County Map showing the teenage pregnancy distribution per Ward in 2020

Table 1: Comparative teenage pregnancy data over the past 4 years same period (Jan–May) for Kilifi County

YEAR	Adolescents (10–14 years) presenting with pregnancy	Adolescents (15–19 years) presenting with pregnancy
2017	106	6066
2018	72	6785
2019	60	4661
2020	64	4743

Table 2: Adolescent pregnancies in 2017 & 2018

Adolescent Pregnancies in 2017 & 2018						
Sub County	2017			2018		
	Adolescents (10-14 years)	Adolescents (15-19)	Total	Adolescents (10-14 yrs)	Adolescents (15-19)	Total
Ganze	31	1,161	1,192	28	1,907	1,935
Kaloleni	15	1,442	1,457	42	2,128	2,170
Kilifi North	70	2,760	2,830	47	2,890	2,937
Kilifi South	21	1,317	1,338	12	1,686	1,698
Magarini	28	2,373	2,401	41	4,096	4,137
Malindi	20	1,397	1,417	26	1,776	1,802
Rabai	43	464	507	2	909	911
County Total	228	10914	11142	198	15392	15590

Table 3: Adolescent pregnancies in 2019 & Jan–May 2020

Adolescent Pregnancies in 2019 & 2020 (Jan – May 2020)						
Sub County	2019			Jan – May 2020		
	Adolescents (10-14 years)	Adolescents (15-19)	Total	Adolescents (10-14 yrs)	Adolescents (15-19)	Total
Ganze	13	863	876	6	402	408
Kaloleni	13	1,190	1203	26	382	408
Kilifi North	35	1,593	1628	19	713	732
Kilifi South	13	1,325	1338	7	576	583
Magarini	36	2,779	2815	14	658	672
Malindi	20	1,043	1063	2	389	391
Rabai	6	551	557	1	181	182
County Total	136	9,344	9,480	75	3301	3376

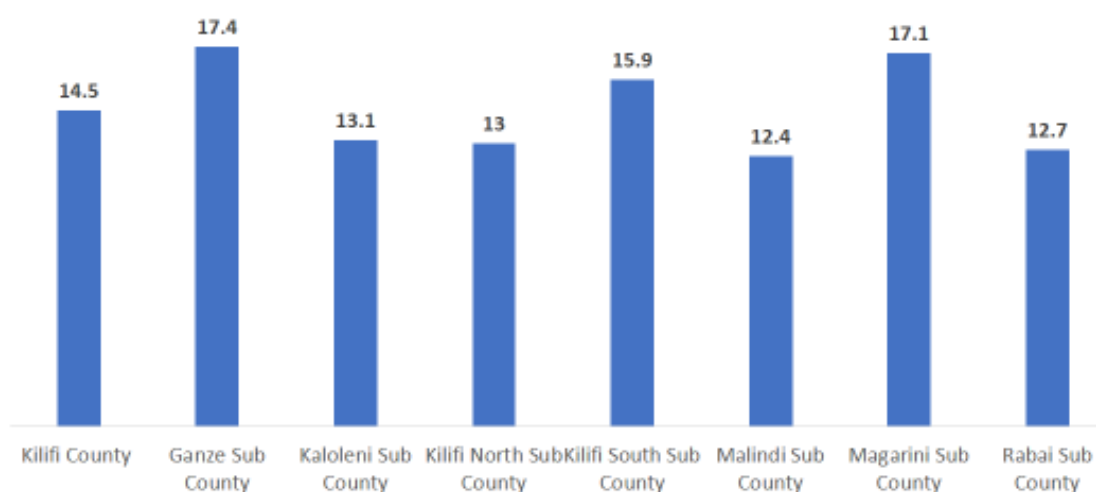


Figure3. Teenage pregnancy rates (%) per Sub-county (Jan–Sept 2020)

Implementation of the practice

Approach

The County Government set up a multi-sectorial team composed of members from the Gender Department (taking lead), the Health Department and Education Department. Further, the County set up a task force to gather information on teenage pregnancies, including the causes, implications and solutions.

Recommendations from the multi-sectorial team and the task force that were adopted include:

- Engagements with the political leadership for political goodwill to allocate more resources to this project.
- Engagement with NGOs and CBOs to provide information and as well carry out civic sensitization and dialogues with the County.
- Engagements with religious groups for goodwill in matters appropriate sexual education.

Strategies employed

- Established a Gender-Based Violence policy to guide programming.
- Put the political and religious leaders at the forefront of the campaign and initiatives against teen pregnancies.
- Held joint campaigns- conducted media and open campaigns, including radio talk shows aimed at advocating for behaviour change communication among young people and to sensitize the community on the dangers of teenage pregnancies.

- Mainstreaming of teen pregnancy mitigation programmes/initiatives in other sectors within the County.
- Use of Community Health Volunteers (CHVs) to gather data, provide first line psychosocial support to the survivors.
- Engagement of the Ngaos (Nyumba Kumi) to ensure that the community is also accountable and plays a key role in educating the young boys and girls in society.
- Trained youth champions — recently formed Kilifi Youth Advisory Council to implement the revised Adolescents and Young People (AYP) strategy to ensure meaningful youth engagement and conduct demand-driven empowerment activities.
- The County Department of Health revived 4 youth-friendly centres in Rabai, Matsangoni, Mtwapa and Malindi Hospital.
- The County partnered with Civil Society Organizations (CSOs) and established a programme to offer transport reimbursement to survivors of GBV to courts while still following up with ongoing matters.
- The department in charge of gender collaborated with the Director of Public Prosecution (DPP), Directorate of Criminal Investigation (DCI) and other legal authorities to fast-track with cases of gender-based violence in the County.
- Provision of free sanitary towels programmes in schools and communities.
- Implementing the national back-to-school policy for teenage mothers.

- Developed the Adolescent Young People Sexual Reproductive Health and Rights Strategic Plan (2018), revised in 2020. In early 2019, the County launched the Adolescent Sexual and Reproductive Health and HIV Strategy to effectively coordinate adolescent reproductive health needs.
- Established a gender police information desk at the County.
- Established a toll-free number through support from United Nations (UN) Women.
- Brought on board tele-counsellors to support the young mothers on issues related to gender-based violence.
- Economic empowerment of teen mothers to ensure that they could support themselves and the babies to avoid further getting impregnated or early marriages.
- Established a package that included baby clothes for new teen mothers.
- Offered parental membership to young mothers.

Resources

- The human resource was provided by the County Government and Community Based organizations (CBOs).
- The County allocated KES35 million in 2018, 30 million in 2019 and 40 million in 2020.

To ensure the sustainability of the strategies, the County is planning to translate this into a County programme and get the community involved by equipping the parents and the CHVs to continue with the initiative.

Results of the practice (outputs and outcomes)

- Increased awareness in the community that child/teenage pregnancy is a big issue.
- Teenage pregnancy reduced in the County as shown in the table below:

Year	Age (10-14)	Age (15-19)
2018	72	6785
2019	60	4661
2020	64	4743

- CSOs have been capacity-built throughout the County to continue with the conversation.
- The intervention has seen an increase in the

allocation of funds within the County budget which is currently (FY 2019/20) at 17 million.

Lessons Learnt

- The multi-sectoral approach should be adopted.
- Dialogue for the teens and the adults is key.
- Mentorship programmes should be employed.
- Adoption of self-organizing groups.
- Political goodwill is key.

What did not work

- Mentorship programmes were expensive to maintain.
- Institutionalizing Sexual and Reproductive Health Education was politicised.

Recommendations

- Introducing comprehensive, age appropriate sexuality and Reproductive Health and Rights education in school is key.
- Mainstreaming of teenage pregnancy measures in all the County programmes.
- Multi-sectorial approach is the best as it brings on board all the critical sectors and expertise to enhance synergy.

What should be avoided

- Working in silos
- Intermittent programming breaks the tempo and gains achieved already.

Further reading

- Adolescent Young People Sexual Reproductive Health and Rights Strategic Plan (2018), revised 2020.
- Kilifi CIDP

SECTOR: EDUCATION

This section highlights innovations within the Education Sector from Kitui County during the fight against COVID-19.

KITUI COUNTY LAUNCHES DISTRIBUTION OF FREE FACE MASKS FOR ALL LEARNERS AHEAD OF SCHOOL REOPENING IN JANUARY 2021

The County Government of Kitui decided to lessen the burden on parents for added school requirements in adherence to Ministry of Health COVID-19 protocols by providing face masks to schools in the County to protect all learners from COVID-19 infection on reopening schools in January 2021. On 12th November 2020. The County Governor launched the distribution of a total of 200,000 face masks which were to benefit all primary schools with 71,000 Class 4 and Class 8 pupils as well as all 27,496 Form 4 students in secondary schools already in school. Each learner received two reusable face masks at zero cost to them. The Kitui County Government met all the costs. The masks were produced by the County-owned Kitui County Textile Centre (KICOTEC).



Governor, H.E. Charity Ngilu, EGH during the launch of masks distribution in Kitui County

Governor, H.E. Charity Ngilu, EGH assisting learners to put on the new masks

SECTOR: COMMUNICATION

This section highlights innovations within the Communication Sector from Kisumu and Lamu Counties during the fight against COVID-19.

THE KISUMU COUNTY COVID-19 RESPONSE CALL CENTRE PROVIDING TIMELY AND CRITICAL INFORMATION, REFERRAL AND LINKAGES AT THE PEAK OF THE EMERGENCY, JUNE 2021

Introduction

With the onset of COVID-19 in March 2020 and the rising cases in the County, the Department of Health and Sanitation in Kisumu County needed to prevent and control the spread of COVID-19 by constantly communicating the right information to the community while receiving and responding to community alerts and distress calls. There was panic over the new Coronavirus, and as such, members of the public depended on many sources for information on how to keep safe and avoid infection, some of which were misleading. Initially, some community members came up with myths, rumours, misconceptions and misinformation about the virus — that it was a disease of those living in major towns, for the rich, or a project for the government to make money. Later, in the second wave of infections, after the initial fear had subsided and the public was lax about the COVID-19 protocols, they would say politicians are not getting Coronavirus; or all COVID-19-infected patients have died.

Implementation of the practice

The County Department for Health and Sanitation internally brainstormed on a technologically coordinated response and communication on COVID-19 and settled on immediately establishing a call centre, with the help of key stakeholders. The Department which is the custodian of the centre developed the content for the Guidelines and Protocols on case definition, infection prevention, burial protocols, testing and contact tracing. The Department reached out to key partners to support plans to start the call centre, including Maseno University, which gave space and furniture to host the Centre, a strong internet network, electricity, security and stable

water supply. Its students from the School of Medicine were recruited on stipend terms by the Department and trained for two days as call centre operators and on COVID-19 and related guidelines. Other partners included PharmAccess.

On May 4, 2020, the Kisumu County COVID-19 Response Call Centre was established at the Maseno University, Kisumu City Campus and officially launched on May 6, 2020, by the County Governor, Professor Anyang Nyong'o, as one of his flagship projects. The call centre staff complement, at the beginning (May–July 2020) included the Call Centre Manager, the Director of Public Health, and 18 Call Centre operators working 12-hour shifts running for 24 hours and later (August–December 2020) reduced to 6 operators working 12-hour shifts running for 24 hours. The Centre had 5 phone lines with 6 operators, 1 being on standby operating 24 hours and with 12-hour shifts. The County provided the operators with meals (lunch and dinner) and transport home, services it outsourced.

On November 15, 2020, the Call Centre moved from Maseno University to the Old Maternity office awaiting renovation and furnishing of its current premises at the CME Hall at the Kisumu County Referral Hospital (KCRH) by the County Government of Kisumu in collaboration with GIS; it occupied the new home on December 23, 2020.

Sustainability

- Given the success of the Call Centre in handling COVID-19-related and unrelated calls, the Centre Manager sought to expand the Call Centre to a fully-fledged Emergency Operations Centre (EOC) and shared a concept that outlines the EOC resource needs for maximum operation with the County top management. The concept was approved and funded, and the EOC is now fully operational.
- The Kisumu success in the fight against COVID-19 enjoyed donor support from CDC/GIS (donated EOC equipment/items on 23 September 2020), PharmAccess Foundation (supported bulk SMS messaging) World Bank (airtime for the rapid response team through MoH Headquarters), and USAID (behaviour change through CHWs).
- The Centre changed staff and reduced Call Centre operators from 18 to 12 as the economy was reopening, lessening the phone-call frequency. The

operators were reduced to 12, then 9 and finally 6, with 3 operators at a time working the 12-hour shift during the day, and another 3 operators working at night. Each is paid KES 1,000 per day.

- Besides radio shows, the Kisumu County Department of Health and Sanitation opened a Facebook page to market the EOC. It has 40,000 likes.
- As part of the Lake Region Economic Block (LREB), Kisumu County is implementing the Adopt-a-School-Initiative which targets to stop the spread of COVID-19 and to mitigate its negative effects in schools through behavioural change advocacy. The programme intends to help schools develop partnerships with health stakeholders to enhance health promotion and strengthen school initiatives.

Results of the Practice (outputs and outcomes)

At the peak of COVID-19 infection and following government interventions such as curfew and lockdown, the Centre would receive 200 signals daily on average. Around July/August 2020, when COVID-19 infections were at a peak, signals from the community on new arrivals in their villages from then hotspots of Mombasa, Nairobi and Machakos helped stop the spread because the Department of Health and Sanitation through the call centre relayed the information to the respective surveillance teams which followed up and tested the subjects some of who tested positive and were quarantined. The new arrivals would either have special permits to attend a burial or would use porous routes to visit their families in the village.

The call centre also responded to distress calls from pregnant women in labour who required an ambulance to evacuate them or from people asking for a dead body to be collected. Other alerts were about people exercising without masks, overcrowded vehicles, etc. Women who called for ambulance services as of 30 August 2020 were 781, with 584 of them successfully helped. Dispatching ambulances to all locations within the County has thus enabled access to healthcare, especially by women in labour, during curfew hours.

To successfully follow up on the reported cases, the Centre developed a tool for bio-demographic and socio-economic data capture and actions taken. The tool classifies calls into COVID-19-related phone calls and unrelated phone calls. COVID-19-related calls include those of persons exhibiting COVID-19 signs and symptoms; persons with a history of travel who are now in the community; and COVID-19 contacts.

Unrelated phone calls include:

- calls from mothers experiencing labour pains. Such calls usually start from midnight, and due to curfew, there are usually no bodaboda (motorcycle taxi) riders at that hour;
- distress calls from displaced villagers who need evacuation and support on basic needs during floods, especially in Nyando;
- A citizen inquiring why they never received COVID-19 cushioning funds (KES1,000) like their neighbour. The National Security Intelligence had identified beneficiaries;
- Requesting help with rent arrears;
- Sexual Gender-Based Violence (SGBV);
- Due to the imposed curfew, men go home early and become quarrelsome. Health workers are also facing SGBV associated with stigma even from their families. For example, a health worker was told by the spouse not to go home lest she infects them.
- Defilement and teenage pregnancy — the County Director of Education has reported 688 cases since COVID-19 started in March 2020.
- Stigma and discrimination — families with patients exhibiting similar symptoms to corona were branded corona-infected.

Around September 2020, the County implemented Adopt-a-School Initiative by the Lake Region Economic Bloc (LREB) which links pregnant girls with Community Health Workers to take them for ante-natal clinics and link them with the local chiefs to take them back to school and also rescue those already married.

Reports on the call centre's life-saving work prompted the County Government to increase the number of ambulances from 7 to 21. By November 2020, the call centre had registered 18,517 calls cumulatively. The calls responded to and completed successfully were 256 (34%). As of 23 March 2021, cumulative calls were 21,188. At peak season, the centre would record 200 calls; this went down to 125, then 60 calls and currently 45 calls per day. The call operators, using their medical background, evaluate and refer them to health facilities.



Governor, H.E. Prof. Anyang' Nyong'o, EGH during a visit at the Kisumu County Emergency Operations Centre

For proper follow-up and linkage, the centre launched the Lusii Mobile App by PharmAccess which is a telemedicine self-assessment tool for patients to evaluate themselves using a checklist of signs and symptoms in the comfort of their homes for signs and symptoms of various illnesses and these are communicated to a call centre operator who evaluates the results and refers the patient to a health specialist who responds and advises on medication. Of the 740 registered users, 580 are active.

The Centre introduced M-Tiba bulk messaging by PharmAccess. The County must get consent from citizens to send them the text blast (an SMS text message sent from a single source to a large group of people simultaneously). The County received consent back in 2019 when registering households for UHC. 294,000 households out of 320,000 were registered.

The Centre is appropriately anchored in the Risk Communication and Community Engagement Unit. It is headed by the Centre Manager who underwent training on Call Centre Curriculum Development by Amref, equipping him with the right knowledge to run the Call Centre. It is manned by trained and knowledgeable operators who give proper referral and linkages, thus building a communication network between different health departments. The Call Centre successfully handled many non-COVID related calls to warrant expansion into a fully-fledged Kisumu County Emergency Operation Centre (EOC).

On COVID-19, the EOC handles case management, logistics, WASH, sample management lab, training, surveillance, epidemiology and Risk Communication & Community Engagement. The County has an Incident Command Structure – the County Director of Public Health & Sanitation is the Incident Commander and has a Deputy. Then there is a Surveillance Team Manager, an EOC Manager, and a Logistics Officer, and this is cascaded up to Sub-county Health Management Team.

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Lessons Learnt

- The EOC service has kept the County Government alert because help may be needed urgently without notice, and issues raised in calls need to be completely resolved, else the community will lose trust and call numbers will go down. The number of callers is determined by the messaging that goes out, how you respond and act on the calls and how you support the community when they have issues.
- Sometimes callers call and hang up, perhaps trying if the line works or if the call is charged. While it is free for callers, the County pays 1 shilling per minute and the bill per month depends on the number of callers.
- Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) is crucial in call centres for rescue, response, and action-taken report, e.g. those not responded to could be due to no security at night, no ambulance or impassable terrain, all allowable reasons as per the call centre operations policy.
- In partnership with PharmAccess, the Centre Mobilised the community through bulk COVID-19

SMS messages on:

- o Containment measures
 - o Wearing of masks
 - o Washing hands with soap and clean running water frequently
 - o Social distancing
 - o Signs and symptoms of COVID-19
 - o Avoiding unnecessary travel
 - o RMNCAH messages, e.g. if in labour at night, call the toll-free number 0800 720 575. Citizens call for free, but the County pays for the line through a Safaricom post-pay bill.
- Bulk messaging was one way of marketing the Kisumu County EOC and its services and also communicating with the community. For example,
 - o In case of labour pain, call 0800 720 575
 - o Protect your loved ones from COVID-19; wash your hands...
 - Sometimes members of the community and police officers would call about the collection of dead bodies found in town or streets during the COVID-19 pandemic. Members of the public and police officers feared removing such dead bodies to the mortuary saying, unlike the Public Health Officers, they are not trained on infection, prevention and control (IPC) and have no PPEs. This, therefore, necessitated the County Department of Health and Sanitation in collaboration with WHO to sensitize police officers on IPC during a 60-day COVID-19 community engagement and behaviour change campaign. The strategy involved social, political and administrative leadership engagement activities in the 3 high-risk Sub-counties (Kisumu Central, Kisumu East and Kisumu West).
 - Systemic, structural challenges can affect the operations of a call centre. For example, the curfew hours start at 8 p.m. while most emergencies happen after midnight. The Centre had to get curfew passes for pregnant mothers in labour. The Centre also mapped out the mothers and attached them to the County's 3,000 Community Health Workers, who would monitor them and assist with evacuation when need arises.
 - Sustaining the EOC operators is expensive. The operators would sometimes write nasty letters if payment delayed due to requisition of payment processes. There are only 5 phones, which may not be enough at the peak of an emergency.
 - Users of the Lusii App (self-assessment tool for COVID-19) experienced stigma, whereas others lacked smartphones through which they could access the services offered by the App.
 - Many residents feared seeking health services in the health facilities due to fear of contacting COVID-19. Continuous sensitization is necessary.
 - Some calls came from neighbouring Counties where

Kisumu County healthcare providers could not coordinate health services.

Recommendations

- The Kisumu County Emergency Operation Centre (EOC) offers a continuum of care on COVID-19 public health surveillance, RMNCAH activities and other socio-economic issues, e.g. floods, gender-based violence and psychosocial issues. A Public Health Emergency Operation Centre must be fully funded to support its activities to function optimally.
- A technological and multi-sectoral approach is more effective in initiating and running the EOC.
- The buy-in of the top management of the County is crucial to the survival of the Centre.
- Always prepare a concept note with factual information to initiate a dialogue on the support you need.
- It is important to respond to the calls; else the public will lose confidence in the toll-free number and will not use it. This calls for the deployment or hiring of more staff (Nurses, Emergency Medical Technicians) to work at the EOC.
- Data collected through the calls should be used to improve public health service delivery through innovative initiatives.
- Continuous sensitization on the purpose of the EOC is important to maintain community trust. It is also important to communicate factual information to counter myths.
- When communicating with the community, use the most commonly used languages.
- All Counties should have functional EOCs.

Further Reading

Kisumu County website, Kisumu County Department of Health and Sanitation Facebook page



Visit to the new EOC at Kisumu County Referral Hospital

LAMU COUNTY USING A TOWN CRIER TO SENZITIZE LOCALS ON THE COVID-19 PANDEMIC, MARCH 2021

The County Government of Lamu used a town crier (a person employed to make public announcements in the streets or marketplace of a town) to inform the community on County initiatives such as Universal Health Coverage, County budget processes and COVID-19 mitigation measures in every Ward. The town crier rode on a donkey and moved from one estate to another with a portable speaker.

Why the use of a donkey?

Most Lamu residents are in neighbourhood where the streets are narrow, only donkeys

could access, and the criers reached more people as the donkeys could walk for long hours without getting tired. Also, it targeted the locals without radio sets and phones to receive information. The crier also redirected the *mwananchi* to the Ward administrators and County offices to seek further information and clarifications. Counties can customize the crier approach to their needs for passing information, for example, using a Public Address (PA) system to sensitise people across the streets of major towns on any incident or issue that requires targeted people to be informed about.



SECTOR: INFORMATION TECHNOLOGY

This section highlights innovations within the Gender Sector from Kajiado County during the fight against COVID-19.

KAJIADO COUNTY EMBRACES PRIVATE-SECTOR PATENTED INNOVATION DUBBED M-RIZIKI TO SCALE UP DIGITAL FOOD DISTRIBUTION TO VULNERABLE GROUPS, JUNE 2020

Introduction

According to a World Food Programme (WFP) Situation Report as of 15th April 2020, Kajiado County was among the COVID-19 hot-spot Counties in Kenya. Others included, including Busia, Garissa, Kiambu, Kilifi, Kisumu, Machakos, Migori, Mombasa, Nairobi, Nakuru, Siaya, Uasin Gishu and Wajir¹. Kajiado County is especially, a food security “hot spot” since it is affected by multiple pre-existing crises resulting from more frequent extreme weather events (extended severe droughts and back-to-back failed harvests before hordes of desert locusts descended on its crops and pastures in late December/early January 2020), and resulting in loss of incomes. The vast majority of Kajiado’s population lives in rural areas and depends on agricultural production, seasonal jobs in agriculture, or pastoralism. The population, therefore, has very little to fall back on, materially speaking.

Dozens of Kajiado County residents, mainly in rural areas, were going hungry following prolonged drought coupled with effects of the coronavirus pandemic. According to the Daily Situation Report, SITREP 104 by Ministry of Health, (as of 30 June 2020, Kajiado County had reported 255 COVID-19 cases, representing 4% of the 6366 total cumulative cases reported nationally. Most affected areas were Mailua (Kajiado Central), Torosei (Kajiado West), and Ilkilunyeti in Kajiado East Sub-county². In a bid to immediately respond to a crisis-within-a crisis, the County Government of Kajiado needed to provide food to the hunger-stricken residents as effectively and efficiently possible.

Distribution of relief food, especially during the COVID-19 pandemic brought more suffering than relief to a majority of Kenyans. As witnessed in the media where residents of Mathare and Kibera slums in Nairobi, for example,

experienced a much-publicized scramble for relief food which resulted in a stampede caused by those outside the gate. This led to the unfortunate injury and even death of residents. Police fired tear gas and injured several people, including women and children.

In Mathare, a group used a physical card voucher system given to pre-selected beneficiaries to enable them to access food from pre-selected shops in their localities, and beneficiaries would be escorted by the financier’s team to the shops to witness the delivery of food support to the beneficiaries, for accountability purposes. Thereafter, the financier’s team would pay for the food provided by the shops. This process, while laudable, was time-consuming, quite public, and could only reach a small number of beneficiaries at a time. Most distribution methods used in Kenya to reach and support vulnerable people, by government officials and humanitarian agencies have entailed crowding of hungry people, in one location, to receive the free handouts, which are often sourced from large monopolies as suppliers outside the rural areas, so the struggling local small and medium enterprises lose out on business.

Elsewhere in Kwale County, media reports pointed out to corruption allegations where government administrators³ charged with distributing food support during COVID-19 were accused of denying vulnerable residents the food and allegedly colluding with shopkeepers to sell it⁴.

Response and Actions

Kajiado County Government sought to do things differently and the private sector approached them with a tried solution at an opportune time. Meanwhile, a few days after watching the Kibera slums incident in the news, a communications agency, Empiris Creative Communication Ltd., realised there was a need for a better strategy and approached a software development company, Fashionnaire Corporation Ltd., to help develop a virtually integrated system. When the system was completed, the agency dubbed it M-Riziki. The system innovation eliminated the need for a gathering of large crowds for food. M-Riziki has web and mobile-enabled features that facilitated seamless flow of relief food and other items from donor to the beneficiaries through pre-selected shops. It is a virtually integrated innovation that enabled vulnerable groups to get ‘free’ food, paid for by a financier (National Government or County Governments, organisations or individuals) through existing stores in the beneficiaries’ locality and the e-commerce interaction is enabled, and the financial totals witnessed

account of the innovator, and this is linked with the mobile money transfer platform M-PESA. The shopkeepers

The system was used, under a Right of Use Contract from the private sector innovator, by the County Government of Kajiado to distribute relief food, having already been piloted with the Kiambu County using a small number (200) of beneficiaries in Ruaka. To upscale its use, the innovators marketed M-Riziki to Kajiado County for large-scale roll-out given the system's ability to enable individualised and dignified food distribution to thousands in record time, as well as acting as an economic stimulus to the flailing small and medium enterprises, through which the food is bought by the County for vulnerable beneficiaries.

We surely don't need to parade people in need of humanitarian aid. We can protect their dignity through the use of digital solutions such as M-Riziki

— Ms. Lorna Sempele, CEO of

Empiris Creative Communication Ltd
and innovator of the M-Riziki Virtual
System.

The M-Riziki distribution method was launched in Kajiado North with plans to continue feeding approximately 30,000 of the hungry people throughout the County. By June 2020, 2,000 residents had benefited from the programme with the next phase proposed to start from July 2020.

The System which includes a mobile application, virtual PIN, back-end database integration to the financier, shops, and innovators, as well as enables e-commerce is integrated at the highest level of Business Process Re-engineering yet to be developed elsewhere, as opposed to a simple and lower-level cash transfer system. The ICT developer enters data on beneficiaries, who are identified by the financier, into the system. This information is then used to prompt the beneficiary through a short message (SMS) sent to their mobile phones, on where to collect the food and its cost. The SMS contains a unique number (PIN) for each beneficiary alongside information on the specified shop from which to collect the food. The beneficiaries present the information to a pre-selected shop closest to their home, in exchange for food, at their convenience. In the process, the dignity of the beneficiaries is safeguarded since the system excludes gathering or queuing for the commodity. The system is secure and its features tamper-proof. With the system,

financiers deposit the money to buy the food to a bank account of the innovator, and this is linked with the mobile money transfer platform M-PESA. The shopkeepers are later paid through M-PESA upon showing dispatch receipts commensurate to each food hamper collected by the beneficiary. This was to ensure transparency and accountability of the entire process. Once that PIN expires, the system automatically bills the innovator, on behalf of the shopkeeper and payment is made to shopkeepers shortly thereafter. This avoided the long-term problem of waiting for the Government to release funds to suppliers and therefore acted as an economic stimulus during an economic recession.

Outcomes and Results

Kajiado County, which is the first County to use the privately-owned M-Riziki on a large-scale basis, reaching thousands, plans to continue partnering with the M-Riziki innovator to feed at least 30,000 vulnerable households to cushion them against COVID-19, and in record time. The Kajiado County project launched on Friday 22nd May 2020 in Ngong town by Governor Joseph ole Lenku covered thousands of families.

The system saved the County the logistical nightmare of hiring transportation and physically packaging the food into individual hampers and distributing them physically to beneficiaries in dispersed locations. It also eradicated cases of corruption since it simultaneously sends automatic reports to the shopkeeper, the County and the System administrator. The County can view the daily distribution status, and the equivalent cost of the food hampers released from the pre-selected shops. The new system was meant to boost the local economy



A beneficiary of the M-Riziki initiative receiving their food package from one of the distribution shops

by promoting local shopkeepers who are promptly paid. More than 100 local shops were enlisted across the County to 'sell' the relief food.

Donors can easily track their money from the system. They can see how much was spent on a particular day and who the beneficiary was. Furthermore, we provide them with the receipts we collect from the shopkeepers to show that their money was indeed used. So, there are no loopholes for corruption

— Joshua Nderi Wanjugu, of the M-Riziki team.

The support to beneficiaries in Kajiado County included: 8 kgs of maize flour, 3 kg of beans, 2 litres of cooking oil, 4 kgs fortified porridge flour, 5 face masks made by the County's Vocational Training Centres and 1 small bottle of sanitiser. The package was worth approximately KES1,500. Daily payments are possible through the system because every shop has its bill reflecting in the backend. However, for effective logistics, the innovator collected invoices weekly and paid the shopkeepers every Friday through M-PESA. M-Riziki virtually converges the donor, beneficiaries and shopkeepers onto one platform, thus, minimising physical interaction. The shopkeepers sign a contract to work with the innovator to deliver the hamper items and quantities to beneficiaries, to limit the cost to a certain ceiling in Kenyan currency, and to download the mobile application that is part of the system. This application is then used by the shopkeeper to verify and validate beneficiaries, dispatch the items agreed by the County, and raise invoices for payment to the innovator, who pay using monies invested by the financier, in this case, the County Government of Kajiado. Generally, with the system, the donors, who can be the National Government or County Governments, organisations or individuals, only identify beneficiaries and pre-selected shops in the neighbourhood from where the food is picked. The virtual system is also capable of generating shopkeeper invoices and quotations.

'M-Riziki eliminates the stigmatization of people in need of relief food. Once a beneficiary receives the message, he or she can walk to a pre-selected shop without anyone noting that they are poor and going for the food

— Ms. Lorna Sempele

The strict procedures eliminated the chances of fraud and malpractice regarding funding for the support of vulnerable groups while ensuring efficiency in relief distribution. They used the system to activate payments thus keeping an electronic record of the quantity of food bought and its cost, shops that have distributed the food and the people who had received the food. Delays occurred in case of erroneous data. Good data means speed in delivery through the system; bad data means heavy call-centre use and delays in delivery of items due to the need to triangulate verification of beneficiaries. Bad data cases would arise when one beneficiary's mobile number would be used by 4 other beneficiaries who didn't own phones. The system only recognised the first ID number entered against a corresponding name as shown in the ID and generated the PIN.

Lessons Learnt

The experience of large-scale roll-out in Kajiado County revealed the following:

- The system works 24/7 and 100 % without any problem so long as the beneficiaries' data (ID number, name as per the ID and phone number) provided by the stakeholders is accurate. Inaccurate data causes a delay due to the need to triangulate verification and validation of beneficiaries, through a call-centre set up by the innovator.
- In the case of Kajiado North, Kajiado County used the County Emergency Fund to support the rollout of the food distribution project.
- Integration of the three groups (donor, shopkeeper and M-Riziki innovator) to distribute required items by vulnerable groups is crucial. County involvement has enabled up-scaling and helps meet the grassroots need.
- ICT-enabled models like M-Riziki facilitate dignified and convenient food distribution to vulnerable households while stimulating local economy,

especially small enterprise growth since the food is bought from local retail shops.

- The M-Riziki platform can assist in creating a database of the most vulnerable households that can be updated progressively for better targeting during various emergencies, and other government subsidy programmes while triggering demand for and use of mobile-phones by small businesses and communities. Such models also serve to stimulate local innovations.
- Counties should support innovators to protect their patents in order to safeguard innovations that provide solutions to local challenges and to inspire upcoming innovators.

Recommendations

National Government and County Governments should partner with local researchers and digital entrepreneurs to develop timely local solutions to key challenges for sustainable intervention. In fact, with such support, M-Riziki can easily turn into a global brand, through which the poor will be helped quietly, without stripping them of their dignity through public display of their poverty, while lifting Kenya's name as an innovative society.

Governments and humanitarian agencies that provide food aid to communities affected by natural and man-made disasters like droughts and other crises should adopt M-Riziki to fast-track food distribution in a dignified and convenient manner to all kinds of beneficiaries, while at the same time, boosting local business. The system is, however, not limited to food distribution. Those seeking to support other vulnerable groups, for example, women and girls with sanitary towels; persons with disabilities with assistive equipment; and HIV and AIDS patients with anti-retroviral drugs, can also have a Right of Use contract with the innovator to distribute the donation in privacy.

To cure the challenge of incorrect data, M-Riziki innovator and County officials must together be involved in data collection training and assessment before receiving any beneficiary data. It is important to train data collectors at the outset to ensure good data of beneficiaries to enable a quick turn-around of support.

1. <https://reliefweb.int/report/kenya/wfp-kenya-covid-19-situation-report-1-18-april-2020>
2. <https://www.nation.co.ke/dailynation/news/covid-19-167-more-test-positive-46-leave-hospital-548710>



CONCLUSION

While COVID-19 has in a short span cost lives and disrupted livelihoods of many, there have been positive changes. The stories in this Compendium have demonstrated that governments can work to deliver services faster and with the efficiency required and using multi-agency and multi-sectoral approaches despite limited resources. The County Governments worked with the National Government, development partners, the private sector (Industries and private health providers) civil society organizations and the communities to build resilience and support response and case management of the disease since the virus hit Kenya.

The challenge remains in the sustainability of these interventions even after the pandemic. We hope that the lessons and recommendations in this Compendium will inspire County Governments and their stakeholders to build better by fixing what was broken and implementing measures to prepare better for future emergencies.



ANNEX 1: LIST OF AUTHORS, ASSISTANT AUTHORS AND EDITORS

NAME	DESIGNATION
Mr. Stephen Osingo	Knowledge Management Consultant
Ms. Jane Kimbwarata	Knowledge Management Consultant
Ms. Clemency Dorah	Knowledge Management, CoG
Ms. Wanjiku Gitonga	Gender Committee, CoG
Ms. Khatra Ali	Health Sector Committee, CoG
Ms. Zipporah Muthama	Intergovernmental Relations, Justice & Legal Affairs Committee, CoG
Ms. Margaret Muthama	Strategic Advisor, Tony Blair Institute for Global Change
Ms. Winnie Mutua	Analyst, Tony Blair Institute for Global Change
Ms. Yvonne Ogwang	Communication Department, CoG
Mr. Gerald Muka	Communication Department, CoG
Ms. Peris Njibu	Health Department, CoG
Dr. Nyoike Wamwea	Head of Governors Delivery Unit, Nyeri County
Ms. Judith Amisi Ochieng	Health Information Officer, Migori County
Mr. Kennedy Ombogo	Director for Public Health, Migori County
Ms. Rosemary Irungu	Public Participation Unit, CoG

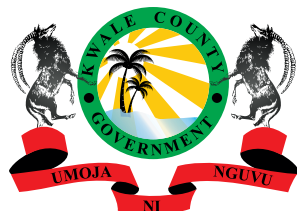
ANNEX 2: LIST OF RESOURCE PERSONS (INFORMANTS)

NAME	DESIGNATION AND INSTITUTION
H.E. Prof. Paul Chepkwony	Governor, Kericho County
Dr. Mahamud Eda	CECM Health, Mandera County
Dr. Shadrak Mutai	CECM Health, Kericho County
Mr. Boniface Mutua	Director for Economic Planning
Mr. Stanlus Matheka	SDGs Champion, Makueni County
Dr. Betty Langat	Director for Health, Kericho County
Mr. Mwangome Cyrilus	Director for Gender and Youth Affairs, Kilifi County
Ms. Jane Makau	Monitoring and Evaluation Officer, Kakamega County
Ms. Esther Ingolo	Director for Gender, Mombasa County
Dr. Nyoike Wamwea	Head of Governors Delivery Unit, Nyeri County
Dr. George Muia	Medical Doctor, Kericho County
Ms. Beatrice Koskei	Nursing Officer, Kericho County
Mr. Peter Korir	Nursing Officer, Kericho County
Mr. Victor Matakaya	Monitoring and Evaluation Officer, Kakamega County
Mr. Jeremiah Ongwara	CHPO/Risk Communication and Community Engagement Coordinator, Kisumu County
Mr. Billy Muiruri	Head of the Governor's Communication Unit, Kajiado County
Mr. Moses Obiero	Magistrate, Migori County
Mr. Esau Ochorokodi	For County Police Commander
Mr. Alfonse Nkiewa	Head of Prison, Migori
Mr. Maurice Achochi	Clinical officer working at the Migori G.K. Prison
Mr. Raphael Mutunga Mwikya	Sub-Ward Administrator, Makueni County
Mr. Sammy Mutune	PMC Chair, Kwa Mbila Earth Dam, Makueni County
Mr. Teresia Keli	Machine Operator/PMC Member, Makueni County
Mr. Lorna Sempele	Inventor of M-Riziki & CEO of Empiris Creative Communication Ltd
Dr. Githua Lui	Lead Medical, Unilever EA
Mr. Joshua Nderi	Fashionnaire Corporation Ltd

COUNTY LOGOS



Mombasa 001



Kwale 002



Kilifi 003



Lamu 005



Kitui 015



Machakos 016



Makueni 017



Nyeri 019



Kajiado 034



Kericho 035



Kisumu 042



Homa bay 043



Migori 044



COUNCIL OF GOVERNORS

Delta Corner, 2nd Floor, Opp PWC
Chiromo Road, Off Waiyaki Way,
P.O Box 40401-00100, Nairobi, Kenya.

Email: info@cog.go.ke

Phone: +254(020)2403313/4

Cell: +254 718242 203

Website: www.cog.go.ke



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