

COVID-19 and Human Rights: Perspectives and lived experiences of the Urban Poor in Kenya with regards to government COVID-19 response measures



This policy brief outlines the findings and policy implications of an Arts and Humanities Research Council-funded study, 'COVID-19 and Human Rights Project', implemented by the African Population and Health Research Center (APHRC), in partnership with Katiba Institute, Tazama Africa and Cardiff University.

Key messages

Response measures should be human-centered, executed in ways that respect human rights and cushion the people from resultant vulnerabilities.

Deliberate efforts should be made to make urban food systems more resilient in the face of future shocks.

Enhanced public engagement, education and awareness creation on the COVID-19 virus and response measures are necessary to clear the existing doubts and mistrusts and enhance knowledge and understanding of the communities to boost the fight against the virus.



Need for government to enhance transparency and accountability in the use of public resources for the greater public, in the fight against the pandemic. This will inspire more confidence and trust in government among the members of the public.

The government and partners' aid initiatives such as cash transfers and food distribution should be well-coordinated and streamlined to weed out biases in distribution including corruption, tribalism, and nepotism and ensure reception by the most deserving.

More sustainable response measures to cushion people from the vulnerabilities in the face of COVID-19 or other pandemics and shocks, over and above cash transfers, should be sought.

Introduction

The COVID-19 outbreak, declared a pandemic by the World Health Organization (WHO) in March 2020, was first reported in China and has since spread across the globe. This sent the world into a state of panic. After the announcement of the first case in Kenya in March 2020, the government reacted by putting in place various directives and responsive measures in order to contain the spread of the disease. These included the onset, regular handwashing with soap, use of alcohol-based sanitizers, social distancing and use of face masks in public places, ban on public gatherings, closure of learning institutions, dusk-to-dawn curfew and closure of bars, restaurants, night clubs and places of worship, and restrictions of movement in and out of Nairobi (and other areas), among other measures were instituted.

In many instances, government responses meant the disruption of many day-to-day activities resulting in the loss of jobs and businesses (East African, 2020). This has had a ripple effect, pushing many into poverty and heightening food insecurity as households make do with little or no income. This has had an effect on citizens' right to adequate food as provided under Article 25 of the Universal Declaration of Human Rights; Articles 11.1 and 11.2 of the International Covenant on Economic, Social and Cultural Rights (Committee of ESCR, 1993); and Article 24.2(c) of the Convention on the Rights of the Child (UN CRC, 2013). Article 43 (1) (c) of the Constitution of Kenya, states that, 'every person has a right to be free from hunger, and to have adequate food of acceptable quality' (CoK, 2010).

Through a joint effort by the African Population and Health Research Center (APHRC), Cardiff University, Katiba Institute and Tazama Africa, a study was carried out to examine the perceptions and attitudes

of slum residents in Nairobi towards the Kenyan government's COVID-19 response measures in relation to their constitutional rights. It also looked at the lived experiences with the impacts of these measures on their everyday life. The study focused on two of Nairobi's slums, Korogocho and Viwandani, with the overall intent of guiding government and non-state actors in the formulation and implementation of future pandemic responses, policies, strategies and programs in ways that are in line with the right to food and other human rights and protect the vulnerable populations.

Objective

To determine perceptions and attitudes of slum residents in Nairobi towards the Kenyan government's COVID-19 response measures and the impact of the measures on their lived experiences in relation to their constitutional rights.

The Approach

We conducted Focus Group Discussions (FGD) and In-depth Interviews with community members and Key Informant Interviews (KII) with community leaders. Participatory methods of Photovoice, and digital stories and the production of a documentary film were used to document the lived experiences of the community members. Photovoice is a community-based participatory and visual research methodology where participants use photography to capture and express the issues within their environment affecting them. Digital storytelling is a short form of media production where people use digital tools to tell their story in a compelling and emotionally engaging and interactive format.

Key Findings

Data from the study shows a skewed pattern in compliance to the measures. Doubts on the existence of Coronavirus in Kenya and effectiveness of the response measures were expressed. Food insecurity and vulnerability of the urban poor were exacerbated by the response measures.

Data also revealed the violation of human rights in the process, key being the right to food. Other rights violated included the right to health, education, freedom of movement, association, and worship among others. Our results focus on the perceptions and attitudes of the community on the response measures in relation to food security and human rights, with a special focus on the right to food.

Public perspectives on government COVID-19 mitigation measures

i) Measures instituted & compliance

Community members were cognizant of the response measures as many of these were already in implementation, including dusk to dawn curfew, use of face masks, social distancing, ban of gatherings, regular handwashing with soap and sanitization, closure of schools and worship centers, travel restriction and cessation of movement, among others. Compliance was varied, with some members complying while others in the same community not adhering. The sense of disbelief in the existence of COVID-19, with an argument that none of the people they knew in the community had been infected or killed by the virus was an underlying factor to non-compliance, coupled with the running perception that the government was being dishonest about the pandemic as a conduit to steal from public coffers. Some believed COVID-19 was a Western (World) disease’.



“...On that, we have had two groups: there was a group that complied and another group that did not comply. The group that complied knew that for the government to introduce such measures it meant that COVID-19 was real. On the other hand, there were people who said that COVID was not real because they didn’t know of anyone (in their community) who had died from it, which meant the government was lying. So the compliance was fifty-fifty. There were people who were washing their hands and saying that COVID was real and there were some who would say that they don’t believe COVID was real...” - FGD Adult Males, Viwandani, Nairobi



“There are people who do not completely believe that there is Corona [COVID-19] in Kenya. I can also say that initially I was also ignorant before I met a few people who had gone through this so we were thinking that this disease is not with us. So whoever hasn’t seen or shared with someone who has had corona is very hard for them to believe. When they see it on TV they feel it is just a Western disease...” - KII, CHV, Korogocho, Nairobi

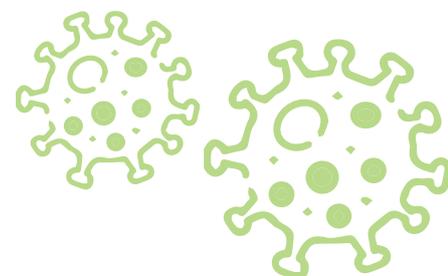


The government and other partners also intervened through the provision of socio-economic support programs. These included provision of increased supply of water in the slums, food distribution, cash transfer programs as well as provision of soap and face masks in some instances. The increased water supply was attributed to improved hygiene and sanitation while some people grabbed the opportunity to establish kitchen gardens. The cash transfers and food distribution interventions however were marred with allegations of corruption, nepotism, tribalism, and inadequacy, as well as other irregularities both at targeting and distribution and was

“...Most people didn’t get it [cash transfers]. Names would be taken and you would be asked to wait but you wouldn’t get it...” - FGD, adult females, Korogocho



“...Life during COVID was very tough and even though the government was supporting, for example, I was getting a thousand shillings and that was not enough even though it was weekly.” - FGD, adult females, Viwandani



ii) Enforcement of, and compliance with the COVID-19 response measures at the community level

The police prominently featured as the most recognizable enforcers of the government COVID-19 response measures in the community. As one of the most visible features of government machinery, they were responsible for the enforcement of curfew, wearing of masks, bans on social gatherings, travel restrictions among others. This was done through arrests, fines, and the use of force in some instances. The community leaders, notably chiefs, Nyumba Kumi heads (village elders) and CHVs were also instrumental in enforcement through community

sensitization and awareness creation, resource mobilization and government liaison. Compliance was related to perceptions of risk of punishment for non-adherence.



"...I only started wearing masks when the police were arresting people and fining them one or two thousand shillings. So that's when I decided to buy a mask. But mask wearing was a very big challenge...."

- Photovoice, mixed group, Korogocho

Impact of COVID-19 Government Mitigation Measures



i) Food and nutrition security

Food availability

The availability of food was negatively affected by the response measures as food items available in local markets reduced in quantity and diversity. This is because as movement restrictions in and out of Nairobi were put in place, food supply from the rural areas as well as the ability of the traders to access the wholesale markets (their immediate source of supply) in the manner and time most suitable to them, were hampered.

"...Things like greens, fruits and cereals were the most affected unless one stocked them. You would go to the market but wouldn't find them available or if they were available they would be very expensive..." - **KII, Religious Leader, Korogocho, Nairobi**

Food accessibility

The loss of jobs, disruption of businesses and other livelihoods, and an increase in food prices negatively affected the accessibility of food in the informal settlements as most people live on a hand-to-mouth basis.



"...People who work in the informal sector like us live from hand to mouth. You go to work to earn a living but there were no jobs so we didn't have any food as well – you go to work to get something to eat and if you don't go to work you can't have any food to eat" - **FGD, adult males, Korogocho**

Food utilization (quality, safety, nutrition)

Owing to challenges in accessing food at the market level, some members of the community were forced to find alternative sources of food, a lot of which were of compromised quality. Reduced incomes pushed many to overlook safety, quality and nutrition concerns so as to satisfy household needs.



"...We have a food problem in Korogocho- if you have twenty shillings or thirty shillings you would use it to feed your family by buying ' Superdip' (powdered juice) and 'Anyona', (bread constituted from rejected bread crumbs) that costs ten shillings..."-**FGD, adult females, Korogocho**

Coping strategies

Owing to the food insecurity challenges highlighted, some community members started engaging in urban farming during this period to produce food for their consumption.



"...On my side, there was a time I was idle and I didn't have any work so I started doing some farming because we had water – So I grew some kales and spinach which would always support [supplement]me. ..." - **FGD, adult females, Korogocho, Nairobi**

Other common coping strategies highlighted included skipping meals, reducing food portions, scavenging, transactional sex, for food parcels from relatives based upcountry, and sharing in the spirit of 'ubuntu' - I am because we are.



*"Some resorted to washing clothes, or having sex in exchange for money. Many times, women in the community practiced prostitution. I understand it is not because they want to, but it is because they are looking for what their children can eat. - **KII, CHV, Korogocho***

ii) Other socio-economic effects of government COVID-19 response measures

Loss of livelihood sources

Many people lost their livelihoods due to the disruptions caused by the government response measures. Jobs were lost, many businesses made losses and some closed shop completely. For those living in the informal settlements, local factories where most of them work comes from, were forced to reduce staff to ensure social distancing and in keeping with reduced market demand. This situation was replicated across other sectors as employers sent their employees home as a result of the measures and related disruptions. Most businesses were closed down in compliance with the regulations while some had to close down due to persistent losses. Curfew hours affected many businesses that operate mostly from evening into the night, while cessation of movement and border restrictions disrupted the supply chain affecting, just to mention a few. The resultant reduced purchasing power of the customers negatively affected businesses.



"...I used to have a casual job that I lost during COVID [lockdown] and my wife also started going to work in shifts – sometimes they would go to work for two weeks and then another group would go for the next shift. So that was very difficult and we would just have to hustle in the estate and get support from friends." - **FGD, Adult Females, Viwandani, Nairobi**

The disruption of livelihood sources compounded by the pre-existing socio-economic vulnerabilities of the members of informal settlement communities contributed to deterioration of the health of many. This included mental health issues including depression and other conditions such as high blood pressure and other cardio-vascular conditions.

breadwinner in the family, you know. It became so hard that these people were really breaking down... - **KII, PHN, Viwandani, Nairobi**

Domestic, gender based violence and family separation

Several cases of domestic and gender-based violence were also reported during this time. The resultant economic stresses and poor state of mental health contributed to conflicts in families, which sometimes degenerated into physical abuse and fights in households. The existence of the husband and wife in the house for longer hours was also a source of conflict to those who were not used



"...There are people who developed high blood pressure, and depression during that time because of job losses, one has a loan in a 'chama' [investment group] with friends, one has not paid rent, one has three children in the house[that they need to provide for], one has a stay-at-home wife so they are the sole



"... This is the effect of COVID-19 and as you can see in the picture people are idle. So people have lost their jobs so the picture represents how people are idle in the community." - **Photovoice, mixed participants, Korogocho**

to having each other around for such a long time in the face of petty family issues.

"...You know the woman will not want the husband to come home early to the house but due to the curfew and lack of jobs, they will just come to the house. Obviously the husband doesn't have money and they don't have food in the house so the wife picks a fight because the cause will be lack of money and food in the house." - **Photovoice, Mixed Group, Viwandani, Nairobi**

This state of affairs also led to separation of families. This happened not only among husbands and wives but also among siblings, children and their parents. Travel restrictions and cessation of movement also contributed to separation of families as some were forced to stay apart during this period.

"...I know of families that broke – not even a husband and wife, but a mother and her children separated completely because of that – the daughter used to work and feed them but lost her job so – one of the [other]daughters still had a job so they sent her (mother) out of the house saying that she is a burden. This lady was left alone in the house." - **KII, CHV, Korogocho, Nairobi**

Disruption of health seeking behaviour

The fear and stigma surrounding COVID-19 disrupted the health seeking behavior of the community. People feared going to the health centers when unwell due to the thought that they would have to undergo mandatory COVID-19 tests, which most were not ready for and the perception that health centers were hotspots for the virus. Alternative remedies, such as home care and use of alternative treatment methods were sought.

".. We feared going to the hospital. You would instead go somewhere else like when I had a

very bad flu, I went to the market, bought ginger and lemon then boiled then and bought Panadol as well. I feared going to the hospital because I thought I had Coronavirus...." - **FGD, adult females, Korogocho**

"...I think it was very hard for those people who were sick to go to the hospital because everyone felt they would be told they had Corona if they went to the hospital. So that was a challenge..." - **KII, CHV, Korogocho**

The health centers also, in complying with the social distancing measures, reduced the capacity of their waiting bays. Whenever there were many people seeking healthcare, some would be forced to wait outside, in an uncomfortable environment. This also discouraged some people from going to the health centers while in need of services. It was also reported that during this period, there was more focus on COVID-19, resulting in less attention to the other common illnesses such as TB, HIV/AIDs, among others, which was detrimental to the fight against these illnesses. There was reduced supply to medication supplied to the health centers by the government and so those who relied on the centers for their medical supplies no longer had access to them.

"...The health center reduced the number of patients we would see in a day because of maintaining the social distance. In normal [pre-pandemic] times, a bench [at the waiting bay], which is around two meters in length, accommodated six patients at any given time. With maintaining the social distance of 1.5 or 2 meters apart. So we had one bench accommodating three patients only. Yes, so that number in turn reduced the number of patients who visited the facility because of the time they were taking in the queues. Because you know this queuing at least people have somewhere they can sit and be comfortable. Now when COVID came we had to let of them outside the gate of the facility because we don't have enough space in the facility. So you know there are those who would wait and lose hope and just go away..." - **KII, Public Health Nurse, Viwandani, Nairobi**

Disruption of normal routines

The regular plans, routines and aspirations of the people were disrupted by the measures. Annual events such as Christmas, Eid and other religious celebrations, family get together occasions, birthday and other anniversary activities and planned holidays could not happen as envisioned. Academic, career, and family progression and aspirations were disrupted.



"... We celebrated Christmas and New Year while in a lockdown of which we have never had such a thing. We didn't even attend the get-together that happens on Christmas because the fare was double and we would also have crowded and that was discouraged by the government so we canceled it. We also did not attend the New Year in church because they were closed so it affected us a lot – we did not meet for the December holidays..." - FGD, Adult Females, Korogocho, Nairobi

Effects on child wellbeing

The closure of schools had detrimental effects on the lives of young boys and girls. It contributed to increased teenage pregnancies and drug abuse among the school going children. Child labour was also increased as the families tried to diversify livelihood sources. Some of these children did not go back to school when it resumed, contributing to an increase in school dropout rates.

Closure of schools also meant that children who used to get some of their meals from schools did not have that anymore.



"...Yes, very many girls got pregnant and boys started using hard drugs such as cigarettes, bhang and such. So when the children came together they joined groups of bad children and right now there are some who have totally refused to go back to school – some married while others got married..." - KII, Religious Leader, Viwandani, Nairobi

ii) The response measures and human rights

Participants pointed to violation of human rights stemming from the response measures. In enforcing the response measures such as dusk to dawn curfew, the police in some instances used excessive force contributing to increased police brutality in the informal settlements. Some people got injured while some sadly lost their lives in the process.



"..The curfew violated human rights. [One time]During Ramadhan we were in the house, had closed the gate and were eating. The police threw teargas into the plot then again they threw the second one. When the second one got into the house, the children all fainted so we opened the gate because I live next to the road – we started making noise and pulled the children outside – we called a man to come and take the children to the hospital because he has a car; when the man came, the police arrested him and we started telling them that children were unconscious. The policeman insisted we were not going to the hospital and he even drew a gun and hit the man with it. The man also started bleeding so we had four people who needed to be taken to the hospital. So we started making noise till people started coming out; when they got here the man was bleeding profusely so we didn't have anyone to take us. So we left as a whole community and the police just fled and the OCS' (Officers Commanding Stations) were called and they sent some police who gave us security as we took the children to the hospital. The OCS came to the house and looked at the situation and found teargas in the house while the door and gate were closed so he took the children to the hospital. For almost one week we were just at the hospital and the children would not talk. So curfew really affected me. I was even mad to the extent that I hit the OCS and he knew I was sick. The children were all unconscious. So it really affected me..." - FGD, Adult Females, Korogocho, Nairobi

Other forms of police harassment including intimidation and bribes also characterized this period. Participants noted that movement restrictions, closure of schools & centers of worship violated the freedom of movement, freedom of association, freedom of worship and right to education. It is important to note that participants framed the rights in their own local way by mostly describing the experiences rather than quoting the right in constitutional terms. They were however, able to frame in constitutional terms certain common rights.

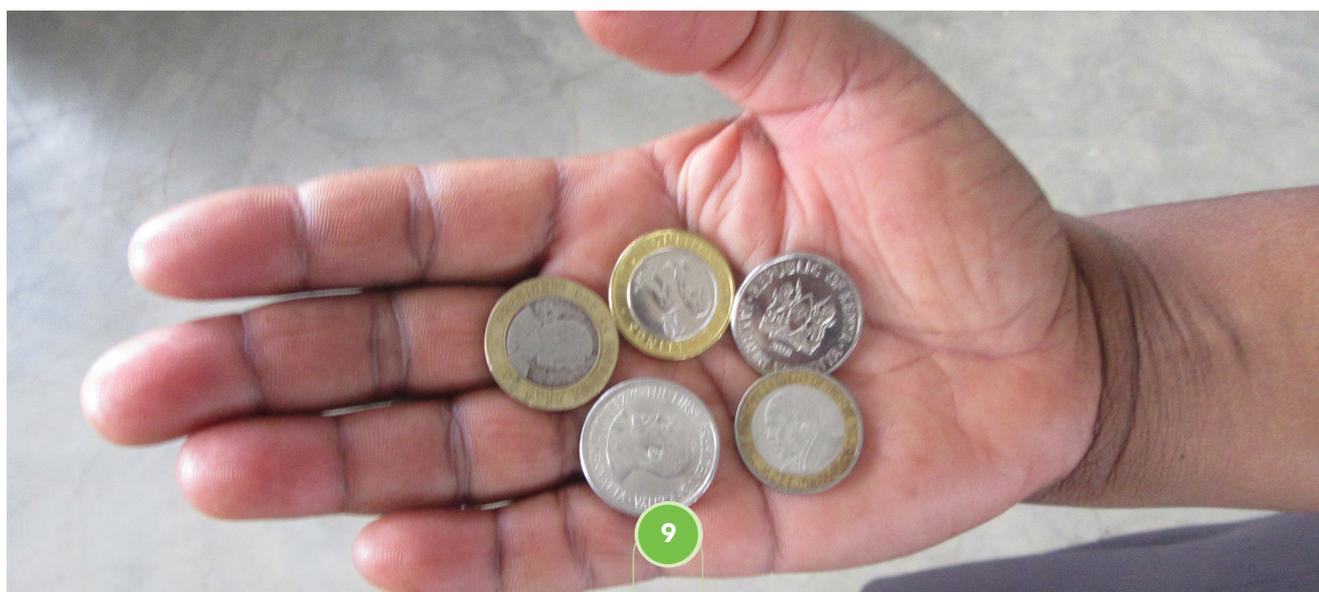
"...Police would not be having a mask but if he saw you without a mask he would ask for five hundred shillings from you. So the rights were abused in that way." - FGD, adult females, Korogocho

"...On the masks, there is a day I went to ask the cost of something and I pulled my mask down and a policeman crossed the road to tell me to wear the mask properly. He took me and asked me to give out five hundred shillings or I be taken to cell so I could pay two thousand shillings..." - FGD, adult females, Korogocho

"...Humans have a right to worship but during the pandemic we were banned from going to church to worship..." - FGD, adult females, Korogocho

The Right to Food, notably, was not guaranteed for the urban poor. This right, as articulated in article 43(1) (c) of the Kenyan constitution guarantees everyone access to adequate food of good quality at all time in a dignified manner (CoK, 2010). This clearly was not the case, as alluded to by the food insecurity lived experiences documented in the earlier section. Inaccessibility of adequate food of good quality and lack of dignity in the process such as in scavenging and scramble for food aid clearly go against the spirit of the article on the right to food. The efforts to cushion this by government and partners through cash transfers and food distribution did not achieve much due to limited coverage against a very large population, inequality in distribution, corruption and unsustainability.

"...We have a problem; if (for example) I belong to an organization and my aunt and sister have children, when I am told to bring fifty names, I will only write the names of members of my family. So the money or food only supports my family. And if I am a village elder I will do the same, if I am a leader I will do the same. That's what happened. No one cared that there are orphans who need food or anything..." - FGD, adult females, Korogocho



The restrictions and loss of livelihood sources as a result of the government measures confined families within their homes longer than they were used to. Increased stress levels and intolerance led to increased cases of violence (gender-based in some circumstances) within households, in violation of basic human rights of the victims and the children.

The resultant food insecurity vulnerabilities caused parents to engage their children in income generating activities such as hawking, bordering on child labor in blatant violation of children rights. Some engaged in begging and scavenging activities. Some community members took advantage of the vulnerable children and lured them with food and other offers into sexual activities. Early pregnancies and school dropouts were reported as a result. These are in violation of the rights of these children.

Various measures such as curfew, partial lockdown and social isolation have been implemented by the state on the basis that they curb the spread of the pandemic. From the perspective of community members however, these measures interfere with human rights, raising the question whether they can be justified within the framework laid down by human rights law. Thus, according to KII participants, particularly local leaders, human rights should be upheld by the government.

This is exemplified by its quick institution of measures against the very real threat posed by COVID-19, that is, the loss of human lives. Lactating mothers who often get food supplements from health centers no longer had access to the food as there was reduced supply from the government on the supplements.



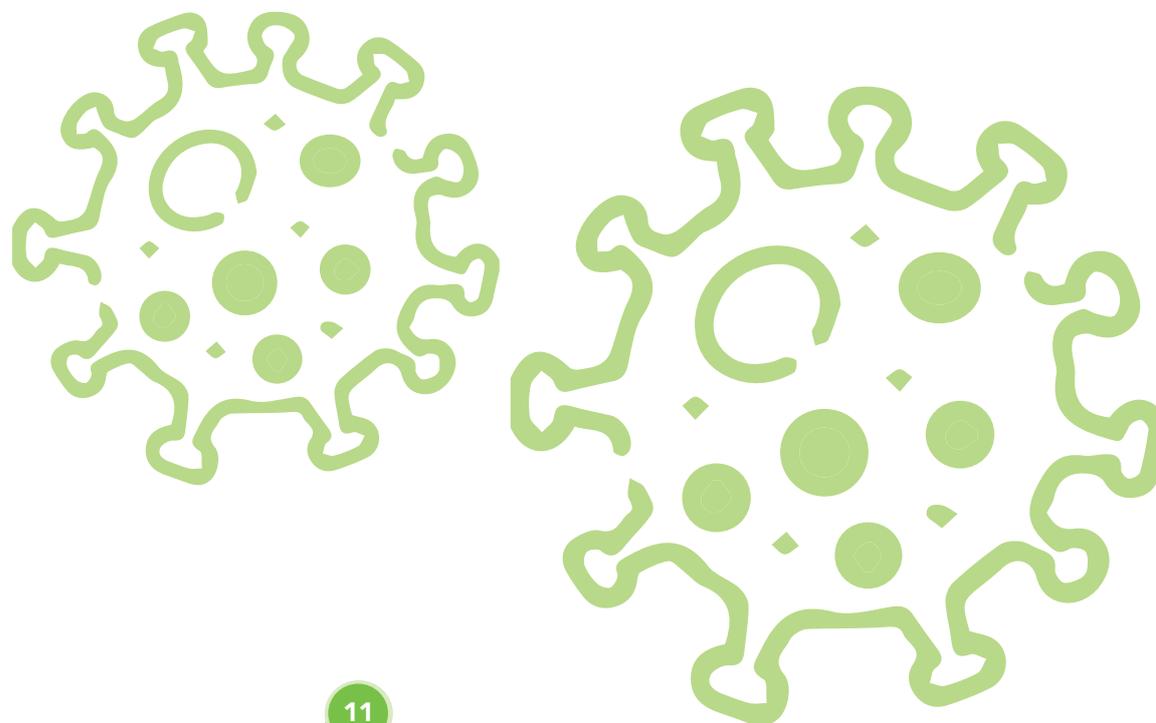
Conclusions and recommendations

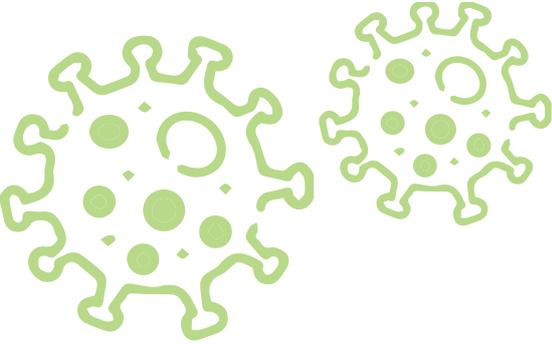
- There exists mistrust towards effectiveness of government response measures to COVID-19, and the existence of the virus itself in Kenya among the urban poor. This is owing to the manner in which the containment measures were executed that hugely disrupted their already fragile livelihood sources without the necessary safety nets. Food insecurity among the urban poor, which has always been in a concerning state, was exacerbated by the circumstances resulting from the response measures.
- The stop-gap measures implemented by the government and other partners to cushion the people, including cash transfers and food distribution were inadequate, marred by corruption and inequality, unsustainable and only benefited a section of the population. The pandemic has exposed the fragility of our food system. There is a need to strengthen the urban food system to make it more resilient to external shocks. This will ensure less vulnerability of the people in the event of future misfortunes, helping to guarantee their right to food.
- Response measures to pandemics and other misfortunes should be human-centered, and executed in a way that guarantees protection, promotion and fulfillment of human rights in line with our Constitution and international conventions that Kenya is party.
- More sustainable response measures to cushion people from vulnerabilities in the face of the COVID-19 and other shocks, over and above cash transfers, should be sought. These could include helping urban poor communities to locally produce food for their own use at the community level e.g. through the government's one million kitchen gardens initiatives.

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Short videos produced by Tazama Africa on the COVID19 and Human Rights project can be accessed here: https://www.youtube.com/playlist?list=PLjRAZX_rZsW11zsoWfoc8ZIEI_90AM3F5





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