

KENYA: MONITORING HUMAN RIGHTS IMPACTS OF COVID-19 IN INFORMAL SETTLEMENTS (15 APRIL TO 06 MAY 2020)

OVERVIEW

On 12 March 2020, the Ministry of Health confirmed the first case of SARS-CoV-2, a novel coronavirus disease that has caused the COVID-19 pandemic in Kenya. Since then, there have been increasing numbers of confirmed cases reported by the Ministry of Health in 32 counties. As of 28 May 2020, out of 70,172 tests, Kenya had confirmed a total of 1,618 cases, with 58 deaths and 421 recoveries.

Subsequently, a second round of monitoring was undertaken over a period of three weeks (15 April to 6 May 2020) in 182 communities in 9 counties: Nairobi (55), Kiambu (2), Kajiado (2), Mombasa (51), Taita Taveta (8), Kilifi (28), Kisumu (26), Vihiga (5) and Kakamega (5). This monitoring examined in more detail the enforcement of the nightly curfew and other emergency measures, sexual and gender-based violence, and the right to health; and tracked changes in the situation regarding the right to water, right to housing, and socio-economic impacts. A total of 2,949 households were surveyed using a smartphone-based questionnaire. Monitors complied with public health regulations while conducting surveys.

As at 8 May 2020, the Independent Policing Oversight Authority (IPOA) had received 324 complaints about police violence and were investigating 38 cases of death, 128 cases of physical assault causing serious injury, 1 case of sexual assault, 3 cases of enforced disappearances and 11 cases of wrongful detention. As at 27 May, the Kenya National Commission on Human Rights (KNCHR) had received 170 complaints relating to the COVID-19 crisis, including 82 cases relating to the conduct of the National Police Service in enforcing the curfew. Five complaints were referred to IPOA for further investigation.

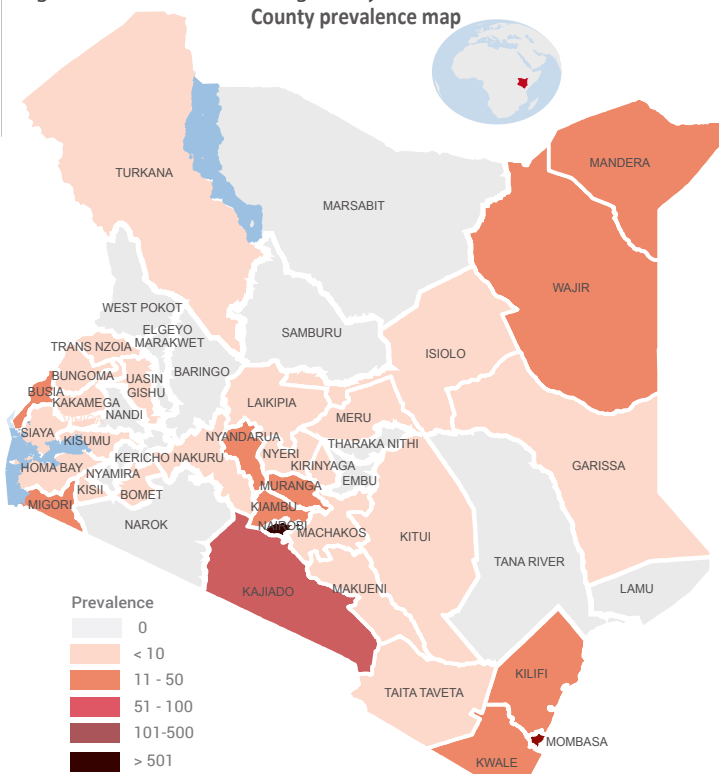
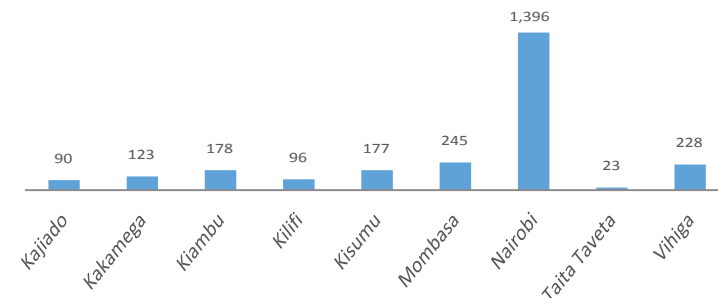
On 11 May, a police officer was charged with the fatal shooting of a man in Mathare (Nairobi) during the curfew on 13 April. In addition, three officers have been charged with assaulting civilians in Nyeri and Muranga counties. The National Police Service Internal Affairs Unit has interdicted 15 officers and suspended 11 officers for harassment of boda boda operators, motorists and the public, and for consuming alcohol during the curfew.

a) Excessive use of force: From 15 April to 6 May 2020, monitors documented 2,589 incidents of police using violence to enforce the curfew and other emergency measures in their communities. The majority (68%) of respondents reported incidents of police violence – the most common form of violence was beating to disperse people after curfew and traders in markets.

The highest number of incidents were documented in Nairobi (1,396), followed by Mombasa (245) and Vihiga County (228). Within Nairobi, the largest numbers of incidents were documented in Kiambu (239) Kiamaiiko (215), Mukuru (199) and Dandora (163) settlements. In Vihiga County, 210 out of the 228 incidents (92%) were recorded around Mpaka Road, a semi-urban area.

Police commonly used tear gas, live ammunition and other forms of force, such as rungs (batons), in residential communities to enforce the curfew and disperse people. The use of tear gas and live ammunition was most prevalent in Nairobi, Kisumu and Mombasa.

Incidents of police violence during enforcement of emergency measures



RESULTS & FINDINGS

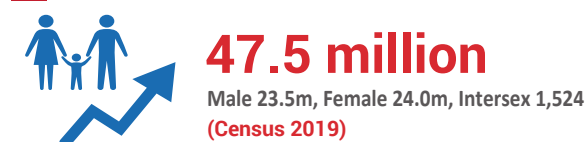
POLICE ENFORCEMENT OF THE CURFEW & OTHER MEASURES

Despite a public apology and calls by the President for restraint and respect for the rule of law in enforcing the curfew, violent and coercive enforcement of the emergency measures remains pervasive – this is particularly prevalent in informal settlements. Monitoring in the 182 communities documented widespread police violence, including beating, use of live ammunition and tear gas, sexual violence and damage to property.

KEY FIGURES



KENYAN POPULATION

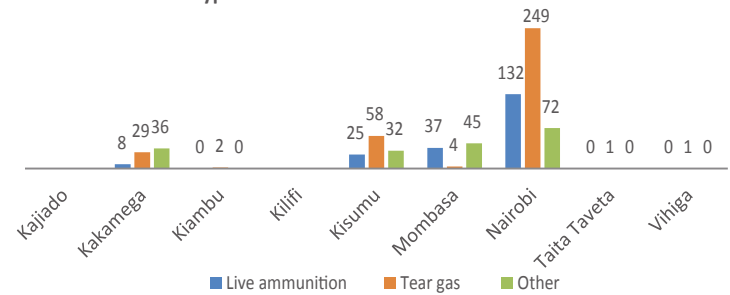


BACKGROUND & METHODOLOGY

Shortly after the first case of COVID-19 was confirmed in Kenya, United Nations Human Rights and the Social Justice Centres Working Group (SJCWG) embarked upon joint monitoring of the human rights impact of the COVID-19 pandemic in informal urban settlements. Over two weeks from 24 March to 7 April 2020, the monitoring documented initial human rights impacts within vulnerable communities to influence engagement with relevant authorities for targeted responses and prevention measures. The findings of this initial monitoring, released in April 2020, documented impacts on the rights to water and sanitation, economic and social rights, gender, vulnerable groups and insecurity. With the imposition of a nationwide dusk-to-dawn curfew from 27 March, the monitoring also documented human rights violations related to the enforcement of emergency measures.

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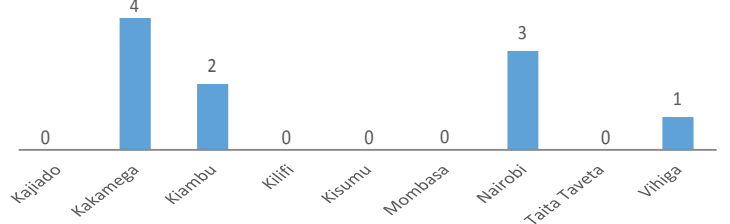
Types of force used to enforce curfew



b) Deaths & injuries: Due to the excessive use of force by police, monitors documented 10 deaths over the three week period in Kakamega (4), Nairobi (3), Kiambu (2) and Vihiga (1) counties. One person died as a result of shooting and 9 died as a result of beatings. For example, shortly after curfew on 4 May, 36 year-old Vitalis Owino was stopped by police on his way to the public toilet and beaten – his body was found the next day. Since the imposition of the curfew on 27 March, the Social Justice Centres have documented 18 deaths due to police violence in enforcing the restrictions and other emergency measures.

In addition to those deaths, an asthmatic woman died of suffocation in her house after police fired teargas in a residential areas in Kibera, and on 25 April, another woman in Kibera died while giving birth in her house due to fear of going to the hospital during curfew hours.

Deaths during enforcement of curfew and emergency measures

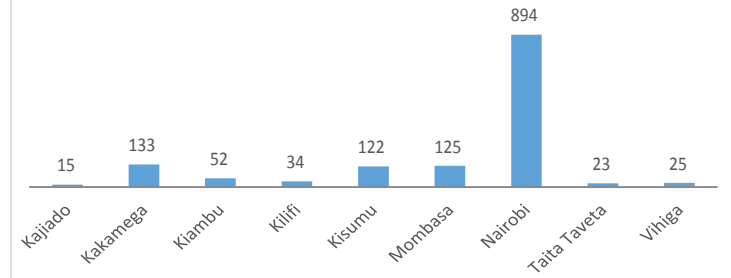


Use of force in enforcement of the curfew also resulted in very high numbers of injuries, with 1,044 injuries documented by monitors in the 182 communities. By far the highest number of injuries were documented in Nairobi (894), followed by Kakamega (133), Mombasa (122) and Kisumu (122). In Nairobi, the largest number of injuries were documented in Mukuru (226), Kibera (122), Kayole (88) and Kiambiu (82).

In Mombasa, police beat a boda boda driver who was returning from a job shortly after curfew on 27 April – he sustained a broken leg from the beating. Also in Mombasa, a mother who was breastfeeding her baby outside her house was beaten by police officers. In Nairobi, documented incidents include police beating a homeless child who was sleeping outside in Pumwani, and officers in downtown Nairobi and Embakasi

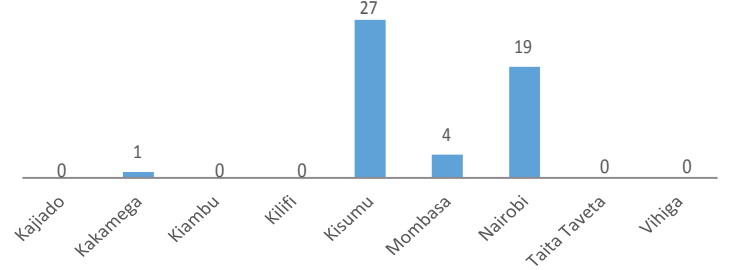
arresting people on the streets, whipping, kicking and herding them together.

Injuries during enforcement of curfew and emergency measures



c) Sexual violence: Monitors documented 51 incidents of sexual violence attributed to police during the enforcement of curfew and other emergency measures. Most of the victims were females aged between 18 and 38 years, and there was one 60 year-old male victim. Kisumu county recorded the highest number of incidents (27), followed by Nairobi (19). Within Kisumu, the highest number of incidents of sexual violence were recorded in Kondele (9); within Nairobi, documented cases were most prevalent in Kibera (8). In one case, a 38 year-old woman selling illicit brew was raped by a GSU officer at Gatwekera village in Kibera. In Nairobi (Utalii, Lainisaba and Huruma) and Kisumu (Ahero, Rabuor and Koyata), respondents reported that police officers had sexually harassed mama mboga (female vendors) close to curfew time, touching their breasts and beating vendors selling illicit alcohol.

Incidents of sexual violence during enforcement of curfew



d) Enforced disappearances: A worrying trend documented in the past month is a spate of enforced disappearances, particularly in Kiamaiko settlement (Nairobi). On 24 April, Michael Njau, a human rights defender from Kiamaiko Social Justice Centre, and two companions disappeared, with the car they were travelling in later found abandoned. Despite active searches and follow up at police stations, no trace of the men has been found. Earlier in April, two young men and two young women disappeared from Kiamaiko – their bodies were later found at the City Mortuary at the end of April, bearing signs of torture and mutilation.

e) Property damage & theft: 204 respondents reported incidents of property damage and theft related to police enforcement of emergency measures. The highest prevalence was documented in Nairobi (129), Kisumu (30) and Kakamega (19). Respondents reported that police had broken into business premises and homes, causing damage to premises and property.

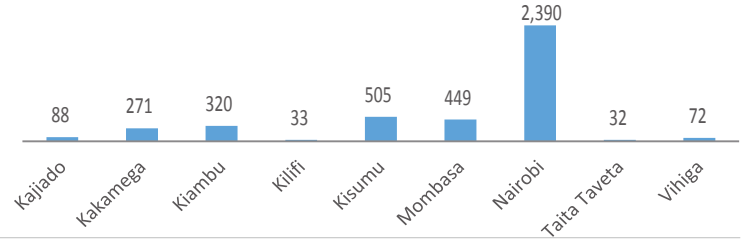
Respondents also reported increased prevalence of petty theft and robbery, with increased criminality attributed to declining socio-economic conditions and loss of regular income. Thieves have reportedly taken advantage of the curfew to break into shops. However, respondents attributed 31% of incidents of theft to police.

f) Arrests: Arrests have risen sharply, particularly in informal settlements, for non-compliance with the curfew or failure to wear face masks. The Public Health Rules 2020 impose a penalty of up to KSh 20,000 and/or imprisonment of up to six months for the contravention of measures such as the curfew, use of face masks in public, restrictions on movement and limitations on public transportation. Individuals are asked to pay cash bail, or more frequently a bribe, to be released – which many cannot afford. There are also reports of people being taken to mandatory quarantine centres as a punitive measure because they could not pay bail.

On 1 April, the National Council for the Administration of Justice (NCAJ) had directed that, during the COVID-19 period, petty offenders should not be held at police stations for more than 24 hours, and should be released either on cash bail or on free police bond. The NCAJ also directed police to establish centralised records of the number of people arrested and handled in police stations, and the terms of their release on bail or bond.

From 15 April to 6 May, monitors in the 182 communities documented 4,160 arrests. By far the highest number of arrests were documented in Nairobi (2,390) – particularly in Kiamaiko (664), Mukuru (569) and Kariobangi North (364). Arrests were also prevalent in Kisumu (505) and Mombasa (449). The majority of those arrested were released after cash payment (73%), others were released without payment (17%) and some were detained (10%). Where individuals were asked to pay bail or other money to be released, amounts ranged from KSh 500 in Kakamega to KSh 5,000 in Kilifi, but the average amount paid was KSh 2,500.

Numbers of arrests for non-compliance with curfew and emergency measures



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GENDER IMPACTS & SEXUAL AND GENDER-BASED VIOLENCE

Some 62% of respondents surveyed indicated that the gender impacts of the COVID-19 crisis were worsening in their communities. Gender impacts reported include:

- Increased tensions within households due to loss of income and economic difficulties, often resulting in physical and verbal violence.
- Increased domestic work burden for women, often under coercion by their spouses: two respondents reported having miscarried pregnancies due to heavy household and farm work.
- Increased engagement in transactional sex due to economic difficulties: women and girls have exchanged sex for money, food and sanitary pads.
- Increased vulnerability of children to exploitation and abuse, including sexual exploitation and forced labour. In Kakamega County, it was documented that a man who was assisting a female student with homework attempted to rape the student.
- Mistreatment and neglect of elderly women were documented in Kakamega County.

Over half (53%) of respondents indicated that various forms of sexual and gender-based violence (SGBV) had increased since the onset of the COVID-19 crisis in Kenya. This is consistent with trends reported by the State Department of Gender Affairs, which documented a 42% increase in SGBV cases since the COVID-19 outbreak, and the NCAJ, which had reported a spike in the number of cases of sexual offences in the first three weeks of the crisis. The forms of SGBV documented during the monitoring include increased domestic violence, including marital rape, violence against children, and economic violence through control of food and money; rape and defilement; and sexual harassment of women and girls as they go to communal toilets and water points during curfew hours and early in the morning. Sex workers, elderly persons, persons with disabilities and persons living with HIV have reportedly experienced SGBV.

The majority of respondents indicated that survivors of SGBV were unable to report violence to police or seek medical treatment during curfew hours. This was exacerbated by lack of awareness of how to report crimes, mistrust of police, stigma and shame, and the cost of reporting and taking cases forward. Survivors of sexual violence have indicated that police gender desks and medical and legal service providers are not available during curfew hours, and community chiefs have turned away domestic violence survivors and told them to solve disputes at home. In Nairobi and Kisumu counties, there were documented incidents of police officers turning away survivors of SGBV on grounds that the cases were 'not important' and that courts were not operating.

DISCRIMINATION

Discrimination against lesbian, gay, bisexual, transgender and intersex (LGBTI) people has heightened during the COVID-19 crisis. Members of the LGBTI community are facing increased stigma, discrimination and violence. There are cases of landlords evicting LGBTI couples and individuals due to pressure from other tenants, and of LGBTI people not being allowed to use shared water taps within communities. In April, three men attempted to rape two young women in Dandora Phase 4, saying that they wanted to 'correct their error'. Other members of the LGBTI community have been subjected to assault and robbery. It is difficult for LGBTI people to report crimes against them to police, due to stigma, discrimination and fear due to the continued criminalisation of same-sex relations.

COVID-19 patients and their family members have been subjected to stigma within their communities – as have health workers, particularly nurses, who are perceived to be potential carriers of COVID. A number of respondents indicated that elderly people, especially those with pre-existing health conditions, were at risk of discrimination due to a perception that they are more vulnerable to contracting COVID-19.

RIGHT TO HEALTH

The large majority (93%) of health facilities, including hospitals, clinics and dispensaries, are still functioning, and most are offering services to both COVID-19 and non-COVID-19 patients. In Kakamega, it was reported that all health facilities in Emusala ward were closed. Many non-COVID-19 patients have refrained from going to health facilities out of fear they might contract the virus there. Respondents reported that public health facilities were turning patients away because they are dealing only with serious cases to avoid risks of exposure for health workers – and as a result, patients have been compelled to seek treatment in private facilities.

With the application of the nightly curfew, many health facilities are operating on reduced hours. Many people are unaware of how to seek medical treatment during curfew hours or refrain from seeking emergency medical treatment out of fear of encountering police or because they cannot afford an ambulance. There was, however, a good practice documented in Kilifi, Mombasa, Vihiga (Mbale) and Nairobi (Kaloleni and Mukuru kwa Njenga) counties, where patients in need of emergency treatment call village elders under the Nyumba Kumi initiative who in turn liaise with the police or police officers through the National Police Service hotline, who escort them to a health facility during curfew. Community health volunteers and workers are also instrumental in assisting people to access emergency medical and maternal services during curfew hours – for example, in Mombasa, community health workers assisted patients who called them during curfew to go to health facilities.

The costs of health services have generally not changed during the COVID-19 crisis; however, the overall cost of accessing health care has increased due to higher transport costs, and shortages and increased costs of medicine. Some private health facilities have reportedly increased consultation fees. Due to the economic impact of COVID-19, many patients are unable to afford treatment or medicine. A health facility respondent noted, "Most people come and get Panadol due to lack of money to pay for medicine."

In Dandora, monitors encountered a significant number of women living with HIV/AIDS who were unable to access continued antiretroviral treatment since the COVID-19 crisis. The majority are single mothers working in the informal sector who have lost their jobs, and are thus unable to afford food and medication. To avoid stigma, these women were accessing treatment far from their areas of residence, and could no longer afford the cost of transport to collect medication. Many did not register with Nyumba Kumi officials in their area to receive food assistance out of fear of stigmatization. Community health volunteers raised concerns with SJCWG monitors, who documented similar cases in other communities, totalling 350 individuals who are not able to access continued HIV treatment in Dandora, Kayole, Mukuru Kwa Njenga, Kiambu, Kariobangi, Githurai and Mathare/Kiamaiko. United Nations Human Rights and SJCWG assisted to connect the individuals to organisations supporting continued access to treatment for people living with HIV/AIDS.

RIGHT TO WATER

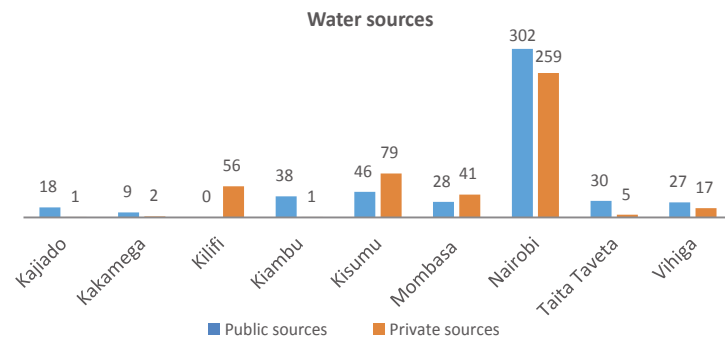
The right to water is a cornerstone of efforts to contain and prevent the spread of COVID-19. Yet access to clean and affordable water remains a challenge for many communities, particularly in informal settlements. Thus, it is difficult for many to comply with Government public health guidelines on regular handwashing and hygiene. About 22% of respondents indicated they were not able to fully comply with government directives on prevention for reasons ranging from lack of resources to buy masks, hand sanitizers and soap, to lack of space to practice social distancing. However, the most prevalent reason given by respondents was erratic water supply and the cost of water.

The initial monitoring undertaken in late March 2020 found that access to water and sanitation was inadequate and unaffordable in most informal settlements, with only 33% of households surveyed in Nairobi having access to public water sources, and extremely infrequently. The findings indicated that water availability had worsened since the COVID-19 outbreak, and that the cost of water from private water vendors had increased significantly due to increased demand and inadequate supply.

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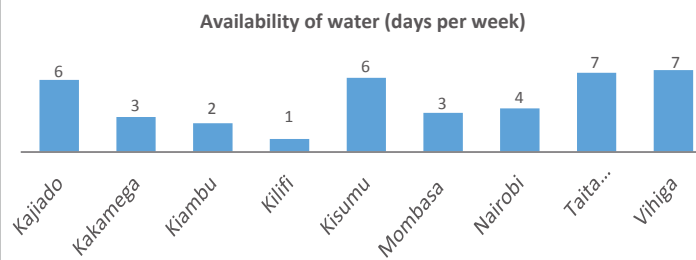
On 4 April, the Ministry of Water and Sanitation instructed county governments to direct all water service providers to provide free water to informal settlements and vulnerable groups for three months, and to suspend disconnection of water during that period.

Of 938 households surveyed in the second round of monitoring, 51% indicated that they rely on public water sources, while 49% rely upon private water suppliers. This is an improvement from the situation at the beginning of the crisis, where only 33% of households surveyed had access to public water sources. Only 14% of respondents had access to free water, despite the Government directive on the provision of free water to informal settlements for three months.

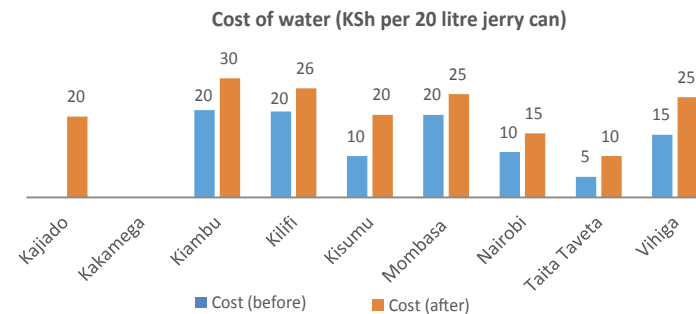


Following the Government's commitment to increase water supply to vulnerable communities, 14% of the households surveyed indicated that they had access to newly installed water supply or sources, including tanks and trucked water. Most of the new water sources were tanks from NGOs and well-wishers. Athi Water Works (a public water service provider) is drilling 29 water boreholes in Nairobi that would provide long-term water solutions in a number of informal settlements – however, these were not yet operational during the period of monitoring. The large majority of the respondents who had access to new water supply or sources indicated that the quality of water had improved.

Despite these improvements, regular access to and affordability of water remains a major challenge for the residents of informal settlements. Respondents indicated that the frequency of availability of water was still irregular – in Nairobi, surveyed households only had access to water an average of 3-4 days per week, with the most irregular supply in Komarock and Kariobangi. It should be noted, however, that in May 2020, water rationing and cuts in supply affected broad swathes of Nairobi, due to repairs being undertaken by the Nairobi Water and Sewerage Company on a pipeline damaged by a landslide. During this time, the cost of water from private water suppliers soared to up to KSh 70 for a 20 litre jerry can of water in Komarock and Eastleigh.



The cost of water also remains elevated across surveyed communities in all 9 counties, compared to prices prior to the COVID-19 crisis. The ongoing rainy season, during which families are able to collect rainwater and therefore purchase less water, is a factor influencing the cost of water for households.



RIGHT TO HOUSING

The right to adequate housing is a frontline defence in the prevention of COVID-19. Government directives to stay at home and self-isolate to decrease infection rates are predicated upon the assumption that people have a home, with access to water and sanitation. Lack of adequate housing increases vulnerability to the spread of the virus and to the risk of violence and harassment during the enforcement of the curfew.

Homeless individuals and families are particularly vulnerable during the COVID-19 crisis. The monitoring identified 290 homeless persons in the 182 communities surveyed. Of this number, 38 individuals (13%) reported having received assistance in terms of food and other supplies. Almost all the assistance received was from well-wishers, local civil society organisations, and Social Justice Centres. Only one homeless person reported having received assistance from the Government. Homeless persons surveyed generally reported that police ignored them or treated them normally a few reported being harassed, chased or

beaten, while others were arrested and later released without being charged with any offence. It is positive to note that some police officers were reported to have offered face masks to homeless persons, escorted them to places where they sleep at night, and some even offered advice to street families on sleeping one metre apart to maintain social distancing.

An issue of serious concern is the number of families who have been rendered homeless by forced evictions carried out by Government during the COVID-19 crisis. On 4 May, 8,000 people were forcibly evicted and their homes demolished in an area known as 'Kariobangi Sewerage' in Nairobi, over which the Nairobi Water and Sewerage Company claims ownership. This is despite an order by the Land and Environment Court to delay any eviction pending consideration of a legal petition. The families were given no notice nor time to save their belongings, and were left without shelter, access to water and food. The Government subsequently committed to put in place a moratorium on forced evictions during the COVID-19 period. However, on 16 May, a further 1,500 people were rendered homeless as their homes were demolished in Ruai (Nairobi), reportedly in connection with the planned expansion of the Dandora sewerage treatment plant. Once again, residents were not given notice prior to the demolitions, which were carried out at night during the curfew.

Families have also been rendered homeless due to natural disasters – for example, 1000 families lost their homes due to major flooding in Nyando, Kisumu County. Displaced families were accommodated by other families and in churches and schools, and were at increased risk of diseases and COVID-19 due to poor living conditions. Despite this, it was reported that the police in Nyando came and tear-gassed residents, insisting they have to comply with curfew rules.

SOCIO-ECONOMIC IMPACTS

The COVID-19 crisis and prevention measures put in place continue to have a major impact on livelihoods, cost of living and the right to food for families in informal settlements and vulnerable communities.

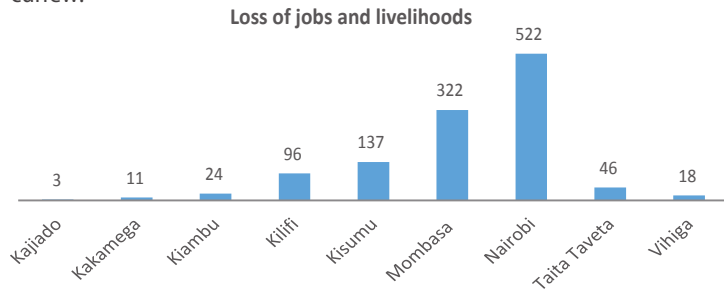
Homeless residents after evictions in Kariobangi (photo: Ruth Mumbi)



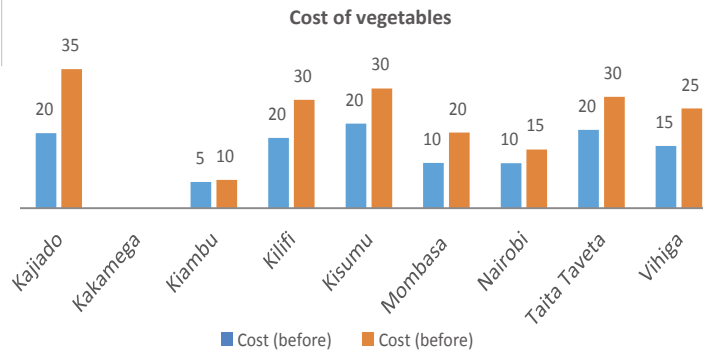
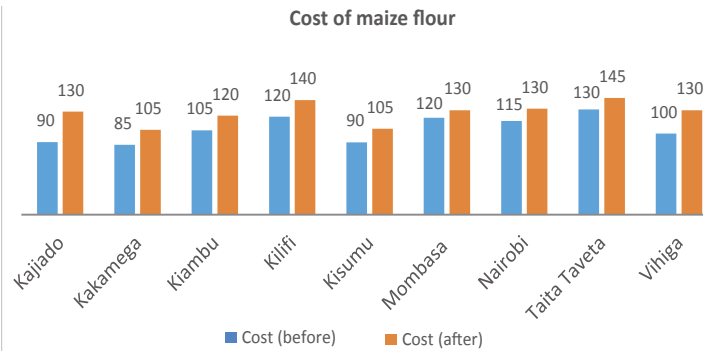
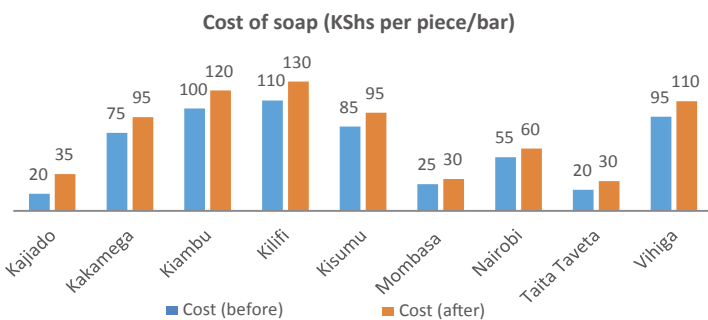
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In the communities surveyed, the majority of residents are small traders or work in the informal sector – and have been particularly hard hit by Government directives to reduce numbers of people in public and increase social distancing. In the communities surveyed, it was reported that a third (34%) of shops had closed to abide by Government directives, and some 832 businesses had ceased operations during this period. Over half (54%) of respondents had lost sources of livelihoods, mostly in the informal sector (including public transport) and in small businesses.

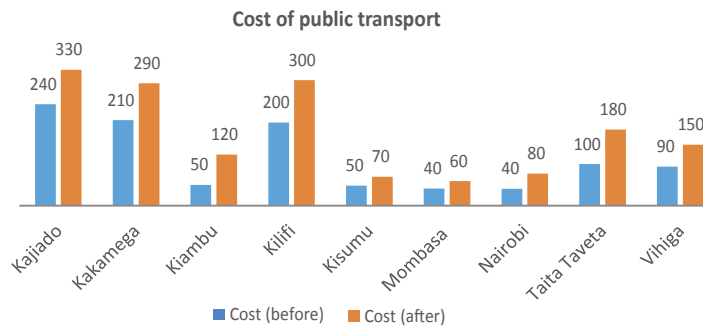
A number of teachers lost jobs as schools closed, one preacher lost his job due to the closure of churches and job losses were documented in commercial businesses, restaurants and the airline industry. Some of the most vulnerable workers, in particular sex workers, are particularly impacted and face increased harassment and violence during the nightly curfew.



Compounding the worsened economic situation of families is the continuing rise in the cost of living and of basic commodities. Almost all respondents (92%) indicated that the costs of food and basic commodities had increased since the COVID-19 crisis. Soap, which is essential for handwashing and prevention measures, has increased in price by an average of 16% across all 9 counties surveyed. The prices of food staples, such as maize flour, rice, vegetables and sugar, have increased by approximately 20% in all 9 counties. Some respondents indicated that their families have had to go without food or rely on friends to feed them; or that they cannot buy sanitisers for prevention, as they have to prioritise buying food for their children.



The cost of public transport has also increased in all 9 counties, linked to Government directives to reduce the number of passengers in public vehicles, and the curfew which has stopped travel at night.



One of the Government measures announced in late March to counter the negative socio-economic impact of the COVID-19 crisis was the creation of a KSh 10 billion fund to provide cash transfers to the elderly, orphans and vulnerable community members. However, it has been

reported that Government assistance has not reached the most vulnerable families in a number of communities due to corruption within the local administration. This include communities in Nairobi (Dandora, Kimaiko, Mathare, Kayole, Eastleigh, Mukuru kwa Njenga, Viwandani), Kiambu (Githurai 44, Githurai 45), Mombasa (Highlife, Khoja, Guraya, Changamwe, Saragoi, Serani, Stadium, Mwembe-Tayari, Mvita, Old Town, Marycliff, Ganjoni, Makande, Koinange, Shimanzi, Kaa-chonjo, Jua- Kali, Saba-Saba, Moroto, Simitini), Kilifi (Mtwapa), Kisumu (Nyando, Nyakach, Muhoroni, Manyatta) and Kakamega, (Lugari, Lumama, and Manyoni). Transparency in the management of assistance programmes, and civil society participation, would assist in addressing these concerns.

Community-based initiatives have reached out to those families who have not received Government assistance. For example, in Nairobi, SJCWG has supplied food to over 500 needy families in Dandora, Mukuru Kwa Njenga, Kariobangi, Kayole and Kibera. SJCWG also supplied water tanks and soap in 16 Social Justice Centres in Nairobi and 10 police stations in Nairobi (Dandora, Kayole, Mathare, Githurai, Kawangware, Ruaraka, Kariobangi, Korogocho, Kamukunji and Huruma).

SJCWG distribution of food to needy families



SJCWG provision of water tanks to police stations



(photos: SJCWG)

CIVIC SPACE

Civil society plays an important role in supporting Government to effectively address the COVID-19 pandemic. Civil society organisations can be instrumental in building trust in public services and authorities, and can help to identify flexible solutions that target the most urgent needs. Healthy civic space helps to ensure targeted and candid feedback on the effectiveness of COVID-19 measures, in order to improve responses.

Half of the human rights defenders surveyed indicated that the space for their work was constrained by factors including police violence, threats and harassment directed at defenders; police interference in cases and with witnesses; and police inaction and unwillingness to take up cases, citing the closure of courts. Human rights defenders noted that the application of the nightly curfew restricts their ability to document and respond to reported violations, as their movement is limited (human rights monitors are not recognised as essential service providers). In addition, the absence of safe shelters and scaled down operations of service providers posed challenges for human rights defenders to refer SGBV survivors in need of protection and services. The economic impact of COVID-19 has also greatly affected the socio-economic situation of human rights defenders.

CONCLUSION AND RECOMMENDATIONS

A human rights-based approach must shape the COVID-19 prevention, response and recovery to avoid this human crisis becoming a human rights crisis. The COVID-19 crisis has exacerbated existing inequalities and human rights issues in Kenya, and these must be addressed in the response in order to build a more just and equitable society.

Recommendations include:

- **Enforcement of curfew and emergency measures:** Ensure clear and public guidelines to police on how to enforce the curfew and emergency measures in line with the Constitution, human rights standards, the rule of law and the public interest. Ensure police comply with bail and bond policy guidelines. Enforcement of emergency measures should not place people at greater risk or economic hardship. Include the Kenya National Commission on Human Rights, National Gender and Equality Commission and IPOA as essential service providers during curfew hours, to promote compliance with guidelines and accountability.
- **Sexual and gender-based violence:** Provide support services and avenues for safety for victims of SGBV, including domestic violence. Ensure referral mechanisms – including for medical care, psychosocial support and safe places – are functional and equipped. Include information on hotlines, service providers and reporting SGBV cases in COVID-19 messaging.
- **Discrimination:** COVID-19 information and response efforts should identify and respond to the specific needs of people who are at risk of being left behind or excluded due to discrimination and vulnerabilities.
- **Right to adequate housing:** Declare and implement a moratorium on evictions during the COVID-19 crisis, to prevent additional people from becoming homeless. Explore the provision of emergency housing and services for the homeless.
- **Right to water:** Ensure regular provision of water supply, soap and sanitiser - free of charge - to informal settlements and vulnerable communities. Prohibit the disconnection of water services for non-payment of bills. Ensure there are avenues for the public to lodge concerns about access to water and sanitation.
- **Right to health:** Address barriers to access to health services – particularly during the curfew – to ensure no one is denied timely and appropriate treatment because they are unable to afford it, or because of discrimination or stigma.
- **Socio-economic impacts:** Ensure targeted support to vulnerable communities, groups and households, including social protection programs, financial and in-kind support to help them ride out the crisis. Immediate measures include suspending utility costs (water, electricity), provision of public services free of charge, and food assistance – as well as psychosocial support services. Assistance programs should include a gender perspective and engagement with civil society and community-based organisations.
- **Civic space & participation:** Inclusive participation is essential to an effective COVID-19 response that responds to the needs and vulnerabilities of the population. Protect civic space and create avenues for civil society participation in national and county level COVID-19 responses. The Kenya National Commission on Human Rights, civil society, community-based organisations and human rights defenders play an important role to inform, shape and support the Government response.