



Resourcing Kenya's COVID – 19 Response

Promoting Transparency to Close the Data Gap



FOREWORD

IREX is pleased to share this report, made possible with support from the Ford Foundation in East Africa, whose commitment to creating a healthy, robust civic space is one we share.

Since 1968, IREX has worked with partners around the world to promote more just, prosperous, and inclusive societies - where individuals reach their full potential, governments serve their people, and communities thrive. To achieve this, we operate in four areas essential to progress: extending access to quality education and information, empowering youth, cultivating leaders, and strengthening institutions.

Globally, we have supported civil society leaders and strengthened civil society organizations to elevate citizen voices while increasing accountability and effectiveness of public institutions. In East Africa, our work with community and youth leaders, journalists, human rights defenders, teachers, and government officials has supported a critical mass of values-driven, ethical, and visionary leaders. Increasingly, our work with these dynamic leaders has included strengthening their skills for data informed decision making.

In all corners of the world, 2020 has brought into sharp relief the urgent need for dynamic leadership across political, economic, and social spaces. The unprecedented COVID-19 pandemic means civil society actors globally are in a state of 'high alert'. They are assessing the effectiveness of their states' responses, flagging systemic weaknesses in service delivery, and monitoring human rights violations.

In Kenya, the public and civil society have called for greater transparency around the utilization of COVID-19 resources. Against this background and over the past few months, IREX has sought to elevate the voices of thought leaders across sectors, increase access to data around resources committed to the response, and strengthen capacity for data informed decision-making.

We would like to thank the inspiring civil society leaders and experts that were a part of this initiative. Thanks are owed also to the donors and implementing organizations who openly provided data on their support to the COVID – 19 response. Finally, this could not have been possible without our researchers Dr. Rhoune Ochako and Irene Mwangi, and partners, BRCK and Data Science.



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EXECUTIVE SUMMARY

The impact of COVID-19 has been felt across all spheres of Kenyan society. From the loss of lives to the strain on the country's health, economic and social infrastructure, the pandemic will have lasting impact. In response to the pandemic, the Government of Kenya launched a resourcing appeal to address both emergency and long-term impacts of the pandemic. The appeal mobilized billions of dollars (with aid and grants alone estimated at \$2 billion) within a few months¹

Five months ago, IREX launched the COVID-19 Resourcing Data Project (CRDP-19) to provide timely and accurate data on resources allocated to the COVID-19 pandemic response in Kenya. Our goal was to support citizens, civil society, donors, businesses, and government in accessing information around resources allocated to the response to better inform their decision making.

Deploying a combination of secondary desk reviews, community surveys, targeted interviews, and expert-led webinars over a period of five months, we sought to establish the scale of resources mobilized for the COVID-9 response and how these resources were utilized. We cast the net wide, assessing the complete scope of donors, and implementing entities involved in the response, rather than limiting our research to government. **Our data presented several limitations, primarily due to limited public information around the contributions to and expenditure of COVID19 resources, and the risk of 'double reporting' contributions along the disbursement chain, which likely inflated figures.** Nonetheless, our analysis of quantitative and qualitative data provides useful insights around the tenets of the response. See *Key Biases and Data Limitations in Section 3, Methodology*.

Findings

Our analysis of reported funding streams indicates a total of approximately KES 357.8 billion (US\$ 3.25 billion)² was received between March and November 2020, with the bulk contributed during the months of March and June 2020. From our community surveys - which targeted bottom of the pyramid Kenyans - 77% of respondents did not receive any financial assistance. This indicates that many more vulnerable families may have fell through the 'social protection net' during the pandemic, despite the efforts of government and other stakeholders. See *Section 4, Data Analysis for detailed analysis*.

There is a need for improved cross sectoral coordination in Kenya's COVID-19 response. Coordination mechanisms established at the national level were not necessarily replicated at the county level. As such, there were varied experiences in access to and coordination with the government especially for nonprofit implementers. Donors tended to support the more visible elements of the response, such as provision of Personal Protective Equipment (PPE), and hospital equipment as opposed to the equally important but less visible element of coordination.

In contrast, the private sector effectively converged to address immediate human and business needs. Similarly, civil society proved coordinated and dynamic in its calls for transparency around the COVID-19 response.

The unprecedented scale of COVID-19 created an unpredictable operating environment which saw many donors lean into existing partnerships with larger, often international organizations. This minimized the need to conduct outreach and due diligence to onboard new partners, nor put in place extraordinary tracking mechanisms to monitor the expenditure of implementing organizations. It meant however, that the full potential of community-based organizations was not harnessed. Owing to the unprecedented scale of COVID-19 some donors chose to repurpose existing funding earmarked for development initiatives in Kenya. This may have long term consequences for Kenya's development agenda as resources may have been diverted to other important but less urgent health concerns.

¹Igunza, Emmanuel., 'Coronavirus Corruption in Kenya: Officials and Business People Targeted', BBC, (24, September, 2020), (Accessed at <https://www.bbc.com/news/world-africa-54278417>).

²The USD - KES Exchange Rate 110.0535 was applied throughout this Report. This is the Central Bank of Kenya rate as at November 30th 2020, which is when IREX's research study concluded. (Central Bank of Kenya www.centralbank.go.ke)

Youth have been disproportionately impacted by the COVID-19 pandemic in Kenya but remain voiceless in its response. Despite bearing a significant brunt of the pandemic, young people's voices are still absent at the COVID-19 decision table. Despite this, many young people have been resilient through the pandemic and quick to adapt to loss of business, jobs, and livelihoods, demonstrating ingenuity, even with minimal direct support from the government.

Public procurement remains the greatest 'risk factor' in safeguarding accountability in the expenditure of COVID - 19 resources. Special funds like the Kenya COVID-19 Emergency Response Fund, can simplify resource management processes and accelerate spending during times of emergency. However, the absence of strong safeguards is a challenge since funds with independent spending authority can bypass normal budgetary and expenditure controls, dilute accountability and weaken fiscal control, increasing vulnerability to mismanagement.

Recommendations

While tax and fiscal mechanisms put in place by the government have brought relief to thousands of households, the strategies risk being perceived as not pro-poor, since they fail to take into account the nature of the country's economy, which is predominantly informal. Also, the capacity of existing social protection mechanisms may need to be repurposed to respond to emergencies, in order to reach the most vulnerable in time and at scale.

In the light of the above, it is recommended that going forward, as we address recovery and long-term impact of the pandemic and future emergencies, there should be concerted effort to develop **long-term capacity of local organizations** to enable them to be on the frontline of programming. Due consideration should also be given to **improving coordination** within government and between government and other actors and stakeholders.

The importance of timely and accurate data for decision-making cannot be gainsaid. It is imperative that **access to data** from a centralized repository is prioritized in such situations. However, while data is important, the **ability of leaders to utilize data** to make decisions is equally important. Leaders should be empowered to interpret and utilize data in their decisions.

While the country has in place a social protection framework, there should be increased effort at **both expanding and strengthening** mechanisms to protect vulnerable populations. Acknowledging that the country's economy is predominantly informal, fiscal strategies need to consider this in future responses.

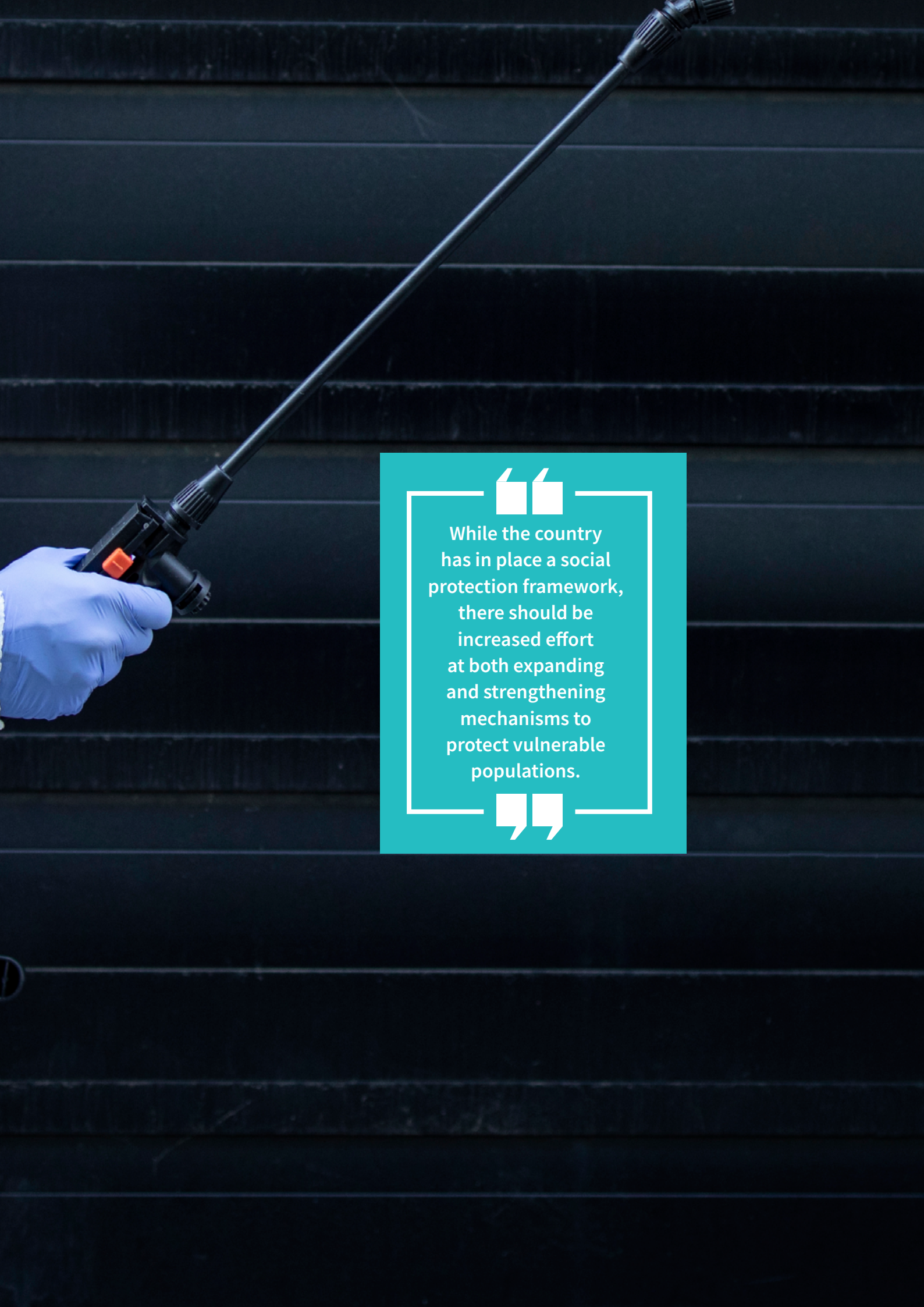
The pandemic has brought to the fore the accountability role of the media and civil society, with the two forming a bedrock for accountability in the country. They therefore need to be **supported** and **strengthened** to effectively play the watchdog role.

Finally, ongoing **research efforts aimed at filling Kenya's COVID - 19 data gaps should be expanded**, with data limitations effectively addressed.



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1. CONTEXT

At the onset of COVID – 19 in Kenya, the country’s recorded cases were 15.³ However, based on transmission patterns from countries across the world, many projected that infection rates would rapidly increase, which would overwhelm the country’s healthcare system. At the time Kenya had just 537⁴ critical care beds, 256⁵ ventilators, and a low healthcare worker to population ratios. Nine months later, and recorded cases rose to 92,459⁶ COVID-19 has had macro level impacts for the country, with poorer Kenyans shouldering the brunt of those impacts. It has slowed economic activity and growth, sunk 2 million Kenyans into poverty, brought social, and economic inequities into stark relief, and had fatal consequences for 1,604.⁷

In April the Government of Kenya, alongside its development partners, launched an appeal for resources to help Kenya fight the COVID-19 pandemic. Multilateral and bilateral agencies, the private sector and government made sizeable contributions and commitments primarily through the Kenya COVID Emergency Response Fund – with aid and grants alone estimated by the British Broadcasting Corporation (BBC) at \$2 billion.⁸

Given the massive outlay of funding over a short period of time, civil society’s calls for transparency on how these funds were being utilized grew.⁹ However, it was an August 2020 investigative expose led by Nation TV, a leading regional media outlet that triggered public outcry. Journalist Dennis Okari revealed that KES43 billion (\$390.7 million) was unaccounted for, primarily by Kenya Medical Supplies Agency (KEMSA), a specialized Government medical logistics provider.

With Executive backing, a series of investigations and audits led by the country’s Directorate of Criminal Investigations (DCI), Ethics and Anti-Corruption Commission (EACC) and Auditor General from June – September followed. Findings from the audit of KEMSA’s activities concluded that at least KES 2.3 billion (\$20.9 million) is unaccounted for, procurement irregularities occurred, there was no value for money realized in procurements, and public procurement laws were flouted, with evidence of tenders being allegedly given to politically connected individuals and businesses.¹⁰

To support wider efforts at building out data gaps during this critical juncture on the management of the COVID-19 resources IREX implemented the COVID-19 Resourcing Data Project (CRDP-19) from June - December 2020. Our role was facilitative, aimed at improving the enabling environment for decision makers across sectors to conduct their work.

- To help fill the data gap, we developed an open data dashboard, and uploaded secondary and primary data to paint a more holistic picture on resources allocated to the response, and flow of funds.
- To understand whether communities received these resources and support, we asked them directly, surveying a sample of 2,087 Kenyans.
- To elevate the voices of civil society and other stakeholders, and unpack perspectives around the response, we held a series of public webinars that engaged cross-sector experts.
- To support civil society leaders, interpret and interrogate data on the use and prioritization of COVID-19 resources, we delivered customized masterclasses to improve their practical skills for data – informed decision making. *See Annex 1*

³ Kenya Reports Eight More Cases of Coronavirus, Ministry of Health Official Website, (22, March, 2020), (Accessed at <https://www.health.go.ke/kenya-reports-eight-more-cases-of-coronavirus/>)

⁴ Edwine W. Barasa; Paul O. Ouma; Emelda A. Okiro., Assessing the hospital surge capacity of the Kenyan health system in the face of the COVID-19 pandemic, Published online 2020 Jul 20. doi: 10.1371/journal.pone.0236308 (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7371160/>).

⁵ Ibid.

⁶ Ministry of Health Official Website, (14, December, 2020, (Accessed at <https://www.health.go.ke/>)

⁷ Ibid.

⁸ Igunza, Emmanuel., ‘Coronavirus Corruption in Kenya: Officials and Businesspeople Targeted’, BBC (24, September, 2020), (Accessed at <https://www.bbc.com/news/world-africa-54278417>).

⁹ Notably, this included formidable coalitions like the Okoa Uchumi Coalition - comprising OXFAM in Kenya, Transparency International Kenya, The Institute for Social Accountability, Interreligious Council of Kenya, PAWA254, Diakonia Sweden, Kenya Human Rights Commission, Institute for Public Finance Kenya and the International Budget Partnership.

¹⁰ Office of the Auditor General, ‘The Special Audit Report On Utilization Of Covid-19 Funds By Kenya Medical Supplies Authority (Kemsas),’ (1, October, 2020), (Accessed at <http://www.parliament.go.ke/special-audit-report-utilization-covid-19-funds-kemsa>)

2. THE DATA GAP

Data is a critical pillar for decision making. It promotes evidence informed decision-making, and enables the identification of priorities, objectives, and solutions. Data can help to develop compelling messaging that can broaden an institution's support base or justify actions. In the COVID – 19 context - and without a holistic picture of the amount, and type of resources received, by whom, and for what purpose – the ability of stakeholders to course correct, evaluate, learn, achieve impactful advocacy, or hold each other to account may be impacted. Given the centrality of the state in coordinating emergency responses, public attention has predominantly focused on the resource 'data gap' from government, with many civil society organizations reporting 'hitting a wall' when reaching out for data from this group. But data gaps persist across sectors. Public access to full information on the contributions made by external donors and the private sector is not consistent, and for the many charitable Kenyans who made contributions as individuals or informal groups, information is even less limited.

Civil society has presented various requests to the Ministry of Health for information on how resources have been used, and on other actions and decisions around COVID-19 management. I can tell you that in the last six or seven months, not a single letter has been responded to.

**Sheila Masinde,
Executive Director,
Transparency
International**

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3. METHODOLOGY

IREX's methodology under this research project was driven by our commitment to evidence - driven decision making. Through our research, we sought to understand the following:

- **Which donors contributed towards the response? How much did they contribute, when did they make their contributions, and for what activities?**
- **Which implementing entities received funding, for what activities and where?**
- **Did vulnerable households receive financial or non-financial assistance? If yes, from whom?**
- **What are the perspectives of Kenyan experts, thought leaders and the public around the effectiveness of the COVID – 19 response?**

While civil society's primary focus is around government expenditure of COVID resources, our research went beyond analyzing contributions committed to government alone, to cover data on the complete scope of donors and implementing entities involved in Kenya's response efforts.

We carried out a longitudinal study through weekly collection of data using mixed methods. Qualitative and quantitative data was collected through community surveys via an online survey, targeted one-on-one interviews, and a desk review of publicly available information. In addition, we gained firsthand expert insights from a cross section of Kenyan leaders through a three-part public webinar series. Collected data was displayed in an interactive, open online dashboard, which can be accessed at www.kenyacovid19.org.

Secondary Desk Review: Secondary data collection, and telephone interviews with donors and implementing organizations covered the period March – November 2020. Data was collected from government¹¹, private, bilateral, multilateral, philanthropy, and nonprofit sources (websites, social media sites). In addition, we collected data from various online media reports. Our research focused on the following data points.

- Amounts of contributions received
- Modality of funding (e.g., cash, in-kind)
- Funding entity
- Implementing entity/partner
- Date funds were received
- County receiving funding (if applicable)
- Activity type

Community Surveys: Community surveys ran from October - November and were collected by administering an online survey through BRCK's Moja Wi-Fi - Africa's largest free public WiFi provider. Moja Wi-Fi targets bottom of the pyramid customers, a majority of whom are aged 18 - 24. Moja Wi-Fi fixed sites include general shops, movie shops, barber shops, salons, and chemists across the country. Mobile sites are accessible in over 100 Matatus in Nairobi. Our questions primarily aimed to understand the following from 2,087 respondents:

- Number of income earners living in a household
- Information received on how to prevent COVID – 19 infection, and source of information
- Information received on financial and non-financial assistance, and source of information
- Financial and non-financial assistance received and source of assistance

11. Including the COVID-19 Emergency Response Fund, the National Disaster Management Unit, the Ministry of Health and the Ministry of Interior, the National Treasury, County Governments.

Targeted Interviews: 11 telephone interviews with targeted donors and implementation partners were conducted. The goal was to fill in data gaps around the interviewees' institutions. Specifically:

- Their institutional COVID – 19 response strategy
- Amount of funding received or disbursed for the response strategy
- Amount of funding allocated to national and county governments
- Measures to track the disbursement of funds
- Extent to which information on funds received or disbursed are public.

Expert Webinars: Through a three – part public webinar series, over 300 attendees gained expert insights into Kenya's COVID – 19 response. Specifically, 12 experts spanning the education, entrepreneurship, human rights, health, accountability, public finance management, bilateral, business, social protection, and policy spaces underlined factors that drive inequalities and corruption in public finance management and explored the effectiveness of Kenya's response.¹²

Key Biases and Limitations: The data presented here has several limitations. These include but are not limited to: limited public information around the contributions to and expenditure of COVID19 resources, and the risk of 'double reporting' contributions along the disbursement chain, which likely inflated figures (for instance, contributions from a donor to national government being reported a second time when national government then disburses these funds on to counties).

These limitations were partly addressed through the triangulation of secondary data with primary data from targeted interviews and a community survey to fill data gaps and increase the rigor of evidence presented through multiple data sources.

Nonetheless one cannot ignore the limitations when interpreting findings. It should also be noted that acquiring data from government sources was a challenge and requests for interviews to fill these data gaps were not successful. In addition, disclosure of contributions from development partners and donors was not consistent.

Finally, while BCRK's Moja Wi-Fi network is extensive, it does not cover all counties.¹³

¹² Amani Katana - Executive Director of the Youth Empowerment Program, Mandela Washington Fellow; Angel Mbutia - Sec. for Gender & International Relations, All-Africa Students Union; Emily Waita - Public Affairs & Gov. Relations Leader, Coca-Cola Central, East & West Africa Ltd; Dr. Githinji Gitahi - Group CEO, Amref Health Africa; Irene Otieno - National Taxpayers Association, National Coordinator; John Githongo - Inuka Kenya Ni Sisi, CEO, theelephant.info, Publisher; Maryanne Ochola - Sr. Regional Chapter Manager, East Africa, Aspen Network of Development Entrepreneurs; Mbuki Mburu - Public Policy and Youth Development Advocate, Civic Engagement Officer at PAWA 254; Dr. Samora Otieno - Health Advisor, Foreign, Commonwealth & Development Office, Kenya; Sheila Masinde- Executive Director, Transparency International Kenya; Scheaffer Okore - Development Policy Advisor, Goalkeeper's Advisory Board – Bill & Melinda Gates Foundation; Wangari Muikia - Award Winning PFM Specialist, Managing Director, Expertise Global Consulting Ltd.

¹³ BRCK coverage counties, cities and towns are: Eldoret, Limuru, Nakuru, Gachie, Majengo, Ngong, Kakamega, Mbale, Ongata Rongai, Kiambu, Mlolongo, Ruiru, Kilifi, Mombasa, Thika, Kisumu, Mtwaya, Ukunda, Kitegela, Nairobi, Wangige, Likoni, Naivasha



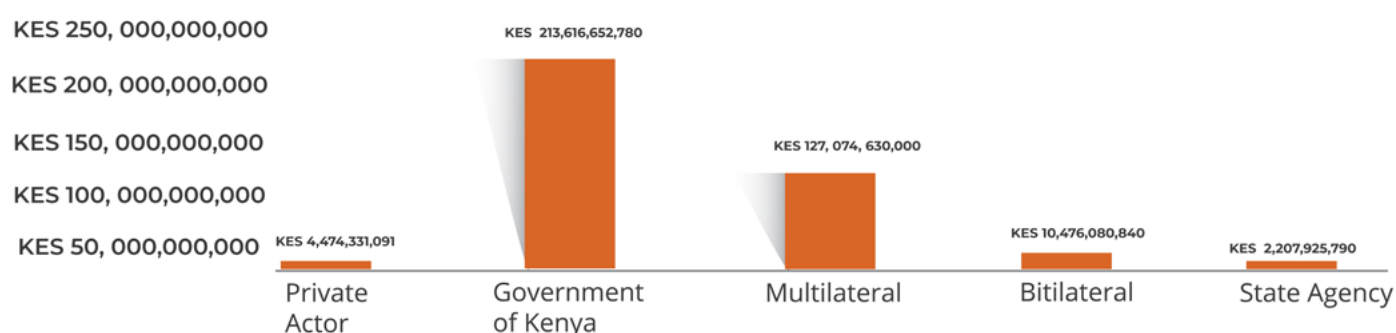
While civil society's primary focus is around government expenditure of COVID resources, our research went beyond analyzing contributions committed to government alone, to cover data on the complete scope of donors and implementing entities involved in Kenya's response efforts.



4. DATA ANALYSIS

Based on publicly available secondary data, targeted stakeholder interviews and bearing in mind outlined biases and limitations in the data collection process, approximately **KES 357.8 billion (US\$ 3.25 billion)** was received between March and November 2020. This funding came from various sources including the private sector **KES 4.47 billion (US\$ 40.65 million)**, multilaterals **KES 127.07 billion (US\$ 1.15 billion)**, the Government of Kenya **KES 213.61 billion (US\$ 1.94 billion)**, bilateral agencies (**KES 10.47 billion (US\$ 95.1 million)**) and other state agencies **KES 2.2 billion (US\$ 20 million)**.

Amount of funding contributed by entity type



Source: *Resourcing Kenya's COVID-19 Response*, www.kenyacovid19.org

What is not captured in our data are contributions made by individual Kenyans directly to communities. Estimates of these are hard to determine given the lack of formality in the donation arrangements and processes. Nonetheless, the IREX research team observed that many of these distribution efforts were highly organized and likely benefitted thousands, if not tens of thousands of Kenyans. However, owing to the informality of this giving, duplication of efforts likely occurred in some instances, and the same communities may have received similar support from different groups. In addition, the robustness in financial management of these contributions is not certain. We recommend that future research efforts conducted capture contributions from this group of Kenyan philanthropists.

Based on funding received by month, our records show that most recorded contributions were received between March - June 2020. Thereafter, there has been a sharp decline in contributions towards the COVID-19 response. We propose the following plausible causes.

- The Government's initial funding appeal generated significant support from the private sector, multilateral and bilateral agencies, owing to their assessment of the impact COVID-19 posed to Kenya's development trajectory, the geopolitical importance of Kenya to the East African region and Sub-Saharan Africa at large, and the need to safeguard the investments they had made in the country's development over the past years and decades. The Government itself made considerable investments.
- The response required sizeable early investments to enable mass procurements, awareness raising on transmission pathways, and planning. Frontloading the resource mobilization effort made sense in this regard.
- As with any crisis, maintaining momentum around resource mobilization is challenging as donors' fatigue can set in. In this instance, bilateral agencies were grappling with the COVID-19 response in their home countries, multilaterals

with the pandemic in all member countries and many private sector actors needed to focus on survival. In addition, the phased reopening of Kenya's economy from July 6, 2020 may have signaled to these donors that 'the worst was over.' Finally, claims of mismanagement of COVID-19 funds and subsequent investigations may have also impacted on contribution levels.

- From a practical perspective, the government may have achieved its original resource mobilization target.

In terms of how contributions were made, we were able to primarily trace data from in-kind contributions (KES 682 million or 0.19% of the total contributions recorded) and cash (KES 189.36 billion or 53% of the total contributions recorded). The vast data gap here points towards a lack of specificity within the public domain on how contributions were made. Of note, a majority of recorded in-kind contributions came from the private sector. This is not surprising based on the preference of many private actors to make 'visible' donations that also align with their strategic marketing priorities.

In terms of activity type that resources were deployed towards, data around the provision of Protective Personal Equipment (PPE), test kits, cash transfers, purchase of health facility equipment, and relief is more readily available than service-oriented expenditure - such as provision of quarantine services/isolation, contact tracing, lease of ambulances, awareness raising, hiring of health workers, research, learning and monitoring, mitigation of Gender Based Violence, psychosocial support, and mitigation of school closures.

Looking at immediate response gaps, Kenya's healthcare structures likely emerged as critical - considering the nation had just 537 critical care beds and 256 ventilators at the onset of the pandemic. Priority would have focused on ensuring hospitals and healthcare workers were equipped to manage the virus for patients needing specialized care and management. From a social protection perspective, securing the livelihoods of vulnerable populations affected by lockdowns would have emerged as another immediate need, by expanding cash transfer programs. Equipment, PPE, test kits, cash transfers are 'visible' solutions that could therefore be accounted for more easily. Donors, and government would want to be seen as instrumental to these visible and 'immediate solution' efforts. More research is required however, to understand why availability of data around service-oriented expenditure is limited.

Besides the critical focus on quantitative data by the project, there was an equally strong element of gathering qualitative views and feedback across the Kenyan societal strata. This was through community surveys, and three webinars exploring transparency, coordination, and inclusion in the response as well as in interviews with donors and implementers.

Community Surveys

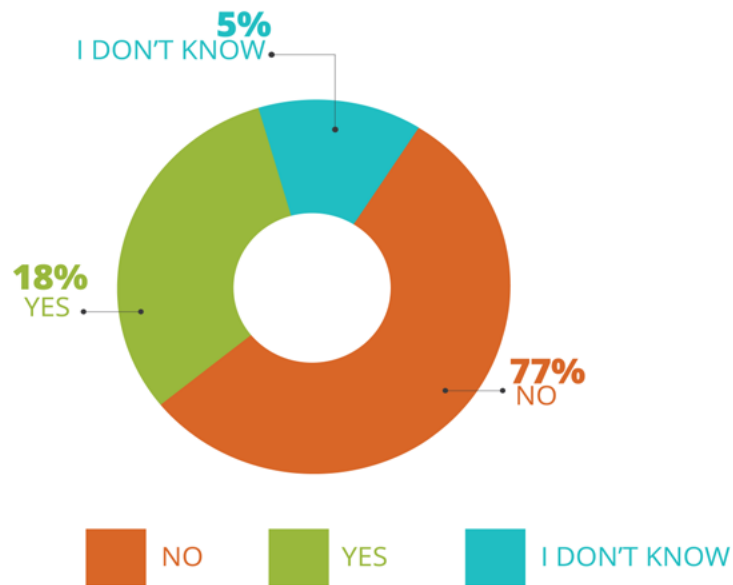
Overview

- Between 22nd October and 27th November, 2,087 Moja Wi – Fi users, participated in our survey.
- Most respondents did not receive financial or non-financial assistance. However, those who did primarily received assistance from national or county government sources, highlighting the critical role of government in social protection outreach during emergency contexts.



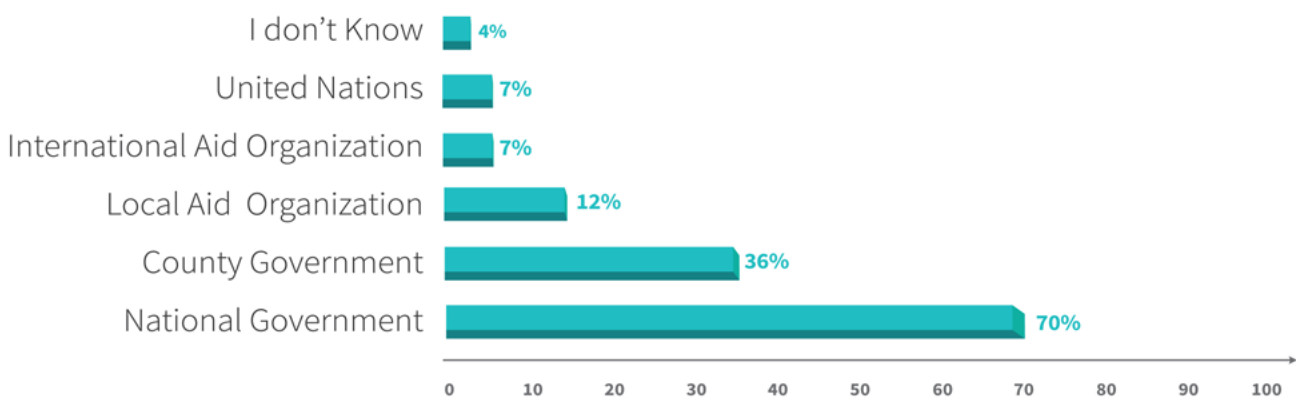
Below are highlighted findings to select survey questions:

Have you or any member of your household received any financial assistance from the government or aid organizations to help you cope with this COVID-19 pandemic? n =1926



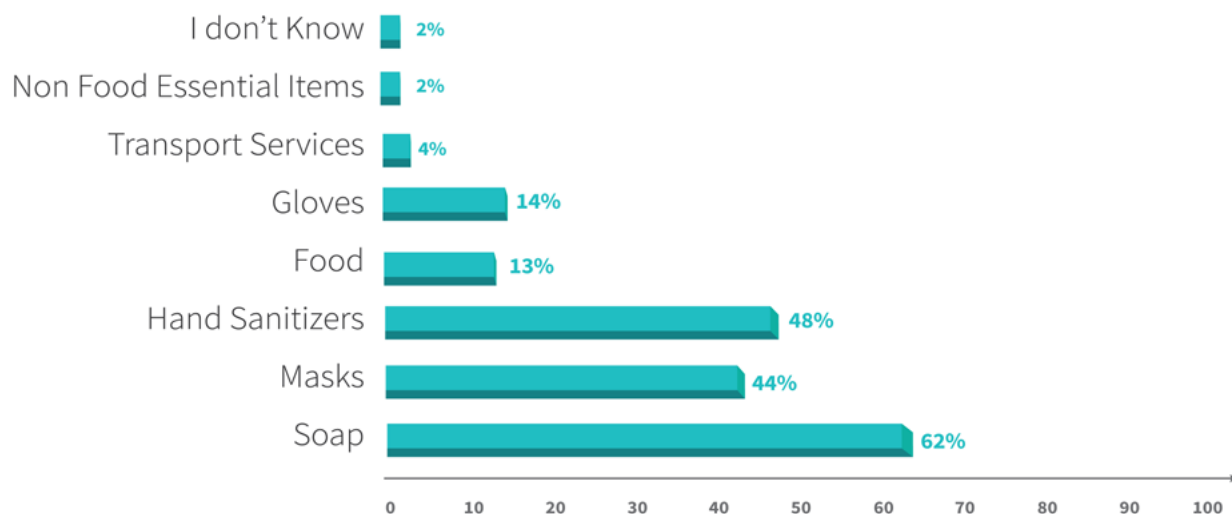
A majority of respondents - **77%** - did not receive financial assistance, while 18% reported receiving financial assistance. While our sample survey population does not represent the experience of all Kenyans, it indicates that a sizeable number of vulnerable families may not have received any financial assistance support during the pandemic.

From whom did your household receive the financial assistance? [Respondents could select more than one answer] n=307



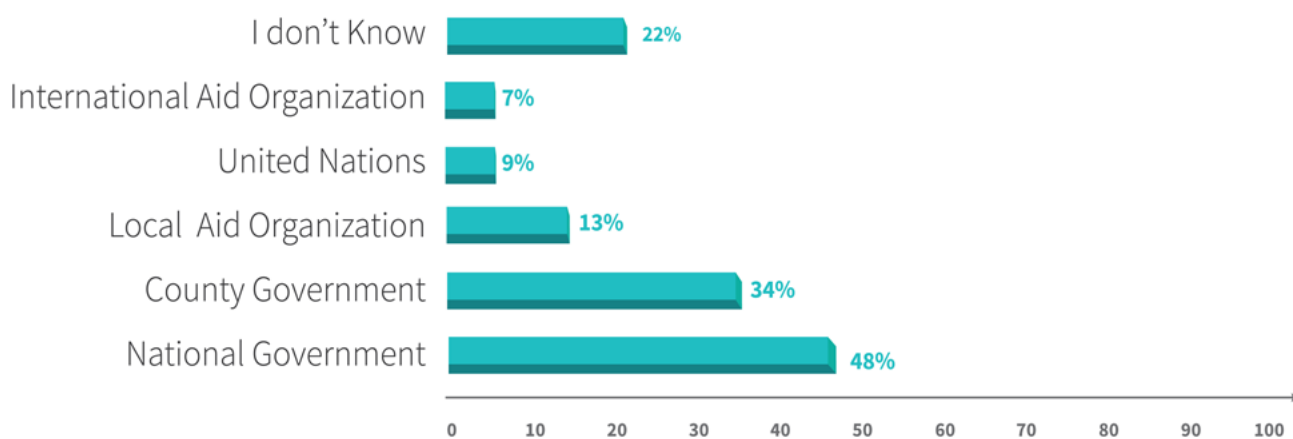
Of the respondents who received financial assistance **70%** received this from national government, **36%** from county governments, **12%** from local aid organizations, **7%** from international aid organizations, and **7%**, from United Nations.

Did you or a member of your household receive any of the following types of non-financial assistance to help you cope with the COVID-19 pandemic in the period since the shutdown was announced in March this year? [Respondents could select more than one answer] n=278



Of the respondents who received non - financial assistance, **13%** received food items, **62%**, soap, **44%** masks, **48%** hand sanitizers, **14%** gloves, **4%** transportation services, and **2%** for other non-food essentials. Of note, a number of respondents reported receiving more than one non – financial assistance support item or service.

From whom did you receive the non-financial assistance? n=576



Of the respondents who received non-financial assistance, **48%** received this from national government, **34%** from county government, **13%** from local aid organizations, **9%** from United Nations organizations, and **7%** from international organizations.



A majority of respondents - 77% - did not receive financial assistance. While our sample population group does not represent the experience of all Kenyans, it indicates that a sizeable number of vulnerable families may not have received any financial assistance support during the pandemic.



DONATION



5. FINDINGS

Overview

- There is a need for improved cross sectoral coordination in Kenya's COVID-19 response. Government coordination and access was not equal, particularly for small and medium sized 'on the ground' nonprofit implementers. In contrast, the private sector and civil society adopted their customary roles effectively.
- Private sector players galvanized to promptly disburse contributions towards the response, at the same time working with government to protect the purchasing power of their consumers.
- Civil society harnessed the 'strength in numbers' principle and deployed numerous dynamic tactics in its calls for transparency around the response.
- The unprecedented scale of COVID-19 created an unpredictable operating environment which saw many donors lean into existing partnerships with larger, international implementers. This allowed them to disburse their contributions relatively quickly but highlights the need for building stronger connections with community-embedded implementers in the long term.
- Despite youth being disproportionately impacted by the COVID-19 pandemic in Kenya, they remained voiceless in its response as evidenced by the lack of youth-centric solutions in response strategies or participation in decision making processes.
- From a systems and process perspective, public procurement remains the greatest 'risk factor' in safeguarding accountability in the response context. Insufficient safeguards and structural frameworks imply that Kenya's public finance management system may not effectively operate for a crisis of this magnitude.

Coordination

Coordination between national and county governments, and between private and government stakeholders at times proved challenging. The provision of health services is a devolved function, and coordination between the national and county governments was at points weak. Weaknesses in coordination between the private sector and government were also evident – for instance, while the government was struggling to procure PPE in the wake of a constrained global supply chain, local manufacturers experienced challenges accessing government procurement channels. A large corporate indicated to IREX that bureaucratic government structures and processes prevented them from channeling their support directly to government. Specifically, the donor intended to import beds, PPE, ventilators, and masks, but stringent processes would have meant their donations reached targeted groups in six months. This experience, however, was not consistent for all private sector players.

Nonprofit, implementing organizations do not have equal access to government coordination mechanisms or support. From the perspective of larger nonprofits, a positive coordination outcome of the pandemic has been the breakdown of trust barriers between the government and nonstate actors. Specifically, the establishment of the National COVID-19 Taskforce by the Health Cabinet Secretary, has improved multi sectoral coordination. In contrast, smaller community-based nonprofits have reported struggling with access to governments and operating in isolation. Of note, coordination mechanisms established at the national level have not necessarily been replicated at the county level. A community-based nonprofit in Kisumu revealed that at the onset of the pandemic there were plans to have a COVID-19 County Steering Committee. Though formally established in June, the organization has had limited engagement with the Committee. The 'access differential' could be attributed to the reality that larger nonprofits have greater influence, established relationships with government, and bring to the table financial muscle and strong funding networks that may be lacking in the realm of smaller nonprofits.

“everyone wants to put in resources into specific program areas, but nobody really wants to put money into the coordination efforts.”

**Dr Githinji Gitahi,
AMREF Africa Global CEO**

Donors have not sufficiently invested in improving coordination. It was observed that donors (including government) were more likely to fund visible activities and make tangible donations, such as equipment with little investments going towards the equally important outcome of improved coordination. Related to this, coordination efforts have failed to effectively harness the thought leadership of critical expert groups, including academics and researchers – who in many other countries have been instrumental in shaping response efforts.

Private sector actors effectively converged to address immediate human and business needs.

Private sector was quick to set up coordination mechanisms primarily through sector associations - such as the Kenya Private Sector Alliance (KEPSA) - or the establishment of partnership mechanisms, including the National Business Compact on Coronavirus. These actors recognized the importance of collaborative efforts to mitigate the pandemic while sustaining economic activity. Private players were innovative and harnessed their distribution networks to deliver much needed essentials – including masks and sanitizers. To mitigate the economic impact of the pandemic in communities, KEPSA spearheaded the development of an ‘action framework’ focused on the economic impact of the pandemic and corresponding mitigation measures. In collaboration with government, the initiative provided input to economic stimulus incentives which were included in the Tax Laws (Amendment Act), 2020.

“KEPSA members convened within three to four weeks of the pandemic. We had a multi-sector working action framework and met twice every week. It has become a highly successful multi-sectoral platform for action.”

Emily Waita - Public Affairs & Gov. Relations Leader, Coca-Cola Central, East & West Africa Ltd, and Governing Council Member, Kenya Private Sector Alliance

Civil society was coordinated, and dynamic in it calls for transparency and accountability around the COVID-19 response. Kenya’s civil society has galvanized around the transparency and accountability agenda, with influential players like Transparency International taking a coordination role. Their central demand to government has been ‘give citizens access to information on resources committed and allocated to the response, to enable them to monitor expenditure.’ Civil society has generally been unable to establish dialogue with government, and against this backdrop adopted more adversarial advocacy strategies – for instance advocating for audits around expenditure, and compelling the Ministry of Health through the courts, to share data with the public.

Donor Priorities

The global scale of COVID-19 means many donors repurposed, rather than increased their funding levels. This may have long term consequences for Kenya’s development agenda.

Insights from a senior representative of a bilateral agency indicated that unlike previous humanitarian crises where a specific country or region was affected, the unprecedented global reach of COVID-19 meant that levels of resources were not as readily available. As such, many donors repurposed already available funding to address emergent needs. This will likely impact levels of funding for non-COVID-19 related development programming over the next few years and could impact the survival of nonprofits.

“...at the Aspen Network for Development Entrepreneurs (ANDE), we observed donors reprogramming to support to enterprises. Philanthropic donors repurposed funding to enable entrepreneurs to refocus their cash flows because supply chains were disrupted, digitize their operations, and market their products online.”

Maryanne Ochola - Sr. Regional Chapter Manager, East Africa, Aspen Network of Development Entrepreneurs

Donors managed the risk of mismanagement of contributions by primarily disbursing funding through pre-existing partners. They did not put in place extraordinary tracking, or monitoring measures. Donors generally disbursed their contributions through pre-vetted, existing implementing partners who were perceived to be low risk. In many instances, nonprofit implementing partners received a ‘top up’ on existing grants for COVID specific programming. No extraordinary tracking and monitoring measures seemed to be put in place by donors we spoke to – generic activity and budget reporting requirements, and field visits were the norm. Representatives from a bilateral agency noted that their existing grant structuring mechanisms, including deliverable based funding, and the inclusion of accountability clauses in agreements with multilaterals or government agencies were deemed sufficient for COVID-19 related activities.

Many donors leaned in to ‘safe partnerships’ with larger implementing organizations for the sake of efficiency and accountability. While larger/international organizations received the lions share, many donors expressed a preference to fund more locally, since hyper-local, community embedded organizations have greater access to and insights into the needs of their communities. For instance, the referral networks of many community-based organizations were critical to rapidly roll out cash transfer programs at scale. However, most donors did not fund these community-based organizations directly, owing to perceived capacity gaps around the areas of skills, governance, and financial management. These factors pushed them to stay in familiar territory, supporting larger/international organizations whose systems were pre-vetted, despite higher administration costs. A significant number of community-based organizations we interviewed received funds indirectly as sub-partners to these larger organizations. In effect, many donors passed on the ‘risk’ to their trusted, often long-term partners.

Youth

Kenya’s youth were observed to have been disproportionately impacted by the COVID-19 pandemic in Kenya but remained voiceless in its response. Interviewed youth leaders highlighted numerous challenges facing Kenya’s youth in the wake of the pandemic. These included job losses, an almost yearlong learning loss from formal education, and

“In an SMS survey (N=945) 83% of young people in our network said they felt their voices, struggles and hopes were ‘not at all’ or ‘poorly’ or ‘barely’ reflected in government response to the pandemic. While the number saying their interests were ‘well’ or ‘very well’ reflected held at 17% (from 19% in April).” - Shujaaz COVID Barometer (September, 2020).

emotional and physical trauma from those who were victims of police brutality in the guise of enforcing COVID-19 protocols. Despite bearing a significant brunt of the pandemic, young people’s voices were notably absent at COVID – 19 decision making, planning or coordination platforms. As remarked by an attendee at a recent IREX Webinar, “young people have been systematically and intentionally pushed to the periphery not just during the pandemic but in the management of the nation’s affairs in general.” Youth identified that lack of coordination among young people has hampered their ability to amplify their collective voice during the pandemic. While other sectors of society have rallied around their umbrella associations

(such as businesses) or within their existing collaboration mechanisms (such as bilateral and multilateral agencies), young people do not have a collective platform or voice that commands attention, leaving them a fragmented force.

Young people have been resilient throughout the pandemic, despite minimal support from government. While the pandemic has had a devastating impact on youth owned small businesses, many young entrepreneurs have adapted their business models to respond to COVID-19 restrictions. For instance, some entrepreneurs have moved their businesses

“... what the government should do now is help young people to rebuild their livelihoods through entrepreneurship training, technical training and targeted capacity building.”

online, while those engaged in the fashion business transitioned to the mass production of masks amidst other examples of youth ingenuity. A significant number of those who suffered job losses have also started ‘small hustles.’ Youth have continued to innovate during this pandemic, even without the direct support of the government. Amidst this resilience and adaptability, an overwhelming majority of young people indicated that they have not received financial or non-financial support from any source.

Amani Katana - Executive Director of the Youth Empowerment Program, Mandela Washington Fellow

The establishment of special funds during an emergency comes with clear benefits, but equal risks around safeguarding accountability in the management of those funds. Special funds, like the Kenya COVID Emergency Response Fund, can simplify resource management processes and accelerate spending during times of emergency. These funds can support the effective management of pooled funding by avoiding co-mingling of resources across various entities.

Most special funds globally operated through separate banking financial and reporting arrangements, outside of the regular government procurement channels which is problematic. In Kenya we have used at least some elements of the regular public finance management processing, as did countries such as Ghana.

Togo and Honduras published procurement information on their fiscal transparency portals, which is good practice to borrow from. In Sierra Leone, the government instituted interim audits to compensate for ex-ante controls so that there could be some management and oversight around overspending.

Many countries like Mauritius didn't implement any sunset clauses* in the establishment of their COVID-19 funds, in the Kenya case, we fortunately have this in place

**Public Finance Management Expert,
Wangari Muikia**

However, the absence of strong management safeguards is a major challenge since special funds with independent spending authority can bypass normal budgetary and expenditure controls, dilute accountability and weaken fiscal control, increasing vulnerability to corruption and mismanagement. In the COVID-19 context, these risks were heightened for many countries owing to the rush to set up emergency funds. In some cases, it led to a legal vacuum where the fund's purpose, management and oversight were not sufficiently defined. In the Kenyan case this was further compounded by the rush to respond, which led to the relaxation of ex-ante official financial controls and procurement processes, and the weakening of oversight mechanisms.

From a public finance management perspective, the most important factor when it comes to accountability in the Kenyan COVID – 19 response is procurement, bar none.

In March, Kenya's Public Procurement Regulatory Authority issued a circular for procurement during the pandemic crisis, requiring that all procurements be reflected in procurement plans and necessary approvals sought by law. However, the Authority did not issue a policy direction, nor did it clarify the law with regards to procurement in times of an emergency. As COVID-19 was classified an emergency - leading to urgency of procurements - these activities were not in compliance with regulations on the publication of procurement data. Herein lies an accountability dilemma. Public finance management

experts have debated whether Kenya's Public Procurement and Asset Disposal Act, 2015 should have been suspended or amended at the onset of COVID-19, to ensure legal compliance of procurements during the emergency context.

Social Protection

While tax and fiscal mechanisms put in place by the government have been a relief to many, these strategies are generally perceived as elitist, since they do not take into account the nature of the country's economy. Over 83%¹⁵ of Kenyans are employed in the informal sector. However, the government's fiscal strategy gave an income take break to Kenyans earning up to 24,000 KES per month in the formal sector and therefore benefitted a small proportion of the working population. Critically, the existing social protection infrastructure in place does not seem equipped to scale during periods of crisis to reach many more. For instance, while the government has several existing cash transfer programs in place targeting vulnerable groups, its ability to rapidly expand access to cash transfers was hampered by lack of data. The National Taxpayers Association, Executive Director Irene Otieno remarked that "I've spoken with some Kenyans who have received resources from the government. Of note, these are people who previously were in the government's system and have received prior support. How then are we accessing the overwhelming numbers of Kenyans in need at this time?"

¹⁴ Special thanks to Wangari Muikia for her insights on procurement during the COVID-19 pandemic.

¹⁵ Country Private Sector Diagnostic, Creating Markets in Kenya – Unleashing Private Sector Dynamism to Achieve Full Potential,' (World Bank Group, IFC, 2019) Page 34.





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6. RECOMMENDATIONS

The COVID-19 pandemic has provided an opportunity for reflection and improvement, to enable countries globally to better prepare for a more effective response, should a challenge of similar proportion occur in the future. It has highlighted the key elements of the response that would need to be effectively addressed to ensure that resources are not only mobilized with confidence and at scale but are utilized for the intended purposes. Key recommendations that come through from our experience of implementing this project are summarized below.

In the immediate term, ongoing research efforts aimed at filling Kenya's COVID – 19 data gaps should be expanded. Existing research efforts led primarily by civil society to fill the data gap should be consolidated and strategies to secure buy in from government, external funders and implementing partners implemented. A consolidated effort should address limitations in research conducted to date, including unpacking the 'disbursement chain' for contributions to minimize double counting, costing the individual and informal donations made by Kenyans towards the response, and covering all counties.

Improve access to data – develop a centralized repository for emergency responses. The COVID-19 pandemic has highlighted the importance of timely and accurate data for decision-making. It is imperative that open access to data from a centralized repository, managed by government is prioritized in similar situations. The government, its donors, and other stakeholders should review and prioritize the role of data in the management of resources for a pandemic such as this.

Educate and support leaders to make more and effectively communicate data-informed decisions. While access to data is important, data is meaningless if it cannot be used to inform decisions. As such, it is important to strengthen the capacity of decision makers across sectors, in understanding the role of data in critical interventions such as the response to COVID-19. Programs such as IREX's Data skills for leaders are important tools in this endeavor.

Fiscal strategies need to take into account the informal economy. While the effort by the government to institute fiscal and other remedies in response to the impact on the pandemic on households is laudable, it is crucial that these strategies consider the informal nature of the Kenyan economy and direct incentives equally to the informal sector. It is, also important to note that the temporary tax reprieve is set to expire at the end of December 2020, while the country is yet to stabilize. This may derail the recovery plan and may negatively impact the anticipated growth in tax revenue.

Improve coordination mechanisms at the government county level, between national and county governments, as well as government and other actors. The pandemic has revealed the important and central role of government in the coordination of a response. Government sets the priorities and guides deployment of efforts. Improvements in coordination between the two levels of government and between government and other stakeholders, will eliminate duplication, reduce wastage, and ensure quick action.

Expand and strengthen long term social protection measures to cushion the most vulnerable. Noting that a significant percentage of the population were either found or made vulnerable by the pandemic, and that the social protection mechanisms were inadequate in cushioning a significant number of the most vulnerable, it is important that the government reviews its social protection mechanism to ensure they are future-ready and can offer added safety to these populations.

Undertake intentional capacity strengthening for hyper-local organizations would enable them to be on the frontline of programming should Kenya face a similar crisis in the future. Judging from the restriction of travel and convening that have characterized the COVID-19 pandemic, capacity building efforts need to aim at hyper-local organizations who enjoy community access, have local networks, and can respond at short notice. In this capacity strengthening process, there is a role too for local intermediaries, as well as international nonprofits that are intentional about capacity development and skills transfer.

Strengthen the role of media and civil society in accountability efforts. It is noteworthy that the spotlight on the alleged mismanagement of the COVID-19 resources came from the Kenyan media. It is also worth mentioning that the pressure for transparency was driven initially by the civil society. The media and the civil society form an important bedrock for transparency accountability in the country and need to be supported and strengthened to effectively play this complementary watchdog role, alongside public watchdog agencies.

An Epilogue from John Githongo

John Githongo is the CEO of nationwide social movement Inuka Kenya Ni Sisi and Publisher of theelephant.info, a governance media platform with a weekly readership of 40,000. He is a widely respected, fierce anti-corruption leader.

Mr. Githongo was a panelist on a recent IREX webinar, which offered insights into the underlining factors that drive mismanagement in public finance management and inequalities in the allocation of state resources. During this webinar, we posed the following question to Mr. Githongo -

As a country, Kenya has had painful experiences with systemic corruption and mismanagement of resources. Have the conditions of COVID-19 resulted in the emergence of more complex or distinct types of resource mismanagement?

“In the past, politicians, bureaucrats, and businessmen were the key players involved in corrupt activities. That has evolved, and now includes professionals from the services sector - the law, banking, auditing who are critical in facilitating corrupt transactions.

Generally, corruption can be categorized as petty, grand, or looting. Petty corruption is where a little money is given to policemen, to get off your back if your tires are bald or your license is expired. Grand corruption is where politicians and bureaucrats skim off large public works contracts. Looting is where leaders can literally pick up the phone, call the Minister of Finance, or Governor of a Central Bank, and say ‘listen I need 20 million dollars, I’m going to Switzerland.’ And that money will be made available. There is a sense that Kenya has moved passed that, with the reintroduction of multi-party politics, and adoption of a more liberal Constitution.

There’s a new corruption that we are seeing - which is relevant when analyzing the COVID-19 response - a type of looting which is budgeted corruption, itself a form of looting. This is premeditated corruption, where a group of people decide they are going to create a project which they have absolutely no intention of implementing - but they budget for it, and spend on it, with money going to the pockets of individuals. This is a phenomenon we have seen in Kenya, but it is not unique to Kenya.”

John Githongo, 22nd October 2020

ANNEX 1 - DATA FOR LEADERS TIPS

As part of the COVID-19 Resourcing Data Project, select individuals from organizations participated in three masterclasses to further develop their skills to make data-informed decisions. Through these three masterclasses - Identifying Bias, Community Impact and Communicating Data-Informed Decisions - participants learned from the trainers and each other how to facilitate collaborative decision-making, deliver compelling and ethical narratives, turn data and evidence into decisions, ensure a gender equity and social inclusion lens is applied when evaluating data, identify biases in their own decisions, make decisions with limited time or resources and navigate uncertainty in the decision-making process.

Here are the top nine tips for anyone seeking to make more data-informed decisions.

1. Identify the information need. *Identify what data, information, and evidence will help to answer a question.*
2. Ask yourself: is this data reliable? *It is important to consider the credibility and limits of data when making decisions. Acknowledge data limitations and know tactics to address them to confidently move forward with data-informed decisions even when those gaps persist.*
3. Identify bias. *We all have biases. Often our and others' bias play a role in decision making. It is important to critically examine the data and the conclusions that we draw from it for bias as bias can lead to weak decisions.*
4. Ask yourself: does this data apply an inclusive lens? *Understand whether the data is representative of the voices of marginalized communities and the people you serve.*
5. Map and collaborate with your stakeholders. *Mapping stakeholders will help you understand the nuances of the decision you need to make. Inspire collective ownership by guiding discussions with stakeholders to arrive at a shared data-informed decision. Additionally, mapping your stakeholders can help you create an action plan and identify "champions" to help you implement your decision.*
6. Consider the impact of your decision. *In making your decision, it is important to consider how your decision will impact all stakeholders. Identify "winners" and "losers" of potential decisions to ensure smoothest possible implementation of data-informed decisions.*
7. Communicate your decision effectively. *To effectively communicate your decision, consider who your target audience is, articulate why this decision was made and outline what the intended effect of this decision is. You can do this either through traditional means or non-traditional means such as Twitter.*
8. Address inconvenient and unequal decisions. *Communicate decisions, which might adversely impact certain stakeholders or outcomes, using empathy and tact to more effectively implement decisions.*
9. Be as transparent as possible in your decision-making. *Being transparent about how and why a decision was made is a key tenet of accountability. Transparent and accountable decisions lead to stronger institutions, ideas and organizations.*

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