Covid-19 response in Nairobi: A political settlements approach

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Briefing Paper

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Abstract

This paper analyses the response to the Covid-19 pandemic in Nairobi, including measures to treat, prevent and mitigate the impact of the pandemic. It also explores the dynamics among policy actors or the "Covid policy domain" that led to the response and takes a political settlement perspective to examine the broader politics around this response. Methods include key informant interviews conducted between August 2021 and March 2022 and a review of policy documents reports and media sources. This study finds that, despite serious corruption in the Ministry of Health that impacted response effectiveness, the government, with support from civil society, media, the private sector and multilateral institutions, was able to relatively successfully manage the spread of the virus in the capital. However, the failure to mitigate adverse impacts from the Covid-19 response itself led to serious suffering, especially among those living in poverty and women, who faced loss of livelihoods and escalating and gender-based violence. Programmes were set up to address some of the adverse impacts, especially lost livelihoods, as part of a "regenerative strategy" before the upcoming election, but these programmes faced several barriers, including poor service delivery mechanisms and corruption. Some learning from the pandemic is also evident, as the county and national government appeared to make progress on institutionalising community health volunteer programmes. These are vital to extending healthcare to those living in the most deprived circumstances and preparing for public health challenges to come.

1. Introduction

Covid-19 has presented itself as a great challenge across the globe, and although it has currently played out less severely in Africa than in other world regions, the pandemic is not yet over, and African countries face particular obstacles in addressing its toll. It is thus of utmost importance to understand the way that different governments are handling the pandemic and how the response is impacting the general public. While some studies are emerging that look at specific Covid-19 responses at the country level (Dionne et al. 2021, Greer et al. 2021, Yamanis et al. 2021), few studies look more deeply at the policy dynamics behind these responses at the city level and at how national- and local-level politics interact and influence actions.

This brief is focused on understanding the Covid-19 response in Nairobi City County. The capital of Kenya, and a key economic and cultural engine for the country, Nairobi is deeply influenced by local and national, indeed global politics around Covid-19 responses and, in turn, shapes those responses and conversations around the pandemic. Nairobi is thus the site of key policy discussions and debates, as well as programme implementation on how to respond to the global pandemic. In this brief, we present a review of the Covid-19 response based on key informant interviews conducted between August 2021 and March 2022, primary materials generated by key policy actors, including Kenya's Ministry of Health and the press, as well as secondary materials, such as policy documents and published materials. We focused on low-income areas – Kibera (also Kibra) and Mathare – that were particularly badly impacted by both Covid-19 and the response. Purposive sampling was used to select key informants on the basis of their role in or knowledge of the Covid-19 interventions in the community and the policy domain. We also apply a political settlement frame (Kelsall and Hickey 2020) to the response to better understand how the Covid-19 response was influenced and played into the negotiations among a society's most powerful groups over current political and economic institutions.

The key research questions are as follows:

1. What has been the Covid-19 policy response in terms of treatment, prevention and mitigation? Who has been targeted and how effectively?
2. What has been the politics of the "Covid-19 policy domain" (including the questions of who the major players are with respect to Covid-19 policy decisions that affect the city, what motivates them, and where does the balance of power lie)?
3. What is the politics of the city and how does this politics relate to the national-level political settlement and the Covid-19 response?

After a brief overview of the status of Covid-19 in Nairobi and main findings, this paper will answer each of these questions in turn.

2. Overview of the status of Covid-19 in Nairobi

The first Kenyan Covid-19 case was detected in Nairobi on 12 March 2020 in a traveller returning from the US via London.[1] Since that time, until 13 March 2022, official statistics show that Kenya has had over 323,183 confirmed cases and 5,645 deaths[2] from successive waves of infection (Figure 1).

Figure 1: Kenya's confirmed Covid-19 cases over time
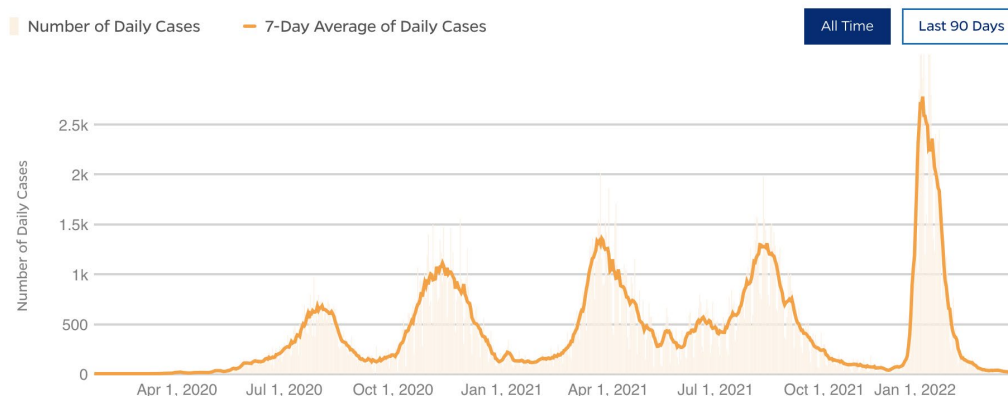
Data Sources: Cases and deaths data from JHU CSSE; testing and vaccine data from JHU CCI; and hospitalization data from the U.S. Department of Health and Human Services.

Source: John Hopkins University Coronavirus Research Center.[3]

Nairobi has been by far the epicentre of the spread of Covid-19 in Kenya. It is also the location of the best health facilities in the country and hence, the place where it is most likely that most testing will happen and cases will be recorded and treated. Still, as a city that is highly connected to global networks, the site of a large fraction of Kenya's economic activity and high levels of inequality, with dense neighbourhoods where high levels of poverty are concentrated, it is unsurprising that Nairobi has suffered heavily from the Covid-19 pandemic compared to other cities in the country. It is also important to note that Nairobi is the core of a metropolitan region, with people from surrounding counties travelling to Nairobi for healthcare. Indeed, existing data show that Nairobi has been the county most affected by Covid-19. Figure 2 shows how Nairobi was disproportionately impacted, even taking into account that it is the most populous county, at 4,397,073 people as of the 2019 census compared to Kiambu's 417,735 people from the same source (Kenya National Bureau of Statistics 2019). Thus, it is likely that the disproportionate impact of Covid-19 on Nairobi is, in part, explained more by its higher population density, high mobility and high chances of interacting with global travellers.

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[1] "First case of coronavirus disease confirmed in Kenya", Kenya Ministry of Health (www.health.go.ke/first-case-of-coronavirus-disease-confirmed-in-kenya/, accessed 6 June 2022).

[2] Kenya Ministry of Health website (www.health.go.ke/#1621663241218-5a50bcac-41da, accessed 6 June 2022).

[3] Available at coronavirus.jhu.edu/region/kenya (accessed 27 June 2022).

Figure 2: Cumulative Covid-19 cases by county in Kenya, as of 31 March 2022[4]
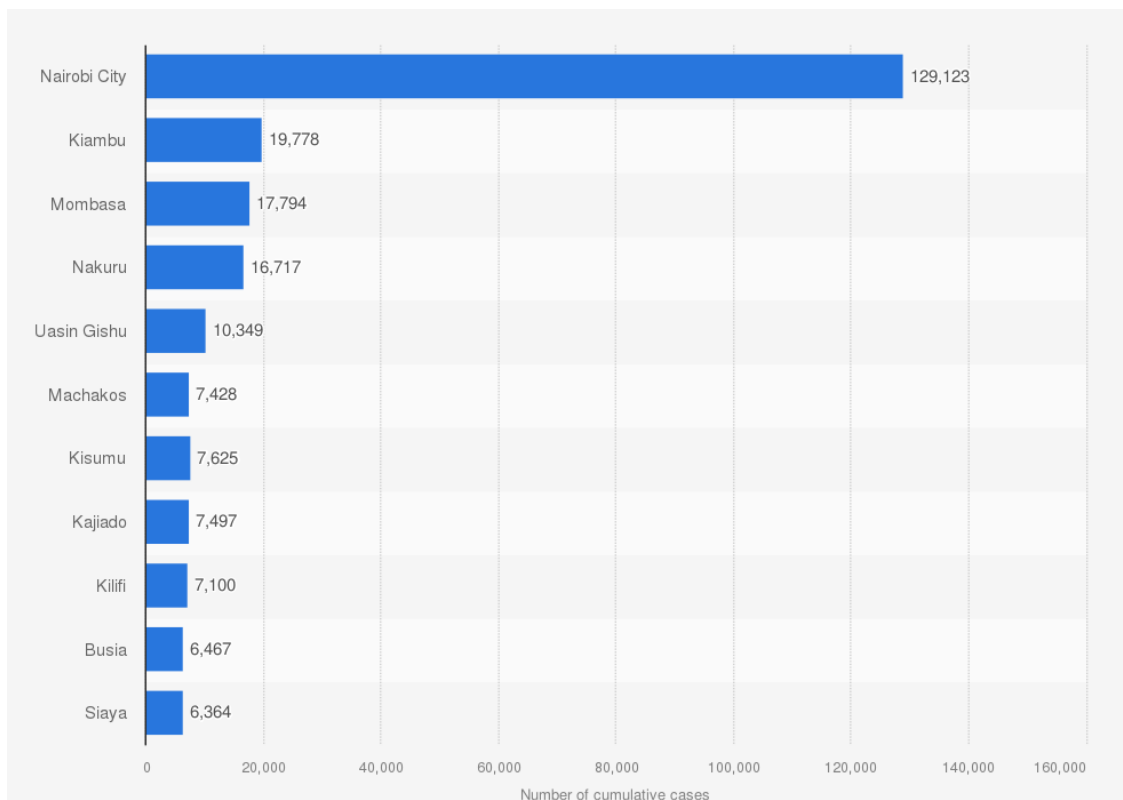
Like many other countries in the region, Kenya has experienced many public health crises, including HIV and malaria, and has activated systems in place to respond to the pandemic drawing on accumulated public health experience and expertise as well as cooperation with global public health networks (Wangari et al. 2021). Immediately after the first case was identified, the Kenyan government rapidly introduced measures to help control the transmission of Covid-19. These measures included public health messaging, the closure of international borders, with the exception of cargo movement, closing of schools and other learning institutions, a ban on social gatherings and meetings, closure of places of worship, bars and restaurants, a dawn-to-dusk curfew, mandatory wearing of masks in public places and heavy emphasis on hand washing and sanitation. There were also physical distancing guidelines, including on public transportation, and restrictions on movement into or out of counties with high infection rates, including the two main Kenyan cities, Nairobi metropolitan area and Mombasa. As vaccines became available, Kenya embarked on acquiring and delivering vaccines to the high-risk groups, including frontline workers, the elderly and those with comorbidities. However, due to global supply challenges and weak delivery systems within the country, coverage remains low (Figure 3).

Overall, by the metric of Covid-19 deaths per capita, Kenya's performance in addressing the disease compared to other countries is good, with 0.001 deaths per

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[4] Data sources: Ministry of Health (www.health.go.ke/#1621663241218-5a50bcac-41da), *Daily Nation* (nation.africa/kenya/covid).

million (compared to 0.02 deaths per million in the UK and 0.03 in the US), although of course this is not the only metric of success of Covid-19 interventions. While some factors, such as a "younger population, lower numbers of recorded case numbers due to inadequate testing, population-wide immune priming due to previous exposure to other related infectious agents, and other factors that may be protective against severe disease" (Wangari et al. 2021) may explain this kind of differential, it is unlikely to be the whole story and some credit must be given to the Covid-19 response by government – both national and sub-national – civil society and global networks of cooperation as well as the Kenyan public, which we will discuss in more detail in this paper.

Given that the virus is likely to mutate again and this pandemic is not yet over, the extent to which Covid-19 vaccinations have been administered is also critical. There is little vaccine manufacturing capacity in the region and as such there has been a severe disadvantage in gaining early access to vaccines and Kenya had to rely on external partners and aid (Sibidé 2022). As shown in Figure 3, as of 15 March 2022, 31.7% of the Kenyan population has had at least one dose and 14.5% are fully vaccinated (Ritchie et al. 2022).

Figure 3: Vaccinations in Kenya up to 15 March 2022
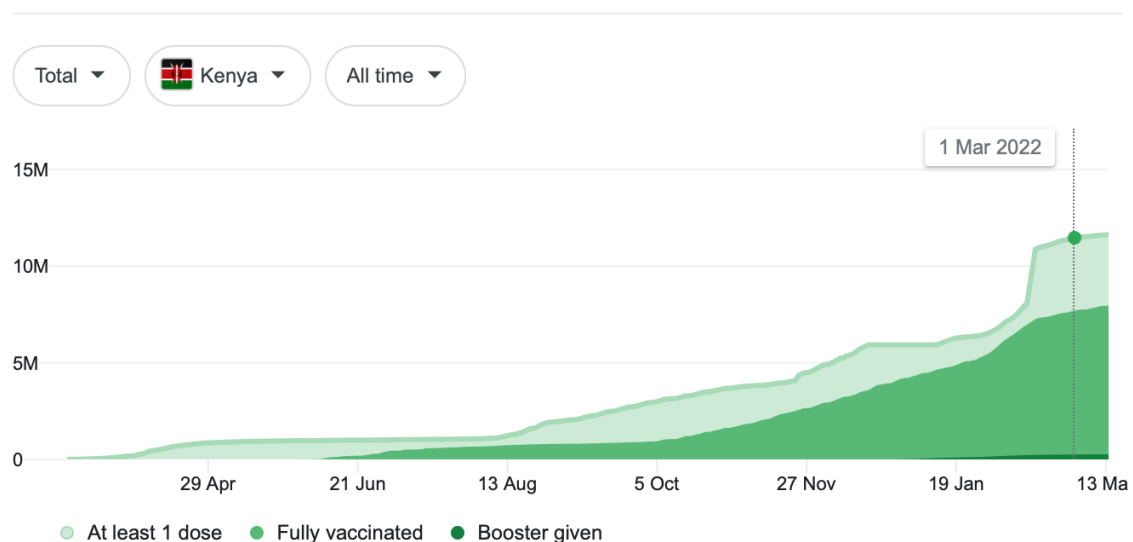
Data: Ritchie et al. (2022).

According to the Kenyan Ministry of Health, as of March 2022 Nairobi City County has 46.7% of the population fully vaccinated, the second most vaccinated county in the country after Nyeri county.

While responding to the pandemic, governments had to find a balance between reducing the direct health risks (morbidity and mortality) and adverse social and economic impacts brought about by the control measures. This is especially true in regards to vulnerable populations with limited access to safety nets (Wangari et al. 2021). In terms of enforcement of public health measures, governments must also

decide on mixes of coercion versus incentives. It appears that, overall, the majority of the Kenyan public accepted many of the measures to address Covid-19 and by and large complied with them. The World Bank, for example, did a series of high-frequency phone surveys on the socioeconomic impacts of Covid-19 and found high levels of reported compliance and government trust (Figure 4).

Figure 4: Data on compliance and government trust compiled by the World Bank
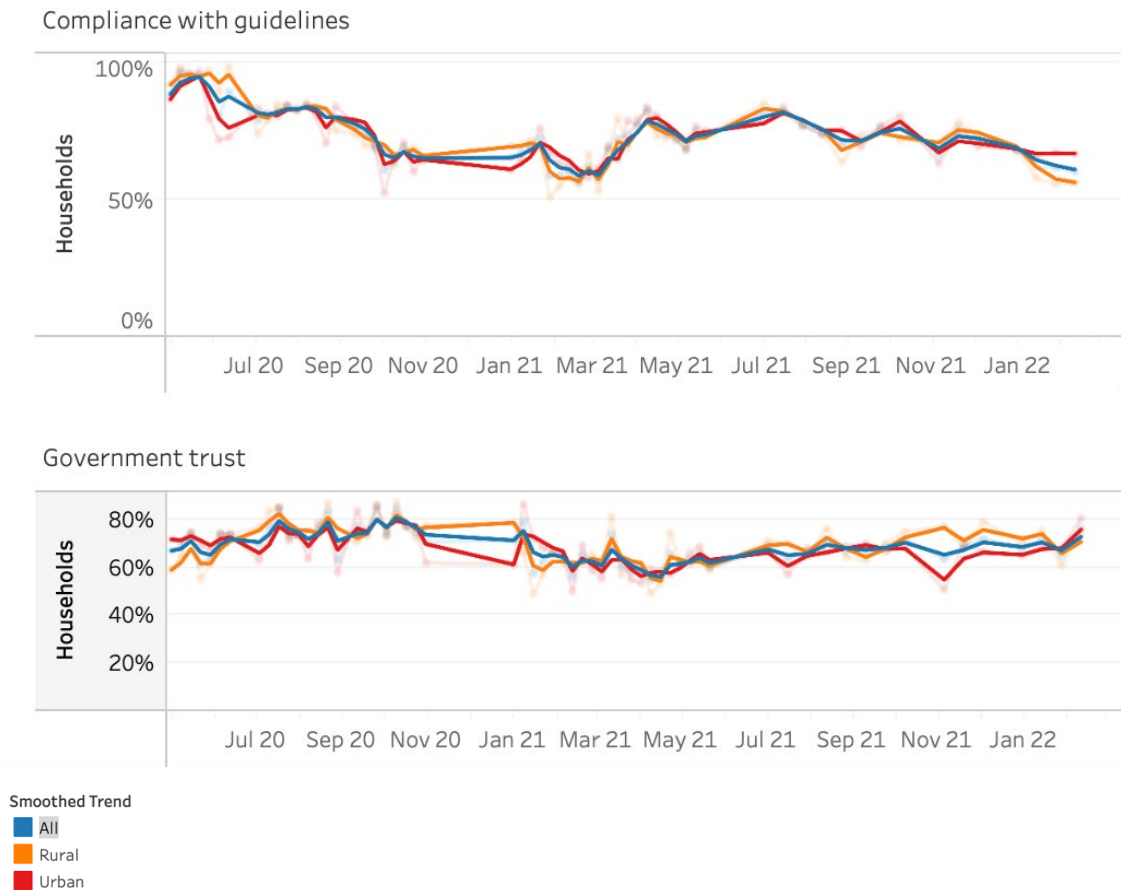
Source: World Bank (2022).

However, problems have arisen in relation to transparency and effective use of public resources to fight Covid-19. Kenya received large amounts of external aid for its efforts, with substantial amounts to be spent in Nairobi for vulnerable populations (McDade et al 2020). Evidence suggests that serious problems arose in the implementation of the Covid-19 response, along with enforcement, including excessive use of force by the police.

In summary we found:

1. Overall, with support from a vibrant civil society, media and private sector, Kenya was able to leverage its institutions and resources and considerable public health experience and networks to successfully manage the spread of the virus.

2. The Kenyan government and Nairobi City County government learned from Covid-19, especially in relation to the importance of community health volunteers in poor communities, who played a key role and engaged in improving policy, including creating better community health frameworks and better support of community health workers.

3. Challenges emerged around the balance between reducing public health risk and adverse impacts, especially in relation to people living in poverty in Nairobi, who suffered greatly during the pandemic. Although community interventions, such as use of face masks, good hand hygiene and social distancing and movement restrictions, have been found to be effective in controlling the spread of Covid-19, this study identified challenges in adherence and effectiveness in the city slum communities, due to local contextual factors, such as poor living conditions, overcrowding, poverty and poor sanitation amenities.

4. Control measures also negatively impacted food and economic security for many, especially the slum residents and this also, in turn, escalated gender-based violence. More drastic measures, including movement restrictions such as lockdowns and curfews, generated responses that were conflicted and ambivalent. On one hand, they generated negative responses because of their effect on livelihoods and the manner in which they were enforced by the authorities, sometimes leading to rights violations and sometimes working to increase public health risk. On the other hand, however, there was some appreciation for protective measures, as there was real fear around going out and being in contact with people who had the virus and becoming infected. There was a clear tension between prevention, and starvation and exclusion.

5. Well-connected actors, particularly in the Ministry of Health, engaged in corruption around Covid-19 programmes, leading to loss of resources, public anger and overall weakness in delivering Covid-19 support, especially to people living in poverty.

6. The current political settlement in Nairobi allows for cooperation and coordination between the national government and the county, including through the institution of the Nairobi Metropolitan Services. Although this facilitated the relatively successful local and national response, it also raised concerns around militarisation of service delivery and the integrity of democratic processes at local levels.

7. Covid-19 interventions directly played into a strategy among the most powerful players of courting the political support of Nairobi's poor majority by providing tax relief, resources and the opportunity to court favour via increased service provision prior to the next election on 9 August 2022. At times, however, powerful interests worked against upholding Covid-19 measures. This includes the continuation of gathering in large groups for campaigning, despite restrictions at the time, and the eviction of poor people, without resettlement, to facilitate signature infrastructure projects, which often also provide resources to politicians through side payments. Evictions made "stay at home" guidance impossible.

3. Overview of Covid-19 measures and the Covid-19 policy domain in Nairobi

In this section, we focus on the following questions: 1) What has been the Covid-19 policy response in terms of treatment, prevention and mitigation? 2) Who has been targeted and how effectively? This focus provides an overview of the overall policy response and differential impacts of these responses, based on class and gender.

Following the outbreak of the Covid-19 pandemic, the Kenyan government immediately responded with a strategy and structure to address the inevitable arrival of the virus. Before the first case in March 2020, the Ministry of Health (MOH) issued the National 2019 Novel Coronavirus Contingency (Readiness and Early Response) Plan February-April 2020. On 28 February 2020, the president issued an executive order establishing the inter-governmental National Emergency Response Committee (NERC) on Coronavirus. This committee is chaired by the health cabinet secretary for health and consists of 21 high-level government members from relevant ministries and state entities, such as the Kenya Airports Authority, Kenya Medical Services and Immigration. The committee was tasked with coordinating the country's Covid-19 preparedness, prevention and response.[5]

The government also formed the national Covid-19 task force with membership from the MoH, other relevant government agencies, development partners, non-governmental and civil society organisations. The task force reviews threats associated with Covid-19 and regularly offers technical advice to the MOH and other line ministries and has six sub-committees responsible for: resource mobilisation; public health emergency operations centre; media, communications and call centre; case management and capacity building for health workers; laboratories of samples handling and testing; and facility preparedness. In this way, the Kenyan government was able to bring on board the rich expertise available in the country to address Covid-19. Fundraising began immediately and the World Health Organisation received a grant of 2,573,105 euros from the EU to support Kenya's Covid-19 response by "training frontline health workers, strengthening the Covid-19 rapid response and clinical teams as well as supporting risk communications and community engagement activities in identified hot spots" (WHO 2020). Kenya received continuous support in the form of aid from diverse sources from early on in the response (McDade et al. 2020).

The government prioritised prevention of SAR-CoV-2 transmission in Kenya through a raft of measures, including screening of all arrivals from affected countries. Later on,

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[5] Specifically, the tasks were: 1) Coordinate Kenya's preparedness and response to Covid-19. 2) Coordinate building capacity of medical personnel and other professionals. 3) Enhance surveillance at all points of entry. 4) Coordinate the preparation of national, county and private isolation and treatment facilities. 5) Coordinate the supply of testing kits, critical medical supplies, and equipment. 6) Conduct economic impact assessment and developing mitigation strategies. 7) Coordinate technical, financial and human resources efforts with development partners and key local stakeholders. 8) Formulate, enforce and review processes and requirements that regulate entry of people travelling from Covid-19-affected countries.

flights from heavily affected countries were cancelled, and when the first case was reported in Kenya in March 2020, all international flights were cancelled. Suspected Covid-19 cases were quarantined and confirmed cases isolated. Initially, the testing capacity was limited and samples from suspected cases were shipped to South Africa, but this quickly changed in a few weeks and local testing of samples began in earnest. As the testing capacities grew, testing of those suspected of contact expanded, with multiple sample collection and testing centres certified.

The requirement to show negative SARS-CoV-2 test results for all international arrivals became standard and additional targeted testing among healthcare workers, hoteliers and long-distance truck drivers was recommended, which allowed easing of restrictions on international travel. While there were proposals of mass testing in sub-populations considered vulnerable and high risk, such as prisoners, slum residents, this never became a routine undertaking. In the first few months after the first case was reported, contact tracing was attempted. However, this was not sustained for long, partly due to the logistical demands and available resources.

Hand and respiratory hygiene were promoted and all public places were mandated to have hand- washing facilities, hand sanitisers and infrared thermometers for fever screening. This, however, could only be enforced in formal and well-established premises. Manufacturing of facial masks was ramped up, while export of the same was banned. As mask availability improved, wearing of facial masks in all public health spaces became a mandate for all adults. For a limited time, the government tried to provide free masks for the very poor population, but other concerns, such as access to clean water, soap and sanitiser, remained big challenges for those on low incomes.

As the number of deaths attributed to Covid-19 started to grow, safe burials became an issue of concern. Restrictions and guidelines on body preparation, number of mourners at burial sites and the urgency to bury came into force. These changes caused great social and emotional distress to many families and when the restrictions were relaxed later in the pandemic, it was a welcome relief to many. While use of cashless payment options was encouraged, this was never made into an enforceable policy. Many businesses, of their own volition, took it up as their only mode of payment, and this was facilitated by the widespread use of M-Pesa prior to the pandemic. Still this possibly impacted the very poorest part of the population who make limited use of digital technology to manage their finances.

In the following section, we discuss the various interventions that were implemented against Covid-19 and the extent to which they were delivered, considering the contextual facilitators and barriers in the city setting. Additionally, we discuss the intra-city dynamics that were either promotive or inhibitory to the success of the response in the city.

3.1. Public health communications

Awareness creation through provision of information to encourage health behaviour change around prevention and treatment has been a central strategy in confronting the Covid-19 pandemic in Kenya. Compared to other parts of Kenya, the level of accurate information about Covid-19 in Nairobi City County was higher, with more access to reliable sources. Multiple health information channels, including mass media (TV, radio stations, print media), online platforms and the traditional health education talks by healthcare workers, were available.[6] Community members reported having heard about Covid-19 from the traditional media channels (TV, radio) and as well as internet-based channels. Health campaigns through community-based health education programmes, and the media were also reported to have played a significant role in spreading information and raising awareness on Covid-19 and changing people's attitudes and practices, although social media information was reportedly misleading at times:

> "I heard it in the news, through the TV and even the radio, and the social media that it was killing a lot of people, and I got shocked."[7]

> "So, people even started washing their hands … They got the information first from the radio that this disease can be prevented by keeping social distancing, wearing of masks, washing their hands."[8]

> "Sometimes, information from social media frightened us. For instance, they would say in Kibra 50 people have tested positive, but in reality, it was around 30 people. For TV, the information was helpful, since it educated us on the various measures we could take against Covid-19, like washing hands and wearing masks."[9]

The gap between people's knowledge on Covid-19 prevention measures and practice of those measures was also highlighted by participants in the community interviews:

> "In terms of knowledge, we realised that communities understood, they knew, but there was a gap in terms of practice now. For example, they knew that someone needs to wear masks to prevent themselves contracting Covid-19. But then they were not wearing the masks, even if they were given the mask."[10]

While the extent and levels of accurate information within the different city sub-populations may not be known, it is plausible that the vulnerable and deprived urban populations living in slums could have had lower access to information due to

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[6] In an interesting study, Evonne Mwangale Kiptinness and John-Bell Okoye (2021) analysed media coverage in Kenya's *Daily Nation* compared to Tanzania's *Citizen* and found that "the *Daily Nation* newspaper in Kenya mainly employed the social frame and depicted the Covid-19 pandemic as a national crisis. On the other hand, *The Citizen* newspaper in Tanzania employed predominantly basic frames and portrayed the challenge as a global problem" and the *Daily Nation* providing more coverage and presumably more information to citizens as well drawing in part on government data and briefings.

[7] Interview with community health volunteer, Mathare, 27 January 2022.

[8] Interview with community health assistant, Kibra, 26 January 2022.

[9] Interview with community leader, Kibra, 28 January 2022.

[10] Interview with community health coordinator, Kibra, 26 January 2022.

differential access to and ownership of information channels. Despite a multi-channel communication strategy adopted for Covid-19 awareness, Nairobi slums residents reported being disadvantaged in accessing certain media channels and hence lagged behind other city residents in obtaining information on Covid-19:

> "You see now the community where I am in is a slum, not everyone has a television, so they never knew about it as fast [as other city residents], but at times it also depended on the way messages were being sent."[11].

> "Magazines and newspapers are read by very few in the community, due to the cost."[12]

While the average level of education might also have a bearing in the uptake and interpretation of health messages, based on the available evidence, it nevertheless appears that the differences in awareness are not markedly huge between the city sub-populations.

3.2.   Masks and social distancing

Given that Covid-19 is primarily transmitted via airborne particles, masking and social distancing were some of the main strategies in reducing the risk of SARS-CoV-2 transmission. Masks were required in public spaces and civil society supported their distributions in poor neighbourhoods (Irura and Bett 2021), but masks were not always welcomed:

> "Some were beaten to wear masks. They really did not want to put on masks."[13]

On social distancing, the government instituted several measures aimed at reducing this risk, including school closures, and reducing the allowable capacity of public places. Government provided guidelines on the size of funeral, wedding and other social events attendance. Certain categories of businesses, such as bars, restaurants, as well as places of worship, were closed. Guidance on distances between persons in public places was given and put in visible prints. Allowable public transport vehicle carrying capacity was reduced to minimise risk of contagion. Respondents in the community mentioned some of the social distancing measures:

> "The first thing the government did was to close schools, they closed all the social joints and they emphasised that people need to stay at home."[14]

> "When outside, I avoid crowds, I social distance."[15]

Social distancing was challenging to practise and maintain in some Nairobi communities, due to living and work conditions among low-income communities, which are often crowded, and cultural factors. Key informants revealed some logistical and

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[11] Interview with NGO (CIHEB) worker, Mathare, 27 January 2022.
[12] Interview with NGO (CFK) worker, Kibra, 31 January 2022.
[13] Interview with community leader, Kibra, 1 February 2022.
[14] Interview with NGO (CFK) worker, Kibra, 31 January 2022.
[15] Interview with community health assistant, Kibra, 26 January 2022.

cultural challenges faced in their respective communities, which limited their ability to carry out these preventative efforts:

> "Practically for most people it was a challenge in Kibera ... I mean, keeping social distance is not easy. There is no adequate space, there is a lot of crowding. Also, in terms of our culture we had a problem with ... We were being told not to touch or contact, avoid contact right? There are people who know the African way is to greet someone and hold someone's hand and now we are saying avoid physical contact with people. Some people are not happy about it that they may be stretching out their hand, it's not received, you know that kind of thing? But also, some people found it difficult to stop doing that because they felt that it cannot be complete. I cannot greet someone if I don't hold their hands. That cultural issue was a barrier to us in terms of trying to implement some of the infection prevention control measures."[16]

> "Mostly social distancing. This is a slum and the population here is very large. So, achieving social distancing is a problem."[17]

> "We Africans, we like being together. And yes, … greeting each other is when you feel that you are together." [18]

Most sporting activities were suspended or allowed to take place without spectators. There were concerns about a potentially large outbreak in prison populations and, as a result, about 4,000 inmates were released, and visiting restrictions put in place. Employers were encouraged to allow employees to work from home. Of course, this is not practical for certain job categories that require physical presence.

3.3. Hand hygiene

After the first Covid-19 case was detected in March 2020, the government launched nationwide media campaigns to inform the citizens on the proper handwashing techniques, recommending the use of soap and running water, 70% alcohol-based sanitiser or 0.1% sodium hypochlorite to wash hands and clean surfaces (Wangari et al. 2021). Although handwashing with soap is helpful in the fight against Covid-19, participants in the community interviews revealed that several residents in low-income areas of the city lack basic handwashing facilities, such as water and soaps, which are also important for prevention of a variety of diseases. Some informal businesses were given support to put up handwashing stations and some were quite ingenious in their designs to minimise waste, given how expensive water is in the slums (Sarkar 2020).

"Hand washing, maybe due to lack of water here in Kibera. Water comes once in a week hence washing hands is a challenge because you think instead of misusing water by washing hands you can reserve it."[19]

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[16] Interview with community health coordinator, Kibra, 26 January 2022.
[17] Interview with public health officer, Kibra, 26 January 2022.
[18] Interview with community health assistant, Kibra, 26 January 2022.
[19] Interview with community influencer, Kibra, 26 January 2022.

> "There were times we did not have water. Soap is costly."[20]

Some people associated hand washing with food only:

> "Some community members say that we normally wash our hands only when we want to eat food, they ask 'where is the food and why are you telling us to wash our hands all the time?' Some say they have washed their hands until their skins are starting to be allergic, so they try to avoid it."[21]

> "But it was a challenge doing those campaigns because when you told people to wash their hands, they would ask why are they washing their hands when they didn't have anything to eat. So, when you tell someone to wash their hands, they would ask whether there was food. I would tell them to first wash their hands and food will be available by God's grace. And at that time, people were jobless, there were no jobs, people were looking for jobs but they were nowhere."[22]

3.4. Movement restrictions and lockdowns

Movement restrictions were a paramount control measure because they reduce between-person contacts that drive the transmission of Covid-19. These restrictions included schools and workplace closures, a complete closure of certain businesses, cancellation of public events and movement limitations. As the pandemic expanded, especially in early 2021 during the third wave, the central government and county governments of Kilifi, Mandera and Nairobi imposed restrictions on inward- and outward-bound travel. The greater Nairobi metropolitan area (Nairobi City, Kiambu, Nakuru, Kajiado and Machakos) closed off all movement into and out of the area.

Unlike other countries, Kenya did not impose total lockdowns but allowed free movement within the restricted zone. In spite of that, these restrictions still made travel for individuals very difficult. Some individuals who had lost work needed to travel to their rural homes where the cost of living is cheaper – but because of the restrictions on the road, this was nearly impossible, leading to many struggling to survive in the city. Curfews between 7pm and 5am were instituted across the country. No movement was allowed during this period, except for essential services, such as security and medical services. This also imposed hardship on lower-income residents who often trek to their places of work on foot, and including often harsh enforcement from police and the extraction of bribes (Human Rights Watch 2020):

> "The first thing that was done by the government of Kenya was that they introduced curfew and also lockdown, and it said that everyone was to wear a mask."[23]

According to most participants, movement restriction measures imposed to contain and prevent the spread of Covid-19 and, in particular, the lockdown and the obligation to stay at home were not taken positively. They generated negative responses mostly

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[20] Interview with NGO (CFK) worker, Kibra, 31 January 2022.
[21] Interview with community health assistant, Kibra, 26 January 2022.
[22] Interview with community health coordinator, Mathare, 27 January 2022.
[23] Interview with community health extension worker, Mathare, 31 January 2022.

because of their effect on the livelihoods and the manner in which they were enforced by the authorities:

> "People did not support it [lockdown]. People would rather die of Covid-19 as opposed to dying of hunger. Remember all these are related to income-generating activities. Looking at how the curfew was being handled, like even by the police, they just come and use that to solicit money. If you're not able to [bribe] you'd be taken into the police cell."[24]

> "The lockdown was a bad thing because not everybody took it positively, especially people from my community because most of them are not employed, they have to go out there and wash clothes for people and then they come back in the evening, but those are the places that people were told that it is a no go zone. Or maybe you were told that you cannot travel from this county to this county, so in reality people took it negatively, they didn't see the positive side of it, they took it negatively because they could not survive."[25]

> "Personally, I was a bit scared to be honest because when you work with so many people in the community and your work is dealing with people. You don't know who is sick, who has Covid-19 and can infect you."[26]

> "Many were against the curfews and lockdowns, as it interfered with their businesses."[27]

While apparently effective in slowing transmission of the disease, lockdown measures created severe hardships, especially in low-income areas of the city. Participants in community interviews reported that measures such as lockdowns and curfews, and closure of schools, restaurants and entertainment joints, threatened the livelihoods of these populations. Hunger became an issue, and there were tales of families selling their daughters into prostitution or early marriage to fund basic living expenses:

> "Most of the businesses closed. Casual workers were stopped from going to work. So, they stayed at home with no source of income."[28]

> "There are so many people who, because they lost their jobs, they also lost their families. Some were stressed. Some relocated. Some were not able to pay rent and provide for their basic needs. Others moved to their up-country homes. Others moved to other areas to look for better opportunity."[29]

The implementation of physical distancing measures in Kenya presented several health challenges as well. There are reports of people missing essential health services, in general, and reproductive healthcare services, in particular, such as antenatal care visits and deliveries, because of movement restrictions, night-time curfews, and closure of some health facilities outpatient service (Ahmed et al. 2020). Participants in

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[24] Interview with community health coordinator, Kibra, 26 January 2022.
[25] Interview with NGO (CIHEB) worker, Mathare, 27 January 2022.
[26] Interview with NGO (HOPE) worker, Mathare, 31 January 2022.
[27] Interview with community leader, Kibra, 1 February 2022.
[28] Interview with NGO (HOPE) worker, Mathare, 31 January 2022.
[29] Interview with community health coordinator, Kibra, 26 January 2022.

community interviews also reported that lockdowns heightened the risk of early marriage and pregnancy among young girls, especially when schools were closed. There were tales of girls turning to prostitution to fund basic living expenses and some raised the problem of drugs:

> "children were not going to school and that is when they got pregnant. You find a Boda Boda guy [motorcycle taxi rider] telling your daughter that she looks pretty, but yet she is after something [money], so she will be frequenting that area, have you seen the way they have given birth."[30]

> "our children staying at home for so long, so it affected so many because, like most of the children who were affected, you find that there are those who have turned to drugs."[31]

While education for better-off households moved online, this was not a viable option for most children in low-income areas of the city. Some communities reported an increase in drug abuse amid fears that students will have dropped out of school permanently. As schools remained closed and poor families in slums struggled to survive, young girls who grappled with the threat of poverty and pregnancy faced the possibility of child marriage. Many girls risked never returning to school again, as families turned to child marriage or child labour to ease their economic burdens. More positively, curfews seemed to reduce some types of crime in local communities, an important exception being gender-based violence (GBV) (Christian Aid 2020, Pinchoff et al. 2021).

Gender-based violence, a very serious ongoing problem in Kenya, increased substantially during the pandemic and support to victims was inadequate (Human Rights Watch 2021b). While phone calls to the national GBV hotline increased by 775% in March and April 2020, it took the government until May 2020 to explicitly define services for victims of GBV as essential (Roy et al. 2022). Facilities like shelters were shut down and disrupted by Covid-19 measures, while economic stress from the measures created fertile conditions for more violence. In addition, Barasa et al. (2021) found that "sexual violence cases increased at a monthly rate of 0.15 cases after March 2020 (post-intervention period)". In sum, the impacts of both Covid-19 and the restrictions linked to fighting the disease in Nairobi had very important differential class and gender impacts.

3.5. Measures to mitigate adverse impacts from Covid-19 restrictions

The national response to Covid-19 meant that many businesses were disrupted and many employees lost their sole source of livelihood. Recognising this problem, the government embarked on mitigating the financial challenges that many businesses and individuals were facing. Value added tax (VAT) was reduced from 16% to 14% to cushion businesses and individuals. However, for much of the slum population,

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[30] Interview with community health coordinator, Kibra, 26 January 2022.
[31] Interview with nutritionist, Mathare, 31 January 2022.

Kenya's tax mechanisms were of little help in mitigating these impacts, since they did not cover informal sector workers.

> "The tax was reduced by 10%. We could get around 5,000 or 6,000 [Ksh] more. Then the M-Pesa reduction in transaction rates. To me personally it was a nice move by the government. But here in Kibera, not many people are employed."[32]

The government also announced an economic stimulus programme amounting to Ksh 53.7 billion to help businesses to stay afloat. Workers earning less than 24,000 shillings a month were granted full tax relief. The Central Bank of Kenya stepped in to stop unregulated mobile moneylenders from listing defaulters with the credit reference bureau, an action which would have made future borrowing, especially for those on very low incomes, difficult. Local manufacturing of protective gear was promoted, while export of the same was banned. Importation of used clothes and other personal items was also banned, even though the public health case for this was unclear. The government may have been using the pandemic to implement controversial industrial policy (Dahir 2020).

Kenya's social protection programmes are weak, and the majority of the workforce are employed in the informal sector, with limited social security benefits and unstable job security. When Covid-19 broke out, this population was highly impacted, as many lost their daily livelihoods and subsequently could not meet their basic needs, such as housing, food and medical care. The government and its development partners tried to respond to this challenge through revitalising and expanding access to social safety programmes such as the Covid-19 cash transfer programme.

> "The government, WFP and other organisations also gave out cash transfers. There were tax reductions. Withdrawing money via M-Pesa was free."[33]

> "There were people who were getting 1,000/= shillings weekly, and there were people who were getting 2,000/= per month, which was Covid-19 cash transfer, which brought an impact since most people had lost their jobs."[34]

Studies conducted earlier in the pandemic showed that the majority of people living in informal settlements in Nairobi were food insecure (Onyango et al. 2021), which was further exacerbated by the Covid-19 outbreak (Shupler et al. 2020, Pinchoff 2021). A survey of 213 residents of five informal settlements around Nairobi in early May 2020 found that "eighty-six percent of respondents reported a total or partial loss of income due to Covid-19, and 74% reported eating less or skipping meals due to having too little money for food" (Quaife et al. 2020). The Kenyan government and other local and international partners, such as Red Cross, World Food Programme, SHOFCO, Plan International, implemented food aid programmes at both national and county levels to support citizens struggling to obtain essential food items due to stringent Covid-19 prevention measures (World Food Programme 2020). This support was distributed with

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[32] Interview with public health officer, Kibra, 26 January 2022.
[33] Interview with NGO (CFK) worker, Kibra, 31 January 2022.
[34] Interview with community health volunteer, Mathare, 27 January 2022.

the help of local and national government leaders like chiefs, as well as assistant and deputy commissioners. Early attempts at direct food aid provision encountered major challenges, including stampedes at distribution points that caused injuries and fatalities, accusations of favouritism and misappropriation of foodstuffs, and a lack of social distancing while waiting in line to receive food rations.

Participants in community interviews mentioned some of the food aid programmes in the community:

> "There was food from the government. Red Cross was sponsoring people by giving them food and money through M-Pesa. World Food Programme and the government were also giving people money. Everybody's name was written. If you were lucky, you would get."[35]

Social protection was also expanded beyond the existing support under the Inua Jamii (Uplift the Family) programme. The Inua Jamii is the Government of Kenya's (GoK's) flagship National Safety Net Programme, and it is aimed at uplifting the lives of poor and vulnerable citizens, such as orphans and vulnerable children, older persons (70 years and above), and persons with severe disabilities, through regular and reliable cash transfers. The programme, which was started in 2015, sought to have more eligible individuals enrolled during the pandemic. This appears to be a case of using the pandemic to move forward on an expansion of an important social programme. New programmes were also created, such as the Kazi Mtaani Programme initiated by the Department of Youth Affairs. This aimed to provide work for vulnerable youth as "a form of social protection for workers whose prospects for daily or casual work has been disrupted by the containment policies put in place to limit the spread of Covid-19" (State Department of Youth Affairs 2021).

3.6. Vaccination

Vaccination is an important prevention tool against Covid-19 because it reduces the risk of contracting and spreading the virus and also helps prevent serious illness and death. It is also critical to eventually suppressing the pandemic. When safe and effective vaccines became available, the Kenyan government, amidst all the supply challenges, embarked on securing vaccines. Low vaccine coverage in Africa is linked to limited supply as a result of vaccine nationalism by wealthier nations, weak delivery systems and vaccine hesitancy. Understanding causes of vaccine hesitancy and related myths becomes important. Below are some comments from interviews:

> "There are myths that some countries want to control the population. Other instances they say they want Africans to be extinct. It is something that will slowly kill people. Those are the key issues they are talking about. But some people, they just fear injections and they have a phobia for needles."[36]

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[35] Interview with community health volunteer, Kibra, 26 January 2022.
[36] Interview with community health coordinator, Kibra, 26 January 2022.

> "They say after ten or two years your libido goes down. After ten years people become zombies. Those are the information you get from the community."[37]

> "I don't know what I can say because we have had a case of someone who had been vaccinated and then after a month or so he dies from Corona, so even though it is trying but it is not 100%."[38]

> "Among the slum dwellers it [vaccination] wasn't embraced that much. Later on, the CHVs were vaccinated and people began to be positive about it. The vaccine is important for the control of Covid-19 because once you are vaccinated, you won't be hit by Covid-19 that much."[39]

> "Those who got side effects from the vaccine got discouraged. But right now, most have started embracing it."[40]

> "Because of side effects. There is a guard here who got a vaccine, AstraZeneca, and his nose bled for two days. If she shares with other colleagues, people do fear. Some people experience a lot of side-effects and this prevents other people from coming to get vaccinated. Side effects, people sharing how they felt after being administered the vaccine."[41]

> "Initially, there was a myth going around that the vaccine will tamper with one's fertility. They said the vaccine will shorten the lifespan. Majority said that the vaccine was a trial and that they were experimenting with the people."[42]

One study found that the overall level of Covid-19 vaccine hesitancy in Kenya self-reported via phone interviews is high (36.5%) but slightly lower in Nairobi, at 29%, and there is a correlation between those who do not follow Covid-19 restrictions and hesitancy, which may suggest a link to lack of trust in the government (Orangi et al. 2021). As more people see vaccinated people whom they know stay healthy, and as more community engagement occurs, it is likely that vaccination rates will climb and the trend is steadily upwards, offering hope that more and more of the Kenyan population will have better protection against the virus (Figure 3).

4. Covid-19 policy domain

In this section, we aim to answer the questions: What has been the politics of the "Covid-19 policy domain"? Who are the major players with respect to Covid-19 policy decisions that affect the city, what motivates them, and where does the balance of power lie?

A variety of state and non-state actors, including but not limited to health experts from the Ministry of Health, cabinet secretaries, politicians, religious leaders, media, social

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[37] Interview with Public Health Officer, Kibra, 26 January 2022.
[38] Interview with community health extension worker, Mathare, 31 January 2022.
[39] Interview with community health assistant, Kibra, 26 January 2022.
[40] Interview with community health assistant, Kibra, 26 January 2022.
[41] Interview with public health officer, Kibra, 26 January 2022.
[42] Interview with NGO (CFK) worker, Kibra, 31 January 2022.

influencers and international actors such as the World Health Organisation, UN and World Bank among others, were involved in Kenya's complex Covid policy domain:

> "The main decision makers on the implementation was: one, the government, which was on the ground working through stakeholders. Then you have international agencies who are also really helping, like UNICEF and Save the Children and agencies like those. Then of course the media was very keen on ensuring the implementation by sending messages each and every single day. And I think at local levels then you would say religious leaders really sent very strong messages, opinion shapers at the community levels or regional levels also."[43]

Decisions on whether to tighten or relax most Covid-19 measures appear to be largely informed by data and public health expertise. Nevertheless, some measures themselves were opportunistic, in the sense of furthering policy goals, whether in regards to industrial or social policy, and enforcement was at times political, with more privileged actors flouting the rules. For example, the political class as a whole ignored the containment measures on social distancing and continued holding superspreader political events. In a few instances, where political gatherings were dispersed, those targeted were largely from the opposition. That said, however, despite the uneven enforcement of measures, the data that drove the containment measures, was, specifically, the increment or reduction of cases and positivity rates during different waves:

> "The measures I would say changed with the number of cases, we can classify them in three waves, it was just the number of cases and the type of variant we were having at different times that was informing the changes."[44]

The data that guided Covid-19 policy decision making in Kenya was generated both globally and nationally. At the global level, the evidence generated on Covid-19 was synthesised by the World Health Organisation (WHO) and cascaded down to the country level and, subsequently, to the 47 counties of Kenya. Data on the Covid-19 prevalence and positivity rates in Kenya generated by researchers in the national Covid-19 task force informed evolution of Covid-19 measures. These issues were articulated in the interviews:

> "There is always research going on and once the evidence is gathered at global level then it is disseminated to countries to consider adapting … So, first line of guidance is the World Health Organisation, then the national task force and from there other players take it up and implement … so first it is the global research, new evidence or intervention, then that passed over to countries in general and the counties also review, domesticate and implement and that is the process that we use in Kenya."[45]

Coordination between the national level and county level was necessary, given the important role that counties play in Kenya's devolved system of government: in fact, counties have primary responsibility for delivering healthcare services. The Council of

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[43] Interview with a business leader, Nairobi, 11 March 2022.
[44] Interview with a researcher at NGO office, Nairobi, 3 April 2022.
[45] Interview with a Ministry of Health official, Nairobi, 17 March 2022.

Governors represented the 47 counties on NERC, "ensuring their voices are elevated to the national level, the diverse range of counties' concerns are addressed, and there is ownership and buy-in of NERC directives". However, despite this important role, some in the national government still tend to see the role of counties as just implementing:

> "Issues of policy generally, not just for Covid, are done at national level and so all counties, Nairobi included, implement policies developed by their national government and national government develops policies informed by global guidance. So, policy issues are developed at national level and decisions are also made at that level and all counties just implement them."[46]

At the local level, the counties also have county response committees, revised budgets and developed local recovery strategies; county-level data was also collected to be able to compare statistics across the country. Nairobi county has in fact shown itself ahead of the national government on community health structures, having passed the Nairobi City County Community Health Services Act in 2019. Championed by an elected member of the county assembly (MCA), Pius Mbono, this act compels the county to recognise community health volunteers (CHVs) as county workers, and as such provide them with a stipend and medical cover as well as train and certify them. Further, it sets up democratically elected community health committees and requires the county to allocate funding as part of its budget for the support of CHVs (Nairobi City County 2019). While the Act was passed in 2019, the first KSh 308 million allocation to support 6,250 CHVs occurred during the pandemic (Omulo 2021). The national government, prompted by the importance of CHVs during Covid-19, finalised the Community Health Bill to present to parliament as a framework for community health in all counties.

5. The political settlement in Nairobi

In this final section, we ask: what is the politics of the city and how does this politics relate to the national-level political settlement and the Covid-19 response?

Kenya's President Uhuru Kenyatta (Jubilee Party) is finishing the last of his two terms in power. As the election on 9 August 2022 approaches, the key issue for those in power will be managing a transition that will keep the current settlement with its configurations of wealth, power and influence intact. The ruling party leader, Uhuru Kenyatta, formed an alliance with long-time rival, Raila Odinga of the opposition Orange Democratic Party, which culminated in the formation of a coalition of 20 political parties called Azimio la Umoja (Quest for Unity) to campaign in the 2022 election. This coalition formally began with "a handshake" in March 2018 and the launch of the "Building Bridges Initiative" (BBI). Characterised as "a constitutional imperative to seek peace, security and unity" by its creators, its critics say BBI was meant to serve as a mechanism to enable this alliance between Kenyatta's Jubilee

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[46] Interview with a Ministry of Health official, Nairobi, 17 March 2022.

Party and Odinga's ODM, creating a new "ethnic consensus" between Kikuyu and Luo communities. With a proposed 74 amendments to Kenya's constitution, the initiative also aims to create multiple positions in the Executive, including a prime minister and two deputies to provide positions for key politicians in the broader alliance. A splinter group from the ruling party, led by Deputy President William Ruto, has entered into coalition arrangements to form the Kenya Kwanza coalition. Behind these formations are personalities and ethnic mobilisation which has been a central trend in Kenyan politics.

While Nairobi City County is cosmopolitan and ethnically diverse, these alliances have an influence on local-level campaigning and, sometimes, violence. To fully understand the significance of these political alliances and the relation to Kenya's current political settlement and how it might or might not have had influence on the Covid-19 response, some brief background is necessary. People from Kikuyu and Luo communities, along with many others, fought together for independence. Raila Odinga's father, Oginga Odinga, stood next to Uhuru Kenyatta's father and leader of the Kenya Africa National Union (KANU) in resisting colonial rule. Subsequently, Oginga Odinga led opposition to Kenyatta's consolidation of authoritarian power using a KANU-dominated state and was imprisoned for several months. The marginalisation of the Luo leader and communities under the first Kenyatta regime felt for many Luos egregious and personal, especially because of Oginga Odinga's treatment.

Moi was Kenyatta's chosen successor in KANU but when in power felt threatened by a powerful Kikuyu faction that had tried to prevent him from becoming president when Kenyatta died. Moi grew more authoritarian after a 1982 coup attempt, and he vigorously attacked Kikuyu wealth and accumulated for himself and his Kalenjin elite (Widner 1993). This in turn created Kikuyu anger and opposition. In the 1990s, the period of the introduction of multi-party politics, with Odinga leading the opposition alongside prominent Kikuyu politicians, many Luo and Kikuyu once again united against KANU.

After successive violent elections in 1992 and 1997, in which Moi used state-sanctioned violence to cling to power, in 2002 a wealthy Kikuyu opposition leader, Mwai Kibaki, defeated Kenyatta and came into office. Here it is interesting to note that Moi chose Uhuru Kenyatta to be leader of KANU and his successor, returning a favour to the Kenyatta family. Another important detail is that Odinga supported Kibaki with the understanding that he would take on the position of prime minister, but once Kibaki was in power, the Kikuyu elite ensured that Odinga would not take up that post, viewed widely as an act of betrayal between two former allies.

In the highly contested 2007 election, the results were reportedly manipulated in favour of Kibaki, and state violence was used, especially by the police against the opposition. Planned violence by politicians in the then Ruto-Odinga alliance running against Kibaki, especially targeting the Kikuyu in the Rift Valley, both as retribution and as ethnic cleansing to vacate and appropriate their land, claimed around 1,300 lives and displaced over 600,000 people (CIPEV Report 2008, Human Rights Watch 2008). A

power-sharing agreement emerged out of this horrendous violence that verged on civil war. The shock of the post-election violence created a window of opportunity for birthing a new constitution designed to deepen democracy, decentralise power and create checks and balances to support rule of law, a move that civil society had been pushing for decades (Klopp 2009, Mutunga 1999).

In the aftermath of the post-election violence, both Uhuru Kenyatta (KANU) and William Ruto (ODM) were implicated in planning and supporting mass violence by the International Criminal Court (ICC). While Raila Odinga was on the same side (party) as Ruto, he was not included on the list of ICC suspects by the prosecutor. Kenyatta and Ruto were tried but were not convicted, amidst allegations of missteps by the court as well as the use of money and violence to bribe, intimidate and, in some cases, kill witnesses. The pair formed a political alliance through the Jubilee Party, running together as president and deputy president. To some, this was seen as a strategy to protect themselves against conviction (Mueller 2014). Kenyatta and Ruto "won" the election against Odinga amid widespread irregularities. As part of their campaign strategy, the ICC's intervention was characterised as a ploy by Odinga and his 'western allies' to ensure the electoral victory and anti-Luo discourse was rife.

Given that the alliance between President Kenyatta and Deputy President Ruto was linked to the fact that both were charged with crimes before the International Criminal Court for their roles on opposite sides of the post-election violence in 2007-2008, it was always bound to be an uneasy one. As the critical 2022 election loomed, Deputy President William Ruto found himself distrusted by the Kikuyu elite, marginalised and finally removed as deputy of the Jubilee Party in the national delegates conference. In this context, BBI was meant to mend Kikuyu–Luo differences and set up a new power-sharing configuration, with the elected president appointing a prime minister, an arrangement that would allow overt power sharing within the government, much like the brief period after post-election violence in 2008 (Klopp 2009).[47]

This national-level ethnic realignment in power configuration has profound implications for the political arrangements in Nairobi city county. While Nairobi is ethnically diverse and cosmopolitan and usually votes for the opposition, the Kikuyu and Luo in Nairobi are quite populous. Many live in equally poor conditions in slum neighbourhoods across the city, and some of these neighbourhoods like Kibera and Mathare have histories marred by post-election violence and polarisation along Kikuyu-Luo lines stemming from the 2007 and 2012 elections (de Smedt 2009).

The new political configuration may lead to a more peaceful capital in the transition period, and this is important, given the role that capital cities play in oppositional politics, almost always voting against incumbents. However, the stakes in Nairobi are quite high; Nairobi may have the ability to swing a general election when margins are

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[47] However, to legalise this arrangement required a constitutional amendment and the matter ended up in the High Court, where five High Court judges deemed it irregular, illegal and unconstitutional, effectively blocking this move.

very tight, as they seem to be.[48] This means Nairobi's approximately 2.5 million voters[49] will be strongly courted; indeed, there is evidence of rigorous campaigning in the capital focused on basic needs and employment, since the majority is poor and badly impacted by Covid-19 (Kipling'at 2022). Peace monitors are also noting the formation of youth organisations and militias once again; these groups tend to spring up in support of different politicians and their formation is concerning (International Alert 2021).[50]

Another critical element here is that most of the Kenyan elite have properties in the capital city – they tend to want to avoid destruction in the city, unless it can be confined to poor neighbourhoods. Kenyatta and his network are, in fact, some of Nairobi's biggest property owners and developers. Besides its historical role in oppositional political movements, Nairobi, as the location of concentrated economic assets in the form of property in businesses and land that tend to increase in value as the city grows, creates added incentives for elites to strive for urban political dominance. We see two ways in which Kenyatta and his circle have approached this. The first is through what Goodfellow and Jackman might call "generative strategies" (2020) to develop or solidify a political base. As part of this strategy, Kenyatta's government has been expanding service delivery, including through the National Youth Service (NYS), especially in populous, poor neighbourhoods as a means to build this base. For example, the NYS initiated a slum infrastructure improvement project targeting Mathare, Korogocho, Mukuru and Kibera.

More recently, an instrument for this generative strategy is the creation of the Nairobi Metropolitan Services (NMS), which emerged out of an executive order in June 2020. Embroiled in scandals and arrested on corruption charges, elected Nairobi county governor, Mike Sonko, agreed to sign a deed of transfer of county functions on 25 February 2020, which operationalised NMS for 24 months, a term that was recently extended for another nine months or until three months after the election.[51] Taking over many Nairobi County functions and staff in relation to transportation, public works, planning and healthcare, this entity is part of the president's office and hence is a direct presidential arm into Nairobi affairs. In addition, Kenyatta appointed Air Force Maj. Gen. Mohamed Abdalla Badi as NMS director-general and NMS includes senior military officers in its leadership. A number of analysts have pointed to the NMS as undermining the county functions and the worrisome "militarisation" of Nairobi service

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[48] Although there are large uncertainties, one useful analysis of how close the election is likely to be is Hornsby (2022). The 2017 election, riddled with irregularities, formally had Kenyatta with 1,400,557 more votes than Odinga and margins could be even tighter.

[49] Nairobi had 2,250,853 in the last election according to the IEBC (www.iebc.or.ke/registration/?stats). It is currently leading in the number of newly registered voters, so this number is likely to climb much higher. Uneven voter registration can also be a tactic.

[50] Another concerning element is the use of social media platforms to spread misinformation. See Madung (2022).

[51] Governor Sonko was also removed from office by impeachment by the Senate for "Abuse of Office, Gross Misconduct and Crimes under National Law" on 17 December 2020 and replaced with the Deputy Governor, Anne Kananu.

delivery (Baraka 2020). Nevertheless, some of the NMS projects are popular with Nairobi residents tired of suboptimal service delivery, but generally views on the NMS are often mixed and its future uncertain.

This institutional configuration enabled easy cooperation between the Office of the President, Ministry of Health, the NMS and the county health officials working within the entity on Covid-19 measures. Prior to Covid-19, Kenya had been gradually expanding its social protections through new programmes as part of Kenya's Vision 2030 but the pandemic and the need to mitigate negative impacts of public health restrictions on the vulnerable provided an opportunity to access resources and to highlight and roll out high-profile programmes before the elections slated for 9 August 2022. At the same time, while urging residents to follow the rules and having the police enforce them, often brutally,[52] many politicians were unwilling to follow these same restrictions against gatherings, frequently violating them to campaign.

The other strategies for urban dominance include accumulation strategies by the powerful; these are linked to large projects including infrastructure that enable speculative returns, land value capture and funds from corruption, while also being able to show the population "progress" (Klopp 2012). It is also likely that prioritisation of some projects can be connected to improving access and the value of real estate of the political powerbrokers in the city. In a rush to finish roads projects before the election, authorities evicted an estimated 18,998 out of a population of 75,952 people from Mukuru kwa Njenga to make way for an access road to the Expressway, a signature project of the sitting government.[53] This was done without a resettlement and compensation plan, as required by law, and obviously made those evicted vulnerable to Covid-19, among other illnesses, and rendered them unable to follow guidelines around restricting movement and isolating at home if needed.[54]

The dynamics of accumulation through very blatant corruption also outraged Kenyans, who spoke of "Covid millionaires", many being made in "Mafia House" – a play on "Afya (Health) House" where the Ministry of Health is located. The Kenya Medical Supply Authority (KEMSA) was a particular problem. It is the state corporate organisation with a mandate to "procure, warehouse and distribute drugs and medical supplies for prescribed public health programmes, the national strategic stock reserve, prescribed essential health packages and national referral hospitals". With a long history of problems, in 2020 it once again became engulfed in scandal, this time over procurement fraud linked to the provision of critical Covid-19 medical supplies, including PPE and other essential items (SIDAREC 2021, Office of the Auditor General Kenya 2020).

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[52] Approximately 144 people may have been killed by police "enforcing Covid-19 restrictions" according to a source at Missing Voices, an effort to document all police killings in Kenya (personal communication via Zoom, March 2022). See also Human Rights Watch (2020).
[53] Interview, Slum/Shack Dwellers International, 17 November 2021, Nairobi. Ed Ram (2021) suggests that the figure of the people evicted had reached 40,000.
[54] Interview, Slum/Shack Dwellers International, 17 November 2021, Nairobi.

This led to billions of shillings losses to politically connected individuals, hindering the efforts of the medical profession to protect themselves and patients and provide patient care, angering Kenyans. It also threatened to tarnish the anti-corruption message of the president's political coalition and helped ensure that corruption would be a campaign issue. Indeed, Odinga and Ruto sparred over the issue, with Odinga noting "Kenyans were suffering as a result of leaders stealing public funds and using the ill-gotten wealth to popularise themselves" (Ochieng 2021). This also hints at the likelihood that some of the ill-gotten gains from Covid-19 corruption were being used for funds in the run-up to the election.[55] The KEMSA board was disbanded by Uhuru Kenyatta and the Ethics and Anti-Corruption Commission have urged prosecution of individuals involved (Igunza 2020), although given political allies are likely to be implicated, and as in so many cases before, it is unclear if anyone will be prosecuted.

One important point is that the dynamic of illegal accumulation within the Covid-19 response worked in contradiction to the governing coalition's regenerative strategy. In addition to generating popular anger targeted at those in charge, this form of corruption hindered the effectiveness of the social programmes designed to support people living in poverty and reduced the reach of these programmes. Human Rights Watch estimates that, using data provided by the government, "the Covid-19 cash transfer program provided support to less than five percent of the socio-economically vulnerable families in Nairobi" (Human Rights Watch 2021a).

Programme effectiveness was also hindered by the lack of systems to provide benefits, including databases of names and phone numbers to target those on low incomes with cash benefits sent via mobile phone, which is widely used in Kenya. Rateng, in his helpful study (2020), quotes one community member saying:

> "There have been complaints about bias in the way the beneficiaries were or are selected. The government may have used the wrong or inefficient channels to recruit beneficiaries. Some people said they relied on the August 2019 census database, in which case, certain people may have changed their phone numbers."

This resulted in resources going to local chiefs and sub-chiefs, who had outdated lists of the needy, creating suspicions that distributions were not always fair and that they could influence them to mediate access (Rateng 2020).

This highlighted the need to address the question of data systems to run social welfare programmes like cash transfers. A system had been put in place, in the form of a National Integrated Identity Management System (NIIMS), known as *Huduma Namba*, a central population database system, but this bumped up against the Data Protection Act (2019). Modelled on the European data regulations General Data Protection Regulation (GDPR), it has very strict provisions. NIIMS was hindered by a challenge in

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[55] Indeed, one candidate running in the Jubilee primaries for the county governor position in Nairobi is former Kenyatta campaign supporter, Richard Ngatia; he and his company appear to be implicated in the KEMSA scandal (www.the-star.co.ke/news/2020-09-10-ngatia-linked-to-sh63-billion-medical-equipment-deal/, accessed 6 June 2022).

court, due to lack of data privacy protection laws.[56] The need to resolve this issue in a way that balances data privacy protections and the need for good government databases to distribute benefits came to the fore with Covid-19 and requires resolution.

In the absence of good databases, chiefs turned to community-based organisations with more up-to-date information on the needy. Similarly, the Ministry of Health and Nairobi County needed on-the-ground ways to reach the poorer populations for public health education. They both collaborated with community-based organisations and were able to leverage very vibrant and active community radio and social media to get the message across. Nairobi is home to a sophisticated and extensive civil society, which has historically played a critical role in raising accountability issues as well as filling critical gaps in service provision. It also has an increasingly philanthropic private sector. Faced with a pandemic, civil society supported efforts through "information sharing, policy drafting and advocacy and the frontline response against Covid-19" (Irura and Bett 2020) and numerous public–private partnerships supported the Covid-19 response, from supplementing benefits for poor households to supporting services. For example, pregnant women in Nairobi's poor neighbourhoods were given an emergency number for a free taxi to access a health facility at night during Covid-19 curfew hours, provided via a private–public partnership (Ahmed et al. 2020).

Overall, with help from civil society, the private sector and the media, the government of Kenya largely did gain the public's trust and compliance through regular and transparent communication about the disease and the effectiveness of some of the constitutional reforms of 2010 that gave more autonomy and resources to the county. This helped bolster the county government and its health systems, including in Nairobi, which had previously adopted a CHV model to support the very poor communities in the city. The Covid-19 experience highlighted the critical value and importance of these CHVs (Hussein et al. 2021) and seems to have created the impetus to implement the Nairobi City County Community Health Services Act[57] 2019 and allocate some county budget for their support. Championed by an elected member of the county assembly (MCA), Pius Mbono, this Act compels the county to recognise CHVs as county workers and, as such, provide them with a stipend and medical cover as well as train and certify them. Further, it sets up democratically elected community health committees and requires the county to allocate funding as part of its budget for the support of CHVs (Nairobi City County 2019). The first Sh308 million allocation has occurred to support 6,250 CHVs (Omulo 2021).

Finally, when confronted with Covid-19, the Ministry of Health used and then accelerated the formal adoption of the Community Health Strategy. If implemented, this strategy that involves supporting and funding CHV throughout the country would likely have a very significant positive impact on the health of Kenyans, especially those on low incomes. This would be a long-term positive outcome from the complex process

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[56] Personal communication via phone with Victor Rateng, October 2021.
[57] Interview with Jane Wairutu, Programme Manager, Slum/Shack Dwellers International-Kenya (SDI-K), 17 November 2021, Nairobi.

of Covid-19 response in the country. Along with other reforms highlighted by this experience, such as the need for expanded social programmes, this would likely make Kenya better prepared for future health threats.

6. Conclusions

The national political settlement that brought a new ethnic alignment to Nairobi's diverse and cosmopolitan city meant that Covid-19 response and relief avoided any major politicisation beyond a helpful highlighting of corruption and inequality as campaign issues. The "regenerative strategies" of the politically powerful meant that efforts were made to provide social relief to dampen the adverse impacts of Covid-19, measures that restricted movement and activities, harming poor populations in particular, populations that will be voting in the 9 August 2022 election. However, these efforts were hampered by chronic and systemic corruption in the Ministry of Health, poor systems for delivering social assistance, including databases and barriers to building them linked to data privacy regulation, and overly harsh restrictions that were enforced with the usual brutality by the police. The result is that, despite official efforts, the poor in Nairobi suffered greatly from Covid-19 and some even died from the measures. The balance between reducing public health risk and adverse economic and social impacts needs to be rethought in future interventions along with critically needed reforms around social assistance delivery, as does the issue of transparency. Finally, in an age where we are increasingly concerned with the efficacy and survival of democratic constitutionalism in a moment of rising authoritarianism in several countries, it is important to note that Kenya's relative success in addressing Covid-19 involved an active and open civil society, private sector and media that cooperated with the government to communicate to the public and deliver services. Some of these same actors also worked to hold the government to account around its continued failure to institutionalise more transparent and accountable procurement systems in the Ministry of Health, a long-standing problem that no doubt continues to cost many lives and must be addressed.

Despite the shadows cast on Kenya's young democratic constitutional order, the persisting tolerance and use of police brutality and the long-term fragility of a political settlement built on an "ethnic consensus" born out of convenience, Nairobi's progress towards a more accountable, democratic and constitutional government is also visible. This is best exemplified by an empowered Nairobi City County Health Department, with its CHV model taking an important leadership position in the Covid-19 response with support from community-based organisations, the private sector, the NMS and Ministry of Health. We also saw an *elected* Nairobi City County implementing an important law they passed to allocate taxpayer money to strengthen the community health system in Nairobi. This positive step will make the city better prepared for current and future public health challenges, while improving the lives of residents. This all suggests that Kenya's hard won democratic constitutional edifice, while still not yet fully awakened and brought to life, promises to be a strong asset in empowering the country and the

city of Nairobi to make progress in addressing Covid-19 and other challenges that lie ahead.

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