



An Assessment on the County Level Engagement with Duty Bearers and Claim Holders on Covid 19 Response and Management: Case of Promotion of Human Rights in Baringo County

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ABSTRACT

Coronavirus, commonly known as COVID-19, is an illness caused by a virus that can spread from person to person. The virus that causes COVID-19 is a new coronavirus that was first identified in China in Wuhan in late 2019. The virus has since spread all-over the world. The COVID-19 symptoms can range from being asymptomatic (no symptoms) to symptomatic (severe illness, such as fever chills, coughing, shortness of breath among others). The main purpose of this study was to assess the effectiveness of the actions taken by the government in combating COVID-19 C in Kenya's devolved units, and to identify human rights matters at the county level that required attention and advocacy by various stakeholders (herein referred to as the 'duty-bearers' and 'claim-holders' for better protection and promotion of human rights during COVID-19 period). The study adopted a descriptive research design. Purposive sampling technique was used for data collection. Through in-depth interviews and focus group discussions, data were collected from 19 respondents falling in the inclusion criteria. Three major themes emerged upon analysis of the data: impact of COVID 19 on people living with disabilities (PWD), the level of preparedness by the County government in handling COVID-19 cases and support given by central and county government to the residents of Baringo County. The findings of this study generalized that the county and the national government positively came forward in support of mitigating measures that would stall the spread of the virus. Some of these initiatives involved the offer of a wide range of free information and some level of financial support to affected population. This was also extended to healthcare workers. The findings from this study also indicated that the healthcare workers faced a multiple of challenges when handling COVID-19 patients, and this ranged from lack of isolation facilities, lack of transportation to lack in the provision of sufficient supply of PPEs. The study recommends the need for creating awareness and sensitization of the duty-bearers and claim-holders on the rights of citizens during such pandemics.

Keywords: COVID-19, duty bearers, claim holders

Introduction

Coronavirus commonly known as COVID-19 is an illness caused by a virus that is spread from person to person. The virus that causes COVID-19 is a new coronavirus that has spread to every corner of the world. The COVID-19 symptoms can range from asymptomatic (no symptoms) to symptomatic (severe illness, such as fever chills, coughing, shortness of breath, fatigue among others). Since its outbreak in Wuhan, China in late 2019, the virus has spread all over the world affecting almost every facet of human life. The widespread prevalence of COVID-19 pandemic has affected the duty-bearers¹, claim-holders², health care workers, academia and parents alike.

The first case of COVID-19 was reported in Kenya on 12 March 2020 by the Ministry of Health³. By the time the Ministry of Health was reporting the first case, the government had already set-up an Emergency Operations Centre (EOC) comprising of four Rapid Response Teams (RRTs). Each of these teams had five trained medical staff as well as designated telephone communication numbers for members of the public to report suspected cases, seek more information on the infection and to ask questions. A treatment and isolation unit for managing COVID-19 positive cases had also been established at the Kenyatta National Hospital (Kenya's main referral hospital) and a total of 1500 health workers across various health facilities had also received

¹ Duty-bearers are those actors who have a particular obligation or responsibility to respect, promote and realize human rights and to abstain from human rights violations. In this study it is the health care workers

² Claim Holders are persons who can make legitimate claims in this study it is the nurses who have substantial claims towards labor rights, economic rights and social protection rights

³ The Ministry of Health confirmed a Coronavirus disease (COVID-19) case in Nairobi. The case, which was confirmed on the 12th March 2020, is the first one to be reported in Kenya since the beginning of the outbreak in China in December 2019

training on managing COVID-19 patients. This preparation was an indicator of how government's commitment in tackling the spread of this deadly disease, and in the protection of its citizens (MOH, 2020).

Amid the rush to find the ideal response to the pandemic, other globally trending strategies such as imposition of curfews, lockdowns, and encouraging social distancing were adopted by many countries, Kenya included. However, concerns are rising over the lack of government commitment and lack of policy interventions on how the treatment cost of COVID -19 was to be managed and the nature of support vulnerable citizens, especially low-income earners and the elderly, were to receive to cover costs of testing and treatment. Perhaps such reluctance could be attributed to the low number of cases reported in most countries in Africa, Kenya included. There had been numerous predictions that Africa would become the next epicenter of the disease (Nyadera & Onditi, 2020). However, nine months since the first reported case in Kenya, the doomsday prediction had not come to pass (Ouma et al., 2020). Other than South Africa and Egypt (which combined to constitute over 55% of the total cases in the continent), the continent has largely been spared the devastating burden of the disease that has been witnessed in other parts of the world. Despite the low numbers, it is too early to declare victory over the pandemic as a lack of readily available vaccine and cure means that many countries are still vulnerable to mass infections thus calling for serious reflections on the current and future state of the health sector in many countries. The emerging variants of the virus also continue to cause concern.

Kenya recorded its first case on 13th March 2020 (MOH,2020). The number of positive cases has averaged between 300 and 600 infections per day since then. This low number of daily cases can be attributed to the early response measures taken by the government to close down airports as well as partial lockdown of the capital Nairobi, Mombasa and Kilifi counties which are popular international tourist destinations. Closure of all educational institutions as well as mandatory quarantine of affected and suspected persons also went a long way in assisting the situation. Cumulatively, the country has by January 2022 registered over 285,654 confirmed cases of COVID-19 with 5,364 deaths (Wango et al, 2020)⁴

The problem of COVID-19

Coronavirus commonly known as COVID-19 is an illness caused by a virus that can spread from person to person. The virus that causes COVID-19 is a new coronavirus that has spread throughout the world. The COVID-19 symptoms can range from asymptomatic (no symptoms) to symptomatic (severe illness). Since its outbreak in Wuhan, China in 2019, the COVID-19 has been enormously spreading all over the world affecting several facets of human life. Since independence, health care in Kenya has remained a privilege of the few who can afford to pay for services in private hospitals or seek treatment abroad. For the majority who are left to depend on the public hospitals, their experience has not always been smooth (MOH, 2020). As a country, Kenya has also been for long struggling with other persistent diseases such as Malaria, TB, HIV/AIDS, and measles, and other structural problems such as corruption in the health sector, inadequate allocation of resources, and ineffective policies making it almost impossible to enjoy quality health care (Ouma et al 2020). Frequent strikes by workers, expensive medicines, the unattained ratio of health practitioners to population, and unequal distribution of health facilities across the country have exacerbated this problem. Of much more concern though is the lack of access to affordable health insurance (Ouma et al 2020). This has left many citizens badly exposed and at the mercy of relatives and friends who have to come to their aid whenever one is hospitalized. The larger population thus largely depends on close members of the family and friends for their survival, as far as healthcare is concerned.

The rapid spread of the disease and its negative impact on the economy has also undermined efforts by relatives and friends to support others in offsetting their health bills. As of December 2020, the cost of treating a COVID-19 patient has gone up by several thousand of shillings⁵, meaning that a health system that has been underfunded, understaffed, and riddled with corruption would disintegrate if the pandemic were to lead to mass infections. This disturbing revelation means that policymakers in Kenya should not only look at curbing the spread of Coronavirus but also strive to restructure the health sector in a manner that it would be able to withstand any serious threats from the current and future health crises.

There have certainly been some previous efforts to reform the health sector. However, such efforts left many gaps that need to be addressed sooner than later. For example, Spain nationalized all private hospitals (making them accessible by public insurance) and health workers. In addition, Turkey has also included the COVID-19 cover to its universal insurance (SGK) and started providing free masks during the first weeks of the outbreak. Amid the rush to find the ideal response to the pandemic, other globally trending strategies such as imposing curfews, lockdowns, and encouraging social distancing are being adopted by many countries including Kenya. However, concerns are rising over the lack of government commitment and policy interventions on how the treatment cost of COVID -19 will be managed and the nature of support vulnerable citizens, especially low-income earners, can receive to cover costs of testing and treatment (Ouma et al 2020).

This study was therefore undertaken to assess how the county is engaging with duty-bearers and claim-holders during the COVID-19 period and how the various stakeholders were responding to issues touching on the protection and promotion of human rights in Baringo County during this difficult period.

⁴ G Wango, G Wairire, C Kimamo - IOSR Journal 2020 - academia.edu have all been affected through imposed measures to ensure only a handful of people attend. 1.3 billion People, while in Kenya all schools and educational institutions were closed on 20th. are admitted to hospitals, while suspected persons are quarantined Provide source here

⁵ The estimated cost was about Kes 800,000 (@US\$8000)

Actions taken by the government in combating COVID- 19 in the devolved units

When the WHO declared COVID-19 a global pandemic on the 13th of March 2020, Kenya already had one confirmed positive case being managed at the Kenyatta National Hospital isolation and treatment center⁶. This was an imported case with a history of travel from continents with human-to-human community transmission of COVID-19. The Ministry of Health had started the process of contact-tracing in Kenya, aimed for quick screening, testing and isolation⁷.

Through an Executive Order⁸ issued on 28 February 2020, the President had established a National Emergency and Response Committee (NERC) for COVID-19 chaired by the Cabinet Secretary for Health. The NERC were quick in starting nationwide awareness and sensitization initiatives on public education about the COVID-19 pandemic including symptoms of SARS-CoV-2 viral infection as well as public health measures on reducing infection such as social-distancing, hand-washing and sanitation, respiratory hygiene and importance of minimizing unnecessary movement by staying at home.

COVID-19 has proved to being a big burden to both developed and developing countries with the number of infections rising from less than one million cases in February 2020 to more than 28 million infections and 900 000 deaths by September 2020 (WHO, 2020). The trend in the spread of the disease has unexpectedly overburdened even countries with stable health structures and resources. The disease has disrupted economic, social and cultural activities forcing governments to act by supporting vulnerable citizens and the sick with among other measures direct cash transfers, tax reliefs, investing more money into the economies as well as revising health insurance schemes and hospital ownership to deal with the disaster. For instance, Spain nationalized all private hospitals making them accessible by public insurance and health workers. In Turkey, the government included the COVID-19 cover to its universal insurance (SGK) and started providing free masks during the first weeks of the outbreak (WHO, 2020).

According to McCollum & Otiso (2018), health service delivery in Kenya is organized around the new Kenya Essential Package for Health (KEPH) (Ministry of Medical Services and Ministry of Public Health and Sanitation, 2012). This is organized on a four-level system as described in the current national Health Policy, which indicates Kenya's commitment to Universal Health Care (UHC). Kenya's national health policy is operationalized according to the Kenya Health Sector Strategic and Investment Plan (2014–2018) (GoK, 2014). Kenya devolved services (including health) in 2013 from a single central government to 47 new sub-national governments, known as counties. Devolution in Kenya therefore seeks to “tackle long- term, deeply entrenched disparities between regions; increase the responsiveness and accountability of government to citizens”.

According to Masaba et al (2020), under devolution, all health service planning and delivery functions were transferred to county governments while the national government retained overall policy and regulatory functions. This division of roles was largely maintained in organizing and executing the COVID-19 response. As the pandemic spread, Kenya's policymakers faced the first significant challenge to the rather nascent devolved healthcare system -having to coordinate COVID-19 countermeasures between two tiers of government- the national and county governments.

According to Masaba *et al.*, (2020), unlike countermeasures by the national government which are widely documented, information and records on how the Kenyan counties and their governments dealt with COVID-19 is dearth. Given that they are fully in charge of healthcare delivery, there is a shortfall on clear overall objectives and strategy, general tactical actions, collectively, or as individual counties, which makes assessment difficult. Even in the face of this shortfall, certain instances of difficulty, political, legal, human resource and fiscal, stood out, that would clearly undermine the effort of the Kenyan counties/devolved healthcare in the war against COVID-19. In ‘peacetime’, the health sector in nearly all counties was already laden with monumental challenges ranging from capacity gaps, human resource.

According to Hussein et al (2021), the challenges being experienced during this pandemic have the latent potential to be lessons and drivers of growth for the devolution agenda, and not just in the health sector. To meet the counties', need to deal with the Coronavirus pandemic, the national government and the counties will have to coordinate and work more closely with each other, to build capacity and trust around the devolved healthcare system, not just for the pandemic, but also for peacetime. These challenges have led to institutionalizing community health services in Kenya.

According to Quaife *et al.*, (2020), the impact of COVID-19 controls measures that the government of Kenya has taken on social contacts and transmission in Kenyan informal settlements, has seen a reduction of transmission through direct contact with others. This study was done so as to assess if control measures have changed contact patterns, and estimate the impact of changes on the basic reproduction number. The study established that Kenya has implemented strict control measures in response to the COVID-19 pandemic. The study findings highlighted the difficult decisions policymakers faced despite that the control measures had substantially reduced COVID-19 transmission.

According to Ng'ang'a (2021), the Kenya government developed the Environmental and Social Management Framework (ESMF) to support the environment and social due diligence provisions for activities financed by the World Bank Group for the Kenya's COVID-19 Health Emergency Response Project (C-HERP). The Project whose aim is to prevent, detect and respond to COVID-19 outbreak and strengthen national systems for public health emergency preparedness is being implemented by the Ministry of Health (MoH). The project has eight components which include the COVID-19 vaccine support that is incorporated in components, Medical Supplies and Equipment and Community Discussions and Information Outreach among others.

⁶ Kenyatta National Hospital (KNH), is a tertiary level teaching institution during the covid 19 pandemic it gave a section to be used as an isolation facility besides the in and patient filter clinic

⁷ See MoH bulletin

⁸ The order can be accessed here: <https://>

Human rights concerns during the COVID-19 period⁹

United Nations Human Rights partnered with the National Coalition of Human Rights Defenders (Defenders Coalition) and 49 indigenous human rights defenders, including women human rights defenders, to document the human rights dimensions of the COVID-19 crisis for indigenous communities and indigenous women in seven counties (Nakuru, Laikipia, Narok, Baringo, Elgeyo-Marakwet, Samburu and Marsabit) (MOH, 2021).

Despite this, the impact of the COVID-19 crisis in marginalized communities outside urban areas was not clear. Initial feedback from indigenous organizations and networks indicated that little information on COVID-19 prevention and response had reached indigenous communities, and misinformation was circulating on the spread and impact of COVID-19. Historically, indigenous communities have been marginalized and experience deep inequalities in access to health care, water and sanitation, education and other basic services. Thus, it was unclear how already marginalized communities would have complied with Government directives, or take prevention and self-protection measures. There were also indications of increasing gender-based violence in indigenous communities.

For this reason, United Nations Human Rights launched a scoping initiative to document the impact of the COVID-19 crisis on indigenous communities and indigenous women who face multiple forms of discrimination, as groups that are often left behind or marginalized. This initiative is part of engagement to integrate human rights dimensions in the COVID-19 response in Kenya, focusing on inequalities and leaving no one behind. The initiative also built upon existing engagement on indigenous rights, and on sexual and gender-based violence.

Research methodology

The site for this study was Baringo County, selected, first, because of its elaborate and intense support to the implementation of the County's Integrated Development Plan 2018 -2022 and beyond¹⁰, which promises better quality health for its population. In the report, the communication strategy framework requires Baringo County to expand its networks by embracing new institutions that reflect its geographic and thematic breadth of focus as well as its multidisciplinary approach in disaster prevention, mitigation and response.

The study area was also chosen because historically, indigenous communities have been marginalized and experience deep inequalities in access to health care, water and sanitation, education and other basic services in this area. Thus, it was unclear how already marginalized communities would be able to comply with Government directives, or take prevention and self-protection measures against COVID-19 pandemic, and how government (national and local) itself would implement its policies here. Marginalization has also normally been followed by higher incidences of human rights abuse. Therefore, the study area was chosen as an ideal area because the researchers wanted to identify human rights matters at the county level that required attention and advocacy by various stakeholders during COVID-19 period) and also to assess the effectiveness of the actions taken by the government in combating COVID-19 in the devolved units in Kenya. The study adopted a descriptive research design. Kothari (2009), asserted that descriptive research is a description of the state of affairs as it exists at present and the researcher have no control over the variables. This Descriptive research design was used in this study because there is a possibility of observing the phenomenon in a completely natural and unchanged natural environment. The study adopted a qualitative approach. The target population for this study were the duty-bearers and claim-holders in Baringo County.

The sample size for this study was 19 respondents falling in the inclusion criteria. Considering the Ministry of Health protocol on COVID-19, the data was collected via an unstructured discussion guide with open-ended questions related to COVID-19. Purposive sampling technique was used for data collection, with sample size determined through saturation. Secondary data was not readily available due to the lack of literature on the pandemic but the memos and notices from the ministry of health guidelines aided the study. The data collection methods thus included;

In-depth Interviews

Interviews in qualitative researches are one of the most important sources of data (Jwan and Ongondo, 2011). The interview method was used in collecting data from the respondents until saturation. An interview guide was used to elicit information necessary to achieve the intended purpose of the study. This method was picked because of its ability to allow the respondent to engage in a conversational manner which ensures that in-depth information is retrieved.

Observation Method

This is one of the key methods in qualitative research. It is usually emphasized by various scholars and authors that every qualitative research must involve some element of observation (Kothari, 2008; Ongondo, 2011). Observation means getting information or data by seeing the respondents in their natural setting as they carry out their day-to-day duties with a view of getting the insight about their duties (Cohen, 2007;305). Further it is said that the researcher collects the data in real life situations by looking at what takes place. Visiting the county referral hospital at Kabarnet and all the sub county hospitals achieved this purpose.

⁹ In terms of key human rights issues that indigenous human rights defenders have been dealing with during the COVID-19 pandemic, they cited early marriage, FGM, forced evictions, land issues and related inter-communal violence.

Focus Group Discussions (FGD)

This method combined both elements of interviews and observation methods and involves a homogeneous group with a common interest (Jwan and Ongondo 2011; Casey and Krueger, 2000). This method of data collection was used to collect data as facilitated a discussion with a small group of respondents who included the PWD, CUCs, HRDs and some members of the public, and elicited findings through consensus. The focus group interview was mainly used to inquire about people's perceptions, opinions, beliefs and attitudes towards the studied a phenomenon.

Results

The main purpose of the study was to assess the effectiveness of the actions taken by the government in combating COVID-19 in the devolved units and to identify human rights matters at the county level that required attention and advocacy by various stakeholders herein referred to as the duty bearers and claim holders for better protection and promotion of human rights during COVID-19 period. The findings were as follows:

We will first examine the measures that were taken to combat COVID-19 and the effectiveness of these methods after which the article will examine human rights issues emanating from these measures and respondents' narratives on the same.

Measures taken by health facilities in Baringo county

We begin our examination by first assessing Baringo county referral hospital. This facility was inspected by the researchers and observations made. Respondents were also interviewed. Findings indicated that a raft of measurements were instituted at the facility:

The facility is well supplied with the essentials like PPEs (though not enough). The, OPD reception had masks for healthcare staff for handling incoming patients as well as masks for patients (who had none). The facility had also several testing points for COVID-19 but due to the number of patients visiting the facility, they are not enough and therefore most samples from the testing facility were taken to Kisumu County for this purpose, which caused some delays.

It was observed that the facility developed the procedure of first testing in-patients for COVID-19 before they received treatment. The public health department was also noted to have been involved in conducting public health training and sensitization of members of the public on COVID-19 so as to create awareness. The hospital also involved itself in carrying out regular fumigation of the public places and schools. The facility also offered free transport for those who exited the hospital during the curfew time.

On access to other health services, the hospital was noted to have continued to providing other essential medical services—however, the number of patients had drastically reduced as citizens were afraid of contracting COVID-19 during these visits.

Despite the fact that cultural practices demanded otherwise, families were educated and sensitized on the need to bury their dead expeditious without observance of the many cultural requirements, that normally dragged burial for days even sometimes for months. Advice on causes of death and how bodies should be handled during this COVID-19 period were also extended to patient's family and relatives. The county COVID response team as well, organized sensitization meetings with patients before testing and upon receipt of Covid 19 test results.

Despite the preparedness by the hospital, there is lack of psychological support to the staff in the facility. There is stigmatization for those who have contracted the Covid 19 and those who have recovered. Thus, the challenges that the facility was faced with included lack of sufficient supply of PPEs, shortage of staff, stigmatization on COVID-19, lack testing kits and lack of adequate screening centers.

We now turn our attention to Kimalel health centre. Interviews with respondents revealed that the health facility had not been well prepared to tackle the pandemic. The respondents stated that the facility did not have sufficient resources for testing, detecting and isolation. The 20 staff at the facility were to have neither been trained on COVID-19 protocols. There was also no provision for sanitizers and masks for the staff working in the facility. Neither was there a coordination committee, nor fumigators or supply of clean water.

At Marigat sub county hospital, most of the respondents acknowledged that the facility would have done much more with adequate funds. Despite this, the facility had done much:

Marigat area is a low income and therefore residents/patients visiting the facility cannot afford masks and therefore the facility has taken the initiative to supply them with masks despite that the government having not allocated the facility with COVID-19 funds. The facility observes social distancing, there are some sanitizer's around, and thermos guns, with dotted hand washing points here and there. The staff in the facility had also received some training on COVID-19 protocols. The ambulance was available for referrals, and they have enough social workers to counsel patients. The facility though had only one doctor and 6 clinicians (explained one respondent).

There were however some complaints. Some respondent complained that despite the facility having material and equipment for testing of COVID-19, and which was administered free of charge, and upon establishing that the patient was indeed Covid 19 positive, these patients were referred to Kaptimbwa or Mogotio as there were no isolation centers in the sub-county. Though the facility was a 24-hour facility, it lacked certain basic services. For instance, it lacked the already mentioned isolation wards, had only one ambulance (that could not serve the population adequately), suffered from red-tape that led to delays in disbursement of funds leading to delays in payment of salaries, and it had only one doctor. In spite of these challenges, and one that led to increased constrained at the facility, there was still an influx of patients to the facility from far flung areas such as Tiaty constituency. On the flip side, the staff were found to be courteous to patients and maintained confidentiality. The county had also managed to have their staff medically covered

(including cover for COVID-19). The county government as well supplied clean water to the facility, and supplied water in tanks whenever there were shortages.

Meanwhile at Mogotio sub county hospital, this was converted to be solely an isolation center for COVID-19 patients. One of the respondents had this to say;

The directive from the county government made us stop attending to other patients due to fear that the cases could surge and we may fall victims. Our facility has 28 Covid 19 patients but one patient was discharged. Among the patients that the facility is admitting, 19 are male and one patient is still admitted. The residents have stigmatized this facility and are not willing to be treated at the facility for fear of contracting the virus.

The facility was nonetheless found to have complied with COVID-19 regulations such as social distancing, provision of hand washing facilities, availability of fumigation services available among others. As mentioned earlier, the facility was closed for other services as it was turned to just cater for COVID-19 patients.

At Kabartonjo sub county hospital, the study established that the services here were found to be affordable, there was a standby ambulance fully fueled by the county government, the facility had food provisions for patients, had hand washing facility available with constant running water, the staff were also found to be well-prepared to care for COVID patients. Other normal services were also running at the hospital. However, the one ambulance was not entirely adequate, PPEs were also not enough, and the facility suffered from staff shortages all departments. Staff motivation was also found to be low.

There were also other worrying concerns that the researchers observed. For starters, in terms of communication, there were hardly posters in the county to alert residents on the dangers of COVID and how to adhere to government advise on how to avoid catching the virus. The researchers also noted that in most crucial points in the county, hand washing facilities were missing. Again, most of the residents walked around without masks. A KII respondent attributed this worrying situation to the failure of the county and national governments to disseminate information through information, Educational and Communication (IEC) materials.

Majority of the respondents were also of the view that the county and national government could help me to alleviate the worsening economic situation by suspending payment of rent, rates, permits and licenses.

Majority of the respondents said that before Covid 19, the county government used to supply relief food stuffs but since Covid 19, no such assistance has been forthcoming. On education the residents decried that their children were unable to attend the recommended virtual classes as some homes neither had smart phones (leave alone laptops) or electricity. Other areas had no network coverage.

Back to health matters, the respondents complained that the sub-county had no quarantine facilities as the only center identified by government for this purpose were in far-off Kabarnet, Kaptimbor and Mogotio sub-counties. They also decried those normal services had been suspended in this quarantine identified facilities, a move that had seriously affected the residents.

It was thus noted that the challenges that most of these respondents were generally facing in the county were;

1. food supplies
2. lack of goodwill from the county government in terms of Covid 19 statistics
3. lack of enough personnel among others

On access to justice, measures have not been put in place and the marginalized communities in the county are affected. On the issue of education, the government has not given direction for those students who cannot access online/zoom classes.

On the issues of food supply, the marginalized are affected, no relief food is supplied, the (PWD) are hard hit as the businesses are low, on education children are affected as they are idle and the Bodaboda person are taking advantage and have impregnated the young girls which in turn will affect their future lives

Ignorance is also the biggest challenge as the residents are arrested and they are not aware of the new rules for Covid 19, some violate the curfew rules and are not aware, others are arrested for not wearing a mask properly. This is due to ignorance and lack of information.

On the access to justice the CUC responded that due to the size of the court rooms cases are not heard and determined as required as the court cannot sit every day as the offender for serious crimes are not held in Kabarnet facilities and also women convicts have to be transported from and to Nakuru or Eldoret and they can only be put to trial once their Covid 19 status has been determined.

MYWO responded on these challenges that the marginalized and the vulnerable cannot access hospitals and had this to say;

We are made to pay for the services sought and when there is breach of curfew rules, one is arrested and those arrested cannot compromise (bribe the police officers to secure their freedom because they do not have the money demanded by the police.

The respondent went on to say;

The Covid 19 has made this facility to improve hygiene and therefore other ailment like cholera and typhoid have been minimized because of the hand washing. However, most women have lost their jobs due to low volumes of trade and this means that their livelihoods have been affected and the government has not come to their aid.

COVID-19 restrictions had also affected other normal socio-economic activities, which in turn had affected the health status of the residents. For instance, women in Baringo County were required to stay at home and this meant that they had to shut down their small traders' businesses and lose money. Families with COVID patients, or with persons who died from COVID were also stigmatized and shunned—this psychologically affected those concerned.

There has been a rise in crimes generally due to ignorance of the existing laws on Covid 19 and a sharp rise in teenage pregnancies. This is attributed to lack of information to the residents and also due to others "I don't care" attitude.

Other socio-economic effects were as follows:

(i) That according the records in the children's department, teenage pregnancies had increased during this period. Records indicated that 75 teenage pregnancies had been reported with one teenage girl dying having tried to illegally abort the pregnancy

(ii) That the children's department also said that the county government had not been well prepared on how to deal with arrested juveniles, and this lack of preparedness was manifested by the delinquents being placed in jails occupied by adult offenders.

iii). That the interventions were not youth friendly. For one, the shutting down of the economy had mostly affected the youth who were the majority in the labour force, with the informal sector particularly feeling this pinch. Most of those found to have flouted the COVID restrictions were also found to be the youth, with most explaining that most were arrested while on their way home from work.

The majority of the respondent said that the county government has done nothing to save the youth from the effects of Covid 19. However, one had this to say;

The youth are the most affected during this period. This is because they are in the informal sector which has been badly affected as they have lost their livelihoods and lost jobs during this period. Police are harassing them; they arrest those found outside the official curfew hours and police are soliciting for bribes from the arrested persons and this notorious at the Kabarnet police station.

The youth too had taken bank loans, others do business to sponsor their education and due to the collapse of their business, they are too dropping their academic ambitions. During this Covid 19 period, mobilization of the youth has been a challenge due to social distancing and others since the close of their sources of livelihood cannot be traced. The implementation of youth programmes in the county has been overshadowed by Covid 19 pandemic and social audit of the youth programmes has been a challenge.

Effectiveness of the actions taken by the governments in combating Covid 19.

On the effectiveness of the actions taken by the national government in combating COVID-19 in the devolved units, majority of the respondents who included the (CUC) in Kabarnet, were of the view that the detention facilities in Kabarnet and Baringo County were in general not adequate. The respondents complained that access to justice during the COVID-19 period went against the law as offenders were detained beyond the required period (24 hours) to appear before a magistrate. One of the respondents had this to say;

Once the women offender has been received at Eldoret GK prison, they are required to go for mandatory quarantine for 21 days for Covid 19. this long period make default for them to access justice up to until the end of the quarantine period.as a result of this many offenders fail to attend court after the isolation period is over as they are forgotten (Lamented one respondent)

Another complaint was that during this period, offender charged with serious crimes were mixed with those charged with petty crimes (mostly those found to have flouted COVID-19 restrictions) contrary to the provisions of the law. Said one offender:

There are too many people being arrested during this period due to flouting of the curfew rules. Those arrested are detained at the detention centres and some are transferred to facilities in the neighbouring counties mainly to GK Prison in Nakuru and Eldoret which is over 100 or so kms away. This affects their access to their lawyers and access to justice.

Others also complained that the court rooms were too small for effective social distancing. One had this to say;

Kabarnet court is a very small court, and hence was insufficient for effective social distancing; this was a challenge during the pandemic period. The court has two magistrates sitting at one time and a high court. Social distancing rules are not adhered to because of the size of the court rooms.

Virtual sessions held in Baringo County were also a challenge due to connectivity problems as most sub counties are not served well served with mobile data network, and/or with electricity. As a consequence, many missed their court mentions and hence could not receive swift justice as desired. The most affected areas were cited as Loruk, Linyang station and Kabartonjo.

The introduction of new categories of crime were also disliked by the citizens. These crimes came about with the Presidential degree that made the non-wearing of masks, delayed burials, limited church attendance and other, to be criminal offences.

Crime rate went up gone with the introduction of new crimes as a result of the COVID-19 and under the public health act which includes the not donning a mask in a public place, failure to keep the social distance, operating bars and alcohol dens unlawfully and curfew rules violations (Explained one respondent).

It was found that most residents of Baringo were ignorant of these new laws and as such, many were arrested. And due to the reason that most detention facilities lacked adequate detention facilities, many ended up crowded in jails, and ended up mixed up hard-core criminals. Many were unable to meet the cost of police bonds, and hence ended up being detained. Many had to pay a bribe so that they didn't end up in mandatory quarantine.

One respondent had this to say;

Mandatory quarantine has been an affront to citizen's right. All those caught flouting curfew hours were sent to quarantine at their own cost, an action that I think is punitive, especially when the economy has been hard-hit by the pandemic.

He went on to say;

The majority of these cases sent to quarantine were as a result of ignorance on the part of the residents as pertains to the COVID-19 regulations. The county and national government should have conducted sensitization and education campaigns in order to create public awareness and hence earn support for the restrictions so imposed.

Discussion and Conclusion

The Civil Society Organization representatives raised several concerns related to information dissemination issues on COVID-19 pandemic and the lack of involvement of the local leadership especially the chiefs, assistant chiefs, sub counties in the fight against the pandemic. This should be done through *barazas* while observing the Covid 19 protocols. The main challenge was lack of information on the rights of citizens to health, accessibility to health facilities, lack of knowledge on the provisions of the law, how it affects them and how it is applicable to their situations during the Covid 19 period.

Based on the interactions with the CSOs, duty-bearers and claim-holders, the study recommends that during periods of pandemics, the local administration should supply relief food to most parts of the county, the county government /local leadership should provide free masks and PPEs to residents and health care workers and that the responsible agencies and especially the county government on the need to conduct survey on the noted violations of the human rights. Further, the study recommends the need for psychosocial preparation due to the uncertainty of pandemics and in averting the likely adverse economic impacts due to the pandemics, the governments and other stakeholders should be fully involved.

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