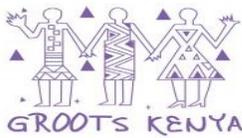


COVID-19 statement from Grassroots Organization Operating Together in Sisterhood (GROOTS) Kenya

The Ministry of Health, Kenya had confirmed more than 189 cases as of 8th April 2020 with numbers expected to rise exponentially in the coming days, weeks, and months. To prevent a country-wide outbreak of COVID-19, the government of Kenya has put emergency response mechanisms to reduce exposure to the disease. **Grassroots women and girls in rural and poor urban settlements** of Kenya are heavily impacted by both the virus and the measure put to curb the virus due to the pre-existing intersecting and **multiple inequalities of income, gender, age, geographical regions, occupation and the security and safety vulnerabilities**; For instance some of the immediate impacts have been loss of livelihoods by people in informal settlement, an upsurge of SGBV cases across the country, disruption of local food market systems, disruption of public services access and increased care burden for women and girls.

Despite these harsh impacts the grassroots women are taking lead in both calling out the escalating violations and building resilience while relying on experience acquired in responding to the HIV/Aids pandemic where women took a courageous role of community caregivers and a watchdog role over use public resources mobilized to curb HIV/AIDs spread. The grassroots women and girls wish to call upon both state and non-state actors adopt a pluralistic approach and prioritize the following measures to improve COVID-19 response and minimize the negative impacts on the special population categories mentioned above;

1. Devolve all COVID Response mechanisms, structure and funds to the **ward level** and ensure the most impacted population especially the poor and women are included in COVID-19 Emergency response and Fund committees.
2. Funding agencies should allocate sufficient emergency resources to women rights' and development organizations at the grassroots to facilitate effective community driven response. Importantly ease the stringent eligibility criteria and procedures for accessing emergency response funds for local organizations that anyway have demonstrated high return in responding to disasters
3. **Verify data-sets for vulnerable households** through a dual-approach that rely on local administration and community leaders (*community health workers women group leaders, religious leaders and elders*) for groundtruthing.
4. Optimize use of technologically automated services in food subsidy programs such as food vouchers and mobile-based cash transfer to curb corruption.
5. Subsidize cooking gas and stoves, to increase uptake of clean cooking in informal settlements. As families get concentrated at home, the risk of disaster caused by unsafe and unclean cooking technologies will increase



6. Prioritize informal settlements in other roll out of mass-testing, therapy and treatment
7. Suspend and criminalize house evictions, disconnection of water and electricity services in slums, informal settlements, shanties in urban and non-urban counties during the COVID-19 crisis period
8. Intensify fumigation, sanitation and waste management services in slums, informal settlements, shanties in all urban and no-urban areas
9. Promote household water harvesting uptake through provision and subsidizing of water harvesting equipment's through the National Affirmative Action Funds
10. Make home safe for women and children by **isolating and putting in quarantine reported suspects** of Sexual and Gender Based Violence to guarantee victims safety at home.
11. Urgently increase human, financial, physical and technological capacity of county governments, police stations and local health facilities in responding to SGBV
12. Designate a **COVID-19 Hospital in each of the 47 counties** and equip the rest of the hospitals to continue with regular services on existing communicable and non-communicable diseases; sexual and reproductive health services for women and men e.t.c.
13. Lift curfew movement restrictions for pregnant women and victims of SGBV and their care providers.
14. Designate freed and open public grounds as local markets, mark them for social distancing and allocate food vendors to continue with their businesses; release and popularize market access protocols for buyers
15. Induct the extensive network of community health workers to aid state frontline responders in preventing the spread of the virus without engaging into clinical and treatment work
16. Intensify local manufacturing and production capacity including county level for production of masks, sanitizers, ventilators, medicines, beds and other health response equipment's and tools
17. Prioritize state partnership with local vernacular media for mass information campaigns
18. Redirect Constituency Development Funds to COVID-19 response through a ward targeting approach
19. Design a post COVID recovery financial stimulus programme for vulnerable populations

ENDs!