

United Nations  
**KENYA**  
Delivering as One

The background features various data visualization elements: a bar chart with red bars, a circular gauge with a rainbow-colored arc, a blue sun-like icon, a blue line graph with a peak and trough, and several circular and semi-circular shapes in green, blue, and red, some with horizontal lines. A large, faint virus-like icon is visible in the upper right.

# COVID-19 GENDER ASSESSMENT

**KENYA** | 2020

POPULAR VERSION



## KENYA

### Highlights of an assessment of the gendered effects of the COVID-19 pandemic on households in Kenya

#### BACKGROUND AND CONTEXT

Coronavirus Disease 2019 (COVID-19) is arguably one of the biggest pandemics to hit the world in recent times. Globally, the pandemic has affected the achievement of Sustainable Development Goals (SDGs) particularly Goals 1 to 2 on eradicating poverty and hunger, and Goals 3 to 6 on ensuring good health and well-being, quality education, gender equality, and clean water and sanitation. In Kenya, the first confirmed case of COVID-19 in March 2020 and the ensuing containment measures had unprecedented effects on the country's economic and social outcomes with an often-disproportionate burden on women and girls. By 23<sup>rd</sup> November 2020, there were 77,372 confirmed cases, 51,507 recoveries, and 1,380 deaths<sup>1</sup> in Kenya.

#### Goals and expected outcomes<sup>1</sup>

This study was undertaken through the collaboration, financial and technical support of various public, non-governmental and development sector partners<sup>2</sup> and with the participation of individuals and households surveyed in Kenya's 47 Counties. It highlights the gendered socio-economic effects

of COVID-19 and provides policy recommendations to hopefully **guide response, interventions, and recovery plans** for COVID-19 in Kenya. The brief assesses the effect of COVID-19 on incomes; food security and agricultural activity; education; unpaid care and domestic work; access to healthcare services and health-seeking behavior; access to social protection; access to water and sanitation services and menstrual hygiene products; and gender-based violence (GBV) during the COVID-19 pandemic with data disaggregated by sex, location of residence (urban and rural) and economic/regional bloc.

1 Ministry of Health–MoH. (2020). Ministry of Health press releases: Press statements on COVID-19. Accessed from: <https://www.health.go.ke/press-releases/>

2 UN Women, United Nations Population Fund (UNFPA), Care Kenya, OXFAM, Kenya National Bureau of Statistics (KNBS) and the Kenya Institute for Public Policy Research and Analysis (KIPPRA)



## Overview of methodology, ethical considerations, and data sources

The study report and analysis in this brief are informed by primary and secondary data<sup>3</sup> disaggregated by sex, area of residence (urban/rural) and age of the respondents. Primary data was collected from a **sample of 2,587 individuals from all 47 counties** between **4<sup>th</sup> August and 8<sup>th</sup> September 2020** using Computer Assisted Telephonic Interviews (CATI). Due to the sensitivity of GBV information and the need to uphold the privacy of survey respondents, the study team also conducted an SMS-based survey and data drawn from

<sup>3</sup> Secondary data included daily statistics situation updates from the Ministry of Health, and May and June 2020 Wave 1 and Wave 2 COVID-19 surveys by the Kenya National Bureau of Statistics (KNBS).

Kenya National Bureau of Statistics-KNBS. (2020a). *Survey on Socio Economic Impact of COVID-19 on Households Report: Wave 1*. KNBS. Nairobi. Kenya.

Kenya National Bureau of Statistics-KNBS. (2020b). *Survey on Socio Economic Impact of COVID-19 on Households Report: Wave 2*. KNBS. Nairobi. Kenya.

a separate sample of 2,482 individuals from all 47 counties. A total of **34 Key Informant Interviews (KIIs)** with state and non-state actors were conducted to triangulate the findings from the individual/household data and drawing more insights.

Women and men respondents were nearly equally represented by sex and age-groups. Out of the sample of 2,587 individuals, the **majority (26%) were youth aged 25-34 years** with the least being elderly respondents aged above 75 years, likely because the youth tend to be more tech-savvy and own mobile phones, necessary for the CATI approach. In terms of location of residence, **most respondents (57%) live in rural areas**, largely consistent with the Kenya 2019 population census, which found that more Kenyans (69%) live in rural areas.

# RESULTS OF THE GENDER RAPID ASSESSMENT SURVEY AND COVID-19 EFFECTS ON SDGS IN KENYA

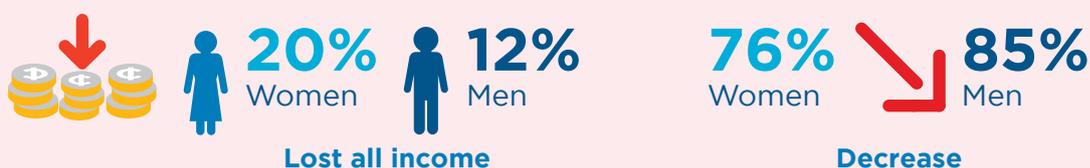
The COVID-19 pandemic and its associated containment measures are affecting the achievement of Sustainable Development Goals (SDGs) in Kenya with a disproportionate impact being experienced by women and girls across the country.



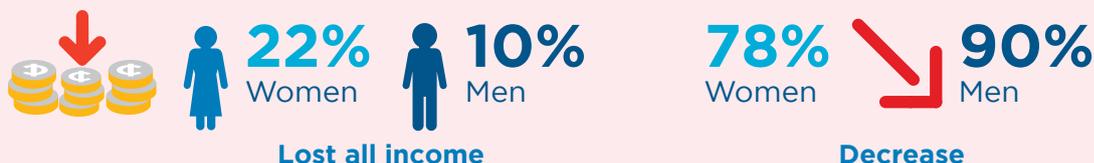
## SDG 1: End poverty in all its forms everywhere

The number of women who lost all incomes as a result of COVID-19 is 1.6 times as much as that for men. Fewer women than men are reporting to have money/income for themselves.

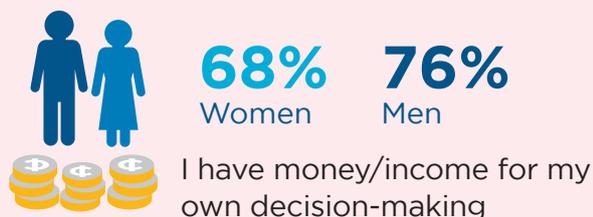
### Proportion of people who saw decreases in their incomes since the onset of COVID-19 by gender



#### Urban



#### Rural



## Economic activities, household income, and other resources

While the survey found that most respondents earn below KSh. 77,000 per month, slightly more men than women living in urban areas earn more than KSh. 77,000 meaning that **women on average earn less than men in urban areas.**

COVID-19 disrupted the sources of livelihoods for households, particularly for lower-income strands. **About 20% of women and men who earn more than Sh. 77,000 lost their incomes** due to lay-offs and pay-cuts, and loss of businesses restrictions on movement. Both women and men owning businesses and employees who earned a wage lost their livelihoods but **more women than men could no longer work for pay after COVID-19.** Similarly, 1 in 10 women employers who owned businesses before COVID-19 could not get back to business thereafter.

Women and men had to **resort to different coping mechanisms including subsistence**

**farming** and other economic activities not listed. The number of **women looking for paid work was twice that for men** since the onset of COVID 19 and the number of women and men working for pay reduced by nearly 15% for women and 12.5% for men because of the pandemic. The proportion of women and men counted as unemployed and looking for a job after the pandemic rose by more than 12.5% for women and 6% for men while the number of men engaged in non-agricultural casual work increased by more than 2.5%.

The decline in personal income cuts across all economic blocs; **8 in 10 women living in Narok-Kajiado economic bloc reported a decline in their personal incomes** with an even more dire situation in Frontier Counties Development Council (FCDC) where **1 out of 2 women reported having lost all their income** compared to 1 in 5 in other economic blocs.

### COVID-19 disruptions on income



COVID-19 disrupted the sources of livelihoods for households, particularly for lower income

20%



Of men and women who earn more than Sh. 77,000 lost their incomes due to lay-offs and pay-cuts, and loss of businesses restrictions on movement.



Although both male and female business owners and employees who earned a wage lost their livelihoods, **more women than men could no longer work for pay after COVID-19.**



1 in 10

women employers who owned businesses before COVID-19 could not get back to business thereafter.

### Earnings



Majority earn below

KSh.

77,000

per month.



Slightly more men than women in urban areas earn more than KSh. 77,000.



Women on average earn less than men in urban areas

## Access to social protection grants and/or any in-kind support

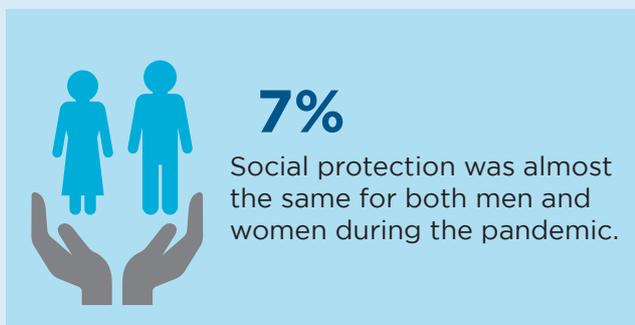
Social protection was almost the same at 7% for both men and women. However, when disaggregated by income level, the social protection programme<sup>1</sup>, benefited six times more households headed by men (60%) with incomes below KSh. 77,000 than those headed by women (10%). Some women (approx. 15%) and men (19%) from higher-income groups<sup>2</sup> also received the support. This translates to twice as many households headed by men and 1.5 times more households headed by women in the higher-income group receiving social protection. Further, these results show that households headed by women in the higher-income group benefit more than similar households from lower income group – worrying evidence of possible poor targeting.

Notwithstanding, refugees, the poor, households living in informal settlements and those

that had lost their sources of livelihood were better able to cope with the economic effects of the pandemic following social protection grants. By 30th June 2020, KNBS data showed that a higher proportion of households headed by women (22.9%) had received some form of cash transfers or remittances from relatives or friends compared to 16.9% of households headed by men<sup>3</sup>. More households headed by women, previously beneficiaries, had to seek other means of survival since the usual systems of support were not forthcoming. For those who usually benefit from remittances, more households headed by women (25%) relative to households headed by men (22%) reported a decline in income from the source, a possible indication that households headed by women had a higher burden to meet household needs during the period compared to households headed by men.

1 The social protection programme was an initiative of the Government of Kenya, through the Ministry of Labor and Social Protection in collaboration with county governments and non-state actors  
 2 This refers to those earning above KSh. 77,000 per month

3 Kenya National Bureau of Statistics–KNBS. (2020). *Survey on Socio Economic Impact of COVID-19 on Households Report: Wave 2*. KNBS. Nairobi. Kenya.



**15%** **19%** **Proportion of women and men with incomes above KSh. 77,000 who also benefited from the social protection programme.**  
 Women Men

**2x** households headed by men in the higher income group

**1.5x** households headed by women in the higher-income group who received social protection compared to households headed by women in the lower-income group.

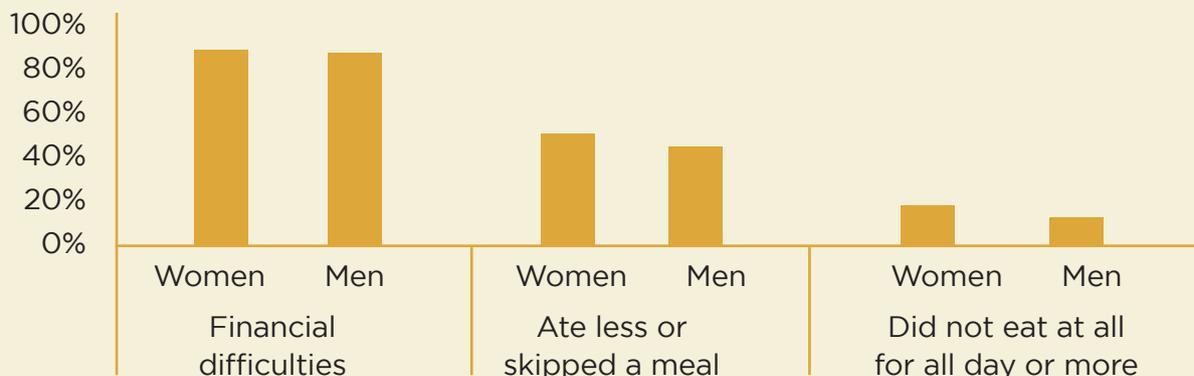
This is a worrying indication of poor targeting.



## SDG 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture

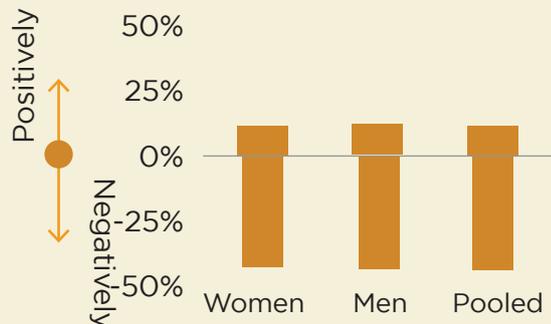
More women have to eat less, skip meals or not eat at all for a day or two due to lack of money

Household experiences since onset of COVID-19



Majority of households who rely on farming experienced a decline in the availability of agricultural inputs due to supply chain disruptions.

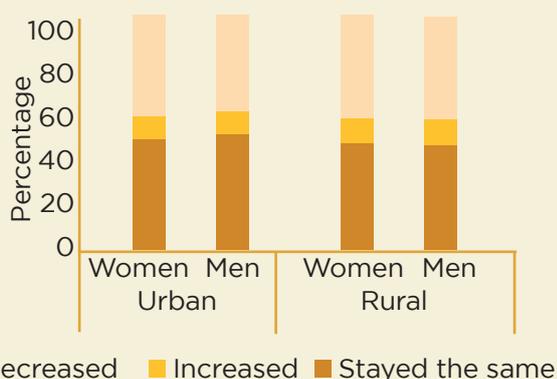
How COVID-19 affected availability of agricultural inputs



How COVID-19 affected availability of foods at local markets/shops



Change in availability and ability to buy agricultural inputs since onset of COVID-19



Change in food availability since onset of COVID-19



## Food security and agricultural activities

Households headed by women are harder hit and 3 out of 5 (58%) of these had to either **eat less/skip a meal** or **go without food** (15% or more than 1 out of 7) altogether. The study also found that half of households headed by men (50%) ate less or skipped a meal because of lack of money or other resources, while 16% of these (1 out of 6) also went without food for lack of money. Other reasons contributing to food insecurity include cessation of movement and closure of borders which affected the price of food supplies. Following the indefinite closure of schools, children who relied on school feeding programmes could no longer benefit, hence affecting food security in households.

About 45% of households reported a **decline in food availability** in the local shops and markets. Households headed by men experienced a higher decline in food availability due to restrictions in movement than households headed by women. Klls revealed that disruptions in access to markets for most value chains contributed

to rises in food prices. Nearly 1 in 5 (17%) of rural households stated that food availability since onset of COVID-19 had reduced due to restricted movements while 28% (more than 1 in 4) stated that availability had decreased due to other reasons. Urban households fared only slightly better; nearly 1 in 5 (18%) of rural households stated that food availability since onset of COVID-19 had reduced due to restricted movements while 22% (slightly more than 1 in 5) stated that availability had decreased due to other reasons.

By economic bloc and sex, men in the Mt. Kenya and Aberdares Region experienced the lowest changes in food availability during the pandemic with nearly half (48%) of respondents reporting no change, like men in Nairobi (45%) followed by women in the Mt. Kenya and Aberdares Region. Interestingly, a good number of women (20%) and men (18%) surveyed across the country experienced an increase in food availability seemingly evenly split between urban (16% of all respondents) and rural (17%).

### Households headed by women are harder hit

**58%** 



**3 out of 5 of households headed by women** had to either eat less/skip a meal or go without food altogether (15% or more than 1 out of 7).

**50%** 

**households headed by men** ate less or skipped a meal because of lack of money or other resources,

**16%** 

of these **1 out of 6** also went without food altogether for lack of money.

Other reasons contributing to food insecurity include cessation of movement and closure of borders which affected the price of food supplies.



Following the indefinite closure of schools, **children who relied on school feeding programme could no longer benefit.**

**45%** 

Proportion of households which reported a **decline in food availability** in the local shops and markets.



**Households headed by men** experienced a **higher decline in food availability**

due to restrictions in movement than households headed by women.



**Disruptions in access to markets** for most value

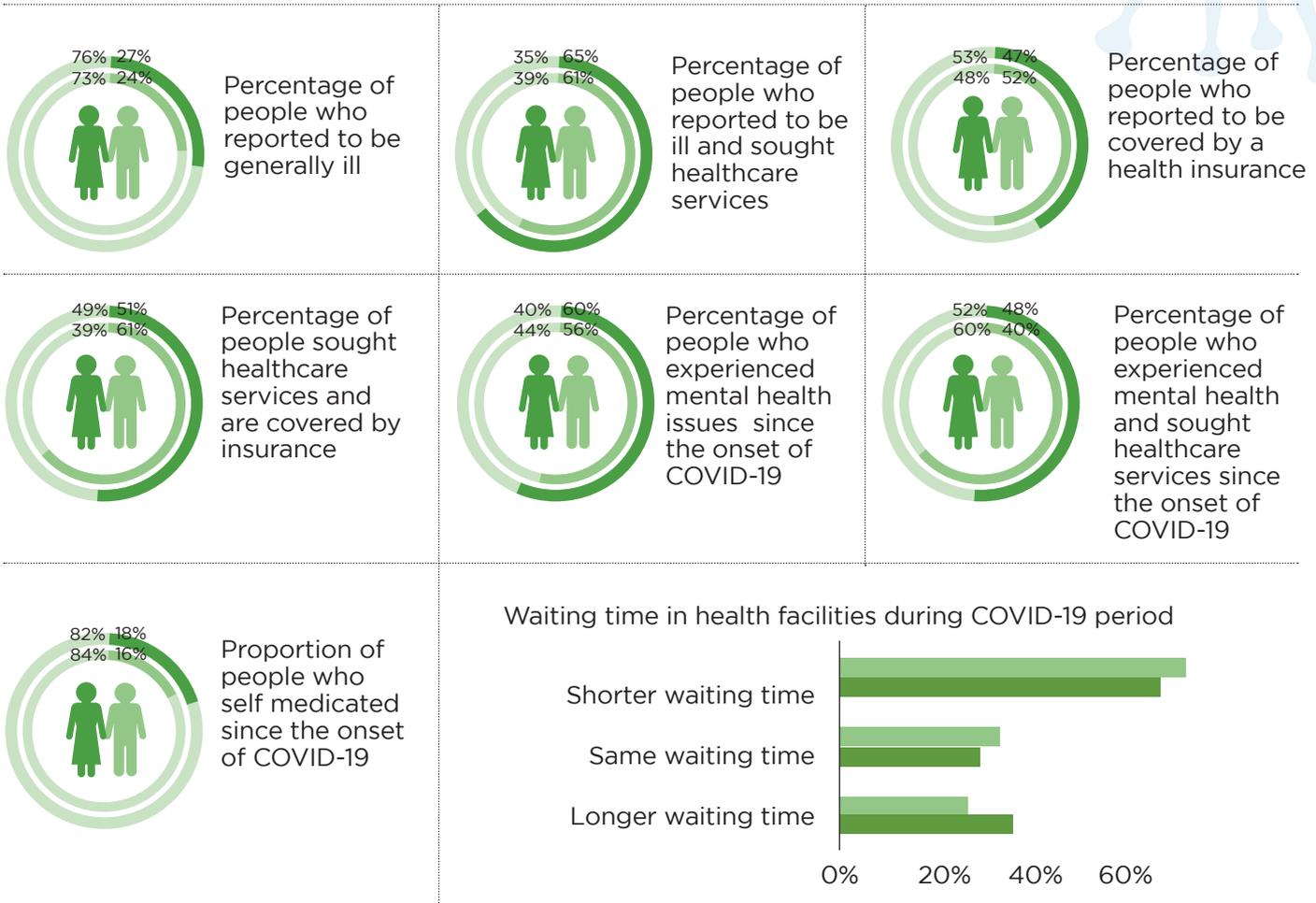
chains contributed to rises in food prices.



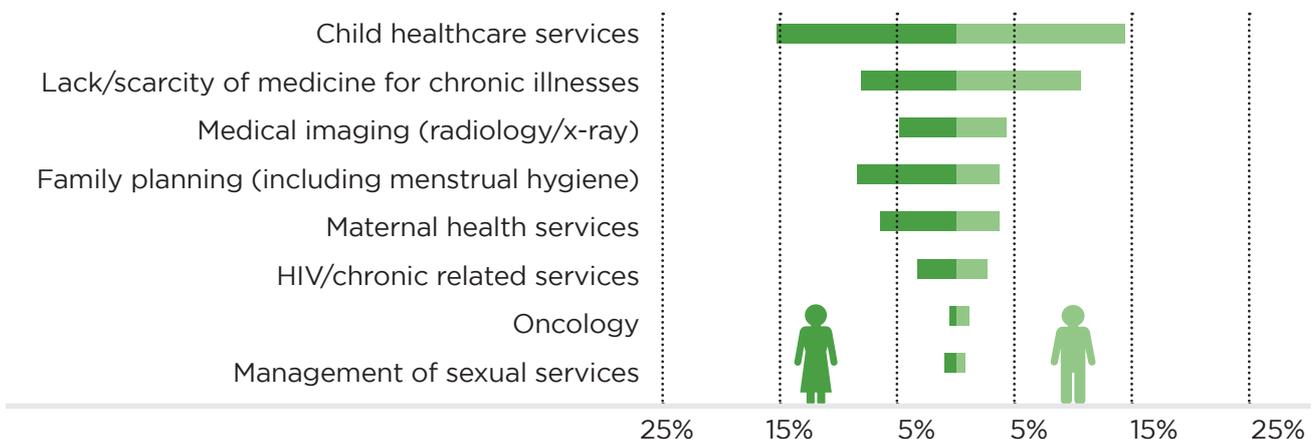
## SDG 3: Ensure healthy lives and promote well-being for all at all ages

The mutation of COVID-19 from a health to an economic crisis has disproportionately affected women’s mental, emotional and physical health.

Despite the available evidence on COVID-19 infections, showing more men than women are at a risk of infection and death in Sub-Saharan Africa, the socio-economic impact of the pandemic on health parameters is disproportionately affecting more women relative to men.



### Proportion of people who sought and could not access health services during COVID-19 period



Source: UN Women (2020), Gendered effect of the COVID-19 on households in Kenya

## Access to healthcare services and health-seeking behavior

Access to health care services is one of the most affected public services with the onset of COVID-19 pandemic in part due to health facilities shifting their attention to fighting the pandemic.

Although statistics show that the rate of COVID-19 infection is higher in men than women, the greatest burden because of the pandemic is **disproportionately being borne by women**. While women were slightly more affected than men in lacking access to childcare services (15% compared to 14%), men were significantly more negatively impacted by lack of access to other (unnamed) healthcare-related services (58% for men compared to 51% for women). More men could not access treatment for cancer (11% men and 9% women) and chronic illnesses.

Women's access to essential services such as sexual and reproductive healthcare and clinical management of sexual violence (rape and defilement) also suffered during the period. **More women than men self-medicated or avoided treatment altogether** for fear of exposure to the virus.

Although COVID-19 has significantly affected the physical health of both men and women, the study found the **burden of mental and psychological health to be slightly heavier on women**. Roughly 1 out of 2 women (60%) and men (56%) have faced mental health issues during the pandemic. For women, sexual and GBV placed them at high risk for physical and mental trauma, disease, and unwanted pregnancies.

### General impact on access to healthcare



While the rate of COVID-19 infections is higher in men than women, the greatest burden because of the pandemic is disproportionately being borne by women.



**15%** **14%**  
Women Men  
could not access child healthcare services



**51%** **58%**  
Women Men  
could not access other healthcare services



**9%** **11%**  
Women Men  
could not access treatment for cancer and chronic illnesses.

Women's access to essential health services declined during the period. **9% of women and 4% of men could not access family planning, sexual and reproductive healthcare**

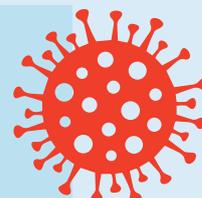


**1%** **0.5%**  
Women Men  
could not access health services for clinical management of sexual violence (rape and defilement).



### Health-seeking behavior

**More women than men self-medicated or avoided treatment altogether for fear of exposure to the virus.**



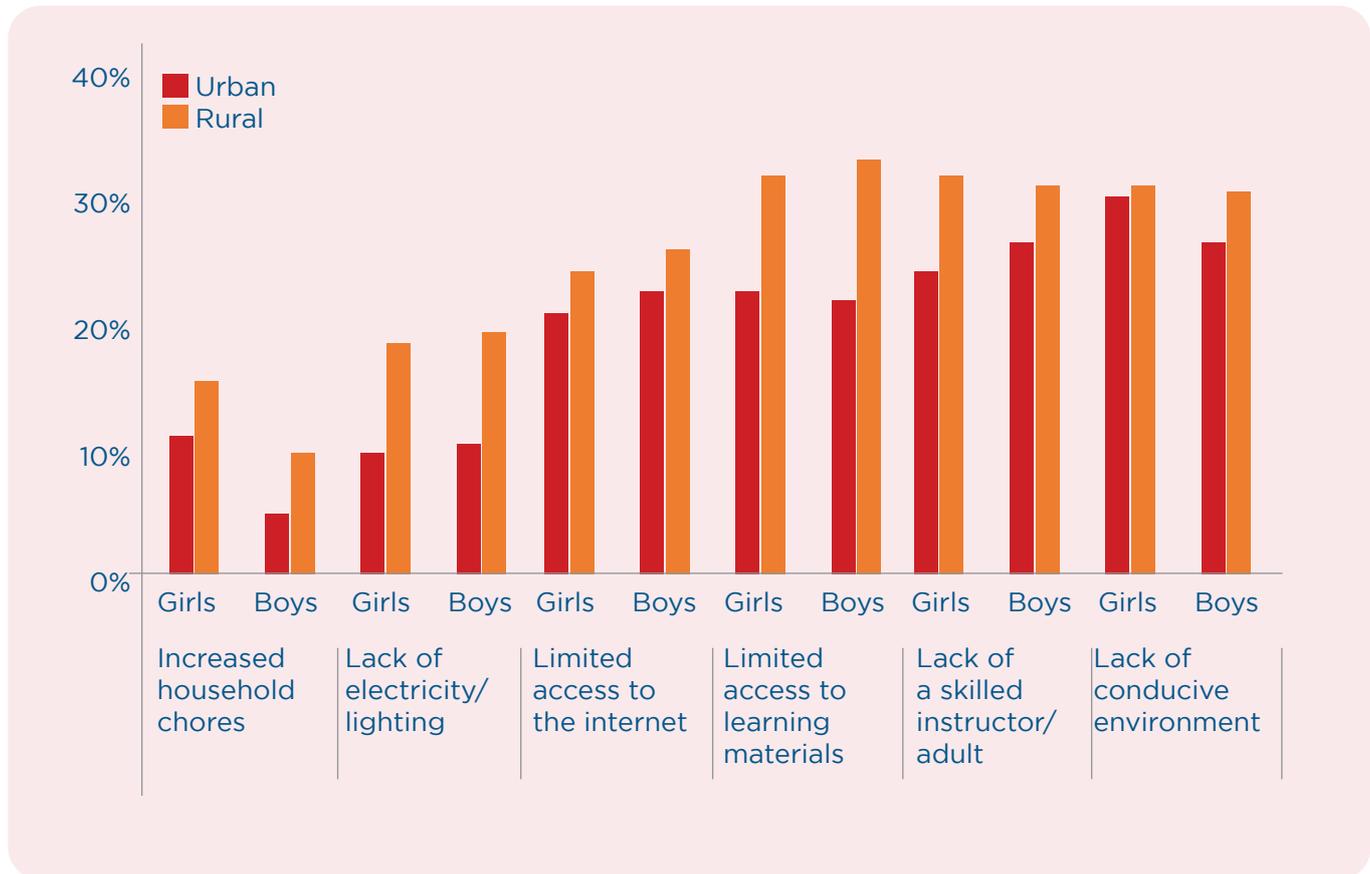
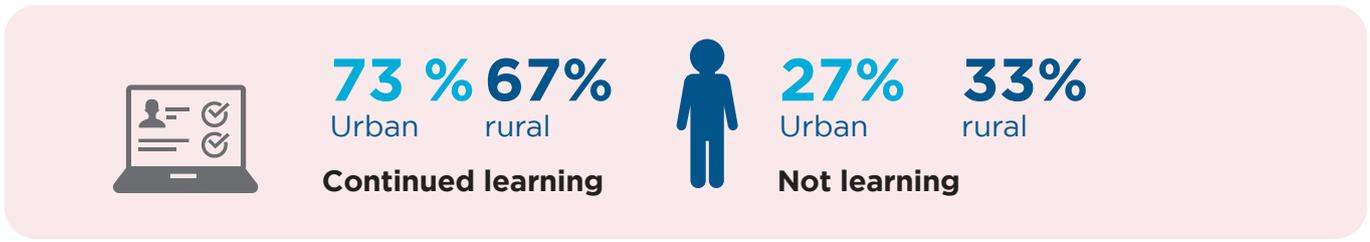
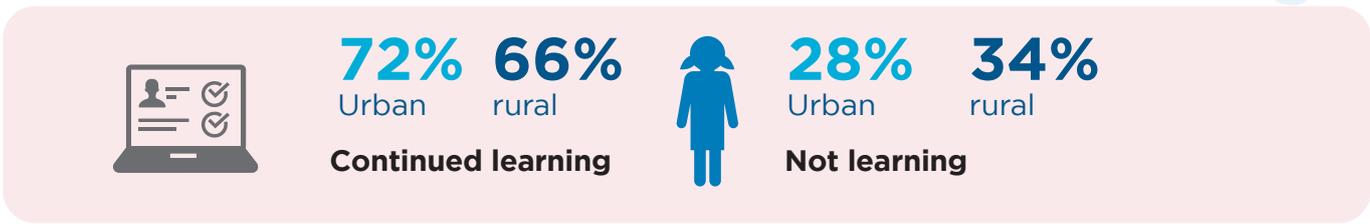


## SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

School closures prompted parents to take on more teaching duties, but more girls than boys are not-learning at home which exacerbates gender disparities in learning opportunities.

Data from Ministry of Education (MoE) Kenya show school closure has affected 18 million learners countrywide

While delivery of education continued, more girls than boys could not access learning opportunities and materials provided via digital platforms. Limited access to learning materials and electricity was more pronounced in rural areas than urban areas.



## Education

Two days after the detection of the first case of COVID-19 in Kenya in March 2020, all schools and institutions of higher learning were closed indefinitely. Although over 65% of both boys and girls continued to learn from home, **those in rural areas were disadvantaged** compared to their urban-based peers<sup>1</sup>. More girls (34% and 28%) than boys (33% and 27%) did not continue with learning from home with a significant correlation between the continuing learning from home (for both boys and girls) and the challenges

that affected learning from home for both urban and rural areas.

Regionally, **girls and boys in FCDC are the most disadvantaged** as 45% and 40% respectively were reported as not learning from home. Girls in the Mt. Kenya and Aberdares region were also quite disadvantaged with 35% reported as not learning during the pandemic. SEKEB reported the **highest number of children learning from home** with almost 8 out of 10 children learning from home. While both boys and girls helped with household chores, more girls (18%) than boys (11%) spent most of their time helping in the home reinforcing existing gender inequalities.

<sup>1</sup> This is due to limited access to the internet, learning materials, and electricity/a source of lighting, increased household chores, lack of a skilled instructor/adult in the household and lack of a conducive environment for learning.



76%

Proportion of adult household members helped their children continue with learning activities from home



32%  
Girls



30%  
Boys

Were not learning from home



18%  
Girls

11%  
Boys

More girls than boys spent most of their time helping with household chores



> 65%

Although over 65% of both boys and girls continued to learn from home. Their peers in rural areas were disadvantaged.



URBAN  
34%

RURAL  
28%



32%  
Girls

30%  
Boys

Lack of a conducive environment and skilled instructors were cited as some of the major challenges affecting boys' and girls' ability to learn from home.



33%

27%

Slightly more girls than boys did not continue with learning from home



45%  
Girls

40%  
Boys

in FCDC were reported as not learning from home. This was the highest among the regions.

45%  
Girls

in the Mt. Kenya and Aberdares Region Economic Bloc were reported as not learning during the pandemic.

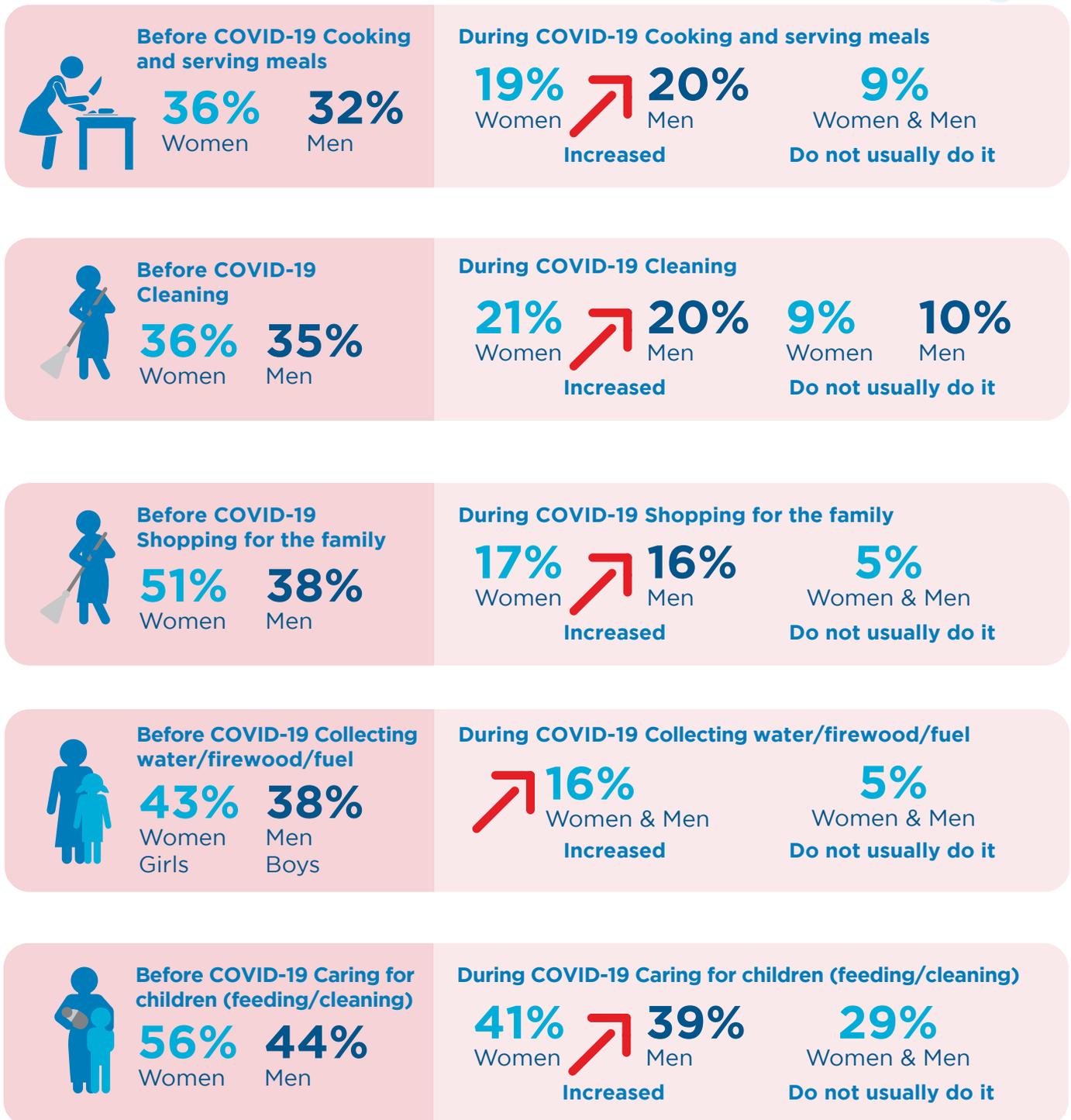


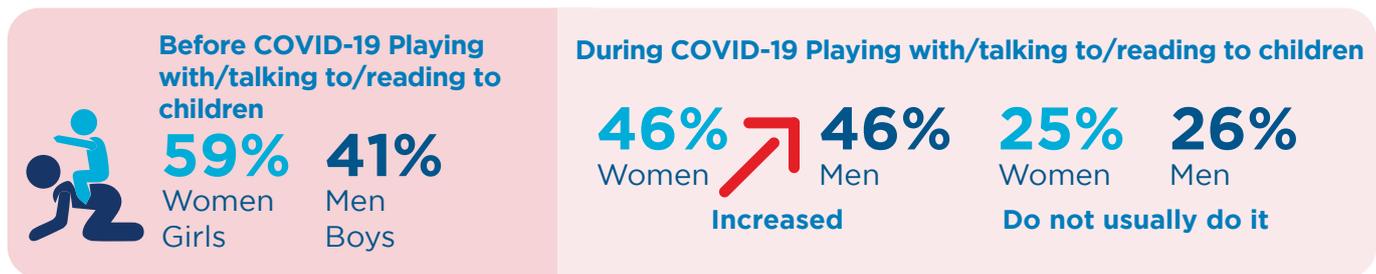
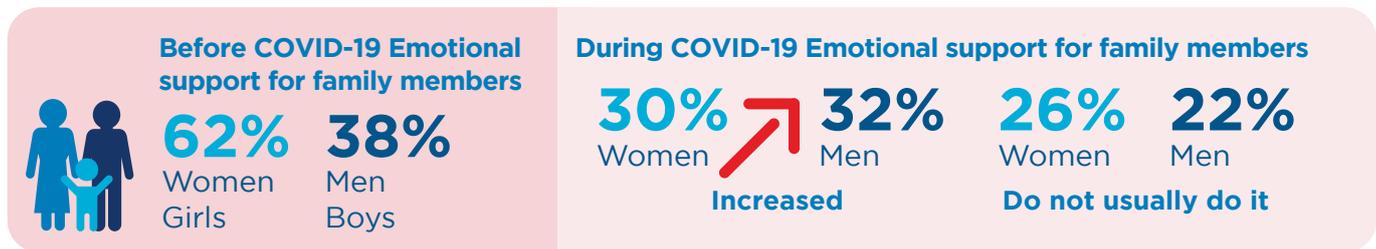
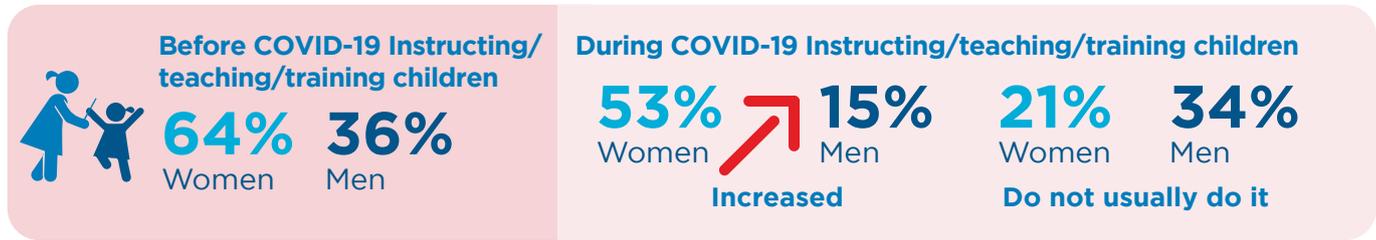
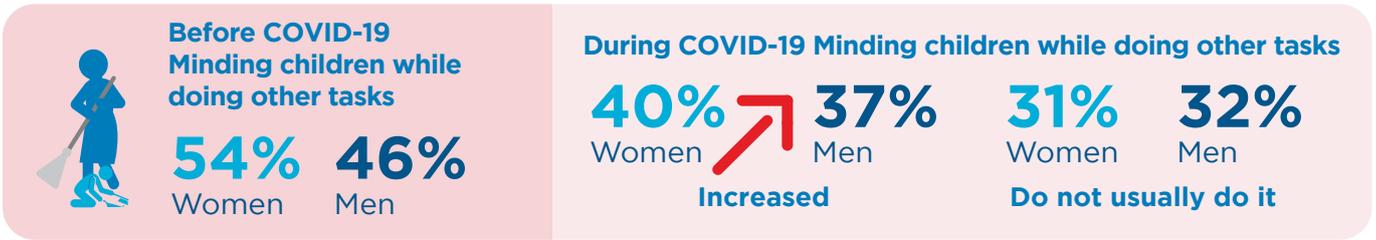
## SDG 5: Achieve gender equality and empower all women and girls

“The COVID-19 global crisis has made starkly visible the fact that the world’s formal economies and the maintenance of our daily lives are built on the invisible and unpaid labour of women and girls” (UN, 2020).

While the burden of unpaid domestic work has always fallen on more women and girls than men and boys, the pandemic containment measures that resulted to school closure, working from home, loss of jobs and everyone pitching at home has aggravated the burden of care and domestic work on women and girls.

### Proportion of people engaged in unpaid domestic work before and after COVID-19 by sex



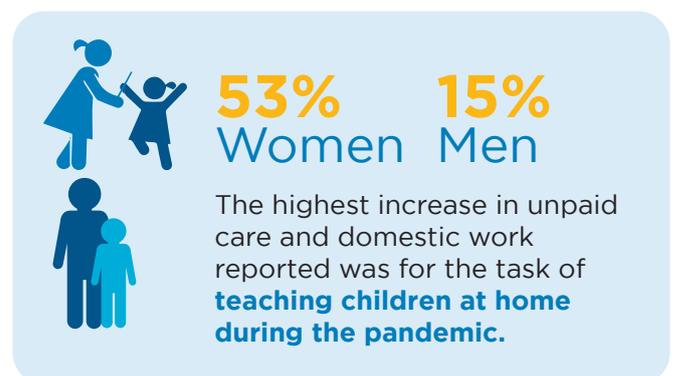


## Burden of care and unpaid care work

Although COVID-19 increased the time households spend on both unpaid care and domestic work, **more women than men realized increased burden of work.** With schools closed, unpaid care and domestic work increased more for households with children relative to those without children. Across the child related domestic work and unpaid care, women spent more time than men.

Specifically, **the burden of teaching children from home was higher for women than men** (53% and 15%) - the highest increase in unpaid care and domestic work reported. In addition, time spent playing with children increased for both women and men at 46% and childcare (feeding and cleaning) at 41% and 40% respectively. A significant

proportion of women and men also reported a substantial increase in the time spent minding children while doing other tasks (40% and 38%) while a large proportion of women and men (approximately 35% each) reported no change in the emotional support for adult family members.



**6 CLEAN WATER AND SANITATION**



**SDG 6: Ensure availability and sustainable management of water and sanitation for all**

Increased demand for water with World Health Organization guidelines on COVID-19 prevention put washing and sanitizing hands as one of the most effective ways to slow down the transmission of the virus.

Almost 1 in 4 women had limited or could not access clean water, which puts them at risk of getting infected with the virus. For school girls, walking long distances to fetch water compromises their study time at home while women have to spend more time on unpaid work.

**Proportion of people who have access to clean water**



**Has piped water into house or compound**  
**26%** Women **27%** Men

**Usually fetch water in household**  
**78%** Women **22%** Men  
 Girls Boys

**Increase time spent collecting water/firewood/fuel**  
**33%** Women **31%** Men  
 Girls Boys



**Have access to clean and safe water**  
**74%** Women **73%** Men



**Water is a priority in this household**  
**22%** Women **19%** Men



**Main challenges in accessing clean water**

**Water rationing**  
**18%** Women **23%** Men

**Chronic water shortage**  
**31%** Women **34%** Men

**Distance**  
**29%** Women **21%** Men



**Access to water among urban households**

**Sufficient**  
**80%** Women **77%** Men

**Limited**  
**18%** Women **20%** Men

**No access**  
**2%** Women **3%** Men



**Access to water among rural households**

**Sufficient**  
**71%** Women **69%** Men

**Limited**  
**23%** Women **25%** Men

**No access**  
**6%** Women **6%** Men

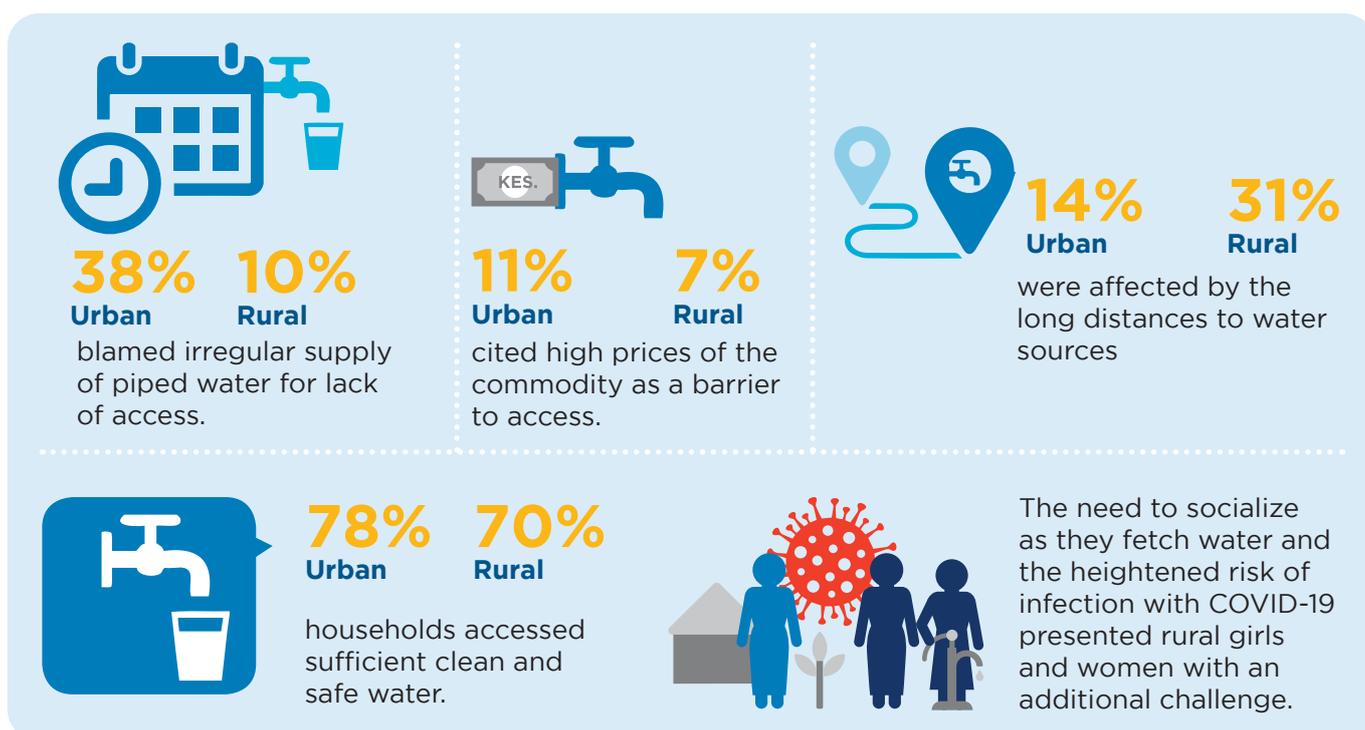
## Water and Sanitation and access to menstrual hygiene products

Washing hands and ensuring clean surfaces around the home is one of the most effective ways of slowing down transmission of COVID-19. Whereas **70% and 78% of households living in rural and urban areas accessed sufficient clean and safe water** more than 1 in 3 households (**35% rural and 26% urban**) **encountered challenges** in accessing clean and safe water. According to 35% of rural and 26% of urban residents, **access to water has always been a problem**. Urban (38%) and rural (10%) residents blamed **irregular supply of piped water**, which is only available on certain days of the week, for lack of access, with **both groups urban (11%) and rural (7%) groups citing high prices of the commodity** as a barrier to access. More than twice as many rural residents (31%) were affected by the long distances to water sources, as urban residents (14%) with the need to socialize as they fetch water and the heightened risk of infection with COVID-19 presenting rural girls and women with an additional challenge.

By region, FCDC households headed by women were more than twice as likely as men-headed households to report having no access to water (28% compared to 12%) the highest incidence countrywide, save for

women-headed households in Narok-Kajiado Economic Bloc in which 15% of women reported having no access to clean and safe water.

Most women and girls, (over 90%), reported **decreased or no access to menstrual hygiene products** during the COVID-19 team due to reduced income. Many women and girls (13% and 21% in urban and rural areas respectively) **could not access menstrual products at all** due to reduced income or high cost of the products. The decrease in access was more prominent in urban areas, affecting about 73% compared to rural areas, which was still high at 65% of girls and women here. Access to menstrual hygiene products was also **disproportional across economic blocs**. The rural area in the Lake Region Economic Bloc (LREB) and Mt. Kenya and Aberdare Region Economic Bloc experienced the highest fluctuation in access due to lack of finances, among other reasons. In the Lake Region Economic Bloc (LREB), 43% of women and girls surveyed could not access menstrual hygiene products due to other reasons such as school closure since sanitary pads are often provided in schools.



**7 AFFORDABLE AND CLEAN ENERGY**

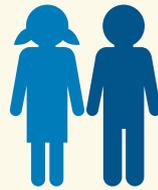
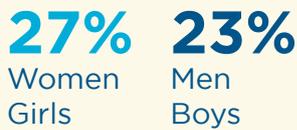


**SDG 7: Ensure access to affordable, reliable, sustainable and modern energy for all**

Access to electricity a challenge to both men and women, particularly in rural areas, while more girls are spending time fetching firewood for cooking.

Access to clean and affordable energy is mentioned as a key challenge by 1 in 4 women/girls. The burden of collecting unclean sources of energy has over time remained a responsibility of women and girls. However, COVID-19 has increased their overall time spent collecting firewood as more people are staying and working from home. In addition, it exposes girls and women to gender-based violence as they are more vulnerable in secluded places when fetching firewood.

**Who was collecting firewood/fuel pre-COVID-19?**



**Increase time spent collecting water/firewood/fuel**



**Limited access to electricity/lighting is affecting learning from home**

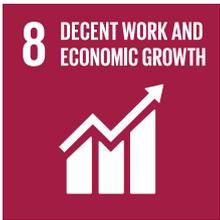


No access



No access



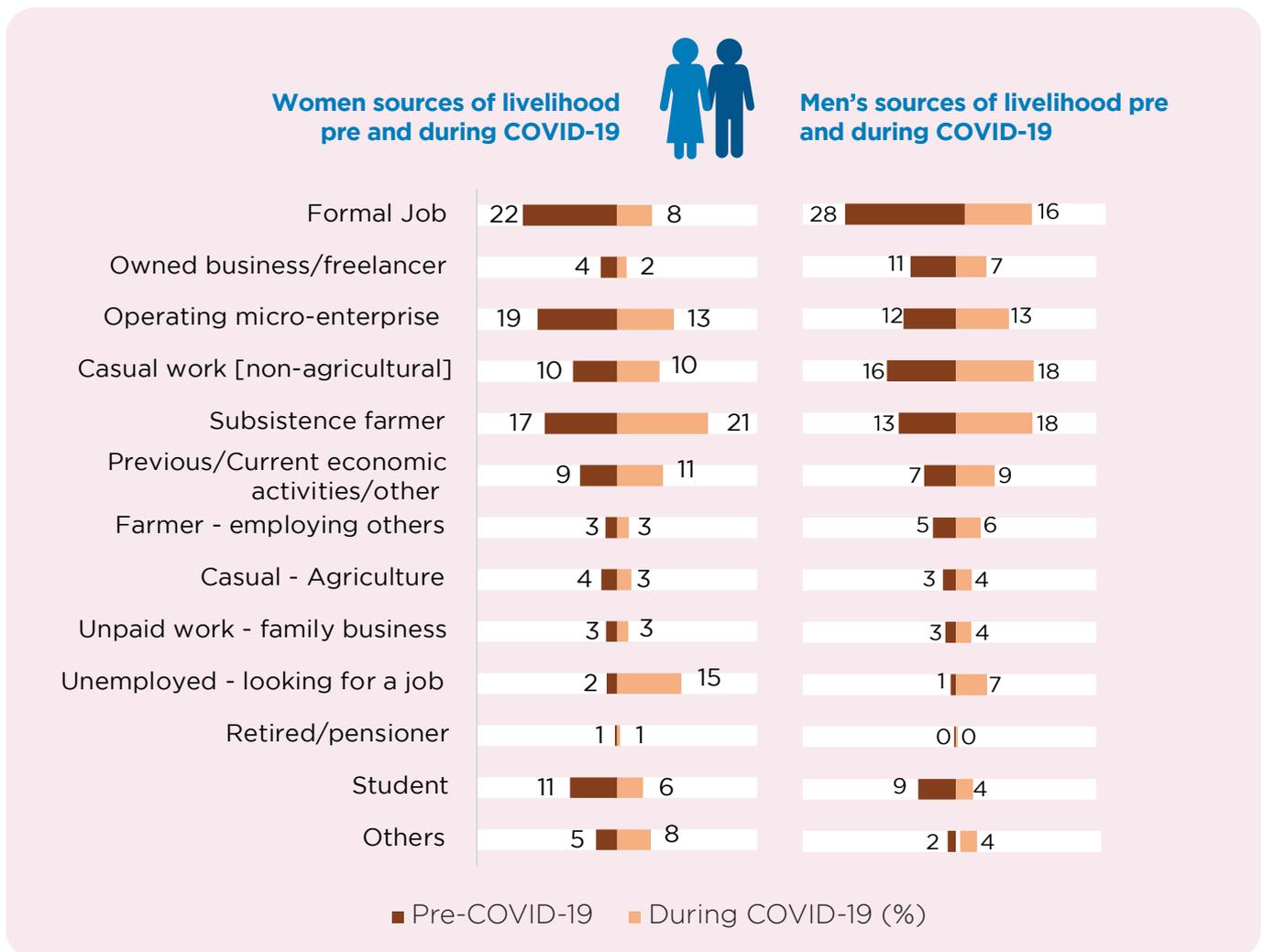


## SDG8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

Women’s sources of livelihoods have been affected as some in formal jobs lost decent employment, others working hours have been reduced, and those in informal sector lost most of their incomes.

The mutation of COVID-19 pandemic from a health to an economic crisis has negatively impacted women participation in the labour market. 1 in 5 women lost their decent jobs and another 4 in 5 reported a decline in incomes. More women have had to provide unpaid domestic and care work with COVID 19.

### Proportion of people engaged in various economic activities before and during COVID-19

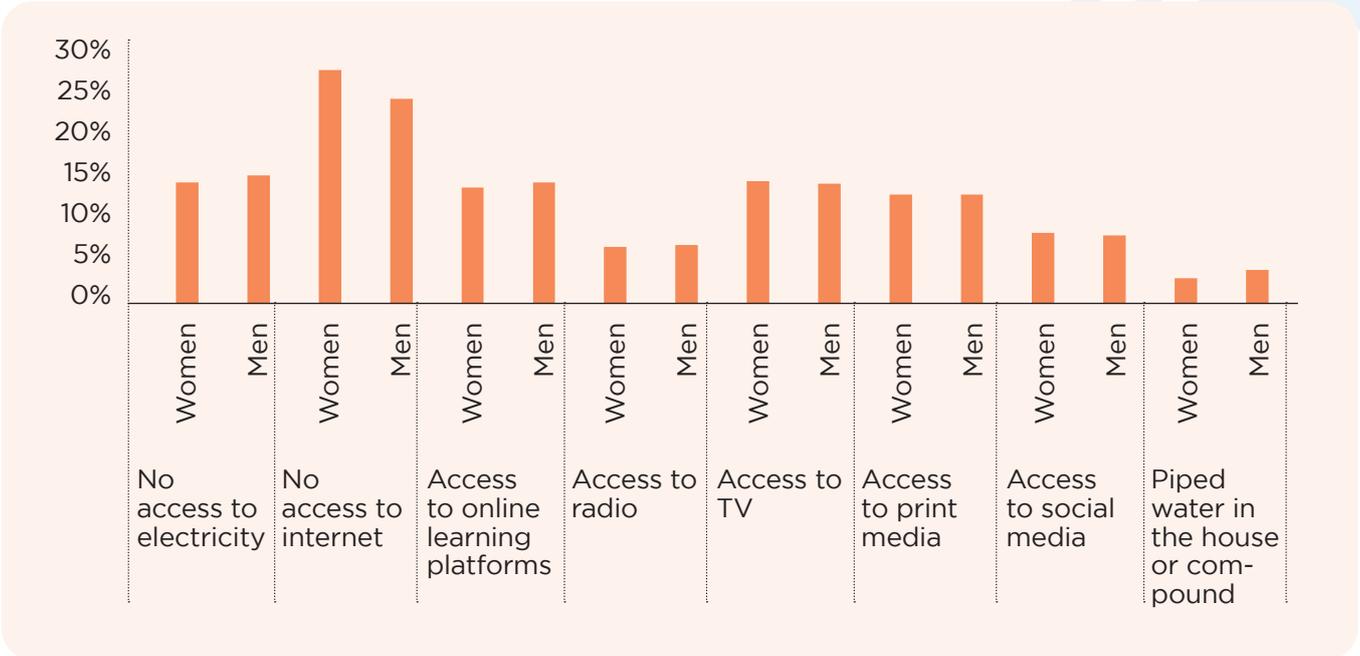




## SDG 9: Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation

Access to important infrastructure such as internet remains a challenge

Access to technology and infrastructure are key enablers to coping with the COVID-19 shock, including electricity and internet to aid learning from home, media to access COVID-19 related information and water to help maintain high levels of hygiene.



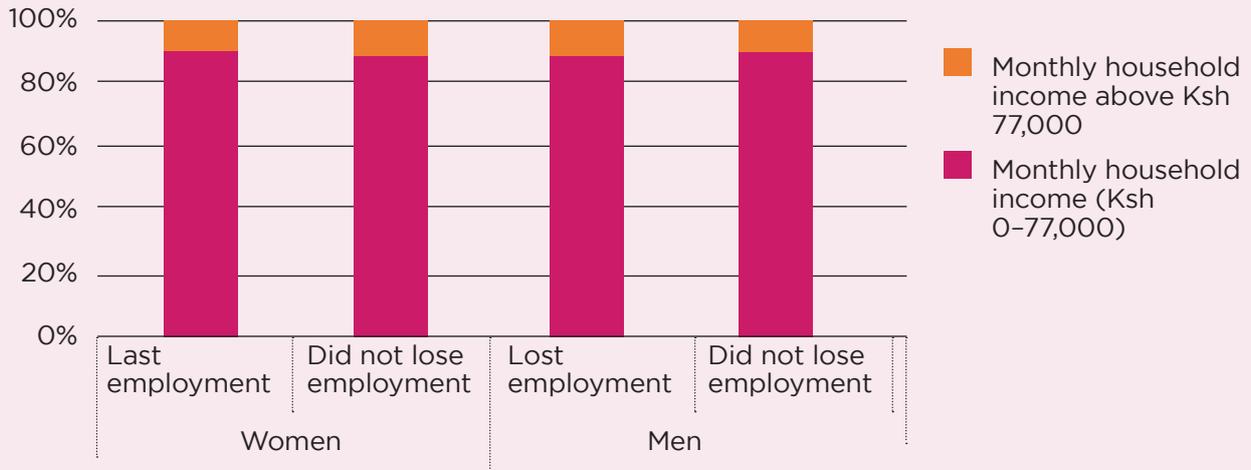


## SDG 10: Reduce inequality within and among countries

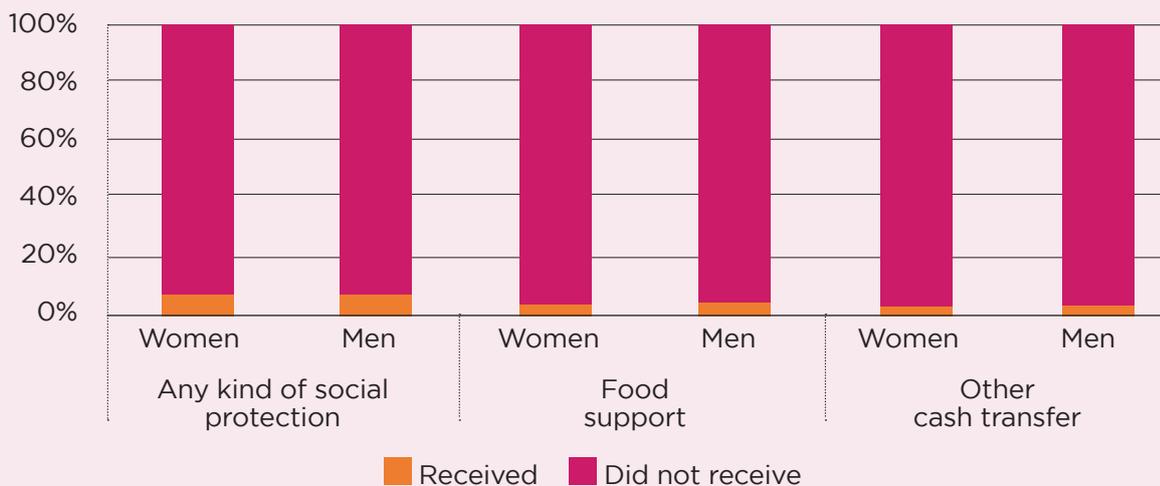
People at the bottom of economic pyramid are being pushed to poverty due to job losses. More women are depending on cash transfers to meet basic needs yet not all women benefit from it.

With losses in incomes and employment, expanded social protection programmes is one of the initiatives the government adopted to reduce poverty and inequality during the COVID-19 outbreak. Much more needs to be done to women earning low incomes.

**Loss in employment since onset of COVID-19**



**Proportion of people in receipt of social protection and in-kind support since onset of COVID-19**





## SDG 11: Make cities and human settlements inclusive, safe, resilient and sustainable

Cities provide economic opportunities for both men and women, but COVID-19 is disproportionately affecting women in urban areas

It is estimated that 3 out of 10 Kenyans live in urban areas where several challenges exist. The World Bank estimates show that by 2050, the number of people in urban areas will quadruple with 6 out of every 10 Kenyans living in urban areas. In the wake of a global pandemic, challenges in these urban areas have increased with women and children experiencing more detrimental effects. Water rationing, insecurity, inaccessible food market due to cessation of movement, decrease in menstrual hygiene products, crime and lack of access to decent jobs remain unique challenges for people living in urban areas, and this situation tends to be biased towards women and girls.

### Proportion of people reporting challenges in urban areas



#### Chronic water shortages

**29%** **22%**  
Women Men



#### Water rationing

**31%** **44%**  
Women Men



#### Increased insecurity during COVID-19

**35%** **34%**  
Women Men



#### Experienced physical violence

**10%** **10%**  
Women Men



#### Decreased access to food during COVID-19

**40%** **45%**  
Women Men



#### Decreased access to menstrual hygiene products

**80%** **67%**  
Urban Rural



#### Increased crime since COVID-19

**14%** **12%**  
Women Men

#### People doing odd jobs

**12%** **17%** **14%** **22%**  
Women Men Women Men  
Pre-COVID-19 During COVID-19

## Safety and security

There were some safety and security challenges during the period from April to June 2020 when cessation of movement in some regions and a dusk to dawn curfew had been imposed as part of measures to contain the spread of the pandemic. **People in rural and urban areas felt safer in households headed by men** compared to households headed by women (11% in households headed by women in both rural and urban areas compared to 18% and 14% for households headed by men in rural and urban areas respectively). **Rural households headed by women reported the highest incidence of feeling unsafe** (76%) followed by urban households headed by women (72%).

The overall feeling of insecurity among respondents was higher in urban areas (17%) compared to rural areas (15%). By economic bloc, nearly 45% of urban-based NOREB respondents felt less safe during the pandemic while majority (nearly 65%) rural dwellers of FCDC, rural dwellers of the coastal counties (Jumuia ya Kaunti za Pwani) and urban SEKEB respondents felt just as safe during the pandemic as they did previously. **At the home level**, more women reported having the same feeling of safety (73%) than men (69%) with similar findings **at the community level** for women (57%) and men (54%).



**17%**  
Urban

**15%**  
Rural

The overall feeling of insecurity among respondents was higher in urban areas compared to rural areas



People in rural and urban areas felt safer in households headed by men compared to households headed by women **11% in households headed by women in both rural and urban areas**

**18%**  
Urban

**14%**  
Rural



**76%**  
Rural

**72%**  
Urban

Rural households headed by women reported the highest incidence of feeling unsafe followed by urban households headed by women.

### By economic bloc



**45%**

of urban-based North Rift Economic Bloc (NOREB) respondents felt less safe during the pandemic

**65%**

of rural dwellers of FCDC, rural dwellers of the coastal counties (Jumuia ya Kaunti za Pwani) and urban SEKEB respondents felt just as safe during the pandemic as they did previously.

### Home and community level



**18%**  
Women

**14%**  
Men

At the home level, more women reported having the same feeling of safety (73%) than men (69%)



**57%**  
Women

**54%**  
Men

At the community level, more women reported having the same feeling of safety women (57%) and men (54%). as they did before the pandemic.



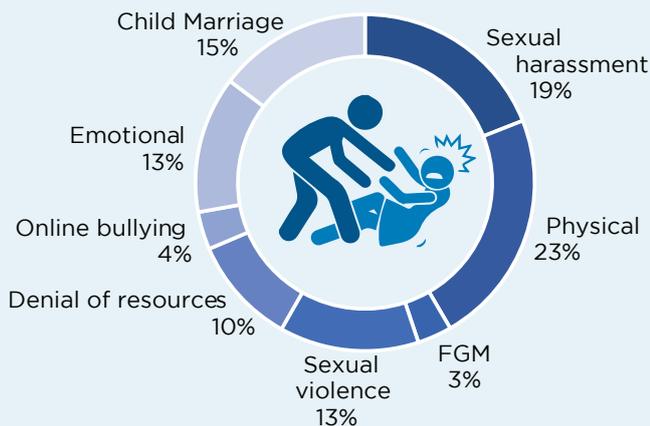
## SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

COVID-19 containment measures such as lockdown are amplifying occurrences of violence's, yet institutional support and response is not adequate.

Available studies indicate that 1 in 3 women have experienced violence during their lifetimes, most of which has been perpetrated by a close person or a friend. During the lockdown, many women and girls have had to spend more time in their homes with the potential abusers. As such, the chances of violence occurrence have increased. These forms of violence are mostly perpetrated by family members, neighbours, friends and colleagues and majority of victims report such to the police, family members, health personnel or neighbours. Despite the efforts to have a helpline for victims to report, only 1 in 50 people affected by violence utilized the facility.

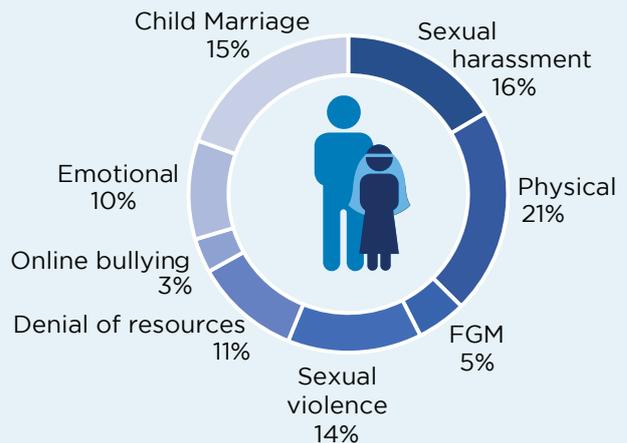
### Type of GBV experienced by family/community members Urban

Urban

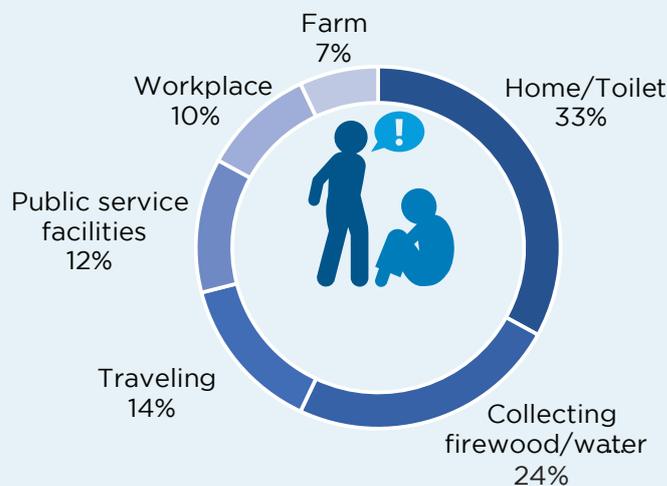


### Type of GBV experienced by family/community members Rural

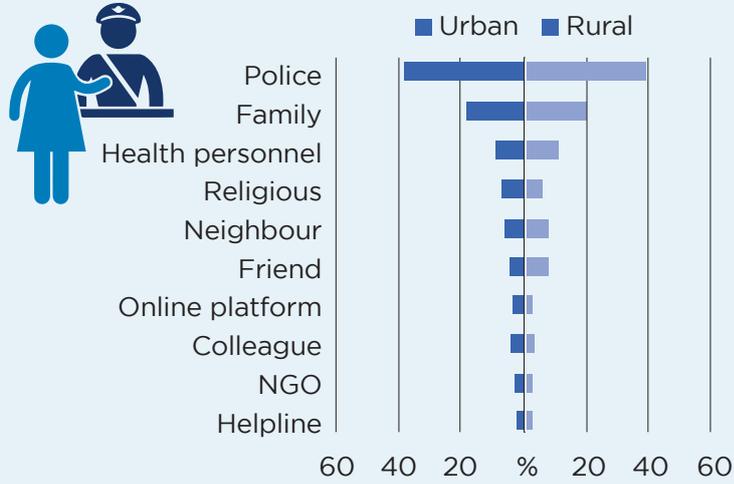
Rural



### Place of GBV occurrences

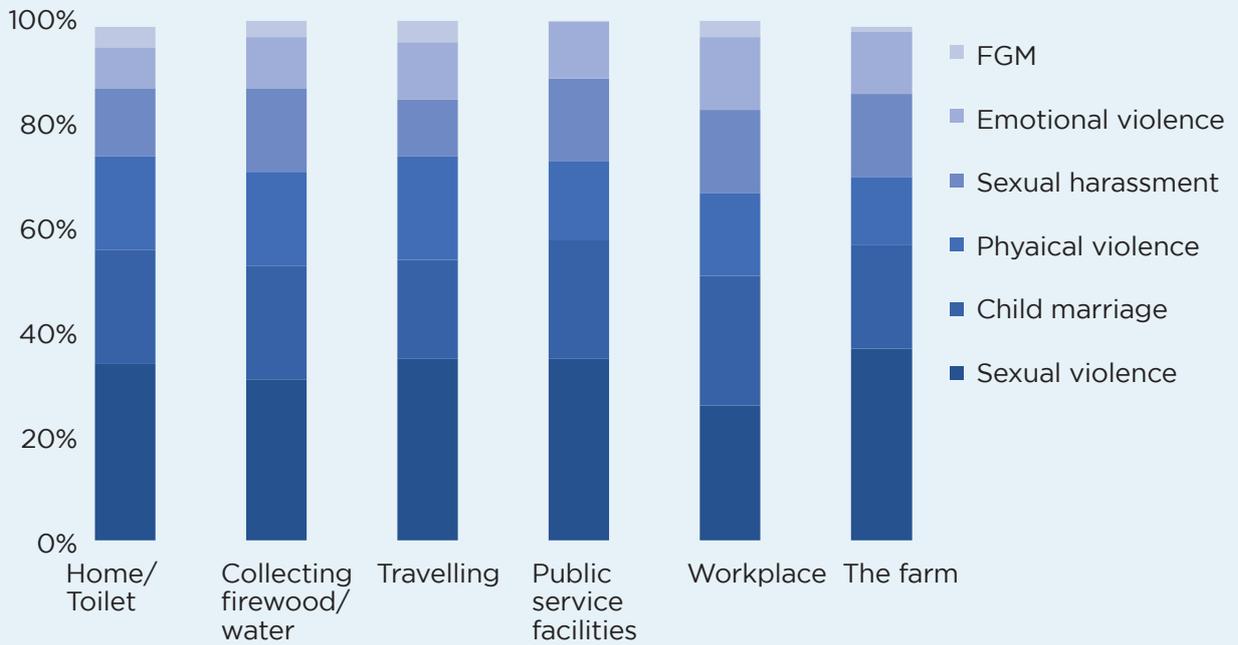


### Reporting of GBV and harmful practices since the onset of COVID-19



!

### Form of GBV by place of occurrence



## Gender-based violence

KIIs confirmed that both women and men are resorting to acts of GBV as a result of idleness, stress, and conflicts over scarce resources following job losses. Most often, the victims of such circumstances are women and girls. GBV also increased during the lock down period due to restrictions in movement and economic challenges witnessed by both men and women, which precipitated them marrying off young girls to neighbors, friends, or other willing suitors as a source of alternative income. **Acts or threats of violence during the pandemic occurred both within and away from home**, including while visiting the toilet, collecting water and firewood, traveling, at workplaces, in public service facilities and on farms.

**Sexual violence was reported as the most prevalent** (35%) form of GBV during the pandemic followed by child marriage (nearly 25%) and physical violence (17%). One-third of respondents indicated that most forms of GBV seen/heard occurred at home/while visiting the toilet (FGM and sexual violence ranked highest in this category at 36% and

34% respectively), while nearly a quarter reported seeing/hearing of these taking place while the victim was fetching firewood or water (FGM and sexual harassment topped this category at 27% and 26% respectively). **Physical violence was almost equally common in urban and rural areas** (23% and 21% respectively) followed by child marriage, which was especially high in rural areas (20% compared with 15% in urban areas). Sexual harassment also occurred often in urban and rural areas (19% and 16% respectively). Like physical abuse, emotional abuse was slightly more common in urban areas (13%) than rural areas (10%).

In identifying perpetrators, respondents overwhelmingly pointed to **family members as the main culprits behind all the identified forms of GBV** except for online bullying: physical violence (44%); sexual harassment (43%); sexual violence and child marriage – 40.5% and 40.0% respectively); denial of resources 36%; emotional abuse 33%; FGM (29%). Religious groups bore the highest blame (10%) for on-line bullying.

**Both men and women are resorting to acts of GBV as a result of idleness, stress, and conflicts over scarce resources following job losses. Most often, the victims are women and girls.**

### General incidence of GBV



GBV increased during the lockdown period due to restrictions in movement and economic challenges experienced by both men and women.

Economic challenges led to them marrying off young girls to neighbors, friends, or other willing suitors as a source of alternative income.

### Types of GBV, location of occurrence and location of residence

Incidence of forms of GBV during the pandemic



**Sexual violence**  
**35%**



**Child marriage**  
**25%**



**Physical violence**  
**17%**



**Physical violence**  
**20%** **15%**  
 Urban Rural



**Child marriage**  
**20%** **15%**  
 Urban Rural



**Sexual harassment**  
**19%** **10%**  
 Urban Rural



**Emotional abuse**  
**13%**  
 Urban

### GBV by sex of household head and region



Overall, emotional and physical abuse remain the most prevalent type of GBV among households headed by men.

**29%**  
 Narok-Kajiado

**15%**  
 Nairobi

**12%**  
**Physical abuse**  
 Narok-Kajiado

**8%**  
**Emotional abuse**  
 LREB

At least 49% of all GBV cases in households headed by men in the Frontier Counties Development Council (FCDC) consist of physical abuse, closely followed by Narok-Kajiado (29%) and Nairobi (21%).

12% of respondents indicated that physical abuse takes place in households headed by women in Narok-Kajiado region and 8% reported that emotional abuse takes place in households headed by women in the Lake Region Economic Bloc (LREB).

Most victims of GBV and harmful practices in both rural and urban areas reported to the police and family members



**39%**  
 Reported to the police

Reported to family members  
**20%** Rural  
**19%** Urban

**Restrictions on movement significantly hampered confirmation and reporting of GBV cases.** Cases of child marriage, defilement and FGM perpetrated by relatives and other household members often go unreported and are thus difficult to detect. Most victims of GBV and harmful practices experienced in both rural and urban areas **reported to the police (39%) and family members (20% and 19%)**. Although police were identified among perpetrators of online bullying, victims of gender violence got some reprieve from reporting to police and hope of accessing justice<sup>1</sup>. Of the **GBV victims who tried to**

**seek help** after the incident/harmful practice, nearly 2 in 3 (**65%**) **knew where to seek help**, while only 1 in 4 (39%) of those who **did not seek help** after the incident knew where to seek help. This lack of awareness and access perpetuates GBV.

Overall, **emotional, and physical abuse remain the most prevalent type of GBV among households headed by men**. At least 49% of all GBV cases reported in these households in the FCDC consist of physical abuse, closely followed by Narok-Kajiado (29%) and Nairobi (21%). Among female-headed households, few cases of GBV are reported with Narok-Kajiado region reporting 12% of physical abuse and LREB reporting higher emotional abuse cases (8%).

<sup>1</sup> Since the on-set of the pandemic there have been considerable efforts by both state and non-state actors to enhance access to help victims of GBV and harmful practices. These includes but not limited to the launch of the National Hotline 1195 to call in case of such incidences and launch of 'Policare'. Policare is a one-stop Sexual and Gender Based Violence (SGBV) center model adopted by the Kenya Police Service to complement other efforts in the fight against sexual offences. However, some key informants pointed out that there were still capacity gaps among the police to ef-

fectively address such occurrences as most have not been sufficiently trained to handle GBV victims. In addition, the standard operating procedures for the police were already in place but not fully operationalized.

# CONCLUSIONS AND POLICY RECOMMENDATIONS

## Conclusions

The mutation of the COVID-19 pandemic from a health to **an economic crisis** has negatively impacted on people's livelihoods and participation in the labor market and contributed substantially to the decline of women's economic empowerment. Since the onset of COVID-19, **even more unpaid domestic and care work has disproportionately fallen on women and girls.** With everyone pitching in at home, women are still doing much more. The negative effect on sources of income has also **threatened food security and nutrition** with more women than men skipping meals or eating less and more men (20%) than women (17%) not able to access food from local markets/shops.

COVID-19 pandemic has also **disrupted education on an unprecedented scale** with attempts towards digital delivery inadvertently exacerbating inequalities by sex and location of residence. While handwashing is one of the most effective ways to slow down transmission of COVID-19, nearly **22% of households in urban areas & 30% in rural areas** had no access to clean and safe water

The impact of COVID-19 on socio-economic conditions and associated containment measures is leading to **increased mental illnesses** for both women and men, with men slightly more affected. The study also finds that **GBV increased during the lockdown** and that **many incidences go unreported** due to restrictions of movements and low knowledge on where to seek for help.

## Policy Recommendations

In support of the existing interventions by State and non-State actors in response to the COVID-19 pandemic in Kenya, the Gender Assessment report recommends the following to aid in the continued recovery from the gendered socio-economic effects and future response:

**Sources of livelihood:** with more women than men having lost all their income, there is need for government to increase the affirmative action funds to cover more women, par-

ticularly low-income earners who rely on Micro Small and Medium Enterprises (MSMEs). This includes the government enhancing elements of the economic stimulus package through supplementary budget to cushion women-owned MSMEs from the devastating effects of COVID-19.

**Agriculture and food security:** there is need to institute gender responsive policies to stimulate productivity of agricultural value chains while addressing gender gaps in food security. The Government needs to enhance the capacity and distribution of food through the national strategic food reserves to reach out to the most vulnerable households, particularly women and households in vulnerable economic blocs.

**Social protection:** there is need to enhance equity in existing social protection programmes and expand social protection support to all vulnerable households. Deliberate efforts need to be made to increase funds targeting more women and poor female-headed households while minimizing cases of individuals benefiting from more than one programme.

**Unpaid care and domestic work:** the increased burden of work on women because of COVID-19 indicates a need for social assistance, psychological support, and PPEs to boost protection of care givers with support from institutions such as the national and county government in partnership with UN agencies, CSOs, CBOs, FBOs and private sector.

**Education:** the Government needs to consider partnering with the private sector to enhance access to ICT infrastructure for both girls and boys, particularly in economic blocs where remote learning was reported as least active since the onset of COVID-19 and in the event that school are forced to shut down again as a result of the pandemic.<sup>2</sup>

**Health:** given that women were more adversely affected by health issues including mental health challenges, the Government can consider having some waiver for female-headed

<sup>2</sup> Kenyan schools reopened in the first week of January 2021 after a 10-month break imposed by the coronavirus pandemic.

households paying NHIF premiums and providing free psychosocial support services to enhance uptake and reduce self-medication. The Government can also give tax breaks to firms that offer lower insurance premiums in favour of women, partner with non-state actors to create awareness on mental health, and prioritize implementation of the Kenya Mental Health Policy 2015-2030 to secure mental health systems reforms.

**WASH:** county governments need to establish more strategic clean water points which can be easily accessed within the locality of households to support access to clean water for improved sanitation and hygiene; so critical to preventing the spread of COVID-19. This can be done in partnership with the relevant non-state actors.

**Menstrual hygiene:** State and non-state-run social protection programmes need to include a component of providing menstrual hygiene products to vulnerable households, particularly the poor living in marginalized regions and informal settlements. The line

ministries for education and health need to collaborate to better target school-going girls and vulnerable girls through local public facilities such as health centers.

**Gender based violence (GBV) and harmful practices:** state and non-state actors need to make even more concerted efforts to prevent and respond to GBV and harmful practices, particularly for the cases where people in authority like police and chiefs perpetrated physical and psychological violence during enforcement of the night curfews. Investigation and adjudication of such cases needs to be fast-tracked, and stern disciplinary actions taken on perpetrators including public officers as a deterrent. Efforts towards increasing awareness on where victims can seek help need to be stepped up through country-wide public campaigns via public centres and mobile platforms as part of the COVID-19 recovery plan. In addition, there is need to increase awareness on the existence of rescue centers across the counties while also investing in more centers.

## ACKNOWLEDGEMENT

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