Kenya

Context and government response:
As of October 19, 2020, Kenya has registered 44,881 cases of COVID-19, including 832 deaths. Limited testing and test kits may mean the number is higher. The Kenyan government opted against a complete national lockdown, but imposed partial lockdowns in Nairobi, Kilifi, Kwale, and Mombasa. The quarantine measures are being enforced with the support from the police and military, raising concerns about the possibility of abuse of the police and military power during the crisis. In addition, the government has banned all public gatherings, imposed school closures and travel restrictions, including flight bans. The majority of cases have been concentrated in Nairobi, where there are overcrowded slums, making social distancing an impossible task. The World Bank Country Director for Kenya reports that the government’s immediate actions have focused on strengthening the national healthcare system, which faces extraordinary challenges.

In early May 2020, government authorities in Nairobi evicted more than 8,000 people in two informal settlements: the Kariobangi North Sewerage settlement and Ruai settlement, without providing alternative housing options. This placed residents at further risk of contracting COVID-19 or being arrested for disobeying curfews.

Summary of impact:
The COVID-19 crisis is expected to cause a significant economic decline, with Kenya’s gross domestic product projected to decelerate substantially in 2020. The economic impact of COVID-19 is most felt on informal workers and youth, who make up 70% of the population. While President Uhuru Kenyatta has announced tax measures to help personal economic relief, Kenyan media outlets are calling the government response “ineffective and weak.”

The pandemic has devastatingly exposed the vulnerabilities of Kenya’s large informal sector economy of nearly 15 million – the majority of whom are women. Women are also facing increased burdens of unpaid domestic work and increased risks as primary caregivers in both health facilities and in homes. Reports state a significant spike in incidences of sexual and gender-based violence, and major difficulties for pregnant women in rural communities to access maternal healthcare amid the crisis (despite Kenya already having one of the highest maternal mortality rates).

At the same time, youth – especially young women – are facing a decrease in education opportunities, training opportunities, and employment opportunities. GNWP’s partner based in Kenya, Rural Women Peace Link, has noted that in the North Rift region of Kenya, youth are increasingly involved in cattle raiding – which can lead to violence and conflict among communities. In Uasin Gishu county, there are reported cases of increased alcoholism and depression due to loss of income and economic livelihood – which has been associated as a contributor to violence and conflict.
The voice of civil society has been sidelined in the government's response to the pandemic. Women's rights groups in Kenya say that the pandemic has magnified the structural violence and inequalities that the most vulnerable groups (women, youth, and persons with disabilities) endure “even in times of peace.”

Responses led by women peacebuilders:
Local Kenyan women's rights organizations representing grassroots and rural women and girls have called for concrete gender-sensitive measures to COVID-19 that puts women at the heart of the pandemic response and recovery. They have called for timely and appropriate funds allocation towards SGBV prevention and response, such as: shelters and safe houses; uninterrupted access to medical treatment for SGBV survivors; psychosocial and online counselling; legal aid provisions; increase awareness on issues of early and forced marriages, FGM, including reducing stigma and discrimination; increase in cash transfers, food distribution, and hygiene products; access to water; and increased gender-disaggregated data.

In partnership with GNWP, Rural Women Peace Link (RWPL) is conducting sensitization via local radios on safe practices and hygiene which target rural women, communities with high levels of illiteracy, and communities affected by resource-based conflict and militia attacks. The radio shows are held in local languages, including Luhya (Bukusu dialect), Saboat, Pokot, and Swahili.