Kenya
(February 16, 2021)

Context and government response:
As of February 16, 2021, Kenya has registered 103,014 cases of COVID-19, including 1,795 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. On 5th February 2020, the Kenya Railways Corporation evicted about 3,000 families from the Nubian community in Kisumu. One child died during the demolition exercise while the women and their families left homeless and vulnerable.
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 announced tax measures to help personal economic relief, Kenyan media outlets are calling the government response “ineffective and weak”. The COVID-19 tax relief came to an end on 31st December 2020. However, in December 2020, the parliament passed a Tax Laws (Amendment) (No. 2) Act, 2020 aiming to provide tax relief due to effects of the pandemic. The new tax rates took effect from 1st January 2021.

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). As a result of COVID-19 there is also an increase in the demand for water within households, as families need water to practice proper hygiene to reduce the spread of COVID-19. This situation has increased women’s risk of contracting COVID-19, as the increased demand for water in turn means that women, due to their role as primary caretakers, are forced to travel farther to find scarce water sources. Travelling farther distances to retrieve water also means that women are further exposed to the threat of gender-based violence, including rape.

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.
Human Rights Watch reports that between May and July 2020, school closures exacerbated pre-existing gender inequalities. Ministry of Health data revealed an increase in teenage pregnancies in all 47 counties of Kenya, as a result of and increased prevalence of rape of teenage girls, who were also at risk of dropping out of school post-lockdown due to stigmatization. In a report by the National Crime Research Centre, it was reported that there was a 92.2% increase in the reported cases of gender-based violence (GBV) between January to June 2020, as compared to the rate during January to December 2019.

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 GBV prevention and response, such as: shelters and safe houses; uninterrupted access to medical treatment for GBV 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 hygienic products; access to water; and increased gender-disaggregated data. Seven grassroots organizations -- the Centre for Rights Education and Awareness (CREAW), FIDA – Kenya, the Coalition on Violence Against Women (COVAW), Equality Now, GROOTS Kenya, SDGs Forum Kenya and Kenya Female Advisory Organisation (KEFEADO) -- have published an Advisory Note in April 2020 calling on government officials to place women and girls at the centre of COVID-19 response efforts, ensuring that their gendered impacts of COVID-19 are considered and mitigated with adequate services and funding.

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. They have reached over 4.5 million community members with radio shows which are held in local
languages, including Luhya (Bukusu dialect), Saboat, Pokot, and Swahili. RWPL also reached over 170 households in rural communities with food donations and dignity kits during the pandemic.

Other women led groups, such as those led by Diana Nooormishuki Chesengei, or Mama Chesengei, an ambassador for Women’s Climate Centers International, have mobilized to help prevent the spread of COVID-19 in their communities. In Maasai communities, healthcare services and facilities are highly limited and inadequate due to a lack of investments in infrastructure, rendering them extremely vulnerable to the spread of COVID-19. Therefore Maasai women led by Mama Chesengei developed a community-led COVID-19 information strategy and actions which included, raising awareness of safe COVID-19 practices, sewing face masks for community members, implementing a home-based care approach with health volunteers, and collaborating with local churches, women’s groups, community health workers and village elders.

Another women-led organization, the Centre for Rights Education and Awareness (CREAW), supported by UN Women, has adapted and pivoted its work in the face of COVID-19 to include dissemination of information about COVID-19 and GBV on community radios, delivering dignity kits to women and girls, supporting shelters for survivors of GBV and setting up a toll-free hotline and online psychosocial counselling and legal support. In January 2021, CREAW reported that a total of 597 GBV survivors, including women and girls who reside in the informal settlements of Nairobi, benefitted from free tele-counselling and pro-bono legal services during the pandemic.