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COVID-19 GENDER ASSESSMENT

Gender Perspective

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AN ASSESSMENT OF THE GENDERED EFFECTS OF THE COVID-19 PANDEMIC ON HOUSEHOLDS

Gender Perspective

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EXECUTIVE SUMMARY

The Coronavirus Disease 2019 (COVID-19) is arguably one of the biggest pandemics to hit the world in recent times. It began in Wuhan, China and within a span of a few months took a toll on all the countries. A pandemic of such magnitude was witnessed when the 1918 flue pandemic started in Europe, spreading to United States of America, Asia and later to the rest of the world.

Globally, the pandemic has affected the achievement of the Sustainable Development Goals (SDGs). Governments across the world, including Kenya, have taken up different containment measures including introduction of economic stimulus programmes to cushion women and men, girls and boys and the economy at large, from the devastating effects of the pandemic. In Kenya, the pandemic and its associated containment measures resulted in unprecedented effects on the country's economic and social outcomes such as Gross Domestic Product (GDP) and people's well-being with a disproportionate burden falling on women and girls.

This report analyses the gendered socio-economic effects of COVID-19 and provides policy recommendations that will guide responses, interventions and recovery plans for COVID-19 in Kenya. Specifically, the report assesses the effect of COVID-19 on: incomes including remittances; food security; education; unpaid care and domestic work; access to healthcare services; access to sexual and reproductive health services; access to social protection; access to water and sanitation services; gender-based violence (GBV) due to restrictions associated with COVID-19, and the prevention and response mechanisms.

The analysis in this report is informed by primary data collected from a sample of 2,587 individuals from all the 47 counties in Kenya between 4th August and 8th September 2020 using Computer Assisted Telephonic Interviews (CATI). Due to the sensitivity of GBV information and the need to uphold the privacy of respondents in the survey, a separate SMS-based survey was conducted. Two questionnaires were administered to a sample of 2,482 individuals drawn across all the 47 counties in Kenya. The same individuals were interviewed at different times with the duration of each interview lasting not longer than 20 minutes. A total of 34 Key Informant Interviews (KIIs), that is 19 women and 15 men, were conducted from both State and non-State actors to complement and triangulate the findings from the individual/ household data while drawing more insights on the effects and recovery plans from the pandemic.

Key Findings

Sources of livelihood: The COVID-19 pandemic led to loss of jobs and other sources of livelihood, and to loss of incomes for more women (20%) than men (12%). This notwithstanding, more women than men in both urban and rural areas reported lower household monthly expenditure per month pre-COVID. The low household expenditures are likely to have worsened post-COVID.

Food security and agriculture production: Household food security was at risk during the pandemic as a result of declining incomes, potentially reduced food production and limited market access. More women than men had to either eat less/ skip a meal (33% and 31%, respectively) or go hungry without food (12% and 10%, respectively). Aggravating food security concerns is the disruption of the agriculture value chain activities with a noticeable decline in access to agricultural inputs affecting a slightly higher proportion of women in urban areas (42%) relative to men (37%), indicating that availability and ability to buy agricultural inputs had declined. However, the proportions were relatively similar for rural areas with both at 45 per cent.

Unpaid care and domestic work: Although COVID-19 generally increased the time individuals spent on both unpaid care and domestic work, a higher proportion of women than men spent more time in unpaid care work. The increase was higher for unpaid care work related to children, such as minding children at 40 per cent for women and 37 per cent for men; teaching children at 53 per cent for women and 15 per cent for men; and caring for children at 41 per cent for women and 39 per cent for men. This is likely to have affected their labour participation with the new norm of working from home.

Social protection: To help households cope with disrupted livelihoods, the Government of Kenya through the Ministry of Labour and Social Protection in collaboration with County governments and non-state actors, offered substantial support to vulnerable individuals in form of cash, medical supplies and food particularly to those in informal settlements. The social protection was the same for both gender (at 7%) although more women than men lost all incomes. However, challenges were cited in identifying and verifying the most vulnerable and in mapping organizations offering cash transfers and other social protection programmes. In addition, support from friends and relatives (remittances) declined for more women (23% and 25% in urban and rural areas, respectively) relative to men (21% and 23% in urban and rural areas, respectively).

Education for girls and boys: Although 76 per cent of women and 24 per cent of men helped their children continue with learning activities from home, more girls (34% - rural and 28% - urban) than boys (33% - rural and 27% - urban) did not continue with learning from home. This is probably because more girls (18%) than boys (11%) spent most of their time helping with household chores. Lack of a conducive environment and skilled instructors were cited as some of the major challenges affecting girls' and boys' ability to learn from home. In addition, correlation test results indicated a significant relationship between not learning from home and challenges that hindered girls and boys from learning from home.

Health: Although COVID-19 has affected the physical health of both women and men, the burden of mental and psychological health disproportionately falls on women. Coupled with the circumstances around the pandemic, including home-based care for asymptomatic patients, the burden of stress, anxiety and confidence, losing one's job and therefore incomes, having to take care of families at home and ensure that their basic needs are met amid financial constraints may have contributed to the decline in mental health of women at 60 per cent relative to men at 56 per cent. Similarly, sexual and gender-based violence, including physical and psychological abuse and other forms of abuse and sexual violence often place girls and women at high risk of physical and mental trauma, disease and unwanted pregnancies. Other challenges include limited access to healthcare services where more women (58%) than men (51%) who sought child healthcare services could not get the service.

Protection and security: The dusk to dawn curfew is reportedly one of the causes of protection and security concerns in the wake of COVID-19. This is attributed to more deserted streets especially at night during the curfew. The feeling of safety and security worsened more in urban areas than rural areas for six county economic blocs except for two blocs, namely South Eastern Kenya Economic Bloc (SEKEB) and Mt Kenya and Aberdares Region Economic Bloc where it was higher in rural areas than in urban areas.

Water and sanitation and access to menstrual hygiene products: Access to sufficient clean and safe water was relatively high at 70 per cent and 78 per cent of households living in rural and urban areas, respectively. Regarding menstrual hygiene, most women and girls (over 90%) reported decrease or no access to some menstrual hygiene products since the onset of COVID-19 due to reduced income. Specifically, the decrease in access was more prominent in informal settlements within urban areas, affecting about 73 per cent, relative to rural areas at 65 per cent of the girls and women. Limited access among girls from the less fortunate households was also attributed to the fact that sanitary pads were mostly provided in schools and with school closure, they could not access the same.

Occurrence of gender-based violence (GBV) and harmful practices: Acts or threats of violence during the pandemic occurred both within and away from home. Physical (23% and 21% in urban and rural areas, respectively) and sexual harassment (19% and 16% in urban and rural areas, respectively), child marriages (15% and 20% in urban and rural areas, respectively) and Female Genital Mutilation (FGM) particularly in rural areas were the most prevalent forms of violence. This was mostly experienced in the homes with the perpetrators being predominantly family members and friends.

Policy Recommendations

In support of the existing interventions by State and non-State actors in response to the COVID-19 pandemic in Kenya, this 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 (20%) than men (12%) having lost all their income, there is need for government to increase the affirmative action funds to cover more women particularly 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. In addition, there is need for the government to extend the tax holiday for at least the first quarter of 2021, in an effort to help women owned MSMEs recover while increasing the disposable income available to wage/ salary earners.

Agriculture and food security

Food security is at stake post-COVID, where 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. In addition, almost equal proportions of women and men ability to buy farm inputs was affected. This indicates, the need to institute policies to stimulate productivity of gender-sensitive 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. This can particularly target vulnerable women and households in Frontier Counties Development Council (FCDC) economic bloc where most people reported limited access to food. To stimulate local production among smallholder farmers, there is need to reduce the cost of inputs, which can be done through reduction of taxes and levies on agricultural inputs.

Social protection

With evidence that the existing social protection programmes benefited an equal proportion, both at about 7 per cent, despite more women than men lost all losing incomes and more women than men skipping meals, there is need to enhance equity. As such, there is need to expand support for gender-responsive social protection to all vulnerable households. This includes deliberate efforts to ensure social protection instruments such as funds to cushion vulnerable groups include more poor female-headed households relative to the male-headed households and more women than men. For more impact, the programmes need to be better targeted to ensure the distribution reaches poor female-headed households and women while minimizing cases of individuals benefiting from more than one programme. This can be done by establishing a single database of beneficiaries per region through collaborative efforts of both the Ministry of social protection and non-state actors (such as UN agencies, CSOs and FBOs) supporting the vulnerable through social protection programmes.

Unpaid care and domestic work:

Although COVID-19 increased the time households spent on both unpaid care and domestic work, a higher percentage of women than men realized increased burden of work. This includes the burden to take care of COVID-19 positive household members under home-based care and self-isolation; exposing the caregivers to the risk of contracting the disease. This indicates a need for social assistance to care givers, such as the National and County government with support from UN agencies, CSOs, CBOs, and FBOs having community health workers to help women take care sick at home. To reduce the risk of contracting the disease, there is need to provide PPEs such as masks and gloves and medication to increase immunity to care-givers particularly women. The government can take a leading role in this while working with the private sector to support provision of the PPEs as part of their corporate social responsibility. On the other hand, expanding, sustaining and targeting more women in social protection funds can help them have more income to hire domestic workers to help in household chores.

Education

Although parents and other household members helped children learn from home, slightly more girls (32%) than boys (30%) did not continue with learning from home, and more so in rural areas. The disparities were even more evident in FCDC economic bloc where girls and boys are the most disadvantaged across all the economic blocs as they were not learning from home. With COVID-19 having exposed gender inequalities and regional disparities in access to learning infrastructure, the Government can consider partnering with the private sector to enhance access to such infrastructure. For example, telecom companies and development partners in the country can be encouraged to support the establishment of sufficient well-equipped digital learning facilities in marginalized areas, including providing free internet services and digital devices to aid disadvantaged children learn from home.

Health

Health issues were more adverse among women than men as indicated by a higher proportion of women than men reporting being generally ill, having no health insurance, self-medicating and facing mental health issues. To enhance uptake of insurance and reduce self-medication the government can consider having some waiver for female-headed households paying NHIF premiums. This can also help reduce incidences of self-medication as more women would be able to afford and access quality health care. The government can also give tax breaks to private sector firms that offer lower insurance premiums in favour of women. To achieve this insurance regulators can also be persuaded to engage private firms to consider lowering the premiums. Psychological support is needed especially to help women facing mental health issues. This can include the government and non-state actors supporting community based psychiatrist services in local health centers. This should go hand-in-hand with encouraging people to seek professional psychiatrist services when they feel depressed. In addition, the government in collaboration with the media, CSOs and FBOs need to increase awareness on coping mechanisms and ways to reduce mental health at household level for both women and men. The NHIF cover can also be expanded to include catering for psychiatrist services within the nearest public health facility. Overall, there is need to implement the Kenya mental health policy 2015-2030 to the letter to realize the interventions for securing mental health systems reforms in Kenya.

WASH

Despite access to safe and clean water being relatively high in both urban (78%) & rural (70%) areas, decrease in access was more prominent in informal settlements of urban areas. This led to higher burden of domestic work on women and girls who were involved in fetching water. As such, providing water points for the public to wash hands in public spaces are likely to have been a challenge in these localities. Therefore, County governments need to establish more strategic clean water points which can be accessed with within 30 minutes round trip. Both state and non-state actors can collaborate to establish these water points including having central large water tanks and water boozers to supply clean water to the target populace. While efforts have also ready been put in place to provide public hand-washing and drinking water points, the same needs to be increased and sustained in public areas to help reduce the spread of the pandemic.

Menstrual hygiene

With over 90 per cent of women respondents reporting decreased or no access to some menstrual hygiene products; support system at schools need to be continued even when the girls are staying home particularly during difficult times like now when households have lost their livelihoods. To realize this, State and Non-state run social protection programmes can include a component of providing menstrual hygiene products to vulnerable households particularly the poor living in marginalized regions and informal settlements. To better target school going girls, there is need for collaborative efforts between the Ministry of education, science and technology and Ministry of health to provide the products to vulnerable girls through public facilities in their locality such as the nearest health centers.

Gender based violence (GBV) and harmful practices

With the disproportionate number of women and girls experiencing GBV particularly FGM, sexual and physical mostly perpetrated by family members and friends and most not knowing where to seek for help; there is need for concerted efforts from both the State and Non-state actors to prevent and respond. In some isolated cases, people in authority like police and chiefs perpetrated physical and psychological violence particularly during enforcement of the night curfews. First, efforts should be directed towards creating more awareness on where victims can seek help. This can entail the National and County governments working with different stakeholders at County level including the media and non-state actors (CSOs and FBOs) to increase awareness. For wider access, the Government can enhance availability of the information through public campaigns across the country and availing it in public centers where people seek services like huduma centers and local health facilities. In addition, with a relatively high mobile phone penetration rate in Kenya, the government can partner with mobile service providers to send SMS based information to the populace on behaviour change and where to get help in case of GBV. This information can be seen as part and puzzle of the overall COVID-19 recovery plan to help in attitude and behavior change. In addition, there is need to increase awareness on existence of rescue centres across the counties while also investing in more centers. On physical violence perpetrated by public officers, there is need for stern disciplinary actions to be taken on the perpetrators to help deter others from the vice. For reported cases of GBV, there is need to fast-track investigation and adjudication while increasing awareness within the police and justice system pathway on ways of addressing GBV and harmful practices.

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ABBREVIATIONS AND ACRONYMS

ACHPR	African Charter on Human and People's Rights
ACRWC	African Charter on the Rights and Welfare of the Child
AFC	Agricultural Finance Corporation
AGPO	Access to Government Procurement Opportunities
BPFA	Beijing Platform for Action
AU	African Union
CBOs	Community-Based Organizations
CDC	Centre for Disease Control
CDSC	County Disease Surveillance Coordinator
CEDAW	Convention on the Elimination of Discrimination Against Women
COVAW	Convention on the Violence Against Women
COVID-19	Corona Virus Disease 2019
CREAW	Centre for Rights Education and Awareness
CSOs	Community-Based Organizations
CATI	Computer Assisted Telephonic Interviews
ECDE	Early Childhood Development and Education
EVAW	Ending Violence Against Women and Girls
EU	European Union
FAO	Food and Agricultural Organization (of the United Nations)
FBOs	Faith-Based Organizations
FCDC	Frontier Counties Development Council
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
GDP	Gross Domestic Product

GVRC	Gender Violence Recovery Centre
HIV	Human Immunodeficiency Virus
ICRC	International Committee of the Red Cross
ICT	Information Communication Technology
ICUs	Intensive Care Units
KEMRI	Kenya Medical Research Institute
KEWOPA	Kenya Women Parliamentarians
KEWOSA	Kenya Women Senators
KPLC	Kenya Power and Lighting Company
KICOTEC	Kitui County Textile Centre
KII	Key Informant Interviews
KIPPRA	Kenya Institute for Public Policy Research and Analysis
Ksh	Kenya Shilling
LREB	Lake Region Economic Bloc
MERS	Middle East Respiratory Syndrome
MHM	Menstrual Hygiene Management
MoH	Ministry of Health
MoE	Ministry of Education
MSMEs	Micro Small and Medium Enterprises
NGAAF	National Government Affirmative Action Fund
NCCRCP	National Coordination Committee on the Response to the Corona Virus Pandemic
NHIF	National Health Insurance Fund
NHP	National Hygiene Programme
NOREB	North Rift Economic Bloc
OVCs	Orphans and Vulnerable Children
PPEs	Personal Protective Equipment
PWD	People with Disabilities
SARS	Severe Acute Respiratory Syndrome
SDGs	Sustainable Development Goals
SEA	Sexual Exploitation and Abuse

SEKEB	South Eastern Kenya Economic Bloc
SGBV	Sexual Gender Based Violence
ToR	Terms of Reference
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UN	United Nations
UN Women	United Nations Entity for Gender Equality and Women Empowerment
USD	United States Dollar
WASH	Water, Sanitation and Hygiene
WEF	Women Enterprise Fund
WFP	World Food Programme
WHO	World Health Organization
YEDF	Youth Enterprise Development Fund

INTRODUCTION

The Corona Virus Disease 2019 (COVID-19) is both a health and developmental challenge affecting the lives of women and men, girls and boys. Since December 2019 when the first case was reported in Wuhan, China, the economic and social facets of lives for women and men and girls and boys were disrupted in many ways. As of 23rd November 2020, about 59 million confirmed cases and 1.4 million fatalities were reported with only 40.8 million (69%) being recoveries[1]. The global scene also witnessed economies having to revise downwards their Gross Domestic Product (GDP) growth projections.

In Kenya, 77,372 confirmed cases, 51,507 recoveries and 1,380 deaths were reported as of 23rd November 2020. [2] More than half of the cases were women and men living in urban areas, particularly in Nairobi and Mombasa compared to rural areas. Cumulatively, for every 5 adults infected, 2 are women. Infections among the youth (20-39 years) accounted for 54 per cent of all the infections. Majority of the fatalities comprise of those above 19 years[3] whereby for every 5 deaths reported 2 are women. With the daily positivity rates having increased from less than 5 per cent in September to 15 percent in November, the country is projected to be experiencing a second wave of infection.

Significant efforts have been made to reduce the spread and help women and men, girls and boys cope with the unprecedented effects. The Government of Kenya in collaboration with different non-State actors has put in place a number of interventions including: sensitizing the public to observe individual protection measures such as mandatory wearing of masks and social distancing while in public spaces; voluntary mass testing; provision of Personal Protective Equipment (PPEs) to frontline health workers; restriction of movement through night curfew and cessation of movement in some areas; mandatory quarantine of people returning from abroad and suspected cases. Other measures include restrictions on international travels and temporary closure of schools, hotels, bars and churches. To increase disposable income for households and firms, the Government instituted tax reviews and reliefs; established a national emergency COVID-19 fund into which even the private sector has made significant contributions; re-allocated some resources towards addressing

[1] Worldometer (2020). Coronavirus Worldometer. Accessed from: https://www.worldometers.info/coronavirus/; Accessed on 23 November 2020
[2] Ministry of Health–MoH. (2020). Ministry of Health press releases: Press statements on COVID-19. Accessed from: https://www.health.go.ke/press-releases/
[3] MoH (2020). National Emergency Response Committee (NERC) on Coronavirus: Update on Covid-19 in the country and response measures, as at October 18, 2020. Brief 208 Press Statement. Accessed from: https://www.health.go.ke/wp-content/uploads/2020/10/NERC-MOH-CS-COVID-STATEMENT-18-10-2020.pdf

COVID-19 through the 8-point economic stimulus programme of Ksh 53.7 billion and budgetary allocation in the 2020/21 financial year.

The Government also put in place mechanisms to create more employment in a bid to recover lost opportunities and ease the burden of work on sectors that were overstretched due to the pandemic. This included hiring essential workers majorly in health, education and a few in tourism sectors. Under the National Hygiene Programme (NHP), a public works programme dubbed Kazi Mtaani (jobs in the region), was initiated to create employment for most vulnerable but able-bodied Kenyan citizens living in informal settlements[4]. To better coordinate the interventions in response to the pandemic, the Government established the National Coordination Committee on the Response to the Coronavirus Pandemic (NCCRCP).

The County governments were also on the forefront to fight the pandemic. At the county level, the Council of Governors are in charge of coordination of County Governments' COVID-19 response measures. Interventions include support in testing, prevention, care and treatment of confirmed cases, which saw recruitment of health workers, provision of personal protective equipment (PPEs), expanding intensive care units, and establishment of quarantine, isolation and testing facilities. To prevent the spread of the virus, counties put in place a number of measures including: sensitizing the people on COVID-19 Prevention Guidelines, community surveillance including strengthening of border disease surveillance, enforcement of COVID-19 prevention guidelines including wearing of masks in public spaces, movement restrictions including the night curfew, social distancing and general hygiene, and initiating production of face masks in various counties. Other interventions include social protection to support the vulnerable, formation of County Food Security War Rooms, setting up COVID-19 emergency kitty to raise funds and launching nutrition support systems.

Further, significant strides were made in innovations geared towards better response to the pandemic. For example, local firms such as Kitui County Textile Centre (KICOTEC) was able to make quality disposable and re-usable face masks and provide them at affordable prices or for free to the general public. The Kenya Medical Research Institute (KEMRI) among other institutions were also able to manufacture quality alcohol-based hand sanitizers. Other innovations include counties having to set up secluded sites to be used as Intensive Care Units (ICUs) and isolation centres and some universities developing prototype ventilators.

Efforts to combat the spread and cope with the effects have also faced some challenges. Derailing the existing efforts by the Government is the need to maintain a delicate balance between keeping the rate of new infections at lowest possible for the health system to cope while at the same time resuscitating economic activity. Notable challenges include a strained health system, both in human resource and facilities to accommodate the patients. Despite the health crisis, some members of the

[4] Government of Kenya (2020), Ministry of Transport, Infrastructure, Housing and Urban Development: State Department of Housing and Urban Development. Accessed from: https://housingandurban.go.ke/national-hygiene-programme-kazi-mtaani/

public have not taken the pandemic seriously; they are not complying with laid down guidelines such as wearing of masks in public places and social distancing. This has watered down Government efforts to lower the infection rate. Other challenges include enforcement of the curfew to control the spread of the disease, where implementation has been marred with incidences of chaos and abuse on the public by the very people who are supposed to protect them[5]. Further, the efforts require huge resources which are relatively scarce and the National government and County governments are forced to ask for grants, acquire some loans and re-allocate resources amid low revenue collection. As a result, medical personnel have also cited cases of insufficient Personal Protective Equipment (PPEs) and test kits. Aggravating the situation is public outcry on reported cases of misappropriation of resources meant to address the effects of the pandemic.

While the devastating effects of COVID 19 have affected all humanity, women and girls were disproportionately more affected than men and boys. Specifically, following the on-set of COVID-19, incomes for female-headed households declined while the majority of women particularly those working in urban areas informal sector lost their jobs; more women than men have had to either eat less or skip a meal; unpaid care work has increased for women more than men; women are walking for longer distances to fetch water and collect firewood; and Gender-Based Violence (GBV) notably increased at the onset of COVID-19 due to restrictions in movement, though a decline has been noted in the last two months.

As such, this report analyses the socio-economic effects of COVID-19 and the associated containment measures on the livelihoods and circumstances of women and men. These include effects on incomes, remittances, food security and agricultural inputs, and safety and security services; effect on access to public services including healthcare; social protection programmes; access to water and sanitation; and education. Further the report analyses the occurrence of GBV and harmful practices due to restrictions associated with COVID-19 and the prevention and response mechanisms. Lastly, the report provides policy recommendations to improve the socio-economic well-being of women, men, boys and girls in COVID-19 response and recovery plans and interventions.

[5] Kenya Human Rights Commission [KHC] (2020). Reponses to the COVID-19 situation in Kenya. Press release on 03rd April 2020. Accessed from: https://www.khrc.or.ke/2015-03-04-10-37-01/press-releases/711-reponses-to-the-covid-19-situation-in-kenya.html

POLICY, LEGAL AND REGULATORY FRAMEWORK

1.1 Key policies, legal and regulatory frameworks supporting gender equality

FIGURE 1: Key policies, legal and regulatory frameworks supporting gender equality

Gender Equality Policies & Declarations International

- Convention on the Elimination of discrimination Against women (CEDAW) and it's Optional protocol
- Convention on the Violence against Women (COVAW)
- SDG Goal 5: Achieve gender equality and empower all women and girls

Regional

- Protocol to the African Charter on Human and people's rights (ACHPR)
- The African Charter on Rights and Welfare of the Child (ACRWC)
- African Union Agenda 2063
- The Solemn Declaration on gender Equality in Africa.

National

- Kenya Constitutions (2010) Article 27 Equality of treatment and Freedom from Discrimination
- Kenya Vision 2030 and Medium-Term Plans
- Sessional Paper No.2 on gender equality and Development 2006
- Sessional paper No.2 of 2019 on national policy on gender and development
- National gender and Development Policy 2019
- Menstrual Hygiene management policy (2029-2030)
- National Policy for the Abandonment of Female Genital Mutilation
- National Land Policy

Legislation Framework - Kenya

- Model legislative framework on sexual and gender-based violence for country government 2017
- Marriage Act No.4 of 2014
- Protection Against Domestic Violence Act No.21 of 2015
- Matrimonial Property Act No. 49 of 2013
- Treaty making Ratification act 2012
- Law of succession Act revised 2018 (2015)
- The Political Parties Act (2011)

Institutional Framework and Catalytic interventions to Promote Gender Equality and Freedom from Discrimination

- State Department for Gender
- The National Gender and Equality Commission
- The Kenya Women Parliamentarians Association (KEWOPA), The Kenya Women Senators (KEWOSA)
- Kenya National Human Rights & Equality Commission
- Women Enterprise fund (WEF)

• Employment and Labour relations Court Act No.20 of 2011 • The prohibition of FGM Act 2011 • Citizenship and Immigration act 2011 • National Gender and Equality Commission Act 2011 • Sexual offences (medical treatment) Regulations 2012; Sexual offences rules of Court (2014)	• The Youth Enterprise Development Fund (YEDF) • *Uwezo* Fund (*Kiswahili* word for Ability) • Social Protection Fund • Access to Government procurement opportunities (AGPO) • National Government Affirmation Action Fund (NGAAF)

Significant achievements in promoting gender equality have been made since the Beijing Platform for Action (BPfA) 1995. On the legislative front, a progressive Constitution was promulgated in 2010. In line with Articles 10 & 27 and chapter 4 (Bill of Rights) of the Constitution, several legislations have been enacted to advance gender equality and women's empowerment. The policy and legal frameworks have been developed/enacted to promote, enforce and monitor equality and non-discrimination (see Figure 1). The government is also a signatory to seven out of nine global human rights instruments including CEDAW, COVAW, SDG, and regional frameworks such as ACHPR, ACWRC, AU Agenda 63 and the AU Solemn Declaration of Gender Equality in Africa.

On institutional front, in line with the BPfA, the government has put in place various institutions with the responsibility of promoting gender equality and empowerment of women and girls. The State Department for Gender Affairs is charged with the responsibility of ensuring gender mainstreaming in all ministries and as part of the monitoring and evaluation of impact of both gender specific laws and policies as well as implementation of strategies for gender equality and women's empowerment in other Government agencies. Other human rights agencies such as the National Gender and Equality Commission, the Kenya National Human Rights and Equality Commission, the Commission for the Administration of Justice (Ombudsman) as well as the National Cohesion and Integration Commission reinforce the State machinery. In addition, a number of institutions among them WEF, YEDF, Uwezo (Ability) Fund, NDFPWD and NGAAF have been created to manage funds intended to promote gender equality among women and men.

REVIEW OF GENDERED EFFECTS OF PANDEMICS AND RESPONSE MECHANISMS

1.2 Review of socio-economic impact of COVID-19 and other pandemics

1.2.1 Socio-economic impacts of other pandemics and epidemics

More women than men suffered from the economic effects of Ebola outbreak. Several studies have provided evidence of the gendered economic impact and effects of Ebola outbreak/disease. A study by UNDP estimated that all countries (Guinea, Liberia, and Sierra Leone) affected by Ebola outbreak lost USD 4.7 billion and a loss of GDP per capita incomes of USD18 biased against women who had higher infection rate than men[7]. The study further found that in Sierra Leone, 90 per cent of women were employed in informal services and agricultural sectors where majority of them were infected by Ebola thus increasing their probability of losing livelihoods and incomes compared to their male counterparts. A study in Sierra Leone following the Ebola outbreak also found that 69.1 per cent of people experienced a decline in their incomes with majority of the affected being youths and women[6]. Aggravating the situation, financial institutions also avoided to extend credit to women during the pandemic resulting in lower capital formation among them[7].

The overall effect of Severe Acute Respiratory Syndrome (SARS)-COVO-1 was disproportionately borne by women, children, elderly and the poor. SARS-COV-11 affected 26 economies resulted in reduced growth of economic activity. For example, the GDP growth rate reduced by 0.1 per cent at the global level, 1 per cent in China, 2.6 per cent in Hong Kong, and 0.5 per cent in Asia [8]. Further, according to International Food Policy Research Institute (2020), SARS and Middle East Respiratory Syndrome

[6] Amara M., Tommy, F. and Kamara, A. (2017). Population and Housing Census Thematic Report on Socio-economic Impact of the Ebola Virus Disease. Accessed from: https://sierraleone.unfpa.org/sites/default/files/pub-pdf/EVD%20report.pdf
[7] UNDP. (2015). Socio-Economic Impact of Ebola Virus Disease in West African Countries: A call for national and regional containment, recovery and prevention. United Nations Development Group (UNDG) – Western and Central Africa. Accessed from: https://www.undp.org/content/dam/rba/docs/Reports/ebola-west-africa.pdf
[8] Lee J. and McKibbin W. J. (2004). Estimating the Global Economic Costs Of SARS. National Academy of Sciences. Accessed from: https://www.ncbi.nlm.nih.gov/books/NBK92473/

(MERS) had negative effects on food inflation, food availability and access due to the closure of markets. The overall population effect was negative with a disproportionate impact being borne by vulnerable populations including children, women, the elderly, and the poor[9, 10 & 11].

1.2.2 Gendered socio-economic effects of COVID-19

Limited access to health care services: With COVID-19, access to healthcare services including family planning and child health care services were affected as a result of social and non-social fear and lockdown restrictions[12]. These include women and children seeking maternal and child care services, emergency care services, and women with chronic communicable and non-communicable diseases[12]. To alleviate the situation in Kenya, there were efforts through private-public partnership. Wheels for life, a product of the Ministry of Health, Nairobi University and other private tax services, pitched in to provide free taxi transfer for pregnant women to access health facilities particularly at night during the COVID-19 curfew hours. In addition, ambulances were on standby for emergency services for expectant mothers. Further, the hike in prices for medical products and services where all patients were required to pay for PPEs particularly in private facilities[13] limited access to health care services for both COVID-19 related illness as well as maternal health services. This may have resulted to lower immunization rates and family planning services utilization.

Exposure of medical personnel to the virus: A report by the World Health Organization indicated high infection rates among health workers in their line of duty, with their rates being 10 per cent of total cases globally[14]. In Kenya, 2.6 per cent of the infected persons are health workers while 2.3 per cent of the death account for the frontline health workers[15]. In a country where women account for 75 per cent of the health sector workforce[16], more female medical personnel relative to men are exposed to the COVID-19 infection. From the available data, the infection rates among health workers is 2 per cent higher than the national average of 0.2 per cent[15], which poses a worrying trend for a developing country like Kenya.

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[9] Martin R. W and Laborde D. (2020). As COVID-19 spreads, no major concern for global food security yet. IFRI Blog: Issue Post. Accessed from: https://www.ifpri.org/blog/covid-19-spreads-no-major-concern-global-food-security-yet
[10] Fan S. (2020). Preventing global food security crisis under COVID-19 emergency. IFPRI Blog: Issue Post. Accessed from: https://www.ifpri.org/blog/preventing-global-food-security-crisis-under-covid-19-emergency
[11] International food policy research institute. (2020). Covid-19 Global Food Security. Accessed from http://www.ifpri.org/
[12] Siedner M. et al. (2020). Access to primary healthcare during lockdown measures for COVID-19 in rural South Africa: a longitudinal cohort study. Accessed from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7273272/
[13] Ahmed s. et al. (2020). Impact of the societal response to COVID-19 on access to healthcare for non-COVID-19 health issues in slum communities of Bangladesh, Kenya, Nigeria and Pakistan: results of pre-COVID and COVID-19 lockdown stakeholder engagements. accessed from: https://gh.bmj.com/content/5/8/e003042
[14] WHO. (2020) WHO calls for healthy, safe and decent working conditions for all health workers, amidst COVID-19 pandemic. Accessed from: https://www.who.int/news/item/28-04-2020-who-calls-for-healthy-safe-and-decent-working-conditions-for-all-health-workers-amidst-covid-19-pandemic
[15] Ministry of Health (2020). Press Statement on Covid-19. Accessed from: https://www.health.go.ke
[16] Ministry of Health (2014). Health Sector Human Resources Strategy 2014 – 2018. Accessed from: http://www.health.go.ke/wp-content/uploads/2016/04/Kenya-HRH-Strategy-2014-2018.pdf

Heightened vulnerability of girls with school closure: Kenya's Ministry of Education (MoE) indicates that COVID-19 containment measures which includes closure of all school has affected 18 million learners countrywide[17]. Other than affecting delivery of education, the closure of education institutions has curtailed the provision of essential services such as access to nutritious food provided through such institutions, and high risk of GBV against girls which has resulted in child marriages and early pregnancies[17 &18]. This scenario is likely to result in a situation of increased cases of school drop outs particularly for girls[18].

Increased unpaid care work: With most people at home, the burden on unpaid care and domestic work has increased for women and girls yet women were doing more even before COVID-19. A study by UN-Women covering over 10 countries in Asia and the pacific found more women than men experienced increase in unpaid care work and more girls than boys helped their parents at home[19]. In particular, the burden of unpaid childcare provision falls more heavily on women and girls, not only because of the existing structure of the workforce, but also because of social norms[20]. With increased cases of COVID-19 infections, home based isolation and care is bound to increase and squarely fall on the women. This affects the ability of women, who may also have been doing their paid work from home, to do the additional tasks associated with their children being at home full-time and in many cases also having to stand in as teachers in cases where learning continued from home. In countries, such as Kenya where it is relatively common to have domestic workers to assist with domestic work, increased economic hardship resulted in domestic workers being laid off further increasing the domestic work burden of women and girls.

Increased unpaid domestic work: with business continuity programs prioritizing working-from-home, total closure of schools and job losses for many people, there was increased burden of unpaid domestic work particularly on women. Before COVID-19, social norms normally puts domestic work chores such as cooking, serving meals, and cleaning as women's responsibilities[21]. A study by UNDP found that in many parts of the world unpaid domestic work squarely lies in the hands women and such work has increased during COVID-19[22]. Prior to COVID-19, data from International Labour Organization revealed that globally women spend, on average, 3.2 more hours domestic work than men[23]. This shows that women are likely to give up on their jobs to offer domestic service and such may continue even after re-opening of the economies increasing gender inequalities and more women to part-time jobs.

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[17] Ministry of Education [MoE] (2020). Kenya Basic Education COVID-19 Emergency Response Plan. Accessed from: https://www.education.go.ke/images/Kenya_basic_Education_COVID-19_Emergency_Response_Plan-compressed.pdf
[18] UN (2020). Education during COVID-19 and beyond. Policy Brief. Accessed from: https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2020/08/sg_policy_brief_covid-19_and_education_august_2020.pdf
[19] UN-Women. (2020). The gendered effects of COVID-19 on achieving the SDGS in Asia and the Pacific. Accessed from www.unwomen.org
[20] UNHCR. (2020) Articulating the Pathways of the Socio-Economic Impact of the Coronavirus (COVID-19) Pandemic on the Kenyan Economy. Policy Brief. Issue No: 4/2020. Accessed from: https://data2.unhcr.org/en/documents/details/78194
[21] UNHCR. (2020) Articulating the Pathways of the Socio-Economic Impact of the Coronavirus (COVID-19) Pandemic on the Kenyan Economy. Policy Brief. Issue No: 4/2020. Accessed from: https://data2.unhcr.org/en/documents/details/78194
[22] UNDP. (2020). Gender inequality and the COVID-19 crisis: A Human Development perspective. Available from http://hdr.undp.org
[23] ILO. (2019). The Unpaid Care Work and the Labour Market. An analysis of time use data based on the latest World Compilation of Time-use Surveys. Available from https://www.ilo.org

Home-based COVID-19 care work is increasing burden on women: during epidemics and pandemics, home based care has been seen as an effective strategy of easing the burden of healthcare system. COVID-19 home based care requires that a lot of hygiene be adhered to in the family hosting such patient. This includes regular cleaning of the house and washrooms with a disinfectant, cleaning and disinfecting all other surfaces to avoid infections and serving the infected person following all guidelines to avoid infections of other family members[24]. Such burden falls heavily on the shoulders of women who also offered unpaid care and domestic work prior COVID-19. The burden does not only have negative effect on women physical health but also increases anxiety, stress, depression and other emotional challenges.

Challenges in accessing menstrual hygiene support: Globally, at least 500 million women and girls lack access to adequate facilities for menstrual hygiene management[25]. Lack of access to washroom facilities with doors for privacy, clean water to wash, and a lack of appropriate facilities and bins to dispose-off used products are some of the challenges women and girls face in managing menstrual hygiene[26]. With school closures around the world due to the COVID-19 pandemic, the immediate connections that adolescent girls have with their teachers, friends and health workers are absent and can result in girls having limited access information on their first period and MHM. As a result, managing their periods with safety and dignity during this pandemic has become a lot harder[26].

1.2.3 Occurrences of gender-based violence (GBV) and harmful practices including FGM and child marriage during COVID-19

Women and girls are more exposed to GBV and harmful practices including FGM, following the instituted containment measures of the pandemic. Available evidence on GBV before the pandemic indicated that 1 in every 3-women experience violence during their lifetimes most of which have been perpetrated by a close person such as intimate partners or a friend[27]. A study by WHO[27] found that increased levels of anxiety, stress and economic hardships increase GBV rates for women. The manifestation of GBV during pandemics, epidemics and other shocks include FGM; child/early marriage; forced marriages; transactional sex; and trafficking which are used as coping mechanisms during crisis[28]. According to UNHCR[20], violence against women and girls is increasing globally as the COVID-19 pandemic combines with economic and social stresses and measures to restrict contact and movement. Crowded homes, substance abuse, limited access to services and reduced peer support are exacerbating these conditions. Many of these women are now trapped in their homes

[24] Ministry of Health Kenya. (2020). Home based insolation and care guidelines for patient with COVID-19. Available from https://www.health.go.ke/
[25] World Bank. (2018). Menstrual Hygiene Management Enables Women and Girls to Reach Their Full Potential. Accessed from: https://www.worldbank.org/en/news/feature/2018/05/25/menstrual-hygiene-management
[26] Plan International (2020). Coronavirus is making periods worse for girls and women. https://plan-international.org/news/2020-05-28-coronavirus-making-periods-worse-girls-and-women
[27] WHO. (2017). Violence against women. Available at https://www.who.int/news-room/fact-sheets/detail/violence-against-women
[28] Peterman A., O'Donnell M. P., Thompson K., Shah N., Oertelt-Prigione S. and van Gelder N. (2020). Working Paper 528 April 2020 Pandemics and Violence Against Women and Children. Accessed from: https://www.researchgate.net/publication/341654631_Pandemics_and_Violence_Against_Women_and_Children/link/5ecd5e984585152945145e2f/download

with their abusers and are disproportionately disadvantaged by reduced access to sexual and reproductive health services.

1.3 Review of gendered best practices and achievements in COVID-19 response globally

1.3.1 Minimizing the economic impact of COVID-19

Despite several countries adjusting policy measures, particularly on stimulus packages, this weighed negatively on women. Some of the best practices include provision of economic stimulus packages. There have been over USD 10 trillion (11.4 per cent of global GDP) stimulus packages announced between March and May 2020 to ease the economic impact of COVID-19[29]. However, a study by the Gender and Development Network found these stimulus packages are followed by austerity measures which weigh negatively on women. The period after the global financial crisis was followed austerity measures that weighed negatively on unpaid care workers the majority of whom were women[30].

Social cash transfers effectively relieved the burden of economic cost to women. The labour participation for women is 49 per cent compared to 75 per cent for men globally. With more than 495 million jobs lost globally in second quarter of 2020, there was disproportionate effect on women than men[31], social assistance such as cash transfers, vouchers and provision of food were used to help unemployed women and men maintain their consumption behaviour in the short-term. Available evidence indicates that provision of cash transfers during shocks such as COVID-19 pandemic help individuals maintain access to healthcare, protect consumption, support protection and recovery of livelihoods, and sustain investments in human capital[32]. A study in Malawi revealed social cash transfers to female and child-headed households reduced the chances of resorting to risky behaviours such as transactional sex[33].

1.3.2 Health access practices during COVID-19

On matters health and public access to health services, many countries are optimizing the use of telehealth services and provision of maternal care services. These includes screening of patients who may have COVID-19 symptoms, provision of urgent care, monitoring clinical signs of certain medical conditions remotely or follow-up with patients after they have been discharged from hospital[34]. Development actors such as the World Bank, have been helping various countries respond to the global impacts of COVID-19 through provision of grants and financial support to strengthen capacity to prevent, detect and respond to the threat posed by COVID-19 and improve public health

[29] Cassim, Z., Handjiski, B., Schubert, J., & Zouaoui, Y. (2020). The $10 trillion rescue: How governments can deliver impact. Available at https://www.mckinsey.com
[30] The Gender & Development Network. (2018). The impact of austerity on women. Available at https://www.ohchr.org/Documents/Issues/Development/IEDebt/WomenAusterity/GenderDevelopmentNetwork.pdf
[31] ILO. (2020). ILO Monitor: COVID-19 and the world of work. Sixth edition. Available from https://www.ilo.org/
[32] WHO. (2011). Cash Transfers Evidence Paper Policy Division 2011. Available at https://www.who.int
[33] Schubert, B. & Huijbregts, M. (2006). The Malawi Social Cash Transfer Pilot Scheme: preliminary lessons learnt. Paper presented at the conference Social protection initiatives for children, women and families: an analysis of recent experiences. UNICEF, New York, October 30-31 2006.
[34] Center for Disease Control and Prevention [CDC] (2020). Healthcare Facilities: Managing Operations During the COVID-19 Pandemic. Accessed from: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-hcf.html

preparedness for future disease outbreaks. In the Netherlands, midwife teams have equipped hotels, which are closed amid the pandemic, to provide maternity care.

1.3.3 Education access practices during COVID-19

The available evidence suggests that the impact of pandemics on education is likely to be most devastating in countries with already low learning outcomes, high dropout rates, and low resilience to shocks. While school closure seems to present a logical solution to enforcing social distancing within communities, prolonged closures tend to have a disproportionately negative impact on the most vulnerable learners. Some of the best practices adopted to deal with these issues following UNESCO and WHO guidelines include enhancing preparedness while keeping schools open. For example, Afghanistan enforced and supported preventive actions in schools; establishing protocols for schools' handling of illnesses and potential cases; using the education system's resources to create awareness and disseminate information about the spread of COVID-19. Singapore and Russia limited physical contact by reducing social and extra-curricular activities in schools. In India, there was also selective closing of schools opting for localized school closures as an interim measure. Information Communication Technologies (ICT) have also come in handy to support learning from home for example use of remote and online learning and digitized education resources to mitigate loss of learning in China, and use mobile phones and televisions for learning purposes in Vietnam and Mongolia[35].

1.3.4 Gender Based Violence (GBV) and Harmful Practices during COVID-19

Different actors have stepped in to prevent or offer the right responses to cope with GBV including the WHO guidelines on how to deal with GBV during the COVID-19 pandemic. Several practices were proposed among them: seeking help from a professional medical provider, calling available hotlines, seeking online service, or providing temporary shelter for survivors. Further, to prevent GBV in COVID-19 quarantine centers, unit managers from both genders were trained to respond and prevent sexual exploitation and abuse (SEA). The centers were equipped with adequate infrastructure such as lighting, safe spaces and accommodation; and standard operating procedures provided for every individual in the center. In-case of sexual violence, the camp management ensured: a post-rape kit is made available within 72 hours, a survivor-led approach such as listening, reporting at survivors' consent and a long-term support were also provided to the survivors[36]. To monitor and mitigate the effects of GBV, a toll-free hotline (1195) was accessible to community members and survivors in a bid to fight against sexual violence, FGM and other forms of violence. The hotline is intended to ensure early reporting of all the cases within the recommended 72-hour window.

[35] World Bank. (2020). Managing the impact of COVID-19 on education systems around the world: How countries are preparing, coping, and planning for recovery. World Bank Blogs. Accessed from: https://blogs.worldbank.org/education/managing-impact-covid-19-education-systems-around-world-how-countries-are-preparing

[36] ICRC. (2020). Prevention and response to sexual and gender based violence in covid-19 quarantine Centres. Available at https://www.globalprotectioncluster.org

1.4 Data and data sources

1.4.1 Quantitative data

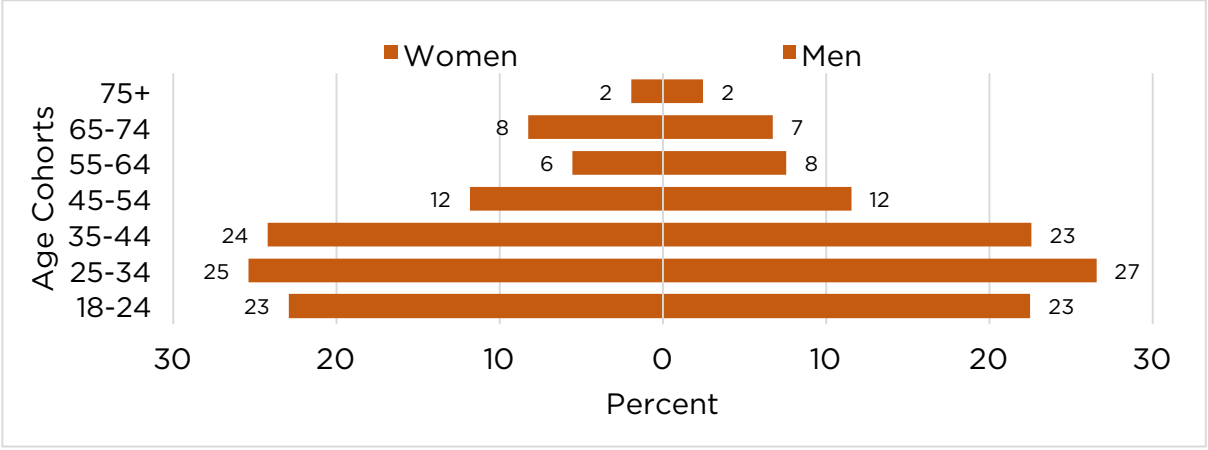
Two approaches of data collection were employed: primary and secondary data collection.

Main primary data

The main dataset for the study was primary data collected from a sample of 2,587 individuals drawn from all 47 counties in Kenya. The study is being conducted within the context of a UN Women global effort to increase data availability regarding the gendered impact of COVID-19 using the so-called Rapid Gender Assessment RGA) methodology. The data in Kenya was collected from 4th August to 8th September 2020 through Computer Assisted Telephonic Interviews (CATI) [phone calls] guided by a structured questionnaire. The questions included both individual and household level elements to draw an informative perspective of the effects of COVID-19. The respondents were randomly sampled from a sample frame of 36,884 contacts. In order to ensure that the sample was representative of the population, it was stratified by sex, age, place of residence (rural/urban) and county, using data provided by KNBS which was based on the 2019 Census. The questionnaire was split into two modules; Module 1 and Module 2. Module 1 targeted 4,800 completes who were called back after 2-3 days to participate in Module 2 for it may be counted as a completed interview. The target sample for completed interviews was 2,400; Module 1's 4,800 was therefore catering for a 50 per cent attrition rate. After exhausting the sample frame of 36,884 contacts, the survey had 6,796 completes for Module 1 and 2,587 completes for Module 2. The complete responses from the two modules, following the same individual, were combined to form the dataset of 2,587 individuals used for the analysis.

Nearly equal proportions of both female and male respondents across the various age-groups were included in the sample. Out of the sample of 2,587 individuals, majority (25 per cent women and 27 per cent men) were youth aged 25-34 years with the least being elderly respondents aged above 75 years. A similar distribution was also reflected in the disaggregation by sex as shown in Figure 2. This is an indication of the youthful nature of persons who were able to participate in the CATI-administered survey. This is because the youth tended to be more tech-savvy and own mobile phones.

FIGURE 2: Distribution of respondents by age and sex (in percentage)



Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

The sample used in this study reflected a near equal representation of both women and men. Women from the rural areas (52 per cent) were slightly higher than men (48 per cent) while men (53 per cent) were slightly higher than women (47 per cent) in the urban sample. Given that the sample was biased to only respondents who have mobile phones, the sample was distributed into quotas (across urban and rural areas in all the 47 Counties) that both women and men had equal chances of being included in the sample. Majority of the respondents, 57 per cent, live in rural areas. The sample distribution by sex and dwelling across Kenya's County economic blocs is as shown in Table 1. A detailed description of the counties that make each economic bloc is provided in Annex 1 while further disaggregation of the respondents by age cohorts and sex is provided in Annex 3.

TABLE 1: Socio-Economic impacts of COVID-19 CATI data sample distribution by sex and dwelling across county economic blocs

	Frontier Counties Development Council (FCDC)		North Rift Economic Bloc (NOREB)		Lake Region Economic Bloc (LREB)		Jumuia ya Kaunti za Pwani		South Eastern Kenya Economic Bloc (SEKEB)		Mt. Kenya and Aberdares Region Economic Bloc		Narok-Kajiado Economic Bloc		Nairobi		National	
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
Women	37	29	46	52	50	55	46	52	37	50	48	52	49	48	50	62	47	52
Men	63	71	54	48	50	45	54	48	63	50	52	48	51	52	50	38	53	48
Pooled	61	39	30	70	27	73	55	45	31	69	40	60	51	49	93	7	43	57

Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

The distribution by urban and rural, where majority are in rural areas, is in line with the 2019 Kenya Population and Housing Census which indicated 69 per cent of Kenyans live in rural areas compared to 31 per cent living in urban areas.

Gender-Based violence (GBV) primary data

Due to the sensitivity of GBV data and the need to uphold the privacy of respondents who participated in the survey a separate SMS-based survey was conducted and data drawn from a separate sample of 2,482 individuals from all the 47 counties in Kenya (see Table 2). The sample constituted of 41 per cent and 59 per cent for women and men in urban areas and 42 per cent and 58 percent for women and men in rural areas. A further disaggregation of the respondents by age cohorts and sex is provided in Annex 4.

TABLE 2: GBV SMS data sample distribution by sex and dwelling across County economic blocs

	Frontier Counties Development Council (FCDC)		North Rift Economic Bloc (NOREB)		Lake Region Economic Bloc (LREB)		Jumuia ya Kaunti za Pwani		South Eastern Kenya Economic Bloc (SEKEB)		Mt. Kenya and Aberdares Region Economic Bloc		Narok-Kajiado Economic Bloc		Nairobi		National	
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
Women	32	27	48	46	41	42	39	32	46	34	36	46	41	50	42	50	41	42
Men	68	73	52	54	59	58	61	68	54	66	64	54	59	50	58	50	59	58
Pooled	49	51	44	56	49	51	52	48	40	60	47	53	41	59	98	2	54	46

Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

Secondary data

The report also utilized existing data on key areas of the study. This information is used to provide the background information and interpret statistics quoted in the discussion section. These include but are not limited to daily statistics from the COVID-19 Situation updates reported by the government, and May and June 2020 Wave 1 and Wave 2 COVID-19 surveys on the Socio Economic Impact of COVID-19 on Households in Kenya by the Kenya National Bureau of Statistics (KNBS)[37 & 38].

1.4.2 Qualitative data

To complement and triangulate the findings from the individual/ household data while drawing more insights on the effects and recovery plans from the pandemic, a total of 34 Key Informant Interviews (KIIs), that is 19 women and 15 men, were conducted. This covered all the 11 thematic areas under the study and guided by an interview guide and conducted via CATI using phone calls and Microsoft Teams virtual platform to ensure adherence to social distancing guidelines. The information was captured by recording the conversations and note taking and later transcribe to generate a summary KII report which was used to inform the discussions in this report. A summary of the institutions represented in the KIIs is presented in Annex 2.

[37] Kenya National Bureau of Statistics–KNBS. (2020a). *Survey on Socio Economic Impact of COVID-19 on Households Report: Wave 1.* KNBS. Nairobi. Kenya.
[38] Kenya National Bureau of Statistics–KNBS. (2020b). *Survey on Socio Economic Impact of COVID-19 on Households Report: Wave 2.* KNBS. Nairobi. Kenya.

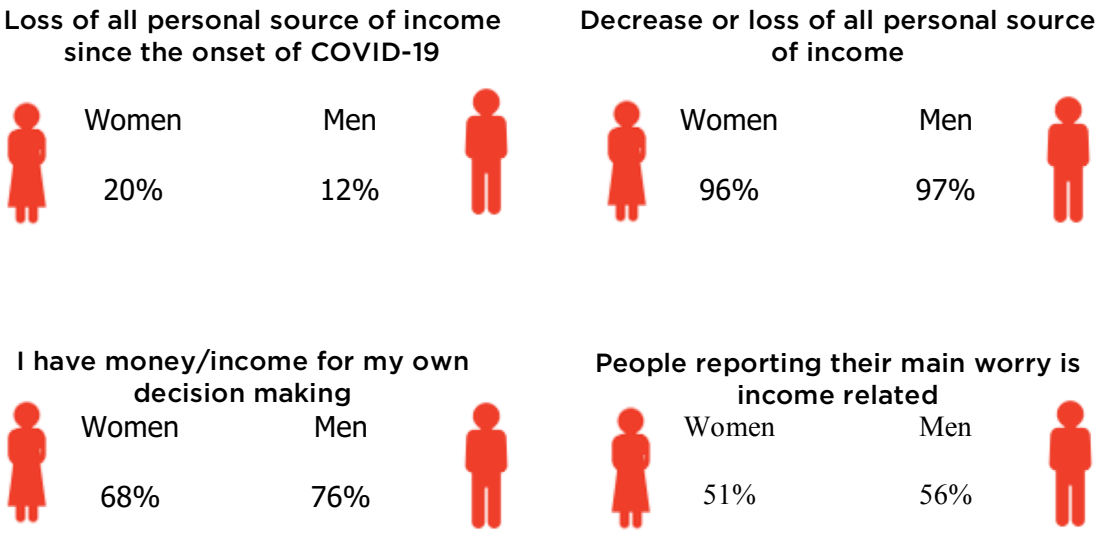
FINDINGS AND DISCUSSIONS

1.5 Socio-economic effects of COVID-19 on livelihoods

1.5.1 Personal incomes

More women than men are reporting loss of all incomes during COVID-19. The findings of this study show that 20 per cent of women reported to have lost all income since the onset of COVID-19 compared to 12 per cent of men following job losses impacted by COVID-19 containment measures. The results also show that fewer women have money or incomes of their own to make decision yet more than 96 per cent reported their sources of incomes have been negatively affected. Half of women report their worry is income related or access to food but have more other worries than men.

FIGURE 3: Personal Income since the onset of COVID-19

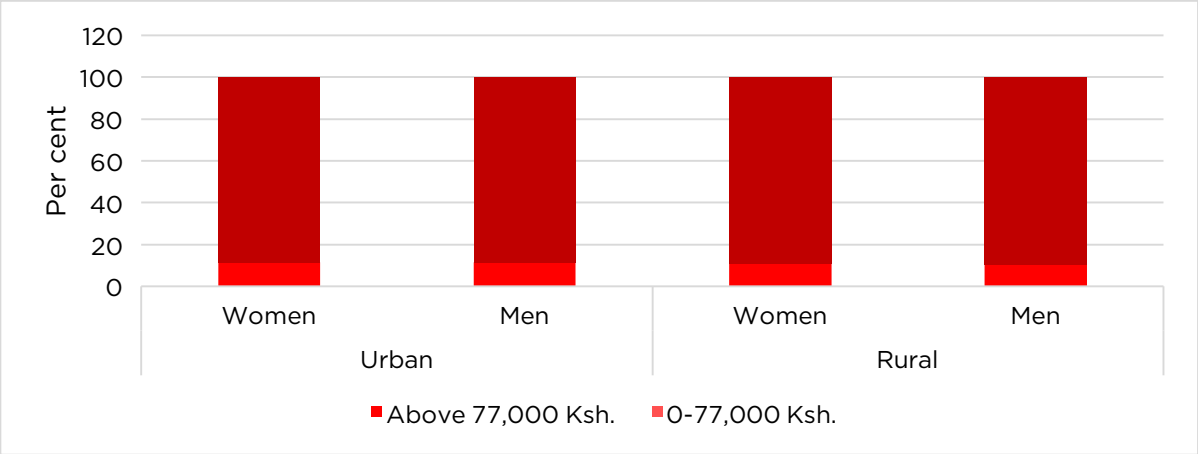


Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

1.5.2 Household incomes

Majority of the women and men earn below Ksh. 77,000 per month. While both women and men earn below Ksh 77,000 on average, slightly more women (11 per cent) than men (10 per cent) living in rural areas earn more than Ksh 77,000 (Figure 4). This means that women on average earn less than men in rural areas. The scenario changes in urban where the proportion of women and men who earn less than Ksh 77,000 is the same (88 per cent).

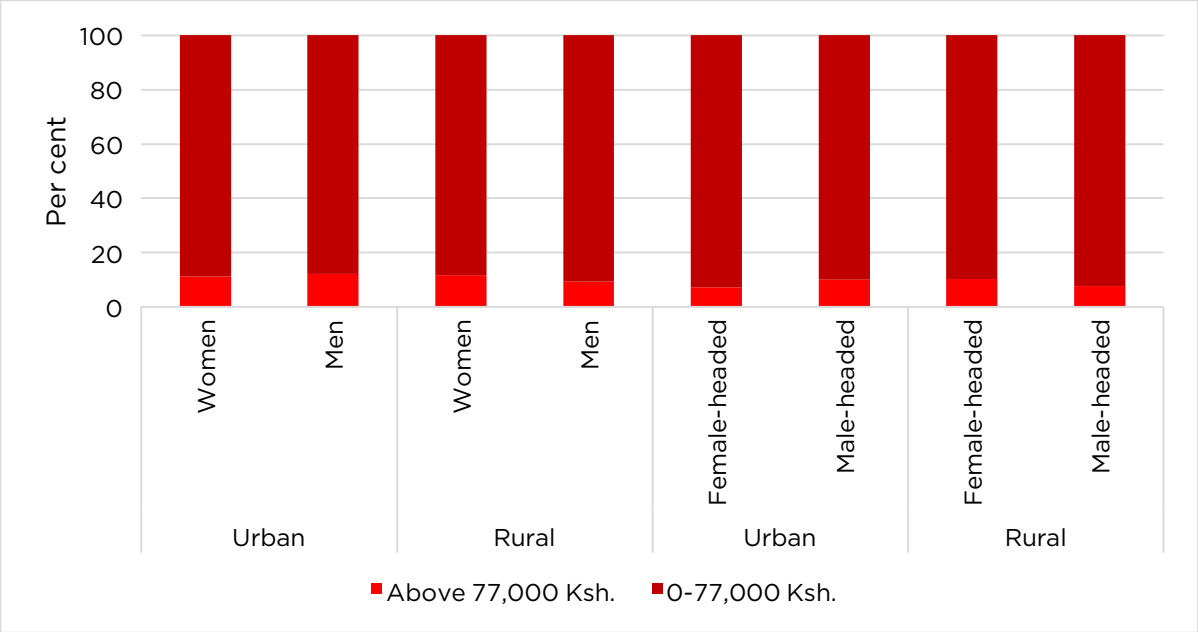
FIGURE 4: Individual income strands since onset of COVID-19, by location and sex of respondent



Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

At household level income, majority of the women and men reported living in households earning below Ksh. 77,000 per month. While most female-headed and male-headed households earn below Ksh 77,000 on average, slightly more female-headed (93 per cent) than male-headed (90 per cent) living in urban areas earn below than Ksh 77,000 (Figure 5). The scenario changes in urban where the proportion of female-headed households who earn less than Ksh 77,000 is less than male-headed (92 per cent)

FIGURE 5: Household income strands since onset of COVID-19, by location and sex of respondent

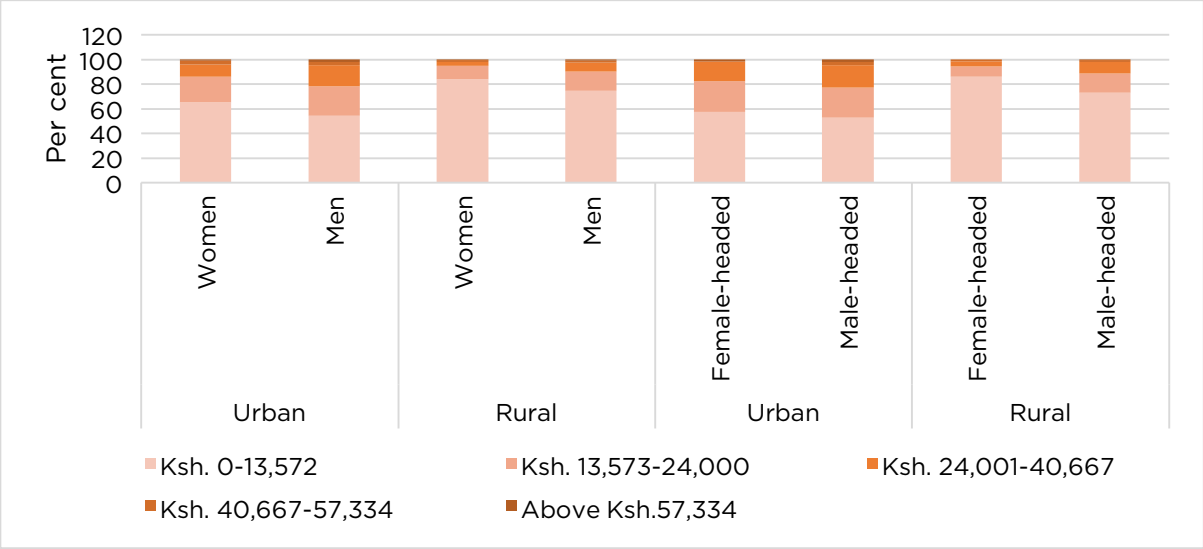


Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

1.5.3 Household economic activities before and during COVID-19

More women than men in both urban and rural areas reported lower household monthly expenditure per month Pre COVID. Despite most of the households spending less than Ksh. 13,572 (the minimum monthly wage in Kenya), more women than men reported these low expenditure at 66 per cent women and 54 per cent men in urban areas and 84 per cent women and 75 per cent men in rural (Figure 5). Lower expenditures were also reported in female-headed households relative to male-headed households in both urban and rural areas. Further correlation analysis tests shows significant relationship between either the sex of the respondent or of the household head and household expenditures. The low household expenditures are likely to have worsened post-COVID.

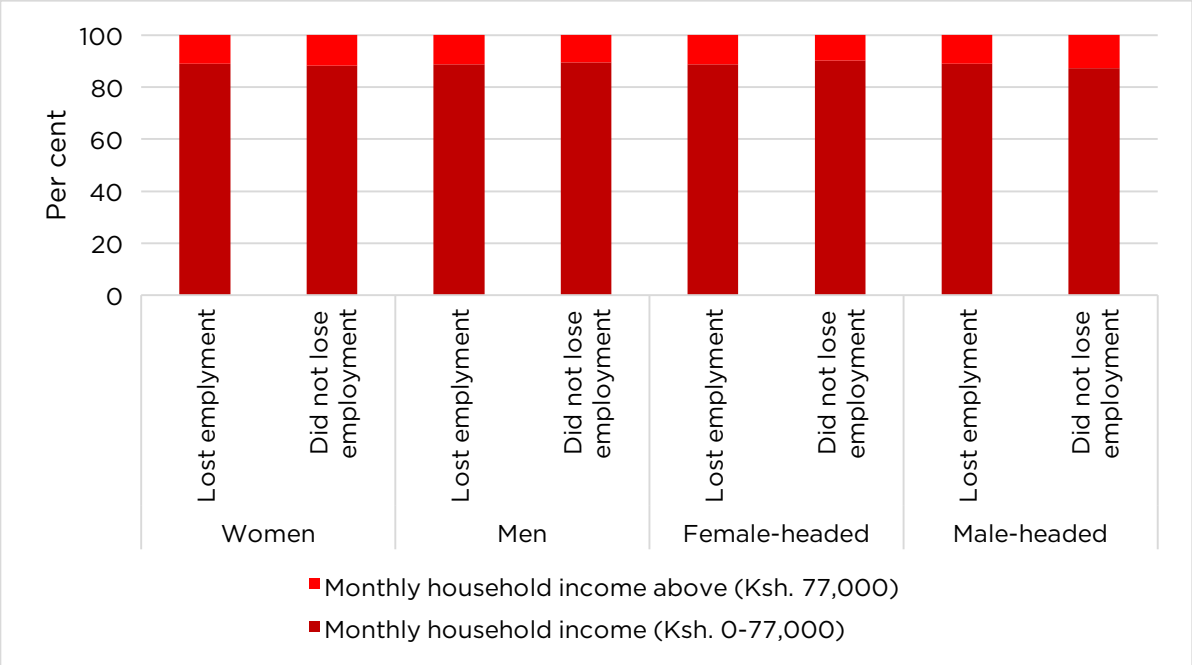
FIGURE 6: Average household expenditure in a month, before COVID-19, by sex of respondent and sex of household head



Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

COVID-19 disrupted the sources of livelihoods for households particularly for low income strands for both women and men. Both women and men lost their jobs and incomes in relatively similar proportions but not equally across income strands with the majority of the losers being those earning below Ksh. 77,000 per month (see Figure 7). However, further correlation analysis tests shows no significant relationship between either the sex of the income earner or of the household head who lost employment and income strand.

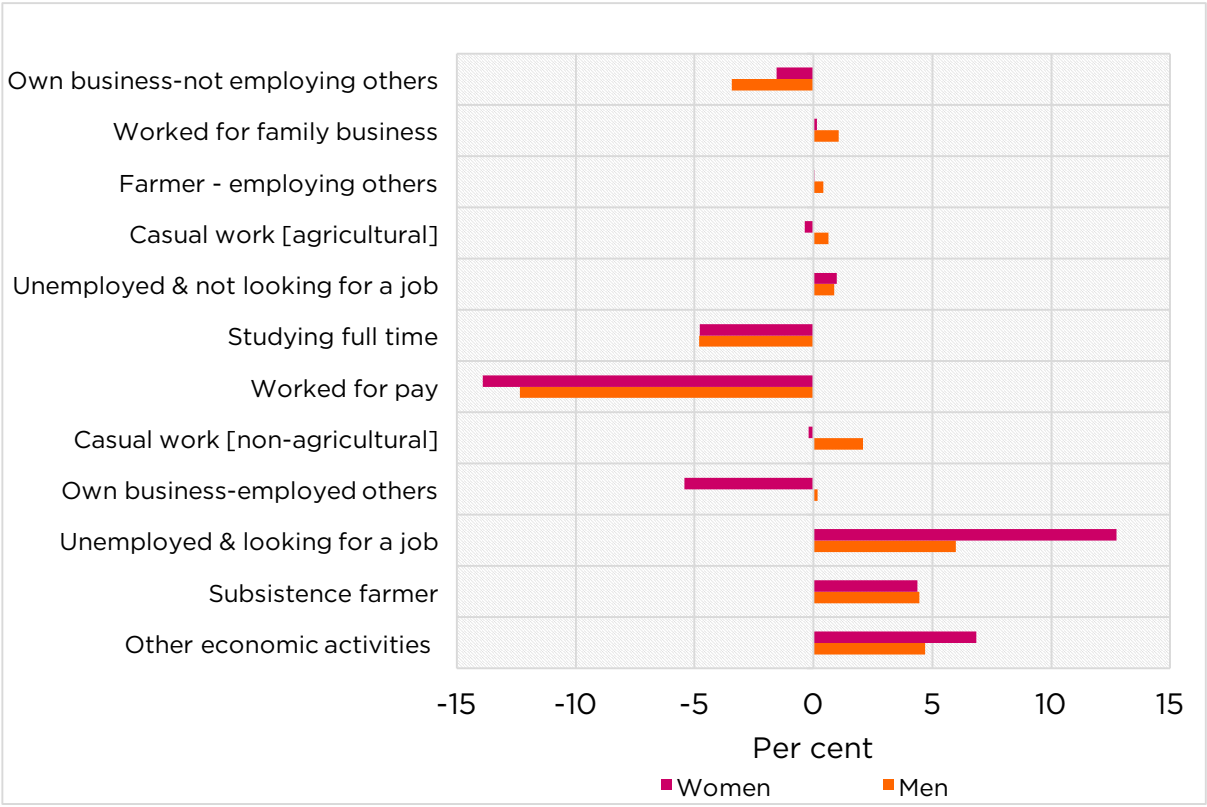
FIGURE 7: Loss in employment since onset of COVID-19, by sex of the respondent and sex of the household head



Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

Both women and men business owners and employees who earned a wage lost their livelihoods but not in equal measure. More women than men lost their jobs during COVID-19. Similarly, 1 in 10 women employers who owned businesses before COVID-19 could not continue with their business during COVID 19. Given the loss of livelihoods after the pandemic, both women and men had to resort to different coping mechanisms including looking for work, subsistence farming and other economic activities not listed. The number of women looking for paid work was twice that for men after the onset of COVID 19 (see Figure 8).

FIGURE 8: Proportion of changes in sources of household livelihood before and during the pandemic, by sex of respondent



Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

Discussions with key informants revealed the most affected category, in terms of job losses, are women working in the informal economy. The majority of these women relied on daily wages in the Micro Small and Medium Enterprises (MSMEs) and had difficulties accessing the products they sell due to supply chain disruptions during COVID 19. Urban areas were relatively more affected than rural areas notwithstanding the fact that a huge population live in urban informal settlements. These includes those working in industrial areas i.e. casual workers, and domestic care workers who could not afford to buy food and pay rent. The ripple effects were reflected in lower income cadres where households could not afford basic commodities like food.

1.5.4 Changes in individual and household incomes

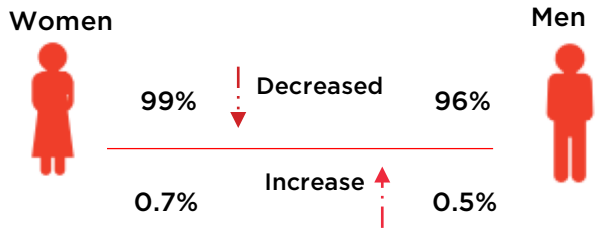
Two in three adults who lost all their incomes were women. Women's economic empowerment has declined since the onset of COVID-19. Both individual and household incomes have declined as a result of the pandemic (see Figure 9). In addition, only those earning below Ksh. 77,000 per month reported a decline or total loss in personal incomes. While the personal incomes for both women (78 per cent) and men (90 per cent) declined in urban areas, the number of women who lost all their income was almost twice that of men. This was further reflected by correlation test results which indicated a significant relationship between loss in income and sex of the respondent in urban areas. A relatively similar scenario was reflected in urban areas where women (84 per cent) and men (89 per cent) reported a decrease in their incomes, though there was no significant relationship between income loss and sex of the loser. The loss in incomes is attributed to lay-offs and pay-cuts by employers, and loss of businesses due to lockdowns and restrictions on movement.

FIGURE 9: Proportional of population who experienced a decrease or lost all income since the onset of COVID-19, by sex of respondent and location

Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

A similar trend in income changes is reflected in the households headed by women (99 per cent) and men (96 per cent) (see Figure 10). The effect of income losses was worse off for women than men given that the labour market already displays a disproportionate gender bias against women as indicated by correlation test results which indicated significant relationship between loss in income and sex of the household head. These has implications on the gender wage differentials which if left unattended will exacerbate gender inequalities.

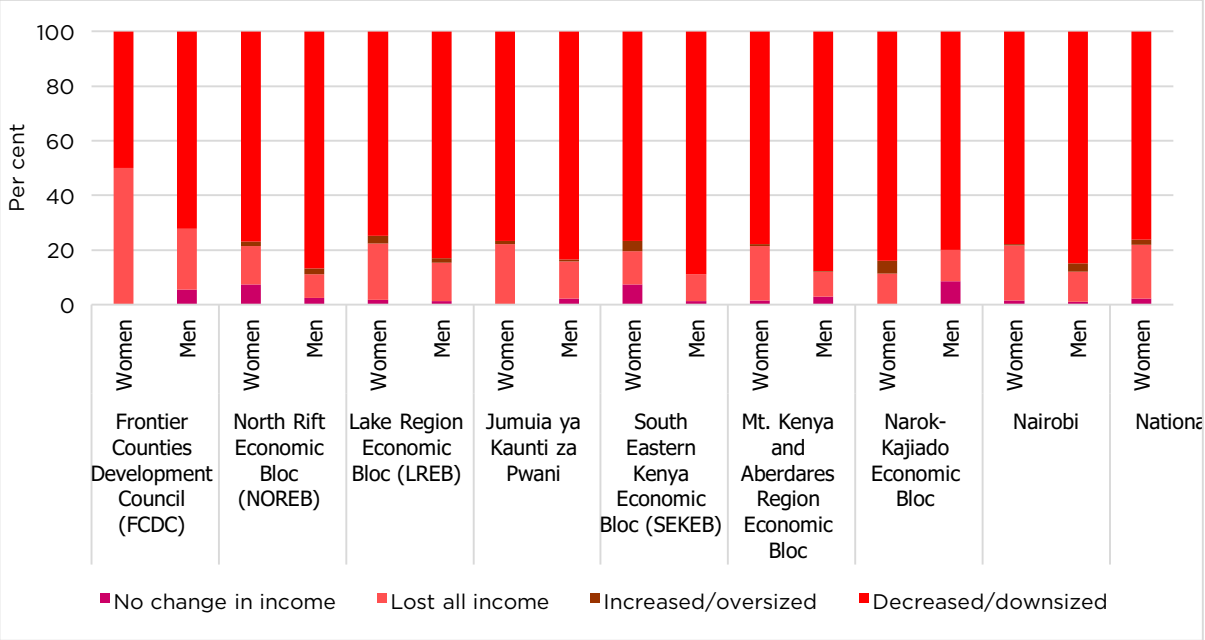
FIGURE 10: Proportional change in total household income since the onset of COVID-19, by sex of the household head



Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

The decline in personal income cuts across all economic blocs. 4 in 5 women living in Narok-Kajiado economic bloc reported a decline in their personal incomes since the onset of COVID-19. The situation in FCDC was even dire with 1 in 2 women having lost all their incomes compared to 1 in 5 in other economic blocs. The summary is presented in Figure 11.

FIGURE 11: Proportional change in personal income since the onset of COVID-19, by sex of respondent and economic bloc



Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

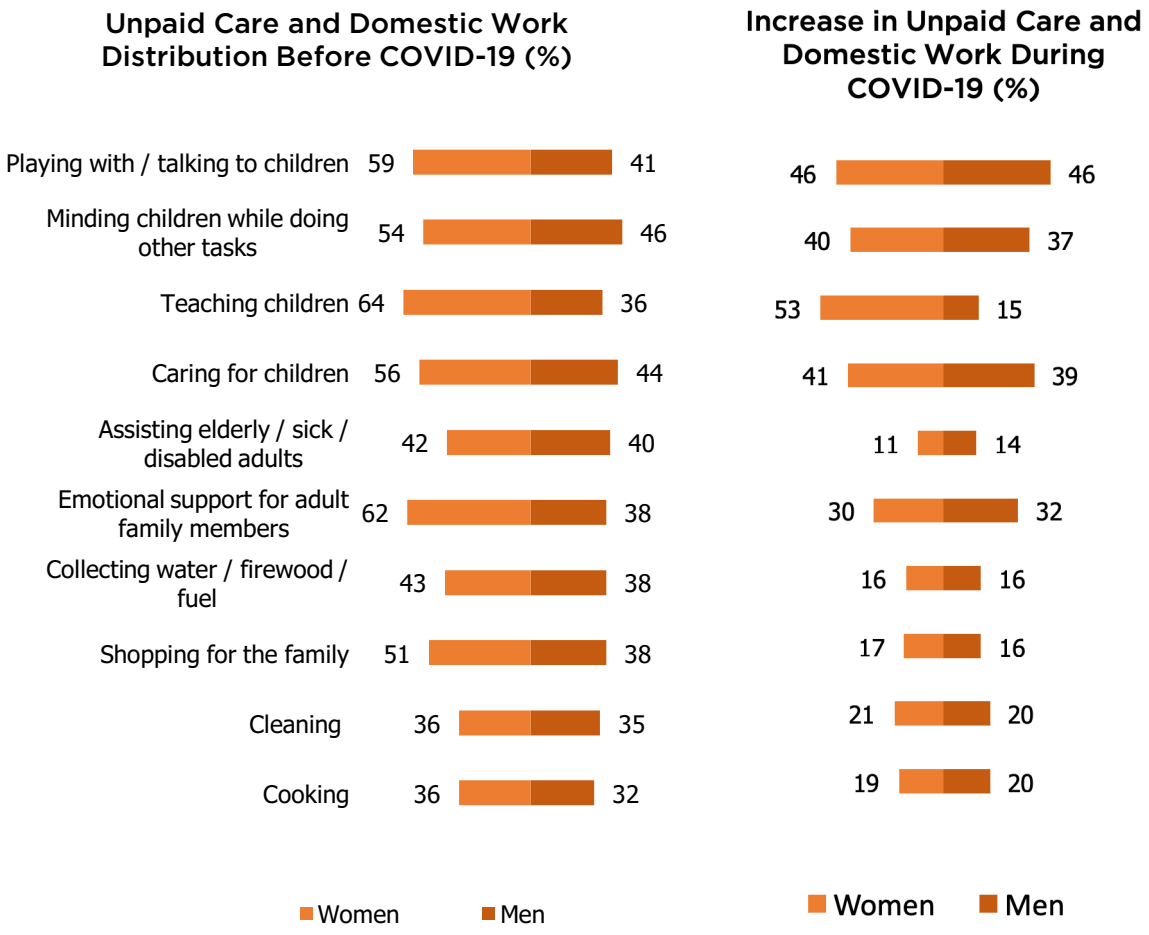
1.5.5 Unpaid Care and Domestic Work

Although COVID-19 increased the time households spent on both unpaid care and domestic work, a higher percentage of women than men realised increased burden of work. With schools closed following the outbreak of COVID-19 and most children having to stay at home with their parents/guardians, unpaid care and domestic work increased for most of the households (see Figure 11). The increase was higher for unpaid care work related to children such as minding children at 40 per cent for women and 37 per cent for men; teaching children at 53 per cent for women and 15 per cent for men; and caring for children at 41 per cent for women and 39 per cent for men. Unpaid domestic work entails cleaning, collecting water, preparing food & shopping for the household. While more women have taken on unpaid care work, the proportion of women versus men whose role in unpaid domestic work increased is relatively similar. For example collecting firewood and water both at 16 per cent, shopping for the family at 17 per cent for women and 16 per cent for men; cleaning at 21 per cent for women and 20 per cent for men; and cooking at 19 per cent for women and 20 per cent for men (see Figure 12).

Women's roles in unpaid care and domestic work increased with COVID-19. Figure 10 shows teaching children, playing with children and minding children while doing other tasks like paid work were among the household tasks that increased significantly affecting slightly above 40 per cent of both male and female care givers. A slightly higher proportion of men (48 per cent) spent more time teaching children compared to the women (47 per cent). However, for all other tasks more women reported an increase in their roles compared to men. This suggests the higher burden of unpaid care work was on women, which to some extent could have affected their ability to deliver on paid work due to time constraints.

Additional insights from key informants revealed women working from home were overworked and more likely to get fatigued in their strive for a balance between household chores and paid work. This notwithstanding, some households had laid off their domestic workers following economic constraints, resulting in the need to take on additional tasks particularly for women. On the positive side, working from home may have increased productivity for some women and men as they spent lesser time in traffic especially in urban areas, this could mean more time for paid work or unpaid care work. In addition, they had less expenditure on transport or fuel increasing the disposable income for their households.

FIGURE 12: Unpaid care and domestic work since onset of COVID-19, by sex of respondent



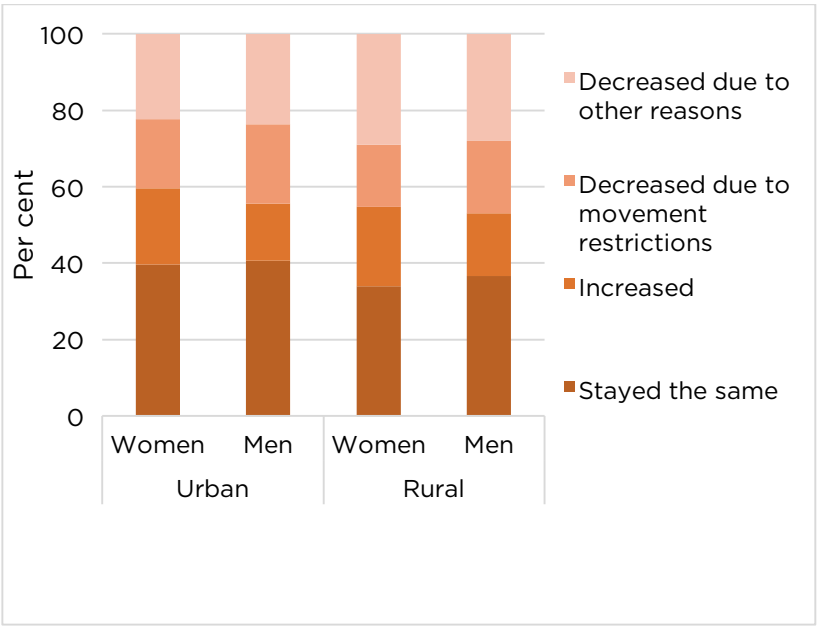
Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

1.5.6 Food Security and Agricultural Inputs

Financial hardship is reported as the highest and most difficult experience for both female and male headed households. Since the onset of COVID-19 financial difficulties have unfolded as the most significant challenge for 56 per cent of the women and 59 per cent men (see Figure 13). The financial difficulties were mostly as result of loss of employment for household members particularly the household heads whose monthly wage was less than Ksh. 77,000 per month as previously evidenced in Figure 4. As such, the pandemic has threatened livelihoods of most of the households.

4 out of 10 women had to either eat less/ skip a meal or worse still, go hungry without food (1 out of 10) due to lack of money. Although more women (45 per cent) than men (41 per cent) experienced incidences of food insecurity, statistical measures of significance do not support these results. Other reasons contributing to food insecurity include cessation of movement and closure of borders which affected the price of food supplies. However, with alcohol sales and movement restrictions, there were some positive effects like a decrease in alcohol and substance abuse for 16 per cent of the households.

FIGURE 13: Change in food availability since onset of COVID-19, by sex of respondent and location



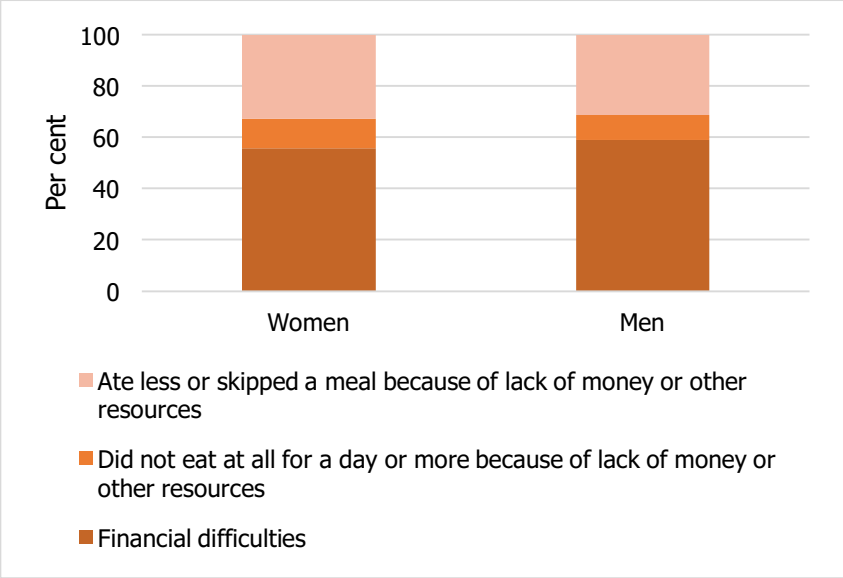
"With COVID-19 effects on food availability and ability to afford, families have developed coping mechanisms which include reduced meals, skipping of meals, or consuming less preferred foods. This has implications on the nutrition status of our people, especially children and lactating mothers"

Programmes policy officer gender and protection, World Food Programme (WFP) Kenya).

Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

About 45 per cent of households reported a decline in food availability in the local shops and markets (see Figure 14). Men experienced a higher decline in food availability than women in both rural (women 45 per cent and men 47 per cent) and urban (women 40 per cent and men 45 per cent). Overall, the disruptions are due to restrictions on movement such as the inter-county cessation of movement and localized lockdown. Further, discussions with key informants indicated that disruptions in access to markets for most value chain players including consumers due to closure of some food markets and restrictions on movement especially lockdowns in some counties in the country brought about changes in food availability. This contributed to a rise in food prices with 80 per cent of those surveyed reporting that prices of food they normally bought in local shops and markets had increased significantly since onset of COVID-19.

FIGURE 14: Proportion of people facing financial difficulties and food insecurity since onset of COVID 19, by sex of respondent



"With COVID-19 effects on food availability and ability to afford, families have developed coping mechanisms which include reduced meals, skipping of meals, or consuming less preferred foods. This has implications on the nutrition status of our people, especially children and lactating mothers"

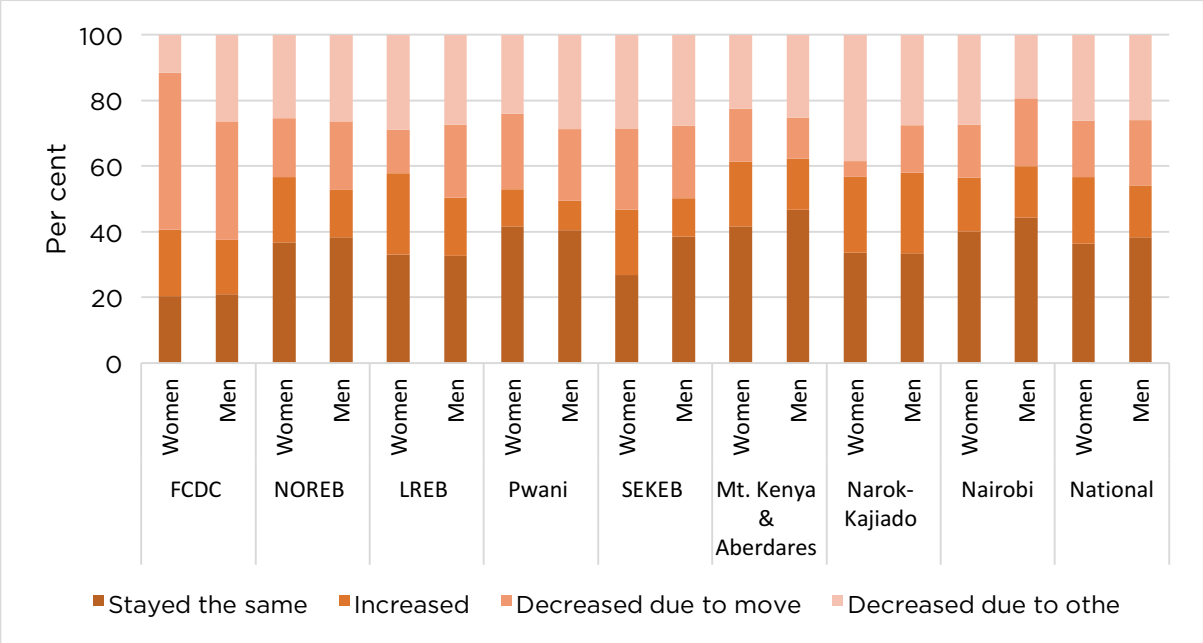
(Programmes policy officer gender and protection, World Food Programme (WFP) Kenya).

Source: UN Women (2020) Rapid Assessment Survey on the Consequences of COVID-19 in Kenya

Discussions with experts on food security indicate that poor and low-income households could not diversify their meals. Specifically, households living in informal urban settlements; arid and semi-arid rural areas; female-headed households; households who rely on a daily wage, and those living with the elderly and Orphans and Vulnerable Children (OVCs) who rely on transfers from non-state actors. Following closure of schools, both girls and boys who relied on school feeding programme could no longer benefit from these programmes, hence affecting their own but also food security in households as the available food have to be shared with more people. A lack of dietary diversity is likely to affect the nutritional status of children, adolescent girls and boys in addition to expectant mothers.

Similarly, the pandemic negatively affected sources of household incomes, threatened food security and access to nutritious food across different economic blocs. Coupled with financial difficulties and restrictions in movement, food availability declined most among female-headed households in the FCDC. Almost 1 out of 5 women reported a decline in food due to restriction of movements that affected Mandera and its neighbouring counties (see Figure 15). Mandera County is among the regions that the government and World Food Programme had to intervene with relief food. Nairobi County also experienced a relatively high reduction in the availability of food as a result of closure of many businesses due to fear of getting infection with COVID-19.

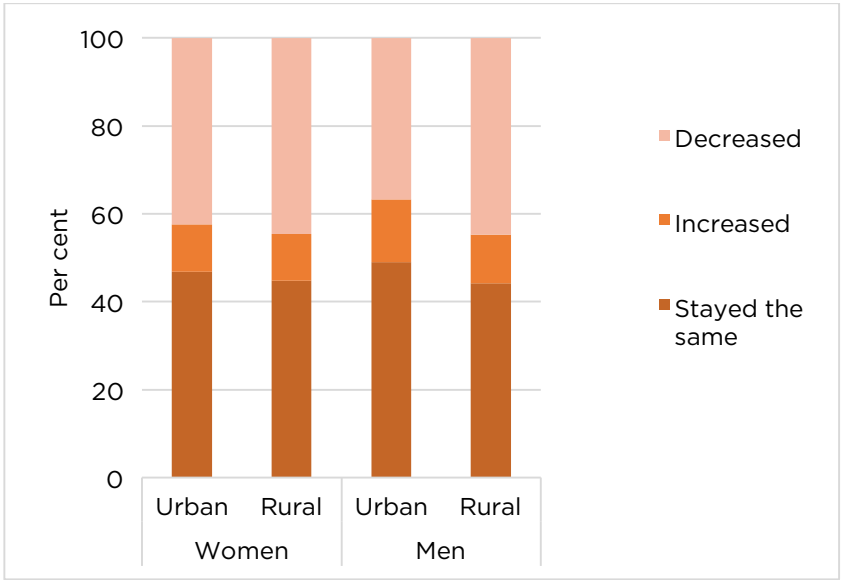
FIGURE 15: Change in food availability since onset of COVID-19, by sex of respondent and economic bloc



Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

With the onset of COVID-19 most agriculture value chain activities were interrupted with noticeable effects on ability to access and buy farm inputs particularly for women in urban areas. Figure 16 shows a slightly higher proportion of women in urban areas (42 per cent) relative to men (37 per cent) indicated that availability and ability to buy agricultural inputs had declined. However the proportions were relatively similar for rural areas with both at 45 per cent. The effects were also echoed during key informants' interviews (KIIs) with experts in the sector pointing out that availability and ability to buy agricultural inputs such as seeds and fertilizers was affected negatively due to supply chain disruptions, such as closure of some markets and restrictions on movements. This may have also translated to untimely planting or lower output. The banning of the international flights led to reduction of supply for some imported inputs including equipment and exports to overseas markets where some agriculture produces, particularly horticulture, finds its way. This resulted in loss of jobs and incomes leading to lower purchasing power for farm inputs and food.

FIGURE 16: Change in availability and ability to buy agricultural inputs since onset of COVID-19, by sex of respondent and location



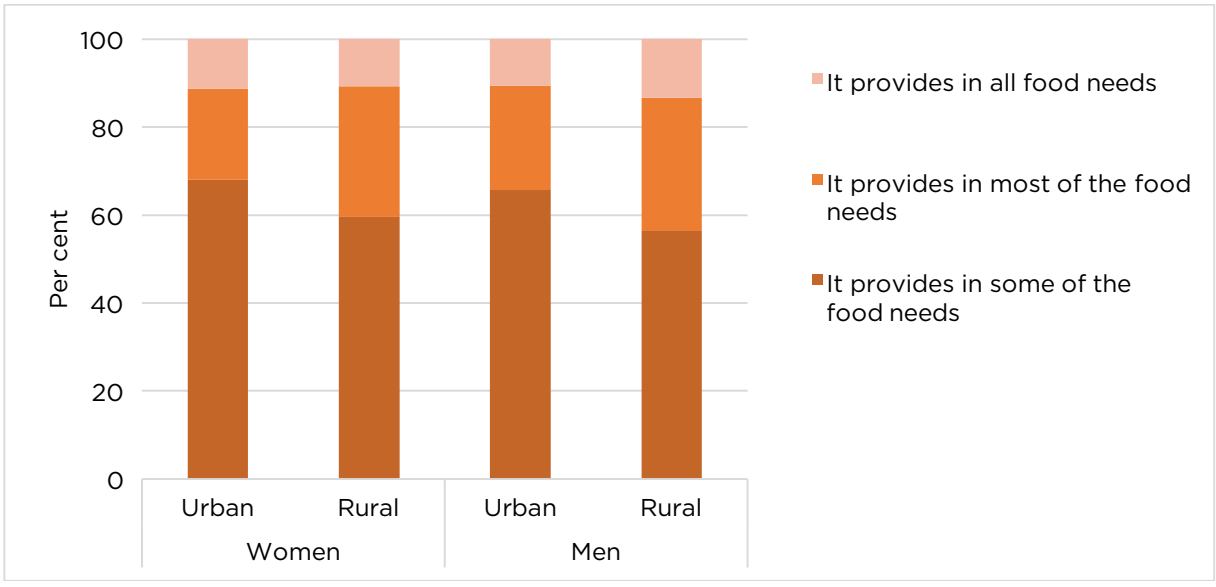
"The agriculture value chain from production, processing, packaging, and supply were affected negatively. Individual's capacity to produce, access (distribution logistics) and afford food were also affected by lock downs"

(Programmes policy officer gender and protection, World Food Programme (WFP) Kenya).

Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

While agriculture was a source of food, it was more likely to provide for most of the household food needs for women and men in both rural and urban areas. Figure 17 shows these activities met most of the food requirements for 30 per cent and 21 per cent of women in rural and urban areas respectively and for 30 per cent and 24 per cent of men in rural and urban areas respectively. Only a small proportion of the households in agriculture (about 10 per cent) reported that their agricultural activities met all their food needs.

FIGURE 17: Proportion of households where agriculture is a source of food needs for the household, by sex of respondent

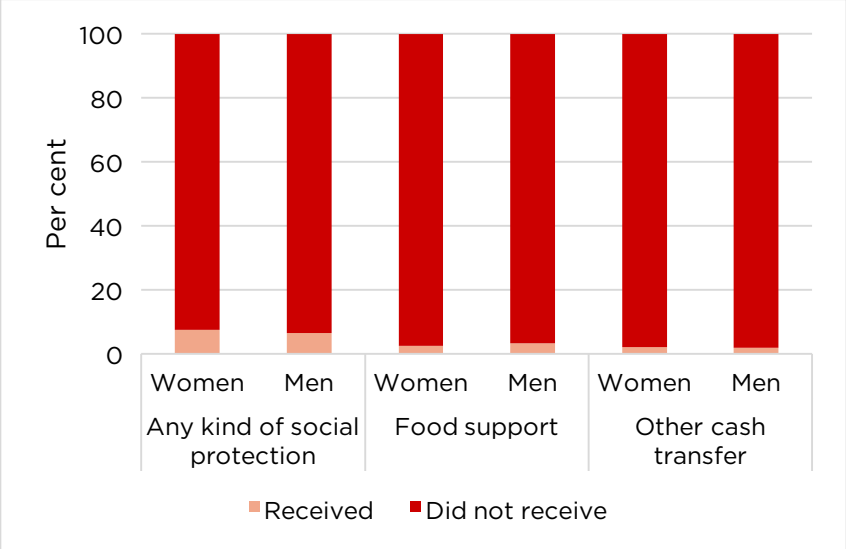


Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

1.5.7 Social protection

The social protection was the same for both gender yet more women than men lost all incomes (see Figure 17). The social protection programmes which were majorly from the Government of Kenya, through Ministry of Labour and Social Protection in collaboration with County governments and non-state actors did not benefit more women than men yet earlier results indicated that there were more women than men who lost all incomes revealing gender mainstreaming in social protection programmes (Figure 18). Other in-kind supports granted to people but biased toward men as well include food, medication, supplies for prevention of spread of COVID-19 [such as gloves, masks, sanitizers, hand-washing containers, and soap], personal hygiene supplies [menstrual supplies, and baby diapers and adult diapers].

FIGURE 18: Proportion of households in receipt of social protection & in-kind support since onset of COVID-19, by sex respondent



"More resources and support actors are needed to cover all the people who have been left vulnerable by COVID-19. To realize this, there is need to prudently use available resources and strengthen coordination between state and non-state actors supporting target beneficiaries.'"

OXFAM - EU Cash Consortium Coordinator – Kenya

Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

Overall, the support helped women and men to smoothen their consumption. Specifically, refugees, the poor, households living in informal settlements and those that had lost their sources of livelihoods, managed to cope with the economic effects of the pandemic following social protection grants. Data from KNBS show that a higher proportion of female-headed households (22.9 per cent) received some form of cash transfer or remittances from relatives or friends compared to 16.9 per cent of male-headed households as of 30th June 2020[39]. Discussions with key informants revealed that some of the specific institutions offering social protection programmes during the pandemic include: Kenya Red Cross, World Food Programme (WFP), Oxfam- Kenya, Concern Worldwide, Care Kenya, United Nations Population Fund (UNFPA), World Vision, Acted, Give directly, United Nations Children's Fund (UNICEF), World Vision and Dan Church Aid. Much focus by the non-state actors was in major towns that were under lockdown particularly informal settlements in Nairobi and

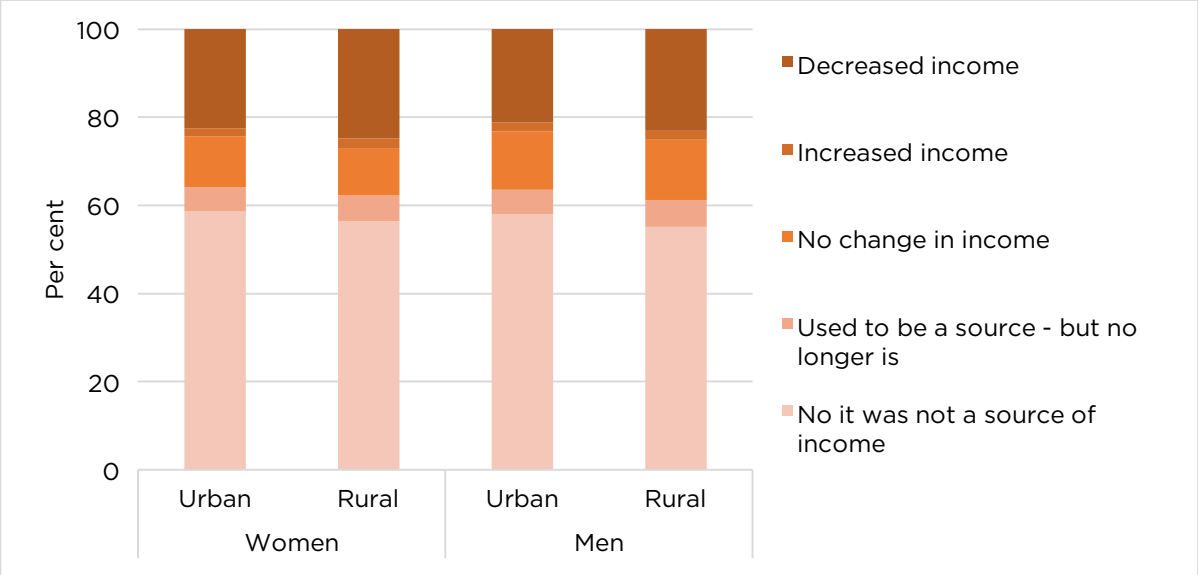
[39] Kenya National Bureau of Statistics–KNBS. (2020). *Survey on Socio Economic Impact of COVID-19 on Households Report: Wave 2.* KNBS. Nairobi. Kenya.

Mombasa's informal settlements, targeting the poor. Particularly those living with chronically ill people, OVCs, PWDs, single/female-headed households, and those who lost their sources of livelihoods due the pandemic.

Government efforts to offer social protection was particularly evident with the public works programme such as the National Hygiene Program (NHP), dubbed *Kazi Mtaani*. This is a national initiative designed to cushion the most vulnerable but able-bodied Kenyan citizens, particularly the youth, living in informal settlements from the effects the COVID-19 pandemic[40]. The key informants pointed out that there was a likelihood of duplication of efforts given challenges in identifying and verifying the most vulnerable and in mapping organizations offering cash transfers and other social protection programmes.

More women than men, previously beneficiaries of remittances, had to seek other means of survival since the usual systems of support were not forthcoming. For those who usually benefit from remittances more women (23 per cent and 25 per cent in urban and rural areas respectively) relative to men (21 per cent and 23 per cent in urban and rural areas respectively) reported a decline in income from the source (see Figure 19). This is an indication that women had a higher burden to meet their needs during the COVID-19 period relative to men.

FIGURE 19: Proportion of change in in-kind and monetary support from friends and relatives since onset of COVID-19, by sex of the respondent



Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

[40] GoK (2020). Ministry of Transport, Infrastructure, Housing and Urban development: State Department of Housing and Urban Development. Accessed from: https://housingandurban.go.ke/national-hygiene-programme-kazi-mtaani/

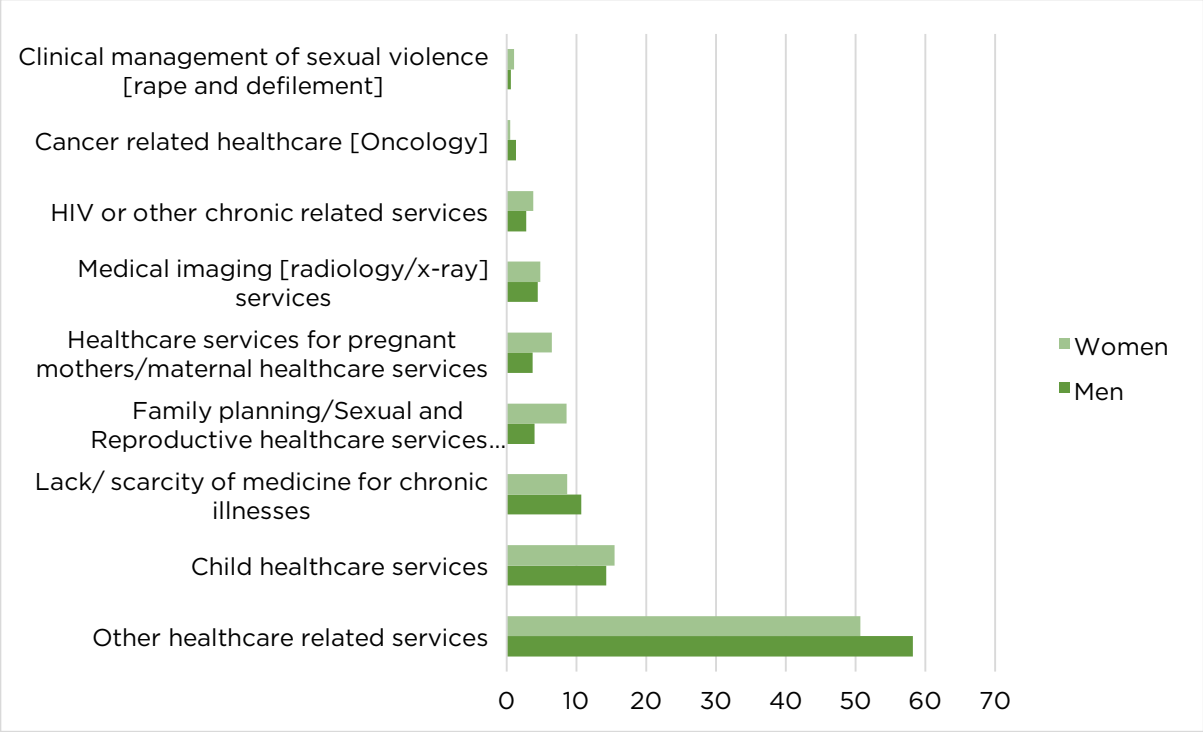
1.6 Effects of the pandemic on access to public services

1.6.1 Physical and mental health and access to healthcare services

Access to health care services is one of the most affected public services with the onset of COVID-19 pandemic.

Although statistics show that the rate of COVID-19 infection is higher in men than women, the greatest burden as a result of the pandemic is disproportionately being borne by women. For instance, women's access to essential services such as sexual and reproductive healthcare including family planning; maternal healthcare services; HIV and other chronic illnesses; medical imaging and clinical management of sexual violence (rape and defilement) were interrupted throughout the pandemic period (see Figure 20). More women (58 per cent) than men (51 (percent) who sought child healthcare services could not get the service. More men could not access medicine and services for chronic illnesses such as cancer. One of the reasons associated with lack of health services is the huge burden that the pandemic has placed on health facilities whereby more attention shifted to fight COVID-19. Other causes include inadequate access, by medical personnel to personal protective equipment (PPEs) limiting their ability to deliver health care services for fear of contracting the pandemic. Where available, some PPEs were of low quality, increasing stigma against medical personnel when dealing with patients, further widening the health care access gap of the general public.

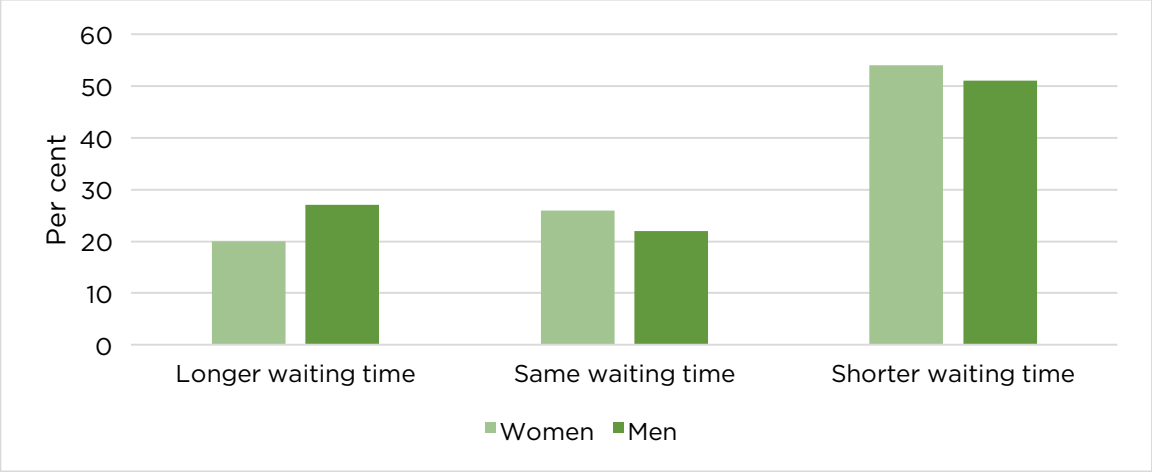
FIGURE 20: Proportion of people who could not access medical care when needed, Health services that persons sought and could not access during the COVID-19 period, by sex of respondent



Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

More women than men either resorted to self- medication (home-based or over-the counter) or did not seek medical care at all for fear of contracting the virus. Of those who sought medical services and could not access about 2 per cent resulted to alternative forms of medication including self-medication. These services were family planning/sexual and reproductive healthcare services, maternal healthcare services, child healthcare services, clinical management of sexual violence, HIV or other chronic related services, cancer related healthcare, medical imaging [radiology/x-ray] services and lack/ scarcity of medicine for chronic illnesses. While these may have translated to shorter waiting time at the health facilities for both women (54 per cent) and men (51 per cent) (see Figure 21), the consequence of these changes in health seeking behaviour is that both women and children did not access essential services including maternal and child health care services. Insights from key informants indicate that to some extent, wearing of masks and enhanced hygiene played a role in reducing morbidity cases and hence fewer people were in need of healthcare services.

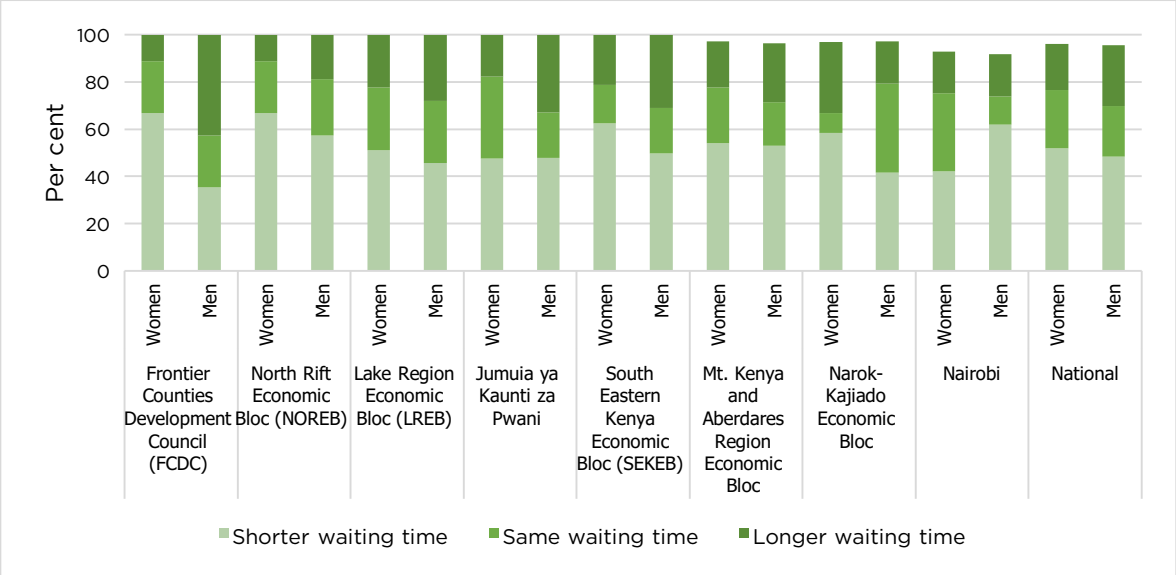
FIGURE 21: Waiting time in health facilities of those who used healthcare services, since onset of COVID-19, by sex respondent



Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

In most of the County economic blocs more women relative to men are taking shorter period to be attended in the health facilities with higher proportions being from FCDC and NOREB. In almost all blocs except Nairobi, men are reporting to be spending more time in the hospital queues perhaps due to the nature of services they seek. The summary of these findings is presented in Figure 22.

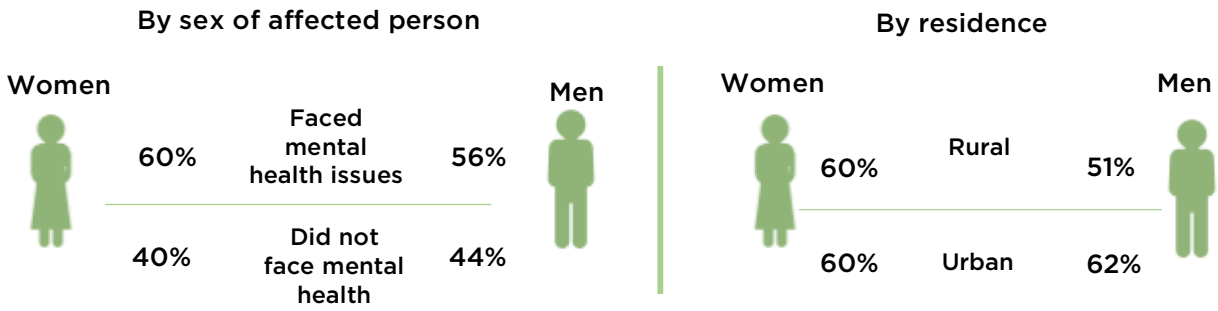
FIGURE 22: Waiting time in health facilities, since onset of COVID-19, by economic bloc and sex of respondent



Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

Although COVID-19 has affected the physical health of both women and men, the burden of mental and psychological health disproportionately falls on women. Coupled with the circumstances around the pandemic, the burden of stress, anxiety and confidence, losing one's job and therefore incomes, having to take care of families at home and ensure that their basic needs are met amid financial constraints may have contributed to the decline in mental health of women at 60 per cent relative to men at 56 per cent (see Figure 23). In addition, sexual and gender-based violence, including physical and psychological abuse and other forms of abuse and sexual violence often place girls and women at high risk of physical and mental trauma, disease and unwanted pregnancies. This further increases the likelihood of women experiencing a decline in mental health. Investing in psychosocial support is one of the effective ways of addressing mental health.

FIGURE 23: Proportion of women and men whose mental health was affected since onset of COVID-19, by sex of respondent

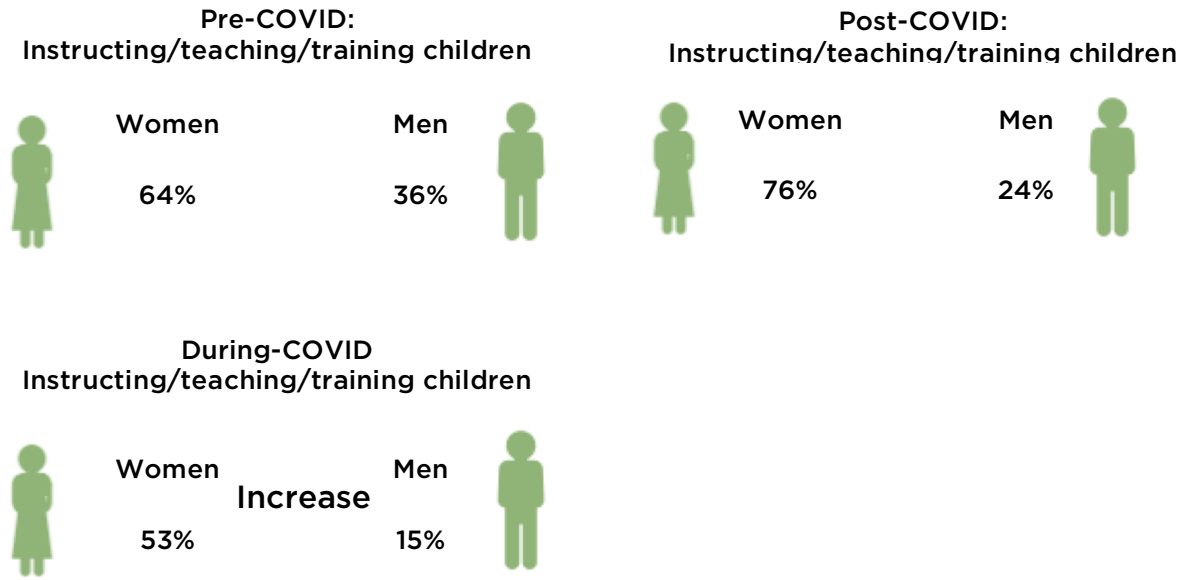


Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

1.6.2 Education

Following the detection of the first case of COVID-19 in March 2020, all schools and institutions of higher learning were directed to close indefinitely, and all learners were directed to stay at home. As such, the burden of continued learning was borne by the parents. As shown in Figure 23, more women (64 per cent) than men (36 per cent) were responsible for instructing, teaching and training children before COVID-19. However, with onset of the pandemic the responsibilities increased for both women and men but not in equal proportions. The burden of teaching, instructing and training children fell more heavily on the women (76 per cent) than men (24 per cent) as shown in Figure 24.

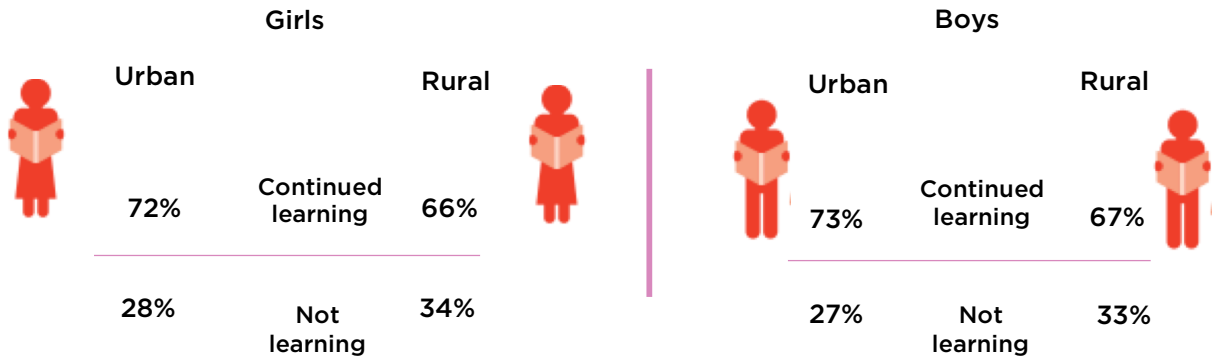
FIGURE 24: Teaching children at home before and in since onset of COVID-19



Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

Although over 65 per cent of both boys and girls continued to learn from home, those living in the rural areas were disadvantaged compared to those living in urban areas. More girls (34 per cent - rural and 28 per cent - urban) than boys (33 per cent - rural and 27 per cent - urban) did not continue with learning from home (see Figure 25). Further analysis using correlation tests show there was 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. The challenges were limited access to internet, limited access to learning materials, lack of electricity/source of lighting, increased household chores to the learner, lack of a skilled instructor/adult in the household and lack of conducive environment. However, multiple roles of the parent/guardian had no significant correlation for boys though significant for girls. This is an indication that girls may have played a role in supporting the parents/guardians unpaid care work in the households.

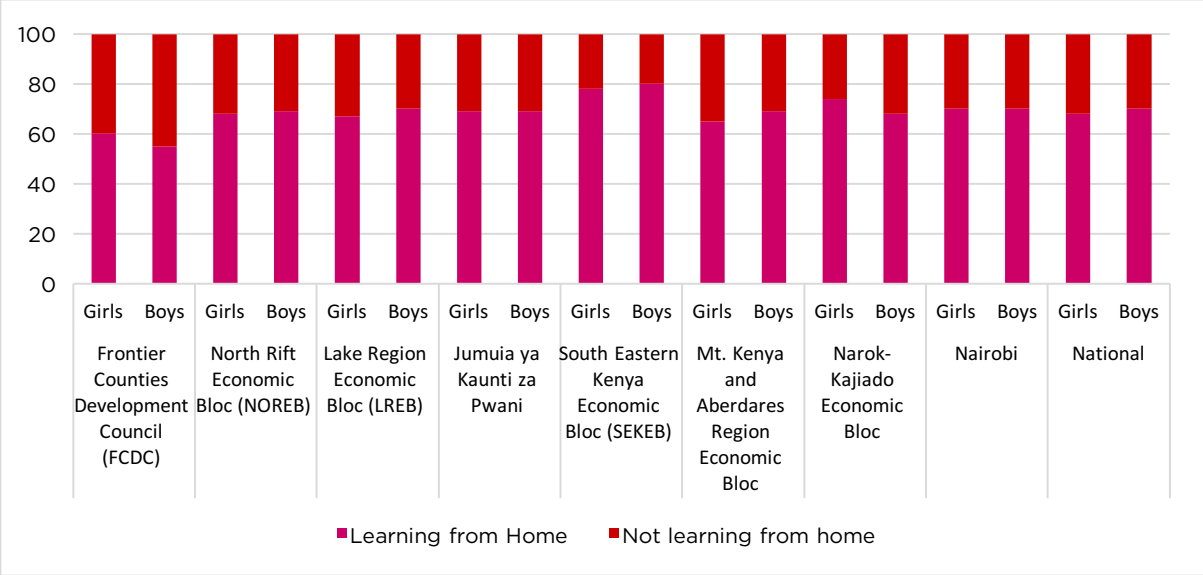
FIGURE 25: Girls and boys learning from home, since onset of COVID-19



Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

Girls and boys in FCDC are the most disadvantaged across all the economic blocs as they were not learning from home. SEKEB reported the highest number of children learning from home with almost 8 out of 10 children learning from home. This is a sign of disparities in access to learning facilities and infrastructure such as internet, television sets, radio and print media across the blocs. The summary is presented in the Figure 26.

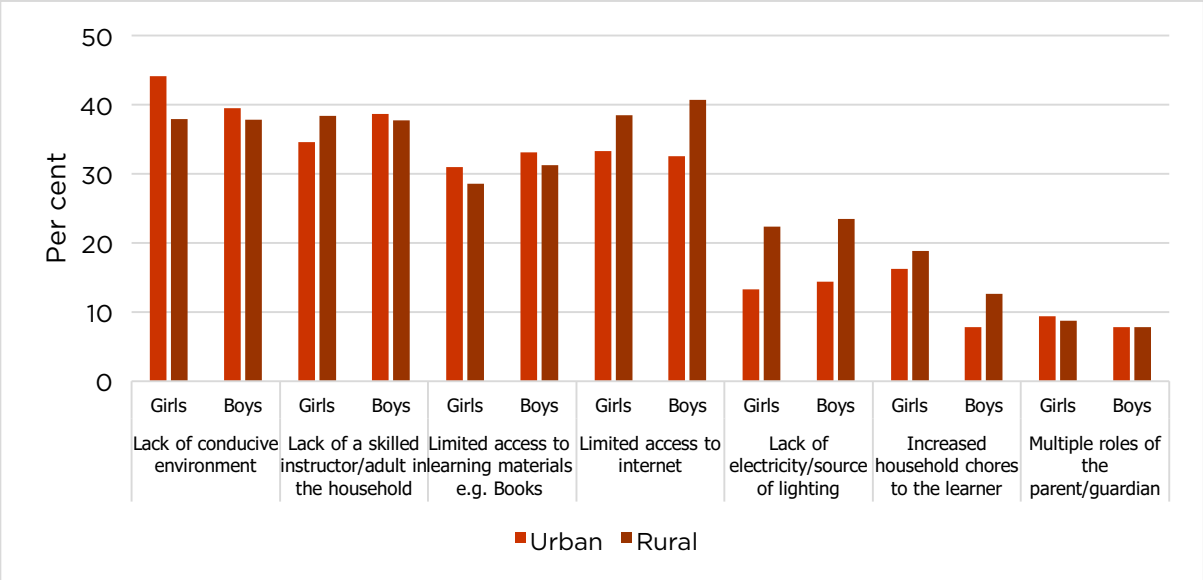
FIGURE 26: Incidence of learning from home since onset of COVID-19, by sex of respondent and economic bloc



Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

Lack of conducive learning environments and skilled instructors, and limited access to learning materials and internet were pointed out as the key constraints that limited boys and girls from learning from home (see Figure 27). The differences in challenges experienced varies across the urban and rural setting and among boys and girls. Limited access to learning materials and lack of electricity/lighting were more prevalent in rural than urban areas where the lack of a conducive environment was more prominent. Girls in rural areas lacked access to skilled instructors compared to those in urban areas. Similar sentiments were shared from the KIIs, where experts in the education sector pointed out that learning from home was not effective because most learners basically read the notes they had written while at school, but lacked access to internet, and learning devices such as smartphones or computers, and television sets or radio to follow other topics offered in online learning programmes. The parents also seemed to be busy with their daily chores and work hence played a minimal role in supporting their children to continue learning from home. These limitations are likely to explain the fact that many children particularly girls were observed to be engaging in undesirable behaviour and outcomes such as teenage pregnancies during this period of COVID-19.

FIGURE 27: Challenges of learning from home, since onset of COVID-19



"The few interventions to continue learning from home have not been effective. This is because the notion of schools are closed has made most parents not to facilitate/ encourage their children to continue learning from home."

(Director ECDE, Tharaka Nithi County).

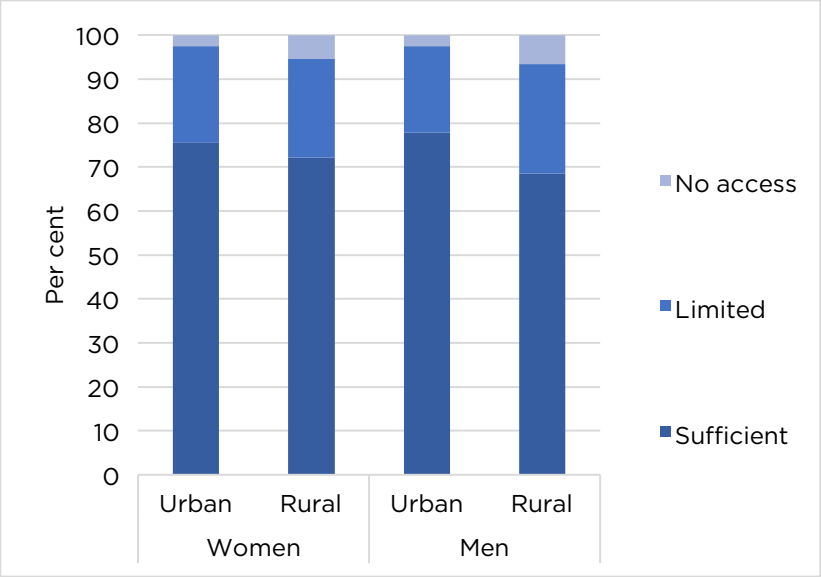
Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

While both boys and girls helped with household chores, girls (18 per cent) were more likely than boys (11 per cent) to spend more time than previously helping in the home. Notably, girls in both rural and urban areas indicated that an increase in household chores prevented them from doing their work. The involvement of girls in domestic chores at a very early age, while having to manage their educational responsibilities often results in poor performance and drop-out from schooling. Such gender biased responsibilities reinforce existing gender inequalities. There is a need to prepare girls to participate actively, effectively and equally with boys irrespective of changes in their circumstances such as COVID-19.

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 viruses including Corona. Whereas 70 per cent and 78 per cent of households living in rural and urban areas had access to sufficient clean and safe water (see Figure 28), more than 30 per cent (35 per cent for rural 26 per cent for urban) of households encountered a myriad of challenges in accessing clean and safe water (see Figure 29). In the urban areas, the supply of piped water is very irregular and in some cases the price of water is costly and unaffordable for households. In rural areas where women and girls have to cover long distances to reach water points, the long exposure and the need to socialize as they perform their duties is likely to increase their risk of exposure to the virus. At the same time such distances deny women and girls the opportunity to participate in other meaningful activities such as paid work, education or leisure.

Figure 28: Proportion of people with access to clean and safe water since onset of COVID-19, by sex of the respondent and location

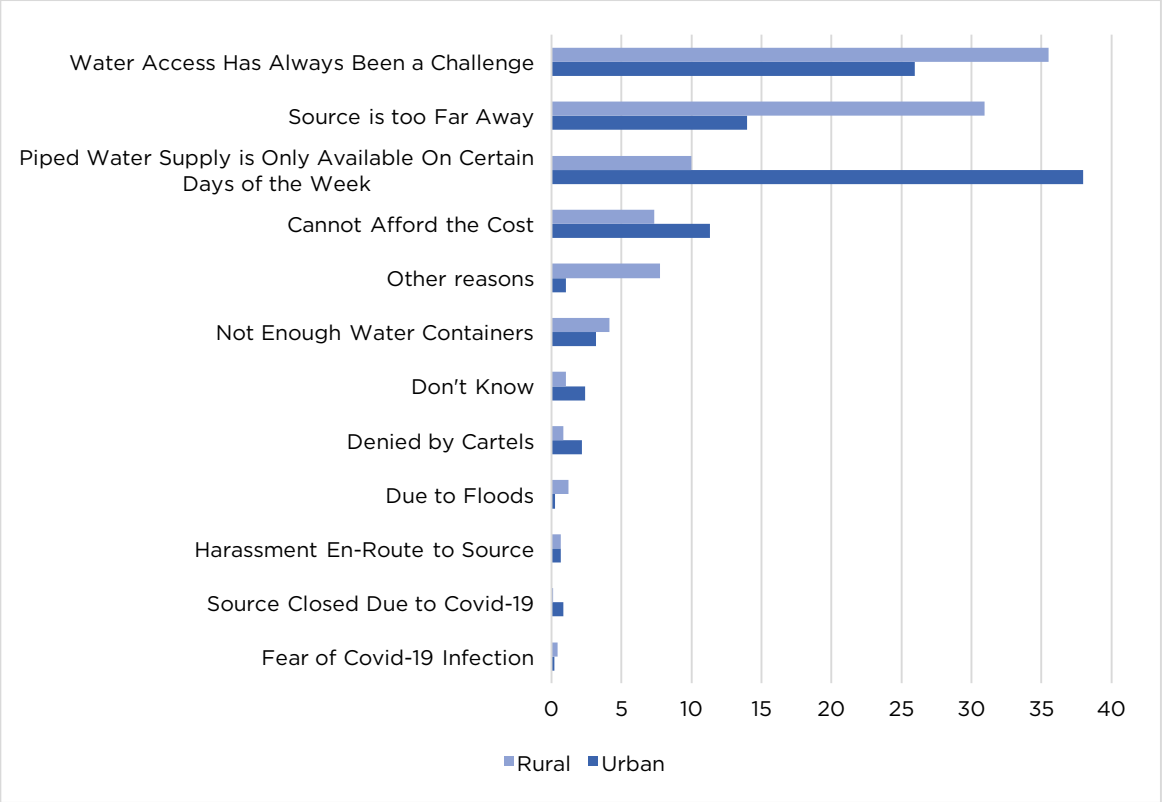


"Despite increased investment in WASH during COVID-19, many people especially in rural areas are still dependent on unimproved water sources like rivers and springs. In informal settlements where sources of livelihoods were affected (loss of incomes/jobs) affording improved water is also a challenge."

(Project Manager - Children safe water project in Kisumu, Busia,

Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

FIGURE 29: Main reason for limited or no access to clean and safe water, since onset of COVID-19, by location



"Long distances that women and girls have to travel to fetch water or scrabbling for water at the water points have resulted to more cases of GBV like rape and physical violence during the COVID-19 period. Girls are also not learning from home as they have to go fetch water for the increased household members during the pandemic."

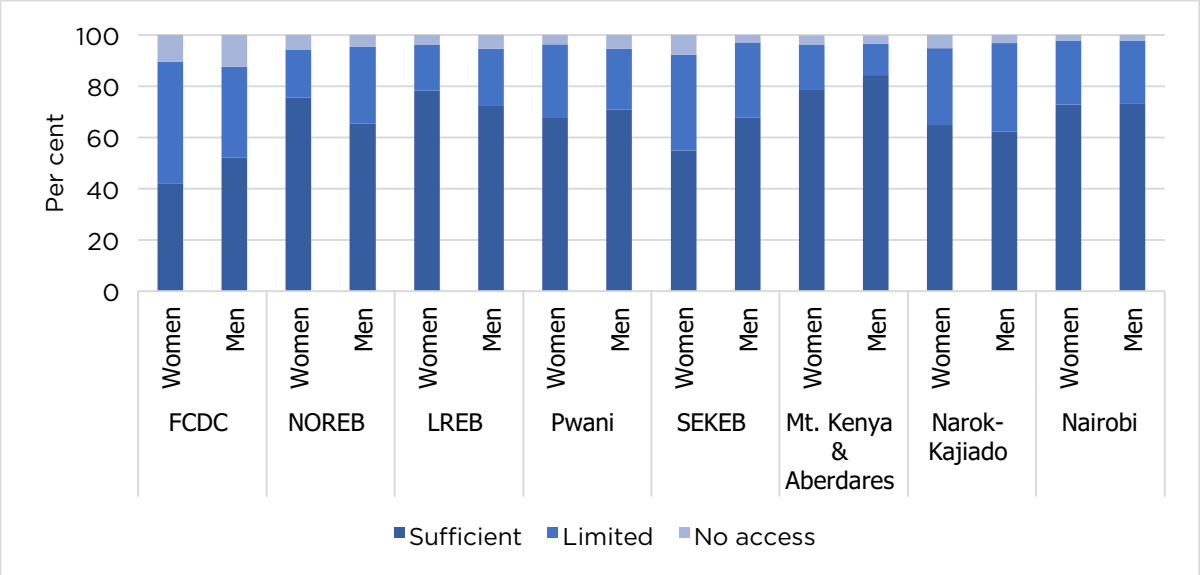
(Director Gender -State department for Gender- Kenya).

Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

Analysis by economic blocs indicated disproportionate access to clean and safe water. While about 48 per cent of households surveyed have sufficient access to clean and safe water, some households in selected regions tend to suffer more. For instance, 1 in 2 female-headed households living in SEKEB region have limited or no access to clean water. Similarly, a higher proportion of male-headed households have access to clean water than the female-headed households in Mt. Kenya and Aberdare region (see Figure 30), yet the region hosts some the biggest water tower in Kenya, that is, Aberdare Ranges and Mt. Kenya. Economic blocs with the highest possibility of having piped water reported more male-headed households having more sufficient water. This is probably because piped water requires installation fees and monthly capitation, and since a higher proportion of men are likely to be economically empowered than women, they tend to easily meet such costs. In regions

with low possibility of having piped water, more women reported access to more sufficient clean and safe water which is mainly because fetching water tends to be the women's and girls' roles in most households. This aligns with the reports that women and girls spend more time on unpaid domestic work such as fetching water.

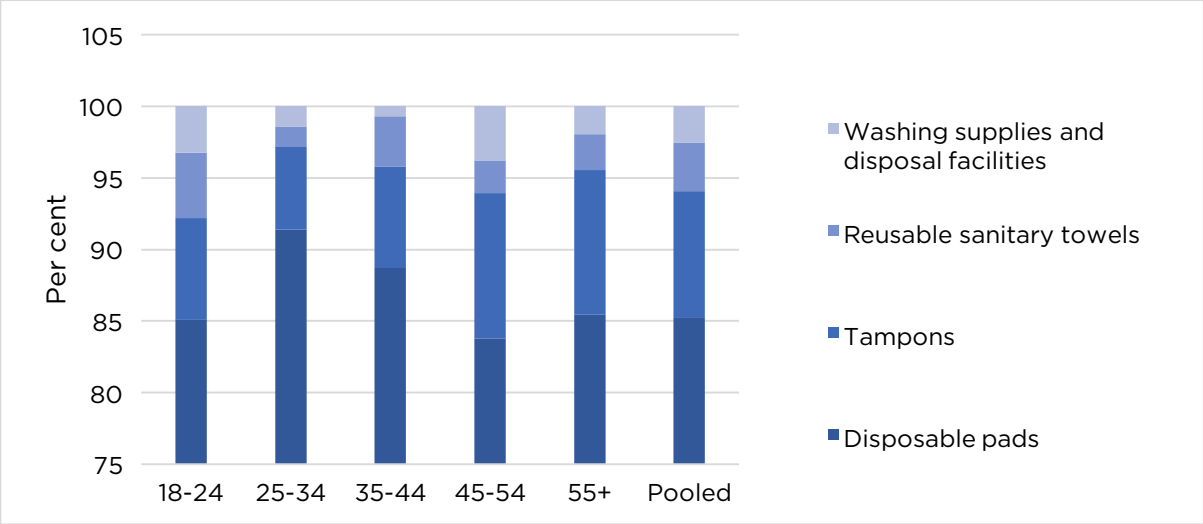
FIGURE 30: Proportion of households with access to clean and safe water since the onset of COVID-19, by sex of the respondent and economic bloc



Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

Most girls and women majorly used disposable pads to meet their menstrual hygiene needs before onset of COVID-19. Disposable pads are the most used sanitary products by Girls and women in the lower age cohorts (at 85 per cent for 18-24 years; 91 per cent for 25-34 years; and 89 per cent for 35-44 years) as shown in Figure 31. Tampons and reusable sanitary towels were also used by a proportion of the girls and women.

FIGURE 31: Proportion of women and girls with access to menstrual hygiene products since onset of COVID-19, by location

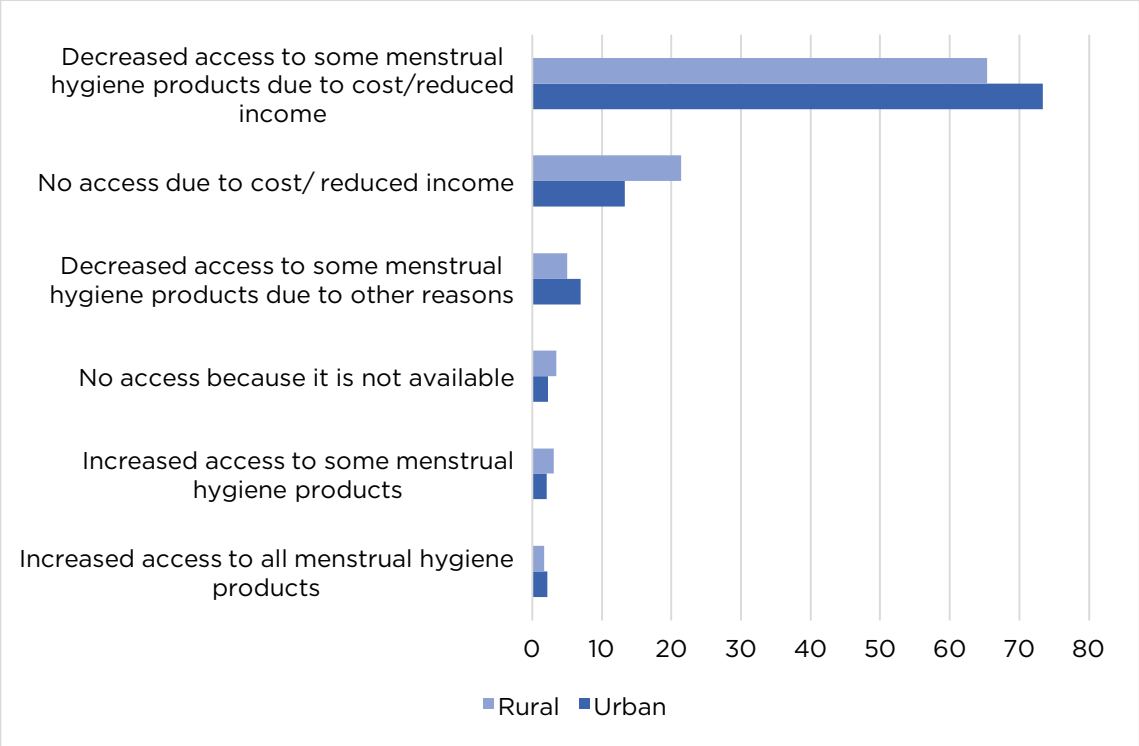


Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

Most women and girls, over 90 per cent, reported decrease or no access to some menstrual hygiene products during the COVID-19 due to reduced income. Specifically, the decrease in access was more prominent in urban areas, affecting about 73 per cent, relative to rural areas at 65 per cent of the girls and women (see Figure 32). Further, a significant proportion of women and girls could not access their menstrual products at all due to reduced income or high cost of the products, affecting 13 per cent and 21 per cent in urban and rural areas respectively.

Disaggregation at higher levels shows that urban households only accessed piped water on certain days of the week thus making it difficult for women and girls to maintain proper hygiene. As such, their self-esteem is lowered particularly during menses and consequently affecting their mental and physical health.

FIGURE 32: Proportion of women and girls with access to menstrual hygiene products since onset of COVID-19, by location



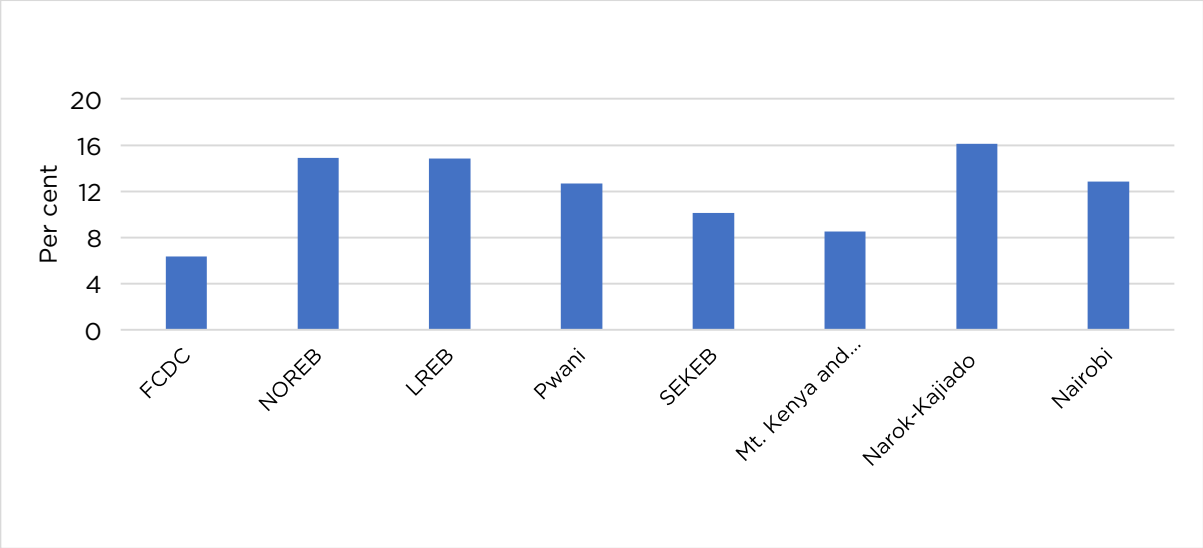
Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

Discussions with key informants revealed that the decrease in access especially among girls is because sanitary pads were mostly provided in schools and where not provided in most cases it is a requirement to carry them to schools, but with COVID-19 the girls cannot access the same. Additional insights indicate that in cases where it is a requirement to purchase the menstrual hygiene products before reporting to school, parents/guardians provided the same for their girls. However, as a result of job and income loses, some parents could no longer provide these products for their girls.

Girls could not access information on menstrual hygiene which is perceived as a taboo especially among pastoral communities. Under normal circumstances, such information is passed on to girls during their schooling periods. Other menstrual hygiene products with limited access include private rooms for changing, appropriate disposal containers which are not available at home; and clean water for showering especially for urban slums and pastoral areas.

Access to menstrual hygiene products was also disproportional across economic blocs since the onset of COVID-19. Figure 33 shows that the rural area in the Lake Region Economic Bloc (LREB) and Mt. Kenya and Aberdare Region Economic Bloc (refer to Annex 1 for detailed list) experienced the highest fluctuation in access to some menstrual hygiene products. In particular, 1 in 5 of women/ girls from these regions could not access the products due to reduced/lack of incomes among other reasons. Forty three per cent of women and girls surveyed in LREB could not access some menstrual hygiene products due to other reasons such as school closure.

FIGURE 33: Proportion of women and girls' who reported decreased access to menstrual hygiene products since onset of COVID-19, by location and economic blocs



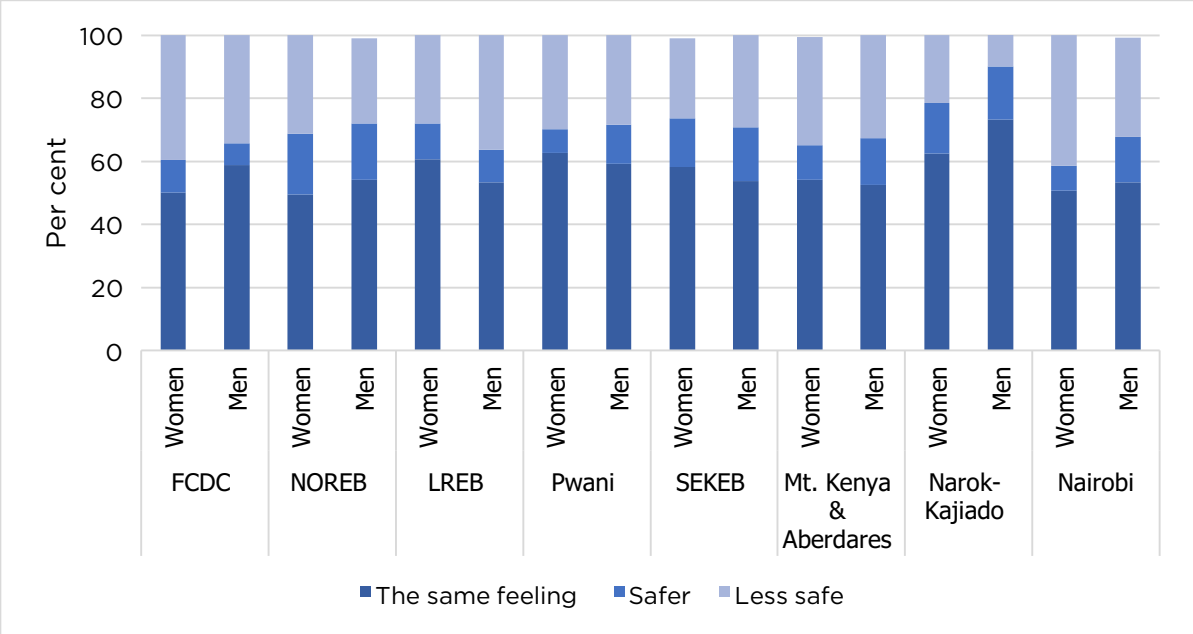
Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

Non-governmental organizations (NGOs) and County governments are making efforts to enhance access of menstrual hygiene products to vulnerable girls and women, though not sufficient. Discussions with key informants revealed some Non-governmental organizations (NGOs) and County governments through the Social protection departments with support from well-wishers have made efforts to provide sanitary products to some of the most vulnerable groups of girls and women particularly the poor living in informal settlements. However, the assistance is not sufficient as they are not able to reach all the deserving girls and women.

1.6.4 Protection and Security

There were challenges regarding safety and protection during the period where cessation of movement in some regions and dusk to dawn curfew had been imposed. Figure 34 shows that women are feeling less safe in their communities with 40 per cent of women living FCDC feeling less safe compared to 34 per cent of men. Similar trends are observed in NOREB, Pwani, Mt. Kenya and aberderes, Narok-Kajiando and Nairobi where more women than men feel less safe at home. However, in LREB and SEKEB more men than women feel less safe. Discussions with key informants revealed that insecurity at home was associated with economic challenges, stress and idleness following job losses. This was characterized by increased cases of Gender Based Violence (GBV) against women and children, cyberbullying of children who were not in school, a rise in cases of fraud due to more transactions being done through online banking and economic insecurity due to loss of incomes.

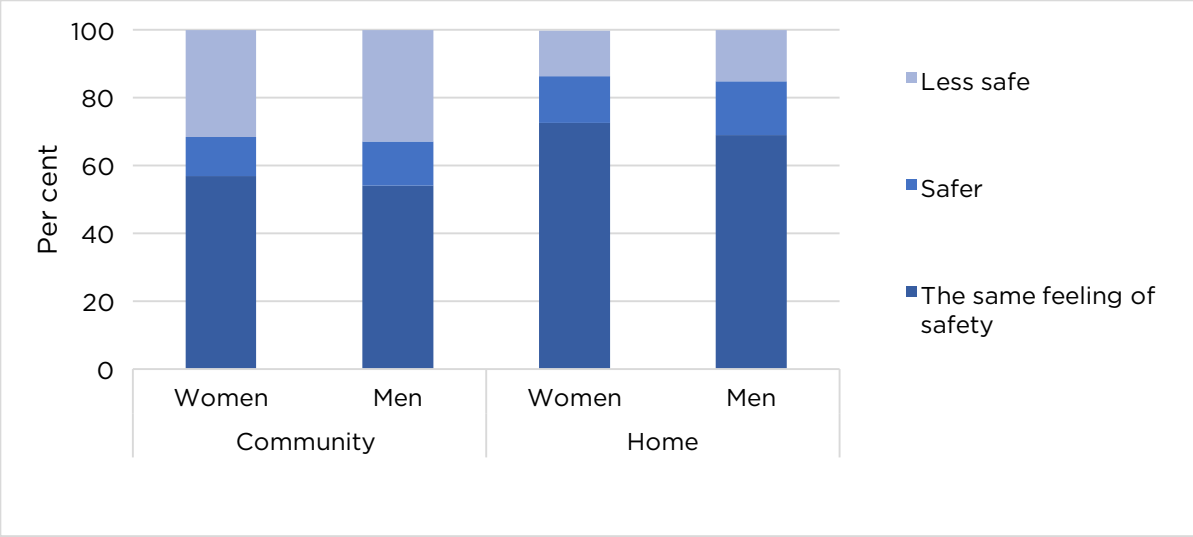
FIGURE 34: Feelings of safety in the community since onset of COVID-19



Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

At the community level, the feeling of safety is higher for women at 57 per cent compared to men at 54 per cent. Figure 35 disaggregates the feelings of safety by sex of the respondents. This trend is similar at home where the feeling of safety during the onset of the COVID-19 is higher for women at 73 per cent than for men at 69 per cent. Key informants indicate that the feeling of being less safe being higher for men than women may be attributable to economic security pegged on the loss in sources of livelihoods and incomes. This led to men who, were majorly the bread winners, feeling less safe with their spouses especially when they could not provide for their families.

FIGURE 35: Feelings of safety since onset of COVID-19, by sex of respondent and location

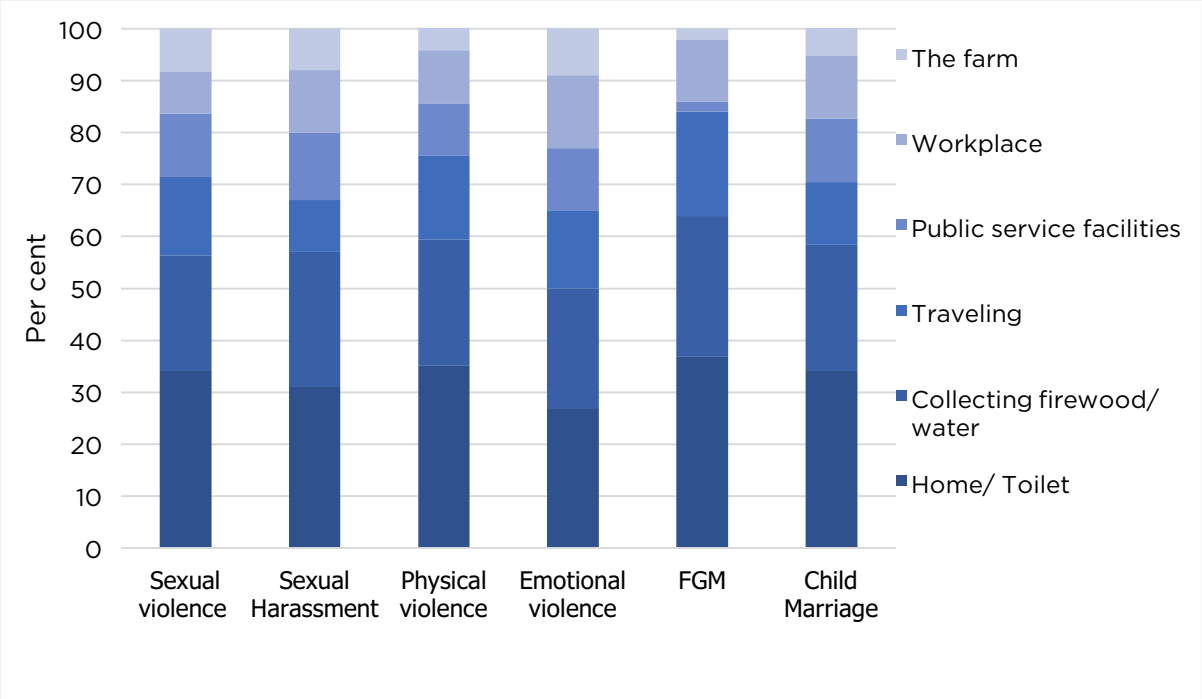


Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

1.7 Occurrence of gender-based violence (GBV) and harmful practices including FGM and child marriages

Acts or threats of violence during the pandemic occurred both within and away from home. Specifically, violence occurred inside the homes, in the toilet, while collecting water and firewood, travelling, at workplaces, in public service facilities and on the farm (see Figure 36). Physical and sexual violence and FGM and child marriages were the most prevalent forms of violence experienced in the homes, where such is often tolerated. Women and girls are most vulnerable to violence which take place both at home and away from home. Having to spend long hours fetching firewood and water, women and girls are exposed to the risk of gender violence.

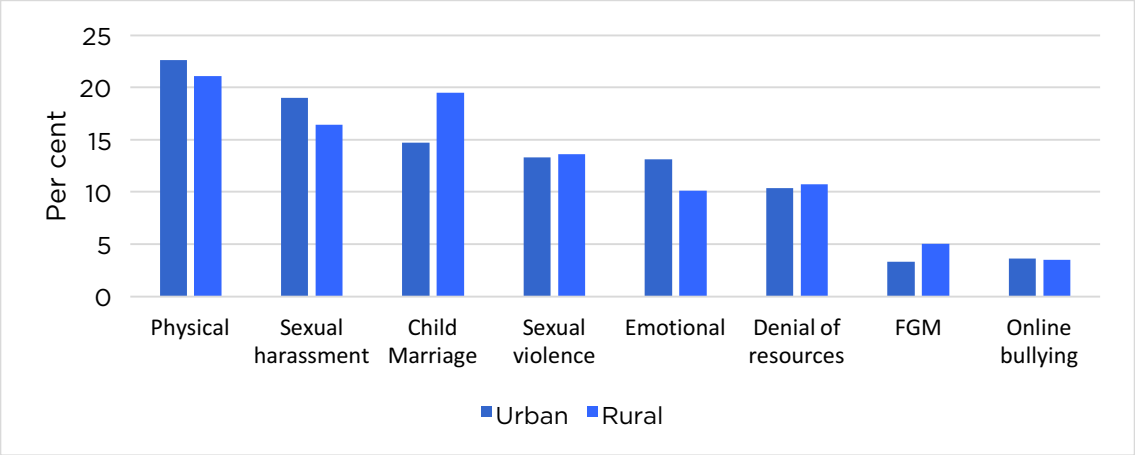
FIGURE 36: Form of GBV seen/heard and where it occurred during COVID-19



Source: UN Women (2020) Assessment Survey (SMS data) on the Consequences of COVID-19 in Kenya

Physical violence is the most common form of violence in urban areas (23 per cent) compared to rural areas (21 per cent) (Figure 37). Further, rural areas have higher incidences of child marriages (20 per cent) compared to 15 per cent in urban areas. Sexual harassment is more prominent in urban areas (19 per cent) compared to rural areas (16 per cent).

FIGURE 37: Type of GBV experienced by family/community members since the onset of COVID-19



"With the rising cases of GBV such as Intimate partner violence and online bullying for girls and women during the COVID-19 period, there are concerns of high unmet demand for justice attributed to weak referral mechanisms and slow adjudication of cases"

(UN Women Kenya - Team Leader Ending Violence Against Women and Girls (EVAW)).

Source: UN Women (2020) Assessment Survey (SMS data) on the Consequences of COVID-19 in Kenya

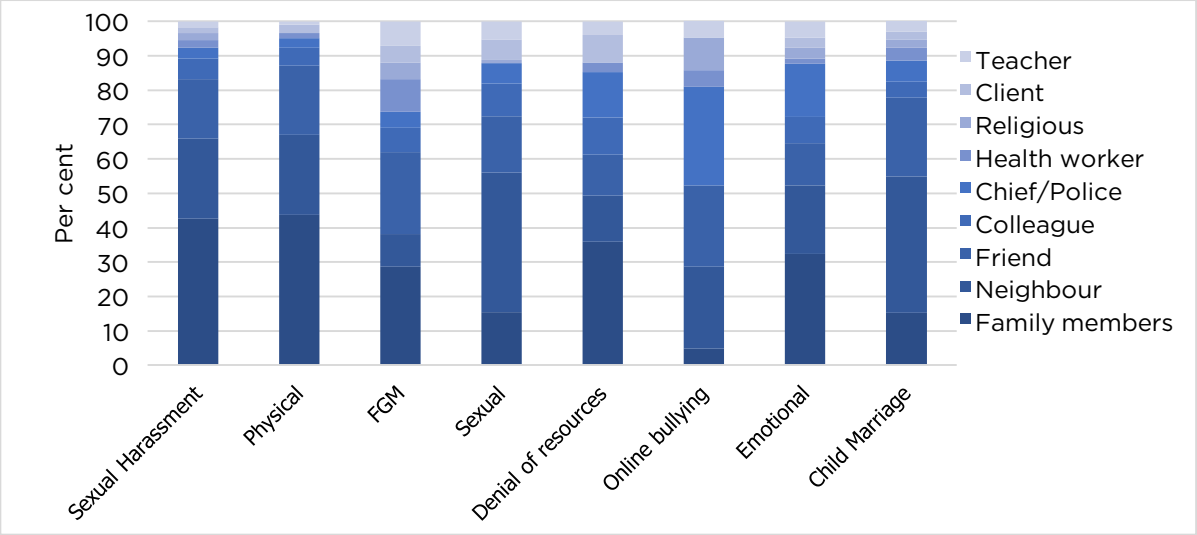
Discussions with key informants revealed that incidences of GBV and harmful practices increased during the lock down period due to restrictions in movement and economic challenges witnessed by both women and men. These precarious circumstances forced some families to marry off their young girls to neighbours, friends or other willing suitors, as a source of alternative income.

Family members are the main perpetrators of GBV and harmful practices. Specifically, physical violence, sexual harassment, denial of resources and emotional violence have the highest incidence followed by Female Genital Mutilation (FGM), child marriage and sexual violence (Figure 38). According to expert opinion, both women and men are resorting to such acts as a result of idleness, stress, and conflicts over scarce resources following job losses. Often the survivors of such circumstances have been women and girls who are physically, sexually and emotionally abused.

Confirmation and reporting of GBV cases was problematic. One of the primary reasons for this is that with the restrictions on movement and most female household members stayed at home with nowhere else to go, in some cases staying with the perpetrators. As such, many cases of defilement went unnoticed since the perpetrators may have believed that no one would know or the survivors of violence would not even report the matter to the relevant authorities.

On the other hand, the chief and the police are identified as the key perpetrators of online bullying and to some extent emotional violence. This is mentally disturbing particularly among women and girls. The emotional violence is likely to have occurred at the time of enforcing curfew hours and travel restrictions where the police and other persons in authority were accused of having exerted extreme force against those who were found on the wrong side of the law.

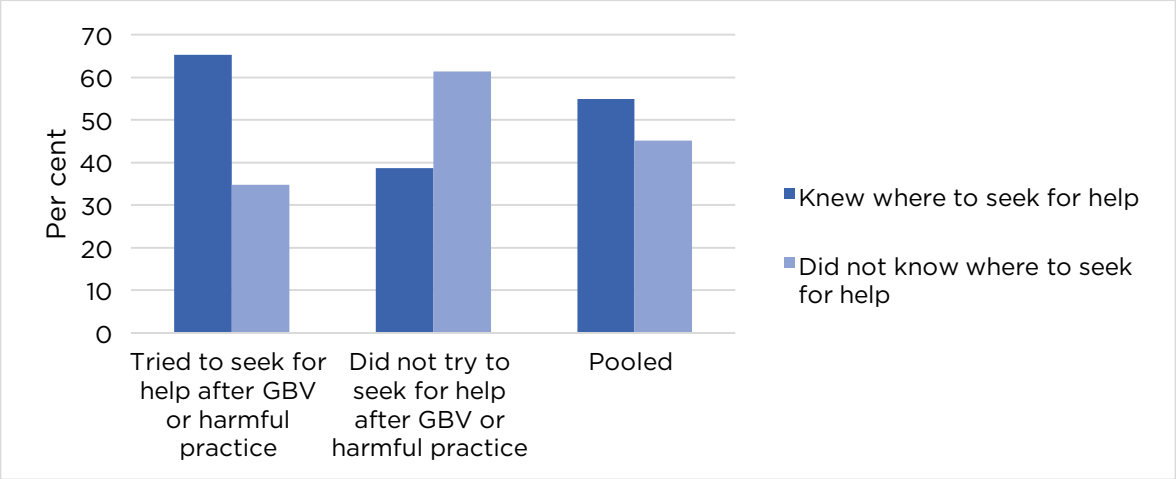
FIGURE 38: Perpetrators of GBV and harmful practices experienced by family/community members, since the onset of COVID-19.



Source: UN Women (2020) Assessment Survey (SMS data) on the Consequences of COVID-19 in Kenya

While 13 out of 20 people (65 per cent) of those who sought help after experiencing violence knew where to seek help, 7 out of 20 people (35 per cent) did not know where to seek help. Further, 39 per cent of those who did not seek help knew where to seek help while 61 per cent did not know (see Figure 39). It is evident that GBV such as physical and sexual violence, and harmful practices including child marriage and FGM by family members and other members of households, as well as incidences of spousal and non-spousal abuse, often go unreported and are hence difficult to detect. As such, violence against women and girls is perpetuated as a result of inadequate access to legal information, aid or protection; inadequate efforts on the part of public authorities to promote awareness of and enforce existing laws and the absence of educational and other means to address the causes and consequences of violence.

FIGURE 39: Proportion of survivors seeking for help on GBV and harmful practices, since the onset of COVID-19



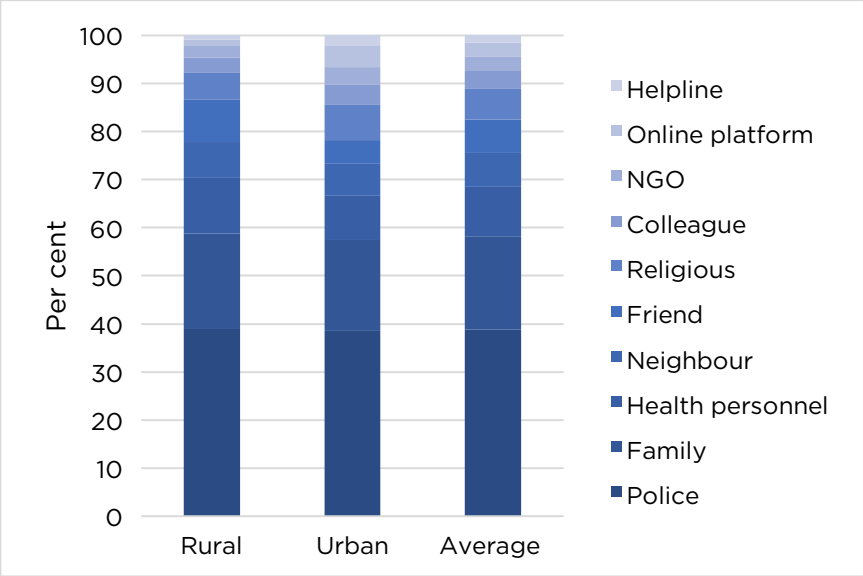
"Tele-counseling has not been very effective in Kenya. This is because there are concerns around safety and security of the affected person, depending on where they are speaking from."

(Fundraising and Program Development Manager, Centre for Rights Education and Awareness).

Source: UN Women (2020) Assessment Survey (SMS data) on the Consequences of COVID-19 in Kenya

Most of the survivors of GBV and harmful practices in both rural and urban areas who reported GBV, reported it to the police (39 per cent) and family members (20 per cent and 19 per cent for rural and urban areas). Although police were identified among perpetrators of online bullying, the survivors of GBV and harmful practices get reprieve from reporting to police, apart from family members, with the hope of accessing justice (see Figure 40).

Figure 40: Reporting of GBV and harmful practices since the onset of COVID-19, by location



"Reporting GBV cases has been a challenge due to financial constraints among victims. This may have affected their ability to call out for help from friends and local CSOs that can intervene and report even though the National GBV call center number is toll free."

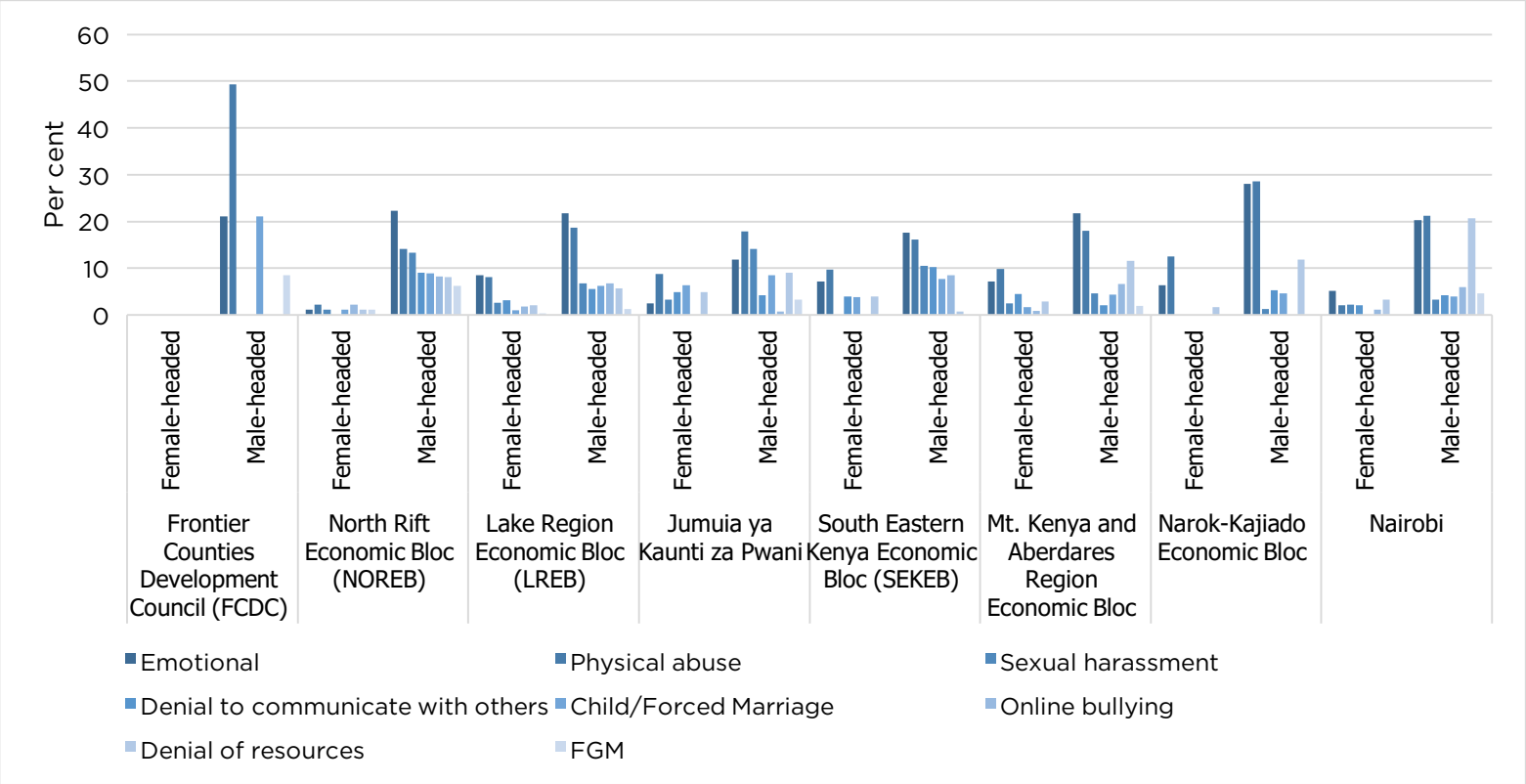
(UN Women Kenya - Team Leader Ending Violence Against

Source: UN Women (2020) Assessment Survey (SMS data) on the Consequences of COVID-19 in Kenya

Since the on-set of the pandemic there have been considerable efforts by both State and non-State actors to enhance access to support survivors of GBV and harmful practices. These include, but are not limited to awareness creation to call the National GBV Hotline 1195 in case of such incidences and launch of 'Policare'. Policare is a one-stop Sexual and Gender Based Violence (SGBV) centre 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 effectively address such occurrences as most have not been sufficiently trained to handle GBV survivors. In addition, the standard operating procedures for the police were already in place but not fully operationalized.

Emotional and physical abuse remain the most prevalent type of GBV among male headed households. 49 per cent of all GBV cases reported in male headed households in the Frontier Counties Development Council (FCDC) economic bloc consist of physical abuse, closely following was Narok-Kajiado (29 per cent) and Nairobi (21 per cent) (see Figure 41). Among female-headed households, very few cases of GBV are reported with the Narok-Kajiado region reporting 12 per cent of physical abuse and the Lake Region reporting higher emotional abuse cases (8 per cent). Discussion with key informants also supported the fact that there is an increase in the cases of GBV especially among male-headed households who are now living prolonged periods with female members at home with no work, increasing the likelihood of conflicts. Some of these conflicts are normally not reported as they occur during curfew hours, and minors and women have no access to mobile phones to call GBV hotlines.

FIGURE 41: Cases of GBV across economic blocs, by sex of the household head and economic bloc



Source: UN Women (2020) Assessment Survey on the Consequences of COVID-19 in Kenya

CONCLUSIONS AND POLICY RECOMMENDATIONS

1.8 Conclusions

The transformation of the COVID-19 pandemic from a health to an economic and social crisis has negatively impacted on people's livelihoods and participation in the labour market. Data from this report show that 1 in 5 women lost their decent jobs and another 3 out 4 reported a decrease in their incomes which puts them at a risk of being pushed into deeper poverty. Since the onset of the COVID-19 pandemic and following its containment measures, the gender gap for people working in formal employment increased, and the gender unemployed gap continues to widen as more women are required to provide unpaid domestic and care work. The prolonged pandemic containment or a second wave of infections is likely to increase gender disparities in formal employment hence directly affecting the achievement of SDGs particularly SDG 5 on gender equality and SDG 8 on decent work and economic growth. Persons from women-headed households are also experiencing more strain following loss of incomes for household head and their inability to access financial resources to address their consumption patterns.

Since the spread of COVID-19 the burden of increased unpaid domestic and care work has disproportionately fallen on women and girls. While everyone is staying at home, women are still doing much more unpaid domestic and care work. The findings of the report show that 37 per cent of women reported an increase in unpaid domestic work and 33 per cent reported an increase in unpaid care work. Women have become teachers, nurses, cooks, and nannies as the increased workload during lockdown could not be outsourced with households wanting to reduce the risk of virus transmission into their homes. Even if households were not concerned about that, the increased economic hardship also resulted in less resources being available for such outsourcing. The increase in men's support in household chores though lower than that of women is commendable.

The pandemic which has negatively affected sources of incomes and threatened food security and access to nutritious food especially among women and female-headed households. Households are now encountering financial difficulties leading to a situation where a household cannot afford three meals in a day. More women than men are under financial strain with nearly 3 out of 5 households having to either eat less, skip a meal or even not eat at all for lack of money or food items. There has

been unavailability of agricultural inputs due to supply chain disruptions and closure of businesses which further threatens production and the future of food security. Due to restrictions on movement and closure of some markets countrywide, particularly at the on-set of COVID-19, some food items were not available at the local markets/shops which further threatened good nutrition.

Interrupts affect learning of more girls than boys. The COVID-19 pandemic has disrupted education systems as never seen before with all schools being completely shut down, awaiting safe re-opening. The recommendations from Ministry of Education (MOE) to have digital delivery of education during the pandemic has exacerbated inequalities and more gender disparities with findings of this report showing that more girls than boys are not accessing learning opportunities provided via digital channels as they lack access to internet, computerized devices such as smartphones & skilled facilitators/teachers. The ripple effect of the closure of educational institutions is that it also curtails the provision of essential services such as sanitary pads, access to nutritious food provided through such institutions, ability of female guardians to work with their children being at home, and a high risk of exposure to gender based violence among women and girls such as child marriage, early pregnancy, physical violence, among others.

WHO and MoH guidelines on COVID-19 infection prevention put washing and sanitizing hands as one of the most effective ways to slow down transmission, predisposes women and girls to more unpaid domestic work and risk of contracting the virus as they seek to access clean water. However, almost a quarter of this study respondents indicated they have limited or no access to clean water which puts them at risk of COVID-19 infections. The data also shows that only 27 per cent of households have piped water to their dwelling which puts women and girls at risk of COVID-19 infections as they join long water queues to fetch water for household use. For school going girls, this situation compromises their time to study at home with some having to drop out of school due to early pregnancies. As for women, they have had to spend more time on unpaid labour.

Despite the available data on COVID-19 infections showing that more men than women are at a risk of infection and death in sub-Saharan Africa, the impact of COVID-19 on the socio-economic conditions and pandemic containment measures are disproportionately falling on women's shoulders, leading to mental illnesses yet a lower proportion of women than men have health insurance. Other impacts of COVID-19 such as increased unpaid care and domestic work, job and income loss, and the effects of the lockdown on gender-based violence are leading to higher rates of stress and anxiety among women. The findings of this report show that women are reporting to be more mentally ill than their men counterparts. The lack of health insurance among women is likely to push them into catastrophic and impoverishing healthcare spending in the midst of this health crisis.

The findings also indicate that GBV and harmful practices, including FGM and child marriage, increased during the lockdown and as such go unreported due to movement restrictions and limited knowledge on where to seek help. Physical and sexual violence and FGM and child marriages were the most prevalent forms of violence experienced in the homes and are normally perpetrated by family members.

1.9 Policy recommendations

In support of the existing interventions by State and non-State actors in response to the COVID-19 pandemic in Kenya, this 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 (20%) than men (12%) having lost all their income, there is need for government to increase the affirmative action funds to cover more women particularly 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. In addition, there is need for the government to extend the tax holiday for at least the first quarter of 2021, in an effort to help women owned MSMEs recover while increasing the disposable income available to wage/ salary earners.

Agriculture and food security

Food security is at stake post-COVID, where 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. In addition, almost equal proportions of women and men ability to buy farm inputs was affected. This indicates, the need to institute policies to stimulate productivity of gender-sensitive 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. This can particularly target vulnerable women and households in Frontier Counties Development Council (FCDC) economic bloc where most people reported limited access to food. To stimulate local production among smallholder farmers, there is need to reduce the cost of inputs, which can be done through reduction of taxes and levies on agricultural inputs.

Social protection

With evidence that the existing social protection programmes benefited an equal proportion, both at about 7 per cent, despite more women than men lost all losing incomes and more women than men skipping meals, there is need to enhance equity. As such, there is need to expand support for gender-responsive social protection to all vulnerable households. This includes deliberate efforts to ensure social protection instruments such as funds to cushion vulnerable groups include more poor female-headed households relative to the male-headed households and more women than men. For more impact, the programmes need to be better targeted to ensure the distribution reaches poor female-headed households and women while minimizing cases of individuals benefiting from more than one programme. This can be done by establishing a single database of beneficiaries per region through collaborative efforts of both the Ministry of social protection and non-state actors (such as UN agencies, CSOs and FBOs) supporting the vulnerable through social protection programmes.

Unpaid care and domestic work:

Although COVID-19 increased the time households spent on both unpaid care and domestic work, a higher percentage of women than men realized increased burden of work. This includes the burden to take care of COVID-19 positive household members under home-based care and self-isolation; exposing the caregivers to the risk of contracting the disease. This indicates a need for social assistance to care givers, such as the National and County government with support from UN agencies, CSOs, CBOs, and FBOs having community health workers to help women take care sick at home. To reduce the risk of contracting the disease, there is need to provide PPEs such as masks and gloves and medication to increase immunity to care-givers particularly women. The government can take a leading role in this while working with the private sector to support provision of the PPEs as part of their corporate social responsibility. On the other hand, expanding, sustaining and targeting more women in social protection funds can help them have more income to hire domestic workers to help in household chores.

Education

Although parents and other household members helped children learn from home, slightly more girls (32%) than boys (30%) did not continue with learning from home, and more so in rural areas. The disparities were even more evident in FCDC economic bloc where girls and boys are the most disadvantaged across all the economic blocs as they were not learning from home. With COVID-19 having exposed gender inequalities and regional disparities in access to learning infrastructure, the Government can consider partnering with the private sector to enhance access to such infrastructure. For example, telecom companies and development partners in the country can be encouraged to support the establishment of sufficient well-equipped digital learning facilities in marginalized areas, including providing free internet services and digital devices to aid disadvantaged children learn from home.

Health

Health issues were more adverse among women than men as indicated by a higher proportion of women than men reporting being generally ill, having no health insurance, self-medicating and facing mental health issues. To enhance uptake of insurance and reduce self-medication the government can consider having some waiver for female-headed households paying NHIF premiums. This can also help reduce incidences of self-medication as more women would be able to afford and access quality health care. The government can also give tax breaks to private sector firms that offer lower insurance premiums in favour of women. To achieve this insurance regulators can also be persuaded to engage private firms to consider lowering the premiums. Psychological support is needed especially to help women facing mental health issues. This can include the government and non-state actors supporting community based psychiatrist services in local health centers. This should go hand-in-hand with encouraging people to seek professional psychiatrist services when they feel depressed. In addition, the government in collaboration with the media, CSOs and FBOs need to increase awareness on coping mechanisms and ways to reduce mental health at household level for both women and men. The NHIF cover can also be expanded to include catering for psychiatrist services within the nearest public health facility. Overall, there is need to implement the Kenya mental health policy 2015-2030 to the letter to realize the interventions for securing mental health systems reforms in Kenya.

WASH

Despite access to safe and clean water being relatively high in both urban (78%) & rural (70%) areas, decrease in access was more prominent in informal settlements of urban areas. This led to higher burden of domestic work on women and girls who were involved in fetching water. As such, providing water points for the public to wash hands in public spaces are likely to have been a challenge in these localities. Therefore, County governments need to establish more strategic clean water points which can be accessed with within 30 minutes round trip. Both state and non-state actors can collaborate to establish these water points including having central large water tanks and water boozers to supply clean water to the target populace. While efforts have also ready been put in place to provide public hand-washing and drinking water points, the same needs to be increased and sustained in public areas to help reduce the spread of the pandemic.

Menstrual hygiene

With over 90 per cent of women respondents reporting decreased or no access to some menstrual hygiene products; support system at schools need to be continued even when the girls are staying home particularly during difficult times like now when households have lost their livelihoods. To realize this, State and Non-state run social protection programmes can include a component of providing menstrual hygiene products to vulnerable households particularly the poor living in marginalized regions and informal settlements. To better target school going girls, there is need for collaborative efforts between the Ministry of education, science and technology and Ministry of health to provide the products to vulnerable girls through public facilities in their locality such as the nearest health centers.

Gender based violence (GBV) and harmful practices

With the disproportionate number of women and girls experiencing GBV particularly FGM, sexual and physical mostly perpetrated by family members and friends and most not knowing where to seek for help; there is need for concerted efforts from both the State and Non-state actors to prevent and respond. In some isolated cases, people in authority like police and chiefs perpetrated physical and psychological violence particularly during enforcement of the night curfews. First, efforts should be directed towards creating more awareness on where victims can seek help. This can entail the National and County governments working with different stakeholders at County level including the media and non-state actors (CSOs and FBOs) to increase awareness. For wider access, the Government can enhance availability of the information through public campaigns across the country and availing it in public centers where people seek services like huduma centers and local health facilities. In addition, with a relatively high mobile phone penetration rate in Kenya, the government can partner with mobile service providers to send SMS based information to the populace on behaviour change and where to get help in case of GBV. This information can be seen as part and puzzle of the overall COVID-19 recovery plan to help in attitude and behavior change. In addition, there is need to increase awareness on existence of rescue centres across the counties while also investing in more centers. On physical violence perpetrated by public officers, there is need for stern disciplinary actions to be taken on the perpetrators to help deter others from the vice. For reported cases of GBV, there is need to fast-track investigation and adjudication while increasing awareness within the police and justice system pathway on ways of addressing GBV and harmful practices.

ANNEX

1.10 Annex 1: Kenya County Economic Blocs

The following seven (7) blocs have already been established through mutual understanding between the various counties;

- **Frontier Counties Development Council (FCDC)** comprising of seven (5) counties namely; Garissa, Wajir, Mandera, Isiolo, and Marsabit
- **North Rift Economic Bloc (NOREB)** comprising of seven (8) counties namely Uasin Gishu, Trans-Nzoia, Nandi, Elgeyo Marakwet, West Pokot, Baringo, Samburu and Turkana.
- **Lake Region Economic Bloc (LREB)** comprising of thirteen (12) counties namely Migori, Nyamira, Siaya, Vihiga, Bomet, Bungoma, Busia, Homa Bay, Kakamega, Kisii, Kisumu, and Kericho.
- **Jumuia ya Kaunti za Pwani** comprising of six (6) counties namely, Tana River, Taita Taveta, Lamu, Kilifi, Kwale and Mombasa
- **South Eastern Kenya Economic Bloc (SEKEB)** comprising of three (3) counties namely Kitui, Machakos and Makueni.
- **Mt. Kenya and Aberdares Region Economic Bloc** Comprising of ten (10) counties namely Nyeri, Nyandarua, Meru, Tharaka Nithi, Embu, Kirinyaga, Murang'a, Laikipia, Nakuru and Kiambu.
- **Narok-Kajiado Economic Bloc** Comprising of two (2) counties namely Kajiado and Narok

1.11 Annex 2: KII respondents by thematic area

	Thematic area	Sex of respondent	Respondent's job title	Institution
1.	Employment: Job creation & losses, working from home, and unpaid care work	Female		Action Aid
		Female		OXFAM
2.	Tax reviews	Female		Strathmore University
		Male		OXFAM
		Female		National Taxpayers Association (NTA)
		Male	Country Manager	International Budget Partnership-Kenya
3.	Agriculture & Food security	Male	Senior Planning Officer & Team Leader - Research and Development Unit	Agricultural Finance Corporation (AFC)
		Male		Ministry of Agriculture - Nairobi County
		Female		World Food Programme (WFP) -Kenya
		Female	Sector lead governance of natural resources & Gender focal point	Food and Agriculture Authority (FAO) - Kenya
		Female	Programmes policy officer gender and protection	World Food Programme (WFP) -Kenya
4.	Access to social protection grants and/or any in-kind support	Male		RedCross - (Cash Working Group)
		Female	EU Cash Consortium Coordinator – Kenya	OXFAM
		Male	Department of Education, Gender, Sports, Youth and Social Services	Tana River County
		Male		Turkana County

5.	Education	Male		State Department of Early Learning and Basic Education
		Male	Principle Youth Training Officer	Turkana County
		Male	Director ECDE	Tharaka Nithi County
6.	Access to health care services for non-Covid-19 related illnesses	Male	Manager, Strategy & Planning	NHIF
		Male	Research & Policy Officer	NHIF
7.	Medical personnel welfare	Female	County Diseases Surveillance Coordinator (CDSC) / Community Coordinator	Embu County
		Female	Director-Health & Sanitation	Murang'a County
8.	Menstrual hygiene	Female	Director Social Services	Laikipia County
		Female	Volunteer & Community Health worker	Laikipia Women Development Association
9.	Safety and security	Female		Tetra Tech
		Female		Kenya Power and Lighting Company (KPLC)
10.	Manifestations Occurrence of gender based violence (GBV)	Female	Team Leader Ending Violence Against Women and Girls (EVAW)	UN Women
		Female		She's The First
		Male	Director gender and youth affairs	Kilifi County
		Female	Gender officer	Nakuru County
		Male	Director Youth Training, formerly director Gender - Under - Education, youth, culture, sports and tourism ministry.	Tharaka Nithi County

		Female	Fundraising and Program Development Manager	Centre for Rights Education and Awareness (CREAW)
11.	Water, Sanitation and Hygiene (WASH)	Female	Project Manager Children safe water project in Kisumu, Busia, Siaya and Migori - CARE Kenya	CARE Kenya
		Male	Director Gender	State Department for Gender

1.12 Annex 3: Socio-Economic impacts of COVID-19 CATI data sample distribution by age cohorts, sex and dwelling across county economic blocs

		Frontier Counties Development Council (FCDC)	North Rift Economic Bloc (NOREB)	Lake Region Economic Bloc (LREB)	Jumuia ya Kaunti za Pwani	South Eastern Kenya Economic Bloc (SEKEB)	Mt. Kenya and Aberdares Region Economic Bloc	Narok-Kajiado Economic Bloc	Nairobi	National
Women	18-24	42	23	23	25	24	19	25	24	23
	25-34	16	39	28	21	20	19	32	20	24
	35-44	37	19	22	24	27	27	23	36	25
	45-54	3	11	11	12	15	14	12	10	12
	55-64	3	5	9	10	7	12	5	1	8
	Above 64	0	4	8	7	7	9	4	10	7
Men	18-24	29	26	23	24	20	19	23	24	22
	25-34	40	20	24	15	17	18	16	38	23
	35-44	19	27	23	34	25	30	35	22	27
	45-54	7	10	11	12	13	14	10	11	12
	55-64	4	13	6	4	10	6	11	2	7
	Above 64	1	4	13	12	14	12	5	5	10
Pooled	18-24	33	25	23	24	22	19	24	24	23
	25-34	32	29	26	18	18	18	24	29	23
	35-44	25	23	22	29	26	29	29	29	26
	45-54	5	11	11	12	14	14	11	10	12
	55-64	4	9	8	7	9	9	8	1	7
	Above 64	1	4	10	10	11	11	4	7	9

1.13 Annex 4: GBV SMS data sample distribution by age cohorts, sex and dwelling across County economic blocs

		Frontier Counties Development Council (FCDC)	North Rift Economic Bloc (NOREB)	Lake Region Economic Bloc (LREB)	Jumuia ya Kaunti za Pwani	South Eastern Kenya Economic Bloc (SEKEB)	Mt. Kenya and Aberdares Region Economic Bloc	Narok-Kajiado Economic Bloc	Nairobi	National
Women	18-34	57	76	73	73	84	71	68	70	73
	35-49	40	15	22	19	14	20	26	25	21
	50-64	3	9	5	8	2	9	0	4	6
	Above 65	0	0	0	0	0	0	5	1	0
Men	18-34	78	78	77	76	71	73	68	67	74
	35-49	15	14	19	19	23	21	32	28	20
	50-64	6	7	3	4	4	5	0	4	4
	Above 65	1	1	1	2	1	1	0	2	1
Pooled	18-34	72	77	75	75	76	72	68	69	74
	35-49	23	15	20	19	19	21	29	26	20
	50-64	5	8	4	5	4	6	0	4	5
	Above 65	1	1	1	1	1	1	2	1	1

1.14 Annex 5: Individual CATI structured questionnaire

Module 1

Label	Question
NA	Phone number: #CATI_MOBILENUMBER# 1)Someone answers 2)Answering machine 3)No Answer 4)Hang Up/Refusal 5)Call Back 6)Under Review 7)Disconnected
NA	Which language do you wish to proceed with? [OPERATOR: READ ANSWER CHOICES, SINGLE RESPONSE] 1)English 2)Swahili
NA	Hello, my name is [INTERVIEWER'S NAME] I am calling from GeoPoll Polling Agency on behalf of UN Women and their partners. We would like to understand how the rapid spread of COVID-19 is affecting women and men, Girls and Boys. You have been randomly selected to participate in this assessment and your feedback and cooperation will be highly appreciated. In order to make the survey as inclusive as possible, each participant will be asked a set of questions once per week over a two week period and all responses will be kept strictly confidential and if there are any costs to the call, it will be covered by UN-Women. I request for about 20 minutes of your time to ask you some questions. You will receive #TOPUP#! of communication credit as an incentive for the participation of the survey. 1)CONTINUE
NA	Are you interested in participating in this survey, now or another time? 1)Yes 2)Not now but another time in the week 3)No
NA	When would be a good time to call you back? [RECORD HH/MM/DD/MM OF CALLBACK]
NA	Thank you, we will call you back at #WhenCallBack# you requested. Thank you again and have a great day! [OPERATOR: ENTER CALL NOTES BELOW, WHO YOU SPOKE TO AND WHAT THEY SAID]
NA	You are ineligible for this survey. Thank you for your time! For more information visit GeoPoll.com
NA	Thank you for your time, you will be removed from today's survey.

A02	How old are you? [OPERATOR: RECORD THE AGE IN YEARS – ROUND UP TO NEAREST WHOLE NUMBER. IF THE RESPONDENT GIVES BIRTH YEAR, REPEAT THE QUESTION. ENTER 00 for DON'T KNOW]
AO4	What County do you currently live in? [OPERATOR: DO NOT READ THE OPTIONS. SINGLE SELECTION] 1)BARINGO 2)BOMET 3)BUNGOMA 4)BUSIA 5)ELGEYO-MARAKWET 6)EMBU 7)GARISSA 8)HOMA BAY 9)ISIOLO 10)KAJIADO 11)KAKAMEGA 12)KERICHO 13)KIAMBU 14)KILIFI 15)KIRINYAGA 16)KISII 17)KISUMU 18)KITUI 19)KWALE 20)LAIKIPIA 21)LAMU 22)MACHAKOS 23)MAKUENI 24)MANDERA 25)MARSABIT 26)MERU 27)MIGORI 28)MOMBASA 29)MURANG'A 30)NAIROBI 31)NAKURU 32)NANDI 33)NAROK 34)NYAMIRA 35)NYANDARUA 36)NYERI 37)SAMBURU 38)SIAYA 39)TAITA-TAVETA 40)TANA RIVER 41)THARAKA-NITHI 42)TRANS NZOIA 43)TURKANA 44)UASIN GISHU 45)VIHIGA 46)WAJIR 47)WEST POKOT

	48)DON'T KNOW 49)REFUSED
AO1	ARE YOU MALE OR FEMALE? [OPERATOR: CHOOSE ONLY ONE OPTION] 1)MALE 2)FEMALE 3)INTER-SEX
NA	Which type of dwelling area does your household live in? [OPERATOR: CHOOSE ONLY ONE OPTION] 1)Urban 2)Rural 3)DON'T KNOW 4)REFUSED
NA	What was the monthly income for your household in KES [Kenya Shilling] before Covid-19? [OPERATOR: CHOOSE ONLY ONE OPTION] 1)0-77000 KES 2)77001-186000 KES 3)186001-295000 KES 4)295001-404000 KES 5)404001-515000 KES 6)Over 515000 KES 7)DON'T KNOW 8)REFUSED
NA	How much on average did your household spend in a month, before Covid-19? [OPERATOR: ENTER THE NUMERICAL VALUE OF THE AMOUNT GIVEN. ENTER 00 FOR NONE. ENTER 88 FOR DON'T KNOW & 99 FOR REFUSED]
AO3_1	Are you the head of the household? [Household: people who have been eating from the same pot for the past 6 months. The head of household is the person who makes most of the decisions and generally is the main earner of the household.] [OPERATOR: CHOOSE ONLY ONE OPTION] 1)YES 2)NO

AO3_2	What is your relationship to the head of the household? [OPERATOR: CHOOSE ONLY ONE OPTION] 1)Head 2)Spouse/Partner 3)Son/daughter 4)Grandchild 5)Brother/Sister 6)Father/Mother 7)Nephew/Niece 8)In-Law 9)Grandparent 10)Other Relative 11)Non-relative 12)DON'T KNOW 13)REFUSED
AO5	What is your marital status? [OPERATOR: CHOOSE ONLY ONE OPTION] 1)Married 2)Living with partner/Cohabiting 3)Married but separated 4)Widowed 5)Divorced 6)Single [never married] 7)DON'T KNOW 8)REFUSED
AO6	What is the highest level of education that you completed? [OPERATOR: CHOOSE ONLY ONE OPTION] 1)Never Attended School 2)Pre-primary 3)Primary 4)Secondary 5)Tertiary [Middle level college] 6)University or higher 7)DON'T KNOW 8)REFUSED
AO7	Do you live with other people? [OPERATOR: DO NOT READ THE OPTIONS. CHOOSE ONLY ONE OPTION] 1)YES 2)NO - You live alone 3)DON'T KNOW 4)REFUSED

AO7_1	How many children aged 5 and below live with you? [OPERATOR: RECORD THE NUMBER OF CHILDREN UNDER THE AGE OF 5 LIVING IN THIS HOUSEHOLD. ENTER 00 FOR NONE. ENTER 88 FOR DON'T KNOW & 99 FOR REFUSED]
AO7_2	How many children aged 6 to 17 years live with you? [OPERATOR: RECORD THE NUMBER OF CHILDREN UNDER BETWEEN THE AGES OF 6-17 LIVING IN THIS HOUSEHOLD. ENTER 00 FOR NONE. ENTER 88 FOR DON'T KNOW & 99 FOR REFUSED]
AO7_3	How many adults between the ages of 18-34 years live with you? [OPERATOR: RECORD THE NUMBER OF ADULTS BETWEEN THE AGES OF 18-34 LIVING IN THIS HOUSEHOLD. ENTER 00 FOR NONE. ENTER 88 FOR DON'T KNOW & 99 FOR REFUSED]
AO7_4	How many adults between the ages of 35-64 years live with you? [OPERATOR: RECORD THE NUMBER OF ADULTS BETWEEN THE AGES OF 35-64 LIVING IN THIS HOUSEHOLD. ENTER 00 FOR NONE. ENTER 88 FOR DON'T KNOW & 99 FOR REFUSED]
AO7_5	How many of the adults I living with you are 65 years old and above the age of 65? [OPERATOR: RECORD THE NUMBER OF ADULTS 65 YEARS OLD OR ABOVE LIVING IN THIS HOUSEHOLD. ENTER 88 FOR DON'T KNOW & 99 FOR REFUSED]
A08	Did this household provide financial or in-kind support to other family members who do not live with the household BEFORE THE ONSET OF COVID-19? [OPERATOR: DO NOT READ THE OPTIONS. CHOOSE ONLY ONE OPTION] 1)YES 2)NO 3)DON'T KNOW 4)REFUSED
A09	Is this household currently providing financial or in-kind support to other family members that are not normally supported, AS A RESULT OF COVID-19? [OPERATOR: DO NOT READ THE OPTIONS. CHOOSE ONLY ONE OPTION] 1)YES 2)NO 3)DON'T KNOW 4)REFUSED
A09_1	How many additional people is your household currently providing financial or in-kind support to? [OPERATOR: RECORD THE NUMBER OF PEOPLE GIVEN. ENTER 88 FOR DON'T KNOW & 99 FOR REFUSED]

A10	Are there any pregnant women in your household? [OPERATOR: DO NOT READ THE OPTIONS. CHOOSE ONLY ONE OPTION] 1)YES 2)NO 3)DON'T KNOW 4)REFUSED
A10_1	Kindly tell us how many pregnant women are there in your household? [OPERATOR: RECORD THE NUMBER OF PREGNANT WOMEN GIVEN. ENTER 88 FOR DON'T KNOW & 99 FOR REFUSED]
A10_2	Are there any lactating women in your household? [OPERATOR: DO NOT READ THE OPTIONS. CHOOSE ONLY ONE OPTION] 1)YES 2)NO 3)DON'T KNOW 4)REFUSED
A10_3	Kindly tell us how many lactating women are there in your household? [OPERATOR: RECORD THE NUMBER OF PREGNANT WOMEN GIVEN. ENTER 88 FOR DON'T KNOW & 99 FOR REFUSED]
BO1a	How would you describe your personal economic activity or activities before the onset of Covid-19 [as of February 2020]? [OPERATOR: DO NOT READ OUT OPTIONS. MULTIPLE RESPONSES] 1)YOU WORKED FOR A PERSON/COMPANY/HOUSEHOLD OR OTHER ENTITY FOR PAY 2)YOU OWNED A BUSINESS/FREELANCER AND YOU EMPLOYED OTHER PEOPLE 3)YOU OWNED BUSINESS/FREELANCER BUT YOU DID NOT EMPLOY OTHER PEOPLE 4)CASUAL WORK/ODD JOBS FOR OTHERS [NON-AGRICULTURAL] 5)FARMER AND EMPLOYED OTHER PEOPLE 6)SUBSISTENCE FARMER [OWN PRODUCTION WITHOUT EMPLOYING OTHERS] 7)CASUAL LABORER IN AGRICULTURAL ENTERPRISE 8)WORKED [WITHOUT PAY] IN A FAMILY BUSINESS 9)OTHER 10)DID NOT WORK FOR PAY/MONEY [YOU WERE NOT LOOKING FOR A JOB AND YOU WERE NOT AVAILABLE TO WORK] 11)DID NOT WORK FOR PAY/MONEY [BUT YOU ARE LOOKING FOR A JOB AND YOU ARE AVAILABLE TO START WORKING] 12)DID NOT WORK AS YOU ARE RETIRED/PENSIONER 13)DID NOT WORK FOR PAY/MONEY BECAUSE YOU ARE STUDYING FULL TIME 14)DID NOT WORK FOR PAY/MONEY YOU HAVE A LONG-TERM HEALTH CONDITION/INJURY/DISABILITY 15)DON'T KNOW 16)REFUSED

BO1b	How would you describe your CURRENT economic activities? [OPERATOR: DO NOT READ OUT OPTIONS. MULTIPLE RESPONSES] 1)YOU WORK FOR A PERSON/COMPANY/HOUSEHOLD OR OTHER ENTITY FOR PAY 2)YOU OWN A BUSINESS/FREELANCER AND YOU EMPLOY OTHER PEOPLE 3)YOU OWN A BUSINESS/FREELANCER BUT YOU DO NOT EMPLOY OTHER PEOPLE 4)CASUAL WORK/ODD JOBS FOR OTHERS [NON-AGRICULTURAL] 5)YOU ARE A FARMER AND YOU EMPLOY OTHER PEOPLE 6)YOU ARE A SUBSISTENCE FARMER [OWN PRODUCTION WITHOUT EMPLOYING OTHERS] 7)CASUAL LABORER IN AGRICULTURAL ENTERPRISE 8)WORKING [WITHOUT PAY] IN A FAMILY BUSINESS 9)OTHER 10)YOU ARE NOT WORKING FOR PAY/MONEY [YOU ARE NOT LOOKING FOR A JOB AND YOU ARE NOT AVAILABLE TO WORK] 11)YOU ARE NOT WORKING FOR PAY/MONEY [BUT YOU ARE LOOKING FOR A JOB AND YOU ARE AVAILABLE TO START WORKING] 12)YOU DO NOT WORK AS YOU ARE RETIRED/PENSIONER 13)YOU DO NOT WORK FOR PAY/MONEY BECAUSE YOU ARE STUDYING FULL TIME 14)YOU DO NOT WORK FOR PAY/MONEY YOU HAVE A LONG-TERM HEALTH CONDITION/INJURY/DISABILITY 15)DON'T KNOW 16)REFUSED
BO2	Has your personal source of income been affected since the onset of COVID-19? [OPERATOR: DO NOT READ THE OPTIONS. CHOOSE ONLY ONE OPTION] 1)YES 2)NO 3)DON'T KNOW 4)REFUSED
B02	How has your personal source of income been affected since the onset of COVID-19? [OPERATOR: CHOOSE ONLY ONE OPTION] 1)No change in income 2)Lost all income 3)Increased/oversized 4)Decreased/downsized 5)DON'T KNOW 6)REFUSED
B03	Have you or any other member of your household receive any social protection grants and/or any in-kind support from the Government and/or other non-state actors at national and/or county level since the onset of covid-19? [OPERATOR: DO NOT READ THE OPTIONS. CHOOSE ONLY ONE OPTION] 1)YES 2)NO 3)DON'T KNOW 4)REFUSED

B03_1	Which social protection grants and/or any in-kind support did you or other member of your household receive from the Government and/or other non-state actors at national and/or county level since the onset of covid-19? [OPERATOR: MULTIPLE OPTIONS] 1)Food 2)Medication 3)Supplies for prevention [gloves masks sanitizer handwashing containers soap, etc.] 4)Personal hygiene supplies [menstrual supplies baby diapers adult diapers etc.] 5)Social protection grants [Inua Jamii OVC disability] 6)Other cash transfer 7)DON'T KNOW 8)REFUSED
BO4	Did you receive any money or goods from relatives/friends living elsewhere in Kenya or in another country before the onset of COVID-19? [OPERATOR: DO NOT READ THE OPTIONS. CHOOSE ONLY ONE OPTION] 1)YES 2)NO 3)DON'T KNOW 4)REFUSED
BO4_1	Since the onset of COVID-19, have there been any changes in the kind of support either money or goods from relatives/friends living elsewhere in Kenya or in another country? [OPERATOR: CHOOSE ONLY ONE OPTION] 1)No it was not a source of income 2)Used to be a source - but no longer is 3)No change in income 4)Increased income 5)Decreased income 6)DON'T KNOW 7)REFUSED
BO5	Have there been any changes in the combined income from all household members SINCE THE ONSET OF COVID-19? [OPERATOR: DO NOT READ THE OPTIONS. CHOOSE ONLY ONE OPTION] 1)YES 2)NO 3)DON'T KNOW 4)REFUSED
BO5_1	How has the combined income from all household members changed since the onset of COVID-19? [OPERATOR: CHOOSE ONLY ONE OPTION] 1)No change in income 2)Increased income 3)Decreased income 4)DON'T KNOW 5)REFUSED

BO6	Who usually decides how money is spent in your household? [OPERATOR: CHOOSE ONLY ONE OPTION] 1)I decide alone 2)Another family member [woman] 3)Another family member [man] 4)Someone else 5)It is joint decision 6)DON'T KNOW 7)REFUSED
BO7	Do you usually have any money/income of your own that you alone decide when and how to use? [OPERATOR: DO NOT READ THE OPTIONS. CHOOSE ONLY ONE OPTION] 1)YES 2)NO 3)DON'T KNOW 4)REFUSED
BO8	Has your household experienced any of the following since the onset of COVID-19? [OPERATOR: READ OUT ALL OPTIONS. MULTIPLE RESPONSE] 1)Financial difficulties 2)Loss of employment of the head of household 3)Loss of employment of another male household member 4)Loss of employment of another female household member 5)Forced isolation within the household 6)Family separation due to cessation of movement/quarantine 7)Increase in alcohol or drug/substance abuse by a member of household 8)Decrease in alcohol or drug/substance abuse by a member of household 9)Did not eat at all for a day or more because of lack of money or other resources 10)Ate less or skipped a meal because of lack of money or other resources 11)Other 12)DON'T KNOW 13)REFUSED
C01	Does your household usually produce any crops/livestock (fish farming/poultry/other small stock)? [OPERATOR: DO NOT READ THE OPTIONS. CHOOSE ONLY ONE OPTION] 1)YES 2)NO 3)DON'T KNOW 4)REFUSED

C02	To what extent does the food produced by the household usually provide your household food needs? [OPERATOR: CHOOSE ONLY ONE OPTION] 1)It provides in all your food needs 2)It provides in most of your food needs 3)It provides in some of your food needs 4)DON'T KNOW 5)REFUSED
C03	Has the availability of seed and other inputs to plant crops or your ability to buy these inputs changed in any way SINCE THE ONSET OF COVID-19? [OPERATOR: CHOOSE ONLY ONE OPTION] 1)Stayed the same 2)Increased 3)Decreased 4)DON'T KNOW 5)REFUSED
C04	Has the availability of the food that you normally buy in the local market/shops changed in any way SINCE THE ONSET OF COVID-19? [OPERATOR: CHOOSE ONLY ONE OPTION] 1) Stayed the same 2) Increased 3) Decreased due to movement restrictions 4) Decreased due to other reasons 5)DON'T KNOW 6)REFUSED
C05	Have the prices of the food you normally buy in the local market/shops changed in any way SINCE THE ONSET OF COVID-19? [OPERATOR: CHOOSE ONLY ONE OPTION] 1) Stayed the same 2) Increased 3) Decreased 4)DON'T KNOW 5)REFUSED
DO1	Do you have any school going child/children in your household? [OPERATOR: DO NOT READ THE OPTIONS. CHOOSE ONLY ONE OPTION] 1)YES 2)NO 3)DON'T KNOW 4)REFUSED

DO1_1	What kind of institution is/are child/children attending? [OPERATOR: MULTIPLE RESPONSES] 1)Pre-primary 2)Primary 3)Secondary 4)Tertiary [Middle level college] 5)University or higher 6)DON'T KNOW 7)REFUSED
DO2_1	Are boys using any mechanisms to continue with learning at home SINCE THE ONSET OF COVID-19? [OPERATOR: DO NOT READ THE OPTIONS. CHOOSE ONLY ONE OPTION] 1)YES 2)NO 3)DON'T KNOW 4)REFUSED
DO2_2	Are girls using any mechanisms to continue with learning at home SINCE THE ONSET OF COVID-19? [OPERATOR: DO NOT READ THE OPTIONS. CHOOSE ONLY ONE OPTION] 1)YES 2)NO 3)DON'T KNOW 4)REFUSED
DO2_3	Which mechanisms are boys using to continue learning at home SINCE THE ONSET OF COVID-19? [OPERATOR: DO NOT READ OUT OPTIONS.MULTIPLE RESPONSES] 1)RADIO 2)ONLINE LEARNING PLATFORMS 3)TV 4)SOCIAL MEDIA [E.G. WHATSAPP/SMS] 5)PRINT MEDIA 6)OTHER 7)DON'T KNOW 8)REFUSED
DO2_4	Which mechanisms are girls using to continue learning at home SINCE THE ONSET OF COVID-19? [OPERATOR: DO NOT READ OUT OPTIONS. MULTIPLE RESPONSES] 1)RADIO 2)ONLINE LEARNING PLATFORMS 3)TV 4)SOCIAL MEDIA [E.G. WHATSAPP/SMS] 5)PRINT MEDIA 6)OTHER 7)DON'T KNOW 8)REFUSED

DO3_1	What challenges are boy learners facing with the current mode of learning used at home SINCE THE ONSET OF COVID-19? [OPERATOR: DO NOT READ OUT OPTIONS. MULTIPLE RESPONSES] 1)LIMITED ACCESS TO INTERNET 2)LIMITED ACCESS TO LEARNING MATERIALS E.G. BOOKS ETC. 3)LACK OF ELECTRICITY/SOURCE OF LIGHTING 4)INCREASED HOUSEHOLD CHORES TO THE LEARNER 5)LACK OF A SKILLED INSTRUCTOR/ADULT IN THE HOUSEHOLD 6)LACK OF CONDUCIVE ENVIRONMENT 7)MULTIPLE ROLES OF THE PARENT/GUARDIAN 8)OTHER 9)DON'T KNOW 10)REFUSED
DO3_2	What challenges are girl learners facing with the current mode of learning used at home SINCE THE ONSET OF COVID-19? [OPERATOR: DO NOT READ OUT OPTIONS. MULTIPLE RESPONSES] 1)LIMITED ACCESS TO INTERNET 2)LIMITED ACCESS TO LEARNING MATERIALS E.G. BOOKS ETC. 3)LACK OF ELECTRICITY/SOURCE OF LIGHTING 4)INCREASED HOUSEHOLD CHORES TO THE LEARNER 5)LACK OF A SKILLED INSTRUCTOR/ADULT IN THE HOUSEHOLD 6)LACK OF CONDUCIVE ENVIRONMENT 7)MULTIPLE ROLES OF THE PARENT/GUARDIAN 8)OTHER 9)DON'T KNOW 10)REFUSED
E01	Do you have access to clean and safe water? [OPERATOR: CHOOSE ONLY ONE OPTION] 1)Yes - sufficient 2)Yes - but limited 3)No access 4)DON'T KNOW 5)REFUSED

E02	If you have limited or no access to water, what is the MAIN reason? [OPERATOR: DO NOT READ OUT OPTIONS.CHOOSE ONLY ONE OPTION] 1)PIPED WATER SUPPLY IS ONLY AVAILABLE ON CERTAIN DAYS OF THE WEEK 2)DENIED BY CARTELS 3)FEAR OF COVID-19 INFECTION 4)HARASSMENT EN-ROUTE TO SOURCE 5)SOURCE IS TOO FAR AWAY 6)SOURCE CLOSED DUE TO COVID-19 7)CANNOT AFFORD THE COST 8)NOT ENOUGH WATER CONTAINERS 9)WATER ACCESS HAS ALWAYS BEEN A CHALLENGE 10)DUE TO FLOODS 11)OTHER 12)DON'T KNOW 13)REFUSED
E03	Do you have water piped into the house or compound? [OPERATOR: DO NOT READ THE OPTIONS. CHOOSE ONLY ONE OPTION] 1)YES 2)NO 3)DON'T KNOW 4)REFUSED
E03_1	Who normally collects water in your household? Please let us know who normally collects the water in your household. [OPERATOR: DO NOT READ THE OPTIONS. CHOOSE ONLY ONE OPTION] 1)Women collect 2)Men collect 3)Girls collect 4)Boys collect 5)DON'T KNOW 6)REFUSED
F01	BEFORE THE ONSET OF COVID-19, who in your household spent the most time doing the following activities? [OPERATOR: READ OUT THE OPTIONS. CHOOSE ONLY ONE OPTION PER ROW] 1)Food and meal management and preparation [e.g. cooking and serving meals] 2)Cleaning [e.g. clothes/household] 3)Shopping for own household/ family members 4)Collecting water/firewood/fuel 5)Minding children while doing other tasks [e.g. paid work] 6)Playing with/talking to and reading to children 7)Instructing/teaching/training children 8)Caring for children - including feeding/cleaning/physical care 9)Assisting elderly/sick/disabled adults with medical care - feeding/cleaning/physical care 10)Assisting elderly/sick/disabled adults with administration and accounts 11)Affective/emotional support for adult family members

F02	SINCE THE ONSET OF COVID-19, how has the time you devoted to the following activities changed? [OPERATOR: READ OUT THE OPTIONS. CHOOSE ONLY ONE OPTION PER ROW] 1)Food and meal management and preparation [e.g. cooking and serving meals] 2)Cleaning [e.g. clothes/household] 3)Shopping for own household/ family members 4)Collecting water/firewood/fuel 5)Minding children while doing other tasks [e.g. paid work] 6)Playing with/talking to and reading to children 7)Instructing/teaching/training children 8)Caring for children - including feeding/cleaning/physical care 9)Assisting elderly/sick/disabled adults with medical care - feeding/cleaning/physical care 10)Assisting elderly/sick/disabled adults with administration and accounts 11)Affective/emotional support for adult family members
F03	SINCE THE ONSET OF COVID-19, how has the time you devoted to help/support non-household members (e.g. community, neighborhood) changed? [OPERATOR: CHOOSE ONLY ONE OPTION] 1)You do not usually do it 2)Increased 3)Unchanged 4)Decreased 5)DON'T KNOW 6)REFUSED
F04	SINCE THE ONSET OF COVID-19… [OPERATOR: READ OUT THE OPTIONS. CHOOSE ONLY ONE OPTION PER ROW] 1)Your partner helps you more with household chores and caring for family 2)Your daughter[s] helps you more with household chores and caring for family 3)Your son[s] helps you more with household chores and caring for family 4)Other family/household members help you more with household chores and caring for family 5)You hired a domestic worker/babysitter/nurse 6)Domestic worker/babysitter/nurse works longer hours with you 7)Domestic worker/babysitter/nurse no longer works with you 8)You are on your own - nobody can help with household chores and caring for family
NA	This marks the end of the first part of the survey. Thank you for your participation in this mobile phone survey your answers will help us to understand your community needs. May we call you again next week for some more questions on the second part of the survey? [OPERATOR: DO NOT READ OPTIONS. CHOOSE ONLY ONE OPTION] 1)YES 2)NO

NA	Select the language that was mostly used to complete the interview. [OPERATOR: DO NOT READ OPTIONS. CHOOSE ONLY ONE OPTION] 1)English 2)Swahili
NA	Thank you for your time. The interview has come to an end, you will receive your #TOPUP# airtime credit on this phone within the next 2 days.

Module 2

Label	Question
AO1	ARE YOU MALE OR FEMALE? [OPERATOR: CHOOSE ONLY ONE OPTION] 1)MALE 2)FEMALE 3)INTER-SEX
G01	SINCE THE ONSET OF COVID-19, have you received information about how you can protect yourself against COVID-19? [OPERATOR: DO NOT READ THE OPTIONS. CHOOSE ONLY ONE OPTION] 1)YES 2)NO 3)DON'T KNOW 4)REFUSED
G01_1	What is your main source of information regarding Coronavirus/COVID-19? [OPERATOR: CHOOSE ONLY ONE OPTION] 1)Internet and social media 2)Official Government websites 3)Radio/Television/Newspaper 4)Public announcement/speaker 5)Phone [text or call] 6)Community - including family and friends 7)Community health worker /volunteer 8)NGO/Civil Society organization 9)Other 10)DON'T KNOW 11)REFUSED
G02	Have you or any other household member(s) been/is ill SINCE THE ONSET OF COVID-19? [OPERATOR: DO NOT READ THE OPTIONS. CHOOSE ONLY ONE OPTION] 1)YES 2)NO 3)DON'T KNOW 4)REFUSED
G03	Has your own mental health (e.g. stress, anxiety, confidence etc.) been affected negatively SINCE THE ONSET OF COVID-19? [OPERATOR: DO NOT READ THE OPTIONS. CHOOSE ONLY ONE OPTION] 1)YES 2)NO 3)DON'T KNOW 4)REFUSED

G04	Has the mental health (e.g. stress, anxiety, confidence etc.) of any of your family members been affected negatively SINCE THE ONSET OF COVID-19? [OPERATOR: DO NOT READ THE OPTIONS. CHOOSE ONLY ONE OPTION] 1)YES 2)NO 3)DON'T KNOW 4)REFUSED
G05	Are you worried about anything SINCE THE ONSET OF COVID-19? [OPERATOR: DO NOT READ THE OPTIONS. CHOOSE ONLY ONE OPTION] 1)YES 2)NO 3)DON'T KNOW 4)REFUSED
G05_1	What are your main worries? [OPERATOR: DO NOT READ THE OPTIONS. MULTIPLE RESPONSES] 1)DEATH 2)BECOMING INFECTED WITH COVID-19 3)OTHER HEALTH ISSUES 4)ECONOMIC SITUATION AND INCOME-GENERATING ACTIVITIES 5)ACCESS TO FOOD 6)ACCESS TO MEDICINE 7)MISSING SCHOOL 8)SAFETY [RELATED TO THE CRISIS SPECIFICALLY] 9)OTHERS 10)DON'T KNOW 11)REFUSED
G06	Are you or your household currently covered by health insurance (Private or national insurance)? [OPERATOR: DO NOT READ THE OPTIONS. CHOOSE ONLY ONE OPTION] 1)YES 2)NO 3)DON'T KNOW 4)REFUSED

G07	Have you or any other household member exhibited any of the following symptoms SINCE THE ONSET OF COVID-19? [OPERATOR: READ OUT THE OPTONS. MULTIPLE RESPONSES] 1)Fever 2)Sore throat 3)Repeated shaking with chills 4)Muscle pain 5)Diarrhea 6)Dry cough 7)Difficulty in breathing/shortness of breath 8)Loss of taste or smell 9)Runny nose 10)None 11)DON'T KNOW 12)REFUSED
G08	Did you seek any healthcare service/visit doctors SINCE THE ONSET OF COVID-19? [OPERATOR: DO NOT READ THE OPTIONS. CHOOSE ONLY ONE OPTION] 1)YES 2)NO 3)DON'T KNOW 4)REFUSED
G08_1	What has been your experience in the time it took to receive healthcare services/visit doctors? [OPERATOR: CHOOSE ONLY ONE OPTION] 1)Same waiting time 2)Longer waiting time 3)Shorter waiting time 4)Did not seek/need medical care 5)Self-medication for fear of getting infected with COVID-19 6)DON'T KNOW 7)REFUSED

G09	Have you or any other household member tried to access any of the following healthcare services SINCE THE ONSET OF COVID-19 but have been UNABLE to? [OPERATOR: READ OUT OPTIONS. MULTIPLE RESPONSES] 1)Family planning/Sexual and Reproductive healthcare services [including menstrual hygiene etc.] 2)Healthcare services for pregnant mothers/maternal healthcare services 3)Child healthcare services 4)Clinical management of sexual violence [rape and defilement] 5)HIV or other chronic related services 6)Cancer related healthcare [Oncology] 7)Medical imaging [radiology/x-ray] services 8)Lack/ scarcity of medicine for chronic illnesses 9)Other healthcare related services 10)DON'T KNOW 11)REFUSED
G10	You indicated in the previous question that you found it difficult to access formal healthcare services. Has your household been using alternative sources of healthcare services? [OPERATOR: MULTIPLE RESPONSES] 1)No need to seek alternative healthcare 2)Visiting herbalists 3)Procuring medication from pharmacies 4)Praying for healing 5)Using mid-wives 6)Calling personal /family doctor for consultation and prescription over the phone 7)Other 8)DON'T KNOW 9)REFUSED
G11	What kind of menstrual hygiene products were you using BEFORE THE ONSET OF COVID-19? [OPERATOR: MULTIPLE RESPONSES] 1)Washing supplies and disposal facilities 2)Disposable pads 3)Tampons 4)Reusable sanitary towels 5)Other 6)Not applicable 7)DON'T KNOW 8)REFUSED
G12	SINCE THE ONSET OF COVID-19 has there been a change in access to the menstrual hygiene products that you normally use? [OPERATOR: DO NOT READ THE OPTIONS. CHOOSE ONLY ONE OPTION] 1)YES 2)NO 3)DON'T KNOW 4)REFUSED

G12_1	How has the access to menstrual hygiene products changed since the onset of COVID-19? [OPERATOR: CHOOSE ONLY ONE OPTION] 1)Increased access to some menstrual hygiene products 2)Increased access to all menstrual hygiene products 3)Decreased access to some menstrual hygiene products due to cost/reduced income 4)Decreased access to some menstrual hygiene products due to other reasons 5)No access because it is not available 6)No access due to cost/ reduced income 7)Not applicable 8)DON'T KNOW 9)REFUSED
NA	Kindly only answer the next part if you feel confident and safe enough to do so. Should you require information or further support in regard to protection and security, kindly call the national toll free-helpline 1195. It's free and you can call at no cost. 1)CONTINUE
H01	Have your feelings of safety in your community changed SINCE THE ONSET OF COVID-19? [OPERATOR: CHOOSE ONLY ONE OPTION] 1)The same feeling of safety 2)You feel safer 3)You feel less safe 4)DON'T KNOW 5)REFUSED
H02	Why do you feel less safe SINCE THE ONSET OF COVID-19? [OPERATOR: DO NOT READ THE OPTIONS. MULTIPLE RESPONSES] 1)PEOPLE ARE NOT WEARING PROTECTIVE GEAR/PRACTICING SOCIAL DISTANCING 2)THERE IS A LOT OF CRIME 3)GENDER-BASED VIOLENCE AT HOME OR WITHIN THE COMMUNITY 4)POOR OR NO LIGHTING AND SECURITY 5)NO POLICE STATION OR LOCAL GOVERNMENT ADMINISTRATION OFFICE IN THE NEIGHBORHOOD 6)I FEAR DISCRIMINATION AND BEING SIDE-LINED WITHIN MY COMMUNITY DUE TO THE NATURE OF MY WORK [HEALTH WORKER/COVID-RESPONSE FRONTLINE WORKERS] 7)I AM STIGMATIZED FOR HAVING BEEN INFECTED WITH COVID-19 8)PEOPLE ARE BEING HARASSED BY THE POLICE/SECURITY FORCES 9)RISK OF ATTACK WHEN TRAVELING WITHIN OR OUTSIDE THE COMMUNITY 10)OTHER HAZARDS [NATURAL DISASTERS E.G. FLOOD] AND SECURITY CONCERNS 11)OTHER 12)DON'T KNOW 13)REFUSED

H03	Have your feelings of safety in your home changed SINCE THE ONSET OF COVID-19? [OPERATOR: CHOOSE ONLY ONE OPTION] 1)The same feeling of safety 2)You feel safer 3)You feel less safe 4)DON'T KNOW 5)REFUSED
H04	Why do you feel less safe in your home SINCE THE ONSET OF COVID-19? [OPERATOR: DO NOT READ OUT OPTIONS. MULTIPLE RESPONSES] 1)LIVE IN DENSELY POPULATED AREA AND CHILDREN PLAY AND MOVE AROUND MAKING EVEN YOUR HOME UNSAFE DURING COVID-19 2)CRIME HAS INCREASED 3)OTHERS IN THE HOUSEHOLD HURT YOU 4)OTHER ADULTS IN THE HOUSEHOLD ARE HURT 5)THE CHILDREN IN THE HOUSEHOLD ARE BEING HURT 6)THERE IS SUBSTANCE ABUSE [E.G. ALCOHOL AND DRUGS] IN THE HOUSEHOLD 7)I FEAR DISCRIMINATION AND BEING SIDE-LINED AT HOME DUE TO THE NATURE OF MY WORK [HEALTH WORKER/COVID-RESPONSE FRONTLINE WORKERS] 8)I AM STIGMATIZED FOR HAVING BEEN INFECTED WITH COVID-19 9)OTHER 9)DON'T KNOW 10)REFUSED
NA	Kindly only answer the next part if you feel confident and safe enough to do so. Should you require information or further support in regard to gender-based violence (GBV), kindly call the national GBV toll free-helpline 1195. It's free for everyone. You can also refer your family, friend, neighbor or someone who needs support. We commit to ensure that the survivor's right to safety, confidentiality, dignity and self-determination, and non-discrimination. In cases of sexual violence, the team should be prepared to facilitate access to lifesaving health services within the appropriate time period (72 hours for HIV post-exposure prophylaxis and 120 hours for emergency contraception). Should you find a survivor in need of support, then refer them to 1195 (GBV helpline) and/or 116 (children's helpline). [OPERATOR: DO NOT TRY TO COUNSEL THE SURVIVOR, BE CALM AND OPEN WITH THEM. LISTEN CALMLY AND SEEK THEIR APPROVAL TO LINK THEM TO SOMEONE WHO CAN PROVIDE GUIDANCE AND SUPPORT TO THEM. CALL THE TOLL FREE-HELPLINE 1195] [OPERATOR: TICK THE CHOICES BELOW OR NOTE DOWN EXTRA INFORMATION PROVIDED BY THE SURVIVOR. THERE MIGHT BE MULTIPLE ISSUES, THEREFORE, YOU CAN TICK MORE THAN ONE..] 1)CONTINUE

I01	Have you received or had access to information about where to seek help if you or anyone you know experience any form of violence? (e.g. sexual violence and harassment, exploitation) SINCE THE ONSET OF COVID-19? [OPERATOR: DO NOT READ THE OPTIONS. CHOOSE ONLY ONE OPTION] 1)YES 2)NO 3)DON'T KNOW 4)REFUSED
I01_1	What/who was your source(s) of information about gender-based violence and referral systems (e.g. sexual violence and harassment, exploitation) SINCE THE ONSET OF COVID-19? [OPERATOR: DO NOT READ THE OPTIONS. MULTIPLE RESPONSES] 1)FROM A FAMILY MEMBER 2)FROM A FRIEND 3)FROM A NEIGHBOR 4)FROM THE RADIO 5)FROM THE TV 6)ONLINE/SOCIAL MEDIA 7)OTHERS 8)DON'T KNOW 9)REFUSED
I03	Do you know anyone who have experienced any of the following SINCE THE ONSET OF COVID-19? [OPERATOR: READ OUT OPTIONS. MULTIPLE RESPONSES] 1)Sexual harassment e.g. inappropriate and unwelcome jokes/suggestive comments/leering/unwelcome touch/kisses/intrusive comments about your physical appearance/unwanted sexually explicit comments/people indecently exposing themselves to you [the range of sexual harassment] 2)Slapped/hit/kicked/thrown things or done anything else to physically hurt the person 3)Female genital mutilation 4)Make the person have sex when s/he did not want to and do something sexual that s/he did not want to do 5)Denial of resources/money/water 6)Online/Internet bullying e.g. physical threats/sexual harassment/sex trolling/sextortion/online pornography/zoom-bombing among others 7)Emotionally hurting someone through verbal abuse etc. 8)Denial to communicate with other people 9)Child/Forced marriage 10)DON'T KNOW 11)REFUSED

I04	Who was the perpetrator/offender of #Experiences#? [OPERATOR: DO NOT READ OUT THE OPTIONS. MULTIPLE RESPONSES] 1)SPOUSE PARTNER 2)OTHER FAMILY MEMBER 3)FRIEND 4)BOSS 5)COLLEAGUE 6)CLIENT 7)TEACHER 8)NEIGHBOR 9)HEALTH WORKER 10)RELIGIOUS LEADER 11)CHIEF/POLICE 12)OTHER 13)DON'T KNOW 14)REFUSED
I05	Did the affected person look for help? [OPERATOR: CHOOSE ONLY ONE OPTION] 1)Yes 3)No - They did not seek help 4)DON'T KNOW 5)REFUSED
I05_1	Who did the affected person contact for help? [OPERATOR: DO NOT READ OUT OPTIONS. MULTIPLE RESPONSES] 1)FAMILY MEMBER 2)FRIEND 3)COLLEAGUE 4)CLIENT 5)TEACHER 6)POLICE 7)HEALTH FACILITY 8)HELPLINE 9)SOCIAL WORKER 10)NON-GOVERNMENTAL AGENCY 11)NEIGHBOR 12)RELIGIOUS LEADERS 13)ONLINE PLATFORMS [FACEBOOK. ETC.] 14)OTHER 15)DON'T KNOW 16)REFUSED

I06	What types of information, advice or support would you say is needed in this community to prevent gender-based violence and harmful practices from happening DURING THIS COVID-19 PERIOD? [OPERATOR: READ OUT OPTIONS. MULTIPLE RESPONSES] 1)Information about security/crime prevention / referral linkages 2)Practical help such as shelter/food/clothing 3)Someone to talk to 4)Psycho-social support 5)Help with insurance/compensation claim 6)Protection from further victimization/harassment 7)Help in reporting the incident/dealing with the police 8)Medical support 9)Financial support 10)Legal support 11)Other 12)Do not want any support 13)DON'T KNOW 14)REFUSED
I07	Do you know where to find help if you or someone else is exposed to sexual or physical abuse? [OPERATOR: DO NOT READ THE OPTIONS. CHOOSE ONLY ONE OPTION] 1)YES 2)NO 3)DON'T KNOW 4)REFUSED
I07_1	Where can you or someone else find help if exposed to sexual or physical abuse? [OPERATOR: DO NOT READ OUT OPTIONS. MULTIPLE RESPONSES] 1)CALL FOR ACCESS TO FRIENDLY SPACES FOR CHILDREN IN THE COMMUNITY 2)SEEK SUPPORT FROM FAMILY 3)SEEK RELIGIOUS LEADER 4)ENGAGING IN CONFLICT 5)ACCESS TO CENTERS FOR WOMEN/MEN 6)APPROACH COMMUNITY LEADERS 7)TALK WITH FRIENDS 8)CALL HELPLINE 9)CALL/GO TO POLICE 10)GO TO HEALTH FACILITY 11)SEEKING SUPPORT FROM CIVIL SOCIETY/NGOS 12)Other [specify] 13)DON'T KNOW 14)REFUSED

I08	What are currently the top three priority needs or concerns for you and your household? [OPERATOR: DO NOT READ OUT OPTIONS. TICK THREE RESPONSES ONLY. MULTIPLE RESPONSES] 1)HEALTH CARE 2)FOOD 3)WATER 4)SANITATION – HYGIENE 5)SHELTER AND HOUSEHOLD ITEMS 6)BEING SURE THAT YOU CAN LIVE IN YOUR CURRENT PLACE/HOUSE/SHELTER [SECURITY OF TENURE] 7)EDUCATION 8)EARNING A LIVING/GETTING AN INCOME/WORKING 9)SAFETY AND SECURITY 10)OTHER 11)DON'T KNOW 12)REFUSED
NA	Select the language that was mostly used to complete the interview. [OPERATOR: DO NOT READ OPTIONS. CHOOSE ONLY ONE OPTION] 1)English 2)Swahili
NA	Thank you for your time. The interview has come to an end, you will receive your #TOPUP# airtime credit on this phone within the next 2 days.

1.15 Annex 6: Individual SMS GBV structured questionnaire

SMS based question on GBV and harmful practices
Maswali ya Ujumbe mfupi kuhusu Dhuluma ya Kijinsia na matendo ya dhuluma

***You can select only one response in Question 1, 4, 7 & 8, but you can select more than one response in Question 2,3,5,6 & 9.

Unaweza kuchagua jibu moja pekee katika Swali la 1,4,7 na 8, lakini unaweza kuchagua zaidi ya jibu moja katika Swali la 2,3,5,6 na 9.

Include sex, age group, county, location (rural/urban)

1. Are you aware of Gender Based Violence (GBV), Female Genital Mutilation (FGM) and Child Marriage (CM) in your community since the onset of COVID-19?

Je unafahamu kuhusu Dhuluma ya kijinsia, Ukeketaji wa Wanawake na Ndoa za mapema za watoto katika jamii yako tangu kuanza kwa COVID-19?

1.Yes */ Ndio*
2.No */ La* (skip to 3)

2. What GBV have you seen/heard during COVID-19 period?

Je ni Dhuluma gani ya kijinsia umeona/umesikia katika wakati wa COVID-19?

a. Sexual violence */ Dhuluma za kingono*
b. Sexual Harassment */ Unyanyasaji wa kijinsia*
c. Physical violence */ Dhuluma za mwili*
d. Emotional violence */ Dhuluma za kihisia*
e. FGM */ Ukeketaji wa wanawake*
f. Child Marriage */ Ndoa za mapema za watoto*

Multiple Response

3. Where does GBV occur during COVID-19 period?

Je ni wapi Dhuluma za kijinsia hufanyika wakati wa COVID-19?

a. Traveling */ Safarini*
b. Collecting firewood/water */ Unpokusanya kuni/kuchota maji*
d. Workplace */ Mahali pa kazi*
e. Public service facilities */ Katika vituo vya huduma vya umma*
f. Home/Toilet */ Nyumbani/Chooni*
g. The farm */ Katika shamba*

Multiple Response

Please be assured that the information you are providing is confidential. You should only respond to these questions if you feel safe. If you need any support, please call the toll-free helpline 1195

Tafadhali kuwa na uhakika kuwa habari unayotoa ni ya siri. Unafaa kuyajibu maswali haya kama unahisi salama pekee. Iwapo unahitaji usaidizi wowote, tafadhali piga simu kwa nambari 1195 ya usaidizi ambayo hutozwi ada yoyote

4. Do you KNOW of family/community members who have experienced GBV since the onset of COVID-19?

Je unafahamu familia/jamii ambao wamepitia Dhuluma ya kijinsia tangu kuanza kwa COVID-19?

1. Yes / Ndio
2. No / La END INTERVIEW
3. I don't want to answer / Singependa kujibu END INTERVIEW

5. What type of GBV did they experience?

Je ni aina gani ya Dhuluma ya kijinsia walipitia?

a. Sexual Harassment */ Unyanyasaji wa kijinsia*
b. Physical */ Ya kimwili*
c. *FGM / Ukeketaji wa wanawake*
d. Sexual */ Ya kingono*
e. Denial of resources */ Kunyimwa rasilimali*
f. Online bullying */ Uonevu kwenye mtandao*
g. Emotional */ Ya Kihisia*
h. Child Marriage */ Ndoa za mapema za watoto*

Multiple Response

6. Who was the offender?

Je ni nani alikuwa akifanya kitendo hicho?

a. Family member */ Mtu katika familia*
b. Friend */ Rafiki*
c. Colleague */ Mfanyikazi mwenza*
d. Client */ Mteja*
e. Teacher */ Mwalimu*
f. Neighbour */ Jirani*
g. Health Worker */ Mhudumu wa afya*
h. Chief/Police */ Chifu/Polisi*
i. Religious leader */ Kiongozi wa dini*

Multiple Response

7. Did you or members of your family/community know where to seek help?

Je wewe ama watu katika familia/jamii yako walijua mahali pa kutafuta usaidizi?

1. Yes */ Ndio*
2. No */ La*

8. Did you or members of your family/community try and seek/find help after being subjected to this form of violence?

Je wewe ama watu katika familia/jamii yako walijaribu kutafuta/kupata usaidizi baada ya kutendewa aina hii ya dhuluma?

1. Yes */ Ndio*
2. No */ La*
3. I don't want to answer */ Singependa kujibu*

9. Who did you/they contact?

Ni nani walitafuta usaidizi kwake?

a. Family */ Mtu katika familia*
b. Friend */ Rafiki*
c. Colleague */ Mfanyikazi mwenza*
d. Police */ Polisi*
e. Health personnel */ Mhudumu wa afya*
f. Helpline */ Nambari ya simu ya usidizi*
g. NGO */ Shirika lisilokuwa la kiserikali*
h. Neighbour */ Jirani*
i. Religious leader */ Kiongozi wa kidini*
j. Online platform */ Jukwaa la mtandao*