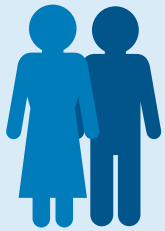




1. ECONOMIC ACTIVITIES, HOUSEHOLD INCOME, AND OTHER RESOURCES

Earnings



Majority earn below **KSh. 77,000** per month.



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

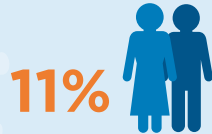


Women on average earn less than men in urban areas

COVID-19 disruptions on income



COVID-19 disrupted the sources of livelihoods for households, particularly for low income strands.



11% Of men and women who earn more than Sh. 77,000 lost their incomes due to layoffs and pay-cuts, and loss of businesses restrictions on movement.



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



1 in 10

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

Coping mechanisms for men and women during the pandemic

Men and women resorted to different coping mechanisms including subsistence farming and other economic activities



The number of women looking for paid work was twice that for men since the onset of COVID 19

15%  **12.5%**

The number of women and men working for pay reduced because of the pandemic

12.5%  **6%**

The rise in proportion of women and men counted as unemployed and looking for a job after the pandemic

 **+2.5%**

Increase in the number of men engaged in non-agricultural casual work

Economic effects by region

The decline in personal income cut across all economic blocs

1/2 

women in the Frontier Counties Development Council (FCDC) bloc reported having lost all their income

compared to

1/5 

in other economic blocs.

8 in 10 

women living in Narok-Kajiado economic bloc reported a decline in their personal incomes



2. FOOD SECURITY AND AGRICULTURAL ACTIVITIES

Impact on food security

Woman-headed households are harder hit

58%



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

50%

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

16%

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

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



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

Impact on availability and price of food by sex of household head, location, and regional bloc

45%

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



Households headed by men experienced a higher decline in food availability

due to restrictions in movement than female-headed households.



Disruptions in access to markets for most value

chains contributed to rises in food prices.



Rural

17% Nearly **1 in 5** of rural households stated that **food availability had reduced due to restricted movements**

28% more than **1 in 4** stated that availability had decreased due to other reasons.

Men in the Mt. Kenya and Aberdares Region Economic Bloc experienced the lowest changes in food availability. **Nearly half (48%) reported no change** similar to **men in Nairobi (45%)** followed by **women in the Mt. Kenya and Aberdares Region Bloc** and **women in Jumuia ya Kaunti za Pwani** (Coastal Counties Economic Bloc) - **41% each**.



Urban

18% Nearly **1 in 5** of households stated that food availability had reduced due to restricted movements

22% more than **1 in 5** stated that availability had decreased due to other reasons.

20% proportion of households which reported a **decline in food availability** in the local shops and markets.



20% **18%**

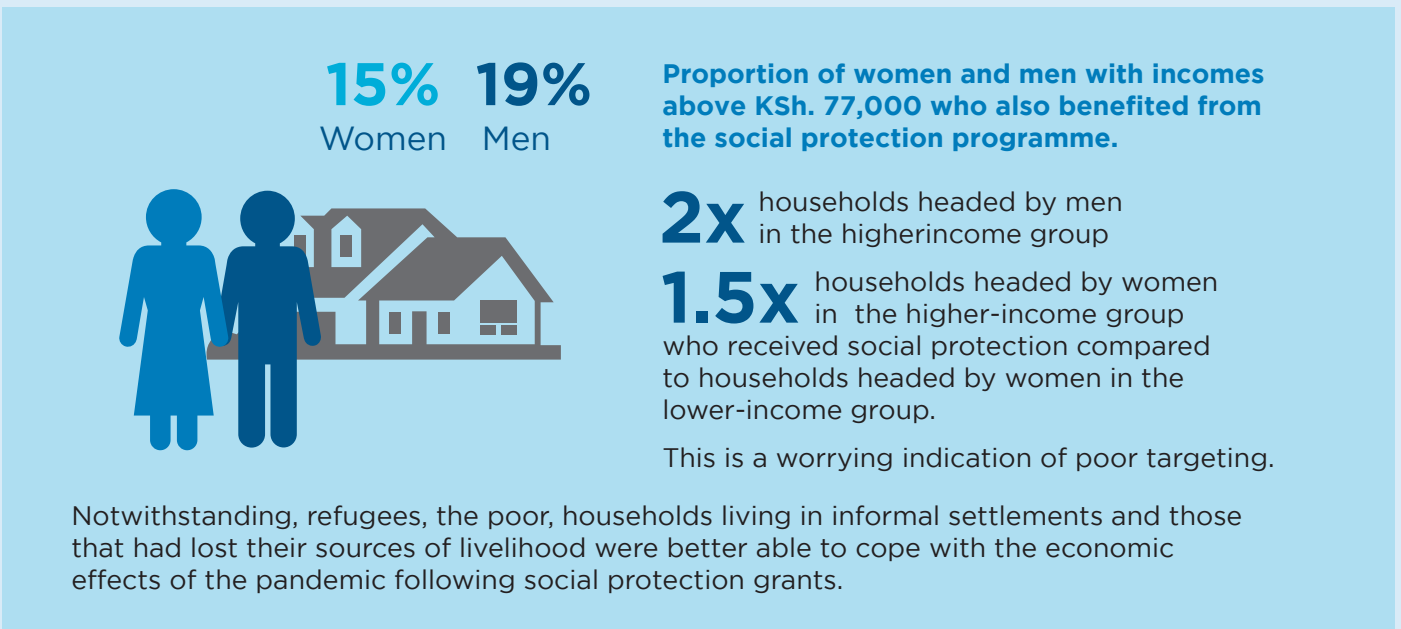
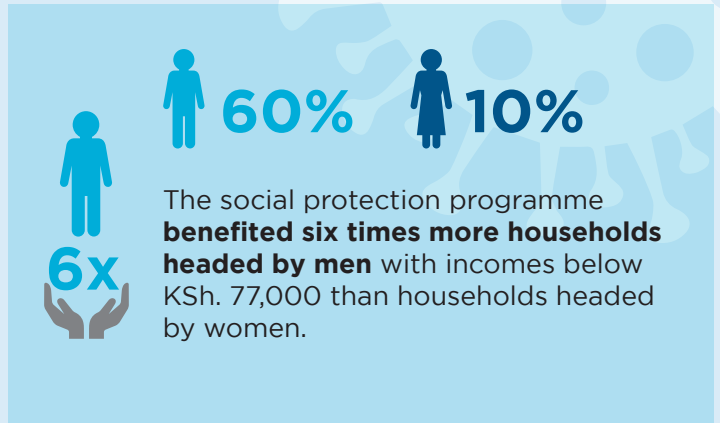
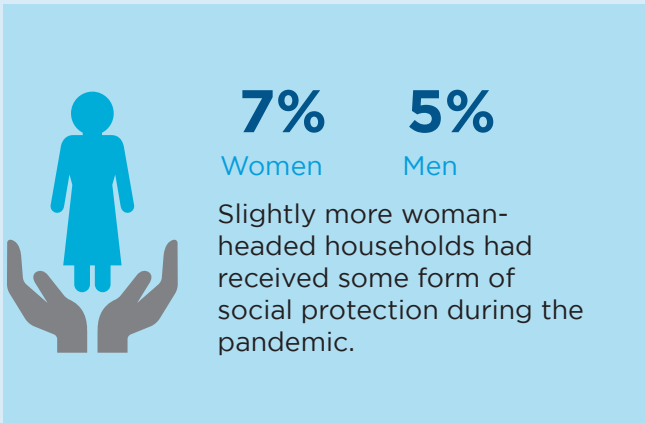
Women Men

countrywide experienced an increase in food availability.

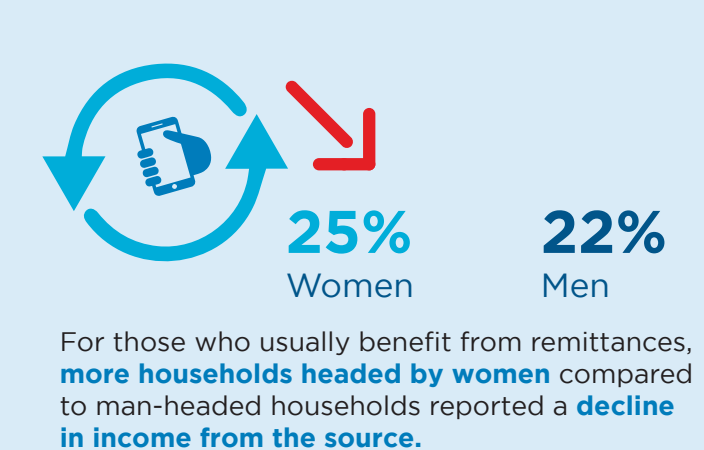
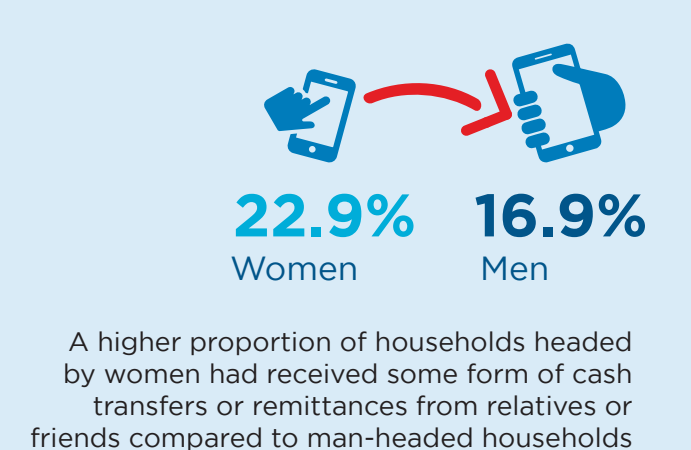


3. ACCESS TO SOCIAL PROTECTION GRANTS AND/OR ANY IN-KIND SUPPORT

By sex of household head and income level



Cash transfers and other remittances





4. EDUCATION

Two days after the detection of the first case of COVID-19 in Kenya in March 2020, all schools and institutions of higher learning were closed indefinitely.



76%

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



32%
Girls



30%
Boys

Were not learning from home



18%
Girls

11%
Boys

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



> 65%



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



URBAN

34%

RURAL

28%



32%
Girls

30%
Boys

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



33%

27%

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

By region



45%
Girls

40%
Boys

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

45%
Girls

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

8 out of 10



Proportion of children in the South Eastern Kenya Economic Bloc (SEKEB) learning from home - the highest reported in the regions.



5. BURDEN OF CARE AND UNPAID CARE WORK

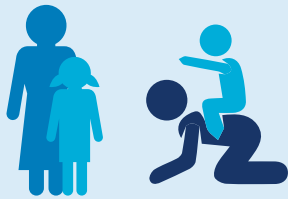


Although COVID-19 increased the time households spent on both unpaid care and domestic work, **more women than men realized an increased burden of work.**



48% Women **49%** Men

The highest increase in unpaid care and domestic work reported was for the task of **teaching children at home during the pandemic.**



45% Women **45%** Men

increase in time spent playing with children



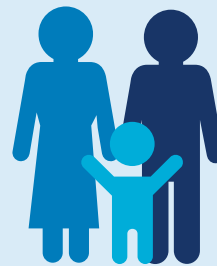
41% Women **40%** Men

increase in time spent in childcare—feeding and cleaning



40% Women **38%** Men

Proportion of women and men reported a **substantial increase in the time spent minding children while doing other tasks**



approx. **35%** Men & Women

A large proportion of women and men reported **no change in the emotional support provided to adult family members.**



31%

Proportion of respondents who experienced an increase in food and meal management and preparation work because more family members were at home for longer periods of time during the pandemic.



6. WATER AND SANITATION AND ACCESS TO MENSTRUAL HYGIENE PRODUCTS

Access to clean and safe water

Washing hands and ensuring clean surfaces around the home is one of the most effective ways of slowing down transmission of COVID-19.



78% Urban
70% Rural

households accessed sufficient clean and safe water.

26% Urban
35% Rural

More than 1 in 3 households encountered challenges in accessing clean and safe water.

26% Urban
35% Rural

residents said that access to water has always been a problem.



38% Urban
10% Rural

blamed irregular supply of piped water for lack of access.



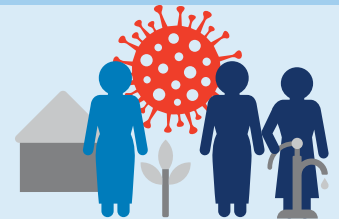
11% Urban
7% Rural

cited high prices of the commodity as a barrier to access.



14% Urban
31% Rural

were affected by the long distances to water sources



The need to socialize as they fetch water and the heightened risk of infection with COVID-19 presented rural girls and women with an additional challenge.

By region

28% Women
12% Men

FCDC households headed by women were more than twice as likely as household headed by men to report having no access to water.

This was the highest incidence countrywide save for women-headed households in Narok-Kajiado Economic Bloc in which **15% of women had no access to clean and safe water.**

Access to menstrual hygiene products



>90%

Most women and girls reported decreased or no access to menstrual hygiene products during the pandemic due to reduced income.



13% Urban
21% Rural

Many women and girls in urban and rural areas could not access menstrual products at all due to reduced income or high cost of the products.

73% Urban
65% Rural

Both urban and rural women and girls reported high decreases in access.

Access to menstrual hygiene products was disproportional across economic blocs.

The rural area in the Lake Region Economic Bloc (LREB) and the Mt. Kenya and Aberdares Region Economic Bloc experienced the highest fluctuation in access due to lack of finances, among other reasons.

43%

women and girls surveyed in the Lake Region Economic Bloc (LREB) could not access menstrual hygiene products due to other reasons such as school closure since sanitary pads are often provided in schools.





7. ACCESS TO HEALTHCARE SERVICES AND HEALTH-SEEKING BEHAVIOR

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

General impact on access to healthcare



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



15% **14%**
Women Men

could not access child healthcare services



51% **58%**
Women Men

could not access other healthcare services



9% **11%**
Women Men

could not access treatment for cancer and chronic illnesses.

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



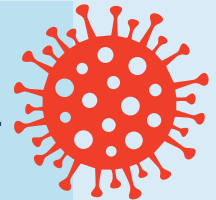
1% **0.5%**
Women Men

could not access health services for clinical management of sexual violence (rape and defilement).

Health-seeking behavior



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



Mental health and wellbeing



48% **52%**
Women Men

COVID-19 has significantly affected the physical health of both men and women. **Roughly 1 out of 2 women and men have faced mental health issues during the pandemic.**

38% **44%**
Women Men

The burden of mental and psychological health was found to be slightly heavier on men.



Men who were the heads of their households were **6% more affected by mental health challenges** than women heads of households. This was often occasioned by anxiety and loss of confidence from loss of income.



For women, sexual and GBV placed them at high risk for physical and mental trauma, disease, and unwanted pregnancies.



8. SAFETY AND SECURITY

There were some safety and security challenges during the period from April to June 2020 when cessation of movement in some regions and a dusk to dawn curfew had been imposed as part of measures to contain the spread of the pandemic



17%
Urban

15%
Rural

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



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

18%
Urban

14%
Rural

man-headed households



76%
Rural

72%
Urban

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

By economic bloc



45%

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

65%

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

Home and community level



18%
Women

14%
Men

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



57%
Women

54%
Men

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





9. GENDER-BASED VIOLENCE

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

General incidence of GBV



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

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

Types of GBV, location of occurrence and location of residence

Incidence of forms of GBV during the pandemic



Sexual violence
35%



Child marriage
25%



Physical violence
17%

Acts or threats of violence during the pandemic occurred both within and away from home, including while visiting the toilet, collecting water and firewood, travelling, at workplaces, in public service facilities and on farms.

36%
FGM

34%
Sexual violence

Various forms of GBV seen/heard occurred at **home/while visiting the toilet**

27%
FGM

26%
Sexual harassment

Seeing/hearing of various forms of GBV taking place while **the victim was fetching firewood or water**



Physical violence
20% Urban
15% Rural



Child marriage
20% Urban
15% Rural



Sexual harassment
19% Urban
10% Rural



Emotional abuse
13% Urban
10% Rural

GBV by sex of household head and region



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

29%
Narok-Kajiado

15%
Nairobi

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

12%
Physical abuse
Narok-Kajiado

8%
Emotional abuse
LREB

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



Perpetrators of GBV

Respondents overwhelmingly pointed to family members as the main culprits behind all the identified forms of GBV except for online bullying. Family members were blamed for:

44%

Physical violence

43%

Sexual harassment

40.5%

Sexual violence

40%

Child marriage

36%

Denial of resources

33%

Emotional abuse

29%

FGM

10%

Religious groups bore the highest blame for online bullying

Reporting GBV during COVID-19

Restrictions on movement significantly hampered confirmation and reporting of GBV cases. **Cases of child marriage, defilement and FGM perpetrated by relatives and other household members often go unreported and are thus difficult to detect.**

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



39%

Reported to the police

Reported to family members

20%

Rural

19%

Urban

Although police were identified among perpetrators of online bullying, victims of gender violence got some reprieve from reporting to police and hope of accessing justice .



65%

Of the GBV victims who tried to seek help after the incident/harmful practice, **nearly 2 in 3 knew where to seek help**

39%

Only 2 in 5 of those who did not seek help after the incident knew where to seek help. This lack of awareness and access perpetuates GBV.