BACKGROUND

The populations most at risk during pandemics such as COVID-19 include those who depend heavily on the informal economy; are in areas prone to shocks; have inadequate access to social services or political influence; limited capacities and opportunities to cope and adapt and little or no access to technologies. Layering gender on to these vulnerabilities, brings into sharp focus how women’s triple roles related to reproductive, productive and community managing tasks places them at considerably higher risk of infection during pandemics such as COVID-19, a pattern that has been common during other pandemics.

During the Ebola pandemic, women experienced slightly higher infection rates than men, which was attributed to social norms and practices around care of families and community managing responsibilities in those countries. For example, according to WHO data on cases of Ebola, women accounted for 51% and 52% of the cases in Sierra Leone and Guinea respectively. Pandemics tend to also put more strain on women’s means of earning incomes; the amount of time spent on care giving at home and their economic recovery in subsequent years.

There are numerous lessons to be drawn from past pandemics in developing countries and globally from those countries that experienced the first wave of COVID-19 infections, on addressing the gendered aspects that increase women’s health and economic vulnerabilities. Reducing vulnerability to infection among Kenyans will need to include the public health dimensions as well as the social and economic issues that face the vast majority of women, men and children who rely on informal sector jobs that offer little social protection and are most likely to be affected by any restrictions of movement internally and externally.

Women and girls also offer specific capacities, strengths and leadership that are crucial to effective prevention and response and these potential should be harnessed and safeguarded to minimize the impact of COVID-19. Women constitute about 70% of health and social workers globally yet they occupy limited decision making positions. Full participation of women in designing COVID-19 response, being prioritized as recipients and partners in building longer-term solutions is a strategic response that link equality, health and the economy.
1. Increased vulnerability to Gender-Based Violence in the context of pandemic response

- Domestic violence has reportedly tripled in countries practicing social distancing.
- The reduction in operating hours of bars will lead to higher rates of alcohol abuse, which potentially lead to higher cases of intimate partner violence.
- Access to menstrual hygiene products is already a challenge for many women and girls across the country.
- Restrictions in movement increases social media use resulting in cyberbullying, mostly targeting women and girls.
- Strain due to a reduction/ loss of incomes and lack of healthy outlets to deal with the psychological strain of not meeting the social expectations on being a provider by male heads of households will lead to more cases of intimate partner violence.
- Legal and economic aid as well as psychosocial support to survivors will reduce as resources would be diverted to COVID-19 cases.

2. Women’s sources of income are in sectors that are hard hit by restrictions on movement and lowered consumer demand in export markets.

- Percentage of women constituting the horticulture workforce in Kenya. The lower consumer demand for Kenya's flowers and other horticulture exports will affect mostly women.

3. Unequal burden of care leading to increased vulnerability of COVID-19 transmission

- Number of hours spent on care work by women compared to 2.9 hours by men. It more likely that as infection rates rise, most cases will have to be managed at home.
- Percentage of women who are nursing staff who are at the frontline of providing care. Their risk of infection during the COVID-19 pandemic is therefore particularly high.

4. Low access to life-saving health information, especially by women and girls most left behind

- Percentage of refugees that are women and children, COVID-19 will have disastrous consequences on them if it gets to refugee and IDP camps.
- Needs of women, men and children living with disabilities must be considered. Including access to accurate information; care, and inclusion during COVID-19 are crucial.
**HOW CAN THE RESPONSE AND PREVENTION TO COVID-19 MITIGATE THE GENDERED IMPACTS?**

Drawing on the successes of mitigating the gender impacts on the social and economic wellbeing of women and their families during past pandemics, UN Women recommends several mitigating measures that need to be urgently taken.

1. **Targeted Social Protection Mechanisms and Economic Stimulus Packages for:**

   - **Vulnerable women (especially those in urban informal settlements, refugee camps and poor rural areas), through a mobile cash transfer, goods and access to free water integrated in the existing Kenya National Safety Net Programme (NSNP).**
   - **Businesses including tax incentives for production, zero property taxes, reduced power and water costs to cushion low wage earners in sectors facing significant layoffs. The government needs to consider a subsidy for companies that would include wage protection and paid leave.**

2. **Prioritize GBV Prevention and Response Within Covid-19**

   - **Train girls and young women to lead social media solutions to expose violence as a risk during isolation as practiced in China**
   - **Train first responders & health workers on basic skills to respond to GBV and disclosure that could be associated with or exacerbated by the pandemic.**
   - **Increase messaging on prevention of GBV, reporting and information on where to seek help through appropriate channels.**
   - **Promote community-based mechanisms to address GBV as the health system may be overburdened with treatment of COVID-19 cases.**

3. **Women’s Participation in Decision Making in National Response Efforts**

   - Representation of women in the National Emergency Response Committee (NERC), including the State Department for Gender.
   - Integrate a Gender & Emergency Specialist to advise during the prevention, response and recovery phases, including support to develop Kenya Women’s Charter of Demand as advocacy tool to lobby and influence government and development partners response to COVID-19
   - Facilitate production, access and use of sex-disaggregated data on COVID-19 for decision makers in public and private sectors to assist in prevention, response and recovery.
   - Include gender dimensions within the national and county plans and responses drawing on the findings of the rapid gender needs risk and impact analysis.
   - Conduct a rapid gender needs, risk and impact analysis of COVID-19 to identify the specific needs of women, men, girls and boys enabling Government to deliver a fully gender sensitive response.
   - Develop gender mainstreaming strategies and guidelines for state and non-state actors.

4. **Public Health Efforts**

   - Provide protective materials and psychosocial support to frontline healthcare providers. This includes better access to women-friendly personal protective equipment and menstrual hygiene products.
   - Provide Protective materials to counties for distribution to women given the disproportionate burden of unpaid care work expected of them
   - Develop education materials for pregnant women and those living with HIV/AIDS on basic hygiene practices, precautions to take, how and where to seek care based on their questions and concerns.
   - Disseminating accurate information on prevention and risk in local dialects using appropriate channels. This can be done via women’s rights NGOs, NGOs, faith-based leaders and traditional media.
   - Advocate and support women’s inclusion among the Community Health Volunteers being deployed to support national efforts to raise awareness on prevention.
   - Maintain essential health services for women and girls, including sexual and reproductive health services remain accessible during crisis