



MZALENDO

**THE GENDERED
FACE OF COVID-19:
IMPLICATIONS OF
COVID-19
RELATED CORRUPTION
ON WOMEN**

MZALENDO TRUST

THE GENDERED FACE OF COVID-19:
IMPLICATIONS OF COVID-19 RELATED
CORRUPTION ON WOMEN

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ACRONYMS AND ABBREVIATIONS

Covid-19 :	Coronavirus Disease- 2019
CSOs :	Civil Society Organizations
CREAW :	Center for Rights Education and Awareness
GBV :	Gender-based violence
KNBS :	Kenya National Bureau of Statistics
NGEC :	National Gender Equality Commission
KAYPAT :	Kawangware Paralegal Trust
KEMSA :	Kenya Medical Supplies Authority
PPE :	Personal Protective Equipment

ABOUT MZALENDO

Mzalendo ('Patriot' in Swahili) Trust is a Kenyan non-partisan Parliamentary Monitoring Organization started in 2005 and whose mission is to promote 'open, inclusive, and accountable parliaments in Kenya.' We do so by creating and managing civic tech tools, producing evidence-based research, and leading and facilitating advocacy and partnerships with Parliaments, citizens and other relevant stakeholders. We believe that success in our work will build more effective and responsive legislation and political processes that ultimately support Kenya's national development goals.

In line with our new Strategic Plan 2021-2024, we are anchoring our work on three main pillars: Openness, Inclusion and Accountability. Openness is grounded on Article 118 (1) of the Constitution, which provides that 'Parliament shall (a) conduct its business in an open manner, and its sittings and those of its committees shall be in public; and (b) facilitate public participation and involvement in the legislative and other business of Parliament and its committees". Inclusion on the other is anchored on, among others, Article 100: 'Parliament shall enact legislation to promote the representation in Parliament of (a) women;(b) persons with disabilities; (c) youth; (d) ethnic and other minorities; and (e) marginalized communities." Finally, accountability is grounded on sovereignty of the people (Article 1), partially manifested in the requirement to involve them in decision-making process through public participation (Article 10 and 119(1).

To enhance public participation in legislative development, Mzalendo has robust offline and online platforms that allow citizens to air their voices and views on various legislations under active consideration. Through our online Dokeza (Swahili for share your views/ideas) platform, we facilitate online public participation in the refining of various legislations. Therein, members of the public can access bills, read and share their views, which we in turn collate and present on their behalf to the relevant House of Parliament (Senate or National Assembly). The platform has been particularly important during the COVID-19 Pandemic, which has occasioned limitation in physical interaction, an option hitherto more popular with various stakeholders. Dokeza has thus been a timely alternative.

FOREWORD AND ACKNOWLEDGMENTS

The fall-out occasioned by the COVID-19 pandemic has disproportionately affected the Special Interest Groups, including Women. The depravity, in part due to corruption during the pandemic, has resulted to unmerited suffering of women; politically, economically and socially. Failure to prudently manage allocated resources is attributable to disproportionate suffering women have hitherto gone through including loss of economic livelihood, gender-based violence, reduced access to reproductive and maternal healthcare, exponential increase in cases of teenage pregnancies and limited access to justice.

Economically disadvantaged women have been more vulnerable to the consequences of corruption. Such women are particularly those found in informal settlements as well as those in the rural areas. Further young women/girls, especially of the school going age have borne the brunt, especially of teenage pregnancies. This publication intends to provide objectively informed consequences of corruption during the COVID-19 pandemic and recommend potential remedial measures to mitigate the consequences of the fall-out. It is our hope that this report results in meaningful engagement between relevant institutions and enhances much-needed support for women affected by the pandemic and the resultant effects of corruption.

Mzalendo Trust is greatly indebted to the Canadian Fund for Local Initiatives (CFLI) who offered financial support that enabled the organization to successfully carry out and publish the findings of this study.

We wish to thank everyone involved in generating this publication, in particular: all the respondents who provided immense contributions and recommendations, including various grassroots CSOs and CBOs, youth and women organizations, and participants at the Validation meeting held prior to launch of this report; the Consultant, Christine Juma Buluma; as well staff at Mzalendo Trust, Alex Ochieng, Loise Mwakamba, Jefferson Gathumbi, Sylvia Katua, Idah Knowles and Ruth Akolo for excellent work and valuable technical direction.

EXECUTIVE SUMMARY

This study sought to examine the implications of Covid-19 related corruption on women. Recent studies show that Covid-19 affected women negatively and disproportionately, both directly and indirectly, a development attributable to gender power relations. Covid-19-related corruption has had a multiplier effect on the impact of Covid-19 and the study found that it disrupted women livelihood, increased instances of gender-based violence and reduced access to general, mental and reproductive healthcare services. The study therefore concludes that Covid-19 related corruption exacerbated pre-existing political, economic and social norms and gender inequality. Drawing from comparative jurisdictions' best practices, this study therefore recommends the following: Institution of reforms to strengthen fight against corruption in both private and public sectors; effective training of police officers on how they should handle civilians while upholding the law and avoiding abusive conduct while enforcing the curfew; instituting measures to address gender inequality; for example implementing the two-thirds gender rule and other related reforms; policy actualization and appropriate administration of funds allocated to empower women economically to secure women's land ownership, access to quality education, health, proper sanitation and safety; allocation of additional resources to address violence against women and girls in Covid-19 national response plans; strengthening of services for women who experience violence during Covid-19; inclusion of gender desks in every police stations and strengthening community policing to advance gender justice; ensuring sex-disaggregated data is properly collected without alterations to give a clear picture of the impact of Covid-19 on violence against women and girls to inform the response; and to integrate gender-based violence prevention into women's socio-economic empowerment initiatives.

Additionally, CSOs should build strong advocacy and awareness strategies about gender-based violence; partner with media to challenge gender stereotypes; engage with the criminal justice system to ensure safety for women and girls and collaborate with women rights organizations and Disabled Persons Organizations (DPOs) and for the co-creation of inclusive and responsive solutions.

1.0 INTRODUCTION

As coronavirus (hereafter 'Covid-19') spread across the world in early 2020, instances of corruption were reported in many countries. For instance, the Italian government blocked an agricultural company after it was suspected of corruptly winning the supply tender of face masks¹. In Germany, evidence of petty forms of corruption was reported in Berlin where unqualified individuals posed as health personnel workers ready to administer Covid-19 tests². In Norway, some doctors disregarded Covid-19 guidelines by writing prescriptions for their families and friends³. In Iran, there were reports of a "well-connected network" controlling the distribution and prices of items needed for the country's emergency response⁴. Meanwhile, in the United States, corruption linked to stimulus packages derailed the country's efforts to respond to the crisis. US politicians were involved in insider trading, off-loading stocks of Personal Protective Equipment (PPE) for travel companies and investing in biotech companies for personal gain⁵. Still, in Bangladesh, the leader of Workers' Party of Bangladesh reported overall failure to properly screen suspected Covid-19 cases partly due to rampant corruption within the Ministry of Health, which he claimed was "more dangerous than the spread of coronavirus⁶."

In Africa, the outbreak of Covid-19 also presented opportunity for corruption, often with the full knowledge of government officials. A sacked Zimbabwean Minister of Health and Child Welfare is awaiting trial for COVID-19-related corruption charges. Closer home, four health workers in Somalia were jailed for mismanaging COVID-19 funds while in Kenya, civil society activists were one of the many stakeholders and interested parties that mounted pressure on President Uhuru Kenyatta to order a probe at the Ministry of Health following the revelation of Ksh. 43.6 billion scandal at the Kenya Medical Supplies Authority (KEMSA)⁷.

These waves of corruption-related incidents highlight some of the effects of Covid-19, with data suggesting that the effects are worse in developing countries mostly in Asia and Africa. As O'Donnell observed in these countries, people are likely to die of diseases because of limited access to health facilities⁸. Of this, women are at a much higher disadvantage due to the already existing structural of gender inequalities⁹. The Covid-19 pandemic, according to the United Nations, is likely to deepen, pre-existing inequalities, thereby exposing women vulnerabilities in social, political and economic systems, and consequently amplifying the impact of the pandemic¹⁰. Indeed, failure to prudently manage allocated resources is attributable to the disproportionate suffering women have hitherto gone through including; loss of economic livelihood, gender-based violence, reduced access to reproductive and maternal healthcare, exponential increase in cases of teenage pregnancies

¹ Sarah Steingrüber, Monica Kirya, David Jackson and Saul Mullard (2020) Corruption in the time of Covid-19: A double-threat for low income countries, CMI-CHR- Michelsen Institute.

²Ibid.

³Ibid.

⁴Ibid.

⁵Ibid.

⁶Ibid.

⁷African Research Bulletin, August 16th 2020-September 15th 2020.

⁸O'Donnell, O. (2007). Access to health care in developing countries: Breaking down demand side barriers. *Cadernos de Saude Publica*, 23(12), 2820–2834. <https://doi.org/10.1590/s0102-311x2007001200003>

⁹Mulenga, J. N., Bwalya, B. B., & Kaliba-Chishimba, K. (2017). Determinants and inequalities in access to improved water sources and sanitation among the Zambian households. *International Journal of Development and Sustainability*, 6(8), 746–762.

¹⁰UN Women. (2020). Policy brief: The impact of COVID-19 on women. United Nations.

and subdued access to justice. Economically, disadvantaged women have been more vulnerable to the consequences of corruption. Such women are particularly those found in informal settlements as well as those in the rural areas. Further young women/girls, especially of the school going age have borne the brunt, especially of teenage pregnancies¹¹. It is against the backdrop of this reality that this study examines the implications of Covid-19 related corruption on women.

2.0 OBJECTIVE AND SCOPE OF STUDY

Broadly, the study examined the impact of Covid-19 related corruption on women. This objective was further realized through the following specific objectives:

- Examine the impact of Covid-19 related corruption on women's livelihood;
- Whether changes in the livelihood exacerbated gender-based violence;
- Examine the impact of Covid-19 related corruption on women's access to mental health, reproductive and general health services

3.0 PATHWAYS OF THE SOCIO-ECONOMIC IMPACT OF THE COVID-19 PANDEMIC

To understand the implications of Covid-19 related corruption on women, we need to cast the relationship within the broader context of the pathways of the socio-economic impact of the Covid-19 pandemic. The impact of the Covid-19 pandemic operates through two distinct channels. The first channel is the direct effects of the sickness brought about by Covid-19, which arises when the bread winner becomes ill. The health sector gets overwhelmed by sick population. Manifestation of corruption in terms of failure to prudently manage allocated resources causes shortage of medical supplies, ventilators and personal protective equipment (PPE). In this situation, Covid-19 related corruption would have multiplier effect on the access to healthcare services because financial resources are diverted for personal gains. The second channel is the indirect effects of Covid-19 occasioned by "aversion behavior" emanating

from the fear of catching the virus, which in turn leads to a fear of association with others and reduces labour force participation, closes places of employment, disrupts transportation, motivates some governments to close borders and restrict entry of citizens from afflicted countries, and motivates private decisions makers to disrupt trade, travel, and commerce by cancelling scheduled commercial flights and reducing shipping and cargo services¹².

Based on the past findings of the impact of other deadly virus on women, "Covid-19 would affect women negatively and disproportionately both directly and indirectly attributable to gender-power relations making¹³". Women are more likely to be burdened with household tasks, which increase with more people staying at home during quarantine. Women are mostly caregivers for the sick, thereby exposing themselves to the virus. Other ways in which Covid-19 impact women include the following¹⁴:

- School closures in response to pandemics can increase women's childcare responsibilities, as women still bear most of the responsibility of child-rearing, also impacting their livelihoods and employment options. Additionally, women's participation in work outside the home is likely to fall¹⁵.
- Movement restrictions mostly affect female domestic workers with limited social protection measures and savings, making women particularly vulnerable during health pandemics.

¹¹Terms of Reference, Mzalendo Trust, Call for EoI- Implication of Covid-19 related corruption on women.

¹²UNDP. Articulating the Pathways of the Socio-Economic Impact of the Coronavirus (Covid-19) Pandemic on the Kenyan Economy, Policy Brief, Article, 2020, p.3.

¹³Davies, S., E., Bennett, B, (2016). "A Gendered Human Rights Analysis of Ebola and Zika: Locating Gender in Global Health Emergencies, International Affairs, 92: 1041–60.

¹⁴Wenham, C., Smith, J., Morgan, R., (2020). "COVID-19: the gendered impacts of the outbreak" Available at <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2930526-2>

¹⁵See Ana Luiza Minardi, Susannah Hares and Lee Crawford, (2020) "Containing the Epidemic: Should Schools Close for Coronavirus?" Available at <https://www.cgdev.org/blog/containing-epidemic-should-schools-close-coronavirus>

- Healthcare resources normally dedicated to reproductive health are directed towards emergency response.
- Given that women have less decision-making power than men, their needs are less likely to be met.
- The Covid-19 pandemic worsened the already high prevalence of gender-based violence (GBV) due to greater economic stress in households in times of crisis coupled with increased social isolation.

Given that COVID-19-related corruption acts as multiplier and drawing from the above pathways of socio-economic impact of Covid-19, it is assumed that COVID-19-related corruption is likely to disrupt women livelihoods, increase instances of gender-based violence and reduce access to health services. This assumption is confirmed using the following methodology.

4.0 METHODOLOGY

The study collected both primary and secondary data. Primary data was collected in three phases. During Phase one, a random online survey was conducted using a self-administered questionnaire. The researcher targeted women who are able to read and write English and willing to participate. Target respondents with access to internet participated in the study. The link of the online version of the Survey Monkey was circulated among target respondents via e-mails and WhatsApp contacts of the researcher. The survey took approximately 5 minutes to complete. It was conducted between 22nd and 26th February 2021. The consent form was appended to the questionnaire. The questionnaire consisted of 11 questions based on the following domains (I) Informed consent statement (II) questions on demographics details of the respondents (III) questions regarding information about Covid-19 related corruption (IV) questions related to implication of Covid-19 related corruption on women livelihood (V) questions related to implication of Covid-19 related corruption on women health. A total of 104 women from 16 counties (Migori, Nyeri, Siaya, Trans-Nzoia, Kwale, Narok, Bomet, Busia, Kajiado, Mombasa, Garissa, Nakuru, Kiambu and Nairobi) participated in the study. Some respondents indicated "Kenya" as county of residence.

Phase two of data collection aimed to bridge the shortcoming of Phase One mainly to cover semi-illiterate respondents¹⁶ in informal settlements. One to one semi-structured in-depth interviews while maintaining social distance were used to collect data. The data was collected during two weekends (20-21st February and 27-28th February 2021). Each interview lasted approximately 15 minutes. A flexible interview schedule guide was used during the interview. The women were first asked in general about their experiences and feelings during Covid-19. The schedule guide included questions on financial and health experiences during lockdown and other associated impacts. To increase the credibility of the data, probing lines such as "You just said that... would it be possible to talk a little more about it please?" were used. The interviews were informal in nature to elicit as much information as possible from the women. The respondents were given time to think about and reflect upon their experiences before taking part in the interview. The respondents were assured that anything they said would be valued and respected and confidentiality safeguarded. The researcher took notes during the interviews which were later used in the analysis of data. Ten respondents drove the researcher to data saturation point when the interviews were no longer generating any newer information.

To further validate the study findings, in Phase three, data was collected from knowledgeable stakeholders' representatives of CSOs engaged in women empowerment and governance programmes like the Centre for Rights Education and Awareness (CREAW-Kenya), Kawangware Paralegal Trust (KAYPAT), Gender Empowerment and Wellness Centre (GEWC), Network of Senior Citizens against HIV, Gusii Peace Management Association (GPMA) using opened-ended interview guide. Primary data was supplemented with analyzed secondary data on the impact of Covid pandemic on women.

Descriptive statistics was used to analyze quantitative data frequency in table, bar-graphs and pie-charts. The qualitative data was transcribed, then the texts coded. Data analysis involved the repeated reading of the interview transcripts and extracting significant statements, include phrases. The significant statements were coded, and the initial codes then grouped into themes for further analysis.

¹⁶Both women and men in Nairobi.

5.0 FINDINGS

This section presents findings on respondent characteristics, understanding of information on Covid-19 related corruption, implication of Covid-19 related corruption on women's livelihood, implication of Covid-19 related corruption on gender-based violence and implications of Covid-19 related corruption on women's health.

5.1 Respondents' Characteristics

Figure 1: County of residence

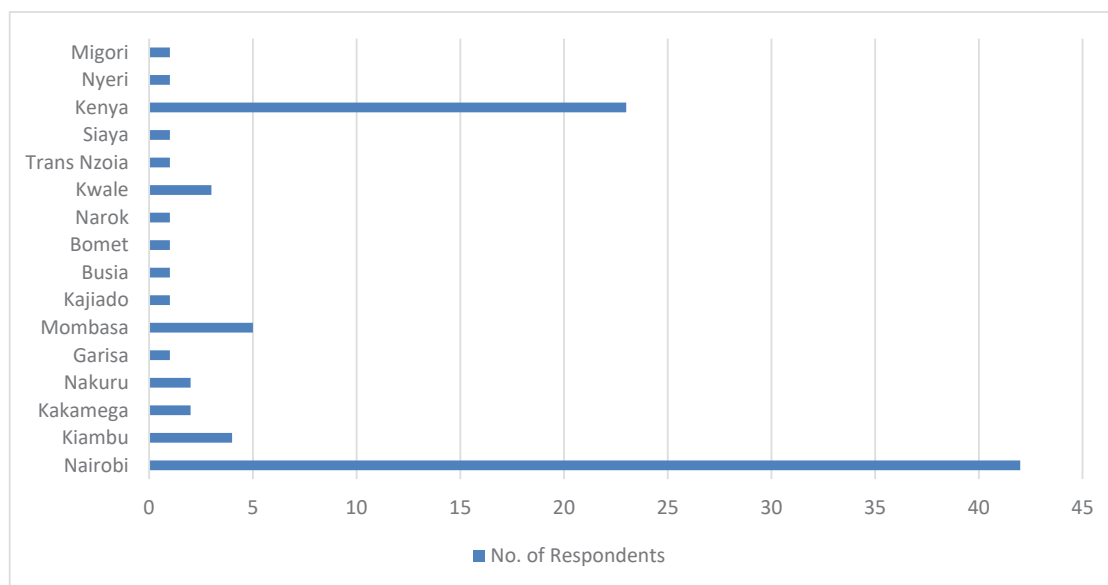


Table 1: County of residence

County	No. of Respondents
Nairobi	42
Kiambu	4
Kakamega	2
Nakuru	2
Garissa	1
Mombasa	5
Kajiado	1
Busia	1
Bomet	1
Narok	1
Kwale	3
Trans Nzoia	1
Siaya	1
Kenya	23
Nyeri	1
Migori	1

With respect to education, as indicated in the Table 1 a majority of respondents (82.35%) had university education, followed by those with mid-level tertiary education (13.73%) with those with secondary education at 2.94%. This indicates that a majority of women who participated in the study were professionals, who are able to read and write English.

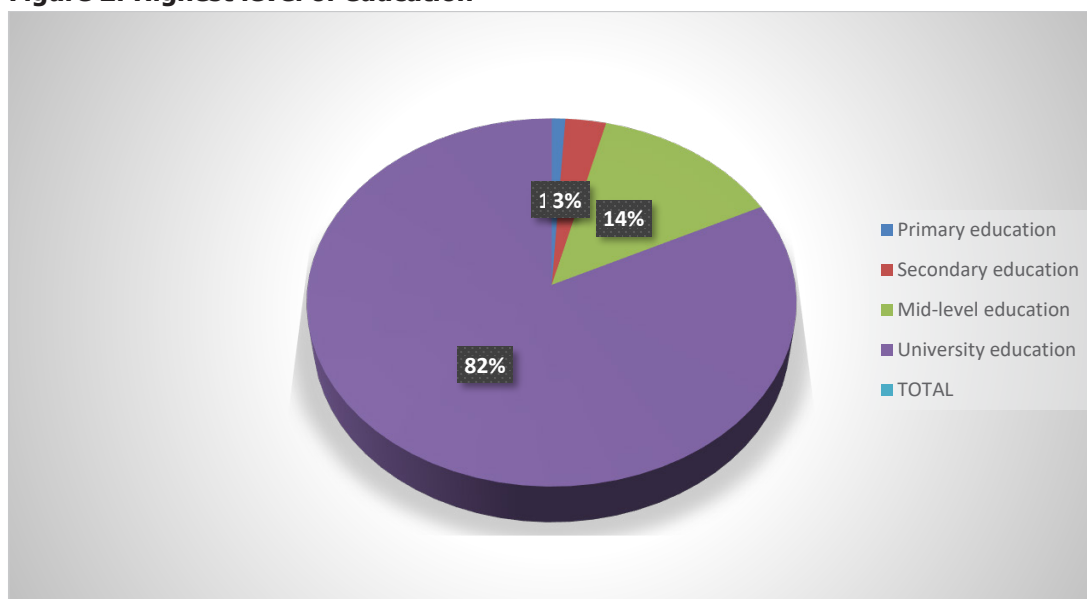
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Table 2: Highest level of education

Answer Choices	Responses
Primary education	0.98%
Secondary education	2.94%
Mid-level education	13.73%
University education	82.35%
Total	100%

Figure 2: Highest level of education



As for employment, as indicated in Table 3 and Figure 3, a majority of respondents (60.58%) were employed in public and private sector organizations, followed by those in self-employment at 18.27%. The survey also found that 3.85% of the interviewed respondents were out of work for less than one year perhaps an indication that loss of employment might have been occasioned by the outbreak of Covid-19 in the country since March 2020. Indeed, in less than two months after the first case of Covid-19 was reported, Kenya Private Sector Alliance (KEPSA) approximated about 133,657 people having lost formal jobs and the number was expected to rise¹⁷.

Table 3: Employment status

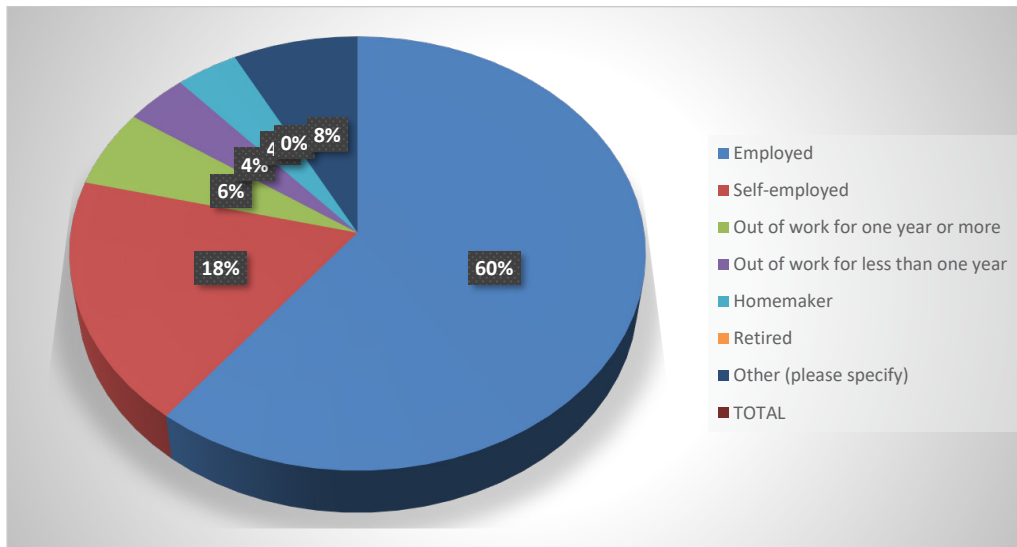
Answer Choices	Responses
Employed	60.58%
Self- employed	18.27%
Out of work for one year or more	5.77%
Out of work for less than one year	3.85%
Homemaker	3.85%
Retired	0.00%
Others	7.69%
Total	100%

¹⁷<https://www.sdgphilanthropy.org/COVID-19-and-the-Future-of-Work-in-Kenya> (Accessed on 8th March 2021).

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Figure 3: Employment status

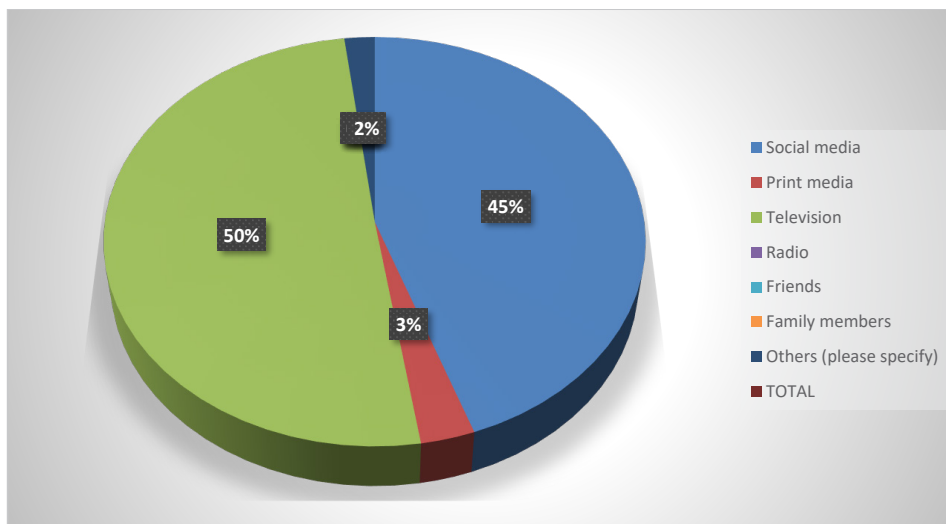


5.2 Understanding of Information on Covid-related Corruption

As information regarding Covid-19 continues to emerge, there has been reoccurring saturation of misleading information about the virus through various platforms such as social media and print broadcast¹⁸. Misinformation about Covid-19 has increased, especially with respect to how the virus is transmitted, its effects, its treatments and vaccinations¹⁹. This wide spread of misinformation has compounded efforts to eradicate the pandemic²⁰. In the same breath, dissemination of misinformation on Covid-19 related corruption is even likely to complicate efforts to address the problem in Kenya.

Respondents reported receiving Covid-19 related corruption information using various sources and content platforms. Respondents were asked "How have you been receiving information about Covid-related corruption?"

Figure 4: Sources of information about covid-19 related corruption



¹⁸WHO (2020). Immunizing the Public against Misinformation. <https://www.who.int/news-room/feature-stories/detail/immunizing-the-public-against-misinformation>

¹⁹See, Pennycook, Gordon, Jonathon McPhetres, Yunhao Zhang, and David Rand. 2020. "Fighting COVID-19 Misinformation on Social Media: Experimental Evidence for a Scalable Accuracy Nudge Intervention." PsyArXiv, doi:10.31234/OSF.IO/UHBK9; Zarocostas, John. 2020. "How to Fight an Infodemic." *Lancet* (London, England) 395: 10225. NLM (Medline): 676. doi:10.1016/S0140-6736(20)30461-X; Hall Jamieson, Kathleen, and Dolores Albarracín. 2020. "The Relation Between Media Consumption and Misinformation at the Outset of the SARS-CoV-2 Pandemic in the US." *Harvard Kennedy School Misinformation Review* 2 (April), Shorenstein Center for Media, Politics, and Public Policy. doi:10.37016/mr-2020-012.

²⁰WHO (2020). Immunizing the Public against Misinformation. <https://www.who.int/news-room/feature-stories/detail/immunizing-the-public-against-misinformation>

Table 4: Source of information about Covid-related corruption

Answer Choices	Responses
Social media	44.45%
Print media	2.97%
Television	50.5%
Radio	0.00%
Friends	0.00%
Family members	0.00%
Others	1.98%
Total	100%

It was established that women predominantly received Covid-related corruption information using a combination of different sources (such as social media, print media and television). Other specified sources of information include media platforms such as Instagram, Facebook, email updates, text or group messaging and subscriptions to health sites.

Respondents were also asked about whether they trusted Covid-19 related corruption information. As shown in Figure 6, overwhelmingly majority of respondents (80%) trusted the information they received. The high level of trust of Covid-related information provides opportunity for women to seek more information regarding Covid-19 which they would view as useful. Perhaps those who distrusted Covid-19 related corruption information might have been influenced by "conspiracy theories and myths about Covid-19"²¹. A 60 year old woman in Umoja Estate opined that:

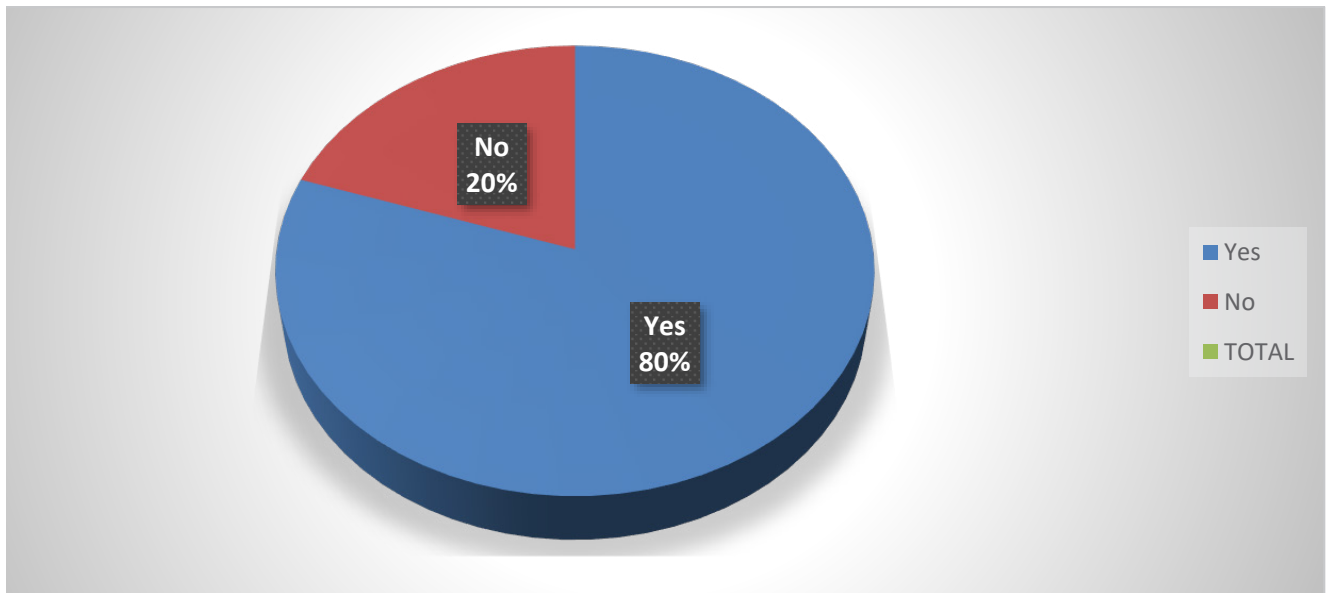
“Before Covid-19 I used to receive the majority of my health information through social media, however as Covid-19 spread in Kenya there was a lot of misinformation. Sometimes I feel unsure about the information that I receive because it’s a lot of different things about it. Everybody’s not speaking the same language. So, I’m kind of unsure of Covid-related corruption and I don’t just trust.”

Another 40 year old woman in Kayole voiced that:

“I have been receiving most of my information through social media, however I feel like the news doesn’t report everything...they always spin it. The Covid-19 related corruption information is confusing because I have so many different stories and I don’t what to really believe in anything said in the press. Like to be honest, it’s so much going on...there’s so much information. It’s overwhelming.”

²¹Hall Jamieson, Kathleen, and Dolores Albarracín (2020). “The Relation Between Media Consumption and Misinformation at the Outset of the SARS-CoV-2 Pandemic in the US.” Harvard Kennedy School Misinformation Review 2 (April), ShoreNSTEIN Center for Media, Politics, and Public Policy. doi:10.37016/mr-2020-012.

Figure 5: Trust of Covid-related corruption information



5.3 Covid-related Corruption and Women's Livelihood

The extent of trust was useful for the study in navigating the challenge of directly linking Covid-related corruption information on financial positions of women. Subsequently, the study attempted to indirectly link the respondents' current financial position with Covid-related corruption ("Would you associate your current financial position with Covid-related corruption?"). A majority of respondents (62%) reported that they associated their financial positions with Covid-related corruption, while 38% did not. Covid-19 directly affect population through sickness and deaths. As indicated in the conceptual framework, Covid-related corruption has a multiplier effect on the implication of the pandemic because when financial resources allocated to health sector are mismanaged, health sector gets overwhelmed due to inadequate protective devices and demotivated medical workers, thereby complicating efforts to eradicate the pandemic. Consequently, this causes spread of the viruses to many people making them unproductive. This segment of the population ends up losing their jobs or taking a break from their work or business, thus not able to effectively contribute to the growth of economy. As the economy declines, opportunities equally decline, with women likely to be most affected because of deeply embedded patriarchal structure²².

²²Sultana, A. (2010). Patriarchy and Women s Subordination: A Theoretical Analysis. Arts Faculty Journal, 1–18.

Figure 6: Whether respondents' current financial position is associated with Covid-related corruption

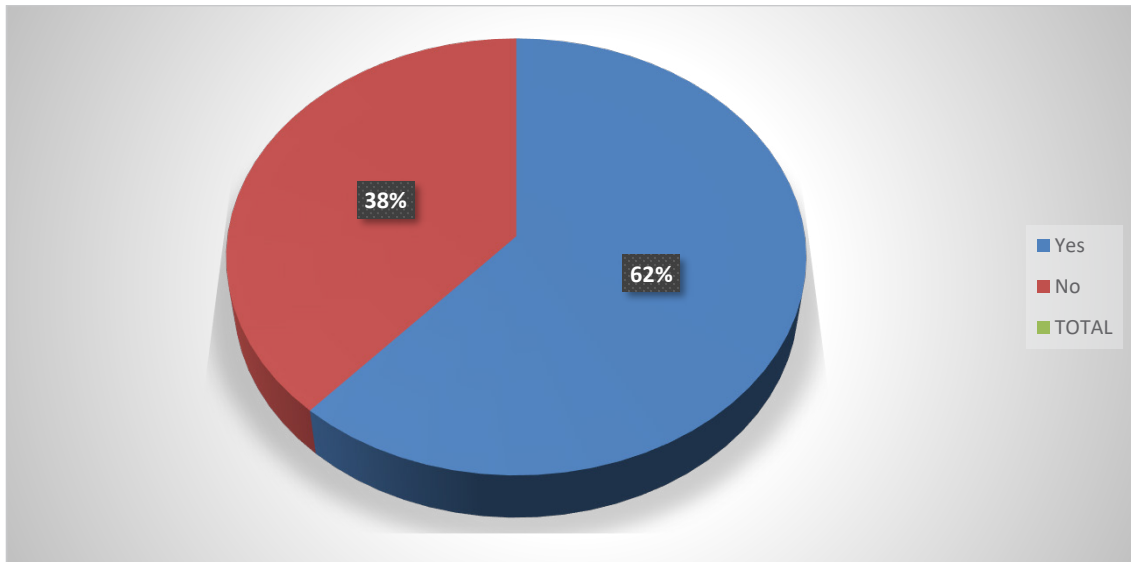


Figure 7: Effect on Covid-related corruption on livelihood

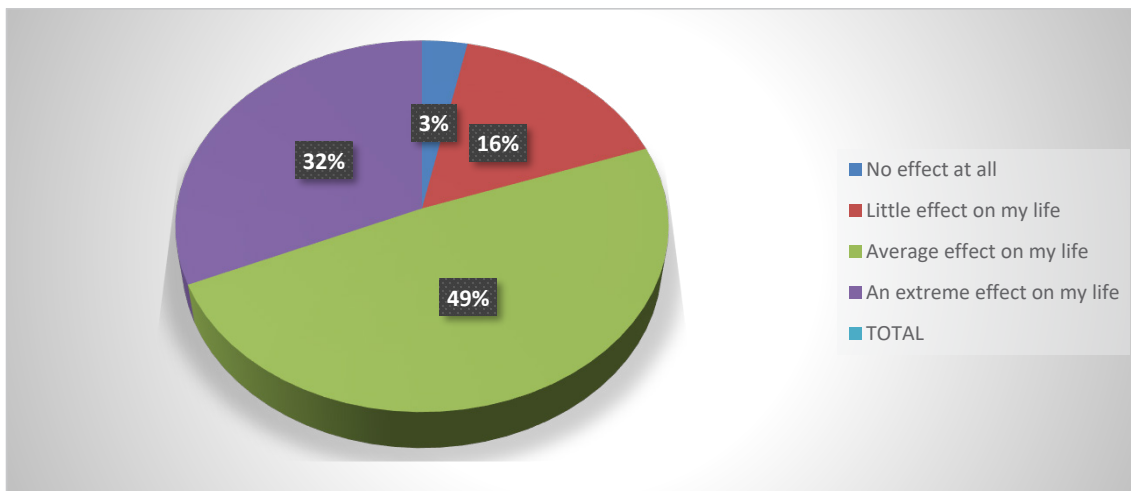


Table 5: Effect on Covid-related corruption on livelihood

Answer Choices	Responses
Not effect at all	3.26%
Little effect on my life	16.30%
Average effect on my life	48.91%
An extreme on my life	31.52%
Total	100%

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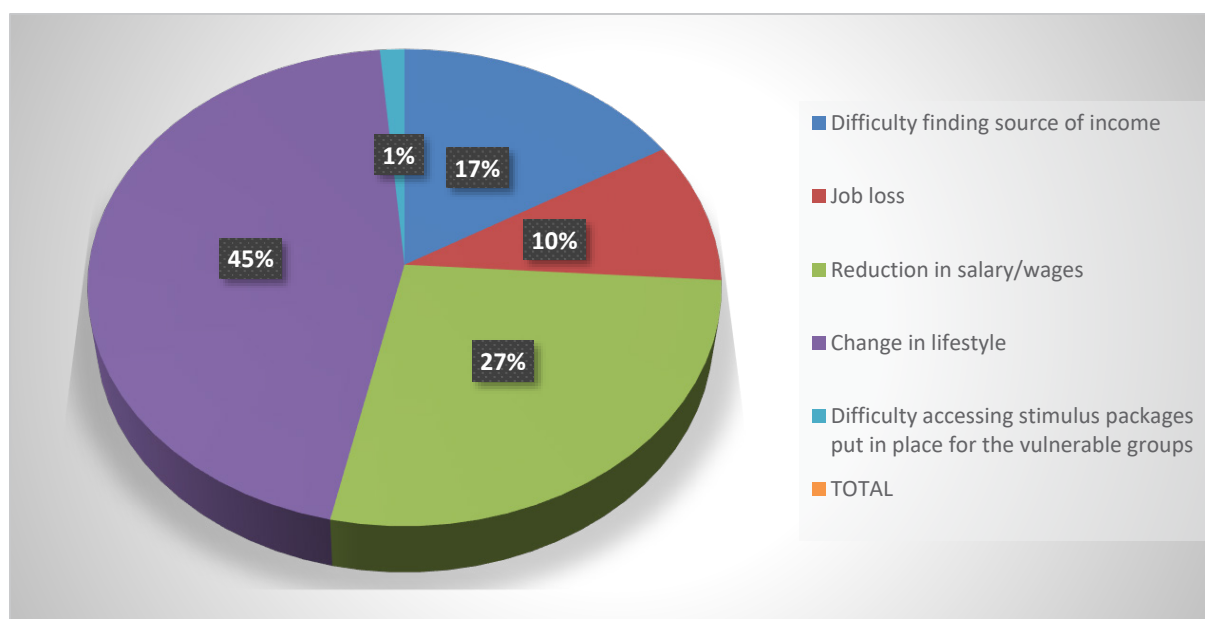
As shown in Figure 7 and Table 5, it could be interpreted that indirectly Covid-related corruption had extreme effect (31.52%), average effect (48.91%) and little effect (16.30%) on women. If indeed, women associated their current financial positions with Covid-19 related corruption, the study proceeded to find the financial experience of the said women.

Table 6: Financial positions of respondents

Answer Choices	Responses
Difficulty finding sources of income	16.44%
Job loss	9.59%
Reduction in salary/wages	27.40%
Changes in lifestyle	45.21%
Difficulty accessing stimulus package put in place for the vulnerable groups	1.37%
Total	100%

As shown in Table 6 a majority of women (45.21%) were forced to adjust their lifestyles, followed by those who experienced reduction in salary and wages at 27.40%. In the third position, was the group of women who found it difficult getting sources of income at 16.44%. Women in informal settlements reported that they enjoyed government's stimulus package put in place for vulnerable groups. One woman observed that due to fears related to Covid-19, it was difficult finding casual jobs like washing clothes in Eastleigh as such she transitioned to a grocery stand outside her house whose returns are very low. A 30-year old woman staying with her partner observed that she had to adjust her finances due to Covid-19. Another woman reported that her job was actually closed indefinitely so she was dependent on her partner. Still, another reported that "it's hard for me to find a job because no companies are hiring because of the Covid-19 going on"²³. Changes in lifestyles need to be understood within the broader context of the government's efforts to eradicate the pandemic. In order to fight the spread of the virus, Kenya like other countries enacted measures from quarantines, curfews and lockdowns. The curfew, which dictated that people must stay at home initially from 7pm to 5am severely affected the freedom of women with a majority of them exposed to police violence. For instance, several people sustained injuries on 27 March 2020 caused by police in a crackdown in Mombasa and a day later boda boda driver succumbed following police beating after he dropped off a pregnant woman at a hospital during the curfew hours²⁴.

Figure 8: Financial positions of respondents



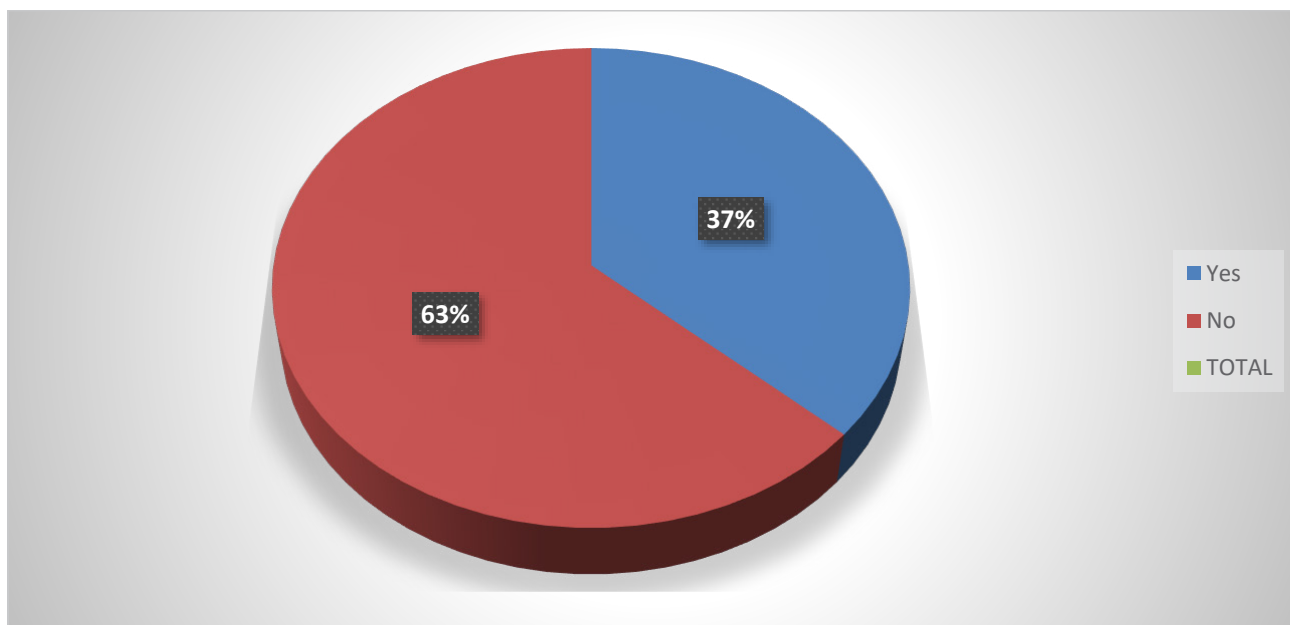
²³Personal interview, 27th February 2021.

²⁴https://www.washingtonpost.com/world/africa/kenyan-police-shot-dead-a-teenager-on-his-balcony-during-a-coronavirus-curfew-crackdown/2020/03/31/6344c70e-7350-11ea-ad9b-254ec99993bc_story.html

5.4 Covid-related Corruption on Gender-based Violence (GBV)

The study also sought to find out if economic hardship and loss of job exposed women to gender-based violence, including sextortion. Pre-Covid-19 statistics indicate that 35% of women worldwide experienced either physical and/or sexual intimate partner violence or non-partner sexual violence. Globally, 7% of women have been sexually assaulted by someone other than their partner. Globally, as many as 38% of murders of women are committed by an intimate partner. Given that women face greater economic vulnerability, Covid-19 induced economic stress in the household is even likely to increase the cases of gender-based violence. Indeed, the study reported that almost two-thirds of women were at greater risk of gender-based violence due to economic hardship and loss of job. For example, during validation workshop, a representative of community-based organization (CBO) stated that underage girls were exposed to induced sexual exploitation in exchange of basic needs because of hard economic time back home²⁵.

Figure 9: Whether economic hardship and loss of job placed greater risk to GBV



Buruburu, Kamukunji and Huruma police posts in Nairobi have experienced increase in helpline and emergency calls related to domestic violence since the outbreak of Covid-19 in March 2020²⁶. To corroborate, a representative at CREAW observed that reported GBV cases in 2020 doubled as compared to 2019²⁷.

These preliminary findings are consistent with reports from many developing and advanced countries. France reported an increase of 30% of domestic violence cases since the lockdown. Cyprus and Singapore reported an increase in helpline calls by 30% and 33% respectively. In Argentina, emergency calls for domestic violence cases increased by 25% since the beginning of the lockdown. In Canada, Germany, Spain, the UK and the US, authorities, women's rights and civil society partners have indicated increasing reports of domestic during the crisis, and/or increased demand for emergency shelter²⁸.

²⁵Validation workshop was held on 4th March 2021.

²⁶Personal interview, Anonymous Respondents, 27 February 2021.

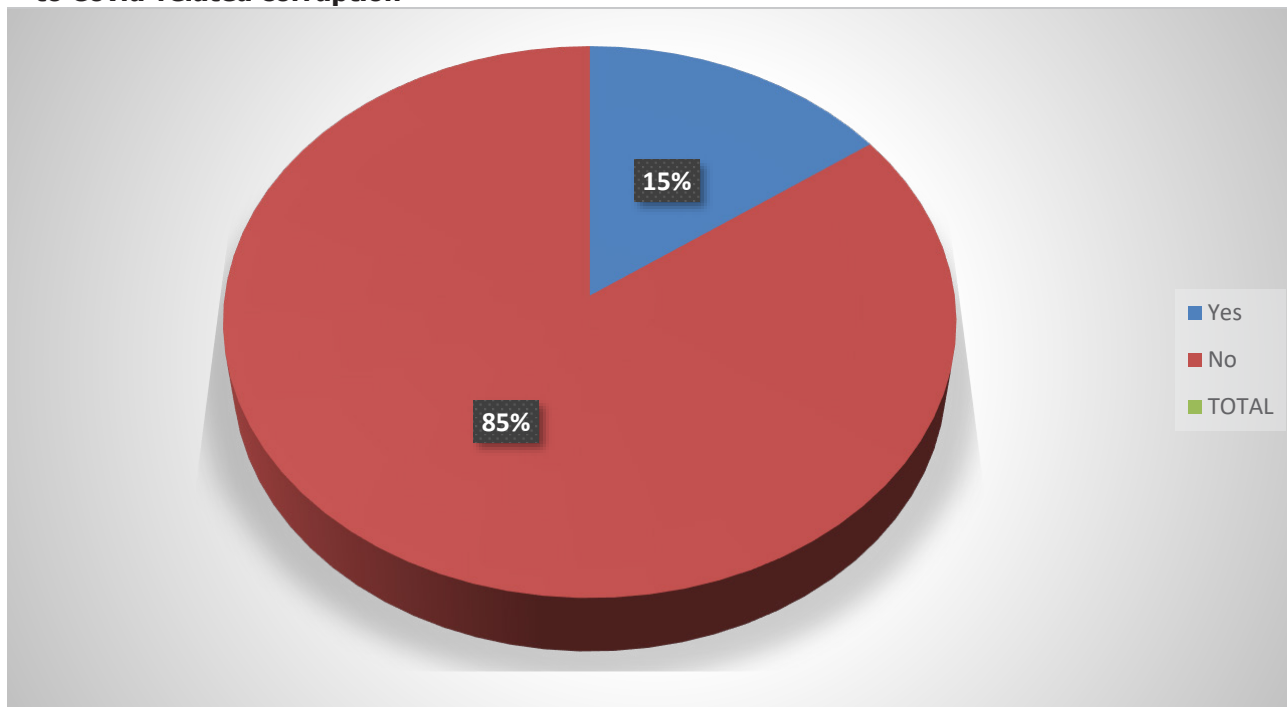
²⁷Personal interview, Head of Legal Program 2nd March 2021.

²⁸UN Women (2020) The Shadow Pandemic: Violence Against Women and Girls and COVID-19, New York, USA. Available at: <https://www.unwomen.org/en/digital-library/multimedia/2020/4/infographicccovid19-violence-against-women-and-girls> [Accessed 24 February 2021].

5.5 Covid-related Corruption and Women's Health

Questions about the effects of Covid-19 related corruption on women health assessed whether respondents associated their health predicaments and wellbeing to mismanagement of financial resources meant to combat the pandemic. A majority of respondents (85%) cited that they associated Covid-19 related corruption to their health situations.

Figure 10: Whether respondents associated their health predicaments and wellbeing to Covid-related corruption



Of these respondents, it was reported that they experienced mental health challenges such as depression/hopelessness, suicidal/self-destruction thoughts and nervousness in varying proportion as indicated in the figures below. One interviewed woman living with mental health condition prior to Covid observed that “I do live with anxiety. However, this increased after the first case of Covid was announced. I think it is the anxiety of not knowing what would happen next and the long-term impact of the pandemic²⁹”.

Another woman who relocated her residential area raised her concerns noting that:

“ I didn't like my previous neighbourhood. There was increased anxiety and depression. All over sudden the place became quiet and looked almost deserted. Children were kept indoors and few people could be seen walking around³⁰. ”

²⁹Personal interview, 27 February 2021. See also, Bietsch, K., Williamson, J., & Reeves, M. (2020). Family planning during and after the West African Ebola crisis. *Studies in Family Planning*, 51(1), 71–86. <https://doi.org/10.1111/sifp.12110>; Brolin Ribacke, K. J., Saulnier, D. D., Eriksson, A., & Von Schreeb, J. (2016). Effects of the West Africa Ebola virus disease on health-care utilization—A systematic review. *Frontiers in Public Health*, 4, 222. <https://doi.org/10.3389/fpubh.2016.00222>; Camara, B. S., Delamou, A., Diro, E., B_eavogui, A. H., El Ayadi, A. M., Sidib_e, S., Grovogui, F. M., Takarinda, K. C., Bouedouno, P., Sandouno, S. D., Okumura, J., Bald_e, M. D., Van Griensven, J., & Zachariah, R. (2017). Effect of the 2014/2015 Ebola outbreak on reproductive health services in a rural district of Guinea: An ecological study. *Transactions of the Royal Society of Tropical Medicine and Hygiene*, 111(1), 22–29; Usher, K., Durkin, J., & Bhullar, N. (2020). The COVID-19 pandemic and mental health impacts. *International Journal of Mental Health Nursing*, 29(3), 315–318. <https://doi.org/10.1111/inm.12726> <https://doi.org/10.1093/trstmh/trx009>.

³⁰Personal interview, 27th February 2021.

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Those in small businesses expressed sense of hopelessness in reviving them as exemplified by one voice. "My other sources of income were cut when the pandemic broke, I have used all the money meant for ordering my next supply. I don't know how I am going to sustain my business after the Covid³¹". These findings are consistent with other recent studies showing the psychological impacts of the Covid on mental wellbeing of the population³².

Figure 11: Feeling sense of depression/hopelessness

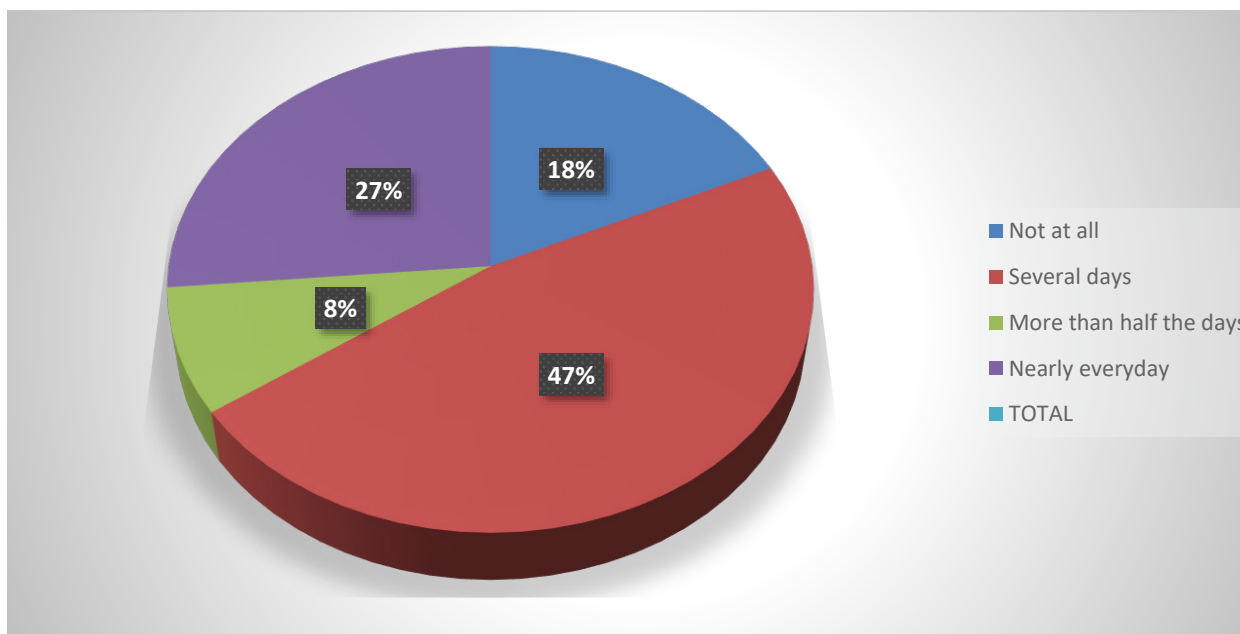
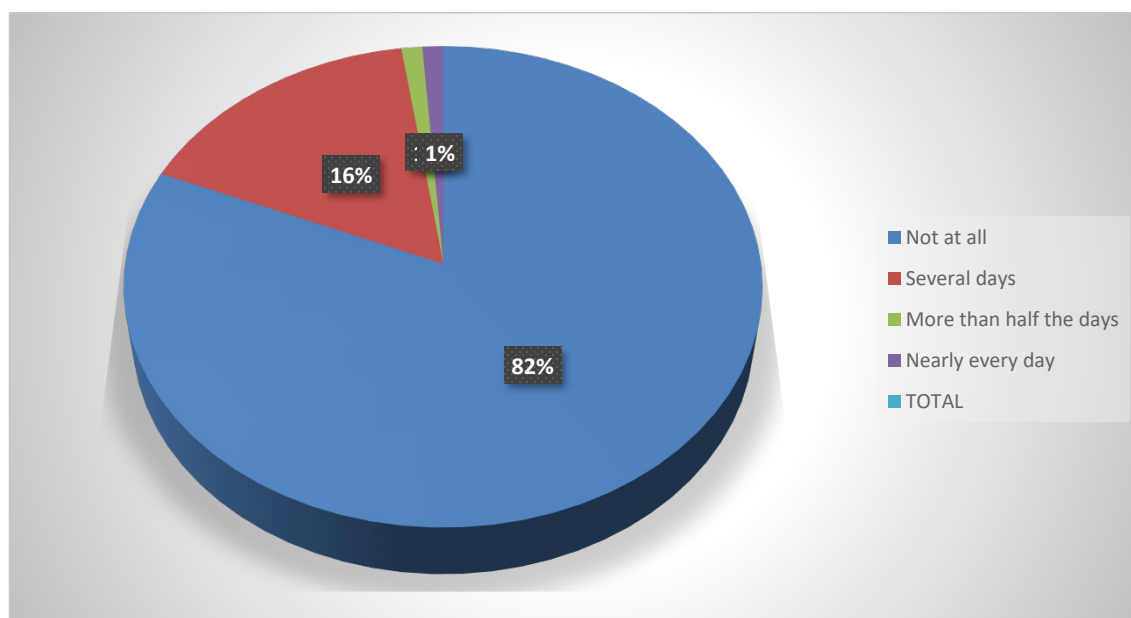


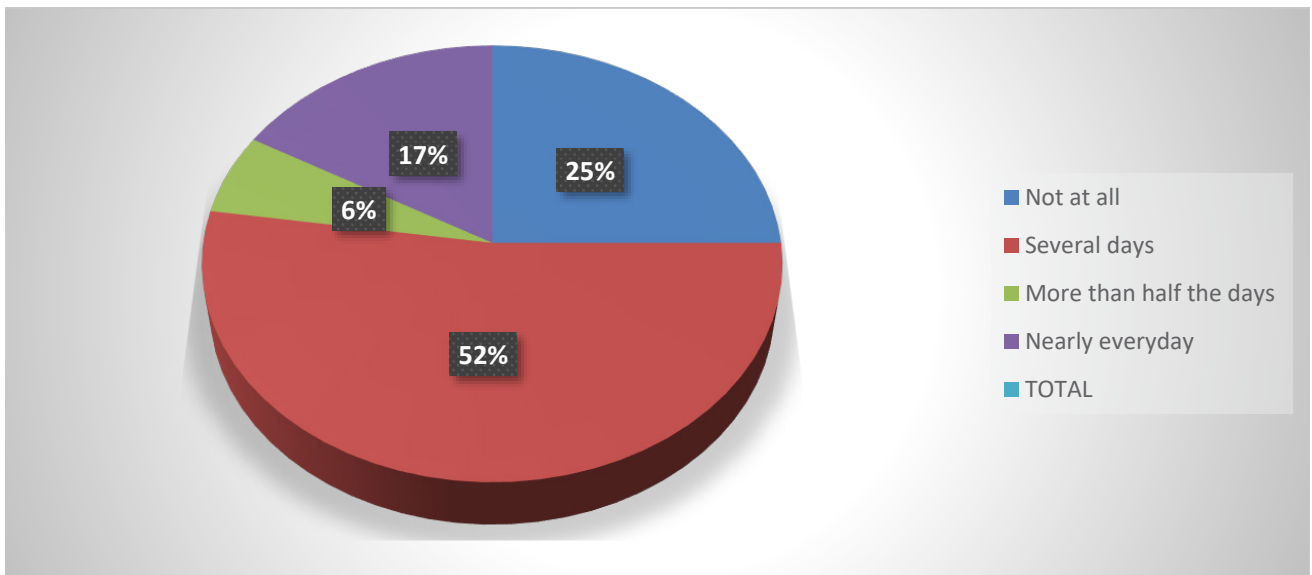
Figure 12: Feeling sense of suicidal/self-destruction thoughts



³¹Personal interview, 27th February 2021.

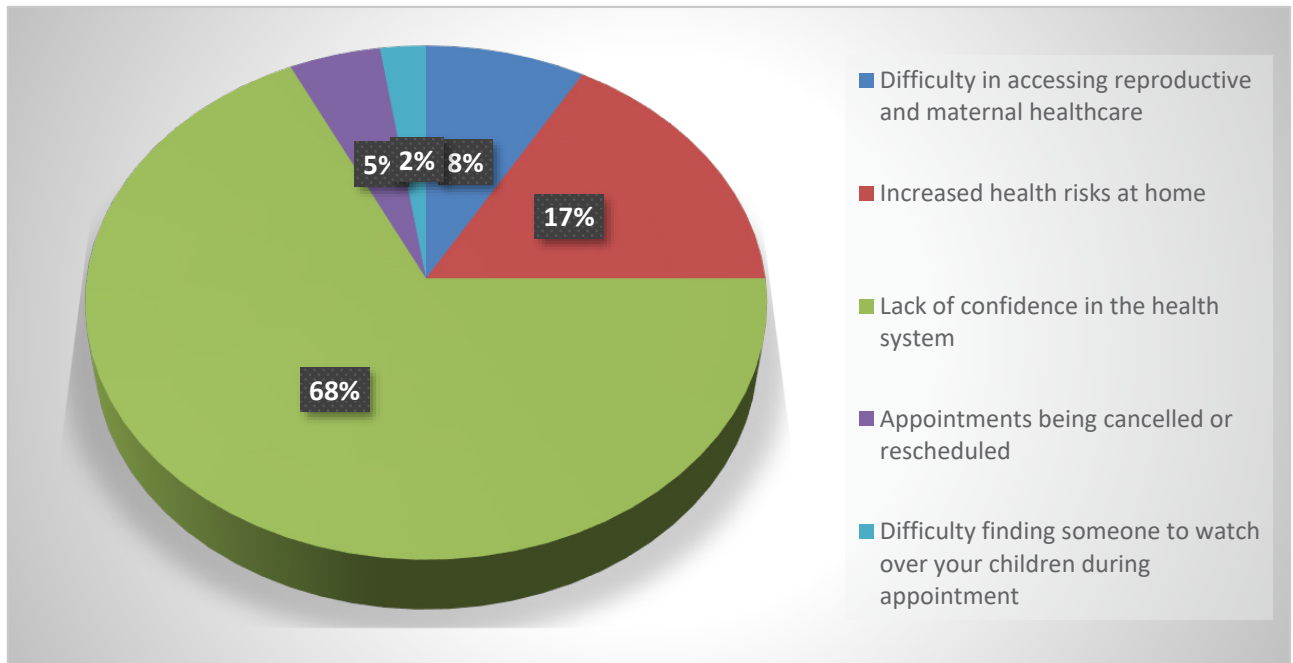
³²See Buonsenso, D., Cinicola, B., Raffaelli, F., Sollena, P., & Iodice, F. (2020). Social consequences of COVID-19 in a low resource setting in Sierra Leone, West Africa. *International Journal of Infectious Diseases*, 97, 23–26. <https://doi.org/10.1016/j.ijid.2020.05.104>; Oginni, O. A., Amiola, A., Adelola, A., & Uchendu, U. (2020). A commentary on the Nigerian response to the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(5), 553–556. <https://doi.org/10.1037/tra0000743>; Torales, J., O'Higgins, M., Castaldelli-Maia, J. M., & Ventriglio, A. (2020). The outbreak of COVID-19 coronavirus and its impact on global mental health. *The International Journal of Social Psychiatry*, 66(4), 317–320. 0020764020915212 <https://doi.org/10.1177/0020764020915212>

Figure 13: Feeling of nervousness



Respondents who associated Covid-related corruption on women health identified the following as some of their predicament: difficulty in accessing reproductive and maternal healthcare (8.33%), increased health risks at home (16.67%), lack of confidence in the health system (67.86%), appointments being cancelled or rescheduled (4.76%) and difficulty finding someone to watch over children during appointment (2.38%) as shown in the figure 15.

Figure 14: Health predicaments linked to Covid-related corruption



6.0 CONCLUSION AND RECOMMENDATIONS

This study sought to examine the implications of Covid-19 related corruption on women. Recent studies show that Covid-19 would affect women negatively and disproportionately both directly and indirectly attributable to gender power relations making. Covid-related corruption has a multiplier effect on the impact of Covid-19, the study found that Covid-19 related corruption disrupted women livelihood, increased instances of gender-based violence and reduced access to reproductive healthcare services.

Therefore, Covid-19 related corruption has exacerbated pre-existing toxic social norms and gender inequality. These findings call for concerted efforts by the government and society in coming up with strategies to eradicate potential impact of Covid-19 related corruption on women.

Different countries have instituted different innovative initiatives to address the increase in gender-based violence; in Spain women are exempt from the lockdown if they experience domestic violence; in Italy prosecutors ruled that perpetrators should leave the family home as opposed to the survivor; in the Canary Islands, Spain women use a code 'Mask-19' to alert the pharmacist of domestic violence, which brings police to offer support. In Africa, South Africa, Rwanda and Uganda have implemented gender budgeting understood as "gender-based assessment of budgets incorporating a gender perspective at all levels of the budgetary process and restructuring revenues and expenditures in order to promote gender equality^{33'} to address gender inequality and women's advancement. As for the implications on sexual and reproductive health and rights, historical analysis indicates that "the principles of human rights can help us think through how to take action: through fostering community participation, focusing non-discrimination, working to ensure the availability, accessibility, acceptability and quality services, providing access to information, and striving to ensure transparency and accountability^{34"}.

Drawing from these comparative jurisdictions and the preliminary findings of the evolving context of Covid-19 in Kenya, the study therefore makes recommendations to the government and CSOs:

6.1 To the Government

To Parliament

- Strengthen corruption related laws to address loopholes used in perpetuating corruption.
- Adopt proactive oversight mechanisms to proactively and preventively deal with corruption.

To Ministry of Health

- Strengthen health protocols from best practice to guide creative and innovative strategies to converse and extend local resources to manage the crises.
- Provide mobile reproductive and maternal health clinics to circumvent the problem of access

To National Gender Equality Commission (NGEC)

- Enact policies underpinned by legislation to support vulnerable self-employed women in the community during pandemic like Covid-19.
- Advocate for bailout to self-employed women to sustain themselves and their businesses during pandemic and repay later when the situation stabilizes.
- Institute measures to address gender inequality for example implementing two-thirds gender rule and other related gender responsive reforms.
- Utilize policy and funds allocated to empower women economically, by ensuring women have equal access to land, quality education, health, proper sanitation and safety.
- Allocation of additional resources, including evidence-based measures, to address violence against women and girls in Covid-19 national response plans

- Strengthen services for women who experience violence during Covid-19
- Put women at the centre of policy change, solutions and recovery;
- Integration of genderbased violence prevention into women's socio-economic empowerment initiatives.

To National Police Service

- Train police officers on how they should handle civilians so that they respect the law and avoid abusive conduct while enforcing the curfew.
- Build capacity of key services like police stations to improve quality of response;
- Ensure sex-disaggregated data are collected to understand the impact of Covid-19 on violence against women and girls to inform response;

6.2 To Civil Society Organizations (CSOs)

- Building strong advocacy and awareness strategies about the gender-based violence. This would entail bringing all stakeholders together, sensitizing and engaging the private sector on ways to identify and respond to gender-based violence, addressing gender inequality
- Partnership with media to challenge gender stereotypes and toxic masculinity.
- Engage with the Criminal Justice System to ensure safety for women and girls. For example, the police directorate should work with community Actors, human rights defenders to respond emerging issues at the ground and also to advance gender justice across the 47 counties.
- The messaging should be inclusive in terms of language and accessible in terms of media channels used to ensure reaching all vulnerable groups.
- Collaboration among women rights organizations, male focused organizations and disability related organizations for inclusive and responsive solutions co-creation.

6.3 Recommendations for Further Research

These preliminary findings are indicative of the impact of Covid-19 on various facets of society.

- Future studies should evaluate Covid-19 knowledge levels among women coupled with the sources that they are using to obtain Covid-19 information.
- Given that a large percentage of women in the study voiced mental health complaints as a result of Covid-19, future studies should also assess the mental health implications of Covid-19 among Kenyan population.

6.4 Study's Limitations

There are some limitations that we need to consider in this study. Given the limited sample size, the study's results cannot be generalizable to all women in Kenya. The online survey form was shared across social networks and it was not easy to ascertain whether respondents were from marginalized groups or special interest groups³⁵. The results also may not represent the views and experiences of women in other African countries. In addition, survey and interviews may have been subjected to social desirability bias given that a majority of respondents were identified via social media and women in informal settlement were accessed at the convenience of the researcher. Given that some interview questions were obtained from existing instruments (Pandemic Stress Index Questionnaire and the Coronavirus Impacts on Health and Wellness Questionnaire), there is a dearth of questionnaires available to measure the evolving nature of the virus.

³⁵During the design of the research instruments it was felt that specifying questions to include marital status and disability conditions would have been intrusive. However, this shortcoming was partly addressed through an interview with a representative of Disabled People Organizations (DPOs).

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