INVOLVE YOUTH KENYA

A CALL TO ACTION ON GENDER RESPONSIVE REFORMS IN RESPONSE TO COVID-19 PANDEMIC IN KENYA

BY IDAH KNOWLES
INTRODUCTION

The pandemic coronavirus disease, or COVID-19, has dominated the news. It’s a new disease which the Globe is grappling with how it spreads, the severity of illness it causes and to what extent it may spread to and affect the local “wananchi” in Kenya. Many of us are contemplating what we can do to reduce the risks and prevent its transmission given the recent increase in the number of the infected persons and the many who could be infected. The question is, have we considered the gendered impacts of coronavirus in Kenya?. Any emergency or disaster is experienced differently by different genders, and it’s not just a matter of biology, infection rates, and severity of illness. The gendered experience of coronavirus is grounded in gender inequalities that impact all of us every single day. Disease outbreaks affect women and men differently epidemics worsened existing inequalities for women and girls and discrimination of other marginalized and disadvantaged groups such as youths, children, women in prison, expectant women, refugees and asylum seekers, street families, the aged, People Living With HIV (PLWHIV), persons with disabilities and those in extreme poverty. Different impacts surrounding detection and access to treatment for these vulnerable and disadvantaged groups, as well as for the overall wellbeing of the citizens of Kenya need to be considered at the center of response and treatment.

Youth Agenda (YAA) is at the forefront of ensuring that gender prospects and other interrelated gendered impacts are thought about, acted upon in response to the COVID-19 pandemic and that gender analysis becomes a “reflex” embedded in national health emergency responses. YAA believes in a country where people from all socio-economic cadres of life and from national to community levels have the same opportunity to participate in decision making. During this time YAA encourages strategic steps and plans to curb spread and to totally fight the deadly virus, COVID-19. YAA highlights the government response is ‘Gender blind’. The Government need to consider a gender lens in the coronavirus responses and interventions. Action plans that don’t recognize gender differences will be less effective and so far, Kenyan women are at higher risk of infection but have less power when it come in decision-making. Kenyan women are the front-lines as healthcare workers, primary caregivers and migrant workers YAA believes that analysing how coronavirus impacts genders differently will be key in fighting and containing the disease. The fight of COVID-19 requires more than hope, it requires conviction, courage, partnership, inclusion, collectivity and dedication from all us all.

According to Sarah Hawkes, co-director, Global Health 50/50, (https://www.scidev.net/global/gender/news/gender-blind-coronavirus-policies-could-hinder-disease-fight.html). What we lack in terms of taking a gender lens to our health system is a consistent and a unified demand for change. We’ve got a health system that frequently doesn’t take gender into account across the full range of human health problems. Gender approaches should not be treated as separate issues that only involves women. “Gender means everybody; it doesn’t just apply to 50 per cent of the population and recognising the differing effects on men and women is a “fundamental step” in public health emergency responses. One of the question in our emergency response, should be, are aware of any gender analysis of the outbreak by health institutions or governments in affected counties?. Governments and organisations need to consider the indirect gender impacts of epidemics, beyond simple binary data on numbers of cases.

During West Africa’s 2014-2016 (https://foreignpolicy.com/2016/02/02/the-ebola-rape-epidemic-west-africa-teenage-pregnancy/), Ebola outbreak for example, women were at higher risk of infection due to their caregiver roles, while being “less likely than men to have power in decision-making. There were also reports of increased domestic violence, sexual violence and teen pregnancies. It’s also estimated that at least 3600 additional maternal, neonatal and stillbirth deaths resulted from the diversion of healthcare resources towards Ebola in Sierra Leone between 2014 and 2015. The Ebola and Zika outbreaks underline the urgent need for gendered analyses in the fight of the recent pandemic, COVID-19 as the gender elements of how women are impacted by this health emergency are not well-captured enough and policies for women are often not being decided by women hence this confirms that epidemic approaches are often “gender blind”.

COVID-19 AND GLOBAL GENDER STATISTICS

News about the coronavirus is changing quickly. According to emerging statistics from across the world, men are faring worse than women in the coronavirus pandemic. According to White House COVID-19 Task Force director Dr. Deborah Birx cited a report from Italy showing that men in nearly every age bracket were dying at higher rates than women. Birx called it a “concerning trend.

The apparent gender gap in Italy echoes earlier statistics from other hard-hit countries. While preliminary, early accounts have suggested that boys and men are more likely to become seriously ill than are girls and women, and that men are more likely to die.

Italian health authorities last week reported that among 13,882 cases of COVID-19 and 803 deaths between February 21 and March 12, 2020 men accounted for 58% of all cases and 72% of the total deaths. Hospitalized men with COVID-19 were 75% more
likely to die than women hospitalized with the respiratory disease. Those figures are in line with early accounts from China, where the novel coronavirus first appeared, and from South Korea, where detection and tracking of coronavirus infections have been very comprehensive.

An analysis of all COVID-19 patient profile studies filed in China from December 2019 to February 2020 suggests that men account for roughly 60% of those who are infected and become sick. And in a detailed accounting of 44,600 cases in mainland China as of Feb. 11, China’s Center for Disease Control reported that the fatality rate among men with confirmed coronavirus infections was roughly 65% higher than it was among women. Even among children younger than 16, coronavirus may affect boys more than girls.

In a recent study reviewing report on 171 children and adolescents who were treated for COVID-19 at the Wuhan Children’s Hospital, 61% were male. In South Korea, men accounted for nearly 62% of all cases and infected men were 89% more likely to die than were women. (https://www.cdc.go.kr/board/board.es?mid=a30402000000&bid=0030) The emerging picture of male vulnerability to coronavirus may be easily explained by a clear gender disparity with social and cultural roots: Across the world, men are much more likely to smoke cigarettes. That damages their lungs and primes them for inflammation and further damage when they are battling an infection. In China, where cigarette smoking rates are among the highest in the world, 54% of men were current smokers in 2010, and 8.4% were ex-smokers. Yet only 3.4% of Chinese women had ever smoked, according to Prevalence and patterns of tobacco smoking among Chinese adult men and women: findings of the 2010 national smoking survey. In South Korea, the disparity was almost as pronounced: half of adult men and 4% of women smoke. In Italy, 28% of adult males and 20% of females smoke.

In a series of experiments in 2016 and 2017 (https://www.jimmunol.org/content/198/10/4046.long), a team led by Dr. Perlman infected male and female mice with the coronaviruses that caused severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS). At every age, male mice were more susceptible to infection than females. At the same time, the death rates of infected female mice shot up when their ovaries were removed, or when they got drugs that suppressed the activity of the hormone estrogen. To Dr. Perlman, those dual findings strongly suggest that there’s something about estrogen that protects against the ravages of deadly coronaviruses — and he suspects it’s true for the new SARS-CoV-19 virus as well.

For most other lung diseases, men have a distinct advantage. Women have long been known to suffer complications and die of influenza at higher rates than men. They’re much more likely to develop autoimmune diseases of the lungs. And after accounting for men’s higher rates of smoking, women appear to be more vulnerable than men to lung cancer and emphysema. Humans’ responses to COVID-19 could reveal important distinctions between the way that men’s and women’s immune systems fight infection and those hormonal differences may be playing a key role in that immune response. If scientists can uncover how that works, they could identify better strategies for fighting coronavirus infections in general.

According to Susan Kovats, an immunologist at the Oklahoma Medical Research Foundation in Oklahoma City, Researchers will scour the records of COVID-19 cases for evidence that the immune system’s perimeter defenses the body’s first response to infection may react more robustly to this coronavirus in women than in men, and if that “innate” immune response tends to be stronger in females, infected women may have more luck keeping their viral loads low. Often, mounting such an assault after viral loads has shot up does double damage. The infection itself damages delicate lung tissue. And then, the “adaptive” immune system overreacts, setting off dangerous levels of inflammation that cause further damage in the lungs. The result can be death. But if women are thwarting infection earlier and more effectively, they might be less likely to suffer that outcome.

DEVOLUTION AND COVID-19

The Ministry of Health in a statement on Thursday, March 5, listed 14 out of 47 counties that were at high risk of registering Coronavirus infections. (https://www.kenyans.co.ke/news/50515-counties-most-vulnerable-corona-virus-cs-kagwe) The ministry explained that these counties were most susceptible to the infection because they were entry points into the country. The statement listed 14 Counties among them Nairobi, Mombasa, Kisumu, Kakamega, Marsabit, Garissa, Kitui, Kisumu, Homa Bay, Busia and Wajir. County leaders deliberated on the counties’ preparedness to respond to the Coronavirus outbreak. Fear of the dreadful virus has been experienced in the country since its outbreak in Wuhan, China with a number of cases being reported in Kitui, Machakos, Mombasa and some parts of Nairobi. An uproar from members of the public had ensued on February 26, after a plane from China landed at Jomo Kenyatta International Airport. This was followed by the banning of flights from China after a court order a consequent banning of charter flights from North Italy.

According to Nairobi News, (https://nairobinews.nation.co.ke/featured/coronavirus-city-hall-to-fumigate-devolved-unit) The devolved unit aims to train at least 3,500 health workers to handle patients
with suspected cases of Covid-19 by Friday. Nairobi Health Executive Hitan Majevdia said more than 250 health workers have so far been trained in the county’s four major hospitals. Some 150 were trained on Monday 23rd March 2020, 80 at Mbagathi Hospital, 112 at Mama Lucy Hospital, 60 at Pumwani Maternity Hospital and 38 at Mutuini Hospital. Mr Majevdia added that another 100 health workers were trained on Tuesday –50 at the STC Clinic and another 50 at Pumwani Maternity.

**GENDERED IMPACTS OF COVID-19 TO WOMEN AND GIRLS**

To our women at home, Expectant Women, teenage mothers, young girls, What is their risk to of getting COVID-19? Is it easier for expectant women to become ill with the disease? If they become infected, will they be more sick than other people? As of now, we Kenyans do not know if pregnant women have a greater chance of getting sick from COVID-19 than the general public nor whether they are more likely to have serious illness as a result. In general knowledge, we know that our pregnant women experience changes in their bodies that may increase their risk of some infections and with viruses from the same family as COVID-19, and other viral respiratory infections, such as influenza. We have witnessed women having a higher risk of developing severe illness. Therefore, It is always important for pregnant women to protect themselves from illnesses.

**More care-giving and housework**

With growing strain on hospitals and health services, school closures, and more people going into self-isolation and quarantine, women will inevitably have to take on increased unpaid care-giving needs. Consider responsibilities like cleaning and food preparation. These needs will only intensify with coronavirus – think about the rigorous cleaning and hours of close attention that are required when someone is seriously ill.

**More economic stress**

As women absorb more unpaid care responsibilities, they may have to sacrifice their incomes. Women already experience a gender pay gap where they tend to make less than men and are more likely to have part-time and precarious jobs. Poverty itself is gendered, and particularly difficult for single mothers raising children. Gendered poverty and the gender wage gap combine to make matters worse for those who face discrimination beyond gender, including racialized women, Indigenous women, and women with disabilities. These dynamics mean that work interruptions and stoppages due to coronavirus, whether it’s a result of business problems like layoffs or having to care for sick loved ones, will highly impact women. Of course, lost hours translates to more economic insecurities for them and their children.

**Heightened gender-based violence**

Gender based violence is prone in our Kenyan societies and in times of crisis such as an outbreak (COVID-19), our women and girls may be at higher risk and vulnerable, for example, of intimate partner violence and other forms of domestic violence due to heightened tensions in the household. Women and girls may also face increased risks of other forms of gender-based violence including sexual exploitation and abuse in these situations as witnessed in the case of the 2013-2016 Ebola outbreak in West Africa which placed women, girls and children at greater risk of exploitation and sexual violence.

*FEMICIDE: Kisumu Woman Representative Rose Buyu and other Embrace Movement women pay tribute to slain women on May 28. Image: EZEKIEL AMING’A*
There is no surety that this pandemic won’t affect us Kenyans the same way disaster situations often lead to increased gender-based violence. Existing forms of violence that women and girls are at high risk of can increase, including sexual assault and emotional abuse. Sometimes, new forms of gendered violence can emerge too. In China for example, there’s been a spike in domestic violence with the imposition of coronavirus quarantines. Kenya may also track spikes in gendered violence as the coronavirus situation develops.

Ruth Gakki at Nairobi Women’s Hospital (credit: Star, Kenya)

**REPRODUCTIVE HEALTH SERVICES OF WOMEN AND GIRLS**

The role of Women Leaders under the devolved system of governance during COVID-19 Pandemic.

Increased rates of violence have to be considered against service interruptions and closures. Shelters for women fleeing violence may be particularly concerned about their capacity to keep their doors open in the wake of coronavirus. If they’re forced to close or scale back, women seeking their life-saving assistance may have to stay in dangerous situations at home. Pandemics make existing gender inequalities for women and girls worse, and can impact how they receive treatment and care. There is currently no evidence in Kenya to support vertical mother-to-child transmission of COVID-19.

According to UNFPA, all vulnerable populations will experience COVID-19 outbreaks differently. For the nearly 48 million women and girls, including 4 million pregnant women, as in need of humanitarian assistance and protection in 2020. Because of this, how will our women, young girls, young men, our people with disabilities at the poverty strike counties like Turkana, Wajir and many others succumb the novel of Corona Virus? As the Youth Agenda, we urge the women leaders from county to national levels to amplify the need for additional humanitarian assistance, support and funding. Containing COVID-19 is even more daunting in countries and communities already facing long-running crises, poverty, drought, conflict, natural disasters, displacement and other health emergencies.

Provision of family planning and other sexual and reproductive health services and commodities, including those related to menstrual health, that are central to women and girls’ health, empowerment, and dignity, and may be impacted as supply chains undergo strains from COVID-19 pandemic response. How will our Kenyan responsible bodies comply with these needs? The gendered impacts of coronavirus isn’t a “fringe issue”. In so many ways, diverse women are on the front-lines of COVID-19 response. We have to take the gendered impacts of coronavirus seriously and invest to end longstanding concerns like gendered economic strain and gender-based violence. Efforts to build a gender equal Kenya are just as important as ever, and just as critical to our well-being and quality of life as ever.
Senator Abshiro Halake, Former Kenya Red Cross Deputy Secretary General donates handwashing facilities, soap and sanitary towels towards COVID-19 response in Isiolo County. (Courtesy of Kenya Red Cross)

Women leaders have the potential to be at the forefront of strengthening devolved health systems to cater for reproductive health rights of women and young girls. They should work in close association with the county government, responsible organs like the Kenya Red Cross branches in their counties, women groups, PWDs and young girls to address their needs during this pandemic. So far, as witnessed on 25th March 2020, only Nominated Senator of Isiolo County, Hon. Abshiro Halake has taken this bold step to sensitize Isiolo Community on COVID-19 through her partnership with Kenya Red Cross, Isiolo Branch. A selfless act that is required of all women leaders from all devolved system of governance.

PRISONERS AND COVID-19 PANDEMIC

Kenyan Prisoners Situation

Pressure is piling on the government to release a section of prisoners to avoid a potential outbreak of Coronavirus (Covid-19) in Kenya’s jails. Political analyst Herman Manyora and leaders including Kandara MP Alice Wahome called for authorities to begin the process of identifying prisoners who could be released from congested facilities over the situation. Speaking on NTV’s AM Live on Monday, March 23, Wahome urged authorities to take the matter seriously as an outbreak in one of Kenya’s prisons would be catastrophic. “The prisons are congested. Many times there is no food. The Commissioner-General works under very severe, tight circumstances,” Wahome noted. Wahome argued that with the economic slow-down occasioned by the pandemic, the country could potentially struggle to take care of prisoners’ needs. “This route we are going, we will not have any money even to give them food. So, which is the worse evil? ‘If this thing breaks, God forbid, in an enclosed space like that, what do you think will happen? It would clear everybody there. ‘I’m talking about those who don’t need to be there, and those who can be extended a bit of mercy; if for example they were prosecuted or processed wrongly,” she explained. Wahome’s sentiments were echoed by Manyora who maintained that many of those in prison did not deserve to be there.
“Those who are attacking Alice and I don’t understand that an overwhelming majority of people in jail today have no business being there. “Anyone bashing Alice and Manyora or the rest of us, just wait until this thing is over and go to Makadara Law Courts or Kibra Law Courts. “You’ll see the way they are being processed and you’ll agree with me that a lot of those people don’t understand how the justice system works and they don’t have representation. In other countries, government and other institutions ensure that anyone who appears before a court has some form of representation. Here we only do it for murder,” Manyora asserted.

United States Prisons Situation

A number of countries affected by the Coronavirus including Canada and the United States have already begun releasing ‘low-risk’ prisoners from various facilities to combat the spread of the virus. New York City Mayor Bill de Blasio on Wednesday, March 18, for instance, announced that his administration had begun identifying prisoners convicted for petty crimes and those considered most vulnerable to infection due to underlying health issues. Authorities in Los Angeles also released 600 inmates in two weeks in a bid to stem Covid-19 infections. “Our population within our jails is a vulnerable population just by who they are, where they are located, so we’re protecting that population from potential exposure,” Los Angeles Sheriff Alex Villanueva told reporters.

UK England’s Prisoners Situation

‘No Masks, No Showers, No Soap’: Prisoners Said. Coronavirus Is ‘Spreading Unchecked’ in Women’s Jails. Inmates have spoken of shocking alleged sanitary conditions inside jails as reports suggest at least seven of England’s 12 female prisons are now affected by Covid-19. Women inside Britain’s jails have claimed horrific sanitary conditions are putting them at risk of coronavirus infection, suggesting Covid-19 is now affecting a significant number of female prisons. Inmates are reportedly being held on lockdown for 23 hours a day with no exercise or activities, and that they lack sufficient access to soap, hot water and other basic sanitary supplies. The Ministry of Justice denied this, saying soap is “available” at every women’s prison, and that it’s keeping hot water and exercise available wherever possible. It said there have currently been no confirmed cases of coronavirus in any women’s prisons. But inmates said that they were seeing other prisoners with symptoms of coronavirus, such as coughing and high fevers. Women said that there were no testing being carried out and they were using communal showers and being held in cells less than two metres apart. The shocking accounts from women inside directly prisons, seen by HuffPost UK, paint a dismal picture of a lack of infection control. One prisoner at HMP Downview in Surrey said the system had “completely broken down”. “There are a lot of women coughing and with very high fevers,” she said. “They are being given paracetamol. No one is testing us. “Many staff are really worried and they are doing the best they can but they have no PPE [personal protective equipment] and are having to bring food to very sick women in their cells.

Another prisoner at HMP Newhall in West Yorkshire said women are scared to be moved to the hospital wing. “Healthcare has basically shut down. [They are] sending women to hospital chained up and no one wants to go because we are afraid if we go to hospital we will get the virus there, if we don’t already got it. What can I do?” Another prisoner at HMP Drake Hall in Staffordshire said: “They are dragging women to seg [segregation] forcing them to leave their belongings and no phones. The fact they can’t call home or anything is just crazy.

“Healthcare has basically shut down. [They are] sending women to hospital chained up and no one wants to go because we are afraid if we go to hospital we will get the virus there, if we don’t already got it. What can I do?”

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RECOMMENDATIONS

Apart from social distancing measures like washing our hands regularly, avoiding contact with someone who is displaying symptoms of coronavirus (COVID-19), avoiding non-essential use of public transport when possible, working from home, avoiding large and small gatherings in public spaces, avoiding gatherings with friends and family and keeping in touch using remote technology such as phone, Internet, and social media, to help reduce the transmission of coronavirus (COVID-19). The youth agenda recommends the Government of Kenya, the Ministry of Health and other responsible bodies to:

- Keenly consider how the quarantine experience can be different for women and men, such as whether women’s and men’s different physical, cultural, security, and sanitary needs for girls are being met.

- Recognize that the home may not be a safe place for some women and girls, the home may indeed increase exposure to intimate partner violence and therefore, updates on gender-based violence referral pathways should be considered to reflect changes in available services.

- Fully ensure policies and interventions around response speak to everyone’s needs, this is a fundamental step to understanding the primary and secondary effects of a health emergency on different individuals and communities. And at the same time ensure that the protection needs of women and girls must be at the center of response efforts.

- Ensure that high attention is given to sexual and reproductive health and rights of women and girls during COVID-19, given these issues can be severely impacted during outbreaks. This may include; guidance for infection prevention for safe pregnancies and childbirth, among other measures.

- Given women’s proximity to the local level, their surveillance and insights can help signal the start of an outbreak and improve the overall health situation. The ministry of health should then include women in decision making for outbreak preparedness and response, and ensure women’s representation in national and local COVID-19 policy spaces.

- Consider how the measures taken by the government lately to fight COVID-19 may differ among groups of young women and men, particularly those most excluded such as those living in poverty, street families, persons with disabilities, indigenous people, internally displaced persons and others who face intersecting and multiple forms of discrimination.

- Strengthen the life-saving care, clinical management of rape, mental health and psycho-social support to gender-based violence survivors that may be cut off in the health care response when health service providers are overburdened and preoccupied with handling COVID-19 cases.

- YAA urges systems to ensure that health workers have the necessary skills and resources to deal with sensitive gender-based violence related information, that any disclosure of gender-based violence be met with respect, sympathy and confidentiality and that services are provided with a survivor-centered approach.

- YAA also urges county governments to set up isolation units and the rural communities to create plans for their own arrangement for isolation to deal with the COVID-19 and support people who have the Corona Virus symptoms.
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