

ADVISORY NOTE -THE SHADOW PANDEMIC DEMANDING CONCRETE ACTIONS TO PROTECT WOMEN AND GIRLS FROM VIOLENCE DURING COVID -19 PANDEMIC



Your REF:

Our REF: WOMENRIGHTSCSO/2020

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“The danger of a shadow pandemic is that it perpetuates itself in silence and secrecy and responses to the same are shadowy, lacking in commitment. Solutions remain weak and erratic. Such is the case of gender-based violence in Kenya and many other parts of the world. The pandemic of violence against women and girls during the COVID-19 Response must be brought to light through appropriate and timely mitigation and responses¹”

We, the undersigned Women Rights organizations of Kenya, being representatives of women and girls in all their diversity including grassroots and rural women and girls, women and girls in the informal settlements, women in Business, Women in Professional Bodies and in all Associations and organizations. We take note of increased reported incidents of violations of Human rights specifically on Gender Based Violence as a result of pre-existing conditions that encourage violence and exploitation of women and girls exacerbated by the measures undertaken by the Government to prevent further spread of the Corona Virus Disease (COVID 19).

The COVID -19 crisis has magnified the structural violence and inequalities that the most vulnerable in the society including women, youth and children and Persons living with Disability (PWD) continue to endure even in ‘peace’ times. This has further played out in the development of relevant responses by the Government of Kenya, where the voice of civil society has been left to the periphery and the allocation of resources has had little regard for addressing violence against women and girls, so far identified as being critical through the different statements that the sector has shared.

We, however recognize and laud the government for the pandemic response efforts so far that have ranged from daily updates on the status of spread of the disease; comprehensive messaging on the preventive hygiene measures; isolation and quarantine measures for confirmed and suspected cases respectively to the directive to work from home for non-essential service providers. These measures, while intended for the good of all, they need to factor in the unique and practical needs of diverse groups of women and girls of Kenya and the realities under which they live and operate in this country.

¹ Wairimu Munyinyi-Wahome, Executive Director, COVAW

We particularly note that these measures have compounded and exacerbated the triggers of violence including socio economic challenges and other inequalities resulting to significant rise in incidences of Rape, Defilement and Domestic violence; increase in Intimate Partner Violence. The Stay at Home directive is a good one for prevention and containment of the spread of the corona virus. However, the directive has been applied without cognisance of existing risks to vulnerable groups who face restricted movement and thereby exposing them to violence, inequalities and stifled the voices of those exposed to violence and abuse. The inability and reduced access to income earning opportunities, loss of jobs and livelihoods have provided a fertile ground for gender-based violence to thrive. The limited access to service providers such as health facilities, police stations and access to courts due to social distancing and curfew measures have hampered redress to affected victims of abuse.

Further, the burden of care is highly skewed against women, overwhelmed by work as primary caregivers and at all levels- from the homes to the health facilities where a majority of the health workers are women. The effect on their mental wellness has been detrimental, furthered by their financial instability and inability to provide for their families.

Recognizing the tremendous efforts by the Government through the National Taskforce on COVID 19, including sector-specific responses in identifying essential services and goods required for this period, we urge the Taskforce to ensure that the National Response Plans to COVID19 are gender responsive and contextualized to the different realities in the communities through proper resourcing - financial and human- to support the practical and strategic gender needs. We call upon the Taskforce to regularly review the pandemic containment measures in accordance to the human rights commitments and ensure protection and fulfilment of the rights of women and girls. Available analyses indicate that women are more likely to be infected due to the primary caregiving roles or as healthcare workers, for instance².

We further call upon the Ministry of Public Service and Gender to continue putting women and girls at the centre of their efforts, come up with comprehensive interventions towards prevention, response and accountability on violence against women and girls in a coherent,

² [A gendered human rights analysis of Ebola and Zika : Locating gender in global health emergencies](#)

visible and definite manner as has been witnessed through the Ministry of Health and the Ministry of Education responses to the pandemic.

We specifically ask the government to prioritise timely and appropriate resourcing of the GBV response at national and county levels to provide:

1. Appropriate and accountable funds allocation:

Recommendation: Kenya is receiving funds from partners and agencies such as World Bank, IMF and other donors, in addition to committing its own resources. We recommend **strongly** that at least 30% of the response funds be allocated towards practical needs of a GBV prevention and response strategy.

2. Shelter and safe houses:

Recommendation: Ensure women and girls who are survivors of abuse and violence have access to safe and alternative shelter and temporary accommodation that offers protection against Gender Based Violence.

3. Medical care and treatment:

Recommendation: Ensure that survivors of GBV access medical treatment at all government facilities for free as part of a GBV referral network to ensure uninterrupted access of emergency services for survivors.

4. Psychosocial and online counselling:

Recommendation: The 1195 state-run toll-free number should be fully resourced to operate for 24 hours from the Covid-19 fund to provide psychosocial support and care as well as referral for survivors.

Recommendation: 24-hour tele-counseling and psychosocial services that provide phone-based care and management.

5. Legal aid provision:

Recommendation: Ensure Provision of free legal aid and representation for GBV survivors in all counties and that access to justice for survivors of violence is prioritised by the courts. Additionally sustained messaging by NPS and the ODPP on GBV.

Recommendation: Courts should handle domestic violence cases as urgent following a United Nation's alert about a horrifying global surge in domestic violence in recent times.

6. Provision of more targeted messaging for vulnerable populations:

Recommendation: Raise specific awareness of protection and response from GBV promote healthy behaviors and social norm change, reduce stigma and discrimination while supporting the building of safer more resilient communities, depending on prevailing risk factors including enhanced exposure to early pregnancies, forced marriages, commercial sex exploitation and abuse, Female Genital Mutilation and abuse of the elderly

Recommendation: The government COVID 19 response teams must provide and include messaging and give clear directives on how pregnant women and girls should continue safely accessing their natal care and seek out assisted deliveries to avert child and mortality rates during this pandemic, including reinforcing the messaging that the curfew rules do not apply to this category of women and girls or those seeking to flee from a violent environment.

7. Cash transfer, food distribution and Sanitary towels:

Provision of cash to vulnerable households to ease economic stress in a dignified manner and especially to vulnerable female headed households, including those with disabilities.

Recommendation: That priority is given to female, persons with disabilities and children headed households as they face exacerbated vulnerability and that food is given to individuals rather than households to regulate the unequal power relations within households, reduce women's dependence on men and ensure women have enough for their children.

Recommendation: that food to female and child headed households be distributed by women responders to prevent abuse, harassment and exploitation of women and girls.

Recommendation Distribution of dignity/hygiene kits such as sanitary towels to vulnerable women and girls.

8. Access to water:

Recommendation: Installation and supply of WASH resources to promote hygiene especially the informal settlements must consider safety and protection concerns for women and girls. Safe locations should be mapped and which are accessible to all especially to older women, women and girls with disabilities, to reduce risk of GBV in accessing these facilities.

9. Strategic Partnership:

Recommendation: Convene briefings with partners, such as women's right groups and other organizations representing most marginalized communities, to ensure that the response to COVID-19 does not perpetuate harmful gender norms, discriminatory practices and inequalities, including within the quarantine experience.

10. Data:

Recommendation Provision of accessible gender data further disaggregated by multiple dimensions crucial for response.

Signed by:

1. Centre for Rights Education and Awareness - CREAW
2. FIDA – Kenya
3. Coalition on Violence Against Women- COVAW
4. Equality Now
5. GROOTS Kenya
6. SDGs Forum Kenya
7. KEFEADO