

IMPACT OF COVID-19 ON WOMEN WORKERS IN THE URBAN INFORMAL ECONOMY IN UGANDA AND KENYA

Secondary Data Review



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EXECUTIVE SUMMARY

Globally, 2 billion of the world's employed population aged 15 and older work informally, representing 61.2 percent of global employment, with the vast majority of employment in Africa (85.8 percent) being informal (ILO, 2018). In Uganda, nearly 14 million or 98 percent of Uganda's total working-age population is engaged in the informal sector; of these, 87 percent are women workers. The informal sector has, for the last decade, consistently contributed more than 55 percent to the Gross Domestic Product (GDP). In Kenya, the informal sector by 2019 provided a livelihood to approximately 15 million people and absorbed up to 88 percent of the women workers, according to the International Labour Organization.

The International Center for Research on Women (ICRW) is implementing REBUILD, a research project that seeks to understand how the social and economic impact of the COVID-19 crisis and policy response affected informal women workers of Kenya and Uganda. ICRW undertook a review of secondary data on the effect of the COVID-19 pandemic on informal women workers in Kenya and Uganda. This report presents summary findings and recommendations from our study, we conducted an analytical review of data from institutional reports, published articles, journal papers, policy reports, and secondary data analysis. What follows is a summary of our findings.

Findings

In addition to straining global health systems beyond capacity, the COVID-19 pandemic triggered a major economic crisis exemplified in job losses, wage cuts, majorly shuttering the informal enterprises, and informal workforce, the majority of whom are women. Almost 1.6 billion workers in the informal sector were significantly impacted by lockdown measures. In low-income countries, 28 percent of women were working in high-risk sectors, compared to only 17 percent of men. A FinMark Trust survey found that 41 percent of women-owned businesses in Sub-Saharan Africa closed during the pandemic, compared to 34 percent for businesses owned by men. In Uganda, informal women account owners in the hospitality and trading and services sectors would be significantly affected by the crisis at 79 percent and 54 percent, respectively. In Kenya, the Kenya National Bureau of Statistics (KNBS) household survey found that 51.2 percent of women had been rendered jobless due to the pandemic. More young women had to close a business (28 percent) than young men (21 percent) (PMA Gender, 2020).

Pre-COVID, the gender gap in unpaid care work closely mirrored that of work for pay or profit, where women spent three times more than men in unpaid care work; however, the pandemic further accelerated the care burden. In June 2020, a CGD report indicated that 23 percent of women business owners surveyed across the globe reported spending six or more hours per day on care work compared to 11 percent of men. A UN Gender report of January 2021 in Kenya ascertained that a higher

proportion of women than men spent more time in unpaid care work. This may have led many women to permanently exit the labor market and/or increased women's stress levels and took a toll on their mental health outcomes.

The pandemic affected food security. The COVID-19 gender assessment in Kenya found that more women than men had to either eat less or skip a meal (33 percent and 31 percent, respectively) or go hungry without food (12 percent and 10 percent, respectively). A report by the Uganda Bureau of Statistics (UBOS) on the consumer price index for April 2020 indicated that food prices increased by 4.8 percent. Most families had to implement multiple coping strategies during the pandemic. Some households relied on savings and more on reducing consumption, selling off assets, borrowing money from different sources, credit purchases. Others engaged in additional income activities, and received assistance from family, friends, government, and CSOs.

The World Bank reaffirms that the shift in resources towards addressing a public health emergency can disrupt key health services for women and girls, including reproductive and sexual health services. COVID-19 affected the access and utilization of SRH services. Data from the national DHIS systems indicates that overall, there was a decrease in pregnant women accessing ANC and maternal counseling services a decrease in post-natal attendance for new mothers. Fewer people used modern family planning during the initial months of the pandemic, including short-term and long-term acting contraceptives.

A 2020 UN Women report noted that in the previous 12 months, 243 million women and girls aged 15 to 49 across the world had been subjected to sexual or physical violence by an intimate partner. COVID-19 containment measures exacerbated women's and girls' exposure to gender-based violence. The national GBV-hotline-1195 of Kenya received an increase of 25 percent cases in September 2020 compared to the month prior. Recent studies suggest that many cases went unreported to authorities because of restrictive measures that curtailed the victims' movements.

Conclusion

There is still a statistical gap on the extent of the impact of the pandemic on informal women workers in the urban economies of Kenya and Uganda. Therefore, researchers and other multilevel stakeholders should engage in providing gendered statistics on the effects of the pandemic on the informal sector that will guide policy actors in making gendered policies supporting the recovery of the informal sector, which has proved to be crucial to the economy.

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ABBREVIATIONS AND ACRONYMS

COVID-19	Coronavirus Disease 2019
DHIS2	District Health Information Software 2
EPRC	Economic Policy Research Centre
FSD	Financial Sector Deepening
GBV	Gender-based violence
GDP	Gross Domestic Product
ICRW	International Center for Research on Women
ILO	International Labour Organization
MoFPED	Ministry of Finance, Planning and Economic Development
MSMEs	Micro, Small and Medium Enterprises
SGBV	Sexual and Gender-Based Violence
SMEs	Small and Medium Enterprises
SRH	Sexual and Reproductive Health
UN	United Nations
UNDP	United Nations Development Programme
FINCA	Foundation for International Community Assistance



Introduction

The COVID-19 pandemic is not gender neutral. Neither should be the response to it. Experience from previous pandemics shows that women and girls are active actors for change, while they can also experience the effects of the crisis in different (and often more negative) ways.¹ The International Center for Research on Women (ICRW) undertook a study on the impact of COVID-19, focusing on the informal economy.

Dubbed REBUILD, this multi-country funded project seeks to assess the effect of COVID-19 policies on women in the informal economy in India, Kenya, and Uganda. The

project takes an intersectional approach to examining how COVID-19-related policy responses and health and economic shocks have impacted women who work in the urban informal economy.

This report highlights evidence from a review of secondary data to show the gendered impact of pandemic-related governmental policies in Kenya and Uganda on gender-based violence (GBV), women’s economic empowerment, and their sexual and reproductive health (SRH). The project’s conceptual framework has guided the secondary data review and analysis. The conceptual framework

Figure 1: REBUILD Conceptual Framework



centers women in the informal sector and demonstrates the various layers and relationships within which informal women workers are located (the state, private sector, community networks, and family).

Figure 1 shows an ecosystem that is influenced by pre-existing structural factors and the parameters with which to analyze the impact of the pandemic-induced economic crisis (including GBV and SRH) on the lives and livelihoods of women workers, as well as their coping strategies. The parameters are determined largely by the women's relationships with, and the responses of, the surrounding actors in their ecosystem (the state, private sector, community networks, and family).

Evidence from the past confirms that impacts of crises are never gender-neutral, and COVID-19 is no exception.

Women's and girls' economic and social well-being have worsened across the board. Women are losing their livelihoods faster because they are more exposed to hard-hit economic sectors. According to a new analysis commissioned by UN Women and the United Nations Development Programme, by 2021, around 435 million women and girls will be living on less than \$1.90 a day — including 47 million pushed into poverty because of COVID-19.²

This report is presented in three chapters: Chapter 1 focuses on women and informal economies; Chapter 2 presents sexual reproduction health; and Chapter 3 addresses gender-based violence.



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Women and Informal Economies

This section provides a statistical overview on:

- women and informal economies; globally and specifically in Uganda and Kenya
- impact of COVID-19 on women in informal economies; globally and specifically in Uganda and Kenya
- impact of COVID-19 on unpaid care work
- impact of COVID-19 on food security
- coping strategies during COVID-19 crisis

According to emerging statistical findings, informal economies have been hit hard due to COVID-19 pandemic, especially women in the informal sector. However, there is still a statistical gap on the extent of the impact on informal women workers in the urban economies of Uganda and Kenya.

Women and informal economies

Globally, two billion of the world's employed population aged 15 and older work informally representing 61.2 percent of global employment. The proportion of informal employment varies among the five main regions of the

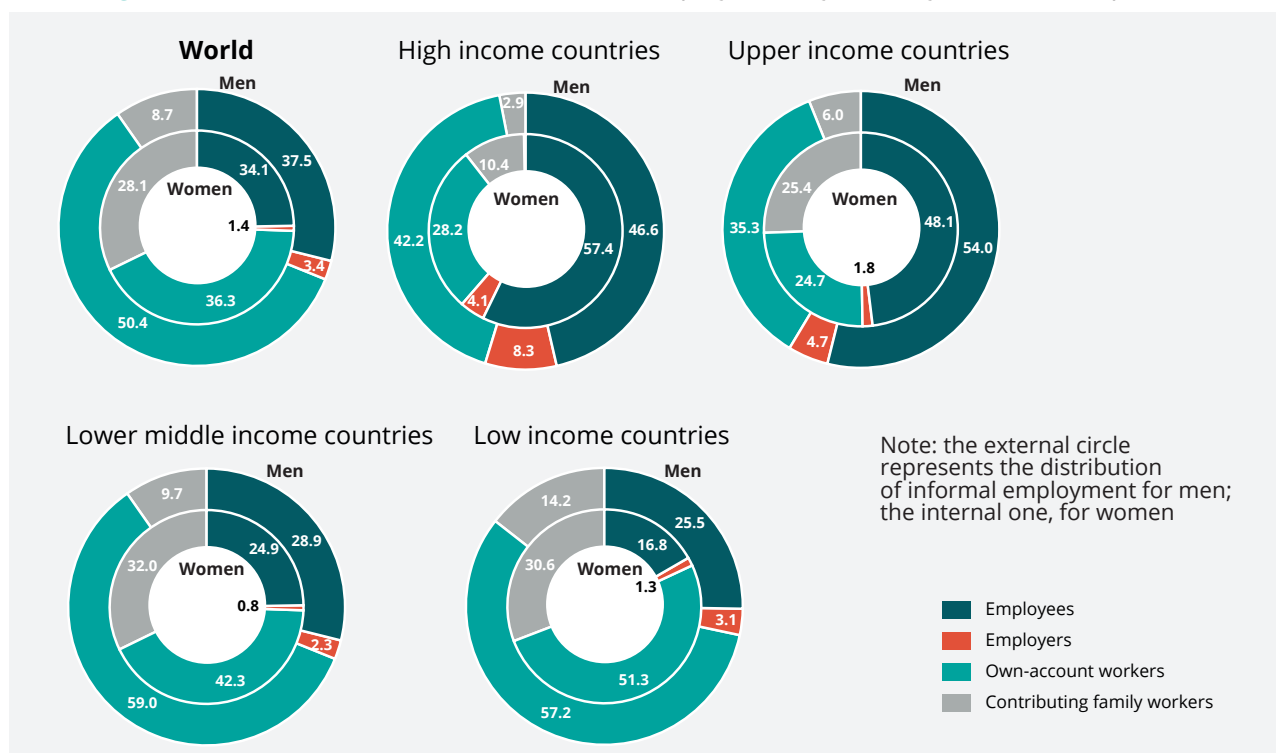
world: the vast majority of employment in Africa (85.8 percent) is informal, followed by Asia and the Pacific (68.2 percent) and the Arab States (68.6 percent), which have almost the same level of informality. Less than half of employment in the Americas (40 percent) and Europe and Central Asia (25.1 percent) is informal. The level of socio-economic development is positively correlated to formal work and emerging, and developing countries have higher shares of informal employment than developed countries.³ Informal employment is more common for men than women across the world, at 63 percent and 58 percent, respectively, in developed countries (19 percent versus 18 percent) and in emerging countries (71 percent versus 68 percent). However, in Africa, the percentage of women workers who are informally employed (90 percent) is substantially higher than that of men workers (83 percent). In non-agricultural employment the proportion is 78.6 percent for women and 67.7 percent for men, as seen in Table 1. In Sub-Saharan Africa, except Southern Africa, more than 90 percent of women are informally employed compared to 86.4 percent of men.³



TABLE 1: SHARE OF INFORMAL EMPLOYMENT IN TOTAL EMPLOYMENT BY SEX, AGE GROUP, LEVEL OF EDUCATION

	World						Emerging and Developing Countries						Developed Countries					
	Africa	Americas	Arab States	Asia and Pacific	Europe and Central Asia	Total	Africa	Americas	Arab States	Asia and Pacific	Europe and Central Asia	Total	Americas	Asia and Pacific	Europe and Central Asia	Total		
Share of informal employment in total employment by sex																		
Male (including agriculture)	82.7	40.5	70.2	70.2	26.4	63.0	82.7	52.9	70.2	73.6	37.8	70.7	20.2	20.7	17.0	18.9		
Female (including agriculture)	89.7	39.2	61.8	64.1	23.6	58.1	89.7	55.0	61.8	67.4	35.7	67.5	18.5	23.1	14.0	17.6		
Share of informal employment in total employment by age																		
Male (including agriculture)	67.7	35.4	66.5	62.0	22.6	53.1	67.7	47.4	66.5	65.4	32.1	61.3	19.4	18.5	15.7	17.7		
Female (including agriculture)	78.6	36.9	49.6	53.9	18.8	46.4	78.7	52.5	49.6	57.7	27.5	56.3	18.4	20.9	12.8	16.6		
Share of informal employment in total employment by highest level of education																		
Youth (15-24)	94.9	46.2	85.1	86.3	35.7	77.1	94.9	63.4	85.1	87.8	49.2	84.4	13.5	22.0	25.8	19.2		
Adults(25+)	82.8	40.4	61.1	67.1	21.8	58.7	82.8	53.6	61.1	69.7	34.9	67.4	19.9	22.5	14.8	18.0		
25-29	85.5	37.0	68.8	70.8	26.4	62.6	85.5	47.5	68.8	72.8	40.0	69.8	17.4	15.4	16.3	16.6		
30-34	83.1	37.6	61.0	67.3	21.8	58.6	83.1	48.0	61.0	69.7	34.1	66.6	18.5	13.4	13.9	15.3		
35-54	79.7	39.9	56.9	63.8	20.0	55.7	79.7	52.5	56.9	66.2	33.2	64.3	19.4	16.4	13.6	15.9		
55-64	84.2	42.1	62.8	72.4	21.5	59.2	84.1	61.3	62.8	76.6	34.3	72.8	21.8	30.4	15.9	21.2		
65+	96.0	54.4	71.7	86.3	40.8	77.9	96.0	79.0	71.7	91.6	46.0	88.5	25.3	55.4	37.0	38.5		
Share of informal employment in total employment by highest level of education																		
No education	94.0	81.0	88.6	94.9	77.1	93.8	94.0	82.7	88.6	94.9	83.5	93.9	47.9	92.7	28.7	52.7		
Primary education	88.5	71.3	77.0	89.7	40.9	84.6	88.5	73.4	77.0	89.8	46.5	86.0	44.8	73.9	29.2	40.5		
Secondary education	68.1	46.9	51.9	58.9	23.3	51.7	68.1	51.3	51.9	62.0	36.1	59.1	21.7	23.7	16.6	19.2		
Tertiary education	27.0	22.7	22.4	30.7	15.2	23.8	27.0	33.7	22.4	34.2	22.9	32.0	18.6	14.1	11.7	16.1		

Figure 2: Gendered Differences in Informal Employment by Country Income Group, 2016



Source: ILO calculations based on household survey micro datasets³

Figure 2 illustrates another approach to analyzing the relationship of informality and status in employment with gender differences while considering the share of each status category that is informal.

Apart from women forming the majority of contributing family workers, the category with the highest share of informal employment is own-account workers, both globally and in every country income grouping. Globally, more than half of men are own-account workers compared to women. However, in low-income countries, more than half of both women and men are own-account workers. Among employees globally, the share of informally employed women (34.1 percent) is lower than the share of men (37.5 percent). Low-income countries account for most of that difference, but by contrast, women employees in the informal economy are greater than men in the high-income countries.

In Uganda, according to the annual labor force survey for 2018/2019, 87 percent of the employed population outside of the agricultural sector was informally employed. When disaggregated by sex, the proportion of men (87 percent) was similar to that of women (88 percent). People in rural areas engaged in non-agriculture employment were more likely to be informally employed compared to those in urban settings. Furthermore, informal employment was universal among children aged 14 to 17, and 91 percent of youth aged 18 - 30 were informally employed in 2018/19⁴, as seen in Table 2.

The informal sector contributes 54 percent to Uganda's Gross Domestic Product (GDP), according to the 2016/2017 Uganda Bureau of Statistics National Labour Force Survey 2016/17 (Figure 3). Yet this staggering contribution is invisible because the majority of informal sector workers are uneducated and experiencing poverty, most of them women.

As seen in Figure 4, Ugandan women primarily work in the main informal sectors of trading, manufacturing, and service. They are severely under-represented in the construction and transportation fields. There is a need to mainstream gender in growth areas to counter current exclusion, for example, in communications and the information technology industry.

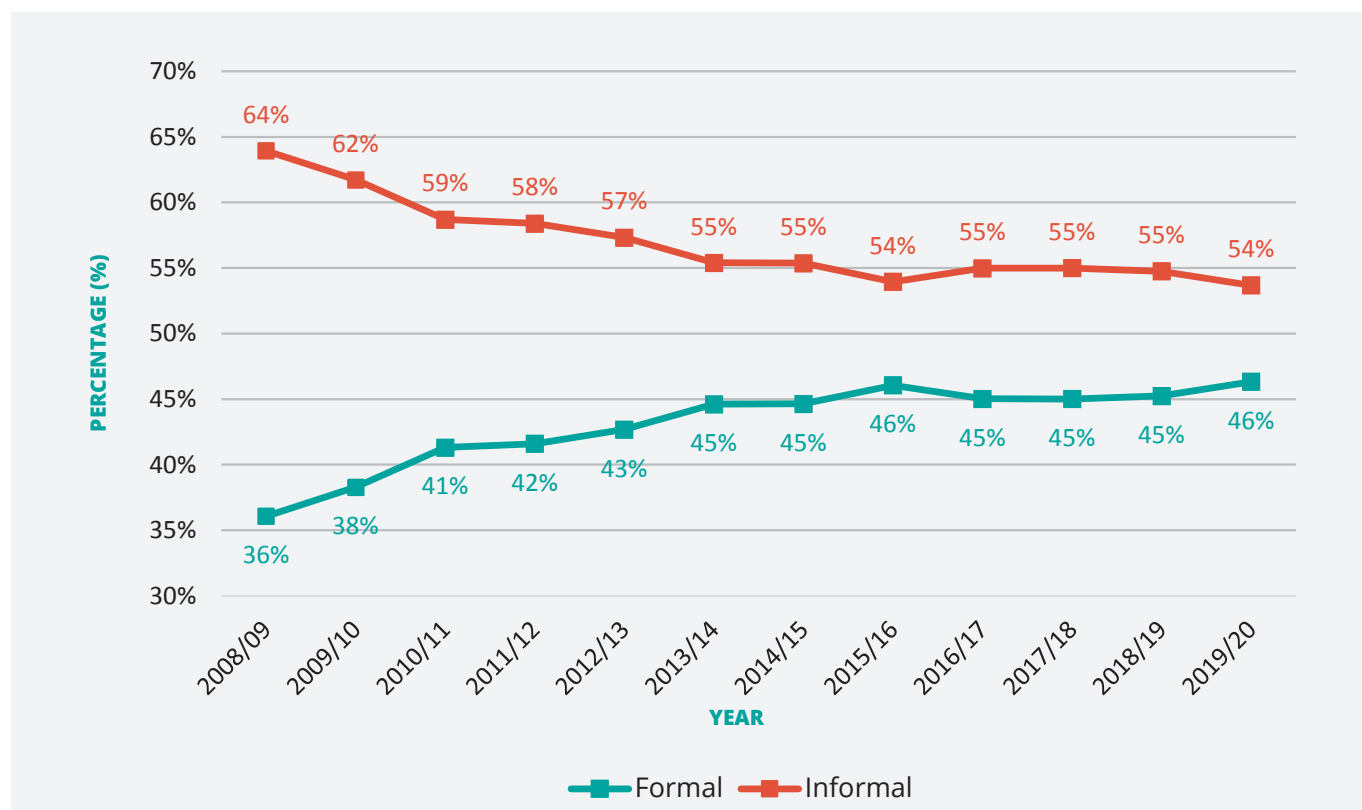
In Kenya, the informal sector employs nearly 15 million citizens, according to 2018 estimates, compared to the 2.9 million who work in the formal sector.³ According to the Kenya National Bureau of Statistics, the country's large, burgeoning informal sector generated 83.6 percent of total employment in 2018 and 33.8 percent of GDP in 2015.⁷ Seventy-two percent of Kenyan workers in non-agricultural jobs are employed informally; among women, this percentage rises to 89 percent, and among men, it decreases to 59%, pointing to a significant gender disparity.⁸ Women also dominate informal business owners in Kenya, as seen in Figure 5.

TABLE 2: INFORMAL EMPLOYMENT OUTSIDE AGRICULTURE BY SEX, RESIDENCE, AND AGE GROUPS, (%)

BACKGROUND CHARACTERISTICS	2016/17	2017/18	2018/19
Sex			
Male	84.5	85.9	86.9
Female	85.6	88.4	87.9
Geographical location			
Rural	89.6	89.9	92.1
Urban	80.5	84.6	83.1
Age groups			
14-17	99.5	100.0	100.0
18-30	90.5	89.9	91.0
31-64	78.6	83.1	83.4
15-24	95.7	95.1	96.7
15-35	87.6	89.9	91.0
Total (%)	84.9	87.0	87.3
Number ('000)	4,494	4,934	5,555

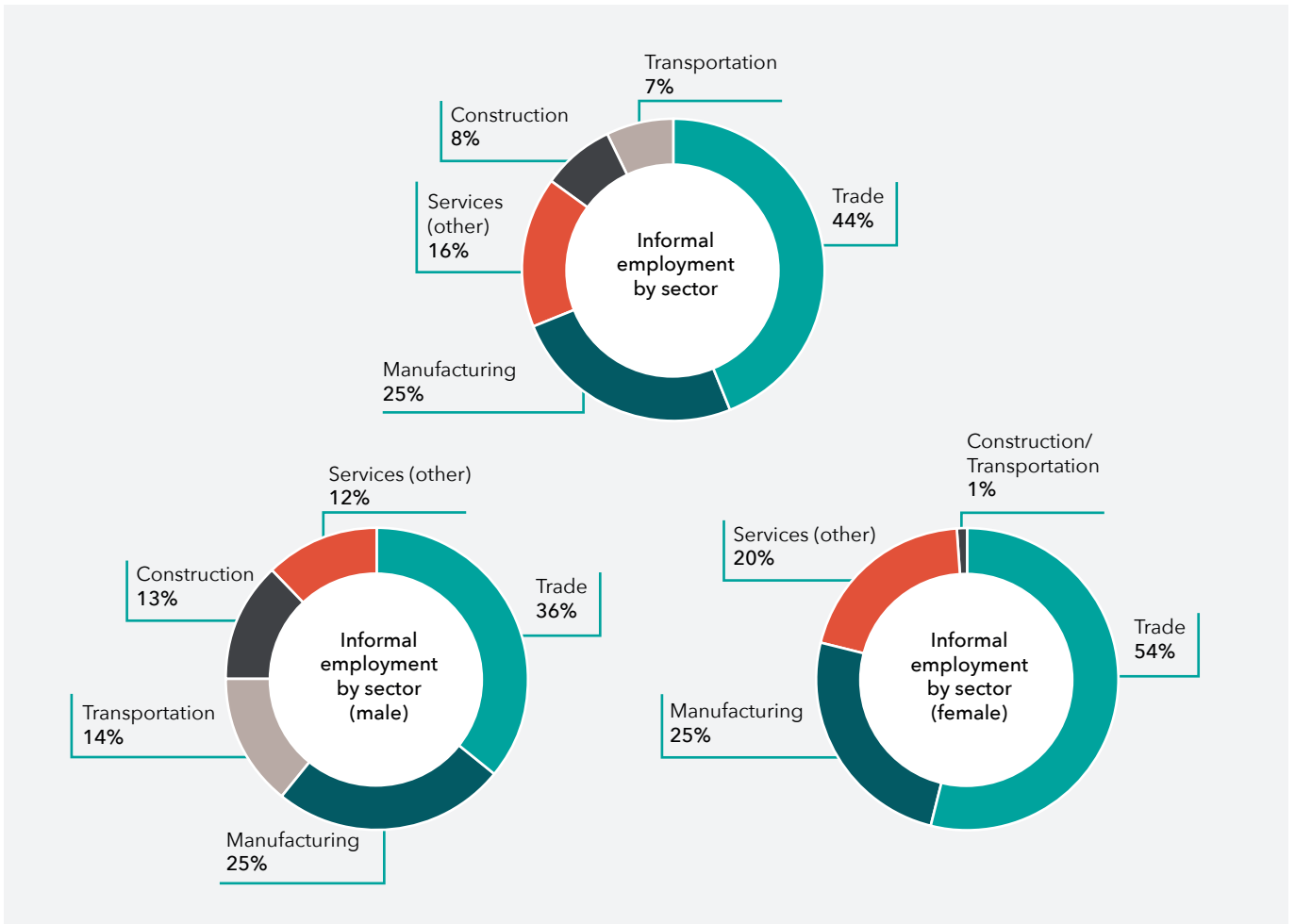
Source: Annual labor force survey⁴

Figure 3: Formal and Informal Sector Contributions to GDP



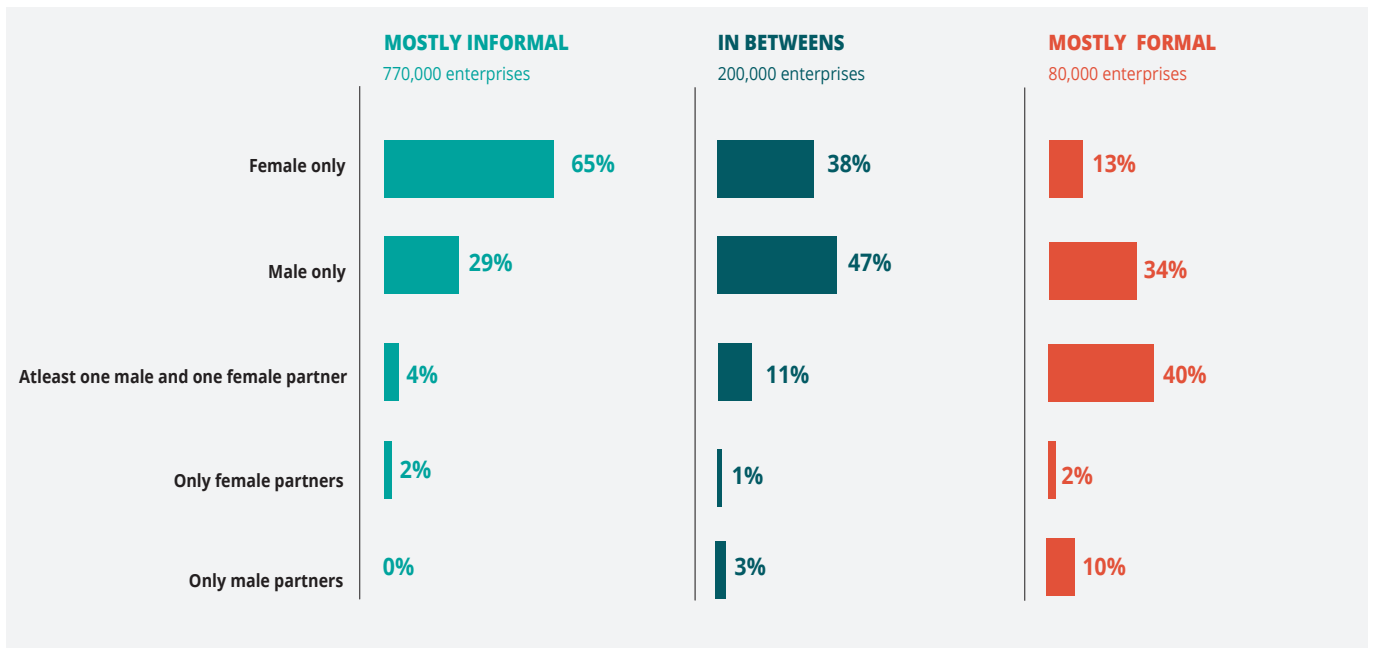
Source: UNCDF report⁵

Figure 4: Informal Employment by Activity and Gender



Source: Uganda, The Role of the Informal Economy in City Growth⁶

Figure 5: Gendered Differences in the Kenyan Economy



Source: State of the economy⁹

Impact of COVID-19 on women in informal economies

According to the International Labour Organization’s COVID-19 and the world of work report, among the most vulnerable in the labor market, almost 1.6 billion workers in the informal economy have been significantly impacted by lockdown measures and/or are working in the sectors most affected by the pandemic¹⁰ (Figure 6). In many cases, the impact on informal workers’ livelihoods represents a permanent loss of income.¹¹ The first month of the public health crisis resulted in an estimated 60 percent decline in earnings among informal workers globally. By region, the ILO expects an 81 percent reduction in earnings in Africa and Latin America—the most significant by region. Regarding income groups, it is 82 percent in lower-middle and low-income countries, 28 percent in upper-middle-income countries, and 76 percent in high-income countries.¹⁰

In Figure 6, the total employment is used as the base of reference (100 percent) for each income group of countries. Total informal employment of 2 billion workers is represented in light pink. Informal economy workers significantly impacted by the crisis are represented in dark pink (1.56 billion in total) and are located in countries that have had workplace closures and/or work in at-risk sectors.¹⁰

Among informal economy workers significantly affected by the pandemic, 42 percent are women working in high-risk sectors, compared to 32 percent of men (Figure 7). The 740 million women in the global informal economy saw their incomes fall by 60 percent during the first month of the pandemic.²

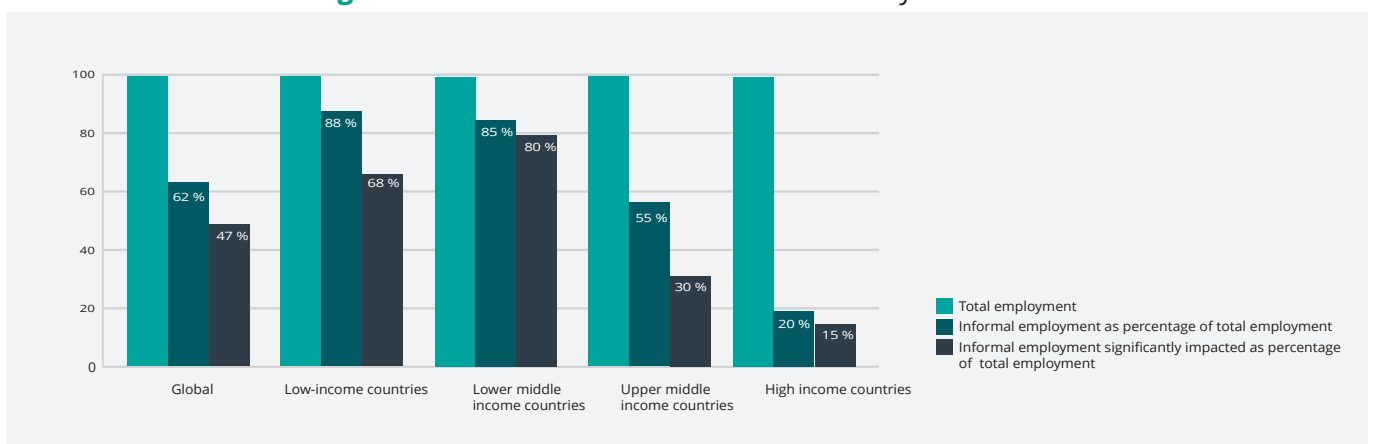
Hospitality and food services, manufacturing, wholesale and retail trade, and real estate and business sectors have been the most affected by the pandemic, according to the ILO. Many women in these high-risk sectors are self-employed or own micro- or small-sized enterprises¹². Together, this represents around 70 percent of global employment in retail trade and nearly 60 percent in the hospitality and food services sectors, reflecting the severe vulnerability of these markets in the current economic crisis.¹³

Interviews by the organization Women in Informal Employment Globalizing and Organizing (WEIGO) with more than 2,200 informally employed people in 12 cities around the world report that more than two-thirds of respondents received no income during the height of the lockdown in April 2020 and received less than half of their pre-COVID earnings when lockdown eased two months later. Similarly, a study by CARE reports that 55 percent of women surveyed across 40 countries cited income loss as the greatest impact of COVID-19 on their lives, compared to 34 percent of men surveyed.¹⁴ In addition, 72 percent of the world’s domestic workers—80 percent of whom are women—lost their jobs as a result of COVID-19.² In many Sub-Saharan African countries, travel restrictions constrained many women in the informal sector who depend on daily earnings from plying their trade.¹⁵

In Uganda, over 85 percent of people employed in the informal sector were already operating below the poverty line¹⁶ before the pandemic, most of them women. The Ministry of Finance, Planning and Economic Development (MoFPED) predicted that an additional 2.6 million people could be pushed below the poverty line¹⁶ in the worst-case scenario. The United Nations Socio-Economic Impact Assessment projected a total loss is from Uganda Shillings (UGX) 4.6 trillion to UGX 5.7 trillion or from 3.17 percent to 3.91 percent of the national GDP depending on the scenario. This is about one half (or more) of the projected GDP growth of 6.2 percent in 2020/2021.⁵

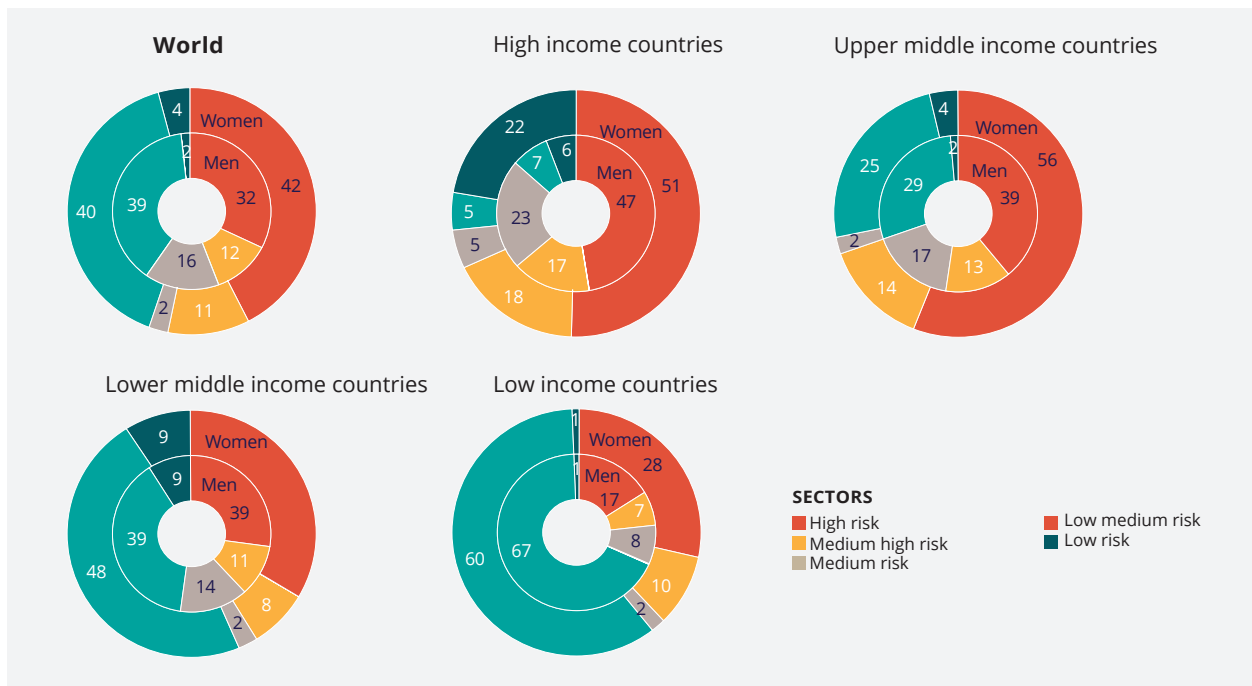
The Ministry of Finance, Planning, and Economic Development (MoFPED) reported that due to the lockdown in Uganda, many urban people experiencing poverty have lost their sources of regular income and become financially unstable as they have little or no savings to resort to. An estimated 23 percent of the urban people are at risk of losing 100 percent of their daily income.¹⁶ The business climate survey report projected that if COVID-19 persists for the next six months, about 3.8 million workers will lose their jobs temporarily while 0.6 million will become permanently unemployed. The report suggests that more than 75 percent of workers projected to lose their jobs permanently are from the service sector and mainly live in Kampala and that women and girls were more likely to be negatively affected compared to their male counterparts.¹⁷

Figure 6: Share of Informal Workers Affected by COVID-19 Pandemic



Source: COVID-19 and the world of work, ILO ¹⁰

Figure 7: Gender Differences in the Effect of the Pandemic in the Informal Economy



Source: COVID-19 and the world of work, ILO¹⁰

The Figure 8 in next page shows that informal women account owners in the hospitality and trading and services sectors would be significantly affected by the crisis at 79 percent and 54 percent, respectively.

The reduced incomes that informal micro and small enterprises (MSEs) have experienced because of pandemic restrictions have taken a particularly heavy toll on the manufacturing industry, sending 46 percent of businesses below the poverty line or into closure as well as in the hospitality (43 percent) and trading and services (41 percent) industries, in which many women own businesses. (Figure 9 - Page 17) Agriculture has also been affected, with 15 percent of businesses in the sector slipping below the national poverty line and 19 percent discontinuing their operations altogether.⁵ However, there is a slightly higher resilience among agriculture and manufacturing firms compared to those in the service sector,¹⁷ most of which are owned by women.

FinMark Trust data suggests that women-owned firms' ability to generate income has been disproportionately affected in both retail markets and services, such as hairdressing, catering and domestic services. In Uganda, 61 percent of women-led small businesses have failed to generate income, compared to 22 percent of businesses led by men.¹⁴

The UN COVID-19 Socio-Economic Impact Assessment further estimated that 4.4 million informal sector workers would see their earnings fall below the poverty line or totally dry up. A May 2020 survey of informal sector firms in Kampala found that 93 percent of them were already operating below the poverty line.⁵ Most workers without income or earnings below the poverty line were in the trade and services industry (Table 3), which is dominated by women-led enterprises.

Uganda's Economic Policy Research Centre (EPRC) ascertained that 69 percent of businesses experienced a decline in credit, causing many MSE owners to fail to meet their loan obligations. Where businesses remained open, the quantity of work declined, leading to reduced wages or income.¹⁷ It has been established that gender dimensions were exacerbated and that COVID-19 would affect women's businesses and their earnings to a larger extent than men's. Of the total number of MSEs affected by COVID-19, would be 11 percent more enterprises owned or managed by women. Women-led enterprises would be particularly hit in trading and services and hospitality (Figure 10), the two sectors that experienced the brunt of COVID-19. Women-led businesses would outnumber those led by men by 58 percent in hospitality (hotels, bars, and restaurants) and by 8 percent in trading and services.⁵

EPRC reported that small and medium businesses experienced greater effects from the risks associated with COVID-19 than large-scale enterprises. The decline in small and medium businesses has been due to their inability to cope with containment measures instituted by the government. Specifically, nine out of 10 businesses reported experiencing an increase in operating expenses because of lockdown measures to curb the spread of the virus.¹⁷ These businesses that remain afloat are facing worse credit and liquidity constraints than they did prior to the pandemic.¹⁸

In Kenya, findings from one study indicated that "around 50 percent of women make a living in sectors that are more likely to be affected by various lockdown measures— compared to just under 30 percent of men" as a result of the COVID-19 crisis.⁸ In Figure 11 (page 18), we explore how

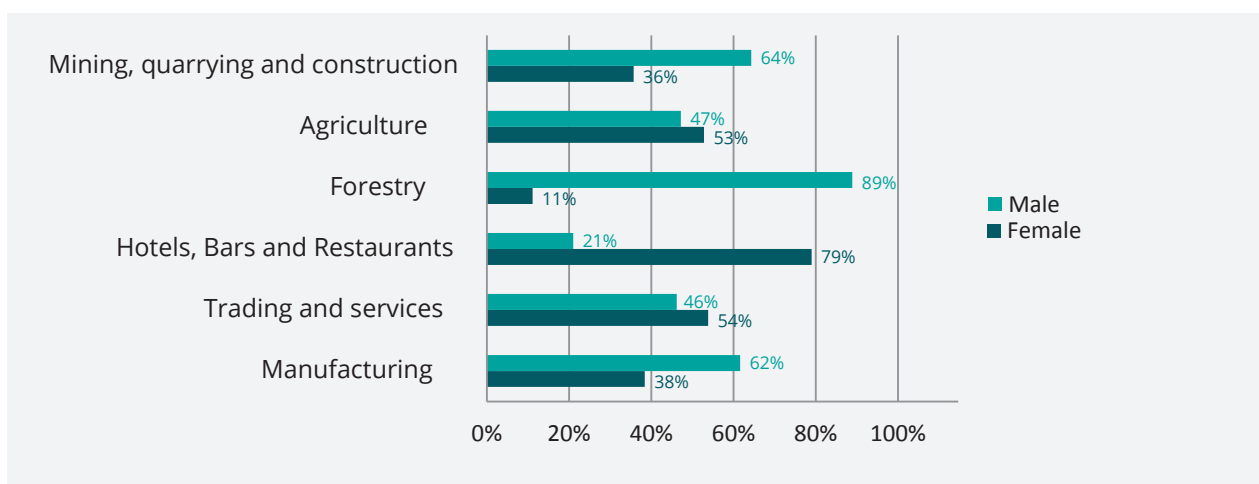
key events during the 2020 COVID-19 pandemic in Kenya affected women in general and specific to women workers in the informal sector where data is readily available.

During 2020, unemployment in Kenya almost tripled over the previous year, with the pandemic's impact on the private sector trickling down to households through reduced job opportunities and earnings.²⁰ The unemployment rate increased from 5 percent in the last quarter of 2019 to 16.5 percent in May–June 2020 (Figure 12). The pandemic also caused many adult Kenyans to move outside the labor force, with their participation decreasing from 75 percent in the last quarter of 2019 to 61 percent during mid-May to early July 2020³⁹ (Figure 12). The Nation publication reported that a recent Kenya National Bureau of Statistics (KNBS) household survey found that 51.2 percent of women have been rendered jobless due to the pandemic.⁸

While 74 percent of young Kenyan men in informal employment reported less demand for their work (versus 66 percent of young women), more young women have had to close a business (28 percent) than young men (21 percent).²¹

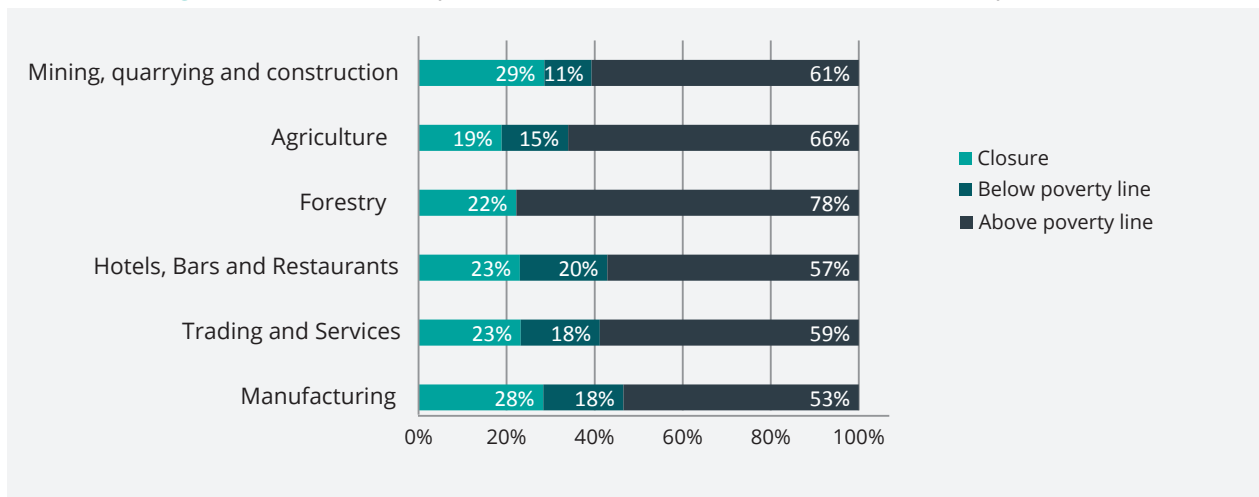
More than 60 percent of unlicensed establishments are women-owned, as seen in figure 5, and the informal nature of their businesses has made them more economically vulnerable during the COVID-19 crisis. Evidence confirms that women-owned informal MSMEs are more likely than men-owned informal MSMEs to suffer from an economic fallout and risk becoming bankrupt because of a lack of access to finance.¹³ A FinMarkTrust survey found that in sub-Saharan Africa, 41 percent of women-owned businesses in Sub-Saharan Africa closed during the pandemic, compared to 34 percent for businesses owned by men.¹⁴ Incomes have continued to fall. The recent resurgence wave of the pandemic and renewal of government restrictions in Kenya appear to be having a severe impact. According to a GeoPoll study, 79 percent of the respondents reported a decrease in income compared to January 2021, and 51 percent said their spending on non-essential items had decreased significantly.²²

Figure 8: COVID-19 Impact on Informal MSEs by Owner's Sex



Source: UNCDF report⁵

Figure 9: COVID-19 Impact of Reduced Income on Informal MSEs' Operations



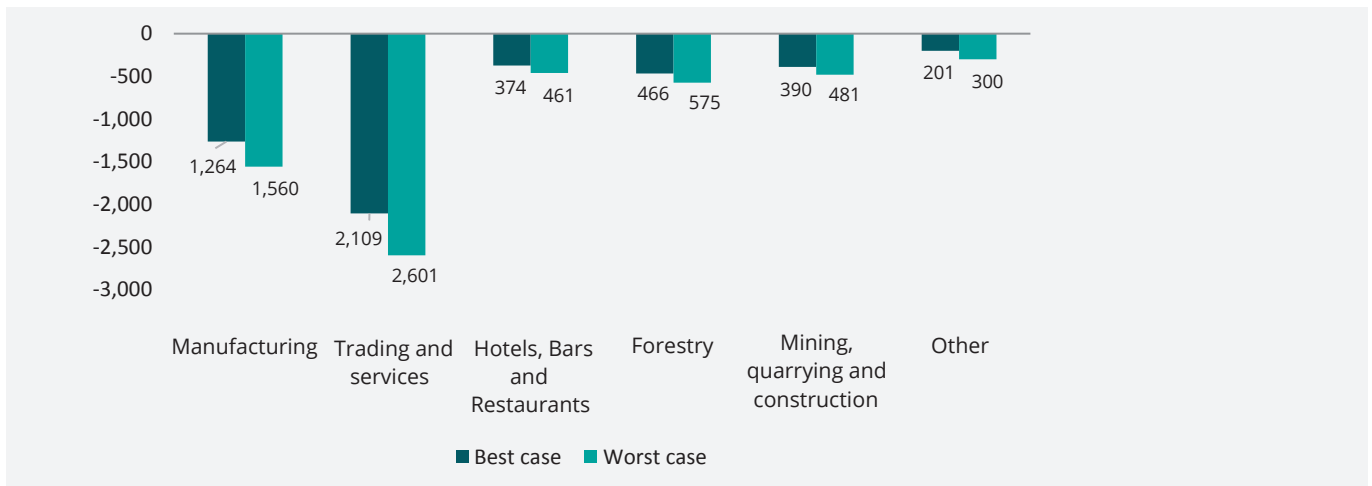
Source: UNCDF report⁵

TABLE 3: COVID-19 IMPACT ON INFORMAL MSES BY SECTOR

SECTOR	WORKERS WITHOUT EARNINGS	WORKERS WITH EARNINGS BELOW THE POVERTY LINE
Manufacturing	582, 239	373, 836
Trading and services	1,510,384	1,168,775
Hotels, Bars and Restuarants	360,945	311,530
Forestry	4,297	-
Agriculture	64,454	51,564
Mining, quarrying and construction	17,188	6,445
Total for informal sector	2,539,507	1,912,150

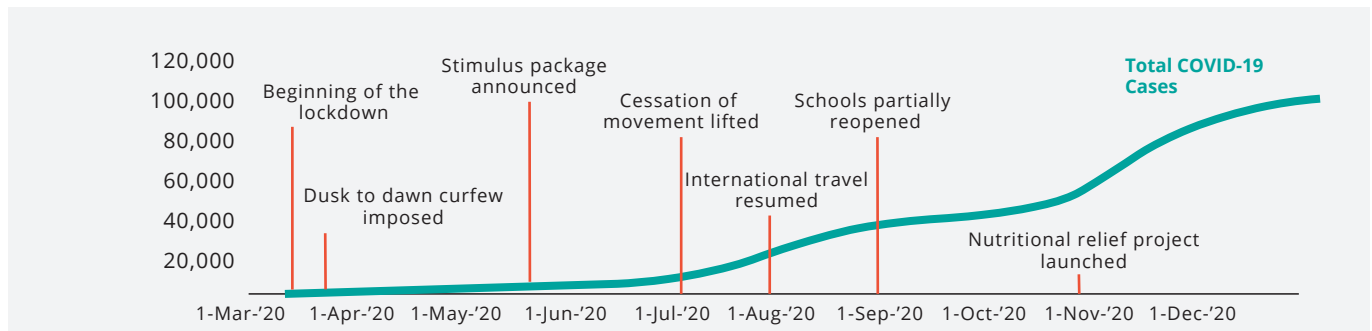
Source: UNCDF report⁵

Figure 10: Informal Sector Losses Operations



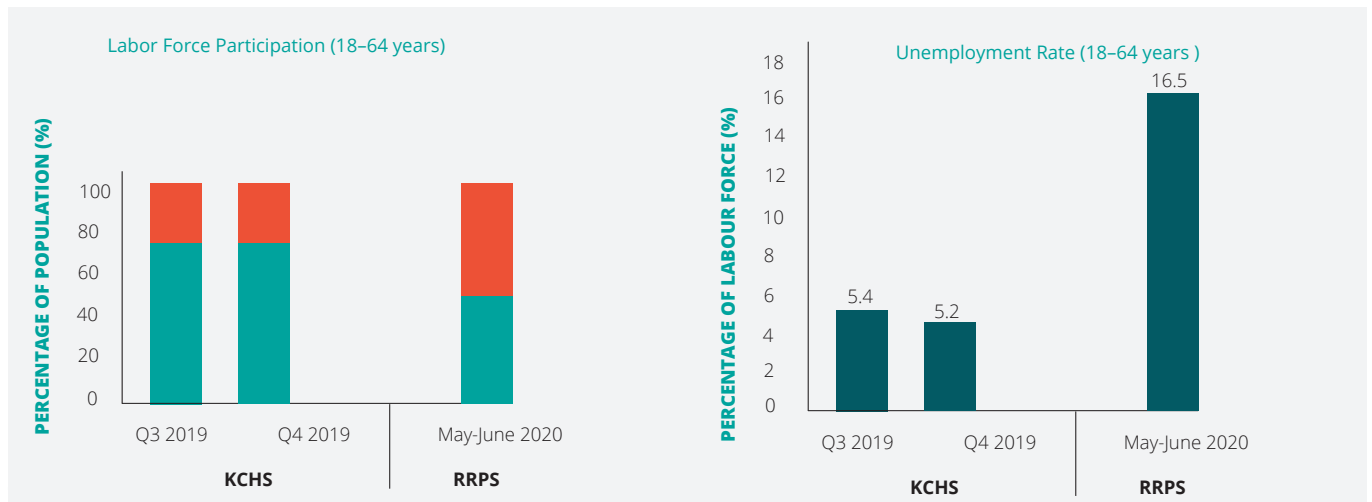
Source: UNCDF report⁵

Figure 11: COVID-19 Timeline in Kenya



Source: Our World in Data¹⁹

Figure 12: Labor Force Participation and Unemployment Rate (18–64 years)



Source: Kenya COVID-19 RRPS and 2019 Kenya Continuous Household Survey³⁹

Impact of COVID-19 on unpaid care work

Globally, the conspicuous gender gap in unpaid care work presents serious effects. Women account for just over one-third (36.3 percent) of the total amount of paid work, or only 43.1 percent of the time spent by men on the same activity: 3 hours and 3 minutes (183 minutes) for women per day against 5 hours and 21 minutes (321 minutes) for men. The gender gap in unpaid care work closely mirrors that of work for pay or profit. Meanwhile, the total daily working hours for women (seven hours and 28 minutes) is higher than that for men (six hours and 44 minutes), when both work for pay or profit as well as unpaid care work are taken into account. This represents a gender gap in the total daily working time of 44 minutes, as seen in Figure 13.

Emerging evidence points to the increasing burden of unpaid care work on women worldwide¹, in large part because more than 1.5 billion children have been estimated to have been affected by school shutdowns during the pandemic.²⁴ In June 2020, 23 percent of women business owners surveyed across the globe reported spending six or more hours per day on care work compared to 11 percent of men. In South Asia and Sub-Saharan Africa, more than 80 percent of business leaders reported that domestic tasks were interfering with their work.¹⁴

Likewise, gender differences in women's and men's time use and productivity can be seen in Uganda. Though not specific to women working in the informal sector, findings from the country's time use survey found that men spend more time (5.3 hours) than women (3.4 hours) on productive work, while women spend more time (6.6 hours) than men (5.1 hours) on unpaid work.

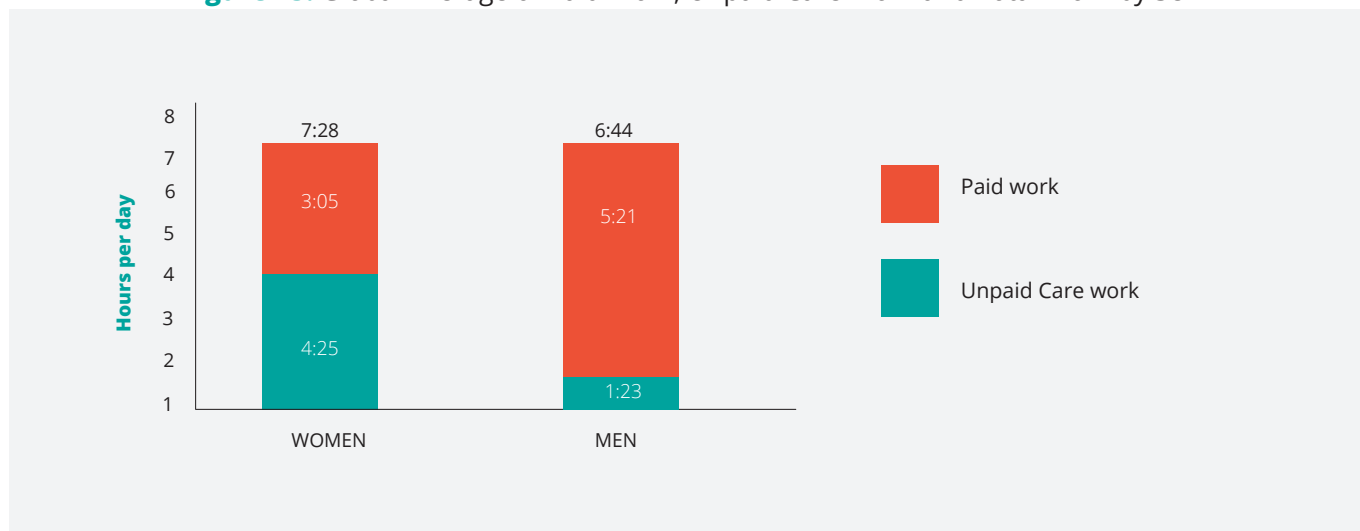
The annual labor force survey 2018/19 on unpaid work shows that 21 percent of employed women in Uganda are not paid for their work. Women engaged in agricultural work are much more likely (33 percent) than women not working in agriculture (9 percent) to not be paid for their work. Six in 10, or 62 percent, of women who worked in the past year, are self-employed (Table 5).

When disaggregated by sex, the data show that in 2018/19 Ugandan women were generally more engaged in unpaid care work than men. That gap was most significant in cooking, with a 55 percentage point difference between the proportions of women and men engaged in that activity (Figure 15).

The time use survey further reveals a significant gap in the time Ugandan women spend on unpaid care work compared to men by the hour. Women spend more minutes within an hour engaged in such work, which peaks from 7:00 am to 9:00 am, 12:00 pm to 2:00 pm, and 6:00 pm to 9:00 pm, where 25 to 30 minutes are spent within the hour. Women aged 18 to 30 years spent slightly more time on unpaid care work (2 hours) compared to those in the other age groups. The time women spend on unpaid care work rises with an increase in their education. Furthermore, women in the production and service sectors spent more time on unpaid care work than their counterparts in the other primary sectors.²⁸ The COVID-19 pandemic has resulted in exponential increases in unpaid care work in Uganda, which given prevailing gendered norms, is usually carried out by women rather than men. This rise in unpaid care may lead many women to permanently exit the labor market. Growing care demands will also likely increase women's stress levels and take a toll on mental health outcomes.²⁶

Similarly, in Kenya, the COVID-19 pandemic has generally increased the time people spend on both unpaid care and domestic work, though a higher proportion of women than men spent more time in unpaid care work. This was greater for unpaid care work related to children, such as Women spent 40 percent of their time minding children whereas men spent 37 percent of their time doing so during the pandemic; teaching children at 53 percent for women and 15 percent for men, and caring for children at 41 percent for women and 39 percent for men. Time spent on unpaid care work is likely to have affected women's labor participation with the new norm of working from home.²⁷

Figure 13: Global Average of Paid Work, Unpaid Care Work and Total Work by Sex



Note: Age group: 15 and older. Global estimates weighted by the working-age population. Sixty-four countries representing 67 percent of the world's working-age population. Source: ILO calculations based on Charmes, forthcoming.²³

TABLE 4: UGANDA'S GENDER DIFFERENTIALS IN TIME USE

ACTIVITY	WOMEN	MEN	BOTH
Productive work	3.4	5.3	3.4
Employment and related activities	2.1	3.6	2.1
Production of goods for own final use	1.3	1.7	1.3
Unpaid work	6.6	5.1	6.6
Unpaid domestic services for household and family members	2.4	1.1	2.4
Unpaid caregiving services for household and family members	0.9	0.7	0.9
Unpaid volunteer, trainee and other unpaid work	0.7	0.7	0.7
Learning	2.6	2.6	2.6
Unproductive work	13.1	13.5	13.1
Socializing and communication, community participation and religious practices	1.7	2.0	1.7
Culture, leisure, mass-media and sports practices	1.2	1.7	1.2
Self-care and maintenance*	10.2	9.8	10.2

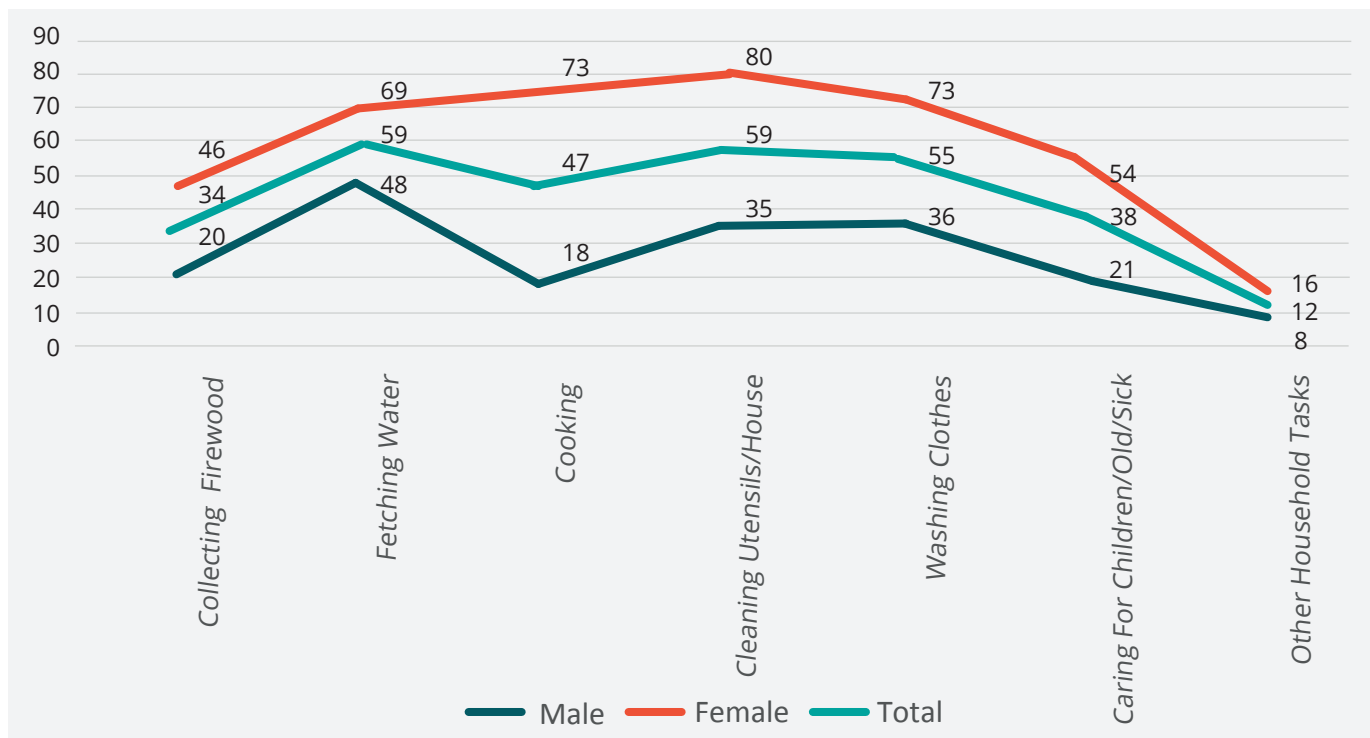
Source: Uganda Time Use Survey²⁵

TABLE 5: PROPORTION OF UGANDANS ENGAGED IN UNPAID CARE WORK BY BACKGROUND CHARACTERISTICS

Background Characteristics	2016/17			2017/18			2018/19		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Resistance									
Rural	65.6	87.6	76.9	63.4	89.8	76.8	65.5	87.5	76.8
Urban	60.5	88.4	75.2	62.5	87.7	76.0	62.9	89.1	76.8
Age groups									
5-17	73.2	80.8	77.1	75.2	81.6	78.4	76.9	81.3	78.9
18-30	70.1	94.6	83.5	64.8	96.8	82.8	70.9	95.7	87.7
31-59	48.4	95.6	72.2	43.9	95.9	70.2	42.7	93.8	69
60+	38.9	76.3	59.1	40.1	78.5	60.5	29.2	77.9	57.4
15-24	77.3	93.6	85.9	77.2	94.8	86.6	79.4	95.3	87.9
15-35				65.6	96.2	82.2	70.2	95.7	83.5
Disability status									
With disability	53.6	87.1	72.1	56.8	89.8	74.6	50.6	86.3	70.8
Without disability	66.6	87.9	77.5	64.4	89.0	77.0	67.6	88.5	78.2
TOTAL	64.4	87.8	76.5	63.1	89.0	76.5	64.7	89.0	76.8

Source: Annual labor force survey⁴

Figure 14: Distribution of Unpaid Care Work by Sex (percentage)



Source: Annual Labor force survey⁴

Impact of COVID-19 on food security

Globally, the food crisis estimates indicate that 135 million people were food insecure in 2019, but more recent World Food Programme projections indicated that this number could double in 2020 to 265 million people because of the supply chain disruptions and economic effects associated with COVID-19.²⁸ In lower-income contexts, women are particularly vulnerable to poverty and the negative effects of food scarcity as a result of public health emergencies, according to the World Bank.¹

In Uganda, a comprehensive livelihood analysis study conducted by Dimanin (2012) among the urban poor in Kampala indicated that 83 percent of households were severely food insecure, and other surveys suggested the situation could be worse among women- and child-headed households.¹⁶ Recent studies show that food insecurity is at an all-time high because of the pandemic and restrictive measures. A survey by the Uganda Bureau of Statistics (UBOS) on the consumer price index for April 2020 indicated that food prices increased by 4.8 percent, especially for staple food items.²⁹ A Financial Sector Deepening (FSD) survey found that poorer households were more likely to reduce the number of meals they had in a day, and the perception of food availability worsened in September 2020, with 42 percent of respondents (versus 25 percent in July) claiming there was less food than at the same period in 2019.³⁰

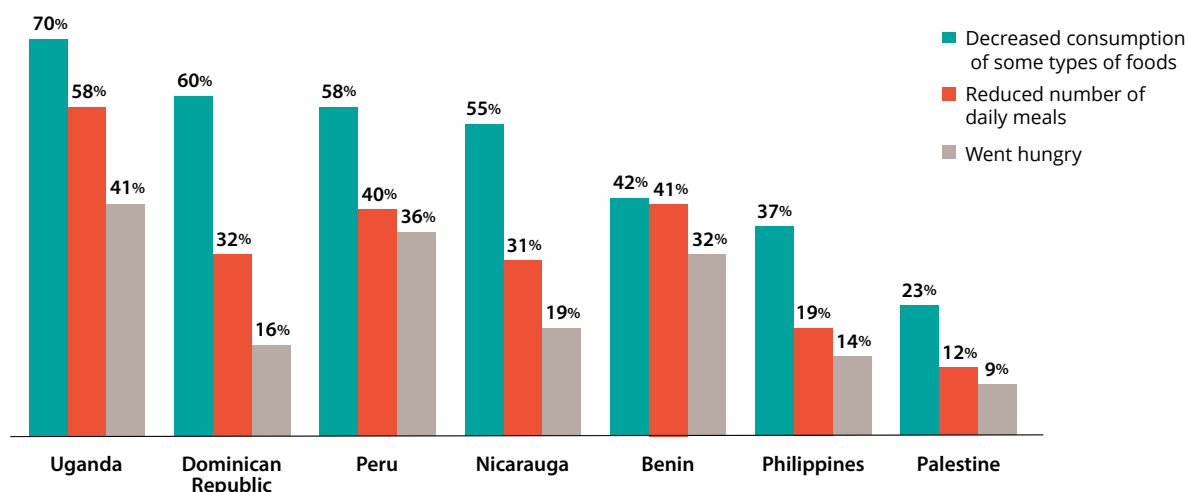
According to a FINCA International study conducted between May and October 2020 among seven countries, food insecurity was most pronounced in Uganda within the first weeks and months of lockdowns, where families had to cut back on certain food items or reduce the number of daily meals (Figure 15).³⁴ While the Ugandan government's

effort to distribute food to about 1.5 million urban poor was commendable, the distributions concentrated on Kampala slums and some areas of Wakiso, neglecting the urban poor in other parts of the country. There is also evidence that the amount of food was inadequate to cover households for the duration of the extended lockdown.¹⁶

Kenya's COVID-19 gender assessment found that household food security was at risk during the pandemic because of declining incomes, potentially reduced food production, and limited market access.³² More women than men had to either eat less or skip a meal (33 percent and 31 percent, respectively) or go hungry without food (12 percent and 10 percent, respectively). Disruptions to the agriculture value chain further aggravated the food security concerns. A noticeable decline in access to agricultural inputs affected a slightly higher proportion of women in urban areas (42 percent) relative to men (37 percent), indicating that availability and ability to buy agricultural inputs had declined. However, 45 percent of both women and men in rural areas were able to purchase agricultural inputs.³⁵

Food scarcity and the coping mechanisms some adopted—such as reducing their food intake—coupled with patriarchal social norms may have a disproportionate effect on women's and girls' health outcomes.¹ One recent study found that women in informal settlements of Nairobi reported skipping a meal in the last week due to COVID-19. In fully adjusted models for April and May 2020 survey rounds, women were 6 percentage points more likely than men to report skipping meals in the past week due to COVID-19. Those who reported a complete loss of income were 15 percentage points more likely to skip a meal.³³

Figure 15: Global Average of Paid Work, Unpaid Care Work and Total Work by Sex



Source: COVID-19 - Lessons for Financial Inclusion³¹

Coping strategies during COVID-19 crisis

Most families had to implement multiple coping strategies during the pandemic, whereby fewer households relied on savings and more on reducing consumption as the pandemic continued.³⁹ One of the coping strategies of people who had savings in the informal sector was to tap into their personal savings or deplete their savings and sell assets, a strategy among microfinance customers, most of whom are women who work in the informal sector³⁴ and borrow money.¹⁴

Foundation for International Community Assistance (FINCA) findings show that in Uganda, the poorest country of the survey group, three-fourths of respondents were able to mitigate their families' suffering by using their savings, but other assets were not much use during the lockdown (Figure 17).³⁴ An FSD survey similarly found that many Ugandans increased their borrowing, and some sold assets in the months after lockdown to help protect themselves from the economic effects of COVID-19.

In September 2020, about 18 percent of Ugandans had sold assets since March 1, 2020. Selling off assets increased for the richest people at 20%. The share of people who borrowed money increased from 15 percent in April to 25 percent in July 2020 and stayed at this rate in September. Most people used digital apps to borrow money or sought support from informal sources, such as family or friends. Except for digital app lenders, Ugandans barely used formal financial services,³³ as seen in Figure 18.

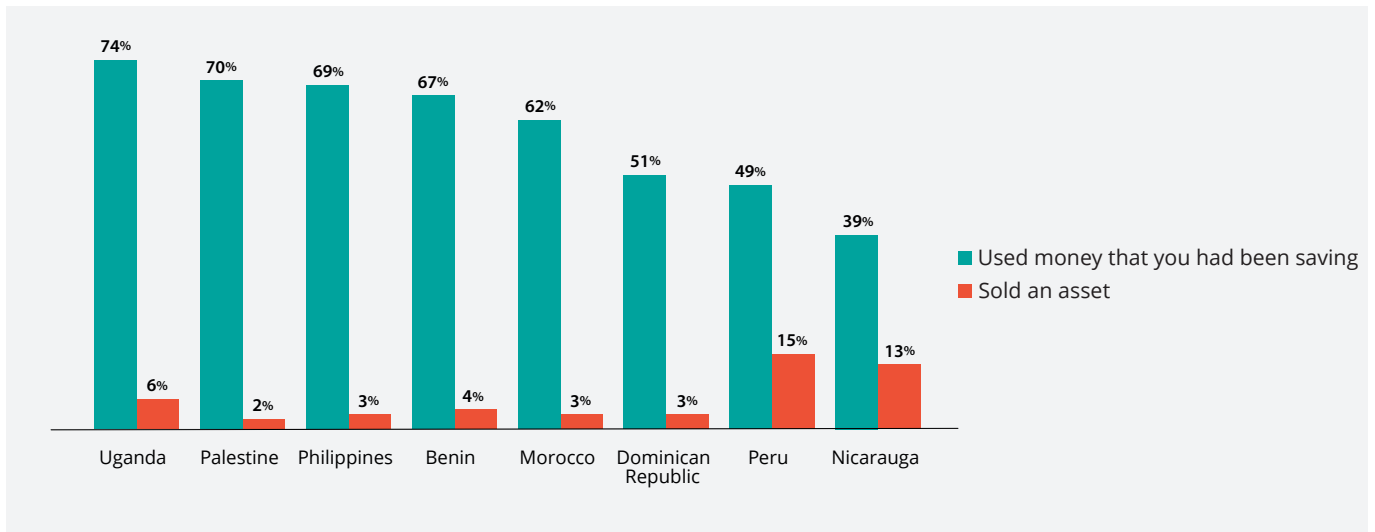
Between April and September 2020, most respondents borrowed primarily from family and friends. In May, July, and September, most borrowed from shop keepers who are mainly in the informal sector and are women account owners or workers.

In Kenya, a large share of urban and rural families reduced their food consumption (41 percent and 36 percent,

respectively, as seen in Figure 19 as a way to mitigate the economic stressors of the pandemic. Many relied on savings (40 percent of rural households and 38 percent of urban households) or reduced their non-food consumption 23 percent rural versus 24 percent urban). More than half of the families surveyed employed more than one coping strategy: Twenty percent of rural households used credit to purchase goods, compared to 12 percent of urban families; and some sold assets (12 percent for rural and 10 percent for urban households) as seen in Figure 19. The latter observation is particularly worrying, as the sale of potentially productive assets can impact a household's welfare in the long term.

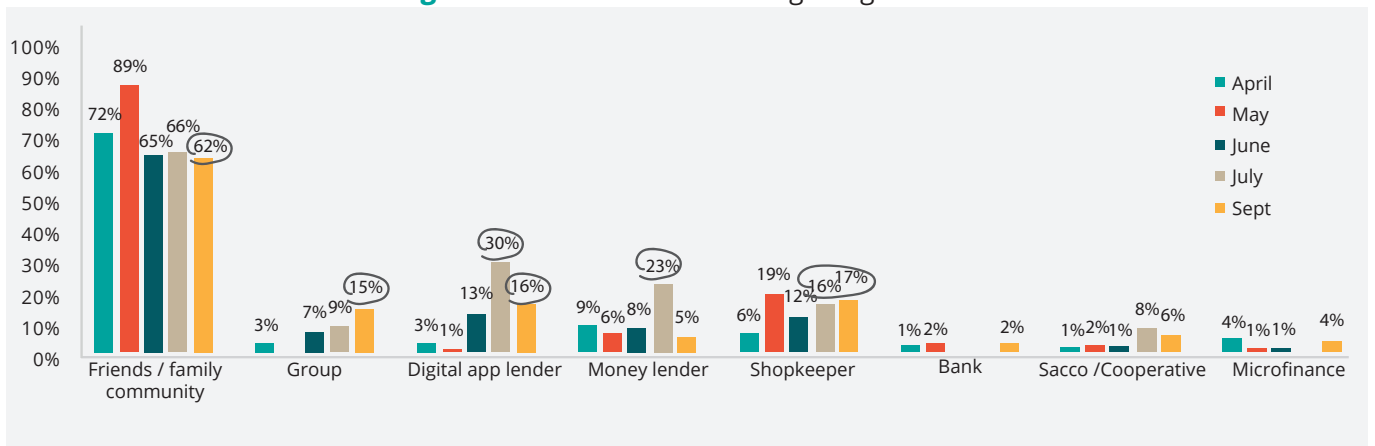
Nearly 60 percent of Kenyans have borrowed money to cope with income shortfalls during the pandemic.⁹ Cutting food expenses remains the most prevalent coping strategy for people who experienced a decrease in income, and over a third of them stopped paying rent during 2020. With eroding savings, people have increasingly relied on selling assets and finding more work to cope with the economic fallout from the pandemic.

Figure 16: Coping Strategies of Financial Service Providers' Customers



Source: Lessons for Financial Inclusion, FINCA³⁴

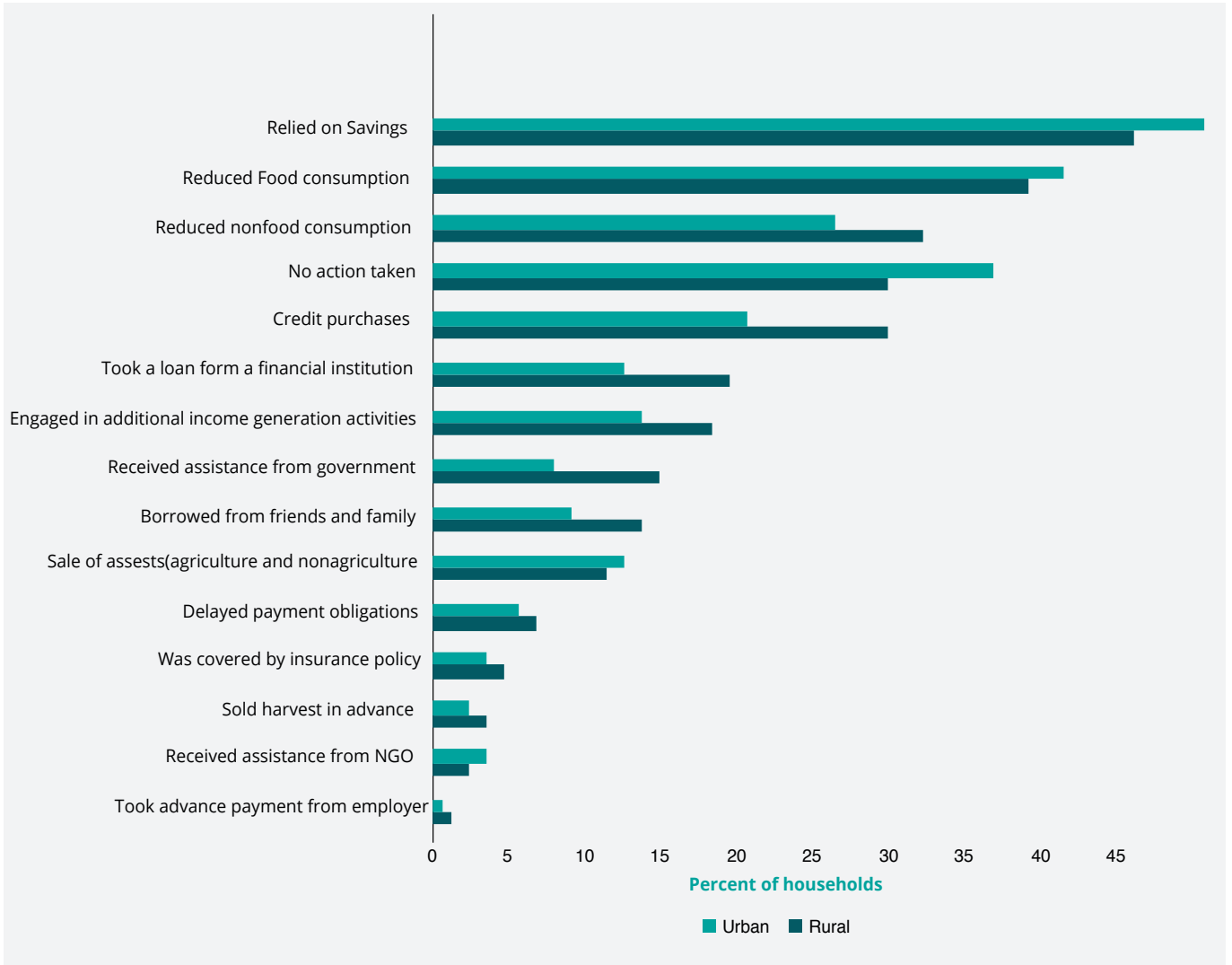
Figure 17: Sources of Borrowing in Uganda



Source: FSD survey³³



Figure 18: Pandemic Coping Strategies in Kenya



Source: Kenya COVID-19 RRPS³⁴



2.

Sexual and Reproductive Health

This section provides a statistical overview of how the pandemic has affected women's sexual and reproduction health (SRH) needs globally and one their access to SRH services in Uganda and Kenya.

We found that women's SRH needs have been disproportionately affected during the pandemic, but the extent of the impact on urban informal women workers in Uganda and Kenya remains unknown.

The world has made great advances in terms of women's sexual and reproductive health and rights (SRHR) since the International Conference on Population and Development (ICPD) in 1994: The average number of births globally per woman dropped from 2.9 in 1994 to 2.4 in 2019; the fertility rate in the least developed countries decreased from 5.6 to 3.9 over the same time period, and the number of women dying from pregnancy-related causes fell from 369 per 100,000 live births in 1994 to 211 in 2017. However, large variations exist among regions,³⁵ with Sub-Saharan Africa and South Asia still experiencing the highest number of maternal deaths³⁶. Although SRHR interventions are increasingly being integrated into country health systems, the COVID-19 pandemic has disrupted the provision of SRH services,¹ particularly in low- and middle-income countries.

Impact of COVID-19 on access to sexual and reproduction health services

Although the extent of the pandemic's impact on women's sexual and reproductive health remains largely unknown, global projections suggested that women's need for modern contraception could drop from 77 percent to 71 percent in 2020 because of 60 million fewer contraceptive users.³⁷ One modeling exercise projected that 15 million additional unintended pregnancies, leading to 28,000 maternal deaths, would occur over one year if COVID-19-related health care service disruptions affected 10 percent of women in need of SRH services in low- and middle-income countries.³⁸

In Uganda, prior to the pandemic, according to the most recent Uganda Demographic Health Survey (UDHS) 97 percent of women aged 15 to 49 had a live birth in between 2012 and 2016 and received antenatal care (ANC) from a skilled provider during their most recent pregnancy. For births between 2014 and 2016, only 54 percent of Ugandan women and 56 percent of newborns received a post-natal check within two days of delivery. In the five years before the UDHS, close to three quarters, or 74 percent) of births were delivered by a skilled provider, with 64 percent of them attended by nurses or midwives, which is consistent with the pattern observed for ante-natal care. The mortality rate associated with pregnancy and childbearing in Uganda was recorded at 0.63 maternal deaths per 1,000 woman-years of exposure.⁴³ According to the UDHS, 27

percent of women used modern contraceptives in 2016, with injectables being the most method from 2000 to 2016.³⁹

The onset of COVID-19 in Uganda affected SRH services, according to a study see (Burt et al, 2021), they found that women's attendance at ante-natal appointments decreased by 96 percent in April 2020 and remained below pre-COVID levels. The authors found a 5 percent rise in adverse pregnancy outcomes for Caesarean sections, a 51 percent growth in hemorrhages related to pregnancy, and a 31 percent increase in stillbirths, as well as increases in low-birthweight and premature infant births, at 162 percent and 400 percent, respectively. Evidence showed that neonatal unit admissions, immunization clinic attendance, and all vaccinations—except measles—dropped during the months of lockdown (April to June 2020).

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The restriction and containment measures instituted by the government of Uganda at the onset of COVID-19 towards the end of March 2020 affected access to sexual and reproductive health and maternal services, as reflected in figure 20 above. The data from the national DHIS system indicates that overall, there was a decrease in pregnant women accessing ANC and maternal counseling services a decrease in post-natal attendance for new mothers. Additionally, there was a low recorded rate of maternal deaths partially because many pregnant women were not accessing health centers and delivering mainly in communities, so the maternal deaths may not have been captured.

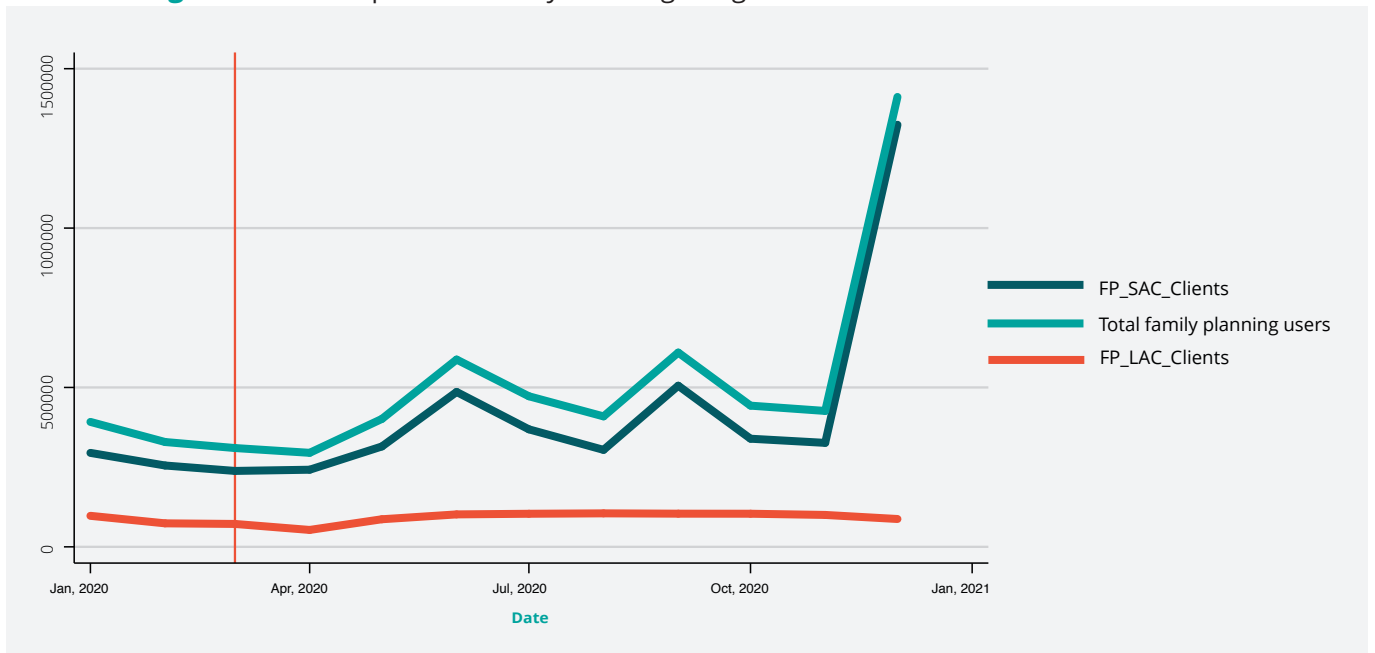
Inadequate access to health care services can severely affect the overall health of the population and its ability to cope with the pandemic and beyond.³⁸

Figure 19: COVID-19 Impact on Maternal Health in Uganda



Source: Authors' computation using SRH data from DHIS2 accessed May 26, 2021⁴¹

Figure 20: 2020 Uptake of Family Planning in Uganda



Source: Authors' computation using SRH data from DHIS2 accessed May 26, 2021⁴¹

The World Bank reaffirms that the shift in resources towards addressing the public health emergency can disrupt key health services for women and girls, including reproductive and sexual health services. For instance, evidence shows increases in both teenage pregnancy among out-of-school girls and maternal mortality because of a lack of critical resources in similar crises. Pregnant women can be particularly vulnerable in this context, as well.¹

Ugandan women had limited access to family planning information, commodities, and services during 2020. This was a point of concern as the country anticipates a population boom because of unplanned and unwanted pregnancies during the extended lockdown period.⁴² Fewer people used modern family planning during the initial months of the pandemic, including short-term and long-term acting contraceptives (Figure 21).

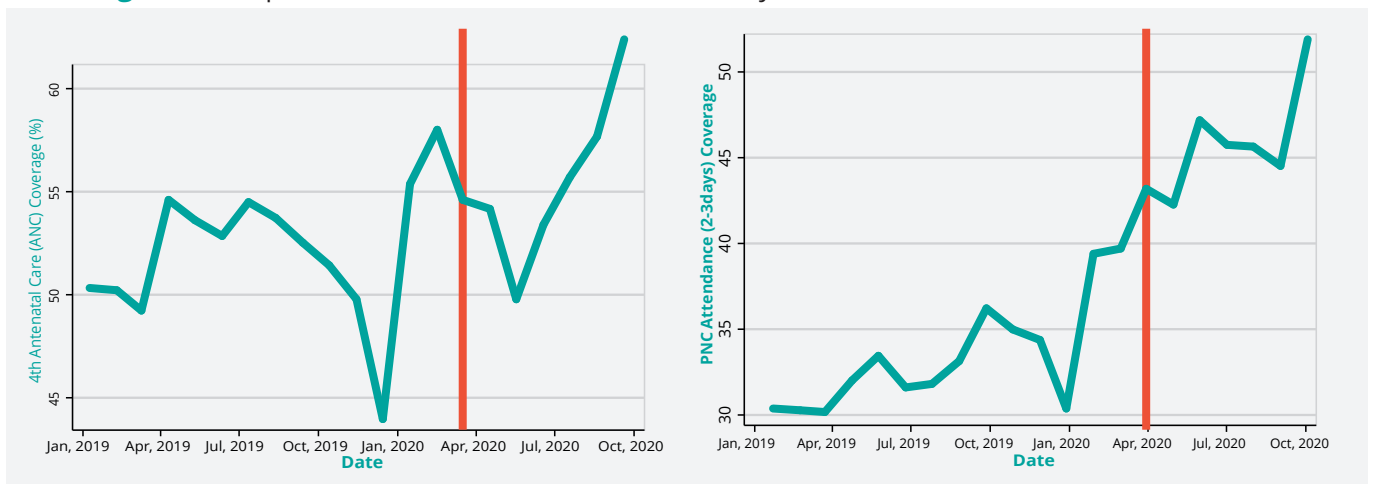
As in many other countries, women’s access to health care in Kenya was significantly impeded during the pandemic.

Three in 10 households reported less access to health care than before March 2020. In 27 percent of both rural and urban households, members were unable to visit health facilities for routine and prenatal check-ups as frequently as before March. Two percent of households, primarily in rural areas, were not able to go at all.³⁸

The data in Figure 22 indicate that fewer pregnant women received maternal health services during the lockdown period, which abruptly reduced their options for care since health centers that they would normally access were shut down.

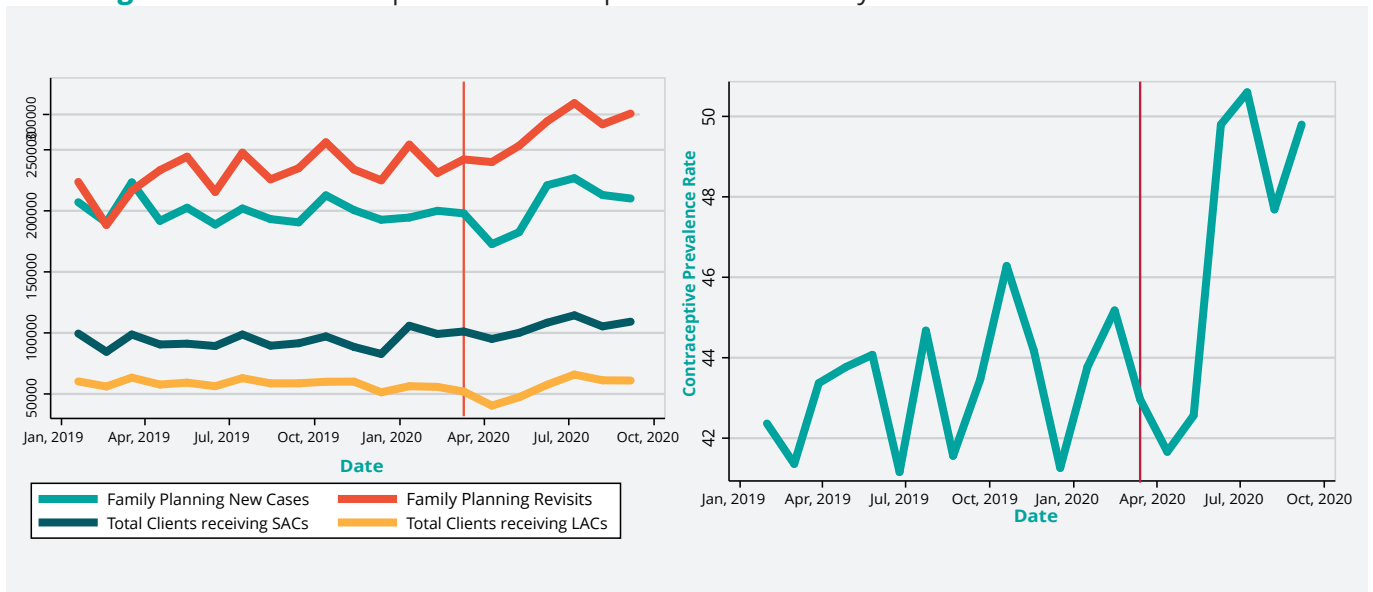
The prevalence of contraceptives plummeted during Kenya’s pandemic lockdown, as women were unable to fully access contraceptive services. This is evidenced by a decline in new family planning clients and revisits from old clients at clinics. Women’s use of long-acting contraceptives (LACs) also declined because they required a trained service provider to administer the service, which was impossible during the height of the COVID-19 crisis.

Figure 21: Impact on Maternal Health Services in Kenya



Source: Authors’ computation using SRH data from KHIS⁴³

Figure 22: COVID-19 Impact on Contraceptive Services in Kenya



Source: Authors’ computation using SRH data from KHIS⁴⁷

3.

Gender Based Violence

This section provides a statistical overview showing how the COVID-19 pandemic and lockdown measures increased sexual- and gender-based violence in Uganda and Kenya. Evidence shows that lockdown measures boosted the threat of violence against women, including acts of violence outside the home that is often perpetrated by police and authorities. Conversely, there is still no statistical evidence on the extent of the impact on urban informal women workers in Uganda and Kenya.

Even before COVID-19 existed, domestic violence was already one of the greatest human rights violations. In the previous 12 months, 243 million women and girls aged 15 to 49 across the world have been subjected to sexual or physical violence by an intimate partner. As the COVID-19 pandemic continues, this number is likely to grow and affect women's well-being, their sexual and reproductive health, their mental health, and their ability to participate and lead in the recovery of our societies and economy.^{44, 1}

Impact of COVID-19 on gender-based violence

In Uganda, the 2016 UDHS survey found the percentage of women who have experienced physical violence since age 15 declined from 60 percent in 2006 to 56 percent in 2011 and 51 percent in 2016. Half of the women (51 percent) and men (52 percent) aged 15 to 49 have experienced physical violence since age 15. One in five women, or 22 percent, and 20 percent of men experienced physical violence in the 12 months preceding the survey. Women's likelihood of experiencing such violence since age 15 increases as they age, from 41 percent among those aged 15 to 19 experiencing violence to 60 percent 40- to 49-year-old women. Employed women are more likely to have experienced physical violence since age 15 (54 to 56 percent) than unemployed women (40 percent). The proportion of women who have experienced physical violence since age 15 declines with increase in education levels, it was 56 percent among women with no education, it decreased to 43 percent among women with more than a secondary education. This proportion also decreases with increasing wealth, from 60 percent among women in the lowest wealth quintile to 44 percent among women in the highest quintile. Twenty-two percent of women aged 15 to 49 have ever experienced sexual violence, and 13 percent experienced sexual violence in the 12 months preceding the survey. Finally, according to UN Women, 46 percent of women experienced physical violence before the COVID-19 pandemic measures. It is estimated that these figures are likely to increase.

The prevalence of gender-based violence within markets was at 71 percent. A survey of women who work in the five main markets across the country found that more than half of the respondents reported knowing at least one woman who had been abused or had their rights violated in the past

month. At least half of them knew five such women. The majority of women in marketplaces are informal workers.

Research findings indicate that only 46 percent of market women in this study reported abuse.⁴⁹ Failure to grant women justice for gender-based violence cases affects the level of reporting and encourages impunity for violations against vulnerable market women such as young women and girls who are laborers. Serious cases of GBV must be reported and satisfactorily addressed to reduce the incidence of GBV within markets and elsewhere.

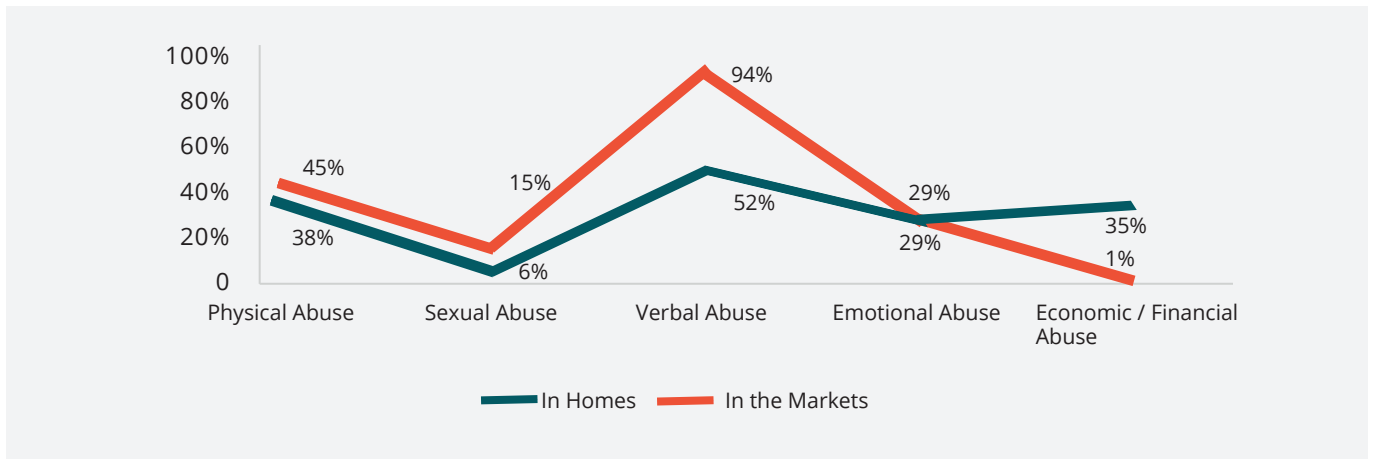
Following the COVID-19 pandemic outbreak, Uganda's police force observed that domestic violence-related deaths or abuses recorded between March and April 2020 increased by 62 percent, compared to the same period in 2019 (Table 6). The number of indecent assaults grew by 13 percent, as well. These two months constituted much of the initial lockdown period. Domestic violence's gravity was intense and more deadly. However, the rate and means of reporting the different forms of violence to the authorities were also curtailed by the lockdown.

Uganda's Ministry of Gender, Labour, and Social Development confirms that over 3,000 cases of gender-based violence had been reported to police between March 30 and April 28, 2020.¹⁶ This is a high number compared to the average of 6,100 cases reported annually from 2016 to 2019.⁴⁷ However, recent studies suggest that many cases went unreported to authorities because of restrictive measures that curtailed people's movement.²

The most recent Kenya Demographic and Health Survey (KDHS) revealed that about 39 percent of women had experienced some form of sexual- and gender-based violence (SGBV) since they were 15 years old. The survey urges that another 39% of women have experienced physical violence, and 21% have experienced sexual violence.⁴⁶ The data further reveal women's experience of physical, sexual as well as emotional violence rises with age and with the number of living children she has. A 2010 Kenya Violence against Children Study (VACS) showed that violence against young women and children is a serious problem in Kenya: 32% and 66% of females aged 18 to 24 reported at least one experience of sexual or physical violence, respectively prior to age 18.⁴⁷

Reporting of SGBV cases has been on the rise in recent years, which could be attributed to the availability of more centers where women can report such violence, as well as the reduced stigma associated with SGBV survivors and an increase in supportive programs for them, among other reasons. Figure 25 shows trends in reported SGBV cases in Kenya from 2017 to 2020.

Figure 23: Types and Frequency of Abuses Against Market Women



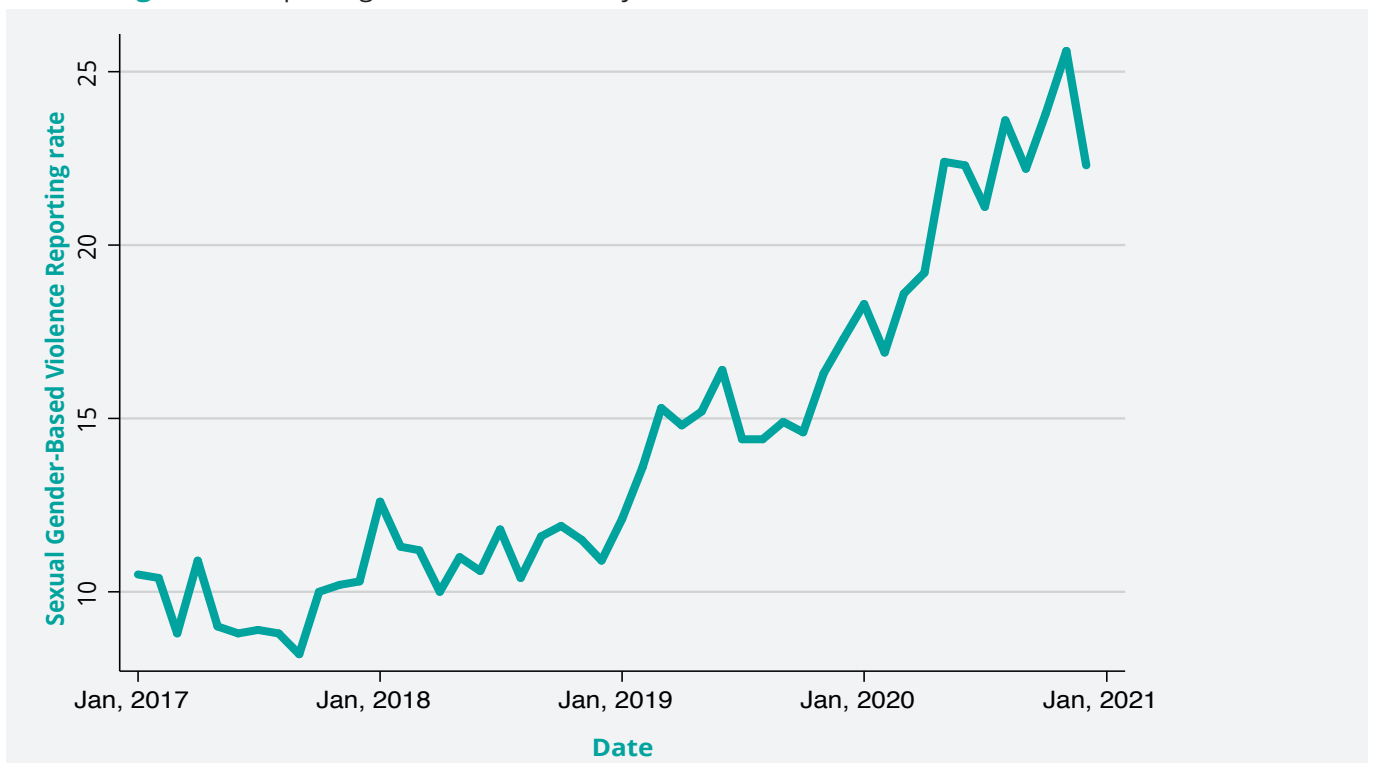
Source: Study on Market, Women’s Market Access, and Nature of GBV⁴⁹

TABLE 6: REPORTED CASES OF GENDER-BASED VIOLENCE, MARCH, AND APRIL 2019/2020

Type of gender-based violence	No of cases reported March & April		% Change
	2020	2019	
Domestic Violence resulting in death	89	55	62
Rape	252	275	-8
Defilement	1,876	2,381	-21
Indecent Assault	68	60	13
Incest	03	10	-70
Unnatural Offences	17	21	-19
Domestic Violence	2,261	2,240	-18

Source: Uganda Police Force

Figure 24: Reporting rate of SGBV in Kenya, 2017-2020



Source: Authors’ computation using GBV data from KHIS⁴⁷

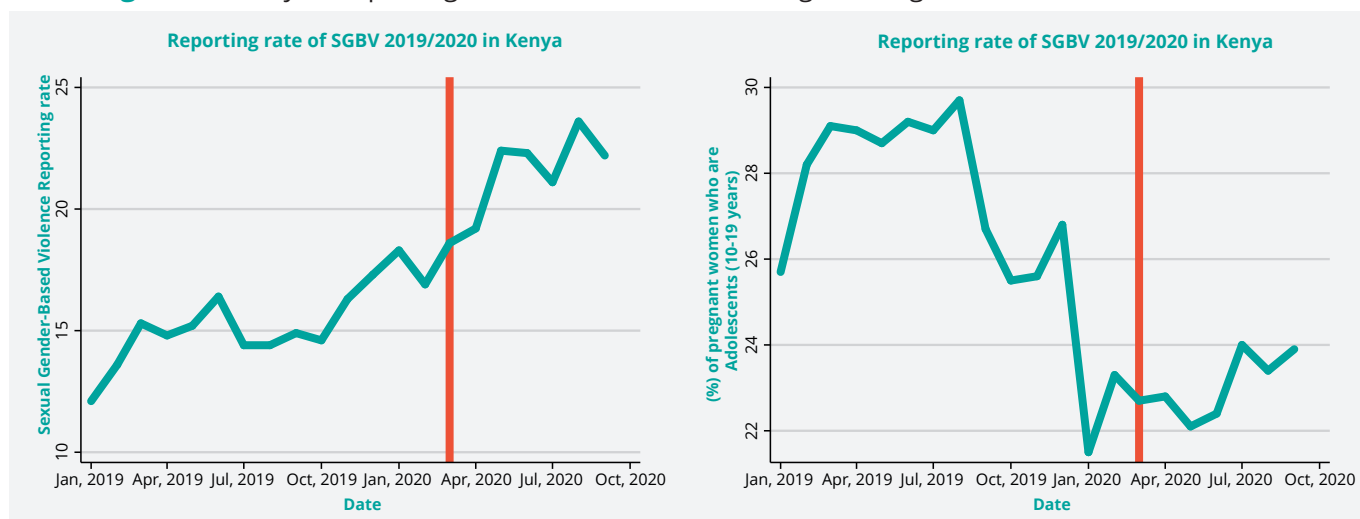
Evidence points to a surge in violence against women and girls in Kenya, including sexual and gender-based violence as well as unintended pregnancies since the onset of the pandemic.⁴⁸ A study by the Kenya National Bureau of Statistics showed that 23.6 percent of Kenyans have witnessed or heard cases of domestic violence in their communities since COVID-19 containment measures were introduced. Additionally, the national GBV-hotline-1195 received 810 cases in September 2020, compared to 646 the month prior, an increase of 25 percent.⁴⁹

According to the evidence, women's and girls' sexual and reproductive rights were under threat during Kenya's stringent lockdown rules, which limited their access to social protection.⁵⁰ Kenya's National Crime Research Centre suggests the rise in SGBV cases was likely due to an increase in family-based crimes, offenses, and violations that might be in reaction to circumstances of the COVID-19 pandemic.⁵¹ Women especially teenage girls, also have experienced more unwanted pregnancies, which can stem from disruptions in sexual and reproductive services as resources concentrate on addressing the public health emergency.¹ One survey projected that about 650,000 women and girls in informal urban settlements needed access to basic household supplies and dignity kits to reduce their risk of GBV.⁵⁶

The women's rights organization FIDA-Kenya confirms that during the lockdown, intimate partner violence, defilement, and rape—especially in Nairobi and Kisumu—were the most common cases reported through the toll-free line.⁵² Crime statistics from the Kenya police service ascertained that the number of GBV cases recorded between January and June 2020 had increased by 92.2 percent over those recorded for the entire year of 2019.⁵⁹

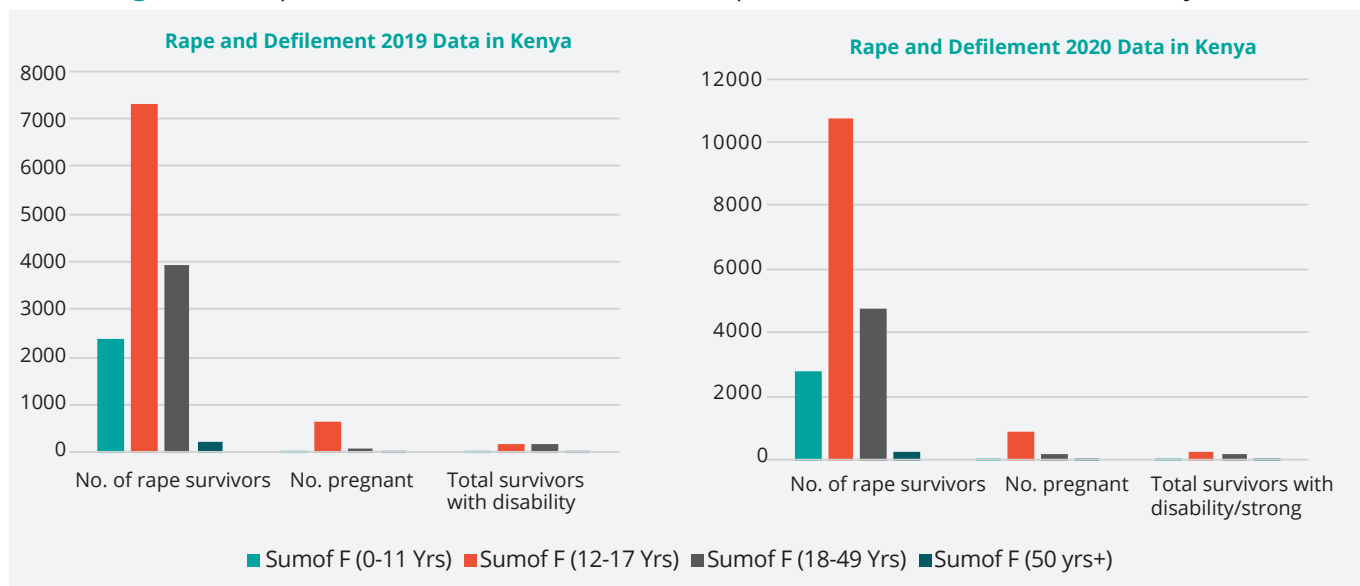
In Kenya, thousands of newly pregnant schoolgirls did not access sufficient SRH services or report SRHR violations fully during the lockdown period.⁵³ This can be evidenced from 2020 data (Figure 27) 2019, which shows a higher number of SGBV victims than the services provided during the same period of time (Figure 28) 2020. A World Bank report earlier projected that the stretched capacity of response services might result in diminished protection and support for women, contributing to a heightened perception of impunity among perpetrators.¹ A UN report found that at least 2,350 women and girls across Kenya needed shelters and safe houses to protect them from GBV and female genital mutilation, and at least 3,000 health care workers and 1,500 police officers still needed training on such violence⁵⁶ as well as additional redressal platforms in light of the restrictive measures in place.

Figure 25: Kenya's Reporting Rate of SGBV and Percentage of Pregnant Adolescents in 2019/2020



Source: Authors' computation using SRH data from KHIS⁴⁷

Figure 26: Rape and Defilement 2019 Data and Rape and Defilement 2020 Data in Kenya

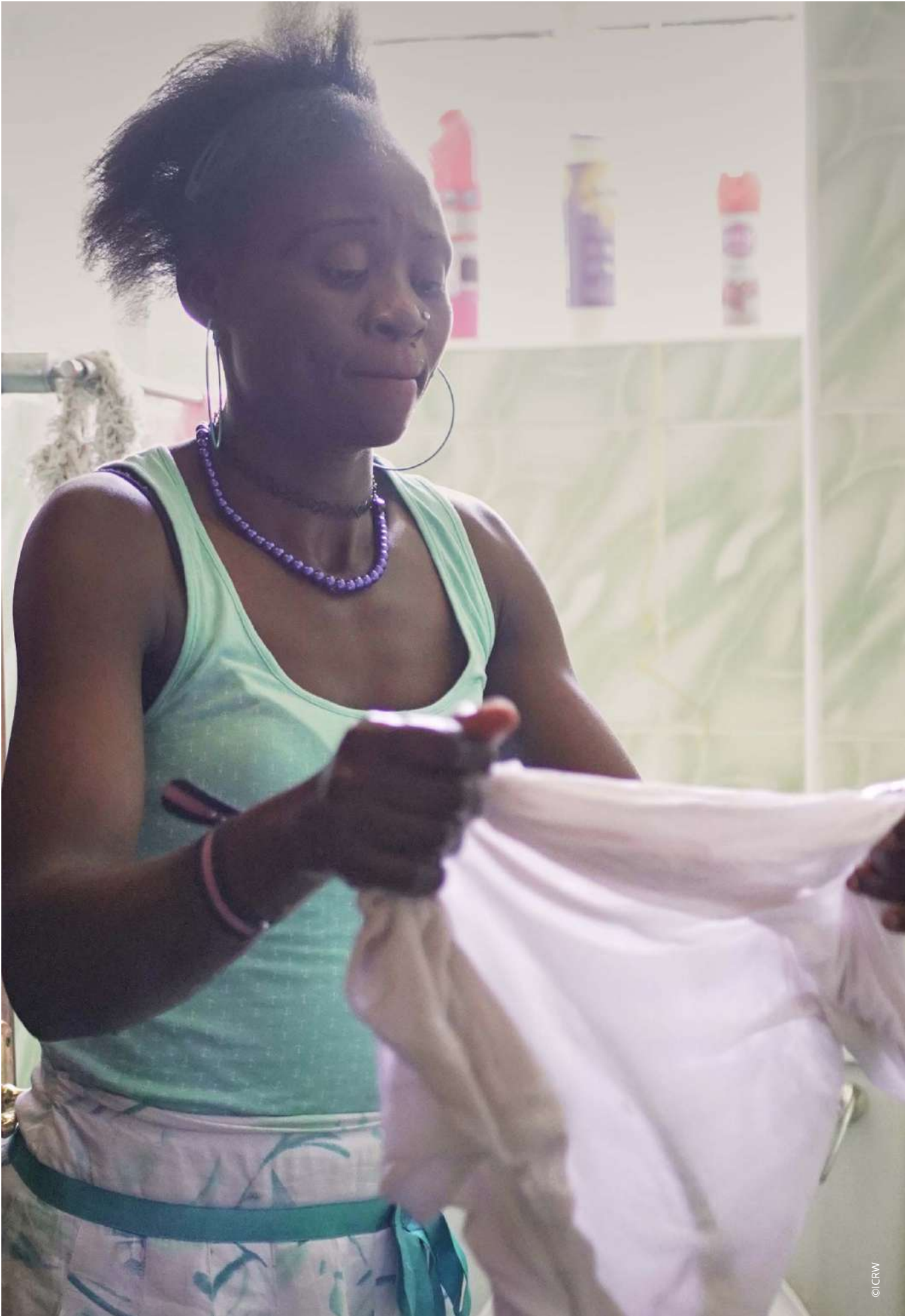


Source: Authors' computation using GBV data from KHIS⁴⁷

Figure 28: SGBV Services Recorded in 2019 and 2020 in Kenya



Source: Authors' computation using GBV data from KHIS⁴⁷



4.

Conclusion

Evidence gathered from our statistical review and analysis indicates that women around the world are disproportionately being impacted by COVID-19. Since women are largely engaged in informal work and other vulnerable forms of employment, the significant effects of lost income, food insecurity, increased household chores, social isolation, and reduced access to SRH and GBV services during the pandemic may compound and reinforce existing gender inequalities.

However, there is still a statistical gap on the extent of the impact of the pandemic on informal women workers in the urban economies of Kenya and Uganda. Therefore, researchers and other multilevel stakeholders should engage in providing gendered statistics on the effects of the pandemic on the informal sector that will guide policy actors in making gendered policies supporting the recovery of the informal sector, which has proved to be crucial to the economy.

ICRW's REBUILD project seeks to provide evidence that will narrow this gap by generating evidence on how COVID-19-related health and economic shock, and the policy responses to them, interact with pre-existing gender and other social norms to affect the livelihoods experience of GBV and SRHR outcomes for women working in the urban informal economy in India, Kenya, and Uganda.

References

- ¹ World Bank Group. (2020). Policy note: Gender dimensions of the COVID-19 pandemic. <https://openknowledge.worldbank.org/bitstream/handle/10986/33622/Gender-Dimensions-of-the-COVID-19-Pandemic.pdf>.
- ² UN Women. (2020a). From insights to action – Gender equality in the wake of COVID-19. <https://eca.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/Gender-equality-in-the-wake-of-COVID-19-en.pdf>.
- ³ International Labour Office. (2018). Women and Men in the Informal Economy: A Statistical Picture (Third edition). https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_626831.pdf.
- ⁴ Uganda Bureau of Statistics. (2019). The Annual Labour Force Survey 2018/19 – Main Report, Kampala, Uganda.
- ⁵ United Capital Development Fund (UNCDF). (2020). Impact of COVID-19 on Ugandan MSMEs, Inputs to the United Nations Socio-Economic Impact; Assessment of COVID-19 in Uganda. file:///Users/kirabosuubi/Downloads/Impact%20of%20COVID-19%20on%20Ugandan%20MSMEs%202020%20(3).pdf.
- ⁶ Lloyd-Jones, T. and Redin, F. (2017). Uganda: The Role of the Informal Economy in City Growth: Policy Brief for Decision Makers [Technical report]. <https://www.citiesalliance.org/future-cities-africa-outputs>.
- ⁷ Jacob Omolo. (2020, April). How the Pandemic is affecting the informal sector in Kenya. Accessed at <https://www.fes.de/referat-afrika/neuigkeiten/how-the-pandemic-is-affecting-the-informal-sector-in-kenya#:~:text=Loss%20of%20income%20through%20unemployment,employment%2C%20income%2C%20and%20consumption>.
- ⁸ UNDP Kenya. (2020). Policy brief: “Articulating the Pathways of the Socio-Economic Impact of the Coronavirus (COVID-19) Pandemic on the Kenyan Economy.” Available at file:///Users/kirabosuubi/Downloads/Socio-Economic-Impact-COVID-19-Kenya-Policy-Brief-UNDP-Kenya-April-2020%20(2).pdf.
- ⁹ FSD Kenya. (2021). Report—State of the Kenyan economy: Focus on the impact of COVID on women and education. <https://www.fsdkenya.org/research-and-publications/report-state-of-the-kenyan-economy-focus-on-the-impact-of-covid-on-women-and-education/>.
- ¹⁰ International Labour Organisation (ILO). (2020). ILO Monitor: COVID-19 and the world of work. Third edition Updated estimates and analysis (Third Edition). https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_743146.pdf.
- ¹¹ Women in Informal Employment: Globalizing and Organizing (WIEGO). (2020). Impact of public health measures on informal workers livelihoods and health. https://www.wiego.org/sites/default/files/resources/file/Impact_on_livelihoods_COVID-19_final_EN_1.pdf.
- ¹² International Labour Organisation (ILO). (2020). The COVID-19 response: Getting gender equality right for a better future for women at work. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_744685.pdf.
- ¹³ Work and Opportunities for Women (WOW). (2020). Implications of COVID-19 on women informal workers. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/911533/Query-53-covid-and-women-informal-workers.pdf.
- ¹⁴ Megan O’Donnell, Mayra Buvinic, Charles Kenny, & Shelby Bourgault, and George Yang. (2021). Promoting Women’s Economic Empowerment in the COVID-19 Context (Working Paper 575). Center for Global Development (CGD). <https://www.cgdev.org/sites/default/files/promoting-wee-during-covid.pdf>
- ¹⁵ Laura Sili. (2020, April). COVID-19 and the impact on women. <https://www.theigc.org/blog/covid-19-and-the-impact-on-women/>.
- ¹⁶ Ministry of Finance, Planning and Economic & Development (MoFPED). (2020). The socio-economic impact of COVID-19 pandemic on the urban poor in Uganda (No. 3/20; BMAU BRIEFING PAPER). <https://www.finance.go.ug/sites/default/files/Publications/BMAU%20Briefing%20Paper%203-20-The%20socio%20economic%20impact%20of%20COVID-19%20pandemic%20on%20the%20urban%20poor%20in%20Uganda.pdf>.
- ¹⁷ Lakuma et al, (2020). How has the COVID-19 pandemic impacted Ugandan businesses? Results from a business climate survey (Special Issue No. 01 May 2020). EPRC. https://media.africaportal.org/documents/How_has_the_COVID-19_pandemic_impacted.pdf.
- ¹⁸ Moses Owori. (2020). Socioeconomic impact of Covid-19 in Uganda: How has the government allocated public expenditure for FY2020/21? <https://devinit.org/resources/socioeconomic-impact-of-covid-19-in-uganda/>
- ¹⁹ Kenya: Coronavirus Pandemic Country Profile. (n.d.).
- ²⁰ The World Bank. (2020). Kenya Economic Update: COVID-19 Erodes Progress in Poverty Reduction in Kenya, Increases Number of Poor Citizens. <https://www.worldbank.org/en/country/kenya/publication/kenya-economic-update-covid-19-erodes-progress-in-poverty-reduction-in-kenya-increases-number-of-poor-citizens#:~:text=NAIROBI%2C%20November%2025%2C%202020%20%E2%80%93,million%20more%20Kenyan%20into%20poverty>.
- ²¹ PERFORMANCE MONITORING FOR ACTION (PMA). (2020). GENDER & COVID-19: ECONOMIC OUTCOMES AND TIME USE.
- ²² FRAN BODINE. (2021). GeoPoll’s COVID-19 Tracker Report: The Ongoing Impacts of COVID-19 in 6 African Nations. GeoPoll. <https://www.geopoll.com/blog/covid19-tracker-sub-saharan-africa-2021/>.
- ²³ International Labour Organisation (ILO). (2018). CARE WORK AND CARE JOBS FOR THE FUTURE OF DECENT WORK. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_633135.pdf.
- ²⁴ UNESCO. (2020). Responding to COVID-19 and beyondThe Global Education Coalition in action. <https://unesdoc.unesco.org/ark:/48223/pf0000374364>.

- ²⁵ Uganda Bureau of Statistics (UBOS). (2019). UGANDA TIME USE SURVEY REPORT 2017/2018. <https://www.ubos.org/wp-content/uploads/publications/>.
- ²⁶ Akina Mama wa Afrika (AMWA). (2020a). Gendered Dimensions of The Economic Impacts of Covid-19 In Uganda [A Technical Brief]. <https://www.akinamamawaafrika.org/wp-content/uploads/2020/10/Gendered-dimensions-of-the-economic-impacts-of-covid19.pdf>.
- ²⁷ UN Gender in Kenya. (2021). AN ASSESSMENT OF THE GENDERED EFFECTS OF THE COVID-19 PANDEMIC ON HOUSE HOLDS. <https://kenya.unfpa.org/en/publications/assessment-gendered-effects-covid-19-pandemic-households>.
- ²⁸ Lancet Glob Health. (2020). Food insecurity will be the sting in the tail of COVID-19. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7241984/>.
- ²⁹ Uganda Bureau of Statistics (UBOS). (2020). Consumer Price Indices(CPI).
- ³⁰ Financial Sector Deepening (FSD). (2021). Impact of COVID-19 on the economic resilience and financial behaviour of Ugandans. https://fsduganda.or.ug/wp-content/uploads/2021/04/Highlights_Data-Analytics-and-Insights-on-the-Impact-of-Covid-19-in-Uganda.pdf.
- ³¹ Scott Graham, Anahit Tevosyan and Nathaniel Mayende. (n.d.). COVID-19: Lessons for Financial Inclusion. FINCA. <https://finca.org/wp-content/blogs.dir/1/files/2014/02/FINCA-Global-Covid-Survey-Report-FINAL-update.pdf>.
- ³² UN Women and UNFPA. (2021). COVID-19 Gender Assessment—Kenya 2020. <https://esaro.unfpa.org/en/publications/covid-19-gender-assessment-kenya-2020>.
- ³³ Pinchoff J, et al. (2021). Gendered economic, social and health effects of the COVID-19 pandemic and mitigation policies in Kenya: Evidence from a prospective cohort survey in Nairobi informal settlements. <https://doi.org/doi:10.1136/bmjopen-2020-042749>.
- ³⁴ World Bank Group. (2021). Socioeconomic Impacts of COVID-19 in Kenya on Households (Rapid Response Phone Survey, Round 1). <https://openknowledge.worldbank.org/handle/10986/35173>.
- ³⁵ United Nations Population Fund (UNFPA). (2019). SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS: AN ESSENTIAL ELEMENT OF UNIVERSAL HEALTH COVERAGE (Background Document for the Nairobi Summit on ICPD25 – Accelerating the Promise). https://www.unfpa.org/sites/default/files/pub-pdf/SRHR_an_essential_element_of_UHC_2020_online.pdf.
- ³⁶ World Health Organization (WHO). (2011). Disaster Risk Management for Health: Sexual and reproductive health.
- ³⁷ Shannon, N. Wood. (2021). Need for and use of contraception by women before and during COVID-19 in four sub-Saharan African geographies: Results from population-based national or regional cohort surveys. [https://doi.org/10.1016/S2214-109X\(21\)00105-4](https://doi.org/10.1016/S2214-109X(21)00105-4).
- ³⁸ Taylor Riley, Elizabeth Sully, Zara Ahmed, & Ann Biddlecom,. (2020). Estimates of the Potential Impact of the COVID-19 Pandemic on Sexual and Reproductive Health in Low- and Middle-Income Countries. 46.
- ³⁹ Uganda Bureau of Statistics (UBOS) and ICF. (2018). Uganda Demographic and Health Survey 2016. UBOS. <https://dhsprogram.com/pubs/pdf/FR333/FR333.pdf>.
- ⁴⁰ Burt JF, et al. (2021). Indirect Effects of COVID-19 on Maternal, Neonatal, Child, Sexual and Reproductive Health Services in Kampala, Uganda. <https://gh.bmj.com/content/6/8/e006102>.
- ⁴¹ Author's computations, "Data Extracted from District Health Information Software (DHIS2)," n.d., accessed May 26, 2021.
- ⁴² Akina Mama wa Afrika (AMWA). (2020b). From the Margins to the Centre: Discourses on the Impact of the COVID-19 Pandemic on Women in Uganda. <http://library.fes.de/pdf-files/bueros/uganda/17364.pdf>.
- ⁴³ Author's computations, "Data Extracted from Kenya Health Information System (KHIS)," n.d., accessed May 26, 2021.
- ⁴⁴ UN Women. (2020b). Violence against women and girls: The shadow pandemic. <https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic>.
- ⁴⁵ Institute of Social Transformation (IST). (2017). Study on Market, Women's Market Access and Nature Of GBV. Institute of Social Transformation (IST), "Study on Market, Women's Market Access and Nature Of GBV." (Uganda, 2017).
- ⁴⁶ Ruth Aura. (n.d.). Situational Analysis and the Legal Framework on Sexual and Gender-Based Violence in Kenya: Challenges and Opportunities. <http://kenyalaw.org/kl/index.php?id=4512>.
- ⁴⁷ Bhattacharjee, P., Ma, H., Musyoki, H. et al. (2020). Prevalence and patterns of gender-based violence across adolescent girls and young women in Mombasa, Kenya. <https://doi.org/10.1186/s12905-020-01081-8>.
- ⁴⁸ Titilope Ajayi. (2020). Violence against Women and Girls in the Shadow of Covid-19: Insights from Africa. Kujenga Amani. <https://kujenga-amani.ssrc.org/2020/05/20/violence-against-women-and-girls-in-the-shadow-of-covid-19-insights-from-africa/>.
- ⁴⁹ OCHA. (2020). Sector Status: Protection (Gender-based Violence). <https://reports.unocha.org/en/country/kenya/card/2rC8ktjtx/>.
- ⁵⁰ UN Women, IDLO, the World Bank, and Pathfinders. (2020). JUSTICE FOR WOMEN AMIDST COVID-19. <https://www.idlo.int/publications/justice-women-amidst-covid-19>.
- ⁵¹ National Crime Research Centre. (2020). National Crime Research Centre. <https://www.crimeresearch.go.ke/>.
- ⁵² FIDA Kenya. (2020). Statistics on SGBV cases reported through FIDA-Kenya 's tollfree number between 15th April to 3rd May 2020. file:///Users/kirabosuubi/Downloads/FIDA-Kenya%20Toll%20Free%20Statistics%20Newsletter.pdf.
- ⁵³ Neha Wadekar. (2020, July). Kenya's teen pregnancy crisis: More than COVID-19 is to blame. <https://www.thenewhumanitarian.org/news/2020/07/13/Kenya-teen-pregnancy-coronavirus>.



ICRW Kenya

Vienna Court, Ground Floor,
State House Crescent, Nairobi
P.O. Box 44168 – 00100 Nairobi, Kenya
Telephone: +254 20 5138 584/6
Email: info.kenya@icrw.org

ICRW Uganda

1st Floor, S&L Chambers, Plot 14 Mackinnon
Road, Nakasero, Kampala, Uganda
P.O. Box 2475, Kampala, Uganda
Phone Number: +256 393 206 506
Email: info.uganda@icrw.org