

SPECIAL EDITION

KENYAN *Woman*

ADVOCATING FOR THE RIGHTS OF WOMEN



Unsung Heroes of COVID-19

Stories of Pain and Struggles of
Women Battling COVID-19

Give us the weapons to fight pandemic, nurse on the frontline of COVID-19 battle pleads

BY JOYCE CHIMBI

That the first medic to die from COVID-19 in Kenya was a woman illustrates how women have been severely affected by the pandemic.

Dr Doreen Adisa Lugaliki, 36, who worked at a Nairobi hospital, died in early July, leaving behind young children.

Shortly after, Marian Awuor, a nurse from Homa Bay County, also died leaving behind a week-old infant. She tested positive for COVID-19 on July 20 and gave birth four days later. A week later, Awuor was no more.

Some 1,200 healthcare workers had been infected by end of October with 60 of them dying from the disease, according to Dr Patrick Amoth, the acting Director General of Health.

With these deaths, Zipporah Thiiga (not her real name) came to the realization that, working at Pumwani Maternity Hospital as a nurse, she and others in the healthcare system were not prepared for the crisis.

“We are risking our lives daily because we do not have the proper personal protective equipment. Even worse, before COVID-19, we had many occupational challenges. This pandemic has made our situation very difficult. Also remember that among us, we have the pregnant



Zipporah Thiiga cites long working hours, under-staffing, over-crowding and lack of proper equipment as challenges in service delivery. PHOTO JOYCE CHIMBI

and lactating women who are in even greater risk to themselves and the babies,” Thiiga said.

Long working hours, under-staffing, lack of proper equipment and information on how to combat the virus are some of the challenges nurses faced.

The Nursing Council of Kenya has criticised the lack of support to the caregivers at the forefront of fighting the pandemic.

Women account for at least 70 percent of workers in the health and social sector. As a result, they are at the forefront of the battle against COVID-19 and hence highly vulnerable, according to the World Health Organisation

(WHO).

“COVID-19 is compounding all the problems that we face as nurses working under very challenging circumstances. It is revealing fractures in our health systems that are becoming too big to ignore,” Thiiga said.

“Our physical and psychological stamina are being stretched to the maximum because hospitals are overflowing with patients whose COVID-19 status is unknown. We fear that some of us could suffer long term psychological effects from the trauma of fighting this disease without support.”

She called for a re-assessment of working hours, **PAGE 3>>**

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additional pay and counselling to protect nurses' mental well-being. In July, her employer, Pumwani Maternity Hospital, Kenya's largest maternity facility, was forced to scale down services for several weeks after 41 workers tested positive for COVID-19.

Angelas Munani, a traditional birth attendant in the neighboring Mathare slums, said this placed pregnant women in the informal settlements at great risk. "There were many emergencies of pregnant women who had nowhere to turn. Giving birth at home is risky even with a woman like me who has done it for many years," Munani said.

Added to these challenges were the risks of acquiring both COVID-19 and HIV because traditional birth attendants similarly lack protective gear.

But with Pumwani operating on a skeleton staff, Thiiga said that it was women like Munani who filled in the gap.

Pumwani largely caters to women in the low income bracket. Maternity services including caesarian section deliveries are offered at highly subsidized rates. As a result, 50 to 150 babies are born at the facility on a daily basis, according to the Ministry of Health.

In August 2020, Seth Panyako the secretary general of the Kenya National Union of Nurses, said a total of 172 nurses had been infected with COVID-19 in five months. Six of them died from the virus and another seven recovered.

The union, which represents at least 30,000 registered nurses, expressed concern that there

were still no measures in place to ensure that nurses and other health workers can protect themselves, each other and their families.

"As more and more staff at Pumwani got infected, many of us started to come up with plans to avoid seeing patients because we were afraid of getting infected and infecting our children," Thiiga said.

The pandemic brought to the fore the dangers of neglecting gender dimensions in COVID-19 response and recovery plans. It magnified the plight of women in the health care systems.

"I work as a nurse and at home I am still the primary caregiver because I live with my elderly mother and every now and then, my ailing mother-in-law joins us. You can see the magnitude of risk that I endure on a daily basis. The thought of bringing this virus home is traumatizing," she said.

Emerging research by WHO indicates that development gains and progress made during the last decade for women in areas such as health were at risk.

As women experience a bigger caregiving burden than men, they are at even greater risk of infection. Further, women now have to contend with additional responsibilities of being homemakers and teachers, and that the pressure could impact negatively on their mental health.

"There have been some incidences of women working in quarantine facilities being attacked so this pandemic is showing us how women are facing heightened levels of gender-based violence," Thiiga

said.

While she acknowledges that nurses were trained in principles, guidelines and protocols regarding infection prevention and control, she said this was not enough to manage the risks that come with the little understood COVID-19.

"We are even facing stigma and discrimination from other healthcare providers. If you interact with a patient who later turns out positive for the virus, colleagues begin to shun you and understandably so."

"Furthermore, we have no guidelines as to how we isolate and quarantine. In the event that we need to do so, we are required to foot the bill ourselves so you understand why some of us have been running away from treating suspected COVID-19 patients." Thiiga takes issue with Kenya's interim guidelines on the management of COVID-19 as they place a heavy burden on the patient and do not protect the healthcare provider.

"The procedures are on how to manage the patient but who manages us; who helps us stay safe and alive?" she asked.

Besides providing protective gear, she called for enforcement of social distancing within the facilities and provision of proper guidelines on prevention and control of the virus, including removal and disposal of protective clothing.

Finally, she said nurses were still underpaid even with the added burden of the pandemic. This was the time to review salaries for nurses because without them, this battle cannot be won.

Emotional roller coaster: My life as a COVID-19 caregiver



Frontline Nurses PHOTO/COURTESY

BY AWC MEDICAL CORRESPONDENT

As a female healthcare worker, no training prepares you and your family for the Coronavirus pandemic. True, in college you learn about personal protection, isolation and the like but nothing prepares you for the emotional roller coaster that is COVID-19.

There were many changes

health workers had to adapt to survive to nurse patients and protect their families.

The strain was evident for everybody, especially nurses like me. Emotionally, many people were stretched to snapping point.

The pandemic, first reported in Kenya in March, threw us into the deep end and we had to swim or sink.

Of course I had seen nothing like this in my 10 years in the profession. It is harrowing. There was so much to worry about as a healthcare worker, a mother, a daughter and a sister.

Every waking day I was faced with the question: "Am I putting my children, parents and siblings at risk?"

There were many other questions in my mind: "Does any of my family members have pre-existing illness? Will I die? And if I do, who will take care of my children?"

These are some of the thoughts that ran wild in my mind while on duty or off duty.

While in nursing school, we were taught many survival techniques and some of them came in handy.

These included infection prevention, control and barrier nursing.

We learned proper use of personal protective equipment (PPEs). This basically involved the right order to put on the gear, what to do prior to donning them and after discarding them.

We learned that these PPEs can be the difference between staying alive and healthy or acquiring an illness while on duty. We were also taught isolation practices used when handling infected patients.

Lessons that came in handy during the **PAGE 5>>**

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pandemic included;

Contact isolation: this is where the nurse protects herself or himself from infections that can be passed through a contaminated object or handling the patient without protection.

Droplet isolation: the PPE used is custom picked to protect the health worker from diseases with pathogens small enough to be dispersed into the air when a patient coughs or sneezes. This is crucial because we are dealing with an airborne disease.

Nearly all public and private hospitals in Kenya have interacted with COVID-19 patients during this pandemic. It is fair to say that every health worker has interacted with a COVID-19 patient, either knowingly or unknowingly.

All the hospitals, including the private one I work for, have had to keep patients in isolation wards.

Many health facilities, both in the private sector and public sector, have faced challenges with PPE shortages, especially face masks.

As a result, some hospitals have lost their health professionals to COVID-19. Thus far, we know of one doctor and two nurses, at the private hospital where I work.

Countrywide, some 1,200 healthcare workers have been infected by end of October with 60 of them dying from the disease, according to Dr Patrick Amoth, the acting Director General of Health.

It makes us medical

practitioners wonder: “What if it was me?”

A lot of energy has been directed towards prevention of cross infection, reduction of mortality and flattening the curve. Basically, it's all in the effort to manage the exponential spread of the disease.

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Every waking day I was faced with the question: “Am I putting my children, parents and siblings at risk?”

But the mental and emotional health of the nurse has not been addressed. The numbers of grieving family members we have to deal with daily has increased which affects us mentally.

At the work place, things have changed drastically: the PPE directive is enforced stringently. It is mandatory for all healthcare givers to wear a surgical mask, an N95 mask, a face shield, your hair is in theatre cap, and you wear a gown to cover the uniform underneath.

All this in the name of protecting yourself from others and others from yourself.

As for the patients streaming into the hospital with various

ailments, a COVID-19 test is mandatory prior to admission. Patients are faced with a new kind of fear of walking into the hospital for one complaint only to be admitted for COVID-19.

For the woman in labour, things are so much difficult. For her own safety and the safety of those around her, she must go through the entire labour process in a mask.

Taking deep breaths to get through a contraction is hard enough, how much more difficult is it with a mask on?

The midwife in attendance must also wear a face mask, a shield and an apron. That reassuring smile no longer exists in this process because it is covered.

The patient's relatives have had added emotional worries. Apart from not knowing whether their patient will pull through or not, they now cannot visit them and offer them emotional support at the bedside.

The lack of physical contact through a kin's illness makes the whole process traumatic, especially when your patient dies. Getting closure becomes difficult.

On the flip side, once the patient survives and is discharged from hospital, the relatives are torn between welcoming their convalescing kin or putting them in quarantine for the stipulated 14 days. All this in an attempt to protect the family.



Frontline Nurses PHOTO/COURTESY

Nurses on the frontline need counselling support

BY RUTH OMKHANGO

For Caroline Anyoso, who works as a nurse, her happiest days have been those the patients she has been taking care of have recovered and been discharged.

But the road to these happy moments is full of emotional ups and downs.

The International Council of Nurses (ICN) says there is strong evidence that nurses are experiencing unprecedented levels of stress due to impossible workloads, long shifts, the fear of exposure and risking their own health and that of their families.

Anyoso says this mental stress requires psycho-social support. Counselling can help

them recharge before moving on again.

The Coronavirus pandemic has been a trying time for her as she evaluates her passion for the profession which has proved to be a calling, not just a job that puts bread on the table.

She has gone through moments of fear and anxiety especially with

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her family and yet continues providing this essential service of caring for patients.

The challenge has been ensuring the safety of patients and of health practitioners like herself.

“Many times I dreaded going to work because each day posed a new challenge and experience because we were not sure if the patients we handled would turn out positive therefore forcing us into quarantine,” she notes.

Her greatest fear was interacting with her family when she returns home not knowing whether she had been exposed to the virus or not.

“This is the only time I regretted to be in this profession because I felt that my life and those of my family members were at risk.”

One of her most terrifying moments came when she was forced into self-quarantine for 14 days by the hospital after she handled a patient who tested positive for the virus.

“I had to call home to release my children to stay with my sister for their safety,” says Anyoso,” adding, “I was confined in the house and most of the provisions I needed were delivered and placed at the door.”

Even after testing negative after the quarantine period, her family was still hesitant to return to the house.

Anyoso says that even with the provision of protective gear at the hospital, she would hardly tell how safe it was considering

the scare and needed to assure them that they will be safe.

“I knew caring for patients would be frightening, but the effects have been harder than I ever expected. What kept me going is the oath I took in the profession that when it comes to compassionate care there is no hesitation and I continued to show up.”

Anyoso’s story is shared by many nurses who have been on

“**Many times I dreaded going to work because each day posed a new challenge and experience because we were not sure if the patients we handled would turn out positive therefore forcing us into quarantine,**”

CAROLINE ANYOSO- NURSE

the frontline of Kenya’s battle against COVID-19. As a majority of healthcare providers, nurses have a critical function in healthcare systems.

They are the first medics patients interact with when

they come to hospitals in the triage. They provide essential treatment in an emergency and deal with suspected patients with precaution.

Some 1,200 healthcare workers had been infected by end of October with 60 of them dying from the disease, according to Dr Patrick Amoth, the acting Director General of Health.

Many of them were nurses, the Kenya National Union of Nurses says.

Some of the infections were blamed on lack of proper personal protective equipment.

A number of nurses have found themselves being shunned by their communities because of working with COVID-19 patients. Others have been attacked by patients resisting tests or suffering the emotional distress in quarantine centres.

Nurses welfare organisations say health workers like Anyoso face many challenges in their job and the COVID-19 pandemic has made it even worse. Thus they need the right equipment and support to get through these uncertain times.

“As human beings, we feel the sorrow of loss when our patients succumb to the virus. We too have families and so we are fearful that the virus might reach our loved ones.”

Anyoso says addressing issues that nurses face in caregiving for patients with COVID-19 will help increase their resilience in response to the crisis, as well as enhance preparedness and recovery from the crisis.

Fears of rise in mortality rates as pregnant women shun hospitals in Marsabit



Empty beds at the Mother and Child Complex at the Marsabit County Referral Hospital PHOTO/COURTESY

BY FAITH MUIRURI

Buke Jarso, 30, cuddles her one-month-old baby in her manyatta at Duba Village, Saku Sub-county of Marsabit County. The mother of eight is lucky to have delivered under skilled care at the Marsabit County Referral Hospital.

Her last pregnancy was complicated. She delivered at home and lost the baby after two months. “Doctors said that I was anemic and therefore I

should not take any chances when I got pregnant again. With the help of my husband, I registered for antenatal care and regularly visited the hospital for check-ups,” she explains.

But as she celebrates her bundle of joy, Sulekha Hussein was not so lucky. She bled to death while giving birth. “Sulekha had sought the services of a traditional birth attendant to help her deliver at home,” says Mary Marangu, the nurse in charge of the Maternal

Newborn Health Unit at the referral hospital.

“By the time she was brought to hospital, it was too late. She had lost too much blood and died, leaving behind five children.”

Marangu says the number of women coming to the facility with complications is high. “Over the last three months, we have recorded more than 21 still births which is quite worrying.”

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<< FROM PAGE 8**Traditional Birth Attendants**

Scores of mothers have opted to give birth at home with the help of traditional birth attendants. These are untrained, usually older women without the knowledge or materials needed to safely deliver babies, particularly when complications arise.

Majority are fearing going to the hospital because they think they may contract the Coronavirus on the way or at the hospital itself.

Since the first case of COVID-19 was declared in the country, the number of pregnant women seeking services at the Marsabit County Referral Hospital has significantly dropped.

“At a time like this last year, we had registered about 140 deliveries but this figure has reduced to around 100 mothers,” Marangu says.

The curfew restrictions imposed by government to manage the spread of COVID-19 have made the situation worse. “The few taxis that operate during curfew hours charge exorbitantly which is way above what most mothers can afford.”

New protocols

Liban Waqo, the hospital's Chief Executive Officer, says:

“Under the new COVID-19 health protocols, mothers coming to health facilities must wear masks, wash hands and get their temperatures checked. Many feel this takes a lot of their time and therefore are opting to stay away.”

He laments that some of the

mothers do not adhere to the guidelines. “They come to the hospital without masks, a situation that endangers the lives of health workers too.”

“The greatest fear here is that if one of our staff turns positive, it will scare away more people.”

Marsabit is one of Kenya's biggest counties and accessing health facilities is not easy. “For specialised care, pregnant women have to struggle

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The greatest fear here is that if one of our staff turns positive, it will scare away more people.”

LIBAN WAQO- MARSABIT COUNTY REFERRAL HOSPITAL.

to reach Marsabit County Referral hospital which is more than 550Kms away from the farthest part of the county,” adds Bokayo Arero, the County Director of Family Health.

Impact of COVID-19

A similar scenario plays out in other health facilities. At Hula dispensary, the number of mothers coming for deliveries has also reduced, according to Dahabo Abdikadir, a registered community health nurse at the facility.

“We used to have 16 deliveries per month but we are registering less than five. Most

health facilities in the area are grappling with stigma. Mothers are driven by fear that because hospitals are treating COVID-19 patients, chances of contracting the virus from them are high.”

As a result, the pandemic is having the unwanted effect of reversing gains already made in managing maternal mortality rates in the county.

Joint Initiative

Before the eruption of COVID-19, Marsabit County had made considerable strides in combating maternal deaths, thanks to a joint initiative by the United Nations Population Fund (UNFPA) UNICEF, UNAIDS, World Health Organization, UN Women and World Bank.

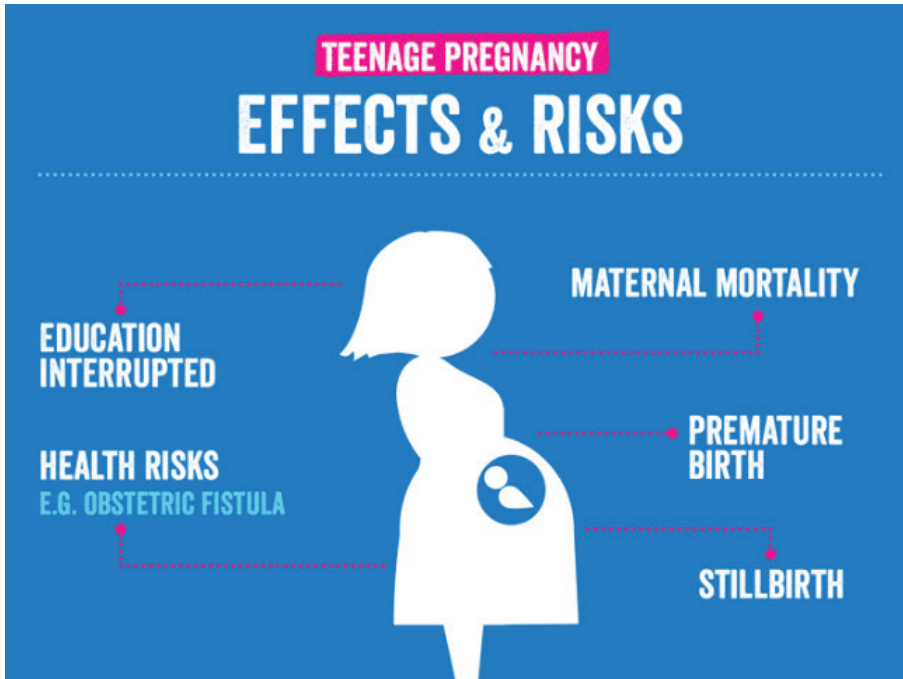
Statistics indicate that the county had registered remarkable progress by increasing the uptake of skilled birth attendance from 42 percent to 72 percent.

This had led to reduction in maternal deaths from 1,127/100,000 in 2009 to 143/100,000 live births during the 2018/2019 financial year against the national average of 488/100,000.

The project, started in 2015 and which ends in December 2020, has contributed significantly in increasing hospital deliveries, antenatal check-ups, child immunisation and use of family planning methods.

Six counties benefitted during the roll out phase. The others are Mandera, Wajir, Isiolo, Lamu and Migori all of which accounted for 50 percent of Kenya's maternal mortality burden in 2009.

In Homa Bay, violence against women is on the rise



PHOTO/COURTESY

BY ODHIAMBO ORLALE

Homa Bay County has recorded an increase in Gender Based Violence (GBV) and teenage pregnancies in the Coronavirus period which is likely to lead to high drop out rates when schools resume.

Before the outbreak of the pandemic, the County, which has the largest portion of Lake Victoria, was number two in the number of teenage pregnancies in Kenya, after Narok County in the Rift Valley region. This was mostly blamed on the fishing industry.

Four female Members of Parliament in the region -- Gladys Wanga (Women representative), Millie Odhiambo Mabona (Suba North), Eve Obara (Kabondo-Kasipul) and Lilian Gogo (Rangwe) – have raised concern over the

dubious distinction.

Homa Bay also has a high HIV/AIDs prevalence rate of 20 percent, according to the National Aids Control Council (NACC). It was second nationally after Siaya County (21 per cent). Kisumu County with 16.3 per cent is in third position. All three are in Nyanza region.

The survey also revealed a high rate of teenage pregnancies and early marriages in the county which leads to poor performance in national examinations.

According to medical experts, who chose to remain anonymous because they are not authorized to talk to the media, 10 cases of Sexual Gender Based Violence have been reported every month since the onset of COVID-19.

The experts said most of the cases go unreported because of stigma, fear, ignorance and/or interference by influential personalities to subvert the wheel of justice.

There were six cases reported in March; April had 10 while May had six and June had eight cases. In July, nine cases were reported while in August they were four cases; and September had four cases bringing the total in seven months to 47.

These included domestic violence, rape, defilement and incest.

Medics have also noted a worrying drop in the number of patients seeking treatment in hospitals during the pandemic.

“People fear that Corona is more in hospitals than at home. Many do self-medication without any proper investigation which has led to uncalled for deaths because they come to the hospital when it is too late to assist them recover.”

Kenya closed its schools in March 2020 as part of measures to control the spread of the virus. Students in three examination classes – Grade Four, Class Eight and Form Four – resumed learning in October. Most of the teenage pregnancies happened during the closure

Many parents are bracing for the extra burden of caring for their children and grand children

Teenage boys have also acquired anti-social manners such as immorality, **PAGE 11>>**

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pornography, smoking cigarettes and taking drugs during the forced holidays.

Meanwhile, the National Police Service has partnered with non-governmental organisations to roll out campaigns against sexual violence in Homa Bay County.

The organization dubbed Champion for Peace Movement (CPM), is collaborating with police officers to ensure that all defilement and other forms of gender-based violence cases are tracked and culprits arrested and arraigned in court.

CPM Director, Elly Opondo, announced that they would roll out a programme called Girls and Young Women Mentorship Programme in which they work with police to follow up all sexual violence related cases.

Opondo lamented that most cases of defilement were never prosecuted because the parents were compromised or intimidated.

He was speaking in Homa Bay town during a courtesy call on the Homa Bay County Police Commander, Esther Seroney. He donated a computer to the police for digital filling of GBV cases. He also donated sanitary pads to be distributed through the Child Protection Unit at Homa Bay police station.

Said Opondo: "We will support the Child Protection Unit with a budget of Sh50, 000 each month to ensure that it runs smoothly."

The County Commander welcomed the initiative and donation and assured the director that NPS was always ready to work closely with any agency to ensure children and their rights are



Tough road ahead for Pauline Akwacha and other business owners rebuilding during and post Covid-19. PHOTO: AWCFCS

Women in business need a helping hand to survive virus shocks

BY JOYCE CHIMBI

Pauline Akwacha's popular eatery in Kisumu, western Kenya's biggest city, known as Kakwacha Hangover Hotels, is facing its most daunting challenge yet.

Strategically located in the heart of Kisumu's bustling city centre, business has always been good.

"We are known for our fresh traditional foods including meat and, of course, fish because this is the lakeside and fish is part of our life. The meals are very affordable and the portions are filling," she says.

Before the COVID-19 outbreak brought the hospitality industry to its knees, one could hardly

find room at Kakwacha during meal times.

"My biggest concern was keeping my workers at par with the demands of customers. But after we closed for several months, I lost a lot of money because I still had to pay rent and cushion my staff," she says.

The first COVID-19 case was announced on March 13th and a few days later, there was no hanging over at Kakwacha's. The government issued strict regulations to curb the virus which included closure of eateries.

Upon re-opening, Kakwacha, just like all other hotels and restaurants, had to follow a strict guidelines issued **PAGE 12>>**

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by the Ministry of Health. Some of the changes needed architectural adjustments such as adding more sinks and temperature screening areas.

Social distancing rules meant that the sitting arrangement had to change to accommodate fewer customers at any time.

Restaurant owners were initially required to pay Ksh2,000 to Ksh4,000 for each staff member in order to facilitate mandatory COVID-19 tests before re-opening. These costs were reduced to Ksh1,000 per staff after complaints.

Because of this cost implications and the reduced number of customers, her business faces an uncertain future.

Across the street is Irene Omari, proprietor of one of the biggest branding companies in Kisumu city. Top Strategy Achievers, a printing and branding business, occupies two floors. She pays Ksh150,000 in rent per month, a very large sum and a reflection of just how big and strategically located her business is.

"I brand for hotels, schools, companies, non-governmental organizations and walk-in individual clients. We have something for everyone. Our printing department caters mostly to schools. I have invested heavily in mass production by purchasing machines worth millions," Omari says.

Unfortunately, just like Akwacha, COVID-19 hit the very heart of her business. With schools, hotels and restaurants closed, and companies facing a most uncertain future, business is at an all-time low.

On the side, Omari invested in trucks to transport construction materials across the larger western region but this business has equally taken a hit as the construction industry has ground to a halt.

These are stories of women who have overcome great odds to successfully run profitable companies but who now stare at an uncertain future.

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I faced many challenges to start and grow my business. I could not even access credit so I had to learn to spend 15 percent of every coin I made, and save 85 percent to plough back into the business

IRENE OMARI- BUSINESS WOMAN

"I faced many challenges to start and grow my business. I could not even access credit so I had to learn to spend 15 percent of every coin I made, and save 85 percent to plough back into the business. Women do not access loans easily because of strict collateral requirements," Omari explains.

In 2016, 80.9 percent of women to women business partnerships were denied loans by micro-finance institutions, according to the Kenya National Bureau of Statistics.

Kenya has reduced financial exclusion, which is the number of people without access to any financial services, from 17.4 percent in 2016 to 11 percent in 2019, according to the Central Bank of Kenya financial access survey of 2019.

However, women are still lagging behind. The survey acknowledges that financial access gaps between men and women are narrowing but they persist. As such, more women than men are still turning to the informal sector such as table banking savings and lending groups.

In 2006 for instance, 33 percent of men vis-à-vis 21 percent of women accessed formal financial services, and 26 percent of men and 38 percent of women accessed informal financial services. In 2019, 86 percent of men and 80 percent of women accessed formal financial services and that four percent of men and eight percent of women accessed informal financial services.

"All this progress has been achieved over a long time through hard work. In just a matter of months, COVID-19 could take us back 10 years, or more because women are being hit very hard," says Dr Grace Gakii, a gender and development researcher.

The government and decision-makers must apply a gender lens to COVID-19 response and recovery efforts. Policies that do not apply a gender lens will simply not work in helping women in business to recover, she says.

"The starting point is for the government to collect data disaggregated by age and gender so that we can see some evidence-based research and begin developing solutions from

a quantitative stand point,” Gakii recommends.

A gender lens will guarantee that the needs and realities of women in all aspects of entrepreneurs, are reflected in established responses.

Without a gender lens, experts say, 50 percent of the population affected by the pandemic could be left behind.

For women in business, providing accessible, available and affordable credit could mean the difference between closing down a business and keeping it afloat.

This will take a targeted approach even as Kenya faces a grim economic future caused by the pandemic. For instance, the country’s gross domestic product (GDP) is projected to decelerate significantly.

The most recent World Bank Kenya Economic Update predicts economic growth of 1.5 to 1.0 percent in 2020. The vulnerable, and especially women, will be hardest hit. Experts predict that the pandemic will widen existing economic gender inequalities.

In 2018 alone, only 76,804 or 2.8 percent of the country’s formal sector employees earned more than Ksh100,000 monthly.

Out of these, 36.5 percent were women, accounting for only one percent of the total formal sector employees, according to Kenya National Bureau of Statistics. These are some of the inequalities that will only grow wider.

For now, Akwacha and Omari are pegging their plans on the hope that humanity will soon overcome this pandemic.



Women tend to flowers. Majority have lost their jobs in the unfolding economic crisis occasioned by the Covid-19 pandemic. PHOTO: COURTESY

Report reveals massive job losses in the cut flower industry

BY FAITH MUIRURI

Thousands of workers have lost their jobs in the cut flower industry as a result of the global economic crisis occasioned by the COVID-19 pandemic.

Majority have been left in an extremely precarious situation with little to no protection at all.

A recent report by the African Women’s Development and Communication Network (FEMNET) revealed that women workers were the hardest hit.

The report says the fate of hundreds of workers who have been sent home on unpaid leave hangs in the balance as the possibility of their return to work

is unclear.

“Unconfirmed number of permanent workers had been sent home on unpaid leave. In one of the farms, workers were asked to voluntarily take a break from work in light of the current crisis,” reads the report in part.

“Those who did so were under the misconstrued notion that they would enjoy half salaries while on leave. As it would later turn out, their last pay was in March 2020 and there has not been communication on their expected date of returning to work.”

Other employees reported that their two weeks unpaid leave were extended to a month before they were asked

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to stay home until further notice. In the midst of this confusion some workers opted to resign to secure their gratuity.

One worker said she was sent on unpaid leave on March 24, 2020. The process, she said, was laced with unfairness as long serving workers were targeted while those that remained in employment had worked for less than three years.

Three workers from one of the largest farms in Naivasha said the management seemed to be on a mission to either terminate contracts or send workers on unpaid leave on superfluous reasons.

In another farm, a rotational system has been established where workers go on unpaid leave in shifts. "In light of the difficulty that comes with determining the group that would take leave first, votes were cast and those who selected a 'no' were the first ones out.

However, all casual workers in the company lost their jobs and were evicted from company houses without notice," reads the report.

Farms were too quick to reduce the number of employees in what appears to be a well-orchestrated plan to achieve cheap labour, the report says.

The move to send home long serving workers was seen as a ploy by some farms to lower their wage bill by retaining workers earning lower salaries.

"This action by the company came only a day after the Ministry of Labour and Social Protection had issued a statement outlining a raft of policy directives, among them, a call for mutual agreement between employers and employees before the workers are sent on unpaid leave. This is in line with Section 10 of the Employment Act (2007) that

obligates employers to consult employees before varying terms of their contracts."

While those who have remained in employment are only half lucky, they have to contend with the escalating harsh working conditions. This has led to increased workload for reduced pay with women reporting increased fatigue and stress levels.

"I feel tormented both mentally and physically. It is like life has turned upside down. I am doing double the work I used to do. And yet when I get back home, my children need my full attention," one worker said.

According to the respondents, women are severely impacted by the pandemic. This is because 83 percent of those interviewed reported that there was an increased burden of care imposed on women as their male counterparts have relinquished most domestic obligations. Women have also taken up homeschooling roles besides their hectic schedules of balancing between domestic chores and the heavy workloads in the companies.

In one of the sampled farms, the workforce in a greenhouse had been reduced from 10 to four almost tripling the workload. At another farm, greenhouse workers reduced from 22 to 11. In other farms, a greenhouse that used to be attended by seven workers is currently managed by two workers and the situation is similar in all the departments.

"Workers noted that this has led to an increase in the number of sick-off cases.

The study reveals that employers are increasingly adopting measures and changing workplace practices to accommodate the rapidly changing times.

"In all the sampled farms, employers provided hand

sanitizers and required workers to sanitize their hands at the main entry point. In addition, there are increased water and hand washing points installed outside each greenhouse."

Workers are required to sanitize their hands before entry into the green houses, the changing rooms and before boarding company buses.

In addition, the farm managements carry out bi-weekly sensitization meetings with departmental supervisors and health and safety committee leaders mandated to ensure their line staff fully comply with guidelines issued by the Ministry of Health.

"One of the companies has hired additional buses and also introduced night shifts for the pack house department - ordinarily workers worked overtime."

This measure to withdraw overtime work is geared towards compliance with the dawn-to-dusk curfew directives currently in enforcement by the government.

However, the workers interviewed expressed fear over the safety of their children who are left unattended at home, after the abrupt closure of schools.

"While the children are always advised to stay indoors and to wash their hands regularly, their parents live in constant apprehension hoping that the children are safe and will not contract the virus and bring it home to the family," laments the report.

They said it was difficult to contain children indoors especially within cramped up spaces.

The assessment report was commissioned by Hivos under the Women@Work Campaign and sought to establish the impact of COVID-19 on women workers in the horticulture sector.

Rescue package needed for women in business

BY JOYCE CHIMBI

The last seven months have been the most daunting for Phanice Bosibori, a fruits, vegetable and cereals vendor in Kiserian, Kajiado County. Since the first case of Coronavirus Disease was confirmed in March 2020, it has been one challenge after another for her.

While the pandemic has affected the entire world, research is showing that it is far from being an equalizer. The most vulnerable and marginalized populations especially women, remain largely unprotected against the virus and its impact.

Consequently, small businesspeople like Bosibori must re-invest to survive the pandemic.

"I am a single mother of three children and we have always survived on this business. I have two stalls, one at Kware Market in Ongata Rongai town where I have employed my niece and the other one in Kiserian. I also sell milk and eggs so I have a lot to keep me busy," she says.

In November 2019, to kick start her businesses, she used her land title deed in Nkoroi, Kajiado County to apply for a Sh550,000 car loan with a financial institution. The repayment rate was Ksh12,000 per month.

The plan was to purchase a second hand vehicle to facilitate movement within the expansive Kiserian, Ngong and Ongata



It is no longer business as usual for Mama Mboga as Covid-19 rages on.

PHOTO/JOYCE CHIMBI

Rongai areas. It was also to do home and restaurant deliveries to supplement the profits from her two stalls.

"My son had sat for his Form Four exams in 2019 and before we could figure out the next step, I wanted him to stand in for me at the stall in Kiserian as I attempt to do home deliveries," she says.

"I had calculated my risks but nothing could have prepared me for the disaster that was to come with COVID-19. In fact, I was contemplating repaying the loan in just 15 months because all aspects of my business were working as planned," Bosibori says.

Today, it is not business as usual and Bosibori has found that she may have bitten more than she can chew. Business is at an all-time low, she has more

products than she can sell and a loan that is giving her sleepless nights.

"The months of April through August were the worst. People were only buying the most essential items. I drove around in apartments hoping to secure orders but what I was earning could not even fuel the car. In a day I could spend Ksh1, 000 on the car and not make a single sale. The stalls in Kware and Kiserian were also struggling but we made something to keep us going," she said.

Her biggest challenges were caused by the closure of borders between Nairobi and other counties. Bosibori had a well-established system that brought her weekly supplies from their family farm in Kisii.

This system was disrupted

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when the government imposed a lockdown on Nairobi as a measure to control the spread of the pandemic.

Grace Gakii, a gender and development expert, says as COVID-19 escalates numerous pre-existing gender inequalities faced by the vulnerable and marginalized populations like women, will only get worse.

She says women will find it even more difficult to penetrate the business world because they will be shut out of access to credit.

“Even where credit is accessible, it will not be affordable and therefore not available to them. Priority will go to those who look like they have a realistic chance of repaying. This realistic chance is measured on paper through collateral that women do not have,” she warns.

“Existing gender inequalities will also be worsened by inequalities of the world’s responses. We have heard of \$8 trillion to rescue businesses, who will get priority? Women in developing countries are not even on this kind of radar where they can be flagged and assisted,” says Gakii.

People should be alarmed that despite trillions being announced for the richest parts of the world, only a fraction has been allocated to those whose lives are most at stake from the impacts of the pandemic.

Pre-COVID-19 estimates by the World Bank show that more than 690 million people were affected by hunger and that this was up by 10 million people from the previous year. Women

and children remain the most affected population.

“**as COVID-19 escalates numerous pre-existing gender inequalities faced by the vulnerable and marginalized populations like women, will only get worse.**”

GRACE GAKII- GENDER EXPERT

World Bank studies also show that nearly one in every five children worldwide lives on less than two dollars a day. As a result of COVID-19, an estimated 6.5 million children under five worldwide are at risk of suffering stunted growth.

Gakii says that if women are not supported to keep food moving in all the right places, a most pressing problem emerging due to the crisis will be food insecurity.

According to UNICEF, undernutrition accounts for almost half of all deaths of children under the age of five. This context underscores the need for governments to take urgent action to prevent devastating nutrition and health outcomes for the 370 million children missing out on school meals amid school closure.

As the pandemic unfolds, the impact on global agricultural and food markets is becoming increasingly clear.

Gakii says that current food insecurities are not driven by pre-existing threats such as erratic weather patterns, conflict, natural disasters and the locust invasion but by COVID-19 disruptions of production and supply. She further notes that problems facing women in agribusiness will contribute to a biting food shortage.

“Overall, people’s ability to purchase food has also been affected by current economic recession and millions of children and their families could be plunged into poverty,” she notes.

Disruptions to the supply of agricultural inputs like fertilizers, seeds and a shortage of labour due to restricted movements are likely to further reduce production in coming crop seasons. This, experts say, spells doom for women and children who remain vulnerable and marginalized.

Gakii emphasized that post-COVID reconstruction efforts must address inequalities facing women in business today.

In the short term, it will involve identifying ways in which they have been hardest hit and tailoring solutions that speak to the problems facing them. This will help expand social protection programmes to ensure that the women are adequately targeted.

She calls for policies and practices that help to protect their physical, financial, and mental well-being.

A lot of work lies ahead as even before the pandemic hit, the world was already off track in addressing the plight of women doing business.

Silver lining in COVID-19 cloud for beauty salon owner

BY NANCY NJOROGE

Sera Salome has been in the beauty industry for 20 years now. She worked as an employee for nine years and later transitioned to be a business owner. She attributes this transition to her table banking group, Sinai Happy Valley Women's Group.

"With my pay as an employee, I could not afford to open a salon. I therefore joined a chama to save. We could contribute money and give a lump sum to one person monthly," Salome says.

"We were then able to buy the expensive equipment required for a salon. The chama brought a lot of discipline in saving our money," she adds.

For the last 11 years she has been in business, she has not encountered a difficult time like the 2020 COVID-19 pandemic period. Her business which had supported her and her family quickly became a drain.

"I used to attend to between four to five clients in a day. Now it is down to four customers a week. Mid-March to July was a very uncertain time. My living standards dropped, I had to cut on my daily expenditure at home just to afford the salon rent. I was literally living hand-to-mouth," Salome says

It is not only her business that was affected, her chama members were also in the same dip. "Some were more affected than I was," she recalls. "You could not run to another person for help. We even stopped the chama for a while because there was no money to continue with the contributions," she says.

Despite the difficult times, she spent her free time attending



Sera Salome Salon Owner.

PHOTO/NANCY NJOROGE

lectures on entrepreneurship, budgeting, online marketing, record keeping and other courses offered by Equity Bank to table banking group members.

"Our chama joined Equity Bank when they were recruiting women and youth groups to save with the bank. We now access subsidized loans, chama members can guarantee one a loan if you do not have security, and we are offered free courses on how to access the different opportunities available to us," says.

From this training, Salome has been able to start an online business, her record keeping has improved and she is now expanding her business to a salon, spa and barbershop.

"I have taken online marketing very seriously and I now have a business WhatsApp where you can access my catalogue of the

things I sell online like hair products and beddings. The classes have helped us generate other sources of income," Salome says.

On what the government can do to help women in business, she says that interest-free loans should be made available to individuals and not strictly to groups.

"Uwezo Fund is a great initiative for small business owners, but access to interest free loans should also be available to individuals as sometimes some chama members are not serious with paying back loans and therefore you end up paying money you did not use. It pulls you back instead of helping you progress," she says.

She is hopeful that by December the salon business will have recovered from the effects of COVID-19 and that business will go back to normal.

"We have recovered to around three quarters of what used to be before the virus. We hope things get better."

Many small and medium enterprises are financially fragile. A survey by BFA Global found that 52 percent of businesses in Kenya reported some or significant decrease in revenue. The same survey found that businesses in Kenya would only be able to sustain operations for 6.5 weeks if their revenue fell by half.

Unless governments and other stakeholders find sustainable, medium-term solutions for SMEs, their survival is unlikely. Short-term relief will not be enough. Instead, solutions like those enabled by e-commerce platforms, gig work, and side hustles should be restored and scaled up to keep these businesses alive.

How small businesses have been hit by COVID-19

BY JOYCE CHIMBI

The Coronavirus pandemic has wreaked havoc on small businesses and Alice Njenga is a living example. The Mama Mboga at Kware Market in Kajiado County has struggled to stay afloat.

“My husband sells clothes and shoes at the same market but business has been very low. It started with the curfew which made it difficult for food to move freely from the farms to the market and to our customers,” she says.

Although food was among essential products exempted from the restrictions, there were measures such as proper documentation for drivers and other personnel that complicated the situation.

“Our fruit suppliers are in Machakos and those supplying us with greens are in Murang’a. They would call us daily with one complication after another. This meant that we were receiving supplies with great difficulty,” she says.

Her husband was not fairing any better. In fact, his business nearly collapsed when the government suspended importation of second-hand clothes. It is just only picking up now after the ban was lifted several months later.

While those in informal businesses like hers have been hit hard, they are at the bottom of government priorities when it comes to COVID-19 subsidies.

Vulnerable and marginalized, the pandemic has wiped out their savings as they struggle to keep their businesses afloat and feed their children.



Mama Mboga must innovate to survive the impact of Covid-19. PHOTO/JOYCE CHIMBI

Njenga and her husband had to devise survival tactics. For example, to beat the stay-at-home orders for customers, they hired bodabodas to drop supplies at their homes. This slightly increases the price of the commodity but it is the best they can do to survive the tough times.

After every sale, she requests her customers for their mobile phone number which she records in a book. Twice a week, she sends bulk messages to them asking for an opportunity to deliver at their doorstep. This cost must be absorbed by the product to make economic sense.

There is a boda boda waiting bay just next to the market so dropping logistics are not difficult. Njenga

says that this arrangement has helped save their business as many customers also fear going to the market where social distancing is difficult to enforce.

The vendors try to enforce COVID-19 prevention guidelines and have placed hand washing stations at strategic points but buyers do not always adhere to the measures. The market is also crowded as there is not enough room to accommodate both passers-by and customers.

Felistas Karigu, the executive director of the Muungano Women’s Association based in Nairobi, says that there is still silence on the nature of a rescue package for vulnerable women. **PAGE 19>>**

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Without this package, gender and development experts say the fallout of COVID-19 will be borne by the world's most marginalised women.

The situation is alarming as the bulk of COVID-19 impact is yet to come and that it could take years for the most vulnerable women to recover.

"A woman doing business in the informal sector has no access to credit from formal institutions or even from intermediary banks because she most likely lacks collateral. These women often raise money through table banking groups to start and sustain their businesses," says.

"When the business encounters a challenge such as the one we are currently facing, she has little or no other options to raise money to pump back into her business to restock and save her stall," she adds.

This is indeed true for Njenga who secured her stall at Kware market seven years ago. The stall was purchased from an acquaintance who was relocating to another part of the country for Ksh70, 000.

"This is how it works. If you come to Kware market you will clearly see that there is no space for new arrivals. People buy space from those already selling at the market and it does not come cheap. You also have to pay municipality fees and other charges such as garbage collection even before you start thinking about the actual stock," Njenga adds.

One needs at least Ksh100, 000 to start a business at the market located at the heart of Ongata Rongai town, near a busy bus and matatu terminus. Human traffic is heavy day and night.

"The curfew really affected our business because we start

operating as early as 3am so that we can cater to the Mama Mboga who sells in the estates or by the road side. With the curfew, we were getting to the market at 6am. In the evening the story was the same as we had to close early to beat the curfew," she says.

But even during the day, human traffic had drastically reduced. As more and more people worked from home, and children were out of school, people found it safer to

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When the business encounters a challenge such as the one we are currently facing, she has little or no other options to raise money to pump back into her business to restock and save her stall,”

FELISTAS KARIGU, THE EXECUTIVE DIRECTOR OF THE MUUNGANO WOMEN'S ASSOCIATION

buy goods online or nearby.

A newly launched report by the Kailash Satyarthi Children's Centre titled "A Fair Share For Children: Preventing the loss of a generation to COVID-19" paints a disturbing picture of the vulnerabilities facing the marginalised during this pandemic. This is especially because of a lack of social protection and safety nets to cushion them.

The report says that as of the end of March 2020, the G20 countries had committed \$8 trillion towards protecting the global economy.

"A large chunk of the money will be used to protect businesses. But what businesses are we talking about? It is certainly not our Mama Mboga or generally women doing business in the informal sector. This money will go to big conglomerates and your Mama Mboga will have to find her own solutions or shut down her livelihood," Karigu observes.

Notably, there is still very little movement at the national and international levels to address the non-health impacts of COVID-19 on the most marginalised citizens. The report further states that to date, little is being actively spent on targeted interventions to support the vulnerable.

Against this backdrop, Karigu calls for assessment of the impact of new legislation imposed due to the pandemic, and to explore ways to protect marginalized women doing business today.

Martha Nalifuma, a project officer at Muungano Women Association, speaks of the need for political will as it is a sure way to the change that is needed for vulnerable and financially excluded women.

However, she is quick to note that appealing for political will is not be enough and that people must appeal to the moral conscience.

"We need to re-look the Women and Youth Fund, and also how a rescue package for these women could look like. They desperately need credit but under terms and conditions that are friendly and reasonable," she adds.

Njenga agrees. She says that the biggest challenge is accessing finance to boost their businesses. She predicts a collapse of women-owned businesses in coming months if no help is forthcoming. For now, she operates from hand-to-mouth and hopes that tomorrow will be a better day.



The Chief Administrative Secretary for Health, Dr. Mercy Mwangangi. PHOTO/COURTESY

Teething problems as Government rolls out COVID-19 home-based care programme

BY FAITH MUIRURI

In June 2020, the government unveiled the Home-based Isolation and Care Programme to combat the Coronavirus disease.

The initiative sought to decongest hospitals especially for asymptomatic patients.

Implementation of the initial phase was strictly aligned to the protocols developed by the Ministry of Health in line with World Health Organisation guidelines.

The ministry trained healthcare workers and Community Health volunteers (CHVs) to educate the caregivers and households about the programme.

According to the ministry's Chief Administrative Secretary, Dr. Mercy Mwangangi, the training focused on building capacities at households level to take care of patients.

Other community structures such as Nyumba Kumi and Community Health Committees were roped into the programme to ensure compliance with

safety protocols.

Only patients assessed by a healthcare worker and confirmed as COVID-19 positive with asymptomatic or mild symptoms were eligible.

However, the programme is currently dogged by a number of challenges.

Investigations show that most community health volunteers have not been equipped with personal protective gear to enable them function effectively as caregivers of

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COVID-19 patients.

Elmeda Nyaboke, a community health volunteer in Nakuru County, says the CHVs have had to grapple with inadequate protective gear.

“We are yet to receive any masks or gloves from the government and majority of us are not able to function effectively as caregivers.”

“Most of us are grounded. We can hardly engage in the assessment process because we fear being infected.”

According to the WHO guidelines, the volunteers are the link between healthcare workers and the household for the duration of the home-based care period until the patient's symptoms have completely resolved.

Hellen Ngware, an employee of the Nakuru County Government health department, says the County is working with the National Government to make sure the programme is a success.

CHVs that have been deployed by the County government have been issued with protective gear, she adds.

“In case any of them has been working without protective gear, they must get in touch with chiefs in their respective areas who will issue them with requisite equipment. No CHV should provide care without protective gear because we do not want a scenario where they get infected.”

She said that even the caretakers, mainly mothers or

fathers with a family member in home-based care, have been issued with masks and gloves.

The Home-based Isolation and Care Programme was introduced following consultations with various stakeholders with the aim of relieving pressure on hospitals caused by increasing community transmissions.

Dr Patrick Amoth, the acting Director General of Health, says care guidelines cover key areas

“ We are yet to receive any masks or gloves from the government and majority of us are not able to function effectively as caregivers.”

ELMEDA NYABOKE, A COMMUNITY HEALTH VOLUNTEER IN NAKURU COUNTY,

of patients eligibility, assessment of feasibility, procedures and referral system if progression of symptoms is noted. Others are criteria for ending home-based isolation, community participation and monitoring.

In informal settlements where households share small spaces, the community needs to identify an institution that meets the recommendations suitable for providing care.

In rural set ups, Nyumba Kumi initiative is to support the care. In areas where majority of the people live in apartments, support of committee members managing the area may be sought together with healthcare and security workers.

Patients and household members are to be educated about personal hygiene and how to care for the person with COVID-19 to prevent the infection from spreading to other household members. Monitoring should continue for the duration of homebased isolation and care and should be done by CHVs supervised by healthcare workers.

Current Kenya data reveals that 78 percent of the infected persons are asymptomatic or mildly symptomatic and can be managed at home.

The guidelines have been translated to Kiswahili and counties are called upon to translate them to local languages.

The programme is expected to play a key role in management of patients as the country enters a second wave of infections. There are reports that hospitals have run out of beds for even some patients that need admission.

Now the challenge remains to both national and county governments to facilitate the healthcare workers, CHVs and families of the affected and infected to ensure that the sick access proper care.

Things looking up for some flower farms as cargo flight ban is lifted



Picture: Courtesy PHOTO/COURTESY

BY ODHIAMBO ORLALE

For seven years, Tabitha Shikanga worked for a leading flower farm in Naivasha, Nakuru County. There were challenges, including overwork and inadequate pay. But she was sure of something for her upkeep and her family at the end of every month. Then the Coronavirus struck Kenya in March 2020.

Within weeks, the mother of two had her salary cut and then was asked to go on unpaid

leave. Her seasonal colleagues lost their jobs altogether.

But things are looking up again despite worries as Kenya's infections start to increase again.

Says Shikanga: "We were over 500 workers before the pandemic struck, but were reduced by 100. We thank God that things have since improved, the 100 were re-employed plus 40 others were hired making us 640 today."

In her seven years at the farm, she benefited from sensitization and capacity building by various Non-Governmental Organizations (NGOs) like Haki Mashinani and Kenya Human Rights Commission.

Shikanga spoke to Radio Yetu FM shortly after the first case of the virus was reported and the government enforced stringent measures to contain it. These included a dawn-to-dusk curfew and suspension of international flights.

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The suspension of cargo flights from transporting fresh-cut flowers to markets in Europe and elsewhere was the last straw that broke the camel's back. Farm managers across the country ordered workers to dump flowers in open fields for lack of market. Revenues were severely reduced.

The ripple effect was that many workers were retrenched, put on half pay or sent on forced leave.

"This was a shock to all of us, no one had ever imagined we would be hit so hard so suddenly," Shikanga says.

The most affected were the seasonal and casual workers who were locked out because there was no work for them.

"Indeed, the situation was dire for female workers, most of whom are single mothers," she adds. Most of them had no savings or investments to cushion them.

They reported to work in the morning and were shocked to be summoned by their managers who informed them that their services were no longer required from the next day until further notice.

At home, their school going children had returned as schools had also been ordered shut. This meant more expenses on food because some schools offer meals during lessons.

"COVID-19 taught us to stand on our own, we could not even go to a neighbor or relative for help," says Shikanga.

The pandemic led to increase

in stress levels among workers and their families. Before it struck, workers used to be transported in buses to work in eight-hour shifts from 7am to 4pm for five days a week.

"By then, we were sure that after eight hours and 30 days, our salaries were guaranteed. We could also apply for advance pay to be cleared at the end of the month. But all that changed'."

“

By then, we were sure that after eight hours and 30 days, our salaries were guaranteed. We could also apply for advance pay to be cleared at the end of the month. But all that changed."

**TABITHA SHIKANGA- FLOWER FARM
WORKER IN NAIVASHA**

The casuals who were on a six-month contract subject to the business climate were let go; those who were on permanent contracts were reduced.

But all has not been gloom and doom. Some farms, including Shikanga's, have recovered and have been recalling their

permanent workers. This is after the Government relaxed travel restrictions, especially the lifting of the ban on international cargo flights.

New Normal

All workers now have to adhere to the strict health regulations which include temperature tests at the main gate, washing or sanitizing hands, wearing face masks and social distancing at the work place.

Official transport has also reduced the number of passengers to enforce the social distance rule. At the main gate, some flower farms have erected automatic walk-through body sanitizers.

"In most flower farms, there are strict safety rules. If anyone breaches the face-mask or social distance regulations, he or she is liable to summary dismissal," says Shikanga.

The anti-Covid message has been spread effectively by the management and all the workers have embraced it knowing that one positive case can force the company to close.

Says Shikanga: "Working in a flower farm is not a joke, one has to be focused, professional and sensitive as you plant, weed, spray, harvest, grade and transport the precious foreign exchange earner. One small mistake during the three-month process can have the consignment rejected at the airport or even market."

A mother's joy and agony as she welcomes her grandchildren in the village

BY ODHIAMBO ORLALE

For Mama Syprosa Nduma, COVID-19 brought joy, fear and agony in her home in Ogando village, Homa Bay County.

The 60-year-old woman initially welcomed her five grandchildren with open arms at the onset of the pandemic after their parents shipped them from Nairobi's Korogocho slums.

They were among the millions of Kenyan students whose education was suspended in March as part of government measures to control the spread of the virus. While national examination classes (Grade Four, Class Eight and Form Four) returned to school in October, the others are still at home.

The virus has had an adverse effect on her son and daughter-in-law who are both dependent on casual jobs and small-scale business. They were struggling to put food on the table, hence the decision to send them to the village.

Says Nduma: "COVID brought joy to me when it reunited me with my grandchildren after a long break, but little did I know that it would last for the rest of the year."

In mid-April, her son requested her to accommodate



Covid and Grandmothers in Rural Areas. PHOTO/ORLALE ODHIAMBO

the children "for a short while" until the pandemic's curve was leveled and children allowed to resume school.

But as days turned to weeks and weeks into months of grimmer statistics of rising number of infections and deaths, she has found it harder to feed and take care of herself and the grandchildren's basic

needs.

"I never despaired despite the hardship because I am a staunch Christian who believes that God will never let his children to suffer. We survived by the grace of the Lord."

The young ones helped her with chores like tilling the land, cooking,

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cleaning the house and herding cattle.

As infections in Nairobi rose, she feared for the children's parents who were still locked up in the city. According to the grandmother, her fear was not only of losing loved ones to the disease, but the strict health regulations on burials. Some bodies were disposed of in bags at night without proper mourning for closure.

Every night after dinner, the woman would gather her grandchildren in the sitting room and pray for protection for them and their parents in Nairobi.

By then, reports of the first casualties had been reported in the village, marked by strange burials in total disregard of the Christian faith and burial traditions of the community.

The children, who were not used to village life, had to adjust by learning and speaking the local dialect.

It was a shock to them as they had to walk to the river to bath and wash their clothes; they also had to help their grandmother with errands like going to the trading center to buy groceries and/or take maize grain to the posho mill to be made into flour for meals.

"It took my grandchildren over a month to adjust to life in the village, now they have acclimatized and no longer cry and ask to return to the city to be with their parents. They are now looking forward to returning to the city when schools reopen."



Clement Tulezi , the Chief Executive Officer Kenya Flower Council speaks on a recovery plan by the council. PHOTO: COURTESY

Rescue plan offers workers a lifeline as virus bites cut flower industry

BY FAITH MUIRURI

Betty Auma (not her real name) started working for a prime flower farm in Naivasha in 2009. In March, 2020, she lost her job as the cut flower industry battled the aftershocks of the Coronavirus lockdown.

"I am now at home with no job. First I was sent on compulsory leave and when I resumed I was asked to fill in for unpaid leave. Three days later I was summoned to surrender all my work equipment and resign," a

devastated Auma says.

She was shown the door even as the government and other key players in the industry unveiled plans to cushion the sector.

In May, the government announced that it will inject Ksh1.5 billion to assist flower and horticultural producers to access international markets. At the time, there was a shortage of flights as the pandemic grounded airlines across the world.

In addition Fair Trade Africa pledged to pay a **PAGE 26>>**

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part in alleviating hardships faced by workers.

An assessment report by the African Women's Development and Communication Network (FEMNET) reveals that farms that had appealed for support from Fair Trade had received a nod.

According to the report in some farms, each worker was to receive Ksh2,100 from May for an indefinite period of time.

"This includes workers who had been sent home on unpaid leave. The story is similar across the farms with workers in the hypericum flowers section of a different farm who had been subjected to half-pay getting Ksh3,000 per month while those in rose flower section and still had their jobs would get Ksh1,000," reveals the report.

These monies, according to the report, would be drawn from the Fairtrade premium.

Wesley Siele, the Chief Executive Officer of the Agricultural Employers Association (AEA), confirmed that Fairtrade had approved a decision allowing the Fairtrade Premium Committees to pay a cash token to the workers.

Further, the AEA in partnership with Kenya Flower Council, agreed to contribute to an emergency response fund established by the government.

The report, however, notes that the challenge with this strategy, if adopted, is the risk that the funds channeled through the government may never reach the targeted beneficiaries due to the high stakes involved.

"In addition, it is not clear whether the fund will factor in all the flower farms, regardless

of size and social certification status," adds the report.

A Managing Director in one of the farms sampled in the study, underscored the need to assist all floricultural industries as the economic impact is universally felt by all.

“As workers struggle to “survive” in such a situation, cases of sexual harassment and gender injustices are likely to increase. All these impact negatively to women workers who constitute close to 70 percent of labour in the flower sector,”

DAVIS MALOMBE KHRC DEPUTY EXECUTIVE DIRECTOR

COVID-19 responses including international, regional and national regulations badly affected the world of work and the rights of workers at all levels and across sectors.

In the cut flower industry, hundreds of workers have been

sent on unpaid leave, or have had their pay slashed and further downsizing is imminent should the pandemic persist.

The Kenya Human Rights Commission (KHRC) predicts more lay-offs and wage cuts if the situation persists.

"As workers struggle to “survive” in such a situation, cases of sexual harassment and gender injustices are likely to increase. All these impact negatively to women workers who constitute close to 70 percent of labour in the flower sector," KHRC Deputy Executive Director Davis Malombe says.

Female workers interviewed in the FEMNET study expressed fear about a bleak future. The employment status of those on unpaid leave remains unknown.

"To them, every day is a gut-wrenching experience with stark realities of their waning ability to put food on the table," reads the report in part.

Asked what their greatest fears were, 92 percent of the respondents said they were worried that they would be unable to provide for their families. Many others (83 percent) expressed anxiety about their ability to keep their children in school. With the meagre wages, all of the respondents indicated they survived on perpetual loans from savings and credit cooperative societies and had very minimal savings to weather the joblessness.

This precarious situation calls for an inclusive and proactive response plan in order to mitigate the impact of the pandemic, especially on the less fortunate communities.

Teenage girls in urban slums suffer consequences of schools closure

BY RUTH OMUKHANGO

When schools were ordered closed in March, Brenda Achieng (not her real name), a Form Three student who lives in Nairobi's Gatwekera slums, was anxious but hopeful that she would weather the Coronavirus storm and continue with her education.

But the indefinite enforced holiday has changed her life upside down and she is no longer so hopeful about her future. Achieng is among thousands of teenage girls who were impregnated during the closure period.

The girl, who is four months pregnant, declined to say who is responsible but blamed the situation on poverty. "I did it just to put food on the table," she says.

The 18-year-old says she left school in the hope of returning soon, but this turned out to be a nightmare due to the prolonged stay at home.

The third born in a family of six says her presence at home meant an extra mouth to feed for her already over-burdened widowed mother who works as a house help in the nearby Olympic Estate.

"Before the pandemic, my mother was earning Ksh7,500 per month. Her job was terminated because of the pandemic and only reports once a week and is paid Ksh500 per session," says Achieng.



With the dwindling resources, it was difficult to get essentials such as sanitary pads, leave alone food.

Media reports have highlighted many cases of teenage pregnancies and increased cases of Female Genital Mutilation which lead to early marriages across Kenya.

A report by Plan International indicates that the school closures have hit girls the hardest. This is because being out of school their vulnerabilities not just to early and unwanted pregnancies but also to early marriages and contraction of Sexually Transmitted Infections

(STIs).

Additionally, with schools closed, young girls were locked up at home with increased risk of sexual exploitation and gender-based violence which may result in unwanted pregnancies. With the pandemic showing no signs of ending, the figures on teenage pregnancies are set to rise, eroding the gains achieved over the years.

According statistics by the Kenya Health Demographic and Health Survey 2014, one in every five girls between 15-19 years is either pregnant **PAGE 26>>**

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or already a mother. Statistics from a Global Childhood Kenya 2019 report further reveal that Kenya had the third-highest teen pregnancy rate with 82 per 1,000 births.

According to a United Nations Population Fund Report, Kenya recorded 378, 397 adolescent and teenage pregnancies for girls aged 10-19 years between July 2016 and June 2017. Some 28, 932 girls aged 10-14 and 349,465 girls aged 15-19 became pregnant.

With COVID-19, violence against women and girls has been highlighted as one of the greatest human rights violations. The Gender Violence Recovery Centre recorded more than 450 cases in August and 368 cases in September 2020, with the highest form being sexual violence against

teenagers.

A recent survey by Healthcare Assistance Kenya (HAK) on COVID-19 and Sexual Gender Based Violence (SGBV) indicates that 38 out of the 47 counties have reported SGBV cases since mid-March when the disease was confirmed in the country.

Alarming figures on teenage pregnancies forced President Uhuru Kenyatta to direct the National Crime Research Centre to study the trends and come up with the way forward.

According to media reports, Chief Justice David Maraga said since March, sexual offences made up 38.5 percent of offences handled by the Judiciary.

The examination classes – Grade Four, Class Eight and Form Four – reported back to class in October. But the fate of the rest is still

unknown meaning that everyone has to pull together to bring this vice to an end. If this is not done, in 2021 the greatest problem will be dealing with the high number of pregnant school girls.

As the pandemic continues, according to UN Women, this number is likely to grow with multiple impacts on women's wellbeing, their sexual and reproductive health, their mental health and their ability to participate and lead in the recovery of our societies and economy.

This calls for a multi-stakeholder approach, including consortiums to tackle SGBV from all angles to eliminate the vice.

In meantime, girls like Achieng have to wait and hope that things will change for the better for them.

KENYAN Woman



The Kenyan Woman is a publication of African Woman and Child Feature Service
E-mail: info@awcfs.org
www.awcfs.org



Executive Director: Arthur Okwemba

Editor: Faith Muiruri

Writers: Ruth Omukhango, Odhiambo Orlale, Faith Muiruri, Joyce Chimbi, Nancy Njoroge.

Design & layout: VIEVE OMNIMEDIA