# Inequality Dimensions of Kenya's Responses to COVID-19

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## 1 Introduction

The World Health Organisation (WHO) declared COVID-19 a global pandemic on 11 March 2020. About a year later, Kenya had registered over 100,000 COVID-19 cases and nearly 2000 deaths from the virus (Worldometer 2021). The fast and extensive spread of the virus forced governments worldwide to take various measures, some of them unprecedented, to contain the pandemic. Admittedly, while some of the responses were legitimate and justified measures directed at containing the pandemic, other responses such as night curfews were neither borne of science nor defensible and justifiable. They ostensibly seemed to be aimed at dealing with crime associated with economic difficulties wrought by the pandemic. Most of the policy measures taken in response to

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COVID-19 particularly in developing countries such as Kenya exacerbated extant inequalities. There were deepening economic inequalities across gender, social, economic, and political classes with profound and pronounced consequences on the vulnerable. A large part of this resultant phenomenon was a result of the failure to undertake a socio-economic impact of the said COVID-19 responses before their imposition.

Kenya was no exception to the foregoing phenomenon especially given its high levels of informality in the economy, lack of robust welfare programmes, and high unemployment and poverty rates. The COVID-19 pandemic was both a public health emergency and an economic crisis, which prompted various policy responses in Kenya. The pandemic altered, reordered, and reconfigured the economic and political order, with pronounced consequences particularly on the vulnerable. The pandemic responses also potentially redefined and raised questions about the role of the state within a neoliberal economic paradigm that has long defined state-market relations. Thus, an assessment of the consequences of COVID-19 responses on the citizenry's various classes, particularly on the equality front, is essential.

This chapter assesses Kenya's COVID-19 policy responses with a view to exploring the dynamics of inequality of these responses. It highlights the pernicious effects of the various COVID-19 responses during the pandemic, particularly on the vulnerable, tracing the same to the structuring of the economy and failure to undertake a socio-economic impact assessment of the responses. The chapter argues that the policy responses, taken together, partially challenged the neoliberal framework, at least in so far that they involved a more active role on the part of the state. The chapter then calls for reassertion and mainstreaming of these responses beyond the post-COVID era.

This chapter is structured as follows: Sect. 1 deals with the introduction, Sect. 2 is an overview of Kenya's socio-economic context in the pre-COVID era. Section 3 discusses the impacts of various COVID-19 policy responses through an equality lens and Sect. 4 concludes the chapter.

## 2 Kenya's Political and Socio-Economic Context in the Pre-Pandemic Era

Kenya was one of the fastest growing economies in the African continent before the onset of the COVID-19 pandemic, registering an average growth rate of 5.9% of Gross Domestic Product (GDP) from 2010 to 2018 (USAID 2019). The country had achieved a lower-middle income country status and it still serves as the key entry point into the larger East African region (USAID 2019). The agriculture sector constitutes the backbone of the country's economy contributing up to 33% of GDP and employing more than 40% of the population, and 70% of the rural population (USAID 2019). Nearly two-thirds of the country's total population was living in poverty, making slightly above 3 dollars on a daily basis. The national Gini Coefficient, which measures the distribution of income across the entire population of a particular area thereby serving as a useful marker of inequality, stood at 0.404 in 2015/2016 indicating high levels of inequality (KNBS 2020a). In 2019, Kenya registered an economic growth rate of 5.4% with public debt standing at 61% of the GDP. The economy was projected to grow by about 6.2% in 2020 but the pandemic led to a drastic fall to about −0.1% negative growth rate (Onsomu et al. 2021). As of 2019, the number of persons working in the informal sector grew by 5.4% to around 15.1 million people, indicating the high informality levels in the labour market (KNBS 2020b).

In the education sector, Kenya had made progress achieving a near parity between boys and girls in terms of school enrolment (Presidency 2015). There have also been various pro-poor measures in education instituted by government including: provision of free primary education and subsidized secondary education; school feeding programmes; health and deworming programmes for students; secondary school bursary funds for poor students; higher education loans to needy students attending tertiary institutions; support to special needs education; enhanced budgetary support for early childhood education, among others (KNBS 2020a). With respect to the health sector, Kenya does not have a comprehensive health insurance scheme for all. However, there have been efforts to roll out universal health coverage (UHC) albeit with little success. Only about 11% of Kenyans are covered by the national insurance scheme (Ouma et al. 2020). The vast majority of informal sector workers who constitute the majority of the population have no medical insurance cover. Public health facilities are ill-resourced in terms of personnel, yet they serve a large part of the public. The health sector is underfunded averaging around 6% of the total budget, against the ideal 15% of the annual budget as set by the Abuja Declaration (Oneko 2020).

Government's investment in social policy and social protection measures has been limited and rather market centric. The structural adjustment policies that accompanied the neoliberal economic era led to a retreat of the state in provision of various public goods such as health and education (Mkandawire 2001). Accordingly, these essential public goods were, to a significant extent, left to the markets which meant that only those with the requisite economic power would be able to acquire them. This notwithstanding, Kenya has instituted some social protection measures comprising of cash transfer schemes mainly with the support of development partners. For instance, there is the nationwide cash transfer scheme targeting elderly persons above the age of 70 under a national safety net programme known as *Inua Jamii*.

## 3 COVID-19 Responses and Their Implications

### *3.1 Civil and Political Liberties*

The declaration of COVID-19 as a formidable epidemic disease in Kenya enabled the government to invoke the Public Order Act, Cap 56 and the Public Health Act, Cap 242, which operate in extraordinary times to limit fundamental rights and freedoms (Kagwe 2020). While the Kenyan government did not declare a state of emergency, the invocation of these laws created a state of exception and influenced the kind and character of regulatory measures taken by the government (Kenya Law 2020). These measures included night curfew, lockdowns, quarantines, restrictions on travel/movement, a ban on public gatherings, and closure of schools and restaurants. The restrictions imposed by the Kenyan government in response to the pandemic, particularly within the first six months of the pandemic, were among the strictest measures among various countries (University of Oxford 2021). They had the effect of seriously limiting fundamental freedoms and liberties, with the state through its agents, especially the police, taking an increasingly prominent role. This was evident, particularly in the enforcement of the night curfew, quarantine, and lockdown measures where the state used police officers to forcefully ensure compliance among the citizenry (Kimari 2020). There were multiple accounts of police brutality during this period in a bid to ensure compliance with state directives (OHCHR 2020). For instance, over 100 people were killed by the police within the first months of the pandemic, as police officers sought to forcefully enforce the COVID-19 measures, especially the night curfew (Kiruga 2020).

The shift in approach to law and order or security-oriented approach in COVID-19 responses was a step toward a militarized state where liberties are severely limited under the guise of maintaining public order and public health. An argument may well be made that the night curfew served no useful purpose in dealing with the pandemic, at least from a scientific approach, given that the same did not apply during the day. The difficulties in enforcing the various COVID-19 measures during the night may partly explain the imposition of the night curfew (Luesby 2021). However, an argument may also be made that the demands on law enforcement during the night are significantly reduced due to reduced human activity during the night. The more likely explanation for the night curfew and lockdown measures may have been the need to contain crime given the economic difficulties that the pandemic had wreaked.

The COVID-19 responses had profound impacts on citizens' liberties, freedoms, and security, which reinforced and deepened socio-economic inequalities. To illustrate, persons infected and affected by the virus were unable to work either due to ill health or simply because they had to take care of their sick loved ones. In effect, the pandemic significantly reduced the number of a person's ability to work, thereby increasing the income dependency ratio in a country with a high-income dependency ratio.

The COVID-19 responses were both self-imposed and government-imposed. Owing to aversion behaviour, some citizens wary of catching the COVID-19 virus opted to stay at home and away from public places and places of work (Moore 2020). This had a direct deleterious effect on freedom of assembly and association and their participation in the labour market and other forms of public life. Other COVID-19 responses were government-imposed, partly motivated by the aversion behaviour of some citizens, the need to contain the pandemic, the need to avoid overwhelming the fragile health systems and to reduce incidences of crime. In particular, upon confirmation of the first COVID-19 case in Kenya (Ministry of Health 2020), the Kenyan government imposed a number of restrictions, namely: banning entry of foreigners through the Kenyan airspace, working at home mandates, and lockdown and quarantine measures, which in effect limited on the freedom of association and movement. In particular, a curfew and travel ban were simultaneously announced on 15 March 2020; all bars and restaurants except for restaurant takeaway services were closed effective 22 March 2020 while on 6 April 2020, movement into and out of Nairobi was suspended for 21 days. These measures had far reaching consequences.

### 3.2 *Fiscal, Economic, and Monetary Responses*

Prior to COVID-19, Kenya's economy had been on a steady growth curve. According to the World Bank, Kenya's growth from 2015 to 2019 was at an average of 4.7% with significant efforts to reduce poverty and inequality (The World Bank 2021). According to the World Bank (2021), the COVID-19 pandemic disrupted various sectors resulting in a ripple negative effect on the economy. The negative effect on the economy is demonstrated by the African Development Bank's report on Kenya's economic outlook which indicated that Kenya's public debt to GDP surged from 61% in 2019 to 72% in 2020. Furthermore, various countries, including Kenya, imposed lockdown measures to contain the spread of COVID-19. These measures impeded international transport, trade and tourism and negatively affected the economy.

The Government of Kenya, directly and through its various agencies and institutions, imposed several fiscal, economic, and monetary policies to cushion the vulnerable and stimulate growth given the contraction of the economy in light of the COVID-19 pandemic. One of the immediate fiscal policies introduced by the Central Bank of Kenya (CBK) was the elimination of all transfer charges between mobile money wallets and banks as well as increasing mobile money transaction limits while eliminating monthly total transaction limits which encouraged contactless payments. CBK also directed various banks to review loan extension requests from their customers for up to one year, with the banks bearing the costs of extension and restructuring of loans. CBK also lowered the Cash Reserve Ration (CRR) to 4.25% to provide additional liquidity to the commercial banks and the Central Bank Rate (CBR) was lowered to 7% from 7.25% to enable commercial banks to lower their loan interest rates and encourage borrowing. Furthermore, the government paid at least $130 Million of the verified pending bills to increase liquidity in businesses.

On 6 April 2020 and in subsequent presidential addresses, the President of Kenya announced various enhanced relief measures in response to the COVID-19 Pandemic including specific tax relief measures (His Excellency President Uhuru Kenyatta 2020). The tax relief measures included a 100% tax waiver for those earning less than Kshs 24,000 per month, reduced VAT rate from 16 to 14% and reduced corporate income tax resident rates from 30 to 25%. The government also directed the

Kenya Revenue Authority to immediately make payments of processed VAT refund claims to ensure liquidity of taxpayers during the pandemic.

Aside from the tax relief measures, one of the significant fiscal responses was the cash transfer and stimulus packages targeting the community's vulnerable groups, including the elderly, the youth, and people living with disabilities. The government also provided a stimulus package on a work for pay basis to artists, actors, and musicians who were involved in producing awareness content during the pandemic. Indeed, the fiscal and monetary policies and measures shifted the economic dynamics in the market, with the government taking a prominent role in providing relief measures to mitigate the high cost of living during the pandemic.

The ban on international travel caused huge disruption to the tourism sector, which ranks as Kenya's largest foreign exchange earner. A significant portion of citizens, particularly in coastal regions, depend on this sector. Besides the obvious economic loss to hotels and the government in the form of reduced revenue, low-income persons working in the tourism industry suffered a complete or near-complete loss of livelihood (Muragu et al. 2021). According to Obulutsa (2022), the tourism sector shed close to 1.2 million jobs as a result of the pandemic.

The horticultural sector and the wider agricultural sector also bore the brunt of the ban on international travel given the reduced demand for cut flowers and other agricultural products (Mbabazi 2020). Horticultural and agricultural exports dropped by over 60% resulting in loss of thousands of jobs and incomes for workers in horticultural farms and farmers who grow various crops and produce for the export market (Mbabazi 2020). Accordingly, restriction of international travel, while meant to reduce the spread of the virus, especially at the onset of the pandemic, resulted in untold suffering to many persons dependent on the tourism economy for livelihood and certainly exacerbated income inequalities.

The restriction in the public transport sector that required public transport vehicles to only carry half their capacity also had an adverse economic impact on owners of the vehicles and passengers (Okadia 2021). Persons using public transport in Kenya are the majority comprising of low income and middle-income earners, given the high cost of purchasing and maintaining a private vehicle. The requirement for public service vehicles (PSVs) to carry half capacity led to an increase in fares charged on passengers to make up for the reduced income. The increase in fares was also exacerbated by the rise in international crude oil prices due to disruption of international supply chains leading to a rise in fuel costs. As a result, the middle- and low-income earners were adversely affected by the increased cost of living.

The cash transfer and stimulus packages issued to the vulnerable groups were instrumental in cushioning the target groups against the effects of the pandemic. However, while cash is easy to administer and may offer the much-needed freedom to recipients to choose what to acquire with the money, cash transfers serve to distract from broad-based policy responses (Ouma 2021). In addition, the amounts disbursed in the cash transfers were barely adequate and as they only benefited a small proportion of the needy (Ouma 2021).

Whereas the fiscal and monetary relief measures can be seen as nationalistic and state-driven, they were predominantly funded through loans, significantly increasing Kenya's external debt. In light of the effects of the pandemic and the loans received by Kenya to combat the COVID-19 crisis, the International Monetary Fund (IMF) raised Kenya's debt distress risk from moderate to high (Miriri 2020). According to the African Development Bank, Kenya's Public Debt ratio increased significantly during the pandemic. Furthermore, while, these loans have a grace period before the repayment period commences, the taxpayer who was meant to be cushioned from the economic effects of the pandemic will have to bear the brunt of loan repayment aside from other existing loans that Kenya is repaying. In the end, the economic effects of the pandemic will still be felt in the years to come as Kenya repays her external debts.

### *3.3 Employment and Labour*

The Kenyan employment sector is governed by various laws including the Constitution of Kenya, the Employment Act, the Occupational Health and Safety Act, the Employment and Labour Relations Court Act, and the Labour Relations Act, among others. Kenya also applies international labour standards, having ratified several International Labour Organisation (ILO) Conventions among other international and regional agreements (Danish Trade Union Development Agency 2020). Government statistics indicate that Kenya's employment sector comprises of over 80% employees in the informal sector (Kenya Labour Market Information System 2022). Furthermore, the number of unemployed youths has steadily increased over the years to 38.9% of young persons between 18 and 34 years (Alushula 2020). Job creation has slowed down prior to the COVID-19 pandemic and consequently, the numbers of unemployed Kenya increased significantly as a result of the COVID-19 pandemic.

The Government of Kenya introduced various measures targeting the labour market in response to the COVID-19 pandemic. These measures included the tax relief measures introduced to benefit the employees, employers and the self-employed by easing their tax burden. Furthermore, the Government encouraged employers to implement work from home strategies to reduce the risks of infection (Birir 2020). Government workers over the age of 58 years were required to take leave or work from home to alleviate the risk of infection. Additionally, vulnerable groups, the elderly and the severely disabled, received cash transfers to cushion them from the effects of the pandemic.

The restriction of movement and public gathering resulted in massive loss of revenue streams for workers in the informal sector and those in the creatives industry who depended on income from public gatherings such as concerts. On 6 April 2020, the President of Kenya issued a directive to the Sports, Art, and Social Development Fund to avail Kenya Shillings 100 Million to cushion embers of the creatives industry from the effects of the COVID-19 Pandemic. Following this directive, the Government provided a stimulus package for members of the creative industry through the work for pay programme to create a source of income (Permanent Presidential Music Commission 2020). The work for pay programme involved members of the creative industry producing various artistic expressions geared towards sensitization on COVID-19 in exchange for being paid a given amount (Ilado 2020).

Another significant COVID-19 response by the Government was the enhancement of social protection measures in the form of public works programmes that sought to cushion unemployed youths (Doyle and Ikutwa 2021). Through the then Ministry of Labour and Social Protection in collaboration with county governments and non-state actors, the Government of Kenya offered significant support in the form of cash, food, and medical supplies, especially in informal settlements (Doyle and Ikutwa 2021). The public works programme dubbed "Kazi Kwa Vijana programme" was targeted toward vulnerable but able-bodied youths living in informal settlements who provided manual labour for various government projects for payment.

The government's employment and protection of work responses created significant inequalities, with workers in the informal sector being more vulnerable during the pandemic. First, the lockdown and curfew measures imposed by the government resulted in a loss of revenue streams, especially in urban areas with 24-h economies. Secondly, some of the critical measures, such as social distancing in public transport, led to price hikes increasing the cost of living significantly in urban areas such as Nairobi (Gikandi 2020). These factors increased the inequality between the informal sector and the formal sector. The government's role in bridging the inequality gaps between the formal and informal sector through strategic measures was largely passive, and as a consequence, the gap significantly increased during the pandemic.

Workers in the informal sector lost sources of livelihood, and food security became a critical issue for those living in slum areas. The government handouts and cash transfers were marred by allegations of corruption, with the most vulnerable in the society suffering from loss of livelihoods (Wasike 2021). Furthermore, most of the workers in the informal sector did not fall under the targeted tax brackets and could only have benefited from the Value Added Tax (VAT) reduced rate which was not significant.

In a bid to stay afloat, various companies declared redundancies and either laid off staff or shut down completely (Wafula 2020). The government ban on public gatherings and the closure of bars and restaurants also negatively impacted the hospitality and creative industries (Chacha et al. 2021). The restrictions on movement and ban on public gatherings caused supply chain disruptions, preventing small-scale businesspeople from obtaining supplies for onward selling. Where they did, they bought them at higher prices due to the supply shortages. In addition, these measures exacerbated food insecurity given that most people purchase their food supplies in the open-air markets, which sell fresh farm produce at an affordable price. While the government issued stimulus packages to soften the impact of a loss of revenue, the packages were targeting specific groups, and consequently, a number of people were left out. The interventions adopted by the government for the protection of work were not as aggressive, and as a consequence, decisions on whether to lay off workers were left to employers.

The Kenyan government did not enforce any subsidy or tax incentives geared towards encouraging employers to retain employees during the pandemic, as was the case in some European countries (OECD 2020). Further, some of the surveillance interventions like curfews and lockdowns contributed significantly to the loss of income for various households. This is because the sustainability of those interventions at an individual level depends on the level of financial cushioning available to an individual. As a result, interventions such as working remotely, social distancing, and lockdowns were not beneficial, especially to the informal sector, which depended on daily livelihood income to survive. As a matter of fact, these interventions only widened the gap between those in the informal sector and those in the formal sector and significantly increased the poverty rate in the country.

The work from home mandates imposed by the government only favoured civil servants and those working in white-collar jobs in the private sector. These mandates were not directed toward the blue-collar workers and informal economy workers who constitute the majority of Kenyan workers, up to 83% of the total workforce in the country as of 2019 (Gikandi 2020). Informal workers do not have the luxury of working from home, given that the nature of their work almost invariably requires their physical presence. Even were if they were to fall sick from the virus, they would have had to go out to seek work, given the fact that they do not have the luxury of paid sick leave, as is the case with most formal sector workers. Further, most informal sector workers do not enjoy any form of health insurance (KNBS 2020a), leaving them exposed to further impoverishment if their relatives or themselves fall sick and have to pay out-of-pocket medical expenses.

For these reasons, the COVID-19 responses in the employment sector were largely one-sided favouring the formal employment sector while leaving the informal sector vulnerable to both the risk of infection and increased poverty levels. On another front and given the work from home mandates, some employers released their employees who would work in their homes as house helps for fear of those employees spreading the virus to them (Schmidt 2020). In a sense, therefore, these measures worked doubly to the disadvantage of the economically vulnerable (Quaife et al. 2020). Consequently, the poverty and inequality gaps increased significantly during the COVID-19 pandemic.

### *3.4 Health*

Kenya has been striving to achieve universal health coverage (UHC) whose aim is ensuring access to healthcare for everyone without financial constraints and access to well-managed, financed, and responsive healthcare systems (Moses et al. 2021). To this end, Kenya has adopted various strategies with the President of Kenya pledging to make sure that all

Kenyans can access quality health services (World Health Organization Africa 2018). These strategies include removal of use fees in four counties' public healthcare centres. Prior to the COVID-19 pandemic, the Kenyan healthcare sector was faced with a myriad of challenges including corruption in the public healthcare centres, the fight against persistent diseases such as Malaria, frequent strikes and disproportionate ratio of healthcare workers vis a vis the general population (Ouma et al. 2020). These gaps proved to be risk areas at the onset of the pandemic and the Government had to step in and upgrade the public healthcare facilities to have the capacity to handle COVID-19 infections (Barasa et al. 2020).

From the onset of the pandemic, the government moved to upgrade various facilities so as to enhance capacity to deal with a surge of infections during the pandemic. With an increase in the number of positive cases, patients, and their contacts 1 were quarantined at their own cost. Initially, most insurance companies refused to cover the cost of COVID-19 treatment (CGTN 2020). Furthermore, the country was thrown into a frenzy with members of the public hoarding items, thereby causing an artificial rise in prices of masks and sanitisers and other essential supplies, which hurt the vulnerable the most (Herbling 2021).

The government through the Public Health (COVID-19 Restriction of Movement of Persons and Related Measures) Rules 2020 required all users of public or private transport to wear protective masks. This requirement supplemented the presidential directive on wearing of masks and keeping social distance. Contravening this directive was an offence and the national security organs carried out arrests of such persons (Achuka 2020). Workplaces also adopted policies geared towards ensuring employees maintain social distancing in workplaces, observe hygiene procedures and wear masks. Several buildings and workplaces introduced contactless temperature checks at entry points as a measure of minimizing infection by flagging people with high body temperatures.

The pandemic revealed the massive gaps existing in the healthcare system and infrastructure both at the national and county levels (Mohiddin and Temmerman 2020). Further, misinformation also fed into the public frenzy with a lot of stigma associated with the COVID-19 pandemic. In March 2020, nurses at the Mbagathi hospital went on strike after two more cases were confirmed in Kenya. The nurses cited lack of training and stated that they felt unsafe and unprepared to handle infected persons. On 4 May, the Kenya National Union of Nurses (KNUN) issued the government with a 14 day notice threatening to down their tools on 18 May if their demand for harmonization of risk allowances during the pandemic was not met. This was based on claims that the Ministry of Health was only supporting a section of the health workers. Allegations of healthcare professionals being mishandled was also raised. The strike was suspended for 21 days after the government agreed to hold discussions with the health workers on their demands. The Kenya Health Professional Society also issued a seven-day industrial strike notice. The grounds for the strike were improved compensation and protection of healthcare workers who were responding to the pandemic.

Private enterprises provided masks and sanitisers at a high cost. While at the same time, the government made efforts to procure and distribute masks and sanitisers to the public, the effect was not far-reaching (Gathara 2021). The government also took charge of burying those who succumbed to the virus with strict burial guidelines and restricted access. As the pandemic continued to spread, the private sector also took an active role and monetized the health services given to COVID-19 patients, including the initial COVID-19 vaccines (Gathara 2021). On the other hand, the government ensured that the vaccine was available to everyone, with the number of those vaccinated increasing steadily over the past year (Bhalla 2021). The demand for healthcare services has continued to increase, and lobby groups have called for the government to take a significant role in healthcare delivery to avert the high cost of accessing healthcare services from private institutions (Bhalla 2021). The cost of COVID-19 care was also very expensive increasing the inequalities between the rich who could afford private healthcare facilities and equipment and the poor who solely depended on poorly equipped public hospitals.

### *3.5 Education*

The closure of schools for a significant period through the year 2020 meant that children were at home for a longer period than would be the case, with attendant consequences (Mlaba 2021). In particular, the school closures disproportionately negatively affected the disadvantaged children who could not afford personal tutors teaching them at home or whose parents and guardians are uneducated and therefore unable to assist them in their learning. This is especially important given that the closure of schools extended for a considerable period of time from 16 March 2020 to the partial opening on 19 October 2020 and the final school opening on 4 January 2021 (Abuya 2022). Accordingly, the closure of learning institutions served to deepen and reinforce educational inequalities across economic and social classes (Parsitau and Jepkemei 2020).

Further, there were widening inequalities along gender lines, with women and girls being more disadvantaged than men and boys (PMA 2021). This is largely on account of the gendered nature of various roles and responsibilities in Kenyan society. By being at home as opposed to being at school for a long period, female parents and female members of households took over the additional burden of care adding to their "time poverty", which left even less time to engage in gainful or paid work (Republic of Kenya and United Nations 2020). This is a result of the fact that women tend to be caregivers within a household in charge of various household chores including cooking, nursing, and managing the home-which work is unremunerated for the most part (Republic of Kenya and United Nations 2020). Even where the same is remunerated, say in the case of employed house helps, the pay for this kind of work is usually notably low, occasionally going below the set minimum wage. In addition, again, owing to gendered roles in society, girls took on additional responsibilities within the home, leaving them little time for studying relative to boys, certainly laying the foundation for differential educational performance.

There were various reported cases of child labour, early marriage, and sexual-based violence against girls and women during the pandemic owing to the closure of schools since girls were at home for an extended period of time in close association with their male counterparts (Ganju et al. 2021). This was manifested in high cases of unwanted and teenage pregnancies that were reported relative to other times (Zulaika et al. 2022). The hospitality sector was also disproportionately affected by the measures taken in response to the pandemic relative to other sectors, thereby disproportionately affecting women negatively. This is because the proportion of sfemalesfemales is higher in the hospitality sector compared to males.

There was also a widespread adoption of remote learning across primary schools, high schools, and tertiary institutions, which depended on digital technologies and the internet (OECD 2020). Students would only access this remote learning if they possessed smartphones or computers and reliable internet access and had the ability to operate in the online environment (Jelimo 2020). Again, poor students could neither access these digital gadgets nor could they afford internet, with some having challenges operating the gadgets and operating within an online environment. Put differently, the shift into remote learning which is digitally powered only served to "leave poor students behind" in terms of education, thereby reinforcing the existent inequalities. The government appeared to support this shift in learning, oblivious to the fact that a significant section of learners would be severely disadvantaged.

Children benefiting from school feeding programmes whereby learners are provided with meals at school also lost this benefit following the closure of schools (Borkowski et al. 2021). Given that this coincided with drought and locust invasion (Kairu 2021), poor children particularly from the marginalized areas of the country, suffered immensely from this official government response of school closure without providing alternative means (Ramthun 2021).

### *3.6 Access to Justice*

The National Council on Administration of Justice (NCAJ) issued a number of directives on 15 March 2020 in light of the pandemic, namely: general scaling down of activities in the courts; suspension of all court sittings save for urgent matters; suspension of foreign travel for Judiciary staff; cancellation of all workshops, colloquia and training till further notice; reduction in number of judicial officers (judges and magistrates) physically present in the courts; video conference hearings as much as possible, adoption of technology in filing of cases and delivery of judgements; and suspension of execution proceedings for a two weeks' period (NCAJ 2020). The Judiciary was thus constrained to availing minimal essential services in the circumstances. Accordingly, many people faced difficulties accessing justice or the court system on account of these restrictions.

As a result, the digitization of court processes resulted in an increased rate of disposal of cases (Muhindi 2021). On the other hand, it also limited access to justice only to those able to access the digital platforms. The digitization of the court process may have increased inequality, especially against those in low-income households who could not access the electronic gadgets required to attend virtual court sessions.

## 4 Conclusion

This chapter has assessed the Kenyan government's policy responses to the COVID-19 pandemic. The assessment has revealed that most of the policy responses were modelled on the extant neoliberal framework, with a few detours toward state intervention largely through social protection interventions and fiscal and monetary policies. For the most part, the COVID-19 policy responses overlooked the existent inequalities among the different socio-economic classes, including gender, with the inevitable consequence of widening the gulf between the rich and the poor on the one hand and men and women on the other hand. While the state interventions in the form of social protection and fiscal and monetary policies provided much needed relief, they did not go far enough. This notwithstanding, the utility and effectiveness of these state interventions highlight the policy propositions that governments ought to pursue during a pandemic, and even in the post-pandemic era.

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