

Gendered Socioeconomic Outcomes of the Covid-19 Pandemic Disease Burden on the Refugee Households in Turkana County, Kenya.

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ABSTRACT

Existing literature has highlighted the socio-economic impacts of COVID-19 on displaced populations, yet there is limited understanding of how these effects are gendered, especially in protracted refugee settings in the Global South. While women's heightened vulnerabilities during crises are acknowledged, few studies have explored how pandemic-related disruptions have reshaped gender dynamics, decision-making, and economic resilience in refugee households. This study investigates the gendered social and economic outcomes of COVID-19 among refugee communities in Kakuma Refugee Camp, Turkana County, Kenya. Kakuma's demographic diversity and scale make it a valuable site for examining policy and community responses. The research focused on four objectives: assessing the impact of COVID-19 policies on gender relations; evaluating gender-specific effects of interventions by the Turkana County government; exploring changes in household decision-making; and identifying gender-responsive strategies for resilience. Guided by the Capacities and Vulnerabilities Framework (Anderson & Woodrow, 1989), the study employed a qualitative design using semi-structured interviews, key informant interviews, and focus group discussions with purposively sampled participants. Thematic analysis was used to interpret findings, with ethical principles upheld throughout. Results showed that the pandemic exacerbated gender inequalities. Women faced increased unpaid care work and reduced access to income-generating activities, while men experienced psychological stress due to job loss and shifting household roles. Policy responses lacked gender sensitivity, limiting their effectiveness. The study underscores the need for gender-responsive interventions to address long-term pandemic effects in refugee contexts. Key recommendations include promoting women's economic empowerment, safeguarding girls' education, enhancing mental health services, fostering inclusive governance, and strengthening community-driven resilience strategies.

Keywords: Gender, Refugee, COVID-19, Resilience, and Inequality

INTRODUCTION

The COVID-19 pandemic profoundly disrupted global socio-economic and political systems, with over 524 million cases and 6.3 million deaths reported by May 2022. Beyond its health toll, the pandemic triggered widespread job losses, food insecurity, and strained healthcare systems, disproportionately affecting vulnerable groups like refugees and internally displaced persons (IDPs). In Kenya, which hosts nearly half a million refugees, camps such as Kakuma faced intensified hardships due to lockdowns and reduced humanitarian aid. These measures curtailed access to livelihoods and essential services, reversing progress in economic empowerment and deepening existing vulnerabilities. Despite efforts by humanitarian agencies, funding shortfalls and operational constraints limited the effectiveness of interventions, leaving many refugees without adequate support.

The pandemic also reshaped gender dynamics within refugee communities, with women and girls facing increased domestic burdens and risks of gender-based violence, while men experienced economic disempowerment due to job losses in male-dominated sectors. These shifts strained household relations and led to negative coping mechanisms such as child labour and early marriage. However, the socio-economic and

psychological impacts on men remain underexplored in research and programming. This study addresses that gap by examining the gendered effects of COVID-19 in Kakuma Refugee Camp, using an inclusive and intersectional approach to understand changes in household roles, decision-making, and access to resources. It highlights the need for gender-responsive humanitarian strategies that consider the diverse experiences of all refugee populations.

The COVID-19 pandemic exacerbated existing vulnerabilities among refugee populations, particularly in Kenya's Turkana West Sub-County, home to Kakuma Refugee Camp. Lockdowns, mobility restrictions, and shifts in donor priorities disrupted access to essential services, curtailed livelihoods, and deepened gendered inequalities within households. Refugees and host communities faced heightened hardship as informal trade, education, and humanitarian support were interrupted, with women and children bearing the brunt through increased care burdens and exposure to gender-based violence, while men experienced diminished economic roles and social status.

Despite these impacts, most research and interventions have focused primarily on women and girls, overlooking the evolving roles and vulnerabilities of men. Additionally, the pandemic strained local peacebuilding efforts and social cohesion in a region already marked by fragility. This study aims to fill these knowledge gaps by examining how COVID-19 reshaped gendered socio-economic outcomes and household dynamics among refugees in Kakuma.

Main objective is to examine the gendered social and economic outcomes brought by the COVID-19 disease burden on refugee households in Turkana County, Kenya. This will help not only to provide evidence but also to identify gaps that policymakers and humanitarian agencies can build on to help better prepare and build resilience for refugees during crises. The specific objectives are:

1. To examine the implications of COVID-19 policy directives on gender relations in refugee households in Kakuma Refugee Camp in Turkana County.
2. To evaluate the gender-specific outcomes of the interventions implemented by the Turkana County government to alleviate the social and economic consequences of the COVID-19 pandemic on the refugee population in Kakuma Refugee Camp.

Research questions are:

- 1) What are the implications of COVID-19 policy directives on gender relations in refugee households in Kakuma Refugee Camp in Turkana County?
- 2) What are the gender outcomes of interventions put in place by the Turkana County government to mitigate against the social and economic effects of the COVID-19 pandemic on the refugee population in Kakuma Refugee Camp?

LITERATURE REVIEW

While the previous chapter presented the introduction to the study, objectives, questions, problem statement, justification, and scope, this chapter presents reviews of existing studies on the social and economic well-being of refugees in the aftermath of COVID-19 persists globally. This literature was reviewed thematically under the following subheadings: the implications of COVID-19 policy directives on gender relations in refugee households, gender-specific effects of interventions put in place, the implications of COVID-19 disease burden on gender decision-making in refugee households, and gender-responsive strategies and interventions that worked well to cushion refugee men and women.

The COVID-19 pandemic, along with the policy directives it necessitated, had far-reaching implications on gender relations within refugee communities. Developing countries, which host over 80% of the global refugee and displaced population, were already constrained in resources. The pandemic exacerbated these limitations, affecting income-generating opportunities, healthcare access, education, and social cohesion across gender lines (Robinson, 2020).

Among the most notable negative impacts was the economic disruption caused by lockdowns and movement restrictions. Refugee men and women, particularly those in informal sectors, lost access to livelihoods. As a result, some were pushed into negative coping mechanisms such as child marriage and transactional sex—strategies disproportionately affecting girls and women (UNHCR, 2020; Robinson, 2020). However, young men were also significantly affected. Loss of employment and schooling increased their susceptibility to recruitment into armed groups or participation in high-risk behaviours (The Times, 2025).

Structural vulnerabilities were deeply entrenched and magnified during the pandemic. Refugee camps and settlements lacked the infrastructure to implement health directives effectively. These communities faced limited access to context-sensitive health information, inadequate shelter, food insecurity, and scarce access to culturally responsive education and mental health support (Saifee, Franco-Paredes, & Lowenstein, 2021). Pandemic-related disruptions in the global economy also led to reduced food aid via the World Food Program, disproportionately affecting refugees reliant on humanitarian assistance—thus deepening gendered survival disparities (Manirambona et al., 2021).

Mental health was another gendered domain affected by COVID-19 policy responses. Refugee women reported heightened risks of gender-based violence due to confinement, while boys and men faced increasing mental health challenges due to loss of purpose and increasing economic pressures (UN Women, 2020; World Bank Group, 2017). Across all gender groups, pre-existing trauma was compounded by uncertainty, isolation, and resource scarcity (Mutambara, Crankshaw, & Freedman, 2022). Mental health conditions such as depression and PTSD were more prevalent among refugees than host populations (Manirambona et al., 2021).

Despite these challenges, the pandemic created new opportunities for reshaping gender relations. Some refugee women organized grassroots health awareness campaigns and mutual aid groups, taking on visible leadership roles and challenging traditional gender expectations (UN Women, 2020). The recognition of these efforts in policymaking spaces, though limited, represents a shift toward more inclusive recovery efforts. Refugee boys and men, on the other hand, began to engage more in unpaid care work during lockdowns, subtly redefining gender roles within the household (UNHCR, 2021).

Still, refugee perspectives were often missing from national COVID-19 strategies, limiting the efficacy and inclusiveness of response measures (Mutambara et al., 2022). The failure to adequately disaggregate data by gender and displacement status has made it difficult to design targeted interventions or track long-term implications of COVID-19 policy directives on gender relations (Vallette, Nepešová, & Korobková, 2021).

A review of gender-specific outcomes of interventions, whether in refugee settings or broader contexts, reveals that gendered outcomes are shaped by the intersection of social norms, power dynamics, and access to resources. These dynamics affect how men, women, and gender-diverse individuals experience interventions, particularly during crises like pandemics, which can exacerbate existing vulnerabilities and inequalities (Hafner-Burton, Helfer, & Fariss, 2011). The pressures of managing health crises such as COVID-19, for instance, often force states to adopt measures that may disproportionately affect vulnerable populations, including women and refugees. States typically resort to one of three options during crises: inaction, legal measures to address emerging grievances, or authoritarianism, all of which may have gendered consequences (Grove & Zwi, 2006).

Health interventions, particularly in the context of pandemics, illustrate these gendered effects. The COVID-19 pandemic, for example, highlighted the unique burdens placed on women. As healthcare resources were redirected toward the pandemic response, other critical services, such as those addressing gender-based violence (GBV), were severely disrupted (Caspani, 2015). During the West Africa Ebola outbreak, a 50% reduction in services for other diseases resulted in increased fatalities from preventable conditions like measles, disproportionately affecting women and children (CDC, 2016).

Women's existing vulnerabilities were further exacerbated by the economic and social consequences of quarantine measures. For example, quarantines during the 2014–2016 Ebola outbreak closed markets, and 85% of those most adversely affected in Liberia and Sierra Leone were women (Bandiera et al., 2019). While men's recovery was faster, with 63% returning to work, only 17% of women were able to resume their work. The gendered impact of such public health responses points to the need for gender-responsive interventions that

account for the specific roles women play in households and communities.

Displaced populations, such as refugees and Internally Displaced Persons (IDPs), are particularly vulnerable during epidemics. Living in crowded conditions with limited access to healthcare and information, their health risks are heightened in times of crisis (Refugee International, 2020). The conditions under which refugees live—often in overcrowded camps with inadequate healthcare—are further exacerbated during health emergencies. In such contexts, interventions must consider the compounded vulnerabilities of gender, migration status, and socio-economic position. For instance, women in refugee camps often bear the brunt of caregiving responsibilities, which are amplified during health crises, leaving them with less time and energy to seek out essential services or engage in economic activities.

These gendered labour divisions can leave women more exposed to the economic shocks brought about by epidemics, as evidenced during the Ebola crisis where women lost their livelihoods due to the closure of markets and restrictions on mobility (Bandiera et al., 2019). Furthermore, women working in informal sectors such as hospitality, where they are already in precarious employment, face increased hardships. During the Zika virus epidemic, many women in low-paid casual work in the hospitality sector were the first to lose their jobs and faced significant barriers to returning to work due to increased caregiving duties for children born with Zika-related disabilities.

The economic and social disruptions caused by pandemics often result in a deepening of pre-existing gender inequalities. The closure of markets and economic sectors, especially those heavily dependent on informal labour, hits women disproportionately. For example, the forced closures during the Ebola epidemic led to a significant reduction in women's income, which was slower to recover compared to that of men. A similar pattern was observed during the COVID-19 pandemic, where women, particularly those in low-income, informal employment, experienced a greater loss of income and faced more significant barriers to returning to work (Grove & Zwi, 2006). These disparities further widen the gender pay gap and reinforce existing social and economic inequalities.

Moreover, social and cultural practices are also disrupted during pandemics, which can have distinct gendered effects. Restrictions on social activities, such as funeral processions, which are significant in many cultures, can have disproportionate effects on women. During the 2014 Sierra Leone Ebola outbreak, for example, the funeral of a well-known traditional healer triggered an outbreak that led to the deaths of at least 365 people (Gholipour, 2014). Women, who are often primary caregivers and central to the management of family and community rituals, are particularly affected by the suspension of these practices. The broader disruption of community life, including the inability to perform vital social and cultural functions, can lead to feelings of social disintegration, which may further undermine social cohesion.

In refugee settings, gender-specific effects of interventions become even more apparent. Refugees, asylum seekers, and IDPs often live in cramped conditions, with limited access to healthcare and essential services, and they face mobility restrictions that exacerbate their vulnerability during health emergencies. During the COVID-19 pandemic, this vulnerability became even more acute. The imposition of movement restrictions, coupled with limited access to medical care, left many displaced persons with inadequate protection against the virus (Refugee International, 2020). Furthermore, the economic pressures faced by displaced families were compounded by the lack of access to livelihoods and the compounded risks of exposure to disease.

METHODOLOGY

To explore the link between the study objectives and the observed gendered socio-economic outcomes associated with the COVID-19 disease burden, the study adopted a qualitative research design rooted in an interpretive and exploratory paradigm. Rather than seeking to establish definitive cause-and-effect relationships, the design aimed to uncover how individuals made sense of their experiences during the pandemic, and how gendered vulnerabilities and capacities shaped those experiences within the refugee context.

The research was conducted in Kakuma Refugee Camp, located in Turkana County, Kenya, which operates under a national policy requiring refugees to reside in designated camps—Kakuma and Dadaab. While Dadaab

is predominantly Somali, Kakuma hosts a more diverse refugee population, making it a more suitable site for collecting varied perspectives and generating broader insights. Kakuma also benefits from a stronger presence of humanitarian agencies and fewer security concerns compared to Dadaab, which has faced government pressure for closure due to national security issues. As a result, many refugees have relocated to Kakuma, further reinforcing its relevance and accessibility for this study.

The research approach was grounded in a deep inquiry into participants' lived realities, perceptions, and narratives. Qualitative data collection techniques were employed to generate rich, contextualized insights. These included Key Informant Interviews (KIIs) with community leaders, service providers, and other stakeholders; focus group discussions that facilitated the exploration of collective experiences; and semi-structured interviews that allowed for flexibility in probing personal accounts. In addition, direct observation was used to gather contextual information on everyday life in the camp, further enriching the understanding of the social dynamics at play. This qualitative design enabled the study to capture complex interdependencies and nuanced forms of vulnerability and resilience as expressed by refugees in Kakuma during the COVID-19 crisis.

The study applied two frameworks—the Capacities and Vulnerabilities Framework (CVA) and Oxfam's Framework for Resilient Development. While the former was instrumental in assessing capacities and vulnerabilities, it had the shortcoming of not properly articulating the refugees' resilience. Therefore, Oxfam's framework for resilience was applied to complement the CVA. The frameworks illustrated the dynamic interplay between the pandemic's effects, pre-existing vulnerabilities, and the mediating role of institutions in shaping gendered outcomes among refugee communities. The framework was structured around three key independent variables—COVID-19 disease burden, economic vulnerabilities, and the sociocultural ecosystem—that collectively represented the structural and situational challenges faced by refugee households during the pandemic.

The study utilized a random sampling method in the selection of the blocks on which the study focused. There are four sub-camps in Kakuma Refugee Camp, namely Kakuma 1, Kakuma 2, Kakuma 3, and Kakuma 4. Within each sub-camp, there are blocks; within each block, there are households, which were the sampling unit for this study. To identify the sub-camps that were the focus of the study, the names of the four sub-camps were written on pieces of paper, which were then folded, placed in a bowl, and shaken. Two sub-camps, Kakuma 2 and 3, were randomly picked. The same procedure was repeated to select the blocks, where blocks 19 and 39 were randomly selected, respectively. The community leaders within each block supported the identification of households affected and impacted by the COVID-19 pandemic, utilizing a purposive sampling method as well as a snowballing method.

Moreover, given the qualitative nature of this research, the sampling choice reflected the need to deepen understanding of the observed social phenomenon, such as the social and economic well-being of refugees. For this reason, this study used purposive sampling to identify sixty households within the identified sites. Community leaders were then used to provide housing listings and would then help in picking relevant blocks and households living there. The identified households were those that had a family member (considered a breadwinner) infected with COVID-19. It was expected that community leaders would help in the identification of the households that were affected by COVID-19.

The study also used purposive sampling of respondents to select key informants for interviews. These comprised of humanitarian agency staff and government officials involved in COVID-19 prevention and response interventions at the camp. These agencies include the United Nations High Commission for Refugees (UNHCR), the Department of Refugee Services (DRS), Livelihood agencies, agencies involved in health matters in Kakuma camp, a protection agency, a WASH agency, a Disability Inclusion agency, local administration officials (i.e. Chief and Assistant Chief) and representatives of the refugee community structures (i.e. religious leaders' zonal leaders and block leaders).

The study employed both qualitative and quantitative methods for data processing and analysis to provide a comprehensive understanding of the research objectives. Audio recordings from in-depth and semi-structured interviews, particularly those conducted with key informants, were transcribed verbatim, translated where necessary, and subsequently coded for analysis. These transcripts were imported into NVivo version 14, a

qualitative data analysis software, to facilitate systematic coding and theme identification. The coding framework was developed inductively, based on themes emerging from the study's four core objectives, with a specific emphasis on the gendered social and economic well-being of refugees during the COVID-19 pandemic. This analytical process was grounded in a close reading of participant narratives to capture nuanced experiences and perspectives.

Data collected from focus group discussions (FGDs) and key informant interviews (KIIs) were organized and summarized thematically, aligned with the overarching aims of the study. Key findings were illustrated using direct quotations, narrative excerpts, and selected verbatim comments to preserve the authenticity and depth of participants' voices.

In addition to the qualitative data, quantitative data from the survey component of the study were exported to Microsoft Excel for processing. The data were cleaned, organized, and analysed to produce descriptive statistics in the form of tables and graphs, which visually represented the patterns and trends identified. The quantitative analysis was essential for complementing the qualitative findings by offering measurable insights into participants' attitudes, beliefs, and values, as well as highlighting key socio-economic indicators. This mixed-methods approach allowed for a more holistic interpretation of the gendered impacts of COVID-19 within refugee households.

The study observed all ethical aspects related to collaborating with people during research. The study sought the approval of the National Commission for Science, Technology and Innovations (NACOSTI). Silverman (2010) states that researchers should always protect the dignity and safety of participants during the research process. Researchers should consider various social and radical issues before approaching their subjects. All ethical principles and conventions in conducting anthropological research were followed. Full disclosure of all information was clearly stated at each level of the data collection to safeguard the confidentiality of the information collected and to preserve other ethical issues.

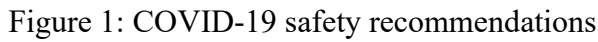
The purpose of the data and its use was made clear to all participants in the research study. Providing sufficient information to participants to enable them to make decisions is a requirement both legally and ethically for any form of research that engages human beings. Before any data is obtained from study participants, consent was sought from the participants both verbally and in writing before any information or data collection begins. In this study, the respondents' data or information was protected by the philosophy of anonymity. Names of participants would not be published unless study participants choose to be named with their express consent.

During the study, the information obtained from the research participants was treated by the principle of the ethical standard. The personal information of the research participant in all data collection processes would not be disclosed by either the researcher or the research assistants of this study. The process of formal ethical review allows the research team to examine how participants add to, gain from, or are at risk of being harmed by the proposed research. The study sought approval from the United Nations High Commission for Refugees (UNHCR) and the Department for Refugee Services (DRS) to gain access to the Kakuma refugee camp and allow interviewing of refugee respondents. For Key Informant Interviews (KIIs), UNHCR guided contact persons in relevant humanitarian agencies.

FINDINGS

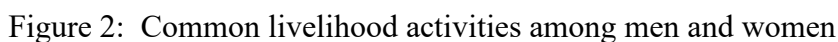
1. Implications of COVID-19 policy directives on gender relations in refugee households in Kakuma Refugee Camp in Turkana County

The study sought to examine the gendered implications of COVID-19 policy directives on refugee households in Kakuma Refugee Camp. It found that policies such as movement restrictions, camp lockdowns, and reduced humanitarian services significantly disrupted livelihoods and reshaped household dynamics. Men faced difficulties maintaining their roles as breadwinners due to job losses in the informal sector, while women experienced an increased caregiving burden and engagement in subsistence activities. These changes often led to heightened household tensions and shifts in decision-making roles.



Common Livelihood Activities (Male)

Word cloud containing terms such as: business, shop, refugee, Running, Employed, teacher, primary, small, camp, rider, Bodaboda, Kakuma, Council, Peace, School, Teaching, Kenya, Research, Cutting, Retail, Monitor, Child, Employment, Federation, Cyber, Red, Cross, Saloon, Refugee, Engaged, Activity, Fish, Protection, Managing, Shopping, Work, Council, Peace, School, Teaching, Kenya, Research, Cutting, Retail, Monitor, Child, Employment, Federation, Cyber, Red, Cross, Saloon, Refugee, Engaged, Activity, Fish, Protection, Managing, Shopping, Work.



The implementation of COVID-19 policy directives in Kakuma Refugee Camp led to significant challenges for refugee men. Job losses and business closures left many unable to provide for their families, negatively affecting their self-worth and esteem. Restricted mobility further hindered their ability to earn a livelihood, resulting in frustration and feelings of inadequacy. In some cases, these pressures contributed to increased Gender-Based Violence (GBV), including physical, economic, and sexual violence. Some of the challenges are listed below:



Figure 3: Challenges among men and women as a result of the COVID-19 policy directives

The gendered impact of COVID-19 policy directives in Kakuma Refugee Camp was profound. Refugee men faced job and business losses, which undermined their ability to provide for their families and negatively affected their self-worth. Restricted mobility further limited income opportunities, leading to frustration and feelings of inadequacy. In some cases, this contributed to increased Gender-Based Violence (GBV), including physical, economic, and sexual abuse. These findings align with broader research linking economic strain to intimate partner violence, as financial stress disrupts traditional masculine roles and fuels household conflict (Van Gelder et al., 2020; Haneef & Kalyanpur, 2021). Unemployment during crises often results in psychological distress for men.

1.2 Implications of COVID-19 policies' implementation on gender relations in refugee households.

During the COVID-19 pandemic, refugee women in Kakuma Refugee Camp faced significant challenges. Many struggled to keep their businesses running, leading to closures and increased caregiving responsibilities. With movement restrictions and children staying home, women were confined in overcrowded tents—some housing up to eight individuals—making social distancing and quarantine nearly impossible. This situation intensified care work, including cooking, cleaning, and caring for the sick, especially those affected by COVID-19. The constant presence of family members and the added responsibilities led to heightened psychological distress among women.

The COVID-19 pandemic and related policy measures in Kakuma Refugee Camp deepened existing gender inequalities. Men faced job and business losses, which undermined their traditional roles as providers, leading to psychological distress and, in some cases, increased gender-based violence. Women, meanwhile, experienced a surge in caregiving responsibilities due to school closures and confinement in overcrowded tents. With limited mobility and loss of social networks, many women faced emotional strain and economic hardship, especially those heading households.

Girls were particularly affected, as they were pulled into domestic roles, disrupting their education and increasing risks of early pregnancy and school dropout. Boys with more idle time were more likely to engage in substance abuse and criminal activity, contributing to insecurity. Women-headed households were especially vulnerable to theft and violence.

These dynamics reflect broader patterns seen in crises, where women bear a dual burden of care and income provision. The findings align with feminist political economy perspectives, showing how crisis responses can reinforce structural inequalities. They highlight the need for gender-sensitive policies that address the distinct needs of men and women in refugee settings.

2. Gender-Specific Outcomes of Turkana County Government's COVID-19 Interventions in Kakuma Refugee Camp

In assessing the gender-specific implications of interventions implemented by the Turkana County government, the study revealed that while measures such as food aid and healthcare provision mitigated some effects of the pandemic, they were insufficiently tailored to address distinct gendered challenges. Women and girls faced

compounded vulnerabilities, such as heightened risks of sexual and gender-based violence (SGBV) and disrupted education. Men, on the other hand, encountered psychological distress due to unemployment and social isolation.

2.1 Turkana County Government's COVID-19 Interventions in Kakuma Refugee Camp

During the COVID-19 pandemic, refugee households in Kakuma received various forms of assistance, including financial aid, food, and training programs, which were vital in helping them rebuild their livelihoods. However, access to support was uneven, with some relying on personal savings or community initiatives. Aid distribution was influenced by factors such as household size, vulnerability, and income levels, with gender disparities noted—men with larger businesses were perceived to receive more substantial support.

NGOs played a vital role in providing training, particularly to women's groups, focusing on skills like making handwashing soap, masks, and sanitizers. These products were later procured by NGOs for distribution, creating income opportunities for trained individuals. Women's groups were encouraged to use their savings to fund production, and profits were reinvested through loans or increased savings, supported by fiscal management training.



Figure 4: Forms of assistance provided to refugee households during the COVID-19 pandemic

The size and type of assistance provided during the pandemic in Kakuma Refugee Camp were influenced by factors such as business size, household size, gender, vulnerability level, and refugee or citizen status. Special consideration was given to female- and child-led households, persons with disabilities, and those with serious health conditions. Women-led businesses received more focus due to their heightened challenges, which led to men being underrepresented in business grants and loans. As a coping strategy, some men claimed their businesses were women-led during aid applications, even presenting women as owners during vetting processes. This behaviour reflects the adaptive practices highlighted in the Oxfam resilience framework, showing how social norms and standards evolved in response to emerging evidence and continuous learning.



Figure 5: Factors determining the type and quantity of support provided to refugee households during the COVID-19 pandemic

Inclusive approaches were emphasized, with calls for gender-balanced decision-making and community consultations to ensure diverse perspectives were considered. The formation of community-based organizations was also suggested to strengthen collective resilience. These efforts highlight the importance of equitable and inclusive support mechanisms in crisis response, especially in vulnerable refugee settings.

2.2 Gender Outcomes of the Turkana County Government's COVID-19 Interventions in Kakuma Refugee Camp



Figure 6: Perceptions by refugee households on provision of support during the COVID-19 pandemic along gender lines

As illustrated in the figure above, respondents in Kakuma Refugee Camp perceived that most pandemic-related assistance was directed towards women, particularly those from the host community, rather than refugees. For men, while food aid and financial support helped ease economic pressures, they also conflicted with traditional masculine roles as providers, contributing to feelings of emasculation (Connell & Messerschmidt, 2005). This intersection of economic dependency and societal expectations led to increased stress, with some men expressing their frustrations through domestic violence (UNFPA, 2021).

Despite the focus on supporting women, many aid measures failed to fully consider the specific needs of women in refugee households. These women, already burdened with caregiving responsibilities and restricted mobility, faced significant barriers to accessing resources (World Bank, 2022). The findings underscore the importance of designing gender-sensitive interventions that address the distinct challenges faced by both men and women in displaced communities.

Movement restrictions during the COVID-19 pandemic significantly hindered women's ability to access aid distribution points in Kakuma Refugee Camp. Although interventions were designed to support entire households, delivery mechanisms often required physical presence or documentation—barriers that disproportionately affected female-headed households (UNHCR, 2021).

In response to the strain caused by prolonged lockdowns, the Turkana County government promoted community-based support initiatives to foster social cohesion. However, these efforts frequently failed to reach women effectively due to their limited mobility and the dual burden of caregiving and economic responsibilities. This highlights the need for more inclusive and accessible aid delivery systems that account for gender-specific challenges.

Given rising insecurity during the COVID-19 pandemic, the Turkana County government increased surveillance and policing efforts in Kakuma Refugee Camp. Despite these measures, women-headed households remained highly vulnerable to burglary and theft, highlighting persistent gaps in protection for the most at-risk groups. Policing efforts in Kakuma Refugee Camp were concentrated in public areas, leaving residential zones less secure. As a result, women—particularly those in single-headed households—remained vulnerable to burglary and theft, exacerbating their economic hardship and sense of insecurity (Amnesty International, 2022).

The Turkana County government prioritized healthcare interventions such as PPE distribution and the establishment of isolation centers. However, these initiatives often overlooked women's specific health needs,

especially in maternal and reproductive care. Movement restrictions and fear of infection deterred many women from seeking antenatal and postnatal services (WHO, 2021). Additionally, women's caregiving responsibilities exposed them to higher health risks, as they were the primary caregivers for sick family members. This compounded stress, coupled with limited healthcare access, increased women's vulnerability to both physical and mental health challenges (UNDP, 2021).

CONCLUSION

The findings of this study highlight the gendered social and economic outcomes of the COVID-19 pandemic on refugee households in Kakuma Refugee Camp. The pandemic not only magnified existing inequalities but also introduced new dimensions of vulnerability, particularly for women and girls. Women bore the brunt of increased caregiving responsibilities, disrupted social networks, and economic insecurity. Their dual role as caregivers and income earners, compounded by limited access to resources and support systems, placed them at a heightened disadvantage. Similarly, men faced a crisis of masculinity, as job losses and mobility restrictions undermined their traditional roles as breadwinners, often leading to psychological distress and escalating household tensions.

The disruptions to education disproportionately affected girls, with many dropping out to fulfil domestic responsibilities or succumbing to vulnerabilities such as early pregnancies and child marriages. This setback not only jeopardized their future economic independence but also perpetuated cycles of poverty and gender-based inequality. Men, on the other hand, were particularly impacted by economic dependency, which contributed to increased instances of domestic violence and strained household dynamics. Despite these challenges, the study revealed the resilience and adaptability of refugee households. Women-led entrepreneurial activities, community savings groups, and informal social networks emerged as crucial coping mechanisms. These strategies highlight the importance of empowering women economically and socially to foster long-term resilience.

RECOMMENDATIONS

The pandemic also exposed significant gaps in policy interventions, particularly the lack of gender-sensitive approaches in economic recovery programs and healthcare services. Policy makers should prioritize the integration of gender-sensitive frameworks into emergency response and recovery plans, particularly for refugee settings. The findings highlighted the need for targeted interventions that address the distinct vulnerabilities of men and women. For instance, movement restrictions and lockdowns disproportionately disrupted male-dominated income-generating activities, while women faced increased caregiving burdens. Policies must therefore support diversified livelihoods by creating enabling environments for both formal and informal sector participation, including access to credit and capacity-building opportunities for refugees.

The study also highlights the importance of including refugee voices in policy formulation to ensure that interventions are contextually relevant and address localized challenges. Policies that aim to improve digital infrastructure within refugee camps could bridge educational gaps, particularly for school-age children, and facilitate remote work opportunities for adults. Additionally, policymakers should allocate resources to address mental health challenges exacerbated by unemployment and social isolation, with a focus on integrating mental health services into existing health frameworks within refugee camps.

This study has shown how programs may have unintended negative consequences, such as gender effects. Therefore, programs should offer gender-responsive support, such as cash transfers tailored to mitigate income losses for male and female breadwinners, alongside capacity-building initiatives that equip refugees with skills for diversified income streams. Women-led enterprises, which demonstrated resilience during the pandemic, should receive targeted funding and technical assistance to scale operations and enhance sustainability. For men, programs should create pathways for re-entering the workforce, such as vocational training tailored to industries likely to recover post-pandemic. Furthermore, the study established that participants did not understand the formula used in giving out aid. To avoid the feeling of being left out without justified reasons, programs need to adopt openness in giving out aid programs.

Future research should explore the long-term socio-economic and psychological impacts of the COVID-19 pandemic on refugee populations, with a specific focus on how these effects vary across different demographic

groups. For instance, this study established that men who lost their status as breadwinners of their households became stressed, projecting the same on children and women. Therefore, longitudinal studies could assess how shifts in household decision-making and gender roles during the pandemic evolve over time and influence resilience outcomes. Additionally, there is a need for deeper analyses of the effectiveness of gender-responsive interventions, particularly those targeting women-led enterprises and male-dominated sectors in confined settings such as refugee camps.

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