



Rapid Gender Analysis - COVID-19

West Africa –April 2020

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The views in this analysis are those of the author and do not necessarily represent those of CARE or its constituent programs.

Cover page photo: VSLA/MJT Mali – Social distancing while maintaining solidarity and the social safety net

Image: CARE Mali



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Abbreviations

AVEC: Associations Villageoises d'Epargnes et de Crédits (*A French translation of VSLA*)

GBVIMS: Gender Based Violence Information Management System

FP: Family Planning

ICT: Information and Communications Technologies

IDP: Internally Displaced Person

MJT: Muso ka Jikaya Ton – *A VSLA in Mali*

MMD: Mata Masu Dubara – *A VSLA in Niger*

PSEA: Protection against sexual exploitation and abuse

RGA: Rapid Gender Analysis

RRT: Rapid Response Team

SR: Santé de la Reproduction (*Reproductive Health*)

SRHR: Sexual and Reproductive Health and Rights

VBG : Violences Basées sur le Genre (*gender based violence*)

VSLA : Village Savings and Loans Associations



Executive Summary

Women and men, girls and boys, urban and rural populations in West Africa are being impacted by the COVID-19 pandemic. Immediate impacts at the time of this research center around reduced income and access to basic needs due to government lockdowns, changing gender roles in households, and increased gender-based violence. The COVID-19 pandemic in West Africa is currently exacerbating socio-economic issues, with women bearing the largest burden of caring for their families while also seeking to lead communities in prevention and adaptation.

As of mid-April 2020, the number of confirmed COVID-19 cases in Africa is relatively low. That said, there has only been limited testing in Africa, leading many experts to be concerned that Africa could still experience outbreaks on, or beyond, the scale experienced in other regions. Governments are imposing restrictions on movement to reduce the risk of potential outbreaks, and this is directly impacting the ability of humanitarian actors to provide necessary assistance. At the same time, some governments, notably the governments of Mali and Niger, are also expanding their safety nets to help people respond to COVID-19 and its impacts.

CARE's Rapid Gender Analysis draws from CARE's deep experience in the region, and from interviews with 266 people across 12 countries. It points to serious ongoing economic, health, and financial impacts that will be especially severe for women. It also paints a mixed picture of impact on women's rights. Special concern is paid to encroaching limitations to women's access to resources, as well as to their representation and participation in formal decision-making; increased incidents of gender-based violence. These worrying observations are accompanied by hopeful examples of women leading the response to the COVID-19 crisis and finding ways to negotiate equitable relationships with men in their communities, as well as with their husbands/male partners at home.

Key Findings

- **High humanitarian needs are not being met in the current crisis.**

Before the impact of COVID-19, of the estimated 500 million people living in West Africa, 44 million people would have depended on humanitarian assistance in 2020.¹ Now, with widespread government lockdowns, humanitarian actors are having increased difficulty reaching those in need. More than 80 percent of the rural population rely on subsistence farming in West Africa, and any disruption to current and upcoming agricultural seasons will have a long-term incremental impact on the region, especially on women who are on the frontline.²

¹ https://www.unocha.org/sites/unocha/files/GHO-2020_v9.1.pdf

² <https://reliefweb.int/report/world/economic-and-market-impact-analysis-covid-19-west-and-central-africa-wfp-regional>



- **Women’s economic position is at high risk.** World Bank projections around the COVID-19 pandemic’s impacts forecast a slowdown in economic growth from 3.2% to 1.8%, as well as a reduction to the already low human development score.³ This will hit women especially hard as they dominate the informal work sector. Women with small businesses; especially those selling food in markets, near offices, and in schools; are already seeing a drop in their incomes. That is, when they can go to the market at all. Most female savings groups and VSLA’s have suspended loans and repayments. Closing international borders and market limitations are having significant impacts on informal traders.
- **Gender based violence is increasing.** Women are suffering from more gender based violence due to general social stress combined with the increasing tensions surrounding having the family constantly sequestered at home, on top of limited access to food and basic supplies. The informal social safety nets and networks many women previously relied on for support are now weakened due to reduced physical mobility and social distancing.

“I am the victim of several acts of violence on the part of my husband. Before, he did nothing to contribute. I used to fight to feed the children. Now it's hard. I ask him for money to feed the family and it's all the time arguments and fights. He also rapes me for sex - he wants to insist. The kids are fighting all the time in the house too.”

Participant Cameroon

- **Fear is creating as many barriers as official restrictions.** Even when services are available, including markets or health centers, people are afraid to access them due to fear around COVID-19. This contributes to a huge level of stress for everyone, and very few mental health services exist that can offset this need for support.

Fear is everywhere. People are scared, even children. My children no longer hug me because they are scared to catch the virus.

Participant Ghana

- **People are already losing access to basic needs like food, soap, and supplies.** As incomes fall and prices rise, families are having decide between buying food and buying soap. Most of them are choosing to buy food first, which makes it hard to maintain the hygiene practices necessary to stop the spread of COVID-19. Many families are also reducing the number of meals they eat. Ramadan is creating a distinct challenge, as some families with the means to do so stocked up on their Ramadan necessities early, which further depleted existing market stocks for others.
- **Women are struggling to access health services.** Women confirm that governments and health clinics have diverted energy and attention away from Sexual Reproductive and Health and Rights (SRHR) services. Between social distancing slowing down all service provisions and the fear of attending clinics, it is very hard for women to access SRHR services. A decreasing number of youth accessing health services was also noted.
- **Misinformation is easier to access than official information.** People are relying heavily on traditional healers, and rumors are spreading faster than official government information. At the same time, women and youth have little access to traditional information channels like TV and radio because men control these outlets in the household. Additionally, broadcasts sharing information

³ <https://unsdg.un.org/sites/default/files/2020-03/SG-Report-Socio-Economic-Impact-of-Covid19.pdf>



are usually shared at times when women are doing domestic labor like cooking or collecting water. Women reported WhatsApp to be the most preferred source of information, as the application is accessible for illiterate populations.

- **Women are taking the lead to organize responses.** Women are finding ways to share information as well as making and selling masks and soap to curb the spread of COVID-19. VSLA members are changing their group methodology to allow for social distancing and to support hygiene while maintaining solidarity and safety nets.
- **Social norms may be shifting.** There are hopeful signs of men doing more childcare work now that children are at home all the time, and some signs of men and women doing more joint decision-making during the COVID-19 crisis.

Introduction

Context of the COVID-19 pandemic

The novel coronavirus disease 2019, or COVID-19, is an infectious disease that has created a catastrophic global public health crisis. In Africa, the first case of COVID-19 was confirmed in February 2020 in Egypt. Since then, the pandemic has spread to 53 of the 54 African countries.⁴ Despite the slow spread of the virus in West Africa, governments have taken proactive deterrent measures. These deterrent measures range from the closure of land and air borders (except for the transport of goods) to partial or total confinement, curfew, enforced social distancing, and the quarantining of suspected cases. These measures will affect humanitarian programs and service delivery. The novelty of the impacts of COVID-19 mean that current working methods must be adapted, including the ways we approach analysis and assessments. CARE's COVID-19 pandemic response strategy in West Africa has emphasized a strong focus on a gender and feminist approaches throughout the emergency response and recovery phases. In this context, a rapid gender analysis was conducted in the following CARE intervention countries: Benin, Cameroon, Cote d'Ivoire, Ghana, Mali, Niger, Nigeria, Chad, and Sierra Leone.

Objective of the Rapid Gender Analysis

The objective of this analysis is to highlight and understand the gendered impacts of the COVID-19 crisis and to formulate practical recommendations for direct response as well as advocacy with other actors. These include providing answers to the following questions:

- How will populations (women, men, boys, girls, elderly women, elderly men, people with disabilities, etc.) be directly and indirectly affected by the COVID-19 pandemic?
- Who needs special protection during the COVID-19 pandemic, and how can we better provide that protection?
- Who has access to what goods and services? What prevents others from having access to these resources?
- What coping capacities and strategies are being employed to respond to COVID-19?
- How does gender affect participation in decision-making regarding the response to COVID-19?

⁴ <https://www.afro.who.int/health-topics/coronavirus-covid-19>



Methodology

The [Rapid Gender Analysis](#) (RGA) uses the tools and approaches of the Analysis Framework and adapts them to short deadlines, constantly changing contexts, and/or insecurity which often characterize humanitarian interventions.

This analysis was conducted from April 6 to 23, 2020 in nine (9) countries in West Africa where CARE operates, including Benin, Chad, Cameroon, Côte d'Ivoire, Ghana, Niger, Nigeria, Mali, and Sierra Leone. The methodology used includes the following:

- The review of secondary data was conducted by specialists from the CARE gender cohort and Rapid Response Team (RRT),
- Primary data was collected through individual interviews, questionnaires, and personal stories. Most of these personal stories were collected remotely by phone, email, and WhatsApp. The collection was led by the country teams under the direction of the CARE country gender focal points.

A total of 266 people (52% women and 48% men) participated in the analysis. They were a diverse set of participants from each country including community leaders, individual men and women in communities, VSLA members, and members of technical and health ministries, UN agencies, international NGOs, and women's rights organizations.

Ethical considerations

When carrying out this RGA, a **Do No Harm** approach was adopted and prioritized throughout the process in order to mitigate the risks to staff and communities, including the risks linked to virus contamination, while ensuring that human, financial, and logistical resources were not diverted from the immediate needs of the pandemic response. Considerations included the following aspects:

- Primary data collection was conducted remotely by phone, WhatsApp, and email. When appropriate and feasible, face-to-face interviews were conducted in accordance with appropriate social distancing measures.
- Data protection, confidentiality, and security of the respondents was ensured by using informed consent practices and removing identifying data from the final report.
- PSEA/GBV: All staff involved in data collection understood and had access to updated mechanisms on accountability and the referral system for GBV cases.

Difficulties and Limitations

- We cannot directly compare certain demographic data because countries collect data at different times using different definitions for data sets.
- National structures responsible for COVID-19 response were slow or unable to provide statistics disaggregated by sex and age of the affected people.
- The primary data collection time was very short, so the sample sizes are limited.
- The method used requires a sampling of respondents only among people who have a telephone, which excludes the poorest and most vulnerable people, and especially makes it hard to reach women.
- Low quality/disruption in telephone/internet networks made interviews difficult and made it impossible to reach certain women.



Demographic profile

Demographic analysis and distribution by sex and age

The nine countries involved in this analysis cover a total population of 355,294,301 inhabitants divided almost equally between men (50.08%) and women (49.92%). Table 1 below presents the distribution by sex and age of this population.⁵

Analysis of this population shows that, on average, 20.41% of households are headed by women in Ghana and Mali, who have the highest and lowest proportions (31.4% and 5.5% respectively). The average household size is 5.7 people, with Mali in the lead at (8.4), followed by Niger (6) and Nigeria (5⁶). Côte d'Ivoire and Ghana have the lowest household size (between 4 and 4.5).⁷

Table 1 Distribution of the total population by sex and age

Age Range	Female %	Male %	Total %
0-4	8.29	8.63	16.92
5-10	6.75	7.00	13.75
11-17	8.93	8.59	17.52
18-59	23.56	23.68	47.24
60+	2.39	2.18	4.57
Total	49.92	50.08	100.00

However, these household statistics come from different sources and years, therefore their comparability is limited.

Results Analysis

Humanitarian Situation

Even before the impact of the COVID-19 pandemic, 44 of the estimated 500 million people living in West Africa in 2020 will depend on humanitarian assistance.⁸ Response plans across the region remain significantly underfunded, and humanitarians were forced to undertake challenging prioritization exercises in an environment of long-standing critical gaps. Now facing government lockdowns, humanitarian actors have even more difficulty reaching those in need. More than 80 percent of rural population rely on subsistence farming in West Africa, and any disruption to current and upcoming agricultural seasons will have a long-term incremental impact on the region.⁹ This impact will be felt most strongly by on the front lines.¹⁰

The spread of the COVID-19 pandemic will exacerbate this situation with additional challenges linked to the health crisis, as well as the pre-COVID-19 socio-economic crisis. World Bank projections around COVID-19 impacts forecast a slowdown in economic growth from 3.2% to 1.8%, as well as a reduction to the already low human development score.¹¹ Even the most optimistic funding projections estimate far below 50% of what is necessary, given the limited resources and the increased needs generated by the pandemic in the donor countries. The Sahel Region will be particularly affected due to the combination of poverty and climate change, low human development and conflicts.¹²

⁵ <http://perspective.usherbrooke.ca/bilan/servlet/BMPagePyramide?codePays=BFA&annee=2018>

⁶ <https://nigeria.opendataforafrica.org/eclpnhd/general-household-survey-panel>

⁷ <http://perspective.usherbrooke.ca/bilan/BMEncyclopedie/BMEncycloListePays.jsp>

⁸ https://www.unocha.org/sites/unocha/files/GHO-2020_v9.1.pdf

⁹ <https://reliefweb.int/report/world/economic-and-market-impact-analysis-covid-19-west-and-central-africa-wfp-regional>

¹⁰ *Ibid.*

¹¹ <https://unsdg.un.org/sites/default/files/2020-03/SG-Report-Socio-Economic-Impact-of-Covid19.pdf>

¹² https://reliefweb.int/sites/reliefweb.int/files/resources/sro_wa_economic_and_social_impacts_COVID-19_19_march18.pdf



Roles and responsibilities

The COVID-19 crisis and the application of the preventive measures taken in all the countries of West Africa, including movement restriction measures (confinement, curfew, border closures), social distancing, and the closure of schools have had an impact on all aspects of people's lives. Time allocated to paid and production activities has been drastically reduced while time allotted to unpaid domestic work has drastically increased.

At the macro level, the restrictive measures consisting of the systematic closing of borders and the reduction of mobility between countries has a significant impact on economics in terms of supply chain and trade flows, thereby affecting the prices of products on market. This change has been accompanied by job losses for informal workers on the supply chain and/or the reduction of paid working hours due to imposed curfews. Production costs are increasing as businesses adapt work shifts, introduce teleworking, and make other adjustments. In Muslim communities, these production costs are impacted by the usual seasonal demand for certain commodities during Ramadan.

It makes women who have their husbands to themselves happy - before men tended to stay out late caught up between bars and other women.

Participant Ivory Coast.

All of this has led to a general decrease in productive and or paid work time for men and women. On the other hand, with many family members at home, unpaid activities have gained importance. These situations require more domestic work (cooking and maintenance), but also more hygiene work and care for sick people due to the pandemic. Such work usually falls to women and children. In addition, alternative sources of access to income and loans have diminished, such as remittances from family members living elsewhere.

On the social level, preventive measures have a significant psychological and social impact on people who must abruptly adapt their lives. These include cancellations of religious ceremonies and closures of places of worship, postponing or cancelling important social events such as marriages and baptisms, as well as other leisure activities which used to be a critical part of social well-being. This is especially true for women, who can use these opportunities to strengthen social networks. Youth have been particularly impacted as schools have closed and leisure activities have been restricted. This is all compounded by the overarching fear of contracting the disease and social distrust, especially towards foreigners or people coming from big cities.

Women, in particular women heads of households and health workers, are doubly affected. Women heads of households must simultaneously provide domestic and care tasks as well as covering the daily needs of their families when resources are limited. Women health workers must ensure care is provided both home and at work, and their work puts them at higher risk of contamination.¹³

Division of Labor

The permanent presence of family members at home and the absence of domestic workers, particularly in urban areas, results in more domestic work for women. They find themselves overloaded and stressed, facing constant demands at home including cooking, cleaning, strengthening hygiene measures, as well as supervising and educating children. Some are receiving help from girls, and sometimes boys, who are currently out of school. Some also receive help from their husbands who are currently out of work. Indeed, the COVID-19 pandemic has created situations where men, being idle and more present in families, have begun to get more involved in domestic tasks and participate in the raising of children and cooking.

¹³ Health worker : Sierra Leone



Needs and vulnerabilities

Being under quarantine, especially with all family members at home for an extended period, increases families' consumption needs (including food, health, water and electricity, hygiene and hand-washing products and materials, communication telephone/internet, etc.). This increased consumption occurs as incomes decline and market prices soar. Women, especially those who run their households, are constantly concerned with finding a balance between covering their families' new needs and the sudden surplus of domestic work, which adds to their stress. For women in savings groups, they have also lost the social and financial support provided by the activities of savings and loans groups as they are suspended because of the pandemic. Worse still, some women have debts they are struggling to repay.

I no longer have enough income to take care of my family and those who came to stay with me to flee the war.

female head of household - Cameroon

Men also face the stress of confinement and the inability to support their families due to job loss, suspension of productive and economic activities, and concerns about an uncertain tomorrow. A Sierra Leonean producer in the border area with Guinea testifies: *Our fields are on the other side of the border, in Guinea; because of the closed borders, we can no longer cross to go to cultivate, just as we can no longer go to the market in Pamalap (Guinea) to sell our products."*

Many families are having to choose between providing food for the household and paying for hand washing and personal protection equipment (PPE). The choice is clear, especially for vulnerable households and those living in rural areas. Adhering to preventive measures involves additional costs (soap, disinfectant liquid, face masks, hand washing device, even drinking water, depending on the location) that many families cannot pay while their incomes fall and prices rise.

Decision-making, participation and leadership

Household decision-making

In general, before the pandemic, the majority of the decisions in the household around use and management of resources and access to services, including health care, had been made by men. According to some respondents, the advent of the COVID-19 pandemic and the related changes in the lives of households have led husbands to seek input from their wives before making decisions, particularly in urban areas. Communication between husbands and wives is more regular, in particular with regards to searching for new sources of income, the prioritization of expenses, and the regular monitoring of their expenses.

... since the outbreak, men have no access to provide for the family, so some women may think they have control over the families.

Imam, Nigeria



Community decision-making related to COVID-19

Before the COVID-19 pandemic, community decisions were made mostly by community leaders and decision-making bodies. The majority of these community leaders are male, and these decision-making bodies are mostly made up of men. Though there might be a token female or youth representative, these were very much patriarchal structures. Since the advent of the pandemic, these structures have been seeking guidance from women-led associations such as VSLA groups - in Benin the FaFaWA, MJT in Mali, and MMD in Niger. This is a result of the active VSLA presence in mobilizing communities in COVID-19 prevention and response. However, the participation of women in community decisions is not systemic and remains subject to their availability, as evidenced by a respondent from Ghana: *“Women participate in decision-making forums if that does not coincide with the moments of their domestic tasks.”*

With the advent of the COVID-19 pandemic, formal structures are being put in place to manage the spread of disease from the national, regional, district, and municipal levels. This analysis did not have official information on these structures. However,

“In general, women do not participate in decision making at the same level as men and now with social distancing measures, we go out even less. However, we are informally involved in decision making. If we were not, how would anyone know about the disease and how to prevent it?”
Participant, Chad

according to the majority of respondents, key positions and decision-making are still dominated by men. Decisions are made either by these structures or by the highest state authorities. The participation of women in these structures is not systemic, so female participation in decisions is limited to those taken by governments or by women who hold ministerial posts. Despite their central role in preventing the pandemic, the participation of women and youth in these structures is limited to the implementation of activities.

The MJT (VSLA) women are in the decision making bodies and are highly involved in the fight against the COVID-19 pandemic.



Maimouna Maiga, president of the communal network of the Mopti VSLAs and Communal Advisor at the Town hall of Mopti

Informal women's organizations, networks or federations

Several associations, networks, and groups of women, young people, and men exist and are active in the countries and regions affected since long before the pandemic. These groups bring together neighborhood associations, village associations, political groups, religious associations, economic interest groups, VSLAs, farmer groups, and more.

VSLAs in West Africa are central to CARE’s programs. As evidenced elsewhere in this report, these VSLAs are playing a critical role in community disease prevention and response. These are groups bring together mostly female members to create a platform that operates as a social and economic safety net.¹⁴ Savings are made

¹⁴ CARE VSLA as feminist platforms -<https://insights.careinternational.org.uk/publications/are-vsla-feminist-platforms-for-gender-transformation?highlight=YTo1OntpOjA7czo0OjI2c2xhIjtpOjE7czo2OjI2c2xhIjM3MiO2k6MjtzOjg6ImZlbWluaXN0IjtpOjM7czo5OillnZmVtaW5pc3QiO2k6NDtzOjEzOjI2c2xhIGZlbWluaXN0Ijt9>



weekly and members can take loans for small business. They also operate social funds in case a member might have an urgent need that is not related to income generation.



Figure 1 : FaFaWA or VSLA groups in Benin integrate social distancing to maintain meetings

With the spread of the pandemic, VSLA groups have either adapted their method of operating or have suspended specific activities. They have changed the rules to reduce transmission but are still trying to maintain their social and economic safety nets. These groups have relied heavily on their social funds and most groups have suspended loan repayments.¹⁵

The groups have adapted by modifying their operating methods in the following ways:

- They have suspended all activities and the weekly physical meetings (as Mali opted to do)
- They continue the savings activities through the secretary of the group, who travels from door-to-door to collect the contributions (as Chad continued to do), or the members go to the secretary individually to make their weekly payment.

In this second case, the members maintain communication and share information from individual to individual or through social media for literate members with access to the internet (Facebook or WhatsApp, as in Ghana). Most women involved have indicated that using WhatsApp helps them to stay connected and reinforces the atmosphere of solidarity amongst group members.¹⁶

In all cases, other group activities, such as training, remain suspended. Micro-credit has also been affected by the pandemic. Even if micro-credit had not been interrupted, many women would find it difficult to repay the loans already contracted because of the drastic reduction or interruption of their usual economic activities. This will have implications for the ability to recover loans, and therefore may impact the cohesion of groups after the pandemic eases. This situation deserves to be followed and analyzed in depth in order to draw lessons and provide the support necessary for the groups to restart activities post-COVID-19 by capitalizing on gains (inflows from the sale of face masks) and losses (loans not recovered). CARE has developed tools to support groups in adaptation and in West Africa is conducting separate research with VSLA members.¹⁷

Health, including sexual and reproductive health

As of 20 April 2020, a total of 5195 cases of COVID-19 have been confirmed positive, as well as 157 deaths. Ghana and Cameroon are the most strongly impacted countries in the region, with more than 1000 cases. 4

¹⁵ Voices of Tanti WA Dialogues – on-going research by CARE West Africa – contact kassie.mcilvaine@care.org

¹⁶ Voices of Tanti WA Dialogues – on-going research by CARE West Africa – contact kassie.mcilvaine@care.org

¹⁷ https://www.care.org/sites/default/files/documents/care_covid-19_savings_group_guidance.pdf



countries registered less than 100 cases. Despite country efforts, it was difficult to obtain data disaggregated by sex and age.¹⁸

Access to health services

Respondents indicated that health centers are functional but limited, and officially offer basic services including prenatal consultations. With the spread of the COVID-19 pandemic, it is clear from the various interviews that the use of health centers for services other than COVID-19 has considerably decreased, especially in urban centers. People are either afraid of contracting diseases by going to the centers or they say that social distancing measures significantly increase waiting times, making it inconvenient to access services. In addition, especially in rural areas, some men refuse to allow their wives to go to health centers because they fear exposure to COVID-19 and mistrust health workers. *“Because of false rumors about the virus and health workers, my husband forbade me to go to antenatal consultations,”* a pregnant woman in Sierra Leone reports. This mistrust and fear was unanimously reported by all the respondents, including the health workers themselves. In Mali, most female respondents said they were not accessing health services. While some indicated that they were scared to go to health centers, others thought that the services were reduced.

This situation affects the accessibility of reproductive health services, particularly for pregnant women. This could lead to an increase in maternal and newborn morbidity and mortality, as well as to unwanted pregnancies.

Mental health and psychosocial support

In all countries, people are concerned and distressed by the pandemic and related socio-economic disruptions. Stress and anxiety levels are high due to the massive consumption of news, media, and stories from around the globe. This is augmented by the fact that many households are confined, population movement is limited, and rumors and fake-news are being integrated with factual information on social

Since the arrival of COVID-19, the friendly village atmosphere of collaboration has been reduced. People don't greet each other as before. There is a certain mistrust that has been installed between neighbors with the same quartier, especially people who go to the cities for business.

Participant Cameroon.

media. For example, women have reported being particularly afraid of going to the market or to health services due to the risk of being contaminated. Their stress becomes greater when we add the high risk of domestic violence which they and their daughters may endure due to the permanent presence of all family members. Uncertainty about what is to come and how to live today impacts the young and the old, men and women, rural and urban.

The pandemic has also reduced trust and broken community solidarity.

You carry your suffering alone because women cannot even come to keep you company and console you anymore.

Woman in West Africa

solidarity. Households with family members in the cities, or those with elderly family members, are targeted. Fear and anxiety were mentioned over and over by respondents, in particular by youth who are out of school and unable to access their routine educational or leisure activities.

¹⁸ [John Hopkins University and Medicine. Coronavirus Resource Center, 20 Avril 2020 et WIKIPEDIA, Pandémie COVID-19 au Burkina Faso, à la date du 17 avril 2020](#)



I have given up going to the Safe Space because the staff don't come to work anymore. That reduces my chances to get the services I need.

Displaced Woman in North East Nigeria

Before the spread of the pandemic, access to mental health services was limited to large, urban cities and specific areas where humanitarian actors intervene in the field of protection (North East Nigeria, North Mali, East and South West Niger, Far North and Central Cameroon, in particular). In general, psychologists are rarely used because the general public ignores this service due to strong prejudices.

The advent of the COVID-19 pandemic has not improved the situation. On the contrary, reluctance of populations to use health services in general, as well as from the reduction of interventions by humanitarian actors in the field, has further decreased utilization. In Mali, for example, a psychologist has been hired on the national television channel to impress upon the population the need to be reassured, and to encourage those with suspected COVID-19 cases to benefit from psychological support. In addition, healthcare and other frontline workers also need this support, especially those who are in contact with COVID-19 patients. The stress they are under is immense and they face ostracization from their communities due to their contact with potentially infected patients.

With the restrictions on movement and the increased presence of all household members at home, the heads of household, (male or female) are feeling more and more incapable of responding to all the needs of their household. This situation creates stress and anxiety. The presence of everyone at the house creates increased tension for women and girls.

Health worker, Mali

Influence of beliefs and social practices

Many extreme rumors and socio-cultural beliefs are circulating around COVID-19, and these influence people's willingness to respect and apply preventive measures.

Many people do not believe the disease is real. Others believe that COVID-19 does not survive in high ambient temperatures. Other rumors and beliefs are about the existence of natural and religious remedies to cure this disease. These rumors and beliefs are spreading much faster than official messages and have slowed the adoption of preventive measures and use of health services. This could increase the spread of the disease, as was seen with Ebola¹⁹.

We do not believe this is a real disease. It is for foreigners and cannot survive in the heat here. If we drink special teas and strong alcohol, we will be protected.

Participant Benin

In general, the respondents have a good knowledge of preventive measures, but, paradoxically, they are not likely to apply many of them. Hand washing is the most commonly practiced preventative measure, because handwashing stands are available in public places. Additionally, previous experience with Ebola and Islamic ritual washing makes handwashing a common habit. People are least likely to practice social distancing in a context where social relations are characterized by physical meetings during social and religious events. However, precarious living conditions and high population density in working-class neighborhoods (especially in urban areas) make it difficult to practice social distancing. Above all, the poverty of the vast majority of the population makes it difficult to apply prevention measures effectively. Given that mobility restrictions and social distancing are very difficult to follow,

The coronavirus is [due to] human wickedness.

Health Worker, Nigeria

¹⁹ [How to respond to epidemics with courage and hope - Janoch CARE](#)



communities are proposing local solutions, traditional cures, and prevention measures lacking scientific backing.

Another aspect of social practices is the stigmatization not only of people affected by COVID-19, but also of foreigners and people who come from quarantined areas, as they are suspected to carry the disease. An example from Sierra Leone was reported where a traveler arriving from the North East region of the country was refused shelter, which meant that he had to continue to another town where, again, the population refused him entry and reported him to a health worker.

Access to services, basic needs and resources

In general, services such as water, electricity (especially in urban areas), health, education were available before the advent of the pandemic.²⁰ With the spread of the pandemic, there has been a general closure of schools, churches, and mosques, making education unavailable. Markets are available, but fear and restricted movement limits access. Even where markets are open, people have no products to sell and/or have lost their purchasing power.

I cannot sit at home in confinement while my family has nothing to eat. I must do my best to get our next meal.

Participant Cote d'Ivoire

In some areas, access to water remains a major concern for households whose needs have increased during social isolation due to increased frequency of toilet usage and hand washing. This is the case in Freetown where women and girls walk long distances to get water, while in Niamey and Zinder, women have to stay up at night to get their daily supply of water.

Another concern raised by many households is food and nutritional security due to restrictive governmental measures. These concerns are long-term, as new agricultural seasons arrive and men and women cannot access their fields to plant crops for the next season. **According to the Economic Community of West African States (ECOWAS), the impact of the COVID-19 pandemic could increase the number of people at risk of food insecurity and malnutrition from 17 million to 50 million people between June and August 2020.**²¹

²⁰ It should be noted that water is rationed at certain times in large cities.

²¹ <https://www.oxfam.org/en/press-releases/covid-19-50-million-people-threatened-hunger-west-africa>



As the agricultural season begins, producers and farmers are already severely economically affected by the crisis and have difficulties in accessing quality seeds and fertilizers. 30.5% of West Africa's economy is devoted to agriculture, which is the largest source of income and livelihood for 70-80% of the population, mainly women who are on the frontline. "We have lost 75% of our market because of the lockdown of the city of Bobo Dioulasso," says Mrs. Toe Hazara, who works at the Café Rio dairy in Burkina Faso. "This situation is unbearable because we can no longer support the expenses of our 13 employees and pay our suppliers", she says.

Pastoralist communities, already hit hard by the impacts of climate change and insecurity, are also impacted, as they can no longer ensure the transhumance of livestock, made impossible by the closure of regions or borders, which risks increasing conflicts between herders and farmers. Source: <https://www.oxfam.org/en/press-releases/covid-19-50-million-people-threatened-hunger-west-africa>

West Africa's Sahel countries are currently undergoing a very critical food situation due to the combined effects of climate change and ongoing conflicts. The COVID-19 crisis and the associated prevention measures have:

- Led to significant loss of income for informal workers, especially women
- Disrupted the supply chain
- Driven up the prices of basic necessities, and
- Limited the capacity for food assistance in areas affected by conflicts (especially for the displaced and host populations).²²

The most important economic effect of the COVID-19 pandemic is the reduction of economic activities and associated income, due to the reduction of productive and income generating activities. Women are losing employment, closing their businesses, and even stopping their informal trading activities. This is especially true for street food vendors and women who provide food to schools.

At the same time, income, and therefore household resources, is diminishing, household consumption needs are increasing because all household members are home all the time. New needs linked to the disease (hand washing kits, masks, etc.) increase the amount of income

people need. This situation affects women more significantly than men as women face the combination of lost resources, growing household needs, increased caregiving burden (including caring for the sick), and reproductive expenses in a context where reproductive health services are not easily accessible.

*Really I don't know how to readjust; I decrease the quantity of what I prepare to sell but even this small quantity does not sell, the motorbike taxis and the taxi drivers which stopped to eat do not come any more and starting at 4:00 pm they chase me away.
Participant Cameroon*

Simultaneously, the prices of basic needs are increasing in markets as cross-border trade has halted. Successive waves of emergency stocking by urban households under quarantine has limited what is available in markets. For example, in Niger, the average prices of basic cereals (millet, sorghum, rice and corn) in March 2020 were 3 to 7% higher than in February 2020 and 3 to 9% higher than in March 2019.²³ This is compounded by pre- COVID-19 factors including gradual depletion of peasant stocks and the approach of Ramadan, combining with strong demand from traders and consumers and preventive measures taken by the Nigerien State as part of the fight against the COVID-19 pandemic.

On the other hand, the advent of the COVID-19 pandemic has increased the availability and accessibility of certain hygiene services with hand washing devices installed in public places and in homes. However, vulnerable households do not have the capacity to buy these materials and are making do with materials they

²² http://www.food-security.net/wp-content/uploads/2020/04/RPCA2020_summary-of-conclusions_FR-1.pdf

²³ <https://reliefweb.int/report/niger/niger-price-bulletin-march-2020>



have on hand, such as old containers for water and ash instead of soap. Governments (Niger and Mali in particular) are attempting to scale up social safety nets, distribute food assistance, and subsidize basic necessities like soap and water.

Access to information and technology

"Technology has increased access to information about COVID-19. For example, you always hear prevention messages as soon as you make a phone call." female community leader in NE Nigeria.

Information on both the COVID-19 pandemic and prevention measures are disseminated through traditional media (television, radio), and advertising posters, which are presumed to be the most accessible means for the majority of the population in urban and rural areas. However, these means are

Information is shared on posters, TV, by friends and Whats App. For women we are busy working so we rely on Whats App messages and videos.

Participant Cameroun

Women have got information on COVID-19 and they are doing their best to keep their family safer and sharing preventive information with their colleagues using social media platforms.

Sierra Leone Respondent

not sensitive to the needs of women and young people

because they are not present in spaces where women and youth spend most of their time. Men tend to control radio and TV access and decide what stations to access and when.

During social distancing and quarantine, many actors are sharing information through telephones (text and voice messages) and social media (WhatsApp, Facebook, etc.). However, despite the diversity of communication platforms, a large segment of the population do not have access to information, especially women. Even among men, few have access to all communications platforms, and for women the situation is worse. In 2019, the digital divide between men and women is most marked in Africa, with only 18.6% of women using the Internet against 24.9% of men.²⁴ West Africa would surely not do better. However, 70% of those Africans accessing the internet are doing so on a mobile device.²⁵

The main information transfer technology is the radio and information van. This is not friendly to persons with disability. Women who are mainly traders and farmers do not have the opportunity to listen to radio discussions on COVID-19. The information vans do not extend their services to very remote communities. Adolescent boys and girls are also cut off from these technologies – radio is for older men.

Participant Ghana

In addition to being a very effective means of mass communication, Information and Communications Technologies (ICTs) are also a tool for women’s empowerment and an alternative for solving certain humanitarian access challenges (for example ,the mobile money used for the transfer of cash). The United Nations places access to ICTs at the heart of the future of the condition/empowerment of women and young people.²⁶

Relying on ICTs carries risks, however. Social media is a common source of rumors and false information, and these rumors can spread faster official information. Such false information presents a key problem in the current situation. Communities may also be significantly influenced by announcements from traditional and religious healers about remedies to treat COVID-19. These announcements may determine whether or not populations will seek out health services.

²⁴ <https://www.internetworldstats.com/stats1.htm>

²⁵ <https://www.messengerpeople.com/whatsapp-in-africa/>

²⁶ <https://fr.allafrica.com/stories/201803080798.html>



Security and Protection

Gender Based Violence

The risk of domestic violence has grown more dire with the spread of the pandemic and increase in measures of confinement because those at risk of domestic violence are often trapped at home with their abusers, unable to leave. Economic abuse is also on the rise due to the inability of heads of households to meet family needs with limited resources. The loss of financial opportunities such as VSLA loans, which before the pandemic helped to mitigate violence, has also been noted. Other risks of sexual abuse and exploitation are heightened by confinement and promiscuity. These risks were reported by several respondents from all countries through various testimonies.

Since the beginning of the pandemic, the center for holistic care of survivors of GBV in Bamako, has been welcoming more and more cases of domestic/marital violence

Participant Mali

The pandemic has also reinforced certain protection problems for existing children. In particular, the issue of early marriage is noteworthy. Early marriage can be used as a way to reduce the number of mouths to feed in a household, something that has become more difficult to do with lower incomes. With the closing of schools and social confinement, both girls and boys are lagging behind in their education while also being deprived of the freedom

There is violence in the household, you know that when men stay at home they are more demanding of women and children and it annoys them. The women come to the hospital, others are hiding but we end up knowing

health-worker, Cameroon

We cannot let young girls and boys go out after 7pm and they don't have access to their games and social activities as before – everyone is in the house which becomes very stressful for men who as a result are always quarrelling and insulting women and children

participant Chad

of movement and leisure necessary for their development. Indeed, although it is reported that fathers are becoming more involved in education, very few parents have the initiative to organize lessons or recreational activities at home for their children. In addition, youth may run the risk of sexual exploitation including abusive online relationship (internet grooming) with the increased use of ICTs, child labor etc.

General Insecurity, crime and law and order

Men also face security risks from armed forces who demand respect for curfew hours and measures to prohibit gatherings. Security forces have created disturbances in Mali and Niger when blocking men from Friday prayers, as well as in Abidjan for access to markets and in Benin when closing roads and blocking movement.

Overcrowding, particularly in Internally Displaced Persons (IDP) sites, is also a risk factor for violence. Lack of access to certain humanitarian services is also a concern. Examples of violence have been reported at water points and at food distribution sites due to the need to comply with preventive health measures (social distancing, curfew, need for more water for hygiene, etc.).

The protection services available before the pandemic (village chief, security forces, and the like), socio-health services, and NGOs are all impeded or absent because of the COVID-19 pandemic and the corresponding social distancing requirements. All of these factors have led to a reduction in NGO activities in the field.



Adaptation capacity and strategies

To fulfill their roles and responsibilities while respecting prevention measures, individuals and families adopt new adaptation strategies. Adaptation is difficult because the change is abrupt and resources are limited. Strategies include:

- **Household stocks and supplies:** Purchasing a week's worth of supplies from markets is a strategy for those who can afford to purchase in bulk and have adequate safe storage space. This protects against frequent exposure and price variations, especially in urban areas. Poorer households are used to living day to day, depending on earnings from cash labor, sales in the market, or harvest from the fields. Such households are resorting to rationing of water, electricity, and food. This usually consists of reducing the number of meals per day, which is a risk on the nutritional health and immunity. Women in particular are at risk, especially if they are breastfeeding or pregnant. This is because women often prepare the food but are the last to eat and will only eat what remains.
- **Adaption of economic activities:** Loss of employment at all levels impacts the economy. Business owners are reducing staff, laborers cannot access work sites, markets and industries are closed, and households have little in savings. Some examples of adaptations include: making and selling protective masks by women's VSLA groups, doing daily labor where possible, harvesting wild fruits and plants in rural areas, use of online sales with home delivery in urban areas, and the continuation of savings activities without physical meetings by VSLA groups.
- **Compliance with preventive measures:** Many households have to choose between eating or purchasing additional hygiene materials. To adapt, they may use old containers to store water or use ash in place of soap. Respect for social distancing is more difficult in certain public places such as markets and IDP/ refugee sites. In addition, people continue to gather socially, as in the case of marriages, baptisms, funerals and the like, despite prohibition measures.
- In addition, some governments have announced national support measures with partial or total coverage of water and electricity charges (Mali, Niger), specific support for people in vulnerable situations (food distribution, sale of cereals at moderate prices, etc.). However, the details of targeting are not known, so equitable access to men and women as well as vulnerable groups remains a challenge.

Opportunities

The pandemic brings opportunities that can be seized immediately in the context of the current plight, but also throughout recovery to affect lasting changes.

Immediate Opportunities

- **Availability of actors at community level ready to support prevention activities:** Community leaders and women members of VSLA groups are already investing in raising awareness of the preventive measures of the disease. Those who affirm their willingness to commit to it more; *"We could relay messages shared during meetings to reach women who do not have television, radio, telephone, and social media and who do not understand French,"* said a woman leader member of VSLA. *"I am the secretary of the communal VSLA network. With the advent of COVID-19, we did a lot of awareness raising to our members to avoid the disease."*



Figure 2: Awareness raising through FaFAWA (VSLA) groups in Benin



- **Development of digital operating capacity:** This pandemic has demonstrated that it is possible to work remotely if given the appropriate capacities. Indeed, the development of tools adapted to the context of COVID-19 and their use in real-time for the needs of the response, including Rapid Gender Analysis (RGA), Prevention of Sexual Harrasment and Explortation (PSHEA), GBV information systems (GBVIMS) tools; remote RGA management involving actors at all levels (regional, national, local and community); the continuation of the activities of the VSLA groups; and the increase of cash assistance via mobile money all demonstrate the responsiveness of the players to adapt by creating the conditions to operate while respecting the disease's preventive measures. This experience should serve as a trigger for humanitarian actors to develop the capacities required to continue interventions remotely in the future if and when necessary. Such capacity is necessary to meet certain logistical and security challenges as well as improve efficiency for humanitarian actors.

Opportunities for sustainable change

"There have been significant changes in Ghana since the advent of COVID; my husband is a teacher and since the schools have closed he is at home and provides support for the housework; in his spare time, he cooks, takes care of children while I go to work. The North West region is not in confinement, we have a rotation system due to the distance measures, so I go to work three times a week. My workload has dropped considerably at home with the help of my husband. He also spends more time with the children teaching them."
 Mavis Owusu, Community Development Officer, Bibiani District, Ghana



- **The transformation of gender roles and relationships within households:** The long period of confinement has brought families together more than ever before. Despite the related difficulties, this period has brought many positive elements, such as discussions and joint decision-making between men and women concerning resource management and household life. "Men no longer go to the bars to drink," said a respondent from Ivory Coast. On the contrary, they are involved in domestic tasks, which undoubtedly

enable them to understand the implicit struggles. This is an opportunity to capitalize on such understanding, as men may be more willing to continue their domestic work even after the confinement and the pandemic.

- **Adaptability and resilience of women:** Women members of VSLA groups have once again demonstrated their great capacity for adaptation and resilience by adopting strategies/modalities allowing them to continue their activities while respecting preventive measures. In some cases, women have been even more productive during this time. For example: the pursuit of savings without physical encounters, the sewing and sale of masks by groups of women (case of Niger and Mali) etc.

- **Opportunity to develop local or women-led innovation and technology at local level:** Through instances such as the design and construction of washing stands with local or recycled materials, the use of ash to make up for a lack of soap, the production of soaps for washing hands, sewing masks with local cloth, online trading, the use of social media, and more during the experience of the pandemic has shown that with a little imagination and support, men, women and young adolescents girls and boys can develop innovative and attractive initiatives that could strengthen their socio-economic empowerment while reducing their vulnerability to the risks of GBV.



Figure 3MJT members in Mali making masks for members and sale



Recommendations

Recommendations below are addressed to regional institutions, governments, UN agencies, NGOs, CSOs, local authorities responding to the COVID-19 crisis and looking at its long-term impact, and donors intending to support their efforts.

Community-led response – This is More than a Health Crisis

- Engage women, youth (both boys and girls), traditional leaders, and religious leaders equally in analysis, problem solving, and decision making. This is a complex socio-cultural and economic issue.
- Involve all stakeholders in the design and development and identification of the most appropriate outlets for COVID-19 prevention messages and communication to reach most vulnerable populations. This should include messaging around engaging men and boys in shared household tasks, sharing decision-making power between men and women, participation of women, GBV and positive masculinities, rumors and false information about COVID-19, and more.
- Do not ignore or isolate youth. Instead, listen to their concerns and ideas, and include them in seeking solutions and innovations for adaptation and prevention. Invest in out-of-school, COVID-19 safe activities for youth so they can actively contribute to the community response and engage in social development.
- Ensure women have access to accurate information via VSLA groups and their social networks to then share amongst their WhatsApp groups and other communication

Strengthening Food and Nutrition security

- Ensure adequate food access (especially for pregnant women, nursing mothers, children under 5 years old) and, where necessary, provide food assistance. Where possible, do this with cash/vouchers and mobile money.
- Reinforce, and work with communities to put in place, social protection measures for the most affected and vulnerable populations, especially women.
- Ensure households understand the importance of nutrition through community awareness campaigns so everyone can base their family meals on accurate information.

Support Early Recovery Initiatives and Strengthen Economic Activities for Women and members of VSLA groups

- Support community-based organizations, VSLA groups, and youth associations to strengthen the income-generating activities (IGAs) developed during this COVID-19 crisis. In particular, the production of household soap, hand washing/hydro-alcoholic gel, and the making of protective masks. Additionally, facilitate contact with sellers, direct purchase for distribution, and support these activities in other ways as applicable.
- Provide market-stimulating responses to meet basic needs, such as cash transfers/vouchers via mobile money as well as linkages between community-based organizations, VSLAs, and the private sector for community led hygiene prevention.
- Encourage the networking of community-based organizations, and VSLAs in particular, to facilitate the marketing of their products. This will help strengthen their power to influence the cost of selling products.
- Support women's groups, VSLAs, or the production of economic interests (agricultural and livestock (cocoa, vegetables, etc.) for the use of smart phones / tablets and socio media to initiate online sales locally
- Invest in hygiene infrastructure in markets and COVID-19 prevention spacing methods so markets can remain open where critical.



Addressing Gender Based Violence

- Ensure that adequate and appropriate prevention and response measures are put in place for GBV among essential services, including: continued access to GBV resources, information for support is appropriately distributed, hotlines are staffed, psychosocial support provided, clinical care and safe spaces in case of violence are available.
- Support the implementation of safe spaces for women that are specifically adapted to the COVID-19 context, which could include VSLA led virtual safe spaces.
- Encourage innovations for VSLA members to maintain strong social safety nets and member solidarity to provide support and protection.
- Support initiatives to discourage child marriage, which has increased as a coping mechanism during the pandemic.

Strengthening access to services and basic health care

- Ensure basic health services for issues other than COVID-19 are available. Put a particular emphasis on ensuring Reproductive Health services for women. Services could include remote clinics and increased home visits by trained community health workers.
- Strengthen health centers with information and communication systems on the disease for health service seekers and visitors
- Ensure accurate health center outreach to communities with accurate information, as many women and children are afraid of accessing formal health services. The strong preference towards homebased care must not be ignored.
- Ensure messages are designed and use the appropriate channels to reach adolescent boys and girls and women

Seize the opportunity to reduce the digital divide

- Engage youth (boys and girls) to identify the best digital platforms for information sharing, reinforcement of social safety nets, and sharing of accurate information.
- Promote women's engagement with digital spaces through support to VSLAs for the identification and inclusion of remote operation measures in the VSLA module and operating rules. Learn lessons to adapt the VSLA module in emergency/VLSA remote operation.
- Connect women and youth with media agencies and mobile phone companies for the production of jingles on the above themes and their dissemination as a default ringtones, etc.
- Connect women and youth with impact/innovation hubs for solutions so as to reduce the spread of COVID-19.
- Ensure marginalized communities, especially women and youth, can be heard through the establishment of mechanisms of accountability and monitoring, as well as through the management of complaints and abuses via cellphone communication platforms.
- Resource and train communities so as to to establish remote monitoring of humanitarian programs through mobile applications.

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