



## Secondary impacts of COVID-19 on VAWG in Sub-Saharan Africa

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**Query:** What are the secondary impacts of COVID-19 on violence against women and girls (VAWG) in Sub-Saharan Africa? Please focus on how the pandemic is impacting women and girls in relation to: experiences and forms of VAWG; roll back on girls' and women's rights & SRHR; child marriage and harmful social norms; and women's political empowerment, leadership and participation (noting they are being locked out of decision-making).

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#### 1. Overview

**The COVID-19 pandemic and measures taken by governments to contain and mitigate the outbreak have created secondary impacts on women and girls in Sub-Saharan Africa and around the world.** These secondary impacts, including on violence against women and girls (VAWG), are exposing and exacerbating existing gender inequalities and harmful social norms, presenting an immediate and long-term challenge to the realisation of women's and girls' rights.

**Evidence on the secondary impacts of COVID-19 on women's and girls' rights and VAWG is growing.** Initially, much of the evidence came from women's rights organisations (WROs) through articles and situational reports but increasingly these impacts have also been highlighted by international institutions such as the United Nations (UN), who are also now warning of the risk of a roll back on women's and girls' rights and urging governments to centre their COVID-19 response and recovery plans around human rights and gender analysis. Particular attention is given to women and girls who were already marginalised and excluded due to disability, sexual orientation and gender identity, race, ethnicity, age, refugee or migrant status, amongst other factors (UNSG, 2020; UN 2020). **At a global level UN Women has called the impact of COVID-19 on VAWG 'the shadow pandemic'.** Early evidence focused on high and middle-income countries where the outbreak first took hold (Fraser, 2020; UN Women, 2020a), however increases in VAWG are now reported across Sub-Saharan Africa.

**This rapid research query summarises the evidence of the impact of COVID-19 on VAWG,** with a particular focus on women's experience of different forms of VAWG, child marriage and harmful social norms, roll back on women's and girls' rights and sexual reproductive health and rights (SRHR), and women's political empowerment, leadership and participation. It includes an overview of the report and

regional context, four-page summary of the evidence on the issues in scope, references, and an annex on the methodology.

For the purposes of this query the definition of primary impact was the number of women who are infected with the virus, and the definition of secondary impact was how the pandemic is affecting women and girls beyond contracting it. The following countries were of interest to DFID in relation to Sub-Saharan Africa: Ethiopia; Kenya; Mali; Nigeria; Somalia; Sudan; South Africa; Burkina Faso; Chad; DRC; Ghana; Malawi; Mozambique; Niger; Rwanda; Sierra Leone; South Sudan; Tanzania; Uganda; Zambia; and Zimbabwe.

## 2. Context of COVID-19 in Sub-Saharan Africa

**Before the COVID-19 crisis women's rights globally were at risk of roll back on multiple fronts, including in Sub-Saharan Africa** (Jobes et al, 2019). Many young feminist organisations in Sub-Saharan Africa cite the state, departmental and provincial authorities as posing common threats (FRIDA and AWID, 2016).

### **African governments took early action to contain and mitigate against the spread of COVID-19.**

At the end of April 2020, at least 40 governments in Africa had implemented movement restrictions, 26 had declared states of emergency or states of disaster, and in at least 20 African countries, some of the measures implemented were of indefinite duration (Odinkalu, 2020). Many of these responses were stringent (for example in South Africa) and involved curfews and travel restrictions as well as broader social distancing, isolation, and quarantine measures. Whilst national COVID-19 responses differed across countries, there have been reports across Africa of human rights violations during the lockdown, including killings, rape and arbitrary detentions. Human rights experts and the UN have warned that policy and public health responses across Africa are largely gender blind, and measures taken risk deepening existing gender inequality and discrimination (UNSG, 2020; Amnesty et al, 2020). UN Human Rights and the African Union (AU) (2020) have published guidance on the possible actions African States could take, in accordance with their human rights obligations, to avoid discrimination against women and girls in their COVID-19 responses.

**The World Bank predicts that COVID-19 is likely to cause the first increase in global poverty since the Asian Financial Crisis in 1998, pushing more than 49 million people into extreme poverty** (Mahler et al, 2020). Though Sub-Saharan Africa so far has been hit relatively less by the virus from a health perspective, World Bank projections suggest that it will be the region hit hardest in terms of increased extreme poverty, triggering its first recession in 25 years. 23 million of the people pushed into poverty are projected to be in Sub-Saharan Africa (Mahler et al, 2020). The countries in the region with the largest change in the number of poor are estimated to be Nigeria (5 million) and the Democratic Republic of Congo (2 million). Growth forecast for the region is between -2.1 and -5.1% in 2020 from a modest 2.4% in 2019, according to the latest Africa's Pulse (Zeufack et al, 2020). The World Bank and the International Monetary Fund argue that urgent interventions are required to prevent unmitigated health, social, economic, and political crises in the region due to COVID-19 (Siwisa, 2020; Mahler et al, 2020).

This research query also looks at the absence of women's political representation and decision-making. It is therefore important to note that in the Africa continent in 2020, at least 22 countries are planning to, or will be organising polls, 13 of which will be for the positions of President or Prime Minister. It is unclear whether elections will take place in most of these countries as planned because of COVID-19 (Odinkalu, 2020).

### 3. Women's and girls' experiences of different forms of violence during COVID-19

**A UN Women rapid assessment on the impact of COVID-19 on women and girls in the East and Southern Africa region found they are at increased risk of sexual and gender-based violence (SGBV)** and warns of a similar trend to Ebola where women were exposed to increased risks of sexual exploitation and abuse, alongside other forms of VAWG (UN HLP on the Global Response to Health Crises, 2016; UN Women 2020b). The report highlights escalated levels of domestic violence; rape; sexual slavery; trafficking; early marriage; sexual harassment, exploitation and abuse; and other harmful traditional practices. It also highlights excessive use of police force on women defying the lockdown and attacks on health care workers, as well as other rights violations (UN Women, 2020b).

**Organisations providing VAWG services have reported increases in sexual and domestic violence.** In Kenya and Nigeria there have been reports of a 30–50% average increase in SGBV during their lockdowns (Ajayi, 2020). In Kenya, the National Council on Administration of Justice reported an increase in sexual offences in many parts of the country, with rape and defilement accounting for more than 35% of all reported cases (NCAJ, 2020); the Centre for Rights Education and Awareness reported an increase from 3-7 VAWG cases a day to 10-12 cases (Ombuor, 2020). Two days into the lockdown in Nigeria, the Lagos State Domestic and Sexual Violence Response Team reported a rise from around 8 cases to almost 15 cases daily, mostly domestic violence (Awodipe, 2020). In Zimbabwe, Musasa reported that during the first 11 days of the lockdown they received 764 reported cases of GBV, compared to 500-600 cases a month (Sachiti, 2020). In Uganda, in February, a total of 2344 GBV cases were registered, increasing to 2808 in March 2020 (UN Women, 2020b). In Tanzania, the Legal and Human Right Centre highlighted a rise in femicide (Henga, 2020). In Ethiopia, the Association for Women's Sanctuary and Development opened an emergency shelter to meet growing demand.

**In South Africa official reporting rates have either decreased or remain the same as before COVID-19.** On 23 April, a police chief announced that there had been a substantial decrease in domestic violence incidents when compared with the same period last year. However, WROs and movements have warned that whilst official reporting might be down, violence is not (Trapido, 2020). The GBV Command Centre in South Africa reported an increase in GBV cases during the lockdown with 10,660 phone calls, 1503 unstructured supplementary services data (USSD) and 616 SMSs from 27 March to 16th April (UN Women, 2020b).

**WROs and human rights organisations have reported state sanctioned violence against women by those enforcing social distancing and lockdown measures.** In Uganda, there have been reports of women street vendors being attacked by law enforcement officials, police officers and Local Defence Units (SIHA Network, 2020), and security personnel beating women at home and on their way to health facilities (Lindgärde and Houinato, 2020). In Rwanda, women have reported being raped by soldiers (Human Right Watch, 2020) and the Women's Coalition of Zimbabwe reported that women were beaten and barred by law enforcement from accessing water at communal boreholes (Womankind, 2020).

The UNFPA (2020a) has warned that COVID-19 is expected to cause delays in Female Genital Mutilation/Cutting (FGM/C) programmes, with **an estimated 2 million more cases of FGM/C over the next decade than would otherwise have occurred.** In Somalia, the lockdown has led to a huge increase in FGM/C with cutters going door to door offering to cut girls stuck at home and nurses reporting parents requesting them to carry out FGM/C while their daughters are off school (Plan International, 2020). See section 4 on child marriage.

There are also reports and concerns related to other forms of VAWG, including: **sexual exploitation and abuse of women and children** (UN Women, 2020b; Elder, 2020); **online violence and abuse against women and activists**, as reported by the Uganda Women's Network<sup>1</sup> and in Kenya (Maundu, 2020); **violence against nurses and women**, many of whom are perceived to be potential sources of infection

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<sup>1</sup> Womankind briefing with updates from WROs in its focus countries on COVID-19 SITREP W/C 25 May 2020

(UN Human Rights and AU, 2020); and **child labour**, resulting from economic hardships, parental deaths and school closures. Sierra Leone saw a 19% increase in the number of 12-17 aged girls engaged in income-generating activities during and after Ebola (International Growth Centre, 2019).

**There are increased risks of VAWG against some of the continent's most marginalised and excluded women and girls**, including women and girls with disabilities, LBTQI+ women, displaced and refugee women and girls, rural women, poor women, older women and adolescent girls (UN Human Rights, 2020a and b; UN Human Rights and the AU, 2020; Amnesty et al, 2020; Mutavati et al, 2020; UNSG, 2020).

#### 4. Child marriage and harmful social norms

**While children make up a small percentage of diagnosed COVID-19 cases, there are reasons to be concerned by the secondary effects of the crisis on children.** Mitigation policies for, and economic and social repercussions of, COVID-19 are likely to have devastating effects for many children's right to be protected from harmful practices and violence, especially adolescent girls. In addition, the crisis has shifted the attention of frontline workers, police and other service providers to extending humanitarian response, creating a vacuum in monitoring mechanisms for safeguarding children. There are also less ways children can report abuse or seek help as they are confined at home.

Emerging evidence shows that COVID-19 is likely to increase rates of child marriage in the region. UNFPA (2020b) states that **an additional total 13 million child marriages are likely to take place than otherwise would have occurred between 2020 and 2030** due to schools shutting, prevention programmes being paused, and as the effects of increasing poverty takes its toll on families in the immediate and longer-term. 13 out of the 15 countries in the world where more than 30% of primary aged girls are out of school are in Sub-Saharan Africa (Patel and Jessie, 2019), and with some of the highest rates of child marriage, the region is at risk of bearing many of these additional marriages (UN Women, 2020c). On April 30, Girls Not Brides, wrote an open letter to the AU asking them to prioritise protecting girls' rights, warning that school closures, increasing hunger, and other outcomes of COVID-19 could increase the risk of child marriage, GBV and teenage pregnancy, particularly in the poorest African nations, such as Niger, Mali, and South Sudan (Girls Not Brides, 2020). Evidence from Sierra Leone during Ebola showed that adolescent pregnancy increased by up to 65% in some communities (Giannini and Albrechtsen, 2020). Girls reported an increase in pregnancies was a direct result of being outside the protective environment provided by schools (Risso-Gill and Finnegan, 2015).

There is **limited availability of data on the rates of child marriage** in the region, however anecdotal evidence is emerging in news articles and reports. In Ethiopia, a regional official reported that more than 500 girls have been rescued from child marriage in northern parts of the country since schools were shut due to COVID-19 (Wuilbercq, 2020). In South Sudan, the SIHA Network reported that 'more families are forcing their girl children into arranged marriages out of desperation for the bride price'<sup>2</sup> and in Zimbabwe, there have also been reports of child marriage during the lockdown (Sachiti, 2020).

**A pandemic of this nature will present unique challenges that are likely to increase child marriage in the long-term.** For example, post COVID-19, many girls especially from low-income households, will be unlikely to return to school putting them at risk of child marriage during the recovery phase (Batha, 2020). Evidence from the Ebola crisis found that an aggravated financial situation made it more difficult for families to send their children back to school, and when children were sent to school, boys were often prioritised (Himelein, 2015). Human Rights Watch argues that governments should be tracking the numbers of children affected by school closures and providing gender disaggregated data to ensure they can act if a significant number of children do not return to school, for example, by providing financial assistance (Odhiambo, 2020).

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<sup>2</sup> SIHA newsletter April 2020: [https://issuu.com/halayassin/docs/final\\_-\\_siha\\_quarterly\\_newsletter\\_april\\_2020](https://issuu.com/halayassin/docs/final_-_siha_quarterly_newsletter_april_2020). SIHA is a network of CSOs from Sudan, South Sudan, Somalia, Somali-land, Ethiopia, Eritrea, Djibouti, Uganda.

## 5. Roll back on women's and girls' rights, including SRHR

**Women's rights in Africa are enshrined in the Maputo Protocol and other international and regional frameworks.** Activists and the UN have warned that the limited gains made in gender equality and women's rights over the last decades are in danger of being rolled back due to COVID-19 if necessary efforts are not urgently undertaken (UNSG, 2020; UN Women, 2020d).

**Women's right to a life free from discrimination and violence, and to participate in decision-making:** As set out in section 3, reports of VAWG have increased in the region. At the same time VAWG services are being stretched, interrupted and redirected, making it harder for women to access the support and justice they need. As set out in section 6, women's engagement and representation in decision-making on COVID-19 is limited, despite being at the frontline of tackling the pandemic.

**Women's economic rights:** In Sub Saharan Africa, 74% of women work in the informal sector carrying out work that often depends on public spaces and social interaction, relying on daily earnings and with few protections against dismissal, and limited or no paid sick leave or access to social protection. This, coupled with additional care responsibilities arising from COVID-19, leaves them more at risk of losing their job and income than men (UNSG, 2020; Womankind, 2020). Such impacts 'risk rolling back the already fragile gains made in female labour force participation, limiting women's ability to support themselves and their families, especially for female-headed households' (UNSG, 2020: 4).

**Unpaid care work:** Globally, women do three times as much unpaid care and domestic work as men (UNSG, 2020), rising to up to 11 times more in Mali, for example (OECD, 2020a). This unjust division of labour significantly limits women's ability to earn an income and realise their human rights, and despite its substantial socio-economic contribution remains invisible and unaccounted for in economic decision-making (Womankind, 2019; Bretton Woods Project, 2018). The COVID-19 crisis, including increased health and care needs, and school closures, has further increased the unequal burden of care work on women and girls, including adolescent girls. School closures not only result in girls taking on more chores at home but will potentially also lead to more girls dropping out of school (UNSG, 2020).

**Women's health rights, including access to SRH services:** Across Africa many national COVID-19 responses have exacerbated existing barriers women face accessing basic healthcare services (UN Human Rights and AU, 2020). Only 48% of women in Sub-Saharan Africa who took part in a UNFPA survey pre COVID-19 said they had autonomy over their SRH rights, falling to less than 10% in Mali, Niger and Senegal (UNFPA, 2020c). Due to COVID-19, women in Sub-Saharan Africa are experiencing interrupted access to SRH services, including abortion care, contraception, maternal healthcare, GBV services, and testing and treatment for HIV and sexually transmitted infections (STIs) (Amnesty et al, 2020; Oketch, 2020). There are warnings this may result in exacerbated maternal mortality and morbidity, increased rates of adolescent pregnancies, HIV and STIs (UNSG, 2020). UNAIDS has warned the AIDS-related death toll could double in Sub-Saharan Africa from 2020 to 2021 if HIV services continue to be severely disrupted (Musau, 2020). Measures adopted to contain COVID-19 in other parts of the world are undermining women's SRH rights and in some countries, conservative groups have used the crisis to push for the roll back of women's SRH rights (Mijatović, 2020).

**Impacts on migrant and refugee women and girls:** The UN and human rights organisations have highlighted that COVID-19 places migrant and refugee women and girls, including LBTQI+ women, at increased risk of VAWG. As of March 2020, Africa hosted 21.3 million refugees and over 12.5 million internally displaced persons (IDPs), with women accounting for half of Africa's IDPs (UN Human Rights and AU, 2020). Africa also houses four of the world's six largest refugee camps in Uganda, Kenya, Tanzania and Ethiopia (Amnesty et al, 2020). Concerns have been raised about the exclusion of migrants and refugees in states' responses to the pandemic (Mbiyozo, 2020), as the lack of a gendered response is placing migrant and refugee women and girls, many of whom were already survivors of violence, at even greater risk of VAWG (Cone, 2020).

## 6. Women's political empowerment, leadership, and participation

**The principal underlying concern reported by women around the world is insufficient engagement of women and women's rights organisations in COVID-19 response planning (UN Women, 2020d).** The UN Global Humanitarian Plan for COVID-19 makes the case for 'localisation' but does not mention women's agency; 95% of its funds will also be channelled through UN agencies. The World Health Organisation's own framework of 'governance of outbreaks of infectious diseases' also does not make any reference to having gender specialists or women's rights representatives involved in decision-making task forces. UN Human Rights and the AU have highlighted that women's representation in policy development and decision-making on COVID-19 is limited. One example from Nigeria is the absence of the Minister of Women Affairs in the constitution of the Presidential Task Force for COVID-19, as well as an extremely low percentage of women overall (Ajayi, 2020). FEMNET also highlighted that the AU is not involving WROs in developing its response.<sup>3</sup>

In the absence of consultation, the work to overcome COVID-19 has been reported as taking place on two parallel fronts: one led by national authorities and another led by civil society organisations. This results in inefficiencies and diminishes the potential impact of response and recovery efforts. A more coordinated and consultative approach could help 'governments and donors leverage the knowledge and trust that WROs have built with their communities, and achieve a rapid refocusing on the pandemic response so that its most detrimental effects on vulnerable groups can be mitigated, maximising the potential for a timely recovery and longer-term resilience' (UN Women, 2020d: 7).

**WROs are leading efforts to advocate for the participation of all women in national COVID-19 response plans.** For example, The National Union of Women with Disabilities of Uganda and Deaf Women Included in Zimbabwe report that women with disabilities have varied needs that are not being considered in the government's response, including the lack of provision of public service announcements in accessible formats and unequal access to quality and standard of health care as provided to other persons (Womankind, 2020). WROs are able to address gaps by reaching hard to reach communities and the most marginalised within them, having a strong understanding of local context and the needs of different women and girls, and ensuring that relevant information, including information on specialist VAWG services and support, is made accessible and shared with women and other at risk people (Womankind, 2020). ActionAid's experience responding to the Ebola crisis found that public health campaigns led by local women were the most effective in preventing disease outbreak and that women played a critical role in contact tracing and case management and the distribution of essential supplies for people in quarantine (ActionAid, 2020).

**Despite the unique and essential contributions made by WROs, many are under threat of closure because of funding constraints and re-directed donor priorities** (UN Women, 2020d). Even before COVID-19, WROs were chronically underfunded and their work is now at even greater risk if they do not receive the right support to continue operating (Womankind, 2020). UN Women calls for on-going and additional funding of women's groups so that they can continue with their regular programmes, as well as their new activities in response to the pandemic (UN Women, 2020d).

**Women and girls are also increasingly using the internet to participate and engage on different platforms and channels, to voice their concerns about the impacts of COVID-19 and to inform decision-making.** Digital platforms, such as U-report can be useful tools to provide dialogue toward joint solutions and insights<sup>4</sup>. However, increased internet usage also has its downside with reports of increased online violence and abuse against women (see section 3).

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<sup>3</sup> The African Women's Development and Communication Network is a pan- African, membership-based feminist network based in Nairobi with over 800 members across 46 African countries.

<sup>4</sup> <https://ureport.in/>

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## Annex 1: Methodology and research gaps and limitations

This rapid research query has been conducted as systematically as possible within the research time. The methodology is described below.

**Search strategy:** Studies were identified through searches using Google. Due to the rapid and recent nature of the evidence, evidence was also identified on Twitter and other social media. Key search terms included: coronavirus, corona, COVID-19, GBV, SRHR, child marriage, FGM, Sub-Saharan Africa, violence, abuse, harassment, exploitation, women's leadership, participation, decision-making, women's rights organisations, rape, trafficking, disability and LGBTQI+. The Helpdesk Alliance partners<sup>5</sup> were also contacted and asked to share evidence recommendations.

**Criteria for inclusion:** To be eligible for inclusion, evidence had to fulfil the following criteria: • Focus: Evidence on the impact of the COVID-19 pandemic on violence against women and girls and the key themes • Time period: January 2000 – March 2020. • Language: English • Publication status: publicly available – in all cases published online. • Geographical focus: Sub-Saharan Africa.

### Limitations included:

- **Official data on VAWG rates following COVID-19 measures is limited.** Where such data does exist it should be treated with caution as it does not always show a surge in reported cases of domestic violence, and women's rights experts warn that issues of under-reporting have been exacerbated during the crisis as women become more isolated and with less access to support than before. However, in many countries calls to hotlines have increased as has demand for emergency shelters, an indication of the growing level of demand caused by increased levels of VAWG.
- **Evidence at this stage in the pandemic is mostly anecdotal.** For this reason, several news articles, blogs, and case studies were included in the research. Some of this included think pieces that predicted certain trends based on past pandemics, like Ebola.
- **It was not possible to look individually at each country in Sub-Saharan Africa.** As much as possible, country examples have been included but there was no systematic review of each of the 21 countries.
- **Whilst some evidence was found on Twitter and other social media, it was not possible within the time available to carry out an in-depth review of social media accounts** of, for example, WROs in each of the countries. It is known that many WROs are responding and reaching women through social media.
- **Data is not captured in some areas**, for example violence against nurses and women, many of whom are perceived to be potential sources of infection (UN Human Rights and AU, 2020).

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<sup>5</sup> ActionAid UK, Institute for Development Studies, International Rescue Committee, Womankind Worldwide

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VAWG Helpdesk services are provided by a consortium of leading organisations and individual experts on VAWG, including Social Development Direct, International Rescue Committee, ActionAid, Womankind, and the Institute of Development Studies (IDS). Expert advice may be sought from this Group, as well as from the wider academic and practitioner community, and those able to provide input within the short time-frame are acknowledged. Any views or opinions expressed do not necessarily reflect those of DFID, the VAWG Helpdesk or any of the contributing organisations/experts.

For any further request or enquiry, contact [enquiries@vawghelpdesk.org](mailto:enquiries@vawghelpdesk.org).

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