

# GBV AoR HELPDESK

## Gender Based Violence in Emergencies

### Research Query:

COVID-19 Impact on Women and Girls in West and Central Africa<sup>1</sup>

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### Introduction

This research paper compiles existing information on how the COVID-19 pandemic has impacted women and girls' exposure to gender-based violence (GBV) in West and Central Africa, as well as their ability to access care and support for GBV.<sup>2</sup> This document draws primarily from a desk review of secondary sources. Currently, there are limited sources that present in-depth primary data on COVID-19's impact on GBV in West and Central Africa, and no peer-reviewed academic literature has been released at the time of writing. Sources for this brief comprise "grey literature" (reports from non-governmental organizations and media articles), remote exchanges with two key informants working in GBV in these regions, and a review of evidence from previous pandemics, particularly related to the Ebola crisis. As such, this brief must be understood as a preliminary overview of the potential impacts of COVID-19 on women and girls' exposure to GBV in West and Central Africa.

### A Snapshot of GBV in West and Central Africa Pre-COVID-19

GBV in West and Central Africa was widespread prior to the COVID-19 pandemic, driven by deeply entrenched gender norms that support men's dominance in public and private spheres. Illustrative of this widespread gender discrimination, women in Sub-Saharan Africa are behind men in virtually all economic, socio-cultural, education and health indicators.<sup>3</sup> In countries impacted by ongoing conflict or fragility—including Burkina Faso, Cameroon, Central African Republic (CAR), Mali, Niger, the Democratic Republic of the Congo (DRC)—GBV is exacerbated by displacement and insecurity.

Although all forms of GBV are underreported, making it difficult to capture the true scope of the problem, available evidence from the region suggests that prior to the pandemic, intimate partner violence (IPV) was one of the largest threats to women and girls' health and well-being in West and Central Africa. According to

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<sup>2</sup> For the purpose of this paper, West and Central Africa encompasses the middle and western regions of the African continent, including the Francophone countries of Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Congo-Brazzaville, Côte d'Ivoire, the Democratic Republic of the Congo, Gabon, Guinea, Mali, Mauritania, Niger, Senegal, and Togo and the Anglophone countries of Gambia, Ghana, Liberia, Nigeria, and Sierra Leone.

<sup>3</sup> For example, the Gender Gap Report 2020 estimates that the gender gap in Sub-Saharan Africa will take 95 years to be closed at the current pace of progress. See World Economic Forum, "Global Gender Gap Report 2020," [http://www3.weforum.org/docs/WEF\\_GGGR\\_2020.pdf](http://www3.weforum.org/docs/WEF_GGGR_2020.pdf).

data collected by the International Rescue Committee in 2012, 60 percent of GBV survivors assisted in Liberia, Ivory Coast, and Sierra Leone had experienced violence perpetrated by an intimate partner. UNFPA (2020:2) cites a 2018 population-based survey in Mali that found that 49 percent of ever-married women had experienced violence at some point in their life, mostly from a partner or a member of their family.

Child marriage is also prevalent in West Africa, with UNICEF (2015) stating that 41 percent of girls married before their 18th birthday, and 14 percent before they reach 15. Central Africa shows similarly high percentages, with 43 percent of girls in DRC according to Gay (2019) and 68 percent in CAR according to the Human Rights Council (2018) married before the age of 18. Additional types of GBV common in the region include (but are not limited to), female genital mutilation (FGM), sexual violence, sexual exploitation, and trafficking.

## Understanding COVID-19 in West and Central Africa

During the first several months of 2020 when the pandemic moved from Asia to Europe and eventually the Americas, Africa seemed to escape the high number of cases experienced by other regions. Even as of July 2020, Mwai and Giles (2020) note the continent accounted for a relatively small proportion of global cases. Yet according to the World Health Organization (WHO), the number of known cases is rapidly accelerating, passing the 600,000 mark in July. Countries in West and Central Africa currently account for six out of the top ten countries with the most confirmed cases.<sup>4</sup> Notably, Houreld and Lewis (2020) point out that current statistics do not necessarily capture the full extent of the infection rates in the region because there is a lack of data and insufficient testing in a number of countries, particularly those affected by conflict such as Niger, Chad, Central African Republic, DRC, and Mali.

Many countries in the region have experience in managing complex disease outbreaks (such as Ebola). As seen in Moore (2020), initially some Sub-Saharan African countries were praised for taking early action to control the COVID-19 pandemic, for example by declaring a state of emergency and establishing lockdowns. However, a May 2020 Ipsos survey of knowledge and attitudes around COVID-19 administered in select countries across the African continent (including six in West Africa and two in Central Africa) found that misinformation (such as a belief that COVID-19 can be cured with traditional remedies or that it does not impact Africans) is rife, which could contribute to non-compliance with public health measures.<sup>5</sup>

While much remains uncertain, the current trajectory suggests COVID-19 is fast gaining momentum in Africa and its primary and secondary effects may therefore be of considerable duration. These effects include the impact of COVID-19 on women and girls' heightened risk of exposure to GBV across the region.

## Pandemics and GBV in West and Central: Knowledge from the Ebola Crisis

Rigorous research on how pandemics impact rates of GBV is relatively limited, not only because of the considerable challenges in obtaining accurate data on GBV more generally, but also because of specific barriers to conducting research during infectious disease outbreaks.<sup>6</sup> Nevertheless, existing evidence from

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<sup>4</sup> Countries with high cases are Nigeria, Ghana, Cameroon, Côte d'Ivoire, Sénégal, and DRC. WHO, COVID-19 Situation update for the WHO African Region, 22 July 2020, [https://apps.who.int/iris/bitstream/handle/10665/333388/SITREP\\_COVID-19\\_WHOAFRO\\_20200722-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/333388/SITREP_COVID-19_WHOAFRO_20200722-eng.pdf).

<sup>5</sup> For example, the Ipsos survey found that 38 per cent of Central Africans and 35 per cent of West Africans believed garlic can cure COVID, while prejudice against Chinese and beliefs that the virus is a bioweapon persist. See "Responding to COVID-19 in African Countries: Analysis and Report of Survey Findings," Ipsos, 5 May 2020. The summary of key findings are available at <https://www.ipsos.com/sites/default/files/ct/publication/documents/2020-05/responding-to-covid-19-in-african-member-states-may-5-2020.pdf>, with individual country reports at <https://www.ipsos.com/en/responding-covid-19-africa-key-findings-from-surveys-in-20-countries>.

<sup>6</sup> Dartnall et. al write poignantly in an op-ed on VAWG during COVID-19 in South Africa the limitations in obtaining reliable data amidst a pandemic, noting that "Social distancing and lockdown limit our ability to conduct face-to-face interviews and do research according

previous pandemics—particularly the Ebola crisis—makes it clear that public health crises can trigger higher rates of various forms of GBV while simultaneously limiting access to formal and informal service delivery and other support systems.

During the Ebola crisis in West Africa (2014 to 2016), O'Brien and Tolosa (2016) demonstrate observe that women and girls faced increased exposure to violence at multiple levels, including IPV, sexual violence, and denial of reproductive health rights and health care. They, along with Korkoyah and Wreh (2015), note that women in Liberia were disproportionately affected by social and economic impacts of Ebola due to their traditional roles as caregivers, which often kept them confined to home, as well as their tendency to engage in informal work/sectors, which were significantly affected by restrictions introduced to control the epidemic. Onyango et al. (2019) note adolescent girls in particular experienced greater levels of sexual coercion and exploitation and a consequent increase in unplanned pregnancy, attributed in part to months-long school closures, quarantines, curfews, and economic impacts.<sup>7</sup>

## What We Know About COVID and GBV in West and Central Africa

In a review of existing published and grey literature, Peterman et. al (2020: 5) document nine pathways linking pandemics to increased GBV: "(1) economic insecurity and poverty-related stress; (2) quarantines and social isolation; (3) disaster and conflict-related unrest and instability; (4) exposure to exploitative relationships due to changing demographics; (5) reduced health service availability and access to first responders; (6) inability of women to temporarily escape abuse partners; (7) virus-specific sources of violence; (8) exposure to violence and coercion in response efforts; and (9) violence perpetrated against health care workers."

All of these pathways exist in West and Central Africa as potential contributors to GBV during COVID-19. While it may too early in the ongoing pandemic to have definitive, high-quality data on COVID-19's impact upon women and girls' exposure to GBV. According to Laouan (2020), anecdotally there has been an observed increase of different types of GBV. These include:

**Intimate partner violence:** Ousmane and Snorek (2020) in an online survey conducted by the NGO Justice and Dignity for the Women of the Sahel notes that in six West African countries, IPV has increased on average by almost 12 percent due to COVID-19.<sup>8</sup> E Media site RD Congo described an "explosion" of domestic violence cases in the DRC. This is consistent with global data indicating increased IPV in many settings affected by COVID-19.<sup>9</sup>

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to accepted ethical standards. This applies particularly to keeping respondents safe and their answers confidential during data collection." See Elizabeth Dartnall, Anik Gevers, Chandré Gould, Angelica Pino, 'Domestic violence during COVID-19: are we asking the right questions?' Institute for Security Studies, 26 June 2020, [https://issafrica.org/iss-today/domestic-violence-during-covid-19-are-we-asking-the-right-questions?utm\\_source=BenchmarkEmail&utm\\_campaign=ISS\\_Today&utm\\_medium=email](https://issafrica.org/iss-today/domestic-violence-during-covid-19-are-we-asking-the-right-questions?utm_source=BenchmarkEmail&utm_campaign=ISS_Today&utm_medium=email).

<sup>7</sup> In parts of Sierra Leone, for example, adolescent pregnancy increased by 65 per cent. Seema Yasmine, "The Ebola Rape Epidemic No one's Talking About," Foreign Policy, 2 February 2016, <https://foreignpolicy.com/2016/02/02/the-ebola-rape-epidemic-west-africa-teenage-pregnancy/>.

<sup>8</sup> The assessment covered the countries of Burkina Faso, Mali, Mauritania, Niger, Senegal, and Chad. There are some marked variations in the reported increases between the countries, for example only a 5 per cent increase in Burkina Faso versus a 30 per cent increase in Chad. It is important to note that the survey was not a representative sample, which may partially explain the variation alongside other contextual factors. It is notable, as well, that previous research in West Africa has identified high levels of attitudes normalizing GBV and victim-blaming, and as noted in this brief research suggested high levels of IPV in the region. See, for example, Promundo (2015). « Men and Gender Equality Survey (NiMAGES): Nigeria Country Report 2015," <https://promundoglobal.org/wp-content/uploads/2016/03/V4C-Nigeria-Men-and-Gender-Equality-Survey-NiMAGES.pdf>.

<sup>9</sup> Globally, there have been noted increases of domestic violence in countries that instituted lockdowns and other measures restricting movements in an effort to control transmission of the virus. See, for example, Hall, B. J., & Tucker, J. D. (2020). Surviving in place: The coronavirus domestic violence pandemic. Asian journal of psychiatry, 53, 102179. Advance online publication. <https://doi.org/10.1016/j.aip.2020.102179>.

**Child Marriage:** UNICEF (2015) points to West and Central Africa as having some of the highest rates of child marriage in the world, with a regional average of 41 per cent of girls married prior to 18.<sup>10</sup> During pandemics, girls and young women are differentially impacted by school closures, particularly in West and Central Africa.<sup>11</sup> The Sahel Women’s Empowerment and Demographic Dividend (SWEDD) program estimates that 12 million girls in the Sahel countries of West Africa are out of school as a result of the pandemic. Among other issues, out-of-school girls are at greater risk of child marriage and early pregnancy. In fact, UNFPA 2020: 2 estimates that COVID-19 will result in 13 million child marriages globally in the next decade.

**FGM:** Pre-pandemic data estimates a high prevalence of FGM in West Africa, with UNICEF pointing to rates of more than 75 per cent in the West African countries of Guinea, Mali, Sierra Leone, Gambia, and Burkina Faso.<sup>12</sup> Though data is not yet available on how COVID-19 has so far impacted FGM in Africa, UNFPA (2020:2) warns “COVID-19 could have far-reaching impacts on the effort to end female genital mutilations,” estimating that 2 million FGM will occur globally in the next decade that would have been otherwise prevented.

**Structural Discrimination and Sexual Exploitation:** Women and girls in West and Central are at a greater risk of economic hardship due to structural and gender inequalities in the labor market and the home.<sup>13</sup> UNFPA (2020) and EquiPop (2020) note that in these two regions, women are over-represented in informal work such as street vending, paid domestic and childcare work, cooking, hospitality, and tourism. Additionally, women carry far more unpaid care work responsibilities than men—for example, according to the OECD, in Mali, women spend 11 times more time than men on unpaid care work, which is compounded during the pandemic. Plan International 2020 shows how women and girls (particularly female-headed households) are also more likely to suffer food insecurity and go hungry due to primary or secondary impacts of the pandemic. Poverty and food insecurity heighten the risk for women and girls of sexual exploitation.

**Trafficking of Women and Girls:** Pre-pandemic, cross-border trafficking was prevalent in many countries in West Africa as points of origin and transit for trafficking victims destined primarily for other countries in the region, the Middle East and/or Europe. An estimated 62 per cent of these victims were women (emitope (2020: 69)).<sup>14</sup> Border closures and lockdowns put in place in early 2020 may have had the inadvertent effect of preventing the repatriation of trafficking survivors. Results from a survey of 94 trafficking survivors from 40 and frontline organizations in 102 countries released by UN Women and the Office for Democratic Institutions and Human Rights in July finds that COVID-19’s impact on law enforcement, national referral mechanisms, and child protection systems has made detection of trafficking cases even more challenging, while survivors of trafficking find that accessing essential services such as health care and shelter, and have increased symptoms of post-traumatic stress (PTSD) and other psychological issues. (ODIHR and UN Women

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<sup>10</sup> UNICEF notes six of the world’s 10 countries with the highest rates of child marriage are in West and Central Africa. See Natacha Stevanovic, Jeffrey Edmeades, Hanna Lantos, and Odinaka Onovo, “Child marriage, Adolescent pregnancy and Family formation in West and Central Africa,” <https://www.unicef.org/wca/sites/unicef.org/wca/files/2018-02/ChildMarriage%20Adolescent%20Pregnancy%20and%20Family%20Formation%20in%20WCA.PDF>.

<sup>11</sup> For example, a brief on the impact of COVID-19 on adolescent girls notes “Girls are less likely to return to school after a period of absence... adolescent girls face... household labor, care work and preference for boys returning to school when families are struggling with school fees.” See Plan International, “At Risk: Girls’ and Young Women’s Rights at Risk under COVID-19 in West and Central Africa,” July 2020, <https://reliefweb.int/report/burkina-faso/risk-girls-and-young-womens-rights-risk-under-covid-19-west-and-central-africa>.

<sup>12</sup> East Africa rivals West Africa for prevalence of FGM, with the highest rates found in Egypt (91 per cent) and Somalia (98 per cent). See UNFPA, FGM Dashboard, <https://www.unfpa.org/data/dashboard/fgm>.

<sup>13</sup> Even short-term ceasing of economic activities outside the house is problematic, while long-term is simply not an option for most Africans. According to the aforementioned Ipsos survey, “most Africans would run out of food, water, medicine and money quickly. On average, most would run out of food in 10 days, prescription medicine in less than 9 days, and money in 12 days” to stay at home. See “Responding to COVID-19 in African Countries: Analysis and Report of Survey Findings,” Ipsos, 5 May 2020.

<sup>14</sup> Temitope et.al. estimate that the “underdeveloped legal landscapes of developing countries, along with factors such as gender discrimination, domestic violence, and a lack of availability of education and economic opportunity, provide existing and potential traffickers with many potential victims.” Temitope Francis Abiodun et. Al (2020) Cross-Border Trafficking of Women in the Face of Displacements in West Africa, World Journal of Innovative Research, 8; 1: 69-76.

2020: 11-13).<sup>15</sup> In West Africa specifically, Lawal and Redfern (2020) note that trafficking of women from Nigeria continues despite border closures, but the number of repatriations and subsequent reintegration services of trafficking survivors have decreased.

Preliminary evidence (Equipop 2020, CARE 2020) suggests that COVID-19 has diverted international and government attention and funds away from GBV response services, particularly services provided by women-led organizations. Another limitation to service delivery is that during lockdowns, psychosocial support delivered through safe spaces or other group-based service-delivery mechanisms are typically suspended because they are considered non-essential. It is therefore not surprising that Equipop (2020: 9) observed “an absence of practical support for victims of domestic violence, notably a lack of space in shelters or the unreliability of helplines” in West African countries.

Even when services shift to remote modalities through mobile phones and Internet, women may not be able to participate due to limited access to technology, or lack of a private space to speak within their homes in proximity to abusers, particularly for women who reside with their perpetrators. Plan International (2020: 4) girls in Sub-Saharan Africa tend to have less access to digital tools, rendering them more cut off from information and services during periods of lockdowns, enforced isolation, and/or service closures. Writing on the adaptation of GBV case management during COVID-19, Yaker and Erskine (2020: 3) point out that during the Ebola crises in West Africa and the DRC, static case management services largely remained in place with modifications to adhere to strict infection prevention and control measures. They thus assert “GBV case management remains a critical service that is possible to continue in most settings as long as sufficient modification and adaptations are made to uphold public health guidelines.”

Reports from multiple countries in the region also indicate women are making fewer visits to hospitals and clinics, such as for contraceptive and maternal health services in West Africa, or to hospitals that provide, among other services, post-rape care.<sup>16</sup> Reduced numbers are not likely to be an indicator of reduced demand for services, but rather the reduced accessibility of services. Equipop (2020) and UNFPA (2020) found that the pandemic has contributed to reduced options for contraception and medical care, interruption in supply chains and contraceptive availability, more unassisted births, and the closure of health facilities.

A very important contributor to lack of prioritization of GBV and SRH services during COVID-19 is the absence of national and local women’s organizations in COVID-19 response planning. A CARE International June 2020 survey of women’s participation in COVID-19 responses in 30 countries found that decision-making bodies on COVID-19 response globally are overwhelmingly dominated by men and show a disappointing track record in putting in place gender-specific measures. The two West African countries included in the survey, Mali and Niger, came in at the bottom in terms of women’s involvement in the response.<sup>17</sup> According to African feminist writers Rosebell Kagumire and Vivian Ouya:

Containing COVID-19 has now become the primary focus of governments, with little attention paid to gender-based violence. State control and militarism have taken centre stage. The solidifying of oppressive state power in a pandemic means a consolidation of patriarchal power and violence at micro- and macro-levels.

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<sup>15</sup> The report states “the COVID-19 pandemic has had significant negative impacts on the situation and well-being of survivors of trafficking. However, this negative impact was only partially due to new pandemic-related needs and challenges, as well as the implementation of various response measures. The pandemic exacerbated and exposed the already existing gaps in national anti-trafficking frameworks overall.” Pages 11-12.

<sup>16</sup> Joyeux Mushekuru, In the DRC, COVID-19 Threatens Hard-won Gains in the Fight against Sexual Violence, 18 June 2020, <https://phr.org/our-work/resources/in-the-drc-covid-19-threatens-hard-won-gains-in-the-fight-against-sexual-violence/>.

<sup>17</sup> Illustrating the lack of implication of women in national responses, this report notes that “just 17.7 per cent of Guinea’s Scientific Council on Pandemic Response to Coronavirus Disease was female,” while in Niger the survey found no indications of any policies or measures specific to gender and COVID-19 enacted. See CARE International, « Where are the women? The conspicuous Absence of Women in COVID-19 Response Teams and Plans, and Why We Need them,» 9 June 2020, <https://reliefweb.int/report/world/where-are-women-conspicuous-absence-women-covid-19-response-teams-and-plans-and-why-we>.

## Conclusion

There is as of yet a lack of concrete data on the impact of COVID-19 on women and girls' exposure to GBV in West and Central Africa. Nevertheless, anecdotal information suggests that the incidence of various types of GBV is increasing, not only because of lack of support services for survivors, but also because the response to the pandemic has both reflected and reinforced pre-existing structural gender inequalities. It is now more difficult for many women and girls to access essential GBV, education, and health services due to lockdowns and closures of centers. The suspension of schools, universities, and of formal and informal paid work opportunities further undermines women and girls' safety and well-being.

Experience from the Ebola crisis in West Africa suggests that the impact of the COVID-19 pandemic on increased rates of GBV may be felt not only in coming months, but also in coming years. To avert this risk, there is a need for immediate, meaningful inclusion of women and girls' inputs into COVID-19 response and recovery planning, and for greater emphasis on their rights and safety in policy and recovery guidance.

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### **The GBV AoR Help Desk**

*The GBV AoR Helpdesk is a unique research and technical advice service which aims to inspire and support humanitarian actors to help prevent, mitigate and respond to violence against women and girls in emergencies. Managed by Social Development Direct, the GBV AoR Helpdesk is staffed by a global roster of senior Gender and GBV Experts who are on standby to help guide frontline humanitarian actors on GBV prevention, risk mitigation and response measures in line with international standards, guidelines and best practice. Views or opinions expressed in GBV AoR Helpdesk Products do not necessarily reflect those of all members of the GBV AoR, nor of all the experts of SDDirect's Helpdesk roster.*

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