

# The Secondary Impacts of COVID-19 on Women and Girls in Sub-Saharan Africa

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## Question

*What are the secondary impacts of COVID-19 on women and girls in Sub-Saharan Africa?*

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# 1. Overview

This rapid review focuses on identifying evidence on the secondary impacts of COVID-19 on women and girls in Sub-Saharan Africa (SSA). It aims to enable a greater understanding of the unique circumstances of women and girls in the region, which could assist with the provision of effective support throughout the COVID-19 crisis and its aftermath.

Guided by available evidence, the review explores the impact of the COVID-19 pandemic on women and girls in SSA across various issues. These include some of the following – girls' education, social protection, unintended pregnancies, access to health services, poverty, livelihood, land rights, women's and girls' informal employment, food security and nutrition, female health workforce, and access to WASH. The review touches upon, but does not thoroughly investigate the following topics as they are considered in other reviews - Violence Against Women and Girls (VAWG), Sexual and Reproductive Health (SRH), girls' and women's rights, child marriage, harmful social norms, and women's political participation, leadership and empowerment.

The review found limited data regarding the evolving impact of the COVID-19 pandemic on the lives of women and girls in SSA. The partial evidence can be attributed to several factors, some of which include - the recency of the crisis; the limited systematic focus of humanitarian response programmes on adolescent girls and women; and the lack of gender disaggregated data (UN, 2020a Women's Refugee Commission, 2014). This evidence gap poses a challenge in accurately assessing and responding to the needs of women and girls in the region throughout this emergency and can result in missed opportunities for effective recovery (UN, 2020a).

Due to the limited data, the review also explored the secondary impact of similar outbreaks in the region and globally, most notably the Ebola crisis. The review also includes projections regarding the long-term impact of COVID-19 on women and girls. These projections are based on calculated estimations using data from similar occurrences, and therefore limited in their accuracy. Where specific data on SSA was lacking the review also explored global data and data from other regions. Such data are helpful in casting a light on the COVID-19 reality for women and girls in the region, where such regional data are limited. However, the review recognises these context may differ from SSA and therefore their applicability could vary.

**Despite the limited data, the review found that based on emerging evidence and lessons from past health crises, there is strong evidence to suggest that women and girls in SSA will suffer from extreme and multifaceted negative secondary impact as a result of the COVID-19 crisis.** Some of which may include:

- Higher poverty rates (Laouan, 2020; Mahler et al, 2020; Plan International, 2020a).
- Increase in unplanned pregnancies (Malala Fund, 2020; UNFPA, 2020)
- A surge in school dropout rates and child labour of adolescent girls (De Hoop & Edmonds, 2020; Malala Fund, 2020)
- Loss of income and reduced financial empowerment (Grown & Sanchez-Paramo, 2020; UN Women, 2020)
- Increased household work (Population Council, 2020a)
- Reduced access to healthcare and WASH alongside increased maternal deaths (Population Council 2020b; Refugees International, 2020; Women for Women International, 2020)
- Greater food insecurity and malnutrition (CARE, 2020; Population Council, 2020b)

## 2. Background – Women’s and Girls’ Increased Risks and Vulnerabilities Due to the COVID-19 Pandemic

**Adolescent girls and women are among the most marginalised and at-risk populations when outbreaks and emergencies such as COVID-19 occur.** Evidence from similar crises has shown to exacerbate existing vulnerabilities of girls and women, create new ones and deepen gender and social inequalities (UNFPA, 2020; World Vision, 2020b). Such negative secondary impact could lead to a significant reversal in gains made over the last decades in women’s and girls’ human capital, economic empowerment, voice and agency (Grown & Sanchez-Paramo, 2020), and thus threaten the commitment of the African Union’s Agenda 2063 to eliminate gender disparities at all levels in the region (Odhiambo, 2020).

COVID-19 was declared a global pandemic by the WHO on March 11<sup>th</sup> 2020. The virus is now present in all African countries (UN, 2020a). Though SSA has a low number of confirmed cases compared to other parts of the world, it has led countries in the region to apply lockdowns, require self-quarantine and restrict gatherings and movement of people, in order to help contain the outbreak (Mahuku et al., 2020). Evidence from similar health emergencies, most notably the Ebola outbreak which took place in West Africa between 2013-2016, has shown that such mitigating measures as well as the disease itself, could have detrimental impact on women and girls.

**In times of crisis, due to school closures, loss of livelihood, significant stress on families and lack of access to safe spaces and services, girls and women face great risks. They are more frequently exposed to gender based violence and experience higher rates of early marriage, unwanted pregnancies and school dropout (Plan International, 2019).** To illustrate, in the most disrupted areas in Sierra Leone during the Ebola crisis, adolescent pregnancy increased by up to 65% (Naylor & Gorgen, 2020). The rise in teenage pregnancy is attributed to several factors, including – increased sexual exploitation, sexual violence and transactional sex, as well as a rise in consensual sexual activity and enhanced barriers to accessing SRH services (Bruce, 2016).

**The Ebola crisis also resulted in reduced access of women’s and girls’ to healthcare, including prenatal care and during childbirth.** As a result, the Ebola outbreak led to a 75% increase in maternal mortality in West Africa (Women for Women International, 2020). In Sierra Leone alone during the crisis, 3,600 maternal deaths, neonatal deaths, and stillbirths were recorded, a number almost equal to the Ebola related deaths in the country (Refugees International, 2020).

**There is already strong evidence to suggest that COVID-19 will have a similar effect on women and girls.** Emerging evidence globally, and from SSA, is indicating that COVID-19 as well as the mitigating measures applied to contain it, are resulting in substantial negative secondary impact on women and girls across various aspects of life (UN, 2020a). Evidence of this impact will be explored in greater depth throughout the review. However, some of the key findings are listed here.

- Analyses of country responses to COVID-19 show that there has been a shortage in a gender based lens in their design and implementation, which increases the probability that the unique and acute needs of adolescent girls and women will not be addressed properly (Care and IRC, 2020).

- Initial evidence has shown that domestic violence has risen around the world as a result of COVID-19 related movement restrictions. In China, for example, calls to women's shelters have tripled during the outbreak, and in France there has been a nationwide spike of 30% in domestic violence during the quarantine (Plan International, 2020b). In Kenya, in the first two weeks of April, there was a 35% increase in gender-based violence cases and a 50% increase in violence against girls (World Vision, 2020b)
- Schools have closed in 191 nations, and it is estimated that 740 million girls were out of school at the end of March 2020 (Albrechtsen and Giannini, 2020; Plan International, 2020a).

**Data regarding the impact of previous emergencies and COVID-19 on specific sub-groups of women is lacking. However, the literature reviewed highlights the importance of addressing the unique needs of particular groups, especially displaced girls and women and those who live with disabilities, as in times of crisis they are in danger of further marginalisation (Refugees International, 2020).**

There are more than 25.2 million refugees and internally displaced people in Africa, which is host to more than 26% of the world's refugee population (Mahuku et al., 2020; Women's Link Worldwide, Amnesty International and IPPF, 2020). Though the review found limited evidence on the secondary impact on women and girls within these communities, the literature has underlined that as a result of the COVID-19 measures, humanitarian actors are experiencing increased difficulty in reaching such populations (Laouan, 2020). There is therefore a high risk that due to the challenging living conditions and life circumstances they face, alongside lack of available aid, women and girls in these communities will experience the secondary impact of COVID-19 more intensely.

### 3. The Evidence Gap

**Sex and age disaggregated data have been highlighted in the literature reviewed as critical in providing women and girls with appropriate support (Naylor & Gorgen 2020).** Lack of such data can result in ineffective recovery interventions and increased risk of doing harm to an already marginalised population (UN, 2020a).

**Data on the unique reality of women and girls, specifically those living in conflict areas and in emergencies context, has been scarce prior to the outbreak of COVID-19 (Women for Women International, 2020).** In addition, though there has been an increase in attention to girls and women in humanitarian and health crises over the past decade, there is still only partial evidence regarding effective interventions of support (Nobel et al, 2019).

**COVID-19 related data are still emerging, however, lack of sex- and age-disaggregated data can already be seen.** To illustrate, sex disaggregated data are currently available for only 20% of those infected with COVID-19 around the world (UN, 2020a). Beyond the recency of the outbreak, a number of reasons for the partial data were suggested across the literature, in relation to the current pandemic and to similar crises:

- A pandemic response that does not sufficiently address women's and girls' needs (Women for Women International, 2020)

- Limited recording of girl and women related outcomes during emergencies (Women's Refugee Commission, 2014)
- Lack of well-tailored, sex and age specific programmes that systematically target adolescent girls and women (Women's Refugee Commission, 2014)

**Though data might continue and emerge and evidence gaps might close as the COVID-19 crisis progresses, as of June 2020 this review identifies several key evidence gaps specific to the secondary impact of COVID-19 on girls and women in SSA:**

- Gender and age disaggregated data and projections regarding increased poverty rates in the region due to the crisis.
- Data regarding women's and girls' access to social protection and financial services across the region before and during COVID-19.
- SSA specific projections and live data regarding unintended pregnancies of girls, and projections regarding school dropout for girls.
- Data regarding the impact of reduced access to healthcare and WASH on the health and mortality rate of women and girls across the region.
- Data on the unique challenges and risks of women and girls with disabilities in accessing WASH and healthcare services.
- Data on the increase in unpaid labour of women and girls due to the lockdown and other COVID-19 preventative measures. Though some data has been found, more information is needed to get a better understanding of the new burdens faced by women and girls in SSA.
- Further data regarding female food security and malnutrition in the region due to the pandemic.

## 4. Impact

### Girls' Education

**The wide school closures of COVID-19 presents a risk for girls' education and safety in SSA, especially for the most marginalised amongst them.** The COVID-19 pandemic has led to schools closures in 191 nations and 1.5 billion pupils are estimated to be out of school, of which 740 million girls (Albrechtsen and Giannini, 2020; Plan International, 2020a).

**It is estimated, based on data from the Ebola epidemic, that on a global scale approximately 10 million more secondary school-aged girls could be out of school as a result of the aftermath of the COVID-19 crisis (Malala Fund, 2020).** Therefore, The COVID-19 school closures could threaten the achievement of Sustainable Development Goal 4 and the commitment of the African Union's Agenda 2063 to eliminate gender disparities at all levels, including in education.

- Gender inequity in education is a challenge across the region. Thirteen out of the fifteen countries in the world with the highest number of out of school primary age girls are in SSA. By the time girls reach upper secondary school, gender disparities exist in 91% of the region's countries (Odhiambo, 2020).

- Evidence strongly suggests that girls' access to education in crisis effected areas is low. Girls in fragile countries and in emergency settings are half as likely to progress to secondary school compared to the global average, and typically only receive 8.5 years of education (Plan International, 2019).
- Data from the Ebola crisis demonstrates the devastating long term impact school closures can have on adolescent girls' education. For example, after the crisis, in heavily disrupted villages in Sierra Leone, school enrolment rates for girls aged 12 to 17 fell from 50% to 34% (UN, 2020b). In Liberia, the number of primary girls out of school for every 100 girls almost tripled post the Ebola crisis, from 8 pre crisis to 21 by 2017 (Malala Fund, 2020).
- Evidence suggests that the online learning approach, adopted by many countries to reduce the impact of school closures, might increase gender gaps in education. In a study about online learning during the Ebola crisis in Sierra Leone, it was found that only 15% of surveyed girls mentioned participating in home study, compared to 40% of boys (Plan International, 2020a). This could be a result of girls having less access to technology than boys. Boys are one and a half times more likely to own a mobile phone compared to girls (Girl Effect and Vodafone Foundation, 2018), and women are 33% less likely to use the internet than men (Malala Fund, 2020). It could also indicate that girls were unable to participate in online learning due to taking on domestic chores, family care and income generating activities to support the family (Malala Fund, 2020).

**Beyond girls falling behind in their education and experiencing higher dropout rates, school closures can lead to negative effects that go beyond the direct loss of education.** Being out of school significantly reduces girls' social network, their interaction and support from peers and staff, access to SRH and to a safe space (Plan International, 2020a). As a result, girls become more vulnerable and exposed to sexual violence and exploitation, Female Genital Mutilation, forced marriage and early pregnancies (Equity Now, 2020).

- A recent study found that adolescent girls out of school in Africa are two times more likely to start childbearing earlier than those who are in school (UN, 2020b).
- Data suggests that school closure played a key role in the higher rates of teenage pregnancy during the Ebola outbreak, as schools and teachers act as an important source of sexual health education and provide access to contraception (Plan International, 2020a).
- The high pregnancy rates of out of school girls' is exacerbated by emergencies. In the most disrupted areas in Sierra Leone during the Ebola crisis, adolescent pregnancy increased by up to 65% (Naylor & Gorgen, 2020). The rate was higher in the most effected villages, where girls aged 12 to 17 were 11% higher to become pregnant in comparison to less effected villages (Malala Fund, 2020). Post Ebola, the government decided to exclude visibly pregnant girls from school which increased girls' dropout rates (Bruce, 2016) a ban that has only recently been revoked (BBC, 2020). This demonstrates the vicious cycle of how out-of-school girls experience increased chances of unintended pregnancies, and pregnant girls' experience greater barriers to education.
- A similar cycle is seen in girls' participation in incomes generating activities. After the Ebola crisis Sierra Leone experienced a 19% increase in the number of girls aged 12 to 17 engaged in income-generating activities (Malala Fund, 2020). When schools finally



reopened, many families who were facing economic challenges could not afford to pay for girls' return to education or the loss of income (Equity Now, 2020).

## **Access to Healthcare and Health Related Information, and Unintended Pregnancies**

**Evidence suggests that COVID-19 could result in significant negative long-term impact on women and girls' health in SSA.** The COVID-19 pandemic has led to reduced access to healthcare for non COVID-19 related issues. This is a result of movement restrictions, reduced healthcare services and lack of availability of healthcare providers who are stretched by the COVID-19 response (UNFPA, 2020). Though limited healthcare access affects the wider population, it can further exacerbated existing health related gender inequalities and lead to severe consequences for women and girls (UNFPA, 2020; UN, 2020a).

- Due to COVID-19 governments, donors, and aid providers are redirecting funds and attention toward COVID-19 prevention and response and diverting energy from SRH and other health services. As a result, women and girls are less able to obtain vital medical care (Refugees International, 2020). To illustrate, since the COVID-19 outbreak 5,633 static and mobile health clinics and community-based care centres of the International Planned Parenthood Federation (IPPF) have closed across 64 countries. The Africa region has seen the largest number of mobile clinics closed, with 447 closing down as a result of the pandemic (IPPF, 2020).
- Indications of reduced access of women and girls to healthcare during COVID-19 are emerging. Interviews conducted as part of a rapid gender analysis in West Africa have found that women's and girls' use of health centres for services other than COVID-19 has considerably decreased. This is especially true in rural areas, where there has been evidence to suggest that some men refuse to allow their wives to access healthcare due to mistrust of health workers and fear of their wives contracting COVID-19 (Laouan, 2020). There have also been reports of women refraining from accessing healthcare of their own volition due to similar fears (Laouan, 2020).
- Data collection of the Population Council in a number of Nairobi's informal settlements found that women were twice as likely as men to miss essential health services including family planning (11% of women versus 5% of men). 9% of the women surveyed reported foregoing health services such as antenatal care, malaria, nutrition services for children and care for acute illnesses (Population Council, 2020a).

**Beyond the limited access to healthcare, evidence suggests that girls and women also face great challenges in obtaining health related information, which limits their ability to protect themselves from COVID-19 as well as other diseases.**

- A study conducted in Nairobi found that in comparison to men, women have less accurate knowledge of the transmission, symptoms and preventive behaviours recommended during the COVID-19 crisis, and are less likely to wear masks outside the home (Population Council, 2020a).

- Women and girls are finding it difficult to gain access to accurate information about COVID-19 due to low access to technology in comparison to men. To illustrate, in 2019 the digital divide between men and women in Africa was significant, with 18.6% of women using the Internet compared to 24.9% of men (Laouan, 2020).
- Women and girls also face a literacy barrier when trying to access information. Women make up 61% of SSA's illiterate adult population (UNESCO, 2018). Data from past health crises shows that people with low levels of literacy face higher rates of contracting diseases (Women for Women International, 2020).
- A study from West Africa found that women and youth have limited access to traditional channels of communication, such as TV and radio, as they are controlled by men in the household. Additionally, broadcasts sharing information about COVID-19 tend to take place at times when women are occupied with domestic chores (Laouan, 2020).
- Limited access to information is also exacerbated by lockdown restriction disabling women's and girls' from exchanging information with one another (Women for Women International, 2020).

**A substantial concern raised across the majority of literature reviewed regarding women access to healthcare was the estimation that COVID-19 could lead to a meaningful increase in maternal mortality rates in SSA.**

- SSA suffered from high maternal mortality rates before the COVID-19 outbreak. According to WHO data, each year the Africa region accounts for more than 50% of maternal deaths worldwide, 25% of which are estimated to be preventable with proper emergency care (WHO, 2012).
- Evidence from previous health crises has shown that they can lead to a steep increase in maternal mortality rates. The 2013-16 Ebola outbreak led to a 75% increase in maternal mortality in West Africa (Women for Women International, 2020). In Sierra Leone alone, there were 3,600 maternal deaths, neonatal deaths, and stillbirths, a number almost equal to the Ebola related deaths in the country (Refugees International, 2020).
- Increase of pregnancy related deaths during the Ebola Crisis could be explained by the lack of pregnant women's access to healthcare professionals. Across various studies about the Ebola crisis conducted in Liberia, and Sierra Leone, it was reported that the number of births attended by skilled health workers plummeted to zero during the crisis (Plan International, 2015). In addition, 80% of pregnant women surveyed in a study from Liberia and 40% from Sierra Leone, reported they had no access to maternal health services (Plan International, 2015).

**Another significant healthcare challenge faced by women and girls during COVID-19 is lack of access to contraceptives, which could lead to high rates of unintended pregnancies.**

- **Based on data from similar health crises, it is estimated that reduced access to contraceptives due to COVID-19, as well as other factors, could lead to anywhere between 325,000 and 15 million unintended pregnancies around the world, depending on the length of implementation of COVID-19 preventative measures**



(UNFPA, 2020). Though this estimation is not disaggregated by region, it is fair to assume that SSA will be significantly affected by this increase.

- It is estimated that 47 million women in 114 low- and middle-income countries will be unable to use modern contraceptives if COVID-19-related measures and service disruptions continue for six months (UNFPA, 2020).
- Women and girls are already experiencing limited access to modern contraceptives as stocks have started to run low, especially in low income countries (UNFPA, 2020).

## Access to WASH – Water, Sanitation and Hygiene

**Women and adolescent girls have specific requirements of WASH services and encounter more challenges for hygiene management during a pandemic, as do individuals who have disabilities (Meaney-Davis et al, 2020).** According to the WHO and UNICEF, action in the WASH sector is critical for preventing the transmission of the COVID-19 virus and lowering its immediate impact (UNICEF and WHO, 2019). Therefore ongoing and continued practice of cleanliness routines by all individuals is critical to reduce further spread of the virus (UNICEF and WHO, 2019).

- A study conducted in Nairobi informal settlements during the COVID-19 outbreak indicates that women and men (gender disaggregated data was unavailable) in these settlements experience barriers to regular handwashing, with 25% reporting not having access to water at home and 32% reporting being unable to afford extra soap and water (The Population Council, 2020a).
- Worldwide, women perform three times more unpaid caregiving work than men do, accounting for 76% of the total hours worked. Caregiving work requires good access to WASH if it is to be conducted safely. Inadequate access to basic WASH services, especially for those living in difficult conditions, intensifies this burden and chores put on adolescent girls and women (CARE, 2020).

**For women and adolescent girls, shortages of products, a sharp rise in prices of pads and tampons, and lack of access to basic information and services about menstrual hygiene management, is leaving girls and women worldwide struggling to manage their periods during COVID-19 lockdowns (Plan International, 2020c).**

- A study in Nairobi found that in the month of May almost half of the women (compared to 36% in April) reported not purchasing sanitary pads (Population Council, 2020a).
- A study conducted in May 2020 by Plan International, surveying their professionals working in the WASH and Sexual Reproductive Health Rights (SRHR) fields found that:
  - 81% were concerned women and girls who menstruate, would not be supported to meet their menstrual hygiene management needs as a result of the outbreak
  - 78% worried the pandemic would further limit freedom of movement as a result
  - 75% said COVID-19 may pose increased health risks for women and girls who menstruate, as resources, such as water, are diverted to other needs

**People in displaced communities with inadequate access to WASH services and healthcare, are at higher risk of contracting and spreading COVID-19 as well as other diseases, especially the most vulnerable among them, including women and girls (WHO, OECD and World Bank, 2018).**

- Displaced persons living in camps often live in very close proximity, with limited access to health services. These conditions create significant challenges which during a pandemic become more acute, increasing the need for safe WASH services to reduce the risk of individuals contracting and spreading disease (Refugees International, 2020).

**There are limited data and evidence on the impacts of COVID-19 on people with disabilities and pre-existing health conditions.** Reports prior to the Covid-19 pandemic note that women and girls with disabilities are more likely to have anxieties about their privacy, safety and security, and experience more incidents of physical and sexual harassment and assault while accessing sanitation facilities (Meaney-Davis et al, 2020). This is an area where monitoring and data collection is needed.

- Those with disabilities may be at greater risk of contracting COVID-19 due to difficulties in maintaining physical distancing as they need additional physical and personal support (CARE, 2020).

## **Women in the Workforce and Livelihoods**

**The economic and financial impacts of public health crises are gendered, with women and girls suffering disproportionately (CARE, 2020).** Globally, and in SSA, women's livelihoods are concentrated in informal sectors with lower-paid jobs. These jobs are more prone to disruption during public health emergencies and lack legal and social protections (CARE, 2020).

- Women in Kenya account for 60% of job loss recorded since the beginning of the COVID-19 crisis (UN Women, 2020).
- A rapid assessment of the effects of COVID-19 in East Africa shows that women workers, often the main household earners, lack job security and legal rights (Wahome, 2020).
- More than 50% of Ugandans, especially in urban areas, are employed in the informal sector with limited financial safety nets. The majority are women who due to the pandemic have lost earning potential (World Vision, 2020a).
- In Kenya, the horticulture sector, which has 75% female employees, has laid-off thousands of workers, mostly women, due to the outbreak (Wahome, 2020).
- A study conducted in Nairobi found that a high percentage of women surveyed (38% women v. 33% men) have completely lost their livelihoods and income. Without jobs and with life under lockdown, women experience high rates of unpaid domestic labour (67% women v. 51% men) (Population Council, 2020a).

- Women’s marginalization and isolation is frequently intensified with loss of income and employment alongside a decrease in their economic empowerment (CARE, 2020).

**COVID-19 has the potential to negatively affect the ‘Land rights’ of woman (World Bank, 2020).**

- Housing, land, and property of women and girls, serves as a foundation for security, shelter, income and livelihoods, but rights to land are not equitably distributed. Women encounter persistent barriers to their land rights including legal barriers. Should their male relatives succumb to the pandemic, women and girls’ tenure security may further weaken due to limited legal protection, lack of documentation, restrictive social norms and land grabbing (World Bank, 2020).

**Globally, women make up 70% of the health workforce and are more likely to be front-line health workers, especially nurses, midwives and community health workers (UN, 2020c).**

Despite the concentrated numbers of women in the health workforce, women are often not reflected in national or global decision-making on the response to COVID-19.

- Women are the majority of health facility service-staff – such as cleaners, laundry and catering staff. They are more likely to be exposed to COVID-19 whilst in the work environment. In some areas, women have less access to personal protective equipment or correctly sized equipment. Despite women constituting the majority of health and social care workers, reports show men are concentrated in senior roles and that very few are held by women (CARE, 2020).
- Community Health Workers play an essential part in ensuring their communities stay healthy (and understand how to stay healthy). Similar to the global health and social workforce, 70% are women (Knox-Peebles, 2020).

## **Poverty and Access to Social Protection**

**Across multiple sources reviewed it was estimated that COVID-19 will lead to a significant decline in economic growth across SSA and push millions of people into poverty (Mahler et al, 2020; World Bank, 2020). As a result, women and girls in the region are expected to become increasingly vulnerable (Laouan, 2020; Plan International, 2020a).**

- The World Bank projects that COVID-19 will lead to the first recession in the region in 25 years, with a decline of economic growth from 2.4 percent in 2019 to up to -5.1 percent in 2020. This would mean that economic growth would be lower than the average population growth rate, which could lead to significant negative impact on the welfare of many in the region, especially those who are most marginalised (World Bank, 2020).
- Projections indicate that SSA will be the region most significantly effected in terms of increased extreme poverty as a result of the pandemic. Estimates suggest that COVID-19 will result in 49 million people being pushed into extreme poverty in 2020 around the world, 23 of which in SSA (Mahler et al, 2020).

- Initial data from a study conducted in Addis Ababa indicates that around 37% of respondents stated their households had much less income, and 21% stated their households had somewhat less income during April 2020 in comparison to their regular income (CGIAR, 2020).
- Current estimates indicate that as a result of COVID-19, the total number of children living in poverty in low- and middle-income countries could reach 672 million by the end of 2020, with approximately two-thirds of these children living in SSA and South Asia (UNICEF, 2020).
- The review did not find sex disaggregated estimates regarding the expected surge in poverty rates in the region.

**Reviewed literature strongly suggests that growth in extreme poverty could result in long term negative impact on girls and could change the life trajectory of many of them.** Such impact could include: increased rates of teenage pregnancy, school dropouts, child marriage, sexual exploitation and child labour (Rasul et al, 2020; UNFPA, 2020).

- Data from the Ebola crisis highlights that the increased poverty associated with the outbreak led to growth in child labour and other forms of violence and exploitation of women and children (UNDP, 2015). The review did not find specific data on child labour of girls in SSA. However, it is expected that on a global scale, due to the extreme poverty caused by the pandemic, millions of additional children will be pushed into child labour (De Hoop & Edmonds, 2020).
- A study conducted during the Ebola crisis found that 88% of adults and children surveyed reported facing significant economic hardships which led to girls often being forced into risky behaviour in order to support the family financially and put food on the table (Plan International, 2020a)
- Evidence from the Ebola epidemic also indicates that due to increased poverty, school closures, and lack of economic opportunities, girls spent more time with men, which resulted in increased pregnancies and school dropout rates (Rasul et al, 2020). Such trends were more pronounced for girls living in rural areas (UNDP, 2015). These changes in life trajectory of a large number of girls caused an acute loss of human capital for the region (Rasul et al, 2020).
- Data suggest that the growth in poverty rates could have direct impact on increased child marriage. Estimates indicates that family income has a 32% impact on child marriage for the poorer quintiles (UNFPA, 2020). It is projected that as many as 13 million extra child marriages will occur in the years immediately following the crises, with at least 4 million more girls married in the next two years (World Vision, 2020b).

**Data from previous crises and emergency settings suggests that when poverty rates grow and family income declines women carry much of the added strain and burden (UNDP, 2015; UNFPA, 2020).**

- Women, who more commonly manage the household, are required to balance between reduced family income, higher household expenditure and price surges. In a study

conducted in Nairobi 77% of participants noted an increase in food prices and 87% reported that household expenditures had increased (Population Council, 2020a).

- Women also bear the increased household chores resulting from the lockdown and reduced income. According to the Population Council study in Nairobi, women are more likely to report doing more of the cooking (49% vs. 24% of men), cleaning (61% vs. 25% of men), and childcare (67% vs. 36% of men) since the outbreak (Population Council, 2020b).

**Despite the new and substantial socio economic challenges faced by women and girls in SSA and around the world due to the pandemic, there are indications that there is minimal social protection available to them.** The review found very little evidence on the gender dimensions of social protection in SSA and globally. However, the limited data available suggests that women and girls will struggle to get access to the social protection they require in this time of crisis.

- The review did not find analysis of the gender aspect of social protection schemes introduced during COVID-19 in SSA. However, according to a World Bank review conducted in April, out of the 564 social protection initiatives introduced in 133 countries only 11% include a gender dimension (Hidrobo et al, 2020).
- Data indicates that only 10% of the African population and 16% of African children are covered by some form of social protection (Beegle et al, 2018; UNICEF, 2020). Furthermore, only 5.6% of unemployed persons in Africa are covered by social protection (ILO, 2020). Given the low coverage of social protection in the region and the percentage of women and girls working in the informal sector, it is fair to assume that they will have little access to such protection schemes.
- Even before the COVID-19 crisis began, women in emerging markets were more likely to be financially excluded. Women in developing countries experience a substantial gender gap in access to financial services, with 980 million women currently unbanked. It is estimated that COVID-19 will further impede the process of closing such gap. With loss of income and work in the informal sector women are expected to find it more difficult to get access to low-interest, deferred loans or business grants to sustain or restart their businesses (Care, 2020).
- The outbreak is also expected to send more women into debt. With costs rising, women tend to rely on their savings and borrow from family and friends. As a result, a crisis such as COVID-19 is likely to drain women's savings and force them into debt (IFC and We-Fi, 2020).

## **Food access and security**

**Food security is a critical issue for women and girls as they face increased burdens for domestic responsibilities during the pandemic (CARE, 2020).** The coronavirus pandemic could see the number of people suffering from acute food insecurity double, jumping from 135 to 265 million according to the World Food Programme (WFP, 2020). Even before COVID-19, a record 45 million people in Southern Africa experienced food insecurity as the region entered the peak of the lean season, between January and March 2020. A situation that has been exacerbated by COVID-19 (CARE, 2020).

- Restrictions imposed due to COVID-19 will likely aggravate food insecurity in the region by interrupting supply chains, disrupting casual labour markets and reducing the incomes of women (CARE, 2020).
- The COVID-19 pandemic has serious implications for food availability for households. Whilst COVID-19 impacts continue and household savings dwindle, there is increased likelihood of wider food insecurity as available income is diverted to basic hygiene needs (World Food Programme, 2020). With markets closing and incomes shrinking, women are having to choose between buying food for their families and getting the soap they need to wash their hands more often (CARE, 2020).
- Data on security of food in regions largely dependent on informal food systems during COVID-19 is emerging. Informal food availability is led by women local traders who produce more than half of the world's food. Under COVID-19 restrictions, women traders are unable to work and this is increasing food insecurity in local communities (Mahuku et al, 2020).
- Women are more likely than men to suffer from food insecurity and malnutrition and comprise 70% of the world's hungry (Mahuku et al, 2020).
- In populations where women and adolescent girls are responsible for food security within the household, food shortages and increased food insecurity places them under heightened pressure and could expose them to intimate partner violence or reliance on negative coping mechanisms, such as resorting to transactional sex, sexual exploitation and abuse, and entering girls into child marriages (CARE, 2020).

**Adolescent girls are more vulnerable and more likely to be impacted by reduced health and nutrition, particularly given the extra domestic work and care responsibilities they assume within the household (CARE, 2020).** Specific data were not identified during this review for adolescent girls in SSA however, experience of previous epidemics and global data can be used to assess likely risks.

- Whilst children and adolescents do not represent a high risk group for direct COVID-19 fatality, experience with previous epidemics has shown that the indirect health and nutrition impacts resulting from overwhelmed health and food systems, can be more devastating for children and adolescent girls than the disease itself (World Vision, 2020a).
- The COVID-19 pandemic is exacerbating numerous vulnerabilities for children and adolescent girls. The United Nations projects an estimated of 42 to 66 million children may fall into extreme poverty and 368 million children are missing out on the school meals they greatly depend on to avoid malnutrition (World Vision, 2020a).



## 5. Annex – Quantitative Data

### Background

- In the most disrupted areas in Sierra Leone during the Ebola crisis, adolescent pregnancy increased by up to 65% (Naylor & Gorgen, 2020)
- The Ebola outbreak led to a 75% increase in maternal mortality in West Africa (Women for Women International, 2020)
- In Sierra Leone alone during the crisis, 3,600 maternal deaths, neonatal deaths, and stillbirths were recorded, a number almost equal to the Ebola related deaths in the country (Refugees International, 2020)
- In China, for example, calls to women's shelters have tripled during the outbreak, and in France there has been a nationwide spike of 30% in domestic violence during the quarantine (Plan International, 2020b)
- In Kenya, in the first two weeks of April, there was a 35% increase in gender-based violence cases and a 50% increase in violence against girls (World Vision, 2020b)
- Schools have closed in 191 nations, and it is estimated that 740 million girls are currently out of school (Albrechtsen and Giannini, 2020; Plan International, 2020a)
- A study conducted in informal settlement in Nairobi found that a higher percentage of women in comparison to men have reported increased housework (67% of women verses 51% of men), skipped health care services (11% of women verses 5% men) and meals due to COVID-19 (71% of women verses 64% men) (Population Council, 2020b)
- In Kenya, women account for 60% of job loss recorded since the beginning of the outbreak (UN Women, 2020)

### The Evidence Gap

- sex disaggregated data are currently available for only 20% of those infected with COVID-19 around the world (UN, 2020b)

### Girls' Education

- The Corona Virus pandemic has led to school closures in 191 nations and 1.5 billion pupils are estimated to be out of school, of which 740 million girls (Albrechtsen and Giannini, 2020; Plan International, 2020a)
- It is estimated, based on data from the Ebola epidemic, that on a global scale approximately 10 million more secondary school-aged girls could be out of school as a result of the aftermath of the COVID-19 crisis (Malala Fund, 2020)
- 13 out of the 15 countries in the world with the highest number of out of school primary age girls are in SSA. By the time girls reach upper secondary school, gender disparities exist in 91% of the region's countries (Odhiambo, 2020)
- Girls in fragile countries and in emergency settings are half as likely to progress to secondary school compared to the global average, and typically only receive 8.5 years of education (Plan International, 2019)
- After the crisis, in heavily disrupted villages in Sierra Leone, school enrolment rates for girls aged 12 to 17 fell from 50% to 34% (UN, 2020b). In Liberia, the number of primary girls out of school for every 100 girls tripled post the Ebola crisis, from 8 pre crisis to 21.14 by 2017 (Malala Fund, 2020)

- In a study about online learning during the Ebola crisis in Sierra Leone, it was found that only 15% of surveyed girls mentioned participating in home study, compared to 40% of boys (Plan International, 2020a)
- Boys are one and a half times more likely to own a mobile phone compared to girls (Girl Effect and Vodafone Foundation, 2018) and women are 33% less likely to use the internet than men (Malala Fund, 2020)
- A recent study found that adolescent girls out of school in Africa are two times more likely to start childbearing earlier than those who are in school (UN, 2020b)
- In the most disrupted areas in Sierra Leone during the Ebola crisis, adolescent pregnancy increased by up to 65% (Naylor & Gorgen, 2020). The rate was higher in the most effected villages, where girls aged 12 to 17 were 11% higher to become pregnant in comparison to less effected villages (Malala Fund, 2020)
- After the Ebola crisis, Sierra Leone experienced a 19% increase in the number of girls aged 12 to 17 engaged in income-generating activities (Malala Fund, 2020)

### **Access to Healthcare and Health Related Information, and Unintended Pregnancies**

- Since the COVID-19 outbreak 5,633 static and mobile health clinics and community-based care centres of the International Planned Parenthood Federation (IPPF) have closed across 64 countries. The Africa region has seen the largest number of mobile clinics closed, with 447 closing down as a result of the pandemic (IPPF, 2020)
- Data collection of the Population Council in a number of Nairobi's informal settlements found that women were twice as likely than men to miss essential health services including family planning (11% of women verses 5% of men). 9% of those women reported foregoing health services such as antenatal care, malaria, nutrition services for children and care for acute illnesses (Population Council, 2020b)
- A study conducted in Nairobi found that in comparison to men, women have less accurate knowledge of the transmission, symptoms and preventive behaviours recommended during the COVID-19 crisis, and are less likely to wear masks outside the home (Population Council, 2020b)
- In 2019 the digital divide between men and women in Africa was significant, with 18.6% of women using the Internet compared to 24.9% of men (Laouan, 2020)
- SSA suffered from high maternal mortality rates before the COVID-19 outbreak. According to WHO data, each year the Africa region accounts for more than 50% of maternal deaths worldwide, 25% of which are estimated to be preventable with proper emergency care (WHO, 2012)
- The 2013-16 Ebola outbreak led to a 75% increase in maternal mortality in West Africa (Women for Women International, 2020). In Sierra Leone alone, there were 3,600 maternal deaths, neonatal deaths, and stillbirths, a number almost equal to the Ebola related deaths in the country (Refugees International, 2020)
- Across various studies about the Ebola crisis conducted in Liberia, and Sierra Leone, it was reported that the number of births attended by skilled health workers plummeted to zero during the crisis (Plan International, 2015). In addition, 80% of pregnant women surveyed in a study from Liberia and 40% from Sierra Leone, reported they had no access to maternal health services (Plan International, 2015)
- Based on data from similar health crises, it is estimated that reduced access to contraceptives due to COVID-19, as well as other factors, could lead to anywhere between 325,000 and 15 million unintended pregnancies around the world, depending on the length of implementation of COVID-19 preventative measures (UNFPA, 2020)

- It is estimated that 47 million women in 114 low- and middle-income countries will be unable to use modern contraceptives if COVID-19-related measures and service disruptions continues for six months (UNFPA, 2020)

### **Access to WASH – Water, Sanitation and Hygiene**

- A study conducted in Nairobi informal settlements (Kibera, Huruma, Kariobangi, Dandora and Mathare) during the COVID-19 outbreak indicates that women in these settlements experience barriers to regular handwashing, with 25% reporting not having access to water at home and 32% reporting being unable to afford extra soap and water (The Population Council, 2020b)
- A study in Nairobi found that in the month of May almost half of the women (compared to 36% in April) reported not purchasing sanitary pads (Population Council, 2020a)
- A study conducted in May 2020 by Plan International, surveying their professionals working in the WASH and Sexual Reproductive Health Rights (SRHR) fields found that :
  - 81% were concerned women and girls who menstruate, would not be supported to meet their menstrual hygiene management needs as a result of the outbreak
  - 78% worried the pandemic would further limit freedom of movement as a result
  - 75% said COVID-19 may pose increased health risks for women and girls who menstruate, as resources, such as water, are diverted to other needs
- Worldwide, women perform three times more unpaid caregiving work than men do, accounting for 76% of the total hours worked

### **Women in the Workforce and Livelihoods**

- World Bank projections of the COVID-19 pandemic's impact, forecast a decline in economic growth from 2.4% in 2019 to up to -5.1% in 2020 (World Bank, 2020)
- A rapid assessment of the effects of COVID-19 in East Africa shows that women workers, often the main household earners, lack job security and legal rights (Wahome, 2020)
- In Kenya, the horticulture sector, which has 75% female employees, has laid-off thousands of workers, mostly women, due to the impact of COVID-19 (Wahome, 2020)
- Women in Kenya account for 60% of job loss recorded since the beginning of the COVID-19 crisis (UN Women, 2020)
- A study conducted in Nairobi found that a high percentage of women surveyed (38% women v. 33% men) have completely lost their livelihoods and income. Without jobs and with life under lockdown, women experience high rates of unpaid domestic labour (67% women v. 51% men) (Population Council, 2020a).
- Globally, women make up 70% of the health workforce and are more likely to be front-line health workers, especially nurses, midwives and community health workers (UN, 2020c).
- Community Health Workers play an essential part in ensuring their communities stay healthy (and understand how to stay healthy). Similar to the global health and social 70% are women (Knox-Peebles, 2020)

### **Poverty and Access to Social Protection**

- The World Bank projects that COVID-19 will lead to the first recession in the region in 25 years, with a decline of economic growth from 2.4 percent in 2019 to up to -5.1 percent in 2020 (World Bank, 2020)

- Estimates suggest that COVID-19 will result in 49 million people being pushed into extreme poverty in 2020 around the world, 23 of which in SSA (Mahler et al, 2020)
- Initial data from a study conducted in Addis Ababa indicates that around 37% of respondents stated their households had much less income, and 21% stated their households had somewhat less income during April 2020 in comparison to their regular income (CGIAR, 2020)
- Current estimates indicate that as a result of the COVID-19, the total number of children living in poverty in low- and middle-income countries could reach 672 million by the end of 2020, with approximately two-thirds of these children living in SSA and South Asia (UNICEF, 2020)
- A study conducted during the Ebola crisis found that 88% of adults and children surveyed reported facing significant economic hardships which led to girls often being forced into risky behaviour in order to support the family financially and put food on the table (Plan International, 2020a)
- Estimates indicate that family income has a 32% impact on child marriage for the poorer quintiles (UNFPA, 2020). It is projected that as many as 13 million extra child marriages will occur in the years immediately following the crises, with at least 4 million more girls married in the next two years (World Vision, 2020b)
- In a study conducted in Nairobi 77% of participants noted an increase in food prices and 87% reported household expenditures increased (Population Council, 2020b)
- According to the Population Council study in Nairobi, women are more likely to report doing more of the cooking (49% vs. 24% of men), cleaning (61% vs. 25% of men), and childcare (67% vs. 36% of men) since the outbreak (Population Council, 2020a)
- Data indicates that only 10% of the African population and 16% of children are covered by some form of social protection (Beegle et al, 2018; UNICEF, 2020). Furthermore, only 5.6% of unemployed persons in Africa are covered by social protection (ILO, 2020)
- Women in developing countries experience a substantial gender gap in access to financial services, with 980 million women currently unbanked (Care, 2020)

### **Food access and security**

- The coronavirus pandemic could see the number of people suffering from acute food insecurity double, jumping from 135 to 265 million according to the World Food Programme (WFP, 2020)
- Even before COVID-19, a record 45 million people in Southern Africa experienced food insecurity as the region entered the peak of the lean season, between January and March 2020. (CARE, 2020)
- Women are more likely than men to suffer from food insecurity and malnutrition and comprise 70% of the world's hungry (Mahuku et al, 2020)
- The United Nations projects an estimated of 42 to 66 million children may fall into extreme poverty and 368 million children are missing out on the school meals they greatly depend on to avoid malnutrition (World Vision, 2020a)
- In 2018, Africa (together with Asia) bore the greatest share of all forms of malnutrition for children worldwide. The highest levels of child malnutrition is in the East, Central and Southern Africa region are recorded in Burundi at 58% and Malawi at 48% (CARE, 2020)

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