



# THE IMPACTS OF COVID-19 ON WOMEN AND GIRLS IN EAST AND SOUTHERN AFRICA





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# EXECUTIVE SUMMARY & KEY RECOMMENDATIONS

# EXECUTIVE SUMMARY

The COVID-19 (coronavirus disease 2019) pandemic has had unprecedented impacts on societies around the world. In many parts of the world, countries are working hard to manage the spread and impacts of COVID-19. While everyone is facing unprecedented challenges, it is the women and girls that are significantly affected by the impacts of COVID-19. They face higher rates of COVID-19 transmission and are most exposed to the secondary impacts, including the loss of their safety nets, earnings and sources of livelihood. The women and girls in humanitarian settings, such as in refugee and internally displaced people camps, are particularly vulnerable to the impacts of COVID-19.

While in the initial stages of the COVID-19 pandemic, the sub-Saharan region of Africa had some of the lowest infection rates reported, these gradually increased and by April 2020, the World Health Organization was reporting community transmission in many African countries. As COVID-19 continues to spread in Africa, women are struggling to cope with the restrictions imposed to limit the spread of the disease and with endemic inequalities, which undermine their capacity to respond to and recover from the impact of COVID-19.

The impacts of COVID-19 are expected to exacerbate and deepen gender inequalities in the region. Given the differential impacts, there is a need for different stakeholders, including women and girls, to be involved in efforts to manage the crisis, especially in the first phase of prevention and containment, but also in the follow-up recovery and resilience-building phases.

It is against this background that UN Women commissioned a study on the impacts of COVID-19 on women and girls in East and Southern Africa. The study aims to provide an opportunity for women and girls and those working with them to articulate how COVID-19 has impacted them and, more importantly, how they are coping. The study aims to identify how various stakeholders can work together to implement more inclusive recovery and resilience-building measures. The study adopted a qualitative research methodology and involved 120 women's organizations in all 13 countries where UN Women has country offices in East and Southern Africa.

The study findings confirm that COVID-19 has impacted women and girls and their organizations in diverse ways such as difficulties in operating their programmes; limiting women's and girls' access to essential services such as emergency reproductive

health, access to basic hygiene products such as sanitary kits, and access to food, jobs and livelihoods; increase in gender-based violence, and teen pregnancies; increased risks of COVID-19 infection due to their caregiving responsibilities; and increased burden of unpaid care work, especially during the closure of schools, among other things.

The findings provide useful information that various stakeholders, particularly non-governmental organizations (NGOs), UN agencies, governments and other non-State actors, could consider in responding to and recovering from the COVID-19 pandemic. The study provides shared learning experiences on the gendered impacts of COVID-19 and captures the concerns of women and girls and, provides recommendations on how they can be effectively engaged in recovery and resilience-building interventions in future. The report calls for an inclusive and gender-sensitive approach at global, regional, national and community levels in the COVID-19 response and recovery to avoid perpetuating gender inequalities. Furthermore, it argues that mainstreaming gender considerations into the COVID-19 response and recovery can result in a more effective response and action and that various stakeholders, especially women and girls, need to play a critical role in the fight against this pandemic, given their responsibilities for hygiene matters, caring for their families, including the sick, feeding their families and educating their children.

Five key recommendations are made for a more effective, all-inclusive and gender-sensitive approach to the COVID-19 response and recovery. While some of these recommendations may be applicable in some countries and require context-specific analysis, the report presents several important lessons that practitioners and policymakers can take up in planning and implementing COVID-19 response and recovery plans.

# KEY RECOMMENDATIONS

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- 1. Acknowledge that COVID-19 affects girls and boys and women and men differently**, and address the gender inequality in the COVID-19 response and recovery. Ensure that all policies, programmes, plans and interventions are equitable and gender-transformative and include the poor and most vulnerable, especially women and girls, so that progress made in reducing the gender gap through the concerted efforts of many stakeholders and captured in the Sustainable Development Goals is not lost.
- 2. Allocate adequate resources for promoting gender-responsive COVID-19 response and recovery** by identifying and giving special attention to the critical needs of women and girls and those in fragile and humanitarian settings. This may entail providing rapid, flexible, easily accessible funding, additional emergency funding and technical cooperation. Increased resilience for women and girls should be at the core of all response strategies from governments, and global and regional institutions, and should be resourced accordingly.
- 3. Strengthen protection mechanisms and duty bearer, capacity to respond, so that women and girls at risk of GBV are better protected** from the heightened risk of violence in their homes and communities.
- 4. Include diverse stakeholders in the COVID-19 response and recovery**, including women, girls and men, in all stages of the COVID-19 response (from design to review and revision) and recovery plans and programmes.
- 5. Integrate gender impact assessment processes and tools** in the emergency COVID-19 response and recovery. The integration should involve gender mainstreaming and improve access to gender-disaggregated data and information. Ensure that lessons learned from previous interventions inform policies, programmes, projects and budgets that are aimed at improving gender equity.



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# INTRODUCTION AND BACKGROUND

# INTRODUCTION AND BACKGROUND

The COVID-19 pandemic has had unprecedented impacts on societies around the world. In many parts of the world, countries are working hard to contain the spread and impact of the pandemic.<sup>1</sup> Globally, as at 4:35pm CET, 17 January 2021, there had been 93,194,922 confirmed cases of COVID-19, including 2,014,729 deaths, reported to the World Health Organization.<sup>2</sup> Given that SARS-CoV-2 is novel, many of the potential risks associated with the virus are unclear.<sup>3</sup> The COVID-19 pandemic is influencing social orders and economies at their cores. While the impact of the pandemic will be different from country to country, it will undoubtedly increase poverty and inequalities on a worldwide scale, making it difficult for many countries to achieve the Sustainable Development Goals.<sup>4</sup>



While everyone is facing unprecedented challenges, women and girls are particularly negatively affected by the impacts of COVID-19, both socially and economically.<sup>5</sup> In many communities, women and girls already facing institutionalized poverty, racism and other forms of discrimination are bearing the brunt of the pandemic: women and girls face higher rates of COVID-19 transmission and are most exposed to the secondary impacts, such as the loss of earnings and livelihoods.<sup>6</sup>

Lessons from outbreaks similar to COVID-19, such as Ebola fever, show that women and girls may face more negative impacts than men.<sup>7</sup> Early findings from several studies have shown that the COVID-19 pandemic has deepened pre-existing inequalities, revealing vulnerabilities in social, political and

economic systems and amplified the pandemic's impacts on this vulnerable group.

Unlike men, women are affected more by the social and economic effects of infectious disease outbreaks, because they bear the brunt of care responsibilities; for example, when schools close and family members fall ill, they take responsibility for caring for the children and the sick. Women are also at greater risk of domestic violence and are further disadvantaged as a result of the reduced access to sexual and reproductive health services as well as proximity to the perpetrators in lockdown situations.<sup>8</sup> Recent studies seem to indicate that COVID-19 has already widened the existing gender gaps in endowments, agency and economic opportunity. There is a great risk that these gender gaps could widen during and after the pandemic and that all the gains in women's and girls' empowerment, accumulation of human capital, and voice and agency that have been made since the 1995 Beijing Platform for Action could be lost. Global and national strategic plans for COVID-19 preparedness and response and recovery need to be grounded in a better understanding of gender issues through robust gender analysis. They must ensure the meaningful participation of affected groups, including women and girls, in the response and recovery.

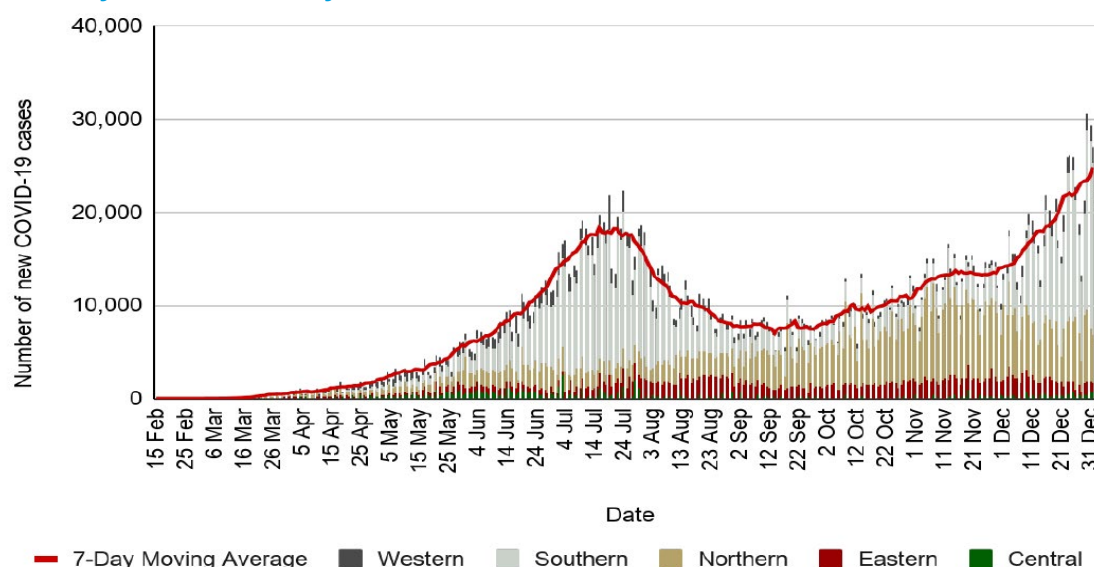
## COVID-19 in sub-Saharan Africa

At the beginning of the COVID-19 pandemic (January–February 2020), sub-Saharan Africa had

some of the lowest infection rates.<sup>9</sup> This, however, increased and by April 2020 the World Health Organization had detected community transmission in Africa. Global health experts and African governments have projected that more than 2 million COVID-19 deaths will occur in sub-Saharan

Africa if no action is taken.<sup>10</sup> As at 5 January 2021, 2,852,491 COVID-19 cases and 67,943 deaths were reported in Africa. Many countries (84 per cent) continue to report community transmission, with 19 of these countries reporting case fatality rates higher than the global case fatality rate of 2.2 per cent.<sup>11</sup>

**FIGURE 1:**  
**New COVID-19 cases reported by day and African Union region, 15 February 2020 to 5 January 2021**



Source: Africa Centres for Disease Control and Prevention (2021).<sup>12</sup>

As COVID-19 continues to spread in Africa, women are struggling to cope not only with the containment measures but also with endemic inequalities, which undermine their capacity to respond to and recover from the impact of COVID-19. The pandemic has exacerbated the existing structural inequalities, increasing women's burden as they struggle to fulfil the gendered roles of managing their families, farms and small businesses. Even more important is the fact that gendered access to opportunities means that women and men have different resources available to them to prepare for, cope with and recover from such a crisis.

Given the impacts of COVID-19, there is a need for differential roles in the efforts to fight the crisis, especially in the first phase of prevention and containment but also in the follow-up.<sup>13</sup> To better support girls and women during COVID-19 and build back better during the recovery from the pandemic, it is important to have an all-inclusive and gender-sensitive approach at different levels, including

regional, national and community levels. Various stakeholders, especially the women and girls, should be involved in the COVID-19 response and recovery, given their responsibilities for household affairs, hygiene matters, caring for their families and educating their children, among others. Mainstreaming gender considerations in the COVID-19 response and recovery may result in a more effective response and action and accelerate the recovery from the impacts of the pandemic.

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# METHODOLOGY

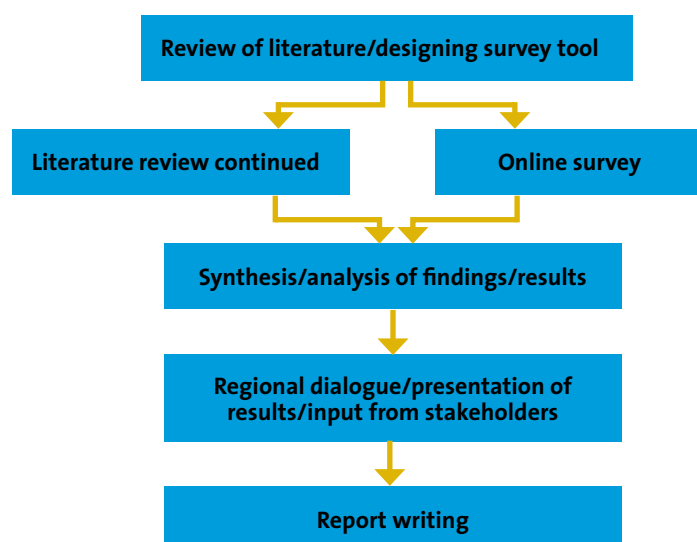
## 2. METHODOLOGY

This study analyses the impacts of COVID-19 on women and girls in 13 countries where UN Women has a presence in the East and Southern Africa Region. The report provides useful information that various stakeholders, particularly non-governmental organizations (NGOs), UN agencies, governments and other non-State actors, could consider in the COVID-19 response and recovery. It provides shared learning experiences on the gendered impacts of COVID-19. It also provides women and girls with an opportunity to voice their experiences, concerns and capacities in responding to COVID-19 and, more importantly, how they can be effectively engaged in recovery and resilience-building interventions in future.

### 2.1.

#### Scope of the study

**FIGURE 2:**  
Summary of the study process



The study focused on the impact of COVID-19 on women and girls in 13 countries where UN Women is engaged in East and Southern Africa. The 13 countries were Burundi, Ethiopia, Kenya, Malawi, Mozambique, Rwanda, Somalia, South Africa (multi-country office), South Sudan, Sudan, Tanzania, Uganda and Zimbabwe,

### 2.2.

#### Study process and objectives

The study aimed to provide information that will enable various stakeholders to understand the needs of women and girls during the COVID-19

pandemic and how to better engage with them in the response and recovery initiatives. This study builds on UN Women's achievements and experience in supporting women and girls during the COVID pandemic within the East and Southern Africa Region and other parts of the world. Given the widespread impact of COVID-19, communities, particularly women and girls, should play a critical role and be at the centre of the planning and implementation of response and recovery initiatives.

The study therefore answered the following questions:

- How is COVID-19 impacting women and girls and what are their most urgent needs during the pandemic.
- Has COVID-19 has elevated or tempered violations of women's rights or risks of domestic violence and other forms of sexual and gender-based violence (SGBV)?
- What is the most critical support required and how should we engage with various stakeholders for an inclusive, effective and efficient COVID-19 response and recovery?

In this study, the following methods were used:

- **Desk literature review:** An intensive literature review was used to collect information at country/institutional, regional and global levels. Reports and other sources (webinars, etc.) related to gender and COVID-19 produced by various stakeholders, the academic literature and relevant information from international organizations (notably UN organizations) were reviewed. The document analysis focused on the impacts

of COVID-19 on women's organizations, women and girls, community responses and policy needs emerging from constituencies and the region, and other documents focused on support to women and girls during COVID-19 at regional, national and institutional levels, strategies and programmes. Some essential documents that were reviewed included UN Women reports on COVID-19, UN Women internal policy documents such as the *Handbook on gender-responsive police services for women and girls subject to violence*,<sup>14</sup> the *Manual for facilitators: Gender-responsive United Nations Sustainable Development Cooperation Framework engagement*<sup>15</sup> and other strategies and frameworks.

- **An online survey:** In November 2020, a rapid assessment survey was rolled out to capture COVID-19's gendered consequences across the region. The survey questionnaire used in this study was developed based on evidence from studies published previously.<sup>16,17</sup> The survey comprised multiple-choice and open-ended questions and was administered using the Microsoft Forms online platform. While it may be argued that an online platform may not be easily accessible to women and women's organizations, it was the fastest, cheapest and safest method to use, given the containment measures and protocols. The survey solicited views and inputs from women's organizations that have been on the frontline of supporting women and girls before and during the COVID-19 pandemic in the ESA Region.
- A list of 120 women's organizations in the 13 countries where UN Women has country offices were identified and contacted about the online survey, ensuring representation across the region. The survey gathered information on the impacts of COVID-19 on women and girls, the resources available to them, their needs, the incidence of SGBV, engagement with various stakeholders and urgent support needed. It also aimed to understand the impacts of COVID-19 being felt by women's organizations and the support and guidance that organizations are seeking and receiving. A total of 85 responses to the survey was obtained, giving a response rate of 71 per cent.
- **Key informants during the regional dialogue:** A regional dialogue was carried out to complement

the survey and literature review. The dialogue provided an avenue for various stakeholders — women, girls, NGOs, UN agencies, governments and other non-State actors — to review the findings of the study and share learning experiences on the gendered impacts of COVID-19. Covering perspectives from different contexts, the regional dialogue gave women's organizations an opportunity to voice their experiences, concerns and capacities in responding to COVID-19 and how they can effectively engage in recovery and resilience-building interventions. During the regional dialogue, preliminary findings from a literature review and online survey, carried out by UN Women ESARO, on the impacts of COVID-19 on women and girls, including those in humanitarian settings, were presented. Information obtained during the regional dialogue was incorporated into this report.

- **Analysis of findings:** Data from the online survey, regional dialogue and desk research findings were analysed using qualitative methods. The thematic analysis of the data involved four main steps:
  - i. Codification of data/responses, which involved assigning codes that identified key themes.
  - ii. Analysis of the frequency of each code. The frequency of the code indicated the importance of the issue to the respondents. For example, the most frequent code arising from the urgent needs text for women and girls was 'food', followed by 'medical supplies,' indicating the importance of these two items.
  - iii. Establishment of patterns from responses/text and identification of themes. This step was essential for teasing out the detailed meaning of the responses. For example, most of the text coded as 'remote access' also contained mention of poor access to the Internet and lack of access to phones by the women and girls, indicating that the gender digital divide was a significant challenge in the COVID-19 response.
  - iv. A thematic analysis process involving careful assessment and understanding of the study's findings and how they relate to the central study questions.

### 2.3.

## Stakeholders and this report

The report will be accessible internally within UN Women, government and other humanitarian organizations engaged in COVID-19 interventions. It is hoped that the information will be used to develop specific, succinct and targeted policy documents, inform programming, briefs and brochures for various audiences that UN Women deals with in the COVID-19 response. These include national governments, regional economic communities (RECs), local authorities, girls'/women's organizations, country partners, and women and girls, who are the ultimate agents and drivers of change; UN Women partners, including staff of the other UN agencies; and development partners, research institutions, civil society organizations and private sector collaborators. This report needs to be complemented by other ongoing studies, including rapid gender analysis and socioeconomic analysis to capture day-to-day realities in the countries where UN Women ESARO operates.

women and girls. While the study provides preliminary information that should guide COVID-19 response and recovery efforts, it is recommended that a more in-depth analysis is carried out to further interrogate the impacts of COVID-19 on women and girls regionally. Furthermore, while some organizations represented women in fragile and humanitarian settings, for a more in-depth assessment of the impacts of COVID-19, a study targeting women in such settings and seeking to address similar questions as they relate to the experience of women and girls in these settings is recommended.

- The data collection and analysis in the report are qualitative and do not reflect the scale of the findings. Furthermore, this report captures respondents' perceptions of trends and concerns as they were at the time of the study.

### 2.4.

## Limitations

There are both limitations and advantages to the study. The principal limitations were as follows:

- The assessment tool was available and the regional dialogue was carried out in English only, which limited the input from French- and Portuguese-speaking countries and participants.
- The study was carried out only in the 13 countries where UN Women ESARO has a presence, and the tool was sent only to women's organizations that were recommended by UN Women offices in these countries, which resulted in the offices selecting organizations that they know and trust. This meant that the participants in the survey and regional dialogue were primarily organizations and individuals with similar backgrounds and limited diversity of experiences or views.
- Women and girls were not interviewed, as this would have required physical meetings, which were not possible because of the COVID-19 containment measures and protocols. Women's organizations and key informants provided information reported to the organizations by



# COVID-19 RESPONSE AND RECOVERY THROUGH A GENDER LENS



# 3. COVID-19 RESPONSE AND RECOVERY THROUGH A GENDER LENS

## 3.1.

### Economic and social impacts of COVID-19 on women and girls



COVID-19 has had catastrophic impacts on national, regional and global economies. While the global poverty gap between women and men has been on the decline for several years, new findings show that it has widened during the COVID-19 pandemic, with women aged 25–34 particularly most affected.<sup>18</sup> By March 2020, five months after discovering COVID-19, up to 84 countries had adopted fiscal and social measures to alleviate the economic and social effects on households.<sup>19</sup> Although data have shown that men have a higher fatality rate than women and girls, the latter are greatly impacted by the resulting economic and social fallout.<sup>20</sup>

In many crises, women lose their source of livelihoods faster because more women than men are involved in the hard-hit economic sectors. Women account for 39 per cent of the global workforce and are in general overrepresented in most ‘in-decline’ parts of the global economy: services such as the arts, recreation and public administration (46 per cent); retail and wholesale

trade (43 per cent); and accommodation and food services (54 per cent).<sup>21</sup> The increase in the poverty gap caused by COVID-19-related loss of livelihood will result in more women than men being pushed into extreme poverty. A recent study commissioned by UN Women and the United Nations Development Programme reports that, by the end of 2021, 435 million women and girls will be living on less than \$1.90 a day — with 47 million being pushed into poverty as a result of COVID-19.<sup>22</sup> It is predicted that the economic situation for women will worsen, since women are more likely to be burdened with unpaid care and domestic work, earn less, are disproportionately more represented in the informal economy, have fewer savings and have less access to social protection, and therefore they have to drop out of the labour force.

Globally, women make up 70 per cent of the health workforce and usually work as front-line health workers, nurses, midwives and community health workers. They also make up the majority of health facility service staff, such as in catering, laundry and cleaning. Women also tend to have less access to personal protective equipment or correctly sized and fitted equipment, which leaves them vulnerable to COVID-19. Women also make up the majority of single-parent households. With quarantine measures keeping people at home, closing schools and day-care facilities, women are likely to have an increased burden of unpaid care and domestic work. This means that women are spending and will spend more hours on unpaid care work than men. Working mothers now have to balance full-time employment with childcare and schooling responsibilities and the responsibility for caring for sick and elderly family members in their homes.<sup>23</sup>

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Globally, women represent 70 per cent of the health and social sector workforce

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### 3.2.

## COVID-19 and learning

COVID-19 has resulted in enormous challenges for schools and students due to the closure of school facilities, with most instruction taking place online where applicable. The online systems and lack of personal connection have resulted in many school dropouts either out of inability to afford the equipment for online education or out of boredom and frequent connectivity interruptions. The school closures have increased the costs that parents face in trying to educate their children remotely.

Isolation occasioned by the pandemic has resulted in significant trauma for everyone, especially learners. Students who have been at risk of dropping out of school are also more likely to feel despair, discouragement and lack of motivation to negotiate the changing learning environment. Given this, school dropout is expected to increase and expand, and educators all over the world need to develop sustainable solutions that can help students continue their education and stay engaged in the educational process.

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### Women and girls have significant challenges due to the digital divide

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In general, girls are often expected to take on childcare responsibilities and household chores.<sup>24</sup> COVID-19 has increased these responsibilities with more girls doing domestic work than boys. The increased workload affects available study time and access to remote learning opportunities, even where these are available. For many children, being out of school reduces their chances of receiving nutritious food through school meals for those in humanitarian settings, resulting in food insecurity.

There is also an increased risk of cyberbullying and the sexual exploitation of girls because they are spending more time online. According to Human Rights Watch, school closures due to COVID-19 may increase the risks of child marriage. Research in Malawi, South Sudan and Tanzania shows a correlation between girls being out of school and being forced into early marriages.<sup>25</sup> Failure to address this



problem could lead to minority and low-income students being disproportionately affected. Girls deprived of education will face long-term consequences such as reduced welfare and agency. Evidence shows that educating girls can bring economic prosperity, just societies and benefits for communities. For instance, recent studies by the World Bank show that secondary education enables girls to have access to work and therefore higher incomes. This also eliminates child marriage and reduces child mortality and malnutrition.<sup>26</sup>

According to the United Nations Population Fund, an unexpected and additional 13 million child marriages will occur between 2020 and 2030 because of the COVID-19 outbreak.<sup>27</sup> Unfortunately, teenage pregnancies also come with other risk factors such as stigma and discrimination against pregnant girls, difficulty in accessing critical services, such as reproductive health services, and long-term impacts on the social and economic well-being of not only the girls but also their children.

### 3.3.

## COVID-19 and the digital divide

Digital technology facilitates access to critical health services, education, civic participation and economic engagement. It is an important gateway for women to access information that improves their well-being and livelihoods and their ability to contribute to their families and the global community. Because of isolation and other measures to reduce the spread of COVID-19 and keep economies

running, there is an increased societal dependence on information technology.<sup>28</sup>

Women and girls have significant challenges because of the gender digital divide. It is well understood that the gender gap in access to and use of the Internet and mobile phones is huge. The limited access to technologies such as radios, televisions, computers, the Internet and data has left many women and girls unable to access critical resources during the pandemic or to effectively and efficiently engage in the COVID-19 response and recovery.<sup>29</sup> Over time and as the COVID-19 pandemic has intensified, many countries' reliance on digital services will increase, with men benefiting disproportionately compared with women, given that they have greater access to life-saving information. Furthermore, the COVID-19 pandemic will magnify the cost of digital exclusion for women currently not using the Internet and their families. The crisis is also made worse by digital inequality: poor access implies less information about the disease and how to handle it and less likelihood of knowing and following government and health authority measures to curb COVID-19. It also indicates less communication with others and less social network support. Moreover, women and girls who may not have access to life-saving and resilience-building information and services will be left behind, aggravating the existing gender inequalities.<sup>30</sup>

### 3.4.

## Access to sexual and reproductive health services

Worldwide, health emergencies always limit and disrupt sexual and reproductive health services; COVID-19 is no different.<sup>31</sup> This curtails women's rights and well-being and slows down progress towards achieving the UN Sustainable Development Goal on gender equality.

Limited and restricted mobility due to COVID-19 quarantine measures has been shown to reduce access to essential health services and protection for women. Thus, they may not have access to good-quality health services, maternal and reproductive healthcare services and essential medicines and vaccines during the COVID-19 pandemic. Pathfinder reports that family planning, pregnancy termination, menstrual hygiene and other critical health services are harder to access and supply due to the constraints imposed by the pandemic response.<sup>32, 33</sup>

While the provision of sexual and reproductive health services, such as maternal health care and gender-based violence-related services, are critical to women's and girl's health and well-being, in order to manage COVID-19, attention and vital resources have been diverted, resulting in exacerbated maternal mortality and morbidity and an increase in teenage pregnancies and sexually transmitted diseases.<sup>34</sup> Extreme pressures on health providers and overburdened health facilities may also increase the risk of abuse of sexual and reproductive health service providers.<sup>35</sup>

**FIGURE 3:**  
**Women's access to sexual and reproductive health care**



Source: Azcona et al. (2020).<sup>36</sup>

### 3.5.

## Violence against women and girls

Violence against women and girls not only remains pervasive worldwide but has recently emerged as a significant shadow pandemic of the COVID-19 crisis.<sup>37,38</sup> Because of the increase in women's care burden, affected livelihoods and reduced access to basic necessities, disruption of their social and protective networks, and diminished services for survivors, many households' stress levels have increased. Stress and anxiety arising from financial strain in homes have been correlated with increased sexual and gender-based violence.<sup>39</sup> This has resulted in an increased risk of violence in these homes.<sup>40</sup> Violence against women and girls affects not only their physical well-being but also their psychological well-being. It is also an obstacle to their ability to enjoy their rights and freedoms, such as education, freedom of speech and political participation.

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### COVID-19 has exacerbated the existing crisis of violence against women and girls

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Recent studies have shown that, since the outbreak of COVID-19, violence against women and girls, and in particular domestic violence, has significantly increased.<sup>41,42</sup> For example, a recent report by UN Women shows that globally, 243 million women and girls aged between 15 and 49 have faced sexual and physical violence perpetrated by an intimate partner in the past 12 months.<sup>43</sup> The figure increases by 30 per cent when considering violence by a partner experienced during a woman's lifetime.<sup>44</sup> The number is expected to increase as tension and strains on security, health and money increase, compounded by confined living conditions.

The enormous socioeconomic inequalities place women and girls at an even higher risk of violence. After crises, it is not uncommon to find that violence against women and girls continues to escalate, even as unemployment, financial strain and insecurity increase. The loss of income for women in abusive situations makes it difficult for them to leave those situations.

While some progress has been made in addressing violence against women and the UN system prioritized ending gender-based violence during the period 2014–2019, and 71 per cent of UN entities are focusing on combating discriminatory norms to end violence against women and girls, only 40 per cent of entities identified ending violence against women as a priority area in the period 2020–2025. Global estimates show that the costs of violence against women and girls are approximately two per cent of global gross domestic product, or \$1.5 trillion. Following COVID-19, this figure is predicted to rise given the current trajectory and is likely to continue in the aftermath of the pandemic.

A predicted rise in the different forms and manifestations of violence against women and girls will increase the economic impacts of the COVID-19 crisis and slow down economic recovery globally. The widespread closure of businesses and industries will exacerbate the financial strain on many economies, particularly in communities that are already vulnerable. Isolation measures restricting women's and girls' movement mean that there is a likelihood of intimate partner violence, sexual exploitation and other forms of abuse, since many women and girls will not access the help that is needed promptly. Lockdown leaves women and girls in extremely vulnerable situations and unable to reach critical response services for survivors of gender-based violence, especially in areas where social and economic support networks are weak.

The health sector has a vital role in mitigating the impact of violence on women and their children as part of the COVID-19 response by providing access to essential services for survivors of violence.<sup>45</sup> Addressing and mitigating domestic violence should be a top priority by governments, the UN system, development partners and all other stakeholders. In many countries, judicial, police and health services, which are the first responders for women facing violence, are overwhelmed and have been forced to change priorities or are otherwise unable to help. Women's organizations and civil society groups are also affected by lockdown or the reallocation of resources. Many domestic violence shelters are full and are unable to provide the necessary support, while others have been closed or repurposed as health centres.<sup>46</sup>



### 3.6.

## Impacts of COVID-19 in humanitarian and fragile settings



Although most countries are currently struggling to respond to the COVID-19 crisis, the pandemic has caused a catastrophe in fragile and humanitarian settings. It is estimated that globally 1.8 billion people live in fragile contexts and that about 168 million people need humanitarian assistance. Furthermore, studies show that around one in four people in humanitarian settings are women and girls of reproductive age.<sup>47</sup> Living conditions in humanitarian settings make social distancing almost impossible, and governments are unable to provide adequate relief packages or social safety nets.<sup>48</sup>

Early findings also show that women and girls living in humanitarian crises are most likely to face significant risks during the pandemic period, as it can further burden weak health systems and disrupt supply chains for medicines and basic supplies.<sup>49</sup> The virus's chances of spreading quickly in overcrowded spaces and shelters with insufficient hygiene and sanitation facilities are also very high.<sup>50</sup>

Apart from facing the real effects and threats of COVID-19, people in conflict and fragile settings face the risk of secondary impacts on sexual and reproductive health care being deprioritized. To address this, there may be a need to prioritize these secondary impacts, with increased attention given to emergency obstetric care, new-born and post-partum care, clinical care for rape survivors, safe abortion care, contraception, and prevention and treatment of sexually transmitted infections. Implementing the minimum initial service package<sup>51</sup> for sexual and reproductive health is very important, as it is an international standard of care that is essential at the onset of every emergency, including infectious disease outbreaks.<sup>52</sup>

Lockdowns and other containment protocols intended to control COVID-19 are unfavourably restricting humanitarian programming. The disruption of supply chains can result in food insecurity and the reduced availability of medical commodities, creating even more vulnerability. Additionally, there is the risk of development funding being diverted from existing humanitarian settings and channelled towards the global COVID-19 response.<sup>53</sup> Although the Global Humanitarian Response Plan for COVID-19 has put in place an important strategic framework, many countries with humanitarian settings are likely to face immense challenges in their efforts to implement the framework and proposed solutions. There is a considerable risk that COVID-19 will continue to negatively affect vulnerable populations of displaced individuals while threatening global health security. Restrictions on police and security forces' movements could easily increase the prevalence of sexual and gender-based violence.

The background is split horizontally into a blue top half and a yellow bottom half. A large, semi-transparent number '4' is positioned diagonally across the center. The text 'FINDINGS/RESULTS OF THE STUDY' is written in white, underlined, sans-serif capital letters, centered in the blue area.

# FINDINGS/RESULTS OF THE STUDY

# 4. FINDINGS/RESULTS OF THE STUDY

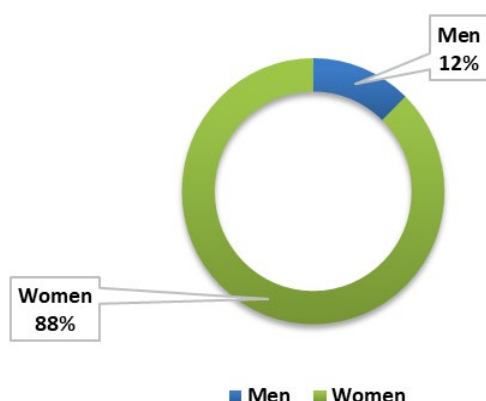
This chapter will describe and discuss the findings of the study in five key areas: i) the impact of COVID-19 on women and girls; ii) the most urgent needs of women and girls; iii) the coping mechanisms/strategies that women and girls are using; iv) violence against women and girls as influenced by COVID-19; and v) effective engagement by stakeholders and women in recovery and resilience-building.

## 4.1.

### Study participant demographics

The survey was sent to 120 women's organizations in 13 countries where UN Women has a presence in the East and Southern Africa Region. Women's organizations were specifically targeted because they are an important catalyst for gender equality and the realization of women's and girls' rights. From grassroots organizing to advocacy and campaigning, women's and girls' organizations are uniquely placed to mobilize and empower women and girls to play a central role in addressing COVID-19. While some organizations were supporting only girls, others supported both women and girls. Most organizations were led by women (88 per cent), and men led only 12 per cent. Out of the 120 organizations that received the survey, 71 per cent responded to the online survey, and 50 attended the regional dialogue held to validate the literature review and online survey results.

**FIGURE 4:**  
Percentage of key informants/respondents by sex



## 4.2.

### The impacts of COVID-19 on women and girls

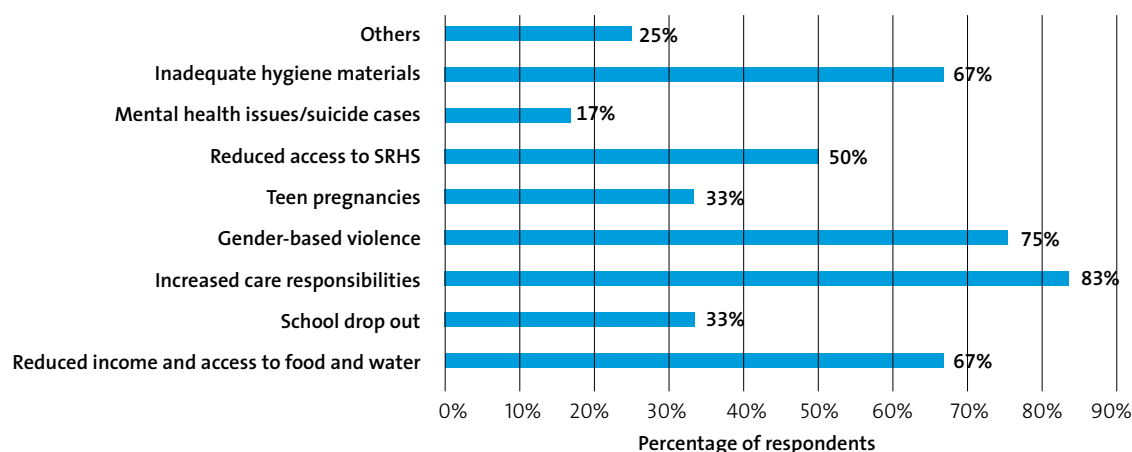
When asked what impacts COVID-19 had on women and girls, respondents highlighted increased care responsibilities (83 per cent), increased gender-based violence (GBV; 75 per cent), reduced income and access to food and water (67 per cent), reduced access to sexual reproductive health services (50 per cent), inadequate hygiene materials (67 per cent), and school dropouts (33 per cent), which were also linked to inequality in access to virtual education opportunities, more responsibilities for some girls at home, and mental health issues (17 per cent). Other impacts of COVID-19 reported included increased divorce/separation, increased insecurity for women and girls, and increased mobility challenges faced by women and girls due to COVID-19. The respondents also reported that because of the reduction in incomes there were reports of girls being trafficked or forced into marriage to sustain the rest of the family, with a resultant increase in teenage pregnancies.

## 4.3.

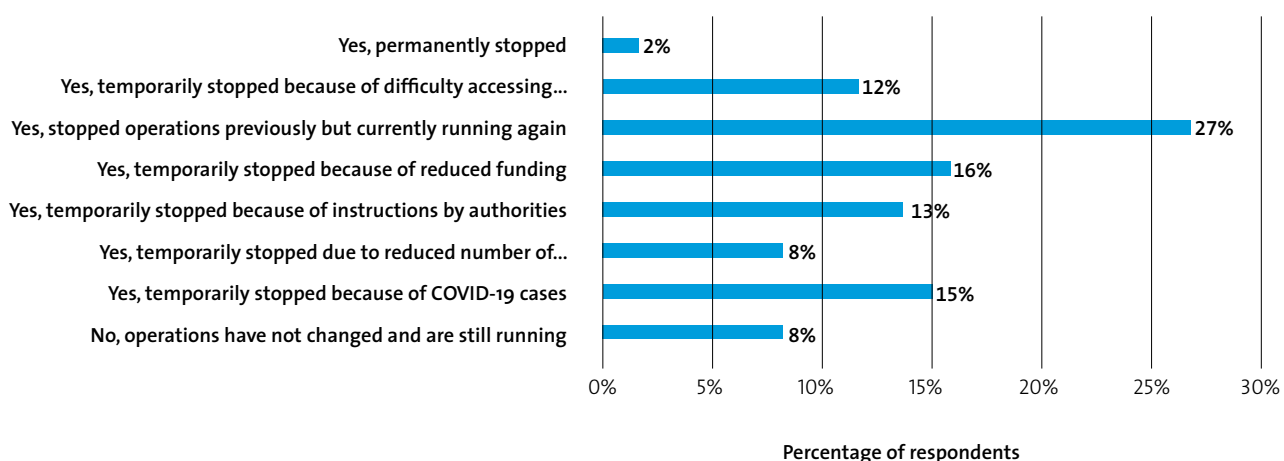
### The impacts of COVID-19 on women's organizations

Respondents were asked how COVID-19 affected their operations and ability to support their constituencies during the pandemic. Ninety-two per cent reported that their services stopped temporarily due to COVID-19, and only eight per cent reported uninterrupted operations.

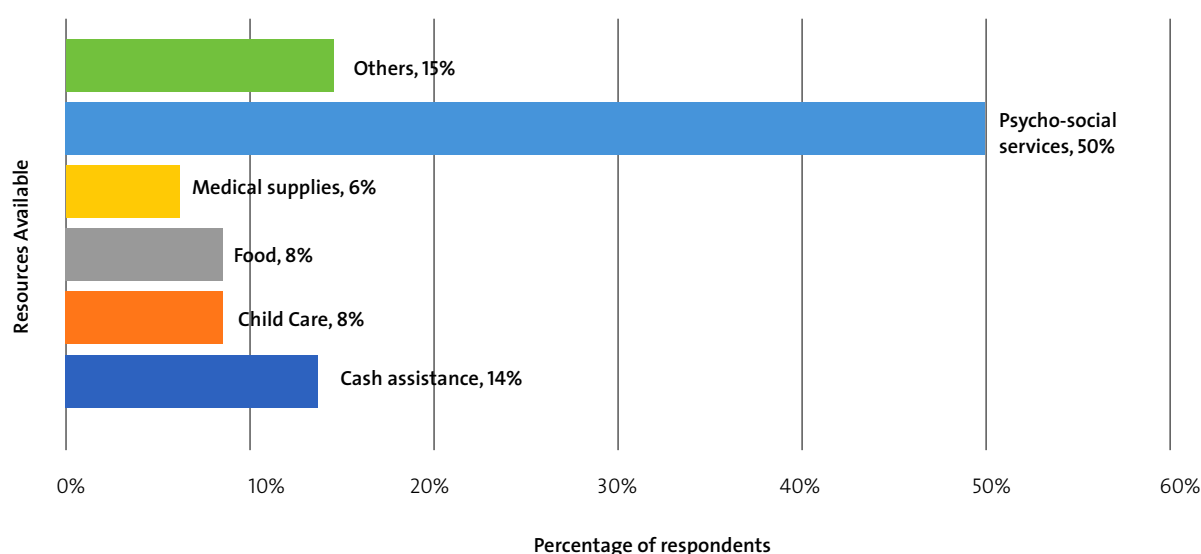
**FIGURE 5:**  
**Impacts of COVID-19 on women and girls**



**FIGURE 6:**  
**Impacts of COVID-19 on women's organizations**



**FIGURE 7:**  
**Resources available from women's organizations**





More than a quarter (27 per cent) of the organizations temporarily stopped operations but have since resumed. Sixteen per cent reported stopping operations because of lack of funds, while 13 per cent stopped in response to the authorities' instructions and increased numbers of COVID-19 cases. Only two per cent stopped their operations permanently because funds were channelled to other causes, such as curbing COVID-19 causes/activities. Halting operations had significant impacts on women and girls because they could no longer access the services they received from these organizations.

#### 4.4.

### Resources available from women's organizations

Participants were asked what services their organizations had to address COVID-19 needs for their constituencies/women and girls. Fifty per cent of the respondents reported offering psychosocial services, which included counselling, rehabilitation, peacebuilding and social activities.

The organizations also reported providing cash assistance (14 per cent), childcare and food (8 per cent) and medical supplies (six per cent). Other services (15 per cent) included in-kind support such as transport, palliative care, health insurance, legal aid services for GBV survivors, sexual and reproductive health services, mentorship programmes, and capacity-building in entrepreneurial skills/hygiene and sanitation.

#### 4.5.

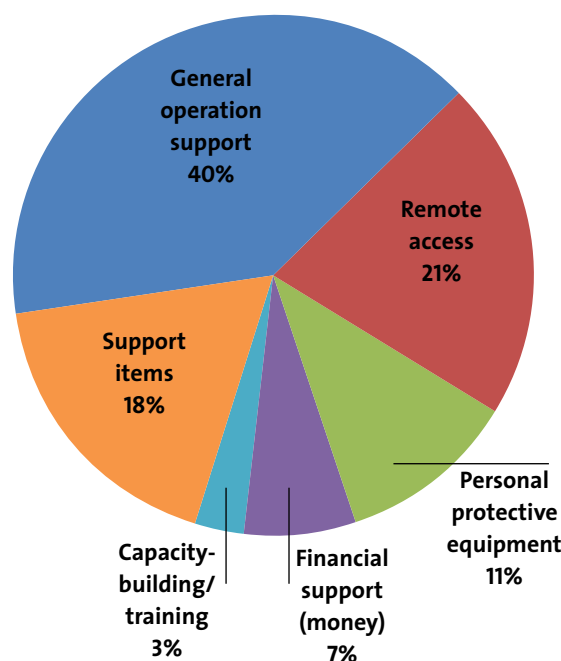
### Most immediate needs for Women's Organizations

When asked what the organizations' greatest needs were, most respondents (40 per cent) reported general operations support as the most urgent need. Specifically, they needed items that would improve their access to women and girls, such as access to the Internet, rent, transport, fuel, printers, cameras, staff, medical services for staff, insurance for staff,

phones, data for project staff, podcast material, cars and motorcycles. Twenty-one per cent reported an urgent need for support for more effective and efficient ways of accessing women and girls, given the prevailing restrictions on social gatherings and movements.

The respondents also reported that many women and girls did not have access to phones or the Internet, making it difficult to reach out to them or support them. Eighteen per cent of the respondents needed physical support items such as dignity kits, soap, clothes, food, credit for women, a COVID-19 relief fund for victims of GBV, empowerment centres, bicycles, and phones for women and girls. In this category, food, dignity kits and safe places where women and girls could meet were most prominent. Eleven per cent of the respondents needed personal protective equipment such as hand sanitizers, face masks, gowns and detergents for community volunteers and staff, and access to COVID-19 tests for their staff members. Only three per cent needed capacity-building and training to manage GBV cases better. Interestingly, only seven per cent reported financial support as an urgent need.

**FIGURE 8:**  
**Women's Organizations' Most Urgent**



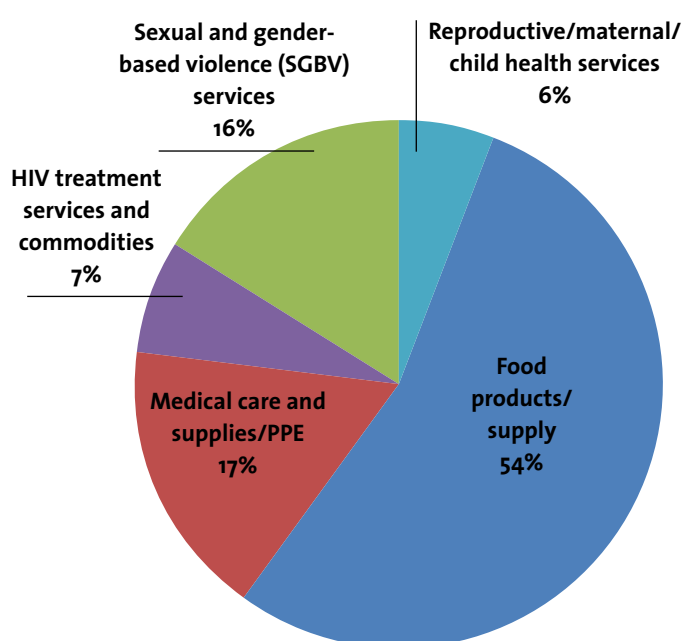
#### 4.6.

### Top five urgent needs for women and girls

The respondents were asked to report what they thought, from their interaction with women and girls, were the most urgent needs for the girls and women in their communities. Fifty-four per cent of the respondents reported that food products and supply were among the top five urgent needs, indicating food insecurity during COVID-19.

FIGURE 9:

#### Top 5 urgent needs for women and girls



While some mentioned that the government was distributing some food to the people, they also reported that it was not enough and that many women were missing meals because of a lack of adequate food for their families. The second most urgent need for women and girls was medical care and supplies (18 per cent), closely followed by sexual and GBV services (16 per cent). HIV treatment services and reproductive and maternal and child health services were seven per cent and six per cent, respectively. Other urgent needs mentioned included hygiene and sanitary products, family planning services, psychosocial services, education for children, rehabilitation and reintegration of migrant women and girls, income-generating activities, cash transfers/capital for businesses, clean water, and vocational and livelihood skills.

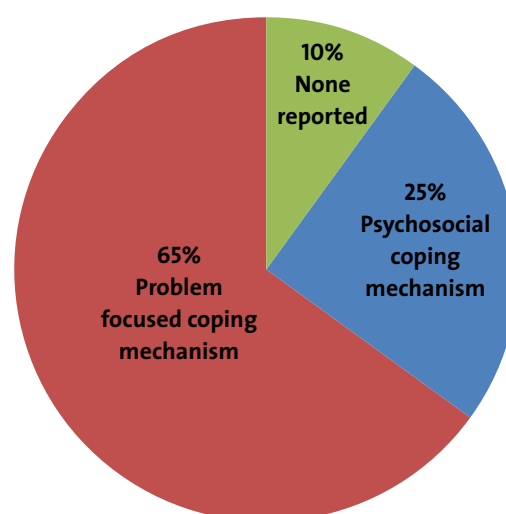
#### 4.7.

### Common coping mechanisms for women and girls

Respondents were asked what mechanisms were used by women and girls to cope with the impacts of COVID-19. They reported two types of coping mechanisms: i) problem-focused coping mechanisms; and ii) psychosocial coping mechanisms.

FIGURE 10:

#### Most prevalent coping mechanisms



#### 4.7.1. Problem-focused coping mechanisms

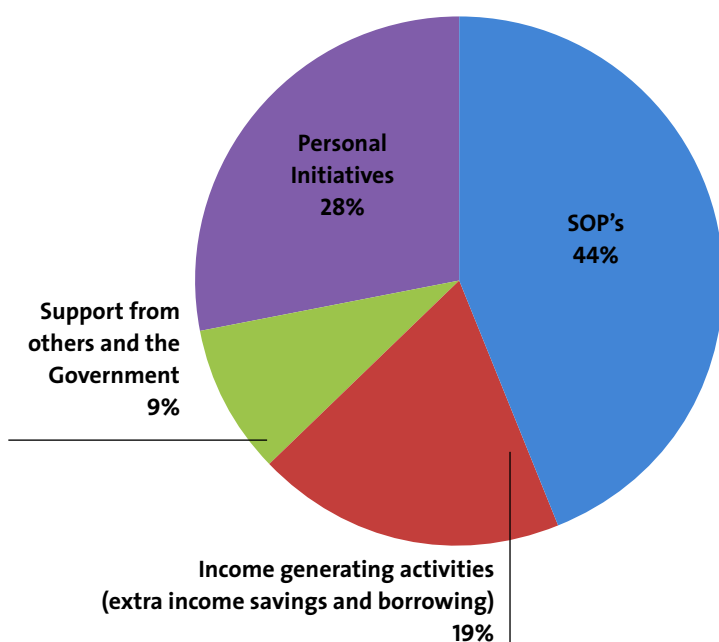
Problem-focused coping mechanisms involved addressing COVID-19 impacts through various activities. These could be divided into four main categories:

- **Standard operating procedures (44 per cent)** such as maintaining social distance, wearing a face covering and using hand sanitizers, staying indoors or ignoring COVID-19.
- **Personal initiatives (28 per cent)** such as reducing the number of meals per day, girls using improvised sanitary pads made from old clothes, early marriages, transactional sex, establishing kitchen gardens, borrowing/begging from others, using traditional medicines, dropping out of school, walking longer distances for resources such as water, harvesting immature food and selling household goods.

- **Income-generating activities (19 per cent)** included getting loans, starting small businesses, increasing the prices of goods, getting involved in village saving schemes and foraging for food in forests.
- **Support from others/government (nine per cent)** included receiving food distribution from families and friends, non-governmental organizations (NGOs) and the government.

**FIGURE 11:**

**Percentage of respondents reporting problem-focused coping mechanisms**



Among the problem-focused coping mechanisms, there were several negative coping mechanisms such as transactional sex in exchange of food or goods, ignoring COVID-19, girls getting married at a very young age, using traditional medicines for severe ailments and foraging in the forests for food and other products.

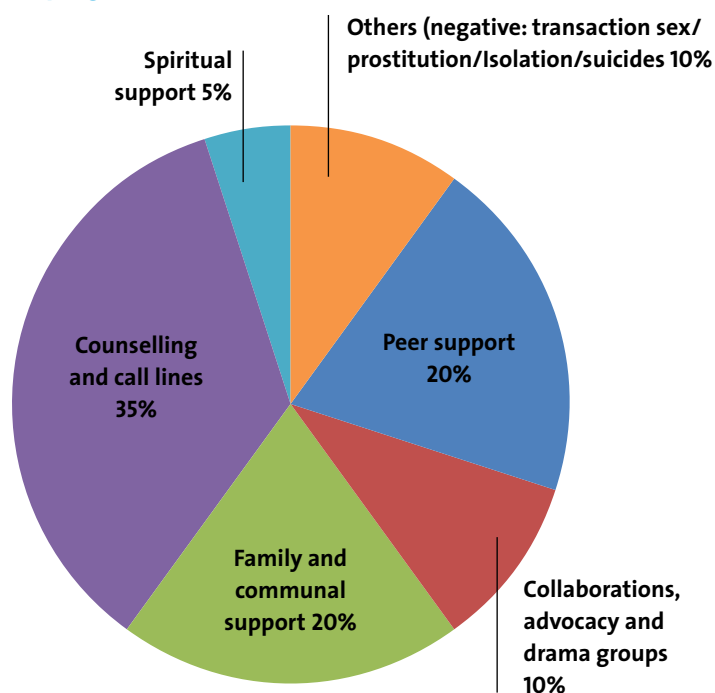
#### 4.7.2. Psychosocial/emotional coping mechanisms

Psychosocial/emotional coping mechanisms involved coping through emotional or spiritual means. The respondents reported the following as the main strategies: seeking and receiving counselling services within their society or using free telephone numbers or call centres, joining religious groups or activities and building spiritual hope (35 per cent); reaching out to families, communal or

peer support groups (20 per cent); and using drama therapy,<sup>54</sup> listening to interactive radio programmes, and seeking entertainment through action groups and theatre (10 per cent). Ten per cent of the respondents did not report any coping mechanism. Some of the negative coping mechanisms included resorting to reducing self-care, withdrawal from some activities such as watching, reading or listening to news stories because they found it stressful, and withdrawal from family members.

**FIGURE 12:**

**Percentage of different types of psychosocial coping mechanisms**



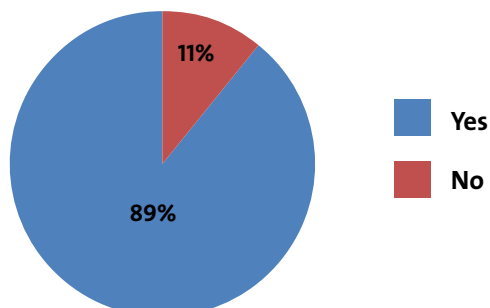
#### 4.8.

#### COVID-19 and gender-based violence

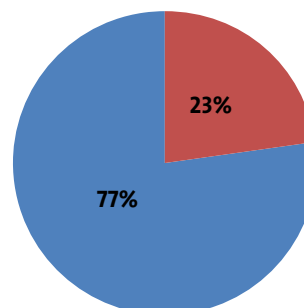
Participants in the study were asked if they knew anyone that had experienced violence during the COVID-19 Pandemic. Seventy-seven per cent of the respondents reported that they knew of someone who had experienced violence during the COVID-19 pandemic. Only 23 per cent reported not having heard of an incidence of violence. Out of the 92 respondents who had heard of an incidence of violence, 89 per cent believed that violence had increased during COVID-19, and only 11 per cent reported a decrease in the incidence of violence.

**FIGURE 13:**  
**Gender-based violence during COVID-19**

**Has the reported incidences of violence changed during COVID-19?**



**As a result of COVID-19, do you know anyone who has experienced violence in this period of COVID-19?**

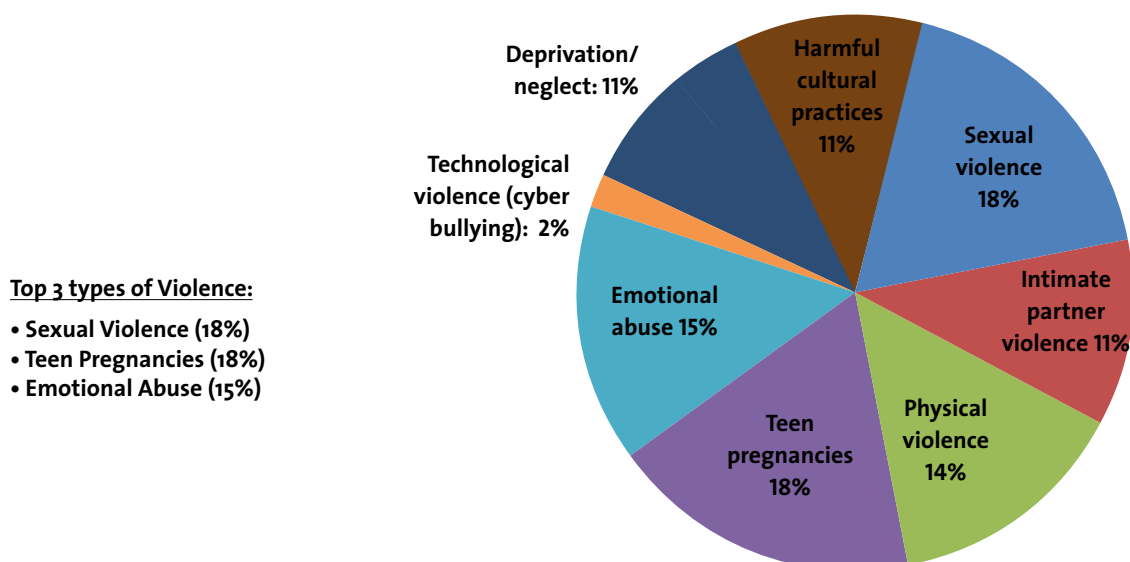


Participants were asked to highlight types of GBV that had been reported. The following types of violence were reported: sexual violence (18 per cent); teenage pregnancy (18 per cent); emotional abuse (15 per cent); physical violence (14 per cent); intimate partner violence (11 per cent); harmful cultural practices (11 per cent); and neglect and deprivations (11 per cent). The least cited type of violence was technological violence at two per cent.

#### 4.9. Stakeholder engagement

To understand how women's organizations were engaged in the COVID-19 response, participants were asked if any stakeholder had engaged them in the COVID-19 response. Sixty-five per cent of the respondents reported that they had been involved in the COVID-19 response, while 31 per cent reported that they had not been involved in any response. Four per cent did not respond to the question.

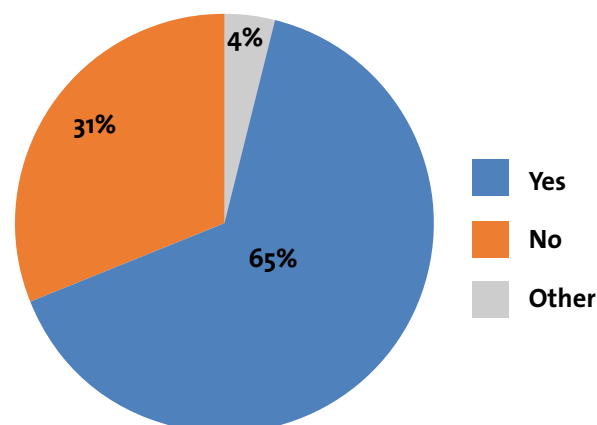
**FIGURE 14:**  
**Prevalence of gender-based violence by type**





**FIGURE 15:**  
**Stakeholder engagement during COVID-19**

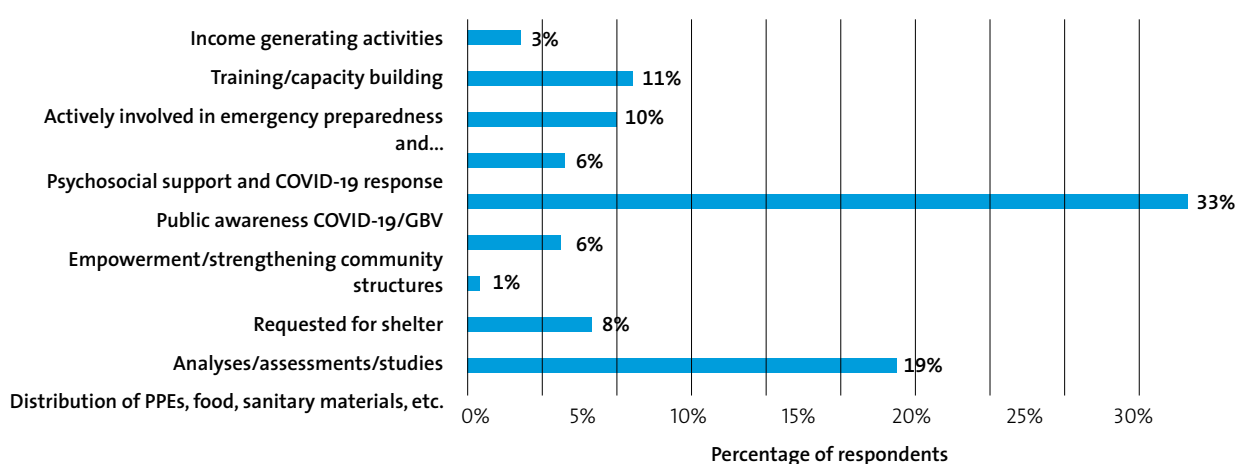
Have any stakeholders (Government, NGOs, UN, etc...) engaged you in COVID-19 response?



To better understand the kind of engagement and role they played in the COVID-19 response, respondents were asked to specify how they were engaged in the COVID-19 response. The top three activities that NGOs reported carrying out with other stakeholders during COVID-19 response included raising public awareness of COVID-19 and GBV, (33 per cent); distribution of personal protective equipment, sanitary towels, food and cash (19 per cent); and

training and capacity-building in entrepreneurial skills (11 per cent). Only 12 institutions (10 per cent) were actively involved in emergency planning and preparedness (engaged in decision-making). Other types of engagement involved carrying out studies/assessments (eight per cent), psychosocial support (six per cent), empowerment exercises (six per cent), income-generating activities (three per cent) and providing shelter for GBV victims (one per cent).

**FIGURE 16:**  
**Types and level of stakeholder engagement**



#### 4.10.

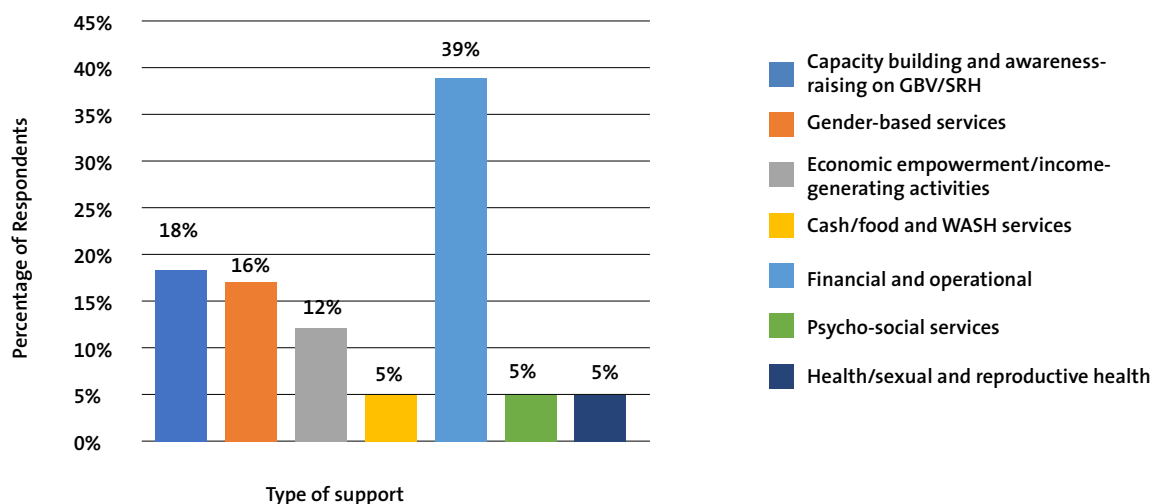
### Critical support needed

When asked what was the most critical support needed from various stakeholders, the top three types of support required were financial/operational

support (39 per cent); capacity-building/awareness-raising on issues of GBV and sexual and reproductive health services (19 per cent); gender-based services, including women's shelters and legal empowerment centres (16 per cent).

FIGURE 17:

#### Most critical support required from stakeholders for effective COVID-19 response and recovery



#### Top 3 critical types of support needed:

- Financial/operational support (39%)
- Capacity-building/awareness increase on women/GBV/SRH (18%)
- Gender-based services (women;s shelter, legal, empowerment centres) (16%)



# DISCUSSION OF RESULTS

# 5. DISCUSSION OF RESULTS

## 5.1.

### Impact of COVID-19 on women and girls

Emerging reports show that COVID-19 has profoundly impacted women and girls at the individual and community levels.<sup>55</sup> The findings of this study confirm this. Almost all respondents (93 per cent) reported that, in an effort to limit the spread of COVID-19, their governments introduced social distancing protocols, including restrictions on social gatherings, strict lockdowns and border closures, which stopped most economic activities and all social, cultural and sporting activities, which had significant impacts on women and girls.

The respondents also reported that the unequal and overwhelming burden of emotional and household labour (83 per cent) that women and girls have shouldered during the pandemic has resulted in significant economic, social and psychological needs that are unmet because of COVID-19 restrictions. These findings confirm data from other studies that have shown that, in all countries, women have faced increases in both unpaid domestic and unpaid care work since the spread of COVID-19. Other concerns arising from COVID-19 that were noted are the increase in sexual and gender-based violence (SGBV) and the reduction in access to critical needs such as income, food, water and hygiene materials. Noteworthy is that school dropouts and teenage pregnancies were reported by 33 per cent of the respondents, which may indicate a correlation between dropping out of school and teenage pregnancies.

“Our organization continues to face a number of barriers, including access to funding and resources due to the fact that different funding opportunities to support refugee-led efforts are often not available or difficult to access. These challenges are exacerbated by an overall limited amount of funding allocated to organization operating within the larger humanitarian infrastructure as compared to other sectors. Therefore, in order to grow, reach more people, be effective and efficient during and post COVID-19, our organization needs financial (multi-year and flexible funding), technical, and organizational support.”

Survey Participant



The findings of this study indicate that women and girls in humanitarian and fragile settings need special attention as far as COVID-19 response and recovery are concerned. Apart from having limited access to health services, other challenges faced by refugees include lack of money, safety nets in the event of abuse, and resources such as medicines, face masks and gloves. Given this, already vulnerable refugee girls and women continue to be at high risk of exposure to COVID-19. The respondents reported that COVID-19 had disrupted the supply chain of essential items, such as food, sanitary towels, and SGBV services, and called for reliable and flexible funding to continue providing critical resources to this category of people. Survey participants reported needing more advice on how to better support women and girls in humanitarian and fragile settings.



## 5.2.

### Impact of COVID-19 on women's organizations

Women's organizations have played a critical role on the front lines of the COVID-19 response. They provide vital services for women and girls, even in the face of unprecedented challenges. Despite the vital role they play in the COVID-19 response, many organizations have stopped operating as a result of limited funds and difficulty in accessing women and girls due to COVID-19 restrictions. In our study, 98 per cent of all respondents reported that COVID-19 affected their organization's operations and that they temporarily stopped operating because of increasing COVID-19 cases, restrictions imposed by the government such as those preventing social gatherings, difficulty in accessing women and girls, or reduced funding. Furthermore, several respondents (17 per cent) alluded to the fact that the funds they had previously received from development partners were diverted to support efforts to curb the spread of COVID-19. This temporary closure had significant impacts on women and girls, as they could no longer access resources that they had previously received from the organizations, i.e. psychosocial support, food and other services.

**"Restricted movements across the borders and of stopping registration affected the unregistered asylum seekers who could not access services due to lack of identification. This created a new vulnerability especially to women and girls housed by fellow refugees."**

**Regional Dialogue Participant**

A number of the respondents (eight per cent) reported that they continue to face significant challenges in supporting women during this period, especially the victims of GBV. Respondents reported an urgent need for a capacity-building/awareness-raising on issues of SGBV and sexual and reproductive health (19 per cent) and support for SGBV services, including women's shelters and legal empowerment centres (16 per cent). This indicated the need for targeted funding to address these urgent needs and find new and creative ways

of operating to reach out to women and girls during the pandemic while also supporting pandemic response efforts such as physical distancing.

## 5.3.

### Priority needs and available resources

As previous studies have shown, addressing women's and girls' needs and priorities creates long-term value. Respondents were asked to list the needs that women and girls had and the needs that the organizations had. More than 50 per cent of the respondents highlighted food products and supply as one of the most urgent needs for girls and women. The need for food can be linked to the fact that women lost their sources of livelihood, such as businesses, due to COVID-19 and indicates a rise in the number of food-insecure households. Not surprisingly, medical care and supply of personal protective equipment was the second most frequently reported need for women and girls (17 per cent). The respondents reported that these items' prices had increased, making it difficult to access them during the pandemic.

Of concern was the third most frequently reported need: SGBV services (16 per cent). This study's findings are in line with those of other studies and research that have shown that violence against women and girls has intensified and confirmed the 'shadow pandemic' growing amid the COVID-19 crisis. Other items coming in on the list of top five urgent needs included HIV services and commodities (seven per cent) and reproductive and maternal child health services (six per cent). Respondents reported that girls and women were facing significant barriers in accessing these essential services before the COVID-19 crisis. Now, amid the pandemic, it has become even more challenging to access the resources. Other urgent needs highlighted included hygiene and sanitary products (four per cent), psychosocial services/assistance (three per cent), and education services for family members (three per cent) and rehabilitation and reintegration of migrant women and girls (two per cent). Girls' and women's SGBV services and sexual and reproductive health services need to be prioritized, funded and recognized as critical needs for women and girls. Measures need to be put in place to ensure that women and girls continue to access menstrual health and hygiene products, contraceptives, antenatal and postnatal

care, clean and safe delivery, and provisions for the clinical management of SGBV.

The findings allude to the importance of ensuring that women and girls have safe and confidential channels for reporting SGBV and the need to further interrogate issues of SGBV as it relates to COVID-19. Contrasted with this increase in awareness of SGBV incidents is the troubling unavailability of these resources from the women's organizations and other stakeholders. Evidence emerging from this study suggests that the current resources from the women's organizations and other stakeholders are neither enough nor well aligned with the needs that girls and women have. Stakeholders need to continue supporting the provision of gender-responsive sexual and reproductive health services, such as maternity care and access to justice systems and services for SGBV victims, as part of their COVID-19 response.

Respondents reported that accessing girls and women during COVID-19 was a significant challenge and highlighted this as one of the most urgent needs for the organizations (21 per cent). They reported that, even when women and girls had phones, they were often not charged because of difficulty in accessing charging points (18 per cent) and nor did they have the Internet access (23 per cent) they needed to access important information regarding COVID-19. The lack of access to the Internet makes it difficult for them to access critical health services, educational opportunities and COVID-19 information, participate in civic life and engage in the economy. The findings confirm the presence of a gender digital gap, in terms of phone ownership, Internet access and access to power to charge phones. It is noteworthy that the women's organizations listed remote access as their second most important need (21 per cent).

Given COVID-19 restrictions on movement and social gathering and the fact that psychosocial services are the greatest source of support that the organizations provide for women and girls, improving remote access either through the provision of phones, Internet access and safe places to charge gadgets may enable women to access information that can improve their livelihoods and their ability to access vital information and services during the COVID-19 pandemic response and recovery. At the same time, this needs to be done carefully, as digital technology has been linked to violence

against women and girls, including online sexual harassment. Women, and in particular young girls, may also face increased online GBV and technology-facilitated GBV because of the increase in the amount of time they spend online. Careful consideration of the ramifications of promoting increased remote access and Internet use is therefore critical. Any interventions to improve remote access and women's and girls' access to information should be assessed through a gender lens focused on mitigating potential harm. Targeted messaging or outreach to vulnerable households is critically important.

#### 5.4. Coping mechanisms

Lack of basic economic needs, social distancing and quarantine measures may lead to increased boredom, uncertainty and disruption of routines, resulting in positive and negative coping mechanisms, as illustrated by the findings of this study. The study respondents mentioned a varied range of experiences and activities to cope with COVID-19 and its impacts. Sixty-five per cent of respondents reported problem-focused coping mechanisms as the most common, with only 25 per cent reporting emotional coping mechanisms. The most commonly emerging themes included following standard operating procedures (44 per cent), personal initiatives (28 per cent), being involved in income-generating activities (19 per cent) and reaching out for support from others or government (nine per cent).

Of the problem-focused coping mechanisms reported, positive coping mechanisms included observing standard operating procedures and personal initiatives such as setting up small businesses, establishing kitchen gardens and getting involved in small saving schemes. Our study results are also consistent with the findings from a literature review, which showed that the COVID-19 pandemic led to maladaptive behaviours in many countries. Of concern were the negative coping mechanisms, which included ignoring COVID-19 and living as if it does not exist, reducing the number of meals per day, dropping out of school, using clothes and other materials during menstruation instead of sanitary towels, begging from others, early marriages, sexual transactions and theft.

The emotional and psychosocial coping mechanisms entailed coping through spiritual or emotional

**“The loss of livelihoods on women and girls, resulted in increased SGBV, domestic violence, teenage pregnancy, and child/forced marriage.”**

**Regional Dialogue Participant**

means and included seeking counselling services and using helplines (35 per cent); seeking support from peer groups, family and community (20 per cent); engagement in advocacy, drama and community collaboration (10 per cent); and becoming more spiritual, praying and connecting with God (five per cent). It is not surprising that counselling services and helplines were the most reported form of coping mechanisms. Many previous studies from China, Italy and the United States have shown that women and girls suffer greater distress and fear of COVID-19 and that counselling plays a significant role as a coping mechanism. It is encouraging to note that one of the top resources that women's organizations provided for women and girls was psychosocial services. As with problem-focused coping mechanisms, there were negative psychosocial coping mechanisms (10 per cent), including sexual transactions, isolation, suicide, trying not to think too much about the situation, and not watching news or statistics about COVID-19.

## **5.5.**

### **COVID-19 and gender-based violence**

Our study results are consistent with the literature review findings that show an increase in SGBV during the COVID-19 pandemic, now commonly referred to as the ‘shadow pandemic.’ Respondents were asked if, as a result of COVID-19, they knew anyone who had experienced violence. Seventy-seven per cent of the respondents reported that they knew of women and girls who had experienced SGBV. Out of the 120 respondents, 106 (88 per cent) of respondents reported that the incidences of violence had increased since the COVID-19 pandemic began. Respondents and regional dialogue participants noted that, in many homes, stress has increased due to increased care responsibilities at home, with schools being closed for a protracted period, restrictions on movement and social gatherings, the effects of COVID-19 measures on the economy and livelihoods, and uncertainty over the future.

This, in turn, has resulted in increased cases of SGBV. Such violence was manifested in forms of sexual violence and teenage pregnancy (18 per cent), emotional violence (15 per cent), physical violence (14 per cent) and intimate partner violence (11 per cent). In contrast with this increase in the incidence of SGBV is a troubling lack of adequate SGBV services. While 16 per cent of the respondents reported SGBV services among the top three urgent needs for women and girls, these services were not among the top resources available from the organizations. The respondents reported several challenges in accessing SGBV services: restricted mobility, lack of phones and Internet access for girls and women, limited community outreach, prohibition of social gatherings, and reduced human and financial resources dedicated to these services.

Eighty-five per cent of the respondents reported that teenage pregnancies had increased during COVID-19. Although this study did not provide conclusive evidence of the correlation between COVID-19 and teenage pregnancies, previous research on crises like COVID-19 and a few recent studies have shown that sexual abuse of underage girls and domestic violence were higher during these crises. For example, previous research showed that the teenage pregnancy rate increased by up to 65 per cent in some communities in Sierra Leone as a result of the socioeconomic conditions imposed by the Ebola outbreak. In this study, respondents reported that schools and other social amenities being closed have resulted in most young people and pupils being idle and involved in drug abuse and criminal activities, and they reported an increase in early pregnancies. Teenage pregnancies seem to be linked to reduced access to various sources of livelihood, since many teenagers have had to fend for themselves, which in turn has increased their vulnerability to sexual abuse and/or engaging in sexual transactions.

These results resonate with other studies in the region, such as the recently published study in Uganda on the impacts of COVID-19 on refugees.<sup>56</sup> Of significant concern is that, while 77 per cent of respondents in the survey stated that they knew someone who had suffered from GBV and 89 per cent reported that SGBV has increased during COVID-19, respondents did not report SGBV services as the most urgent need. Instead, financial support (35 per cent) was reported as the greatest need, and only 16 per cent stated SGBV services as a need. This

could be for two main reasons: i) domestic violence could have been normalized and entwined with social acceptance and therefore not considered an urgent need to address; and ii) due to communication breakdowns — restricted movement/digital divide — women may be unable to report abuse or seek help, and therefore organizations are not including it in their lists of urgent needs.

## 5.6.

### Stakeholder engagement

This study attempted to understand how women's organizations have been engaged in the COVID-19 response. The findings show that most women's organizations were involved in raising public awareness of COVID-19 and GBV (33 per cent). This suggests low levels of engagement, and it is no surprise that the top three types of engagement do not reflect women's and girls' top needs. For example, while sexual and SGBV was listed as one of the top three needs for women and girls (16 per cent), only six per cent of respondents reported engaging with other stakeholders in providing these critical services. This study's findings show the importance of an inclusive and gender-sensitive approach to COVID-19 and one that works at regional, national and community levels. Women and girls and women's organizations should play a major role and be at the centre of the response and recovery. As clearly illustrated in this study, what the non-governmental organizations (NGOs) or other stakeholders may be providing may not be at the top of the priority list for women and girls. Clear linkage between the programmes and livelihood needs is crucial for sustainability and resilience, especially in the recovery and rehabilitation journey of GBV survivors.


**“Governments, multilateral institutions, the private sector and other actors should ensure women's equal representation, including through women's rights organizations, meaningful participation and leadership in the formulation of COVID-19 response and recovery strategies, including social and economic recovery plans, at all levels and recognize women as significant agents for societal change in the present and post COVID-19 period.”**

CEDAW (2020)<sup>57</sup>

As recommended by the Committee on the Elimination of Discrimination against Women (CEDAW)<sup>57</sup> and shown by research, effective and meaningful collaboration across NGOs, government, business, industry and the community services sector during the response to the COVID-19 pandemic is critical in ensuring that vital operations supporting economies and essential services for those in need, especially women and girls, are provided. Using existing inter-agency coordination mechanisms to plan and implement complementary responses — strengthening the referral system and addressing discriminatory norms, practices, inequalities and disparities — through joint programmatic and advocacy engagement is critical.

The responses demonstrate the need for coordinated collection and analysis of age-, gender- and diversity-disaggregated data to identify different at-risk groups' specific needs and shape responses accordingly. Such studies would also articulate what the organizations at the front line of supporting women and girls need to better support their constituencies. Other emerging themes regarding critical support included:

- The need for economic/financial assistance until the situation stabilizes and scaling up cash-based support for women and girls affected by COVID-19.
- The need to effectively engage with local stakeholders, especially women and girls, through integrated protection interventions that maximize impact and yet reduce risks.
- Making available flexible funds for low-income local organizations to help them survive the difficulty in accessing funds during the COVID-19 pandemic to enable them to continue to provide the essential services for communities in need.
- Strengthening community structures to create more awareness and offer sustainable support and referral for survivors of SGBV.
- Awareness-raising by stakeholders on issues affecting the community, such as teenage pregnancy, drug abuse and SGBV, and support for empowerment and mentorship forums for girls and young women on gender issues and life skills (information, education and communication materials, radio, reliable text message platforms where information can be accessed by telephone, GBV helplines for reporting and referrals, etc.).



# CONCLUSIONS AND RECOMMENDATIONS

## 6. CONCLUSIONS AND RECOMMENDATIONS

Health crises such as the COVID-19 pandemic affect women and men differently and therefore any responses need to be gendered. Previous studies have shown that women and girls face a heightened risk of sexual and gender-based violence (SGBV), exploitation and abuse arising from movement restrictions, financial loss, stress and economic disempowerment during health crises such as COVID-19. As a result of the pandemic, several critical services that are essential to women's and girl's health, safety, protection and recovery — including sexual, reproductive, maternal and child healthcare; justice services; social protection; safe accommodation; emergency helplines and shelter; and counselling — have been deprioritized to deal with COVID-19. The women and girls who are most vulnerable are especially affected.

This study set out to generate evidence to support the design of gender-responsive interventions and strategies for the COVID-19 response and recovery. Recognizing the difference in impacts and putting in place gender-sensitive measures is a fundamental step in understanding the primary and secondary effects of COVID-19 on women and girls and creating effective, equitable policies and interventions. Several lessons can be discerned from the review of literature and findings from the survey and regional dialogue. The report calls for: i) the integration of gender considerations in the COVID-19 response and recovery to avoid perpetuating gender inequalities; ii) the encouragement of both women and men to actively participate in the response and recovery efforts, and iii) the provision of greater opportunities and enhanced well-being for women and men alike. While some of these actions and lessons may not work in some countries and require context-specific analysis, there are important lessons learned that could be taken up by practitioners and policymakers in the COVID-19 response and recovery. Based on the findings, the following recommendations are made.

### Addressing women's and girls' needs

- Empower women economically and improve their livelihoods through interventions that will strengthen their resilience. Ensure access to adequate food, water and sanitation for women and girls living in poverty by providing food stocks and upgrading the necessary related infrastructures.
- Prioritize the secondary impacts of COVID-19, giving increased attention to emergency obstetric and newborn care, safe abortion care, contraception, clinical care for rape survivors, and prevention and treatment of HIV and other sexually transmitted infections. Migrant women and girls, including those in refugee and internally displaced people camps and those without health insurance, should have adequate access to healthcare.
- Design and implement specific interventions that support women and girls to cope with COVID-19 and the resultant impacts. This would reduce the need for the negative coping mechanisms highlighted in this study. Targeted interventions based on girls' and women's needs can be designed and implemented, enabling women and girls to cope better with the pandemic's impacts and its after-effects.
- Integrate service delivery into the COVID-19 response and recovery, including mental and physical health, access to legal and justice resources, housing and income support.
- Involve multiple stakeholders, such as civil society organizations, women's organizations, the private sector, the non-profit sector, the public sector, government and development partners, in the response and recovery.



- Cushion women and girls from the socio-economic hardships resulting from COVID-19. Support could be in the form of direct material provision and expanding the current social protection measures, including cash for women and girls, provision of SGBV services, child benefits and other livelihood resources such as food and sanitary towels. These, in turn, would reduce the incentives for girls to marry early and the associated impacts such as teenage pregnancies and school dropouts.
- Establish interventions that meaningfully engage girls and boys during periods of extended lockdown and monitor and support girls' and boys' return to school, where feasible providing a second chance at education such as vocational skills training or accelerated learning. Funding should be set aside to support girls to access education when schools reopen.
- Improve the resilience of women and girls by designing and implementing interventions that would enhance women's and girls' capacity to cope with the current effects of COVID-19 and the after-effects of the pandemic, thereby building their resilience to future shocks. Linking COVID-19 interventions and programmes with livelihood opportunities could improve women's and girls' resilience, especially in the recovery and rehabilitation journeys of SGBV survivors.
- Design innovative and safe ways to reach out to women and girls, especially those who may be in remote areas, are illiterate or do not have access to phones or the Internet. Information needs to be shared in a format that women and girls can access, given the gender digital divide.
- Support the design and implementation of measures to protect women and girls in humanitarian settings, including refugees and internally displaced people. These may include the provision of systematic screening for COVID-19 in and around refugee and internally displaced people camps and addressing their increased risk of trafficking and engaging in survival sex during the pandemic. In addition, support and facilitate economic assistance and their safe repatriation and reintegration.
- Set aside dedicated funds and support for the protection of migrant workers, refugees and displaced people. This may entail dedicated health services, social protection coverage and

essential information, with particular attention given to women and girls whose vulnerabilities have been exacerbated during the pandemic.

### **Sexual and gender-based violence**

- Ensure that women and girls have safe and confidential channels for reporting SGBV and support systems that will force the perpetrators of gender-based violence to face appropriate sanctions. This is especially important because of limited resources and the increased use of electronic communication — which presents challenges, as the victims are trapped at home with their abusers and encounter domestic obstacles to reporting.
- Put in place protection and support services and increase women's organizations' capacity to deal with the victims of SGBV. Innovative solutions to provide reporting mechanisms for women victims and to accommodate them and their children will be necessary.
- Improve healthcare workers' capacity to deal with sensitive gender-based violence-related information and adopt a survivor-centred approach when dealing with SGBV survivors.
- Increase and sustain funding for psychosocial services, shelters and SGBV interventions. Life-saving activities for survivors of gender-based violence, including safe places, dedicated staff, helplines and psychosocial support, must all be in place and fully funded.
- Ensure that SGBV risk mitigation measures are in place in quarantine facilities and during refugee evacuations.
- Support advocacy and awareness-raising of social and cultural norms that promote SGBV and child marriages. Involve men and boys in programmes that aim to address harmful gender norms, as they can be great allies of women and girls in preventing and responding to gender-based violence.

### **Stakeholder engagement**

- Ensure that any interventions that address women's and girls' immediate needs are designed with their input and perspectives.
- Effectively engage with women's organizations in the COVID-19 response and recovery. The engagement should go beyond assessment studies and

public awareness. While these organizations can play an important role in raising public awareness and disseminating guidance and information, since they are a trusted source, they should also be involved in the planning and execution of the COVID-19 response and recovery, including designing the most effective means of reaching out to women and girls, identifying the most critical resources for them, supporting case management, and contact tracing in the community.

- Leverage the private sector, government and other stakeholders to reach out to women and girls through digital platforms. Innovative ways of working with mobile network operators, local Internet service providers and other digital technology companies, such as app developers, may be needed to demonstrate the business case for inclusive connectivity and digital tools.
- Use existing inter-agency coordination mechanisms to plan and implement complementary responses — strengthen the referral system and address discriminatory norms, practices, inequalities and disparities through joint programmatic and advocacy engagement.
- Involve community structures in awareness-raising, rapid response and referral, follow-up and support at the community level. Social awareness is vital in engaging informal support networks and health workers in addressing issues of SGBV and the stigma attached to it during the COVID-19 pandemic.

#### **Learning and applying lessons from the COVID-19 crisis**

- Improve and coordinate the collection and analysis of age-, gender- and diversity-disaggregated data to identify the specific needs of different at-risk groups and shape responses accordingly. Such data can provide clarity on the gendered impacts of COVID-19 and inform the ongoing and future responses.
- Design online and in-person surveys and other engagement activities so that women and girls, especially those that are hard to reach, can participate.
- Make the data collected open access and share it with all relevant stakeholders to enable joint reflection and learning from previous interventions to inform the ongoing and future responses.



# APPENDICES

# APPENDIX 1: SURVEY TOOL

Thank you for agreeing to be a part of this survey. We at UN Women are conducting research to provide information on how women's and girls' livelihoods and circumstances are affected by COVID-19. The results of the survey will also inform UN Women's programming to respond to the crisis and advocacy to improve the well-being of women and girls during and post pandemic. Completing this survey should take no more than 10 minutes. All responses will be kept strictly confidential. If at any point there are any questions you do not feel comfortable answering, you can choose not to answer them. You can also choose to stop the interview at any point. You can only take the survey once to ensure the accuracy of the results.

## 1. Has COVID-19 affected the operation of your organization in any way? Please select one.

No, operations have not changed and are still running

Yes, temporarily stopped because of COVID-19 cases

Yes, temporarily stopped because of a reduced number of girls/women reaching out

Yes, temporarily stopped because of instructions by authorities

Yes, temporarily stopped because of reduced funding

Yes, stopped operations previously but currently running again

Yes, temporarily stopped because of difficulty accessing girls/women

Yes, permanently stopped

## 2. If other, please explain.

## 3. What are your organization's most immediate needs so that you can remain operational (e.g. remote access, equipment, general operations support, extended paid leave for employees, childcare for employees)? Please be as specific as possible.

## 4. What are the most urgent needs for women/girls that your organization supports? [Please rank the five most important needs, with the top being the most important and five the least important. To rank, please click the up or down arrow keys.] Note: We will only consider the top 5!

Food products/supply

Medical care and supplies/PPE (e.g. gloves, masks, medicine)

Hygiene and sanitary products (e.g. menstrual products, baby diapers, soap)

Reproductive or maternal or child health services — family planning commodities (e.g. female or male condoms, pills)

HIV treatment services and commodities

Sexual and gender-based violence (SGBV) services

Psychosocial services/assistance

Education services for family members including children

Public awareness and educating communities on COVID-19

Other

## 5. If other, please explain

**6. What resources/projects do you currently have available for your clients/constituents at this time? (Check all that apply.)**

Cash assistance

Child care

Food

Medical supplies

Social services

**7. If other, please explain in detail**

**8. What are the three most common coping mechanisms that women/girls are using during COVID-19?**

**9. Have any stakeholders (government, INGOs, UN, other NGOs, etc.) engaged you in the COVID-19 response?**

Yes

No

**10. If yes, please explain**

**11. As a result of COVID-19, do you know anyone that has experienced violence in this period of COVID-19?**

Yes

No

**12. What types of violence have been reported during COVID-19?**

Sexual violence

Intimate partner violence

Physical violence

Teen pregnancies

Emotional abuse

Technological violence (cyberbullying)

Deprivation/neglect

Harmful cultural practices

**13. If other, please list the cases below.**

**14. Have the reported incidences of violence changed during COVID-19? Decreased/increased?**

1–24%

25–49%

50–74%

75–100%

**15. What is the most critical support you require from stakeholders during and post COVID-19?**

**16. Thank you for completing this survey. Please answer this last question and click 'Submit' below. Would you like us to email you the survey findings? If yes, please provide your contact details (names, organization, email, and phone contact) below.**

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# ENDNOTES

# ENDNOTES

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# **UN WOMEN IS THE UN ORGANIZATION DEDICATED TO GENDER EQUALITY AND THE EMPOWERMENT OF WOMEN. A GLOBAL CHAMPION FOR WOMEN AND GIRLS, UN WOMEN WAS ESTABLISHED TO ACCELERATE PROGRESS ON MEETING THEIR NEEDS WORLDWIDE.**

UN Women supports UN Member States as they set global standards for achieving gender equality, and works with governments and civil society to design laws, policies, programmes and services needed to ensure that the standards are effectively implemented and truly benefit women and girls worldwide. It works globally to make the vision of the Sustainable Development Goals a reality for women and girls and stands behind women's equal participation in all aspects of life, focusing on four strategic priorities: Women lead, participate in and benefit equally from governance systems; Women have income security, decent work and economic autonomy; All women and girls live a life free from all forms of violence; Women and girls contribute to and have greater influence in building sustainable peace and resilience, and benefit equally from the prevention of natural disasters and conflicts and humanitarian action. UN Women also coordinates and promotes the UN system's work in advancing gender equality.



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