



West Africa COVID Rapid Gender Analysis

The State of women, West Africa, and COVID

The number of confirmed COVID-19 cases in Africa is relatively low in mid-April 2020, but there has only been limited testing in Africa, and many experts are concerned that Africa could still experience outbreaks on – or beyond - the scale experienced in other regions. Governments are imposing restrictions on movement. At the same time, some governments—notably Mali and Niger—are also expanding their safety nets to help people respond to COVID19 and its impacts.

CARE’s Rapid Gender Analysis draws from CARE’s deep experience in the region, and from interviews with 266 people across 12 countries. It points to serious economic, health, and financial impacts that will be especially severe for women. It also paints a mixed picture of women’s rights—with concerns about women’s rights, few women represented in formal decision making, and increasing Gender Based Violence balanced by hopeful signs of women taking the lead responding to the COVID crisis and finding ways to negotiate more equal relationships with their husbands.

Key Findings

- **High humanitarian needs are not being met in the current crisis.** 22.4 million people in West Africa need humanitarian assistance. 13.9 million need food, 11.2 million need better access to health, 9.9 million need support around GBV, and 9.6 million need WASH support. Current government plans can only support 68% of these people.
- **Women’s economic position is at high risk.** Economic growth in West Africa will slow as much as 3.2% because of COVID. This will hit women especially hard because their work is

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

Displaced Woman in North East Nigeria

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

Woman in West Africa

often informal and based on foot traffic in markets. Women with small businesses—especially selling food in markets, near offices, and in schools—are already seeing a drop in their incomes when they can go to the market at all. Closing international borders and market limitations are having significant impacts for informal traders.

- **Gender based violence is increasing:** With rising levels of stress, having the family at home all the time, and dropping access to food and basic supplies, women are experiencing more violence. The informal networks many of these women relied on for support

through the violence are compromised with the lack of mobility and social distancing.

- **Fear is creating as many barriers as official restrictions.** Even when services are available—some markets are open, and some health centers remain active—people are afraid to use those services because they are afraid of catching COVID19. There is a huge level of stress for everyone, and very few mental health services that can help offset that.
- **People are already losing access to basic needs like food, soap, and supplies.** As incomes fall and prices rise, families are having to make the tradeoff between buying food and buying soap. Most of them are choosing to buy food first, which makes it hard to keep up hygiene practices necessary to stop the spread of COVID19. Many families are also reducing the number of meals they eat. Ramadan is creating particular challenges for accessing food, as families that could stocked up on all of their Ramadan necessities early, further depleting existing market stocks.
- **Women are struggling to access health services.** Women confirm that governments and health clinics have diverted energy and attention away from SRHR services. Between that, social distancing slowing down all service provision, and fear of attending clinics, it is very hard for women to access services.
- **It is easier for women to access misinformation than official information.** People are relying heavily on traditional healers and rumors that are spreading faster than official government information. At the same time, women have little access to traditional information channels like TV and radio because men control these and because information is usually shared at times when women are doing chores like cooking and fetching water. Only 18.6% of women can access the internet, and only 24.9% of men—so moves to entirely digital communications and transaction leave out the vast majority of women out.
- **Women are taking the lead to organize responses**—finding ways to share information, make and sell masks and soap to curb COVID, changing their meeting structures and VSLA approaches to allow for social distancing and support hygiene, and finding ways to keep markets open.
- **Social norms may be shifting.** There are hopeful signs of men doing more childcare work now that they are at home all the time, and some signs of men and women doing more joint decision-making.

Recommendations

- **Support women to lead in COVID-19.** The most important recommendation out of this analysis is to include women in all parts of COVID-19 response. Women are both experiencing incredible challenges and stepping up as leaders. All actors must find ways to listen to women’s voices, include women in leadership committees at all levels, and understand how COVID-19 is impacting women differently.
- **Focus on food and income.** Expanding social safety nets—both food and cash distribution—coordinating with women farmers so they can plant next season’s crops, and making it possible for women to participate in markets are the most immediate priorities to reduce long term impacts.
- **Support women facing stress and violence.** Expanding GBV services, finding ways to provide services to women while they cannot travel, actively trying to reduce anxiety, and engaging men to support women are all critical next steps in the COVID-19 response.

This policy brief summarizes the [West Africa RGA](#), written by Fatouma Zara Laouan on May 19, 2020.