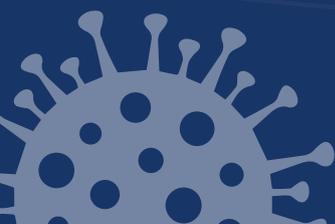




Impact of COVID-19 on Gender Equality and Women's Empowerment in East and Southern Africa

Abridged version



Impact of COVID-19 on Gender Equality and Women's Empowerment in East and Southern Africa

Abridged version

ACKNOWLEDGEMENTS AND CITATION

March 2021

© UN Women East and Southern Africa Regional Office

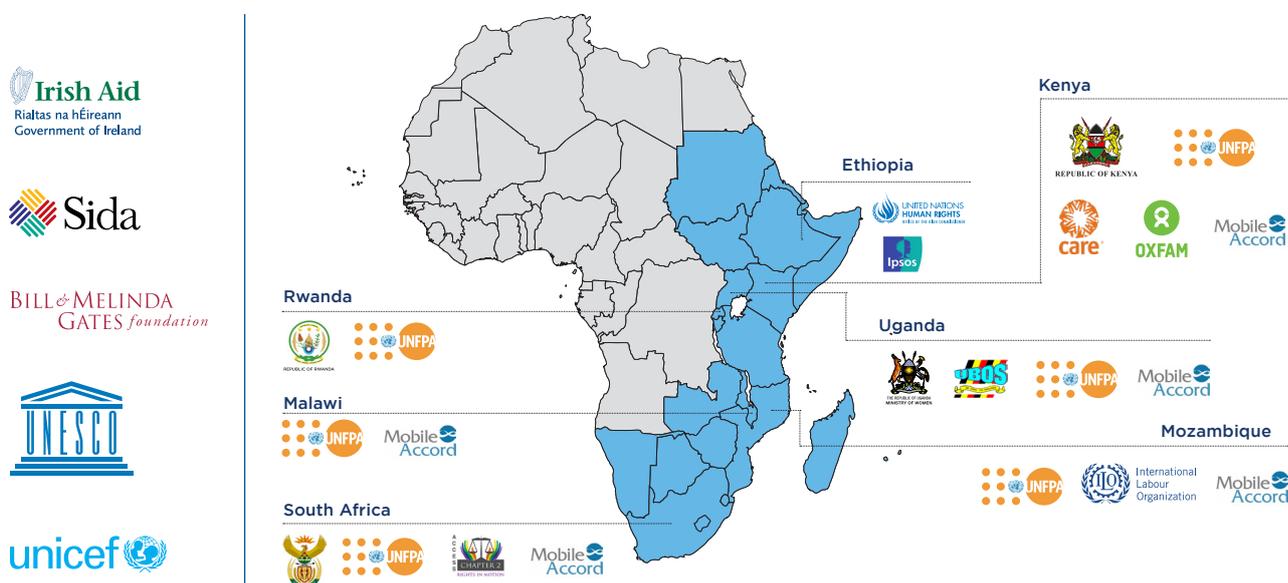
The report has been prepared by Dr Johanna Maula, Independent Consultant.

The report should be cited as follows: The Impact of COVID-19 on women and men. Nairobi: UN Women and UNFPA, East and Southern Africa Regional Offices

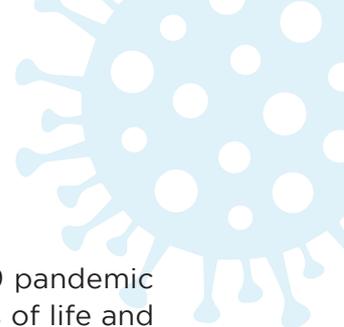
We would like to acknowledge and appreciate the inputs received from the members of the peer review panel.

- **Prof. Bola Akanji**, Consultant, International Development, Adjunct professor, Quinnipiac university, Connecticut USA.
- **Dr. Deda Ogum Alangea**, Lecturer, Dept. of Population, Family & Reproductive Health, School of Public Health, College of Health Sciences, University of Ghana
- **Mr. Diego Iturralde**, Chief Director, Demography and Population Statistics, Statistics South Africa, Pretoria
- **Ms. Fatouma Sissoko**, Gender Statistics Specialist, United Nations Commission for Africa, Addis Ababa
- **Dr. Jemima A. Dennis-Antwi**, International Maternal Health & Midwifery Technical Specialist, President & CEO | Centre for Health Development and Research, Accra-Ghana
- **Dr. Rosine Mosso**, Lecturer-Researcher and Director of Studies of the Division of Senior Statisticians training programme at ENSEA, Abidjan.
- **Ms. Samantha Willan**, Capacity Development Specialist and GBV Researcher, Gender and Health Research Unit, South African Medical Research Council, Durban

Besides UN Women, the following agencies made technical and or financial contributions towards this report and or the Rapid Gender Assessments that provided primary data to the process:



FOREWORD



At the onset of 2020, few of us anticipated what lay ahead. The COVID-19 pandemic declared in March 2020 caused unprecedented disruptions to all spheres of life and led to uncertainty and apprehension globally.

In East and Southern Africa, a region already beset by serious challenges on many fronts, most Governments responded quickly with efforts to contain the spread of the virus, concerned that already overburdened and fragile health systems would not be able to cope with significant increases in the demand for hospitalized care.

In part because of this decisive action, and with a few exceptions, most countries in the region continue to have relatively low levels of diagnosed infections and deaths. However, mobility restrictions due to lockdown measures to halt the spread of the virus have negatively impacted economies and led to school closures, loss of employment as well as livelihoods and incomes, the impacts of which will continue to reverberate through our region well beyond the pandemic.

The pandemic and measures put in place by governments to halt its spread have impacted women, men, girls and boys differently in the region. For instance, we have seen a significant increase in reports of gender-based violence, giving rise to the GBV ‘shadow pandemic’, while anecdotal evidence suggests that the number of child marriages and other harmful practices against girls, as well as teen pregnancies, has risen.

We are reminded that globally, women represent 70 per cent of the health and social sector workforce, and that on average, women do three times as much unpaid care and domestic work as men. This has long-term consequences for their economic security and overall well-being.

The pandemic has derailed many of the national planning processes, whether by Governments, civil society organizations, international agencies or the private sector. Responding to and reducing the impacts of the pandemic has meant a redirection in government expenditure and international aid.

As we begin to experience a downward curve in the second wave in most countries in the region – coupled with increased access to vaccines – there is a need to rethink how we will engage with, plan and budget towards interventions aimed at economic and social recovery in ways that advance gender equality and women’s empowerment (GEWE). The current context provides us with the opportunity to urgently build forward better and differently, while ensuring that women’s and girls’ needs, concerns and demands are at the centre of policy making.

UN Women and UNFPA undertook this study to understand better the gendered impacts of the pandemic and to inform national development planning for the recovery. The study highlights the impacts of COVID-19 on women and men as gleaned from research conducted during 2020, as well as the Computer Assisted Telephonic Interviews (CATI) Rapid Gender Assessments (RGAs) executed by UN Women, UNFPA and partners in seven countries in the East and Southern Africa region.

We hope that the findings of the study will contribute towards enlarging the evidence base for gender-responsive planning, budgeting and decision making, to realize women's rights and choices in the region. Even more so, it is our wish that it will translate into sustainable action that will make a difference in the lives of women in the region.

Roberta Clarke

Roberta Clarke

Officer in Charge

UN Women, East and Southern Africa

Dr. Julitta Onabanjo

Dr. Julitta Onabanjo

Regional Director

UNFPA, East and Southern Africa

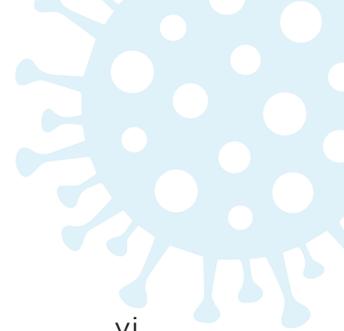
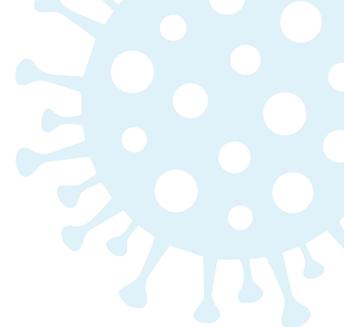


TABLE OF CONTENTS

Abbreviations and definitions	vi
Main Findings	ix
Recommendations.....	xii
Summary Report	1
1. Introduction and methodology	1
2. Demographics and the pandemic.....	3
3. Governance and normative frameworks.....	7
4. General socio-economic conditions.....	11
5. Livelihoods.....	15
6. Food security and nutrition	19
7. Time use during COVID-19.....	15
8. Education	25
9. Health.....	29
9.1 Healthcare services	29
9.2 Maternal and child health.....	30
9.3 Mental health and psychosocial problems	35
10. Gender-based violence	37
10.1 Female genital mutilation and cutting.....	37
10.2 Perceptions and incidence of GBV	38
11. Marginalized groups	41
11.1 Marginalized groups: Women and young people with disabilities	41
11.2 Marginalized groups: People living with HIV	41
11.3 Marginalized groups: Women and young people involved with sex work, street-connected and migrant youth	42
Recommendations.....	43

ABBREVIATIONS AND DEFINITIONS

AfCFTA	African Continental Free Trade Area
AfDB	African Development Bank
BDI	Burundi
BWA	Botswana
COM	Comoros
DJI	Djibouti
ERI	Eritrea
ESA	East and Southern Africa
ESARO	East and Southern Africa Regional Office
ETH	Ethiopia
EVAW	Elimination of Violence Against Women
GBSV	Gender-based and sexual violence
GBV	Gender-based violence
GNI	Gross National Income (previously known as Gross National Product)
GEWE	Gender Equality and Women's Empowerment
GWWD	Girls and women (living) with disabilities
iCCM	Integrated Community Case Management
IDP	Internally displaced people
ILO	International Labour Organisation
KEN	Kenya
LBPL	Lower-bound poverty line
LIC	Low-income countries
LMIC	Lower-middle income countries
LSO	Lesotho
MDG	Madagascar
MIC	Middle-income countries
MLW	Malawi
Morbidity	Morbidity rate indicates the proportion of population that is unhealthy
Mortality	Death rate
MOZ	Mozambique
MUS	Mauritius



NAM	Namibia
NEET	Not in education, employment or training
PHSM	Public Health Security Measures
PwD	People with disabilities
RGA	Rapid Gender Assessments conducted in East and Southern Africa.
RMC	Regional Member Countries
RWA	Rwanda
SDGs	Sustainable Development Goals
SDN	Sudan
SGBV	Sexual and gender-based violence
SOM	Somalia
SRH	Sexual and reproductive health
SRMCNAH	Sexual, reproductive, maternal, child, new-born and adolescent health
SSA	Sub-Saharan Africa
SSD	South Sudan
STEM	Science, Technology, Engineering and Mathematics
SWZ	Eswatini
SYC	Seychelles
TZN	Tanzania
UGA	Uganda
UMIC	Upper-middle-income countries
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNCT	United Nations' Country Teams
UNDP	United Nations' Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Education Fund
UBPL	Upper-bound poverty line
VAWG	Violence Against Women and Girls
WB	World Bank
WHO	World Health Organization
ZAR	South Africa
ZMB	Zambia
ZWE	Zimbabwe

MAIN FINDINGS

AGENDA 2030

The pandemic will impact and delay the realization of most of the gender-relevant SDG targets.



Targets related to women's **economic participation and empowerment, youth unemployment, education, maternal and child health, sexual reproductive health, child marriage, gender-based violence and female genital mutilation** are most likely to be affected negatively.

DEMOGRAPHY



Relatively young population in the region may have contributed to lower-than-expected COVID-19 infection rates and deaths.



Inadequate health statistics information systems need to be considered when assessing the infection and mortality rates in the sub-region.



The economic slowdown in the region may **increase migration streams** into countries which already had net positive migration flows prior to the pandemic.



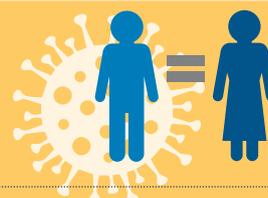
The high percentage of youth aged 15-24 that are not in education, employment and training (NEET) could prevent the realization of the demographic dividend in ESA. Women are more likely to be in this position and the pandemic has aggravated the situation.



GOVERNANCE



Gains made by most ESA countries in the UNDP Gender Equality Index (GII) rankings between 2005 and 2019 are likely to suffer setbacks due to the pandemic.



Six of the 28 countries in the region also have women as their ministers of health.



Even though women's positions in government and managerial positions have not reached equity in any country in the region, **their presence in sizable numbers has led to their active involvement in planning and leadership around the pandemic in most countries in ESA.**



Despite the high risks to themselves and their households, the leadership role taken by women as frontline healthcare workers has been noticeable.

The pandemic once again highlighted gaps in gender data and statistics, all of which must be addressed to successfully monitor progress on Agenda 2030 and post-COVID-19 recovery efforts.

SOCIO-ECONOMIC



The economic consequences of the pandemic are **likely to deepen poverty in a region already characterised with high levels of extreme poverty prior to the pandemic**. Women have been more likely than men to live in extreme poverty prior to the pandemic and this will continue to be so during post-COVID19 recovery.

>60%

respondents have either **lost all their income or have experienced reduced incomes** since the onset of the pandemic.



LIVELIHOODS



The sectors hardest hit by the pandemic comprised individuals who were employed by others and own account workers. The agricultural sector did not experience serious change.



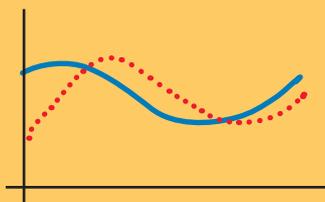
Women who were economically active prior to the pandemic were more likely than men to transition into unemployment/ not economically active.



In some countries such as Kenya and Mozambique **respondents who lost their livelihoods in other sectors moved into the agricultural sector to mitigate their loss in income.**

Agriculture should not only be a last resort or subsistence livelihood activity for women, but can be used as a vehicle out of poverty. Access to land and land rights have been and continue to be a barrier for women in the agricultural sector - limiting their ability to graduate from small-holder production to commercial production. The findings of the RGA suggest that women and men who lost livelihoods in other sectors took refuge in agriculture during the crises.

FOOD SECURITY AND NUTRITION



Wholesale prices of staple foods during the past 12 months have varied greatly within and between ESA countries largely as a result of **internal production conditions, reduced consumer demand, and fluctuating exchange rates**. Prices in most EA countries have been largely stable while prices in many countries in southern Africa have increased.



>1/3

Agricultural producers said that the availability of seeds and other inputs to plant crops or their ability to buy inputs have decreased since the onset of COVID-19.



Both FAO and WFP predict an increase in food aid requirements in the region due to COVID-19.



The RGAs found that women have been more likely than men to be at risk of malnutrition both prior to and during the pandemic.



>80%

of respondents in all countries except Malawi said that the **prices of the food they normally buy increased** during the pandemic.

TIME USE



While women bore the brunt of unpaid domestic and care work prior to the pandemic, **both women and men spent more time doing unpaid domestic and care work during the pandemic. However, women continued carrying a heavier burden.**



EDUCATION



125 million

learners were affected by school closures in the region.

Education inequalities between rich and poor and urban, and rural learners are likely to deepen as a result of COVID-19 due to access to electricity, technology and other factors.



The pandemic has increased the **risk for girls to engage in risky sexual behaviour**, as well as to become **victims of sexual violence and exploitation.**



MARGINALIZED GROUPS



Women and youth with disabilities, sex workers, and people living with HIV/AIDS were more likely to experience victimization and stigmatization during the pandemic.

Those not associated with non-governmental organizations (NGOs) were less likely to receive preventative and other COVID-19 related support and information and likely to be even more marginalized than before as scarce resources are re-prioritized.

HEALTHCARE



Women were more likely than men to be ill and experience mental and emotional strain and were less likely to be covered by medical aid and health care insurance during COVID-19.



Disruption in family planning provision, declines in health care center deliveries, and increases in unsafe abortions in many ESA countries will contribute to the disruption in sexual and reproductive health care and increase of other adverse consequences for mothers and infants in the medium and long term.

GENDER-BASED VIOLENCE

+50% respondents in all countries except Mozambique felt that **the incidence of GBV increased during the pandemic.**

GBV has increased especially during lockdown as the drivers of GBV such as economic strain, substance abuse, and being in a confined environment became more pronounced.

7/10

women and men across the region think that GBV is a big problem in their country. Women were more likely than men to think that GBV is a big problem in their country and that its frequency has increased during COVID-19.



25%-75%

respondents to the RGAs indicated that they knew someone who had been a victim of GBV during the pandemic. **The most common types of abuse were physical abuse, emotional abuse, and sexual harassment.**

RECOMMENDATIONS

DEMOGRAPHICS

- ⊗ Need to put in place concrete action plans to mitigate the expected increases of youth (especially women) aged 15 to 24 who are not in education, employment or training.
- ⊗ The protection and support of the human rights of migrants and especially the rights of women and girls need attention.
- ⊗ Gender responsive approaches towards the housing and integration of refugees into host populations are needed.

GOVERNANCE

- ⊗ Research into the effectiveness of COVID-19 mitigation measures on GEWE, GBV and time use is needed.
- ⊗ More investment is needed in the production and use of gender data and statistics to understand the impact of the pandemic on women and men and better monitor the implementation of recovery plans.
- ⊗ More women are needed in leadership positions in government and the private sector to ensure that planning and resource allocation is inclusive of the specific needs of women and girls.

SOCIO-ECONOMIC CIRCUMSTANCES AND LIVELIHOODS

- ⊗ It will be critical to focus on connecting people, especially women, to job opportunities to reduce poverty and inequality and ensure sustainability in the post-COVID-19 recovery period.
- ⊗ Focus on maximizing gains made during the pandemic to transition to the digital economy by increasing efforts to expand coverage and inclusion, particularly of women.
- ⊗ Continue strengthening access of women and youth to education and vocational training, particularly on skills and education mismatches and STEM, to reduce their vulnerability for future similar crises.
- ⊗ Cash transfers to the most vulnerable households, including women-headed households need to be prioritized.
- ⊗ Access to land and security of land tenure rights for women need continued attention.
- ⊗ Link women producers to markets and create opportunities for upscaling agricultural production.

- ③ Safeguard livelihoods, jobs, and businesses and create opportunities for speedy economic recovery. This will partly entail conducting a comprehensive economic assessment to assess economic stimulus packages that were available to SMMEs that have been affected by COVID-19, and governments guaranteeing and subsidizing loans for productive activities of women and youth.
- ③ Increase efforts to advocate for greater visibility and inclusion of issues around time use and informal economic activities in

policy responses to ease women's unpaid domestic and care work and allow them to focus on productive activities.

- ③ It remains important to continue to recognize, reduce, and redistribute the unpaid domestic and care activities that primarily fall upon women. It will be necessary to ensure continued advocacy to maintain the increased involvement of men in these activities as seen during the pandemic. Ultimately it has to become socially acceptable, as well as expected from men in the region to share these tasks with women.

EDUCATION

- ③ Important lessons from pre-COVID-19 experiences that may be relevant to the post-COVID-19 recovery period include the use of cash transfers and bursaries as incentives for girls to go back to school; clear communication with and involvement of the community at all levels so that girls experience social pressure as well as support to return to school; girls' protection from GBV and sexual exploitation in their schools and communities; providing pathways for girls to report and seek help if they become victims; and preventing early marriage and pregnancy as mechanisms to prevent girls from leaving school in the first place.
- ③ The leadership of girls and women and their role as agents of change during the post-COVID-19 recovery phase should be recognized and prioritized. They need to

be involved and integrated into consultations, planning and decision-making.

- ③ Prioritise activities that will bring all girls back to school through targeted measures for the poorest and most marginalised girls. It is important that school reopening plans are inclusive and strive for equity, leaving no one behind.
- ③ Meet girls' education, health and protection in a holistic and integrated manner and facilitate greater cooperation between teachers, school administration, families and communities.
- ③ Support cross-sectoral collaboration to ensure an inclusive and gender-responsive school reopening, safeguarding the rights of all girls and boys.

HEALTH AND WELL-BEING

- ⊙ Increase investments in maternal and child health, sexual and reproductive health, as well as services for the elderly, people living with HIV/AIDS, people with disabilities and other vulnerable groups as the diversion of resources away from these areas will have negative long-term impacts on women, men, and children.
- ⊙ Prepare health budgets from a gender perspective to contribute towards more equal access to health resources in the region.
- ⊙ Continue emphasizing public health and safety measures ensuring an inclusive approach including women, men, girls, and boys, people living with disabilities, living with HIV, refugees, and IDPs.
- ⊙ Implement WHO recommended strategies to mitigate service disruptions, such as triaging to identify priorities and shifting to online patient consultations.
- ⊙ Suspend or remove user fees, to offset potential financial difficulties for patients particularly for the most vulnerable groups of women and men.
- ⊙ Increase maternal and child health resources to rectify some of the disruption caused by the COVID-19 pandemic in the region, which might set back advances made so far by as much as three years.
- ⊙ There is a need for greater cooperation between the global north and south to ensure a more equitable distribution of available vaccines. Governments need to prioritize front-line health care workers and educators, the majority of which are women, to receive the COVID-19 vaccine.

GENDER-BASED VIOLENCE

- ⊙ There is an urgent need to expand the coverage of standalone, nationally representative prevalence surveys on GBV across the region.
- ⊙ Continue advocacy work on GBV prevention and services including increased communication on the available services.
- ⊙ More information about the usefulness of existing technologies to support reporting mechanisms for survivors of GBV and their impact will be needed to facilitate the expansion of these programs in the post-pandemic recovery phase.
- ⊙ Improve services for post GBV support and care including increased availability of safe places, mechanisms and services for victims and survivors and strengthening of referrals between service points.
- ⊙ General human rights training of police aimed at preventing police brutality and improving how they receive and handle complaints from victims and survivors of rape and SGBV is needed.

MARGINALIZED GROUPS

- ⊙ Continue with advocacy for the rights and protection of women and youth with disabilities, sex workers and people living with HIV/AIDS during the recovery phase to ensure that sufficient resources are made available to them.

1 INTRODUCTION AND METHODOLOGY

The COVID-19 pandemic has upended national development plans and is likely to derail the planned trajectories of most countries towards achieving the 2030 Agenda. Not only has it had a significant impact on the health and mental wellbeing of millions of people globally, but it has also set off a global economic crisis. UN Women and UNFPA have compiled an assessment of the impact of COVID-19 on gender equality in the East and Southern Africa (ESA) region.

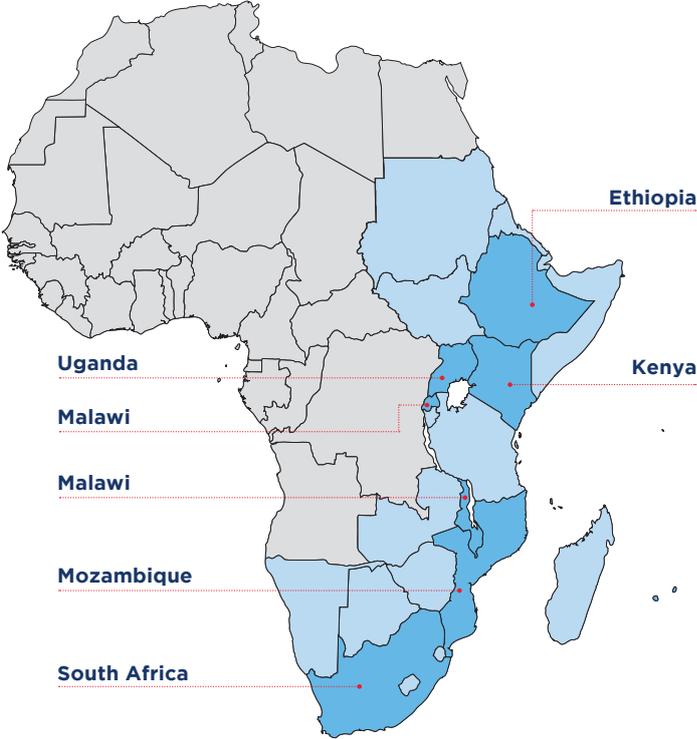
The aim of the report is to outline the opportunities and constraints for gender equality and women's empowerment (GEWE) in the post-COVID-19 recovery phase and identify the key gaps and challenges in current policies and programmes in the East and Southern Africa region. Countries¹ in the study are Eswatini, Botswana, Lesotho, Namibia, and South Africa in Southern Africa¹. East African countries include Burundi, Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Madagascar, Malawi, Mauritius, Mozambique, Madagascar, Malawi, Mayotte, Mozambique, Réunion, Rwanda, Uganda, Tanzania, Seychelles, Somalia, Sudan, South Sudan, Zambia, and Zimbabwe.

The assessment is based on a desk review of secondary data sources and publications, primarily published during 2020. Some primary data was also collected as part of the COVID-19 rapid gender assessments (RGAs) undertaken by UN Women in partnership with UNFPA and various other agencies across the region. It is important to note that secondary data is not widely available for gender-specific issues in many countries in the sub-region. This is particularly true for fragile countries where the position of women is often more precarious than elsewhere. Thus, the secondary data presented as part of the regional overview provides in most cases a best, rather than worst case scenario.

¹ These regional classifications/groupings are based on the UNSD classifications for the 2030 Agenda.

¹ United Nations Statistics Division (SD) SDG regional categorization

Data collection for the RGAs using the Computer-Assisted Telephonic Interviews (CATI) was carried out in Kenya, Ethiopia, Rwanda, Uganda, Mozambique, Malawi, and South Africa. It was based on a generic sample design of 2,400 women and men 18 years and older. Random Digit Dialling (RDD) was used for sampling purposes. Individuals were included in the sample if they met pre-determined quota requirements representative of the population by age, sex, location, and household monthly expenditure prior to COVID-19. For a sample size of n=2,400, the margin of error is +/-2.0% at 95 percent confidence level for reporting at national level.² Due to CATI constraints on interview time, the questionnaire was divided into two modules/questionnaires applied during separate interviews of 15–20 minutes each in a demographic panel format. If a particular individual was not available for the second interview, she/he was replaced with someone with the same demographic profile. This basic methodology was applied slightly differently in the various countries. More details are available in the technical notes of the report.



 **2,400**

Generic sample number of women and men 18 years and older who participated in the interview

7

Number of countries where the RGA data collection, using the Computer-Assisted Telephonic Interview (CATI), was carried out. (Kenya, Ethiopia, Rwanda, Uganda, Mozambique, Malawi and South Africa).

Data collection time periods per country

Country	August	September	October	November
Ethiopia				
Kenya				
Malawi				
Mozambique				
South Africa				
Uganda				

Most of the data collection, except for Kenya, was done in Quarter 4 (Q4). For ease of reference, Q4 will be used throughout the report to reflect the time of the survey. References to 'before COVID-19' refers to February/March as States of Emergencies or lockdown measures were instituted in the region at different times during March 2020.

² Note that sample size calculations are not population size-dependent but rather based on expected variability, and desired precision and confidence level.

2

DEMOGRAPHICS AND THE PANDEMIC

Even though the first cases in East and Southern Africa were identified later than in other parts of the world, governments in the sub-region adopted quick and drastic lockdown measures to contain the spread of the pandemic. The main concern at the time was that the relatively weak health infrastructure would not be able to deal with the demands of the pandemic and that the financial costs would be an additional strain on already limited fiscal resources in the region.

With an estimated population of almost 513 million in mid-2020, fertility rates of 4.43 and 2.5 live births per woman respectively in East and Southern Africa and population mean ages of 18.7 years (East Africa) and 27 years (Southern Africa)ⁱⁱ in the context of overburdened healthcare services, the concern was real. The relatively young population (low mean ages) of the sub-region is considered one of the reasons that the pandemic had a lower-than-expected toll in Africa than elsewhere. Other reasons could also include under-reporting of cases and deaths due to limited health statistics infrastructure to measure outcomes such as population registers and death registration systems.



One of several explanations about why the pandemic had a smaller impact in Africa than in other regions is the relatively young populations.

18.7 Years

Mean age in East Africa

27 Years

Mean age in Southern Africa

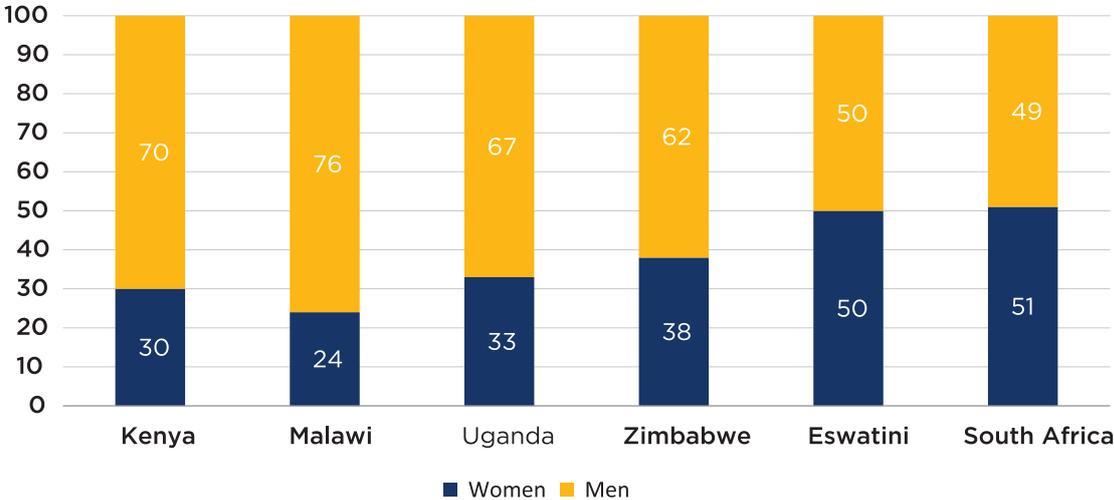
Source: UNSD, World Population report, 2020. Available at <https://www.un.org/development/desa/pd/>. Accessed on November 20th 2020 www.worldometer.info- Accessed in February 2021.

ⁱⁱ According to UNSD SDG regional definitions East Africa include the following countries: Burundi, Comoros, Djibouti, Ethiopia, Kenya, Madagascar, Malawi, Mauritius, Mozambique, Madagascar, Malawi, Mayotte, Mozambique, Réunion, Rwanda, Uganda, Tanzania, Seychelles, Somalia, Sudan, South Sudan, Zambia and Zimbabwe. Southern Africa consist of Botswana, Eswatini, Lesotho, Namibia and South Africa.

The available figures for the sub-region as of February 2021 show a somewhat mixed picture in terms of infection and death rates and its differential impact on women and men. South Africa has the highest total numbers in the sub-region – both of confirmed infections (1,498,766) and deaths (48,708). In South Africa and Eswatini there is near parity in the death rates by sex (51% women in South Africa and 50% women in Eswatini). However, in most other countries for which sex disaggregated data is available, men are overrepresented among the deaths.ⁱⁱⁱ Higher infection rates among women could reflect their larger share among frontline healthcare workers, lifestyle choices, and health-seeking behaviour or, to a lesser extent, a greater propensity to test for COVID-19. Estimated case fatality ratios indicate the highest rates of approximately 4% in the United Republic of Tanzania, Malawi, and Comoros.^{iv} The lowest rates (less than 0.5%) have been found in Seychelles, Eswatini, and Burundi.

FIGURE 1

Gender differences in Covid-19 mortality rates per country (%), 19th February 2021



Source: Globalhealth5050.org. Accessed on 19th February 2021..

While COVID-19 has had limited impact on short-term mortality rates in East and Southern Africa during 2020, this may not continue to be the case as the second wave of the pandemic engulfs the sub-continent. It is also essential to distinguish between its short and long-term effects on mortality. Long-term effects in terms of life expectancy will only become clear in retrospect. Given the limited access to healthcare services that the ongoing RGAs^v have detected – especially related to access to maternal and child health and health services for chronic diseases – the long-term impact on mortality and average life expectancy in the sub-region could be negative. This is particularly true of Southern Africa which is characterised by high HIV infection rates and where a slow-down in recent life expectancy increases is expected^{vi}.

ⁱⁱⁱ WHO Regional Office for Africa (2020), COVID-19 Situation update for the WHO Africa Region, External Situation Report, 21.10.2020, WHO Regional Office for Africa dashboard (Accessed 12 December 2020)

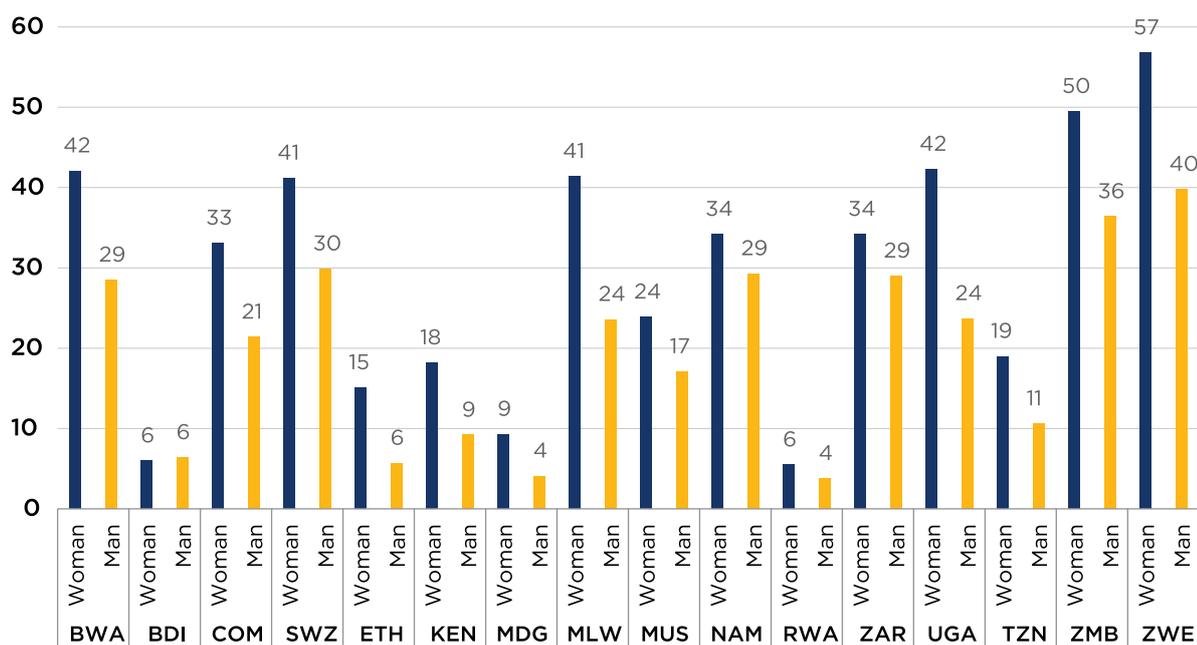
^{iv} WHO Regional Office for Africa (2020), COVID-19 Situation update for the WHO Africa Region, External Situation Report, 21.10.2020, WHO Regional Office for Africa dashboard (Accessed 12 December 2020)

^v UN Women - UNFPA (2020) CATI COVID-19 Rapid Gender Assessments in ESA (unpublished data, accessed in December 2020).

^{vi} AFIDEP webinar series. Available at <https://www.afidep.org/programme/seminar-series-demography-and-covid-19-in-africa/>. Accessed February 2020.

FIGURE 2

Proportion of youth (aged 15-24) not in education, employment or training, by sex (SDG 8.6.1) (%), most recent year^{3, 4}



Source: UNSD, SDG databank. Available from: <https://unstats.un.org/sdgs/indicators/database/>

The high percentages of youth aged 15-24 that are not in education and training (NEET) has prevented the realization of the demographic dividend in ESA. Women are more likely to be in this position and the pandemic with its consequences of prolonged, school closures, increased drop-out rates, early marriage, and reduced employment opportunities will make it even more difficult to realise the potential of the demographic dividend.

The expected economic fall-out of the pandemic may increase migration streams of women and men in search of better economic opportunities in a sub-region where the net migration in most countries is already negative. Even though men are more likely to migrate than women, migration also impacts on non-migrant women as it increases their vulnerability to exploitation at home, as well as their socio-economic well-being if limited or no remittances are sent home. When women form part of a migration stream, they are particularly vulnerable to economic and sexual exploitation as well as gender-based violence (GBV). Countries in the sub-region with the highest negative net migration figures^{vii} are those characterised by fragility and low incomes such as Sudan, Eritrea, and Zimbabwe. Eswatini and Lesotho also have high negative net migration figures due to labor migration into South Africa.

³ Most recent years are: Botswana (2009), Burundi (2017), Comoros (2014), Eswatini (2016), Ethiopia (2013), Kenya (2016), Madagascar (2015), Malawi (2017), Mauritius (2018), Namibia (2018), Rwanda (2014), South Africa (2018), Uganda (2017), United Republic of Tanzania (2014), Zambia (2017), Zimbabwe (2014)

⁴ Note that the age range for Mauritius is 16-24 years

^{vii} World Population prospects 2020. Available at <https://population.un.org/wpp/>. (Data Accessed 10 December 2020)

Refugees fleeing conflict and political instability have become more vulnerable during the pandemic as ever-diminishing existing assistance over several years has been further reduced due to funding shortfalls and reprioritization by donor countries. According to UNHCR⁵, refugees in at least eleven countries in the sub-region (including Ethiopia, Uganda, South Sudan, Kenya, Tanzania, Malawi, and Zambia) have been receiving rations of 80% or less than the minimum standard required to meet their needs. The re-prioritization of resources due to the demands of COVID-19 may further exacerbate this situation.

Donor support for refugees has declined over time. The economic fallout of COVID-19 may exacerbate existing conflicts and fuel new conflicts, and also increase migration for economic reasons. Female refugees and migrants remain one of the populations most vulnerable to sexual and economic exploitation.



Percentage of rations refugees in at least eleven countries in the sub-region (including Ethiopia, Uganda, South Sudan, Kenya, Tanzania, Malawi and Zambia) have been receiving, or less than the minimum standard required to meet their needs, according to UNHCR

⁵ Source: UNHCR (2020) Renewed Appeal 2021.

3

GOVERNANCE AND NORMATIVE FRAMEWORKS

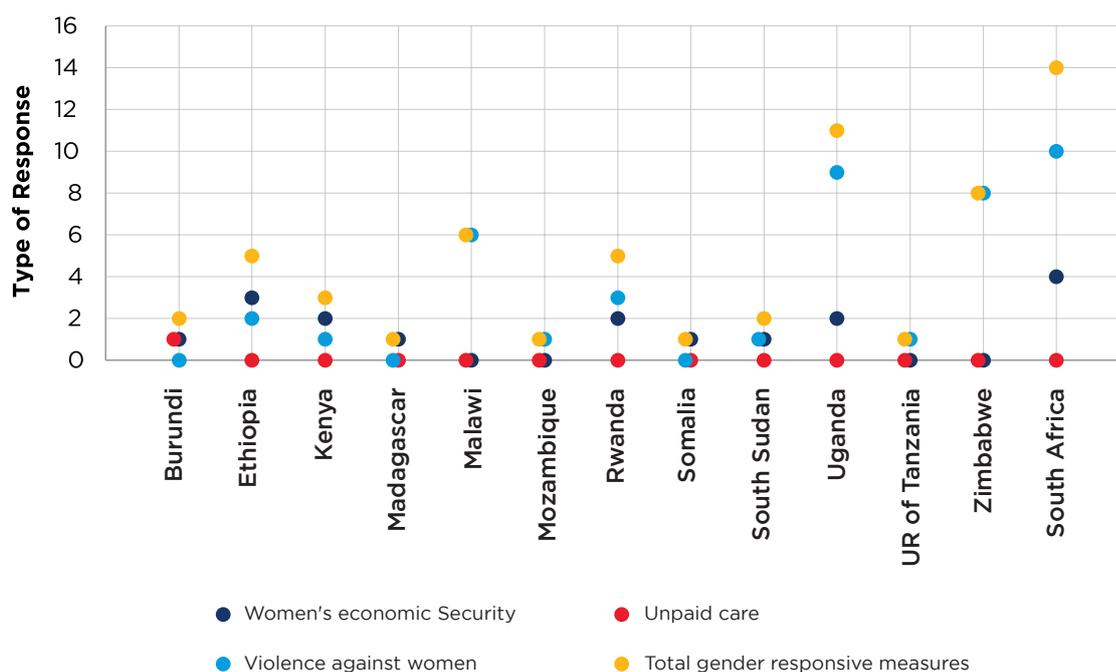
There are well-established international, regional and national legal instruments, covenants and norms to protect the rights of women. Examples of international and regional legal instruments and covenants include the International Bill of Human Rights, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the African Union (AU) Maputo Protocol on Women's Rights in Africa, amongst others. Even though most countries in ESA are signatories to these legal instruments and protocols, national legislation has not yet been fully aligned to these in all cases. An example of one of the areas in which improvement is still needed is in the area of ownership of and control over land and inheritance rights. This is especially true in countries where customary law supersedes other forms of legislation. Even if the formal legal framework has been aligned to international and regional legal frameworks, actual implementation in the context of traditional law continues to impact negatively on women and impede their ability to fully participate economically. There is no doubt that the pre-COVID-19 impediments will continue to influence how women navigate the post-COVID-19 recovery phase.

In addition to legislation and normative frameworks already in place prior to the pandemic, governments across the sub-region also instituted several measures and normative frameworks aimed at mitigating the impact of the pandemic. Unfortunately, these measures have been uneven across countries and very few are gender sensitive or gender specific. According to the UN Women and UNDP Gender Response Tracker^{viii}, 29 of the 46 countries and territories analyzed in sub-Saharan Africa (SSA) have adopted gender-responsive measures in response to COVID-19. These represent a total of 113 measures between them, reflecting the focus of the tracker, i.e., measures that address unpaid care; other labour market and social protection measures; violence against women; and measures that strengthen women's economic security.

^{viii} Africa Gender development Index, AFDB. <https://www.afdb.org/en/news-and-events/press-releases/african-development-bank-and-partners-roll-out-comprehensive-report-state-gender-equality-africa-39648>, accessed 16 December 2020.

FIGURE 3

Number of gender-sensitive policy responses to Covid-19 in ESA, 2020



Source: UN Women and UNDP (2020) COVID-19 Global Gender Response Tracker. Accessed in January 2021

Some 57% of all gender-responsive measures in sub-Saharan Africa (64 measures across 17 countries)^{ix} focus on preventing and/or responding to violence against women and girls (VAWG). East and Southern African countries account for around two-thirds of VAWG measures (46 measures across 11 countries). Over half of all VAWG measures in the ESA sub-region (35 in 13 countries) aim to strengthen services for women survivors, including through helplines and other reporting mechanisms (11 measures in 10 countries), continued provision of psychosocial support (seven measures in six countries), and police and judicial responses (seven measures in six countries). South Africa and Uganda are the only two countries in the sub-region that implemented 10 or more gender-responsive COVID-19 response measures, while Malawi, Ethiopia and Rwanda adopted between 4 and 6 such measures each. Countries for which no gender sensitive measures could be found are Botswana, Comoros, Djibouti, Eritrea, Eswatini, Lesotho, Mauritius, Namibia, Mayotte, Réunion, Seychelles, Sudan, and Zambia.

General COVID-19 measures that impact both women and men include economic stimulus packages which varied⁶ between 0.2% and 10.3% of GDP^x in the ESA sub-region and were highest in South Africa where a 500 billion Rand (33 billion USD)⁷ stimulus package was adopted. Announced additional health spending in the sub-region during 2020 varied between one and 542 million USD. Most countries also adopted corporate tax deferrals and exemptions, as well as guarantees and subsidies as corporate support. These are more likely to benefit the formal sector and larger companies^{xi}, which are mostly owned

⁶ As per 21 December 2020

⁷ Exchange rate of 0.0667 as of 28 February 2021 used.

^{ix} UN Women and UNDP (2020) COVID-19 Global Gender Response Tracker. factsheet: Sub-Saharan Africa (Accessed in January 2021)

^x <https://covid19africawatch.org/africa-policy-monitor/>

^{xi} AfDB. Unleashing women's entrepreneurship through strategic partnerships. Available from: https://www.afdb.org/fileadmin/uploads/afdb/Documents/Generic-Documents/AFAWA_-_Unleashing_women%E2%80%99s_entrepreneurship__en_.pdf. Accessed February 2021.

by men. However, several countries in the sub-region also publicly announced the availability of cash transfers and food assistance to their citizens, although the extent of these has not been reported in all cases. In countries with pre-existing social safety net structures or programs, such as Kenya and South Africa, these have also been used to allocate more funds to vulnerable families.

Monetary policy measures such as central or national banks reducing interest rates (e.g., in South Africa this was done four times during 2020) and/or providing lending support for SMEs have also been implemented. Some of the countries, notably Seychelles, Mauritius, Uganda, and South Africa have targeted the most affected sectors usually with deferrals of company taxation or allowing commercial banks to offer loan renegotiations and tax holidays to be granted on more flexible terms. In an analysis of the situation in SSA, less than 16% of total fiscal, economic, social protection and jobs response (45 measures across 24 countries and territories) address women's economic security. Furthermore, of these 45 measures, 22 fall under the social protection category.

Even though women's positions in government and managerial positions have not reached equity in any country in the region, their presence in sizable numbers has led to their active involvement in planning and leadership around the pandemic in most countries in ESA. The Africa Women's Leadership network (AWLN) and grassroots women's organizations have played a significant role in this regard. Six of the 28 countries in the region also have women as their ministers of health.

The leadership role taken by women as frontline healthcare workers, despite high risks to themselves and their households, has been noticeable.

The pandemic once again highlighted gaps in gender data and statistics. All of which are essential to fill if we are to successfully monitor progress with regards to Agenda 2030 as well as post-COVID-19 recovery efforts.



**USD 33 billion
(500 billion Rand)***

**Worth of economic stimulus
packages adopted in South
Africa.**

**Exchange rate of 0.0667 as of
28 February 2021 used.*

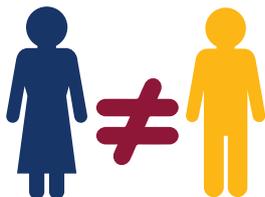
4

GENERAL SOCIO-ECONOMIC CONDITIONS

Even though the pandemic had differential socio-economic impacts on women and men with men sometimes being more affected than women, the evidence suggests that the pandemic has exacerbated existing inequalities between women and men and between the different socio-economic groups.

According to World Bank estimates,^{xii} economic activity in SSA has declined by 3.3% in 2020, causing the region's first recession in 25 years. Their estimates also indicate that the East and Southern African sub-region has been hit hardest of all the sub-regions in SSA because of the stronger output contractions of South Africa, which is the dominant economy in the region. Disruptions in the tourism industry and lockdowns have likewise caused substantial slowdowns in Ethiopia, Kenya, and the island nations. The more fragile countries in the sub-region are expected to experience a strong decline in growth as COVID-19 exacerbates the drivers of fragility.

Poverty rates were already very high in many countries in the sub-region prior to the COVID-19 pandemic and women were more likely than men to live in extreme poverty. Current estimates confirm an increase in the percentage of extreme poverty amongst women and men fifteen years and older because of the pandemic.



Existing inequalities between women and men and between the different socio-economic groups have been exacerbated by the pandemic.

^{xii} World Bank (2020) www.worldbank.org (Accessed in January 2021)

According to the African Development Bank^{xiii}, the COVID-19 pandemic is bound to affect the health and wider welfare of African households, and therefore their poverty levels in the following ways:

- a) COVID-19 has a direct impact on productivity as it diminishes the capacity of infected and recovering workers to work and undertake income generating activities and the expected impact of this is thought to be higher for households engaged in the informal sector of the economy with limited or no social protection. To this can be added the fact that women are predominantly found in the informal sector in the sub-region. Quarantines, closures of non-essential businesses, and curfews further negatively impact on this business sector, which forms the backbone of economic activities in most countries in the sub-region.
- b) The pandemic also resulted in unbudgeted health expenditures that in the case of most citizens had to be paid out-of-pocket. This not only exacerbates poverty, but also increases inequality.
- c) The increased unpaid care work burden of women during the pandemic, reduced their ability to participate in productive activities, study, and rest. In addition to affecting their capacity to generate income, it can also negatively affect their mental and physical health.
- h) The disruption of domestic and international distribution channels of inputs and outputs as well as consumer hoarding, have led to an increase in agricultural and other commodities reducing the purchasing power of households. Food insecurity will particularly affect women-headed households, who in most countries belong to the poorest socio-economic segment of the society.

In practically all ESA countries, the average income of men is higher than that of women. According to UNDP^{xiv}, Gross National Income (GNI) per capita was on average 2,937 USD for women and 4,434 USD for men in sub-Saharan Africa in 2019. Incomes in the sub-region were highest in the middle-income countries of Mauritius, Botswana, South Africa, and Namibia, which are all either resource rich and/or benefited from tourism before COVID-19 and/or have developed an industrial base. At the other end of the scale, in Burundi and Malawi, GNI per capita were well below USD 1,000 a year and only two of the countries in the sub-region – Burundi and Zambia – had GNI per capita that was higher for women than for men prior to the pandemic.

Indices measuring the economic and empowerment dimensions of development, such as the Africa Gender Index (AGI)^{xv}, indicate that the gaps between women and men in ESA are largest (closest to 0) in Comoros, Sudan, Eritrea, Ethiopia, and Mauritius and smallest (closest to 1) in Rwanda, Seychelles, Lesotho, Namibia, and South Africa.

Some countries such as Lesotho, Namibia, Zambia, Mauritius, Burundi, Kenya, and Rwanda with gender inequality ratios of above 1 along the social dimension of the AGI reflect progress made by women, especially in the key education indicators contained in the AGI. The gender gap in the empowerment and representation dimension of the AGI was smallest in Rwanda - the country boasting the largest share of women members of parliament in the world.

^{xiii} AfDB (2020b) African Development Bank (2020b) African Economic Outlook – supplement Performance and Outlook Amid COVID-19.

^{xiv} UNDP (2020) HDR 2020

^{xv} UNDP (2020) HDR 2020



More than 6 in 10

women and men in Ethiopia, Kenya, Malawi, Mozambique and South Africa reported total loss or reduced individual incomes as a result of the pandemic.

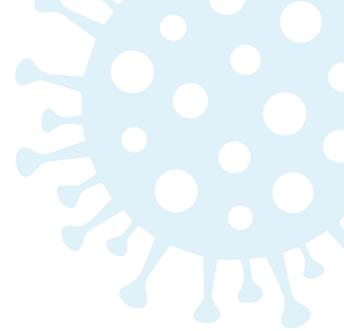
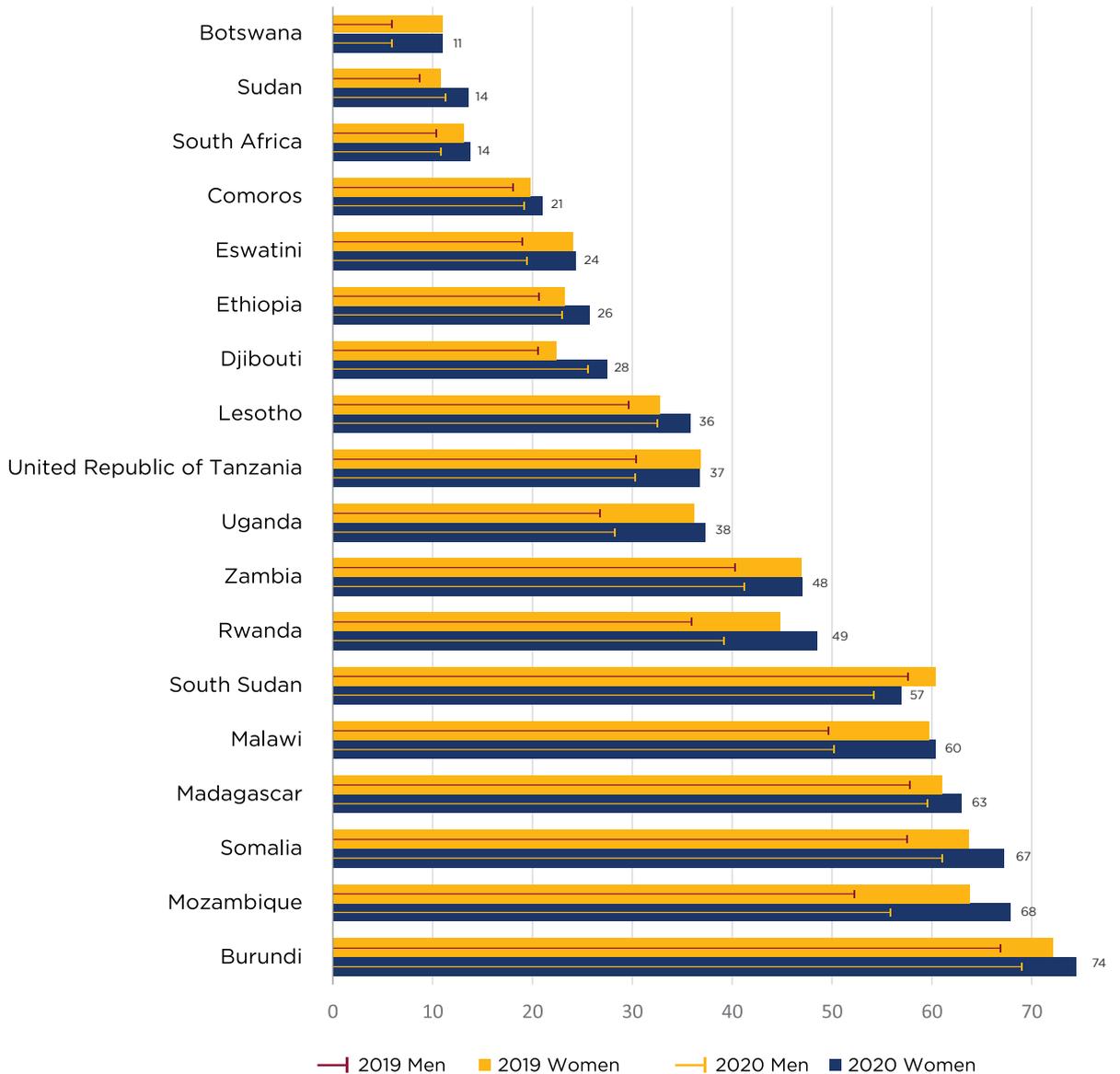


FIGURE 4

Women and men living in extreme poverty (%), 2019 and 2020⁸



Source: UNWomen COVID-19 gender monitor. Available at <https://data.unwomen.org/resources/covid-19-and-gender-monitor>. Sourced 22 November 2020.

⁸ **Source:** <https://data.unwomen.org/resources/covid-19-and-gender-monitor>

The findings of the CATI COVID-19 rapid gender assessments suggest that more than 60% of women and men in Ethiopia, Kenya, Malawi, Mozambique, and South Africa experienced a complete loss or decline in personal income due to COVID-19.

Decreases in the combined incomes of households were also widespread with the highest percentages reported in Ethiopia and Kenya. Men – more so than women – lost their jobs in the formal sector, while more women than men were looking for work in most countries. In all five countries where the survey was conducted, men reported decreased incomes to a somewhat larger extent than women, which may reflect the fact that men were more often found in paid employment and earned higher incomes than women. Many respondents also indicated that they were no longer able to financially help people outside their own households, despite having previously done so, while others had to spread their own resources thinner through an increased support burden of non-household members during the pandemic.

Even though South Africa has spent considerable amounts of resources on social protection measures, 54% of all respondents to the RGA reported that they have not received any kind of assistance since the onset of COVID-19. In the other countries where the survey was conducted – Ethiopia, Kenya, Malawi, and Mozambique – the share of those who had not received any assistance was even higher at 88% – 96%. In South Africa and Kenya, men reported receiving assistance more often than women, whereas the opposite was true in the other three countries. In those cases, when the respondents or their households had received assistance, it consisted mainly of supplies for COVID-19 prevention (gloves, masks, sanitizer, handwashing containers, soap, etc.).

5

LIVELIHOODS

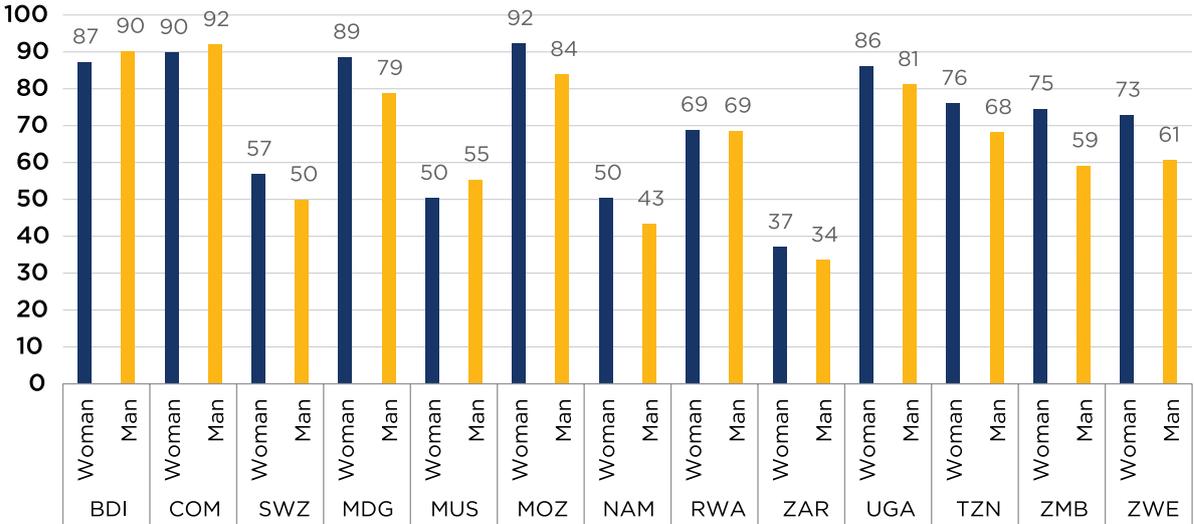
Low-productivity employment in smallholder agriculture is common in SSA and is one of the main reasons why 35.9% of workers in SSA were living in extreme poverty and 25.4% in moderate poverty in 2019^{xvi}. This affected a total number of 240 million workers. Most women in ESA continue to gain their livelihoods from subsistence level agriculture, sometimes combined with informal sector micro- and small-scale businesses. According to the ILO, this percentage is likely to increase, since poverty reduction in the sub-region is proceeding at a slower pace than elsewhere and with the added impact of the COVID-19 pandemic may slow down even more. While participation of both women (63.3%) and men (72.7%) in the labour force is high in SSA, there are large differences between the countries in ESA, and this participation is often in low-skilled and low-paid jobs. There are also marked differences between the two sexes in different countries in the region. For example, more than 80% of women participate in the labor force in Burundi, Madagascar, and Rwanda, whereas some fragile countries like Somalia and Sudan exhibit much lower labor force participation of women (21.8% and 29.1% respectively). With the sole exception of Rwanda, men participate in clearly higher shares in the labor force than women.

Even though limited decent work opportunities in SSA affects both women and men, women must contend with additional disadvantages and discrimination. The gender gap in informality is estimated at six percentage points (92.1% for women versus 86.4% for men). Furthermore, women (23.9%) are more likely to be underutilised than men (19.2%). Three in ten women are contributing family workers, compared to only 13.6% of men. This reflects the fact that in many countries in the sub-region property rights are biased in favour of men, who are the main landholders.

^{xvi} ILO (2020) ilostat.ilo.org (Accessed in December 2020)

In most countries in the region, women are more likely than men to be employed in the informal sector (Figure 5). The exceptions where the reverse is true are Burundi, Comoros, and Mauritius. The countries with the biggest percentage point gaps between women and men with regards to informal employment in the non-agricultural sector (i.e., women more likely to be in the sector than men) are Zambia (16 percentage points), Zimbabwe (12 percentage points), Madagascar (10 percentage points), Mozambique (8 percentage points), United Republic of Tanzania (8 percentage points), Namibia (7 percentage points).

FIGURE 5
Proportion of informal employment in the non-agricultural sector, by sex (ILO harmonized estimates) (SDG 8.3.1) (%), most recent year⁸



Source: UNSD, SDG data bank.

According to UNDP^{xvii} (2020), the share of women in non-agriculture varies considerably in ESA. The only countries where more than half of the non-agricultural labor force are women are Ethiopia (57.2%), Madagascar (54%), and Namibia (50.7%). Generally, the share of women in non-agricultural employment tends to be higher in middle-income countries in Southern Africa, with the above-mentioned exceptions. The lowest shares of women labour in the non-agricultural labour force are found in countries characterised by fragility and conflict such as Somalia (18%) and Sudan (20%).

There are also considerable gender gaps in shares of vulnerable employment in ESA. With the exception of middle-income countries such as Comoros, Mauritius, Seychelles and South Africa, vulnerable employment is more common among women than among men. In these four outlier countries the tourism industry has largely contributed to the employment of women, but due to the COVID-19 pandemic this sector is one of the most affected sectors, which will threaten women’s livelihoods, at least in the short term.

⁸ Most recent years are: Burundi (2014), Comoros (2014), Eswatini (2016), Madagascar (2015), Mauritius (2018), Mozambique (2015), Namibia (2018), Rwanda (2018), South Africa (2018), Uganda (2012), UR of Tanzania (2014), Zambia (2017), Zimbabwe (2014).

^{xvii} UNDP (2020) HDR 2020

The share of women in vulnerable employment is particularly high in Burundi. There are also clear discrepancies in mean wages and salaries of women and men in the period 2009–2019. The only countries with a low gender gap^{xviii} in mean salaries and wages were Djibouti, Madagascar, and Namibia, which are all countries with small populations. Exceptionally high gender gaps in mean salaries and wages were found in Malawi and Tanzania. Even access to credit is more limited for women than men in the sub-region. This typically forms one of the main obstacles for enterprise growth. Only Malawi, Mozambique, and Uganda have to an extent succeeded in closing the gender gap in access to credit. Access to credit was found to be particularly problematic for women in Burundi, Mauritius, and Somalia.

Likewise, all the recent CATI COVID-19 RGAs in East and Southern Africa found considerable impacts of COVID-19 on the economic activities of women and men. An overwhelming majority of respondents in Ethiopia, Malawi, Mozambique, and South Africa maintained that their personal economic activity has changed since the onset of COVID-19. According to the RGAs, declines in involvement in all subsectors were reported across the region. Besides Ethiopia, the percentage of individuals in the 'Not employed or unemployed' category increased in all countries. In Kenya and Mozambique, some employment growth in the agricultural sector was observed as those who lost their jobs tended to migrate into that sector. Increases in 'Other' economic activities not classified were also reported. The number of different income-generating activities in which women and men engaged generally decreased during COVID-19 with the biggest declines observed in Malawi and Kenya.

FIGURE 6

Women and men in each economic activity category before Covid-19 (Q1) and at the time of the study (Q4), (%), 2020

Women	ETHIOPIA		KENYA		MALAWI		MOZAMBIQUE		SOUTH AFRICA	
	Before COVID	During COVID	Before COVID	During COVID	Before COVID	During COVID	Before COVID	During COVID	Before COVID	During COVID
 Work for someone else/ organization Govt	38	29	22	8	13	11	20	14	35	27
 Own account worker	30	22	32	25	61	42	32	23	18	15
 Employer or worker in agriculture	3	2	23	27	26	24	34	33	2	1
 Not or unemployed	26	21	19	30	5	10	15	22	40	49
Other activities	8	14	9	11	11	16	10	13	7	8

^{xviii} AfDB & UNECA (2020) Statistical and Methodological Report. African Gender Index report 2019.

Men	ETHIOPIA		KENYA		MALAWI		MOZAMBIQUE		SOUTH AFRICA	
	Before COVID	During COVID								
 Work for someone else/ organization Govt	45	36	28	16	22	18	37	26	44	36
 Own account worker	35	26	39	38	55	42	31	28	24	21
 Employer or worker in agriculture	11	7	22	27	32	30	27	29	2	2
 Not or unemployed	14	10	14	17	3	5	11	17	29	38
Other activities	6	13	7	9	8	12	7	10	5	6

Source: UN Women, UNFPA and partners Rapid Gender Assessments conducted in East and Southern Africa. Harmonized regional dataset (September to December 2020).

6

FOOD SECURITY AND NUTRITION

The impact of the COVID-19 pandemic, particularly in terms of income losses, is an important driver of food insecurity. The pandemic is taking place within the context of already fragile conditions caused by several factors such as conflicts, pests, and weather shocks, including recent cyclones and floods in Africa. Most of these factors are affecting global and regional food production and prices. All the sub-indices of the FAO Food Price Index, which tracks changes in the international prices of the most globally traded food commodities, rose in November 2020. There has been great variability within and between countries in the region with regards to wholesale prices of staple foods during the past 12 months. Most of the variability is associated with internal production conditions, reduced consumer demand and exchange rates. In most countries, prices have been largely stable, but in others, especially in Southern Africa, prices have increased.

The CATI RGAs conducted in the sub-region also found that most women and men reported increases in the prices of the food that they usually buy. Significant numbers of respondents indicated that they did not eat at all for a day or more or had to reduce their food intakes during the pandemic. Also, in Ethiopia, Kenya, and South Africa, up to almost 19% of various groups reported lack of food for a day or more. In Ethiopia, Malawi, and South Africa more men than women experienced a lack of food for a day or more, whereas women were more likely than men to indicate that they went without food in Mozambique and Kenya.



The COVID-19 pandemic has therefore and will continue to seriously affect food security in a region that was already characterized by precarious food security and high levels of undernourishment due to a number of reasons, such as high dependence on traditional rain-fed agriculture, climatic conditions and calamities.

Both World Food Programme (WFP)^{xi} and FAO forecast that an increased number of people will need food aid in the region. Prior to the onset of the pandemic, WFP^{xi} estimated that a record 45 million people – mostly women and children – were gravely food insecure just within the 16-nation Southern African Development Community (SADC). This is the result of low rainfall and droughts, flooding in some areas and economic problems. Southern Africa has only had one normal agricultural growing season since 2015 because of temperature increases that are double that of global averages, and dependence on subsistence farmers who are vulnerable to unreliable and ever-decreasing rainfall. At the time, half the population in Zimbabwe (7.7 million people), 20% of the population in drought-affected Lesotho and 10% of Namibians were considered food insecure. FAO^{xi} estimates that 34 countries in Africa (out of 45 countries globally) need external food assistance. A preliminary WFP analysis carried out in July 2020⁹, doubled the pre-COVID projection of people needing food assistance from 27.5 million people to 52 million people in 12 operational countries in Southern Africa.

WFP notes that there are several causes of chronic hunger in Southern Africa and the pandemic is only compounding these^{xii}. These underlying factors include high rates of population growth, poverty, inequality, malnutrition, HIV, and environmental degradation. The damage being caused on a regular basis due to climate change (e.g., droughts and flooding) is also worsened by the pandemic. Key sources of income for families, communities and governments have diminished significantly or disappeared altogether. As unemployment increased, remittances from migrant breadwinners in South Africa and elsewhere have declined. These remittances are crucial for the well-being of millions of people in Zimbabwe, Malawi, Mozambique, and Lesotho. In addition to this, the prices of some export commodities that countries in the sub-region depend on heavily have also declined and the international tourism industry has been decimated. COVID-19 has also intensified conflict and hunger in northern Mozambique and in other countries in the sub-region it risks fuelling political tension and instability.

The findings of the RGA suggest that:



Food Prices

More than **8 in 10** respondents of the RGA indicated that the prices of the food they normally buy increased during COVID-19, with the exception of Malawi where only **3 in 5** respondents experienced increases in food prices.



Agricultural Inputs Supplies

Decreased for **2 out of 5** households during COVID-19.



Food Availability

In local markets and shops decreased for around **3 in 10** respondents during COVID-19.

Source: UN Women, UNFPA and partners Rapid Gender Assessments conducted in East and Southern Africa. Harmonized regional dataset (September to December 2020)

⁹ WFP. Available at <https://reliefweb.int/sites/reliefweb.int/files/resources/WFP%20Southern%20Africa%20-%20COVID-19%20Situation%20Report%20-%202020%20July%202020.pdf>

^{xix} <https://reliefweb.int/sites/reliefweb.int/files/resources/WFP%20Southern%20Africa%20-%20COVID-19%20Situation%20Report%20-%202020%20July%202020.pdf>

^{xx} www.wfp.org/news/southern-africa-throes-climate-emergency-45-million-people-facing-hunger-across-region.

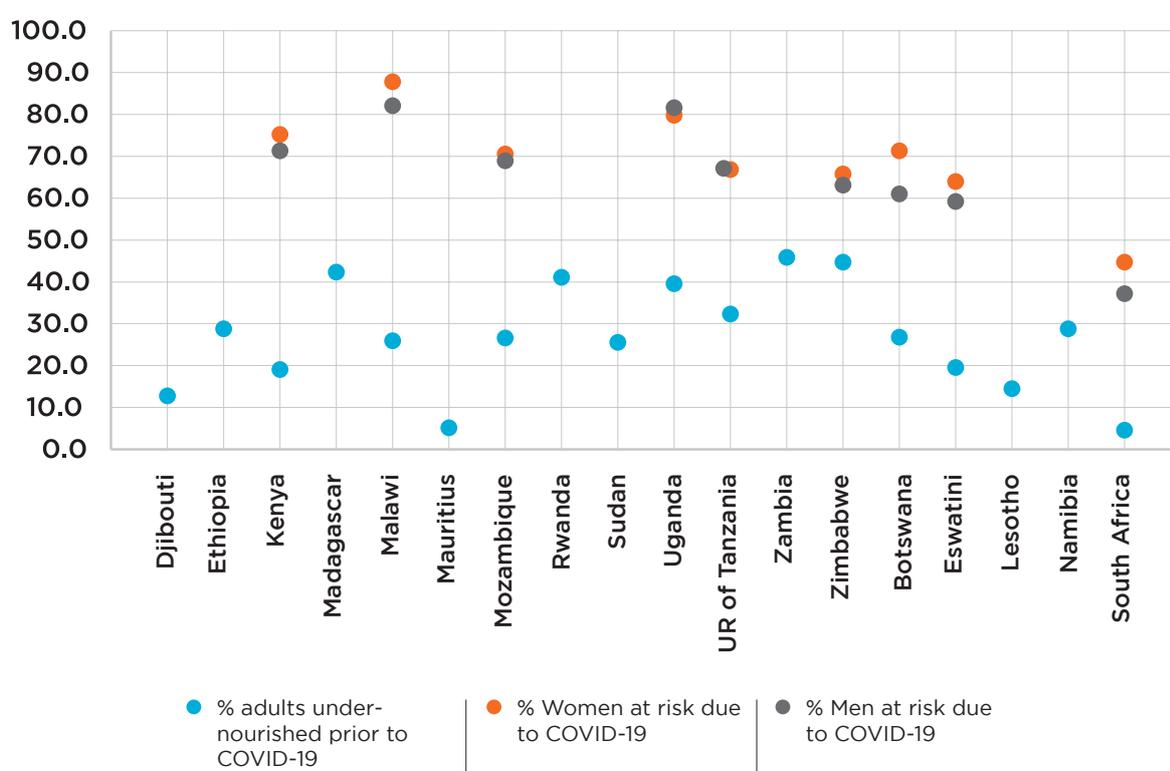
^{xxi} FAO. Available at www.fao.org/en/news. Accessed in January 2021.

^{xxii} <https://reliefweb.int/sites/reliefweb.int/files/resources/WFP%20Southern%20Africa%20-%20COVID-19%20Situation%20Report%20-%202020%20July%202020.pdf>

According to UN Women data^{xxiii}, with the exceptions of South Africa and Mauritius, the level of undernourishment in all the other countries in the sub-region was already counted in double digits before the COVID-19 pandemic. Zambia, Zimbabwe, Madagascar, and Rwanda had a more than two in five prevalence of malnutrition among their populations. Likewise, in Uganda and Tanzania, more than a third of the population suffered from undernourishment. It is noteworthy that there is no data available on the prevalence of undernourishment in some of the most fragile countries in the region. A comparison of the gender gap in food insecurity in ESA in 2014–2015 shows that except for Kenya, Madagascar, Mauritius and Uganda, women suffered food insecurity more often than men. The gender gaps in food security were especially large in Botswana, Eswatini, Malawi and Kenya.

FIGURE 7

Undernourishment prior to the Covid-19 pandemic and risk due to Covid-19 (SDG 2.1.1), by sex, 2020



Source: UN Women (2020) Progress of African Countries Towards the Sustainable Development Goals (SDGs). UN Women - Women Count (2020) The COVID-19 pandemic and the impact on women and girls. 1 October 2020, Africa Region Briefing.

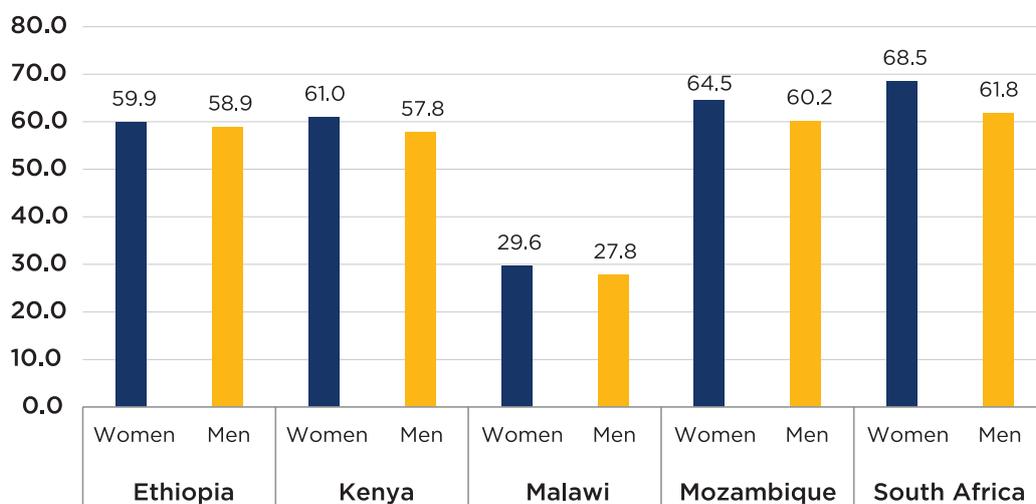
^{xxiii} UN Women (2020) Progress of African Countries Towards the Sustainable Development Goals (SDGs).

7 TIME USE DURING COVID-19

Time use and time use studies are considered important within the context of women’s economic empowerment and sustainable development. In addition to providing a general understanding of how women and men spend their time, such studies shed some light on how much time women spend on unpaid domestic work and unpaid care work. Time use studies have also found that women tend to spend more time on unpaid domestic and care work than men. This makes it more difficult for women to join the labor market and gain financial independence. However, it also places a disproportionate additional burden on those who are already involved in productive economic activities.

FIGURE 8

Women and men indicating that the time they spent on one or more of the unpaid domestic activities (cooking, cleaning and shopping) has increased during the pandemic, (%) 2020

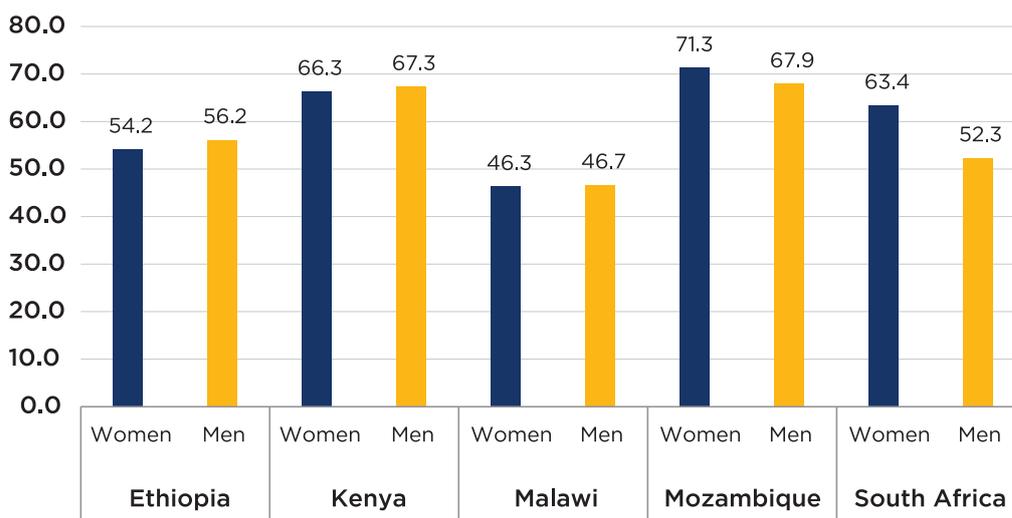


Source: UN Women, UNFPA and partners Rapid Gender Assessments conducted in East and Southern Africa. Harmonized regional dataset (September to December 2020)

The COVID-19 pandemic once again shone the spotlight on this important dimension of women’s economic empowerment with more women and men confined to their homes during lockdown and greater care-burdens, vis-à-vis remote learning during school closures and caring for sick and vulnerable household members.

FIGURE 9

Women and men indicating that the time they spent on one or more of the unpaid care activities (minding, caring for and teaching children; supporting and caring for adults) has increased during the pandemic (%), 2020



Source: UN Women, UNFPA and partners Rapid Gender Assessments conducted in East and Southern Africa. Harmonized regional dataset (September to December 2020)

The RGAs carried out by UN Women, UNFPA and partners in Ethiopia, Kenya, Malawi, Mozambique, Rwanda, and South Africa included a question about the person primarily responsible for domestic and unpaid care activities prior to the pandemic. The findings suggest that women were the main providers of unpaid domestic and care work prior to the pandemic. Women were also more likely than men to indicate that they were spending more time on unpaid domestic work during the pandemic across all countries. Regarding unpaid care work, men in Ethiopia, Kenya, and Malawi were more likely than women to say that their unpaid care work has increased during the pandemic. This is largely due to increased passive child-minding, teaching, and providing general childcare. In all countries, except Malawi and South Africa, spouses were more likely to help with unpaid domestic and care work than anyone else. Daughters were more likely than sons to provide additional assistance during COVID-19 with these kinds of tasks.

8

EDUCATION

With nearly half the population under 18, people are the region's greatest resource. Therefore, the closure of schools and other institutes of learning will potentially have considerable long-term impacts in the region. Prior to COVID-19, the region had made significant progress with regard to gender equality in education. Attendance rates of boys and girls are similar and even higher for girls in many of the countries for which data is available. However, in certain parts of the sub-region some serious problems persist such as high out-of-school rates for girls, high drop-out rates before completion of primary or lower secondary education, and low graduation rates of women at tertiary level in Science Technology, Engineering and Mathematics (STEM) subjects in most ESA countries.

According to UNESCO^{xxiv} estimates of April 2020, a total of 124 million learners ESA have been affected by school closures due to the COVID-19 pandemic. Of the countries in the region, Ethiopia has the largest number of affected learners with 24.6 million, followed by South Africa with 14.6 million, Kenya with 14.3 million and United Republic of Tanzania with 13.9 million learners.

Almost all the countries in the sub-region closed their schools for three to six months^{xxv} during the early phases of lockdown and movement restrictions. Countries where full re-opening for all grades only took place early in 2021 are Uganda, Kenya and possibly South Sudan, Eswatini, and Mozambique. During school closures, distance learning measures, including distribution of printed materials, special sessions on radio and television, and online platforms were put in place. Online e-learning has been primarily done using SMS, WhatsApp, Zoom, or Microsoft Teams platforms or a combination of these. Online teaching methods were only used in 57% of the countries in the region. Available data not only suggests that girls in SSA are less likely to be digitally connected than boys,

^{xxiv} UNWomen/UNESCO, <https://data.unwomen.org/resources/covid-19-and-gender-monitor>

^{xxv} Centre for Global Development and Unicef, UNWomen Calculations



124 million

Learners in ESA affected by school closures due to the COVID-19 pandemic

24.6 Million

Number of learners affected by school closures in Ethiopia, making it the most-affected in the region.

Number of learners affected by school closures:

14.6 Million
in South Africa

14.3 Million
in Kenya.

13.9 Million
in the United Republic of Tanzania.

UNESCO Estimates (2020)

but that women in the sub-region are also less likely than men to use the internet from any location. In addition to physical access barriers, examples set by adult women most likely also provide the role model on the use of digital technology to young girls.

RGAs conducted by UN Women, UNFPA and partners across the sub-region suggest that girls and boys have been facing similar problems associated with remote learning. Notable exceptions include limited access to books and printed learning materials for girls in Ethiopia and lack of a skilled instructor/parent guardian and/or “do not have time” for boys in Ethiopia. In South Africa, lack of a conducive environment for studying was more likely to be a problem for boys than for girls.

Concerns about the potential impact of the pandemic on deepening the crisis in the sub-region around girls and boys of school-going age that were not attending school are justified and likely to increase as school closures negatively impact on continuity and motivation levels. Furthermore, increased economic hardships of households may lead to more pressure on adolescents to find work rather than return to school during the post-COVID-19 recovery phase. The most vulnerable groups in the sub-region will continue to be rural girls and boys from the poorest income quintiles. Prior to the pandemic^{xxvi}, at least eight countries had primary school completion rates of below 50% for the poorest quintiles of children (both girls and boys) living in rural areas.

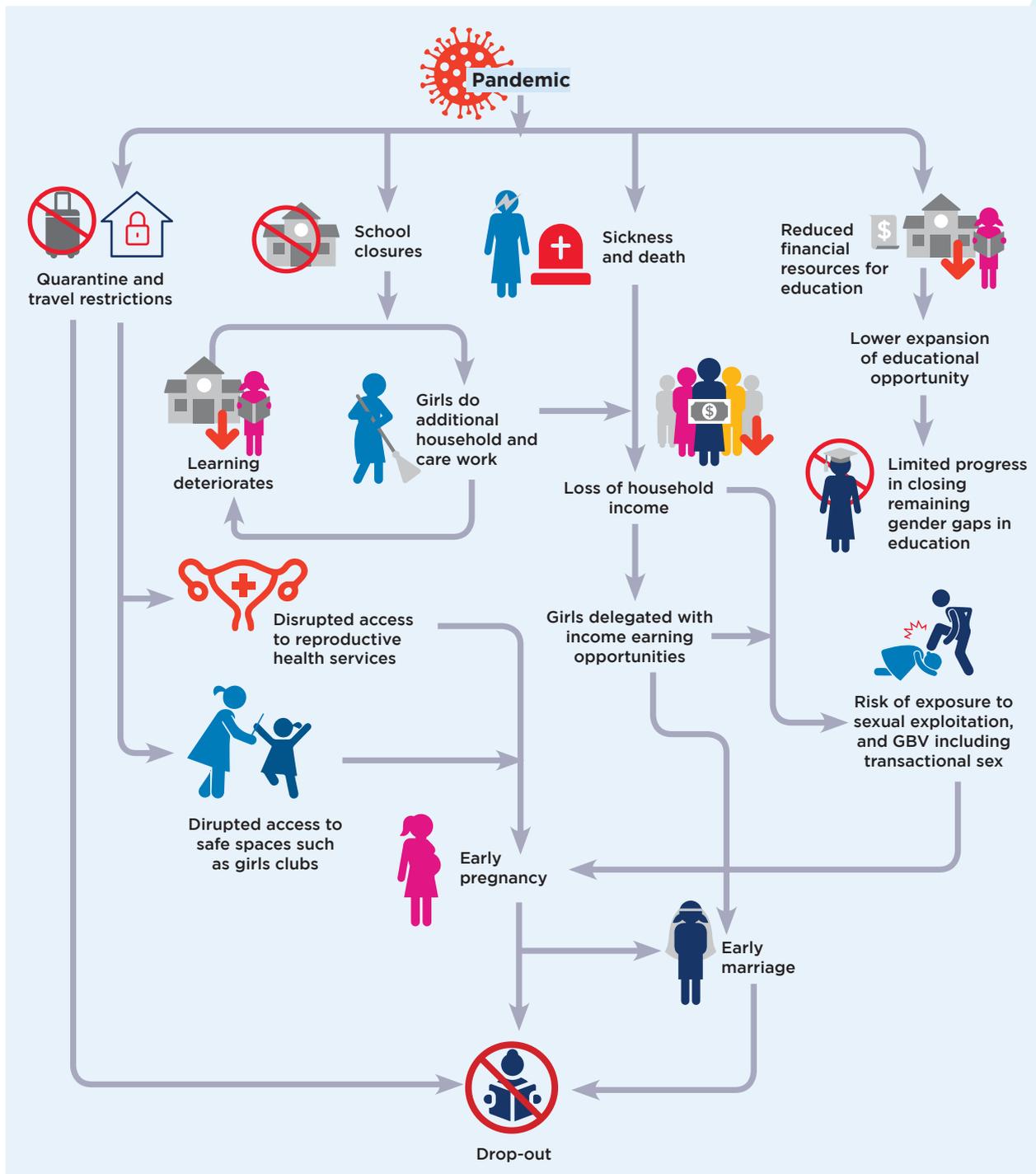
Even though COVID-19 and school closures negatively affect both girls and boys, the pandemic affects girls in some unique ways. For many girls, accessing school and staying in school is difficult even under normal circumstances and the pandemic further reduces the likelihood of them continuing their education in the recovery period. For the girl child, there have also been increased and well documented safety risks associated with school closures and increased poverty specifically with regard to domestic violence, sexual exploitation, early marriage, and female genital mutilation (FGM). COVID-19 may have provided opportunities for these practices to be re-enforced, contributing towards psychological and health problems and gender discrimination. Appropriate gender-responsive responses are needed to mitigate these problems and reduce the potential compounding impact of the pandemic on the existing educational challenges.

Girls are also often expected to take on childcare responsibilities and household chores and have to act as teachers for the younger children. The time use findings of the RGAs undertaken by UN Women, UNFPA and partners in the sub-region suggest that girls have been more likely than boys to assist adults with unpaid domestic and care work during the pandemic.

^{xxvi} UNESCO figures for 2018. <http://data.uis.unesco.org/>. Accessed 13 October 2020.

FIGURE 10

Potential impacts of the pandemic on girls' education



Source: Reproduced and adapted from Centre for Global Development October 2020¹⁰

¹⁰ Centre for Global Development, Available from <https://www.cgdev.org/blog/covid-19-and-girls-education-what-we-know-so-far-and-what-we-expect-happen>. Accessed October 2020

9

HEALTH

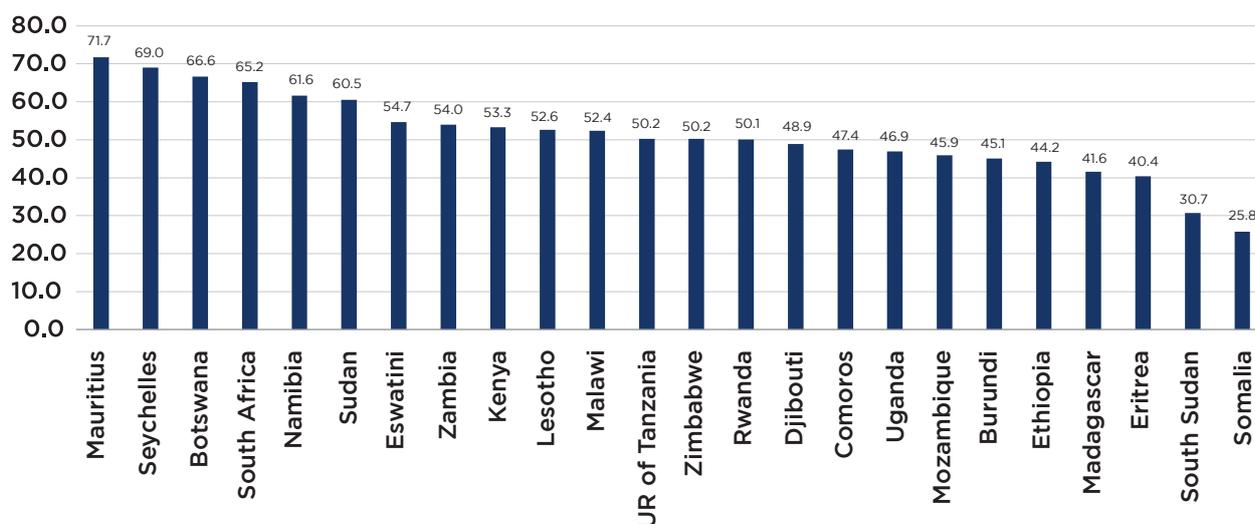
9.1 HEALTHCARE SERVICES

The COVID-19 pandemic has put additional strain on healthcare services throughout the world. One of the reasons why ESA governments introduced rapid and drastic measures to limit the spread of the virus was because of fears that it will completely overwhelm already fragile healthcare services in the region. During the early months of lockdown, many governments focused on information and advocacy campaigns to educate the population about the risks and preventative measures that need to be applied to reduce the risks of infection. The findings of the CATI COVID-19 RGAs carried out in ESA suggest that more than nine out of ten women and men got some information about the pandemic. More than 75% of women and men in Ethiopia, Kenya, Malawi, and Mozambique got their information about COVID-19 from radio/television/newspapers. Most of the other information sources were used by less than 5% of the population. Exceptions are Kenya where 8.3% of women and 9.3% of men used the internet and social media as their main source of information. In South Africa, the information source profile was quite different from the other countries. The internet and social media were the main sources for 23.5% of women and 25.8% of men, while 39.3% of women and 37.8% of men considered the radio/television and newspaper their main source of information about the pandemic.

The findings of the RGAs also suggest that women were more likely to be ill and less likely to be covered by medical aid than men in all the countries in ESA except Malawi (where men were more likely to be ill and women more likely to have health insurance). Some form of medical aid/health insurance is most prevalent in Kenya where 47% of women and 52% of men indicated that they are covered.

FIGURE 11

On coverage of essential health services (trace indicators) (%), 2020



Source: UNFPA (2020) East and Southern Africa Region. COVID-19 Situation Report No 8.

Using a set of trace indicators, UNFPA estimates for essential health service coverage range from 71.7% in Mauritius to only 25.8% in Somalia during 2020.

9.2 MATERNAL AND CHILD HEALTH

In 2020, the key maternal and child health population groups in the ESA region^{xxvii} included 16 million pregnant women, 151 million women of reproductive age, 199 million young people (aged 10–24) and 19 million older persons (aged 65+). Sexual and reproductive health is therefore of utmost importance in the sub-region and any disruptions of such services will have far-reaching consequences.

Overall, figures for maternal mortality ratios in sub-Saharan Africa prior to the pandemic remain the highest in the world although showing a downward trend^{xxviii}, and the sub-region also has large intra-regional disparities in terms of coverage of basic maternal health interventions like antenatal care. In 2010, Southern Africa had reported almost universal maternal and health coverage although but other parts of the sub-region lag behind. Countries characterised by fragility and conflict such as Somalia, South Sudan, Burundi, and Malawi (all classified as being in a fragile situation according to AfDB in 2020) still face many challenges in improving maternal health. Neonatal mortality rates are particularly high in South Sudan, Somalia, and Comoros, whereas the highest under-5 mortality rates are found in Somalia, South Sudan, and Eswatini.

An UNFPA assessment of Southern Africa Development Community's (SADC) regional response to the COVID-19 pandemic^{xxix} revealed that almost invariably, on average, all responding member states (16) had reported disruptions in 50% of a set of 25 tracer services. The most commonly reported disruptions were in outreach services (70%), facility-based services (61%), non-communicable diseases diagnosis and treatment (69%) family planning and contraception (68%), treatment for mental health disorders (61%), and cancer diagnosis and treatment (55%).

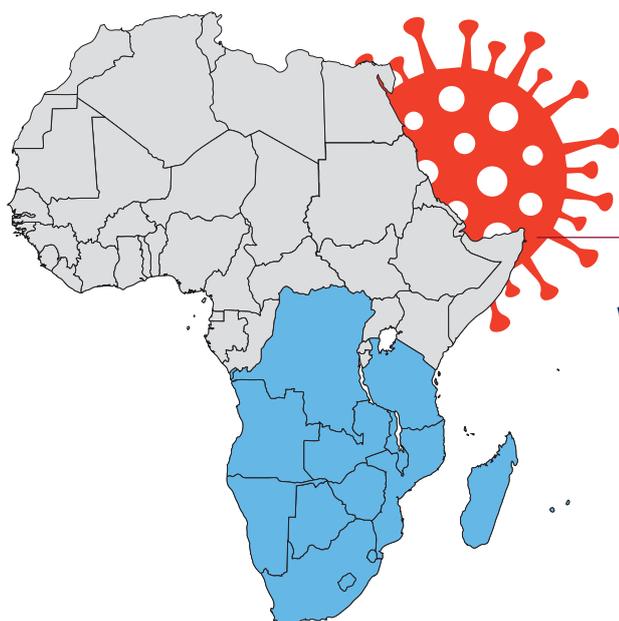
^{xxvii} UNFPA (2020) East and Southern Africa Region. COVID-19 Situation Report No 8.

^{xxviii} Ibid.

^{xxix} SADC (2020) SADC Regional Response to COVID-19 Pandemic. With Focus on Health, Law Enforcement and Security; and Food, Nutrition Security and Livelihood Sectors. Bulletin No. 14.

FIGURE 12

Disruptions in health services in SADC



SADC COVID-19 RESPONSE

16 Number of countries forming the Southern Africa's Development Community (SADC) - Angola, Botswana, Comoros, Democratic Republic of Congo, Eswatini, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Tanzania, Zambia, and Zimbabwe.



50%

Average reported disruptions in a set of 25 tracer services in almost all responding member states (16), according to a UNFPA assessment of Southern Africa's Development Community's (SADC) regional response to the COVID-19 pandemic.

Percentage of reported disruptions in various services



Source: SADC (2020) SADC Regional Response to COVID-19 Pandemic. With Focus on Health, Law Enforcement and Security; and Food, Nutrition Security and Livelihood Sectors. Bulletin No. 14.

According to an African Union (AU)-led assessment¹¹, nearly 50% of respondents who needed care missed or delayed accessing health services. A similar percentage said that they found it difficult to access medication. Nearly a quarter attributed missed services to worrying about catching COVID-19, either while traveling to their destination, or directly from the health facility. Types of health services missed were: non-communicable diseases (34%); general/routine check-up (28%); communicable diseases (26%); and reproductive, maternal, new-born and child health (16%). Malaria (15%); cardiovascular issues (10%); diabetes (8%); antenatal care (5%); care for children under 5 years (5%); and vaccinations (4%) were the conditions for which services were most likely to be missed.

¹¹ **Source:** PERC (2020) Responding to COVID-19 in Africa: Using Data to Find a Balance. Part II.

COVID-19 may have disrupted existing and planned efforts to end child marriage and has wide-reaching consequences. UNFPA estimates that these factors will lead to an increase of 13 million child marriages between 2020 and 2030. This is not only due to economic hardships, often forcing parents to agree to child marriages for financial gain, but also due to school closures, which contributed towards early forced or consensual sexual activity. Limitations to accessing family planning and safe abortions (where legal) caused by the COVID-19 pandemic can have similar impacts.

The pandemic has already adversely affected programmes to end child marriages, but the full impact on countries with high rates of poverty and fragile health, social welfare and governance systems is yet to be seen. Emerging evidence from the Global Programme to End Child Marriage (GPECM) from all four countries in ESA that are implementing the program^{xxx} (Ethiopia, Mozambique, Uganda, and Zambia) shows increases in violence, child marriage and teenage pregnancies are increasingly affecting teenagers. Temporary school closures and limited access to sexual and reproductive health services are considered some of the primary drivers of these problems. In Mozambique, calls to the Child Helpline showed that children made 16,244 calls from January to April 2020, doubling the number of calls during the same period in 2019. Child marriage, abuse and neglect, and school-related problems were among the reasons children called the helpline.



COVID-19 has disrupted existing and planned efforts to end child marriage and will have wide-reaching consequences.

13 Million
Estimated increase of child marriages between 2020-2030 due to these factors, according to UNFPA.

Source: UNFPA (2020). Interim Technical Note, 27.04.2020.

An interagency tool^{xxxi} for monitoring continuity of essential Sexual, Reproductive, Maternal, Child and Adolescent Health (SRMNCAH) services has been used to analyze the situation of SRMNCAH services in 14 countries in Africa during the COVID-19 outbreak response. The analysis shows that among the services most overlooked in the national essential service package are services for older persons (eight countries), Integrated Community Case Management (ICCM - seven countries), abortion services (where legal - four countries), adolescent and youth-friendly services (three countries), and GBV and risk communication and community engagement (two countries each).

^{xxx} UNFPA - UNICEF (2020) Child Marriage in COVID-19 contexts: Disruptions, Alternative Approaches and Building Programming Resilience.

^{xxxi} World Health Organisation - UNFPA - UNICEF Interagency Tool for Monitoring Continuity of Essential SRMNCAH Services in East and Southern Africa (2020)

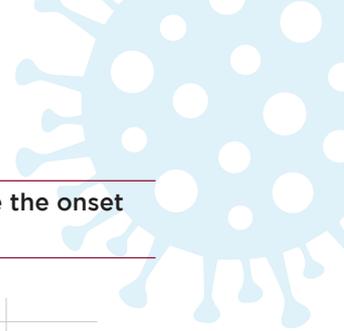
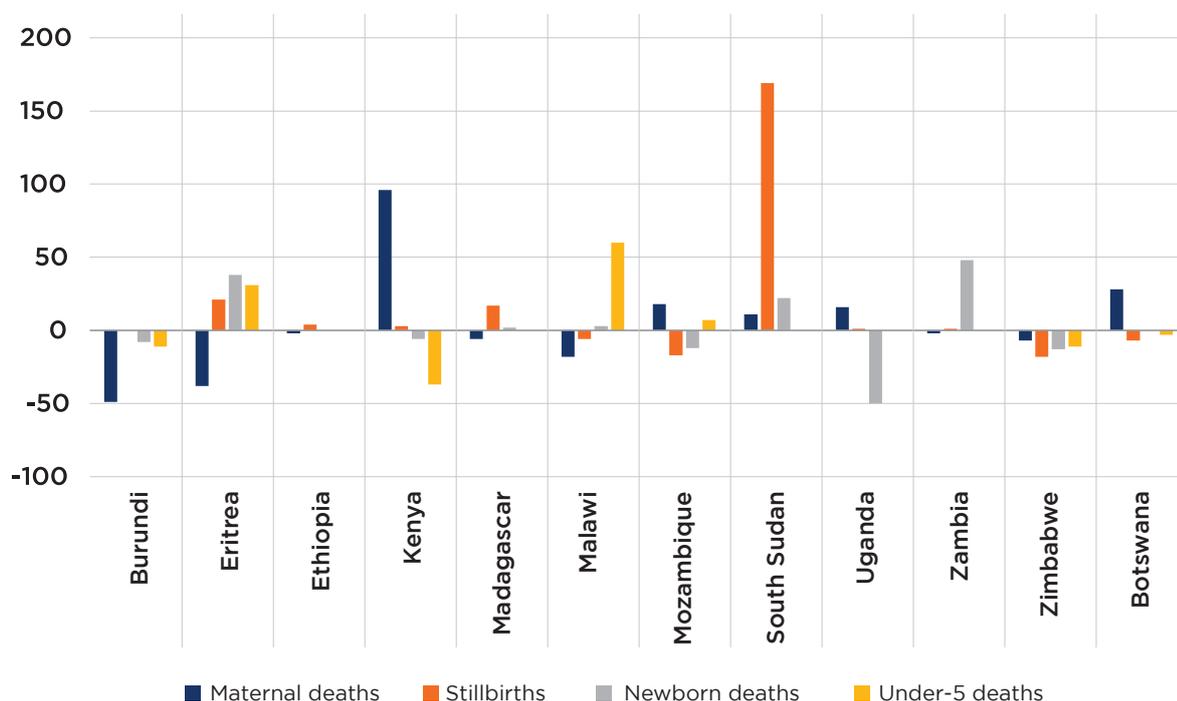


FIGURE 13

Increase/decrease in maternal deaths, stillbirths, newborn deaths and under-5 deaths since the onset of Covid-19 (%), 2020



Source: WHO-UNFPA-UNICEF, 2gether 4SRHR (2020) Interagency Tool for Monitoring Continuity of Essential SRMNCAH Services in East and Southern Africa (Accessed in December 2020)

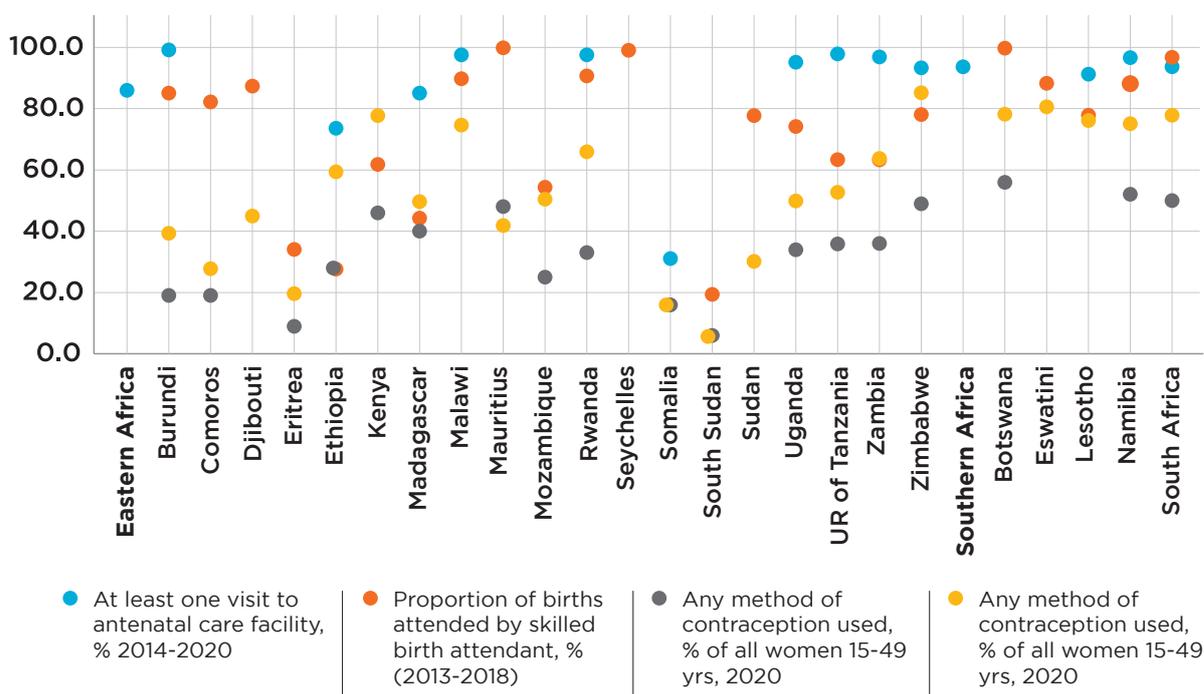
Indicators for service disruption, comparing 2019 and 2020 data in the ESA sub-region and represented by 12 countries (out of the total 14 in the study) also show some marked differences between February to April 2019 and February to April 2020^{xxxii}. There have been large disruptions in the share of facility deliveries in Burundi, South Sudan, Kenya, Zambia, and Zimbabwe compared to the previous year. Decreases in caesarean sections have been particularly large in Burundi, Madagascar, South Sudan, and Zimbabwe. In the same vein, the share of unsafe abortions has increased in some countries, notably Eritrea, Madagascar, and Sudan, but decreased in Kenya, Botswana, and Ethiopia. During the same period, i.e. after the onset of the pandemic, cases of maternal death had almost doubled with an increase of 96% in Kenya, 28% in Botswana, and 18% in Mozambique. On the other hand, Burundi, Eritrea, Malawi, Madagascar Zambia and Zimbabwe reported fewer maternal deaths compared to the same time period in 2019 (which could also be due to underreporting). Likewise, stillbirths had increased by 169% in South Sudan and had also increased in Eritrea, Ethiopia, Malawi and Kenya. New-born and under-5 deaths had also clearly increased in Eritrea, Malawi, South Sudan and Zambia^{xxxiii}. Even though they were not documented or quantified, limitations in the access to safe abortions (where legal) or comprehensive abortion care could also have an impact on maternal mortality.

^{xxxii} Ibid.

^{xxxiii} Ibid.

FIGURE 14

Reproductive health and family planning, 2020



Source: afro.WHO.int. Accessed in November 2020.

These findings are confirmed by the ongoing CATI COVID-19 RGAs in ESA. In Ethiopia and Kenya, child healthcare services, healthcare services for pregnant women, services relating to chronic illnesses, and family planning/sexual and reproductive healthcare were reported to have been affected by the onset of COVID-19. The same applies to other healthcare services. For instance, in Kenya, 58% of women and 51% men who sought child healthcare services could not access these, according to the same research. The CATI COVID-19 RGAs conducted in South Africa and Mozambique found that only 19% of women tried to access family planning and sexual and reproductive health services during the reference period.

An additional hardship for women and girls in ESA has been limited or no access to sanitary or menstrual hygiene during the pandemic. Rapid gender assessments in Rwanda and Kenya^{xxxiv} found that most women and girls (over 90% in Kenya, up to 32% in urban Rwanda) reported decreased or no access to some menstrual hygiene products since the onset of the pandemic due to reduced income. This decrease in access was more prominent in informal settlements within urban areas. In Kenya, the limited access among the girls from lower socio-economic groups was also due to school closures as the sanitary pads were mostly provided in schools.

^{xxxiv} UN Women, UNFPA and partners. Rwanda Rapid Gender Assessment.
UN Women, UNFPA and partners. South Africa Rapid Gender Assessment.
UN Women, UNFPA and partners. Kenya Gender Assessment.

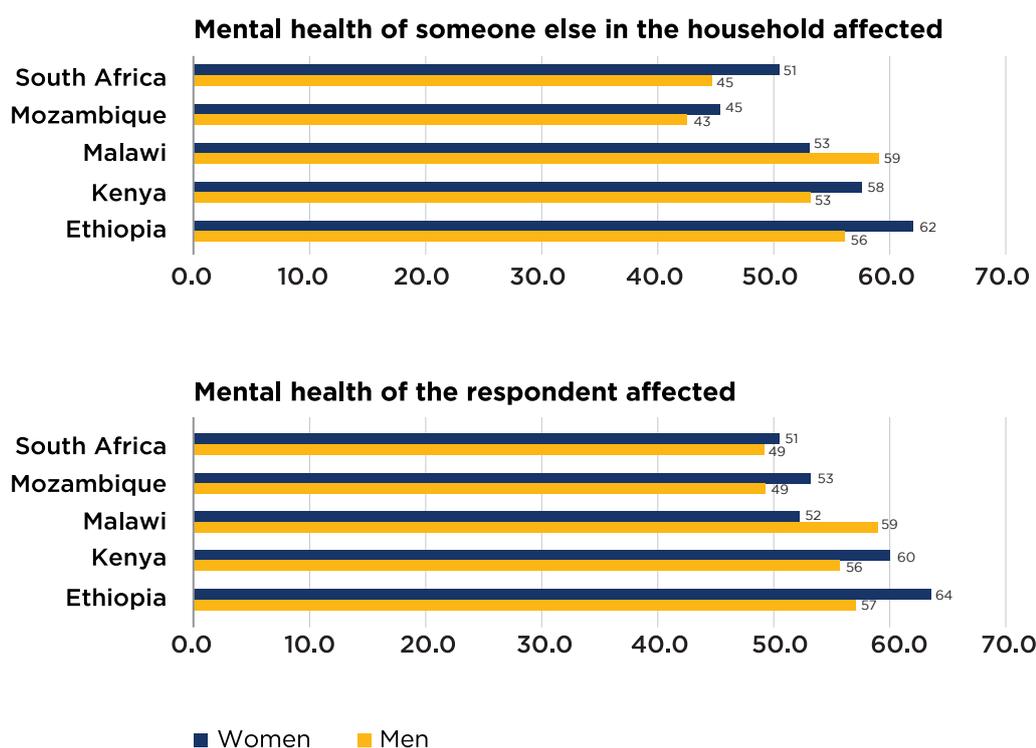
9.3 MENTAL HEALTH AND PSYCHOSOCIAL PROBLEMS

The COVID-19 pandemic has introduced a new stress factor among populations that already present relatively low levels of subjective wellbeing. According to a Gallup 2019 survey^{xxxv} conducted before the pandemic, the general sense of well-being across the sub-region is relatively low. On a scale of 0–10, only Mauritius reported a value above five, which signifies a relatively good state of well-being. The lowest scores (between 2 and 3) were reported in South Sudan, Malawi, and Tanzania.

The results of the RGAs conducted in the sub-region found that in all countries except Malawi, women (more than 5 in ten) were more likely to report suffering from mental and emotional strain or that someone else in their household was having these kinds of problems since the onset of the pandemic. The most common concerns or reasons for worry were the economic impacts and fear of becoming ill with COVID-19. Men were more likely than women to be concerned about economic issues, while women were more likely than men to be concerned about becoming ill. Concerns about not having enough food, children missing school, and fear of death also featured high in most countries.

FIGURE 15

Respondents and their household who experienced mental strain and anxiety during the pandemic (%), 2020



Source: UN Women, UNFPA and partners Rapid Gender Assessments conducted in East and Southern Africa. Harmonized regional dataset (September to December 2020)

^{xxxv} Gallup (2019) in UN Women (2020) Africa SDG Index and Dashboards Report 2019.

FIGURE 16

Type of worries experienced by women and men (%), 2020

	ETHIOPIA	KENYA	MALAWI	MOZAMBIQUE	SOUTH AFRICA
 Death	Women 33	7	16	13	14
	Men 27	7	15	11	13
 Becoming infected with COVID-19	Women 60	48	61	38	29
	Men 55	46	59	36	28
 Other health issues	Women 24	4	3	12	5
	Men 20	5	2	11	4
 Economic situation and other income related issues	Women 47	51	42	38	28
	Men 52	56	48	42	33
 Access to food	Women 25	18	17	28	10
	Men 21	13	17	26	10
 Access to medicine	Women 24	3	4	11	3
	Men 22	3	5	11	3
 Missing school	Women 34	20	19	19	8
	Men 29	14	16	14	6
 Safety	Women 17	8	9	13	10
	Men 18	12	7	14	10
Others	Women 4	11	7	11	10
	Men 4	10	7	12	10

Source: UN Women, UNFPA and partners Rapid Gender Assessments conducted in East and Southern Africa. Harmonized regional dataset (September to December 2020)

10

GENDER-BASED VIOLENCE

10.1 FEMALE GENITAL MUTILATION AND CUTTING

Female genital mutilation (FGM) and cutting remains common in some East African countries. The prevalence of FGM^{xxxvi} is as high as 97.9% in Somalia and 93.1% in Djibouti. Even Eritrea, Sudan, and Ethiopia report very high prevalences of FGM. The tradition is not widely practiced in Southern Africa and most countries therefore do not collect data about it.

While some progress has been made in East Africa to eradicate FGM, COVID-19 is expected to have a negative impact on efforts to end FGM. According to UNFPA^{xxxvii}, a one-third reduction in progress towards ending FGM by 2030 is anticipated due to COVID-19 disruptions. Due to pandemic-caused disruptions in prevention programmes, current estimates place the occurrence of FGM over the next decade at two million. Lockdown measures and the effects of the pandemic on health services have limited access to and availability of adolescents and youth-friendly SRH and GBV services. Without such services, increases in FGM, teenage pregnancies and violence are more likely to take place. Results from the CATI COVID-19 RGAs point to similar results. As regards the perceived types of gender-based violence and harmful traditions since the onset of the pandemic, more than 4% of the respondents in Ethiopia and 1% in both Kenya and Uganda mentioned FGM. The long-term impact of the pandemic on FGM is yet to be seen but the preliminary findings and experiences from previous pandemics are not encouraging.



97.9%

Prevalence of FGM
in Somalia.

93.1%

Prevalence of FGM
in Djibouti.

Eritrea, Sudan, and
Ethiopia also report very
high prevalences of FGM.

^{xxxvi} UNSD SGD database, available at <https://unstats.un.org/sdgs/indicators/database/>. Accessed December 13th 2020.

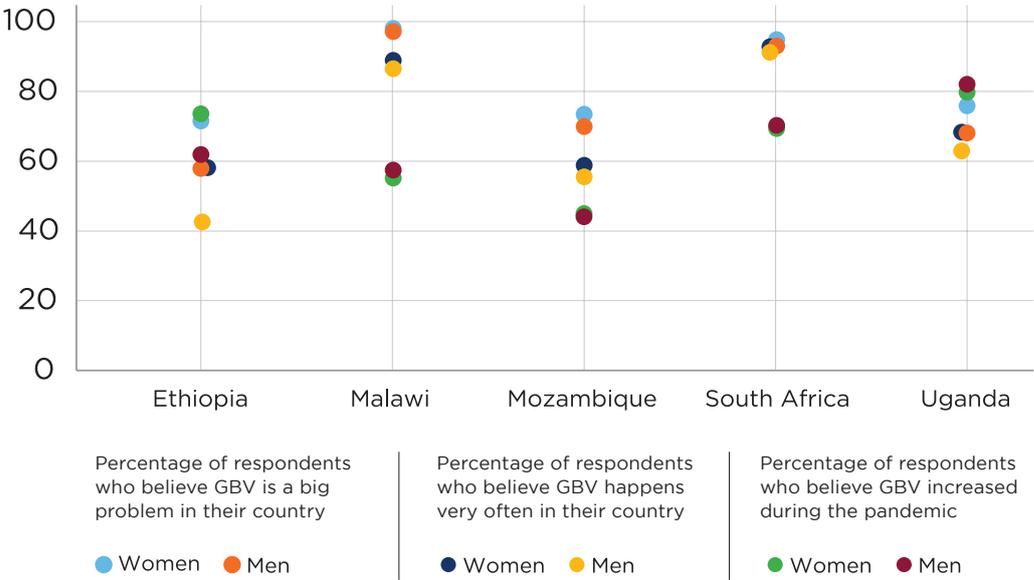
^{xxxvii} UNFPA-UNICEF (2020). COVID-19 Disrupting DG 5.3. Eliminating Female Genital Mutilation. Technical Note. April 2020.

10.2 PERCEPTIONS AND INCIDENCE OF GBV

Many countries in East and Southern Africa experience very high GBV rates with preliminary reports from some countries indicating that the incidence has increased during the COVID-19 pandemic. According to UN Women^{xxxviii}, violence by an intimate partner was reported by more than 40% of women in Burundi, Kenya, Mozambique, Zambia and Zimbabwe before the pandemic while nearly 30% of respondents in Uganda, Zambia, Burundi and Kenya reported having experienced violence by current/previous partners in the past 12 months.

Most respondents to the RGAs in the sub-region consider GBV to be a problem. Women in all three countries were more likely than men to perceive GBV to be a serious problem. Most respondents also felt that the incidence of GBV had increased during the pandemic with nearly four in ten women (38%) and men (39%) in the sub-region indicating that they knew at least one person who was a victim of GBV.

FIGURE 17
Perceptions about the seriousness, frequency and changes in GBV during Covid-19 (%), 2020



Source: UN Women, UNFPA and partners Rapid Gender Assessments conducted in East and Southern Africa. Harmonized regional dataset (September to December 2020)

Early data from UNFPA¹² on the impact of COVID-19 on GBV shows that there was a 775% increase in calls to national hotline pre-/post-COVID-19 in Kenya and a 72% increase in reported cases in protection monitoring in May 2020 compared to January 2020 in South Sudan. In addition, in Zimbabwe, 90% of calls to national hotlines between March 30th and May 30th 2020 were related to intimate partner violence.

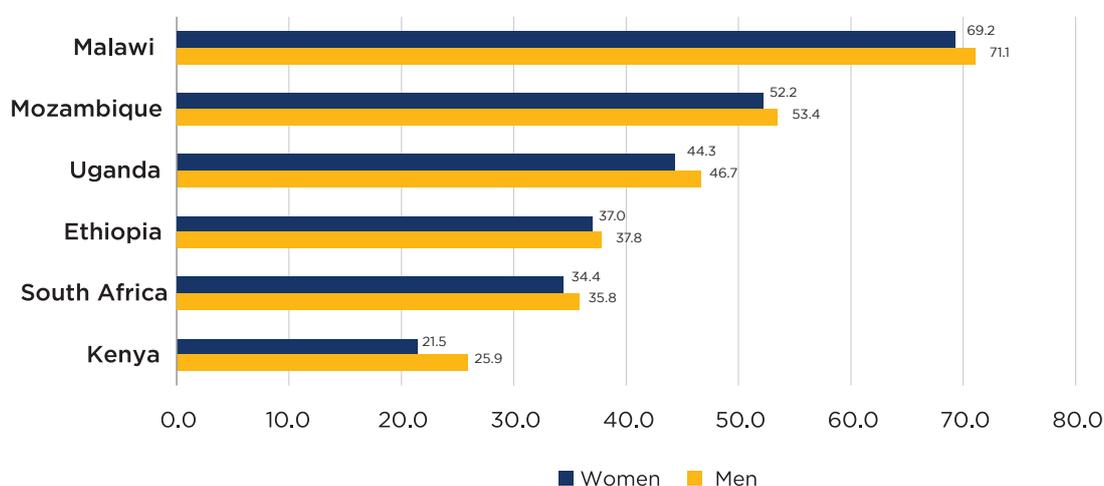
¹² UNFPA (2020) Regional GBV Trends in East and Southern Africa during the COVID-19 Pandemic.
^{xxxviii} UN Women.org/data-portal/vaw (Accessed in December 2020)

In South Africa^{xxxix}, a dramatic decrease in the levels of reported GBV-related cases was seen in the initial stages of the lockdown from 27th March to 31st May 2020. Furthermore, reduction in the severity of lockdown measures were accompanied by increased levels of reported violence and crime overall, including GBV. Between July and September 2020, data points to a steady increase in the number of reported rapes. 20 of the 30 top stations for cases of sexual assault recorded an increase compared to the previous year.

A mobile phone survey in Uganda^{xl}, found 0.62 times perceived increases for village-level physical violence during the pandemic. These perceived increases were corroborated by an increase in arguments, a decrease in quality of life, and a decrease in the economic standing of households during this period.

FIGURE 18

Percentage of respondents who personally know someone who has been affected by GBV since the onset of Covid-19 (%), 2020



Source: UN Women, UNFPA and partners Rapid Gender Assessments conducted in East and Southern Africa. Harmonized regional dataset (September to December 2020)

Violence against women with disabilities^{xli} has been found to be even higher than for other groups of women in a recent mapping in the ESA region, based on existing statistics, focus group discussions (FGDs), and interviews with several associations of people with disabilities and women’s associations. It is therefore important to specifically examine the state of women and girls with disabilities during COVID-19-related lockdowns and the socio-economic impact of the pandemic on these groups.

According to research by UNFPA^{lii} and the Ministry of Women, Children and Youth (MWCY) 2020^{liii} in Ethiopia, two different cohorts of youth – those living on the streets and those involved in sex work – reported that their vulnerability to violence had increased significantly during the COVID-19 pandemic. This applied to physical and sexual violence as well as threats by the police.

^{xxxix} UN in South Africa – Department of Women, Youth and People with Disabilities (2020) The Shape of the Shadow. COVID and Gender-based Violence in South Africa. December 2020.

^{xl} Mahmud and Riley 2020, working paper cited in Center for Global Development (2020) CGD Note. COVID-19 and Violence against Women and Children.

^{xli} UN Women (2020) Mapping of Discrimination Against Women and Girls with Disabilities in East and Southern Africa.

^{liii} UNFPA and Ministry of Women, Children and Youth (2020) COVID-19 Series. August 2020.

11

MARGINALIZED GROUPS

11.1 MARGINALIZED GROUPS: WOMEN AND YOUNG PEOPLE WITH DISABILITIES

A recent mapping by UN Women maintains that discrimination against women and girls with disabilities (GWWD) characterizes all countries in the ESA region. Poverty, gender, and disability are, in many ways, interconnected and especially render women, girls, and elderly people in the poorest countries extremely vulnerable even to dire poverty.

A study^{xliv} conducted in Ethiopia among 154 vulnerable urban and rural youth with disabilities during the pandemic discovered that youth with disabilities can access information about COVID-19 transmission and prevention mechanisms through television, FM radio on their mobile phones, and in some cases – especially among youth that are men – the internet. COVID-19 guidance was sometimes very difficult to follow for several reasons: social distancing is difficult for those with impairments or using wheelchairs who often have to rely on community members for their mobility. Access problems and long queues outside hospitals also limit access to sexual and reproductive health services and supplies. Increased stigma associated with the disease was also mentioned by some respondents.

11.2 MARGINALIZED GROUPS: PEOPLE LIVING WITH HIV

The countries most affected by HIV remain those in Southern Africa, with Botswana (7.5/1,000), Eswatini (8.0/1,000) and Lesotho (9.1/1,000) recording the highest infection rates per 1,000 people.^{xlv} On their part, Eritrea, Ethiopia, Madagascar, Mauritius, Somalia, Sudan and Seychelles reported only around 0.1-0.2 new HIV infections per 1,000 people before the pandemic.

^{xliv} UNFPA GAGE (2020) COVID-19 Series. Ethiopia. August 2020. Experiences of vulnerable urban youth under COVID-19: the case of youth with disabilities.

^{xlv} UN Women (2020) Africa SDG Index and Dashboards Report 2019.



500,000

Additional deaths from AIDS-related illnesses can be prevented if COVID-19 related disruptions in health services and supplies are mitigated.

As indicated in the discussion on health services, efforts are needed to mitigate COVID-19-related disruptions to health services and supplies to prevent an additional 500,000 deaths from AIDS-related illnesses.

Virtual research in rural and urban Ethiopia^{xlvi} among youth living with HIV found that they were aware of the primary transmission mechanisms, that they are more vulnerable than others due to their compromised immune systems, and that they had detailed information about COVID-19 symptoms, transmission and protection mechanisms. One of the main concerns of youth in Ethiopia was the psychosocial impacts of the pandemic, rather than physical violence in the home or community. These concerns primarily relate to their perceived increased risk of infection with COVID-19. They were also adversely affected by the absence of youth support groups and counselling during the pandemic that had played a key role in their lives previously.

11.3 MARGINALIZED GROUPS: WOMEN AND YOUNG PEOPLE INVOLVED WITH SEX WORK, STREET-CONNECTED AND MIGRANT YOUTH

The COVID-19 pandemic has amplified pre-existing inequalities and vulnerabilities for sex workers in the region.^{xlvii} The impact on livelihoods, human rights, and health has been significant leaving many struggling to survive. The economic hardships of sex workers have increased and they have experienced disruptions and violations of their human rights. This has not been due to the pandemic per se, but rather due to the containment measures which governments put in place, including lockdowns, social distancing measures, curfews and quarantine measures.

Numerous challenges relating to healthcare were experienced by sex workers. Given the high HIV prevalence rates amongst sex workers, many of them could be at increased risk of higher mortality rates. The greatest health impacts experienced by sex workers were in accessing healthcare for non-COVID-19 conditions. According to a recent UNFPA survey^{xlviii}, half of the respondents reported that sex workers had problems in accessing health facilities in general and more specifically, access to HIV treatment services, access to HIV prevention services and access to sexual and reproductive health services by another 21.7%. In addition, stigma and discrimination reminiscent of HIV-related stigma in health services was reported by 11.5% of sex workers. The study also found that community-based organisations led by sex workers have reacted swiftly and creatively in providing services to this group.

Some evidence from a small sample of sex workers in Ethiopia^{xlix} suggests that workers associated with CSOs were generally better informed about COVID-19 than those who are not, while migrant youth, especially men, are more vulnerable and have less support. Due to movement restrictions and declining incomes, the ability of women who are sex workers to negotiate for the use of condoms has declined.

^{xlvi} UNFPA and Ministry of Women, Children and Youth (2020) COVID-19 Series. August 2020.

^{xlvii} UNFPA (2020) A Rapid Scoping Assessment of the Impact of COVID-19 on Sex Workers' Programmes in East and Southern Africa. (Unpublished manuscript).

^{xlviii} UNFPA (2020) A Rapid Scoping Assessment of the Impact of COVID-19 on Sex Workers' Programmes in East and Southern Africa. (Unpublished manuscript).

^{xlix} UNFPA and Ministry of Women, Children and Youth (2020) COVID-19 Series. August 2020.

GENERAL RECOMMENDATIONS

Whilst the full impact of the pandemic and the response measures to it are yet to be seen, it is already evident that very few of the response measures – be it by national governments or multilateral donors – have been gender-sensitive. It is important therefore that the measures that have been put in place so far be assessed, and lessons learnt, and best practices shared in anticipation of possible future pandemics or other crisis situations. Such assessments should also focus on the gender impact of current response measures in ESA and plan for more gender-responsive approaches for future pandemics.

This re-emphasizes the need for collaboration of various actors, be it country leaders, civil society, including women’s associations, development partners, women and young people in the region, as well as regional economic organizations.

The specific recommendations of this report have been summarized on page vii. There are also several general measures that have been proposed by international agencies such as the IMF, World Bank and AfDB and others for the post-COVID-19 recovery phase that are presented in more detail in the recommendations section of the main report.

Some of the most important of these proposed measures¹² include continued management of the health crisis; provision of fiscal support to aid people and firms; ease their monetary stance to support growth and provide financial stability while ensuring adequate credit provisions; policy measures aimed at the labour market and informal sector such as assisting vulnerable groups, especially youth and women and the adoption of labour market policies to protect workers and their jobs; avoidance of export bans and other trade policies that fragment production and increase the costs of essential supplies for import-dependent countries; acceleration of structural reforms to rebuild Africa’s productive base;

¹² The specific combinations of proposed measures supported by each international organization differ and some of them are uniquely proposed by a single entity.

address obstacles to formalizing the economy, rethinking social protection programmes for maximum coverage; continued liberalization of goods and services and the Africa Free Trade Agreements; increased Overseas Development Assistance (ODA) and the mobilization of private capital to tackle the health and other consequences of the pandemic; the adoption of digital technologies by governments, households and firms and recommending government interventions to reduce the cost of devices and services, avoiding disconnections for lack of payment, and increasing bandwidth.

Given these proposed macro-economic interventions, as well as the main findings and gender specific recommendation described earlier in the report, it is clear that the pandemic has provided a significant setback not only to the achievement of gender equality and women's empowerment in East and Southern Africa, but also to the Agenda 2030 targets.



 www.unwomen.org |  <https://web.facebook.com/unwomenafrica/>

