

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

#COVID19
#genderdata

1. PURPOSE, SCOPE, DATA AND METHODS OF THE ASSESSMENT
2. DEMOGRAPHICS AND THE PANDEMIC
3. GOVERNANCE AND NORMATIVE FRAMEWORKS
4. GENERAL SOCIO-ECONOMIC STATUS AND LIVELIHOODS
5. TIME USE DURING COVID-19
6. EDUCATION
7. HEALTH
8. GENDER-BASED VIOLENCE



PURPOSE AND SCOPE

The aim of the study is to outline the opportunities and constraints for Gender Equality and Women's Empowerment 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 (ESA) region.

DATA SOURCES:

- i. Secondary data sources
- ii. Findings of CATI Rapid Gender Assessments (RGAs) in Kenya, Rwanda, Ethiopia, Uganda, South Africa, Malawi and Mozambique.

COUNTRIES COVERED:

- i. **Southern Africa:** Eswatini, Botswana, Lesotho, South Africa, Namibia
- ii. **East Africa:** Burundi, Comoros, Djibouti, Ethiopia, Kenya, Madagascar, Malawi, Mauritius, Mozambique, Madagascar, Malawi, Mayotte, Mozambique, Reunion, Rwanda, Uganda, Tanzania, Seychelles, Somalia, Sudan, South Sudan, Zambia and Zimbabwe

ESA REGIONAL RGA CATI SURVEYS

Target population:

- General population aged 18+ of women and men who have access to a mobile phone

Instruments:

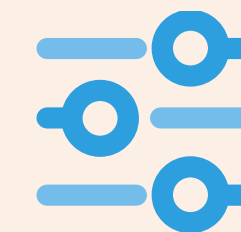
Set of questions split into two questionnaires (15-20 minute interview Per questionnaire)

- Questionnaire 1, covering demographics, economic activities, agriculture and education
- Questionnaire 2, which includes demographics, contextual questions related to GBV such as changes in economic activities and income, health, human rights, safety and security and GBV. The total interview length for each of the questionnaires was approx. 15 minutes.



DESIGN

Aimed for a standardized across the region



SAMPLE

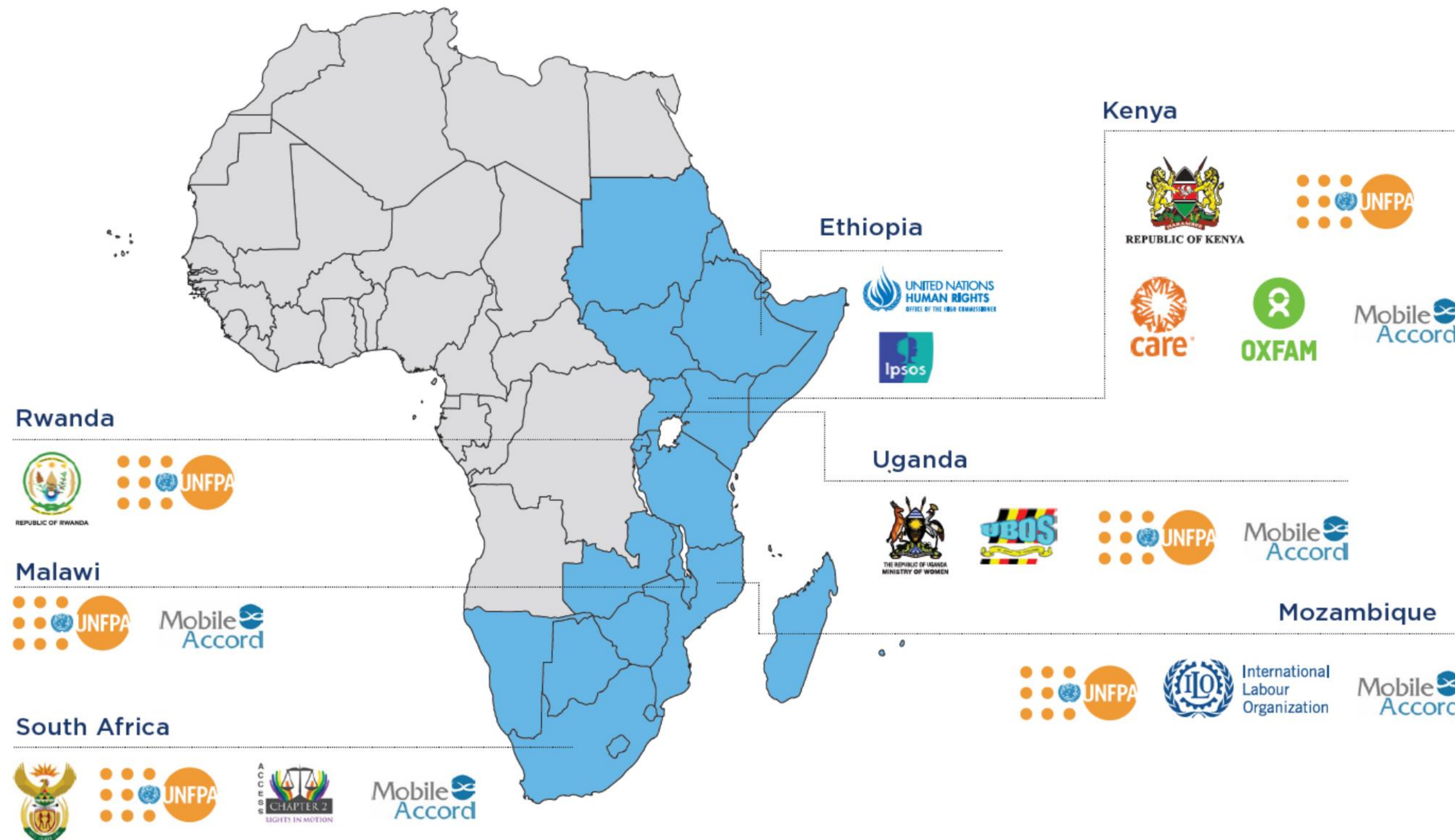
±2400 women and men



REPRESENTATIVITY

Representative by hard quotas (age, sex); soft quotas (province/region/urban/rural/socio-economic)

UN WOMEN PARTNERS – country rapid gender assessments

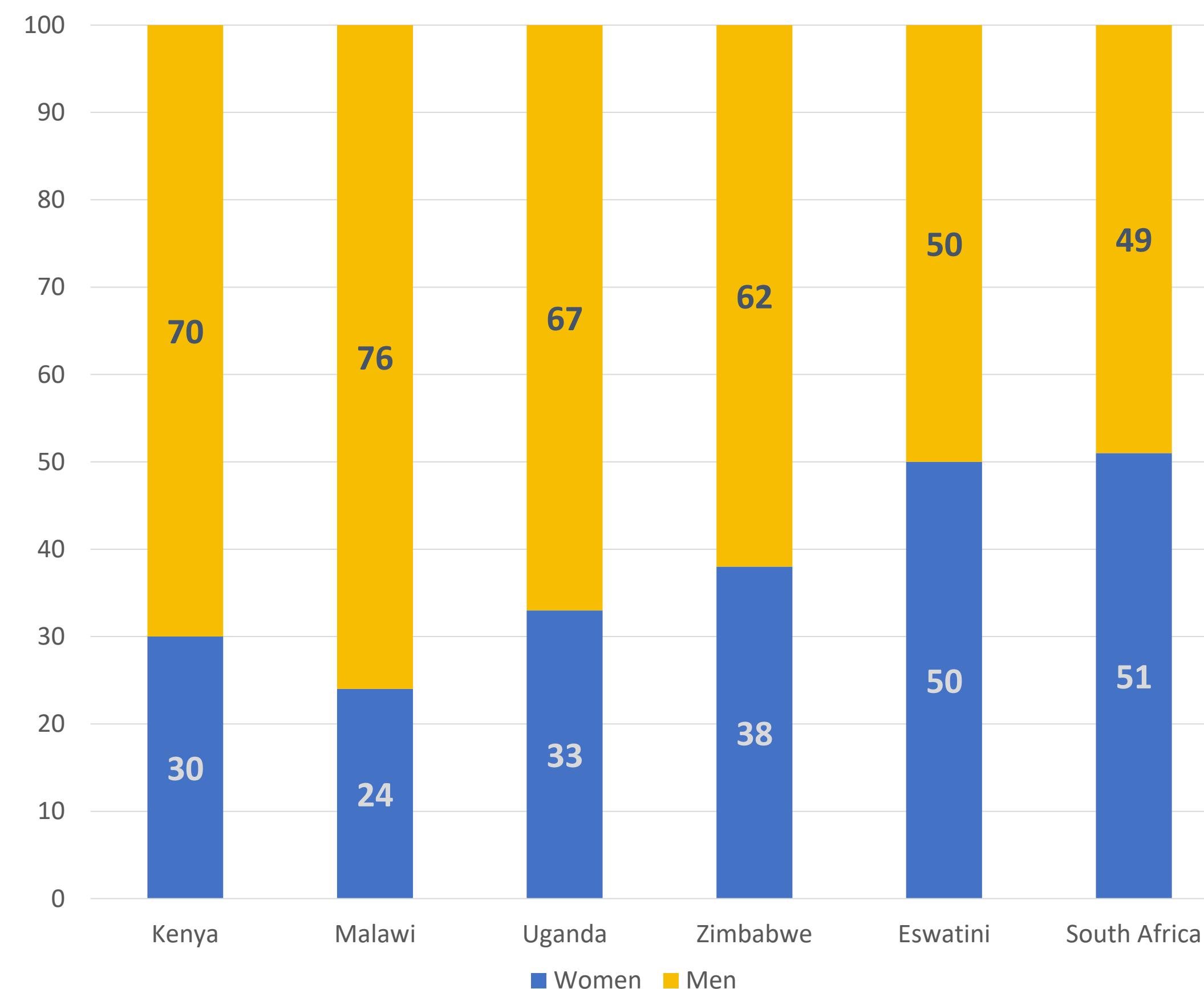


DEMOGRAPHIC CONSIDERATIONS

Health, mortality and economic impacts that may express themselves demographically:

- 1) **Age structure of population** in ESA (protective, but in Southern Africa with high HIV/AIDS prevalence may slow-down recent gains in life expectancy).
- 2) **Fertility rates:** out of school pregnancies and restricted access to family planning services
- 3) **Mortality and morbidity rates** (deaths attributed to COVID-19 and excess deaths)
- 4) **Impacts on migration and refugees** (Women in refugee camps have additional vulnerabilities; men migrate but women left behind suffer particular challenges in many societies)
- 5) **Inadequate health information systems**, as well as population and death registers, need to be considered when determining the impact of the pandemic

Documented mortalities due to COVID-19, by sex (%), February 2021



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

East and Southern Africa has a relatively young population



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

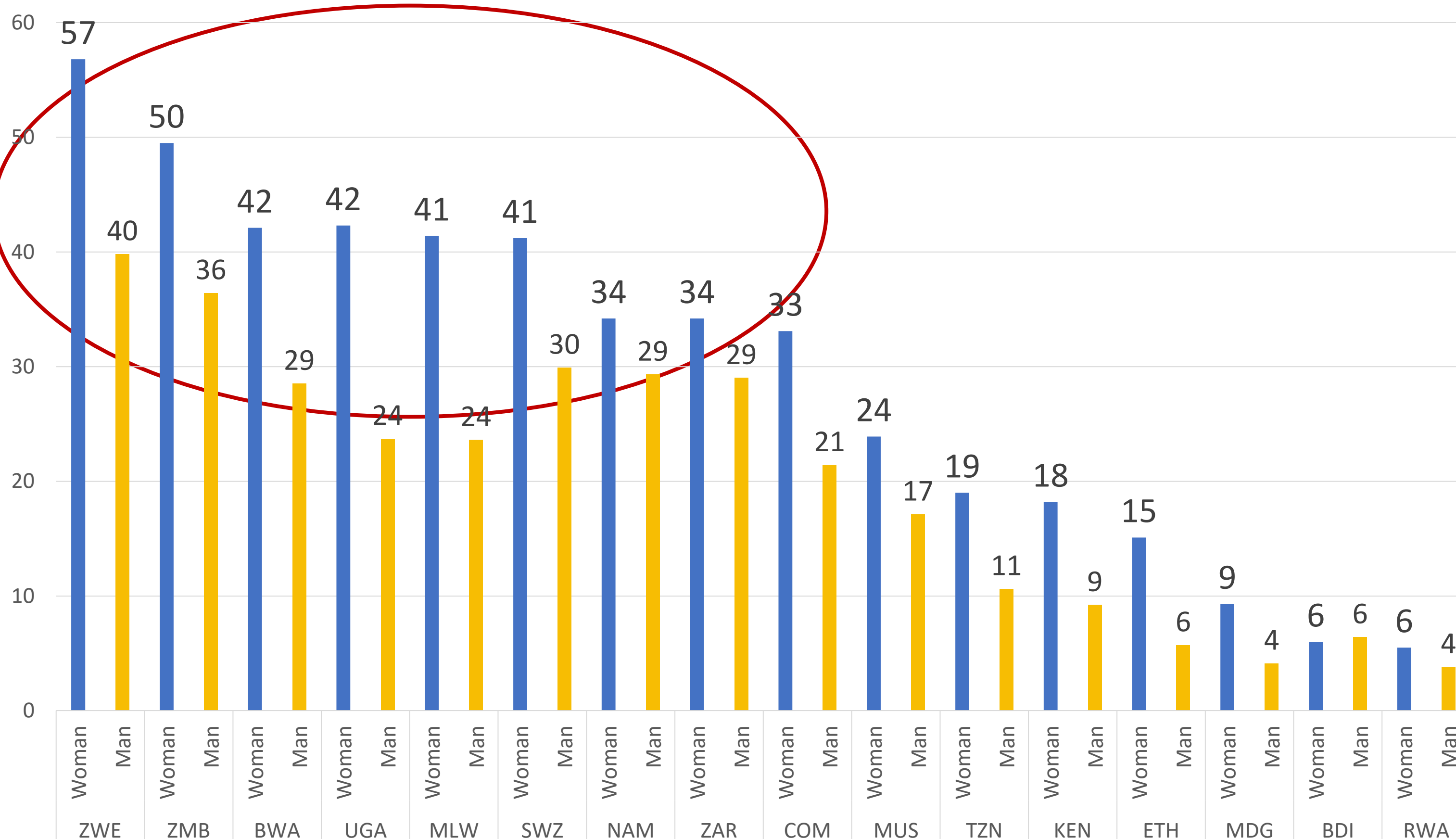
27 Years

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.

UNREALIZED DEMOGRAPHIC DIVIDEND

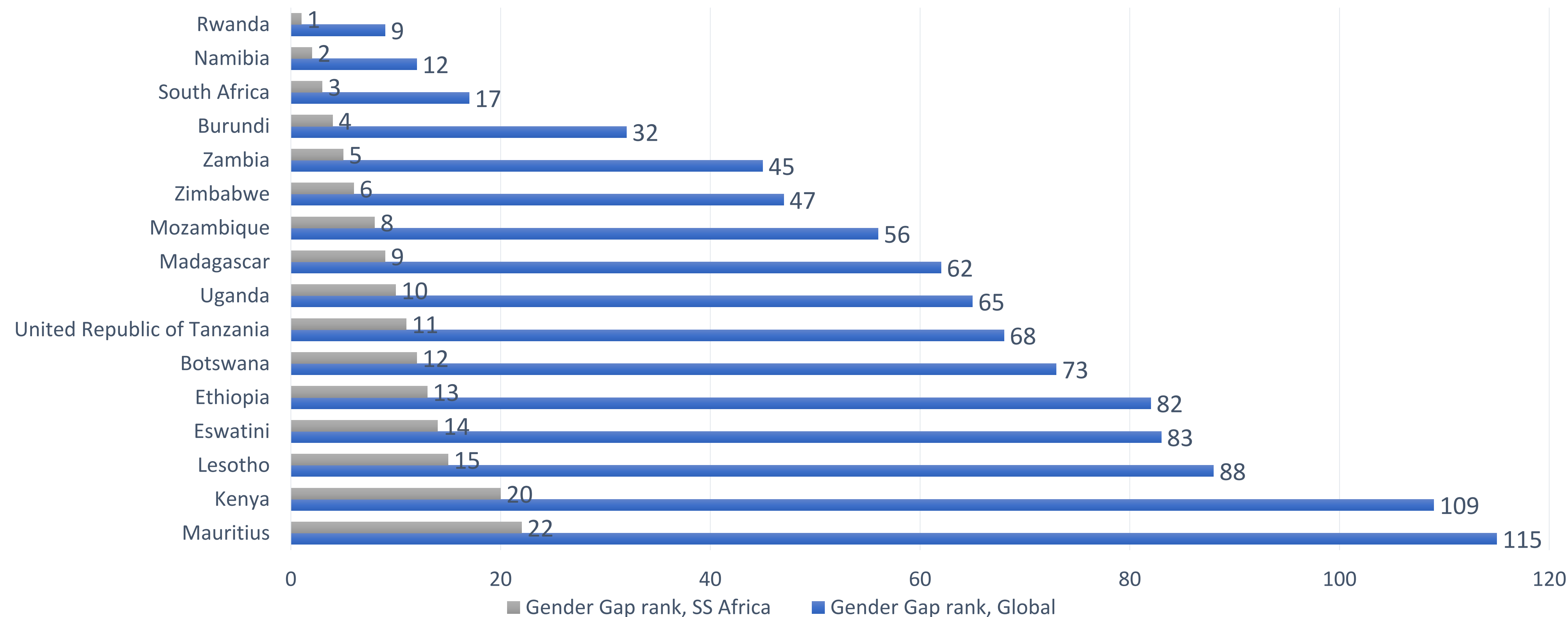
Not in education, employment or training (NEET) aged (15-24), most recent year, by sex (%)



- Wasted human capital that could potentially drive economic growth in the region
- School closures and economic hardships are likely to worsen NEET

GOVERNANCE CONSIDERATIONS 1 – pre-pandemic

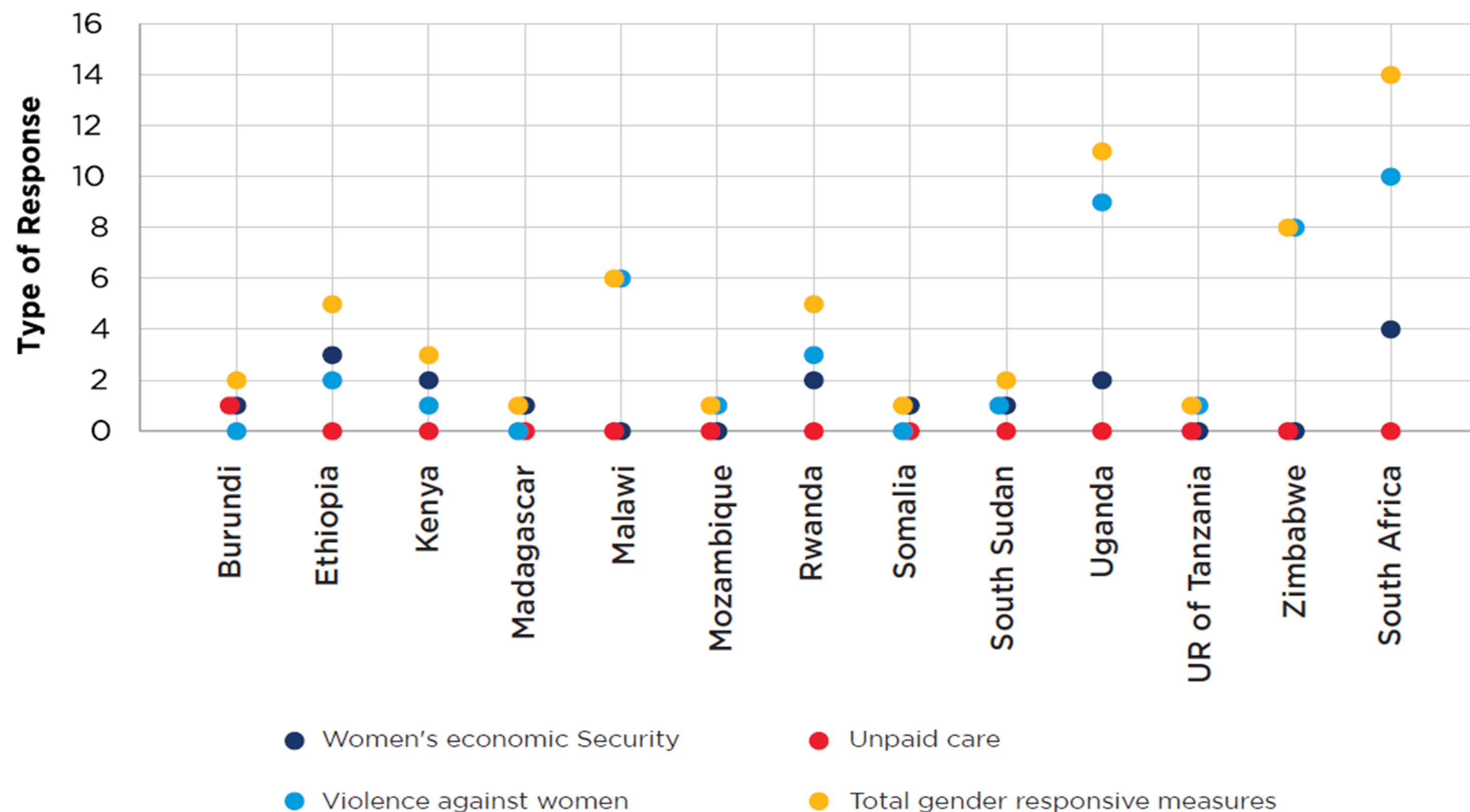
GENDER SENSITIVE LEGAL AND REGULATORY FRAMEWORKS, WOMEN'S GENDER GAP RANK ACCORDING TO THE WORLD ECONOMIC FORUM. REGIONAL (SUB-SAHARAN AFRICA) AND GLOBAL (OUT OF 153 COUNTRIES)



GOVERNANCE CONSIDERATIONS 2 – during the pandemic

- Several general measures aimed at social protection and reducing economic shocks
- Very limited policy measures interventions aimed specifically at women

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

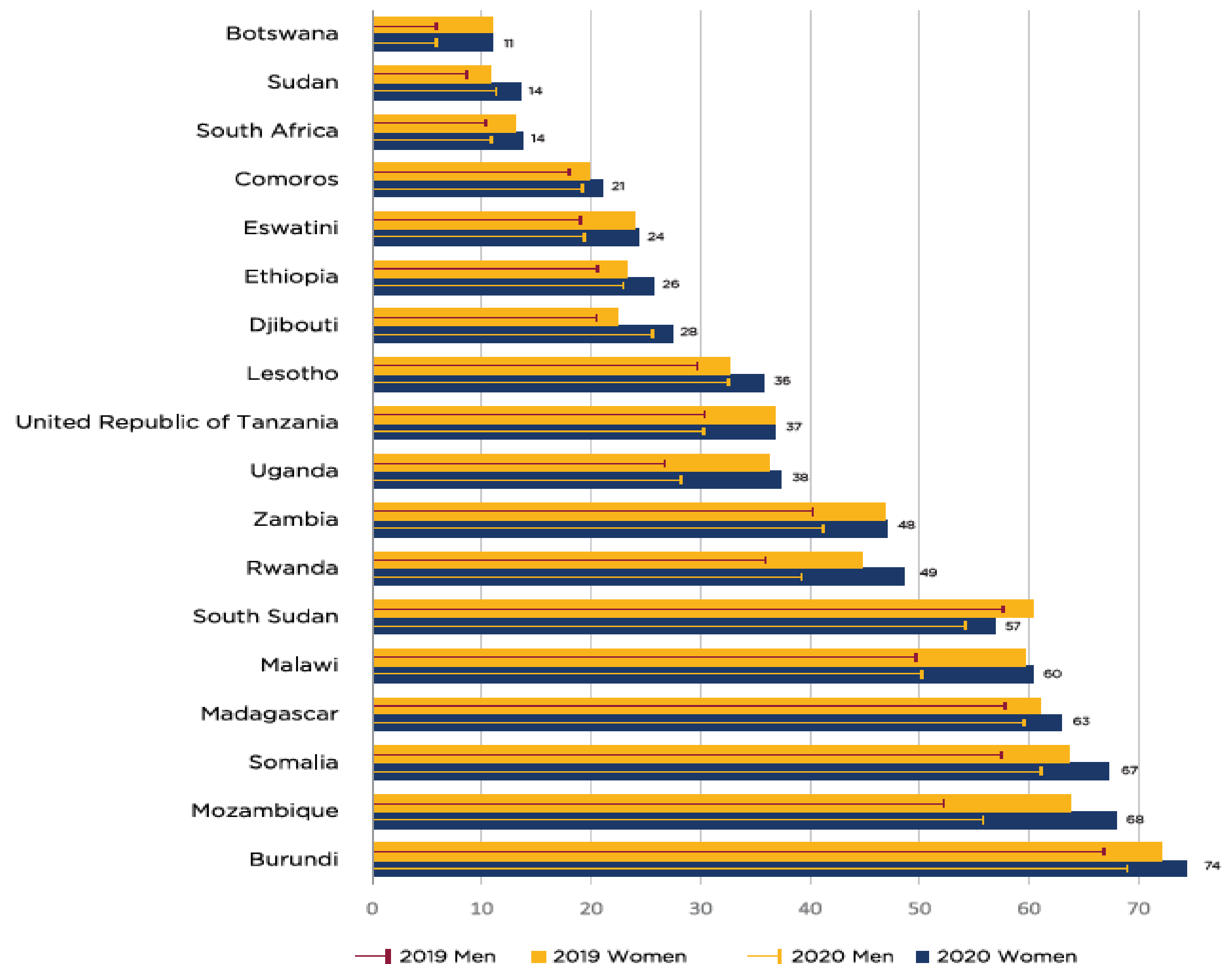
GOVERNANCE AND NORMATIVE FRAMEWORKS – main recommendations

- **Data systems related to health, population and death registers are poor** making it difficult to determine the true impact of the pandemic. These need support and improvement.
- **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 better and to monitor the implementation of recovery plans.
- **Research is needed** into the effectiveness of COVID-19 mitigation measures on GEWE, GBV and time use.
- **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.

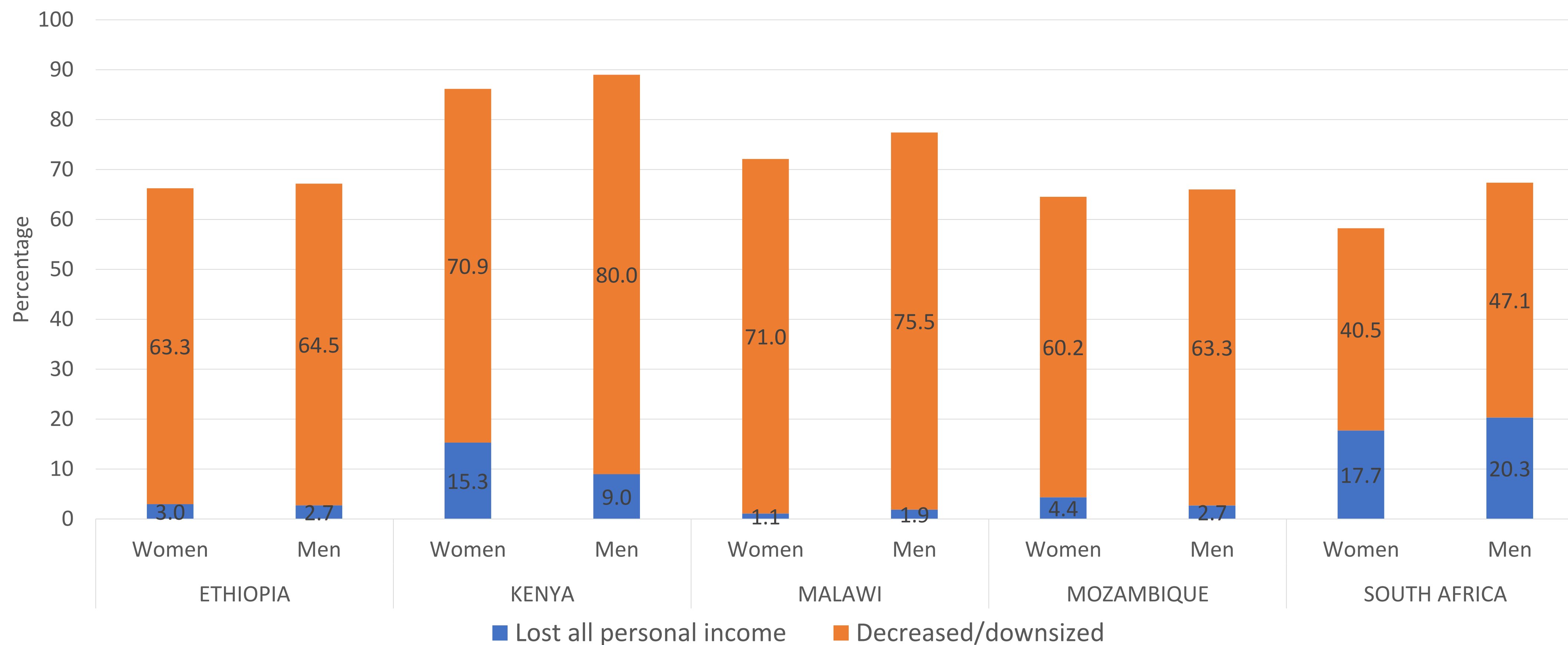
SOCIO-ECONOMIC CONSIDERATIONS - pre-pandemic

Estimated percentage of women and men living in extreme poverty, 2019 and 2020

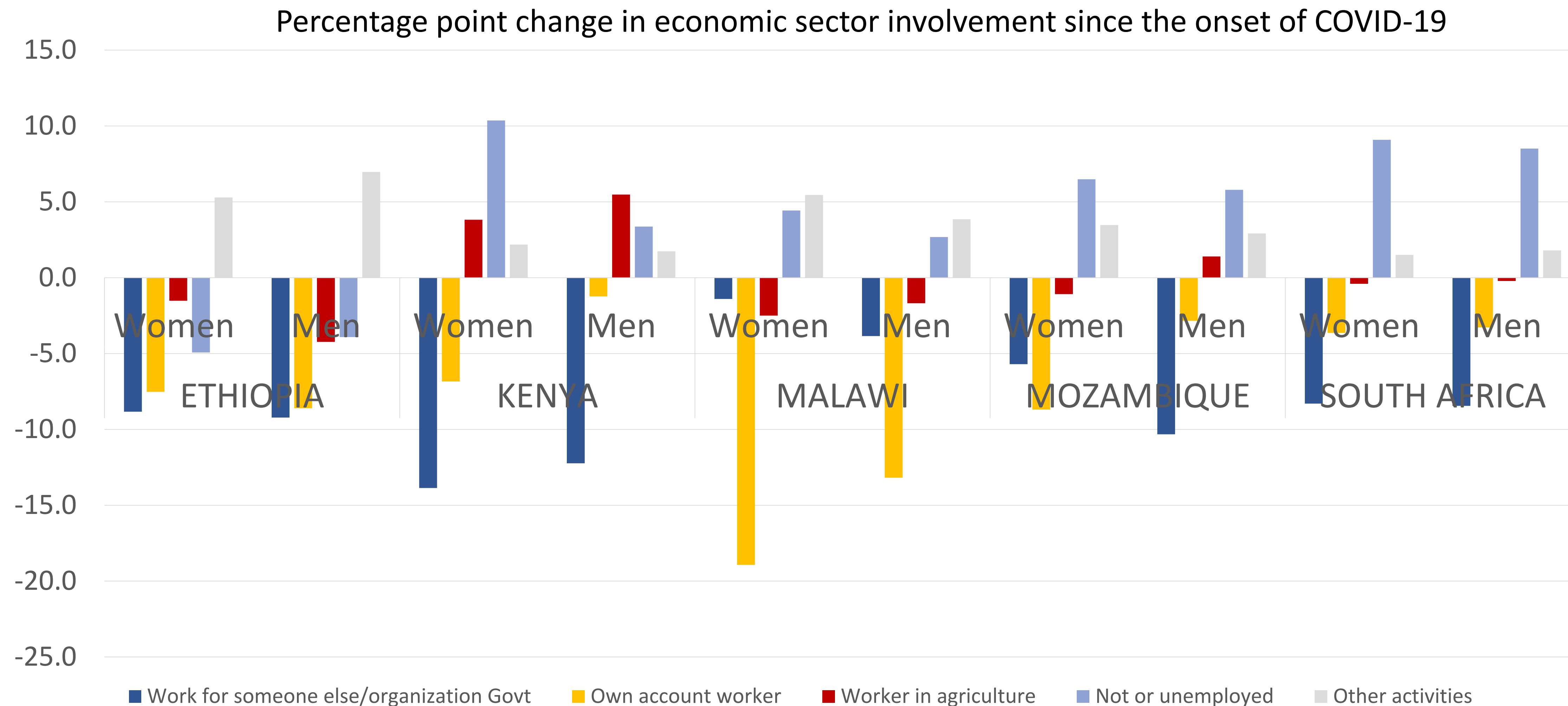
- Women more likely than men to live in extreme poverty
- Likelihood to live in poverty higher in 2020 than in 2019



SOCIO-ECONOMIC CONSIDERATIONS – during COVID-19



SOCIO-ECONOMIC CONSIDERATIONS– during COVID-19



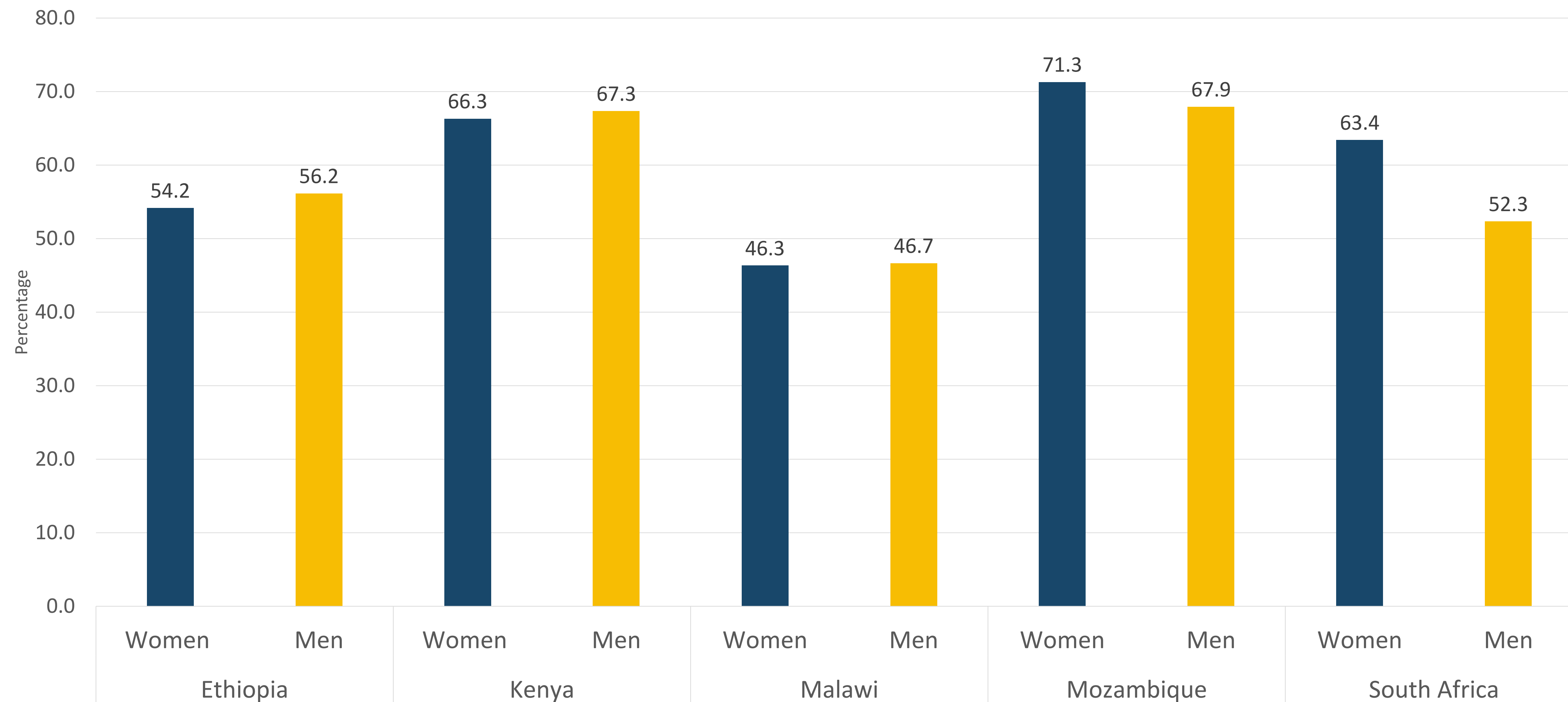
SOCIO-ECONOMICS AND LIVELIHOODS – main recommendations

- **Focus on connecting people, especially women, to job opportunities** to reduce poverty and inequality and ensure sustainability in the post- COVID-19 recovery period.
- **Build 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.

SOCIO-ECONOMICS AND LIVELIHOODS – main recommendations (continued)

- **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.
- **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.

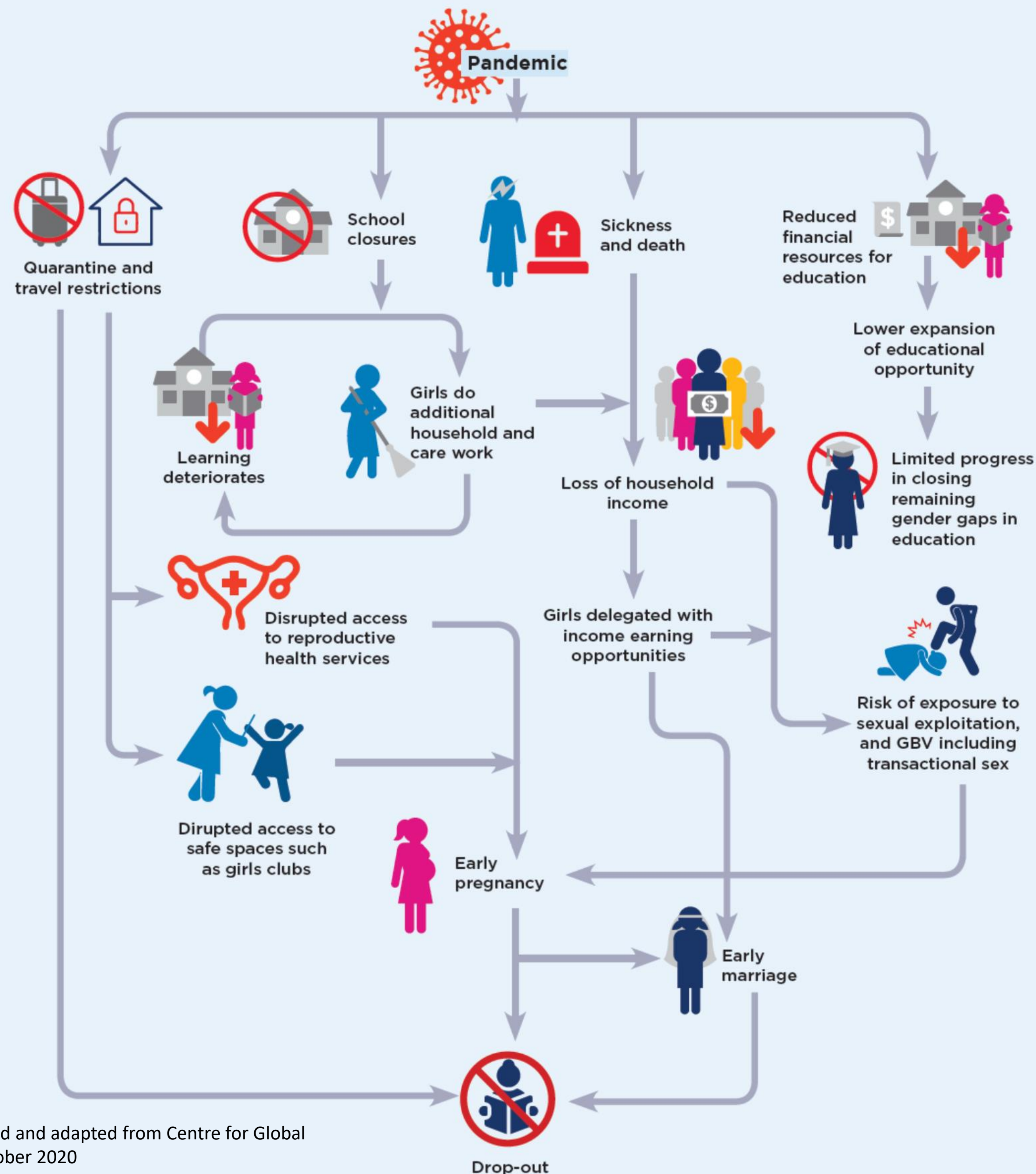
TIME USE: time spent on unpaid CARE work increased – during COVID-19



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

TIME USE – main recommendations

- The gender machinery in each country need to increase efforts to advocate for **greater visibility and inclusion of issues around time use and informal economic activities** in policy responses.
- **Subsidised child-care** is one of the mechanisms that can ease women's transition into the labour market
- It remains important to continue to **recognize, reduce and redistribute the unpaid domestic and care activities** that primarily fall upon women.
- The pandemic has shown that when circumstances dictate, **men in the East and Southern Africa region do pitch in** to assist with unpaid domestic and care work. It is important that through advocacy efforts this momentum be maintained to increasingly make it socially acceptable, as well expected from men in the region to share these tasks with women.



EDUCATION PATHWAYS OF POTENTIAL PANDEMIC IMPACTS ON GIRLS

1) Existing inequalities rural/urban; rich/poor likely to deepen

2) Education impacts of school closures and increased poverty specific to girls

- Domestic violence
- Sexual exploitation
- Early marriage
- Female genital mutilation
- Increase in unpaid domestic and care work
- Pressure to make economic contribution towards household income

The above may also contribute towards psychological & health problems; gender discrimination.

EDUCATION – main recommendations



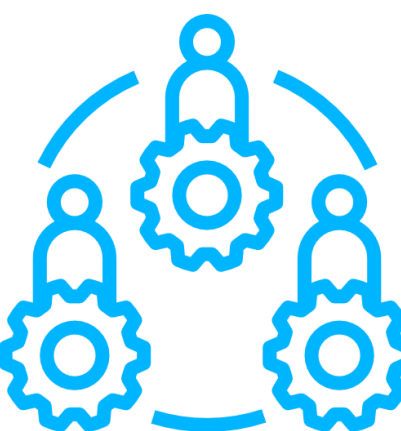
- **Cash transfers and bursaries** incentives for girls to go back to school; **clear communication with/involvement of community** so that girls experience social pressure/support to return to school; **protect girls from GBV and sexual exploitation** in schools/communities; provide pathways for girls to **report/seek help if they experience GBV**; prevent early marriage and pregnancy to encourage retention in school.



- Use **gender and inclusion lens** for **education analysis**. Work to actively remove gender bias and discrimination within and across education systems need to continue and 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.



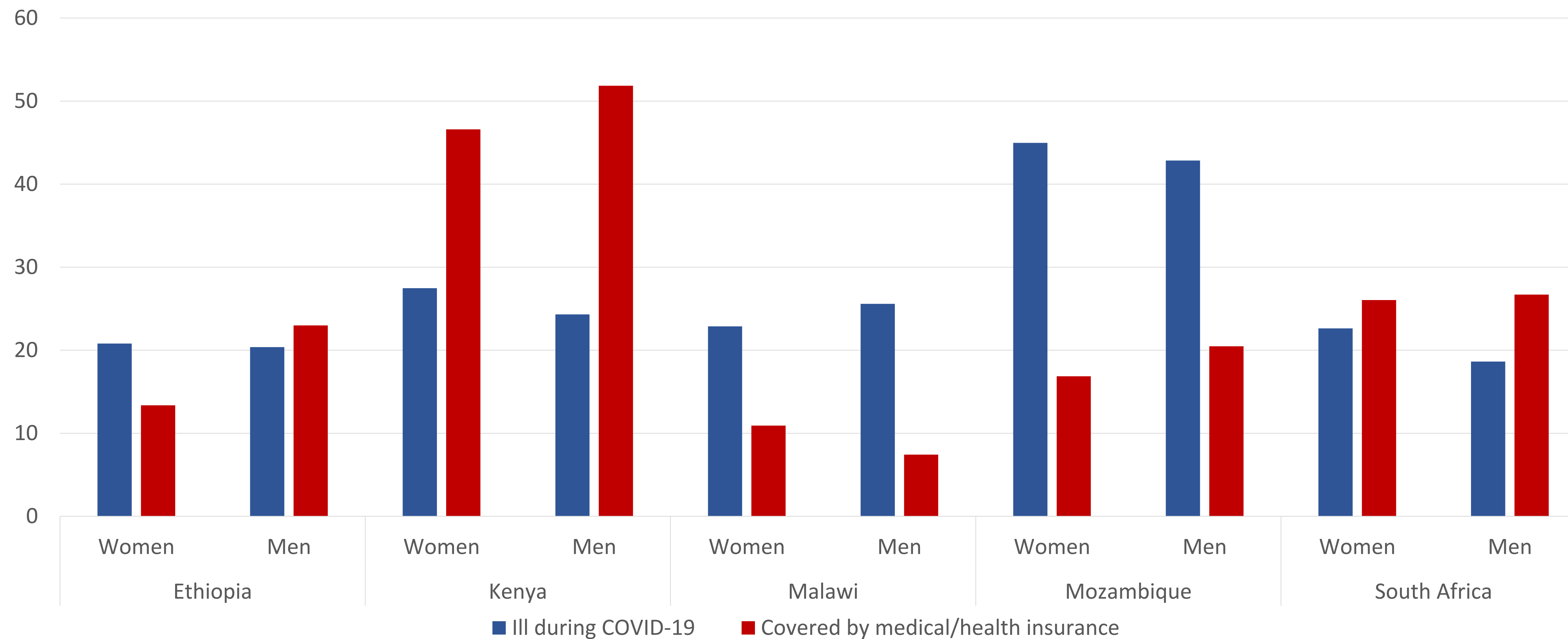
- Countries should **prioritise activities** that will bring all **girls back to school** through targeted measures for the **poorest and most marginalised** girls.



- It is important to promote an integrated and coordinated approach that addresses **girls' holistic education, health and protection needs in an integrated manner**. Cooperation between all role players needed.
- There is a need to support **cross-sectoral collaboration** to ensure an inclusive and gender-responsive school reopening, safeguarding the rights of all girls and boys.

HEALTH AND HEALTH CARE SERVICES

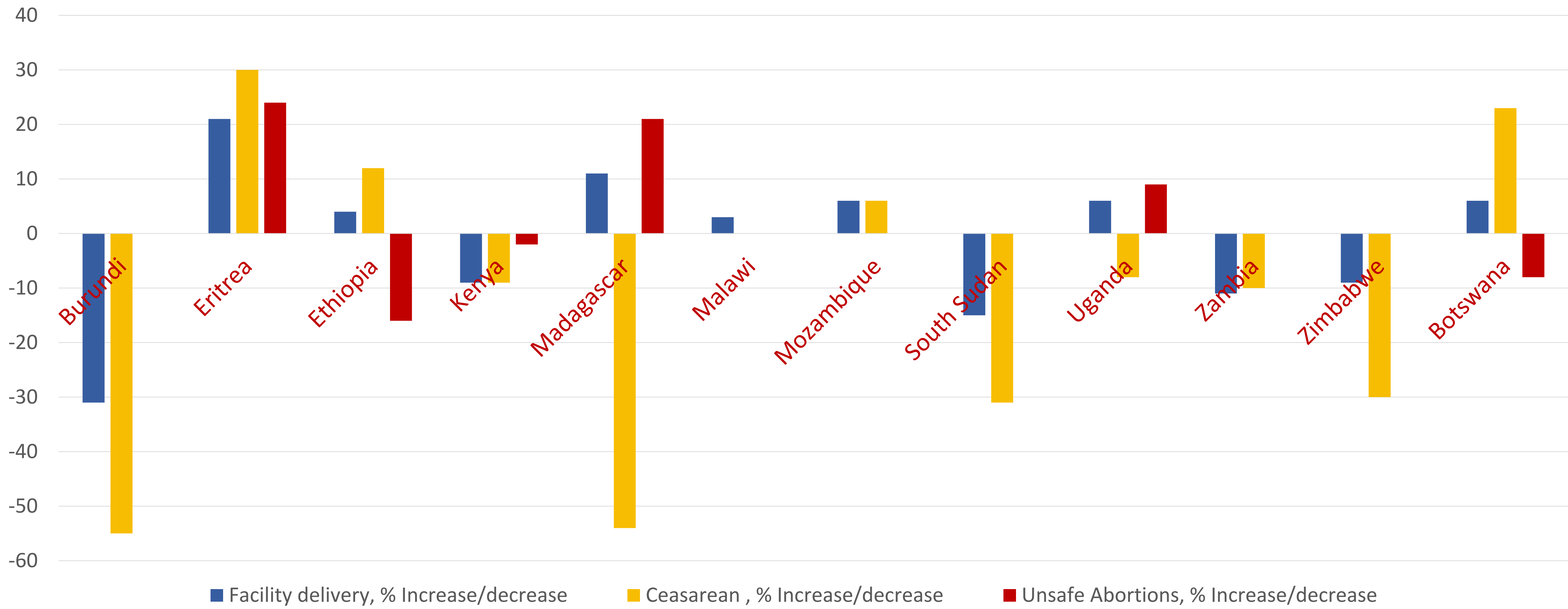
Percentage respondents who were ill during the pandemic and covered by health insurance, by sex



HEALTH AND HEALTH CARE SERVICES

Essential SRH Services Overlooked or Disrupted in ESA Since onset of COVID-19

Source: World Health Organisation – UNFPA – UNICEF Interagency Tool for Monitoring Continuity of Essential SRM/CAH Services in East and Southern Africa (2020)



MENTAL HEALTH

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

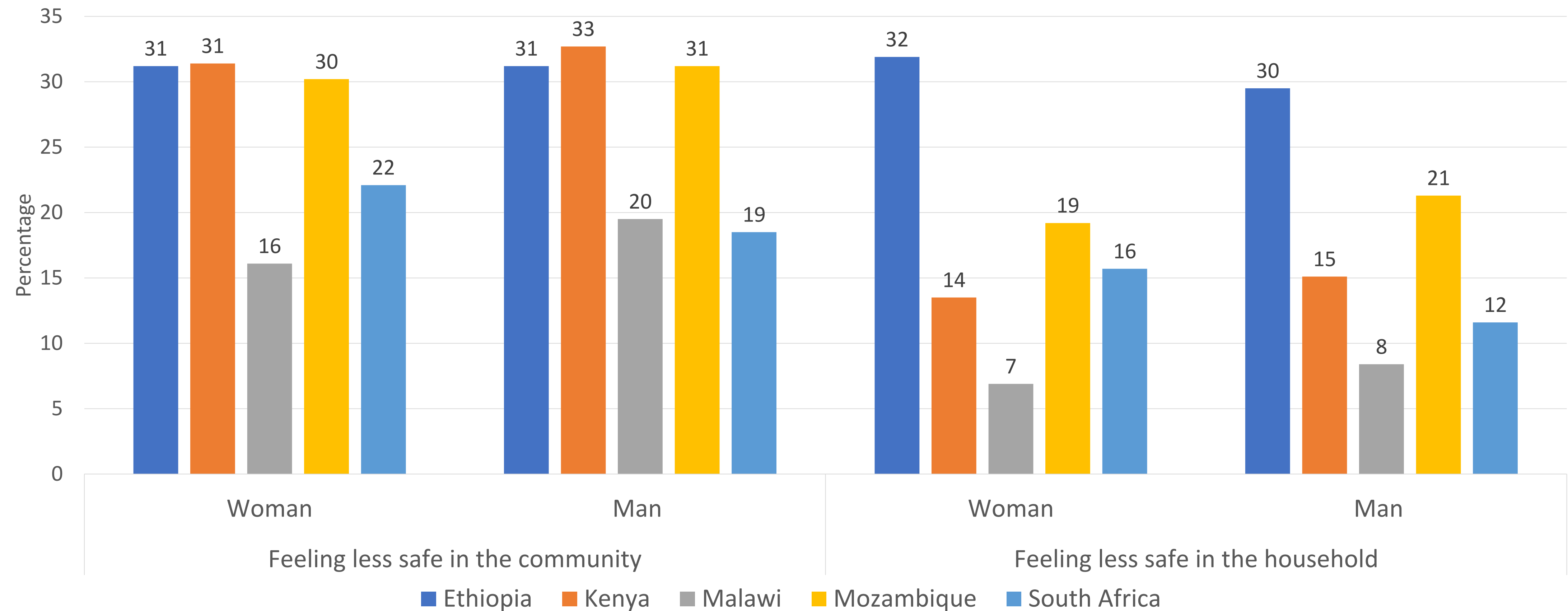
	Women	Men
Percentage of respondents affected		
Ethiopia	64	57
Kenya	60	56
Malawi	52	59
Mozambique	53	49
South Africa	51	49
Percentage of respondents for whom someone else in the household was affected		
	Women	Men
Ethiopia	62	56
Kenya	58	53
Malawi	53	59
Mozambique	45	43
South Africa	51	45

- The main reasons for anxiety and stress were fears of becoming infected with the Corona virus or death and other health issues.
- Concerns the about economic situation, income generation and access to food and medicines were also very prominent among the sources of worry. Men, more often than women, expressed worries about their economic situation.

HEALTH AND HEALTHCARE SERVICES – main recommendations

- Increase **investments in maternal and child health, sexual and reproductive health**, services for the elderly, people living with HIV/AIDS, people with disabilities and other vulnerable groups.
- 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 damage 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.

CHANGES OF FEELINGS OF SAFETY IN THE COMMUNITY AND HOUSEHOLDS DURING THE PANDEMIC



GENDER-BASED VIOLENCE

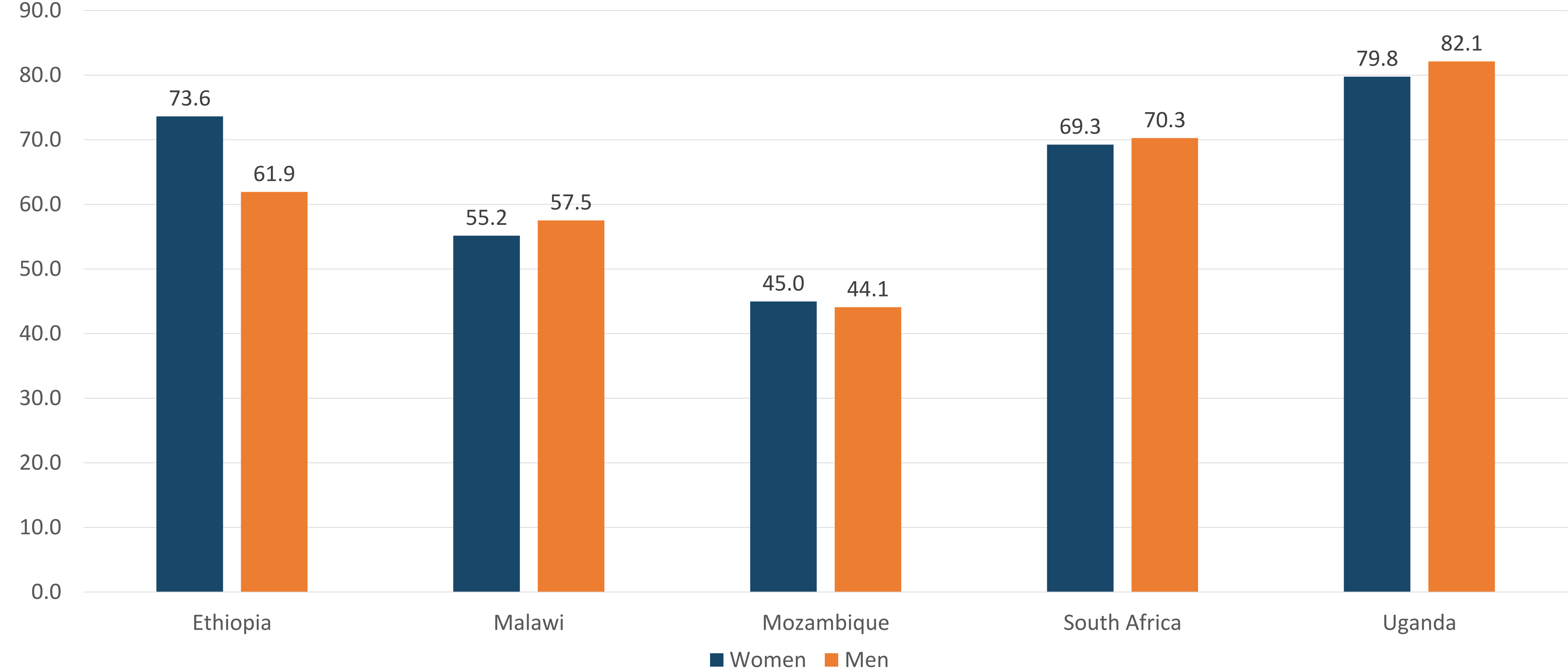
Percentage of respondents who believe GBV is a big problem in their country

Country	Women	Men
Ethiopia	72	58
Malawi	98	97
Mozambique	74	70
South Africa	95	93
Uganda	76	68

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

GENDER-BASED VIOLENCE

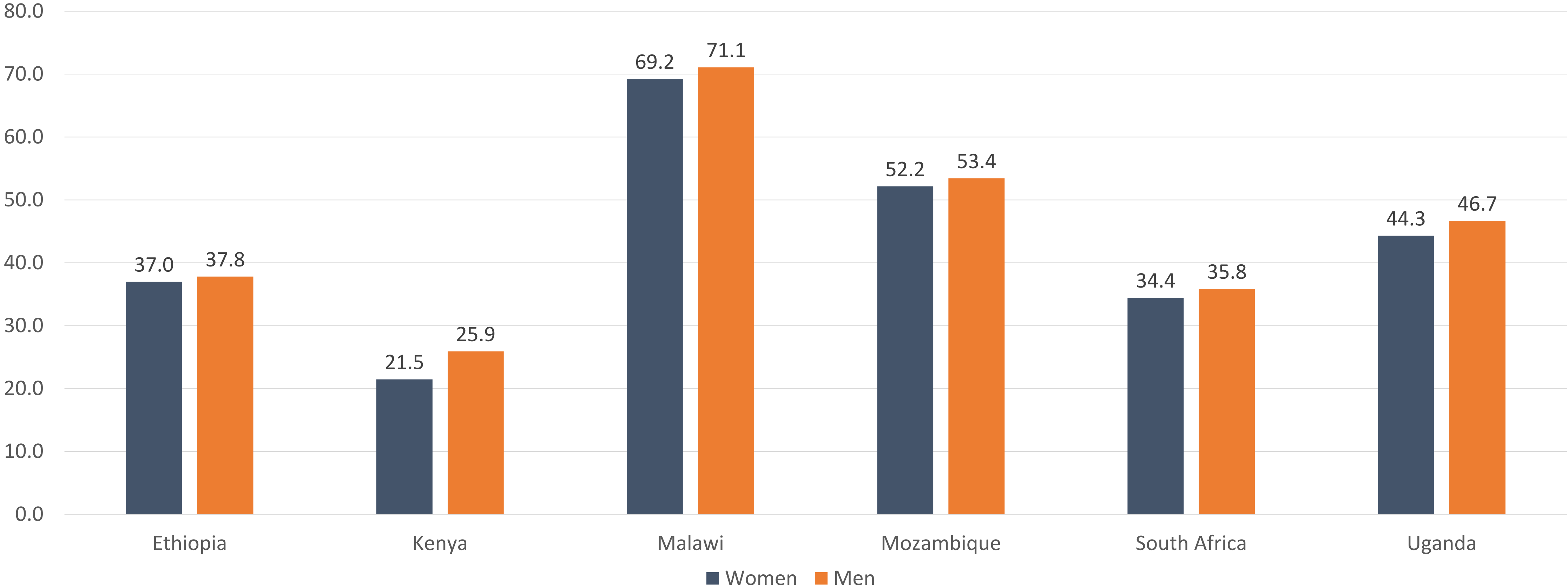
Percentage who believe that the incidence of GBV increased during COVID-19



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

GENDER-BASED VIOLENCE

Percentage who personally know someone who has been affected by GBV



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

GENDER-BASED VIOLENCE – main recommendations

- **Continue advocacy work** is needed around GBV prevention and services;
- **Increase availability of safe places, mechanisms and services for victims and survivors** and strengthening of referrals between service points.
- **Increase communication around the available services and use of technology** to support reporting mechanisms for victims and survivors of GBV.
- **Conduct standalone representative surveys** that measures the **incidence of GBV**.
- **Learn from and build on lessons** learnt regarding the use of technology and support mechanisms for victims and survivors of GBV during the post-COVID-19 recovery phase,
- **Train police** on human rights as part of preventing police brutality and on receiving and handling complaints from victims and survivors of rape and SGBV

THANK YOU

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<https://data.unwomen.org/women-count>

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www.unwomen.org
www.unfpa.org

