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
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
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.
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

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

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

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

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

**Percentage**

- **Lost all personal income**
- **Decreased/downsized**

### ETHIOPIA
- **Women**: 63.3%
- **Men**: 64.5%
- **Women (Lost)**: 15.3%
- **Men (Lost)**: 2.7%

### KENYA
- **Women**: 70.9%
- **Men**: 80.0%
- **Women (Lost)**: 15.3%
- **Men (Lost)**: 2.7%

### MALAWI
- **Women**: 71.0%
- **Men**: 75.5%
- **Women (Lost)**: 4.4%
- **Men (Lost)**: 1.9%

### MOZAMBIQUE
- **Women**: 60.2%
- **Men**: 63.3%
- **Women (Lost)**: 4.4%
- **Men (Lost)**: 2.7%

### SOUTH AFRICA
- **Women**: 40.5%
- **Men**: 47.1%
- **Women (Lost)**: 17.7%
- **Men (Lost)**: 20.3%
Percentage point change in economic sector involvement since the onset of COVID-19

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

Source: UN Women, UNFPA and partners Rapid Gender Assessments conducted in East and Southern Africa. Harmonized regional data set (September to December 2020)
Essential SRH Services Overlooked or Disrupted in ESA Since onset of COVID-19

### Women vs. Men

#### Percentage of respondents affected

<table>
<thead>
<tr>
<th>Country</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>64</td>
<td>57</td>
</tr>
<tr>
<td>Kenya</td>
<td>60</td>
<td>56</td>
</tr>
<tr>
<td>Malawi</td>
<td>52</td>
<td>59</td>
</tr>
<tr>
<td>Mozambique</td>
<td>53</td>
<td>49</td>
</tr>
<tr>
<td>South Africa</td>
<td>51</td>
<td>49</td>
</tr>
</tbody>
</table>

#### Percentage of respondents for whom someone else in the household was affected

<table>
<thead>
<tr>
<th>Country</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>62</td>
<td>56</td>
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<tr>
<td>Kenya</td>
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<td>Malawi</td>
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<td>Mozambique</td>
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<td>43</td>
</tr>
<tr>
<td>South Africa</td>
<td>51</td>
<td>45</td>
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</tbody>
</table>

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- The main reasons for anxiety and stress were fears of becoming infected with the Corona virus or death and other health issues.

- Concerns about the 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

<table>
<thead>
<tr>
<th>Country</th>
<th>Woman</th>
<th>Man</th>
<th>Woman</th>
<th>Man</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
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<td>Kenya</td>
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<td>8</td>
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</tr>
<tr>
<td>South Africa</td>
<td>32</td>
<td>30</td>
<td>15</td>
<td>12</td>
</tr>
</tbody>
</table>
GENDER-BASED VIOLENCE

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

<table>
<thead>
<tr>
<th>Country</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>72</td>
<td>58</td>
</tr>
<tr>
<td>Malawi</td>
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<td>Mozambique</td>
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<tr>
<td>South Africa</td>
<td>95</td>
<td>93</td>
</tr>
<tr>
<td>Uganda</td>
<td>76</td>
<td>68</td>
</tr>
</tbody>
</table>

Source: UN Women, UNFPA and partners Rapid Gender Assessments conducted in East and Southern Africa. Harmonized regional dataset (September to December 2020)
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)
Percentage who personally know someone who has been affected by GBV

<table>
<thead>
<tr>
<th>Country</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>37.0</td>
<td>37.8</td>
</tr>
<tr>
<td>Kenya</td>
<td>21.5</td>
<td>25.9</td>
</tr>
<tr>
<td>Malawi</td>
<td>69.2</td>
<td>71.1</td>
</tr>
<tr>
<td>Mozambique</td>
<td>52.2</td>
<td>53.4</td>
</tr>
<tr>
<td>South Africa</td>
<td>34.4</td>
<td>35.8</td>
</tr>
<tr>
<td>Uganda</td>
<td>44.3</td>
<td>46.7</td>
</tr>
</tbody>
</table>

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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www.unwomen.org
www.unfpa.org