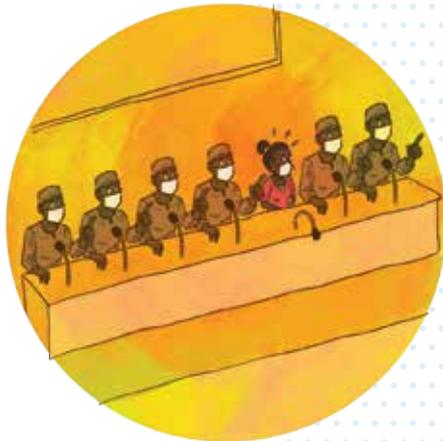


# WEST AFRICAN WOMEN FACING COVID



## 7 FACTS SOLUTIONS



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While the number of cases of the COVID-19 global pandemic is still on the rise in West Africa, the impacts of the crisis are already felt by West Africa's populations. Just like the rest of the world, the population in West Africa is experiencing a COVID-induced economic crisis, which will exacerbate already existing inequalities and deepen the poverty situation in the region. Seven West African organizations, WILDAF, ROPPA, RBM, WANEP, REPSFECO, APSS and ROALJEF-Mali, supported by Oxfam and CARE, have decided to highlight the impacts of the COVID-19 crisis on women across sectors in West Africa: farmers, traders, women in pastoralist communities, in cooperatives, women living in urban and rural areas. Because women often have low-salary and precarious jobs, usually in the informal sector, and because they are the primary caregivers of their communities, they find themselves at the front line of the crisis, which reinforces preexisting gender inequalities and threatens, in some aspects, achievements made over the last decades for gender equality. West African civil society organizations wanted to highlight the following seven areas impacting specifically women which were worsened by (or sometimes resulted of) the COVID-19 crisis, amongst which:

- i. The loss of their financial incomes,
- ii. The limitation of their access to basic services, including healthcare and education;
- iii. The increase in their vulnerabilities, including gender-based violence;
- iv. The increase in food insecurity, which already is and will specifically impact women;
- v. Their weak representation and participation in the decision-making spaces about the management of the crisis;
- vi. Their limited access to information about the crisis;

- vii. And the impact of existing social norms on exacerbating these inequalities, even though the current crisis can become an opportunity to change these norms.

The global pandemic is also occurring in a context of humanitarian crises for many states in the region. Women and children make-up most of the displaced population in West Africa and were, before the crisis, already in a highly vulnerable state. This crisis only reinforces their vulnerabilities and the hope that their situation will improve is vanishing more and more every day.

But far from giving up, West African women are resourceful and come up with solutions on a daily basis for the survival of their families and communities. They now need support from their governments, and more than ever, their voices need to be heard. They must take part in the discussions and management of the health and social crisis, to make sure their realities are taken into account and to ensure they contribute to and participate in the development of a fairer world.

### METHODOLOGY

This discussion paper has been written based on consultation with the West African civil society organizations, as well as with Oxfam and CARE, held amongst their members and offices in Senegal, Togo, Benin, Nigeria, Niger, Burkina Faso, Mali, Guinea Bissau and Sierra Leone in July. This study is based on qualitative data and not quantitative method: the data is collected from the members of the signatory organizations and reflect their opinions and observations about the challenges women are facing during the COVID-19 crisis.



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## 1 WOMEN FACE DISRUPTION TO THEIR ECONOMIC ACTIVITIES

Because they are in the most precarious jobs in the formal sector and represent the main part of the informal sector in West Africa, women were greatly impacted by the consequences of the pandemic on economic activities.

The limited access to farm inputs (fertilizers, weed-killers) as a result of borders closure and increase in price have resulted in a productivity loss for women working in the farming sector. The high perishability of their goods (fruit, vegetables and dairy products) and the lack of storage and retention capacities have resulted in poor sales, additionally with the closing of markets. In the fishing sector, women, who are the main actors of fishing goods' commercialization, were unable to keep their products, that they usually sell within a day, because of lack of logistics. In the livestock sector, the increase in the price of livestock feed and in crop production equipment resulted in an increase of production costs. The fear that the virus might be transmitted through animals, as well as the closure of markets, impacted the sale of cattle and products that comes from it (milk, butter, cheese). The lockdown of main cities, which are the main consumers of milk caused huge losses in sales. Out of fear of not being able to sell their goods, small traders decided

not to increase the price of their goods, despite the fact that the cost of raw material (such as manioc, flour, rice and seasonings) increased, resulting in a financial loss for them. It became incredibly hard to repay loans, to respect contracts and to obtain payments because of missed deliveries. In urban settings, women working as maids were particularly impacted by the crisis, in a sector which is already escaping official regulations. In various occasions, they were fired out of fear that they could bring the virus in their bosses' homes and fueled a migration movement of poor urban working women towards the rural areas.

Far from giving up when losing their financial incomes, women organized themselves to tackle the situation through the adoption of different mitigation mechanisms, sometimes including negative coping solutions. In a lot of situations, women had to go into debt or use their savings, making their future even more uncertain. Massive savings' withdrawals in credit unions in Senegal, whose members were women up to 80%, created in tensions in cash management. In Niger, women had to sell crops which were stored in their cereal banks before the dry season in order to feed the population. This resulted in financial losses and left the banks empty. Farming products were sold

at a lower price, as well as cattle, in order to sustain the immediate needs of the households. Techniques of drying and transformation of perishable goods were implemented. Most of the women shifted their activities into designing and selling masks, hydro alcoholic gel and washing hand products. In urban settings, mostly in Senegal, Ivory Coast and Nigeria, the development of e-business and home deliveries were a way for women to keep their activities.

## RECOMMENDATIONS

Despite their mitigation efforts, women continue to face numerous challenges and various needs. In the short term, governments should provide **emergency and recovery funds** for women cooperatives and women working in the informal sector. **Interest-free loans** (or loans with low interest rate) should be granted by financial institutions, **community microfinance** should be supported and the **access to microcredit** with convenient loan payment methods should be promoted. In order to restart their economic activities, the rescheduling of loans and the revision of interest rates is necessary for women. Authorities should adopt, if they have not already, **strong social protection measures** such as covering water and electricity expenses and should subsidize the price of basic commodities, and in some cases proceed to food distribution. For women to take opportunity from this crisis, they need to have **business trainings** in entrepreneurship or in emerging sectors such as e-business. Finally, this crisis highlights the lack of **social protection systems** in West Africa, whose implementation should become a priority for governments in the coming months.

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Testimony from Mrs Toe Hazara,  
manager of the Café Rio dairy  
factory in Burkina Faso

// *We have lost 75% of our business because of the lockdown of Bobo Dioulasso. This situation is unsustainable because we cannot cover the costs of our 13 staff and pay our suppliers."*



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## 2 WOMEN AND GIRLS FACE A LIMITED ACCESS TO SOCIAL SERVICES

Inequalities between men and women in accessing basic social services (such as education, healthcare, justice) are structural in a lot of West African countries. These inequalities have been reinforced by the emergence of the COVID-19 pandemic, making it harder for women and girls to access education and healthcare.

Access to health centers was even more limited, mainly in urban areas, because of income losses, restrictions of movements and misinformation. A lot of women decided not to go to health centers, not because these centers were closed or crowded, but out of fear of being contaminated by the virus or fear of being stigmatized by their communities if they tested positive. The geographical distance to reach the health centers in rural settings have made them complicated to access because of the restriction of movements. The implementation of social distancing measures created endless waiting in lines in health centers, discouraging women to come. Women who usually resort to healthcare at a late stage (because of lack of time or out of prioritization of care for children or close family members) are the first ones to be impacted by this lack of access to the health centers. There are huge risks to their sexual and reproductive health, including

an increase in maternal and child mortality (as it happened during the Ebola epidemic), an increase in unwanted pregnancies, an increase in sexually transmitted diseases and infections and a decrease in family planning. In the long term, their health could be endangered by the risk of medical complications if they do not treat their diseases correctly. For children, access to vaccination can become more complicated. In some countries, there are cases of husbands forbidding their wives to go to health centers creating an obstacle for women to access healthcare.

Girls are also facing specific risks. For a lot of them, the closing of schools could push them into permanently drop out of school, especially if they are asked to do domestic chores and economic activities. They are also more at risk of child marriage, forced labor, prostitution and sexual violence. Because they have a limited access to healthcare, they could have more unwanted pregnancies and sexually transmitted diseases, especially if they don't have access to information about their sexual health.

Most of women and girls are having challenges in mitigating this situation. Most of them self-medicate, even though it could constitute a big risk for their health. They also use traditional medicine when they don't have the opportunity to take loan to pay for healthcare. Pregnant women use matron, traditional midwives, to monitor their pregnancies.

## RECOMMENDATIONS

To tackle this situation, there is an urgent need to create and implement information and awareness campaigns targeting women, girls and men to communicate about the access to health centers and the rights of women and girls regarding healthcare. Governments must promote the hiring and training of women medical staff, create local sexual and reproductive health centers (and, if not, develop mobile clinics to reach isolated landlocked rural areas) and train community volunteers to give primary care. More generally, women and girls should have access to free sexual and reproductive healthcare, free primary care and free menstrual hygiene products. In the education sector, governments should at least maintain their education budget and not divert it to other sectors to tackle the crisis and to implement awareness raising campaigns for girls to go back to school as soon as they reopen.

"My child has a cold but I hid him and treated him with traditional medicine to avoid being accused of having caught the disease" relates a woman in a community relays in Guédiawaye, in Dakar surroundings

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## **3 WOMEN AND GIRLS FACE AN INCREASE IN THEIR VULNERABILITY AND GENDER BASED VIOLENCE**

Lack of intimacy in the house, that resulted from the curfew measures and the disruption of economic activities, as well as income losses, created additional tensions within the households. If it is a challenge to have reliable quantitative data about domestic violence cases (most of them are not reported to the police); however, many organizations observed an increase of cases. This violence, which is often physical or sexual (sexual abuses, beating, marital rapes) can also be verbal, fueling the stress level of women who are suffering from them. Girls are also more at risk of sexual violence and incest within the household.

On another note, women are more exposed to the risk of catching the disease because they make up the majority of the health workers and they are the caregivers in the house. Maids working in urban settings, when not fired, were sent outside to do grocery shopping to avoid the risk of contamination to their bosses.

Women are often powerless to tackle this violence. The few existing counselling and legal advices centers

closed because of the crisis and the suspension of programs against gender based violence left victims without any assistance. Online and media awareness raising programs, such as radio or TV shows took place in some countries to prevent gender based and domestic violence. Women victims of violence found some assistance during distribution of protection equipment (masks, gel) in markets, women gatherings and training centers for girls. In some countries, citizen watch groups were implemented to deal with gender-based violence within communities.

### **RECOMMENDATIONS**

These efforts need to be supported and expanded. The taboo surrounding gender-based violence is guaranteeing men's impunity. Green numbers giving counselling and legal advices need to be made accessible to ensure women's safety and shelters need to be put in place to avoid that women's economic dependency on their husband became an obstacle to their safety. Counselling centers should be put online

and accessible through social networks to make sure they reach out to as many women as possible. An information system about the existing structures and services should be made available to all citizens in the different countries of the region. In the long run, laws that condemn violence towards women and girls should be popularized and implemented, and judiciary, medical staff and elected representatives need to be trained on how to implement and respect these laws. Women who are victims of violence should benefit from a legal support to make sure they have access to justice. Finally, gender-based violence comes from sexist norms which should be deconstructed through awareness-raising campaigns and programs targeting men and women.

Before the pandemic, displaced women and girls had to walk a long distance to reach a water supply and then had to wait for hours in order to access water to meet their needs. This situation was putting them at risk of being attacked because of insecurity. It created psychological stress and tensions between women, who are traditionally in charge of water collection, and host communities. With the COVID-19 crisis, the lack of water and the difficulties to get some (because of movements' restrictions) are putting displaced women and girls at a greater risk and prevent them from respecting the health recommendations. Displaced communities are more at risk of catching the virus because of lack of distance in the sites, which prevent people from respecting the physical distancing measures and increase the risk of gender based violence.

Fifamè, a trader in Toffo market in South Benin speaks to the manager of the Toffo Social Promotion Center (CPS): "Because of COVID-19, schools are closed. All my children are at home. The children of my husband's brother are also at home with us. My husband does not go to work anymore. I have to cook lunch for all the family before I go to the market to sell. And I have to go back in the evening to cook for everybody. My husband yells at me when I ask his brother's children to help me with domestic tasks. Money from my trade is almost gone. While I am the one putting food on the table for the whole family, my husband is increasingly violent towards me. I feel threatened and extremely tired on evenings. I am asking you for help."

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## **4 WOMEN AND GIRLS FACE THE FOOD CRISIS**

Women are historically at the front line in dealing with food crises in West Africa. They are not only in charge of feeding their families, but they also represent an important part of the farming labor force. When a crisis hit, women are the first ones to sacrifice themselves in order for the children and old people to eat first and they are the first ones to limit their food rations. Girls are often at a disadvantage to get food for the benefit of boys.

The COVID-19 crisis had an important impact for impoverished households living in rural areas in West African countries. According to the World Food Programme, the number of people experiencing food insecurity could almost double to reach 57,6 millions of people by the end of the year, compared to 36 millions before the pandemic. Children high malnutrition could

increase by 20% compared to the estimation made at the beginning of the year. The closure of borders and movement restrictions had a terrible impact for cattle's food and water supply. A lot of households said they had to resort to their crop stores leaving them empty before the dry season. The food prices' increase pushed women to get less nutritious food preventing them from getting a balanced diet. Food rations were reduced to one meal a day and a lot of households borrowed money from their neighbors, sold off their cattle or resorted to family solidarity to face income losses. Some clever solutions, such as replacing the soap by ashes, were adopted in order to survive. The closing of schools and the suspension of free school meals could have negative impacts on girls; some studies have shown that these free meal systems have a positive impact on gender equality.

## RECOMMENDATIONS

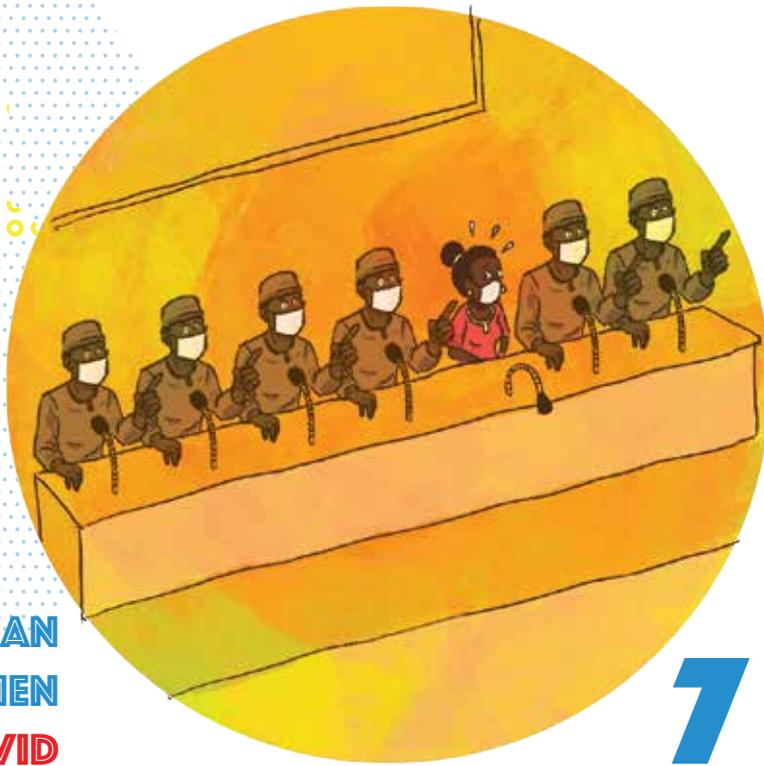
Regional governments need a plan to quickly tackle the food crisis which is threatening West Africa. Food distributions needs to be put in place to support the most vulnerable people and basic commodities should be subsidized. Governments should make sure to assist pastoralist women, often owner of small cattle, through the distribution of cattle feed. All these measures should enable women to participate and reinforce the market system. It is important to make sure that the implemented measures are targeting urban population as well as rural population and that information about existing measures be accessible to all. In the long term, it is urgent to secure women's access to land in order to sustainably guarantee food security, and to support family farming.

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*“ The COVID-19 is causing a lot of trouble. Feeding my children in the morning has become difficult. We totally depend on milk sale and with the closing of markets, we cannot sell milk anymore. If we do not sell milk, we do not eat.”*  
Kadidia Diallo, a milk producer in Burkina Faso



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## 5 WOMEN FACE LIMITED REPRESENTATION AND PARTICIPATION IN DECISION-MAKING SPACES

Whether at the community or national level, women do not seem to take part in the decision making spaces about the crisis management even though they are at the front line in the operational management of the crisis, as health workers, mothers or household leaders. Response committees are mainly composed of men and the domestic tasks of women have increased, leaving them no time to get involved in the crisis' management bodies. Women still have an influence within the household, where in some cases they jointly take decisions about the management of the available resources for the household, but their representation and participation is weak within the official bodies set up for the management of the crisis. As an example, in Senegal, out of the 30 members of the force COVID-19 response committee, only 5 are women.

Caught up in their domestic role, providing education for children and the urge to find alternative income, women's voices are not being heard and they do not

succeed in taking part in the crisis' management spaces. This means that the response to the COVID-19 crisis could not take into account their specific needs. Once again, women's participation in the crisis is limited to an implementing role. Moreover, the recurring use of online meetings, in order to respect the physical distancing measures are discriminating women who do not always know how to use technologies or do not own the needed equipment or do not have the financial means to get it.

Women participation in peace and security initiatives in the region is also limited. Movement restrictions and the ban of public gatherings, as well as the redirecting of funds towards the pandemic response mechanisms created additional obstacles for the implementation of social cohesion and peace building activities by civil society organizations. As a result, the Women Peace and Security Agenda implementation is running late.

## RECOMMENDATIONS

In order to make sure that women can be represented and take part into the decision making spaces about the crisis management, various steps could be implemented by local authorities, civil society organizations and regional governments. First of all, quota could be put in place when selecting members of the decision-making bodies, or, when they are already in place, women should be included in existing bodies. It is however necessary to keep in mind that quota are not a solution in the long-term to change the patriarchal way of working of institutions and that would require to rethink the decision making spaces and processes as a whole. Second, the decentralization of the COVID-19 crisis decision making bodies, if not already happening, could ease the participation of women, which is always more important at the community level. If the decision making bodies are already decentralized, it is important to make sure women are taking part in it. Women organizations should be automatically listened to before taking any decisions and they should be financially and technically supported. Women need to be trained on digital tools to make sure they can benefit from the new ways of working (online meetings). Finally, the Peace and Security Agenda in West Africa needs to be more dynamic, through the funding of the peace and social cohesion initiatives of the qualified organizations.

Naomie Ouedraogo Bicaba is fighting for peace in Burkina Faso, through the Faith Women Network for Peace (REFFOP). According to her, there will be no sustainable peace without the inclusion of women into the national dialogue: "We have to put women at the heart of peace building because they can bring a lot as mothers, daughters, sisters".

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## **6 WOMEN AND GIRLS FACE A LACK OF ACCESS TO INFORMATION**

The COVID-19 crisis highlights dramatically how women and girls in West Africa still have a limited access to reliable information, sometimes preventing them from taking the best decisions for their safety and the one of their families and communities. Social networks (especially WhatsApp) and the word-of-mouth, occurring during water collection or market hours, appear to be the main medium women use to inform themselves about the sanitary situation. Access to radio and television remain largely controlled by men within the household, preventing them from accessing these media. Moreover, for women who are often not educated and don't speak the official languages (English or French) in which official

information is often relayed, social media such as WhatsApp are more practical.

In such a context, rumors can spread faster than official information coming from the government. If women don't have access to information, they are more at risk of believing that the COVID-19 pandemic is not real or to be disinformation about how to treat the disease's symptoms (with ginger tea, spices or local plants for example). As women are the primary caregivers inside the household and within communities, they should be correctly inform about the disease in order to take the right decisions to prevent the spread of the disease.

## RECOMMENDATIONS

Authorities, jointly with health workers, should set up informative sessions targeting women in order for them to access a quality and reliable information about the virus and how to treat it. Men should be targeted by campaigns to raise their awareness on the stakes of getting proper information to women in order to ease their access to it. Community radios should relay the official information from the government in local languages, preferably at hours where men are at home for women to be able to listen as well. Official messages should also be relayed on social media and through medium women use in order to allow them to access to reliable information in spaces they are already using. Finally, making the access to internet more democratic is important to guarantee equality between men and women in accessing information.

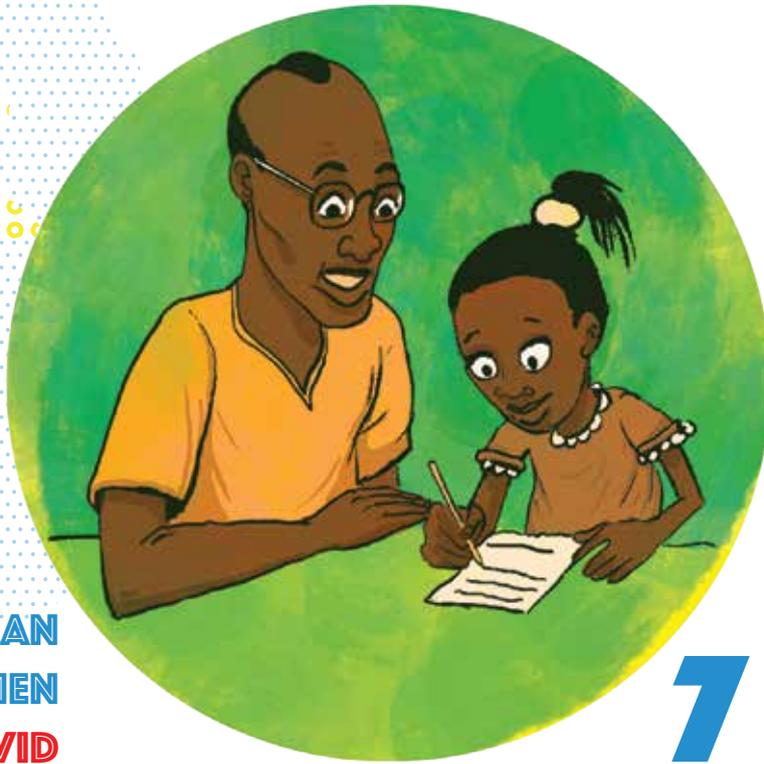
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Adam Dicko is a young Malian activist who uses web TV and social networks to raise awareness about the virus, the hygiene measures, and fight fake news:

*“ There are still people in Mali who do not believe that the virus is real (...). The curfew did not prevent the virus to spread. Daily habits did not change, mosques remain full”, according to one of her web TV video where she speaks to both men and women.*



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## **7** WOMEN AND GIRLS FACE THE BURDEN OF SOCIAL NORMS

Existing social norms, which are the reason why women and girls are in charge of domestic tasks and the primary caregivers to the family are increasing the risk women and girls are facing of being contaminated during a pandemic. Additionally, it decreases their free time, preventing them to meaningfully engage in participation within the decision making processes. Women are also more at risk of losing their jobs and income during a crisis because they are mostly in precarious jobs, where they are dependent of bosses or because they do not own land, these situations also resulting from social norms. Social norms are making women and girls more vulnerable to the virus because they are based on customs that create inequalities (for example the marriage age is 16 for girls but 18 for boys) and because they often impose the idea that women and girls should come after men and boys in accessing healthcare, education and food. Social

norms are fueling inequalities between men and women when facing the pandemic.

But for the first time, men found themselves at home, in a world where the house is often the exclusive area of women. Even though men's forced presence in the house did not always translate into a greater involvement in domestic tasks, some women noted their husbands were more involved into their children's education. In some cases, this situation also led to more awareness about inequalities and to a redistribution of responsibilities within the household such as taking jointly decisions about resources management. However, achievements in this area remains hard to assess and if some testimonies can represent hopes that the situation could change, some other worrying elements (such as the increase in domestic violence) cannot be ignored.

## RECOMMENDATIONS

Deconstructing social norms rooted in society and often considered as a given rather than social construction that could evolve is a long-term process. The new situation that lockdown created for many, which is the more significant presence of men within the house, led in some cases to a better understanding of women realities and existing inequalities and represent an opportunity that need to be capitalized on. In order to do that, it is important to raise awareness of men and women about equality and women rights through educational programs that will try to deconstruct social norms preventing women from developing.

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*“ If you do not have a boy, you do not have children yet. Men who have been raised in this mindset are claiming they are superior to women because they are the one perpetuating the generation”.*  
Jordi Megnibeto, young men involved in Oxfam “Enough” campaign in Benin

