

# **COVID-19 and Girls in Africa: A synopsis**

**Background paper to  
The African Report on Child Wellbeing 2020**





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## AFRICAN CHILD POLICY FORUM (ACPF)

The African Child Policy Forum (ACPF) is an independent, not-for-profit, Pan-African institute of policy research and dialogue on the African child. ACPF was established with the conviction that putting children first on the public agenda is fundamental to the realisation of their rights and wellbeing, and to bringing about lasting social and economic progress in Africa.

ACPF's work is rights based, inspired by universal values, informed by global experiences and knowledge, and committed to internationalism. Its work is guided by the UN Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child, and other regional and international human rights instruments.

ACPF aims specifically to contribute to improved knowledge on children in Africa; to monitor and report progress; to identify policy options; to provide a platform for dialogue; to collaborate with governments, intergovernmental organisations and civil society in the development and implementation of effective pro-child policies and programmes; and to promote a common voice for children in Africa and elsewhere.



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# Preface

As I write, the number of people who have been infected by COVID-19 pandemic in Africa is approaching two million and growing. Even if the infection and fatality rates are relatively lower among children compared to adults, the indirect consequence of the pandemic is huge particularly among girls in poor families. As one of the girls from Uganda who participated in our multi-country studies attested, ‘... this Corona has made it challenging for us because my mother has been sick and I had to go and borrow money from the neighbours to help.’

The pandemic threatens the livelihoods of millions across the continent and has brought with it an equally significant threat to socioeconomic gains made over the last decades. Across the continent there are also reports of disturbingly increasing violence against children occurring in the home and in the community about which we cannot be silent.

As in other crises, COVID-19 pandemic has exposed structural inequalities across every sphere, from health to the economy, security to social protection. Girls have disproportionately felt the impacts of the pandemic with far reaching consequences on their life trajectories. These include, among other things, girls not being able to access out of school learning, taking on more household work and reduced access to healthcare including reproductive health services. Growing risks of physical and sexual violence, child marriage, early pregnancies, pervasive online sexual exploitation and mental health disorders are pressing life changing effects arising from the worrying increase of violence on all girls but particularly those with disabilities, living in conflict or humanitarian situations and other suboptimal conditions. These direct impacts are exacerbated by a global economic challenges, making it more difficult for families engaged in the informal sector mostly run by women. COVID-19 pandemic has forced countries to re-arrange national priorities as it overtook other existing social, economic and health care priorities and emerged among the top agenda of governments and other actors, often at the expense of girls.

Action must be taken now to minimize the immediate and long-term impacts and to stop this backslide. It is time for Africa to put in place a gender-sensitive response to COVID-19 which recognizes the special vulnerability of girls and aims to address them through integrated interventions that encompass livelihood, protection, social services and information. While this may be difficult with contracting economies in many African countries, it is where good governance comes into the picture, where governments are expected to utilise available resources wisely and efficiently to shield the most vulnerable groups, among which girls feature on top.

African governments now need to tighten their belts to reduce the impact of the pandemic in many aspects. Hard-earned gains made in girls’ rights are under threat. This calls for dissemination of information in formats accessible to children and families, for active community-based solutions to ensure that families, communities and girls are able to take well-informed actions on issues affecting them. By joining hands with civil society and partners, governments can be able to minimize the irreversible negative impact of COVID-19 on our girls.

This synopsis serves as a background document to the main report – “The African Report on Child Wellbeing 2020: How friendly are African governments towards girls?” - by looking into the situation of girls during the pandemic. I trust that advocates on gender and child rights,

policymakers and practitioners in the economic and social services sectors, over and above the health sector, will find this background paper informative as they devise strategies that are responsive to the special needs and vulnerabilities of all girls in Africa. It is also intended to support efforts to mobilise resources and action towards this end.

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# COVID-19 and Girls in Africa: A synopsis

## Background

Coronavirus disease 2019, or COVID-19, arrived at the end of 2019 and spread quickly around the world, manifesting as a global pandemic that caused suffering and death and disrupted the livelihoods of millions of people.

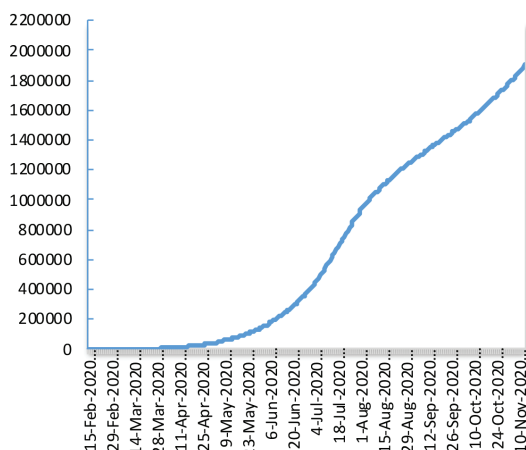
The pandemic has caught governments off guard. Many have found it difficult to put effective response measures into place. Beyond the direct impact of the disease itself, an unintended effect of the response measures has been to exacerbate the risks faced by many already vulnerable populations. This is the case for girls throughout Africa, who already suffer from the fact that child protection systems are generally weak.

This document highlights the key socioeconomic risks faced by girls in Africa as a result of COVID-19, and some policy measures that governments and other stakeholders working in Africa might consider to mitigate their potentially devastating effects.

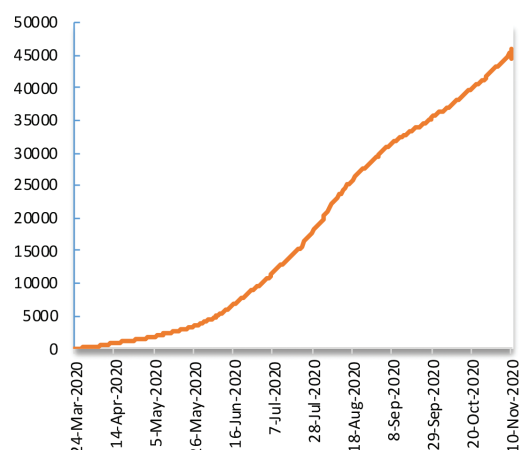
## Status of the pandemic in Africa

COVID-19 continues to spread throughout Africa, though admittedly not at the pace and magnitude experienced in Europe or the United States. As of 10 November 2020, more than 1.9 million cases had been confirmed in Africa, with nearly 46 thousand deaths (Figures 1 and 2), and the pandemic is accelerating. Ten of Africa's 54 countries are driving the rise in continental numbers, accounting for nearly 80 percent of all the cases. More than 70 percent of the deaths are taking place in only five countries: Algeria, Egypt, Nigeria, South Africa and Sudan. South Africa is the most affected country, accounting for 25 percent of the total number of African cases (Our World in Data 2020).

**FIGURE 1**  
Total confirmed cases of COVID-19  
in Africa as of November 10, 2020



**FIGURE 2**  
Total confirmed deaths due to COVID-19  
in Africa as of November 10, 2020



Source: Our World in Data (2020)



## **The multidimensional effects of COVID-19 on girls in Africa**

Girls are among the most vulnerable groups in Africa. Even if they are not infected by the disease itself, they are particularly affected by the negative socioeconomic impacts of the pandemic. The indirect consequences of the pandemic have the potential to affect children in general, and girls in particular, much more seriously than adults (Plan International 2020) – an impact that is further exaggerated in poor communities. This requires targeted policy responses.

### **Increased incidence of multidimensional child poverty**

The global economic downturn caused by the COVID-19 crisis has resulted in massive job losses. In Africa, an increasing number of governments have imposed movement restrictions and physical distancing measures as disease control measures, but these have also caused disruption of socioeconomic activities and resulted in widespread loss of wages and income.

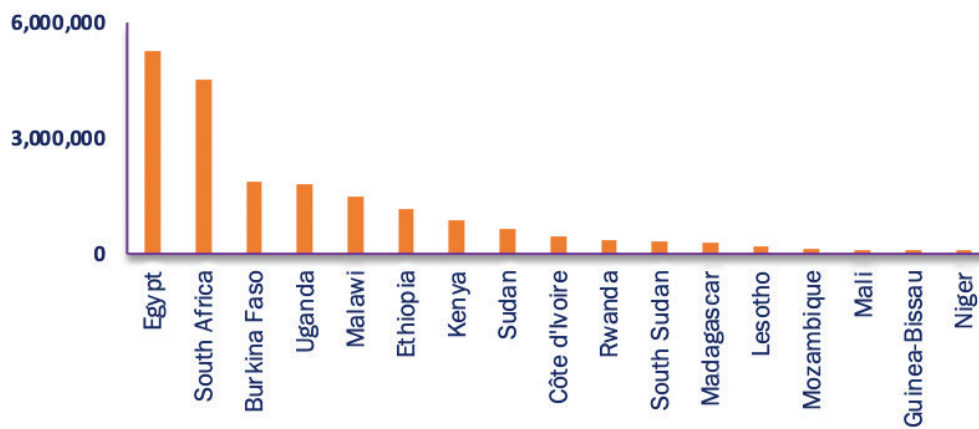
Widespread dependence on daily wages may mean decreased availability of food, water, shelter, and access to basic health services for millions of African households and their children. According to the UN (2020), this year could see the pandemic force an estimated 42-66 million children into extreme poverty globally, adding to the estimated 386 million children already in extreme poverty in 2020.

Complying with social distancing guidelines can be very difficult in many African cities and rural areas where people live in overcrowded conditions, or depend on limited transport and/or social infrastructure. Given the high level of dependence on daily wages and poor living conditions throughout Africa, it is impossible for most families on the continent to isolate themselves in their homes. In Burkina Faso, for example, more than 80 percent of girls live in households with no electricity, have to collect water from public sources, and need to collect or buy firewood to cook. Over 80 percent share toilets with their neighbours, and 70 percent live in households with six or more people (Gordon et al. 2020).

Furthermore, in most African countries pandemic control measures have included closing schools, so children have been forced to stay home. This means that children from poor families and vulnerable groups have missed out on free school meals and thus face hunger, malnutrition, and related health complications. To illustrate, according to the UN World Food Programme, more than 26 million girls across Africa who rely on school meals for their daily food requirements now miss out (WFP 2020). As can be seen from Figure 3, countries where girls are most affected in this regard include Egypt (more than 5.2 million girls), South Africa (more than 4.5 million girls) and Burkina Faso (more than 1.8 million girls).

**FIGURE 3**

Number of girls missing out on school meals in Africa during COVID-19 school closures



Source: WFP, *Global Monitoring of School Meals During COVID-19 School Closures*

### Increased incidence of gender-based violence and multiple forms of exploitation and abuse

Economic insecurity severely aggravates the incidence of many forms of abuse against children, including violence, child labour, sexual abuse, sexual exploitation and child marriage. This trend threatens the positive progress made in these areas over the last decades. Evidence from the 2013-2016 Ebola outbreak in Central and West Africa shows that vulnerable girls turned to commercial sex work to pay for food and other basic needs during the epidemic (Chuku, Mukasa and Yenice 2020). Sexual exploitation in many Ebola-affected areas contributed to a teenage pregnancy rate that increased by 65% over the course of the outbreak.<sup>1</sup>

The closure of schools can also remove girls from the relative safety of the school environment and leave them unprotected from multiple forms of abuse and violence. Quarantine and stay-home measures during the Ebola crises resulted in higher incidences of sexual abuse and teenage pregnancy among poor adolescent girls. A similar emerging crisis has been observed with COVID-19 school closures and stay-home measures (see Box 1).

<sup>1</sup> An article on AllAfrica.com: Africa: COVID-19 and Children's Rights. Accessed in June 2020 at: <https://allafrica.com/stories/202004090758.html>.

### **BOX 1.2 Gender-based violence and abuse related to COVID-19: highlights from selected countries in Africa**

- In Uganda, multiple forms of gender-based violence and abuse are on the rise following the lockdown due to COVID-19. A total of 2,344 and 2,808 cases of gender-based violence were registered in February and March 2020 respectively. In the first two weeks of the lockdown, 53 cases of child neglect, 25 cases of child abandonment, 28 cases of child abuse, 43 cases of missing children and four cases of child torture were reported. A Police Department report recorded over 5,000 cases of gender-based violence in March and April 2020 alone.
- The Kenya National Council on Administration of Justice reported a sudden increase in sexual offences in many parts of the country following a nationwide curfew imposed in response to the pandemic. Sexual offences such as rape and defilement constituted more than 35 percent of reported cases.
- The Gender-Based Violence Command Centre in South Africa recorded a sharp increase in reports of gender-based violence cases during the lockdown. Between 27 March and 16 April 2020, the Centre received reports of nearly 13,000 cases.
- In Ethiopia, in Addis Ababa alone authorities reported that more than 100 girls had been raped within less than two months since the first case of COVID-19 was reported in March 2020, some of them by close family members – in some cases including their fathers.
- Zimbabwe has seen an increase in cases of young girls forced to sell sex in return for cash, food, or even sanitary products.
- In Tunisia, in the first five days after people were ordered to stay at home, calls to a hotline from women suffering abuse increased fivefold.
- Somalia has seen a 50 percent increase in calls to helplines/hotlines during the pandemic.

*Source: ACPF and Plan International (2020)*

## **Disruption of education**

The COVID-19 crisis has severely disrupted delivery of education, with more than 120 million girls affected by school closures across Africa (UNESCO 2020). The Malala Fund (2020) estimates that about 10 million more adolescent girls could be out of school after the pandemic. This poses a serious challenge for girls from the poorest households, who are most likely to be hit the hardest and to suffer severe long term effects on their future earning potential and employability – unless immediate and inclusive measures are taken.

## **Basic child health and sexual and reproductive health services**

A health crisis strains health systems and leads to the diversion of resources and disruptions of basic healthcare services. Unfortunately, the COVID-19 pandemic has already reduced the ability of health systems in many countries to provide essential child and maternal health services at pre-pandemic levels (for example, by reducing the availability of antibiotics for pneumonia and neonatal sepsis and/or oral rehydration solution for diarrhoea). It is estimated that over 117 million children in 37 countries may not receive a measles vaccination as a result of restrictions due to COVID-19 (Measles & Rubella Initiative, 2020), and that the indirect effects of the pandemic will result in an

additional 250,000 to 1.1 million deaths of children under-five, along with an additional 12,000 to 57,000 maternal deaths in 118 low- and middle-income countries (LMICs) over six months (Robertson et al, 2020). Reports to this effect are already emerging – for example, one Zimbabwean hospital saw seven stillbirths in a single July night (BBC, African Correspondent, 2020).

Increased demand on the health system also means that sexual and reproductive health services are likely to be overlooked and that resources will be diverted away from such services towards what are perceived as more pressing targets (UNFPA 2020). As a result, child pregnancy and unsafe abortions in adolescent girls could increase – a particular concern given that many adolescent girls in Africa already have limited access to these services. According to WHO, at least 10 million unintended pregnancies occur each year among adolescent girls aged 15-19 in the developing world. Of the estimated 5.6 million abortions that occur each year, 3.9 million are unsafe, contributing to maternal mortality, morbidity and lasting health problems (Human Rights Watch 2020). In Sierra Leone, for instance, disruption in sexual and reproductive health services due to COVID-19 is expected to lead to 23,000 new teenage pregnancies by the end of the year (Fiala 2020).

## **Psychological and mental health problems**

The COVID-19 crisis has brought with it increased mental stress for children as they are removed from their routines and isolated from their school friends, playing spaces and recreational activities. Although there is limited data on the impact of COVID-19 on psychological and mental health, experiences from past epidemics such as Ebola show that generalized fear and psychiatric disorders such as depression and anxiety were common among the public (Don and Bouey 2020). Such effects can be worse for girls and women, who carry the burden of family care.

Girls' mental health is particularly at risk during this crisis: the fast-evolving patterns of COVID-19, the extent to which it disrupts social and economic life, and the widespread and prolonged large-scale quarantine and stay-at-home measures are all major potential sources of mental and emotional stress. Reports of shortages of medical personnel, hospital beds and medical supplies – even in the most developed nations – may cause additional fear and anxiety, which can only be compounded by the huge volume of mis- and disinformation on social media and elsewhere. All of these factors can exacerbate mental health problems for girls.

## **Policy recommendations**

Given the wide ranging socioeconomic and humanitarian impact of the pandemic, African governments and other stakeholders must take firm steps to ensure that girls are adequately protected and supported. We propose some critical policy options that they could consider.

**Community sensitization and public awareness can play an important role** in ensuring compliance with local guidelines at family and community level and in social and public events (Barnett-Howell and Mobarak 2020; Chu et al 2020). Awareness programmes targeting children must be designed in formats that take into account their developmental

stage and learning capabilities. Accurate information that seeks to address knowledge gaps, fears, emerging myths and stigma must be made widely available through accessible channels and in local languages.

**Governments should adopt a human rights lens and girl-friendly approach to containing the pandemic.** There is a need to ensure that prevention measures are girl-friendly – i.e. that they do not violate girls’ basic rights to life, protection, parental care, and freedom from discrimination. As such, policies that ensure girls’ access to nutritious food, healthcare, sexual and reproductive health services, alternative forms of learning, adequate protection, psychosocial support and information must be prioritised. Girls who undertake domestic chores must be provided with essential hygiene supplies and materials to ensure their protection when doing these chores. This focus on safety must also be integral to any guidelines for the reopening of schools. Policy makers must take concrete steps to ensure that girls living in vulnerable households and situations can observe respiratory hygiene, hand hygiene and home hygiene measures, by providing adequate water and supplies.

**Social protection and safety net programmes should be strengthened** by rapidly scaling up economic and social programmes such as cash transfers and subsidised health services. Resources for such programmes must be mobilised in innovative ways, reviewing national budgets and engaging with African philanthropists. These measures will help poor families and vulnerable children to cope without resorting to debt or child abuse. In addition, alternative means should be found to make up for missed school feeding and sanitary provision programmes, using community based structures to ensure continuity.

**Authorities should closely monitor, and work to minimise, disruptions in girls’ access** to essential and life-saving basic healthcare services, including sexual and reproductive health services for adolescent girls.

**Child protection systems should be reinforced** and made responsive to the elevated risk of abuse and exploitation faced by girls. Child protection services should be retained and resourced as essential services. Equally, coordinated multi-sectoral action should be promoted as a response to emerging protection gaps for all girls, and for the most vulnerable girls in particular.

**Policies should be adopted to combat emerging psychosocial and mental health problems.** It is important for governments to initiate interventions that reduce the psychological effects of the pandemic on children and integrate children fully into public health responses. Expansion of public awareness campaigns to include mental health may address emerging problems and help girls and families to cope. Girl-friendly programmes in mainstream media can provide age-appropriate information, education and counselling on individual and family coping mechanisms. Entertainment should be considered a viable approach in this regard.

**Support parents to enable them to support their children.** Parents have critical roles in ensuring the safety and wellbeing of children during any crisis. Parents have a duty to ensure the material and psychological wellbeing of their children and to provide them with a safe and supportive environment. They need to be aware that children observe their behaviour and emotions for clues on how to manage their own emotions during such times, and they need to be ready to have open, age-appropriate discussions with their children

about their concerns and fears (UNICEF 2020). In the African context, particularly in rural areas, this responsibility extends to the wider communities in which the children live. It is therefore essential to ensure that community structures are adequately engaged and linked to local child protection systems. The mass media also has a crucial role to play in disseminating accurate information to parents and communities so that they can protect all children correctly and effectively.

## References

ACPF and Plan International (2020). UNDER SIEGE: Impact of COVID-19 on Girls in Africa. Addis Ababa: African Child Policy Forum (ACPF) and Plan International.

Barnett-Howel, Z. and A. Mobarak (2020). Should Low-Income Countries Impose the Same Social Distancing Guidelines as Europe and North America to Halt the Spread of COVID-19? Yale University. Available at: [http://yrise.yale.edu/wp-content/uploads/2020/04/covid19\\_in\\_low\\_income\\_countries.pdf](http://yrise.yale.edu/wp-content/uploads/2020/04/covid19_in_low_income_countries.pdf).

BBC African Correspondent (2020). Coronavirus: Seven Zimbabwe babies stillborn in one night at hospital. Available at: <https://www.bbc.com/news/world-africa-53580559>.

Chu, D., E. Akl, S. Duda, K. Solo, S. Yaacoub, H. Schünemann (2020). “Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis,” *Lancet*, 2020; 395: 1973–87. Available at: <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2931142-9>

Chuku, C., A. Mukasa and Y. Yenice (2020). Africa: COVID-19 and Children’s Rights. Available at: <https://www.brookings.edu/blog/africa-in-focus/2020/05/08/putting-women-and-girls-safety-first-in-africas-response-to-covid-19/>

Dong, L. and J. Bouey (2020). Public mental health crisis during COVID-19 pandemic. *China. Emerging Infectious Diseases*, 26. Available at: <https://doi.org/10.3201/eid2607.200407>

Fiala, O. (2020). Coronavirus Could Push Over 40 Million Children Globally into Poverty. Save the Children UK. Available at: <https://www.savethechildren.net/blog/coronavirus-could-push-over-40-million-children-globally-poverty>.

Gordon et al. (2020). The Impact of COVID-19 on African Girls.

Measles and Rubella Initiative (2020). Statement by the Measles and Rubella Initiative. Available at: <https://measlesrubellainitiative.org/measles-news/more-than-117-million-children-at-risk-of-missing-out-on-measles-vaccines-as-covid-19-surges/>.

Our World in Data (2020). Online data base. Available at: <https://ourworldindata.org/grapher/covid-19-total-confirmed-cases-vs-total-confirmed-deaths>. Accessed on November 10, 2020.

Plan International (2020). Close to Contagion: The impacts of COVID-19 on displaced and refugee girls and young women. Available at: <https://plan-international.org/publications/close-to-contagion>.

Roberton, T., E. Carter, V. Chou, A. Stegmuller, B. Jackson, Y. Tam, T. Sawadogo-Lewis, N. Walker (2020). “Early Estimates of the Indirect Effects of the COVID-19 Pandemic on Maternal and Child Mortality in Low-Income and Middle-Income Countries: A Modelling Study,” *The Lancet Global Health*, 2020; 8: e901–08.

UN (2020). Policy Brief: The Impact of COVID-19 on children.

UNESCO (2020). COVID-19 school closures around the world. Available at: <https://en.unesco.org/news/covid-19-school-closures-around-world-will-hit-girls-hardest>.

UNFPA (2020). Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage. Interim Technical Note Information.

UNICEF (2020). Coronavirus (COVID-19) parenting tips. Accessed at <https://www.unicef.org/coronavirus/covid-19-parenting-tips>

WHO, Press Release, 22 May 2020. Available at: <https://www.who.int/news-room/detail/22-05-2020-at-least-80-million-children-under-one-at-risk-of-diseases-such-as-diphtheria-measles-and-polio-as-covid-19-disrupts-routine-vaccination-efforts-warn-gavi-who-and-unicef>

World Food Programme (2020). Risk of hunger pandemic as coronavirus set to almost double acute hunger by end of 2020: Insight. Available at: <https://insight.wfp.org/covid-19-will-almost-double-people-in-acute-hunger-by-end-of-2020-59df0c4a8072>.







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