



# Gender Impact Assessment of the COVID-19 Pandemic in The Gambia

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## Acronyms and abbreviations

BEmONC	Basic Emergency Obstetric and New-born Care
CEmONC	Comprehensive Emergency Obstetric and New-born Care
COVID -19	Corona Virus Disease 2019
CPD	Country Programme Document
CSOs	Civil Society Organisations
EVD	Ebola Virus Disease
FGM	Female Genital Mutilation
GBoS	Gambia Bureau of Statistics
GBoS	Gambia Bureau of Statistics
GBV	Gender Based Violence
GDP	Gross Domestic Product
GOVI	Gambia Organisation of the Visually Impaired
HRBA	Human Rights Based Approach
HRBAP	Human Rights Based Approach
IASC	Inter-Agency Standing Committee
IPs	Implementing Partners
IPV	Intimate Partner Violence
M&E	Monitoring & Evaluation
MoBSE	Ministry of Basic and Secondary Education
MoH	Ministry of Health
MoWCSA	Ministry of Women, Children and Social Affairs
MTR	Mid-term Review
NDP	National Development Plan
NGOs	Non-Governmental Organisations
OECD-DAC	The Organisation Economic Co-operation and Development- Development Assistance Committee
SDF	Social Development Fund
SGBV	Sexual and Gender Based Violence
SoPE	State of Public Emergency

SRH	Sexual and Reproductive Health
TDA	Tourism Development Area
ToR	Terms of Reference
UN Women	United Nations entity dedicated to gender equality and the empowerment of women
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
VAWG	Violence Against Women and Girls
WHO	World Health Organisation

## Executive Summary

The Gender Impact Assessment of the COVID-19 pandemic in The Gambia is commissioned by UNDP and UNFPA to assess its socio-economic, political and cultural impact through a gender lens; to provide an understanding of the challenges, policy and programme gaps women are facing in the country during this pandemic; and to develop solid recommendations in alleviating these challenges and lay the ground of a recovery effort which takes into account women and girls' needs.

The Assessment was carried out using a mixed range of methods such as interviews with key line ministry staff, debriefing and briefing sessions with UNDP and UNFPA teams, literature review, qualitative primary data collection through interviews, and analysis of quantitative data from secondary sources.

Overall, the majority of the population is in dire need of assistance. Emergencies do not wait for anyone and as such The Government of the Gambia needs to quickly put in place short term assistance such as food, cash assistance, tax breaks and duty waivers for businesses and an immediate moratorium of interest on loans.

The Gender Impact Assessment revealed that the economic impact on women is immense. The Government needs to accelerate the response to alleviate some of these hardships that women are facing. The assessment also indicated that women continue to experience physical violence particularly from their husbands. As lock down measures continue, women reported insecurities in visiting health care facilities to access sexual and reproductive health services due to fears of contracting the virus. Specifically, most of the respondents were more concerned with the economic impact rather than the gender based violence experienced by women due to COVID-19.

The main national response plan to the COVID-19 pandemic i.e. the Ministry of Health National Novel Coronavirus (COVID-19) Preparedness and Response Plan does not take into consideration the different needs of men and women, as well as other groups such as people living with disabilities. The Plan only focuses on containing and limiting the spread of the Virus. Therefore, there is a need for a national response plan that will take into consideration the economic-socio-cultural dynamics of the situation and the response both during and after the pandemic.

The main recommendations for the policy level are:

1. Evidence based analysis is needed to save lives and the Government of the Gambia must ensure that there exists a social registry that is inclusive, non-discriminatory and updated frequently. The lacklustre supply of data affects the response to the COVID-19. The Government had to collect data and then start the distribution of the lifesaving supplies, which creates delays and makes the situation even more critical. It will be essential to identify key ongoing data collection exercises in the country, including rapid surveys, and to ensure that sex-disaggregated data are collected in all aspects

of the response and in particular on the economic impact, including for informal workers, incidence of GBV, and on unpaid care.

2. All policies developed must be gender sensitive, take into consideration the different challenges women face and ensure that the rights of both women and men are equally protected in all scenarios be it emergency or non-emergency. Moreover, there is an urgent need to screen and update existing policies and Acts to address GBV during pandemics.
3. There is an urgent need to incorporate COVID-19 response in successor policies and plans i.e. Women Empowerment Policy 2010-2020 and Strategic Plan 2015-2020 implementation program.
4. There is a need to have a gender-responsive national response and preparedness plan for during and after the pandemic, which will include accountability frameworks for monitoring and evaluating the response.
5. In the constitution of the Gambia, there is no law banning sex work and as such the Government (MoWCSA and the MoJ) needs to ensure that there are policies and laws that protect-Gambian sex-workers, which are predominantly women. There is also a need to ensure that they have the same access to health services and social safety nets as any vulnerable Gambian.
6. The Ministry of Women, Children and Social Affairs and the National Assembly must pass the overdue Disability Bill. Once passed, the Bill will be an Act of Parliament and domesticated. The bill will provide a legal backing for this vulnerable group to ensure their rights are protected; hold Government to account especially in putting in place a robust social insurance package for vulnerable population and providing subvention for The Gambia Federation of the Disabled which has not been sub-vented for the past 15 years.
7. The Ministry of Finance and the Office of the Vice President, in particular the Social Protection Secretariat, needs to provide emergency funding for scaling up social protection. This will particularly help women who are the majority of informal workers, do not have social protection and are heavily impacted by the crisis.
8. The Government of The Gambia should establish a national scheme to purchase agricultural products from women and men agricultural producers. This would specifically benefit women, given more than 50% of those employed in the agricultural sector are women. Provide support to value addition and processing initiatives currently being executed by women SMEs.

The recommendations at the programmatic level are:

1. The Ministry of Agriculture should facilitate and provide guidance to Women in Agriculture to create Producer organisations and cooperatives. This can be an avenue for women to start a saving scheme and raise the capital to invest in cold storage, which will help mitigate perishability and loss of products.
2. The Ministry of Health, through the Public Health Officers, must visit the commercial sex workers' lodges to ensure that health and sanitary measures are in place and that sensitization on the COVID-19 precautions are conducted for the female sex workers in a dignified and respectful manner.
3. The MoWCSA should support in creating a level playing field for the female councillors, providing for them the basic sanitation materials to distribute, and in that way, validating the standing and position of the women, which will pay dividends in the future elections. Finance-should be made available so that the women are able to participate fully in the politics.
4. The sensitization materials on COVID-19 need to be revised and made friendly to people living with disabilities (e.g. large print for people with poor vision and braille).
5. The Ministry of Education should ensure that televised classes are accessible to people living with disabilities through the use of sign language.
6. The MoWCSA and the MoH need to coordinate and work with civil society, especially women-led organisations, to develop and implement programs targeting women and girls, particularly in rural areas. During the pandemic it is important to ensure efforts and responses are not further discriminating and excluding those most at risk.
7. The Government and the development partners must ensure that programs are inclusive of women's SRH needs and that women are consulted during the development and implementation of program activities.



## 1. Introduction

The Gender Impact Assessment of COVID-19 in The Gambia is commissioned by UNDP and UNFPA to assess the socio-economic, political and cultural impact of the pandemic through a gender lens. This Inception report briefly describes the consultant's understanding of the assignment, the proposed technical approach and methodology, as well as the general execution plan of the assignment, including the expected deliverables and their respective timelines.

The report covers the following:

- Context and Background
- Scope of work and Deliverables
- Methods and Processes
- Assessment Key Activities
- Conclusion

### 1.1. Context & Background

A highly contagious virus was first reported in Wuhan, China in late 2019, and within a month, the WHO declared a public health emergency of international scope regarding this new virus. Officially named COVID-19, this newly discovered coronavirus quickly spread to nearly all countries, prompting the WHO to declare a pandemic in March 2020. The First case of COVID-19 in Africa was reported in Egypt in February and as of May 3<sup>rd</sup>, 2020, the virus has spread to nearly all the African countries except Lesotho with 40,575 cases; 1692 deaths (John Hopkins University). Governments all over the world put in place drastic measures that have significantly impacted livelihoods and day to day living for many people around the world.

On March 17, The Gambia reported its first case of COVID-19 and like the rest of the world, in response to the COVID-19 pandemic, shortly after the government imposed a State of Emergency resulting in school closures, shortened hours of business activities, and an indefinite interruption to almost all social and economic activities. While such measures have proven effective in containing viral transmissions, they are also accompanied by a myriad of negative socio-economic implications that affects the most vulnerable in societies. Lessons learned from past public health emergencies, such as the West African Ebola outbreak in 2014-2016, shows that pandemics disproportionately affect women and girls in several ways, including adverse effects on their education, food security and nutrition, health, livelihoods and exposure to an increased risk of sexual and gender-based violence. These effects on women and girls can continue even after the outbreak has been contained.

The Gambian economy is fragile and highly susceptible to shocks. The GDP in 2019 grew by 6% (World Bank, March 20<sup>th</sup>, 2020) and the growth was marred with numerous global shocks such as the abrupt bankruptcy of the international tour operator, Thomas Cook UK, which transports 45% of the tourists flying into the country. The tourism sector accounts for 20% of the GDP, and is the largest foreign exchange earner and a major source of employment for women. The rapid assessment of the Tourism and related sectors by the GBoS stated that out of a sample size of 266 establishments in the Tourism sector, they reported that 61.5 per cent males and 38.5 per cent females are employed in these establishments. The travel ban and closure of international borders heavily impacted the tourism-dependent industries such as restaurants and other hospitality related sectors.

The rainfall in 2019 was erratic and resulted in a 10% contraction in agriculture, which accounts for 23% of the GDP and employs 75% of the labour force. According to (FAO 2019), more than 50% of those employed in the agricultural sector are women. Whilst ranked second in terms of economic opportunities for women in the African Development Bank's 2015 Gender Index, men's participation in the labour market is still higher (83%), and women continue to be disproportionately underrepresented in paid work as males account for 64% and females at 36%. (The Gambia Labour Force Survey 2018) The formal sector, consisting mainly of the Civil Service, employs only 21% of women and the majority of women work in the informal sector. Consequently, these restrictions are likely to threaten their economic freedom.

Globally, women have been exposed to the risk of intimate partner violence, sexual harassment and the risk of sexual exploitation and abuse as a result of COVID-19: as lockdown curtails their economic opportunities and increases their dependence on relief provided by NGOs and government authorities (OHCHR, IASC, and WHO in COVID-19). At the same time it limits access to support services for SGBV survivors and a confidential GBV referral pathway. According to The Ministry of Women, Children and Social Welfare (MoWCWSW), The National Emergency COVID-19 Response Team has reported coronavirus-related calls on sexual and domestic abuse cases and the Ministry has also observed an increase in reported SGBV cases during the COVID-19 period from partners which has warranted them to establish a designated GBV Hotline which will be operational from July 2020.

The political landscape has witnessed an expanding playing field with 13 political parties (4 in 2019) although The Gambia is yet to see more women in politics since all the political parties are headed by men. Women in politics are still executing the mobilizing roles rather than being the front-runners. A presidential election is planned for late 2021 and as such this year is the preparatory phase for the aspirants. Due to the pandemic, however, women are likely to miss this opportunity to increase their level of political representation and participation. This will further escalate the already existing barriers such as low levels of education and training, socio-cultural factors, heavy workload, productive and reproductive roles. Moreover, due to the low representation of women in decision-making positions, women are under-represented in the consultation, planning

and response during the pandemic. The current political parties' response to COVID-19 has been very patriarchal, with faces of men dominating in the messaging and the leadership of the response – and so further marginalizing women's voices. The lack of decision-making powers is further extended at household level and consequently women's general, sexual and reproductive health needs may be affected.

Moreover, whilst The Gambia has made efforts in the fight against SGBV over the years, evidence shows that crisis exacerbates gender inequalities and places women, girls, and other vulnerable people at an increased risk of SGBV (UNHCR, 2020 and UNFPA, 2020). As such, the COVID-19 pandemic and restrictions imposed may increase the incident of SGBV in the Gambia as observed in other countries. For example, authorities and women's rights organizations in China, reported that the number of domestic violence cases reported nearly doubled during lockdown period. Similarly, civil society groups, gender-based violence advocacy organizations and other social justice groups in South Africa and the UK have reported an increase of incidents related to violence against women, with a heightened demand for emergency shelters as countries introduced lock down and other movement restriction measures (The Guardian Newspaper, 2020).

The Gambia has signed and domesticated several laws (The Women's Act 2010 and The Sexual Violence Act 2013) for the protection of women and girls against all forms of violence. But due to patriarchal, religious and deeply rooted cultural norms and beliefs, these laws are not implemented effectively, and women continue to suffer violence and discrimination at a very high prevalence. Another major constraint has been laxity on the side of the government to enforce these laws, which makes their implementation difficult. The low status of women and girls in The Gambia is manifested by high levels of maternal mortality rates (433/100,000), limited access to contraceptives (only 9% among married women), high prevalence of Female Genital Mutilation (76%) and it is estimated that 18% of girls aged 15-19 having children or pregnant with their first child (UNICEF 2016, UNFPA 2015, DHS 2013).

Evidence shows that maternal mortality rates and access to sexual and reproductive health services drop significantly during pandemics and disease outbreaks. Therefore, there are serious concerns that COVID-19 and government restrictions will have a serious impact on the sexual and reproductive health of women in The Gambia. Furthermore, the temporary closure of schools in response to the COVID-19 outbreak in The Gambia, might lead to a permanent end to education for some girls and put many at an increased risk of child marriage, Female Genital Mutilation (FGM) and teenage pregnancy. This would seriously affect the many gains that the country has achieved in the protection of girls from harm and abuse over the years. The UNFPA estimates that the COVID-19 pandemic could lead to an extra 2 million cases of female genital mutilation (FGM) and 13 million more child marriages over the next decade, with an additional 7 million unintended pregnancies if schools continue to lock down for another 6 months (UNFPA, April 2020). The vulnerability of girls as a result of school closure during pandemics can be supported by reports compiled during the Ebola outbreak in Sierra Leone and Liberia, which showed that in some areas with severe outbreaks, child marriage and teenage

pregnancy rates increased by up to 65% due to a prolonged school closure (An Assessment of the Differing Impact of the Outbreak on Women and Men in Liberia, 2015)

Additionally, women and girls can be exposed to a greater risk of COVID-19 due to existing social and cultural norms, such as the expectations that women should be responsible for domestic chores, additional childcare responsibilities and nursing sick family members. Their exposure to the risk of infection with COVID-19 is further heightened by the fact women make up more than 70% of the health care workforce globally, including in The Gambia. The impact of this double burden was observed in the 2014–16 EVD outbreak which showed that women and girls were responsible for household-level disease prevention and response efforts; at greater risk of infection; and subject to emotional, physical, and socioeconomic harm (IASC, 2017).

Amidst these myriads of socio-economic and political difficulties, the country was looking forward to 2020 to recover on the setbacks of 2019 and is now faced with a pandemic that threatens to wipe out even the small gains made in the years preceding this pandemic. According to the Gambia Labour Force Survey 2018, which recorded the employed population in informal activities, about 63 per cent are males and 66 per cent are females in the urban areas and 37 per cent males and 34 per cent females in the rural areas.

## 1.2. Constraints and Limitations

The consultants found the terms of reference quite comprehensive. Gender is a crosscutting and multi-sectoral development aspect. As such for this assessment, focus is on reviewing the ongoing assessments of COVID-19 with a gender lens to determine how gender was mainstreamed into the analysis and to identify the gaps, if any. The challenge in executing this component of the ToR was the issue of different timelines of the multiple assessments and thus only two out of the three assessments were completed and reviewed for this assignment.

Another limitation was that most of the available literature on this pandemic emanated from developed countries which did not necessarily fit the context of developing countries. The consultants had to rely on the literature on Ebola Virus disease for lessons learned in dealing with pandemics.

Lastly, collecting primary qualitative data during a pandemic is challenging, especially when observing the precautionary WHO measures of social distancing and staying indoors to avoid contagion. The consultants had to resort to online interviewing, which at times was unreliable due to the weak, limited access and expensive internet connectivity in the country.

## 2. Gender Impact Assessment on the Impact of COVID -19

The Gambia's population is estimated at 2.1 million with women making up 51 % of the population (GBoS). According to the Gambia Integrated Household Survey 2016, the national poverty level of \$1.25 a day is at 48.6 %; 24.6% of female headed households live below the poverty line. More than half of the population (55.1%) do not have enough to meet their food expenditure. Women form the majority of the poor and are often vulnerable to shocks, resulting in adverse welfare outcomes that are multidimensional in nature (World Bank). As a result, women tend to be more vulnerable due to their level of exposure and ability to cope with shock.

With the emergence of COVID -19, the brunt of the pandemic will fall on women, children, and other marginalized groups in society who are mostly employed in the informal sector. Women are impacted differently than men by COVID-19 and are more vulnerable, being exposed to countless threats from loss of livelihood, income, independence and agency.

For this purpose, a Gender Impact Assessment is conducted to gauge the socio-political and economic impact on women and to propose solid recommendations to alleviate the situation. A Gender Impact Assessment (GIA), 'also known as "gender audits" or gender-based analysis, systematically analyses the differential effects of policies, legislation regulations and institutional or individual practices on women and men' (OECD-DAC).

## 2.1 Basic Gender concepts

**Gender** is defined as "the roles, behaviours, activities, attributes and opportunities that any society considers appropriate for girls and boys, and women and men" (WHO). Hence Gender is not determined biologically, because of the sexual anatomy of women or men, but rather by culture or society.

**Gender Roles** is how society dictates the roles and behaviours of women and men especially in production and reproduction responsibilities. It is expected in most societies that women take up the reproductive role of child bearing, caring for other family members and domestic tasks for the maintenance and well-being of household members. The productive responsibilities of women as prescribed by most societies is limited to market production and subsistence production. Furthermore, as per the expectations of these gender roles, women and girls are expected to care for and nurse sick family members, which can further expose them to greater health risks.

**Gender relations** is the ways in which a culture or society defines rights, responsibilities, and the identities of men and women in relation to one another in the household and the community at large. This varies depending on race, class, ethnicity, etc. Thus relations between women and men can lead to discriminations, power imbalance and favouritism in relation to who has access and control over resources. Women are marginalised and faced issues of imbalance of power and control, with a low degree of participation in decision-making in most societies, especially in developing countries. As women are made more vulnerable through loss of income and livelihood due to the lock down, there

is a risk of that existing power imbalances and patriarchal norms, which already underpin GBV, will also undermine broader social cohesion and sustainable recovery.

**Gender equality and equity.** The Sustainable Development Goal #5 on Gender equality is a global commitment to ensure that “Women and girls, everywhere, must have equal rights and opportunity, and be able to live free of violence and discrimination” (UN Women). Gender equality refers to the equal rights, responsibilities and opportunities of women and men, girls and boys. Gender equality is not only a fundamental human right, but a necessary foundation for a peaceful, prosperous and sustainable world (UNSDGs). While significant steps have been taken by the Gambian Government to promote gender equality and women’s empowerment through the introductions of several legislative acts, the welfare of Gambian women continues to lag significantly behind that of men and gender equality is still a challenge. Moreover, the Covid-19 pandemic can significantly affect the small gains achieved towards the empowerment of women and girls as restrictions due the pandemic expose-them to greater risk of harm and sufferings.

**Gender mainstreaming** is a process for achieving greater gender equality. It implies bringing the findings of gendered socio-economic and policy analysis into all decision-making including decisions on core policy and programme implementation (UNICEF). As such, all interventions should ensure that gender is meaningfully mainstreamed in all Covid-19 response programs both during and after the pandemic.

### 3. Health Impact

Access to sexual and reproductive health (SRH) services is already a critical issue in The Gambia and there is great fear that the COVID-19 pandemic and restrictions put in place to curtail the outbreak will expose women to further barriers in accessing SRH services. The 2014 preliminary National HIV Sentinel Surveillance estimated the HIV prevalence in The Gambia at 1.4% (88 out of 6120) among pregnant women 15-49 years which, according to WHO, is a generalized HIV epidemic. The Gambia has a very youthful population with a high fertility rate (5.6). Furthermore, 34.2% of women are married by age 18 (MICS 2018), indicating a high rate of child marriage. Despite the high fertility rate, intake of contraceptive is very low (less than 10% of married women are using a form of contraceptive) leaving a high unmet need for Family Planning at 24.9% (DHS, 2013). Data obtained from the Ministry of Health indicates a drop in access to family planning from 5293 to 3656 people within the last two months.

Moreover, pregnant women are within the high risk groups of COVID and need to be able to access health care facilities more often. Whilst there is no scientific evidence indicating that pregnant women are more susceptible to COVID-19, women who are pregnant experience some physical changes that might make them more vulnerable to viral respiratory infections (UNFPA Gambia, March 2020). This could be a challenge in The Gambia, which remains a country with a relatively high Maternal Mortality Ratio (433 deaths per 100,000 live births). The majority of maternal deaths in the country are a result of avoidable direct obstetric complications, including haemorrhage (37%), hypertensive

disorder of pregnancy (11%) and sepsis (11%) (WHO, et al, 2015). The main contributing factors include: inadequate access to Comprehensive Emergency Obstetric and New-born Care (CEmONC) and Basic emergency obstetric and new-born care (BEmONC) services, lack of trained human resources, transportation and low socio-economic status of women. The impact of pandemics on maternal health was also observed during the Ebola outbreak which indicated how the closure of maternal health clinics due to the pandemic led to an increase of up to 70% in maternal deaths in the region (Cambell A. 2014). The pandemic also caused the closure of NGOs and non-Ebola health service providers cross the region. This resulted in a reduction in access to family planning services and increased the risk of unplanned pregnancies. The UNFPA has projected that if the lock down continues for another 6 months, 47 million women in 114 low- and middle-income countries may not be able to access modern contraceptives and 7 million unintended pregnancies are expected to occur (UNFPA, 2020).

Women Living With HIV are particularly vulnerable as they face double barriers to accessing health care during pandemics. The restrictions can affect access and intake of Anti-Retro Viral (ART) among women which can have dire consequences on their health and expose them to further morbidity and mortality. Reports from the Gambia Ministry of Health are already indicating a drop in access to ART from (7052 people in November 2019 to only 2825 people in April 2020) indicating a significant drop in uptake of ART. The same data indicated a significant drop in the number of women accessing ART; for instance, the number of women aged 25-49yrs accessing ART dropped from 3656 in March to 1487 in April signifying over 50% drop within a month; this period coincides with the government's restrictive measures. Therefore, there is a need for strong and effective interventions that will encourage and support women to access ART during the lock down.

Gambian women report they avoid to access health care services as they fear they might contract the virus. Specifically, women reported that they are able to access SRH such as contraceptives and antenatal care services in local clinics. The women shared that they would usually access family planning services and immunisations for their children at clinics, however they expressed that presently they are avoiding hospitals as much as possible. A health official at the Serrekunda General Hospital stated that they have observed a reduction in the number of women accessing antennal care and a significant drop in children's vaccinations. He reported that there is a stockout on Polio vaccines country wide due to the lockdown. The Ministry of Health reported a significant drop of skilled delivery at health facilities from 5253 in March to 3379 in April.

Another participant reported that she has a sister-in-law who is pregnant, but they have all discouraged her from going to the clinic unless it is necessary as it is not safe for her and her unborn child. The participant stated that this is what women are advising each other to do. Another woman reported that she is due to receive an injection (which is a form a contraceptive she takes) but she said she will not be going to the clinic as she is worried she might be exposed to COVID-19. Most of the women also shared that due to the fear of COVID-19 and the rumours that there is a vaccination for COVID-19 to be tested on African children, they are not taking their children for immunisation.

Women globally are at the forefront of the COVID10 fight as they represent a large proportion of sanitary services and health personnel in hospitals, health centres, pharmacies, and cleaning crews of emergency services. They are therefore highly exposed to the epidemic, especially when there are shortages of protective equipment, and under tremendous physical and emotional stress. Similar to other countries, women comprise more than 70% of the health care workforce in The Gambia, increasing their risk of exposure to Covid-19. Evidence from the Ebola outbreak found higher infections among women than men due to these gender norms and expectations (Jamieson, Uyeki, Callaghan, Meaney-Delman, & Rasmussen, 2014). In The Gambia, socio cultural norms tend to prescribe women with certain roles such as the provision of care to sick family members, caring and nursing of children, as well as working either in the formal or informal sector.

Older persons are among the risk groups for the COVID19 Virus, and longer life expectancy makes women a higher proportion of this age group in The Gambia. The elderly population is at 3.1% (Census 2013) and the elderly women constituted 51.1 per cent while men constituted 48.9 per cent. Old women are more likely than men to be illiterate as About 21 per cent of the elderly male attained some education while only about 7 per cent of the elderly female population attained some education (Census 2013) and therefore might have more difficulties accessing information about preventive measures, aggravating their exposure to COVID risk.

Female Genital Mutilation (FGM) is practice across the whole country with an estimated prevalence of 75.7% (MICS, 2018). Whilst there were no reports of FGM and child marriage from women who took part in the interviews, institutions that work to advocate against FGM and child marriage such as Think Young Women and Safe Hands for Girls reported that their outreach activities that raise awareness of these harmful practices have been affected as they have not been able to engage communities. FAWEGAM also reported that their engagement with mother's clubs who act as community watch dogs and ensure that girls stay in schools and are protected from FGM and child marriage has been affected as they are unable to conduct activities due to the restrictions. All organizations are concerned that this can increase the risk of girls being exposed to FGM, child marriage and school drop outs.

Many of the women are interviewed also expressed concerns by the long duration that children are staying out of school and fear there is a risk of teenage girls getting pregnant. All women across the different regions expressed their concerns around teenage pregnancy. The women further spoke of their concerns of sexual violence although only 2 women reported that they have heard of rape incidents in their communities.

#### **4. Economic impact**

As a result of the COVID-19 pandemic, African countries have witnessed a declining revenue base because of the disruption of economic activities which have caused a



decrease in tax revenue. Most of the economic activities in Africa are in the informal sector and as such very vulnerable to external shocks. The health crisis has further stressed an already crippled health sector in most African countries. The rising cases of COVID-19 in Africa warranted the International Monetary Fund to grant 19 African countries (including The Gambia) a debt relief package worth \$500 million that will “allow vulnerable nations to channel more of their scarce financial resources towards vital emergency medical and other relief efforts” (International Monetary Fund, Washington, DC).

The United Nations Development Programme commissioned two Economic Impact Assessments namely the Short and Medium Term Socioeconomic Effect of COVID-19 on The Gambia. In that report, it stated that as of 7th April 2020, it is expected that GDP growth for the year will be 2.5%, down from a projected 6.3%. All the productive sectors of the economy have been affected by the Pandemic and the worst hit is the tourism industry. In the Rapid Assessment of the Impact of COVID-19 on Tourism and Related sectors, the exponential sum of GMD6,794,808,408.00 is reported as the financial loss likely to incur during the months of April to June. 69% of the entrepreneurs in the tourism industry reported that they closed their businesses due to COVID – 19.

In applying a gender lens to the completed impact assessments, it was discovered that some segments of society, for instance certain marginalised groups, were not covered and hence their situation and the impact of COVID-19 on their lives and livelihoods were not documented, so cannot be included in the national response. Travel agencies, food caterers and female sex workers were not documented by the Impact Assessment of the Tourism and Related sectors. As such, the Gender Impact Assessment targeted some women business owners, members of marginalised groups, etc. and interviewed 18 Institutions and 60 individuals; below are some of the findings.

#### 4.1 Women in the Informal Sector and Those in Vulnerable Employment

Social distancing measures are likely to affect those working in the informal sector the most, particularly female workers and daily wage workers. The petty traders ranging from the street corner table vendors to the market stall vendors, who are mostly women, have not been spared economically by COVID-19. They reported that in fact, they were just a little bit better off before the pandemic and now they are completely depleted of resources and livelihoods. Their sales have gone down due to the shortened hours of business, fewer people on the streets to buy from them, and a general climate of distrust in buying food, as some people believe that one can catch the virus from contaminated foods. The vendors reported that they are struggling to make ends meet and have had to make some negative changes to their lives such as reducing the number of daily meals. Most of them are renting and must pay their rents monthly or face being evicted.

The fragility of the agriculture sector is widely felt, especially by the women who produce and sell agricultural products. The rainfall in 2019 was erratic and resulted in a 10% contraction in agriculture, which accounts for 23% of the GDP and employs 75% of the labour force. According to (FAO 2019), more than 50% of those employed in the agricultural sector are women. The border closure worsened the economic impact as

women were restricted from engaging in cross border trading. According to the National Development Plan 2018, gambian farmers supply 50 per cent of all produce to the tourism sector which came to a complete halt due to COVID-19. The women in agriculture have limited capacity to transform and add value to the raw products and have to either sell or lose all their products, due to their perishable nature and the lack of proper storage.

The impact of the COVID-19 and the SoPE, especially the reduced market hours, suggested that there are fewer clients at the markets and shorter business hours, thus significantly reducing women agricultural traders' income. The women reported that they had to pay transport, pay market rates and suffer harassment from the Police to leave the markets with most of their produce unsold. They were working hard at their gardens and selling their produce below the market price to get rid of it fast before it spoils. Whilst they feared exposing themselves to the virus, they took the risk and went to the markets in order to increase their insufficient income

In addition, most of the women engaged in petty trading of agricultural produce owe micro finance institutions and are expected to repay in a short period of time which proves to be difficult during the health crisis. During the pandemic, they are still obliged to pay off their loans, despite low earnings. This greatly impacts on the profitability of their business as they are dipping into business funds to pay off loans and feed their families. Some have received food aid from the Government but reported that the quantity they were given cannot sustain families for long.

#### 4.2 Women in the Formal sector

Women-led businesses entrepreneurs were greatly impacted by the COVID-19 Pandemic. According to the GCCI, the MSME sector employs the largest share (60 %) of the active labour force (15 to 64 years), of which 70 percent are self-employed. MSMEs represent a large part of women-led businesses in the Gambia and female owners account for 34.0 % and men at 66 %. The women owned MSMEs are concentrated in low productivity sectors

Women-led businesses are predominantly found in the tourism and catering industries, which are the ones hardest hit by the crisis. The travel industry came to a complete halt due to the travel ban and the travel agencies had to close their businesses temporary. The catering and restaurant businesses were mostly catering for workshops and events but, due to the State of Public Emergency restrictions, all public gatherings including social events were banned. The shortened hours of markets impacted on the women operating retail stores, with reduced customer income.

Women-led MSMEs are fragile and usually face difficulties in accessing finance normal conditions and cannot withstand economic shocks. The direct impact of the COVID-19 pandemic drastically hit these businesses' monthly revenues. The business owners self-reported that their monthly earnings before the pandemic ranged from D300,000 to

D1,000,000 a month and during the pandemic, it has reduced to barely D10,000 to D50,000. As a result, all these business owners reported that they had to let go some of their staff to cut overhead costs and even though some of them paid salaries up to the month of April, they couldn't continue covering the overhead costs without revenue income. They also must pay rent, taxes and other financial obligations. One business owner reported that she let go 50% of her workforce from 30 to 15 staff members. This indirectly affects the wellbeing of the retrenched staff (who are mostly women) and their families and puts them in a precarious situation, as their source of making a living is jeopardised.

Disruptions in supply chains and market closures had an immediate impact on women-led businesses as they did not have financial resources to maintain operations beyond a few weeks or days in some cases. The women business owners reported that some of them owe their suppliers, others owe the banks or micro credit institutions, and these loans are accruing monthly interest. They are under pressure from the micro finance institutions to pay the loans, despite the financial situation of these businesses. On the other hand, the travel agencies reported that there are outstanding sales that have not been recovered.

To mitigate the ill-fated business environment, the business owners have adopted some strategies. These include diversifying from catering to selling processed and frozen foodstuffs, taking advantage of the slow business to train staff on new methods and recipes, or venturing into demand-driven products that are needed for the Ramadan period. Umbrella organisations such as the Gambia Women's Chamber of Commerce, which is membership based, is financially constrained as their members are unable to subscribe and the sustainability of their office operations is challenged.

In terms of preparation for the recovery phase of the pandemic, most of the women entrepreneurs are completely unprepared. Organisations like the GWCC have plans to mentor and coach Women Entrepreneurs in dealing with the effect of Covid-19 by introducing new innovative business practices e.g. introducing a paperless society, conducting B2B, facilitating linkages to markets, and advocating for increased quotas of procurement contracts for Women Entrepreneurs from the public sector.

For female wage workers, in addition to potential unemployment, or reduction of income, the crisis is likely to impact women through an increase in number of hours they spend in unpaid care work as a result of school closures. The employed population for females is 36% (The Gambia Labour Force Survey 2018). Due to government restrictions, all schools are closed in the Gambia, leaving many girls at a further risk of Female Genital Mutilation (FGM), child marriage, sexual exploitation and teenage pregnancy. The increase in the levels of teenage pregnancy and early marriage due to school closure was observed during the Ebola outbreak in some regions with high infection rates in Sierra-Leone and Liberia. There were further reports indicating that girls suffered more sexual violence and exploitation when they were isolated, quarantined or moved to other areas to escape the virus ( Bah 2014, and Flesishman 2014).

### The brave female fish entrepreneur

*In the mostly male dominated fisheries sector, women are often affected by gender division of labor and roles in the local fishing economies. They are over-represented in the lowest value chain of the industry i.e. processing and retailing. They do not have control over resources and are at the will of the male fishermen who sell them the fishes at whatever price they deemed fit. This affects the women and they hardly have enough resources to venture into ownership of fishing equipment in the male fishing environment. This power dynamic also puts many at risk of sexual violence as they have to negotiate with male suppliers.*

*Meet Rohie B, a 29-year-old divorcee with three children. Rohie lives in a household of seven people and is currently attending the University of the Gambia. Rohie got into the fishing business through her poultry farm when she wanted to process her own feed to increase her profit. She started buying fish for her poultry feed and got interested in fishing. She got a loan from Social Development Fund (SDF) which she used to build a boat and started a fishing business. She hired 15 men to do the fishing. Rohie said "It was easy to manage because payment was based on share basis, however I was being cheated as the men were not forthcoming with the quantity of the catch". Due to the challenges she was facing with managing the fishermen, she had to get a male partner on equal terms in the business to manage the team of fishermen. Rohie noticed the difference in how they were treating her partner and they were more respectful and honest with him as they see him as a man. From her observation," men survive the business best", she said that being youth and female is double strike for her in the business as most men were taking her for granted. She partnered with the owners of big boats which brings from 200 to 1000 baskets of fish on each trip (each basket is 55 kilos of fish). She invests and buys fuel, assist in the maintenance and repairs, etc. and get 10 dalasi per basket on commission on top on her investment.*

*Prior to the COVID-19, she was exporting high quality fish such as octopus, sole fish, cattlefish, shrimps to Dakar, Senegal and made up to D 1,000,000 in gross sales (4 trips a month at D300,000 per trip). She hired storage vans and paid the transport to Dakar escorting the fish.*

*"Now with the borders closed, we cannot export fish and I am selling to the locals and the Chinese fish meals factories. My monthly income is only D 10,000. My boat and team are stranded in Kafuntin, Senegal and unless the border is open I cannot get back the boat"*

*"The COVID -19 spoil a lot of things for me. I was fully exploiting the opportunities as a woman in this male dominated business. I was thinking about constructing fuel stations for the boats on my allocated lands but now all of this is on hold"*

*As highlighted in Rohie B's story, The Govt should provide emergency loan to see such businesses through these difficult times. Rohie is the only young woman who owns a boat in the fishing industry and was working this volume of business. Her story demonstrates the realities that women face in a male dominated industry. Nonetheless, As Rohie powerfully states;*

*"Startups are difficult, and patience is needed. You will fail several times, but you end up succeeding if you believe in your heart what you are doing. All successful people have a story to tell".*

*Rohie believes that the COVID-19 is a stumbling block that she will overcome.*

## 5. Other Social Impacts

### Increase in the burden of unpaid work

All the women interviewed reported an increase in their roles and responsibilities at the home, as schools close and mobility restrictions limit availability of domestic work and other household support provided. Women do three times more work than men globally and this pattern is expected to reproduce itself during the crisis. One woman explained how the restrictions have resulted in more work for women, as there is limited time to go to the market, cook and look after domestic chores and children. This, she said, with limited finance and no help from husbands with household responsibilities, has added a lot of pressure on women and is also contributing to many arguments and fights between husbands and their wives.

Women who took part in the interviews all expressed that they are responsible for caring for children, taking care of domestic duties and taking children to hospital if they were sick. Of the 30 women interviewed, 7 are employed and the rest are involved in petty trading and farming. However, despite being employed formally or informally, all participants were responsible for household chores and other responsibilities at the household level. The women shared that the burden of responsibilities has increased as a result of early market and school closures.

Violence Against Women and Girls (VAWG) has been increasing rapidly as a result of the COVID-19 pandemic. The MoWCSA, has reported that they have observed an increase in the report of GBV cases from partners since the COVID restrictions were introduced. In The Gambia, violence and discrimination perpetrated against women is pervasive, due to a patriarchal society combined with deeply rooted cultural practices and norms such as FGM and child marriage, which underpin the perpetuation of violence against women and girls. The measures put in place to curtail the COVID-19 pandemic such as quarantine, physical distancing and lockdown, which affects livelihoods and access to services, are likely to increase the risks of women and girls experiencing violence. Though these restrictive measures can be vital in the control of the spread of pandemics, they can have harmful effects on those in already violent situations, leaving them trapped with their abuser (Melissa Godin, March 2020 and Huffington Post, March 2020).

In addition to domestic violence, women and girls also experience increased risks of other forms of gender-based violence, including sexual exploitation and abuse, during pandemics (UNFPA, March 2020). Whilst data on the impact of Covid-19 restrictions on Sexual Abuse and Exploitation (SEA) is not yet available, experience from the 2013-2016 Ebola outbreak in West Africa shows that such outbreaks put women and girls at an increased risk of sexual abuse and exploitation. For example, women in single female-headed households who were struggling financially were forced or coerced to provide sex in exchange for food during the Ebola outbreak. Similar to the effects of the Ebola outbreak, there is a potential that the COVID-19 pandemic may increase the risk of gender-based violence and sexual exploitation and abuse as women face an economic downturn.

Of the 30 women interviewed for the SGBV component, 13 reported to have either experienced or witnessed an incident of physical violence since the introduction of restrictive measures. Several of the women expressed that the main cause of the violence was as a result of economic constraints in the household. Women also reported that due to the restrictions around business hours, they face harassment from security officials and fear being arrested and or beaten up by the police. The women expressed the difficulty this is causing as for many of them selling on the streets or at the market is their only source of livelihood. Whilst only two women reported incidents of sexual violence towards girls in their communities, one of the organizations interviewed shared that through their radio programmes on SGBV, they have received information from the audience and some panelists that SGBV cases are on the increase due to the lockdown.

Interviews with organizations working to support victims of GBV who responded to the questionnaires all highlighted that the restrictions put in place have affected the services they provide to support women and girls, including a halt in outreach activities to raise awareness of GBV. One organization (FAWEGAM) reported that they continue engaging women through WhatsApp group messages, as it is not possible to meet face to face. Organizations also reported that they have received no support, both capacity and financial, to be able to deal with the hardship and increased violence that women and girls are facing during COVID-19. Women In Liberation and Leadership (WILL) reported that although anecdotally they are hearing of many cases of GBV, there have been limited reports of incidents to them. They believe that this is as a result of the culture of silence around GBV reporting and the normalization of violence against women and girls within Gambian society.

Female Sex workers are an unprotected group, often exploited and increasingly vulnerable to the COVID-19 pandemic. There are two different kinds of sex workers i.e. street roamers and those who work in the lodges. On average the street roamers make more money because they are more exposed to risks. During the focus group discussion for the assessment, the street roamers reported that Pre-COVID-19, they used to make on average D20,000 to D30,000 monthly and now they are making less than D5,000 and are unable to provide for themselves and their families. This is mostly because the bars and nightclubs are closed and therefore the clients are very limited. There is an increase in the presence of criminals in the deserted streets and these women are easy prey for criminals to steal from and beat up. They cited another reason for the slow time is that during Ramadan, the police patrol the streets and arrest them. Before they are released, local women have to pay D200 to D300 and foreigners pay D500 to the security personnel, without proof of receipt. They reported incidences of sexual harassment from security forces and at times they are raped and beaten.

Due to the COVID-19, women are highly exposed to the risk of contracting the virus and are likely to engage in risky sexual behaviours such as unprotected sex. Women that work in the lodges have had to reduce their prices and as a result, they make less and have to work extra hard to be able to make ends meet. The clients are not coming in their numbers to the lodges and the lodge operators have increased the rent charges for the

rooms, as the gate charges have reduced due to fewer clients visiting. In addition, the lodge owners have to bribe the security personnel to be able to operate. This financially stresses the women and they end up on the losing side of the bargain.

The women are mostly heads of household and their dependents' daily survival rests on them. If they don't work and make money, their families are likely to suffer from hunger and deprivation. They also reported that a lot of young people from 12 years upwards are getting more and more into sex work, which also affects the women with families because clients often prefer younger women/girls. The young ones can harass the older women, which creates tension and an increase in the incidence of woman on woman violence. In terms of protecting themselves against the virus, they reported that they are helpless, as their business is based on intimacy and they are willing to take the risk of contracting COVID-19 to make a living. Non-Governmental Organisations such as World View are stepping in to ensure that condoms and protection is available to these women so that they can continue to practice safe sex even during the pandemic.

In The Gambia, there are 300,000 people with disabilities (47% are women and 15% young people), 120,000 are seriously disabled (e.g. hard of hearing, visually impaired, mentally disturbed) and most of them are Heads of Household. One respondent was engaged in petty trading in the Tourism Development Area. As a consequence of the travel ban and closures of hotels in the TDA, the areas are deserted, and she witnessed her monthly sales dropping from D45,000 a month to zero. To make matters worse, she owed some loans and withdrew her savings to construct a canteen, just before the pandemic struck.

Another respondent in the group reported that access to healthcare is limited for albinos, especially during these times. She mentioned hospitals do not have medication for them, not even Sunscreen cream which is a critical need due to their high susceptibility to skin cancer mainly because of the border closures. Vision aid is also a necessity, as albinos suffer from low vision, but the Government eye clinics sell glasses at full cost, not subsidised for vulnerable people like albinos. This results in most albinos dropping out of school due to their disability.

The women living with disabilities who are begging on the streets are greatly impacted by COVID-19. This is because, due to the short hours of the markets, closures of worship places, deserted streets and social distancing, few people are giving out charity. It was also reported that tourists often gave disabled people wheelchairs and other paraphernalia, which greatly helped them with mobility. Such assistance has been curtailed by COVID-19

The Gambia Federation of the Disabled<sup>1</sup> reported that disability is on the increase due to the high incidence of non-communicable diseases such as diabetes. With COVID-19, the

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<sup>1</sup> This is the umbrella federation covering 16 Disabled people's organizations e.g. GOVI (12 in GBA and 4 in rural areas).

federation observed that most of their members are frustrated due to disruption of livelihoods and this is leading to a rise in GBV in homes. They also reported that, at the beginning of the pandemic, the 1025 phone number was not user-friendly for people with disabilities, especially the hard of hearing. As a result, the federation intervened, and two lines were added for people with disabilities. The MoBSE online lessons are not user-friendly to the visually impaired, as they cannot see the content, and there is no sign language interpretation for the hard of hearing, so people living with disabilities feel that they have been discriminated against in the response to the COVID-19. The federation had to use their reserve funds and bought rice for people living with disabilities in the rural areas, as they did not receive food aid from the Government.

Girls will be directly impacted by the crisis in a number of ways including interrupting their education as a result of school closure, heightened risk of different forms of GBV. For many girls in low income households, school closure will also mean losing access to school feeding programs, with the subsequent impact on their food security and on nutrition outcomes. Since 2007, there has been an equal number of Gambian boys and girls enrolled in primary school. While the primary school enrollment gap has disappeared, completion is a different picture at secondary level, where only 27.8 % females compared to 30.8% of males (MICS 2018) complete secondary level. Additionally, out of the girls that do complete basic education, only few will go to the secondary school. The closure of schools for an extended period of time will increase the risk of girls not returning to school.

How the COVID-19 emergency is handled and the events unfolding in the aftermath of the pandemic is a crucial factor in shaping the democratic process of The Gambia. The lack of decision-making powers for women and girls in the Gambia is reflected by their low representation in economic and political decision-making positions. They face barriers to the equal participation in the formal economy, earn less than their male counterparts, have unequal access to assets and property, and are less likely to complete secondary school than boys (UNFPA 2018).

The women councillors interviewed revealed that the consultations regarding the response to the pandemic is only cosmetic and they are not involved in the decision-making. The political parties are headed by men and the pandemic is providing the perfect platform for the male political aspirants to take advantage of the situation. In turn the population is very appreciative of the men who are providing the much-needed relief. When it is election time, this will negatively impact on the popularity of the women political aspirants, especially among the grassroots, because the men were visibly assisting them in their times of need. Cultural norms also favour men being in leadership positions, as they are mostly 'seen' as the heroes.

The women who are in politics have to resort to buying tokens of food and sanitary supplies to distribute among their constituent districts. The Government has not distributed the foodstuff yet but some of the philanthropists (GCCl, Bankers Ass., TAF,



Safe Hands for Girls) have given them relief. There seems to be a disparity between the urban and rural areas in terms of the outreach for assistance, as the urban areas are benefitting more according to the respondents. Political party affiliation is also a key determinant in the assistance given to a particular group or community.

Social norms and gender often restrict women's ability to participate in decision-making processes, and this impacts the degree to which their specific needs are taken into consideration particularly during emergencies. The evidence gathered in this assessment indicates that whilst women's responsibilities have increased significantly due to restrictions imposed as a result of COVID-19, decision-making powers remain with men. Women who took part in this assessment did not report any negative impact that this may have had on them. This could be as a result of the fact that cultural and societal norms accept that men should be the head of households and the decision-makers. Apart from 3 women who are the head of their household, the remaining women who were interviewed all had male-headed households, indicating that men are the main heads of households in many Gambian families. All 30 women who took part in the interviews believed that a man should be head of the household and that they should be the decision-makers in family matters. Whilst the women stated that the pandemic has had a huge impact on the financial situation of their households, power dynamics and decision-making powers remain in the hands of men. Women also reported that for the few households that have received support (either financial or food items) from government or other institutions and/or individuals, the support has been given to the head of the household, the men, and they dictated how these items are distributed and used within the household.

## **6. Gender responsiveness of The Gambia's COVID-19 emergency response**

The Gambia drafted one emergency response plan called the National Novel Coronavirus (COVID19) Preparedness and Response Plan. In fact, in the whole plan, gender is only mentioned once, and the plan dismisses the likelihood that it will "have any major impact on gender". It is commonly known that women have special needs that men don't have. A simple example is that there is no provision for procurement of sanitary towels in the plan. So, if a woman is in quarantine and on her menstrual period, she will not have access to feminine care supplies. Another concern is that people living with disabilities need extra care and have a lot of difficulties in vision, hearing or mobility. The plan totally disregards this population needs to be sensitised in the manner that is appropriate for them.

The people that are visible and in the forefront of the response are mostly males and this bias must be addressed promptly. The MoWCSA reported that even though it does not have a sector emergency plan, they provide policy briefs on COVID-19 as it relates to women, children and persons with disabilities. There is also a draft Child-friendly COVID-19 Plan that will feed into the National Plan.

Civil society and community-based organisations working with women and girls at the community level have not been engaged nor consulted during the development of policies around COVID-19. It is vital that these organisations are engaged as they work directly with women and girls particularly at grassroots level.

Additionally, all organisations (mainly civil society and community-based organisations) supporting women and girls who completed the questionnaires have no gender responsiveness policies specifically for COVID-19.

## 6.1 Policy and program response

According to the National Development Plan, the strategy is to “mainstream and integrate climate change and DRR into sectoral development plans” Government also aims to strengthen coordination “at all levels to deepen understanding and collaboration of community action plans and national and regional contingency plans that are geared towards improving food security and sustainable livelihoods.” However, during this assessments, only the Ministry of Women, Children and Social Affairs responded among the key line ministries on what, how and where their departments are responding in policy and/ or programme interventions against the COVID-19.

### Policy Level:

The Ministry provides policy briefs on COVID-19 as it relates to women, children and persons with disabilities.

### Programme level:

The Ministry supported the distribution of sanitary materials to Health centres, markets, Federation for the people with disability, Bakoteh shelter for the vulnerable individuals, Psychiatric centres and the magilis.

The NGOs that were consulted had responded and stated that in terms of policy and programme response they are implementing the following:

### **At Policy level:**

1. Action Aid is working with partners to advocate for gender responsive public Services especially SRHR services during the COVID-19. To that end they have collected symbolic messages from key influential people or head of institutions which will be aired soon.
2. The Gambia Chamber of commerce and Industry advocated for the inclusion of women-owned businesses in the public procurement of COVID-19 emergency food supplies

3. The Gambia Women Chamber of Commerce is in contact with Government and have sent a proposal on how to help women in Business during Covid-19.

### **At Programme level:**

1. Action Aid in collaboration with partners especially the NGBV, a total of D514,000 was spent on additional supplies on medicine and sanitary materials for all the one-stop centres to support victims of abuse and violence during this difficult time.

- Virtual learning on SGBV is also being supported. This will replace the school outreach programmes. In this regard, videos of classroom demonstration will be done focusing on FGM, Child marriage and sexual violence, child abuse, and the laws enacted surrounding these practices. These videos are all recorded and will soon be aired on TV in series. It will also highlight the response on the COVID-19 thus drawing on the linkage between GBV and the pandemic.
- Ten thousand unit of gloves were donated to the Ministry of Health at the during the beginning of the public emergency.
- Supported communities in Nyamina East West and Dankunku with WWASH materials especially public places.
- Supported Small Holder Farmers especially women Small holder Farmers with seeds and cereals in preparation for the next rainy season to safeguard against hunger and food insecurity valued over 2.6million Dalasi
- Conducted a needs assessment which report is being prepared and the outcome will income our fully blown response to COVID-19 in CRR and NBR
- Supporting people living with HIV and AIDs with transport refund to access treatment during this COVID -19

2. GCCI offered cash donations to Councils for onward distribution to women, petty traders etc

- Work in prisons (refurbished toilets, medical wing of the prison and provided cleaning supplies for the prisons)

3. The GWCC are assisting and training women entrepreneurs to market and sell their products through a Virtual Market and delivery system which they created.

This will have a cascading effect on the families and society unless substantive stimulus and other social support packages are made available to them as a safety net.

6.2 Dissemination of accessible information on preparedness and response among women

As the COVID-19 crisis develops, updated information is vital particularly at community level. It is important that information reaches and is understood by everyone, especially

women. Considering the high illiteracy rates and inadequate access to internet among women especially in rural areas, information on preparedness and response of COVID-19 among women must be gender sensitive and easily accessible.

Presently, women Led organizations are using different methods to engage women and girls at community level and share COVID-19 information. For example;

- FAWEGAM continues to engage mother's clubs' members through WhatsApp groups to ensure that information around COVID-19 is reaching women across the country.
- The Girls Agenda are conducting radio programs to raise awareness of SGBV and share referral pathways with listeners
- Women In Liberation and Leadership (WILL) are engaging traditional communicators and disseminating information around the pandemic and clarifying existing myths. They have also been engaged in online webinars on the impact of COVID-19 on women's SRH.
- Safe Hands for Girls have been engaged in supporting female headed households with food and other essential supplies particularly in rural areas and using this opportunity to talk to women about COVID-19

## **7. Conclusions and recommendations**

The Assessment concluded that:

1. A majority of the population is in dire need of assistance from yesterday. Emergencies do not wait for anyone and as such The Government of the Gambia needs to quickly put in place short term assistance such as food, cash assistance, tax breaks and duty waivers for businesses and an immediate moratorium on interest on loans.
2. Most of the respondents were more concerned with the economic impact than even the gender based violence they are experiencing due to COVID-19. This suggests that the assessments cannot fully capture the precarious economic situation of the people and its ripple effects on the socio-cultural dynamics of The Gambia – and its consequent threat to the social fabric of Gambian society.
3. There is only one national response plan to the COVID-19 pandemic i.e. the Ministry of Health National Novel Coronavirus (COVID-19) Preparedness and Response Plan. The Plan focuses only on containing and limiting the spread of the Virus and does not take into consideration the needs of the different genders and people living with disability issues. Therefore, there is a need for a national response plan that will take into consideration the economic-socio-cultural dynamics of the situation and the response both during and after the pandemic.

The main recommendations for the policy level are:

1. Evidence based analysis is needed to save lives and the Government of the Gambia must ensure that there exists a social registry that is inclusive, non-discriminatory and updated frequently. The lacklustre supply of data affects the response to the COVID-19. The Government had to collect data and then start the distribution of the lifesaving supplies, which creates delays and makes the situation even more critical. It will be essential to identify key ongoing data collection exercises in the country, including rapid surveys, and to ensure that sex-disaggregated data are collected in all aspects of the response and in particular on the economic impact, including for informal workers, incidence of GBV, and on unpaid care.
2. All policies developed must be gender sensitive, take into consideration the different challenges women face and ensure that the rights of both women and men are equally protected in all scenarios be it emergency or non-emergency. Moreover, there is an urgent need to screen and update existing policies and Acts to address GBV during pandemics.
3. There is an urgent need to incorporate COVID-19 response in successor policies and plans i.e. Women Empowerment Policy 2010-2020 and Strategic Plan 2015-2020 implementation program.
4. There is a need to have a gender-responsive national response and preparedness plan for during and after the pandemic, which will include accountability frameworks for monitoring and evaluating the response.
5. In the constitution of the Gambia, there is no law banning sex work and as such the Government (MoWCSA and the MoJ) needs to ensure that there are policies and laws that protect Gambian sex-workers, which are predominantly women. There is also a need to ensure that they have the same access to health services and social safety nets as any vulnerable Gambian.
6. The Ministry of Women, Children and Social Affairs and the National Assembly must pass the overdue Disability Bill. Once passed, the Bill will be an Act of Parliament and domesticated. The bill will provide a legal backing for this vulnerable group to ensure their rights are protected; hold Government to account especially in putting in place a robust social insurance package for vulnerable population and providing subvention for The Gambia Federation of the Disabled which has not been sub-vented for the past 15 years.
7. The Ministry of Finance and the Office of the Vice President, the Social Protection Secretariat, needs to provide emergency funding for scaling up social protection and expanding existing unconditional cash transfers schemes to reach those in informal and vulnerable employment. This will particularly help women who are the majority of informal workers and GBV survivors who do not have social protection and are heavily impacted by the crisis.

8. The Government of The Gambia should establish a national scheme to purchase agricultural products from women and men agricultural producers. This would specifically benefit women, given more than 50% of those employed in the agricultural sector are women. Provide support to value addition and processing initiatives currently being executed by women SMEs.

9. The Government of the Gambia should establish Public Works Programmes for women-led production which will include production of key goods to fight COVID (face masks, hydroalcoholic gel, etc) and support women-led SMEs entry in key sectors of the crisis economy (e.g. food production, health and hygiene products, protective equipment, etc.) through technical assistance, soft loans, tax breaks and gender responsive procurement practices both from private as well as the public sector

The recommendations at the programmatic level are:

1. The Ministry of Agriculture should facilitate and provide guidance to Women in Agriculture to create Producer organisations and cooperatives. This can be an avenue for the women to start a saving scheme and raise the capital to invest in cold storage, which will help mitigate perishability and loss of products.

2. The Ministry of Health, through the Public Health Officers, must visit the commercial sex workers' lodges to ensure that health and sanitary measures are in place and that sensitization on the COVID-19 precautions are conducted for the female sex workers in a dignified and respectful manner.

3. The MoWCSA should support in creating a level playing field for the female councillors, providing for them the basic sanitation materials to distribute, and in that way, validating the standing and position of the women, which will pay dividends in the future elections. Finance should be made available so that the women are able to participate fully in the politics.

4. The sensitization materials on COVID-19 need to be revised and made friendly to people living with disabilities (e.g. large print for people with poor vision and braille).

5. The Ministry of Education should ensure that televised classes are accessible to people living with disabilities through the use of sign language.

6. The MoWCSA and the MoH need to coordinate and work with civil society, especially women-led organisations, to develop and implement programs targeting women and girls, particularly in rural areas. During the pandemic it is important to ensure efforts and responses are not further discriminating and excluding those most at risk.

7. The Government and the development partners must ensure that programs are inclusive of women's SRH needs and that women are consulted during the development and implementation of program activities. Services for the protection of GBV victims that are existing before the crisis must remain operational during the crisis and they are considered one of the emergency sectors not to be shut down if economic lockdown measures are being considered. Special awareness should be raised among police and other to not fine/restrict mobility of women and girls who are in the process of reporting GBV.

## **8. Annexes**

1. Objectives and methodology
2. Data collection tools
3. List of persons / institutions interviewed
4. Terms of Reference
5. List of Documents reviewed

### **Annex 1: Objectives and Methodology**

#### Objectives

As stated in the Terms of Reference, the Gender Impact assessment of the COVID-19 will assess the following:

- I. Extent to which the pandemic impacted the political, economic, health and socio-cultural participation of women as well as their decision-making abilities in the home.
- II. Extent of the economic impact of the pandemic on women.
- III. Extent to which the pandemic affected pre-existing social and cultural norms as well as its impact on the incidence of sexual and gender-based violence and women's access to sexual and reproductive health services in The Gambia.
- IV. Impact of the pandemic on women and girls' access to and control over material and non-material resources as against that of men.
- V. Impact of the pandemic on social and familial relations as well as power dynamics in the home.
- VI. Gender responsiveness of The Gambia's COVID-19 emergency response.

It is anticipated that the assessment will produced the following results:

- a) A report on the immediate, direct and indirect impact of the COVID-19 pandemic on Gambian women and girls.
- b) Policy and programmatic recommendations on ways to mitigate the identified challenges in the short term

In short, the assessment will provide an understanding of the challenges, policy and programme gaps women are facing in the country during this pandemic and deliver solid recommendations in alleviating these challenges. In executing the assignment, a gender lens will be applied thoroughly in reviewing the exiting literature and in addition, quantitative and qualitative data will be collected and analyzed. All these approaches will be further explained under the methodology section.



## Methodology

In conducting the Gender Impact Assessment, the consultants assessed the effects of COVID-19 on the gender roles, relations and needs. The aim was to understand several gender-related issues and how they are exacerbated by the pandemic by closely assessing: women's participation in income generating activities; if there is any change in access and control over resources; power relations in a household and at the community level; and how this impacts women's sexual and reproductive health and rights.

The consultants closely reviewed the other impact assessments (i.e. the economic analysis and Governance and peace building in the Gambia) with a gender lens to ensure that gender is mainstreamed through the analysis and findings, as well as in the recommendations on the policy and support to programme implementation.

A mixed range of methods were utilized, such as debriefing and briefing sessions with UNDP and UNFPA teams, literature review, qualitative primary data collection through interviews and reviewing of quantitative data from secondary sources.

### a. Data Collection methods

Given the current environment and observance of the WHO precautions to reduce the rate of contracting the Coronavirus, the targeted respondents for this assessment were contacted through telephone interviews and, for those who are literate and at the institutional level, the questionnaires were completed and submitted online. In instances where face-to-face interviews were conducted, social distancing was maintained throughout the interview period. The use of different techniques ensured that the views and perceptions of diverse stakeholders were captured adequately in the assessment including at both individual and institutional level, despite the constraints of the pandemic and restrictions.

Four assessment questionnaires were developed (see Annex) to suit the information requirements of the assessment. Since some women were not captured in the ongoing rapid assessments, the interviewees were polled from different sources e.g. the individuals ~~that were~~ contacted from the Rapid Assessment of the Impact COVID-19 on Tourism and Related Sectors by The Gambia Bureau of Statistics (GBoS), women councilors, domestic workers, vegetable growers, petty traders on the street corners, etc. The consultants referred to the HRBA principle and ensured that people living with disabilities and socially marginalized groups, such as commercial sex workers, were consulted so that the assessment conclusions are inclusive.

A semi-structured interview format with open-ended questions was used in the data collection in SGBV. Due to the sensitivity of talking about SGBV, using semi-structured

questions allowed both flexibility to the interviewer and the participant to probe further and the opportunity to provide more details as the interview unfolded. Women, especially at community level, were targeted as participants through their connections with civil society organizations that work with women and women councilors in the various constituencies. Participants also included women from different demographics and social backgrounds, such as those in formal and informal employment as well as women who stay at home as housewives, thus permitting inclusivity and good representation. Interview times were arranged in advance with the participants so that they could choose a time best suited for them, to ensure they felt safe and secure to be interviewed. All participants were given information about the assessment and their consent was given before the interviews started. Participants were made aware that participation is voluntary and their right to confidentiality was explained, respected and assured.

In addition to the interviews with women, additional interviews were held with organizations that provide support services to women and victims of SGBV. These interviews also followed a semi-structured format. See Annex for a sample of the questionnaire.

#### b. Literature Review

The assessment reviewed and analyzed secondary data. The focus of the literature review was to gauge the extent of gender considerations in the strategies proposed in the documentations and how well the actual changes in women's and girls' position, conditions and lives, are reflected in the findings of the reports. See attached literature review list (see Annex)

The quantitative data were used together with qualitative data from interviews to best support conclusions of the assessment.

### **Annex 2: Data Collection tools**

#### **Economic Impact**

##### **Questionnaires for the key Informant Interviews (Individuals)**

[Introduce the study, explain the interviewee's rights and obtain consent]

**Name of Interviewee** .....

**Date of interview** Day.....Month.....Year.....

#### **Demographics**

Question 1: How old are you?

Question 2: What is your marital status?

Question 3: How many children do you have?

Question 4: Position in the household? (head of household, spouse, another adult)

Question 5: What is the size of the household?

Question 6: How many years of education/ level of education?

### **Livelihood:**

Question 7: What is your main occupation? (business owner, employed, unemployed)

Question 8: How much money did you use to make in a month before the COVID-19?

Question 9: How much money are you making in a month currently?

Question 9b: How is your business affected by the COVID -19? (do you have more or less clients, more or less work, engaged in different businesses)

Question 10: Do you have savings or are you contributing to a revolving fund (osusu)?

Question 10b: Do you currently have loans? (banks, micro credit institutions, associates, etc)

Question 10c: what are you plans for repaying the loans?

Question 11: What are your household's sources of income?

Question 11 b: How is the income shared in the household?

### **Vulnerability & Livelihood Strategy**

Question 12: How are you financially coping with the current situation compared to Pre-COVID - 19?

Question 13: Have you been given any assistance and from whom? (Government or philanthropists)? Not yet receive any assistance from Government or philanthropist

Question 14: If yes, in what form was the assistance in (foodstuff, cash) and how did it mitigate some of the hardship?

Question 15: If you had a choice in what form of assistance to get, what would you prefer? The cash is preferable and can be used to buy their preference and even use some to invest in a side business.

Question 16: What support would you like to get from Government?

Young people in business are start ups and Government has to assist in loans mortarium and rent waivers. She pays rent every three months. Area council taxes can be waived or refunded. Stimulus packages

Question 17: If this COVID - 19 pandemic situation extends, what is your main strategy to improve living conditions? At the moment, she is lost and she is losing customers as a lot of people are not building and she is selling hardware and building materials. Living with hope is the last resort

Do you have any questions or additions regarding this survey?

- Closing – Thank participants.

### Questionnaires for the key Informant Interviews (Institutions)

[Introduce the study, explain the interviewee’s rights and obtain consent]

1	Institution/Organization	
2	Organisation’s mandate	
3	Position in the Organization	
4	Date of the Interview	

Question 1: Briefly explain how your institution is implementing the Gender Policy?

Question 2: In what way(s) is your institution working with the vulnerable population to ease the economic and social impact of the COVID - 19 pandemic?

Policy level?

Programme level?

Question 3: What social safety nets are in place for vulnerable groups including people living with disabilities?

Question 4: How do you identify and reach vulnerable groups including people living with disabilities?

Question 5: What coordination mechanisms are in place to address the needs of the vulnerable during the COVID -19?

Question 6: How does your Institution engage the community level Governance structures in this pandemic?

Question 7: What are your plans for the recovery phase of the COVID - 19?

Question 8: What is the total cost of the relief package and the funding gap that your institution is facing?

Question 9: In which areas would your institution need assistance in carrying out its responsibilities in reaching out to vulnerable groups during the COVID - 19?

Question 10: Does your institution have a sector specific emergency preparedness/response plan?

Question 11: If your institution has a plan what are the main objectives of the plan?

### **Questionnaire (SGBV)**

#### **Questionnaires for the key Informant Interviews (Individuals)**

[Interviewer introduce themselves, explain the objectives of the interview and request the respondent's consent to be interviewed)

Introduce the study, explain the interviewee's rights and obtain consent]

**Name of Interviewee** .....

**Date of interview** Day.....Month.....Year.....

#### **Demographics**

Question 1: How old are you?

Question 2: What is your marital status?

Question 3: Do you have any children? If yes how many children do you have?

Question 4: Position in the household? (head of household, spouse, another adult)

Question 5: What is the size of the household?

Question 6: How many years of education/ level of education?

#### **Social and Cultural Norms:**

Question 7: What is your main occupation? (business owner, employed, unemployed, housewife)

Question 8: What are your roles and responsibilities at home?

Question 9: Before the COVID -19 pandemic and restrictions, who made the decisions in your household? Why? Has there been any changes since COVID -19, please explain?

Question 10: have your role and responsibilities in your household changed since the pandemic? If yes please explain how?

Question 11: How has the changes due to pandemic impacted you in the household?

**Sexual and gender-based violence and women’s access to sexual and reproductive health services in The Gambia.**

Question 12: How have the pandemic and its restrictions affected you as a woman?

Question 13: Has the pandemic affected your access to health care services (eg. SRH services)? If yes in what way? If no, why not?

Question 14: Do you think women and girls are at risk of sexual and gender-based violence during the pandemic? If yes, Why?

Question 15: What kinds of risk do you think women and girls are faced with during the pandemic?

Question 16: Have there been incidents and/or reports of SGBV in your household or community since the COVID-19 pandemic? If yes, please provide some details of the said incidents.

Question 17: What are the available reproductive health services for women and girls in your community?

Question 18: In general, has COVID-19 affected access to these services in your community? Explain the effect of the COVID-19 on access to services.

Do you have any questions or additions regarding this survey?

- Closing – Thank participants.

**Questionnaires for the key Informant Interviews (Institutions)**

([Interviewer introduce themselves, explain the objectives of the interview and request the respondent’s consent to be interviewed])

1	Institution/Organization	
2	Organisation’s mandate	

3	Position in the Organization	
4	Date of the Interview	

Question 1: What types of services does your institution provide to victims/survivors of SGBV?

Question 2: From what individuals or organizations do you typically receive reports of SGBV?

Questions 3: Who are the main victims/survivors of sexual violence? (PROBE: who are the main perpetrators, survivors, what are their ages, sex...?)

Question 4: has your institution put any coordination mechanism in place to address the needs of the vulnerable during the COVID -19?

Question 5: Since the pandemic and restrictions have you observed any changes in the number of cases and incidents of SGBV you receive? Please explain.

Question 6: Has the pandemic and restrictions affected the services your institution provides to victims of SGBV? If yes, how?

Question 7: What are some of the challenges that you face in responding to sexual violence or other form of gender-based violence? Has there been any changes in these challenges since COVID-19? Please explain

Question 8: How do you think these challenges can be addressed?

Question 9: How does your Institution continue to engage the community level Governance structures in this pandemic?

Question 10: Does your organization have plans for the recovery phase of the COVID - 19? What are they?

### **Annex 3: List of stakeholders interviewed:**

#### **Gender Impact Assessment on the COVID - 19**

1. . Key Informant interviews with UN staff

<b>Number</b>	<b>Name of stakeholder</b>	<b>Designation</b>	<b>Agency</b>
1.	Mrs. Nessie Golakai-Gould	Deputy Representative	UNDP
2.	Mr. Alieu Sarr	Assistant Representative	UNFPA
3.	Ms. Jesmin Alkima		UNFPA
4.	Mrs. Emily Sarr	Program Analyst	UNDP

## 2. Key Informant interviews with Government / NGO institutions

Number	Name of stakeholder	Designation	Institution
5.	Mrs Naffie Barry	President	Gambia Women Chamber of Commerce
6.	Ms. Theresa Diarra	Focal point for Gender at GCCI	Gambia Chamber of Commerce and Industry
7.	Mr. Kawsu Baldeh	M&E officer	National Disaster Management Agency
8.	Mr. Ahmed Jeggan Loum	Programme Coordinator	Worldview
9.	Mrs. Fanta Sowe Gaye	Ag Head of Programs and Policy	ActionAid International The Gambia
10.	Mr. Gibril Jarju	Director of Planning	Ministry of Health
11.	Mrs Rohie Bittaye Darboe	Permanent Secretary	Ministry of Women, Children and Social Affairs
12.	Mr Modou Bahoum	Executive Director	Gambia Federation of the Disable
13.	Ms. Awa Boye	Coordinator	Gambia Albino Association
14.	Lisa Camara	Program coordinator	Safe hands for girls
15.	Fatima Zahra Jarju	Program Assistant	Think Young Women
16.	Yadicone Eribo Njie	National Coordinator	FAWEGAM
17.	Aminata Jaiteh	Program Assistant	The Girl's Agenda
18.	Bunja Gibba	Outreach and advocacy officer	Women In Liberation and Leadership - WILL
19.	Sira Ndow	Lady Councilor	Tallinding
20.	Yama Samateh Lowe	Lady Councilor	Serekunda
21.	Michelle Mendy	Lady Councilor	North Bank
22.	Fatou Fadera	Lady Councilor	LRR

## 3. Key Informant interviews with Individuals

Number	Name of individual	Occupation	Address	Tel. Number
23.	Fatou Bah	Business Owner – Hardware store	Farafenni, North Bank Region	7709508
24.	Ndeye Njie	Market Seller – General goods	Tippa Garage	7908888
25.	Saffie Cham	Salon owner	Serekunda	7811999
26.	Mam Kumba Nyack	Beautician		2548924



27.	Oley Salam	Beautician		7689513
28.	Fatou Gassama	Agriculture	Chamen, NBR	7029934
29.	Michele Njie	Caterer	Fajara	7367964
30.	AJ	Female Sex Worker	Bakau	
31.	RK	Female Sex Worker	Bijilo	
32.	FB	Female Sex Worker	London Corner	
33.	AN	Female Sex Worker	Kololi	
34.	SK	Female Sex Worker	Pirang, West Coast Region	
35.	BB	Female Sex Worker	Kololi	
36.	AF	Female Sex Worker	Churchills Town	
37.	NB	Female Sex Worker	Lamin	
38.	Sirra Faye	Lady Councilor	Tallinding	2417449
39.	Michelle Mendy	Lady Councilor	Essau, North Bank Region	7375456
40.	Bintou Bojang	Domestic worker	Kafenda, West Coast Region	7400120
41.	Rohie Bah	Fisheries	Brikama	2641563
42.	Njateh Ndow	Travel Agency	Brusibi	3626320
43.	Maimuna Barry	Poultry and vegetable seller	Brusibi	7349512
44.	Ramou Jeng	People living with disability – petty trader in the Senegambia Area	Ebo town	7205609

## 2. Individual Interviews on COVID-SGBV

Number	Individual Initials	Region/municipality	Age
1.	BC	WCR	25
2.	HB	WCR	48
3.	KS	WCR	42
4.	NC	WCR	28
5.	MF	WCR	33
6.	AM	LRR	40
7.	MJ	LRR	33
8.	FC	LRR	38
9.	KC	LRR	46
10.	FD	LRR	35
11.	IJ	NBR	35
12.	KF	NBR	27
13.	FJ	NBR	29
14.	IB	NBR	32
15.	JT	NBR	41

16.	AM	KMC	33
17.	SC	KMC	48
18.	FT	KMC	39
19.	MC	KMC	28
20.	HJ	KMC	25
21.	FS	KMC	42
22.	BG	KMC	26
23.	RS	KMC	46
24.	AN	KMC	37
25.	IB	KMC	24
26.	AB	GBA	37
27.	SJ	GBA	40
28.	KC	GBA	43
29.	MJ	GBA	37
30.	HJ	GBA	28

#### Annex 4: Terms of Reference:

**TERMS OF REFERENCE**

**CONSULTANCY ON GENDER IMPACT ASSESSEMENT OF COVID 19**

#### **I. BACKGROUND**

In response to the COVID-19 pandemic, many Governments have had to put in place drastic measures that have effectively impacted livelihoods and day to day living for many people around the world. Similarly, The Gambian Government has imposed a partial lockdown which would see a restriction in movement, closure of schools and an indefinite halt to almost all social and economic activities. This comes with relatively little surprise as similar measures were implemented in Sierra Leone, The Democratic Republic of Congo and other West African countries that were hit hard by the Ebola epidemic. However, such measures, although proven effective in containing viral transmissions are accompanied by a myriad of negative socio-economic implications.

With a GDP growth rate of 4.8% (2019) and majority of Gambians working in the informal sector, there are fears that measures instituted in response to the virus outbreak could adversely affect poor Gambian communities with poor health services. The suspension of all economic activities poses an existential threat to many Gambians, as daily wage earners, small job holders, including businesses and entrepreneurs have been adversely affected. Noting that the formal sector in the Gambia, consisting mainly of the Civil Service employs only 21% of women in the working

population, majority of women in the Gambia work in the informal sector, as such these restrictions are likely to threaten their economic freedom. Women are further exposed to the risk of intimate partner violence, sexual harassment and the risk of sexual exploitation and abuse as a lockdown curtails their economic opportunities and increases their dependence on relief provided by NGOs and government authorities,<sup>2</sup> while limiting their access to services for SGBV survivor and a confidential GBV referral pathway. A spike in domestic violence and GBV has already been observed in countries affected by the COVID-19 pandemic. Thus, addressing such challenges should be well integrated into the emergency response plan for the COVID-19 pandemic in The Gambia.

Globally, 70% of frontline health care workers are female<sup>3</sup>, which is also the case in The Gambia. The directive, therefore for the public to stay home, means that female healthcare professionals are likely to face a double burden of work.

Maternal mortality increased by 70% during the Ebola epidemic, as the outbreak disrupted the continuum of care.<sup>4</sup> If appropriate measures are not put in place to mitigate such a challenge, it is likely that the Gambia with a high maternal death ratio (433/100,000) will witness such an increase as well. Furthermore, women and girls' access to contraceptives and reproductive health services may be affected given the attention diverted to ensuring the treatment of COVID-19 patients.

Against this background, UNDP-UNFPA-OHCHR are seeking to recruit a group of consultants to undertake a gender impact assessment of the COVID-19 pandemic in The Gambia. This assessment would focus on analyzing the socio-economic, political and cultural impact of the pandemic through a gendered lens.

## **2. WHY GENDER IMPACT ASSESSMENT(GIA)**

In the status quo, women and girls are still discriminated against even with the existence of national laws and policies that recognize women and men as equals. There are data to prove that in humanitarian situations women and children are affected differently than men and are the most vulnerable, given the exacerbation of pre-existing inequalities. As such, it is prudent to conduct a study into the impact of the COVID-19 pandemic through a gender lens to understand the impact it will have on women vis-à-vis men. Gender Impact Assessment (GIA) is a useful tool to understand gender mainstreaming practices in economic, social, political and cultural aspects. Therefore, a GIA is relevant and needed in order to assess the effects of the existing policies and programmes; as well as that of the COVID-19 response plans on both sexes – to evaluate the **foreseen impact** on the economic, political, social and cultural spheres. The implication of GIA is also to ensure programming that will enhance gender equality in the long run after the COVID-19 outbreak.

## **OVERALL OBJECTIVE**

The overall objective is to conduct an impact assessment of COVID-19 pandemic on women and women with special vulnerabilities across different areas including health, sociopolitical, economic and cultural spheres.

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<sup>2</sup> GBV AoR (gender in humanitarian actions group), OHCHR, IASC, and WHO in COVID-19.

<sup>3</sup> See Technical brief, UNFPA on Technical Brief on COVID-19: A gender lens.

<sup>4</sup> See [Julia Smith](https://www.thinkglobalhealth.org/article/gender-and-COVID-19virus-outbreak), Think Global Health, Published on 4 February 2020. Available at: <https://www.thinkglobalhealth.org/article/gender-and-COVID-19virus-outbreak>

### **3. SCOPE OF WORK**

The consultant will carry out a study to assess the:

1. Extent to which the pandemic impacted the political, economic, health and socio-cultural participation of women as well as their decision-making abilities in the home.
2. Extent of the economic impact of the pandemic on women.
3. Extent to which the pandemic affected pre-existing social and cultural norms as well as its impact on the incidence of sexual and gender-based violence and women's access to sexual and reproductive health services in The Gambia.
4. Impact of the pandemic on women and girls' access to and control over material and non-material resources as against that of men.
5. Impact of the pandemic on social and familial relations as well as power dynamics in the home.
6. Gender responsiveness of The Gambia's COVID-19 emergency response.

### **4. EXPECTED RESULTS**

1. A report on the immediate, direct and indirect impact of the COVID-19 pandemic on Gambian women and girls.
2. Policy and programmatic recommendations on ways to mitigate the identified challenges.

### **5. METHODOLOGY**

- Carry out a desk review of the National Development Plan, relevant sector documents and programmes of support of both government and non-government agencies.
- Organize consultative meetings with policy makers and government officials /interview with relevant stakeholders and key informants in target population.
- Analyze government and development partner programmes, impact on quantum of resources remitted by diaspora Gambians, paying particular attention to women in horticulture, marketing and small holder food sales.
- Review global guidance and best practices from other countries and contexts
- Provide study report with appropriate recommendations.

### **6. KEY DELIVERABLES**

- Submit a draft inception report outlining details of activities, proposed methodology and timeline delivery dates.
- Present draft report of the study for validation.
- Produce a final report highlighting lessons learnt from current strategies and proposed strategies for building resilience

### **7. REQUIRED QUALIFICATIONS**

**Education:**

- Advanced University Degree (minimum master’s degree in Gender Studies, Development Studies, Political Science, Economics, Demography or other related fields).

**Experience:**

The candidate should possess the following:

- Extensive work experience and proven record in Data Collection & Research, policy analysis & strategic management
- Demonstrated experience of having undertaken similar assignments
- Good analytical and documentation/report writing skills
- Good communication and facilitation skills.
- Demonstrated experience of work on gender equality and the empowerment of women is highly desirable

**Language:**

- Excellent proven written and spoken English
- Strong oral and written communication skills
- Cultural awareness and sensitivity to gender issues

**8. COMPOSITION**

- The assignment will be carried out by a team of experts headed by a lead consultant.

**9. TIMING AND DURATION**

- The duration of the assignment will be for a maximum of 20 working days and will commence as soon as a contract is signed.

Interested candidates may submit their **Financial and Technical proposals in separate envelopes** together with an updated CV to: UNDP Resident Representative, Kofi Annan Street, Cape Point, Bakau or through email to: [registry.gm@undp.org](mailto:registry.gm@undp.org) . Deadline for submission is ,23,,April 2020 by close of business.

**Annex 5: List of documents reviewed:****List of Documents**

<b>Name</b>	<b>Year</b>
The Gambia United Nations Development Assistance Framework (UNDAF) 2017-2021	2016
UNDP Country Programme document for the Gambia (2017-2021)	2016
UNFPA Country Programme Document	2016

The Gambia National Development Plan 2018-2021	2018
Impact of the Corona Virus (COVID - 19) on the African Economy - African Union	April 2020
ILO monitor third edition: COVID -19 and the world of work	April 2020
COVID -19 Drives Sub-Saharan Africa Towards First recession in 25 years	Press release April9th 2020
For Sub-Saharan Africa, Coronavirus crisis calls for Policies for Greater resilience	Press release April9th 2020
World Food Programme Global Report on Food crises 2020	April 2020
National Gender and Women Empowerment Policy 2010-2020	2010
The Women's Amendment Act 2012 policy	2012
A Rapid Assessment of the Impact COVID-19 on Tourism and Related Sectors (Draft)	April 2020
COVID-19 lockdown provides 'perfect storm' for SA's GBV crisis	29th April 2020
New UNFPA projections predict calamitous impact on women's health as COVID-19 pandemic continues	28 April 2020
The Guardian Newspaper - UK Coronavirus crisis may deny 9.5 million women access to family planning	April 2020
Gender Based Violence during the COVID-19 Pandemic and economic, social and cultural rights	April 2020
UNFPAL COVID-19 DISRUPTING SDG 5.3: ELIMINATING FEMALE GENITAL MUTILATION	April 2020
Multiple Indicator Cluster Survey - The Gambia	2018
Demographic and Health Survey - The Gambia	2013
UNDP Gender Equality Strategy (2014-2017)	<b>2014-2017</b>
Women's Political Participation in West Africa: Achievements and Challenges	

CARE. Women and Girls in Emergencies.	<b>2018</b>
CARE: Gender Implications of covid-19 outbreak in development and humanitarian settings	<b>2020</b>
CARE & IRC: Global rapid gender analysis for covid-19	<b>2020</b>
Axios. Bethany Allen-Ebrahimian. China's Domestic Violence Epidemic.	<b>March 2020</b>
Campbell, A. Sierra Leone News: Ebola: Reproductive health at risk. <i>Awoko.org</i> . Retrieved from	<b>2014</b>
FAO and ECOWAS Commission	<b>2019</b>
Fleischman, J. US Ebola Response: Strategies for Women and Girls	<b>2014</b>
A Gendered Human Rights Analysis of Ebola and Zika: Locating Gender in Global Health Emergencies	<b>2016</b>
UNHCR; Gender-based violence prevention, risk mitigation and response during COVID-19	<b>2020</b>
The COVID-19 Outbreak and Gender: Key Advocacy Points from Asia and the Pacific. Gender Based Violence AOR Protection Cluster Asia and Pacific; Gender in Humanitarian Action Asia and Pacific	<b>2020</b>
WHO. Health Cluster. Gender-based Violence in Health Emergencies	<b>2019</b>
Huffington Post. Melissa Jeltsen. Home Is Not A Safe Place for Everyone.	<b>March 2020</b>
Tackling Social Norms: A Game Changer for Gender Inequalities.	<b>2020</b>
An assessment of the differing impact of the Ebola outbreak on women and men in Liberia	<b>2015</b>
Women's Political Participation in West Africa: Achievements and Challenges	
National Novel Coronavirus (COVID19) Preparedness and Response Plan	2020
Sex workers must not be forgotten in the COVID -19 response – The Lancet	2020
Sex workers struggle to Survive COVID -19 Pandemic - Human Rights watch	2020

