Protecting women's health and rights during Covid-19

Experiences and feminist perspectives from West African civil society

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Glossary

ARV
Antiretroviral

CSE
Comprehensive Sexual Education

CSO
Civil Society Organisations

FGM
Female Genital Mutilation

GBV
Gender-Based Violence

HIV
Human Immunodeficiency Virus

SRH
Sexual and Reproductive Health

SRHR
Sexual and Reproductive Health and Rights

STD
Sexually Transmitted Diseases

TB
Tuberculosis

Executive Summary

Organisations and activists working on gender equality throughout the world have played an important role in responding to Covid-19. This role has been threefold: as observers of the disproportionate impacts of the pandemic on women; as whistle-blowers for human rights violations and social distress; and of course, as partners for crisis prevention and management, notably in cushioning the social and health consequences of Covid-19.

In Francophone Africa, a region where Equipop has established long-term partnerships in the last twenty years, women's rights organisations have been particularly active on Covid-19. This report, constructed from research conducted with Equipop's partners in Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Niger and Senegal, presents their experiences and recommendations.

The organisations and activists interviewed by Equipop for this report are critical of a disproportionate exposure of women to Covid-19 in their countries, in terms of heavier workloads, economic losses, an explosion of gender-based violence, and an overall lessening of autonomy and agency. Our partners describe how the pandemic has already affected women's health, in particular their sexual and reproductive health (SRH), given a double fall in both supply and demand for SRH services. Certain groups are particularly vulnerable, such as young people and adolescent girls. These impacts will continue to be felt in the medium-term, long after the pandemic has peaked.

Unfortunately, this report also demonstrates just how little has been done to ensure that political and policy responses to the pandemic have taken these issues – and a gender perspective – into account. Activists and organisations are urging governments and donors to stop and listen, and to integrate and support civil society as an essential partner in crisis situations. Though this report, they hope that decision- and policy-makers will have a better understanding of the reality on the ground, and adapt policy and practice accordingly, to strengthen public services and civil society in order to support more equal, just and resilient societies.

Foreword

Covid-19... and women

The Covid-19 pandemic has spread throughout the world since the beginning of 2020. Even if men appear to be slightly more at risk from the physical from the virus (presumably given certain gendered behaviours, such as smoking), this pandemic, like any other health crisis, is already having a disproportionate effect on women, given the structural inequality at the heart of our societies.

This disproportionate impact stems from women's heavy domestic responsibilities in the home; from their roles as carers or health-care workers; or from their economic status. Combined, these elements mean they are at greater risk of their rights being violated, or of gender-based violence. The progress achieved across the world in recent years toward achieving targets on gender equality and women's rights, in particular sexual and reproductive health and rights (SRHR), is now under serious threat.

A report co-constructed with West African actors for social change

Equipop's mission is to promote health and women's and girls' rights everywhere in the world. In West Africa, we work with organisations and activities across several countries. In the current context, it was essential for the voices of our partners to be heard, in order to better inform and contribute to the policies and programmes related to Covid-19 which would be implemented in the coming months.

This report was co-constructed with our partners, whose role in the pandemic is multiple:

- As eye-witnesses of how women and girls are coping with the pandemic on a daily basis, and of gender inequality;
- As actors in the fight against Covid-19 and contributors to more resilient societies;
- As organisations facing financial, social and health losses as a consequence of the pandemic.

If their words go unheard, or a gender-sensitive approach is not integrated in government responses, the measures taken to counter Covid-19 will deepen rather than improve the underlying structural inequality between women and men in West Africa. This will considerably slow achievement of political objectives on gender equality to which African countries, and the international community as a whole, have signed up.

Covid-19 and women: an unequal burden?

The Covid-19 pandemic has spread throughout the world since the beginning of 2020, at a disproportionately high cost for women. Why?

Women as care-givers

Firstly, because women make up over 70% of salaried health workers globally[1]. In the fight against Covid-19, it is therefore women who are more exposed to the virus as doctors, nurses, care assistants or social workers, but also as those who are bear the principal responsibility for looking after vulnerable or sick family members at home, as well as children and the elderly.

Women in the home

The pandemic has led to "lock down" measures, limitations for travel or meetings for millions of people across the world. Women are the first to feel the impact of these restrictions, notably in terms of an increase in their domestic duties, already heavier than their partners' or husbands'. Whether it is watching and caring for children, taking on lessons when schools are closed, shopping, cooking, cleaning, or looking after those fall sick, the domestic burden has become significantly greater for women during the Covid-19 pandemic.

> "[Women] continue to carry the burden of care, which is already disproportionately high in normal times. This puts women under considerable stress." [2]
>
> **Executive Director of UN Women, Phumzile Mlambo-Ngcuka**

Women as informal sector workers

Along with these domestic and care responsibilities, women are also particularly hard-hit economically by pandemics, especially in West Africa. Curfews and lockdown restrictions have limited movement, restricted gatherings, and closed professional, social, cultural, religious and sporting facilities. This has resulted in many hundreds of thousands of people losing their main source of income, especially women, who form the majority of street vendors present in public places, many of which have been closed off. In a region without robust or universal social security systems, or where the majority of employment is in the informal sector (as is the case in West Africa) people have literally found themselves overnight without any source of income to support their families.

Women across the world occupy the worst-paid, least-secure jobs, often in the informal sector. Losing their income in this way immediately creates or reinforces their economic insecurity (especially for female household heads, who make up more than 80% of single-parent families across the world)[3] .

1. https://www.who.int/fr/campaigns/year-of-the-nurse-and-the-midwife-2020
2. https://moldova.un.org/en/39061-paying-attention-womens-needs-and-leadership-will-strengthen-covid-19-response
3. https://reliefweb.int/sites/reliefweb.int/files/resources/Progress-of-the-worlds-women-2019-2020-en.pdf

In developing countries and for poorer families, highly dependent on women's earnings, the loss of income has caused domestic tension and contributed to the (global) rise in domestic violence which we have witnessed since the beginning of the pandemic.

Women as victims of domestic violence

Arguably, the lockdown or curfew measures were intended to protect the public from the virus, and slow its spread. But the secondary effects of these measures have also had harmful consequences, especially for women and girls. In addition to the economic or domestic impacts detailed above, lockdown has resulted in hundreds of thousands of girls and women being shut away with violent partners or family members, without any possibility of escaping that violence. This is not a developing country issue; all over the world, domestic violence has spiked since the implementation of lockdown policies. In France, for example, domestic violence increased by 30% (up to 36% for Paris) by the end of March 2020, in the two weeks following the introduction of lockdown measures[4] .

The same picture is true for West Africa, and made even more complicated by a lack of dedicated structures or mechanisms to support the victims of domestic violence, many of whom have nowhere else to go or little chance of police or judicial support, even in normal circumstances.

Gender Equality and SRHR in West Africa: a fragile base

Despite the progress made recently on women's and girls' health and rights in West Africa, huge challenges remain. Feminist and activist organisations underline the many battles which continue against issues such as sexist or sexual violence, child or early marriage, Female Genital Mutilation (FGM), out-of-school girls, or women's economic insecurity.

SOME FIGURES[5]:

- In terms of Gender-Based Violence (GBV), around half of women aged between 15-24 in these seven countries (Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Niger and Senegal) **think that it is normal for a man to beat his wife in certain circumstances.**

- Some of the highest rates of **excision (the most common form of FGM)** are found in West Africa: in Guinea, 96% of women aged between 15-49 have been excised; in Mali, 89%; and in Burkina Faso, 86%[6] .

- A high percentage of adolescent girls are **married before the age of 18** (31% in Senegal, 59% in Mali, 76% in Niger, 32% in Côte d'Ivoire and in Benin, and 51% in Burkina Faso).

- However, on average in these six countries (Benin, Burkina Faso, Côte d'Ivoire, Mali, Niger and Senegal), only 20% of adolescent girls and young women aged between 15-24 who are married or in a relationship use a **modern method of contraception.**

- This situation leads inevitably to **early motherhood for adolescent girls**. For example, in Niger, 75% of adolescent girls are mothers or are pregnant before the age of 19. In Côte d'Ivoire, this figure is 50%, and in Mali, 66%.

- Added together, these different forms of inequality reinforce, and are reinforced by, **limited access to school and studies:** the percentage of women who have at least started their secondary education is only 4.2% in Niger, and 18.2% in Benin. This lack of schooling has a direct impact on women's economic and social status.

- An overwhelming majority of West African women work in the **informal sector**: their informal employment rate, excluding agriculture, was 92.3% in 2016[7] .

- Inequality in customary law also makes **land access and ownership** difficult for women in the region: in Niger, only 9% of agricultural land is held by women[8] .

4. https://unric.org/fr/confinement-la-montee-des-violences-conjugales-en-france/

5. See Equipop Factsheets: http://equipop.org/fr/publications/

6. https://www.unicef.org/french/publications/files/FGM_Report_Summary_English__12July2013.pdf

7. Women and men in the informal economy: a statistical picture (third edition) / International Labour Office – Geneva: ILO, 2018: p28

8. LSMS - National Survey of Household Living Conditions and Agriculture (Doss et al. 2015)

Covid-19 and West Africa

The first cases of Covid-19 in West Africa were discovered in Senegal at the start of March 2020. Four months later, the African continent appears relatively unscathed – at least until now - compared to other regions, such as Europe, the United States, or Latin America. As of 22 June 2020, only 306,567 cases and 8,115 deaths had been registered in Africa, of which 62,400 cases and 1,100 deaths for West Africa, or a 1.76% mortality rate[9] .

However, though this picture seems reassuring at first glance, behind these statistics are the multiple short- and medium-term effects of the pandemic, both direct and indirect. This is particularly true, as we have seen, for women and girls, and even more so in Africa.

Indeed, even if the continent has a relatively low number of Covid-19 victims, the economic consequences of the pandemic will still be felt just as keenly as elsewhere. The global economic downturn caused by Covid-19 – which is now also predicted to hit sub-Saharan Africa, with a recession for the first time in 25 years[10] - could push more than half a billion people worldwide back into poverty, undoing decades of progress, according to a recent report from Oxfam[11].

On the ground, West Africa governments – like all governments the world over – have taken radical steps from February 2020 onwards to tackle the pandemic. Citizens have been invited or obliged to stay home, or to respect a curfew, and to limit their movements and gatherings generally. Initial responses were put in place quickly in West Africa after the first cases in Senegal early March 2020, and more measures followed, in the laudable aim of protecting populations and further spread of the virus. However, as this report demonstrates, these measures were, for the most part, implemented without sufficient consultation of civil society and notably women's organisations or activists.

Another major indirect impact from government responses to Covid-19 has been in the sidelining of other societal or health priorities, such as HIV/Aids treatments, or the protection or promotion of women's rights. Precious resources (human, financial, social) and government attention have been diverted to the fight against Covid-19; an understandable policy response, but one which risks leaving many hundreds of thousands of people in situations of vulnerability, violence or insecurity.

> **"With Covid-19 as urgent as it is, we barely hear anything any more about other illnesses, like HIV. For example, the news on tv, we just get 45 minutes about Covid-19."** CÔTE D'IVOIRE

Take, for example, the impact of Covid-19 on supply chains and distribution of medicines. A concrete example is interrupted distribution of ARV (antiretroviral) treatments for people living with HIV and Aids. According to the WHO, if this supply issue is prolonged, it could cause the death of an additional 500,000 people in sub-Saharan Africa by next year[12].

What about the impact on women's rights and health in West Africa specifically, and on the organisations working on those issues? Sadly, despite studies carried out during the Ebola and Zika health crises which focused attention on the region, the analysis and recommendations emerging from Covid-19 have paid little specific attention to the impact on women and girls in West Africa. To redress this, Equipop has turned to its partners in Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Niger and Senegal, to gain and share their perspectives on the issues, solutions and needs for women and girls during Covid-19 in West Africa.

9. https://au.int/fr/covid19 accessed 22 June 2020

10. 21st edition of Africa's Pulse, April 2020, World Bank

11. https://www.oxfam.org/en/research/dignity-not-destitution

12. https://www.who.int/news-room/detail/11-05-2020-the-cost-of-inaction-covid-19-related-service-disruptions-could-cause-hundreds-of-thousands-of-extra-deaths-from-hiv

Covid-19 and women's rights in West Africa

Gender roles which put women at greater risk

For the activists and organisations interviewed by Equipop, the current crisis has dramatically revealed – and deepened – existing gender inequality.

Gender roles in particular have largely determined how women and men have experienced the pandemic. Women have been particularly affected by the virus, both in terms of exposure and additional work, given their traditional roles in society. With the closure of schools and canteens, and the introduction of hygiene measures which require additional efforts, their (unpaid) domestic work has dramatically increased (washing, cooking, cleaning, shopping, etc). For tasks requiring contact with others, women and girls are also endangered by a lack of sufficient protection when going about these activities.

"Markets are one of the busiest places, everyone goes there every day. Especially women and girls (…) who go at peak hours (…) without any protection whatsoever, and no way of following the social distancing rules."
MALI

"Housework has increased, too: feeding everyone, washing up, washing clothes, looking after the children, etc..."
CÔTE D'IVOIRE

"It's non-stop cleaning, cooking, caring for others..." GUINEA

When people do fall sick, in general it is the women in the community who provide their care, on top of existing paid or unpaid work. Many of our partners underlined how men had not really become involved with this additional work.

"There's so much more work at home. Especially taking care of the children, dealing with their every whim, as well as the husband's; making the house look nice, cooking three times a day so that you can provide a bit of variety in the meals and hopefully keep Mister happy, make him less stressed."
BURKINA FASO

This situation reinforces women's vulnerability by removing any time or energy they might have left to look after themselves, their health, their education or their rights. The increase in housework also impacts young girls, who are expected (unlike their brothers) to help their mothers, and who – faced with closure of schools and the economic struggle now faced by their families – risk falling out of education entirely, with all the of socio-economic disadvantages implied by that absence of schooling in the longer-term.

A particularly devasting economic impact for women

Women in West Africa are particularly active in the informal economy, notably professions which take place in public spaces (street vendors, market-sellers, waitresses, as domestic help, or take-away food vendors, etc). For the most part, these women are not covered by any social security system, and their incomes are not sufficient to enable them to stock up food or supplies.

Preventative measures such as the implementation of curfews or closure of public markets have greatly reduced, if not removed, these workers' sources of income, pushing many into desperate situations. This lack of income in turn reduces their ability to meet financial obligations (to local credit organisations, cooperatives, or for household expenses) as well as reducing their individual economic autonomy, rendering them instantly more vulnerable to some forms of gender-based violence.

"The majority of women here depend on income from the informal sector. This unexpected shut-down, even temporary, threatens the survival of thousands of families." BURKINA FASO

"They didn't shut the markets in Niger, but they did install a curfew. But at night time, that's when there are a lot of women working in the informal sector, women selling doughnuts or couscous. They lost all their income. And there are a lot of women who work in border trade, they can't get to the borders or move around anymore. And those who go to get their raw materials in other towns, well they can't any more, and they have had to stop working, what with the quarantine measures. All that has a big impact on women's economic rights and can make them more dependent, more vulnerable." NIGER

"Women need – and are asking for – humanitarian, health, and economic support, so they can get back to work and stay independent. They don't have any money right now, being in the informal sector, etc. The government has proposed a payment for "vulnerable households" but we have our doubts about how these so-called vulnerable households are chosen." CÔTE D'IVOIRE

A fall in purchasing power, a rise in domestic violence

With the curfew and the closing of many public structures and places, many young people and women are spending more time at home, limiting their movements and meetings outside of the family unit. This compulsory confinement leads to a lack of privacy for young people and women, and increased observation of everything they say and do. Opportunities for escaping this oversight, for example to obtain or renew a source of contraception (especially when the use of that contraception is secret), are extremely limited.

A paucity of up-to-date statistics on mental, physical or sexual domestic violence for the region makes it difficult to begin from a quantitative benchmark to assess the impacts of Covid-19 on gender-based violence (GBV) in West Africa. However, the large majority of our partners were able to provide examples of this kind of violence, either as first-hand accounts, or as events witnessed by friends or family, or by the people with whom their organisations work. For example, SOS Femmes et Enfants Victimes de Violence Familiale, a domestic violence NGO which runs a refuge for victims in Niger, recorded a spike in cases (of mental, sexual and psychological abuse) rising from 17 women in January 2020 to 61 in April.

Many more domestic violence victims are thus unable to get away, to find help or a moment to themselves during the lockdown period, or they become simply invisible through a lack of data. The fact that legal or social services have been closed or severely limited during the pandemic has also created additional obstacles for women to access their rights and protection.

"Yes, there is an increase in GBV, mainly due to the fact that there is more stress at home; people can't go out any more with the curfew, which increases tension and reduces the possibility for women to escape. This tension is made worse by a fall in income: most women work in catering or hospitality, or in informal jobs, so there's no social security, like in the maquis[13] or snack bars, which are all closed, so they aren't earning anything, and that's what leads to fights between couples." CÔTE D'IVOIRE

"When people get talking about it, you realise that with men being at home more, the violence begins. Now, the Dictator spends all day at home, and the children and the wives are scared. Before, the women had more free time, it was easier. But it's not something which comes up in public debates." NIGER

"More and more girls are being raped at home, without anyone reporting it." GUINEA

13. nightclubs

"We're hearing about women being hit, for example for refusing to have sex with their husbands, and moral or emotional violence because men are stuck at home with women and this living one on top of the other creates tension, etc." BURKINA FASO

"We have a female lawyer specialised in domestic violence who works with our organisation. She works particularly with vulnerable women and girls – like sex workers, or those who are victims of sexual violence. We asked her what sort of thing she had been seeing. She said that she and her colleagues had several cases of domestic violence currently at community court level, often situations related to the curfew and the husband having to stop working, even if it wasn't officially presented like that." NIGER

"Faced with rape cases, shelters or refuges are only partially open, and there is limited legal service available." SENEGAL

"Right now for the courts in Niamey, it's impossible to even file a complaint: the judges, the staff, but also the complainants, everyone is too worried about catching the virus, even from a pen or paper." NIGER

A gender-insensitive response to Covid-19

In spite of this, response plans for Covid-19 have been developed all over the region without taking into account the needs of women and girls. Despite the best efforts of civil society, our partners decry the complete absence of dedicated measures from governments for women, whether to support those working in the informal economy, or to raise awareness of gender-based violence, or to reduce women's domestic burden.

Many of those who participated in this research criticise in particular an absence of practical support for victims of domestic violence, notably a lack of space in shelters or the unreliability of helplines. Our partners also condemn the gap between their governments' bold speeches in front of UN or regional bodies and a lack of public commitment back home to women's rights as a national priority, even – and especially – during a crisis situation, when those rights are most at risk.

"Women's rights have to be taken into account when it comes to a response plan for Covid-19, the public should be reminded about the laws that exist which protect women's rights, cases of violence against women must be denounced." BURKINA FASO

"The domestic violence victims who we help work in the informal economy – they don't get any compensation or benefits from the government. And we can no longer go out into the field to help them, or help them leave their homes. Basically, if a woman who is being beaten calls us to find accommodation, we can't do anything, we just have to just leave her to be abused in her home. Sometimes, I would almost prefer not to take the call, not to know." CÔTE D'IVOIRE

In terms of women's participation in decision-making spaces on Covid-19, even if our partners are able to point to a certain degree of implication, they are also quick to remind us that this participation does not automatically result in a gender-sensitive responses to the pandemic, or a significant or long-lasting shift in power. For example, Women's Rights Ministries appear to have little involvement in the working groups or mechanisms which coordinate national responses to Covid-19, and women are not appointed to senior positions (or, if they are, it is only until the pandemic becomes matter of national interest, at which point a man takes over).

"In Burkina, the Health Ministry is run by a woman; since the crisis was a health crisis, at the start, she was in charge of coordinating the response plan, that is until a man was nominated to take over as national coordinator of the response plan."BURKINA FASO

"Generally, the key jobs don't go to women. Look at the number of high-level people working on Covid-19, there are around 200-300 people, and very few are women. It's discrimination in action, a way of leaving women out." CÔTE D'IVOIRE

There is also some questioning by our partners over those high-profile roles which are carried out by women during the pandemic. Yes, these women are visible, and in high-level positions, but are they really being listened to?

"Sure, but are their words and decisions actually valued?" CÔTE D'IVOIRE

In other countries, this is not even a consideration, given that women have been completely missing from any senior roles during the pandemic, as has been the case in Niger.

"No, at government level, there aren't any important roles carried out by women, and the Ministry for the Promotion of Women is not in the interministerial committee which manages Covid-19." NIGER

"I would say that the coordination team is mostly made up of men, apart from the Minister herself, who takes part every now and then, as head of department." BURKINA FASO

All this, despite the fact that women's participation is clearly essential for ensuring a gender-sensitive response to pandemics.

"Actually, it's about power, it's about making sure that women's needs are known and shared with [those in] decision-making spaces." SENEGAL

Covid-19 and women's health in West Africa

A reduction in healthcare products and services, in particular for sexual and reproductive health (SRH)....

Our partners point to a reduction in healthcare products and services, in particular concerning sexual and reproductive health, including maternal health. Healthcare workers were among the first to feel the consequences of the pandemic, given the numbers of clusters which emerged in hospitals or health centres, which led to the closure of services or suspension of treatment. In Niamey (Niger) for example, the town's biggest maternity ward (l'Hôpital Maternité Poudrière) was obliged to shut temporarily after several members of staff tested positive for Covid-19.

Other health services – such as centres testing for HIV/Aids - have closed their doors either in order to limit contact between members of the public, or simply because they have not had the staff available to function. Some health care workers, without sufficient protection, have refused to continue treating patients, fearful of catching the virus. Others have chosen to work for humanitarian organisations as this work is better paid during crisis situations.

In certain countries, such as Senegal or Niger, our partners note a reallocation of funds from general healthcare to Covid-19 treatment centres, another factor which has resulted in the closure of certain services, seen as a less urgent priority.

Even when healthcare centres have managed to remain open, local people have often found themselves facing a lack of medical staff. These are either poorly themselves or have not turned up for work given a fear of contamination or, as noted, because they can be better paid elsewhere by international organisations intervening in the crisis response.

"When the pandemic was in full swing, a healthcare centre not far from here was closed, because they had had a patient infected with Covid-19. For a week or so, there were no more appointments." BURKINA FASO

"Healthcare workers have reacted defensively given the risk." NIGER

"There are some public hospitals who have asked women planning on a c-section to go elsewhere." BENIN

"What we've noticed is that the family planning services are the ones worst-hit, in some place they are shut, because they aren't seen as essential compared to intensive care services." BURKINA FASO

"All of this has completely mixed up government priorities. For example, the Education Minister is usually really active on SRHR for young girls, but during the pandemic, she hasn't said a word about it." CÔTE D'IVOIRE

Some charities or NGOs have chosen, proactively, to adapt their work and resources to focus on Covid-19. But restrictions on their work in the community, and on gatherings, and the quarantine measures applied to certain cities, have curtailed their efforts providing information or services on the ground. This is especially true in rural areas, where health services and clinics are already few and far between.

"All our work raising awareness about family planning, around getting tested, for example mobile clinics, it's all been put on hold. So our results will be poor this year, and in terms of the results expected with the Global Fund, well, we won't do well against any of the indicators this year." NIGER

Our partners also highlight a lack of availability of certain types of contraceptive, or of sexual health services. For example, in Côte d'Ivoire, implants and pregnancy tests have been lacking. In Benin, there are difficulties accessing treatment of STDs, and for women to access contraception generally. Disruption in contraceptive supply chains has been caused either on an international level, in getting contraceptive products to West Africa, or nationally, from capitals to elsewhere in the country. Rural zones in particular – already ill-favoured in terms of sexual and reproductive health services – have also been victims of the pandemic, abandoned by health authorities especially when they have found themselves outside of 'cordon sanitaire' health perimeters established to tackle the pandemic.

"There is a clear problem in accessing contraceptives and other essential products, like for treating STDs. For example, it's really hard for any of our centres to receive supplies when they're outside the cordon sanitaire which the government has put in place." BENIN

Lastly, the lack of materials or equipment in health centres, something which was already a challenge, seems to have got worse with the pandemic.

"We have midwives who are now sharing their office with their families, or with the local pharmacy." CÔTE D'IVOIRE

... combined with a drop in demand

However, even when health centres and clinics do manage to stay open, our partners have noted a dramatic fall in consultations since the start of Covid-19, notably in family planning and SRH more broadly. They explain this as people being worried of contamination by being in contact with others infected with the virus, but also a worry of being forced to be tested for the virus while at the centre, and fear of the social stigmatisation or livelihood consequences if the result is positive.

This does not mean that demand for contraception or SRH services and advice has disappeared. Rather, people are either choosing to put these needs on hold, or simply find themselves in situations where they no longer have the choice. This is the case for many women or young people, suddenly deprived of a freedom of movement by curfews and lock-downs, who can no longer discretely pay a visit to their family planning or SRH clinic to have confidential access to their choice of contraceptive method.

"Communities have taken on board the #stayathome message." SENEGAL

"SRH/family planning centres are mostly in hospitals. So fewer people are going, because they think, wrongly, that if they go to the hospital, they'll be forced to take a Covid-19 test, and if it's positive, they risk discrimination." CÔTE D'IVOIRE

"Some women are saying, "I'm not going to take the risk of [getting sick and] dying and leaving my children all alone, just for the sake of contraception." BENIN

"In urban zones, with lockdown measures, it's complicated for women who use contraception without their husbands' knowledge to leave home and renew their supply. Same for young girls." CÔTE D'IVOIRE

"With the curfews, and restrictions on interregional travel, young people can no longer get to health centres to access contraceptives. There's a lack of confidentiality and privacy." SENEGAL

A concerning situation for young people and adolescents

A major concern for our partners is for **young people and adolescents** in West Africa. The closing of schools has also entailed the closure of school and university health services, advice centres, as well as putting a stop to awareness-raising and Comprehensive Sexual Education (CSE) work with young people. This has an evident and immediate impact on young people, especially those who were already sexually active before the pandemic, and continue to require access to sexual health and contraceptive products or advice during Covid-19.

For these young people, the usual sources of (free) contraception, information or advice are no longer available. Unable to afford condoms or other methods of contraception when these are sold from other outlets, there is an obvious risk of choosing to 'do without'.

Perhaps linked to this, our partners have in some cases witnessed a growing tendency toward conservative or moralistic statements on SRHR from some public figures, in particular with regards to young people and their sexuality, oscillating between an expectation of abstinence and attribution of guilt or responsibility for women and girls. This attitude is another important factor in dissuading young people from seeking information and services in hospitals or health centres which cater to the general public more broadly.

"Schools also host Young People's Centres, which are listening and advice centres on SRHR. But the schools are shut, and so are the Young People's Centres, so there is no more listening and no more information." BENIN

"And in addition to providing information or advice, these centres give out free condoms; now they're all shut, young people have to go elsewhere to try to find condoms." BENIN

"It's better to get contraception from centres which are run by young people, because in public hospitals, you could bump into a relative." GUINEA

"Young people don't dare go to health centres in general hospitals; either because they don't have any money, since you have to pay for the appointment, or because when you're waiting for your turn, people look at you, if you go into the midwife's office, you become a laughing stock, people are going to ask what you were doing in there." CÔTE D'IVOIRE

Other vulnerable groups

Alongside young people, Covid-19 has had particularly worrying consequences on other vulnerable or oppressed groups in society. Our partners underlined the precarious situation of **women and girls in rural areas**, where closures of centres and mobile clinics have worsened an already-limited access to sexual and reproductive health services, notably for neo-natal care, contraception, or treatment against STDs. These women and girls are also difficult to reach through online information or awareness-raising activities which our partners have put in place to try to continue their work during the pandemic.

Pregnant women and new mothers are another group which our partners highlight as particularly vulnerable during a health pandemic like Covid-19. Many of these women have not been able to access basic pre- and post-natal care, given a lack of medical facilities, or from their own fear of being infected with the virus. In Senegal for example, many more women are giving birth at home, with dangerous consequences for the health of both the mother and the child in case of complications. Essential vaccinations for newborns and young children have also been missed.

Sex-workers are another group for concern. Since their work takes place mainly at night, curfew measures have resulted in some cases in a total loss of income, leaving them in dire economic situations. In addition, this group depends on regular access to family planning and sexual health services (e.g. testing) which are essential for their well-being and security.

14. https://www.who.int/news-room/detail/11-05-2020-the-cost-of-inaction-covid-19-related-service-disruptions-could-cause-hundreds-of-thousands-of-extra-deaths-from-hiv

"Some people just suddenly have no income. This is true for sex workers. Some of these women have come to see us to say they are all of a sudden in really dire straits, given there are no more clients. The state doesn't provide any help: quite the opposite, the situation is seen as an opportunity to encourage sex workers to 'give it up'. So to help them, as soon as Ramadan was over, we organised awareness-raising sessions, where the women paid 7 500 FCFA to take part. We decided to double the number of sessions per month in order to use the participation fee to provide a basic income for these women." NIGER

Finally, people living with HIV/Aids, as well as other chronic illnesses such as TB, have also struggled to either make it to healthcare centres, or to then access the centre or their treatment, even if they do manage to make the journey. This means for example that some HIV-positive people no longer have access to their antiretroviral (ARV) medication, nor to the regular medical attention which they need. This supports WHO warnings of an additional half a million deaths from HIV and Aids in sub-Saharan Africa between 2020-21 in the event of suspended treatments for six months or longer.

"People living with HIV/Aids and their children, which our organisation looks after normally, no longer have access to their ARV treatment ... it's a disaster." CÔTE D'IVOIRE

"HIV-positive people, and those with TB, are vulnerable, and have to be able to go regularly to medical centres for their treatment." NIGER

Some hope for the future

All of our partners expressed their hope that the Covid-19 pandemic would be a trigger for governments to realise the importance of investing in health systems and long-term programmes. Given that pandemics are predictable at least in their inevitability, it seems obvious to our partners that prevention, protection and health programmes are something which should be put in place long before – and not only because of, or during – a health crisis.

"We hope there will be investment in health systems capacity and equipment. We should have prepared better, we could prepare better, for next time. " CÔTE D'IVOIRE

The operational and organisational impact of Covid-19 on West African civil society

The role of civil society in the fight against Covid-19: unrecognised by governments

Many organisations have supported government efforts to fight the pandemic, whether through providing protective equipment or by adapting their existing communication or awareness-raising activities to include or relay government messaging on Covid-19. Some, having already been involved in previous pandemics like Ebola, have been able to bring their experience to tackling Covid-19, aided by tools or techniques which had already been tried and tested in the past.

Other civil society organisations (CSO) have gone a step further, in taking responsibility for the supply of protective materials: supplying (and even making, in some cases) face masks and hand sanitizer to local people or to women working in or managing markets, or providing soap and water for rural communities.

But these unplanned activities are mostly at the organisations' own expense, covered from core funds rather than by any specific financial support provided from governments or donors. This was the case for example for Réseau Siggil Jiggen in Senegal, who found themselves having to adjust budgets and reduce other activities in order to pay for protective materials. It is something which we heard frequently during our interviews with our partners.

> **"We're doing our best with the budget we have, to integrate Covid-19 activities, like protective materials, raising-awareness, etc, into the organisation's everyday work."**
> BURKINA FASO

CSO have found themselves obliged to step in, faced with the realisation that, even for people who are listening to – and wish to follow - health guidelines, the necessary materials are either unavailable or simply unaffordable for the average person to be able to comply. After all, between buying food for your family or protective materials for Covid-19, the choice is quickly made.

> **"Masks cost 1300 FCFA in pharmacies, which people just can't afford. If a woman has 1300 FCFA, she is going to use it to buy rice rather than a face mask."** CÔTE D'IVOIRE

There are also those who are either unaware or unwilling to follow the health guidelines. Our partners describe a variety of attitudes, such as those who remain dubious about the need or the urgency to protect themselves– including those who see Covid-19 as "a problem for White people" (and Ebola, for Black people) - or who consider the virus as relatively harmless, easily treated with a simple eucalyptus infusion.

For others, official messages in French from the government about Covid-19 have simply not got through, such as for those without access to television, or who are illiterate, or who communicate principally in their local dialect.

These are the people which our partners have in mind when they describe their efforts – which they see as essential – to relay official communication on a local basis in order to inform, reassure, and to reach the most marginalised.

> **"We have a better understanding of how things are, and we know the best way of going about our work to be efficient and to enable the implementation of the measures."**
> CÔTE D'IVOIRE

When their efforts are backed or supported by religious authorities and local community leaders, the impact is substantial, as our partners recognise.

"The obstacles are mainly social and religious. CSO can help people to understand and accept prevention measures. If you can get people to accept things locally, then integrating [these measures] will be so much easier I think because at an institutional level, the foundations will already be in place. Here, it's just about getting acceptation of the approach at community level, for everyone to understand the reason behind it all." SENEGAL

Our partners see this work as necessary and important to help combat Covid-19 and to increase resilience at community level. However, they are also repeatedly critical of a lack of implication of CSO in government response plans to the pandemic. Indeed, across all of the organisations interviewed, we found little evidence of any substantial effort by national authorities to coordinate with civil society. This was viewed not only as disrespectful of the role and expertise of CSO, but also as ineffective. Government measures and communications, essential to properly manage a pandemic, have sometimes been inappropriate, badly conveyed and therefore poorly understood or applied by the general public in their countries. In some cases, this means that government action has done more harm than good, something which could have been easily avoided if CSO were properly consulted from the start.

"The government involved some organisations.... But not enough, not what we would have liked to have seen. It was like, you can come, but it's just so we can tell you what we've already decided." GUINEA

"It's difficult, because the government and the ministries really hadn't understood that they needed to consult civil society. There is a lack of coordination between the government's actions and NGO work on the ground, and this problem of communication has just added to people's confusion over the pandemic. And a lot of government announcements are just pure communication... they just push out statements saying everything is fine." CÔTE D'IVOIRE

Beyond basic coordination and implication, our partners also regret a lack of material or financial support for their work, despite the fact that they have a very clear understanding of what they could bring to the crisis response, and of what is necessary on the ground.

"Civil society organisations have all the necessary skills and the will to get involved, but without the technical or financial means, they just can't act. This is particularly true for sub-saharan Africa, where very few CSO receive grants from their governments." CÔTE D'IVOIRE

And yet this basic injunction – of involving and consulting civil society – is hardly new. In a report which issued as recently as May 2020 from the OECD, governments are reminded once again how vital it is to include CSO in their responses:

"Similar to the Ebola outbreak in 2014-16, the Covid-19 pandemic shows that there is no other option but to rely on local actors and promote local initiatives during crisis management."[15]

The operational impact of Covid-19 for civil society organisations: decisions over adapting, suspending, or cancelling activities

Just like elsewhere in the world, civil society organisations have had to find ways of continuing with their work remotely. Awareness-raising and mobilisation work which normally takes place on the ground has been transferred to online communication or social media tools such as Skype or Whatsapp, with some existing contact groups – such as for Ebola – reactivated for the current crisis.

Other partners, however, have been obliged to suspend or put back activities, particularly those which are not easily switched to online tools or approaches.

15. OECD Policy Responses to Coronavirus (COVID-19) : *When a global virus meets local realities: Coronavirus* (COVID-19) in West Africa. 11 mai 2020

"Our activities mostly involve contact with the people we work with. The government has banned fora, workshops or meetings of more than 50 people, so our organisation is completely stuck. 80% of our activities have been suspended." MALI

There have been significant direct consequences for beneficiaries, particularly for activities which cannot be replaced by online or remote work, for example accompanying victims of domestic violence to court hearings, or distributing contraceptive products. Indeed, by its very nature, SRHR work has been particularly hard-hit by activities which have been suspended or cancelled, directly impacting individuals or groups such as:

- Young people and adolescents who have not been able to access family planning or SRH information and services,
- Women who can no longer leave the house to access or renew their method of contraception,
- Community or religious leaders who have not received information or training to understand Comprehensive Sexual Education (CSE) work.

All of which will contribute to the indirect yet fundamental consequence of an increase in unwanted pregnancies in the coming months, and, in parallel, in unsafe abortion for those women and girls who do not have access to safe or legal abortion procedures in their countries, resulting in injury or death for many thousands of women and girls.

"in 6-9 months' time, there is going to be a disastrous impact of unwanted pregnancies, high-risk abortion, sexually transmitted diseases, because young people take risks rather than going to health centres to get advice or contraception." CÔTE D'IVOIRE

"During Covid-19, the priority really must be for access to contraceptives and managing unplanned pregnancies. Young people are stuck inside and the big risk is really an explosion in unwanted pregnancies." BURKINA FASO

These concerns from our partners match with those expressed by international bodies such as the UNFPA, who estimate that a lockdown period of 6 months would prevent 47 million women in low- and middle-income countries from accessing their method of contraception and result in 7 million unwanted pregnancies[16].

Has this obvious consequence been taken into consideration by governments in West Africa? Not enough, according to our partners, who consider that insufficient effort has been made to prioritise, promote and protect SRHR during the pandemic, compared with the attention given to Covid-19.

"We mustn't trade one thing for another: this pandemic mustn't uproot what we were already working on, otherwise, we'll end up with huge problems afterwards, we will have wasted all the work we're doing now or that we've done up until now. Covid-19 is important, yes, but it doesn't mean that all of a sudden women are no longer being beaten by their husbands, girls aren't being raped, STDs aren't being spread... all of these things need our attention too." CÔTE D'IVOIRE

"But the other activities must continue too, because this is just one of the battles we face. Because otherwise, it will all catch up with us. We had targets on family planning and if we don't make progress, there will be economic, financial, and above all social consequences. So, we can't wait around for those consequences before we take decisions. We have to take them now, in parallel to managing Covid-19. And there has to be other groups [of people] available to continue to provide services." SENEGAL

The organisational impact of Covid-19 for civil society organisations: an opportunity to learn new things, or an obstacle to taking action?

Some of our partners note that the need for flexibility and reactivity, though challenging, has had positive consequences too. Covid-19 has forced CSO organisations to work, think, act differently, such as trying out – and learning - new tools and technologies. Cloud-based storage systems have been particularly important to ensure continued access to information and documents by colleagues who found themselves blocked from coming to the office or from meeting up to discuss projects planned or underway.

16. https://news.un.org/en/story/2020/04/1062742

"For us, Covid-19 has actually been a "godsend", in speech marks, to really rethink our community approach, to adjust how we work and above all to evaluate the tools and techniques we use to work with communities on the ground, such as digital." SENEGAL

"Covid-19 has unearthed weaknesses in the strategies we had in place to respond to targeted need in a crisis situation. In the future, we can deploy more flexible, efficient mechanisms to carry out our work, even in a humanitarian crisis or pandemic situation." BENIN

Other organisations confirm this positive spillover of new skills gained from adapting activities or work methods to Covid-19, while also underlining that it took several weeks and a good deal of effort to acquire these new skills, especially for some groups grappling with new technologies for the first time.

"We weren't used to working from home, so it was a bit difficult, but bit by bit we have got used to it. Working from home has forced us to be more present on social media, and it's meant that we have a better awareness of the impact of our work on social media and that we're more active in our digital campaigns." BENIN

For many other organisations, however, the experience has been altogether less positive, principally because it is simply impossible to substitute some in-person activities with digital or remote activities, for example, how to accompany and support victims of domestic violence, or get treatment or medicine to those they usually supply, such as people living with HIV or Aids, or continue work in the community with those who are unable or unwilling to participate in online activities, such informing religious leaders about the importance of Comprehensive Sexual Education?

"Online communication and work is all very well when there is a good connection. But for things like family planning services, notably provision or removal of certain types of contraceptive methods, well that's very complicated to continue in the current context with Covid-19." BENIN

Beyond this difficulty in trying to substitute certain activities which require a human presence, it is also the overall challenge – and cost - which CSO have faced in trying to adapt methods of working in a short space of time (and in a period of great uncertainty). Most of our partners have found themselves trying to install and master tools or software in the middle of a pandemic, often without reliable internet connection or a separate space to work in the family home, while also juggling needs of partners or children alongside their professional occupation (particularly the case for our female colleagues).

"It's pretty difficult to work from home given the lack of privacy. Our houses aren't equipped with work spaces or offices, it's hard to find somewhere calm to work without being interrupted by children – or adults. Personally, I've had to switch my diary so that I work at night and take care of my family in the day." BURKINA FASO

"You're a woman, you work, you work from home, but that doesn't prevent you from doing the housework at the same time. When you're at home, you're at home, you may have your computer but you also end up doing the cleaning, and getting the meals ready." SENEGAL

Our partners underline how difficult it is to adopt new ways of working, and particularly working from home, when the necessary equipment (computers, software) and internet connections are not always available – nor affordable – especially for civil society organisations with little wriggle-room in their budgets.

"The Covid-19 pandemic has had a major impact on our work and activities. Since our work on the ground is now very limited, we have gradually adopted working from home. But it's not something we've done before, so it has slowed us down in managing current projects. And it's had an impact in terms of costs of buying the kit for everyone, and additional monthly internet charges." BENIN

"In terms of difficulties, the biggest one is working from home, which means we can't interact properly and discuss our work. The second is the [internet] connection, it's unreliable, and really expensive." BENIN

The challenge of obtaining reliable (and affordable) technology is also applicable the other way round, i.e. in terms of access to these tools by project beneficiaries. This is particularly true in rural areas, where people do not have ready access to computers or smart phones, or applications such as Skype or Whatsapp. In these cases, even if our partners are equipped and able to work remotely, their efforts to reach the people they are trying to help remain thwarted.

"The hardest thing about working in this way is a limited access to internet, as well as a lack of I.T. skills. Many of our partners are village CSO or community actors. They don't have email addresses or accounts which you need to use Skype. They don't know how to use the internet or applications. It's even a struggle getting people on the phone, because the networks don't work properly." BURKINA FASO

"The main challenge is reaching our people in rural settings, given the digital divide." SENEGAL

A mixed response from donors

How have donors or financial partners reacted, faced with this crisis?

For our partners, we have had mixed reports. For those who have long-term relationships with their donors, or substantial projects under way together, the response has been good. Our partners point to a constructive and regular dialogue, as well as flexibility in terms of adapting activities, reporting deadlines, or extending projects.

The experience appears somewhat different for organisations working with new donors, particularly those whose contractual or project management framework offer little flexibility to adapt to the evolving situation. In these cases, our partners, highly dependent on their donors – and their donors' decisions of what is and is not possible – have found themselves in situations of stress or financial precarity, in addition to the anxiety and difficulty already created by the pandemic itself for the organisation and those it is trying to help. The consequences have therefore been dramatic, notably in terms of uncertainty for staff. It is worth remembering that in many countries, CSO are major employers.

Thus, some of our partners are reassured by the trust and understanding that their financial partners have shown during the pandemic, which has allowed them to readjust projects and maintain a certain confidence and stability in a very unstable situation...

"We haven't had to cut any staff, and our grants haven't been cut, and we don't think they will be, at least for now." BURKINA FASO

....while other organisations have not been so fortunate, noting the difficulty in getting through to their donors, or a feeling of being abandoned. Our partners report notably that for the finalisation of grant agreements with their donors – projects either related to Covid-19 or already being concluded when the pandemic hit – the process has been slow and unclear, weakening the structure and clouding an already turbulent future.

"The latest partnership which was financing our organisation had ended, we were in the middle of finalising another one when the pandemic started, and since then, we haven't heard anything back. If we don't renew the partnership or the grant within the next three months, we are going to have to start cutting staff and activities. And since you need staff to fundraise and be able to find new grants, well..." CÔTE D'IVOIRE

"For us, it's mainly been a lack of clarity and response: we submitted an application for an EU project on Covid-19, and they said, "call us back in a month" .... In a month! But the pandemic is happening now!" CÔTE D'IVOIRE

"Several donors have promised that they're going to support us financially, but we haven't received anything yet." BURKINA FASO

For some, existing donors have also complicated the situation when they have been unwilling to provide flexibility in contractual arrangements. This is particularly relevant for grants which have been agreed on the basis of results-based frameworks, or where donors do not offer much possibility to adjust indicators for external circumstances.

"With other donors, grants are tied to results. So, if you don't achieve the results, you don't get the money from these donors." SENEGAL

"Our organisation is focused on family planning, and provision of services. So we are an operational structure. We don't carry out other activities. So if we put those operations on hold, that means we're not working. And if we're not working, we don't receive the money from our donors." SENEGAL

"This situation means we can't implement our activities correctly, which makes it difficult to report against certain indicators." BENIN

"There are some people whose salaries have been put on hold by partners because our organisation couldn't carry out certain activities at the moment. So the organisation is covering [the salaries] from our core funds, but goodness knows how long we can keep doing that." MALI

An uncertain future, and a fear of budgetary cuts

One of our partners' biggest fears for the future is a continued focus on Covid-19 nationally or internationally, which will sideline or reduce investment and support for other priority issues. With a recession now looming in Africa as well as elsewhere in the world, national or state funding – and even international funding – for aid and development issues, such as women's rights and SRHR, could well be the first victims of any budgetary cuts, as was the case following the financial crisis of 2008-9[17].

"Covid-19 has brought other threats. We've noticed that the majority of partners are redirecting their funding toward supporting the fight against Covid-19; but the pandemic that we're going through right now doesn't mean the situations of precarity for women have somehow gone away. It hasn't stopped GBV. It hasn't stopped [female genital] mutilations, or early marriage, quite the opposite. So, if all the resources are now going to fight Covid-19, what are we going to do?" BURKINA FASO

"The real concern, is that the focus is mostly on Covid-19, and the other illnesses have been relegated to the back burner, we don't talk about them any more... so we are worried that donors just align with the government priorities and nothing else." CÔTE D'IVOIRE

"SRHR and family planning needs are even more obvious with the health crisis. But the action necessary to meet these needs has slowed. The consequences in the medium term will be an increase in the number of unplanned pregnancies, of gender-based violence, and a fall in use of contraception." BENIN

"At some point, we are going to have cash flow issues, because partners have all agreed to extend projects but not to give any extra funding. It's really important to ensure continuity for projects. Everyone is focused on Covid-19 now, but..." SENEGAL

17. http://www.oecd.org/newsroom/developmentaidtodevelopingcountriesfallsbecauseofglobalrecession.htm

Covid-19: recommendations from CSO in West Africa

Our research has demonstrated the extent and the complexity of the impact of the pandemic on women's rights and their health in West Africa, particularly sexual and reproductive health and rights. The interviews that we have carried out also showed, time and time again, how tirelessly civil society organisations have worked to adapt their methods and targets to minimise the impact of Covid-19 on communities and people in vulnerable situations, as well as how difficult the situation has been for these organisations.

What lessons can we learn from these interviews and these experiences? Which are the most important elements to keep in mind, to strengthen capacity and responses in order to better act and react when the next crisis arises in West Africa? How can governments and donors work better with civil society and activists in crisis situations like this one?

1. Collective challenges: avoid backtracking, double down on efforts to strengthen public systems, and commit to building equal societies between women and men

The testimonials we have collected from our partners lead inevitably to the conclusion that in addition to Covid-19 itself, it is the measures put in place by governments to tackle the pandemic which are already increasing inequality between women and men, and having long-lasting negative impacts on their daily lives.

In West Africa, in particular, national responses to the pandemic run the risk of threatening progress made on women's and girls' rights in the last few decades. This is particularly poignant given that, at the Generation Equality Forum next year hosted by Mexico and France, the international community is due to assess the remaining obstacles to achieving gender equality objectives set out in the Beijing Platform for Action, adopted 25 years ago.

Given this context, it is essential that every actor, government, donor, organisation and activist commits to supporting sustainable and systemic solutions which enable the achievement of gender equality and of human rights. Most importantly, it is important in a crisis situation not to forget existing targets in terms of public health and rights, and to work collectively to maintain or even increase public investment and attention in those areas.

All those that we interviewed for the report expressed their hope that their organisations' suspended activities and services would soon be able to restart. Our partners were also hopeful that essential work for promoting gender equality and women's and girls' health and rights would be resumed without major delay, such as implementation of gender-sensitive budgeting, comprehensive sexual education, universal and free access to essential health services including contraception, work on masculinity, and the strengthening of health systems more broadly.

Above all, our partners' experiences reveal huge and wide-spread problems in the response to sexual and gender-based violence during the Covid-19 pandemic, and a need to move to urgently address the underlying gaps in structures, procedures and mechanisms to support the victims of that violence.

2. The challenge for governments: co-construct public policy with women's rights organisations and activists

It is absolutely clear from our research that governments can and must do better to involve CSO in crisis situations, throughout the discussion, decision-making and implementation process. Co-constructing the response between state authorities and civil society actors would increase the relevance and effectiveness of crisis response measures, as well as the communication and acceptance of these measures by the general public.

Integrating CSO expertise would also ensure that all citizens are reached more easily, particularly those in vulnerable situations who are often left out or behind by public policy decisions.

It is also clear that decision-making remains mainly in the hands of men in West Africa. Women, overburdened with domestic work or care responsibilities, remain largely absent from government or public decision-making arenas, where national response plans and budgets are debated and finalised.

And yet their involvement, just like for CSO, is essential for ensuring that the public action measures are effective, just, and inclusive. This is particularly true in crisis situations. In the case of Covid-19, which has a disproportionate impact on women, their exclusion from decision-making processes can, in the worst-case scenario, lead to responses which actually increase inequality and ultimately do more harm than good.

3. The challenge for donors: build trust with NGO partners, provide flexibility for partnerships, and maintain reliable medium-term support

Civil society in West Africa, like in many countries, is made up of many small and medium organisations which depend on one, or a few, main donors. Often these organisations do not have their own core funding, depending instead on project funding which finances the organisation's activities but also a part of its direct costs (HR, equipment) and indirect costs (rent, utilities, bank charges, etc).

As a result, the freezing or cancelling of a partnership in crisis situations has an impact which goes far beyond any single project, with consequences on staff contracts and even the survival of the structure itself.

During the Covid-19 pandemic, our partners have shown themselves to be highly responsive, ready to adapt their activities and methods to provide the best possible solutions in rapidly evolving situation. This reactivity has been possible thanks in part to support from some donors, who have been flexible with regards to projects underway, proposing or agreeing the possibility to adapt activities, budgets, contractual terms, or narrative and budgetary reporting deadlines. These are typically the donors which our partners have praised for facilitating a regular, frank, supportive dialogue, from the very beginning of the crisis.

At the other end of the spectrum, our partners identify some serious failings: donors or financial partners who seem to have vanished with the pandemic, others who "don't pick up the phone", or who remain vague on what might or might not be possible in terms of continuing current agreements. Those people we interviewed spoke also of the difficulties of contractual models which left no room for manoeuvre, or which tied their organisation to a role of service-provider only, limiting any space for creativity and responsiveness, as is often the case with grants developed purely around results-based frameworks.

Our partners were also worried about the impact of Covid-19 on resource mobilisation in the short- and medium-term. In a crisis situation, it is tempting for donors to align with the areas which governments identify as the most urgent. But this is likely to have the knock-on effect of a reduction of funding and attention for SRHR and gender equality, often the first public policies to be sidelined or cut in a crisis situation.

More than ever, a crisis situation shows just how important the links are between the different actors of an ecosystem. Donors' attitudes and actions, their ability to understand what is happening "on the ground", have a major impact on civil society organisations' ability to be quick-footed in finding the best solutions for those who are most in need. Donors' responses also directly decide the organisation's economic future in the medium-term, and therefore the jobs and future of those working for the structure.

Certain types of partnership between donors and CSO are clearly, then, more beneficial than others. In this kind of crisis situation, CSO resilience – and their social utility – are a direct result of the trust they have in, and the support they receive from, their donors or financial partners, as well as the flexibility of the contracts which frame that working relationship.

In taking better account of these basic elements, we can find a different – and better – way of working together to overcome crisis situations, current and future.

11 key action points

For civil society and policy- and decision-makers

- **Support** vulnerable people, particularly women, with the economic, health and social consequences of the crisis.

- **Step up** the fight against sexist and sexual violence, including domestic violence, female genital mutilation, and child and early marriage.

- **Better inform** women and young people on their rights regarding sexual and reproductive health and sexual violence.

- **Increase** visits to health centres by removing barriers and reassuring healthcare workers and communities.

For policy- and decision-makers

- **Systematically integrate** women's rights organisations, feminist activists and experts in crisis response planning and implementation, and public policy more broadly.

- **Provide** urgent and sustainable funding to women's rights organisations, who play an essential role in tackling inequality and in building social well-being, including in crisis situations.

- **Facilitate** the production of research and data on sexual and sexist violence and gender equality.

- **Increase** investment in public policy which underpins a transition to a more equal and just society, and maintain public attention and commitment to priority issues for those in vulnerable situations.

- **Strengthen** public services, in particular health and education systems.

For donors

- **Maintain** existing funding during crisis situations, accept or propose adaptation of activities in line with the situation, and anticipate future crises by establishing contingency plans, in a spirit of partnership and trust between donors and organisations.

- **Support** organisations in the development of their organisational and institutional development through flexible, sustainable and non-earmarked funding.

Annexes

ANNEX 1
Methodology

This report was prepared following qualitative interviews conducted by Equipop in May 2020 with around 30 activists and partner organisations in Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Niger and Senegal.[18]

The interviews took place remotely, via Skype or Whatsapp, in one or several sessions. They were based on a set of questions which were sent to our partners before the discussion, and which were focused around four broad themes and the impacts of Covid-19:

1. Civil society organisation projects and structures;
2. Access to sexual and reproductive health and rights;
3. Women's rights and gender equality;
4. Recommendations for donors and the international community.

We chose to undertake qualitative research, through open questions, in order for our respondents to express themselves freely, and provide us with their experiences and perspectives on the impact of Covid-19 on their organisations, their work, and their countries. Their answers were noted by the Equipop team member conducting the interview, including transcription of certain quotes, and then analysed collectively as a whole to identify and elaborate the detailed observations, conclusions and recommendations contained in this report, prepared in May and June 2020.

ANNEX 2
Equipop

EQUIPOP.ORG

Equipop was established in 1993. Our organisation combines social and political mobilisation, project conception and management, technical assistance and the construction of partnerships to empower women and girls, and promote their health and rights around the world.

Our vision

A world where women's and girls' rights are respected, including their sexual and reproductive rights, and where they participate fully in a just, equal and sustainable development.

Our mission

- **Sparking** social change by creating and implementing pilot projects in collaboration with local partners;
- **Mobilising** leaders and citizens in France, West Africa and internationally, to create more favourable institutional and legal environments for human rights, particularly women's rights;
- **Empowering** development partners by strengthening their capacity.

Equipop works to promote feminist values and puts gender equality at the heart of its work.

18. The full list of participating organisations and structures is available at Annex 3

ANNEX 3

Participating organisations and structures

BENIN

The **Association Béninoise Pour le Marketing Social et la Communication pour la Santé (ABMS)** is a non-profit organisation working with the Benin government and the private sector to improve the availability of affordable and quality health products and services.

Established in 1994, the **Organisation pour le Service et la Vie (OSV/Jordan)** is an NGO working to promote family planning and reproductive health for young adolescents and young people.

Jeunes Volontaires pour la Santé (JVS) is an organisation who work to facilitate access for young people to SRHR and family planning information and services which are adapted to their needs and communications.

Scouts du Bénin promote informal education, civic education, education for dialogue and peace and civic participation for young people, and the promotion of the SDGs, protection of the environment and SRHR.

BURKINA FASO

The aim of the **Réseau Africain Jeunesse Santé et Développement in Burkina Faso (RAJS/BF)** is to promote leadership for young people and youth organisations, to ensure the inclusion of young people and youth issues, better health for young people, and their participation in socio-economic development.

The **Fondation RAMA** works toward ending harmful traditional practices for women, mothers and young girls, such as forced or early marriage, excision, male domination over women; promotes social, economic and political rights for women and girls; promotes access to reproductive health care; supports children victims of HIV/Aids; and provides psychological support for women victims of fistula.

The organisation **Initiative Panane-tugri pour le Bien-être de la Femme (IPBF)** aims to promote the well-being of women and young girls in Burkina Faso and in the sub-region of West Africa, through transformational actions and services, creating the conditions for promoting women's and young girls' well-being to enable their full participation in society and enjoyment of their rights.

SOS Jeunesse et Défis (SOS JD) is a youth organisation, working with and for young people. SOS JD aims to create the conditions for the respect of young people's SRH and rights, principally through social mobilisation, awareness-raising, advocacy and capacity-building work.

CÔTE D'IVOIRE

The organisation **ONEF** aims to promote, defend and protect children's and women's rights. ONEF works particularly on women's economic and political empowerment, education, gender, and access to justice.

The **NGO Santé Urbaine Rurale** (SUR) aims to contribute to a more equal, safe, just society, where human dignity, and economic, social and cultural values are based on respect for human rights and particularly those of people in vulnerable situations, in both urban and rural zones.

Citoyennes pour la Promotion et Défense des Droits des Enfants, Femmes et Minorités (CPDEFM) is an apolitical NGO which works to promote the respect of women's, children's, and minority rights across all sectors in Côte d'Ivoire. The organisation carries out awareness-raising campaigns on violence against women and children, data research to provide statistics on different kinds of violence, and national and international advocacy.

The **NGO MESSI** is a youth organisation in Côte d'Ivoire, working principally on social mobilisation and advocacy to improve access to SRHR, HIV and GBV care for adolescents and young people.

MALI

Femmes et Droits Humains is a feminist organisation in Mali working with state actors, communities and the media to promote gender equality and women's and girls' human rights.

The NGO L'Association Malienne pour le Suivi et l'Orientation des Pratiques Traditionnelles (AMSOPT) was established in 1991. Our mission is to support empowerment of women and the promotion of women's and children's rights and well-being in Mali. AMSOPT's vision is of a Malian society freed from gender-based discrimination and from traditional practices harmful to the health and well-being of women and children.

Groupe Pivot Santé Population is an umbrella organisation bringing together over 200 NGO working on health. Established in 1992, its mission is to support the strengthening and professionalisation of organisations and NGOs working on health and population issues.

GUINEA

Le **Club des Jeunes Filles Leaders de Guinée (CJFLG)** is an organisation bringing together over 500 young girls across Guinea. The CJFLG works to tackle gender-based violence against girls.

NIGER

SongES Niger is an NGO whose objective is to strengthen resilience capacity of communities through social, political and community-level mobilisation.

Le Comité des Jeunes Filles Leaders (COJEFIL) is an organisation of young girls working to promote the respect of women's and girls' rights, and providing training to promote leadership and women's entrepreneurship.

L'**association des Scouts du Niger** works to ensure education for all young people, including informal education, and the empowerment of young people through local groups and specific community-level action with radio.

SOS FEVVF (Femmes et Enfants Victimes de Violences Familiales) works to tackle early marriage and discrimination, notably through awareness-raising and support for women who are domestic violence survivors.

La **Cellule Nigérienne des Jeunes filles Leaders** is a group of young women working to promote female leadership and the active participation of young girls in professional and charitable/civil society sectors.

SENEGAL

The organisation **JED (Jeunesse et développement)** uses Scouting methods and principles to help young people prepare to become active and responsible citizens and to support communities in improving everyday quality of life.

Réseau Siggil Jigeen (RSJ) is national NGO experienced in advocacy for the reform of policy and the allocation of dedicated resources to sexual and reproductive health. RSJ's mission is to contribute to a better and stronger status for Senegalese women through high-impact work to bring about positive social change.

The **Réseau Ouest Africain des Jeunes Femmes Leaders (ROAJELF)** was established in 2009 with the support of ECOWAS. The Senegalese branch of the network (ROAJELF/SENEGAL) brings together young girls who apply directly or from civil society organisations. The network provides a way of coordinating action to improve policies and programmes for young women, to fight against gender inequality, and to facilitate young women's full participation in decision-making bodies.

RAES designs and produces media content, and deploys social communication activities. These activities are intended to benefit actors and communities to help them stay informed, mobilise and take action for their futures, individually and collectively.

Marie Stopes International Sénégal (MSI-SN) is an NGO active in reproductive health and family planning. Present in Senegal since 2011, MSI-SN supports the government in efforts to reduce maternal morbidity and mortality. MSI-SN works to increase public access to quality sexual health and reproductive services through different strategies (fixed and mobile clinics, Marie Stopes Ladies/mobile midwives, Social Franchise).

The **Coordination Unit for the Ouagadougou Partnership (UCPO)** helps the Ouagadougou Partnership to achieve its goal of reaching at least 2.2 million additional users of family planning methods in the nine PO countries (Benin, Burkina Faso, Cote d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal, and Togo) by 2020.

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Organisations and activists working on gender equality throughout the world have played an important role in responding to Covid-19. This role has been threefold: as observers of the disproportionate impacts of the pandemic on women; as whistle-blowers for human rights violations and social distress; and of course, as partners for crisis prevention and management, notably in cushioning the social and health consequences of Covid-19.

In Francophone Africa, a region where Equipop has established long-term partnerships in the last twenty years, women's rights organisations have been particularly active on Covid-19. This report, constructed from research conducted with Equipop's partners in Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Niger and Senegal, presents their experiences and recommendations.

The organisations and activists interviewed by Equipop for this report are critical of a disproportionate exposure of women to Covid-19 in their countries, in terms of heavier workloads, economic losses, an explosion of gender-based violence, and an overall lessening of autonomy and agency. Our partners describe how the pandemic has already affected women's health, in particular their sexual and reproductive health (SRH), given a double fall in both supply and demand for SRH services. Certain groups are particularly vulnerable, such as young people and adolescent girls. These impacts will continue to be felt in the medium-term, long after the pandemic has peaked.

Unfortunately, this report also demonstrates just how little has been done to ensure that political and policy responses to the pandemic have taken these issues – and a gender perspective – into account. Activists and organisations are urging governments and donors to stop and listen, and to integrate and support civil society as an essential partner in crisis situations. Though this report, they hope that decision- and policy-makers will have a better understanding of the reality on the ground, and adapt policy and practice accordingly, to strengthen public services and civil society in order to support more equal, just and resilient societies.

Our thanks to all those organisations and activists who participated in this report.

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