

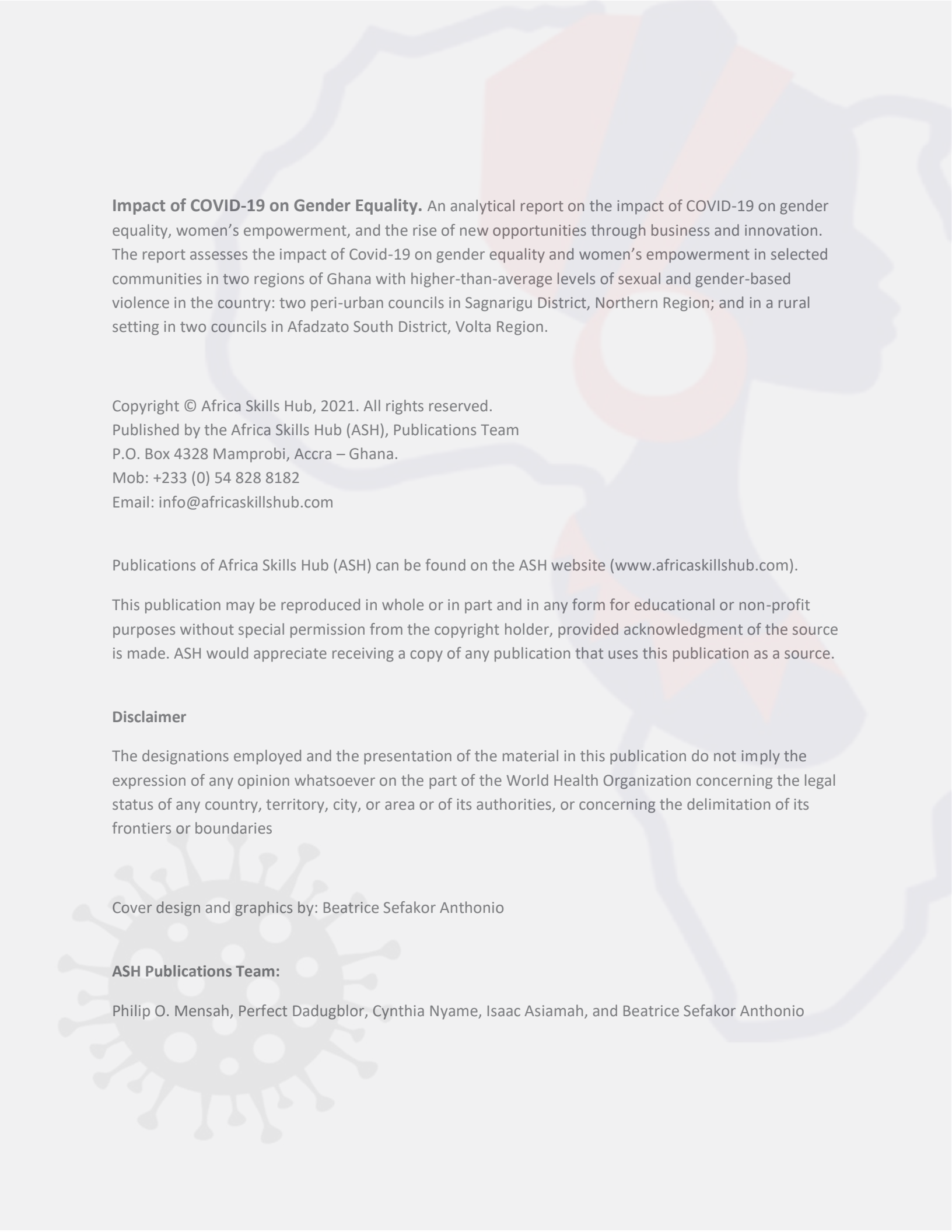


Impact of COVID-19 on Gender Equality,

**Women's Empowerment and
the Rise of New Opportunities
Through Business and Innovation:**

Analytical Report

VOL . 1



Impact of COVID-19 on Gender Equality. An analytical report on the impact of COVID-19 on gender equality, women's empowerment, and the rise of new opportunities through business and innovation. The report assesses the impact of Covid-19 on gender equality and women's empowerment in selected communities in two regions of Ghana with higher-than-average levels of sexual and gender-based violence in the country: two peri-urban councils in Sagnarigu District, Northern Region; and in a rural setting in two councils in Afadzato South District, Volta Region.

Copyright © Africa Skills Hub, 2021. All rights reserved.
Published by the Africa Skills Hub (ASH), Publications Team
P.O. Box 4328 Mamprobi, Accra – Ghana.
Mob: +233 (0) 54 828 8182
Email: info@africaskillshub.com

Publications of Africa Skills Hub (ASH) can be found on the ASH website (www.africaskillshub.com).

This publication may be reproduced in whole or in part and in any form for educational or non-profit purposes without special permission from the copyright holder, provided acknowledgment of the source is made. ASH would appreciate receiving a copy of any publication that uses this publication as a source.

Disclaimer

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries

Cover design and graphics by: Beatrice Sefakor Antonio

ASH Publications Team:

Philip O. Mensah, Perfect Dadugblor, Cynthia Nyame, Isaac Asiamah, and Beatrice Sefakor Antonio



ABOUT AFRICA SKILLS HUB (ASH)

Africa Skills Hub (ASH) is a youth international non-governmental organization (INGO) based in Accra, Ghana and working throughout the African continent to build skilled African youth as agents of change through our social enterprise paradigm and grassroots community development approaches. ASH is a youth-focused incubator that offers a range of capacity building, empowerment and advocacy programs including entrepreneurship, women empowerment, and hands-on skills development to contribute to sustainable development.

OUR MISSION & VISION:

Our Mission is to build skilled African youth as agents of change.

Our Vision is to be a leading center in the creation of possibilities for Africa's sustainable development.



THEMATIC AREAS

IMPACT OF COVID-19 ON GENDER EQUALITY

Women's Empowerment and the Rise of New Opportunities
Through Business and Innovation



Global Affairs
Canada

CONTENTS

Pg. 2	LIST OF FIGURES
Pg. 3	THE AUTHORS
Pg. 4	FOREWORD
Pg. 5	BACKGROUND
Pg. 5	INTRODUCTION Approach and Methodology Report Outline
Pg. 7	LITERATURE REVIEW: HEALTH EMERGENCIES AND WOMEN’S LIVELIHOODS – SOME LESSONS Socioeconomic Impacts Health SGBV Gender and responses to health emergencies
Pg. 15	THE STATUS OF WOMEN IN THE WELI PROJECT COMMUNITIES Volta Region Northern Region
Pg. 20	COVID-19 IN GHANA State Responses to Covid-19 in Ghana Responses to Covid in Ghana by Non-State Actors <i>Resourcing</i> <i>Interventions by WELI CSO Partners</i> <i>STAR-Ghana Covid Response Project</i> <i>Multilateral responses</i>
Pg. 26	IMPACT AND IMPLICATIONS OF COVID-19 AND RESPONSES IN GHANA Health <i>Teenage Pregnancy</i> <i>Sexual and gender-based violence</i> <i>Mental Health</i> Socioeconomic Impacts <i>Deepened poverty and inequality</i> <i>Disparate access to relief funds and other forms of support</i> <i>Diminished access to social services</i>
Pg. 36	HOW GHANIAN WOMEN COPED WITH THE IMPACTS OF COVID-19
Pg. 37	GAPS AND CHALLENGES
Pg. 38	CONCLUSION: OPPORTUNITIES AND PROSPECTS
Pg. 40	REFERENCES
Pg. 43	ANNEXES

LIST OF FIGURES

Figure I	A representation of women’s capacity to generate income in the context of COVID-19	Pg 10
Figure II	Proportion of women on Covid-19 taskforce globally and by region	Pg 14
Figure III	Number of Covid-19 measures per region	Pg 15
Figure IV	Timeline of Ghana’s early Covid response. March 2020 to 1 June 2020	Pg 22
Figure V	Overview of Ghana’s Response to COVID-19 pandemic	Pg 23
Figure VI	Regional breakdown of teenage pregnancies in 2020	Pg 27
Figure VII	Teenage pregnancies in Ghana 2020 disaggregated by age	Pg 29
Figure VIII	Comparative drops in labour earnings in Ghana, February to September 2020.	Pg 31



THE AUTHORS

This analytical report is the result of extensive research, consultations, and interviews by Africa Skills Hub's team of expert consultants and resource persons on the Women's Entrepreneurship and Livelihoods Initiative (WELI) project and in collaboration with the ASH Publications team.

It was written and compiled by:

Dr. Titilope F. Ajayi

Lead Researcher

SGBV, Gender & Security Expert Advocate and Consultant

&

Anatu Ben-Lawal

CEO of Social Innovation Africa,

Senior Gender Economic Development and Advocacy Consultant



FOREWORD

We are all witnesses to the unfolding impact of the COVID-19 pandemic on human lives around the world, how it has deepened the scourge of gender-based violence, and the significant disruptions in the global economy. These are certainly unusual times, and for many of us, unprecedented times. It is times like these that we really need to organize and chart a new path forward.

In Ghana, the experience was no different as our Micro, Small, and Medium Enterprises (MSMEs) were largely affected. Women are the front-runners of these MSMEs in Ghana. Over the years, women-owned businesses have played and continue to play a critical role in Ghana's socio-economic development by producing critical goods and services, creating jobs, and helping to reduce poverty and promote economic growth.

It is estimated that MSMEs represent about 85 per cent of Ghana's private sector and contribute about 70 per cent of annual GDP.

While the impact of COVID-19 has been severe, there is much hope. There is recovery ahead, and there are enormous opportunities in the post-COVID world.

Women-owned MSMEs must strive to reposition themselves to lead in the post-COVID economic recovery. It is time to rethink your business models, to be more innovative, to embrace technology to help improve quality, efficiency, and management practices, and diversify the range of products and services for the local market, even daring to branch into the ECOWAS sub-region and beyond. It is also important for MSMEs to prioritise compliance with laws, standards, and ethical business principles, to help build strong foundations for robust growth and lasting impact. The current pandemic provides a lot of opportunities for MSMEs to reengineer themselves and to participate more fully in the national, regional, and global economy".



.....
Daniel Amoako Antwi

Executive Director, Africa Skills Hub

BACKGROUND

The devastating toll of multiple waves of the Covid-19 pandemic (hereafter, Covid) on lives and livelihoods across Africa and the world has brought into stark relief its effects on gender equality and women's human rights and empowerment. Multiple evidence shows that the ongoing global health crisis has exacerbated gender and social inequalities that underpinned societies before the pandemic. The burden of unpaid domestic and care work has deepened, while movement restrictions have led to rising unemployment in female-dominated sectors such as childcare, domestic work, and the retail and service sectors. Sexual and gender-based violence (SGBV) against women and girls has increased during and as a result of prolonged lockdowns. These and many more challenges will have long-term consequences for women across Africa. While there is growing recognition of the disproportionate impact that Covid-19 has had and continues to have on women, the responses to mitigate its spread do not sufficiently integrate gender equality or address women's concerns specifically. In addition, there is a void in women's leadership in Covid-19 response mechanisms.

The pandemic calls for a paradigm shift in gender-responsive programming from what has worked in the past, specifically in the area of livelihoods, decent work, and income generation for women. To quest for secure livelihoods for women mandates a shift from the traditional model of an aid-backed approach toward more businesslike ones. Models like social enterprise development, with their potential for harnessing innovative solutions, present a viable alternative.

INTRODUCTION

In partnership with Canada World Youth, and with support from Global Affairs Canada, ASH is implementing over 12 months, a Women's Economic and Livelihoods Initiative (WELI). The initiative seeks to address Covid challenges through a youth-centered and gender-responsive economic empowerment approach. The Project will consist of a three-pronged approach, mainly Covid and SGBV advocacy, an entrepreneurship scale-up program, and an access-to-markets initiative.

The objective of the current consultancy is to assess the impact of Covid-19 on gender equality and women's empowerment in selected communities in two regions of Ghana with higher-than-average levels of sexual and gender-based violence in the country: two peri-urban councils in Sagnarigu District, Northern Region; and in rural settings in two councils in Afadzato South District, Volta Region.

Approach and Methodology

This report is part of a longer-term research project that is being conducted in two phases.

In Phase One, the research consultant undertook a desk review of the policy and academic literature on the impact of Covid-19 (and pandemics in general) on gender equality, women's rights and empowerment, and women's livelihoods in Ghana. This was done to highlight the disproportionate ways in which women have been affected, especially regarding SGBV. Where available, gender-disaggregated data was collated from the target regions to inform this assessment. The consultant also drew on several documents produced by WELI's CSO partners, including but not limited to a series of focus group discussions by Africa Skills Hub with women community leaders and an SGBV training manual and report.

Existing interviews with women participating in the project's incubators were also consulted and used to obtain firsthand contextual knowledge about the status of women in Voltarian and northern cultures. These methods aimed to ascertain the situation of women and girls before the pandemic, how this situation changed because of the pandemic, and what it signals about the types of interventions needed to bring about lasting change in the lives and livelihoods of those affected. The research consultant also interviewed WELI project partners in the two target regions. A list of partners and talking points can be found in the annexes to this report.

Relevant data were identified using keyword searches of Google and identified repositories or/and resource sections of expert civil society organisations that included UN Women, UNFPA, NETRIGHT, FIDA, STAR-Ghana. The following keywords and search terms were used:

- Pandemics and women/SGBV/women's livelihoods
- Impact of Covid-19 on women/girls in Ghana
- Women's economic empowerment in Ghana
- Empowering Ghana's/Ghanaian women and girls (during Covid)
- State responses to Covid-19 in Africa/Ghana
- Engendering/Bringing women into Covid-19 responses
- Covid-19 and (S)GBV in Ghana

Emphasis was placed on examples of new and innovative thinking, and findings were interpreted using a critical feminist lens to provide informed insights on findings as well as creative responses to identified challenges facing women and girls in target communities.

In Phase Two, the scope of participants will be broadened to include further interviews and consultations with project partners, as well as with subject experts on SGBV and the economic empowerment of women, male advocates for women's empowerment, and women and girls in the project's incubators in target communities. The various outputs under this consultancy will

together make the case for innovative, non-traditional forms of economic support for adolescent girls and young women during and in the aftermath of Covid-19.

Given the narrow scope of this study, caution should be taken not to interpret the stated results as pertaining either to the whole WELL project or to the target regions, since the partners interviewed work in specific communities whose profiles and needs vary, even within each region.

Report Outline

This report begins with a review of literature on the impact of global health emergencies on women. A second section sets the project in context by discussing the status of women in the WELL project areas in the Volta and Northern regions. The ensuing section outlines the context of Covid-19 in Ghana, looking at the geographic scope of infection, followed by an examination of responses to the pandemic by the Ghanaian state and by international, national, and community non-state actors, considering highlights and gaps in conceptualisation and implementation. Thereafter, the report discusses the health and socioeconomic impacts and implications on women of both Covid-19 and the range of responses to it by various actors in Ghana. The report subsequently explores how women have coped with and mitigated the effects of Covid-19 on their lives. This is followed by an analysis of gaps and challenges, and a concluding review of prospects and opportunities for more innovative and transformative support.

LITERATURE REVIEW: HEALTH EMERGENCIES AND WOMEN'S LIVELIHOODS: SOME LESSONS

Drawing on lessons from the Ebola epidemic in West and southern Africa as well as emerging knowledge on Covid's impacts on women, this section discusses how health emergencies affect women's livelihoods and associated factors in three main areas: socioeconomic (i.e., women's lives and livelihoods), health and SGBV.

Though the study is focused primarily on economic impacts, there are clear interlinkages among women's experiences during such crises that show that women's economic power influences and is influenced by their status and wellbeing in other areas of their lives. A report on the impact of Ebola on young women's economic lives in Sierra Leone notes that exposure to violence 'has consequences on women's ability to acquire human capital and lead financially independent lives'.¹ Health and SGBV are thus discussed here because they pose as many major constraints to women's economic empowerment as they are symptoms of their disempowerment.

¹ Oriana Bandiera, 2018, 'The Economic Lives of Young Women in the Time of Ebola: Lessons from an Empowerment Program. World Bank, Washington, DC, <https://openknowledge.worldbank.org/handle/10986/31219>

Socioeconomic Impacts

Literature suggests that the socioeconomic costs of health emergencies like Covid-19 are higher for women than men² in four broad areas: job and income losses, unpaid care work, SGBV, and access to sexual and reproductive health services.

Women are more likely to lose jobs, work, and income during health crises because they make up the bulk of informal workforces and bear disproportionate burdens of care for family members. These same pressures prolong women's economic recovery following such shocks. For example, 85 per cent of traders in Sierra Leone and Liberia who lost their livelihoods to market closures during the Ebola outbreak in West Africa from 2014 to 2016 were women.³ Though men also lost jobs, 67 per cent had returned to work 13 months after the first case was detected as against 17 per cent of women.

In Guinea, Liberia, and Sierra Leone, women were the worst affected by the Ebola Virus Disease (EVD) because they dominated the agriculture sectors and the virus repeatedly surged at times of intense agricultural activity mostly carried out by women.⁴ In Kailahun and Kenema districts which were the worst hit and which produced much of Sierra Leone's food, the livelihoods of many women master farmers and heads of households were compromised by EVD.⁵ The virus also had an indirect impact on women farmers' livelihoods as drops in sales of local beer halted manufacturing activities, causing drops in demand for raw materials such as sorghum.⁶

EVD further affected the livelihoods of women traders who account for some 70 per cent of all cross-border trade in the Mano River Union area.⁷ Women traders in local markets in Liberia, for example, also suffered income losses as internal domestic market activities slowed during the pandemic, largely owing to movement restrictions. Spikes in transportation costs caused by transportation protocols stipulating fewer passengers in public vehicles also affected women's market activities.⁸ All of this was exacerbated by women's reduced ability to access financial support because changed work hours compelled institutions that offered these services to close early. Some such organisations closed indefinitely. Women's turn to more informal sources made it difficult for them to pay off loans and made their economic empowerment all the more fraught.⁹

² Clare Wenham et al., 2020, 'Women are most affected by pandemics - Lessons from past outbreaks', *Nature*.

³ A. B. Kabia, 2016, 'Women in Sierra Leone's Labour Market', *China Daily*, <https://go.nature.com/3fswaiz>, cited in Clare Wenham et al., 2020, 'Women are most affected by pandemics - lessons from past outbreaks', *Nature*.

⁴ Office of the Special Envoy - African Development Bank, 2016, 'Women's Resilience: Integrating Gender in the Response to Ebola', page 23.

⁵ 'Women's Resilience', *ibid*.

⁶ 'Women's Resilience', *ibid*.

⁷ 'Women's Resilience', page 24. Also, Ministry of Social Welfare, Gender and Children's Affairs, UN Women Sierra Leone, OXFAM Sierra Leone and Statistics Sierra Leone, 2014, 'Report of the Multisector Impact Assessment of Gender Dimensions of the Ebola Virus Disease in Sierra Leone', pages 31-32.

⁸ Ministry of Social Welfare, Gender and Children's Affairs, UN Women Sierra Leone, OXFAM Sierra Leone and Statistics Sierra Leone, *ibid*.

⁹ 'Women's Resilience', page 25.

Finally, Ebola was also projected to have medium-to-long-term effects on women's livelihoods and work prospects as a result of school closures. Interruptions to girls' schooling for about a year meant losses of human capital accumulation amid existing gender disparities in this area. The closures also heightened girls' exposure to SGBV which would also diminish their long-term earning capacity.¹⁰

Employment and income/earning power are two of the numerous areas in which Covid has exacerbated gender disparities and inequities, with worse effects on women. Its impact is considered so severe that it has not only worsened the economic status of women relative to men but could also potentially reverse decades of gains regarding women's economic empowerment.¹¹ Before Covid, the gender wage gap stood at an average of 22 per cent, ranging from 21-25 per cent in middle and high-income countries.¹² As noted in a recent UNDP report on how Covid affected women's livelihoods, this situation was caused by the

'disproportionate burden of unpaid work on women, the lack of opportunities for them to reconcile unpaid work with paid work, the vertical and horizontal gender segregation in the labour market where women are overly represented in low-paid occupations, and power imbalances within the household'. P.2

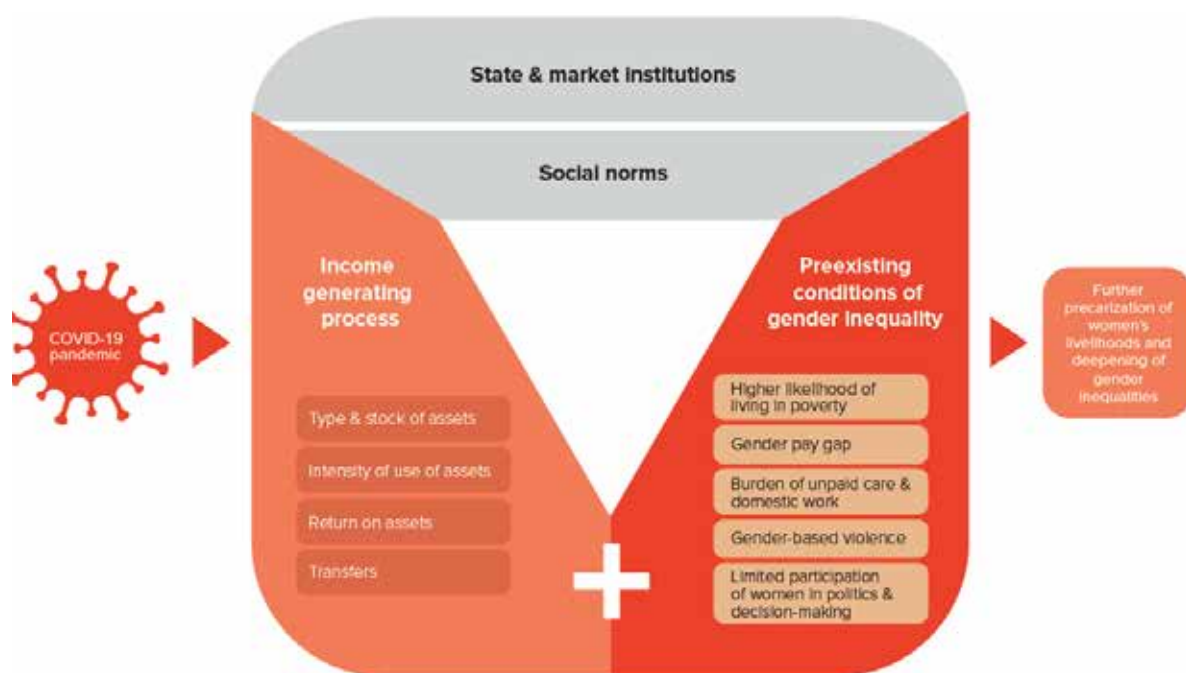
Coupled with the fact that approximately seven in ten or 70 per cent of female workers worldwide are in the informal sector with little or no access to benefits that make it easier and more beneficial for women to work, anything that disrupts their earning power makes them more vulnerable to deprivation and poverty. Figure I shows the interplay among economic institutions and cultural barriers to women's economic empowerment and how health crises like Covid-19 can compound these and lessen women's earning capacity, thereby worsening existing gender inequality.

¹⁰ Oriana Bandiera, 2018, 'The Economic Lives of Young Women in the Time of Ebola: Lessons from an Empowerment Program. World Bank, Washington, DC, <https://openknowledge.worldbank.org/handle/10986/31219>

¹¹ United Nations/UN Women, 2021, 'UN Secretary-General's Policy Brief: The impact of COVID-19 on women', page 2; United Nations Development Programme, 2021, 'Protecting Women's Livelihoods in Times of Pandemic: Temporary Basic Income and the Road to Gender Equality', <https://www.undp.org/publications/protecting-womens-livelihoods-times-pandemic-temporary-basic-income-and-road-gender>

¹² 'Protecting Women's Livelihoods', op. cit.

Figure 1: A representation of women’s capacity to generate income in the context of COVID-19



Source: United Nations Development Programme, 2021, ‘Protecting Women’s Livelihoods in Times of Pandemic: Temporary Basic Income and the Road to Gender Equality’, page 2.

Women have lost or left jobs because of many government-imposed policies to contain the spread of Covid that required the closure of what was considered ‘non-essential’ sectors of the economy. These included areas where large numbers of women are employed, namely hospitality, wholesale, and retail. This is expected to have a knock-on effect on incomes, worsened by spikes in demand for unpaid care work¹³ caused by the closures of schools, work-from-home policies adopted by some employers, and the demand for care for relatives who contracted Covid. Such pressures are heavier for single women who either cannot work from home depending on the nature of their jobs or cannot afford to work outside the home because they have no one to leave their children with while schools are closed.

Exacerbated by a lack of social support, reduced digital access, and oppressive gender norms in developing countries, it is believed that this mix of factors could push nearly 50 million women into extreme poverty well beyond the end of the pandemic. Also, as occurred during Ebola, the long-term effects on reductions in human capital for women due to school closures for girls must be considered. In Ghana, statistics are already showing spikes in teenage pregnancies, believed to be a result of closed schools, which affect girls’ choices and ability to return to school.

¹³ ‘UN Secretary-General’s Policy Brief’, page 2.

Health

During pandemics, besides the general risk of contracting viruses, women face two main gender-specific health risks: a higher risk of exposure and lowered access to vital sexual and reproductive health services. The first risk derives in part from women's social roles as primary caregivers. During the Ebola outbreak in the Democratic Republic of Congo in 2019, women and children under 18 accounted for 70 per cent of all cases.¹⁴ Women and girls aged 11 and older contracted Ebola at a higher rate than men and boys in the same age range. This was thought to be a function of women and girls' caregiving roles, women's responsibility for funeral arrangements, and women's subservience to their husbands' decisions concerning their access to healthcare.¹⁵

Gendered patterns of work also make women more susceptible to infection. Women make up at least 70 per cent of global health workers, including nurses, midwives, and community health workers.¹⁶ Women also comprise the majority of medical support staff who work as cleaners and caterers and in other such roles.

The second risk is created when states either divert resources away from women's health services toward pandemic responses or shut down health facilities, however temporarily, in their attempts to stop the spread of viruses. Some women also avoid seeking medical help during health emergencies, sometimes out of fear of contracting diseases during health crises. In Freetown, during the Ebola epidemic, the use of non-Ebola-related health services such as post-natal clinic visits by women who had recently given birth dropped sharply.¹⁷ In Ghana, reduced healthcare utilisation, particularly for maternal and child health and fertility services, among some residents was a function of low economic status, likely made worse by the economic impacts of Covid.¹⁸

SGBV

SGBV and the sexual exploitation of women and girls were already very high in the DRC, yet they increased during the 2018–2020 Ebola outbreak.¹⁹ Efforts to contain the spread of EVD in West Africa during the 2013-2015 outbreak made young women and adolescent girls more vulnerable

¹⁴ Vittoria Elliott, 2019, 'Briefing: Why women and children are at greatest risk as Ebola continues to spread in Congo', <https://www.thenewhumanitarian.org/news/2019/09/05/Congo-Ebola-epidemic-hits-women-children-hardest>

¹⁵ 'Briefing: Why women and children are at greatest risk', op. cit.

¹⁶ Mathieu Boniol, 2019, 'Gender equity in the health workforce: Analysis of 104 countries', Working paper 1. Geneva: World Health Organization (WHO/HIS/HWF/Gender/WP1/2019.1).

¹⁷ 'Women's Resilience', page 23.

¹⁸ Farrukh Ishaque Saah, Hubert Amu, Abdul-Aziz Seidu and Luchuo Engelbert Bain, 2021, 'Health knowledge and care seeking behaviour in resource-limited settings amidst the COVID-19 pandemic: A qualitative study in Ghana', *PLOS One*, <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0250940> Also, UNICEF-Ghana, 'Primary and Secondary Impacts of the Covid-19 Pandemic on Children in Ghana', page 3.

¹⁹ International Rescue Committee, 2019, "Everything on her shoulders": Rapid assessment on gender and violence against women and girls in the Ebola outbreak in Beni, DRC', <https://www.rescue.org/sites/default/files/document/3593/genderandgbvfindingsduringevdresponseindrc-final8march2019.pdf>

to coercion, exploitation, and sexual abuse, some of which resulted in unwanted pregnancies.²⁰ Combined with other enabling factors, data on SGBV was not collected as conscientiously as was data on the virus' casualties, making it difficult to gauge the scale of abuses and respond to victims appropriately. In Sierra Leone, this was because services that would usually help to obtain such data were not available.

Movement restrictions and economic factors also made it difficult for victims to report. Also in Sierra Leone, EVD constrained efforts by state and non-state actors to mitigate SGBV, including through disruptions to existing albeit limited support services.²¹ During the same outbreak, experts noted linkages between the epidemic and surges in violence against women in Guinea, Liberia, and Sierra Leone.²² Sexual abuse of teenage girls in Sierra Leone led to a teenage pregnancy epidemic.

Similarly, since the onset of Covid, media across the world have reported increases in multiple forms of SGBV during the pandemic.²³ Domestic violence rose by 8.1 per cent in the United States²⁴, between 30 and 50 per cent in several African countries, and up to 50 per cent in Brazil.²⁵ The situation across the world was so severe that United Nations secretary-general António Guterres called it a 'shadow pandemic' that was just as horrifying as - albeit less visible than - Covid.²⁶ One study used the term syndemic to denote the co-occurrence and mutually reinforcing nature of the impacts of Covid and SGBV.²⁷ The authors give examples of how Covid policies can

²⁰ Monica Adhiambo Onyango et al., 2019, 'Gender-Based Violence Among Adolescent Girls and Young Women: A Neglected Consequence of the West African Ebola Outbreak'. In: Schwartz D., Anoko J., Abramowitz S. (eds), *Pregnant in the Time of Ebola*. Global Maternal and Child Health (Medical, Anthropological, and Public Health Perspectives). Springer, Cham.

²¹ UNDP and Irish Aid, n.d., 'Assessing Sexual and Gender Based Violence during the Ebola Crisis in Sierra Leone'.

²² Monica Adhiambo Onyango and Alexandra Regan, 2020, 'Sexual and gender-based violence during COVID-19: Lessons from Ebola', <https://theconversation.com/sexual-and-gender-based-violence-during-covid-19-lessons-from-ebola-137541>, cited in Titilope F. Ajayi, Violence against Women and Girls in the Shadow of Covid-19: Insights from Africa, 20 May 2020, *Kujenga Amani*, <https://kujenga-amani.ssrc.org/2020/05/20/violence-against-women-and-girls-in-the-shadow-of-covid-19-insights-from-africa/>

²³ Emma Graham-Harrison et al., 2020, 'Lockdowns around the world bring rise in domestic violence', <https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence>, cited in Titilope F. Ajayi, Violence against Women and Girls in the Shadow of Covid-19. Also, <https://face2faceafrica.com/article/rwandan-soldiers-rape-women-to-enforce-coronavirus-lockdown>

²⁴ Leah Rodriguez, 2021, 'Domestic Violence Increased in the US by 8.1% During the COVID-19 Pandemic', <https://www.globalcitizen.org/en/content/domestic-violence-covid-19-increase-us-ncccj-study/>; Candace Forbes Bright, Christopher Burton, Madison Kosky, 2020, 'Considerations of the impacts of COVID-19 on domestic violence in the United States', *Social Sciences & Humanities Open* 2(1).

²⁵ Emma Graham-Harrison et al., 2020, 'Lockdowns around the world bring rise in domestic violence', <https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence>

²⁶ UN Secretary-General António Guterres, 2020, 'An epidemic of violence against women is hiding in the shadows of COVID-19', <https://www.spotlightinitiative.org/news/un-secretary-general-antonio-guterres-epidemic-violence-against-women-hiding-shadows-covid-19>

²⁷ Lindsay Stark et al, 2020, 'The syndemic of COVID-19 and gender-based violence in humanitarian settings: Leveraging lessons from Ebola in the Democratic Republic of Congo', *BMJ Global Health* Volume 5, Issue 11.

worsen abuse for women living with perpetrators while economic impacts can push women into transactional sex that can spread transmission.

During pandemics, women and girls are also susceptible to other forms of violence, as seen in beatings and sexual assaults of women by some security officers in Uganda, Rwanda, and Nigeria.²⁸ Women also faced violence at the hands of civilian men.

The reasons adduced for this rise in SGBV during pandemics range from the direct effects of pandemics, such as job and income losses that cause economic strain, as well as the indirect effects of response measures, such as social isolation during lockdowns and movement restrictions that threaten women's safety.²⁹ A further factor that has not been made explicit in studies on Covid's impact on women is the nexus between women's relatively lower earning power and their vulnerability to SGBV. As noted earlier in this study, Covid's devastating impact on women's earning power made them less resilient to economic shock and more dependent on men, and thus more susceptible to abuse. Though much of this discourse and analysis focuses on women, girls also suffer SGBV during pandemics.

The combination of each impact adds up to a heavy toll on women's capacity to work and earn money and thus compromises their economic power and ability to make independent financial decisions.

Gender and responses to health emergencies

Despite documented evidence of the gender dimensions of health emergencies and the costs of excluding women as responders and victims, trends of responses suggest that lessons from past health emergencies are not being acknowledged and incorporated. This transcends data, state-led policies and other responses, and the staffing of implementation mechanisms. During Ebola, women were 'conspicuously invisible' from emergency and long-term responses to it.³⁰

In the same vein, a Covid-19 Global Gender Response Tracker run by UNDP and UN Women reveals a large global deficit in state responses to Covid that are gender-sensitive and include women in their implementation. As shown in Figure II, Europe (31 per cent) had the highest percentage of women on Covid task forces across the world.

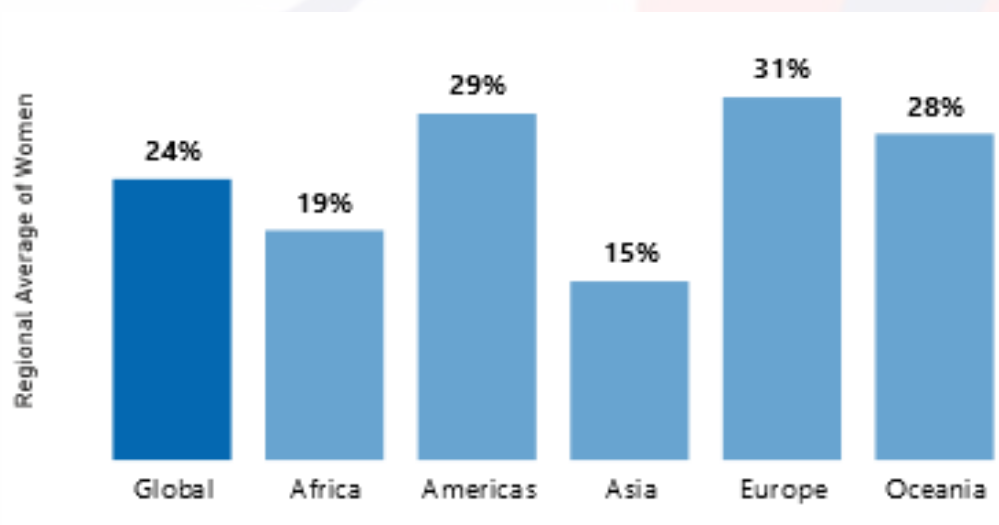
²⁸ Jackline Kemigisa, 2020, 'How Uganda's Covid-19 Response Measures Are Failing Women', *African Feminist*, <https://africanfeminism.com/how-ugandas-covid-19-response-measures-are-failing-women/>, cited in Titilope F. Ajayi, 2020, 'Violence against Women and Girls in the Shadow of Covid-19';

<https://face2faceafrica.com/article/rwandan-soldiers-rape-women-to-enforce-coronavirus-lockdown>

²⁹ Titilope F. Ajayi, 2020, 'Violence against Women and Girls in the Shadow of Covid-19: Insights from Africa', *Kujenga Amani*, <https://kujenga-amani.ssrc.org/2020/05/20/violence-against-women-and-girls-in-the-shadow-of-covid-19-insights-from-africa/>

³⁰ Sophie Harman, 2016, 'Ebola, gender and conspicuously invisible women in global health governance', *Third World Quarterly* 37(3): 524-541.

Figure II Proportion of women on Covid-19 taskforces globally and by region



Source: COVID-19 Global Gender Response Tracker

Less than half of Covid measures in each region could be considered gender-sensitive. Of these, SGBV was the foremost priority, followed by unpaid care and women’s economic security, except in Oceania where it was the least factor. In Ghana, for example, out of eight Covid response measures, only one, a GH¢11 million COVID Relief Fund involving cash transfers to daily wage earners, addressed women’s economic security. While it required 60 per cent of a targeted 75,000 vulnerable beneficiaries to be women, geographic access was limited to the Greater Accra, Western and Ashanti regions³¹, leaving out vulnerable groups in other parts of the country.

The absence or underrepresentation of women and gender in responses to health emergencies has several implications and impacts.³² It makes women and their needs invisible to those who manage responses. This has the added effect of exacerbating existing vulnerabilities and inequalities, making responses inefficient and ineffective.

All of this points to the need to make gender and specifically the needs of women and girls central to the conceptualisation, planning, resourcing, and implementation of responses to health emergencies.

³¹ UNDP and UN Women, ‘COVID-19 Global Gender Response Tracker’, <https://data.undp.org/gendertracker/>

³² Julia Smith, 2019, ‘Overcoming the ‘tyranny of the urgent’: Integrating gender into disease outbreak preparedness and response’, *Gender & Development*, 27(2): 355-369.

Figure III: Number of Covid-19 measures per region

Region	All Measures	Gender Sensitive	Unpaid care	Violence against women	Women's economic security
Africa	539	212	10	117	85
Americas	752	360	42	223	95
Asia	770	281	25	184	72
Europe	908	361	91	242	28
Oceania	143	85	12	66	7
Total	3,112	1,299	180	832	287

Source: COVID-19 Global Gender Response Tracker

THE STATUS OF WOMEN IN THE WELI PROJECT COMMUNITIES

Volta Region

In the WELI Project communities in the Volta Region, there is a widespread “lack of livelihoods for women”³³, according to Madam Cecilia Fiaka, founder and director of the Nneka Foundation that works with abandoned children and vulnerable women. She stated that one of the reasons her organisation decided to work with women was the violence many women endure from men and the lack of empowerment for them.

Majority of them are really going through hell because they drop out of school early, they don't have any meaningful work to do. They are so dependent on whoever gives them the pregnancy...it's so bad.³⁴

As she further explained, when young girls drop out of school, typically as young as 14 or 15, they look for men to take care of them and end up having multiple children for different men and becoming single mothers. Those who end up in long-term relationships, many of which do not culminate in marriage, face violence because their men view them as burdens. Yet such women are unable to leave because they have no other means of caring for their children.

Illustrating the lack of empowerment opportunities and domestic violence that women commonly face, Cecilia shared the story of a woman cohabiting with a man with whom she has

³³ Interview, Cecilia Fiaka, 4 August 2021.

³⁴ Interview, Cecilia Fiaka, 4 August 2021.

one child and a second from another relationship. Despite repeated violence from him, she says she cannot leave him because she has nowhere else to go. Having lost her contract under the Ghana School Feeding Programme when schools were shut down due to Covid, she tried to support herself by selling pure water until her partner broke it, claiming that she was disrespecting him. She then learned to bake bread but did not have the means to set up on her own and became a retailer until her supplier was forced to close because she lost her capital during Covid.

Asked about general attitudes and mindsets toward violence against women (VAW), Cecilia responded, “it is happening”. She then narrated the story of another woman whose husband had threatened to kill or maim her during a dispute settlement because she said he had not married her despite having lived together for three years. He attacked her violently as Cecilia and two other WELI partners watched until they managed to pull him off.

In a documentary produced by the WELI project, Madam Delphia Yayra Pappoe, Social Welfare Director of the Afadzato South District attributes high levels of SGBV there to poverty which leads to high women dependence on men and boys.³⁵ According to her, “most of these women who suffer domestic violence are not gainfully employed”.

While support structures exist, including the Domestic Violence and Victims Support Unit (DOVVSU) of the Ghana Police Service, the nearest office is often in a distant town that women have to travel to be able to access. Some women report violence to chiefs and other traditional governance structures who end up mishandling cases in their attempts to keep the peace, often at women’s expense.

Cecilia described the pattern of VAW in the Volta Region as cyclical, with generations of women repeating the experiences of teen pregnancy, abandoned children, dependence on male partners, and domestic violence.

Many women engage in petty or small-scale peasant farming of food crops like garden eggs, rice, corn, and cassava. Those who do peasant farming have difficulty finding markets for their produce and have little say in determining prices when they do find buyers. Some women work in palm oil processing and production, although few have the means to do so efficiently.

Northern Region

The status of women is seen as having improved somewhat over the past 15 to 20 years, largely due to development interventions. Women today have more voice, better access to education at increasingly higher levels, and better representation through a growing number of women’s

³⁵ WELI Project Baseline Study and Documentary.

rights advocates.³⁶ These gains are largely limited to urban women, with persistent challenges to empowering women in rural areas.³⁷ Afishatu cautioned against universalized notions of progress and generalisations that do not take into account socioeconomic and cultural disparities among women in the over 22 ethnic groupings that make up the Northern Region. This heterogeneity was corroborated by women participants in a focus group discussion led by Madam Anatu Ben Lawal during site visits in June 2021. They noted that Hausa men, compared with Dagomba men, tend to be kinder to their wives and that their culture discourages women from undertaking heavy work.³⁸ One woman observed that while this seems pleasant on the face of it, but in reality, it can be said to be a form of disempowerment that keeps women dependent on men, albeit without the unpleasantness of abuse.

In discussing variations in the status and roles of women and girls in northern Ghana, the focus group participants shared that in some subcultures, gender roles are fluid and more partnership-based. However, in others, gender roles are clearly delineated³⁹ and women are regarded as chattel in economic structures that benefit men, such that the empowerment of women in these contexts is seen as a threat that can upend historic economic relations that benefit men at women's expense.⁴⁰ In such contexts, women bear disproportionate burdens of unpaid care work that prevents them from taking on paid work, which perpetuates their economic dependence on men.⁴¹ Some communities frown on women being richer than their husbands on grounds it will make her disrespect him, thus making wealth a disincentive for marriage in a culture where being married bestows important status and social capital and is encouraged at an early age, for both young men and women, and often girls.

Housekeeping and child-raising are seen as natural roles for women in which they are the principal decision-makers. In contrast, partly because of gender disparities in educational access and literacy, women play limited roles in traditional and formal governance. Women's matters are managed by a *magaziya* (women's leader), but women cannot hold leadership roles assigned to men. Much of the foregoing is informed by deeply rooted cultural norms and myths that circumscribe the roles considered appropriate for women in northern societies. During the training on sexual and gender-based violence for women in the WELI Project's Suhuniyi food and beverage incubation in Tamale, participants shared these examples of such sayings:

'A woman cannot talk to issues at the hearing of a chief in the palace (Dagomba).'

'A woman summoned to the chief's palace cannot appear there without the company of a male.'

³⁶ Interview, Alhaji Sulemana Abdul Karim and Hamidu Fuseini, Behasun Integrated Development Organization, 5 August 2021; interview, Mohammed Okasha, 16 August 2021.

³⁷ Interview, Mohammed Okasha, 16 August 2021; interview, Madam Afishatu Mohammed Abujaja, 3 August 2021.

³⁸ Recordings of WELI focus group discussions with women in the Northern Region, 23 June 2021.

³⁹ Interview, Alhaji Sulemana Abdul Karim and Hamidu Fuseini, Behasun Integrated Development Organization, 5 August 2021.

⁴⁰ Recordings of WELI focus group discussions with women in the Northern Region, 23 June 2021.

⁴¹ Interview, Mohammed Okasha, 16 August 2021.

'In Dagbong culture, a woman is not to argue with a man in public. When this is done, a proverb is immediately said to draw her attention.'

'A woman does not own the child, but the man does'.

The first two sayings convey the belief that the chief's palace is a male space in which women can only participate on terms defined by men. The second two sayings signal the perceived superiority of men over women. The extent of male power over women is also seen in the primacy that some families attach to young men's views on issues above those of their older sisters based on gender.

VAW is also a growing problem in the Northern Region; one respondent described it as "rampant".⁴² It takes the form of physical, sexual, emotional, economic, and psychological abuse – the latter being more easily disguised. Such acts include men's verbal abuse of their wives and their families and lineages, economic deprivation, and women's inability to negotiate their sexual rights.⁴³ Some men destroy their partners' businesses because they believe that women's financial autonomy makes them "difficult to control".⁴⁴

As is often the case, underreporting makes it difficult to assess its full scope.⁴⁵ The silence of northern women, many of whom depend on their husbands for sustenance, is intended to protect their marriages and shield their children from divorce and stigma. It also stems from a strong sense of community that frowns at external intervention in what are seen as private matters. Those who do report prefer to approach traditional and religious leaders than state services like DOVVSU.

According to Madam Afishatu Mohammed Abujaja, gender consultant to the WELI Project, many of the young women taking part in the project narrated personal experiences of violence as well as stories of others in their communities involving a range of abuses, including rape, domestic violence, and uxoricide.⁴⁶ In the short duration of an SGBV training, she held with the women, there were almost daily media reports of SGBV:

Men now do it with impunity. They just don't care. Is it that they really don't value the lives of the women? Or is it that they think they own the women? It is really becoming a serious issue....

⁴² Interview, Mohammed Okasha, 16 August 2021.

⁴³ Interview, Mohammed Okasha, 16 August 2021.

⁴⁴ Interview, Mohammed Okasha, 16 August 2021; recordings of WELI focus group discussions with women in the Northern Region, 23 June 2021.

⁴⁵ Interview, Alhaji Sulemana Abdul Karim and Hamidu Fuseini, Behasun Integrated Development Organization (BIDO), 5 August 2021.

⁴⁶ Interview, Madam Afishatu Mohammed Abujaja, 3 August 2021.

Attitudes toward SGBV, particularly wife beating, are seen as normal. Women seem to have come to accept SGBV as normal and have become complicit participants by appealing to their husbands for it. Men feel entitled to be violent toward women owing to their positions as heads of households and cultural practices like dowry payment. Emotional abuse through the withholding of financial resources is common and poses an emotional burden for women who are not financially independent. Afishatu views this as a deliberate tactic to keep women dependent and disempowered.

Polygamy is widely practised, a trend that Afishatu sees as going against the grain of what she sees as a natural inclination for monogamous relationships. She stated that many women encourage their husbands to marry multiple wives in keeping with cultural norms and to gain social standing as unselfish women. Patriarchal cultural norms about women respecting and being submissive to their husbands are framed as religious mandates. Women who conform are seen as deserving of paradise while those who confront such norms are ostracised:

In doing that [fighting gender discrimination], she has been given names. She's most times been looked at as an odd person. Currently, she's not even married. There are times when a man comes into her life, she more or less sometimes will fight for some of these rights and not want to be taken for granted, as a result of which she lost many of her suitors.⁴⁷

Women's main economic activities are smallholder farming and trading (in urban areas) and shea butter processing (in rural settings).⁴⁸ Women also process rice and other grains and cereals.⁴⁹ This is confirmed by a 2020 study on the impact of Covid-19 on rural women and men in Northern Ghana, which reports that more than 70 per cent of respondents were engaged in farming and raising livestock as their primary occupation, with most cultivating staple crops.⁵⁰ Before the WELI Project, women farmed and traded seasonal food items like tomatoes and vegetables but are now turning to irrigation farming of produce formerly only grown for domestic consumption.⁵¹ The production of popular local snacks like *kulikuli*⁵² from raw materials like groundnuts is common. Other economic activities include the weaving of traditional cloths, hairdressing, and dressmaking. Younger women are associated more with the latter sectors while older women are more involved with shea processing. Women who produce food tend to be married because it serves as a means to feed their households.⁵³ These all fall within the informal sector that is dominated by women across the country. Each sector is structured such that older women pass down skills and knowledge to younger women relatives and apprentices, thus creating silos of women with specific skill sets.

⁴⁷ Interview, Madam Afishatu Mohammed Abujaja, 3 August 2021.

⁴⁸ Interview, Madam Afishatu Mohammed Abujaja, 3 August 2021.

⁴⁹ Interview, Alhaji Sulemana Abdul Karim and Hamidu Fuseini, Behasun Integrated Development Organization (BIDO), 5 August 2021.

⁵⁰ Muzna Alvi, Shweta Gupta and Prapti Barooah, 2021, 'Assessing the Impact of Covid-19 on Rural Women and Men in Northern Ghana, Gender, Climate Change, and Nutrition Integration Initiative', Covid-19 Impact Fact Sheet 1, page 2.

⁵¹ Interview, Madam Afishatu Mohammed Abujaja, 3 August 2021.

⁵² A crunchy snack made from dry and roasted groundnuts.

⁵³ Interview, Alhaji Sulemana Abdul Karim and Hamidu Fuseini, 5 August 2021.

According to the Covid study, more men than women were engaged in agriculture as well as salaried jobs. At the same time, more women worked as entrepreneurs and home-based workers – a point also noted by Hajia Alima Sagito-Saeed, executive director of the Savannah Women Integrated Development Agency-Ghana, in a comment on the “high prevalence of gender-based roles and responsibilities faced by women in certain parts of Northern Ghana.”⁵⁴ These gender roles are evident in patterns of asset ownership and farming in the region. In the Zangale community, women told Afishatu that they are given small portions of land owned by men to farm during the rainy season, but do not have the same access in dry seasons when water is scarcer.

Literature on the gender dynamics of irrigation farming notes that while the practice offers an outlet in contexts where climate change is altering rainfall patterns, women are disadvantaged because they do not own land near water sources, nor the labour to dig deep into riverbeds like men to access water in dry seasons.⁵⁵ Some banks offer financial reprieve to small-scale farmers but women cannot access them because they do not have assets to use as collateral for loans, thus limiting their access to resources to be financially independent and keeping them disempowered.⁵⁶ There is considerable knowledge on the gender dynamics of irrigation farming that would serve as a useful reference for future iterations of this research project that is outside the scope of the current report.

COVID-19 IN GHANA

The first official cases of COVID-19 in Ghana were reported in the capital, Accra, on 12 March 2020.⁵⁷ Since then, as of 25 July 2021, there have been 101,170 confirmed cases and 821 deaths.⁵⁸ The Greater Accra and Ashanti regions were the worst hit with 55,139 and 17,527 cases respectively, but the Volta (2643 or 2.7 per cent) and Northern (1,661 or 1.7 per cent) regions were among the seven of Ghana’s 16 regions with the highest caseloads.

Data by the Ghana Health Service indicates that the gender distribution of infection was 57 per cent for males and 42 per cent for females, with 38.1 per cent unaccounted for.⁵⁹ At the time of writing there was no publicly accessible data about the gender distribution of infections per

⁵⁴ [Ghana News Agency](https://newsghana.com.gh/swida-gh-launches-women-lead-project-in-tamale/), 2020, ‘SWIDA-GH launches Women-LEAD project in Tamale’, <https://newsghana.com.gh/swida-gh-launches-women-lead-project-in-tamale/>

⁵⁵ Elizabeth Bryan and Hagar El Didi, 2019, ‘Considering gender in irrigation: Meeting the challenges women farmers face in technology adoption’, <https://www.ifpri.org/blog/considering-gender-irrigation-meeting-challenges-women-farmers-face-technology-adoption>

⁵⁶ Interview, Madam Afishatu Mohammed Abujaja, 3 August 2021.

⁵⁷ Yaw Asare Afrane, 2021, ‘The COVID-19 situation in Ghana’, <https://rstmh.org/news-blog/news/the-covid-19-situation-in-ghana>

⁵⁸ Ghana Health Service, ‘Cumulative Cases per Region (Case Count from Highest to Lowest)’, <https://www.ghanahealthservice.org/covid19/dashboardm.php>

⁵⁹ Ghana Health Service, ‘Gender Distribution’, <https://www.ghanahealthservice.org/covid19/dashboardm.php>

region, nor of Covid-19 deaths or vaccines administered. As of 23 August 2021, a total of 1,271,393 vaccine doses had been administered.⁶⁰

State Responses to Covid-19 in Ghana

The Ghana government's early response was to unveil an Emergency Preparedness and Response Plan with three main objectives:

1. Slow and stop transmission, prevent outbreaks and delay spread;
2. Provide optimized care for all patients; and
3. Minimize the impact of the pandemic on health systems, social services, and economic activity.

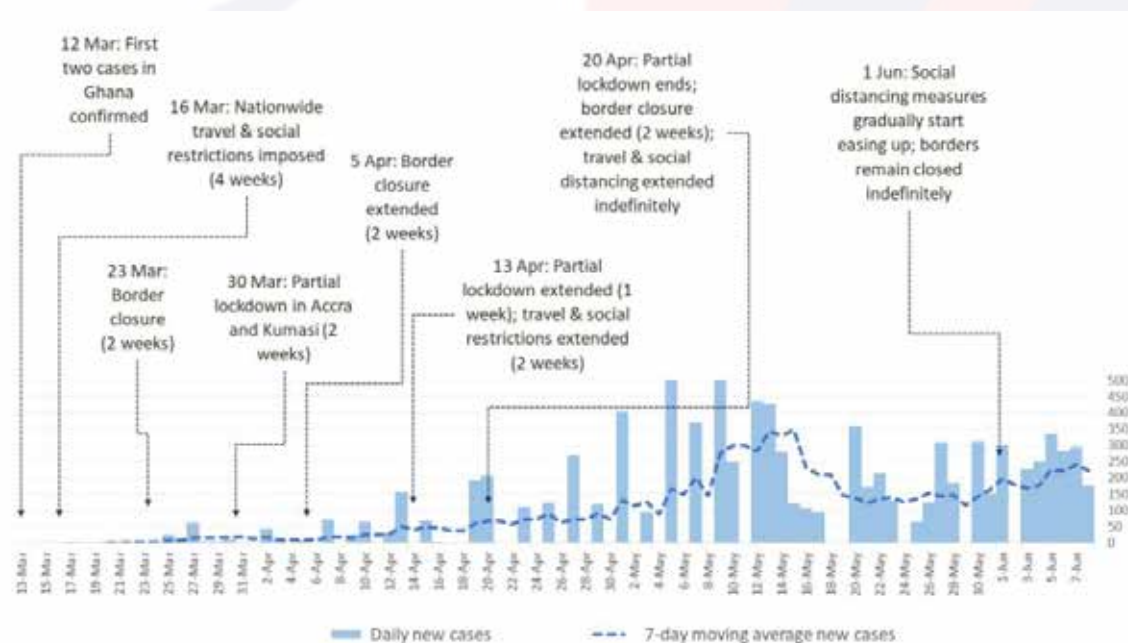
As part of this plan, like many other countries, the Ghana government announced a partial lockdown from 30 March 2020 for three weeks⁶¹ in Accra and Kumasi, the two biggest cities, which were the epicentres for the pandemic. Human mobility in affected areas was restricted to essential workers – i.e., healthcare, media, food vendors/restaurants, security agencies) and security officials mounted roadblocks to carry out checks. The Government banned all public gatherings, e.g., weddings, funerals, and religious activity, and public entertainment spaces like beaches and nightclubs. All educational institutions were shut down, forcing teachers and schools to shift their activities online for those who could afford it. Prevention measures like handwashing, sanitizing, and the wearing of face masks was enforced in all public spaces and buildings. Many markets were fumigated across the country and measures were taken to limit the flow of human traffic in them. The government eased these restrictions progressively from June 2020 through 20 April 2021, partly in recognition of the heavy economic impact of Covid in the country.⁶²

⁶⁰ World Health Organisation, <https://covid19.who.int/region/afro/country/gh>

⁶¹ Citi Newsroom, 2020, 'Akufo-Addo announces partial lockdown of Accra, Kumasi, Tema', <https://www.youtube.com/watch?v=Vjl-VE3SSmk>

⁶² The Presidency, 2020, 'Speeches', <http://presidency.gov.gh/index.php/briefing-room/speeches>

Figure IV: Timeline of Ghana's early Covid response March 2020 to 1 June 2020



Source: Sena Amewu, Seth Asante, Karl Pauw, and James Thurlow (2020).

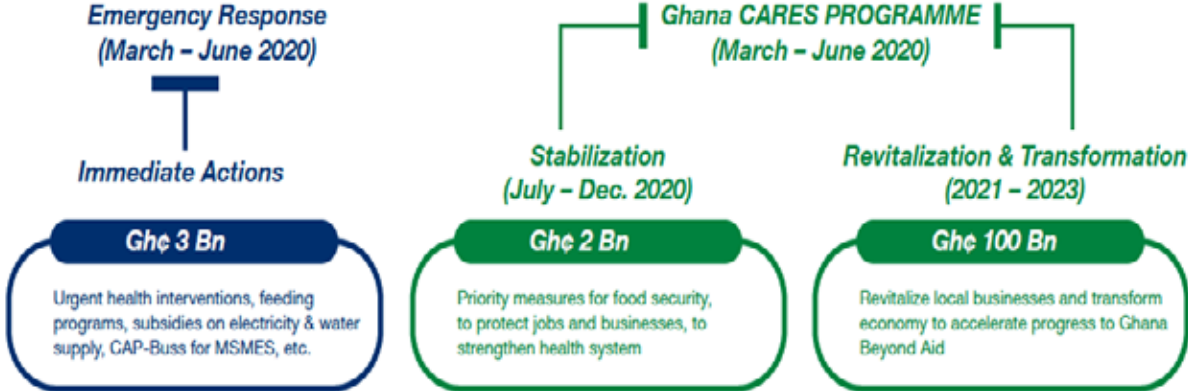
The government of Ghana also introduced measures to offer economic stimulus and relief, primarily within the framework of a Coronavirus Alleviation Programme (CAP). Unveiled in April 2020, CAP provided for varying amounts to be made available to households and businesses, particularly small and medium-scale enterprises (SMEs), as follows:

- GH¢200 million relief for provision of water and sanitation for households for three months;
- GH¢1,028 million as a three-month subsidy for electricity use in households and businesses;
- GH¢54 million for distribution of hot meals and food packages: The ministries of gender, children and social protection, and local government and rural development, and the National Disaster Management Organization were tasked to work with Metropolitan, Municipal and District Chief Executives and faith-based organizations at the district and local level to provide dry food packages and hot meals for up to 400,000 individuals and homes in the affected areas of the restrictions.
- GH¢600 million for Micro, Small, and Medium-Sized Enterprises via the Coronavirus Alleviation Programme Business Support Scheme, which is expected to be supplemented by up to GH¢400 million in bank lending. The soft loan scheme would be a collaboration between the government, the National Board for Small Scale Industries, Business and Trade Associations, and selected Commercial and Rural Banks, and would have a one-year moratorium and two-year repayment period for micro, small, and medium-scale businesses.

In November 2020, the Ghana government announced the Ghana COVID-19 Alleviation and Revitalization of Enterprises Support (Ghana CARES) Obaatanpa Programme.⁶³ According to Finance Minister, Ken Ofori-Atta, this economic stabilization, and recovery plan was designed to ‘mitigate the impact of the pandemic on the lives and livelihoods of Ghanaians and to ensure that we quickly emerge from the pandemic with a stronger and more resilient economy’.⁶⁴ Ghana CARES is to be implemented in two phases: Phase I will build on ongoing work under the CAP based on five pillars:

- A. Temporary Reduction in the Cost of Basic Services (the provision of free water and electricity begun under the CAP was extended by a further three and six months respectively)
- B. Ensure Food Security (including by expanding support to farmers for fertilizer, seeds, extension services, etc. and arranging financing facilities for rice millers and poultry farmers)
- C. Support Businesses and Workers (including by expanding support for MSMEs and a Seed Fund to help workers who lost jobs to Covid to get new skills)
- D. Strengthen the health system (including by building and rehabilitating regional hospitals)
- E. Pass Urgent Legislation (e.g., on Public-Private Partnerships to facilitate quick economic recovery)⁶⁵

Figure V: Overview of Ghana’s Response to COVID-19 pandemic⁶⁶



Phase II is ongoing and thus not covered extensively in this report.

⁶³ Ministry of Finance, ‘Ghana Covid-19 Alleviation and Revitalization of Enterprises Support’, <https://www.mofep.gov.gh/sites/default/files/news/care-program.pdf>

⁶⁴ ‘Ghana Covid-19 Alleviation and Revitalization’, page xv.

⁶⁵ ‘Ghana Covid-19 Alleviation and Revitalization’, pages xvi-xvii.

⁶⁶ ‘Ghana Covid-19 Alleviation and Revitalization’, page xxi.

The Ghana government also launched a COVID-19 National Trust Fund⁶⁷ to ‘support the fight against the COVID-19 pandemic’ using monies donated by individuals, groups, and corporate bodies.⁶⁸ Data on the Fund’s website indicates that out of the GHS 32, 581, 233.90 disbursed so far, cash and kind donations have so far been made to public and private organisations, including Pantang and Shai Osudoku District hospitals, and HelpAge and The Ark Foundation⁶⁹ – the latter offers varying forms of support to survivors of gender-based violence. It is worth noting that all the acknowledged organisations that have received money from the Fund are based in and around Accra.

Responses to Covid in Ghana by Non-State Actors

Efforts by non-state actors were made by a mix of indigenous civil society organisations – some of which are WELI Project Partners - and international organisations present in Ghana.

Resourcing

Resource mobilisation was a core focus of several actors. Some funds and other support programmes were set up by various individuals and organisations. Ghana’s private sector established a COVID-19 fund to supplement the government’s response efforts.⁷⁰ It was to be managed by an independent board of trustees and to receive contributions and donations from the public, to assist in the welfare of the needy and the vulnerable. Of the 11 nominated trustees listed on the Fund’s website, there is only one woman. Otumfuo Osei Tutu II also launched a Coronavirus fund intended to support vulnerable people in Kumasi with food and sanitary items.⁷¹ Under the auspices of the Ghana CSOs Platform on Sustainable Development Goals, chaired by the CSO COVID 19 Response Committee, Ghanaian CSOs set up a CSO COVID-19 Response Fund. One of its primary objectives is to ‘impactfully address some of the inequality challenges exacerbated by the COVID-19 pandemic’ through outreaches to poor and vulnerable groups.⁷²

⁶⁷ <https://nationalcovidtrustfund.gov.gh/about-the-covid-19-national-trust-fund/>

⁶⁸ <https://nationalcovidtrustfund.gov.gh/about-the-covid-19-national-trust-fund/>

⁶⁹ <https://nationalcovidtrustfund.gov.gh/donations-distributed/> and <https://nationalcovidtrustfund.gov.gh/publications/> NB: An Excel sheet of disbursements was not accessible on the Fund’s website at the time of compiling this report (1 August 2021).

⁷⁰ <https://ghanacovid19fund.com> and ‘Concept Paper Ghana Covid-19 Private Sector Fund’, <https://ghanacovid19fund.com/wp-content/uploads/2020/04/Ghana-COVID-19-Private-Sector-Fund-Concept-Paper.pdf>

⁷¹ Emmanuel Ayamga, 2020, ‘Coronavirus: Otumfuo launches COVID-19 fund to support vulnerable people in Kumasi’, <https://www.pulse.com.gh/news/local/coronavirus-otumfuo-launches-covid-19-fund-to-support-vulnerable-people-in-kumasi/6k1n4wq>

⁷² Arthur Elliott, 2020, ‘Contributors to the CSO Covid-19 Response Fund’, <http://ghanacsoplatformsdg.org/contributors-to-the-cso-covid-19-response-fund/>

Interventions by WELI CSO Partners

BIDO received funding from UNICEF for community mobilisation and sensitisation under a Covid Emergency Response programme. While these activities were important, shortfalls in funding for other activities forced the organisation to halt its regular work with women in rural communities. With most Ghanaian CSOs heavily reliant on donor funds, the sudden diversion to short-term Covid health priorities disrupted ongoing work.

NORSAAC supplied Covid safety materials to the communities they work in and sensitized residents. The organisation also provided food items to vulnerable groups (women, aged, disabled) in two districts.⁷³

The Savannah Women Integrated Development Agency (SWIDA-Ghana) based in Tamale in the Northern Region partnered with the Northern Region Department of Gender and other Civil Society Organisations to organize policy forums to raise awareness on the impact of Covid on women and the need for gender-informed responses.⁷⁴

STAR-Ghana Covid Response Project

The STAR Ghana Foundation, a ‘national centre for active citizenship and philanthropy’⁷⁵ funded by UK Aid, the UK Ministry of Foreign Affairs, and the European Union, partnered with Ghanaian CSOs on a COVID-19 Response Project. Among its aims are to ‘increase the effectiveness of inclusive actions by state and non-state actors towards the elimination of the COVID-19 pandemic’ and ‘to mitigate the effects and risks of the pandemic and response actions on vulnerable and marginalised social groups’.⁷⁶ The project was launched in April 2020 with funding of approximately 4.8 million Ghana Cedis disbursed to seven CSOs which are, in turn, working with other sub-partners to implement initiatives across the country.⁷⁷

The partners of the Project include the Christian Health Association of Ghana - CHAG; Ghana Federation of Disability Organisations - GFDO; CARITAS-Ghana; Media Foundation for West Africa - MFWA; Penplusbytes; CSOs Platform on SDGs; and the West Africa Civil Society Institute - WACSI. These partners are implementing projects around four components: Public Education; Provision of support to vulnerable groups; Policy Influencing; Documentation and sharing of learning around CSO support in the Covid-19 response. Progress reports were not available at the time of submitting this report at the end of August 2021.

⁷³ Interview, Mohammed Okasha, 16 August 2021.

⁷⁴ SWIDA-Ghana celebrate International Women’s Day with rural women in northern region, 9 March 2021, <https://swidagh.org/2021/06/29/swida-ghana-and-uds-wocom-hold-female-empowerment-summit/>; also “Women in leadership: Achieving an equal future in a COVID-19 World”. IWD 2021 WOMEN-LEAD project funded by Global Affairs Canada and Plan – Ghana

⁷⁵ <https://www.star-ghana.org/about-star-ghana>

⁷⁶ <https://www.star-ghana.org/about-star-ghana>

⁷⁷ ‘STAR Ghana Foundation responds to COVID-19: Outdoors six projects’, <https://www.star-ghana.org/covid-19/428-star-ghana-foundation-responds-to-covid-19-outdoors-eight-projects>

Multilateral responses: UNFPA Spotlight

The United Nations Population Fund (UNFPA) led and partnered on women-focused interventions with other UN and CSO entities using what it called an integrated approach that involved knowledge and capacity strengthening, material aid in the form of dignity kits, advocacy, and support. In the area of knowledge, UNFPA worked to deepen awareness of SGBV and teenage pregnancy and how to prevent them.⁷⁸ As part of this, it trained 40 adolescent girls as paralegals to lead the fight against SGBV and harmful practices in their communities. It also worked with and leveraged the agency of female and male traditional leaders to advocate against SGBV in their communities and work with UNFPA to make homes safer for girls.⁷⁹

UNFPA worked with its partners to distribute dignity kits and information on Covid to *kayayei* (female head porters) and people with disabilities. It supported DOVVSU and the Ministry of Gender Children and Social Protection to set up and launch a domestic violence hotline to facilitate reporting and monitoring of such cases during Covid and the partial lockdown.⁸⁰

Finally, UNFPA led and supported advocacy against SGBV and other harmful practices in partnership with popular figures like Ghana's second lady, H.E. Mrs. Samira Bawumia.

IMPACT AND IMPLICATIONS OF COVID-19 AND RESPONSES IN GHANA

Evidence gathered during this study indicates that Covid had direct and indirect impacts on women in Ghana. While it might be analytically useful to discuss them separately, in reality, their effects were and remain interrelated and are thus discussed accordingly in the ensuing section.

Health

Exposure to Covid

Gender disaggregated data suggests that fewer women (42 per cent) than men (57 per cent) have been infected with Covid-19 in Ghana. This figure seems at odds with women's social roles as primary caregivers for children and relatives and the fact that they make up some 77 per cent of nurses in the public healthcare workforce.⁸¹ Yet it correlates with the account of at least one WELI partner, Cecilia Fiaka who stated that giving the crowded living conditions in her focal

⁷⁸ <https://ghana.unfpa.org/en/video/addressing-sgbv-issues-covid-19-era>

⁷⁹ <https://ghana.unfpa.org/en/video/female-chief-dagomba-traditional-areas-take-sexual-and-gender-based-violence>

⁸⁰ UNFPA, 2020, 'UNFPA supports DOVVSU to activate Domestic Violence Hotline',

<https://ghana.unfpa.org/en/news/unfpa-supports-dovvsu-activate-domestic-violence-hotline>

⁸¹ Ghana Ministry of Health, 2011, 'Ghana Human Resources for Health Country Profile', page 27.

communities, infection rates would be much higher if women there had contracted Covid.⁸² It is worth noting possible inaccuracies in existing data owing to the non-reporting of all cases and some infected persons not realising they had Covid. In the absence of gender-disaggregated data on rates of death and vaccination, it is difficult to ascertain the total health burden on Ghanaian women or their access to preventive care. However, as explained below, women have suffered other health consequences.

Sexual and gender-based Violence

A second major health effect of Covid-19 stems from reported spikes in violence against women and girls (VAWG) as a result of the pandemic and responses to it. Ghana is one of several countries in which VAWG allegedly increased as the pandemic spread. The rise was so drastic in some countries that it was dubbed the ‘Shadow Pandemic’, so-called because it was seen as occurring on the dark side of Covid-19 and not receiving deserved attention.⁸³ UN Women notes the ‘alarming rise in violence against women and girls in Ghana since the COVID-19 pandemic started, as a result of lockdowns, social isolation measures, and school closures’.⁸⁴ However, there is no publicly accessible data that supports this claim, beyond anecdotal media and witness accounts of isolated cases. One report stated that there were fewer domestic violence cases (4,879) from January to April 2020 compared with the same period in 2019 (5,778). However, this period is too short for the data to be conclusive and the figures cover only domestic violence, excluding other forms that occur outside the home.⁸⁵ What is interesting is that some of the cases reportedly have a direct link to Covid-related restrictions.

In the context of northern Ghana where distance and other factors impede women’s access to health support, Covid restricted women’s access to sexual and reproductive health and rights.⁸⁶ Fear of attending hospital and being diagnosed with Covid led pregnant women to not seek needed medical attention, leading to complications. Other women experienced health problems from self-medicating because they would not go to hospitals.

Teenage pregnancy and child abuses

As has been widely reported⁸⁷, teen pregnancies went up considerably in 2020, increasing by at least 38 per cent from 2019. Data by the Ghana Health Service’s District Health Information Management System disaggregates by region and age the 109,888 teenage pregnancies recorded

⁸² Interview, Cecilia Fiaka, 4 August 2021.

⁸³ <https://www.un.org/africarenewal/web-features/coronavirus/fighting-%E2%80%99shadow-pandemic%E2%80%99-violence-against-women-children-during-covid-19>

⁸⁴ <https://www.unwomen.org/en/news/stories/2020/12/what-happened-after-covid-19-hit-ghana>

⁸⁵ Rebecca Quaiocoe Duho, 2020, ‘Domestic violence cases reduce in 2020’,

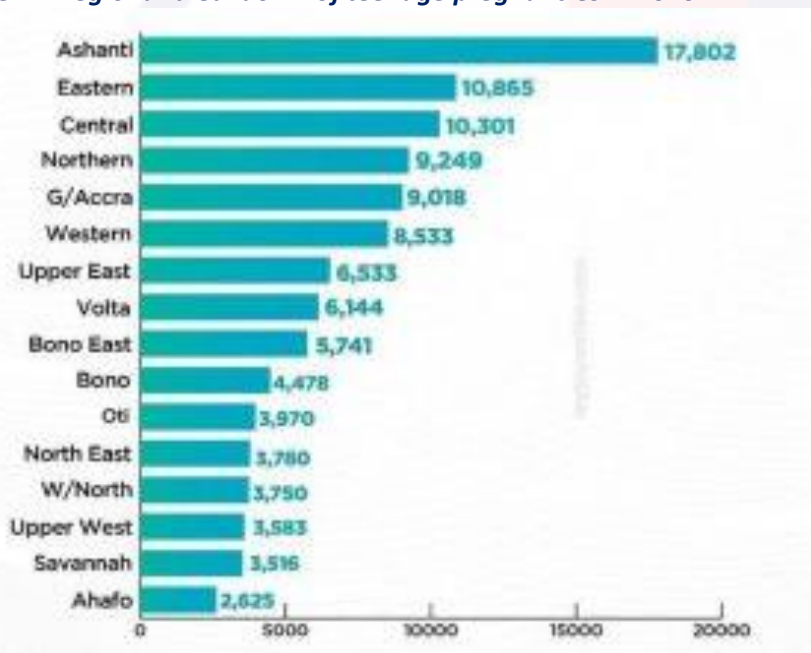
<https://www.graphic.com.gh/news/general-news/domestic-violence-cases-reduce-in-2020.html>

⁸⁶ Interview, Hajia Alima Sagito-Saeed, 23 August 2021.

⁸⁷ Ghana Health Statistics, <https://newsghana.com.gh/13-teenage-pregnancies-recorded-every-one-hour-110k-recorded-in-ghana-in-2020-ghs-statistics/>; Samuel Tseganu, 2020, ‘Sexual exploitation during lockdown in Ghana’, [https://www.wvi.org/stories/ghana/sexual-exploitation-during-lockdown-ghana](https://www.wvi.org/stories/ghana/sexual-exploitation-during-lockdown-ghana;);

in 2020, as seen in Figures VI and VII. The Northern and Volta regions respectively recorded the fourth and eighth highest rates.

Figure VI: Regional breakdown of teenage pregnancies in 2020



Source: Ghana Health Service, 2020.

The statistics are worrying for three main reasons. First, there are unanswered questions concerning the agency of girls regarding their sexuality in situations that lead to pregnancy. There is some tension between what appears to be a broad consensus that many girls fall pregnant while trying to survive or because they do not have sufficient knowledge of their rights and the notion that they become sexually active out of idleness. Further thought could be given to defining exploitation and how it plays out in different contexts in Ghana.

Secondly, sexual exploitation and abuse perpetrated by a range of actors are among how teenagers and children become pregnant⁸⁸, as noted by some of the WELI partners interviewed for this study.⁸⁹ Some girls become sexually active because they are not aware that they have the right to turn down sexual advances. The controversial practice of transactional sex⁹⁰ is on the rise, fuelled to some extent by parents' unreasonable financial and material demands on girl children who are not in a position to comply.⁹¹ Their attempts to meet their parents' expectations by befriending older, richer men are seen as inviting offers of sex, some of which lead to teenage pregnancy. While this highlights poor women and girls' vulnerability to exploitation, it also points to gendered economic disparities that make women and girls dependent on men and boys.

⁸⁸ STAR-Ghana 2020 SGBV report, pages 21-22.

⁸⁹ Interview, Cecilia Fiaka, 4 August 2021; interview, Mohammed Okasha, 16 August 2021.

⁹⁰ This term is controversial because it masks the feelings of compulsion and desperation that often underlie young women and girls' decisions to exchange sex for essentials in order to survive. By extension, the term masks sexual abuse that is disguised as consensual sex.

⁹¹ Interview, Mohammed Okasha, 16 August 2021.

A third concern regarding teenage pregnancy is that it has interrelated negative long-term impacts on affected girls that include mental health challenges⁹², school dropout/attrition⁹³, and diminished livelihoods and employment, especially for those who lack robust family and social support. Schools do not bar pregnant girls from returning, but some are forced to stop due to lack of family support, the social stigma associated with extramarital pregnancy, and the stress of schooling while pregnant.⁹⁴ Affected girls are typically ‘married off’ to their children’s fathers, a euphemism for being forced to live with these boys and men, sometimes without any formal agreement.⁹⁵ Some families support their daughters to return to school, while others abandon them to their fate with their children’s fathers and their families. Such negative practices could have transgenerational harmful effects on the socioeconomic statuses of the daughters of teenage mothers too, as noted by Cecilia Fiaka.⁹⁶ All these considerations underline the need to factor gender analysis into all stages of policy processes.

It is also worth noting that cases of child abuse surged, many from adults sending children to trade to compensate for losses of income and cash flow disruptions from their regular livelihoods.⁹⁷

Figure VII: Teenage pregnancies in Ghana 2020 disaggregated by age



Source: Ghana Health Service, 2020, obtained from JOY FM.

⁹² Dora Awuah & Adjoa-Sam Awuku, 2021, ‘Implications of teenage pregnancy for mental health’, <https://www.graphic.com.gh/features/features/implications-of-teenage-pregnancy-for-mental-health.html>

⁹³ UNICEF, 2017, ‘Case Study on Girls Who Have Dropped Out of School Due to Pregnancy and Factors Facilitating and/or Preventing Their Re-Entry Into School After Delivery’, <https://www.unicef.org/ghana/media/1361/file/UN263291.pdf>

⁹⁴ interview, Mohammed Okasha, 16 August 2021.

⁹⁵ interview, Mohammed Okasha, 16 August 2021.

⁹⁶ Interview, Cecilia Fiaka, 4 August 2021.

⁹⁷ interview, Mohammed Okasha, 16 August 2021.

Mental health

A further health concern that has not much received much media or policy attention is the mental health implications of Covid for women in Ghana and elsewhere. The Ghana Psychological Association made several statements in 2020 expressing concern about the mental health implications of pandemics for everyone, regardless of gender.⁹⁸ However, as experts pointed out in a virtual workshop on 'Women's Mental Health and Covid-19' hosted by the Network for Women's Rights in Ghana in June 2020, some of the mental health challenges experienced in Ghana due to Covid are gender-specific/specific to women.

Dr. Erika Dickson, a clinical psychologist noted that the social burden of being a woman in Ghana predisposes women to mental health challenges like anxiety and depression. Women's physiological make-up and high rates of gender-based violence also contribute to this. Covid compounded this state of things in Ghana.

Another expert, Selikem Acolatse, a women's rights advocate and communications specialist shared that although poor women's relatively lower earning power compared to men makes them vulnerable to mental health disorders, women with higher incomes and earning power are not excluded. During her fieldwork, she encountered women who became suicidal as a result of no longer being able to use the opportunity of work to escape marital problems, including physical and emotional abuse. Some felt anxiety over losses of income needed to care for children, especially those who were fully dependent on husbands, some of whom died of Covid. This was worse for single mothers with partners who could or would not cater to their children's needs at the height of Covid.

Other women, notably *kayayei* (head porters), experienced extreme trauma as a result of repeated sexual abuse, theft of their meagre earnings. Schoolgirls for whom school offered refuge from abusers in their homes and communities also suffered trauma as movement restrictions and school closures forced them into closer proximity with these perpetrators. According to Martha Coffie, vice president of the Mental Health Society of Ghana, all of this is made worse by the poor state of mental health support in Ghana, characterised by underfunded treatment support, expensive medication, and poor-quality care.⁹⁹

⁹⁸ Ghana News Agency, 2020, 'GPA urges Government to prioritize mental health investment', <https://www.businessghana.com/site/news/general/223965/%E2%80%9CPrioritize-mental-health-investment%E2%80%9D-GPA> ; 'Seek psychosocial help – GPA to COVID-19 victims', https://www.classfmonline.com/news/health/Seek-psychosocial-help-GPA-to-COVID-19-victims-22002_2_feb_2021;

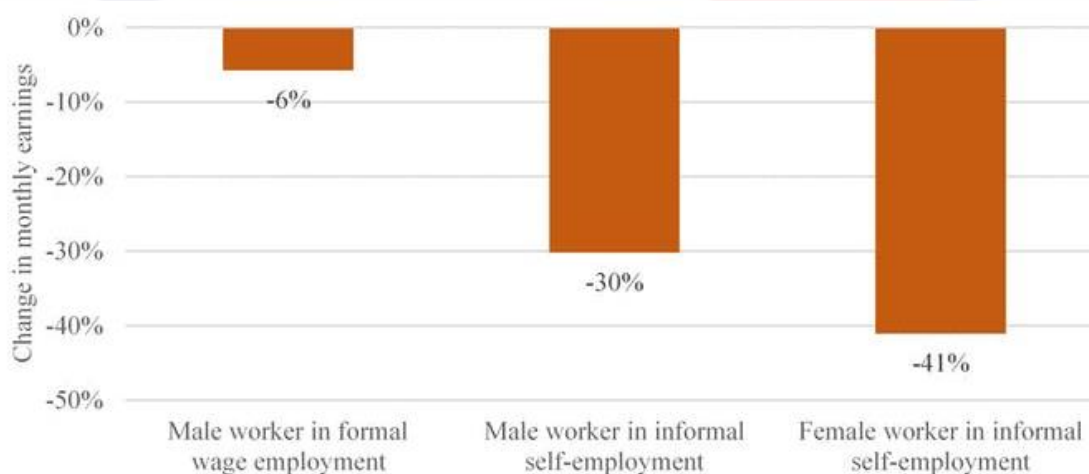
⁹⁹ Martha Coffie, Remarks made during the NETRIGHT webinar on Women's Mental Health and Covid in Ghana on 23 June 2020, <https://www.facebook.com/netrightghana/videos/womens-mental-health-and-covid-19/1265049780559562/>

Socioeconomic Impacts

Deepened poverty, inequality, and gender disparities

The heavy economic impact of Covid across the world is well documented. However, its effect on rural dwellers, particularly women, who make up large segments of the informal sector in both urban and rural settings, is less known, even though research suggests that women are disproportionately affected by the pandemic in terms of employment and earnings.¹⁰⁰ Figure VII exemplifies this unequal impact.

Figure VIII: Comparative drops in labour earnings in Ghana, February to September 2020.



Source: Sen, Danquah, Osei and Schotte, 2020.

Women faced economic pressure from lost access to production materials that are normally procured from Accra and Kumasi in southern Ghana like dyes, plastic bottles for drinks, and dressmaking machines.¹⁰¹ As sellers, they also lost access to the same markets as the partial lockdown, border closures, movement restrictions and fear of Covid prevented them from traveling across the country and to other countries like Togo, China, and the United Arab Emirates.¹⁰² Covid and state responses to it hampered women's access to remittances from families living outside northern Ghana as well as foreign clients who would prefinance their orders.¹⁰³ The closure of markets and reduced human traffic therein made it difficult for women

¹⁰⁰ Danquah, M., S. Schotte and K. Sen (2019). 'Informal Work In Sub-Saharan Africa: Dead End Or Steppingstone?'. WIDER Working Paper 2019/107. Helsinki: UNU-WIDER. Also Sen et al., 'Ghana's lockdown hit vulnerable workers hard: what needs to happen next time', <https://theconversation.com/ghanas-lockdown-hit-vulnerable-workers-hard-what-needs-to-happen-next-time-156876>

¹⁰¹ Interview, Alhaji Sulemana Abdul Karim and Hamidu Fuseini, 5 August 2021.

¹⁰² Interview, Mohammed Okasha, 16 August 2021.

¹⁰³ Interview, Hajia Alima Sagito-Saeed, 23 August 2021.

traders to sell in local markets.¹⁰⁴ Visits by foreign buyers halted and many women were unable to adapt to selling online because they are not conversant with e-commerce. The resulting drop in incomes meant that women could not take part in collectives, thereby temporarily losing access to an economic practice that has historically provided succour to women in need. Income losses also caused some women's businesses to collapse.¹⁰⁵

In the Volta Region, Covid affected women's livelihoods:

They can't go to any market to buy any produce or products...vehicles will not be able to pick them. People who will even patronize their products, they can't get them to patronize their products...they are still going through it because a lot of things have been affected...they've still not recovered....¹⁰⁶

In the Northern Region, Covid intensified poverty levels, particularly among women petty traders.¹⁰⁷ Its effects on women's livelihoods were so severe that some women could no longer afford to eat while others suffered from malnutrition.¹⁰⁸

There was so much pressure on women at the level of the communities because they have to be struggling to just even feed the households that they were having. Those that were supporting them with the feeding from the cities have also come home and you also have to even feed them. They've lost their livelihoods.¹⁰⁹

In the Northern Region, a recent study on the impact of Covid on rural men and women found that 73 per cent of households experienced income losses due to the pandemic.¹¹⁰ The return of migrants - including the over 8,200 adolescent *kayayei* girls (head porters) and other relatives who returned from the cities to their rural communities due to the pandemic¹¹¹, is likely to have increased economic strain on some households and reduced remittances by 51% for affected households.¹¹² Household expenses also increased as a result of children who normally ate at school being home due to school closures.¹¹³

¹⁰⁴ Interview, Mohammed Okasha, 16 August 2021. An otherwise incisive commentary on the socioeconomic impact of market closures in Ghana offers barely any gender analysis. Lewis Abedi Asante and Richael Odarko Mills, 2020, Exploring the Socio-Economic Impact of COVID-19 Pandemic in Marketplaces in Urban Ghana, Africa Spectrum Vol. 55(2): 170-181.

¹⁰⁵ Interview, Alhaji Sulemana Abdul Karim and Hamidu Fuseini, 5 August 2021. Interview, Mohammed Okasha, 16 August 2021. See also STAR-Ghana 2020, Rapid Assessment of Sexual & Gender-Based Violence in the Context of Covid-19 Pandemic, page 12.

¹⁰⁶ Interview, Cecilia Fiaka, 4 August 2021.

¹⁰⁷ Interview, Mohammed Okasha, 16 August 2021

¹⁰⁸ Interview, Hajia Alima Sagito-Saeed, 23 August 2021.

¹⁰⁹ Interview, Hajia Alima Sagito-Saeed, 23 August 2021.

¹¹⁰ Muzna Alvi, Shweta Gupta and Prapti Barooah, 2021, 'Assessing the Impact of Covid-19 on Rural Women and Men in Northern Ghana, Gender, Climate Change, and Nutrition Integration Initiative', Covid-19 Impact Fact Sheet 1, page 2.

¹¹¹ UNICEF Ghana, 2020, 'GHANA: COVID-19 Situation Report -#5 1st - 15th June 2020', page 5.

¹¹² 'Assessing the Impact of Covid-19 on Rural Women and Men in Northern Ghana', page 2; interview, Mohammed Okasha, 16 August 2021; interview, Hajia Alima Sagito-Saeed, 23 August 2021.

¹¹³ Interview, Mohammed Okasha, 16 August 2021.

Disparate access to relief funds and other forms of support

Women's access to relief funds varied according to their location and access to information about available support. Level of education and family support were among other factors that seemed to influence women's ability to use their agency to access funding and take action to redress the negative impacts on their livelihoods of Covid and state responses.¹¹⁴

Asked whether women in their project communities had access to state SME relief funds, Hamidu Fuseini replied:

From the communities that we worked in...we asked those questions and they didn't have any information about it and they have not also benefitted from it.

The Ghana government's Coronavirus Alleviation Programme (CAP) has been critiqued for not meeting its stated goals of providing relief (cash and food) for the urban poor, utility bill payment, and economic stimulus to cushion vulnerable groups. The CAP is seen to have had the contrary effects of deepening existing inequalities in at least three respects: economic prosperity and improved social services provision in southern Ghana as against increasing poverty and insufficient social infrastructures in the northern regions; lower access of women as opposed to men in terms of social services and rising disparity in income and social services in favour of the urbanised population versus rural dwellers.¹¹⁵ The cumulative effect of these deteriorating socioeconomic conditions is worsening SGBV.

These outcomes are believed to be the result of several factors, chiefly the inappropriate mapping and targeting of the needs of a wide range of vulnerable groups in the country. The result is that those vulnerable people, including women, who need the most support are not getting it because they are not recognised as vulnerable enough or do not qualify because they cannot meet set criteria to access credit facilities.¹¹⁶ For example, many informal entrepreneurs would not qualify under the terms set by the National Board for Small Scale Industries.

Diminished access to social services

Both men and women experienced reduced mobility with men going out more than women for work and social activities, while women mostly left their homes to fetch water. One recent study on the impact of Covid on rural men and women in northern Ghana attributes this to increased personal caution due to the second wave of Covid cases.¹¹⁷ However, the disparity could also

¹¹⁴ Interview, Mohammed Okasha, 16 August 2021.

¹¹⁵ https://www.africaproactive.com/blog/is-covid-19-exacerbating-inequality-in-ghana-an-interrogation-of-the-evidence-1#_ftn2

¹¹⁶ Siapha Kamara, 2021, 'Is COVID-19 Exacerbating Inequality in Ghana? An Interrogation of the Evidence', <https://www.africaproactive.com/blog/is-covid-19-exacerbating-inequality-in-ghana-an-interrogation-of-the-evidence-1>

¹¹⁷ Muzna Alvi, Shweta Gupta and Prapti Barooah, 2021, 'Assessing the Impact of Covid-19 on Rural Women and Men in Northern Ghana, Gender, Climate Change, and Nutrition Integration Initiative', Covid-19 Impact Fact Sheet 1, page 2; also interview, Mohammed Okasha, 16 August 2021.

have been caused by the concentric negative effects of Covid on women's economic activities as well as a greater burden of care for family members.

Both sexes faced food security challenges, but this affected women more than men. Half or more of all respondents reported facing water security challenges that became worse in the dry season around January 2021. Among other outcomes, this meant that they could not fully observe handwashing protocols. It also suggests that the government's water relief initiative did not fully reach parts of northern Ghana. As noted by Hajia Alima Sagito-Saheed, Covid put "a lot of pressure on the few social services that were available in the community", notably water and other amenities.

Cecilia Fiaka observed that it was not evident that women in her communities in the Volta Region were aware of available entrepreneurial support.¹¹⁸ During her interactions with them, she and her staff had to refer some of them to the business desk at the district assembly for information. She noted that the business advisory officer took part in some interventions to speak with women and share information about available opportunities, showing how multi-actor/sector collaborations can benefit women and improve their access to needed support.

SWIDO-Ghana created awareness of government relief funds, but many rural women were disqualified as they could not meet the requirements of having a registered business, tax identification number, and other legal documentation. Only a very few were able to access the funds and use them to defray the costs of transporting their produce to markets. According to Hajia Alima Sagito-Saheed, such women were given the minimum amount of 2000 Ghana Cedis (approximately US\$300) of which they spent at least 350 Ghana Cedis to transport their produce, leaving only 1750 Cedis for other expenses.¹¹⁹

Covid had vicarious impacts on women who normally benefit from the interventions of NGOs and CSOs in their communities owing mainly to a mix of funding shortfalls and reduced mobility stemming from government-imposed movement restrictions.¹²⁰ Asked how Covid affected their work, the WELI partners interviewed for this study responded as follows:

Covid has really stopped some of the things we were doing, especially the numbers we work with and the movement we have to make to have an impact. That's one big thing. We have to do things in moderation to be able to keep our work going...Most of what we do depends on charity...and because of the Covid-19, it has become very difficult for everybody...getting the necessary support to move to do our work hasn't been very easy with us at all.¹²¹

We halted our work for close to two months.... Because of the restrictions and other things that were happening, there was no implementation.... Because of Covid, one of our

¹¹⁸ Interview, Cecilia Fiaka, 4 August 2021.

¹¹⁹ Interview, Hajia Alima Sagito-Saeed, 23 August 2021.

¹²⁰ Interview, Cecilia Fiaka, 4 August 2021; interview, Alhaji Sulemana Abdul Karim and Hamidu Fuseini, 5 August 2021.

¹²¹ Interview, Cecilia Fiaka, 4 August 2021.

projects had to be halted by the donor. In terms of resources or funds, we lost close to 200,000 Pounds.... Within NORSAAC, we had close to 20 projects running. Most of them they were budget cut down. Some we had budget down to respond to Covid-19 related issues, providing PPEs to districts, about 15 district health facilities.¹²²

Covid raised operating costs for some CSOs as they had to spend money on preventive measures to keep their staff safe from Covid while working in the field. For example, Covid protocols required a maximum of two persons in a vehicle at any time, which compelled CSOs to increase spending on transportation for site visits. All of this reduced the scope and reach of their work with women in target communities. Some were able to cover extra costs by applying for and winning grants for Covid-related work; others were not as fortunate.

For those of us who also work with them, we also had to multiply our because it became more expensive to engage people. If before you could see up to 500 people at a group meeting, you can no more do that and you need to do sensitisation. You can't say you won't go, so you have to spend more in terms of more visits to be able to reach the same number of people so you could do the social distancing and give them the needed information. You needed to spend more to buy PPEs.¹²³

In the Upper West Region of Ghana, which adjoins the Northern Region, both the pandemic and management measures adopted by the Ghanaian government (restrictions) threatened community-based women's empowerment by disrupting information flows and causing the diversion of district resources to Covid-19 support measures, even as donor funds dried up.¹²⁴

To compensate for funding shortfalls and to address priorities brought about by Covid, CSOs diverted some of their attention and resources to sensitisation and provisioning of hygiene materials in rural areas.¹²⁵ They were compelled to suspend or modify planned activities, substituting them with Covid responses.

¹²² interview, Mohammed Okasha, 16 August 2021.

¹²³ Interview, Hajia Alima Sagito-Saeed, 23 August 2021.

¹²⁴ <https://www.iwmi.cgiar.org/2020/12/can-you-hear-me-covid-19-and-building-womens-resilience-in-northern-ghana/>

¹²⁵ Interview, Mohammed Okasha, 16 August 2021; interview, Hajia Alima Sagito-Saeed, 23 August 2021.

HOW GHANAIAN WOMEN COPED WITH THE IMPACTS OF COVID-19

Women in the target project regions used their agency positively and negatively in response to the impacts of Covid on their lives and livelihoods. A few women were able to access material and social support from financial institutions, government funds, and reliefs by some CSOs.¹²⁶ This was not uniform even within regions; while women in Dagomba communities accessed funds, those in other areas reportedly did or could not.¹²⁷

Some women diversified their livelihoods with varied outcomes¹²⁸; some succeeded while others failed, some because their partners or husbands destroyed their equipment in a bid to subdue them. Cecilia Fiaka shared the story of one such woman in the Volta Region who lost her livelihood as a school feeding supplier when schools shut down. She learned breadmaking but could not afford to set up on her own and retailed bread from a local supplier for a while. When Covid forced her supplier to shut down, she bought a freezer and diversified again into selling ice water until she was forced to stop when her husband destroyed her freezer, claiming that she was disrespecting him.¹²⁹

Women who could not access support tried to mitigate their losses by substituting production materials. For example, women who sold local drinks resorted to using discarded soda cans which posed serious health risks and were strongly discouraged by local CSOs.¹³⁰

Some women were forced to rely on their husbands' savings as men earn more than women on average and have greater asset ownership.¹³¹

Women in both regions did not seem to lead or take part in any organised response like the cooperatives that are a common source of financial respite. Those women who could afford it contributed small monies for mutual support in the form of loans, but this only worked for women who could survive the economic impact of Covid and keep their heads above water.¹³²

Finally, some women simply stopped working and made no effort to change their situation. When asked why by CSOs that interacted with them, the women said they had no one to help them and

¹²⁶ Interview, Cecilia Fiaka, 5 August 2021; interview, Mohammed Okasha, 16 August 2021; interview, Hajia Alima Sagito-Saeed, 23 August 2021.

¹²⁷ Interview, Alhaji Sulemana Abdul Karim and Hamidu Fuseini, 5 August 2021.

¹²⁸ Interview, Alhaji Sulemana Abdul Karim and Hamidu Fuseini, 5 August 2021; interview, Mohammed Okasha, 16 August 2021; interview, Hajia Alima Sagito-Saeed, 23 August 2021; interview, Mohammed Okasha, 16 August 2021.

¹²⁹ Interview, Cecilia Fiaka, 4 August 2021.

¹³⁰ Interview, Alhaji Sulemana Abdul Karim and Hamidu Fuseini, 5 August 2021.

¹³¹ Interview, Cecilia Fiaka, 4 August 2021; Muzna Alvi, Shweta Gupta and Prapti Barooah, 2021, 'Assessing the Impact of Covid-19 on Rural Women and Men in Northern Ghana, Gender, Climate Change, and Nutrition Integration Initiative', Covid-19 Impact Fact Sheet 1, page 2.

¹³² Interview, Cecilia Fiaka, 4 August 2021.

were waiting to see what would happen. Reflecting on the factors that influenced those women who took action to address their changed circumstances, Mohammed Okasha's response suggested that women's responses were conditioned by their economic circumstances, access to empowerment opportunities, level of formal education, age, and social capital or lack thereof.¹³³ In his view, women in his communities who did nothing were more likely to be lacking in these areas, reducing their capacity and means to act and sustain their actions, thus making them more willing to resign to fate.

GAPS AND CHALLENGES

Apart from the obvious health risks, the findings of this study show that Covid did not create any new problems, but exacerbated existing challenges while exposing gaps in relevant policies and provisioning for vulnerable groups. In order, thus, to address the impacts of Covid, there is a need to strengthen responses to these challenges, as well as review the modalities for integrating and strengthening the nexuses between gender, emergency planning, and the challenges addressed above. This section discusses key challenges arising from this study.

Poor gender analysis and integration into Covid responses

As demonstrated, there was limited consideration of the differentiated gender impacts of Covid and state policy responses to it. In addition to compounding the suffering of vulnerable groups, interventions designed to protect had the unintended effect of endangering women, either by exposing them to violence or depriving them of access to much-needed help. Given the abundance of studies on these issues, it can only be surmised that this is due to a lack of political will to implement needed changes and not a lack of knowledge.

Contributing factors include the dominance of men in national and subnational – including traditional - structures of governance and a lack of gender-disaggregated data. If this exists in state repositories, some of it is not easily accessible by the general public. One example is the absence of publicly accessible data on the incidence of SGBV in Ghana during COVID-19. The many anecdotal media reports of isolated incidents are not enough to provide broad overviews of how patterns of SGBV have changed during the pandemic.

Persistent sociocultural, economic, and psychological barriers to women's empowerment

This study's findings suggest that some women would have coped better with the impacts of Covid if they had been more economically empowered. This study also shows that many women are still disempowered because of historical barriers rooted in sociocultural beliefs about

¹³³ Interview, Mohammed Okasha, 16 August 2021.

appropriate roles for women that enable and sustain a range of abuses, despite decades of interventions to address these. There is a need, as demonstrated in a renewed global quest to interrogate past interventions with a view toward new approaches, to examine what has worked or not in Ghana and what needs to change to achieve more sustainable transformative change for women who continue to face the worst challenges to their empowerment. Priority should be given to resolving tensions between the goals of empowerment and the lived realities of achieving them in current contexts. One example is the tension between some men not wanting or being able to bear the full cost of women's needs, but also not wanting them to be empowered in ways that threaten their masculinity.

Need for innovation and intersectionality in provisioning and resourcing of women's empowerment

As noted, Ghanaian CSOs remain reliant on donor funding, much of which is sourced from foreign actors. This has meant that these CSOs are vulnerable to changes in donor priorities, as occurred during Covid. Funding shortfalls forced CSOs working with women in the project communities, to reduce the scale and scope of their activities. Although CSOs were able to mitigate this challenge in various ways, there remains a need for sustainable resourcing of interventions for women's empowerment.

The CSOs consulted during this study are using a range of approaches to empower women in their respective communities. These include skills training, business management and financial support for entrepreneurship, and life skills, among many others. While these appear to be having positive impacts, it is not evident to what extent they are serving to transform women's status. As some CSOs shared, their attempts to empower women have sometimes exposed them to further danger and led to their disempowerment. This points to a need to critically review existing approaches to women's empowerment and their long-term impacts on women's autonomy.

Relatedly, given some men's negative responses to the economic empowerment of their women and an observed linkage between women's economic status and their vulnerability to SGBV, there is a need to examine how women's empowerment approaches are affecting notions and practices of masculinity in affected societies.

CONCLUSION: OPPORTUNITIES AND PROSPECTS

Once again, as with other pandemics, Covid, its impacts on women in Ghana and globally, and a growing body of knowledge on both have revealed the interconnectedness of Covid's main impacts on women in the areas of SGBV and livelihoods. The experts and CSOs working with women in the WELI project communities who were interviewed during this study affirmed a strong linkage between women's economic status and their vulnerability to various forms of SGBV. Asked what could be done to address SGBV in her communities, Cecilia Fiaka said:

The men realise that whatever they do to the women there's nothing they [women] can do...so if the women are empowered and they are not looked at as if they're just liabilities and they're not looked at as [though] they are just burdens, but they know that there's value in these women and the men can perceive them as that, I think this can be reduced. So the whole thing is awareness creation and enlightenment....¹³⁴

Cecilia also shared a story about a man who thanked her recently for teaching his wife to make soap. The latter is now able to use her albeit limited earnings to help defray household costs, thereby reducing the financial strain on her husband. This suggests that one way to bring men around is to demonstrate how they and their families stand to benefit from their wives being more empowered, thus shifting the focus from women to societies and social networks.

CSOs working in the Northern Region also expressed how some men view their wives as economic burdens.¹³⁵ Prevalent religio-cultural norms stipulate that men are to provide for their wives and families but do not bar women from working. Hajia Alima Sagito-Saeed says empowering women economically is critical to helping them realise equal rights, curb issues of gender inequality and gender-based violence in society. When women are financially impoverished, they become more vulnerable and find it difficult to access their rights as compared to those who are financially independent in their communities".¹³⁶

There is no shortage of studies and reports on the causes of and responses to SGBV. Several are referenced in this report. There are also numerous studies on women's economic empowerment. The findings of this study strongly suggest that the impacts of Covid on rural women in the WELI project areas may not have been as devastating if the women had been more economically empowered/had greater economic power/financial control over their own lives. As illustrated in this report, the impacts that Covid had on women and the challenges that women had in coping with these impacts were evidence of the extent of women's economic disempowerment and how this makes them more vulnerable to harm during pandemics. What is missing from the knowledge and could be made clearer in policy interventions is how to empower women in ways that are intersectional (taking into account the multiple interrelated aspects of disempowerment), integral (works to address these issues holistically instead of piecemeal) and innovative.

¹³⁴ Interview, Cecilia Fiaka, 4 August 2021.

¹³⁵ interview, Mohammed Okasha, 16 August 2021.

¹³⁶ Atlantic Federation of African Press Agencies, 2020, 'Economic empowerment essential to women's rights – SWIDA-GH', <http://www.faapa.info/en/2020/11/04/economic-empowerment-essential-to-womens-rights-swida-gh/>

REFERENCES

Academic and Policy

Muzna Fatima Alvi, Shweta Gupta, Prapti Barooah, 2021, 'Assessing the impact of COVID-19 on rural women and men in northern Ghana', GCAN COVID-19 Impact Fact Sheet, <https://www.ifpri.org/cdmref/p15738coll2/id/134446/filename/134657.pdf>

Sena Amewu, Seth Asante, Karl Pauw, and James Thurlow, June 2020, 'The Economic Costs of COVID-19 in Sub-Saharan Africa: Insights from a Simulation Exercise for Ghana', Strategy Support Program Working Paper 52, <https://www.ifpri.org/cdmref/p15738coll2/id/133760/filename/133973.pdf>

Lewis Abedi Asante and Richael Odarko Mills, 2020, Exploring the Socio-Economic Impact of COVID-19 Pandemic in Marketplaces in Urban Ghana, *Africa Spectrum* Vol. 55(2) 170–181.

Oriana Bandiera, Niklas Buehren, Markus Goldstein, Imran Rasul, Andrea Smurray, 2018, 'The Economic Lives of Young Women in the Time of Ebola: Lessons from an Empowerment Program'.

Elizabeth Bryan and Hagar El Didi, 2019, 'Considering gender in irrigation: Meeting the challenges women farmers face in technology adoption', <https://www.ifpri.org/blog/considering-gender-irrigation-meeting-challenges-women-farmers-face-technology-adoption>

Chei Bukari, Gloria Essilfie, Millicent Abigail Aning-Agyei, Isaac Christopher Otoo, Christian Kyeremeh, Anthony Akwesi Owusu, Kofi Fosu Amuquandoh & Kpanja Ibrahim Bukari | Christian Nsiah (Reviewing editor) (2021) Impact of COVID-19 on poverty and living standards in Ghana: A micro-perspective, *Cogent Economics & Finance*, 9:1, DOI: [10.1080/23322039.2021.1879716](https://doi.org/10.1080/23322039.2021.1879716)

Danquah, M., S. Schotte and K. Sen (2019). 'Informal Work In Sub-Saharan Africa: Dead End Or Steppingstone?'. WIDER Working Paper 2019/107. Helsinki: UNU-WIDER, <https://www.wider.unu.edu/sites/default/files/Publications/Working-paper/PDF/wp-2019-107.pdf>

María Montoya-Aguirre, Eduardo Ortiz-Juarez and Aroa Santiago, n.d., 'UNDP and UN Women COVID-19 Global Gender Response Tracker', <https://data.undp.org/gendertacker/>

Megan O'Donnell, Amber Peterman, and Alina Potts, 2020, 'A Gender Lens on COVID-19: Pandemics and Violence against Women and Children', Center for Global Development, <https://www.cgdev.org/blog/gender-lens-covid-19-pandemics-and-violence-against-women-and-children>

Schotte, S., M. Danquah, R. Darko Osei and K. Sen (2021). 'The Labour Market Impact of Covid-19 Lockdowns: Evidence From Ghana'. WIDER Working Paper 2021/27. Helsinki: UNU-WIDER. <https://www.wider.unu.edu/sites/default/files/Publications/Working-paper/PDF/wp2021-27-COVID-19-lockdowns-labour-market-impact-Ghana.pdf>

STAR-Ghana, 2020, 'Rapid Assessment of Sexual & Gender-Based Violence in the Context of Covid-19 Pandemic'

UNICEF, 2017, 'Case Study On Girls Who Have Dropped Out of School Due to Pregnancy and Factors Facilitating and/or Preventing Their Re-Entry Into School After Delivery'.

UNICEF-Ghana, 2020, 'GHANA: COVID-19 Situation Report –#5 1st – 15th June 2020'

United Nations, 2020, 'Policy Brief: The Impact of COVID-19 on Women - Protecting Women's Livelihoods in Times of Pandemic: Temporary Basic Income and the Road to Gender Equality

Clare Wenham, Julia Smith, Sara E. Davies, Huiyun Feng, Karen A. Grépin, Sophie Harman, Asha Herten-Crabb & Rosemary Morgan, 2020, 'Women are most affected by pandemics — Lessons from past outbreaks'.

West Africa Network for Peacebuilding, 2020, 'The impact of COVID-19 Pandemic on women: Lessons from the Ebola outbreak in West Africa', https://reliefweb.int/sites/reliefweb.int/files/resources/Thematic_Report_Final_-_The_impact_of_COVID-19_on_Women_in_West_Africa.pdf

Opinions/Internet Sources/Media

'Ghana: Addressing SGBV challenges in the COVID-19 era', 28 April 2020, <https://wcaro.unfpa.org/en/news/ghana-addressing-sgbv-challenges-covid-19-era>

Yaw Asare Afrane, 2 February 2021, 'The COVID-19 situation in Ghana', <https://rstmh.org/news-blog/news/the-covid-19-situation-in-ghana>

Citi Newsroom, 28 March 2020, 'Akufo-Addo announces partial lockdown of Accra, Kumasi, Tema', <https://www.youtube.com/watch?v=Vjl-VE3SSmk>

Class FM, 2 February 2021, 'Seek psychosocial help – GPA to COVID-19 victims', <https://www.classfmonline.com/news/health/Seek-psychosocial-help-GPA-to-COVID-19-victims-22002> ;

The Custodian, 9 March 2021 'SWIDA-Ghana celebrate International Women's Day with rural women in northern region', <https://thecustodianghonline.com/swida-ghana-celebrate-international-womens-day-with-rural-women-in-northern-region/>

Christabel Ewuradjoa Dadzie and Dhushyanth Raju 4 January 2021, 'Data-driven social safety net response to the COVID-19 crisis in Ghana', <https://blogs.worldbank.org/nasilkiza/data-driven-social-safety-net-response-covid-19-crisis-ghana>

Emmanuel Gamson, 14 June 2021, 'SWIDA-GH supports women groups to plant 10,000 trees', Ghana News Agency, <https://www.gna.org.gh/1.20922781>

Ghana News Agency, 30 September 2020, 'SWIDA-GH launches Women-LEAD project in Tamale', <https://newsghana.com.gh/swida-gh-launches-women-lead-project-in-tamale/>

Ghana News Agency, 13 October 2020, 'GPA urges Government to prioritize mental health investment', <https://www.businessghana.com/site/news/general/223965/%E2%80%9CPrioritize-mental-health-investment%E2%80%9D-GPA>

Siapha Kamara, 2021, 'Is COVID-19 Exacerbating Inequality in Ghana? An Interrogation of the Evidence', <https://www.africaproactive.com/blog/is-covid-19-exacerbating-inequality-in-ghana-an-interrogation-of-the-evidence-1>

Sen, Danquah, Osei and Schotte, 22 March 2021, 'Ghana's lockdown hit vulnerable workers hard: what needs to happen next time' <https://theconversation.com/ghanas-lockdown-hit-vulnerable-workers-hard-what-needs-to-happen-next-time-156876>

UNFPA, 2020, 'The Covid Chronicles: UNFPA'S COVID-19 Response in Ghana'.

UN Women, 2020, 'What happened after COVID-19 hit: Ghana', <https://www.unwomen.org/en/news/stories/2020/12/what-happened-after-covid-19-hit-ghana>

Esther Wahabu, 22 December 2020, 'Can you hear me? Covid-19 and building women's resilience in northern Ghana', <https://www.iwmi.cgiar.org/2020/12/can-you-hear-me-covid-19-and-building-womens-resilience-in-northern-ghana/>

Data repositories

Ghana Health Service, 2021, Cumulative Cases per Region (Case Count from Highest to Lowest), <https://www.ghanahealthservice.org/covid19/dashboardm.php>

Ghana Health Service, 2021, Gender Distribution, <https://www.ghanahealthservice.org/covid19/dashboardm.php>

ANNEXES

A. List and profiles of research participants

Northern Region

- Madam Afishatu Mohammed Abujaja, Head of Department/lecturer in gender and agriculture extension, University of Development Studies, Nyakpala Campus and Works with women, including women farmers, through teaching and community outreaches. Gender consultant, mentor, and counsellor for young women taking part in the WELI Project. Activities have included facilitating an SGBV workshop and a training manual for the WELI Project. (Interviewed 3 August 2021).
- Alhaji Sulemana Abdul Karim (Executive Director) and Hamidu Fuseini (project manager), Behasun Integrated Development Organisation, jointly interviewed on 5 August 2021.
- Mohammed Okasha, Zonal manager, NORSAAC. (Interviewed 16 August 2021)
- Hajia Alima Sagito-Saeed, executive director, Savannah Women Integrated Development Agency-Ghana. (Interviewed 23 August 2021).

Volta Region

- Madam Cecilia Fiaka, Nneka Foundation. (Interviewed 4 August 2021).

B. Interview schedule for WELI CSO partners

- Self-introduction
- What is your involvement with WELI? With women in your communities?
- How would you describe the status of women in your communities today compared with say 10/15 years ago? What, if anything, has changed and why?
- What are the main economic activities in your target communities? How gendered are they?
- What is your theory of change concerning the empowerment of women?
- What informs your approaches to your work with women and why? What have been your experiences and outcomes in pursuing these objectives?
- What are the barriers to women's empowerment in the communities where you work?
- How are you addressing contextual challenges to women's empowerment in your communities, e.g. culture, time-use patterns, unpaid work, SGBV, patriarchy, etc.?
- How significant is SGBV in your target communities? How do you address this in your work with women and men?

- How did Covid affect your work?
- Did you undertake any special activities for women during Covid?
- How did Covid affect the women you work with?
- How did the women you work with mitigate the challenges brought by Covid? Were they able to access social support and relief funding?

C. Overview of the Women’s Entrepreneurship and Livelihoods Initiative (WELI)

Africa Skills Hub (ASH) is a youth employment and business incubator that aims to build skilled Africa youth as agents of change using a social enterprise paradigm that involves the application of disruptive approaches to community and grassroots development using online and offline tools.

In partnership with the lead organization Canada World Youth (CWY) and with support from Global Affairs Canada (GAC). ASH will be implementing the 12-month pilot Women’s Entrepreneurship and Livelihoods Initiative (WELI), which seeks to address COVID challenges through a youth-centered and gender-responsive economic empowerment approach. The Project will consist of a three-prong approach mainly- Covid & SGBV advocacy, Entrepreneurship Scale Up, and Access to Markets Initiative.

CWY will provide technical oversight and lead this 12-month pilot project and Africa Skills Hub will deliver various activities in the selected local countries.

The outcome of this project is to increase economic empowerment to strengthen resilience for adolescent girls and young women (AGYW) most affected by COVID-19 in targeted areas in Ghana and Senegal.

The Project will engage two local partners for implementation in the targeted geographic locations: In Ghana, the Project will be in 2 peri-urban councils in Sagnarigu district, Northern region; and in a rural setting in 2 councils in Afadzato South, Volta region but will also have various nationwide and local advocacy outreaches.

The Project will expedite training and learning to improve the productive capacities of adolescent girls and young women and position them to contribute towards rebuilding and strengthening the economy since the onset of the COVID-19 pandemic in March 2020.

The Project will pursue innovative strategies around Gender equality and the empowerment of women and girls, and Growth that works for every one action area of Canada’s Feminist International Assistance Policy. The Project directly reflects Canada’s commitments towards SDG 5 (Gender Equality and Empowerment) and SDG 8 (Decent Work and Economic Growth).



AFRICA SKILLS HUB

Building Skilled African Youth As Agents Of Change



Website: www.africaskillshub.com Location: B378/14 New Abose Okai Street, Mataheko Peace Clinic Accra, Ghana

Email: info@africaskillshub.com Contact: +233 0307000111 / +233 (0) 54 828 8182

 @africaskillshub

Designed by Beatrice S. Anthonio