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Covid-19 impacts and local response mechanisms in marginalized communities: The emerging gaps for policy and practice

Baseline Study in West Africa, Central Africa, and North Africa

(Trust Africa Community Immunity Initiative)

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April 2022

EXECUTIVE SUMMARY

Background

COVID-19 pandemic has had a negative impact on the globe and could make it difficult to achieve the sustainable development goals (SDGs). The impacts of the crisis have extended far beyond the immediate health outcomes, with everything from employment and education to housing and mental well-being disrupted. Africa's quick response to COVID-19 has been praised as an effective campaign to combat the spread of COVID-19. According to Africa Renewal (2021), as of 16 July 2021, Africa had recorded approximately 106,000 deaths, compared to more than 1,950,000 in the Americas and more than 1,200,000 in Europe. In response to the COVID-19 crisis, 51 African countries implemented 238 social protection measures between 1 February 2020 and 10 May 2021, including health and food security measures, unemployment protection, income protection, housing and special allowances.

This report establishes the impact of COVID-19 on marginalized communities in Africa and documents the effects of community-level response efforts while highlighting gaps requiring further attention. This is to inform both short-term components of the project and medium- and longer-term strategies for advocacy regarding policy about social protection systems, rethinking economic models, and post-covid-19 transition. Specifically, the report provides an assessment of the impact of Covid 19 in relation to its compounding effect on communities that bear the brunt of poverty and marginalization. The report also provides an assessment of the impact of community level responses to Covid-19, and establishes emerging gaps requiring attention, and proffers related recommendations for policy action.

Methodology

The study is mainly qualitative, relying on secondary data from credible news sources, journals, and reports from relevant national institutions. These were supported by key informant interviews with officials of gender ministries of various countries, key staff of Philanthropy Network, TrustAfrica, Southern Africa Trust, and other relevant civil society organizations to enhance the situational analyses.

Findings/conclusions

Based on the synthesis of reports gathered, the study found increased intimate partner violence, sexual harassment, child marriage, female genital mutilation (FGM), domestic and sexual abuse of women and girls, which were exacerbated particularly under lockdowns in 13 countries in Africa.

Also, increase in violence amidst COVID-19 in Cameroon, Nigeria, Mali, Burkina Faso, Chad, and the Central African Republic has led to an increase in persons forcibly displaced- exposing them to additional risk. Also, the study found that in the three sub-regional blocks, Philanthropic support from

civil society organizations and international donor bodies contributed to cushioning marginalized groups.

Philanthropic organizations supported many communities in North, Central, and West Africa with personal protective equipment (PPE) coupled with sensitization programs to reduce the spread of the virus.

Most governments in North Africa, refugees, women, persons living with disabilities, and migrants were supported with cash transfers, vaccinations, food, shelter, and PPE.

Furthermore, the study found some emerging gaps in covid-19 response measures in central and West Africa. Most of the social protection measures implemented by governments and philanthropic organizations did not provide for the long-term sustenance of marginalized groups. Unlike North Africa, Central and West Africa countries did not target the most vulnerable and marginalized groups and did not provide social insurance and assistance schemes to support these groups.

Recommendations

It is recommended that countries in the West, North and Central Africa should make conscious efforts to protect the livelihoods of minorities, indigenous, and migrant populations. Such groups often work disproportionately and in precarious or informal employment; and have been among the worst affected by poverty, food insecurity and evictions due to job losses or reduced income during the pandemic.

Also, governments should establish a real time database of all poor and marginalized groups, including refugees and migrants, to ensure proper targeting during the implementation of social protection measures. Also, Philanthropic and Civil Society Organizations have shown better working relationships with local communities. They have been supported through several interventions to sustain or improve their livelihoods during the pandemic. Therefore, international donor organizations and governments should work closely with them to reach the poorest of the poor and the marginalized in the society.

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ACKNOWLEDGMENTS

We express our profound gratitude to TrustAfrica for giving us the opportunity to conduct this study. We also acknowledge all the unknown reviewers of this report, and thank all those who provided responses as key informants.

LIST OF ACRONYMS/ABBREVIATIONS

ACF	Action Against Hunger
CII	Community Immunity Initiative
CSO	Civil Society Organization
FGM	Female Genital Mutilation
KII	Key Informant Interview
NGO	Non-Governmental Organization
PIN	People in Need
PPE	Personal Protective Equipment
SDGs	Sustainable Development Goals
SOGI	Orientation and Gender Identity
UN	United Nations
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees

1.0 INTRODUCTION

1.1 Background to the study

The rapid response of Africa to COVID-19 has been lauded as an effective campaign to combat the spread of COVID-19. Africa had approximately 106,000 deaths as of 16th July 2021, compared to over 1,950,000 in the Americas and over 1,200,000 in Europe. Between February 2020 and May 2021, 51 African countries introduced 238 social protection measures in response to the COVID-19 crisis, including health and food security measures, unemployment protection, income protection, and housing and special allowances. However, the region also faces daunting challenges, with the rapid growth of population, high levels of poverty and hunger, and armed conflicts, all of which make implementing the broad and ambitious 2030 Agenda for Sustainable Development in the region particularly difficult.

Without a doubt, the COVID-19 crisis makes achieving the SDGs much harder. However, the crisis gives a true opportunity to map a different course, that recognizes the deep fissures in the current direction and integrates solutions to combat parallel environmental, social and economic crises. Even in the early days of the pandemic, it was clear that minorities, indigenous people, and other marginalized communities were at greater risk of infection and death from Covid-19. This was for various reasons, ranging from limited access to health care and a higher prevalence of pre-existing illnesses to poverty and the concentration of many members in jobs and livelihoods that were hazardous or insecure.

Indeed, across the world, many frontline occupations such as delivery services, public transport, and medical work are undertaken by members of these communities, working continuously throughout the first lockdowns when the rest of the population was being urged to stay at home for their safety. Informal employment, which represents 85% of sub-Saharan Africa's total employment, was hit hard during the lockdowns. The workers in the informal sector were significantly affected by the lockdown measures due to a lack of access to social safety nets. They faced a high risk of falling into poverty and experienced greater challenges in regaining their livelihoods during the recovery. Although the number of poor people was already projected to increase in 2020 and 2021, the COVID-19 pandemic could double the already deteriorating rate. It will push an additional 30 million people into extreme poverty in Africa.

Subsequently, however, it has become apparent that the impacts of the crisis have extended far beyond the immediate health outcomes, with everything from employment and education to housing and mental well-being disrupted. In these areas, minorities and indigenous people have frequently borne a disproportionate burden, exacerbated in many countries by poorly implemented or discriminatory government policies. The social and economic impacts of the COVID-19 pandemic have adversely affected progress towards gender equality. Violence against women and girls has

intensified; child marriage is expected to increase, and women have suffered a disproportionate share of job losses and increased care work at home. While the shared crisis of Covid-19 could have created momentum for solidarity and ceasefires, in reality, persecution and conflict often appear to have escalated in the wake of the virus.

More fundamentally, however, much of the inequity and discrimination brought to the surface by the pandemic was present long before the outbreak – and is likely to remain in place without transformative societal change. As countries navigate the uncertain path toward recovery, there must be more than simply a return to normality. This painful global emergency also offers an opportunity to achieve lasting change to the systemic racism and injustice that minority and indigenous communities have contended with for generations. Without meaningful action to address these underlying issues, however, the world will continue to be exposed to the threat of further health crises in the years to come.

1.2 Community Immunity Initiative (CII) Project

TrustAfrica is collaborating with Africa Philanthropy Network and Southern Africa Trust to implement the Community Immunity Initiative (CII). The Community Immunity Initiative is an advocacy campaign guided by a series of community-generated initiatives aimed at stopping the Covid-19 pandemic and flattening the curve of poverty and marginalization in Africa. While the pandemic is evenly distributed across regions and social groups, its impact and the capacity to respond are not. The campaign's theory of change is to effect transformation by bringing marginalized African voices to policy, national, and global spaces, using a series of practical and culturally contextualized strategies that resonate with the communities we serve. What sets this campaign apart is its commitment to a multi-stakeholder engagement using a common platform.

The project will ensure that poor and marginalized communities are equipped with the tools to access information and relief to counter the effects of COVID-19 and hold decision-making structures accountable. Working with a wide range of partners on the African continent, the project will leverage the comparative advantage of the three Community Immunity Campaign partners and focus on a range of initiatives including, but not limited to, research, advocacy, dialogues, toolkits, communications, and grant-making.

1.3 Objectives of the study

Primarily, the study establishes the impact of COVID-19 on marginalized communities in Africa and documents the effects of community-level response efforts while highlighting gaps requiring further attention. This is to inform both short-term components of the project and medium- and longer-term strategies for advocacy regarding policy about social protection systems, rethinking economic models, and post-covid-19 transition. Specifically, the study:

1. Assessed the impact of Covid 19 in relation to its compounding effect on communities that bear the brunt of poverty and marginalization;
2. Assessed the impact of community-level responses to Covid-19; and
3. Established emerging gaps requiring attention and proffered related recommendations for policy action.

2.0 METHODOLOGY FOR THE STUDY

2.1 Technical approach

The study had regional dimensions, focusing on countries located in West, Central, and North Africa, which were of interest to the Community Immunity Initiative. The study is mainly qualitative, relying on secondary data from credible news sources, journals, and reports from relevant national institutions. Qualitative analysis using the NVIVO data analysis tool provided detailed baseline information on key themes. A draft report was produced for review by TrustAfrica. A final report was then produced, incorporating comments, suggestions, and modifications from TrustAfrica and relevant stakeholders.

2.2 Limitations of the study

Some limitations of the study include the lack of information about activities of community-based and/or Philanthropic organizations in countries such as Libya, Cameroon, Democratic Republic of Congo, Equatorial Guinea, Gabon, São Tomé & Príncipe, Senegal, Benin and Gambia. Even with countries where the Consultants had data on the activities of community-based organizations, the information was limited, especially on how these organizations collaborated with local communities to respond to the impacts of Covid-19.

Also, the ToR concentrated on community-based organizations' response mechanisms to Covid-19 compared to the response of International Non-Governmental Organizations (INGOs). This further compounded the issue of limited information since the majority of organizations that help communities to respond to the impacts of Covid-19 were INGOs and other international development agencies. Additionally, there was limited evidence and information in literature on community-based and /or Philanthropic organizations' responses to COVID-19 with regards to some marginalized and vulnerable groups, particularly indigenous communities, refugees, and ex-miners. Furthermore, many of the reports regarding Covid-19 response mechanisms were generalized in context and scope, with little mention of names of community-based organizations, extent of collaboration with communities, as well as specific geographic areas where the responses occurred.

3.0 FINDINGS

3.1 Who are the marginalized groups in North, Central, and West Africa?

Marginalized communities or people are those excluded from mainstream social, economic, educational, and/or cultural life. For example, groups/populations that are marginalized include, but are not limited to, groups excluded due to race, gender identity, sexual orientation, age, physical ability, language, and/or immigration status. The phenomena of marginalization occur due to unequal power relationships between social groups¹. The World Bank emphasizes that most marginalized groups are excluded mainly due to discriminatory or stigmatizing attitudes, beliefs, or perceptions. The disadvantage is often based on social identity, which may be across dimensions of gender, age, location, occupation, race, ethnicity, religion, citizenship status, disability, sexual orientation, and gender identity (SOGI) among other factors. This kind of social exclusion robs individuals of dignity, security, and the opportunity to lead a better life. Unless the root causes of structural exclusion and discrimination are addressed, it will be challenging to support sustainable, inclusive growth and rapid poverty reduction².

People living with disabilities (PWD), indigenous populations, refugees, migrants, people with diverse sexual orientation, gender identity and expression, sex characteristics (SOGIESC), and other minorities experience the highest degree of marginalization and exclusion from health promotion initiatives and service access. Inequality, exclusion, and discrimination limit access to adequate resources, opportunities, and basic healthcare, resulting in individuals being more vulnerable to experience further discrimination and unequal access to health services. When a disaster occurs, these communities are most likely to be forgotten.

The UN states that the COVID-19 pandemic worsened gender inequalities for marginalized communities (Unfpa.org. 2021), with alarming rates of gender-based violence, and that the pandemic is “deepening pre-existing inequalities that perpetuate multiple and intersecting forms of discrimination, as well as racism, stigmatization and xenophobia” (UNWOMEN).

3.2 Impact of COVID-19 on poor and marginalized communities

Across Africa, the covid crisis has left more than 30 million people in extreme poverty, meaning they must live on less than \$1.90 a day (one.org). The African Development Bank (AfDB) estimated that in 2021 the number of people in extreme poverty will rise further to 39 million. This means that as of 2021, 34.4% of people in Africa were living in extreme poverty (afdb.org). This increase in extreme poverty reverses years of hard-won progress made in the fight to end poverty on the continent.

¹ Baah FO, Teitelman AM, Riegel B (2019); Marginalization: Conceptualizing patient vulnerabilities in the framework of social determinants of health-An integrative review.

² <https://www.worldbank.org/en/topic/social-inclusion#1>

Additionally, the losses of income and education are not evenly distributed. As a result, they also undo some of the progress made in fighting inequality and social exclusion ([unesco.org](https://www.unesco.org)), especially when it comes to gender. In many sectors in which relatively many women are employed, it is difficult to observe social distancing and to work from home. As a result, relatively more women have lost their jobs due to the pandemic than men ([one.org](https://www.one.org)). This is a serious setback in promoting women's emancipation in Africa.

Regarding education, fewer girls are also expected to return to school after the pandemic ([one.org](https://www.one.org)). Some 2.6 million girls in Africa are at risk of not going back to school. School closures have also had a larger impact on children from poorer families than children with wealthier parents. This can affect their access to basic services and necessities, including good nutrition, sustainable housing, safe drinking water, adequate sanitation facilities, and opportunities to engage in online schooling. Immediate and comprehensive action is essential to avoid widening the gap between advantaged and disadvantaged children. They are also more likely not to return to school after the crisis ([afdb.org](https://www.afdb.org)). It is also observed that in many parts of Africa, children with disabilities were especially vulnerable to missing out on education due to school closures. They further face reduced access to therapeutic support, leading to an exponential increase in stress levels ([unicef.org](https://www.unicef.org)).

Many other negative effects have been recorded to have affected women, girls, and other marginalized groups in Africa. According to the Human Rights Watch (HRW), child labor and violence against women increased in many African countries during COVID-19 lockdowns and curfews (Wasike, 2021). There have been reports of abuses such as intimate partner violence, sexual harassment, child marriage, female genital mutilation (FGM), domestic and sexual abuse of women and girls, which were exacerbated particularly under lockdowns ([africa.unwomen.org](https://www.africa.unwomen.org)). For instance, in the Central African Republic (CAR), Chad, Senegal, Mali, Cameroon, Egypt, Algeria, Liberia, Burkina Faso, Mauritania, Ghana, Nigeria, and Niger, there has been a surge in gender-based violence (GBV) since the COVID-19 virus pandemic and measures to control it began, with reported injuries to women and children ([undp.org](https://www.undp.org)), in some cases femicide (JDWS, 2020).

According to UNDP, measures to mitigate COVID-19, such as school and business closures, have increased the domestic burdens borne by women and girls and sharply reduced their earnings. Increasing the existing vulnerabilities, confining them to homes, they often share with their abusers and limiting access to support and health services.

While some improvement has been achieved in women's political participation and representation in parliaments, overall, women's participation in political decision-making in Africa remains very limited. This COVID 19 risks further relegating women to the margins, with no voice and no ability to

influence policies and decisions. There is a significant lack of female leadership in COVID-19 responses in most African countries³.



Source: Al Jazeera

The short-term economic impact of COVID-19 and widespread conflict in some African countries such as Cameroon, Nigeria, Mali, Burkina Faso, Chad, and the Central African Republic have already led to increasing aspirations to migrate or, in other instances, forcibly displaced. According to africacenter.org, 25 million forcibly displaced persons in Africa are concentrated in the Democratic Republic of the Congo (DRC), South Sudan, Somalia, Ethiopia, Sudan, Nigeria, the Central African Republic (CAR), and Cameroon. Involuntary immobility is a key risk for many refugees and migrants in transit and destination countries due to closed borders, depleted resources, fear of arrest, deportation, or xenophobic violence (Mixed Migration Center, 2021). As border-crossings become more challenging, people on the move may be more dependent upon smugglers, leaving them vulnerable to additional risks. Some refugees who can survive the journey are often housed in camp settings that are extremely vulnerable to the spread of the virus since living conditions are poor,

³ Bineta Diop, Statement given during the ECOSOC-AfDB Webinar on gender integration in COVID 19 responses, 24 April 2020

social distancing is often impossible, and health services are difficult to access (coronaproject.org).



Source: UNHCR

The ensuing discussion puts in context the impacts of Covid-19 related to six broad areas that affect the needs and aspirations of poor and marginalized communities/people. It is important to note that the broad areas discussed below are not exhaustive but are deemed important to the needs of marginalized groups.

3.2.1 Impacts related to universal health

West Africa

COVID-19 has severely strained the health system in ECOWAS countries, characterized by a low level of investment and a low health staff-to-population ratio below World Health Organization standards. For example, with the exception of Sierra Leone (13.4%), all countries have a level of current health expenditure as a proportion of GDP below the world average of 9.9%. On the other hand, according to this indicator, the situation is much more difficult for Côte d'Ivoire (4.5%), Senegal (4.1%), Guinea (4.1%), Mali (3.8%), Nigeria (3.8%), Benin (3.7%), The Gambia (3.3%), and Ghana (3.3%), which have

values below the Sub-Saharan African average⁴. Indications of a reduced access of women and girls to healthcare during COVID-19 are emerging.

Interviews conducted as part of a rapid gender analysis in West Africa have found that women's and girls' use of health centers for services other than COVID-19 has considerably decreased. This is especially true in rural areas, where there has been evidence to suggest that some men refuse to allow their wives to access healthcare due to mistrust of health workers and fear of their wives contracting COVID-19. There have also been reports of women refraining from accessing healthcare due to similar fears⁵. West Africa has long been plagued with a double burden of communicable and non-communicable diseases⁶ and, presently, the COVID-19 pandemic.

Despite the advancement in health across the world, the region continues to lag behind. There is at least a decade difference in the life expectancies in the African region compared to other regions of the world, and this is in part due to the weak healthcare systems⁷. The change in attendance and access to health services is particularly dangerous for mothers and children. Early childhood is a particularly vulnerable time for health issues, and the impact of COVID-19 is not sparing the young. Antenatal care first visits (ANC1) fell by 5% across Africa for the following countries Ghana, Burkina Faso, and Nigeria⁸.

Furthermore, the pandemic badly impacted services for children under 5 five. Facilities across Africa (Ghana, Nigeria, Burkina, and Togo) experienced a decrease of 23% in consultations for under-5 services in 2020 relative to 2019, resulting in significantly fewer children being seen by health care workers and receiving lifesaving care. If mothers' and children's access to essential health services is reduced, mortality among children under five could rise. COVID-19 has put the immunization of the world's most disadvantaged children at great risk. The pandemic affects the supply and procurement of vaccines to the region and influences communities' demand for routine immunization. For instance, 30–60 percent decreases in planned immunization campaign coverage were reported in countries in West Africa between March and April, compared to the same period in 2019⁹.

Health spending in West Africa was one-third lower than global averages, as was access to universal healthcare; the proportion of households making COOP payments was 10% higher; social protection spending was two-thirds lower; the proportion of workers covered by pensions 75% lower; and the proportion of workers with formal rights (e.g., sick pay, job protection etc.) was 60% lower. In other

⁴ ECOWAS (n.d). Covid-19 Pandemic: Impact of restriction measures In West Africa

⁵https://resourcecentre.savethechildren.net/pdf/830_covid19_girls_and_women_ssa.pdf/

⁶ African Young Leaders for Global Health, Abuja, Nigeria.

⁷ Adebisi YA, et al. Assessment of health budgetary allocation and expenditure toward achieving universal health coverage in Nigeria. *Int J Health Life Sci.* 2020.

⁸ The Global Fund: The impact of COVID-19 on HIV, TB and malaria services and systems for health.

⁹ WHO, June 2020

words, when COVID-19 hit, most of West Africa's citizens had inadequate access to healthcare and lacked social protection and labor rights to cope with the pandemic¹⁰.

Central Africa

The social consequences of COVID-19 affect the health, nutrition, and education sectors, among others. In Chad, UNICEF and the World Food Programme (WFP) evaluated the direct and indirect impact of the pandemic on children and the food situation in 2020. According to their assessment report, an additional 15,500 children under five will be affected by severe acute malnutrition among children who have become poor in 2020. More than 3 million children aged 3 to 17 will need education, and close to 140,000 students won't have access to school canteens anymore. In the health sector, around 72,000 children aged 0 to 11 months in N'Djamena may not benefit from routine vaccination. Seven thousand street child beggars could be impacted. Pregnant and breastfeeding women have increased nutrient needs that are not being met. This has consequences for their health, nutrition, and child development. This also affects the immune response of the mother and the child. Prenatal consultations have decreased in health facilities because women want to avoid exposure to possible contamination.

The rate of exclusive breastfeeding, already very low, will further deteriorate through fear of transmission from the mother to the child. The infant's inadequate diet and the young child remains a major concern¹¹. In Central Africa, a region with the second highest global HIV burden in children, the prioritization of COVID-19 testing has led to delays in pediatric HIV testing and the slow initiation of treatment for children living with HIV.

To ensure continuity of HIV treatment for adults and children, national HIV programmes have strengthened the roles of community actors, including networks of people living with HIV, to provide multi-month drugs (recommended during lockdowns) in their communities. Beyond the immediate health consequences of the virus, COVID-19 poses a serious threat to families' livelihoods and household income. In Central Africa, for instance, the most concerning form of malnutrition is undernutrition (wasting, stunting, and micronutrient deficiencies).

Further, increased pressure on healthcare facilities inhibits their ability to provide key services to prevent malnutrition in children and pregnant and breastfeeding women¹². In Equatorial Guinea, maternal mortality could increase the risk of hospital saturation due to COVID. In 2011 maternal mortality stood at 308 per 100,000 inhabitants (DHSEG-I 2011). This risk may be exacerbated in the

¹⁰ Oxfam (n.d). The West Africa Inequality crisis: Fighting austerity and the pandemic

¹¹ <https://reports.unocha.org/en/country/chad/card/55RmWAhNyy/>

¹² <https://www.unicef.org/media/96161/file/Sub-Saharan%20Africa%20%E2%80%93%20Growing%20up%20in%20crisis%20in%20a%20world%20of%20opportunities%20.pdf>

context of pregnancies in children under 15 (Conde-Agudelo, Belizán, and Lammers 2005), which in 2011 stood at 177 per thousand (ESDGE-I 2011).

Save the Children estimated that in West and Central Africa, 260,000 girls under 18 will be at risk of teenage pregnancy by the end of 2020¹³. Additionally, UNFPA indicated that HIV prevalence was higher in women than in men, with the rate for women being 8.3 percent and for men 3.7 percent (United Nations 2019). In addition, they pointed out that the use of condoms is limited (ibid). However, through the Ministry of Health and Social Welfare, a project has been developed and adopted to improve access to sexual and reproductive health services for adolescents and youth, emphasizing the prevention of sexually transmitted infections (STIs), HIV, and pregnancies in adolescent girls¹⁴.

The risks extend beyond health for girls and women and can lead to significant human rights consequences. Save the Children warns that by the end of 2020, 90,000 girls will be at risk of child marriage in Central and West Africa¹⁵. In Equatorial Guinea in 2011, 14% of women aged 25-49 already lived with their partner before their 15th birthday and 34% before 21 their 18th birthday¹⁶. Due to the association between early marriage and teenage pregnancy, sexual and reproductive health care is critical to avoid leaving them behind.

North Africa

Generally, the healthcare system preparedness for countries in North Africa is low. In most cases, North African countries have experienced several critical moments in terms of the overburdening of the healthcare sector. This is particularly the case with Tunisia, which, in July 2021, faced a disastrous phase of hospital overloading¹⁷. During that period, Morocco sent 100 intensive care beds (idem) to Tunisia and was among the many countries which helped Tunisia via medical aid during the critical summer of 2021. During the same period, Algeria faced problems with regard to the rapid increase of hospitalized people and a shortening of oxygen¹⁸. Health expenditure accounts for between 5.8% and 8% of GDP in the available years, which is less than half the 12% threshold that the World Health Organization (WHO) recommends for countries to improve their healthcare systems. North African countries seem to follow the generally slowly declining trend in out-of-pocket spending, but they still present generally high out-of-pocket expenditure. In particular, Morocco spends 5.8% of gross domestic product (GDP) on the healthcare sector and relies on out-of-pocket expenditure for 48.6% of current healthcare expenditure.

¹³ Save The Children 2020.

¹⁴ <https://datapopalliance.org/wp-content/uploads/2021/01/10.-PNUD-GE-COVID-SEIA-English.pdf>

¹⁵ Save The Children, 2020.

¹⁶ ESDGE, 2011

¹⁷ A3M Global Monitoring 2021; France 24, 2021

¹⁸ Hamdi, 2021

In most countries except Niger, articles documented that the pandemic reduced the level of preventative health care seeking behaviors for women and children. Liberia, Sierra Leone, Guinea, and Nigeria, countries with moderate to high previous Ebola experience, reported the most concern with healthcare access for mothers and children. In Ghana and Sierra Leone, newspapers reported that some pregnant women refused to attend antenatal care and feared giving birth at health facilities due to concerns of contracting the virus.¹⁹

The economic capacity of countries in the region varies considerably, with countries such as Algeria, which are upper-middle-income economies and could be better equipped to face the pandemic, as compared to countries such as Tunisia or Morocco, which are lower-middle-income economies. The healthcare system in the region is mainly public, but with an increasing private sector prevalence. In Algeria, the entire healthcare system is public and managed by the government. In Morocco, the public sector is the primary healthcare provider. Concerning access to public health, a large part of Morocco's population remains excluded from the healthcare system. In Morocco, around one-third of the population is not covered by health insurance. The country offers a non-contributory health insurance programme, along with Algeria.

3.2.2 Impacts related to housing and living conditions

The spread of Covid-19 has been fueled by inequality, specifically shortages in housing and living conditions that disproportionately affect marginalized groups such as minorities and indigenous peoples. Overcrowding and a lack of basic services, such as clean water and sanitation, have been identified as important factors in spreading the virus in informal settlements, camps, and other settings. Even before the pandemic, these environments were wreaking havoc on the health of minorities and indigenous peoples, contributing to lower life expectancy and higher infection rates for communicable diseases like tuberculosis. Better housing and service provision is thus critical not only to protect these groups from Covid-19 but also to increase resilience to future public health threats.

West Africa

But for Guinea and Nigeria, countries in West Africa reported that the COVID-19 pandemic exacerbated food and economic insecurity, particularly for children. With the closing of schools during the pandemic, many children were left to fend for themselves or obligated by their families to contribute to the household finances. Many children of low socio-economic backgrounds turned to the streets to sell items or to beg for money and food. In Liberia, children were seen on the street selling masks for an income without wearing any masks for protection, increasing their risk of contracting coronavirus. Food and economic insecurity also hindered in-home learning for children

¹⁹ <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0252890>.

in Sierra Leone. Children spent more of their time selling on the streets, affecting their ability to attend implemented radio learning programs²⁰.

The food and nutrition situation has deteriorated considerably due to a combination of various factors, including conflicts between livestock farmers and crop farmers, terrorism and violent extremism, climate change, and especially the restrictions related to COVID-19. The sub-region is experiencing an unprecedented food crisis. Nearly 25 million people are unable to meet their food needs, which is 34% higher than in 2020²¹. More than half of these people are in Nigeria.

In addition to the toll on human lives, the pandemic has significantly undermined the hard-won gains in poverty reduction and inclusive growth. It is estimated that COVID19 has increased the proportion of people living on less than USD 1.90 a day by 2.3% in 2020 and by 2.9% in 2021, leading to extreme poverty rates of 34.5% in 2020 and 34.4% in 2021²². The economic cost of the lockdowns across Africa is another negative effect of the COVID-19 pandemic. ECA estimates that one full month's lockdown across Africa would cost the continent about 2.5% of its annual GDP (USD 65 billion). At the same time, the businesses surveyed by ECA said they are only operating at 43% of their capacity. In another survey, only 70% of slum dwellers reported skipping meals or eating less because of COVID-19²³.

Also, the most noticeable impact of the COVID-19 crisis on households in the West African region is the rise in food prices. Despite the improvement in supply in 2021, prices remain high. Most households report continued price increases in 2021, especially in urban areas where this factor was indicated by 83% of respondents, compared with 77% in rural areas. Nonetheless, these proportions have decreased since 2020 (9% and 15% lower, respectively)²⁴.

In rural settings, subsistence farmers and pastoralists are the most vulnerable populations, and they represent more than 80 percent of the rural population. Movement restrictions largely affect the movement of farmers and pastoralists living in localities close to large urban centers, who often come to urban markets to sell part of their crops and return to the village with manufactured goods. The movement restrictions and the closure of rural markets thus affect traditional mechanisms of destocking local agricultural products and livestock by farmers and pastoralists. Since the beginning of the crisis, there has also been a rise in police harassment, informal tax levies and bribes at borders, and checkpoints passed on in prices to consumers.

In countries that had a below-average agricultural season, rural households engaged in subsistence agriculture might become increasingly dependent on buying their food from markets – all while some markets are closed. For example, Mauritania, Gambia, Senegal, Cabo Verde, and Sierra Leone

²⁰ <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0252890#sec019>

²¹ Final Results of the CILSS Cadre Harmonisé, April 2021

²² AEO 2021, of the AfDB.

²³ <https://reliefweb.int/sites/reliefweb.int/files/resources/WFP-0000136106.pdf>

²⁴ <https://reliefweb.int/sites/reliefweb.int/files/resources/WFP-0000136106.pdf>

(and somewhat Niger and Côte d'Ivoire) had below-average cereal production compared to the five-year average. As stocks in these countries are running low earlier than usual, they will rely on food markets for food. They are already experiencing early rising prices of dry cereals as stocks decline. But even in countries like Burkina Faso, Niger, and Mali that had been recording prices below the five-year average prior to the pandemic, trends are rising²⁵.

To cope with the loss of their livelihoods, households in the sub-region have resorted to survival strategies that are sometimes severe. A significant proportion of households resorted to severe coping strategies in all sub-region countries, reflecting the increased difficulty in accessing food and greater reliance on unstable sources of income. In addition to COVID-19, the map also highlights the negative impact of conflicts on households' livelihoods. In areas affected by security conflicts, like the Lake Chad Basin, the Liptako Gourma region, northern Nigeria, and the Sahel, households have resorted to more severe coping strategies such as selling productive assets²⁶.

Central Africa

Regarding population movements, following recurrent terrorist attacks in the Lake Chad Basin over the past five years, the Lac province now hosts nearly 299,000 displaced people, including 236,000 Internally Displaced People (IDPs). Movement restrictions, being part of the response to the pandemic, affect humanitarian and development partners' capacity to access vulnerable people to implement their projects and programmes, despite efforts to ensure continuity of vital assistance. Chad remains highly dependent on international aid, notably to meet the urgent needs of mobile populations who are most vulnerable in the country. However, beyond the immediate response to the health crisis, funds to respond to long-term humanitarian and socio-economic impacts are extremely limited²⁷.

Also, several factors put women, who represent half of the population in Equatorial Guinea, at greater risk of being affected by the pandemic. The 2006 poverty profile study in Equatorial Guinea showed that poverty affects 77.5 percent of women (compared to 75.9 percent of men). Similarly, the country has pre-existing significant inequalities in employment between women and men. In DHSEG-I 2011, only 46% of women had worked in the last 12 months, while 92% of men had done so. Regardless of age, most women reported lower wages than their spouses (across age groups, between 53.7 and 68.9% of women reported earning less). In a context of labor and economic vulnerability for women, the inequitable distribution of household tasks may exacerbate the

²⁵https://www.clingendael.org/sites/default/files/2020-06/Policy_Brief_COVID-19_Impact_on_West_African_Value_Chains_June_2020.pdf

²⁶ <https://reliefweb.int/sites/reliefweb.int/files/resources/WFP-0000136106.pdf>

²⁷ <https://reports.unocha.org/en/country/chad/card/55RmWAhNyv/>

phenomena of double working hours for women or even limit their access to better paying jobs, particularly when children remain at home during the pandemic²⁸.

North Africa

Out of the 252 fiscal and economic, social protection, and labor market measures registered for 23 countries and territories in Northern Africa, only 29 measures across 11 countries and territories address women's economic security, amounting to just 12 percent of the total fiscal, economic, social protection and jobs response. Of these measures, 14 countries fall under the social protection category. The main social protection programmes that Northern African governments have used to strengthen women's economic security in the context of COVID-19 are cash transfers and food assistance or other forms of in-kind support that prioritize women as the main recipients²⁹.

In Egypt, the Ministry of Social Solidarity plans to add 60,000 families to the Takaful and Karama cash-transfer programmes, with another 100,000 households to be added to the budget for the 2021 fiscal year. Among others, the programmes mainly target women heads-of-households. In Morocco, the Ministry of Tourism, Handicrafts, Air Transport, and Social Economy has introduced a certification system for cooperatives to produce 30,000 reusable masks per day. Some 15 cooperatives have been certified, with 103 members, 100 percent of whom are women. In Turkey, the Ministry of Trade announced a grant programme for women cooperatives aiming to alleviate the economic impacts of COVID-19, where each cooperative could appeal for up to TRY 150,000 (USD 19,000) under the Cooperatives Support Programme of the Ministry³⁰.

Measures to support unpaid care in the COVID include the provision of paid family leaves, cash-for-care programmes, flexible and shorter work-time arrangements, or continued provision of childcare services, including for essential workers. Such measures are extremely scarce in Northern Africa, accounting for only 4 percent of the region's total 200 social protection and labor market measures. Six out of the 24 countries and territories in Northern Africa have not taken any measures to address unpaid care.

There is a drop in income and living standards throughout MENA, which has been most intensely felt by the poorest. In Tunisia, the bottom 40 percent reported being the most affected compared with pre pandemic levels in four phone surveys (mid-May to mid-October 2020). The evidence points to a severe decline in household welfare as the pandemic unfolded, and it extended well beyond the

²⁸ <https://datapopalliance.org/wp-content/uploads/2021/01/10.-PNUD-GE-COVID-SEIA-English.pdf>

²⁹ Covid-19 Global Gender Response Tracker. Factsheet: Northern Africa & Western Africa. Version 1 (September, 2020).

³⁰ Covid-19 Global Gender Response Tracker. Factsheet: Northern Africa & Western Africa. Version 1 (September, 2020).

end of restrictions on individual mobility. A similar pattern was found in Egypt during waves 1 and 2, with the bottom 40 percent of households being most affected³¹.

Before the pandemic, many countries in North Africa were already struggling with persistent high levels of unemployment. Once the pandemic struck, employment opportunities were further depressed. Among the countries and economies sampled, a great variation in outcomes is observed, with work stoppages being much higher in some countries than others. During wave 1 of the lockdown, Tunisia topped the list, with 64 percent of its workers forced to stop working, followed by Egypt with 41 percent. As the lockdown eased, one observed a rapid decline in work stoppages in Tunisia. For Egypt, the high rate of work stoppage precedes the moment when the most stringent lockdowns were implemented. Yet mobility data suggest that by the time of the survey, citizens had already voluntarily reduced their movements, and as in Tunisia, the Egypt survey coincides with the height of the (de facto) lockdown.

3.2.3 Impacts related to environment and land

The disruption of the pandemic and the restrictions imposed to contain it have given armed groups and militias even more leeway in attacking indigenous and environmental defenders. Simultaneously, logging, mining, and agricultural expansion have accelerated global forest clearance, spreading Covid-19 into remote areas and risking new zoonotic diseases in the future. This has emphasized the significance of securing community land rights to protect fragile environments from degradation and destruction, particularly in indigenous territories. Simultaneously, the experience of lockdown and other restrictions has highlighted the importance of equitable access to parks, gardens, and green space in towns and cities, particularly for marginalized minorities.

West Africa

In Africa the CO₂ emission levels have reduced to between 0.01- 0.03mol/m² except in West Africa with 0.04mol/m², and in some areas, the emission is higher than 0.05mol/m² (La et al., 2020). The burning of wood, fossil fuel combustion, monsoon, and Saharan winds that carry sea salt and dust cause extreme air pollution in West Africa (Tito et al., 2018). NO₂ emissions were found to be generally higher in urban cities like Lagos, Accra, and Kigali due to rapid urbanization. Despite lockdown measures, there was no significant reduction in air pollution in Ouagadougou. This can be attributed to continued vehicle mobility and economic activities (Masaki et al., 2020). However, as countries begin to ease lockdown measures to prevent economic collapse, CO₂, NO₂, and Particulate Matter levels will rise again. In Nigeria, it is estimated that 29% of the country's disease burden is linked to risk factors in the environment³².

³¹ <https://openknowledge.worldbank.org/bitstream/handle/10986/36618/9781464817762.pdf>

³² <https://www.afro.who.int/news/world-environmental-day-impact-covid-19-pandemic-biodiversity-focus>

Pastoralist and Indigenous People's communities have also been notably impacted, as national borders have closed and movements have been restricted within national territories. In West Africa, border closures and movement restrictions have led to high concentrations of animals and herders in certain areas, thereby increasing the risks of transmission of COVID-19 and conflicts between different groups using the same scarce resources. Disruptions are also anticipated in the management of natural resources, due amongst other factors, to overgrazing and overuse of water resources, which may, in turn, lead to increased conflicts and tenure insecurity, and decreased incomes for already vulnerable communities. COVID-19 is also expected to exact a particularly heavy toll on forest ecosystems and forest dependent communities, as the loss of livelihoods will most likely lead to increased overexploitation of already scarce natural resources, as well as increased food insecurity and poverty. At the same time, illegal mining, timber extraction and poaching are expected to increase due to reduced enforcement capacities and political attention, which is focused on COVID-19 and economic recovery³³.

The effects of COVID-19 on the world's rural and low-income populations are relevant to biodiversity loss, ecosystem health, and ultimately zoonotic disease drivers. Due to financial, cultural, and a host of other factors, people, in some cases, participate in activities promoting deforestation and wildlife trade to support their livelihoods. Research on the effects of the Global Financial Crisis in Cameroon, for example, showed multiple effects on livelihood and biodiversity indicators.³⁴ Although global demand for timber products decreased, workers laid off from the logging industry turned to poaching and slash and burn agriculture³⁵. As the economy recovered in 2010–11, biodiversity indicators improved more slowly than livelihood indicators, suggesting a lag in environmental recovery following the events.

In Cameroon, an employee said: “During this same period, they have witnessed the conversion of forest land to non-forest land, especially for the establishment of palm trees, which has led to the massive arrival of employees (including those carrying the virus) in the communities³⁶.”

Central Africa

COVID-19 was found to both reinforce and undermine community rights. Restrictions sometimes prevented communities from protecting their lands. Some communities reported that their own movement was restricted, while private sector activities continued. An employee of an organization working with Indigenous People and Local Communities in Gabon, noted that “Our project had begun facilitating a formal MOU (memorandum of understanding) between a logging company and villages on the co-management of hunting, but when COVID-19 arrived in the country the loggers

³³ <https://reliefweb.int/sites/reliefweb.int/files/resources/CB0706EN.pdf>

³⁴ J Sayer, D Endamana, M Ruiz-Perez, *et al.* Global financial crisis impacts forest conservation in Cameroon *Int for Rev*, 14 (2012), pp. 90-98

³⁵ J Sayer, D Endamana, M Ruiz-Perez, *et al.* Global financial crisis impacts forest conservation in Cameroon *Int for Rev*, 14 (2012), pp. 90-98

³⁶ https://www.cifor.org/publications/pdf_files/articles/AVanVliet2101.pdf

stopped progress on this collaboration, citing the pandemic as the reason, while continuing to open roads further and further into the forest without controlling access and cutting down trees outside the knowledge of the villages³⁷. Similar observations were made elsewhere in Cameroon and the Democratic Republic of Congo. An employee of an organization working with fishing communities living outside a national park in Gabon reported that “park managers; banned residents from fishing in the park” during COVID-19, even though these fishing rights had been retained since the park was first established. As this situation has persisted for several months, the community “has initiated a process with the park managers without success. The inhabitants have taken the case to the courts and provincial authorities³⁸.”

North Africa

Environmental health considerations related to the COVID-19 pandemic are particularly relevant for MENA countries³⁹. Water scarcity and lack of access to clean water and sanitation as well as poor waste management (including on hazardous waste e.g., bio-medical and health-care waste) in MENA countries and especially in their less well-off segments of society, in conflict-affected territories and the refugee camps can accentuate the impact of pandemics. Furthermore, confinement measures can result in increased exposure to indoor air pollution, particularly for people relying on polluting fuels for cooking and heating in poorer MENA countries and for buildings lacking or with poor ventilation systems. A healthy environment reduces the vulnerability of communities to pandemics and has the potential to boost economic activity, create jobs, and reduce inequalities⁴⁰.

A study by Abouzid et al. (2021) estimating the association between COVID-19 and environmental factors in the Middle East and North Africa found that over 50% of the urban residents reported a significant reduction in the level of noise, gathering in tourist areas, and crowding in malls and restaurants. Moreover, 47% reported an improvement in the air quality and a reduction in gas emissions from factories compared with almost 40% in rural areas. As reported by 46% of the residents, crowdedness was significantly reduced in urban areas. Despite only 38% in urban areas seeing an improvement in water quality in rivers and lakes, the result remains significant compared to rural areas with a value of 32%.

³⁷ https://www.cifor.org/publications/pdf_files/articles/AVanVliet2101.pdf

³⁸ https://www.cifor.org/publications/pdf_files/articles/AVanVliet2101.pdf

³⁹ OECD Digital Hub: “From containment to recovery: Environmental responses to COVID-19” and “Environmental health and strengthening resilience to pandemics

⁴⁰ <https://www.oecd.org/coronavirus/policy-responses/covid-19-crisis-response-in-mena-countries-4b366396/#endnotea0z44>

3.2.4 Impacts related to agriculture and livelihoods

In June 2020, estimates showed that the COVID-19 crisis could plunge 100 million people into extreme poverty⁴¹, with SSA being the most affected region. The COVID-19 pandemic has exposed the vulnerability risks of agricultural value chains against external shocks and shed light on the need of building the resilience of the agricultural sector⁴². While lockdowns, movement restrictions, and other measures have sometimes been necessary to contain the spread of Covid-19, the economic consequences have been devastating to communities already dealing with social exclusion. Many people on daily wages, zero hour contracts, working as waste pickers, street vendors, or other informal occupations have received little or no help from governments or employers to weather the crisis. Indeed, in some cases, even the limited rights in place prior to the pandemic have been eroded, particularly for migrant workers and foreign laborers, who have faced an increase in arbitrary dismissal and exploitation. Since the beginning of Covid-19, every African country has been adversely affected. As nations lock down, bans are placed on public gatherings, movements are restricted, the number of people in market centers is reduced, and borders are closed. Undoubtedly, these measures have affected food production, food availability, and livelihoods.



Source: Tropenbos International

⁴¹ Mahler, D. G., Lakner, C., AGUILAR, R. A. C., & Wu, H. (2020, June 12). COVID-19 could push 100 million people into extreme poverty, says the World Bank. COVID-19 Could Push 100 million People into Extreme Poverty, Says World Bank. <https://www.weforum.org/agenda/2020/06/world-bank-coronaviruscovid19-extreme-poverty>

⁴² IFAD. (2020). Mitigating the impact of COVID-19 on small-scale agriculture in The Gambia. Mitigating the Impact of COVID-19 on Small-Scale Agriculture in The Gambia. <https://www.ifad.org/en/web/latest/story/asset/41941658>

West Africa

In Ghana, Togo, Senegal, Sierra Leone, and Liberia, the widespread of Covid 19 has tested and challenged significant areas of agriculture, i.e., production systems, supply chains, and food commodity preferences. The lockdown, by restricting movement, adversely affected the availability of farm inputs and other farm services⁴³⁴⁴⁴⁵⁴⁶. Similar situations are observed in Nigeria, as there have been recorded disruptions of the seed supply chain, agrochemicals, and fertilizer importation, thus reducing viable seeds and limiting the yield of agricultural produce. As a result, some marginalized communities have reported an increased proportion of malnourished children and adults during the pandemic⁴⁷.

In Nigeria, studies show that in terms of household food security, COVID-19 significantly worsened the food security situation of many households, especially poorer households. More than 80% of respondents worried about not having enough food, and 77% ate less food than they thought they should (Balana et al., 2020). According to Adebayo et al. (2020), most households (81%) ate only a few kinds of foods, implying declining dietary diversity. Some 78% of households skipped meals or ate less than they thought they should due to inadequate resources. Many households (65%) ran out of food stock, and nearly one out of five households (18%) reported having members go hungry for a whole day after the COVID-19 crisis began.

In Nigeria, people with disabilities experienced very negative impacts during the pandemic times, and there is some evidence that their pre-existing disadvantages and marginalization have been exacerbated. In the study of UN women in Nigeria, some disabled women explained that they and their children had tried to beg for food and money, which they felt ashamed about. However, they found that other community members either did not have enough to share or weren't leaving the house owing to COVID-19 restrictions. Hence, as a consequence, there was little food or money available.

In Ghana, while low income earning and marginalized people (street beggars, head potters, homeless, and street hawkers) stay at home or are confined in an uncondusive environment adhering to precautionary measures, this aggravated their conditions and further exacerbated their low purchasing power. The ban on public gatherings, social ceremonies, and many other indoor and outdoor events crippled many businesses dominated by marginalized groups⁴⁸. For instance,

⁴³ [Togo: African Development Bank approves \\$3 million loan reallocation to agriculture sector for COVID-19 response | African Development Bank - Building today, a better Africa tomorrow \(afdb.org\)](#)

⁴⁴ [COVID-19's Impact on Food Security in Senegal | RTI](#)

⁴⁵ Sierra Leone | Humanitarian response (May–December 2020) (fao.org)

⁴⁶ Abroquah, S. (2020). Impact of Covid-19 on Ghana's Agriculture. [Impact of COVID-19 on Ghana's Agriculture - In the Eyes of a Youth Farmer - Impakter](#)

⁴⁷ Funmilayo et al. (2021). The effects of the COVID-19 pandemic on food losses in the agricultural value chains in Africa: The Nigerian case study

⁴⁸ [Agricultural-based livelihood implications of COVID-19 in Ghana \(1\) – Future agricultures \(future-agricultures.org\)](#)

“Kayeyes” (head potters), street hawkers, metal scrap dealers, waste scavengers, and street beggars could not do their usual daily business, which would drastically impact their livelihoods⁴⁹. The livelihoods of people with disabilities, including people with mental health disabilities in Ghana, were gravely impacted during the Covid-19 lockdown because they rely on others for support; many tend to be unemployed or earn less and are often in informal work or self-employed, with less access to labor protections⁵⁰.

In Senegal, the Covid-19 restrictions on the movement of people created food shortages, disrupted communications, limited labor flows, and pressured farmers to use seeds they had saved for planting for household food. The ban on *loumas* (weekly markets) also strongly affected the distribution and supply systems for local agricultural products and the livelihood of resource poor women⁵¹.

In Togo, the effects of the pandemic resulted in people having less money to spend on marketed produce by marginalized groups. This has had a consequential effect on their ability to procure agricultural inputs to keep growing their crops. Aside from that, many of these marginalized individuals could not earn enough during the lockdown to cover the basic needs of their families⁵². These restrictive measures, including isolation of affected cities and the limitation of opening hours for markets, impacted the agricultural sector, crafts, and small trade managed mostly by women⁵³.

In Sierra Leone, the government’s restriction on movement through lockdowns, curfews, and inter-district travel restrictions did not prioritize the participation of marginalized urban dwellers and their needs. The economic conditions of already vulnerable people such as those living with disabilities, beggars, and women heads of households worsened due to these measures (Conteh et al., 2021). Additionally, these restrictions impacted informal settlement dwellers' livelihoods relying on informal occupations such as stone-breaking, small food businesses, fishing, and sand-mining. . Compared to the previous year, most households reported a decrease in income; this income loss was slightly more marked among female-headed households (71%) than male-headed households (66%)⁵⁴.

According to a news report from Front Page Africa⁵⁵ on the 13th July 2021, members of the disabled community in Liberia are reeling from the impact of the covid-19 pandemic and how it is severely affecting their lives and those of members of their households. According to the disability community, their situation is worsening because no level of assistance has been coming their way, especially since the outbreak of the virus in Liberia.

⁴⁹ [COVID19 RELIEF FOR 300 WOMEN HEAD POTTERS IN ACCRA - GlobalGiving](#)

⁵⁰ [Rapid+assessment+of+COVID-19+\(1\).pdf \(squarespace.com\)](#)

⁵¹ [Effects of the Covid-19 pandemic on food and agriculture in Africa | Heinrich Böll Stiftung \(boell.de\)](#)

⁵² [Prioritizing the poorest and most vulnerable in West Africa: Togo’s Novissi platform for social protection uses machine learning, geospatial analytics, and mobile phone metadata for the pandemic response. \(worldbank.org\)](#)

⁵³ <https://docs.wfp.org/api/documents/WFP-0000117242/download/>

⁵⁴ Sierra Leone | COVID-19 Monitoring Report | May 2021 (reliefweb.int)

⁵⁵ [Liberia: 'We Are Abandoned' - People With Disabilities Decry Economic Hardship Amid Covid-19 Outbreak - allAfrica.com](#)

The FOROYAA Newspaper reports that the differently abled women in the Gambia were among the people hard hit by the pandemic. According to the news outlet, these women complained that the State marginalized them following the advent of coronavirus in the country. The news outlet narrates the ordeal of Isatou Sonko, a differently abled woman and a beggar at the Bertil Harding Highway, and how covid-19 has negatively impacted her livelihood and her family. In the woman's words, "I was unable to bring food home for my children. We depended on handouts given to us by our neighbors,". The government-imposed restrictions also impacted the agricultural sector and those dependent on it. The closure of local weekly markets (*lumos*) was particularly devastating for small-scale farmers. Various rice and vegetable farmers' organizations had reported difficulties in buying and selling because of *lumos* closures across the country⁵⁶.

In Burkina Faso, multiple studies have shown impacts of COVID-19 on vegetable systems, including a reduction in access to inputs, a reduction in yields, a loss of income, reduced access to local and urban markets, reduced access to transportation, and an increase in post-harvest loss (Middendorf et al., 2021). Market access, distribution, and disruptions were a major shock to the system. Also, evidence shows an increase in women's labor in the household, and for youth, an increase in unemployment, job loss, and concerns of poverty.

The impact of Covid-19 on agricultural production and livelihoods is widespread, with all countries in the West Africa sub region reporting almost similar outcomes on their food systems and economic wellbeing. COVID-19 has severely affected the employment and livelihood of people in West Africa. The hardest hit are the women, who are mostly marginalized, some of whom work in the service sector such as hotels, and tourism-related enterprises. Women largely employed in this sector have had to forfeit their jobs due to the increase in the cost of maintaining the day-to-day activities vis-à-vis low sales. Also, food vending businesses, which women mostly manage, had suffered from diminished patronage, lockdowns, restricted movements, and lower effective demand combined to depress the demand for their service.

Central Africa

Persistent insecurity in Cameroon's Far North, Northwest and Southwest regions, coupled with restrictive measures implemented across the country to control the COVID-19 pandemic, continues to affect agricultural activities and limit farmers' access to inputs and fields, with a negative impact on crop production. According to the Cadre Harmonisé (CH) analysis conducted in October 2021, about 2.43 million people were estimated to be severely food insecure (CH Phase 3 [Crisis] or above) between September and December 2021⁵⁷. This mainly results from Boko Haram incursions in the Far North Region, the socio-political unrest in Northwest and Southwest regions, and

⁵⁶ [Mitigating the impact of COVID-19 on small-scale agriculture in The Gambia \(ifad.org\)](#)

⁵⁷ GIEWS Country Brief Cameroon 2021

COVID-19-related economic shocks, which disrupted trade flows and agricultural practices and deteriorated livelihoods of displaced people, especially the marginalized.

In the Central African Republic, results of the updated Integrated Food Security Phase Classification (IPC) projection analysis (May 2021) indicate that 2.29 million people – about half of the total population – are in high acute food insecurity (IPC Phase 3+, April–August 2021)⁵⁸. One of the main drivers behind high levels of food insecurity in the country is attributed to the impact of coronavirus disease 2019 (COVID-19) on agricultural supply chains and food trade, food price spikes, plant pests and animal diseases, poor access to quality inputs, and productive assets, poverty, as well as insufficient food consumption.

In the Democratic Republic of Congo, COVID-19 has heightened difficulties, particularly in the informal sector, representing almost 90% of all agricultural production in the country. Most agricultural production in Congo DR is dominated by small scale subsistence farmers with limited resources. During the Covid-19 lockdown, mandatory movement restrictions at the national and provincial levels limited agricultural workers' access to their fields, inhibiting harvesting and tending of planted crops⁵⁹. Further, with markets closed, farmers could not sell their products and purchase inputs needed for future production (e.g., seeds and tools). According to a report published by Africa Can End Poverty, COVID-19 pandemic-related shocks have had adverse social and economic impacts on marginalized people, such as declined labor and non-labor income and the resulting harmful coping strategies and disruptions in disruptions goods and services markets⁶⁰.

North Africa

In Libya, COVID-19 and general insecurity have affected the availability of food and its cost, with many basic food items doubling in price since the onset of the pandemic. There are reports that the situation has been compounded by increased unemployment and underemployment, including those engaged in the agricultural sector⁶¹. Furthermore, the Food Security Cluster reports that nearly twice as many households engaged in food production in Libya have abandoned these activities due to the deteriorating situation. COVID-19 has also disrupted livelihoods and led to food shortages for many households, resulting in families adopting negative coping mechanisms. As most vulnerable and marginalized groups depend on local markets, they are highly susceptible to rising food prices. According to a World Food Program (WFP) report,⁶² prices are inflated by traders reducing the quantity of certain foods in markets, storing supplies to sell later at higher prices when food is scarcer. As such, many areas are reporting food availability problems.

⁵⁸ [Central African Republic | Response overview \(May 2021\) : FAO in Emergencies](#)

⁵⁹ [13092020 EIU ELAN CovidReport ENG v2.pdf \(rdccovidbusinesssurvey.com\)](#)

⁶⁰ [Reversing the adverse effects of the COVID-19 pandemic in the Democratic Republic of Congo \(worldbank.org\)](#)

⁶¹ [About | Food Security Cluster \(fscluster.org\)](#)

⁶² [WFP Libya COVID-19 Response June 2020 - Libya | ReliefWeb](#)

While in Tunisia, women in rural areas remain socially and economically marginalized. They are over-represented among agricultural workers and small traders, where they are generally paid starkly low wages, carry out exhausting physical work, and lack social protection⁶³. According to an Arab Reform Initiative November 2020 report, women have unequal access to income and economic opportunities. The COVID-19 outbreak has further exacerbated these inequalities, rendering agricultural women vulnerable to the pandemic. The WFP Representative and Country Director in Tunisia, Fatimata Sow Sidibé indicates that the socio-economic impact of the coronavirus pandemic in Tunisia gives cause for concern with poverty and malnutrition levels threatening to rise even further” in poorer communities where people have lost their jobs or incomes due to lockdown measures and are now unable to put basic food items on the table⁶⁴.

In Mauritania, the Covid-19 pandemic has imposed severe human, economic, and social hardships, despite mitigating measures implemented to contain the impact on the poor and marginalized⁶⁵. According to the World Bank, the economy's contraction in 2020 led to employment and income losses, pushing an estimated 38,000 people into extreme poverty.

In South Sudan, Covid-19 and government responses in terms of restrictions placed have affected farmers, pastoralists and agro-pastoralists in many different ways. According to a report by Supporting Pastoralism and Agriculture in Recurrent and Protracted Crises (SPARC)⁶⁶ in May 2021, a response from a young farmer in Bentiu indicated, "No one is farming these days because people are afraid to move in groups. They say the virus catches people when they are close to each other. This has prevented us from moving to the fields. We have given up because one cannot farm alone in South Sudan". The FAO (2021) also reports that the impacts of COVID-19 on households' food security were observed in South Sudan. This was triggered by the COVID-19 containment measures such as hindering the physical access of many poor households to areas where they normally generate income through labor. In addition, due to increased food commodity prices, many poor and vulnerable households have reduced capacity to purchase from markets and shops.

3.2.5 Impacts related to education

Education has been a major casualty of the pandemic, with students forced to adapt quickly to school closures and the transition to online classes. These difficulties have only exacerbated children from minority and indigenous communities, many of whom already faced multiple barriers to education – particularly for those with little or no access to a computer or internet connection. The consequences are likely to be particularly severe in learning minority and indigenous languages, an area that has long been under-prioritized in many countries. Nonetheless, the pandemic has

⁶³ [Tunisia: COVID-19 Increases Vulnerability of Rural Women – Arab Reform Initiative \(arab-reform.net\)](https://arab-reform.net)

⁶⁴ [Study will gauge COVID-19's impact on food security among women in rural areas in Tunisia. | World Food Programme \(wfp.org\)](https://www.wfp.org/publications/stories/study-will-gauge-covid-19s-impact-on-food-security-among-women-in-rural-areas-in-tunisia)

⁶⁵ [mpo-mrt.pdf \(worldbank.org\)](https://www.worldbank.org/~/media/ipo/external/2020/07/20200720_mpo-mrt.pdf)

⁶⁶ [The impacts of Covid-19 on farmers and herders in South Sudan: one cannot farm alone | SPARC-Knowledge](https://www.sparc-knowledge.org/publications/the-impacts-of-covid-19-on-farmers-and-herders-in-south-sudan-one-cannot-farm-alone)

highlighted the critical importance of multilingual resources. Because public information campaigns frequently fail to engage non-majority populations, community activists have banded together to provide life-saving advice to others in their native languages.



source: unicef.org

West Africa

In Ghana, the nationwide school closures began on March 16, 2020, affecting approximately 9,253,063 learners between pre-primary and secondary education levels⁶⁷. Although distance learning programmes were implemented nationwide⁶⁸, these services were not equitably accessed, particularly for children in marginalized and deprived communities without access to televisions, mobile devices, and the internet (14-17% of school-age children)⁶⁹. The situation was not different in Nigeria. UNESCO reports that about 35.9 million primary and secondary school learners were out-of-school due to school closures. Most (31.9 million) of these primary and secondary school learners are students enrolled in public schools⁷⁰. Also, the Center for the Study of Economics of Africa reports

⁶⁷ UNESCO (2020); UNESCO and UNICEF (2020); Ministry of Education, Republic of Ghana (2020b).

⁶⁸ On 5 May 2020, the Ghana Education Service (GES) provided a TV timetable for May for distance learning for children in kindergarten to secondary high schools. It includes subjects such as Math, English and Science. Distance learning platforms are available through mobile devices and through physical packages for children without access to mobile devices

⁶⁹ [Effects of COVID-19 on Women and Children in Ghana \(II\).pdf \(unicef.org\)](#)

⁷⁰ [More from Our Database on School Closures: New Education Policies May Be Increasing Educational Inequality | Center For Global Development \(cgdev.org\)](#)

that in Nigeria, school opportunity is correlated to income level. While private schools serve learners from higher socio-economic backgrounds, public schools, which are usually free, comprise students from lower socio-economic households and low-income areas⁷¹. In instances where distance learning opportunities are available, uptake was low for the poor and marginalized due to poor infrastructure such as lack of electricity, poor/no internet connectivity, etc.

Like in Nigeria and Ghana, the impact of Covid-19 on the educational system in the sub-region was felt in many other countries. For instance, in Liberia, the impact on the educational system was worst for poor and marginalized communities. Most poor children had to drop out to support their parents in economic activities because of the hardships the pandemic brought; and never returned (McManus et al., 2021). Also, the use of devices and the internet for distance learning did not favor learners since they lacked the financial resources, internet connectivity, and electricity; therefore, they could not continue their learning process during the lockdowns. These also contributed to learners dropping out of school. The restrictive measures adopted by authorities of Burkina Faso to contain the pandemic came at the cost of a lasting effect on access to education and compromising the progress made in reducing inequalities⁷². For students, these school closures represented a break in their connection to education, leading to the legally mandated hours for the year not being met and a drop in the quality and quantity of teaching. In a context where distance learning at home is extremely limited, this particularly affected children from disadvantaged socio-economic groups, exacerbating educational inequalities⁷³.

In Mali, the closure of schools and the loss of household income resulting from Covid-19 have impacted many people, particularly those in rural areas, and restricted access to education for school-aged children. According to a World Bank featured story in August 2021⁷⁴, many students risk abandoning school permanently due to their parents' loss of income. Girls, particularly, risk not reintegrating into schools and being exposed to early marriage and pregnancies. The impact of Covid-19 in Togo as reported by the World Bank⁷⁵ resulted in increased learning inequalities, deterioration of children's nutritional and health status, an increase in the number of dropouts, especially among disadvantaged populations, decreases in parents' investment in education, reduced government spending on education, the closing of private schools, a deterioration in the quality of teaching and a decline in the overall quality of education.

According to the Centre for Global Development (CGD) and the Centre de recherche pour le développement économique et social (CRDES)⁷⁶, the effects of the economic crisis posed by

⁷¹ [COVID-19: Impending Situation Threatens to Deepen Nigeria's Education Crisis](https://africaportal.org/stories/2020/07/20/covid-19-impending-situation-threatens-to-deepen-nigeria-s-education-crisis/)Thelma (africaportal.org)

⁷² [Etat des lieux des inégalités multi-dimensionnelles au Burkina Faso | AFD - Agence Française de Développement](https://www.afd.fr/fr/etat-des-lieux-des-inegalites-multi-dimensionnelles-au-burkina-faso)

⁷³ [Covid-19 accelerating education inequalities in Burkina Faso - ID4D \(ideas4development.org\)](https://ideas4development.org/covid-19-accelerating-education-inequalities-in-burkina-faso/)

⁷⁴ [Mali : Understand COVID-19's impacts for better actions \(worldbank.org\)](https://www.worldbank.org/fr/news/2021/08/11/mali-understand-covid-19-s-impacts-for-better-actions)

⁷⁵ [World Bank Document \(rightsindevelopment.org\)](https://www.rightsindevelopment.org/world-bank-document/)

⁷⁶ [What Happened to Senegalese Students after the COVID-19 School Closure? | Center For Global Development \(cgdev.org\)](https://www.cgdev.org/fr/what-happened-to-senegalese-students-after-the-covid-19-school-closure?)

Covid-19 and its consequent school closures in Senegal led to many children dropping out or repeating grades. The high repetition rate is concerning, first because it translates to a lack of learning. Second, it will increase the age range of students in the next cohort, which increases education costs for low-income families and may lead to dropouts. While in Niger, the pandemic has triggered an education emergency of unprecedented scale. According to the GPE secretariat (2021a), more than 3.7 million students at all levels and more than 80,000 teachers were forced to stay home. This situation increased the risk of school dropouts and exacerbated the many other challenges that children, especially the most vulnerable in marginalized communities (those living in rural areas, girls, refugees, and internally displaced children), already faced. For many of Niger's school children, remote learning during the worst periods of the pandemic was not an option.

Central Africa

In Cameroon, girls and young women face a double threat of conflict and COVID-19, which risks their security, education, and health⁷⁷. According to Plan international (2021), conflict and poverty, exacerbated by the pandemic, heighten household tensions with 90% of the poor lacked basic income as a push factor for sexual exploitation, including child, early and forced marriage. Some young girls, as reported by Plan International, indicated "I'm not at peace because they want me to get married," said Grace, while Audrey, a young mother, stated, "Some girls who are firstborn have to sacrifice and work to take care of the little ones, so they have to drop out of school."

In the Democratic Republic of Congo (DRC), the closing of schools has had a significant impact on the education of close to 27 million students (children and adolescents between the ages of 6 and 17) (GPE Secretariat, 2021b). The pandemic created additional uncertainties in people's lives and exposed existing uncertainties and inequities, especially in the Congolese educational system.

North Africa

In Libya, the Government's instituted distance learning programme did not favor many students, especially those from poor and marginalized communities, because of unstable internet connectivity and erratic power supply (Altawaty et al., 2021). These challenges affected students' quality of education and exerted financial pressure on families to provide resources for distance learning and extended education years of their children. In Algeria, Egypt, and Morocco, the lives of school going age children were impacted during the first months of the COVID-19 pandemic in several key dimensions critical to children's development and well-being- including psychological well-being, social relations, education, access to health services and nutrition (UNICEF, 2020). While most of the countries in the North African sub-region managed to put in place and manage distance learning programmes, access to these educational opportunities was unequal, with the poor and

⁷⁷ [Conflict and COVID-19 severely impacting girls' security, education, health | Plan International \(plan-international.org\)](https://www.plan-international.org/en/conflict-and-covid-19-severely-impacting-girls-security-education-health)

marginalized feeling the most impacted. Barriers preventing access to remote learning include the lack of specific resources and assets in the households (TV sets, computers, and internet connection), the lack of support to adult members of the household to help children focus on learning, and difficulties to be in direct contact with teachers through remote means.

3.2.6 Impacts related to conflict and security

Early on, there were hopes that, given the overwhelming need for collective action to counter the pandemic's universal threat, it would encourage warring parties to suspend hostilities and even allow for shared cooperation. However, armed groups and militias have exploited the crisis for their own ends in many cases, particularly where increasing political and economic pressures have weakened already fragile societies. Ethnic cleansing, land grabbing, and forced displacement have continued throughout the unfolding disaster of Covid-19, frequently targeting minorities, indigenous peoples, and migrants, whether orchestrated by governments, paramilitary factions, or terrorist organizations. The ongoing violence has proven to be as lethal as the pandemic for many communities.



Source: Brookings

Conflict and security related impacts in West Africa

The Liberia Peacebuilding Office (PBO) revealed that the COVID-19 pandemic had increased the drivers of conflict and other early warning conflict factors across the country. For instance, community land ownership disputes between community dwellers and elders are an emerging conflict issue that frequently occurs (Accord, 2020). In Nigeria, the impact of the pandemic in exacerbating conflict in North-East Nigeria is high- a region already experiencing high levels of insecurity and violence, unequal gender power relations, and social exclusion. Adamawa and Borno states, in particular, have seen increased robbery. Increased crime rates have been reported with armed groups storming homes in Yola, Mubi, Borno and Lamurde to steal food, telephones, money, and other items⁷⁸. These incidents can become violent and people are injured. Also, restrictions on movements due to COVID-19 have forced herders to remain stationary, increasing competition and conflict between Fulani, Muslim Pastoralists and Christian farmers over natural resources (Mercy Corps, 2020).

In Niger, Mali, and Burkina Faso, Violent Extremist Organizations (VEOs) have exploited the pandemic in their narratives while conducting attacks in the region. Simultaneously, the ongoing conflicts and unstable political authority in the three countries are predicted to intensify, and more people are expected to be displaced. In June 2021, an attack on the village of Solhan in Burkina Faso, not far from the Niger border, killed at least 132 people, while 53 police officers died in a terror attack on the Inata military post while they were waiting for logistical support and supplies, including food rations. In 2021 alone, Burkina Faso recorded 1,337 crisis-related violent incidents, with 2,294 casualties⁷⁹. Also, in Mali, on 3 December 2021, unidentified militants attacked a bus traveling from the village of Songho to a market in Bandiagara in central Mali, killing at least 31 civilians⁸⁰. While in Niger, thousands of people have died, and tens of thousands have fled their homes in Niger's Tillaberi region, which is being ravaged by terrorist attacks⁸¹.

In Guinea, the government was accused of using lockdown measures as a form of political repression, with opposition politicians being arrested for apparent COVID-19 restriction violations prior to the election. When the election results were announced, protests and violence broke out in objection to the results (Bebington 2020).

In Mauritania, since the start of the COVID-19 pandemic, different forms of violence, including gender-based violence, have been exacerbated⁸². An estimated 71% (350,262) of children aged 1 to 4 years are victims of violence. In comparison, 84% (422,510) of children aged 5 to 14 years are

⁷⁸ [RESEARCH REPORT NE2.cdr \(justice-security.ng\)](#)

⁷⁹ [What caused the coup in Burkina Faso? - ISS Africa](#)

⁸⁰ [Mali, January 2022 Monthly Forecast : Security Council Report](#)

⁸¹ [Niger: Many live in fear of terrorists | Africa | DW | 14.09.2021](#)

⁸² Impact de la COVID-19 sur les violences basées sur le genre en Mauritanie, Rapport Final, septembre 2020, page 25 (UNFPA).

subjected to at least one form of psychological or physical punishment by members of their household⁸³.

Conflict and security related impacts in Central Africa

In the Democratic Republic of Congo, areas with increased prices due to COVID-19 border closures have experienced higher rates of conflict and illicit taxation on citizens by armed groups (Nuhu 2020). In Cameroon, it is reported by Plan International that girls and young women in Cameroon are dealing with a double threat of conflict and COVID-19, which risks their security, education, and health⁸⁴. In Chad, a multidimensional crisis which has resulted in 5.2 million food insecure people, extreme poverty, large numbers of internally displaced persons (IDPs) and refugees, is now being exacerbated by COVID-19, presenting additional stressors that feed into the existing conflict situation triggers (Nuhu, 2020).

As reported by UNICEF, the general elections of December 2020 in the Central African Republic witnessed an armed conflict between Government forces and a coalition of armed groups in several towns, which forced an estimated 168,000 children and their families to flee their homes. By September 2021, more than 720,000 people across the country were displaced. The combined effects of violence, COVID-19, fragility following long-standing socio-political, structural, and governance deficiencies, and deep-seated feelings of marginalization between communities have left an estimated 3.1 million people needing assistance⁸⁵.

Conflict and security related impacts in North Africa

In Tunisia, for example, under the burden of the pandemic's economic impact, hundreds of people defied lockdown in May and June 2020 to protest against the loss of livelihoods and demand greater financial support and fewer restrictions (O'Driscoll et al., 2020). In Libya, activism and protests have reportedly accelerated as citizens have called on the Government of National Accord and the authorities under Haftar to put aside conflict and focus on governance and service delivery in the wake of widespread corruption and a shortage of basic goods (Blanc and Brown 2020).

⁸³ [2022-HAC-Mauritania.pdf \(unicef.org\)](#)

⁸⁴ [Conflict and COVID-19 severely impacting girls' security, education, health | Plan International \(plan-international.org\)](#)

⁸⁵ *The Central African Republic is one of the toughest places in the world to be a child.* [Crisis in Central African Republic | UNICEF](#)

3.3 Response measures to COVID-19

3.3.1 Sub-Regional (General) response measures to COVID-19

Governments have taken several measures, including non-governmental organizations (NGOs) and communities and rural organizations in terms of social safety nets, revitalizing organizations, and setting up a monitoring system to mitigate the economic impacts of COVID-19. The following three subsections present the general response mechanisms by looking at the situations in West, Central, and North Africa.



Source: World Food Programme, Sierra Leone

Covid response measures in West Africa

A total of 33 social protection measures have been implemented in the West Africa sub-region. The governments of Liberia, Mauritania, Mali, Senegal and Ghana embarked on free food distribution to vulnerable households. This concerned the implementation of a food distribution plan in Liberia, the distribution of 56,000 tons of cereals for 1,382,556 people in Mali, the distribution of food baskets to 1,750 poor families and 270 food kits to families of disabled children in Mauritania, the one-time distribution of a basic food kit to 1 million poor households in Senegal and the distribution of hot meals and food parcels in Ghana.

In addition, Cabo Verde and Nigerian governments have provided food assistance programs that targeted the most vulnerable population in terms of food security and nutrition, whose incomes are below the minimum wage or without any source of income. In Cabo Verde, the program benefited

22,500 families, totaling 90,000 individuals (out of which 30,000 children benefited). While in Nigeria, 200,000 households (1.2 million people) benefited from food assistance.

Conditional and unconditional cash transfers were introduced in Burkina Faso, Côte d'Ivoire, Togo, Ghana, Liberia, Nigeria, and Mauritania. The cash transfers in Burkina were targeted at informal sector workers (fruit and vegetable vendors). These transfers were intended to assist informal fruit and vegetable retailers affected by COVID-19, particularly women. In addition, the government of Burkina Faso, in partnership with the World Bank, came to the aid of poor and vulnerable populations affected by the coronavirus in the cities of Ouaga and Bobo through direct cash transfers to each beneficiary for three months. The program called Cash Transfer, from the project "*burkin-Naong Sa Ya* social nets", was launched to mitigate the negative impacts of the pandemic on 43,000 vulnerable women in the cities Ouagadougou and Bobo-Dioulasso poor and vulnerable households.

About 113,000 people received cash transfers from the COVID-19 solidarity fund in Côte d'Ivoire. In addition, the humanitarian plan provided care for 253 street children. Through cash transfers, the government supported 2,279 informal sector workers affected by the health crisis. Nigeria provided conditional cash transfers for two months to vulnerable people and IDPs. In addition, with support from the U.S. government's Food for Peace program, Nigeria provided cash transfers to needy displaced mothers, helping them purchase basic necessities, including food and medicine. Finally, the support plan was revised to target 5.6 million people to be supported through emergency food aid for 2.7 million people and unconditional cash transfers for 2.9 million people.

The Togolese government set up a cash transfer program to assist those who lost their jobs following the implementation of the response to the coronavirus. About 13.3 billion was mobilized for 819,972 beneficiaries (516,573 women). For the duration of the state of emergency, NOVSSI beneficiaries received monthly financial support. Through its emergency fund, Mauritania has allocated money to support 30,000 dependent families of women, the elderly, and the disabled, most of whom are in Nouakchott, with monthly financial assistance for three months.

There is evidence of job creation for youth in Ghana and Nigeria through cash for work programs. Indeed, Nigeria implemented a new \$1,636.6 million agricultural and food security project that is expected to generate 5 million jobs for youth. The government of Ghana established a national unemployment insurance scheme for workers to provide temporary income support and retraining opportunities to laid-off workers while they seek alternative employment. The government of Guinea Bissau announced the provision of free electricity and water to the poorest consumers and tax relief in terms of import duties on basic foods such as rice and milk. Mali's response plan also included two months of free utilities (water, electricity) for vulnerable households, Senegal made cash transfers for informal workers of at least 30% of the minimum wage, at a total cost of 11.4 billion CFA francs, followed by subsidies for water and electricity for groups at a total cost estimated at 6.6 billion CFA francs. The Ghanaian government has announced the extension of free water supply for another 3 months at a cost of GH¢200 million.

Covid response measures in Central Africa

Several governments in Central Africa established special funds to raise ring-fenced resources to mitigate COVID-19 impacts. These funds were co-financed, with tax-deductible donations solicited from the private sector and individuals in addition to government seed money. In Cameroon and Congo DR, the governments increased cash transfers paid to poor and vulnerable households for the duration of the lockdown. They provided subsidies and waivers on water and electricity for 2 to 3 months. Similarly, in Chad and Gabon, the governments provided free water and electricity for all citizens and provided food supplies rather than cash to poor and marginalized groups. In the Central African Republic, through the kind support of the United Nations World Food Programme (WFP) and the Government of Japan, the government spent US\$ 2.7 million to provide food assistance to vulnerable people, including women and children affected by armed conflict and the COVID-19 pandemic. While in São Tomé and Príncipe: mothers who are beneficiaries of Program Family received a payment of two months to mitigate the negative impacts of the pandemic, reaching around 2,600 families.

Covid response measures in North Africa

Following the outbreak of the Covid-19 pandemic, most countries in North Africa declared a state of national emergency, closed their borders to foreigners, and imposed strict containment measures, including mandatory self-isolation, the restricted movement for citizens, and curfews. Notably, many countries did not wait to have confirmed cases to start imposing movement restrictions and social distancing measures. As a result of the hardship imposed by Covid-19 and the subsequent restrictions on the movement of people, several countries as well as international donor organizations (UN Organizations) within the North African regional block implemented some social protection measures for its citizens (including vulnerable and marginalized groups).

For instance, in Algeria and Egypt, employees in non-essential services in the public sector, in some cases for special groups, such as people with children or those with chronic diseases, enjoyed paid leave from the governments. Supporting the full or partial payment of salaries for private sector workers through unemployment funds and through support from the government (Morocco, Tunisia), temporarily suspending or postponing the payment of social insurance contributions for employees and employers (Morocco, Tunisia, Algeria), increasing pensions or providing one-off benefits to pensioners covered by the social insurance system (Egypt and Tunisia).

Many countries, for instance, Algeria, Tunisia, Egypt, Morocco, Mauritania, Sudan, have taken measures to include those who have been hit particularly hard by the crisis, such as informal workers, who constitute a great share of the labor force in the region and are often not covered by social insurance or existing social assistance schemes.

Targeting vulnerable population groups through emergency cash transfers: women, for example, female headed households, widows or pregnant women (Egypt and Mauritania), elderly people

(Egypt, Tunisia, Mauritania), households with children or orphans (Egypt and Tunisia), or people with disabilities (Egypt, Tunisia, and Mauritania).

Another form of support that governments are providing to those in need is in-kind transfers, mostly in the form of food, helping to ensure minimum consumption levels. Some countries are working towards expanding their existing in-kind transfer programmes, while others are establishing emergency programmes to address the needs of their populations during this time of crisis. The main government measures include: Providing food baskets and sanitation materials for vulnerable families (Algeria, Mauritania, Sudan, and Morocco). UN agencies provided food assistance and hygiene items for local and displaced populations by WFP (Libya and Sudan).

Refugees and IDPs are among the most vulnerable populations. They often live in precarious situations without the ability to fully isolate themselves or comply with lockdown and/or quarantine measures. Examples of social protection measures targeting IDPs and/or refugees in response to the COVID-19 pandemic include: Delivering food transfers to refugees (WFP in Algeria, UNHCR in Libya), distributing hygiene products, such as hand sanitizers (UNHCR in Libya, UNHCR, and IOM in Sudan) and modifying cash-based transfers to include hygiene products (UNHCR in Egypt).

3.3.2 Community level response measures to COVID-19

Community level Covid response measures in West Africa

In Ghana, several philanthropic organizations, individuals and corporate organizations have resorted to philanthropy support to alleviate the hardships on people as a result of Covid-19 and to stop/reduce the spread of the disease by way of cash donations and donations of products and/or services. It is important to note that most of these philanthropic supports were donated to the national covid-19 support fund set up by the government. However, some organizations and individuals (discussed below) provided support directly to poor and marginalized communities. For instance, BASICS International – an American faith-based, not-for-profit organization that supported the aged, women, and children in the Chorkor⁸⁶ community by providing food items, sanitizers, and masks. Other initiatives taken include weekly delivery of water, considering the communities' lack of flowing water. According to Felix Ampadu, a staff of BASICS International, during the closure of schools, BASICS ensured that kids were up to date with their studies by first purchasing tablets and creating an email address for every child (about 200 students) in the Basics program. Then children were placed in groups adhering to Covid protocols. Each day, the children met at the center in groups for an hour to receive and work on assignments on their tablets.

⁸⁶ Chorkor, an economically deprived fishing community in Ghana's capital- Accra



Source: Euronews

Also, Good Neighbors Ghana, a non-governmental organization (NGO), donated some relief items to 600 kayaye⁸⁷ in Accra as part of efforts to alleviate their plight during this period of coronavirus. Ms. Jemima Esinam Kuatsinu of the Ghanaian Times newspaper indicated that each beneficiary received antiseptic soaps, reusable nose masks, 2.5kg rice, 1.6kg of gari, 1.5 kg sugar, vegetable oil, and a tuber of yam.

In Ghana, a local organization, the Regional Advisory Information and Network Systems (RAINS) immediately responded to the pandemic through increasing awareness and compliance to approved protocols as well as protecting lives and livelihoods. Through the generous support from partners and donors, RAINS adapted ongoing activities to reflect the new realities brought about by the pandemic. Trustees and Management worked closely with staff on the issue and localized protocols to promote the health and safety of all staff and volunteers including adapting to remote-based working and the use of virtual technologies to support programming as well as the sharing of COVID-19 awareness information and addressing misconceptions at the community level. At the same time, RAINS positioned themselves to respond to the challenges of the burden of the pandemic in communities. For example, through several years of experience in WASH, Behavior Change Communication, Systems strengthening and partnerships; RAINS worked with state and non-state actors to respond to COVID-19. The actions employed by the organization included the

⁸⁷ Head potters working in big cities in Ghana, often living in deplorable conditions and are marginalized

manufacturing and distribution of face masks for targeting children and women, conducted radio campaigns to sensitize communities on precautionary and preventive measures of Covid-19, distribution of hand-based sanitizers and recruitment of community volunteers to conduct house to house sensitization on COVID-19. The actions of RAINS reached 637,720 people including children, girls and women in communities and contributed to improving knowledge on Covid-19 precautionary measures⁸⁸. Teenage girls who reportedly got pregnant during the Covid-19 pandemic were supported financially to continue to receive quality education following a collaboration between *Songtaba* (a local NGO in Ghana) and Vibrant Village Foundation. Following the intervention, all the 421 rural girls are guaranteed quality education beyond the Covid-19 impacts⁸⁹.

In collaboration with the Information Services Department (ISD), Plan International Ghana carried out a sensitization and awareness creation campaign in over 80 deprived communities in five municipalities and districts in the Upper West Region⁹⁰ of Ghana to educate the public on the COVID-19 pandemic and its preventive measures. According to Mr. Mustapha, Upper West Regional Director of the ISD, communities were also sensitized on the need to avoid stigmatizing persons who had contracted the virus as every person could be a victim. The sensitization campaign also urged the public to avoid Gender Base Violence and child abuse, particularly amid the COVID-19 pandemic. As a result, persons who had contracted the virus were able to re-integrate well into the society and served as Covid-19 awareness ambassadors.

WaterAid Ghana organized an out-doored campaign aimed at ensuring safety at market places and ‘fighting’ stigmatization against COVID-19 survivors through mass media. The campaign targeted 15 markets in the Northern, Eastern, and Greater Accra regions to keep them safe and promote equal rights for all market agents and government staff in enforcing COVID-19 protocols. During an Interview, Mr. Jesse Coffie Danku, the Head of Programmes at WaterAid, indicated that the campaign reached four million people and of which 2.8 million representing 72% were women. The campaign facilitated increased awareness of the virus among women and the need to adhere strictly to the WHO protocols to avoid the dire effects of the virus on their health.

Ascend coalition Ghana helped more than 10 million Ghanaians stay safe from coronavirus and has supported the training of hundreds of health professionals and volunteers to take on temporary roles on the coronavirus front line. As well as the development of COVID-19 behavioral change communication campaigns – one designed to resonate with communities on the Togo/Ghana border and the other to appeal to children across the country. Also, the Ghana Civil Society Organizations platform on SDGs as part of its response to the Covid-19 pandemic, raised funds across the membership to provide critical humanitarian services including bags of rice, oil, face mask, vitamins and Covid-19 information materials to vulnerable groups such as Persons Living with Disability, street children, aged/widows and the mentally challenged nationwide. To quote Christopher Agbega (member of Ghana Federation of Disability Organization), *“ever since the Covid-19 came into our space it has really worsened issues pertaining to persons with disability in terms of access to health*

⁸⁸ <https://www.rainsgha.org/covid-19-response/>

⁸⁹ <https://www.ghanaweb.com/GhanaHomePage/NewsArchive/421-JHS-final-year-girls-get-pregnant-during-coronavirus-break-1214467>

⁹⁰ The region has been ranked as the poorest in Ghana

care and information on the virus. The Covid-19 information materials will support in disseminating information on the virus among our members which will help reduce the spread of the virus”.

Also, corporate organizations such as MTN Foundation in Ghana engaged in community volunteerism where the staff painted special schools and health facilities. Citi TV partnered with Zoomlion Ghana to engage in community volunteerism to disinfect selected public and private schools. The Street Children Project (SCP), which is a non-governmental organization also supported to alleviate the problems of displaced and homeless young women and children in the city of Kumasi in Ghana. The Organization supported vulnerable women and children with food, face masks, Vitamin C, soaps, etc. This act of benevolence reduced the hardship already faced by these vulnerable groups and further reduced their vulnerability to the virus. Catholic Relief Service (CRS) facilitated the vaccination of Some 120,000 members of 240 communities across 12 districts in Ghana. To encourage vaccination, the health service vaccinated chiefs in focus communities in front of large gatherings to demystify the wrong perceptions that local people had about the covid vaccines. About 850 community leaders and community members received at least one dose.

Furthermore, World Vision in Ghana trained and equipped 315 faith leaders (including Christians and Muslims), in nine Area Programmes on COVID-19 prevention and other child wellbeing issues. The faith leaders were trained on COVID-19, seven vital actions for faith communities, why faith communities should be involved in responding to the pandemic, how to prevent infection and the impact of COVID-19 on children and the most vulnerable. The faith leaders reached more than 15,000 people in their communities and congregations.

In Burkina Faso, organizations responded spontaneously, in collaboration with the government of Burkina Faso. 10 Many of these organizations simply added COVID-19 to their existing activities. An example of this trend is the 'Association des Jeunes Filles Leaders Engagées pour un Avenir Meilleur et Epanoui' (JF-LAME), a young women's organization that distributed soap and other materials while raising awareness about COVID-19. In addition, the Burkinabé press covered the activities of several other COVID-19 associations across the country. Local CBO leaders, such as church leaders, mobilized other community associations by leveraging existing partnerships, such as those with youth organizations, women's organizations, cooperatives, and other types of civil society organizations outside the church, to broaden the scope of action and continue with COVID-19 activities. For example, 'Dignus Association' (AsDi) is a faith-based community organization whose COVID-19 activities were carried out in affiliated churches and communities where these churches are located. Among these activities, the CBO conducted COVID-19 awareness raising during worship gatherings, focus groups, or awareness campaigns in small groups, local radio broadcasts, door-to-door awareness raising with the assistance of motorized teams equipped with megaphones, and the use of a "town crier."

Local media in Burkina Faso also provided coverage about CBO and L/NNGO activities in producing articles. The articles highlighted the activities of many organizations, supporting evidence of a robust, locally-led response to COVID-19. For example, 'le Centre d'éducation et de réinsertion sociale des enfants au Burkina Faso' (CERESSE-BF) conducted door to door sensitization on COVID-19 and manufacturing and distribution of soap in five peri-urban zones outside the capital Ouagadougou, with the support of UNICEF. Through affiliated women's associations, 'the Rama

Foundation’ and ‘Bolloré Transport & Logistics Burkina Faso’ offered boxes of soap, hydroalcoholic gels, and handwashing kits in response to COVID-19. ‘Consumers League of Burkina’ (LCB) and ‘Afrique Contre le Tabac’ (ACONTA) organized an awareness-raising campaign on COVID-19. ‘The Center for Information and Training in Human Rights in Africa’ (CIFDHA) gave protective equipment to several secondary schools. The Shared Resources Program for Common Solutions (SRJS) offered COVID-19 protection kits to residents in Tenkodogo and Pô. Meanwhile, the ‘Faso-Neema Association’ provided handwash, hand gel, and liquid soap to the journalists of the Faso Newspaper.

Furthermore, the ‘Health Emergency Response Operations Center’ in Burkina Faso trained telephone operators for a COVID-19 hotline. The volunteers were mostly medical students who provided information about the disease and validated suspected cases for further investigation. As of May 2020, they had received over one million calls and confirmed over 3,000 positive cases. The National Coalition of Pupils and Students of Burkina (CONEEF) also partnered with ‘the National Volunteering Program’ (PNVB) to offer awareness sessions on COVID-19 at schools. Students were encouraged to wear masks and wash their hands before entering their classrooms. ‘Saving Lives through Culture and Friendship between Peoples’ (SOVIECAP) raised awareness on COVID-19 matters at a local event in Leguéma. They also made donations of handwashing stations, water, and masks handed to the chiefs of Dioulassoba for further distribution. Youth Hope Association (AJET) is yet another association that offers masks, hand gel, liquid soap, washbasins, and soap scoops to basic service providers working in health, education, and social action sectors. The Association santé pour la vie’ (ASvie) donated food and protective equipment to 200 households in Tabtenga and Kiendpaalgo, two outlying districts of Ouagadougou. This association had previously partnered with the SaintCamille hospital to raise awareness about Covid-19 prevention and distributed masks to street children.

Also, BARKA Foundation is community led and works in 9 village communities in the Eastern Region of Burkina Faso. During the height of the Covid-19 pandemic, the Foundation supported several local women’s businesses in the Fada area by purchasing locally made soap produced by these women. This was necessary to provide the much-needed income for dozens of women in several women-run associations especially as markets, sales and revenue dried up during the pandemic. BARKA also raised funds through an online grassroot campaign to produce masks made locally from traditional cloth with locally grown cotton. The masks were distributed to more than 1000 Internally Displaced Places in Fada, and 500 prisoners who were most vulnerable.

In Nigeria, localized initiatives were reported by the media, such as the donation and distribution of COVID-19 PPE Kits by the organization ‘Real Acts of Kindness Development Foundation’ (RAK). There have also been other reports in the media, like the community organization ‘Community Health Research’ (CHR) distributing face masks to security guards, cleaners, and food vendors. For example, ‘Smile Missions Healthcare’ describes itself as a local community-based NGO that works with CBOs in Borno State, especially when in need of volunteers. During the pandemic, they have been leading significant awareness work on COVID-19 transmission and symptoms and providing handwashing demonstrations. They explained how to wear a face mask and interact with others while wearing one. These activities reportedly required a significant amount of time, as they were introducing a new issue upon which community members had little previous knowledge on the issue. They also

identified religious leaders to support them, motivating people to attend these events. They eventually clustered these sensitization events over days beginning in March 202.

Smile Missions Healthcare in Nigeria later collaborated with UNICEF, which was engaging different elements of civil society to perform training. UNICEF provided technical support with the production of fliers and IEC materials. Aside from awareness activities, some projects were interrupted by COVID-19 and focused on other aspects of health. Contrary to common belief, it took a while for these projects to pivot to COVID-19. Another organization performing COVID-19 activities in Borno State was the CBO 'Initiative for Community Health and Crisis Response' (ICHCR) which was established in response to Boko Haram activities in Northeast Nigeria and aimed to support displaced persons facing issues such as hunger, healthcare, abuse, and education. The organization does this through volunteer activities and a partnership with international and national level organizations.

In Sierra Leone, the Federation of the Urban and Rural Poor (FEDURP) and their support NGO, the Centre for Dialogue on Human Settlements and Poverty Alleviation (CODOHSAPA) has been involved in the fight against COVID-19 in their localities within Freetown Municipality, which is the epicenter of the pandemic. The prevention and mitigation response undertaken by the FEDURP are as follows: Development of case monitoring app (Freetown Informal Settlement Covid-19 Data – Fiscovidata) and mobilization of community volunteers to focus on the case and incident reporting. FEDURP has also been involved in developing sensitization messaging materials such as posters, handbills, and videos. The contents of these materials were then customized to reflect the realities of slums and informal settlements. Engagement in community sensitization through direct community outreach and various social media platforms to share videos and radio discussions. The organization was also engaged in providing "Veronica buckets" (for hand washing) and face masks, working closely with settlement-based local chiefs to enforce government regulations and practices, and engaging with state and local authorities to enhance government response to the needs of informal settlements. Furthermore, the organization worked with Freetown City Council to support a community kitchen targeting three extremely vulnerable communities targeting people with disabilities, the elderly, orphans, pregnant girls, and female-headed households with multiple dependents.

In Liberia, Cities Alliance Liberia has shifted part of its country operations to supporting the Liberian government's containment measures through the provision of sanitation stations and advocacy campaigns. Cities Alliance donated 150 hygiene wash stations to the City Corporations of Monrovia and Paynesville. Such hygiene stations, allowing people to wash their hands, are key to limiting the community's spread of the virus. The donation included 150 water barrels, 200 buckets, 100 cartons of detergent, and 100 cartons of bleach. In addition to the water stations, Cities Alliance has also provided key workers in the community-based waste management sector with protective equipment. Keeping communities clean by removing infectious waste, these workers are at the frontline in fighting COVID-19. Their work has been further challenged by lock-down restrictions, limiting the time for collection, and the build-up of waste in many communities. Given their risk of exposure, Cities Alliance provided masks, gloves, and cleaning products while also providing

megaphones and reflective jackets to coordinators to disseminate information in the communities. A total of 40 community-based organizations benefited from the donations.

The Village Development Fund (VDF) established in 2004 in Liberia as a national non-profit, non-governmental development organization contributes to strengthen the critical capacities of marginalized communities and transform their lives. The hardships associated with the Covid-19 pandemic resulted in VDF intensifying their support to marginalized people and communities. The VDF provided communities with sanitary materials such as hand sanitizers, soap as well as face masks. The VDF also embarked on Covid-19 awareness campaigns to help reduce the spread of the virus among the populace. Humanity Liberia also embarked on Covid-19 education among local indigenous people. They also supported some communities to alleviate the hardships of the pandemic by helping them do community empowerment through farming, gardening, roadside brushing. Humanity Liberia led a number of advocacy programmes for indigenous people to be captured by the government Covid-19 response mechanisms. Furthermore, Blue Cross of Liberia intensified their campaign against drug addiction among vulnerable groups especially during the Covid-19 lockdown. During the lockdown, a lot of vulnerable populations abusing drugs increased. Blue Cross supported these groups through public awareness and provision of medical treatments and rehabilitation programs. The organization continued to provide vocational and leadership training for young people with focus on at-risk youth.

In Mali, collaborative engagement with the private sector has produced innovative tools to support health workers to detect and trace cases of COVID-19 and prevent the virus from spreading. In Mali, a digital app called *MaliKaKeneya* supports community health workers to find patients who may have COVID-19 and refer them to get tested and treated. The app is powered by the Community Health Toolkit platform developed by Medic, a nonprofit organization that creates open-source digital tools to help community health workers provide timely, equitable, and accessible care.

Further, NORSAAC, a pro-marginalized and policy influencing non-governmental organization, (NGO) in Northern Ghana launched an initiative to provide food packages to vulnerable households in the Sagnarigu and Zabzugu districts of Ghana. The humanitarian gesture was to support the livelihoods of beneficiaries in the era of COVID-19. The initiative ran until the end of 2020, supplying 2,400 food packages to a total of 1,000 vulnerable households in the two districts in the Northern Region of Ghana to supplement their food needs. Members of a household received 10 kilograms of rice and a gallon of cooking oil. Also, the organization supported beneficiaries with Personal Protective Equipment (PPE) such as hand washing facilities and hand sanitisers. The initiative was in partnership with OXFAM Ghana⁹¹.

Also, Muso is one of the organizations that provided free PPEs to community health workers in Mali. Muso is a member of the award-winning COVID-19 Action Fund for Africa (CAF-Africa), a collaboration of more than 30 organizations dedicated to supplying PPE to community health workers on the frontlines of Africa's COVID-19 response. Also, in Mali, People in Need (PIN) and its Alliance2015 partner, Welthungerhilfe (WHH) and two national non-governmental organizations partners ADR and Stop Sahel, reallocated funds to support a community-based response to the pandemic. The initial focus of the immediate intervention was on prevention and awareness raising. However, the organizations moved a step further to distribute hand washing kits, soap, masks, and

⁹¹ <https://www.gna.org.gh/1.18841154>

bleach or hydroalcoholic gels to communities and raised awareness through training and printed materials; at the same time, they were developing and negotiating the health system response.

In Niger, Action Against Hunger (ACF) carried out awareness-raising sessions and training on good hygiene practices in the Madaoua and Bouza villages in the Tahoua region. With the support of UNICEF, 300 community-based relays have been trained and are now conducting door-to-door community outreach in Diffa. In the Sayam Forage refugee camp in Diffa, the United Nations High Commissioner for Refugees (UNHCR) and its implementing partner Agence pour le bien être (APBE), a local NGO, have set up a temperature check system with the use of laser thermometers. This was done to check for symptoms and help curb the spread of the Covid-19 disease.

Guinea is leveraging local organizations, and their reach has been crucial to taking life-saving information to those who need it most. COVID-19 has only underscored the need for robust communication between CSOs and NGOs and transparent, collaborative interactions between the government and citizens of Guinea. For example, ANIES, through the recently approved Emergency Response and Nafa Program Support Project, is piloting the provision of emergency support to the country's most vulnerable households, starting with those in the capital of Conakry, to fight COVID-19. With initial emergency relief efforts through cash transfers, the project's goal is to contribute to the economic recovery and bring accompanying measures to scale. Another agency, ANAFIC, which complements Guinea's decentralization efforts with a community-driven development approach, has distributed medical kits to 152 health posts built by the government. It also strengthens their communication campaigns to reach rural communities in close collaboration with local governments. ANAFIC is also working with CSOs and local governments to promote participatory budgeting across the country to account for COVID-19 preventive measures in local budgeting processes.

Community level Covid response measures in Central Africa

In the Central African Republic, many civil society organizations (CSOs) are engaged in the battle on various fronts (political, religious, youth, and women's organizations). Their actions focus on communication and awareness campaigns; provision of medical and protective gear, essential drugs, test kits; and access to water and hygiene kits for the population. The Global Eco village Network-RCA (GEN-RCA), with funding from the Global Green Grants Fund, coordinated information and kit distribution programs to residents, also targeting Muslim women in towns and villages around Dékoa, Kaga Bandoro, as well as in Mbaïki in the Lobaye. With support from Plateforme Régionale des Organisations Paysannes d'Afrique Centrale (PROPAC), Concertation Nationale des Organisations Paysannes de Centrafrique (CNOPCAF) intervenes in a similar way with farmers' organizations. The Organization des Femmes de Centrafrique (OFCA) focuses its awareness-raising and kit distribution efforts with the indigenous groups of Ombella-Mpoko, Lobaye, and other prefectures.

The Center pour l'Information Environnementale et le Développement Durable (CIEDD) and the Gestion Durable des Ressources Naturelles et de l'Environnement (GDRNE) platform note that with support from the UK government and in collaboration with Fern, environmental and forest groups

traveled to the South-West Forest region to raise awareness of COVID-19 and to distribute kits to communities and Indigenous groups.



Source: Vanguard News

In Chad, the International Organization for Migration (IOM) in Chad partnered with local traditional town ‘troubadours’ to ensure that the most rural communities across the country are informed on COVID-19 transmission and preventive measures. Over 80 troubadours were identified through IOM networks in eight regions where IOM already has a presence. They were trained and equipped by IOM with key messages to share with communities in local languages. Town troubadours traditionally move with donkeys, horses, or camels from community to community, sharing information related to community news. According to Anne Kathrin Schaefer, IOM Chad Chief of Mission, “In various rural communities in Chad, town troubadours are seen as information custodians. They can play an important role in disseminating key information in hard-to-reach areas”.

Also, World Vision Chad works daily for the well-being of children and continues to support the Government of Chad in the Response against COVID-19. World Vision's efforts aim to implement activities that target children and protect children from the effects of the virus. World Vision has conducted communication campaigns via community radio, social media, and town criers to help communities adopt measures to protect them from COVID-19. These campaigns have reached nearly 800,000 people in the capital N'Djamena and the five provinces where it operates. World Vision has distributed 305 hand-washing devices; 6,885 soap bars; 4 cartons of alcohol-based gels; 673 bottles of bleach; 170 kettles (sakane); 120 basins; 45 bicycles to the Community Relays for sensitization; 200 posters, banners, and roll-ups explaining how to prevent and manage COVID-19.

Implementation of its "channels of hope" approach, working with religious leaders to respond to COVID-19. This approach trains religious leaders to respond in their communities.

Community level Covid response measures in North Africa

The Algerian Red Crescent (ARC) provided knowledge, awareness, prevention steps, imperative quarantine as well as food aid to deprived communities (nomadic Bedouin families) due to COVID-19. Prior to ARC's Covid-19 support, the "nomadic Bedouins" didn't know about the virus, its risks, and the ways of its transmission, unlike those in urban communities who benefited from social media and TV/radio campaigns of Covid-19. Also, ARC in Partnership with the World Food Programme (WFP) and Oxfam provided in-kind food distribution to ensure that vulnerable Sahrawi refugee households had direct access to food despite restrictions on movement.

Association des Femmes Algériennes pour le Développement (AFAD) partnered with the WFP to support approximately 40,000 refugee children and youth (enrolled in schools and kindergartens) and their families. The support was necessitated following the school closures in the refugee camps without computers and access to internet and media. These refugee children and youth were deprived of access to all online learning opportunities. The Support from AFAD and its partners facilitated the Sahrawi education department with its distance learning strategy and developed a response to continue the education of Sahrawi refugee children. This support ensured that refugee children had continued access to education. Additionally, Triangle Génération Humanitaire (TGH) and Algerian Red Crescent (ARC) contributed to prevent and decrease the COVID-19's negative impact on the Sahrawi population living in the Sahrawi Refugee Camps, through prevention, preparedness and response actions agreed and coordinated with local leaders and other humanitarian actors such as United Nations High Commissioner for Refugees (UNHCR). In all, the intervention supported the vaccination of around 30,000 aged 50 years and above, while 28,000 households benefited from public health promotion activities.

Furthermore, "Comitato Internazionale per lo Sviluppo dei Popoli (CISP)" in collaboration with Oxfam, UNHCR and UNICEF supported the Sahrawi leaders in providing psychosocial support to children and their families or caregivers. CISP and its partners also protected the mental and physical health of children in the context of COVID-19 by providing them psychological support and vitamin C. All together the intervention supported 48,400 women and girls of reproductive age against sexual and domestic violence. Also, 40,000 refugee children and their families were provided social and recreational activities as well as mental and physical health. Additionally, about 250 families with elderly individuals were supported with relief items such as food support, cash transfers and sanitary materials to improve their livelihoods and protection against Covid-19.



Source: infomigrants

In Tunisia, Youth Association for Local Development (YALD) has supported community efforts to combat COVID-19. As early as March 2021, after noticing a general disregard for COVID health procedures, YALD organized a two-day awareness campaign in Sousse with funding from Ma3an Project. The campaign took place at the Sousse weekly market, where various community members gather from all regions of the governorate. YALD organized and trained 40 young community volunteers who reached about 1500 people while distributing masks and educating people about hygienic practices to prevent the spread of the pandemic. The campaign inspired the creation of a mural that communicates the importance of hygiene to combat COVID-19 while spreading a positive message about community during these challenging times. In addition, YALD has facilitated the registration and vaccination of 3000 community members who have been registered and vaccinated. IRADA Gafsa, Pole Civil Medenine, and ATEN Gabes are civil society organizations that have made critical contributions to a wide range of achievements at the local level. They complement the state's response effort, filling in key gaps, such as the provision of disinfectants and the coordination of disinfection operations in many communities.

In Morocco, with funding from USAID and the United Kingdom, Ennakhil Association, which is a women-focused CSO, responded to the spike in gender-based violence (GBV) during the COVID-19 epidemic. Their programming includes advocacy for GBV legislation, staffing and resourcing discrete listening centers for women seeking assistance, providing shelter in severe cases of abuse, and vocational training for women at the highest risk and must flee their homes.

Also, the White Dove Association (Association Colombe Blanche) for the Rights of Persons with Disabilities (PWD) supported the national advocacy initiative of networks and coalitions working in the field of disabilities to implement the national policy related to the management of the COVID-19 crisis and supported the access of 1,000 PWDs and their families to essential information related to the national policy for managing the COVID-19 pandemic and provide medical and paramedical support to prevent the spread of coronavirus. The organization also supported opportunities for continued education and distance learning for PWD and/or students with special needs to ensure the continuation of their education and skills development for micro-entrepreneurship or self-employment and build the capacity of partner organizations in the areas of crisis management and monitoring PWD needs during crises.

Plan International has collaborated with the government to sterilize and disinfect public amenities by providing sterilization items in Egypt. For instance, Plan has provided 100 health units in 9 governorates with sterilization and hygiene tools. Additionally, the organization has provided vulnerable girls with hygiene kits to support them to manage their periods during the pandemic safely. To support those worst affected by the economic impact of COVID-19, Plan provided cash grants to 7,800 households (of which 6,000 were Egyptian and 1,800 were Syrian refugees) in 8 governorates in coordination with the Ministry of Social Solidarity. The cash assistance supported families to stay safe and meet their basic needs. Cash distribution was combined with a strong awareness raising component on cash handling, income management, nutrition, and prioritizing girls' and young women's specific needs in expenditure, among others.

3.4 Emerging gaps in COVID-19 response

3.4.1 Gaps in West Africa

In West Africa, significant gaps have been identified in the responses of government, civil society organizations (philanthropic organizations), and private businesses. In Ghana, the extent to which the government's social interventions were not inclusive, particularly in relation to poor and vulnerable populations. For example, in the course of distributing the food during the lockdown, it appeared quite evident that the government and philanthropic organizations did not have sufficient data to identify the poor in greatest need, including those who, for various reasons (e.g., disability), were unable to join the food distribution queues. Moreover, given the modality of distribution that targeted 'poor households,' concerns have been raised as to whether the government's free provision of water and electricity benefited the homeless poor, such as a large number of female head-porters in urban centers and street children. Also, the cash transfer programme instituted by the government did not benefit the poor and marginalized but rather was used as a campaign tool by the sitting government to distribute money to lure citizens (mostly income earners) into voting for them

In Nigeria, the emergency distribution of food or cash did not account for the greater need among people with disabilities due to the higher levels of poverty. The Cash transfers of 5,000 naira promised by the government were not received by most people especially the poorest of the poor. Also, besides the donation of PPE and food by Philanthropic organizations, there was no long-term plan to improve the livelihoods of the poor and marginalized to withstand future pandemics. Also, there was recorded evidence of government and philanthropic organizations supporting migrants and refugees in Nigeria. In Mali, a thorough diagnosis of the COVID-19 response measures by INCLUDE (2021) shows that vulnerable households, particularly poor, rural, and female-headed households, are the most affected by COVID-19, have benefited less from government support. A thorough synthesis of community level responses to Covid-19 revealed the government and Philanthropic organizations paid less attention to improving the livelihoods of marginalized groups such as refugees, girls, women, and others. The only known social protection measure implemented in Mali was the short-term food distribution to citizens.

The focus of the governments of Burkina Faso, Côte d'Ivoire, Togo, and Liberia was pinned on cash transfers. These cash transfers reached a few vulnerable women without considering other vulnerable groups like migrants, refugees, and persons living with a disability. In Burkina Faso and Liberia, the activities of Philanthropic organizations were geared towards sensitization and provision of PPE to the neglect of food security and the needs of vulnerable groups.

Generally, the findings emanating from the sub-regional and community level responses in the West African sub-regional show that most countries (including government and philanthropic organizations) were focused on providing social protection measures to their citizens, such as food, cash transfers, and PPE. In contrast, the social insurance measures such as unemployment insurance, disability insurance, and social security for informal workers did not feature in the response of both government and philanthropic organizations.

3.4.2 Gaps in Central Africa

In Central Africa, there have been concerns over citizenship and social protection coverage. According to Christopher (2021), lockdowns exacerbated inequalities between displaced and host populations. In the Democratic Republic of Congo, most social protection measures such as providing food, cash transfers, free water, and subsidized electricity are provided to citizens by the government while excluding thousands of migrants, refugees, and asylum seekers. Similarly, in Cameroon, Chad, and Gabon, the governments' social protection measures largely did not focus solely on meeting the needs and priorities of poor and marginalized groups/people.

Community level responses led by philanthropic organizations or civil society organizations in most Central African countries focused mainly on sensitization and provision of PPE to citizens. At the same time, many of the poorest and marginalized, such as persons with disability, women, migrants, and refugees, are subjected to hunger, and deteriorating livelihoods have not been targeted by the government's covid response measures. Responses from both the governments and philanthropic

organizations have been short term ad-hoc measures that do not provide long term measures such as social insurance measures that will sustain and cushion the livelihoods of marginalized and indigenous groups.

3.4.3 Gaps in North Africa

Even though Governments and Philanthropic organizations/ Civil Society Organizations in the North African region collaborated to institute measures that target most of the different groups (informal and formal workers, refugees, migrants, children, and other marginalized people). The very heterogeneous situations in the region limit the civil society's capacity to operate with autonomy. Indeed, new laws and controls such as the restricted movement for citizens and curfews to contain the pandemic may have long-term negative effects on the space in which civil society operates. This is likely to have a negative effect on the livelihoods of the vulnerable, especially the marginalized groups.

4.0 CONCLUSIONS AND RECOMMENDATIONS

4.1 Conclusions

Before the COVID-19 outbreak, African countries were making steady progress towards improving their economies through continent-wide initiatives and cooperative mechanisms. The pandemic has interrupted these growth trajectories, at least in the short-term. It has also highlighted the crucial role of internet connectivity, accessibility, and affordability as well as improved social protection measures and social insurance for citizens, especially the poor and vulnerable groups.

Despite these obstacles, early and prompt intervention by governments aided in delaying the virus's initial transmission. Their previous experience dealing with Ebola and other infectious outbreaks taught them the importance of decentralizing response to the community level and increasing the capacity to identify and diagnose cases. The response has been largely cooperative, with nations banding together and pooling their resources to combat the outbreak. New continent-wide initiatives, and several cash-transfer programs, have demonstrated governments' determination to achieve self-sufficiency through homegrown solutions.

This study highlights several impacts of Covid-19 on poor and marginalized groups in Africa. The study found increased intimate partner violence, sexual harassment, child marriage, female genital mutilation (FGM), domestic and sexual abuse of women and girls, exacerbated particularly under lockdowns in 13 countries in Africa. Also, increased violence at the onset of COVID-19 in Cameroon, Nigeria, Mali, Burkina Faso, Chad, and the Central African Republic has led to an increase in persons forcibly displaced- exposing them to additional risk. The pandemic has further deepened the low participation of women in political activities and decision making in most African countries; this is reflected in the increasing spike of gender-based violence at home and in communities.

The spread of Covid-19 has fueled inequality among marginalized groups such as minorities and indigenous peoples in Guinea, Nigeria, Mauritania, Gambia, Senegal, Cabo Verde, Sierra Leone, Niger, and Côte d'Ivoire in terms of their housing and living conditions. Also, significant areas of agriculture, i.e., production systems, supply chains, and food commodity preferences and prices have been affected in Central Africa, West Africa, and North Africa.

Several governments introduced short term or once off social protection measures to mitigate the impacts of Covid-19, especially during the lockdowns. Central and West African governments, including Liberia, Mauritania, Mali, Senegal, Chad, Gabon, Cabo, Central African Republic, Nigeria, and Ghana, embarked on free food distribution to vulnerable poor people. Across Africa, social protection responses to the pandemic primarily took the form of cash transfers to affected households and communities. Putting money directly into people's pockets was an opportunity to address livelihood shocks and stimulate local economic activities. For instance, Conditional and unconditional cash transfers have been introduced in Burkina Faso, Côte d'Ivoire, Togo, Ghana, Liberia, Nigeria, Cameroon, Congo DR, São Tomé and Príncipe, and Mauritania. Also, the governments of Ghana, Chad, and Gabon provided free water and subsidized electricity to all its

citizens to ameliorate the economic hardships brought by the pandemic. In Morocco, Tunisia, Algeria, Egypt, Morocco, Mauritania, Sudan, the governments have taken measures to include those who have been hit particularly hard by the crisis, such as informal workers, who constitute a great share of the labor force in the region in social insurance or existing social assistance schemes.

The study also found that in the three sub-regional blocks, Philanthropic support from civil society organizations and international donor bodies contributed to cushioning marginalized groups. Philanthropic organizations supported many communities in North, Central, and West Africa with personal protective equipment (PPE) coupled with sensitization programs to reduce the spread of the virus. In North Africa, refugees, women, persons living with disabilities, and migrants were supported with cash transfers, vaccinations, food, shelter, and PPE.

Furthermore, the study found some emerging gaps in covid-19 response measures in central and West Africa. Most of the social protection measures implemented by governments and philanthropic organizations did not provide for the long-term sustenance of marginalized groups. Unlike North Africa, Central and West Africa countries did not target the most vulnerable and marginalized groups and did not provide social insurance and assistance schemes to support these groups.

4.2 Recommendations

Based on the findings and conclusions, the following recommendations are made:

1. The onset of the Covid-19 pandemic exposed some weaknesses in the social protection mechanisms of many countries in Africa, especially regarding decent work, labor rights, and adequate welfare assistance. Several donations made to Covid-19 trust funds established by many countries in Africa fell short of targeting the critical mass such as minorities, indigenous peoples, women, children and migrants. Based on these ensuing challenges, it is recommended that community-based organizations (CBOs) should put in place the requisite formal structures and systems that will enable citizens to easily give support to their actions. This will ensure the right people in need are targeted since CBOs have unique and important insight into the challenges and opportunities facing vulnerable/marginalized groups in their locations.
2. Where possible, community-based organizations should go beyond social protection measures and facilitate the creation of social insurance schemes for informal sector workers and also support marginalized groups to help sustain their livelihoods through the establishment of alternative livelihood opportunities. This will ensure that marginalized groups are better fortified to withstand difficulties during future pandemics or disasters.
3. There is a need to increase the capacity of the governments to improve the quality and level of marginalized groups' disaggregated data to help inform policy making and guide the allocation of resources. The governments should also establish a real-time database of all poor and marginalized groups, including refugees and migrants, to ensure proper targeting

during the implementation of social protection measures. This will also facilitate response mechanisms of some individual philanthropies to support marginalized groups or communities since they may not have insight into some of the existing challenges faced by these groups.

4. In many countries, the targeting of minorities, indigenous people and other marginalized groups escalated in the midst of the crisis. There were reported cases of sexual and gender-based violence (SGBV) in many countries in Africa. Also, attacks by terrorists and extremist groups exacerbated the woes of marginalized groups. It is therefore recommended that community-based organizations in collaboration with governments should increase sensitization and awareness creation programmes on SGBV to help reduce the menace. This should also be backed with paralegal mechanisms to help prosecute offenders.
5. Philanthropic organizations and Civil Society Organizations have shown to have better working relationships with local communities. They have supported communities through several interventions in either sustaining or improving their livelihoods during the pandemic. Therefore, international donor organizations and governments should work closely with them to reach the poorest of the poor and the marginalized.

GLOSSARY

- **Covid-19:** is a pandemic, also known as the coronavirus pandemic, is an ongoing global pandemic of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).
- **Marginalized groups:** are groups of people within a given culture, context and history at risk of being subjected to multiple discrimination due to the interplay of different personal characteristics or grounds, such as sex, gender, age, ethnicity, religion or belief, health status, disability, sexual orientation, gender identity, education or income, or living in various geographic localities.
- **Vulnerability:** are economically disadvantaged, racial and ethnic minorities, the uninsured, low-income children, the elderly, the homeless, those with human immunodeficiency virus (HIV), and those with other chronic health conditions, including severe mental illness.
- **Social Insurance:** public insurance program that provides protection against various economic risks (*e.g.*, loss of income due to sickness, old age, or unemployment) and in which participation is compulsory.
- **Social Protection:** is concerned with protecting and helping those who are poor and vulnerable, such as children, women, older people, people living with disabilities, the displaced, the unemployed, and the sick.

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ANNEXES

Annex 1: Key Informant Interview guide

Background and consent:

Dear Sir/Madam,

We are conducting a baseline study titled “Covid-19 impacts and local response mechanisms in marginalized communities: The emerging gaps for policy and practice in West, Central, and North Africa” as part of the Community Immunity Initiative (CII).

CII is a collaboration between the Africa Philanthropy Network, TrustAfrica, and Southern Africa Trust. It is an advocacy campaign, guided by a series of community-generated initiatives, aimed at stopping the Covid-19 and flattening the curve of poverty and marginalization in Africa. While the pandemic is evenly distributed across regions and social groups, its impact and the capacity to respond are not. The campaign's theory of change is to effect transformation by bringing marginalized African voices to policy, national, and global spaces, using a series of practical and culturally contextualized strategies that resonate with the communities being served.

We are inviting you as a key stakeholder to provide the necessary information to support this study which could have profound influence on policy and practice.

For further information, you may contact the lead Researcher at Asdev Consult, Ghana, via: Email: info@asdevafrica.org | asdevconsult@gmail.com | Tel: +233 20 8381 723.

Thank you.

signed:

Asdev Consult, Ghana.

- Consent to participate in the study: Yes/No
- Country:
- Name of respondent (optional):
- Organization / Ministry/Department:
- Position held by respondent:
- Contact details (Email and Tel #):

Please provide your responses to the following questions:

Issues of Marginalization

1. Please, do you find some communities/groups as marginalized in your country?

Who are the marginalized groups?

Where are they located?

Why do you classify these communities/groups as marginalized?

Assessment of the impact/effects of Covid-19 on poor and marginalized communities

2. In your view, what is/are the effects of Covid-19 on the broader needs (political, security, social, cultural etc.) of poor and marginalized communities?
3. What are some of the existing challenges affecting poor and marginalized communities?

Impact of community level responses to Covid-19

4. Are you aware of philanthropic support (s) extended to poor and marginalized communities?
5. If yes, indicate the support and the identity of the individuals or organizations who provided the support.
6. What are key gaps identified in the support (s) given to the poor and marginalized communities by organizations?
7. What are some of the notable community-initiated responses to covid-19 among poor and marginalized communities? **Please give typical examples in your country/location.**
 - a. What has been the nature of community responses?
 - b. What mechanisms have been used to deploy these initiatives?
 - c. How have communities coalesced?
 - d. Have the responses built on existing community initiatives or traditions? or were they new?
 - e. What are the monetary and non-monetary ways by which communities responded to covid-19 pandemic? *cash transfers, provision of food stuff, etc....*
8. Would you say that the local/community level response(s) systems were effective?

Why or why not?

What happened as a result of these community responses? (*Material and non-material effects*)

9. Describe the impact of the community/local response system on the critical needs of poor and marginalized communities/groups - in terms of health, agriculture, housing and living conditions, environment and land, conflict and security.
10. What influence on solidarity and trust networks? What influence on local organizing spaces? Did these serve as sites for the development of community action or voice?
11. What mechanisms were there for community needs/priorities to inform national/other responses?
12. What spaces of influence did they have on the policy arenas?

Establish emerging gaps requiring attention and proffer related recommendations for policy action.

13. Did you find any gap(s) and national and local levels responses to the covid-19 pandemic?
Please elaborate.
14. What specific policy or implementation gaps/ issues need further advocacy?
15. What kinds of mechanisms may help take these forwards?
16. How can poor and marginalized communities be included in these?
17. In your opinion, what are some of the needs of poor and marginalized communities that require external support in this Covid-19 era (e.g., from NGOs, Government, Philanthropic organizations etc.).

Annex 2 : List of KIIs

SN	Name of respondent	Name of organization/individual	Email	Country
1	N/A	Plan International	ghana.co@plan-international.org	Ghana
2	N/A	Action Against Hunger	info@actionagainsthunger.org	Niger
3	Franklin Boylengar	World Vision International	Franklin_Boylengar@wvi.org	Chad
4	Josiane Nikiemal	World Vision International	josiane_nikiemal@wvi.org	Chad
5	N/A	UNHCR	algal@unhcr.org	Algeria
6	Mumuni Tahidu	iDE Ghana	adamba2012@gmail.com	Ghana
7	Sumaila Mohammed	NORSAAC	sumaila@norsaac.org	Ghana
8	Justice Atiim	RAINS Ghana	justice.atiim@rainsgha.org	Ghana
9	Frederick Nuuri	WeeNorth	fred@weenorth.org	Ghana
10	Ogo Chukwudi	TrustAfrica	chukwudi@trustafrica.org	-