

# **UNIVERSITY OF NAIROBI**

**DEPARTMENT OF DIPLOMACY AND INTERNATIONAL STUDIES**

## **IMPACT OF GLOBAL PANDEMICS ON THE INCREASE OF GBV IN AFRICA: A CASE STUDY OF COVID 19 AND EBOLA**

**NANCY NJOROGE**

**REG.NO. R52/37442/2020**

**A Research Project Submitted in Partial Fulfilment of the Requirements for the Award of  
Master's Degree in International Conflict Management at the department of Diplomacy  
and International Studies, University of Nairobi.**

**NOVEMBER 2022**

DECLARATION

My research project is entirely original and has never before been submitted to a university for academic credit.

Signature.....  .....

Date..... 23 / OCT / 2023 .....

Nancy Njoroge

Reg. No. R52/37442/2020

This research project has been submitted for examination with my approval as a university supervisor

Signature.....  .....

Date.....  .....

Prof. Maria Nzomo

Supervisor

Department of Diplomacy and International Studies

University of Nairobi



## **DEDICATION**

This research is dedicated with love and gratitude to my family.

## **ACKNOWLEDGEMENT**

I thank God for allowing me to complete my studies. I am very grateful but feel obligated to Prof. Maria Nzomo, my supervisor, for reading every word of this report, for her continuous criticism of my work after I made so many errors, and for her imaginative ideas to improve my project. Thank you so much for your support, Madam.

## ABSTRACT

The study sought to evaluate the effects of Ebola and Covid-19 pandemics on Gender-based violence (GBV) in Africa, to examine the effectiveness of counter GBV measures during the Ebola and Covid-19 pandemics in Africa, and to evaluate prospects and challenges of intervention measures to address GBV during Ebola and Covid-19 pandemic in Sierra Leone. For this study, the social control theory was utilized as framework for analysis. The study is based on qualitative research design. The Study established that pandemics like COVID-19 and Ebola lead to breakdown of societal infrastructure, functional security, legal, sanitation, food, transport, health and other structures of governance become either temporarily ineffective or reduced. The reduced effectiveness in the delivery of such government services expose children and women to risky and unsafe situations including, GBV and harassment. Pandemics amplify existing conflicts and weakness by destabilizing social infrastructure. Existing gender inequality in the society is therefore intensified during pandemics. When doing their regular activities like getting firewood, food, and water, women and children are further exposed to sexual abuse and harassment. GBV is also increased when the law is broken during epidemic scenarios. According to the report, there are significant gender disparities in Africa that put women and girls at higher risk of experiencing gender-based violence during humanitarian crises. For instance, during the COVID-19 epidemic, the East African Community recorded a large increase in occurrences of gender-based violence, notably sexual assault, by over 48%. Due to lockdown measures and a decrease in financial resources, home violence in Cameroon is said to have increased by about 35.8% for both men and women during the pandemic. Since the start of the pandemic, gender-based violence against women and children in the Central African Republic escalated by approximately 69%, with reported injuries due to sexual violence and other assaults. Similar observations have also been made in North Africa since the pandemic's start. The study established that the failure to include gender-related issues in the policy framework of intervention measures addressing the Ebola pandemic in Sierra Leone had a massive impact on the prevalence of GBV cases during the same period. While the government prioritized the efforts aimed at combating the Ebola pandemic, GBV cases skyrocketed, often unnoticed and unreported. The measures aimed at curbing the spread of Ebola such as quarantine and school closures were being implemented in the 2014-2016 Ebola outbreak, girls and women faced increased cases of exploitation, coercion, and sexual abuse. There are numerous mechanisms for reporting GBV cases in Sierra Leone. The study recommends that measures should be taken to mainstream gender-based violence across all sectors to promote sustainability. Different COVID-19 and Ebola response tactics ignored the vital significance of services for gender-based violence, which may have saved lives. Such services, such as one-stop crisis centers and safe places, may be desirable to women and girls in times of need since they make assistance more physically accessible. They would spend less time commuting to healthcare facilities, which would lessen their vulnerability to gender-based violence and COVID-19 risks. In times of humanitarian catastrophe, it is essential to move fast because women and girls are disproportionately affected by the synergistic connection between gender-based violence and the pandemic.

## TABLE OF CONTENT

|   |            |
|---|------------|
| <b>DECLARATION</b> .....  | <b>ii</b>  |
| <b>DEDICATION</b> .....   | <b>iii</b> |
| <b>ACKNOWLEDGEMENT</b> .....  | <b>iv</b>  |
| <b>ABSTRACT</b> .....   | <b>v</b>   |
| <b>LIST OF FIGURES</b> .....  | <b>x</b>   |
| <b>LIST OF TABLES</b> .....   | <b>xi</b>  |
| <b>CHAPTER ONE: INTRODUCTION</b> .....  | <b>1</b>   |
| 1.0 Background of the Study .....   | 1          |
| 1.1 Statement of the Problem .....  | 5          |
| 1.2 Research Questions .....  | 7          |
| 1.3 Objectives of the Study .....   | 7          |
| 1.4 Justification of the Study .....  | 8          |
| 1.5 Literature Review .....   | 8          |
| 1.5.1 Empirical review.....   | 8          |
| 1.5.1.1 To assess the impacts of Ebola and COVID-19 pandemics on GBV in Africa.....   | 8          |
| 1.5.1.2 To examine the efficacy of counter GBV measures during Ebola and<br>COVID-19 in Africa.....   | 10         |
| 1.5.1.3 To assess the prospects and challenges of intervention measures to address<br>GBV during Ebola and COVID-19 pandemic in Sierra Leone..... | 12         |
| 1.5.2 Gaps in the Literature review .....   | 13         |
| 1.5.3 Theoretical Framework of the Study .....  | 14         |
| 1.5.3.1 Social Control Theory.....  | 14         |
| 1.6 Hypotheses of the Study.....  | 15         |
| 1.7 Overview of the Literature Review and Research Gaps .....   | 15         |
| 1.8 Study Methodology .....   | 16         |

|  |           |
|--|-----------|
| 1.8.1 Research Design .....  | 16        |
| 1.8.2 Study Location.....  | 16        |
| 1.8.3 Target Population .....  | 16        |
| 1.8.4 Sampling Size of Population .....  | 17        |
| 1.8.5 Data Sources and Data Collection Methods .....   | 18        |
| 1.8.6 Data Analysis.....   | 18        |
| 1.8.7 Ethical Considerations .....   | 19        |
| 1.9 Chapter outline .....  | 19        |
| <b>CHAPTER TWO: THE IMPACTS OF EBOLA AND COVID-19 PANDEMICS ON GBV<br/>IN AFRICA.....</b>                                  | <b>20</b> |
| 2.0 Introduction .....   | 20        |
| 2.1 Social Isolation and Quarantine .....  | 21        |
| 2.2 Breakdown of Societal Infrastructure Including the Health Care System .....  | 23        |
| 2.3 Economic Instability and Socio-Economic Stressors.....   | 27        |
| 2.4 Alteration of Demographics And Exposure To Exploitative Conditions.....  | 27        |
| 2.5 Information Asymmetry .....  | 28        |
| 2.6 Chapter Summary.....   | 29        |
| <b>CHAPTER THREE : THE EFFICACY OF COUNTER GENDER BASED VIOLENCE<br/>MEASURES DURING EBOLA AND COVID-19 IN AFRICA.....</b> | <b>30</b> |
| 3.0 Introduction .....   | 30        |
| 3.1 An Overview of Gender-Based Violence Prevalence in Africa during the Pandemic.....                                     | 30        |
| 3.2 Relationship between Pandemics and Gender-Based Violence .....   | 31        |
| 3.3 The Efficacy Of Gendered Measures Against Gender-Based Violence In Africa.....   | 33        |
| 3.3.1 Measures by the African Union.....   | 33        |
| 3.3.2 Regional Counter-Gender-Based Violence Measures during Ebola and COVID-19<br>Outbreaks.....                          | 35        |

|   |           |
|---|-----------|
| 3.4 Conclusion.....   | 38        |
| <b>CHAPTER FOUR: THE PROSPECTS AND CHALLENGES OF INTERVENTION MEASURES TO ADDRESS GBV DURING THE EBOLA AND COVID-19 PANDEMIC IN SIERRA LEONE.....</b> | <b>40</b> |
| 4.0 Introduction .....  | 40        |
| 4.1 The Prospects and Challenges of Intervention Measures to Address Gbv during the Ebola Pandemic .....  | 40        |
| 4.1.1 Neglect of Gender Dynamics when Combating the Ebola pandemic .....  | 40        |
| 4.1.1.1 Limited Funding for GBV Service Provision .....   | 43        |
| 4.1.2 Fear of Infection, Violence, and Mistreatment.....  | 44        |
| 4.1.3 Curtailment of Mechanisms for Reporting GBV Cases .....   | 45        |
| 4.1.3.1 Limited Access to Information .....   | 45        |
| 4.2 The Prospects and Challenges of Intervention Measures to Address GBV during the Covid-19 Pandemic.....  | 46        |
| 4.2.1 Neglect of Gender Dynamics and Limited Application of Equity-Based Approaches During the COVID-19 Pandemic .....                                | 46        |
| 4.2.1.1 Gender Norms and Roles .....  | 48        |
| 4.2.2 Disruption of GBV Referral Pathways.....  | 49        |
| 4.3 Conclusion.....   | 50        |
| <b>CHAPTER FIVE : DATA ANALYSIS ON THE IMPACT OF COVID 19 AND EBOLA PANDEMICS ON THE INCREASE OF GBV IN AFRICA .....</b>                              | <b>51</b> |
| 5.0 Introduction .....  | 51        |
| 5.1 Demographic Characteristics .....   | 51        |
| 5.1.1 Gender of the Respondents.....  | 51        |
| 5.1.2 Age of the Respondents .....  | 52        |
| 5.1.3 Highest Level of Formal Education of the Respondents .....  | 54        |



|  |           |
|--|-----------|
| 5.1.4 The Organization of the Respondents .....  | 55        |
| 5.2 The Impacts of Ebola and Covid-19 Pandemics on GBV in Africa .....   | 56        |
| 5.3 The Efficacy of Counter GBV Measures during Ebola and Covid-19 in Africa .....   | 60        |
| 5.4 The Prospects and Challenges of Intervention Measures to Address GBV during the<br>Ebola and Covid-19 Pandemic in Sierra Leone ..... | 65        |
| 5.5 Conclusion .....   | 69        |
| <b>CHAPTER SIX : SUMMARY OF FINDINGS, CONCLUSION AND<br/>RECOMMENDATIONS.....</b>  | <b>70</b> |
| 6.0 Introduction .....   | 70        |
| 6.1 Summary of the Findings .....  | 70        |
| The key findings from each of the study's objectives are condensed in this section.....  | 70        |
| 6.1.1 The impacts of Ebola and Covid-19 pandemics on GBV in Africa .....   | 70        |
| 6.1.2 The Efficacy of Counter GBV Measures during Ebola and Covid-19 in Africa .....   | 71        |
| 6.1.3 The Prospects and Challenges of Intervention Measures to address GBV during<br>Ebola and Covid-19 Pandemic in Sierra Leone .....   | 72        |
| 6.2 Conclusion.....  | 73        |
| 6.3 Recommendations .....  | 74        |
| 6.4 Areas for Further Research.....  | 75        |
| <b>REFERENCES.....</b>   | <b>76</b> |
| <b>APPENDICES.....</b>   | <b>86</b> |
| Appendix I: Questionnaire to Respondents.....  | 86        |

## LIST OF FIGURES

|   |    |
|---|----|
| Figure 5.1: Percentage of the Respondents' Gender .....   | 52 |
| Figure 5.2: Percentage of the Respondents' Age .....  | 53 |
| Figure 5.3: Percentage and Frequency of the Highest Formal Level of Education .....                     | 55 |
| Figure 5.4: The Percentage of the Organization of the Respondents .....                                 | 56 |
| Figure 5.5: Percentage of the impacts of Ebola and COVID-19 pandemics on GBV in Africa ...              | 58 |
| Figure 5.6: The Efficacy of Counter GBV Measures During Ebola and COVID-19 In Africa ....               | 63 |
| Figure 5.7: Percentage of The Prospects and Challenges of Intervention Measures to Address<br>GBV ..... | 67 |

## LIST OF TABLES

|  |    |
|--|----|
| Table 5.1: Gender of the Respondents .....   | 52 |
| Table 5.2: Age of the Respondents .....  | 53 |
| Table 5.3: Highest Level of Formal Education of the Respondents .....  | 54 |
| Table 5.4: The Organization of the Respondents.....  | 55 |
| Table 5.5: The Impacts of Ebola and COVID-19 Pandemics on GBV In Africa.....   | 57 |
| Table 5.6: The Efficacy of Counter GBV Measures During Ebola and COVID-19 In Africa.....   | 61 |
| Table 5.7: The Prospects and Challenges of Intervention Measures to Address GBV During<br>the Ebola and COVID-19 Pandemic in Sierra Leone..... | 66 |

# CHAPTER ONE

## INTRODUCTION

### 1.0 Background of the Study

Infectious illness flare-ups, epidemics, and pandemics have effects on people of both genders. However, gender-based violence (GBV) and contagious diseases reinforce one another. As crises aggravate gender inequality, violence, and community transmission, women and girls suffer most in humanitarian circumstances.

Violence against women and girls is one of the most common human rights abuses in the world. One in three women may experience sexual or physical abuse at some point in their life, according to the World Health Organization. Violence is mainly committed by men shown by GVRC statistics, which show that over 90% of reported instances. This is not meant to minimize the possibility that women may also commit crimes.

Gender-based violence puts its victims' safety, independence, respect, and wellness at risk, but it is still largely ignored in society. Sexual and reproductive health problems, such as coerced or unwanted pregnancies, insecure abortions, trauma fistula, sexually transmitted diseases like HIV, and even death, can affect victims of violence.

Women are subjected to GBV because of their gender identity. In many parts of the world, it is the primary cause of damage and impairment for women. It is also a risk factor for various issues with physical, mental, sexual, and reproductive health.<sup>1</sup>

---

<sup>1</sup> WHO, 2005

Gender disparities, or discrepancies between men and women that systematically favor patriarchy, arise as a result of the different gender roles and behaviors. As consequence, there are variances among men and women in terms of their relationships and social, economic, and political status.

Patriarchal control and abuse are shown in the restricted access to social goods including health, education, security, and nutrition as well as in the victimization of women for sexual and other offenses, both violent and non-violent. GBV can manifest as a range of behaviors, such as sexual injury<sup>2</sup> physical, emotional, or social abuse.<sup>3</sup>

A partial list of GBV was provided to the UN General Assembly in 1993, and it included the following: Family violence, including physical, sexual, and psychological abuse, child sex abuse, violence associated with dowry, rape and sexual assault, including marital rape and female genital mutilation sexual harassment in the workplace and in institutions of higher learning, woman trafficking and compulsory prostitution

When there are challenging situations, such major infectious disease epidemics, violence against women and girls increases. Epidemics have been linked to sexual exploitation, unwanted births, intimate partner violence (IPV), and other types of gender-based violence (GBV).<sup>4</sup>

In order to stop COVID-19 from spreading internationally, nations all around the world resolved to seal their borders, impose travel restrictions, and implement curfews in March 2020. Early assessments show that these new limits are significantly affecting women and girls, in addition to

---

<sup>2</sup> UNHCR,2000

<sup>3</sup> UNFPA, 2003

<sup>4</sup> Onyango et al. 2019, Gender-based Abuse Among Adolescent Girls and Young Women Medical Anthropology and Public Health Perspective on a Forgotten Effect of the West African Ebola Outbreak

more acute economic consequences. In February 2020, a police station in China's Hubei Province saw a threefold increase in domestic violence reports.<sup>5</sup>

Governments enact a range of restrictive laws to stop the spread of contagious diseases, such as travel bans, school closings, and the rerouting of human and financial resources to the provision of emergency medical services. These programs may harm women and girls both directly and inadvertently, particularly if their gendered unintended consequences are not addressed. However, in the midst of a crisis, this is often overlooked. Restrictive policies can affect women and girls in the long run by worsening pre-existing gender disparities and power imbalances<sup>6</sup>.

For instance, stay-at-home orders may subject women and girls to additional violence since they are forced to live with the violent person for an extended amount of time. Additionally, if traditional official and informal support networks are disrupted and mobility is restricted, the likelihood of exiting an abusive relationship falls. Because of the greater propensity of perpetrators to lash out, domestic stress brought on by a pandemic's disruption of daily life and financial pressure might expose women and girls to higher levels of aggressiveness. More precisely, as resources are directed to the delivery of emergency services, vital health and social services are frequently lowered in priority or labelled non-essential, creating a shortage and escalating the risk to women and girls. The implementation of curfews, disruption of regularly scheduled transportation or services, anxiety about police abuse while enforcing laws, and worry about infection in public settings can all help to discourage women and girls from using essential services..

---

<sup>5</sup> Wanqing 2020, Domestic Violence Cases Rise During COVID-19 Epidemic, Sixth Tone

<sup>6</sup> Al Gasseer et al. 2004, 'The state of women and children in difficult circumstances, 49(4) Review of Midwives & Women's Health, 7-13

Ebola is an infectious haemorrhagic fever in primates especially humans. The disease is caused by Ebola virus which spread through coming into contact with body fluids from an infected person or animal, or contaminated items. Since its first case in 1976 in Democratic Republic of Congo and South Sudan simultaneously, the disease has rampaged through the world especially Africa, leading to the death of approximately 1590 deaths out of 2387 cases between 1976 and 2012.<sup>7</sup> The most prominent Ebola outbreak took place between December 2013 and January 2016 in West Africa, leading to 11323 deaths out of 28646 cases.<sup>8</sup> Africa has had numerous outbreaks of Ebola, other recent ones being; 2017 and 2018 outbreaks in DRC, and the Congo outbreak which was declared a world health emergency by WHO in 2019.<sup>9</sup>

As the epidemic of Ebola in West Africa from 2014 to 2016 showed, viral disease outbreaks cause havoc to women and girls, especially in hard-to-reach and disadvantaged subpopulations. Many small-scale qualitative research have demonstrated that measures like restrictions, school closures, and de-prioritization of GBV and SRH services, in combination with economic hardship, increased abuse, sexual assault, and unwanted pregnancy, notably among adolescent girls and young women.<sup>10</sup> During pandemic, research in Sierra Leone's eastern region found an overall increase in cases of GBV<sup>11</sup>. The study group's respondents reported a 40–65 percent increase in teen pregnancies in their neighbourhoods, which they linked to financial hardships that forced families to engage in transactional sex to meet necessities. Additionally, epidemics can drastically restrict GBV sufferers' access to services. During the Ebola epidemic, almost all GBV services in Sierra

---

<sup>7</sup> Dixon M.G., and Schafer I.J. “Ebola viral disease outbreak- West Africa, 2014” *MMWR Morb. Mortal. Wkly. Rep.* 63 (25): 548-51

<sup>8</sup> WHO. “Ebola virus disease” *WHO*, 2021.

<sup>9</sup> *Ibid*

<sup>10</sup> Onyango et al. 2019, Gender-Based Violence opposing Adolescent Girls and Young Women the West African Ebola Outbreak: A overlooked Impact from a Medical Anthropological and Public Health Perspective.

<sup>11</sup> UNDP (2015) ‘Evaluating sexual and gender-based violence in Sierra Leone amid the Ebola crisis

Leone ceased to exist, and at the few GBV response centers that were still operational, the number of women and girls requesting assistance rose by 19%. In Liberia, health care were refused to more than 80% of GBV survivors.

Domestic abuse cases increased 30% in France during the shutdown, and the COVID-19 pandemic, which is showing comparable patterns with cases of GBV increasing worldwide, has resulted in a spike in urgent calls to helplines throughout the world.<sup>12</sup> The rises in GBV happen when a variety of factors put at risk the availability of comprehensive GBV services. When medical staff are diverted to handle COVID-19 cases, survivors' access to vital therapies, such as clinical treatment of assault, psychological treatment, and other psychosocial support services, is apparently hampered in many contexts. Despite the fact that basic health services are available in other places, it can be challenging for women and girls to receive the support they need since referral systems in a number of different fields (including health, police, justice, and social services) have either broken down or are not functioning at their peak.

### **1.1 Statement of the Problem**

In Africa, various governments prioritize intervention measures to combat novel pandemics that are deemed urgent while overlooking some of the issues such as GBV whose societal, economic, and health impacts are equally devastating. Some of the measure implemented by various governments to combat the pandemic include; national curfew, travel bans, school closures, among others. These restrictive measures impede full enjoyment of fundamental human rights such as access to quality healthcare, free movement of people as well as freedom of association. While GBV cases are not prioritized or deemed essential during pandemics, the surge of GBV incidence

---

<sup>12</sup> UN Women (2020) 'COVID-19 and the campaign to end violence against women and girls,



during such times is worrying. For example, LVCT Health reported that in Kenya, in the 1.5 months after the COVID-19 lockdown, a total of 793 adolescent and young women attending to their clinics expressed experiencing violence, a marked increase from times before COVID.<sup>13</sup> Sexual assault multiplied from 2.5 to 5 percent, while assault grew from 33 to 43%. During pandemics, the efficiency of the healthcare is compromised and a nation's resources are overstretched to a point that a dilemma exists on how well to re-allocate limited resources to combat the pandemic without neglecting other needs of the people.

It is clear that the laws put forth to curb the propagation of both COVID-19 and Ebola pandemics are revealing structural gender-based discrimination and putting the already shaky health and social protection systems in many parts of Africa to the test. Particularly when GBV rates rise in a number of settings, the terrible repercussions of these restrictive regulations on women and girls across African nations are currently becoming obvious. Conversely, due to the same restrictions, entry to and accessibility to crucial GBV services are significantly restricted during this time of high demand. In response, this study seeks to ascertain whether and how the government's measures on managing the Ebola and COVID-19 pandemic have affected women and girls' access to and accessibility to broad GBV services, especially for communities that are hard to reach, as well as to track how various components of a broad GBV response (such as the police, judiciary, medical, shelters, and other psychosocial services) and mitigation (including access to consular services) have affected the access to and accessibility to comprehensive GBV services.

---

<sup>13</sup> Ngunjiri, Anne, Lilian Otiso, Anthony Mwaniki, Carol Omondi, and Jane Thiomi (2020) 'In the middle of the COVID-19 Pandemic, Violence Against Women and Girls: LVCT Health Experience,

## **1.2 Research Questions**

The following questions will guide the study:

- i. What are the impacts of Ebola and COVID-19 pandemics on GBV in Africa?
- ii. What is the efficacy of counter GBV measures during Ebola and COVID-19 in Africa?
- iii. What are the prospects and challenges of intervention measures to address GBV during the Ebola and COVID-19 pandemic in Sierra Leone.?

## **1.3 Objectives of the Study**

The specific objectives of this study are:

- i. To assess the impacts of Ebola and COVID-19 pandemics on GBV in Africa.
- ii. To examine the efficacy of counter GBV measures during Ebola and COVID-19 in Africa.
- iii. To assess the prospects and challenges of intervention measures to address GBV during the Ebola and COVID-19 pandemic in Sierra Leone.

## **1.4 Justification of the Study**

The purpose of the study is to determine how GBV behaved in Africa during the COVID-19 and Ebola pandemic. GBV needs to be averted and regulated since it inhibits developmental objectives like the SDGs. Therefore, the value of this study is in the information it provides to the law enforcement, legal system, and other stakeholders to aid them in their work. Additionally, this study will use a scientific methodology, which guarantees that the knowledge produced will be accurate and trustworthy, hence bridging knowledge gaps.

## **1.5 Literature Review**

### **1.5.1 Empirical review**

The study followed how COVID-19 and Ebola mitigation strategies changed and impacted the availability and usability of broad GBV services and prevention initiatives, including community-based recognition and preventative services, along with access to reproductive health care. It specifically examined the effects of these mitigation strategies on women and girls, particularly those who were harder to reach. For the study, program managers for GBV and SRH, service providers, and funders who work in different GBV sectors and organizations were contacted for remote, in-depth interviews. Participants were selected on purpose based on their work history and expertise in the legal system, law enforcement, shelters, health sector, and preventative initiatives.

#### **1.5.1.1 To assess the impacts of Ebola and COVID-19 pandemics on GBV in Africa**

Rieger et al. posit that COVID-19 exacerbated GBV risk across social-ecological model (SEM; for instance, by reducing social support and increasing economic stress) in United States.<sup>14</sup> This paper outlined implications for practitioners, policymakers, and researchers by drawing on

previously conducted studies on GBV prevention and response. The Social-Ecological Model (SEM), intersectionality, and a comprehensive framework were all used in the study to assess changes in GBV protective and risk factors.

According to study conducted by Chu, Alam, and Lin, mass quarantine implemented during six previous pandemics had negative social consequences such as gender-based violence, alternative delivery of education, limited access to health care, economic challenges, food insecurity, intensified communication inequalities, and psychological distress.<sup>15</sup> Altruistic attitudes was however recognized as one of the positive outcomes in the previous pandemics. The authors also found This study relied upon systematic review of five databases (PsycINFO, World Health Organization COVID-19 archive, Ovid-MEDLINE, China National Knowledge Infrastructure, and EMBASE) based no limitation concerning study type, location, or language. For full text extraction, the authors concentrated on 15 out of the 3067 peer-reviewed articles.

According to Meinhart et al. COVID-19, Zika, and Ebola intensify GBV risk while the experiences of GBV also exacerbate the spread of infectious diseases within the community.<sup>16</sup> This study utilizes syndemic model to examine the impact of GBV and infectious diseases by highlighting the critical linkages between GBV prevalence and community transmission of infectious diseases. GBV and infectious diseases were found to reinforce one another. Girls and women were also found to be disproportionately affected by the pandemics as the crises amplify community transmission, violence and inequality.

---

<sup>15</sup> Chu, Isaac, Prima Alam, Heidi J. Larson, and Leesa Lin. "The social consequences of mass quarantine during epidemics have an impact on the COVID-19 response, according to a thorough review released in the *Journal of Travel Medical Sciences*, Volume 27, Number 7, in 2020, page 192.

<sup>16</sup> Meinhart, Melissa, Luissa Vahedi, Simone E. Carter, Catherine Poulton, Philomene Mwanze Palaku, and Lindsay Stark. "Gender-based abuse and infectious illness in disaster settings: Using Ebola, Zika, and COVID-19 lessons to guide policy development in the event of a pandemic. *Conflict and Health*, Volume 15, Number 1, 1–9, 2021

According to Roy et al., the COVID-19 pandemic has a significant impact on GBV detection and reaction in South Africa, Nigeria, Uganda, and Kenya because of constraints put in place by various governments and inability to give GBV services priority.<sup>17</sup> The authors conducted a cross sectional online survey of personnel in GBV prevention and response in South Africa, Nigeria, Uganda, and Kenya between July and October 2020. 99.3 percent of the 187 respondents surveyed agreed that GBV prevalence was massively affected by COVID-19 and women and adolescents living with disabilities were at greater risk.

According to O'Brien and Tolosa Ebola outbreak in West Africa disproportionately harmed women and girls by intensifying gender related discriminations and violence.<sup>18</sup> This study used cross-disciplinary analysis focusing on gender issues combining both human rights and health perspectives to explore the impact of Ebola outbreak on gender-based violence. The study proposed that dealing with the vulnerabilities women face required coordinated efforts of political, legal, and health actors to empower women.

### **1.5.1.2 To examine the efficacy of counter GBV measures during Ebola and COVID-19 in Africa**

Seff et al. postulate that while remote data collection (RDC) methods such as mobile applications, online surveys, and telephone interviews are increasingly being employed during pandemics to address gender-based violence, some of the methods still have limited ethical and health

---

<sup>17</sup>Paul Bukuluki, Sara E. Casey, Nicoletta Mabhena, Mary Mwangi, Terry McGovern, Morium O. Jagun, Neetu A. John, and Charlotte M. Roy "Impacts of COVID-19 on gender-based violence prevention and response services in Kenya, Uganda, Nigeria, and South Africa: a cross sectional survey." *Frontiers in global women's health* 2 (2021)

<sup>18</sup> O'Brien, Melanie, Maria Ximena Tolosa. "The effect of the 2014 West Africa Ebola virus disease epidemic on multi-level violence against women." *International Journal of Human Rights in Healthcare*, 2016.

considerations.<sup>19</sup> This study employed scoping review to assess effectiveness of remote evaluations of gender based violence in the RDC landscape based on an eligibility criteria outlining the best practices. The findings from the study revealed that only eight of the examined studies had established referral pathways in accordance with best practice criteria and none of the studies that met the set criteria had been conducted in low/middle income nations.

Ghidei et al. state that there are few virtual actions that offer trauma-focused care, that the efficiency and nature of online measures are constrained, that there is insufficient evidence regarding the efficacy, viability, and legitimacy of virtual actions for diverse populations affected by domestic and sexual violence, as well as that for the participants in the research, obtaining virtual actions was a significant challenge.<sup>20</sup> This study utilized rapid evidence assessment (REA) incorporating systematic screening and comprehensive search techniques of appropriate articles to examine efficacy of virtual interventions introduced during the COVID-19 outbreak among victims of sexual and domestic violence.

Steinert et al. posit that there is limited reliable evidence to direct future research on the methods of combating gender inequalities during public health emergencies.<sup>21</sup> This study relied upon rapid scoping review to systematically obtain data from databases such as Global Health and Web of Science, and MEDLINE incorporating outcomes of Sustainable Development Goals as the eligibility criteria. The study findings showed that economic empowerment positively promoted

---

<sup>19</sup> Seff, Ilana, Luissa Vahedi, Samantha McNelly, Elfriede Kormawa, and Lindsay Stark. "Remote evaluations of violence against women and girls interventions: a rapid scoping review of tools, ethics and safety." *BMJ global health*, 6, no. 9 (2020): e006780

<sup>20</sup> Ghidei, Winta, Stephanie Montesanti, Karlee Tomkow, Peter H. Silverstone, and Lana Wells. "Examining the effectiveness, acceptability, and feasibility of virtually delivered trauma-focused domestic violence and sexual violence interventions: a rapid evidence assessment." *assault, trauma, and assault*, (2022):15248380211069059.

<sup>21</sup> Steinert, Janina I., Caterina Alacevich, Bidget Steele, Julie Hennegan, and Alexa R Yakubovich. "Response strategies for promoting gender equality in public health emergencies: a rapid scoping review." *BMJ open* 11, no. 8 (2021): e048292.

girl's and women's educational and economic opportunities but had side effects of heightened gender-based violence.

### **1.5.1.3 To assess the prospects and challenges of intervention measures to address GBV during Ebola and COVID-19 pandemic in Sierra Leone**

To evaluate the procedures, knowledge, and attitudes of humanitarian practitioners about methods to GBV mitigation during the COVID-19 outbreak, Sharma et al. conducted a cross-sectional worldwide survey comprising humanitarian practitioners between November 2020 and April 2021.<sup>22</sup> During the COVID-19 outbreak, the respondents to this study reported a number of obstacles that prevented them from integrating GBV risk reduction into their daily tasks, including a lack of finance, ability, expertise, and supervision.

Lakin, Garcia-Moreno, and Roesch conducted a desk review proposing the use of various psychological interventions among survivors of intimate partner violence.<sup>23</sup> This study used on desk review of publications from databases such as Gogle scholar, PsycINFO, and PubMed. The research's results demonstrated that, despite having promising applications in humanitarian situations, exposure-oriented therapies, third-wave cognition and mindfulness-oriented treatment, and cognitive behavioral therapy each had a distinct level of effectiveness. By including the mental health element to establish the relationship between mental health issues as post-traumatic stress,

---

<sup>22</sup> Sharma, Vandana, Annika Gompers, Jocelyn T.D. Kelly, Erin Patrick, and Christine Heckman. "Gender-based violence risk mitigation by non-GBV specialists prior to and during covid-19: a global survey of knowledge, attitudes and practices of humanitarian practitioners." *Environmental health and research international journal* 18, no. 24 (2021): 13387.

<sup>23</sup> Lakin, Daniel P., Claudia Garcia-Moreno, and Elisabeth Roesch. "Psychological interventions for survivors of intimate partner violence in humanitarian settings: an overview of the evidence and implementation considerations." *Environmental health and research international journal* 19, no. 5 (2022): 2916.

anxiety, and depression and GBV, this study offers a crucial remedy to the knowledge vacuum in GBV therapies.

Nabukeera postulate that GBV victims face massive challenge in reporting GBV cases as the usual reporting mechanisms are curtailed by lockdowns and quarantines implemented during pandemics.<sup>24</sup> This study used content analysis to obtain data necessary for examining GBV response and prevention during coronavirus pandemic in Uganda. The author also noted that lockdowns and quarantine gave GBV perpetrators a conducive environment for control and isolation of GBV victims making it hard to document the cases.

According to Smith there is neglect of gender dynamics and limited application of equity-based approaches during disease outbreaks such as Ebola in Sierra Leone.<sup>25</sup> In order to undertake a multi-level analysis focused on gender-related gaps and how failing to prioritize gender-related issues has local, national, and global implications, the study used a case study of the Social Enterprise Network for Development (SEND), an NGO situated in Kailahun, Sierra Leone. The author proposed a prior inclusion of gender related issues in disease prevention and containment, preparedness policy framework rather than as an afterthought.

### **1.5.2 Gaps in the Literature review**

The newness of pandemic in the recent history has led to neglect of research around GBV crisis management in pandemics. There lacks a lot of academic studies around this issue as it is quite difficult to obtain quantitative data on GBV as many cases go unreported. Consequently, a qualitative approach seemed perfect, including the narratives of women who had experienced GBV

---

<sup>24</sup> Nabukeera, Madinah. "Prevention and response to gender-based violence (GBV) during novel Covid-19 lock-down in Uganda." *The Journal of Adult Protection*, 2020.

<sup>25</sup> Smith, Julia. "Overcoming the 'tyranny of the urgent': integrating gender into disease outbreak preparedness and response." *Gender & Development* 27, no. 2 (2019): 355-369.



alongside those close to them and members of their communities. This allowed for the projection of the influence and future of these regulated occurrences.

### **1.5.3 Theoretical Framework of the Study**

#### **1.5.3.1 Social Control Theory**

Sociological fields like criminology, psychology, sociology, and anthropology have all used the social control theory to clarify aspects of inappropriate conduct in society. The works of philosophers like Gottfredson and Hirschi are connected to this theory.<sup>26</sup> The theory contends that taking advantage of social learning and socialization processes strengthens self-control and lessens the propensity to engage in antisocial behavior. It suggests that there are four different sorts of control and was formed from functionalist theories of crime. One of these is direct control, wherein wrongdoing is threatened with or subject to punishment, while obedience is rewarded by parents, relatives, and authorities. The second method is indirect; a young person uses their conscience or superego to abstain from criminal activity. The third method of behavior regulation involves identification with individuals who exert influence, such as when a child fears that his or her delinquent act may disappoint and hurt parents or other close relatives. Last but not least, there is authority through needs fulfilment; that is, if a person's wants are met, there is no reason for them to engage in illegal conduct.

The significance of this theory to the study may be seen in the way that people are encouraged not to break the law, in this case the law against gender-based violence, by their connections, commitments, values, norms, and beliefs. Therefore, individuals who internalize moral principles and are connected to and invested in their larger community will voluntarily reduce their

---

<sup>26</sup> Gottfredson M. R. and Hirschi T. (1990). *A General Theory of Crime*. Stanford: Stanford University Press.

propensity to engage in immoral behavior. The theory aims to comprehend how one could lessen the possibility that an individual will commit a crime like gender-based violence. It basically states that people are able to engage in a variety of activities, barring the range being constrained by socialization and social learning processes, without taking motivating factors into account. As a result, morality is produced in the process of building social order by classifying some actions as bad, immoral, or even unlawful, and by attaching costs and consequences to them.

### **1.6 Hypotheses of the Study**

H1: Ebola and COVID-19 pandemics have negative impact on GBV in Africa.

H2: Counter GBV measures were ineffective during Ebola and COVID-19 in Africa.

H3: there are prospects and challenges of intervention measures to address GBV during Ebola and COVID-19 pandemic in Sierra Leone.

### **1.7 Overview of the Literature Review and Research Gaps**

The newness of pandemic in the recent history has led to neglect of research around GBV crisis management in pandemics and epidemics. There lacks a lot of academic studies around this issue as it is quite difficult to obtain quantitative data on GBV as many cases go unreported. Hence, a qualitative approach seemed perfect, including the narratives of women who had experienced GBV as well as those close to them and members of their communities. This allowed for the projection of the influence and future of these regulated occurrences.

## **1.8 Study Methodology**

The methodology section provides a detailed explanation of how the study's research objectives will be examined.

### **1.8.1 Research Design**

A "research design" is a collection of specifications, or sets of specifications, together with the procedures and methods used to gather and analyze data on the variables listed in the study topic. The study employed a mixed-methods case study methodology that combined qualitative and quantitative techniques. The qualitative methodology was applied in the collection and organization of the descriptive data. A qualitative technique was used to evaluate qualitative elements that lacked defined measurements, such as the respondents' attitudes and points of view.

### **1.8.2 Study Location**

The investigation will take place in Africa. Asia is the continent with the most land area and people, with Africa coming in second. As of 2021, it had 1.4 billion residents, or about 18% of the world's population.

### **1.8.3 Target Population**

The study respondents will comprise of Women in Africa, UN Women, Ministry of youth and gender affairs, Action Aid and Academia.

#### 1.8.4 Sampling Size of Population

The estimated population of Africa is 1.4 billion.<sup>27</sup> In practice, it is difficult, time-consuming, expensive, and inconvenient to gather data on such a large population. In this situation, it is crucial to select a sample that reflects the entire population.

When the population exceeded 10,000 (1999), the Mugenda & Mugenda technique was employed to calculate the proportion of respondents.

$$n = \frac{Z^2 pq}{d^2}$$

where:  $z$  = the necessary normal deviation;

$n$  = the required responder size;

$p$  = Estimated proportion of the target population expected to exhibit the characteristics to be evaluated

Quantitative implication:  $q = 1 - p$

$$n = \frac{(1.96)^2 (.50)(.50)}{(0.5)^2}$$

$$n = 384.$$

---

<sup>27</sup> " worldpopulationprospects2022. Population.un.org. Population Division, UN Department of Economic and Social Affairs.

**Table 1.1: Research Populations and Sampling Technique**

| <b>Respondents</b>                   | <b>Number of Respondents</b> | <b>Sampling technique</b> |
|--------------------------------------|------------------------------|---------------------------|
| Women in Africa                      | 90                           | Random sampling           |
| UN Women                             | 50                           | Random sampling           |
| Ministry of youth and gender affairs | 62                           | Simple Random             |
| Action Aid                           | 52                           | Simple Random             |
| Academia                             | 130                          | Simple Random             |
| <b>TOTAL</b>                         | <b>384</b>                   |                           |

**Source: Researcher, 2021.**

### **1.8.5 Data Sources and Data Collection Methods**

Both primary and secondary data were employed in the investigation. Primary data were gathered through surveys. Secondary data was gathered via scholarly books, journals, magazines, papers, and online sites. We explored the adoption of print media and important publications from nonprofit organizations.

### **1.8.6 Data Analysis**

Investigating the qualitative data required classifying the data, giving numerical values, documenting the data for evaluation, looking for trends and variations, and lastly doing a review of the data. To present the data, tables, graphs, and figures were employed. For the study's data processing, Excel and the Statistical Package for Social Sciences (SPSS) were utilized as statistical software tools. Quantitative data was displayed and analysed using graphs, pie charts, and tables.

The study employed the standard deviation and mean as statistical models to assess the relationship between the independent and dependent variables. Throughout the entire investigation, Excel was used to code and track important questions from questionnaires. In order to handle and arrange the data, an Excel spreadsheet tab had to be made for each question. The study established the range for independent variables under input X Range after the dependent variables were displayed on a vertical Y-axis.

### **1.8.7 Ethical Considerations**

The study took all necessary safety measures to preserve the privacy of participant data and identities. The initiative looked for a research license. Kenyan research laws consequently applied to the investigation.

### **1.9 Chapter outline**

**Chapter one:** the study's backdrop, the problem description, the goal, the research methodology, and the study questions are all provided.

**Chapter two:** will evaluate the effects of the COVID-19 and Ebola pandemics on GBV in Africa.

**Chapter three:** will examine the efficacy of counter GBV measures during Ebola and COVID-19 in Africa.

**Chapter four:** will assess the prospects and challenges of intervention measures to address GBV during Ebola and COVID-19 pandemic in Sierra Leone.

**Chapter Five:** Data analysis and presentation

**Chapter Six:** Summary, conclusion and recommendations.

## CHAPTER TWO

### THE IMPACTS OF EBOLA AND COVID-19 PANDEMICS ON GBV IN AFRICA

#### 2.0 Introduction

This section of the research covers impacts of Ebola and COVID-19 pandemics on GBV in Africa. It is no coincidence that during pandemics there are increased cases of GBV. For instance, in the 2014-2016 outbreak of Ebola, exploitation, sexual violence, and other types of GBV increased. In some African countries such as Sierra Leone, GBV services ceased to exist during Ebola pandemic, while approximately 80 percent of GBV survivors had no access to health clinics during the same period in Liberia.<sup>28</sup> This trend of neglect of GBV intervention measures was also witnessed during the COVID-19 pandemic.<sup>29</sup> Some authors refer to GBV as a ‘shadow pandemic’ given that it draws less attention yet its impacts are devastating and long lasting.<sup>30</sup>

GBV ecological model proposed by Krug et al. assert that the behavior of an individual is influenced by the interaction between the person and the environment or context they are subjected to.<sup>31</sup> Some of these ecological contexts includes factors such as political, economic, social, and physical environments. The impacts of Ebola and COVID-19 pandemics on GBV can be established through various pathways including; breakdown societal infrastructure including health care systems, alteration of demographics and exposure to exploitative conditions, economic

---

<sup>28</sup> International Rescue Committee. “Are we there yet? Progress and challenges in ensuring life-saving services and reducing risks to violence for women and girls in emergencies.” (2015)

<sup>29</sup> John, Neetu, Sara E. Casey, Giselle Carino, and Terry McGovern. “Lessons never learned: crisis and gender-based violence.” *Developing world bioethics* 20, no.2 (2020): 65-68.

<sup>30</sup> Albert Persaud, Sam Gnanapragasam, Preeti Das, Anna Samya, and Sri. "The shadow pandemic: COVID-19 and violence against women and girls." *International Review of Mental Psychiatry* 67, no. 8 (2021):971-973

<sup>31</sup> A.B. Zwi, J.A. Mercy, L.L. Dahlberg, and E.G. Krug. The "World Report on Health and Aggression." (2002) *Biomedical*, No. 22: 27-336

instability and socio-economic stressors, social isolation and quarantine, and information asymmetry.

## 2.1 Social Isolation and Quarantine

The vulnerability of women and young girls to sexual abuse, exploitation, and coercion increases as a result of intervention tactics intended to stop the spread of pandemics like Ebola.<sup>32</sup> While quarantine and school closures are vital in controlling the spread of pandemic, such measures hardly take into consideration the need for protecting women or adolescent girls during the pandemic. These measures impede access of individuals to GBV services due to restriction of movement which is only permitted to essential workers rather than ordinary citizens.

Migratory and containment measures such as curfews and quarantine imposed by various governments of African countries to stop spread of Ebola and COVID-19 lead to unintended increase in threat to mental health of individuals.<sup>33</sup> Restriction of movement or travel, loss of social contact, economic difficulties, forced and prolonged family contact, and suspension of studies and work result in pandemic-induced psychosocial crisis. Worry or anxiety, loneliness, grief, boredom, depression, and stress induced by pandemics intensify vulnerability to gender-based violence. Various developmental, hormonal, sociocultural, and genetic factors may influence the response of an individual to stress. Women have a more anxious temperament, a biological trait which explains why they are disproportionately affected by psychosocial stress.<sup>34</sup>

---

<sup>32</sup> Onyango, Monica Adhiambo, Kirsten Resnick, Alexandra Davis, and Rupal Ramesh Shah. "Gender-based violence among adolescent girls and young women: a neglected consequence of West African Ebola outbreak." In *Pregnant in the Time of Ebola*, pp. 121-132. Springer, Cham, 2019

<sup>33</sup> Magamela, Matete R., Tafadzwa Dzinamarira, and Mbuzeleni Hlongwa. "COVID-19 consequences on mental health: An African perspective." *Psychiatric Journal of South Africa* 27, no. 1 (2021): 1-2

<sup>34</sup> Wang, Jiongjiong, Marc Korczykowski, Hengyi Rao, Yong Fan, John Pluta, Ruben C. Gur, Bruce S. McEwen, and John A. Detre. "Gender differences in neural response to psychological stress." *Social cognitive and affective neuroscience* 2, no. 3 (2007): 227-239.



The devastating impacts of quarantine on mental health of individuals can be long lasting event though the measure is employed as a short term measure of combating the spread of pandemics. These effects may include, behavioral and emotional challenges, substance abuse, suicidal tendencies, anxiety, depression, PTSD, and difficulties in sleeping.<sup>35</sup> Mental disorders and poor mental health and related factors such as abuse of alcohol amplify the risk of GBV, both during and after the implementation of quarantine.<sup>36</sup>

Social isolation also amplify GBV risks by increasing the exposure to potential GBV perpetrators. During the outbreak of Ebola, girls and women face increased risk of GBV due to the inability to escape from the GBV perpetrators. In numerous instances, the abused women are forced to remain quarantined in the same homes with their aggressors.<sup>37</sup> Home, which ordinarily should act as a basic protection from being infected by the pandemic become a source of insecurity and distress.

The implementation of quarantine also results to loss of control thus making GBV perpetrators to design coping mechanisms which involves acts of violence and other behaviors aimed at regaining control. Isolation, in the pandemic contexts and other contexts, is a known technique of abuse for Intimate partner violence (IPV).<sup>38</sup> Some forms of isolation employed by GBV perpetrators include; control of daily activities and surveillance of the victim such as showering and sleeping;

---

<sup>35</sup> Brooks, Samantha K., Rebecca K. Webster, Louise E. Smith, Lisa Woodland, Simon Wessely, Neil Greenberg, and Gideon James Rubin. "The psychological impact of quarantine and how to reduce it: rapid review of the evidence." *The Lancet* 395, no. 10227 (2020): 912-920.

<sup>36</sup> Oram, S., K. Trevillion, H. Khalifeh, G. Feder, and L.M Howard. (2014). "Systematic Review and Meta-analysis of Psychiatric Disorder and the Perpetration of Partner Violence." *Psychiatric and epidemiological sciences* 23, no. 4 (2014): 361–376.

<sup>37</sup> Peterman, Amber, Alina Potts, Megan O' Donnell, Kelly Thompson, Niyati Shah, Sabine Oertelt-Prigione, and Nicole Van Gelder. *Domestic abuse of women and children as well as pandemics*. Vol. 528. Center for International Development, 2020, Washington, D.C..

<sup>38</sup> Stark, E. (2007). *Men's use of coercion to manipulate women in their personal lives*. Oxford University Press, Oxford, UK  
Coercive control: How men entrap women in personal life. Oxford, UK: Oxford University Press.

geographical and physical isolation, for instance, remote living without communication means; functional isolation; and social isolation, for instance, from friends and family members.

## **2.2 Breakdown of Societal Infrastructure Including the Health Care System**

Virus outbreaks like COVID-19 and Ebola cause societal infrastructure to crumble, as functional security, legal, sanitation, food, transport, health and other structures of governance become either temporarily ineffective or reduced. The reduced effectiveness in the delivery of such government services expose children and women to risky and unsafe situations including, GBV and harassment. Pandemics amplify existing conflicts and weakness by destabilizing social infrastructure. Existing gender inequality in the society is therefore intensified during pandemics. These increase the likelihood that women and children would be subjected to sexual abuse and harassment while completing basic tasks like gathering firewood, food, and water. Breakdown in law during pandemic situations also increase GBV.<sup>39</sup> Breakdown in general services also implies that some referral and routine detection channels are lost or become ineffective. For instance, through the education system, potential maltreatment and abuse of children is identified, yet with school closures often looming during pandemics, such critical detection channels are rendered ineffective or remain operational but under reduced capacity.

In places with limited mobility or where a forced evacuation is imminent to stop the pandemic's spread, family separation may also occur. These family separation especially in humanitarian settings has devastating effect on children and women, whose basic survival needs are mostly provided by the other family members particularly the male breadwinners.<sup>40</sup> Both formal and

---

<sup>39</sup> Okur, P. "Sexual and reproductive health and rights of people on the move." *MT Bull. Tropical Medicine and International Health Bulletin* 54 (2016): 8-9

<sup>40</sup> International Rescue Committee (IRC). "Private violence, public concern: Intimate partner violence in humanitarian settings." *IRC*, 2015

informal support structures are affected by pandemics. Vulnerable groups of women who are already facing other discriminatory acts such as refugee women, displaced migrants, African descent, indigenous women, and LGBTQ+ women face increased risks induced by pandemics.<sup>41</sup> These women face increased obstacles in accessing resources and assistance they need. The fear of further discrimination is a barrier to these vulnerable groups of women who may try to seek assistance from relevant authorities concerned with domestic violence.

Oloribe et al. claim that the African healthcare system is underdeveloped and encounters significant difficulties such poor leadership and administration, insufficient funding for the health sector, and a lack of human resources.<sup>42</sup> A surge in pandemic cases therefore puts the already underdeveloped healthcare system under immense pressure to handle the influx of victims of pandemic thus leading to neglect of other functions deemed non-essential but vital to the communities. The significance of empowering and creating safe spaces for women is often overlooked during pandemics. Safe spaces ensure women have access to reproductive and sexual health services, GBV psychological counselling, livelihood skills, and security. Unfortunately, women and adolescent girls are worst hit under such circumstances. The African continent has shortage of mental health resources in terms of infrastructure and medical professional hence increased cases of mental health problems coupled with disease burden arising from pandemics puts more pressure to an already collapsing healthcare system. This is a favorable environment in which GBV cases increase unnoticed.

---

<sup>41</sup> Ibid

<sup>42</sup> Oloribe, Obinna O., Jenny Momoh, Benjamin SC Uzochukwu, Francisco Mbofana, Akin Adebisi, Thomas Barbera, Roger Williams, and Simon D. Taylor-Robinson. "Finding the Main Obstacles Confronting Health Systems in Africa and Possible Solutions. *International journal of general medicine*, 12, p.395.

In order to protect the healthcare system from total collapse during pandemics, various governments prioritize pandemic intervention measures while overlooking other needs of the society especially gender-based issues. This disproportionately expose women to gender-based violence. During pandemics, victims of gender-based violence are hardly attended to, recognized, or counted. GBV response and prevention services are de-prioritized and various governments shift resources to combat the immediate spread of pandemic and its associated effects.

The directive of voluntarily or involuntarily rendering GBV services non-essential, greatly impedes provision of GBV intervention measures. For instance, in the wake of COVID-19 pandemic, various African countries like South Africa, Nigeria, Uganda, and Kenya deemed GBV services non-essential and imposed restrictions on movement, negatively impacting the response and prevention of GBV.<sup>43</sup> Furthermore, the GBV victims are hardly attended to let alone being recognized.<sup>44</sup> Services mostly affected by such directives include legal services, provision of shelters, and community-based prevention.

The initial point of contact for victims of GBV seeking assistance are emergency first responders and health professionals. These professionals are perceived to be a reliable sources of information and assistance. Pandemics such as COVID-19 and Ebola exert immense pressure on first responders and health services. Depending on the type and extent of the pandemic, this extra pressure may make it difficult for these specialists to perform their jobs. Due to the government's prioritization of its measures to combat the epidemic, including the diversion of resources,

---

<sup>43</sup> Roy, Charlotte M., Paul Bukuluki, Sara E. Casey, Morium O. Jagun, Neetu A. John, Nicoletta Mabhena, Mary Mwangi, and Terry McGovern. "Impacts of COVID-19 on gender-based violence prevention and response services in Kenya, Uganda, Nigeria, and South Africa: a cross sectional survey." *Frontiers in global women's health* 2 (2021)

<sup>44</sup> Onyango, Monica Adhiambo, Kirsten Resnick, Alexandra Davis, and Rupal Ramesh Shah. "Gender-based violence among adolescent girls and young women: a neglected consequence of West African Ebola outbreak." In *Pregnant in the Time of Ebola*, pp. 121-132. Springer, Cham, 2019.

numerous health facilities also shuttered during the 2014 Ebola outbreak, resulting in roughly 500 personnel deaths in the health sectors of Guinea, Liberia, and Sierra Leone.<sup>45</sup> The reduction in usual health services during pandemics implies amplification of obstacles to service provision and screening for victims of GBV, including psychosocial support, and emergency contraception. The pandemics affect referral pathways which may also be coupled with insufficient complementary legal and health services that are unable to adequately provide for the needs of GBV victims.<sup>46</sup>

The operations of law enforcement are also negatively impacted during pandemics consequently necessitating increase in gender-based violence. For instance, COVID-19 pandemic forced law enforcement agencies to reduce arrests and detention to ease the prisons of uncontrollable spread of the disease.<sup>47</sup> GBV perpetrators in such circumstances are not prioritized in the arrest list. A similar trend witnessed during Ebola outbreaks.<sup>48</sup> The use of military to provide security or establish field hospitals during Ebola and COVID-19 pandemics to prevent total collapse of the system also comes with associated risks, as is the case in various African countries. There is increased perception of insecurity and fear among women especially if the military which is predominantly male is used in the community.<sup>49</sup>

---

<sup>45</sup> Huber, C., L. Finelli, and W. Stevens. "The Economic and Social Burden of the 2014 Ebola Outbreak in West Africa." *Journal of Infectious Diseases* 218, no.5 (2018): 698-704.

<sup>46</sup> UNFPA. "The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming." *UNFPA* (2019), <https://www.unfpa.org/minimum-standards>

<sup>47</sup> Mutingh, Lucas M. "Africa, prisons, and COVID-19." *Journal of Human Rights Practice* 12, no. 2 (2020): 284-292.

<sup>48</sup> UNDP. "Ebola Recovery in Sierra Leone: Tackling the rise in sexual and gender based violence and teenage pregnancy during the Ebola crisis." *UNDP* (2015), <https://www.undp.org/content/dam/sierraleone/docs/Ebola%20Docs./SL%20FS%20SGBV.pdf>

<sup>49</sup> Smith, J. "Overcoming the 'tyranny of the urgent': integrating gender into disease outbreak preparedness and response." *Gender & Development* 27, no. 20 (2019): 355-369.

### **2.3 Economic Instability and Socio-Economic Stressors**

During pandemics, many people loss incomes due to lay-offs and loss of employment opportunities arising from decline in economic activities. This intensifies economic stress or frustrations which is often released on other family members or couple. Economic anxiety is one of the factors leading to the increase in GBV cases. This situation is even worse in poor families that have no access to support services. Financial incomes are negatively impacted by pandemics. Socio-economic stressors such as family relations, food insecurity, unemployment, and financial pressures massively influence experiences of violence and the general well-being of women.<sup>50</sup> Increased economic instability during pandemics leave women subjected to intensified violence. According to Fox et al., intra-familial conflict is strongly linked to economic stress.<sup>51</sup> The loss of jobs and inability to provide for their family members increase the vulnerability of women to transactional sex.<sup>52</sup> Poor coping strategies to these socio-economic stressors during pandemics, for instance, substance abuse which is highly linked with numerous forms of GBV.<sup>53</sup>

### **2.4 Alteration of Demographics And Exposure To Exploitative Conditions**

Ebola and COVID-19 may lead to alteration in certain demographics of the society through factors such as increased fertility rates, morbidity, and mortality exposing women and children to exploitative relationships, especially among economically vulnerable groups in the society. For instance Ebola outbreak led to the death of approximately 11,000 people in West African countries of Sierra Leone, Liberia and Guinea, most of whom were working-age adults.<sup>54</sup> The death of

---

<sup>50</sup> Ibid

<sup>51</sup> Fox, G. L., M. L. Benson, A.A DeMaris, and J.V. Wyk. "Economic distress and intimate violence: testing family stress and resources theories." *Journal of Marriage and Family*, 64 (2002): 793–807.

<sup>52</sup> Ibid.

<sup>53</sup> Renzetti, C.M. "Economic Stress and Domestic Violence." Harrisburg, PA: VAWnet, (2009), <https://www.vawnet.org>.

<sup>54</sup> Evans, D. and A. Popova. "West African Ebola crisis and orphans." *The Lancet* 385, no.9972 (2015): 945-946.

working parents subject the orphans to exploitative conditions in the new extended family networks.<sup>55</sup> Pandemics facilitate increase in fertility rates through early transition to sexual behavior.

Various governments implement school closures to reduce the spread of pandemic. For instance, Ebola outbreak in West Africa led to school closures lasting between six to eight months in Sierra Leone, Liberia, and Guinea.<sup>56</sup> Approximately 18,000 girls became pregnant during this pandemic, accounting for 65 percent increase in some parts of Sierra Leone.<sup>57</sup> The amount of time girls spent with older men during same period substantially increased, early pregnancies increased, and post-pandemic enrolment of girls in schools reduced by 16 percent.<sup>58</sup> Adolescent and early pregnancies are linked with intensified risk of violence in the long run.<sup>59</sup>

## 2.5 Information Asymmetry

Information asymmetry among community members relating to the cause, transmission and prevention of pandemics intensify fear among the Africans. Some members of the community, under such environments therefore react through controlling or coercive behaviours that sometimes involve violence. In cases where the pandemic is novel such as the 2020 COVID-19 outbreak, GBV perpetrators take advantage of the situation using scare tactics and misinformation

---

<sup>55</sup> Evans, D. and A. Popova. "Orphans and Ebola: Estimating the secondary impact of a public health crisis." World Bank Group Policy Research Working Paper 7196. World Bank Group.(2015)

<sup>56</sup> World Bank. "Back to School After the Ebola Outbreak" *World Bank* (2015), <https://www.worldbank.org/en/news/feature/2015/05/01/back-to-school-after-ebola-outbreak>

<sup>57</sup> UNFPA. "Institutional analysis of the UNFPA response to Ebola Crisis. In Guinea, Liberia and Sierra Leone and readiness of the Sexual and Reproductive, Maternal, Neonatal and Adolescent Health Services." *UNFPA*, (2015) <https://wcaro.unfpa.org/sites/default/files/pub-pdf/UNFPA-WCARO-Ebola-Crisis.pdf>

<sup>58</sup> Bandiera O, N. Buehren, M. Goldstein, I. Rasul, and A. Smurra. "The Economic Lives of Young Women in the Time of Ebola: Lessons from an Empowerment Program." Working paper. (2018), [http://www.homepages.ucl.ac.uk/~uctpimr/research/ELA\\_SL.pdf](http://www.homepages.ucl.ac.uk/~uctpimr/research/ELA_SL.pdf)

<sup>59</sup> Kidman, R. "Child marriage and intimate partner violence: a comparative study of 34 countries." *International Journal of Epidemiology*, (2016): 662–675.

to blame or control their victims by evoking their fear of infection as a tactic to prevent them from resisting their control or seeking assistance from GBV support facilities.<sup>60</sup>

During pandemics, the decline in the provision of GBV services may also arise from reduced demand of health services. For instance, during the West Africa outbreak of Ebola, fears of infection resulted in less women seeking maternal health services.<sup>61</sup> The perceived risk of infection also explains why women were reluctant to seek health care assistance during COVID-19 pandemic.

## **2.6 Chapter Summary**

The present chapter has assessed the impact of Ebola and COVID-19 pandemics on GBV in Africa. Various pathways establishing the link between the pandemics and GBV have been explored, some of which are interconnected. Generally, it has been established that the two pandemics amplify GBV both in terms of severity and frequency. It is also vital to note that this assessment has been taking into consideration, underlying challenges to the health system in Africa, pre-existing gender inequalities propagated by social norms, and humanitarian conditions. The challenge of establishing these impacts therefore lies in the complexity of GBV drivers and their interconnectedness. In conclusion, pandemics are not a new phenomenon and Africa must adequately learn from past and present pandemics and their link to GBV as a preparation for GBV cases in the occurrence of future pandemics.

---

<sup>60</sup> Lefafa, N. "Covid-19 lockdown provides 'perfect storm' for SA's GBV crisis." *Health-e News* (2020).

<sup>61</sup> Jones, S.A., S. Gopalakrishnan, C.A. Ameh, S. White, and N.R. van den Broek. 'Women and babies are dying but not of Ebola': the effect of the Ebola virus epidemic on the availability, uptake and outcomes of maternal and newborn health services in Sierra Leone." *BMJ Global Health* 1 (2016): e000065.



## CHAPTER THREE

### THE EFFICACY OF COUNTER GENDER BASED VIOLENCE MEASURES DURING EBOLA AND COVID-19 IN AFRICA

#### 3.0 Introduction

A pandemic exposes gender-based structural injustices and flaws in the gendered socioeconomic and health systems when various public health measures, such as quarantines and school closings, shift funding to emergency response services. Although these safety measures are necessary and crucial, there is a need to examine how they impact the lives of women and children to prevent causing more harm than projected. During humanitarian crises and public health emergencies, there is an increase in gendered violence, which manifests the inherent inequalities and vulnerabilities against women and children. This chapter will evaluate the success of anti-gender-based violence measures throughout the Ebola and COVID-19 pandemics in Africa.

#### 3.1 An Overview of Gender-Based Violence Prevalence in Africa during the Pandemic

Newly accessible gender data in Africa reveal significant gender discrepancies, which puts women and girls at greater risk of gender-based violence during humanitarian emergencies. For example, the East African Community observed a significant increase in cases of gender-based violence, including sexual assault, by over 48% during the COVID-19 outbreak.<sup>62</sup> In Cameroon, there is a reported increase in household violence by approximately 35.8% for both men and women during the pandemic due to lockdown measures and a decline in financial resources.<sup>63</sup>

---

<sup>62</sup> The East African Community “Gender-Based Violence and COVID-19 in the EAC”

<sup>63</sup> ONUFEMMES-BUCREP (2020). COVID-19 Gender Impact Rapid Assessment Survey (Covid-19 GIRAS), Rapport d’enquête, 32p.

In the Central African Republic, gender-based violence against women and children has increased by about 69% since the pandemic began, with recorded injuries from sexual assault and other assaults.<sup>64</sup> Since the beginning of the epidemic, comparable findings have also been recorded in North Africa. Particularly, a study by UN Women Egypt and Baseera revealed that by April 2020, 11% of women had been the victims of abuse as a result of the rigorous shutdown and stay-at-home regulations implemented to curb the virus's spread. When equated to the 2019 recorded cases, the average weekly incidence of gender-based violence surged by 37% in South Africa during the first week of level 5 shutdown.<sup>65</sup> Comparable findings have been made in West Africa, where gender-based violence in Liberia has increased by 50% as of mid-2020.<sup>66</sup>

### **3.2 Relationship between Pandemics and Gender-Based Violence**

Emerging data show the outbreak of pandemics and infectious diseases has gender-based outcomes. Gender-based violence and pandemics are mutually reinforcing. During humanitarian crises, women and ladies are disproportionately affected since crises are known to increase gender inequality and violence. There is a critical linkage amid infectious diseases and gender-based violence, and its evaluation will allow more effective approaches to addressing both. The application of pandemic control methods in humanitarian emergencies has frequently failed to take gender into serious consideration. Experiences with Zika, Ebola, and COVID-19 thus highlight how vulnerable women and girls are in humanitarian contexts. According to research, humanitarian crises significantly worsen and pose a disproportionate threat to the safety and well-being of women and girls worldwide. Risk factors for gender-based violence are heightened when

---

<sup>64</sup> United Nations Development Fund (UNDP). July 2020. "In CAR, violence against women has increased because to the COVID-19 pandemic.

<sup>65</sup> Research by the UN Gender Theme Group led by UN Women South Africa Multi-Country Office.

<sup>66</sup> UNFPA. West and Central Africa Region COVID-19 Situation Report No. 8,

pandemics strike.<sup>67</sup> This can be explained by the control measures during pandemics, such as an enforced lockdown. This has the risk of exacerbating socioeconomic precarity and poverty on women, laying the ground for sexual abuse and exploitation.

Vulnerabilities against women are exacerbated during outbreaks of pandemics.<sup>68</sup> During humanitarian crises, gender insensitive pandemic control measures expose women and children to abusers, exacerbate socioeconomic strain, increase strain on access to reproductive health services and reinforce household gender roles. When the COVID-19 epidemic first started, governments-initiated ad-hoc measures such as quarantine and mandatory lockdown. This led to a breakdown of social and health services, which combined with the ad-hoc measures to interfere with the protection of women and girls. Consequently, domestic and intimate partner violence escalated.<sup>69</sup> Extended lockdowns during the pandemic are fertile grounds for household economic precarity and stress growth, which yield gender-based violence. The mandatory containment and lockdown measure disproportionately affect girls' educational attainment, which promotes early marriage.

Ebola's spread in West Africa and the Democratic Republic of the Congo has negative effects on women and girls. Because of the gendered nature of household labor, the responsibility of finding water to fulfil the increased demand for sanitation and hand washing overwhelmingly fell on women and girls. This exposed increased sexual violence and abuse, further aggravated by the civil conflicts in the region.<sup>70</sup> In most cases, measures to control pandemics fail to consider gender-

---

<sup>67</sup> Stark, Lindsay, Melissa Meinhart, Luissa Vahedi, Simone E. Carter, Elisabeth Roesch, Isabel Scott Moncrieff, Philomene Mwanze Palaku, Flore Rossi, and Catherine Poulton. "The syndemic of COVID-19 and gender-based violence in humanitarian settings: leveraging lessons from Ebola in the Democratic Republic of Congo." *BMJ global health* 5, no. 11 (2020): e004194.

<sup>68</sup> Ibid

<sup>69</sup> Arenas-Arroyo E, Fernandez-Kranz D, Nollenberger N. Can't leave you now: intimate relationship violence caused by compelled cohabitation and financial instability. Germany's Bonn in 2020.

<sup>70</sup> Global rescuing organization. "Everything on her shoulders": a quick assessment of gender issues and abuse of women and girls in Beni, DRC, during the Ebola outbreak. 2019

based violence and sexual health, thus eroding essential services in humanitarian settings. Also, the phobia associated with bodily fluids during the Ebola outbreak in West Africa and DRC exposed young girls to menstruation and childbirth stigma hence being sent to Ebola Treatment centers.<sup>71</sup>

Emerging evidence shows that gender-based violence leads to sustained community transmission of infectious diseases. For instance, COVID-19 pandemic transmission is exacerbated through sexual transmission during sexual violence. This is further aggravated by the fact that access to contraceptives is difficult in humanitarian settings. Again, during humanitarian crises, women and girls may be forced to use transactional sex to save themselves from socioeconomic challenges. This increases community transmission of infectious diseases. This was the case for the community transmission of Ebola by sexual violence and transactional sex in West Africa and DRC.<sup>72</sup> Similarly, the measures taken to control the Zika virus in Brazil were short of considerations for sexual health and rights. Sexual violence by Zika-positive men transmitted the virus to pregnant women and fetuses. Girls and women were left vulnerable to Zika infection.

### **3.3 THE EFFICACY OF GENDERED MEASURES AGAINST GENDER-BASED VIOLENCE IN AFRICA**

#### **3.3.1 Measures by the African Union**

The African Union Commission (AUC) gained a continental strategy and created a COVID-19 response fund in order to aid in an effective medical reaction to the global outbreak within the Africa Center for Disease Control and Prevention (CDC) and to address the economic impacts of

---

<sup>71</sup> World Wide Rescue. Not All That Bleeds is Ebola: How the north Kivu sexual and reproductive health was influenced by the DRC Ebola epidemic [Internet]. Manhattan; 2019.

<sup>72</sup> Kapur N. Gender evaluation: Ebola virus disease treatment and management in the Democratic Republic of the Congo. 2020.

the pandemic to AU member states.<sup>73</sup> The necessity that gender parity be factored into and absorbed into all COVID-19 responses in Africa led to the creation of the African Union Guidelines on Gender-Responsive Responses to COVID-19. These actions were meant to complement those already taken by the RECs, the various AU member states, the AUC under the Africa CDC, at the national, regional, and continental levels. Significant inclusiveness concepts and strategies, such as gender budgeting, multisectoral approaches, completely integrating women, empowering women, and efficient expertise documentation and sharing, are considered in the AU guidelines on gender reactions to the epidemic.<sup>74</sup>

There have also been collaborative efforts amid Office of UN High Commissioner for Human Rights (OHCHR) and AU Commission- Women, Gender and Development Directorate (UNC-WGDD) to develop guidance on appropriate actions that African nations would take in line with their obligations to protect human rights to safeguard women from discrimination during responses to the pandemic.<sup>75</sup>

The African Union Guidelines for gender-responsive measures to pandemic served as guide for COVID-19 responses at the continental level. The initiatives were motivated by understanding that when they are the targets of gender-based abuses, women's and girls' rights to bodily and psychological integrity are infringed. Thus, the continental interventions have called for efforts to promote gender-responsive measures that will support women, girls, and persons with disabilities in leadership and participation in all COVID-19 decision-making response practices.

---

<sup>74</sup> AU, UNECA and UNW (May 2020) “COVID-19 Response and Recovery”: A Gendered Framework. Report of the meeting of the African Union Ministers in Charge of Gender and Women’s Affairs.

<sup>75</sup> <https://www.ohchr.org/Documents/Issues/Women/7ActionsFinal.pdf>

The African Union guidelines on gender-based COVID-19 interventions focused on increasing budget allotment from the national and international special funds. Again, it sought to mobilize additional resources from the international community development parties to be channelled towards rapid national responses to safeguard women and girls from gender-based violence. The recommendations also attempted to increase awareness of and encourage reporting of gender-based violence incidents by establishing up hotlines to enable submitting of domestic violence and offer proper support to victims. Online counselling was used to provide psychological care to women who had experienced gender-based violence as an element of the framework providing assistance for those who had experienced such abuse.

The AU guidelines made additional noteworthy efforts to provide victims of gender-based violence with justice. For instance, they boosted police and judicial understanding to respond swiftly to abuse against women and girls and bolstered special police departments dedicated with domestic violence during the pandemic. Additionally, the recommendations aimed to create unique mechanisms to ensure that those responsible for gender-based violence be apprehended and punished.

### **3.3.2 Regional Counter-Gender-Based Violence Measures during Ebola and COVID-19 Outbreaks**

To combat impact of gender-based violence during Ebola and COVID-19 pandemics, a number of regional initiatives have been launched. For instance, Hawassa's religious leaders have made major efforts to share information about gender-based violence prevention and intervention. The Essential Services Committee of the Ministry of Health collaborated with UNFPA to develop

Standard Operating Procedures (SOPs) in order to guarantee that reproductive health, HIV, and anti-gender-based violence services survived throughout the COVID-19 pandemic in Uganda.<sup>76</sup>

Due to lockdown regulations, rape, Female Genital Mutilation (FGM), early marriages, and domestic violence instances increased in Kenya during the pandemic. As a result, the president called out the relevant authorities and bodies to investigate these issues and devise measures to reduce such cases. In Tanzania, collaborative measures between the government and the UN to mainstream gender-based violence and facilitate efforts to ensure that women and children are screened for gender-based violence when analyzing COVID-19 reported cases.<sup>77</sup>

In other states, such as South Sudan, counter-gender-based violence measures, such as national helplines, have been launched to facilitate support for gender-based violence survivors by sharing relevant information and connecting them with support centers. Similarly, gender-based violence control committees and capacity-building training were launched in the Central African Republic in 2020. Members were educated on their roles in addressing gender-based violence during the pandemic, the key concepts, and the appropriate pathways for reporting gender-based violence cases. Through these efforts, national stakeholders were thoroughly trained in managing gender-based violence cases.

During the COVID-19 pandemic, extensive measures were taken in Egypt to address gender-based violence. These included joint efforts by UNFPA, UN Women, the World Bank, and Egypt's National Council for Women to create a policy statement that focused on quick action against

---

<sup>76</sup> <https://africa.unwomen.org/en/digital-library/publications/2020/12/gbv-in-africa-during-covid-19-pandemic#:~:text=Gender%20Based%20Violence%20in%20Africa%20during%20the%20COVID%2D19%20Pandemic&text=In%20Africa%20too%2C%20there%20have,are%20exacerbated%20particularly%20under%20lockdowns.>

<sup>77</sup> "COVID-19 and Essential Services Provision for Families of Abuse Among Women and Girls," UN Joint Global Programme on Essential Services for Women and Girls Subject to Violence (2020), UN Women, UNFPA, WHO, UNDP, and UNODC

violence against women during the pandemic. In order to support survivors of gender-based violence, Egypt has also revised a referral pathway that includes of hotlines and new response and reporting procedures. Eight shelters for women and children were also constructed by the ministry of social solidarity to provide survivors of gender-based violence with services like counselling, treatment, legal assistance, and psychological support.

As the literature implies, cultural and traditional practices in West Africa raised the exposure of women and girls to the risk of acquiring Ebola. Gender roles such as being caregivers in households, working as professional health workers, and preparing dead bodies for burial disproportionately exposed women to risks of Ebola. Humanitarian evidence globally indicates that teenage girls face higher risks of rape and assault due to their tender age and gender. This illustrates that any interventions to kick the pandemic out require a gender-sensitive approach that considers the vulnerabilities, interests and needs of women and girls in the Ebola-hit countries. As a result, interventions were made in consideration of the wider socioeconomic implications of the pandemic on women, girls and children. For instance, in Sierra Leone, in collaboration with UN Women, the UN Country Team established the Ebola Gender Mainstreaming Strategy to add gender consideration to the Ebola intervention measures. Likewise, the United Nations Country Team (UNCT) in Liberia launched the Ebola Response Strategy to allow for women's participation in Ebola response interventions, permit more efficient sexual violence data and promote a rebuild of trust in the public health services.<sup>78</sup>

There have also been notable efforts from international and regional bodies such as the UN, EU, World Bank, ECOWAS, AU and African Development Bank to support West African

---

<sup>78</sup> <https://fscluster.org/document/iasc-gender-reference-group-gender-alert-0>



governments such as Liberia, Guinea and Sierra Leone in incorporating the gender issue in the Ebola Recovery Assessment program.<sup>79</sup> This resulted in some notable positive outcomes, such as declining FGM cases in Sierra Leone. This presented a notable opportunity to advance the anti-FGM initiative and the educative and informative programs on the benefits of not returning to the practice.

However, gender-integrated responses were faced with several challenges. This is because the health sector in the Ebola crisis hit West Africa was already fragile. It failed to adequately address the needs of women to access important health care services such as maternal care. Most Ebola response initiatives neglected to take into account how gender-based violence services can save lives. Restrictive health measures, such as movement limitations, interfere with one-stop crisis centers and safe places since they failed to take gender sensitivity into account. Due to their lack of sufficient financial resources, women and girls faced numerous difficulties during the Ebola pandemic. Additionally, the lack of communication throughout the Ebola response efforts that took women's issues into account made it difficult to address the threats of gender-based violence.<sup>80</sup>

### **3.4 Conclusion**

The COVID-19 outbreak has prompted several African governments to take severe action. To specifically address the syndemic connections between gender-based violence and the pandemic, however, integrative interventions are required. Therefore, if we want to achieve a gender-inclusive outcome, women must be included in the decision-making process for the pandemic response. Local women's organizations are best suited to consider the appropriate designs and

---

<sup>79</sup> *ibid*

<sup>80</sup> Hasan, M. M. "Missing the mark? people in eastern DRC need information on Ebola in a language they understand: a rapid language needs assessment in Goma, DRC, 2019."

measures related to the pandemic to address gender-based violence risks. Similarly, humanitarian efforts should consider the impacts of interrelated factors such as gender-based violence from the pandemic and not simply concentrate on saving lives. To address the social and structural violence that they experienced, initiatives must support the special needs of women and girls. In order to achieve sustainability, steps should be done to mainstream gender-based violence across all industries. The lifesaving nature of services for gender-based violence was not taken into account by various Ebola and COVID-19 response methods. Since they increase physical accessibility, such services, such as one-stop crisis centers and safe spaces, might be alluring to women and girls during crises. Due to the shorter distances they would have to go to health facilities, this would help to lessen their exposure to both COVID-19 dangers and gender-based violence. Since women and girls are disproportionately affected by the syndemic link between gender-based violence and the pandemic, it is crucial to act quickly during humanitarian emergencies. This necessitates multilateral and localized measures to address the increasing range of community needs impacted by this connection. Therefore, measures to stop the spread of the Ebola and COVID-19 pandemics should take into account the gender needs of women and girls in order to prevent further aggravate gender-based violence, hinder its perpetration, and improve support for its survivors.

## **CHAPTER FOUR**

### **THE PROSPECTS AND CHALLENGES OF INTERVENTION MEASURES TO ADDRESS GBV DURING THE EBOLA AND COVID-19 PANDEMIC IN SIERRA LEONE**

#### **4.0 Introduction**

The potential and difficulties of GBV intervention strategies during the Ebola and COVID-19 pandemic in Sierra Leone are examined in the current chapter. The analysis in the chapter first looks at the difficulties and potential of interventions to address GBV in Sierra Leone during the Ebola pandemic, and then it moves on to the difficulties and potential of interventions to address GBV in Sierra Leone during the COVID-19 pandemic.

#### **4.1 The Prospects and Challenges of Intervention Measures to Address Gbv during the Ebola Pandemic**

The intervention measures to address GBV during the Ebola pandemic in Sierra Leone faced various challenges, some of which are highlighted below.

##### **4.1.1 Neglect of Gender Dynamics when Combating the Ebola pandemic**

Gender dynamics relate to the issues concerning the interactions and relationships between and among men, women, boys, and girls based on the socio-cultural values and ideas about power and gender relationships from which the term is conceptualized. The failure to include gender-related issues in the policy framework of intervention measures addressing the Ebola pandemic in Sierra Leone had a massive impact on the prevalence of GBV cases during the same period. While the government prioritized the efforts aimed at combating the Ebola pandemic, GBV cases skyrocketed, often unnoticed and unreported. John et al. postulate that as the measures aimed at curbing the spread of Ebola, such as quarantine and school closures, were being implemented in

the 2014-2016 Ebola outbreak, girls and women faced increased cases of exploitation, coercion, and sexual abuse.<sup>81</sup>

Harman alludes that there were four reasons for the neglect of gender dynamics in the approaches to combating the Ebola outbreak in Sierra Leone.<sup>82</sup> First was the ‘tyranny of the urgent or ‘putting out the fire’ argument advanced by a majority of the Ebola response team. She noted that the chaotic nature and gravity of the situation provided an impetus to the neglect of gender dynamics in combating the Ebola pandemic. This points to the fact that gender issues were regarded to be of secondary concern rather than a fundamental issue to the success of the Ebola response and intervention measures.

Secondly, there was a lack of reliable and sufficient data on gender outcomes of disease outbreaks. In the context of global health governance, a concern can easily be dismissed unless verifiable quantitative evidence exists. Numbers are a key political currency, especially where attention is a limited commodity, and policymakers have to choose what to act on depending on the severity of the issues.

Thirdly, in the hierarchy of issues to be addressed, Ebola and reducing transmission took center stage, while gender issues were given less attention despite the known effects of Ebola on the newborn child, maternal, and reproductive health that had been published by *Lancet*.<sup>83</sup> The immediate response was concerned with the mobilization of equipment and resources, contact tracing, and how the front-line health workers were to be protected. The burden of work women do, the safety of women, and reproductive health were all considered secondary to the issues

---

<sup>81</sup> John, Neetu, Sara E. Casey, Giselle Carino, and Terry McGovern. "Lessons never learned: crisis and gender-based violence." *International bioethics* 20, no. 2 (2020): 65-68

<sup>82</sup> Harman, Sophie. "Threat not solution: gender, global health security and COVID-19." *International Affairs* 97, no. 3 (2021): 601–623.

<sup>83</sup> *Ibid*

considered most urgent. To this effect, the impact of the secondary issues was not considered, for instance, the effect of gendered community mobilization, protection of health workers and contact tracing, and how the same women subjected to GBV were also vulnerable to Ebola. There was also a hierarchy of issues at the National Ebola Response Centre (NERC), where interests and issues of women, including gender-based violence, were put in the ‘social protection’ cluster. Sophie noted that this cluster was designated for issues the response team did not want to deal with. Gender experts were also marginalized at the decision-making table within the NERC while creating an illusion of inclusion by including them in the response team.

Lastly, the majority of the members of the response team failed to have a clear comprehension of the concept of gender, how gender was related to health or Ebola, and the basis upon which to dismiss the relevance of gender on the Ebola response. While infectious diseases such as Ebola can be seen as a great equalizer in which everyone is vulnerable to infection, many people also fail to recognize the origin of the differential impact on different segments of society and the need for equity in public health interventions.

Smith postulated that the intervention measures aimed at curbing the spread of the pandemic often failed to include gender-related issues in the policy frameworks concerning preparedness, prevention, and containment of the pandemic, as was the case with the Ebola pandemic in Sierra Leone.<sup>84</sup> The limited application of an equity-based approach and neglect of gender dynamics is thus a massive threat to eliminating GBV in society as the cases of GBV go unaddressed during the period of the pandemic. The Ebola pandemic showed how significant it is to incorporate gender dynamics in combating pandemics.

---

<sup>84</sup> Smith, Julia. “Overcoming the ‘tyranny of the urgent’: integrating gender into disease outbreak preparedness and response.” *Gender & Development* 27, no. 2 (2019): 355-369.

Risso-Gill and Finnegan noted that a substantial number of girls who had lost relatives were forced to engage in transactional sex to cater to their basic daily needs.<sup>85</sup> Evidence from previous disasters and crises shows that confinement measures intended to lessen the impact of the current circumstances on human existence frequently result in new instances of violence against children and women or an escalation in existing instances of such abuse. For instance, the 2014–15 Ebola epidemic in Sierra Leone raises the possibility that the outbreak exposed girls and women to higher instances of sexual abuse and violence than in the years before.<sup>86</sup>

#### **4.1.1.1 Limited Funding for GBV Service Provision**

The provision of GBV services requires adequate funding, most of which is derived from international donors, to ensure smooth operations within the GBV services centers. Some of the response services provided at the GBV service centers include legal assistance, provision of safe spaces, provision of physical security, psychosocial support, and medical treatment, among other social services such as mentorship and community-based peer assistance. The assistance provided at the GBV service centers requires that such facilities have the necessary resources in terms of qualified staff and equipment to meet the need of GBV survivors. Consequently, proper funding is essential in meeting the above-mentioned needs of a fully operational GBV service center. However, this was not the case during the Ebola pandemic period in Sierra Leone.

John et al. postulate that while GBV cases were on the rise, there was a failure to prioritize funding for GBV amid a deteriorating health sector and poor coordination resulting in limited availability of services to GBV survivors in Sierra Leone.<sup>87</sup> Personnel and resource redirection towards

---

<sup>85</sup> Risso-Gill, I. and L. Finnegan. Children's Ebola Recovery Assessment: Sierra Leone, Save the Children, World Vision International, Plan International, and UNICEF, (2015)

<sup>86</sup> UNDP. "Assessing Sexual and Gender Based Violence during the Ebola Crisis in Sierra Leone.", UNDP (2015),

<sup>87</sup> John, Neetu, Sara E. Casey, Giselle Carino, and Terry McGovern. "Lessons never learned: crisis and gender-based violence." *Developing world bioethics* 20, no. 2 (2020): 65-68

intervention measures to combat the spread of Ebola adversely affected the provision of GBV services, especially in the public health sector. The few GBV service centers that remained operational during the Ebola pandemic were those managed by the INGOs and received an increase of 19 percent in girls and women in need of case management, counselling, and health services as compared to previous months before the Ebola pandemic.<sup>88</sup>

#### **4.1.2 Fear of Infection, Violence, and Mistreatment**

Fear refers to the unpleasant emotion arising from the threat of harm, pain, or danger. During an outbreak of infectious diseases such as Ebola, nations are affected either through the direct effects of the disease or through indirect ways such as the behavioral response to the pandemic. Infectious diseases affect public perceptions, consequently instigating fear and fear-related behavioral changes in society.<sup>89</sup>

Socha et al. posit that fear of infection, violence, or mistreatment limited the number of women accessing GBV and health services during the Ebola pandemic, including life-saving support and care for the survivors of GBV.<sup>90</sup> Some of the women were afraid that they could be assaulted on their way to healthcare facilities, while others who suspected they had Ebola failed to seek medical attention. This was a similar finding in the case of the Zika virus in the Dominican Republic, in which girls and women failed to seek health services out of fear of violence and abuse in hospitals and medical centers.<sup>91</sup> The fear of violence is intensified during a pandemic in case of forced cohabitation in which a GBV victim is in the same household as the GBV perpetrator due to

---

<sup>88</sup> Ibid

<sup>89</sup> Bali, Sulzhan, Kearsley A. Stewart, and Muhammad Ali Pate. "Long shadow of fear in an epidemic: fearonomic effects of Ebola on the private sector in Nigeria." *BMJ Global Health* 2016;1:e000111.

<sup>90</sup> Sochas, Laura, Andrew Amos Channon, and Sara Nam. "Counting indirect crisis-related deaths in the context of a low-resilience health system: the case of maternal and neonatal health during the Ebola epidemic in Sierra Leone." *Health policy and planning* 32, no. suppl\_3 (2017): iii32-iii39.

<sup>91</sup> Oxfam International. "Dominican Republic Gender Analysis: study of the impact of the Zika virus on women, girls, boys and men." Oxford: Oxfam International (2017)

restriction of movement during such periods. Consequently, women fail to report instances of GBV or fail to seek GBV services due to fear of violence by the perpetrator if they find out, fear of being assaulted along the way, or due to fear of contracting an infectious disease, in this case, Ebola.

#### **4.1.3 Curtailment of Mechanisms for Reporting GBV Cases**

There are numerous mechanisms for reporting GBV cases in Sierra Leone. These referral pathways involve physical movement to various service providers, including healthcare centers, police stations, courts, protective care providers, and social services providers. With the restriction of movement during the Ebola pandemic, GBV victims and survivors could not seek GBV services

John et al. postulate that the restrictions on movement through measures such as lockdowns and quarantines implemented to reduce the spread of the Ebola pandemic curtailed the mechanisms of reporting GBV cases in Sierra Leone.<sup>92</sup> Lockdowns and quarantine also gave GBV perpetrators ample time and a conducive environment to control and isolate their victims, limiting the access of the victims to assistance and documentation of their cases for legal action to be taken. During the Ebola pandemic, reports of GBV were often unrecognized, uncounted, de-prioritized, and unreported.

##### **4.1.3.1 Limited Access to Information**

Access to information is very crucial in the decision-making process, especially during public health crises. Although Sierra Leone has domestic legislation granting individuals the right to information, cultural, social, or economic obstacles hindered women from having access to information on operational GBV service centers, mechanisms of reporting, and the Ebola pandemic and its transmission mechanisms. With limited information on critical aspects of the

---

<sup>92</sup> John, Neetu, Sara E. Casey, Giselle Carino, and Terry McGovern. "Lessons never learned: crisis and gender-based violence." *Developing world bioethics* 20, no. 2 (2020): 65-68.



GBV referral pathway, women face the difficulty of knowing which agency to seek help from in case of GBV hence the high numbers of unreported GBV cases.

Manivannan claims that some of these obstacles to information access for women include low literacy and education levels, a lack of knowledge of how to access public information, time restraints brought on by gender roles in domestic work and childrearing, and low levels of confidence in information seeking.<sup>93</sup> For instance, during the 2014-2015 Ebola pandemic in Sierra Leone, adolescent girls and women had limited opportunities to attend community meetings organized to create awareness of the Ebola pandemic prevention and transmission mechanisms. During the Ebola Pandemic, there was a shift to digital platforms for reporting GBV cases as well as provision of various GBV services among the various GBV service centers. This digital migration was, however, fast, and the general public, including women, was not familiar with the new channels of reporting and seeking GBV services.

## **4.2 The Prospects and Challenges of Intervention Measures to Address GBV during the Covid-19 Pandemic**

### **4.2.1 Neglect of Gender Dynamics and Limited Application of Equity-Based Approaches During the COVID-19 Pandemic**

Gender-related issues are critical to the intervention measures aimed at combating the COVID-19 pandemic. Some of the gender dynamics, such as gender inequalities, are underlying issues that have remained unresolved for decades yet massively impact the lives of women in society. According to Harman, failure to include gender dynamics in the COVID-19 countermeasures

---

<sup>93</sup> Manivannan, Anjali. "Gender inequalities in access to information about Ebola as gender-based violence." *Harvard Human Rights Journal* (2015).

intensified the underlying gender inequalities and disparities, thus leading to more GBV cases.<sup>94</sup> While much of the attention was placed on combating COVID-19, GBV issues remained unaddressed. Measures aimed at combating COVID -19 were prioritized while other issues such as GBV, which are equally critical to decent living, especially for women, were neglected. The diversion of government resources to combat COVID-19 at the expense of critical services such as GBV greatly affected the women of Sierra Leone.

Because they are confined in physical places amid health and economic shocks that elevate household stress levels, women are more vulnerable to violence as a result of the social exclusion and quarantines implemented by the government of Sierra Leone to stop the spread of the COVID-19 pandemic. The interventions restricting the movement of individuals imposed to handle the COVID-19 emergency provided little recourse for women. Survivors from violence were unable to seek refuge elsewhere, providing GBV perpetrators significant control over children, girls, and women during the mandatory lockdown. Women who are victims of intimate partner violence were unable to access emergency hotlines while in the same household with their abusers, leave alone escape to safer locations.

Increased levels of strain and stress brought on by the COVID-19 epidemic include forced cohabitation and a loss of social connection. This condition is likely to provide some people even another excuse to resort to violence. Men's acts of violence are deeply rooted in patriarchal masculinities, which give men authority and power over women. The fear of the COVID-19 outbreak in prison also limited police intervention since police became reluctant to detain GBV perpetrators. COVID-19 heavily strained the GBV support services, especially the police and

---

<sup>94</sup> Harman, Sophie. "Threat not solution: Gender, global health security and COVID-19." *International Affairs* 97, no. 3 (2021): 601-623.

healthcare services. Guidorzi pointed out that fewer women would have been negatively impacted by the COVID-19 countermeasures had such interventions included a gender-censored approach to combating the pandemic.<sup>95</sup>

#### **4.2.1.1 Gender Norms and Roles**

In most African societies, gender roles and norms confine the realm of care work to women, including care of sick people and children and household chores- that are critical for the health system, communities, and sustenance of families yet often underpaid, non-monetized, or invisible. Whether it is in the commercial or public sectors, or in informal or formal care, the responsibilities of care givers have frequently been feminized. Due to increasing caregiving responsibilities during the COVID-19 pandemic, more women had higher disease vulnerability and exposure. Since the provision of care is gendered in the framework of gender roles and norms of many African countries, the increased demand for care work during the COVID-19 pandemic meant that more women faced an increased risk of getting the disease. Along with the closing of schools and child care centers, there is also a greater strain at home due to persistent gender disparities in unpaid work.

Gender disparities in care responsibilities increase the difficulty many working parents face, especially working women who have to balance family and work. COVID-19 also adversely affected the elderly, who were classified to be a vulnerable group and had to reduce their contact with other family members. This meant that there was limited reliance on family networks, such as relying on grandparents as informal care providers, thus forcing many working parents, particularly women, to care for the children at home.

---

<sup>95</sup> Guidorzi, Brianna. "The 'shadow pandemic': Addressing gender-based violence (GBV) during COVID-19." In *COVID-19 in the Global South*, pp. 117-126. Bristol University Press, 2020.

#### 4.2.2 Disruption of GBV Referral Pathways

GBV referral pathways entail the entire process of GBV documentation, from the reporting of GBV cases or incidents to the time a legal action is taken to resolve the issue. The GBV referral pathways involve the services of multiple stakeholders, including agencies such as protective service providers, courts, hospitals, and social service providers, among other government-recognized institutions. The normal operations of these institutions were disrupted by the COVID-19 pandemic forcing some to close due to the measures imposed by the government, such as social distancing and restrictions of movement. Women are specifically more prone to having compound and multiple barriers in accessing justice, often due to financial constraints and literacy levels.<sup>96</sup> Many cultural, institutional, structural, and economic factors have the potential to hinder the access of women to judicial services. These may include obstacles faced by at-risk groups such as migrant women who cannot advocate for themselves and women with disabilities, social barriers such as judicial bias and stereotypes, structural barriers such as excessively technical language in legal procedures and documents, and cost-related obstacles such as direct cost of judicial service.

According to Guidorzi, the underlying gender inequalities were exacerbated by the impacts of the COVID-19 pandemic.<sup>97</sup> During the COVID-19 pandemic, lockdowns and mobility restrictions exacerbated these underlying injustices by negatively impacting the economic and social life of women, consequently putting more women at risk of GBV since their access to judicial services was limited. The pandemic also potentially strained the provision of critical government services to GBV survivors, including mechanisms of legal aid, child protection, medical services, and shelters. While the COVID-19 pandemic endangered the livelihoods and jobs of various units of

---

<sup>96</sup> Ibid

<sup>97</sup> Guidorzi, Brianna. "The 'shadow pandemic': Addressing gender-based violence (GBV) during COVID-19." In *COVID-19 in the Global South*, pp. 117-126. Bristol University Press, 2020.

society, possible over-exposure to loss of jobs, greater caring responsibilities, lower average wealth, and lower average incomes of women implied that women were more likely than others to be vulnerable. The economic downturn associated with the COVID-19 pandemic massively affected the daily sustenance of women, single mothers in particular, who faced job loss, thus exposing them to exploitative situations such as transactional sex.

### **4.3 Conclusion**

This chapter has assessed the prospects and challenges of intervention measures to address GBV during the Ebola and COVID-19 pandemic in Sierra Leone. It is worth noting that gender inequality remains a challenge to many African societies and the entire world. The key finding in this chapter was that both Ebola and COVID-19 pandemics had an immense negative impact on normal life, causing a strain on the health sector, disrupting GBV referral pathways, and forcing the government to prioritize measures aimed at curbing the pandemics at the expense of other critical sectors and services such as GBV services.

## **CHAPTER FIVE**

### **DATA ANALYSIS ON THE IMPACT OF COVID 19 AND EBOLA PANDEMICS ON THE INCREASE OF GBV IN AFRICA**

#### **5.0 Introduction**

This chapter analysis interprets and presents findings of the study. A questionnaire is administered to 384 respondents from sections like African Women, UN Women, Action Aid, Academia, and Ministry of Youths and Gender Affairs. The feedback from the respondents is analyzed using SPPSS v.26 and Microsoft Office Excel. 2016. The findings are interpreted and presented in tabular and graphical forms. The chapter includes demographic characteristics, objectives, findings, and conclusions.

#### **5.1 Demographic Characteristics**

Demographics the distinguishable qualities of a population, such as age, gender, and income, that have been classified to understand these traits better. Businesses, organizations, and governments cannot function without analyzing demographic data. They include age, sex or gender, education levels, organization, race, religion, and ethnicity, amongst other characteristics. As noted in sections 5.1.1, 5.1.2, and 5.1.3 below, the demographic characteristics of this study include gender, age, and the greatest level of formal education;

##### **5.1.1 Gender of the Respondents**

Gender alludes to the socially established traits of men, women, boys, and girls, according to Manandhar et al.<sup>98</sup> Norms, habits, and roles connected with being a man or woman, boy or girl, with accompanying relationships, are examples of these traits. Since the study is about GBV, the gender of the respondents is essential as it provides an updated empirical understanding of

---

<sup>98</sup> Manandhar, Mary, Sarah Hawkes, Kent Buse, Elias Nosrati, and Veronica Magar. "Gender, health and the 2030 agenda for sustainable development." *Bulletin of the World Health Organization* 96, no. 9 (2018): 644.

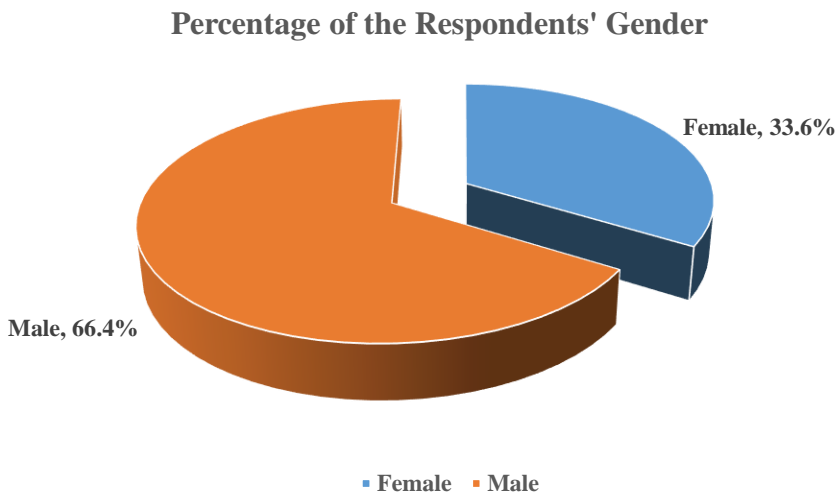
gendered practices leading to violence. Therefore, the gender of the respondents in this study was Male and Female, as depicted in Table 5.1 below;

**Table 5.1: Gender of the Respondents**

|       |        | 1. What is your gender? |         |               |                    |
|-------|--------|-------------------------|---------|---------------|--------------------|
|       |        | Frequency               | Percent | Valid Percent | Cumulative Percent |
| Valid | Female | 129                     | 33.6    | 33.6          | 33.6               |
|       | Male   | 255                     | 66.4    | 66.4          | 100.0              |
|       | Total  | 384                     | 100.0   | 100.0         |                    |

**Source: Researcher (2022)**

Table 5.1 above indicates that 129 (33.6%) female and 255 (66.4%) male respondents participated in the study. As evidenced by the pie chart below, this suggests that men made up the majority of survey respondents by a margin of two-thirds by gender.;



**Figure 5.1: Percentage of the Respondents' Gender**

**Source: Researcher (2022)**

### 5.1.2 Age of the Respondents

Gender-based violence (GBV) refers to the harm done to a kid as a result of the roles and stereotypes assigned to or expected of them based on sex or gender identity. Half of all sexual

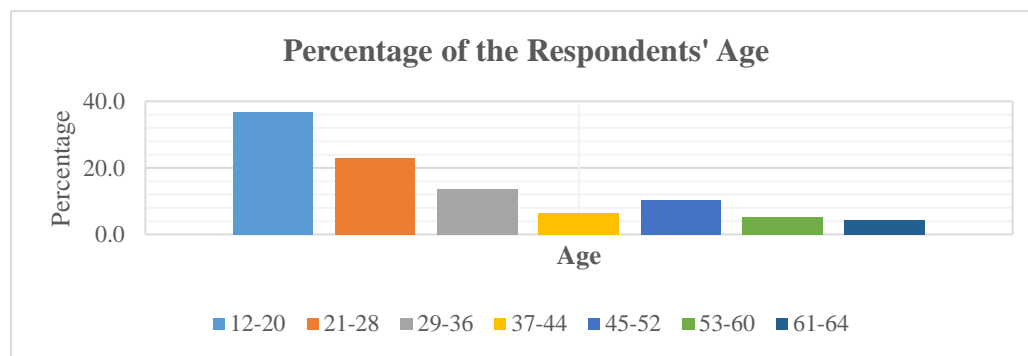
attacks on girls under the age of 16 are committed, according to Rotenberg and Cotter.<sup>99</sup> As can be seen in Table 5.2 below, this study's focus was on respondents who were between the ages of 12 and 64;

**Table 5.2: Age of the Respondents**

|       |       | <b>2. How old are you?</b> |         |               |                    |
|-------|-------|----------------------------|---------|---------------|--------------------|
|       |       | Frequency                  | Percent | Valid Percent | Cumulative Percent |
| Valid | 12-20 | 141                        | 36.7    | 36.7          | 36.7               |
|       | 21-28 | 88                         | 22.9    | 22.9          | 59.6               |
|       | 29-36 | 53                         | 13.8    | 13.8          | 73.4               |
|       | 37-44 | 25                         | 6.5     | 6.5           | 79.9               |
|       | 45-52 | 40                         | 10.4    | 10.4          | 90.4               |
|       | 53-60 | 20                         | 5.2     | 5.2           | 95.6               |
|       | 61-64 | 17                         | 4.4     | 4.4           | 100.0              |
|       | Total | 384                        | 100.0   | 100.0         |                    |

**Source: Researcher (2022)**

From Table 5.2 above, there were; 12-20 =141 (36.7%), 21-28 = 88 (22.9%), 29-36 = 53 (13.8%), 37-44 = 25 (6.5%), 45-52= 40 (10.4%), 53-60 = 20 (5.2%), and 61-64 = 17 (4.4%). The majority of study participants had ages between 12 and 20. In terms of GBV, this is the group that is most at risk. Figure 5.2 below shows the respondents' age distribution as a proportion of the total;



**Figure 5.2: Percentage of the Respondents' Age**

**Source: Researcher (2022)**

<sup>99</sup> Rotenberg, Cristine, and Adam Cotter. "Police-reported sexual assaults in Canada before and after# MeToo, 2016 and 2017." *Juristat: Canadian Centre for Justice Statistics* (2018): 1-27.



### 5.1.3 Highest Level of Formal Education of the Respondents

Formal education comprises primary, lower and upper secondary, higher and university education that is believed to culminate into a degree. Primary education, junior secondary education, senior secondary education or technical vocational education (college), and university education make up Sierra Leone's educational system.<sup>100</sup> However, as indicated in Table 5.3 below, this study concentrated on primary, secondary, college, and university education;

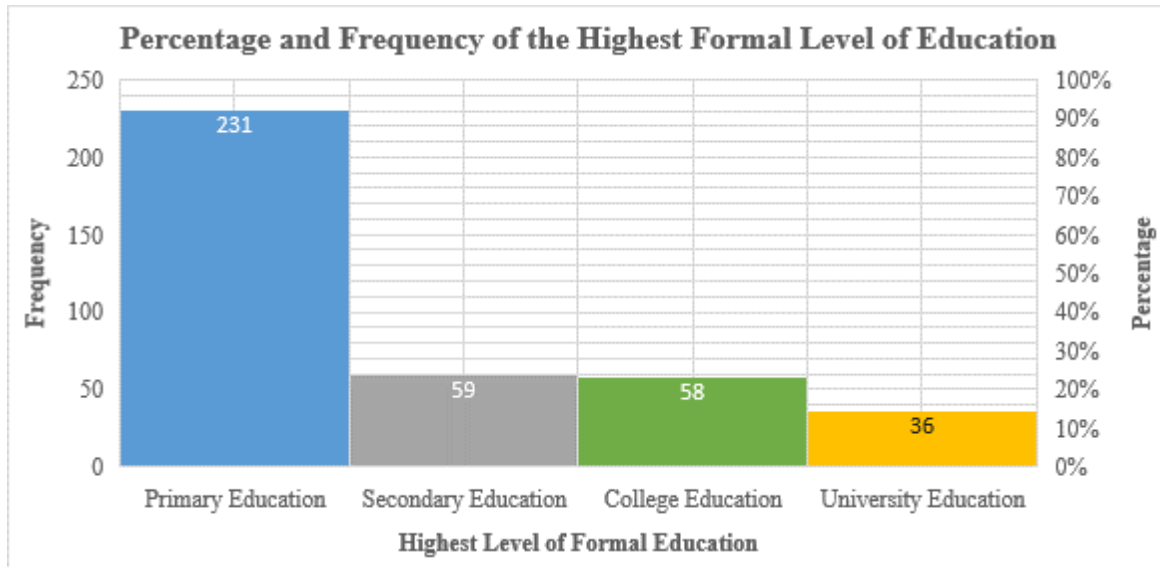
**Table 5.3: Highest Level of Formal Education of the Respondents**

| 3. What is your highest level of formal education? |                      |           |         |               |                    |
|--|----------------------|-----------|---------|---------------|--------------------|
|  |                      | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid  | College Education    | 58        | 15.1    | 15.1          | 15.1               |
|  | Primary Education    | 231       | 60.2    | 60.2          | 75.3               |
|  | Secondary Education  | 59        | 15.4    | 15.4          | 90.6               |
|  | University Education | 36        | 9.4     | 9.4           | 100.0              |
|  | Total                | 384       | 100.0   | 100.0         |                    |

**Source: Researcher (2022)**

From Table 5.3 above, there were 58 (15.1%) respondents with whose highest level of formal education, 231 (60.2%) primary education, 59 (15.4%) secondary education, and 36 (9.4%) university. The rate at which the respondents achieve different levels of formal education provides evidence of existing GBV in Sierra Leone. This is because primary education is more prevalent among all the levels of the respondents, as illustrated in Figure 5.3 below;

<sup>100</sup> Rose, Richard, Philip Garner, and Brenna Farrow. The article is titled "Developing Inclusive Education Policy in Sierra Leone: *A Research Informed Approach.*" of *Inclusion, Equity and Access for Individuals with Disabilities.* Singapore-based Palgrave Macmillan, 2019." Pages 427–444



**Figure 5.3: Percentage and Frequency of the Highest Formal Level of Education**

Source: Researcher (2022)

#### 5.1.4 The Organization of the Respondents

The study intended at questioning respondents from Academia, Ministry of Youth and Gender Affairs, African Women, UN Women, and Action Aid, as depicted in Table 5.4 below;

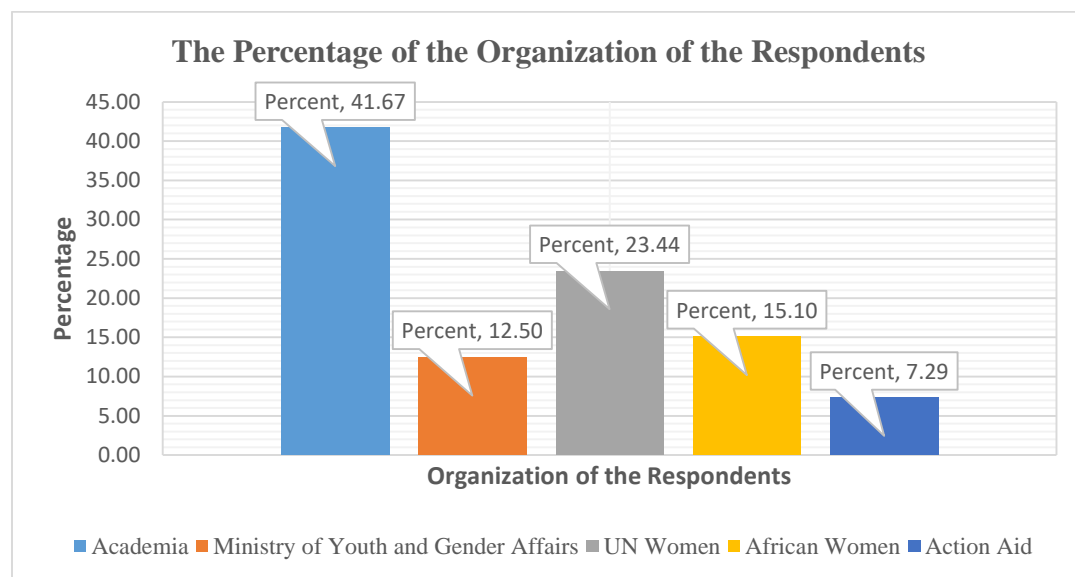
**Table 5.4: The Organization of the Respondents**

| 4. Which organization do you come from? |                                      |           |         |               |                    |
|---|--------------------------------------|-----------|---------|---------------|--------------------|
|   |                                      | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid                                   | Academia                             | 160       | 41.67   | 41.67         | 41.67              |
|   | Ministry of Youth and Gender Affairs | 48        | 12.50   | 12.50         | 54.17              |
|   | UN Women                             | 90        | 23.44   | 23.44         | 77.60              |
|   | African Women                        | 58        | 15.10   | 15.10         | 92.71              |
|   | Action Aid                           | 28        | 7.29    | 7.29          | 100.00             |
|   | Total                                | 384       | 100.0   | 100.0         |                    |

Source: Researcher (2022)

From Table 5.4 above, there were; Academia=160 (41.67%), Ministry of Youth and Gender Affairs = 48 (12.50), UN Women 90 = (23.44%), African Women = 58 (15.10%), and Action Aid

= 28 (7.29%). This implies that most of the respondents are from Academia since they are believed to provide first-hand information on GBV. Figure 5.4 below depicts the percentage distribution of the respondents' organizations;



**Figure 5.4: The Percentage of the Organization of the Respondents**

**Source: Researcher (2022)**

## 5.2 The Impacts of Ebola and Covid-19 Pandemics on GBV in Africa

In the past, diseases and other complex catastrophes have disproportionately affected women and girls, making them more vulnerable to gender-based violence (GBV).<sup>101</sup> Many factors, such as people's decreased ability to interact with others, stagnant wages, and a lack of reliable public services, contribute to this. The goal of the study was to determine how the pandemics of COVID-19 and Ebola affected GBV in Africa. Through the respondents, the study found that the impacts include social isolation and quarantine, breakdown of societal infrastructure, including the

<sup>101</sup> Onyango, Monica Adhiambo, Kirsten Resnick, Alexandra Davis, and Rupal Ramesh Shah. "Gender-based violence among adolescent girls and young women: a neglected consequence of the West African Ebola outbreak." In *Pregnant in the Time of Ebola*, pp. 121-132. Springer, Cham, 2019.

healthcare system, economic instability and socio-economic stressors, alteration of demographic and exposure to exploitive conditions, and information asymmetry, as shown in the table below;

**Table 5.5: The Impacts of Ebola and COVID-19 Pandemics on GBV in Africa**

**5. What are the impacts of Ebola and COVID-19 pandemics on GBV in Africa?**

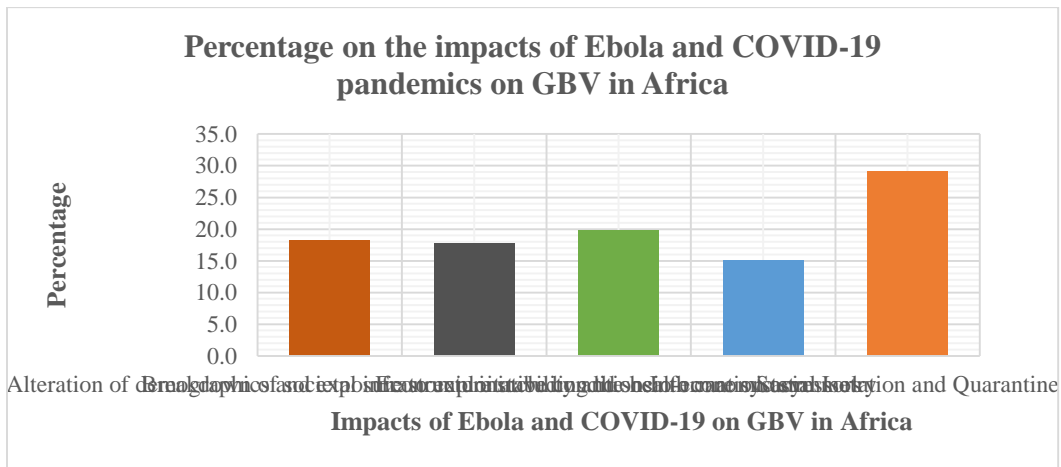
|       |  | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|--|-----------|---------|---------------|--------------------|
| Valid | Alteration of demographics and exposure to exploitive conditions       | 70        | 18.2    | 18.2          | 18.2               |
|       | Breakdown of societal infrastructure, including the health care system | 68        | 17.7    | 17.7          | 35.9               |
|       | Economic instability and socio-economic stressors                      | 76        | 19.8    | 19.8          | 55.7               |
|       | Information asymmetry  | 58        | 15.1    | 15.1          | 70.8               |
|       | Social Isolation and Quarantine  | 112       | 29.2    | 29.2          | 100.0              |
|       | Total  | 384       | 100.0   | 100.0         |                    |

**Source: Researcher (2022)**

According to 18.2% of the respondents, Ebola and COVID-19 pandemics alter the demographics and exposure to exploitive conditions of GBV in Africa. These respondents pointed out that Ebola and COVID-19 may alter specific demographics of the society through increased fertility rates, morbidity, and mortality, exposing women and children to exploitive relationships, especially among economically vulnerable groups in society. They agreed with Wilke, Howard, and Pop that when working parents die, the orphans are susceptible to abusive circumstances in the new extended family networks.<sup>102</sup> As a result, the respondents maintained that pandemics encourage a rise in fertility rates by causing young people to begin sexual behavior.

<sup>102</sup> Wilke, Nicole Gilbertson, Amanda Hiles Howard, and Delia Pop. "Data-informed recommendations for services providers working with vulnerable children and families during the COVID-19 pandemic." *Child Abuse & Neglect* 110 (2020): 104642.

Secondly, the study found that Ebola and COVID-19 lead to the breakdown of societal infrastructure, including the health care system. This impact was mentioned by 17.7% of the respondents, maintaining that because of temporary or permanent reductions in the effectiveness of security, legal, sanitation, food, transportation, and other governing systems, pandemics like COVID-19 and Ebola cause society infrastructure to break down. The respondents added that due to the ineffectiveness of these government services, children and women are exposed to harmful and unsafe conditions, such as GBV and harassment. According to the respondents, family separation is a real possibility in areas where people have trouble getting about or if a mass exodus is planned to curb an outbreak. They agreed with WHO that family separation is particularly harmful in humanitarian contexts because it deprives children and women of supporting other family members, especially male breadwinners, who are usually responsible for providing for their basic survival needs.<sup>103</sup>



**Figure 5.5: Percentage of the impacts of Ebola and COVID-19 pandemics on GBV in Africa**

**Source: Researcher (2022)**

<sup>103</sup> World Health Organization. "Child and adolescent health in humanitarian settings: operational guide: a holistic approach for programme managers." (2021).

Furthermore, 19.8% of the respondents maintained that Ebola and COVID-19 pandemic led to economic instability and socio-economic stressors on GBV in Africa. They pointed out that many people's income is cut during pandemics because of layoffs and the loss of employment prospects caused by the slowdown in economic activities. They agreed with Applebaum that the strain or frustration caused by financial issues is sometimes taken out on other household members or the relationship.<sup>104</sup> According to these respondents, one cause of the rise in GBV incidents is the widespread fear caused by the economy. They added that the problem becomes even more severe when low-income families lack access to resources.

The study also found that Ebola and COVID-19 pandemic led to information asymmetry on GBV in Africa. This impact was pointed out by 15.1% of the respondents, who maintained that a lack of knowledge about how to stop disease spread and what causes epidemics in Africa heightens people's apprehensions about the continent. The respondents agreed with WHO that some community members respond to such settings with controlling or coercive conduct that can escalate to violence.<sup>105</sup> They pointed out that when a first pandemic emerges, like the 2020 COVID-19 outbreak, GBV perpetrators use scare tactics and misinformation to blame or control their victims.

Finally, the study through the respondents found that Ebola and COVID-19 led to social isolation and quarantine of GBV in Africa. According to 29.2% of the respondents, due to Ebola containment measures, women and girls are vulnerable to sexual abuse, exploitation, and coercion. They added that migratory restrictions and containment measures like curfews and quarantine

---

<sup>104</sup> Applebaum, Jennifer W., Camie A. Tomlinson, Angela Matijczak, Shelby E. McDonald, and Barbara A. Zsembik. "The concerns, difficulties, and stressors of caring for pets during COVID-19: Results from a large survey of US pet owners." *Animals* 10, no. 10 (2020): 1882.

<sup>105</sup> World Health Organization. "Freedom from coercion, violence and abuse: WHO Quality Rights core training: mental health and social services: course guide." (2019).

enforced by African governments to combat Ebola and COVID-19 had exacerbated mental health risks. The respondents agreed with John et al. that quarantine is employed to stop pandemics, but its impact on mental health can be long-lasting.<sup>106</sup> According to these respondents, social isolation exacerbates GBV sufferer vulnerability. They maintained that Ebola had exacerbated gender-based violence against girls and women.

### **5.3 The Efficacy of Counter GBV Measures during Ebola and Covid-19 in Africa**

Gender-based violence (GBV) has not been adequately contextualized using the context surrounding the Ebola and COVID-19 pandemics. To analyze how the public health issues of contagious illnesses and gun violence influence disaster relief, a syndetic approach must be used. However, the objective of this study was to assess the efficiency of anti-GBV measures during the Ebola and COVID-19 epidemics in Africa. According to the respondents, the study categorized such effectiveness into AU and regional counter GBV measures. The following table indicates the efficacy of counter GBV measures during Africa's Ebola and COVID-10 pandemic.

---

<sup>106</sup> John, Neetu, Charlotte Roy, Mary Mwangi, Neha Raval, and Terry McGovern. "COVID-19 and gender-based violence (GBV): hard-to-reach women and girls, services, and programmes in Kenya." *Gender & Development* 29, no. 1 (2021): 55-71.

**Table 5.6: The Efficacy of Counter GBV Measures during Ebola and COVID-19 in Africa**

**6. What is the efficacy of counter GBV measures during Ebola and Covid-19 in Africa?**

|  | Frequency | Percent | Valid Percent | Cumulative Percent |
|--|-----------|---------|---------------|--------------------|
| Valid Collaboration efforts between the office of the UN High Commissioner for Human Rights (OHHCR) and AU Commission-Women, Gender and Development Directorate (UNC-WGDD) | 86        | 22.4    | 22.4          | 22.4               |
| Collaboration of efforts among UNFPA, UN Women, World Bank, and National Council for Women in Egypt  | 65        | 16.9    | 16.9          | 39.3               |
| Creation of GBV awareness to counter its effects during the Ebola and COVID-19 pandemic  | 25        | 6.5     | 6.5           | 45.8               |
| Establishment of continental strategy and creation of COVID-19 response fund   | 34        | 8.9     | 8.9           | 54.7               |
| Extension of justice to victims of GBV   | 40        | 10.4    | 10.4          | 65.1               |
| Increase of budget allotment from the national and international special funds   | 44        | 11.5    | 11.5          | 76.6               |
| Information on COVID-19 response for gender response measures  | 20        | 5.2     | 5.2           | 81.8               |
| Launch of national helplines for GBV support in South Sudan  | 10        | 2.6     | 2.6           | 84.4               |
| Mainstreaming Strategy to add gender consideration to Ebola intervention measures  | 20        | 5.2     | 5.2           | 89.6               |
| Screening of GBV during an analysis of COVID-19 in Tanzania  | 40        | 10.4    | 10.4          | 100.0              |
| Total  | 384       | 100.0   | 100.0         |                    |

**Source: Researcher (2022)**



According to 22.4% of the respondents, AU collaborated efforts between the UN High Commissioner for Human Rights (OHCHR) office and AU Commission-Women, Gender, and Development Directorate (UNC-WGDD). They pointed out that this intervention was important in creating recommendations for what African countries should do to respond to the pandemic in a way that respects human rights, protects women, and prevents discrimination. Regarding regional counter GBV measures, 16.9% of the respondents mentioned the collaboration of efforts among UNFPA, UN Women, World Bank, and the National Council for Women in Egypt to create a policy paper that addresses the issue of women's violence as a priority during the pandemic. They agreed with Wilhelmy, Ulrich, and Groß that in assisting the victims of sexual and domestic violence, Egypt had modified its referral pathway to include hotlines and new response and reporting procedures.<sup>107</sup>

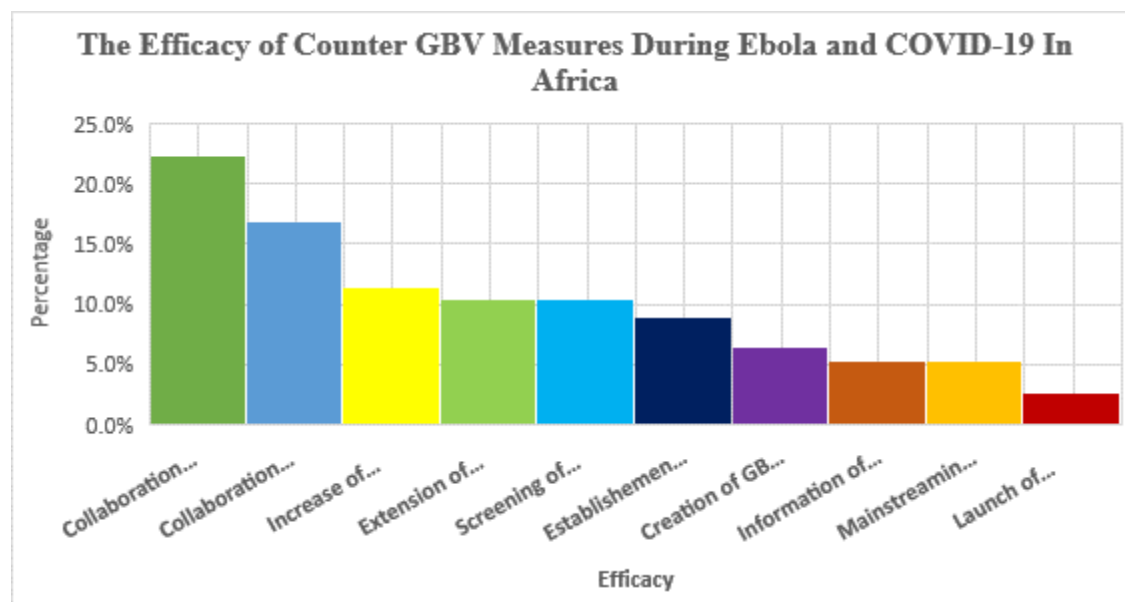
According to 6.5% of the respondents, GBV awareness was created to counter its effects during Ebola and COVID-19 pandemics. This is a regional countermeasure where the respondents maintained that due to the Ebola and COVID-19 pandemics, some local initiatives had been created to reduce GBV. They added that religious leaders in Hawassa, Ethiopia, have spread awareness about gender-based violence. These respondents agreed with WHO that the essential Services Committee of the Ministry of Health collaborated with UNFPA to design Standard Operating Procedures to ensure reproductive health, HIV, and anti-gender-based violence services remained available in Uganda despite the COVID-19 epidemic (SOPs).<sup>108</sup> In addition, 8.9% of the respondents mentioned establishing a continental strategy and creating a COVID-19 response fund

---

<sup>107</sup> Wilhelmy, Saskia, Rebecca Ulrich, and Dominik Groß. "Just two Sides of the Same Coin? Ethical Issues and Discourses on COVID-19 and Ebola. A Comparative Literature Analysis." *Historical Social Research/Historische Sozialforschung* 46, no. 3 (2021): 247-284.

<sup>108</sup> World Health Organization. "Child and adolescent health in humanitarian settings: operational guide: a holistic approach for programme managers." (2021).

as the efficacy of countering GBV. These respondents maintained that the African Union established the Guidelines for Gender-Responsive COVID-19 Responses to ensure that gender equality is considered in all efforts to combat the virus across the continent. The AUC's Africa CDC, the RECs' regional responses, and the AU's member states' national responses already existed alongside these new measures.



**Figure 5.6: The Efficacy of Counter GBV Measures During Ebola and COVID-19 In Africa**

**Source: Researcher (2022)**

Another important efficacy measure by the AU is the extension of justice to victims of GBV. According to 10.4% from the respondents, there exist three dimensions to women's access to justice following gender-based violence. They concurred with John et al. that addressing GBV requires both protecting women by enacting and upholding better laws and policies and promoting awareness of women's rights, as well as deterring men from perpetrating GBV by strengthening criminal penalties and requiring participation in treatment programs.<sup>109</sup> Furthermore, 11.5% of the

<sup>109</sup> John, Neetu, Charlotte Roy, Mary Mwangi, Neha Raval, and Terry McGovern. "COVID-19 and gender-based violence (GBV): hard-to-reach women and girls, services, and programmes in Kenya." *Gender & Development* 29, no. 1 (2021): 55-71.

responses pointed out the need to increase budget allotment from national and international special funds. The respondents concurred with Yakubovich and Maki that AU should place greater emphasis on securing funding from foreign partners for development so that swift national action may be taken to reduce gender-based violence against women and girls.<sup>110</sup>

AU improved information on COVID-19 response for gender response measures. According to 5.2% respondents, African Union Guidelines for gender-responsive measures to pandemic shaped reactions to COVID-19 at the continental level. They added that interventions were based on the understanding that gender-based violence violates women's and girls' fundamental human rights to bodily and mental safety. Regionally, national helplines need to launch for GBV support in South Sudan. According to 2.6% of the respondents, help lines help GBV survivors by distributing pertinent information and linking them with support centers. Similarly, the respondents agreed with Ndlovu et al. that GBV control committees and capacity-building training were begun in the Central African Republic in 2020.<sup>111</sup> The respondents pointed out that national stakeholders were comprehensively trained in managing gender-based violence cases through these initiatives.

According to 5.2% of the respondents, another counter GBV measure included mainstreaming Strategy to add gender consideration to Ebola intervention measures. They agreed that mainstreaming is aimed at improving communication between different UN agencies and encouraging women to play an integral role in the Ebola response. Finally, the regional countermeasure involved screening GBV during an analysis of COVID-19 in Tanzania. 10.4% of the respondents agreed with Wilhelmy, Ulrich, and Groß that as part of the analysis of COVID-19

---

<sup>110</sup> Yakubovich, Alexa R., and Krys Maki. "Preventing gender-based homelessness in Canada during the covid-19 pandemic and beyond: the need to account for violence against women." *The abuse of women* 28, no. 10 (2022): 2587-2599.

<sup>111</sup> Ndlovu, Sithembiso, Mutshidzi Mulondo, Joyce Tsoka-Gwegweni, and James Ndirangu. "COVID-19 impact on gender-based violence among women in South Africa during lockdown: A narrative review." *African Journal of Reproductive Health* 26, no. 7 (2022): 59-71.

reported incidents, the Tanzanian government, and the United Nations have been working together to "mainstream" gender-based violence and enable efforts to guarantee that women and children are tested for gender-based violence.<sup>112</sup>

#### **5.4 The Prospects and Challenges of Intervention Measures to Address GBV during the Ebola and Covid-19 Pandemic in Sierra Leone**

The United Nations Country Team in Sierra Leone and UN Women unveiled their Ebola Gender Mainstreaming Strategy. A similar Ebola Response Gender Strategy, authorized by the UN Country Team in Liberia, is currently being finalized. Women's involvement in the Ebola response improved collecting and utilization of sex-disaggregated data, and rebuilding faith in public health systems are all goals plans. The study sought to assess the prospects and challenges intervention measures addressing GBV during the Ebola and COVID-19 pandemics in Sierra Leone. Through the respondents, the study found that such prospects and challenges of intervention include and are not limited to the curtailment of mechanisms for reporting GBV cases, disruption of GBV referral pathways, fear of infection, violence, and mistreatment, and neglect of gender dynamics when combating the Ebola pandemic as shown in the table below;

---

<sup>112</sup> Wilhelmy, Saskia, Rebecca Ulrich, and Dominik Groß. "Just two Sides of the Same Coin? Ethical Issues and Discourses on COVID-19 and Ebola. A Comparative Literature Analysis." *Historical Social Research/Historische Sozialforschung* 46, no. 3 (2021): 247-284.

**Table 5.7: The Prospects and Challenges of Intervention Measures to Address GBV during the Ebola and COVID-19 Pandemic in Sierra Leone**

**7. What are the prospects and challenges of intervention measures to address GBV during the Ebola and Covid-19 pandemic in Sierra Leone.?**

|       |  | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|--|-----------|---------|---------------|--------------------|
| Valid | Curtailment of mechanisms for reporting GBV cases            | 120       | 31.3    | 31.3          | 31.3               |
|       | Disruption of GBV referral pathways                          | 52        | 13.5    | 13.5          | 44.8               |
|       | Fear of infection, violence, and mistreatment                | 100       | 26.0    | 26.0          | 70.8               |
|       | Neglect of gender dynamics when combating the Ebola pandemic | 112       | 29.2    | 29.2          | 100.0              |
|       | Total  | 384       | 100.0   | 100.0         |                    |

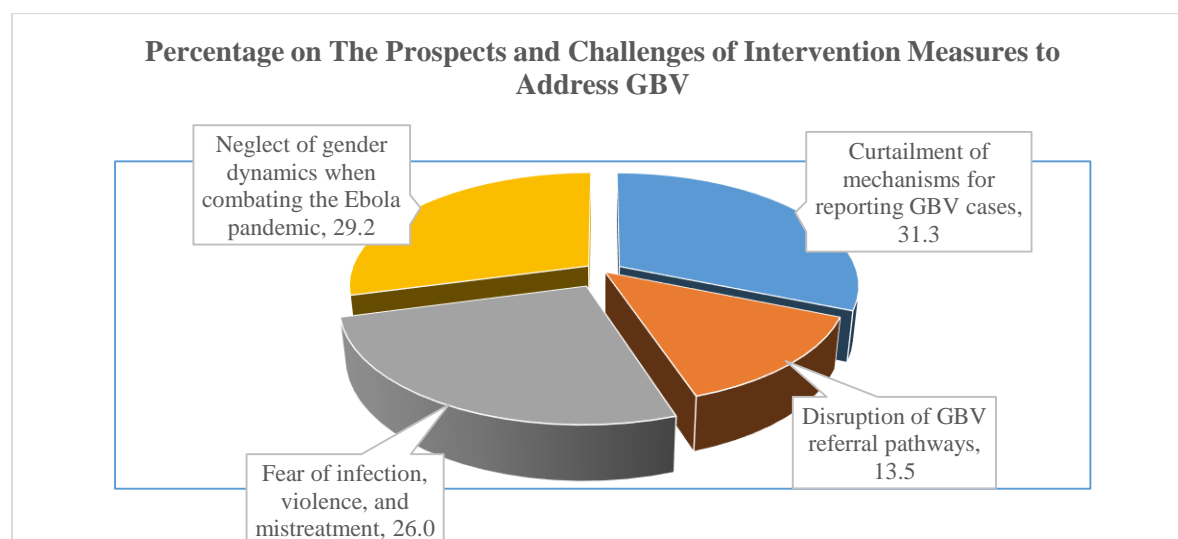
**Source: Researcher (2022)**

Based on the table above, 31.3% respondents pointed out the prospect and challenge of curtailment mechanisms for reporting GBV cases. According to these respondents, Sierra Leone has multiple options to report GBV. They pointed out the referral pathways, which include movement to and from healthcare facilities, police enforcement offices, courthouses, child and adult protective services providers, and social assistance agencies. The respondents also noted that Ebola travel restrictions prevented GBV victims from accessing services. Additionally, they concurred with John et al. that travel limitations connected to the Ebola outbreak had an impact on GBV reporting in Sierra Leone.<sup>113</sup> The respondents maintained that lockdowns and quarantine allowed GBV

<sup>113</sup> John, Neetu, Charlotte Roy, Mary Mwangi, Neha Raval, and Terry McGovern. "COVID-19 and gender-based violence (GBV): hard-to-reach women and girls, services, and programmes in Kenya." *Gender & Development* 29, no. 1 (2021): 55-71.

abusers to control and isolate victims, preventing them from seeking aid or documenting their cases for legal action.

The second prospect and challenges include the disruption of GBV referral pathways. This was pointed out by 13.5% of the respondents, maintaining that the full cycle of GBV documentation, from the initial reporting of cases or events to the taking of legal action to rectify the matter, is included in GBV referral channels. They agreed with John et al. that multiple entities, such as protective service providers, courts, hospitals, and social service providers, are involved in the GBV referral pathways.<sup>114</sup> Additionally, the respondents emphasized that the COVID-19 pandemic's impact made conditions for women considerably worse. The respondents agreed with Dlamini that women's economic and social lives were harmed by lockdowns and mobility restrictions during the COVID-19 pandemic, making them more vulnerable to GBV because fewer legal resources were available.<sup>115</sup>



**Figure 5.7: Percentage of the Prospects and Challenges of Intervention Measures to Address GBV**

**Source: Researcher (2022)**

<sup>114</sup> Ibid...

<sup>115</sup> Dlamini, Nobuhle Judy. "Gender-based violence, twin pandemic to COVID-19." *Critical Sociology* 47, no. 4-5 (2021): 583-590.

Fear of infection, violence, and mistreatment is another prospect and challenge of intervention measures in addressing GBV during the Ebola and COVID-19 pandemic in Sierra Leone. 26.0% of the respondents agreed with Socha et al. that women were less likely to seek out health and GBV services during the Ebola outbreak because they feared becoming infected or being subjected to abuse or mistreatment.<sup>116</sup> They added that some women were reluctant to go to hospitals for fear of being attacked, while others with Ebola symptoms avoided treatment. According to these respondents, female citizens of the Republic of Ireland did not seek medical care because they were afraid of being assaulted or raped if they did so.<sup>117</sup> They maintained that when a domestic violence victim is forced to live with their abuser during a pandemic, the victim's fear of violence increases because of the limited options for escape. The respondents agreed with John et al. that fear of the perpetrator's retaliation if they find out, fear of further assault en route, or fear of getting an infectious disease, in this case, Ebola, discourages women from reporting or seeking help for GBV.<sup>118</sup>

Finally, there was a neglect of gender dynamics when combating the Ebola pandemic. This was emphasized by 29.2% of the respondents, who argued that the government's inability to take gender-related issues into account in the policy framework of Sierra Leone's Ebola intervention efforts was directly responsible for the significant increase in reported cases of GBV. They agreed with Harman, who outlined four reasons gender dynamics are underrepresented in Ebola responses in Sierra Leone. The respondents added that insufficient data on these epidemics' effects on women

---

<sup>116</sup> Sochas, Laura, Andrew Amos Channon, and Sara Nam. "Counting indirect crisis-related deaths in the context of a low-resilience health system: the case of maternal and neonatal health during the Ebola epidemic in Sierra Leone." *Policy and planning for health* 32, no. suppl\_3 (2017): iii32-iii39

<sup>117</sup> Berry, Adeline, and Patricia Frazer. "How Sex Workers Understand Their Experiences of Working in the Republic of Ireland." *Social Policy and Sexuality Research* 18, no. 4 (2021): 869-884.

<sup>118</sup> John, Neetu, Charlotte Roy, Mary Mwangi, Neha Raval, and Terry McGovern. "COVID-19 and gender-based violence (GBV): hard-to-reach women and girls, services, and programmes in Kenya." *Gender & Development* 29, no. 1 (2021): 55-71.

and girls is one explanation. They agreed with WHO that global health governance concerns are routinely ignored without sufficient quantitative and verifiable evidence. Despite Ebola's effects on newborns, mothers, and the reproductive system, the respondents pointed out that the focus has been on reducing transmission, not gender.<sup>119</sup>

## **5.5 Conclusion**

The chapter examined how the covidian-19 and Ebola pandemics affected the rise of GBV in Africa. It covered the gender, age, greatest level of education, and organization of respondents' respondents' demographic information. The review comprised the findings from the study's specific objectives, which included determining how the Ebola and COVID-19 pandemics affected gender-based violence (GBV) in Africa, assessing the effectiveness of anti-GBV interventions throughout the Ebola and COVID-19 pandemic in Africa, and determining the likelihood and difficulty of intervention strategies to address GBV during the Ebola and COVID-19 pandemic in Sierra Leone. In this chapter, the analysis was complemented by an explanation and graphical and tabular displays of the findings.

---

<sup>119</sup> World Health Organization. "Report on the strategic response to COVID-19 in the WHO African Region–1 February 2021 to 31 January 2022." (2022).



## **CHAPTER SIX**

### **SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS**

#### **6.0 Introduction**

The goal of the study was to assess the effects of the Ebola and Covid-19 pandemics on gender-based violence (GBV) in Africa, the efficacy of GBV prevention strategies during the Ebola and Covid-19 pandemics in Africa, and the potential and difficulties of ways to intervene for combating GBV in Sierra Leone during the Ebola and Covid-19 pandemic. The three main goals that served as the study's guiding principles are therefore summarized in this chapter along with some recommendations.

#### **6.1 Summary of the Findings**

The key findings from each of the study's objectives are condensed in this section.

##### **6.1.1 The impacts of Ebola and Covid-19 pandemics on GBV in Africa**

The Study established that pandemics such as COVID-19 and Ebola lead to breakdown of societal infrastructure, as functional security, legal, sanitation, food, transport, health and other structures of governance become either temporarily ineffective or reduced. The reduced effectiveness in the delivery of such government services expose children and women to risky and unsafe situations including, GBV and harassment. Pandemics amplify existing conflicts and weakness by destabilizing social infrastructure. Existing gender inequality in the society is therefore intensified during pandemics. This compounds the exposure of women and children to sexual violence and harassment in the process of carrying out their daily chores such as obtaining firewood, food, and water. Breakdown in law during pandemic situations also increase GBV. Breakdown in general services also implies that some referral and routine detection channels are lost or become

ineffective. For instance, through the education system, potential maltreatment and abuse of children is identified, yet with school closures often looming during pandemics, such critical detection channels are rendered ineffective or remain operational but under reduced capacity.

In addition, social isolation amplifies GBV risks by increasing the exposure to potential GBV perpetrators. During the outbreak of Ebola, girls and women face increased risk of GBV due to the inability to escape from the GBV perpetrators. In numerous instances, the abused women are forced to remain quarantined in the same homes with their aggressors. Home, which ordinarily should act as a basic protection from being infected by the pandemic become a source of insecurity and distress.

### **6.1.2 The Efficacy of Counter GBV Measures during Ebola and Covid-19 in Africa**

According to the report, there are significant gender disparities in Africa that put women and girls at higher risk of experiencing gender-based violence during humanitarian crises. For instance, during the COVID-19 epidemic, the East African Community recorded a large increase in occurrences of gender-based violence, notably sexual assault, by over 48%. Due to lockdown measures and a decrease in financial resources, home violence in Cameroon is said to have increased by about 35.8% for both men and women during the pandemic.

Since the start of the pandemic, gender-based violence against women and children in the Central African Republic escalated by approximately 69%, with reported injuries due to sexual violence and other assaults. Similar observations have also been made in North Africa since the pandemic's start. In particular, a UN Women Egypt poll found that by April 2020, 11% of women had experienced abuse because to the stringent lockdown and stay-at-home restrictions put in place to stop the virus's spread. The weekly average of gender-based violence in South Africa during the

first week of level 5 lockdown increased by 37% when compared to the 2019 recorded cases. Similar findings have been made in West Africa, where gender-based violence in Liberia has increased by 50% by mid-2020.

The study found that a critical linkage between infectious diseases and gender-based violence, and its evaluation will allow more effective approaches to addressing both. In humanitarian crises, the implementation of pandemic control measures has constantly failed to consider gender critically. Thus, experiences from Zika, Ebola and COVID-19 point out how women and girls face disproportionate vulnerabilities in humanitarian settings. The safety and well-being of women and girls are disproportionately threatened globally and greatly exacerbated by humanitarian crises. Risk factors for gender-based violence are heightened when pandemics strike. This can be explained by the control measures during pandemics, such as an enforced lockdown. This has the risk of exacerbating socioeconomic precarity and poverty on women, laying the ground for sexual abuse and exploitation.

### **6.1.3 The Prospects and Challenges of Intervention Measures to address GBV during Ebola and Covid-19 Pandemic in Sierra Leone**

The study established that the failure to include gender-related issues in the policy framework of intervention measures addressing the Ebola pandemic in Sierra Leone had a massive impact on the prevalence of GBV cases during the same period. While the government prioritized the efforts aimed at combating the Ebola pandemic, GBV cases skyrocketed, often unnoticed and unreported. The measures aimed at curbing the spread of Ebola such as quarantine and school closures were being implemented in the 2014-2016 Ebola outbreak, girls and women faced increased cases of exploitation, coercion, and sexual abuse. There are numerous mechanisms for reporting GBV cases in Sierra Leone. These referral pathways involve physical movement to the various service

providers including healthcare centers, police stations, courts, protective care providers, and social services providers. With the restriction of movement during the Ebola pandemic, GBV victims and survivors could not seek GBV services. The systems for reporting GBV infections in Sierra Leone were hampered by the movement limitations imposed by the lockdowns and quarantines used to stop the spread of the Ebola outbreak. Lockdowns and quarantines also provided GBV abusers with plenty of time and a favorable setting to control and isolate their victims, limiting the victims' utilization of relief and preserving evidence of their cases for possible legal action. Reports of GBV during the Ebola outbreak were frequently ignored, undercounted, given low priority, and not recorded.

## **6.2 Conclusion**

In a summary, the study found that both the Covid-19 and Ebola pandemics increase the severity and frequency of GBV. It is also crucial to emphasize that this assessment has taken into account the structural problems with Africa's health system, the pre-existing gender disparities that are supported by social norms, and the humanitarian situation. The challenge of establishing these impacts therefore lies in the complexity of GBV drivers and their interconnectedness.

The COVID-19 outbreak has prompted several African governments to take severe action. To specifically address the syndetic relationships between the pandemic and gender-based violence, however, coordinated approaches are required. Therefore, if we want to achieve a gender-inclusive outcome, women must be included in the decision-making process for the pandemic response. In order to address the hazards of gender-based violence, local women's organizations are most qualified to think through the necessary strategies and measures connected to the epidemic. The lifesaving nature of services for gender-based violence was not taken into account by various Ebola

and COVID-19 response methods. In times of crisis, certain services, such one-stop crisis centers and safe places, may appeal to women and girls because they improve physical accessibility.

Due to the shorter distances they would have to go to health facilities, this would help to lessen their exposure to COVID-19 dangers and Gender-based violence. Since women and girls are disproportionately affected by the syndetic link between gender-based violence and pandemic, an urgent response is necessary during humanitarian crises. In times of crisis, certain services, such one-stop crisis centers and safe places, may appeal to women and girls because they improve physical accessibility.

Due to the shorter distances they would have to go to health facilities, this would help to lessen their exposure to both COVID-19 dangers and gender-based violence. Since women and girls are disproportionately affected by the syndetic link between gender-based violence and the pandemic, an urgent response is necessary during humanitarian crises.

### **6.3 Recommendations**

The report suggests that, in order to advance sustainability, steps should be done to mainstream gender-based violence across all sectors. Different COVID-19 and Ebola response tactics ignored the vital significance of services for gender-based violence, which may have saved lives. Such services, such as one-stop crisis centers and safe places, may be desirable to women and girls in times of need since they make assistance more physically accessible. They would spend less time commuting to healthcare facilities, which would lessen their vulnerability to gender-based violence and COVID-19 risks. In times of humanitarian catastrophe, it is essential to move fast because women and girls are disproportionately affected by the synergistic connection between gender-based violence and the pandemic. Multilateral and focused actions are needed in order to

address the growing community needs that are touched by this contact. Consequently, to avoid gender-based violence from becoming worse, to stop it from happening, and to improve assistance for its survivors, measures to curb spread of Ebola and COVID-19 pandemics should take into account the needs of women and girls on a gender basis.

#### **6.4 Areas for Further Research**

1. To determine the socioeconomic impact of women during the worldwide pandemic in Africa, a study should be done.
2. A research should be done to find out how the legal systems in African nations protect women from GBV.

## REFERENCES

- Al Gasseer, Naeema, Elissa Dresden, Gwen Brumbaugh Keeney, and Nicole Warren (2004) 'Status of women and infants in complex humanitarian emergencies', *Journal of Midwifery & Women's Health* 49(4): 7–13
- Applebaum, Jennifer W., Camie A. Tomlinson, Angela Matijczak, Shelby E. McDonald, and Barbara A. Zsembik. "The concerns, difficulties, and stressors of caring for pets during COVID-19: Results from a large survey of US pet owners." *Animals* 10, no. 10 (2020): 1882.
- Arenas-Arroyo E, Fernandez-Kranz D, Nollenberger N. Can't leave you now!: intimate partner violence under forced coexistence and economic uncertainty. Bonn, Germany; 2020. [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3669499](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3669499)
- Arnoff, Elly, Lauren Hill, Shelah S. Bloom, and Suzanne Maman (2013) 'The Women's Justice and Empowerment Initiative: Lessons Learned and Implications for Gender-Based Violence Programming in Sub-Saharan Africa', Technical Report, MEASURE Evaluation,
- AU, UNECA and UNW (May 2020) "COVID-19 Response and Recovery": A Gendered Framework. Report of the meeting of the African Union Ministers in Charge of Gender and Women's Affairs. <https://au.int/sites/default/files/documents/38617- doc-gewe and covid 19 eng.pdf>
- Bali, Sulzhan, Kearsley A. Stewart, and Muhammad Ali Pate. "Long shadow of fear in an epidemic: fearonomic effects of Ebola on the private sector in Nigeria." *BMJ Global Health* 2016;1:e000111.
- Bandiera O, N. Buehren, M. Goldstein, I. Rasul, and A. Smurra. "The Economic Lives of Young Women in the Time of Ebola: Lessons from an Empowerment Program." Working paper. (2018), [http://www.homepages.ucl.ac.uk/~uctpimr/research/ELA\\_SL.pdf](http://www.homepages.ucl.ac.uk/~uctpimr/research/ELA_SL.pdf)
- Berry, Adeline, and Patricia Frazer. "How Sex Workers Understand Their Experiences of Working in the Republic of Ireland." *Sexuality Research and Social Policy* 18, no. 4 (2021): 869-884.

- Chu, Isaac, Prima Alam, Heidi J. Larson, and Leesa Lin. "Social consequences of mass quarantine during epidemics: a systematic review with implications for the COVID-19 response." *Journal of travel medicine* 27, no.7 (2020): taaa 192.
- CREAW (2020) "Advisory Note" The Shadow Pandemic Demanding Concrete Actions to Protect Women and Girls From Violence During the COVID-19 Pandemic'
- Dlamini, Nobuhle Judy. "Gender-based violence, twin pandemic to COVID-19." *Critical Sociology* 47, no. 4-5 (2021): 583-590.
- Evans, D. and A. Popova. "Orphans and Ebola: Estimating the secondary impact of a public health crisis." World Bank Group Policy Research Working Paper 7196. World Bank Group. (2015)
- Evans, D. and A. Popova. "West African Ebola crisis and orphans." *The Lancet* 385, no.9972 (2015): 945-946.
- Fernandes et al. 2020 Fernandes, Patricia, Verena Phipps and Lisa Schmidt (2020) 'Kenya Gender-Based Violence Service Gap Analysis at the County Level', The World Bank
- Fox, G. L., M. L. Benson, A.A DeMaris, and J.V. Wyk. "Economic distress and intimate violence: testing family stress and resources theories." *Journal of Marriage and Family*, 64 (2002): 793–807.
- Ghidei, Winta, Stephanie Montesanti, Karlee Tomkow, Peter H. Silverstone, and Lana Wells. "Examining the effectiveness, acceptability, and feasibility of virtually delivered trauma-focused domestic violence and sexual violence interventions: a rapid evidence assessment." *Trauma, Violence, & Abuse*, (2022):15248380211069059.
- Gottfredson M. R. and Hirschi T. (1990). A General Theory of Crime. Stanford: Stanford
- Government of Kenya (2020) 'Executive Order No. 2 of 2020, National Emergency Response Committee on Coronavirus',
- Government of Kenya (2010) 'Constitution of Kenya'
- Government of Kenya (2015) 'Kenya Gazette Supplement No. 60 (Acts No. 2): Republic of Kenya'



Guidorzi, Brianna. "The 'shadow pandemic': Addressing gender-based violence (GBV) during COVID-19." In *COVID-19 in the Global South*, pp. 117-126. Bristol University Press, 2020.

Harman, Sophie. "Threat not solution: gender, global health security and COVID-19." *International Affairs* 97, no. 3 (2021): 601–623, <https://doi.org/10.1093/ia/iiab012>

Hasan, M. M. "Missing the mark? people in eastern DRC need information on Ebola in a language they understand: a rapid language needs assessment in Goma, DRC, 2019."

<https://africa.unwomen.org/en/digital-library/publications/2020/12/gbv-in-africa-during-COVID-19->

pandemic#:~:text=Gender%20Based%20Violence%20in%20Africa%20during%20the%20COVID%2D19%20Pandemic&text=In%20Africa%20too%2C%20there%20have,are%20exacerbated%20particularly%20under%20lockdowns.

<https://fscluster.org/document/iasc-gender-reference-group-gender-alert-0>

<https://www.ohchr.org/Documents/Issues/Women/7ActionsFinal.pdf>

Huber, C., L. Finelli, and W. Stevens. "The Economic and Social Burden of the 2014 Ebola Outbreak in West Africa. *Journal of Infectious Diseases* 218, no.5 (2018): 698-704.

International Rescue Committee (IRC). "Private violence, public concern: Intimate partner violence in humanitarian settings." *IRC*, 2015, <https://www.rescue.org/report/private-violence-public-concern-intimate-partner-violence-humanitarian-settings>.

International Rescue Committee. "Are we there yet? Progress and challenges in ensuring life-saving services and reducing risks to violence for women and girls in emergencies." (2015)

International Rescue Committee. "Everything on her shoulders": a rapid Assessment on gender and violence against women and girls in the Ebola outbreak in Beni, DRC. 2019. <https://www.rescue.org/report/everything-her-shoulders-rapid-assessment-gender-and-violence-against-women-and-girls-ebola>

International Rescue. Not all that Bleeds is Ebola: How the DRC Ebola outbreak impacted sexual and reproductive health in north Kivu [Internet]. New York;

2019. <https://www.rescue.org/sites/default/files/document/4416/srhebolareport1172020.pdf>

IRC (2015) ‘*Are We There yet? Progress and Challenges in Ensuring Life-Saving Services and Reducing Risks to Violence for Women and Girls in Emergencies*’,

John, Neetu, Charlotte Roy, Mary Mwangi, Neha Raval, and Terry McGovern. "COVID-19 and gender-based violence (GBV): hard-to-reach women and girls, services, and programmes in Kenya." *Gender & Development* 29, no. 1 (2021): 55-71.

John, Neetu, Sara E. Casey, Giselle Carino, and Terry McGovern. "Lessons never learned: crisis and gender-based violence." *Developing world bioethics* 20, no. 2 (2020): 65-68

Jones, S.A., S. Gopalakrishnan, C.A. Ameh, S. White, and N.R. van den Broek. ‘Women and babies are dying but not of Ebola’: the effect of the Ebola virus epidemic on the availability, uptake and outcomes of maternal and newborn health services in Sierra Leone.” *BMJ Global Health* 1 (2016): e000065.

Kameri-Mbote, Patricia (2000) ‘*Violence Against Women in Kenya*’, International Environmental Law Research Centre,

Kapur N. Gender analysis: prevention and response to Ebola virus disease in the Democratic Republic of Congo. 2020. <https://reliefweb.int/report/democratic-republic-congo/gender-analysis-prevention-and-response-ebola-virus-disease>

Kenya Ministry of Devolution and Planning (2014) ‘National Policy for Prevention and Response to Gender Based Violence’

Kenya Ministry of Health (2020b) ‘Utilizing the Community Health Strategy to Respond to COVID-19’,

Kenya National Bureau of Statistics, Kenya Ministry of Health (2015) ‘Kenya Demographic and Health Survey: 2014’,

Kenya National Gender and Equality Commission (2014) ‘National Monitoring and Evaluation Framework towards the Prevention of and Response to Sexual and Gender Based Violence in Kenya’

- Kiarie, Kiarie Waweru (2007) ‘*The Sexual Offences Act: Omissions and Ambiguities*’, *Kenya Law*,
- Kidman, R. “Child marriage and intimate partner violence: a comparative study of 34 countries.” *International Journal of Epidemiology*, (2016): 662–675.
- Krug, E.G., J.A Mercy, L.L Dahlberg, and A.B Zwi. “World report on health and violence.” *Biomedical*, no. 22 (2002): 27-336
- Lakin, Daniel P., Claudia Garcia-Moreno, and Elisabeth Roesch. “Psychological interventions for survivors of intimate partner violence in humanitarian settings: an overview of the evidence and implementation considerations.” *International journal of environmental research and public health* 19, no. 5 (2022): 2916.
- Lefafa, N. “COVID-19 lockdown provides ‘perfect storm’ for SA’s GBV crisis.” *Health-e News* (2020).
- Magamela, Matete R., Tafadzwa Dzinamarira, and Mbuzeleni Hlongwa. “COVID-19 consequences on mental health: An African perspective.” *South African Journal of Psychiatry* 27, no. 1 (2021): 1-2
- Manandhar, Mary, Sarah Hawkes, Kent Buse, Elias Nosrati, and Veronica Magar. "Gender, health and the 2030 agenda for sustainable development." *Bulletin of the World Health Organization* 96, no. 9 (2018): 644.
- Manivannan, Anjali. "Gender inequalities in access to information about Ebola as gender-based violence." *Harvard Human Rights Journal* (2015).
- Meinhart, Melissa, Luissa Vahedi, Simone E. Carter, Catherine Poulton, Philomene Mwanze Palaku, and Lindsay Stark. “Gender-based violence and infectious disease in humanitarian settings: lessons learned from Ebola, Zika, and COVID-19 to inform syndemic policy making.” *Conflict and Health* 15, no. 1 (2021): 1-9
- Mutingh, Lucas M. “Africa, prisons, and COVID-19.” *Journal of Human Rights Practice* 12, no. 2 (2020): 284-292.
- Nabukeera, Madinah. “Prevention and response to gender-based violence (GBV) during novel COVID-19 lock-down in Uganda.” *The Journal of Adult Protection*, 2020.

- Ndlovu, Sithembiso, Mutshidzi Mulondo, Joyce Tsoka-Gwegweni, and James Ndirangu. "COVID-19 impact on gender-based violence among women in South Africa during lockdown: A narrative review." *African Journal of Reproductive Health* 26, no. 7 (2022): 59-71.
- Ngunjiri, Anne, Lilian Otiso, Anthony Mwaniki, Carol Omondi, and Jane Thiomi (2020) ‘*Violence Against Women and Girls Amidst COVID-19 Pandemic – LVCT Health Experience*’.
- O’Brien, Melanie, Maria Ximena Tolosa. “The effect of the 2014 West Africa Ebola virus disease epidemic on multi-level violence against women.” *International Journal of Human Rights in Healthcare*, 2016.
- Okur, P. “Sexual and reproductive health and rights of people on the move.” *MT Bull. Tropical Medicine & International Health* 54 (2016): 8-9
- Oleribe, Obinna O., Jenny Momoh, Benjamin SC Uzochukwu, Francisco Mbofana, Akin Adebisi, Thomas Barbera, Roger Williams, and Simon D. Taylor-Robinson. “Identifying key challenges facing healthcare systems in Africa and potential solutions. *International journal of general medicine*, 12, p.395.
- ONUFEMMES-BUCREP (2020). COVID-19 Gender Impact Rapid Assessment Survey (COVID-19 GIRAS), Rapport d’enquête, 32p. [http://www.minproff.cm/wp-content/uploads/2015/05/ COVID\\_final\\_ENG.pdf](http://www.minproff.cm/wp-content/uploads/2015/05/COVID_final_ENG.pdf)
- Onyango, Monica Adhiambo, Kirsten Resnick, Alexandra Davis, and Rupal Ramesh Shah. "Gender-based violence among adolescent girls and young women: a neglected consequence of the West African Ebola outbreak." In *Pregnant in the Time of Ebola*, pp. 121-132. Springer, Cham, 2019.
- Orindi, Benedict O., Beatrice W. Maina, Sheru W. Muuo, Isolde Birdthistle, Daniel J. Carter, Sian Floyd, and Abdhahah Ziraba (2020) ‘Experiences of violence among adolescent girls and young women in Nairobi’s informal settlements prior to scale-up of the DREAMS partnership: prevalence, severity and predictors’, *PLoS ONE*, 15(4): e0231737

- Oxfam International. “Dominican Republic Gender Analysis: study of the impact of the Zika virus on women, girls, boys and men.” Oxford: Oxfam International (2017)
- Renzetti, C.M. “Economic Stress and Domestic Violence.” Harrisburg, PA: VAWnet, (2009), <https://www.vawnet.org>.
- Research by the UN Gender Theme Group led by UN Women South Africa Multi-Country Office.
- Rieger, Agnes, Allyson M. Blackburn, Jonathan B. Bystrynski, Rachel C. Garthe, and Nicole E. Allen. “The impact of COVID-19 pandemic on gender-based violence in the United States: Framework and policy recommendations. *Psychological trauma: theory, research, practice, and policy* 14, no. 3 (2022): 471
- Risso-Gill, I. and L. Finnegan. Children’s Ebola Recovery Assessment: Sierra Leone, Save the Children, World Vision International, Plan International, and UNICEF, (2015) <https://www.savethechildren.org/content/dam/global/reports/emergency-humanitarian-response/ebola-rec-sierraleone.pdf>.
- Rose, Richard, Philip Garner, and Brenna Farrow. "Developing inclusive education policy in Sierra Leone: A research informed approach." In *Inclusion, Equity and Access for Individuals with Disabilities*, pp. 427-444. Palgrave Macmillan, Singapore, 2019.
- Rotenberg, Cristine, and Adam Cotter. "Police-reported sexual assaults in Canada before and after# MeToo, 2016 and 2017." *Juristat: Canadian Centre for Justice Statistics* (2018): 1-27.
- Roy, Charlotte M., Paul Bukuluki, Sara E. Casey, Morium O. Jagun, Neetu A. John, Nicoletta Mabhena, Mary Mwangi, and Terry McGovern. “Impacts of COVID-19 on gender-based violence prevention and response services in Kenya, Uganda, Nigeria, and South Africa: a cross sectional survey.” *Frontiers in global women’s health* 2 (2021)
- Seff, Ilana, Luissa Vahedi, Samantha McNelly, Elfriede Kormawa, and Lindsay Stark. “Remote evaluations of violence against women and girls interventions: a rapid scoping review of tools, ethics and safety.” *BMJ global health*, 6, no. 9 (2020): e006780

- Sharma, Vandana, Annika Gompers, Jocelyn T.D. Kelly, Erin Patrick, and Christine Heckman. "Gender-based violence risk mitigation by non-GBV specialists prior to and during COVID-19: a global survey of knowledge, attitudes and practices of humanitarian practitioners." *International journal of environmental research and public health* 18, no. 24 (2021): 13387.
- Smith, Julia. "Overcoming the 'tyranny of the urgent': integrating gender into disease outbreak preparedness and response." *Gender & Development* 27, no. 2 (2019): 355-369.
- Sochas, Laura, Andrew Amos Channon, and Sara Nam. "Counting indirect crisis-related deaths in the context of a low-resilience health system: the case of maternal and neonatal health during the Ebola epidemic in Sierra Leone." *Health policy and planning* 32, no. suppl\_3 (2017): iii32-iii39
- Sri, Anna Samya, Preeti Das, Sam Gnanapragasam, and Albert Persaud. "COVID-19 and the violence against women and girls: 'The shadow pandemic'." *International journal of social psychiatry* 67, no. 8 (2021):971-973
- Stark, Lindsay, Melissa Meinhart, Luissa Vahedi, Simone E. Carter, Elisabeth Roesch, Isabel Scott Moncrieff, Philomene Mwanze Palaku, Flore Rossi, and Catherine Poulton. "The syndemic of COVID-19 and gender-based violence in humanitarian settings: leveraging lessons from Ebola in the Democratic Republic of Congo." *BMJ global health* 5, no. 11 (2020): e004194.
- Steinert, Janina I., Caterina Alacevich, Bidget Steele, Julie Hennegan, and Alexa R Yakubovich. "Response strategies for promoting gender equality in public health emergencies: a rapid scoping review." *BMJ open* 11, no. 8 (2021): e048292.
- The East African Community "Gender-Based Violence and COVID-19 in the EAC"  
<https://www.eac.int/gender/gbv/gbv-and-COVID-19>
- UN Country Team (2020) 'Emergency Appeal, Kenya, April-September 2020',
- UN OCHA (2020) 'Kenya Situation Report – September 2020',
- UN Women (2020) 'COVID-19 and Ending Violence against Women and Girls',

UN Women, UNFPA, WHO, UNDP and UNODC. UN Joint Global Programme on Essential Services for Women and Girls Subject to Violence (2020) “COVID-19 and Essential Services Provision for Survivors of Violence Against Women and Girls” <https://www.unwomen.org/en/digital-library/publications/2020/04/brief-COVID-19-and-essential-servicesprovision-for-survivors-of-violence-against-women-and-girls>.

UNDP. “Assessing Sexual and Gender Based Violence during the Ebola Crisis in Sierra Leone.”, UNDP (2015), [https://www.sl.undp.org/content/sierraleone/en/home/library/crisis\\_prevention\\_and\\_recovery/assessing-sexual-and-gender-based-violence-during-the-ebola-cris.html](https://www.sl.undp.org/content/sierraleone/en/home/library/crisis_prevention_and_recovery/assessing-sexual-and-gender-based-violence-during-the-ebola-cris.html)

UNDP. “Ebola Recovery in Sierra Leone: Tackling the rise in sexual and gender based violence and teenage pregnancy during the Ebola crisis.” *UNDP* (2015), <https://www.undp.org/content/dam/sierraleone/docs/Ebola%20Docs./SL%20FS%20SGBV.pdf>

UNFPA (2019) ‘The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming’,

UNFPA. “Institutional analysis of the UNFPA response to Ebola Crisis. In Guinea, Liberia and Sierra Leone and readiness of the Sexual and Reproductive, Maternal, Neonatal and Adolescent Health Services.” *UNFPA*, (2015) <https://wcaro.unfpa.org/sites/default/files/pub-pdf/UNFPA-WCARO-Ebola-Crisis.pdf>

UNFPA. “The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming.” *UNFPA* (2019), <https://www.unfpa.org/minimum-standards>

UNFPA. West and Central Africa Region COVID-19 Situation Report No. 8, [https://wcaro.unfpa.org/sites/default/files/pub-pdf/wcaro\\_COVID-19\\_unfpa\\_sitrep8-01\\_30sept.pdf](https://wcaro.unfpa.org/sites/default/files/pub-pdf/wcaro_COVID-19_unfpa_sitrep8-01_30sept.pdf)

United Nations Development Fund (UNDP). July 2020. “In CAR, violence against women is surging amid COVID-19 pandemic, study finds”, [https://www.undp.org/content/undp/en/home/news-centre/news/2020/In\\_CAR\\_violence\\_against\\_women\\_surging\\_amid\\_COVID19.html](https://www.undp.org/content/undp/en/home/news-centre/news/2020/In_CAR_violence_against_women_surging_amid_COVID19.html).

- Wang, Jiongjiong, Marc Korczykowski, Hengyi Rao, Yong Fan, John Pluta, Ruben C. Gur, Bruce S. McEwen, and John A. Detre. "Gender differences in neural response to psychological stress." *Social cognitive and affective neuroscience* 2, no. 3 (2007): 227-239.
- Wanqing, Zhang (2020) 'Domestic Violence Cases Surge During COVID-19 Epidemic', Sixth Tone,
- WHO (2020) 'Kenya: WHO Coronavirus Disease (COVID-19) Dashboard'
- Wilhelmy, Saskia, Rebecca Ulrich, and Dominik Groß. "Just two Sides of the Same Coin? Ethical Issues and Discourses on COVID-19 and Ebola. A Comparative Literature Analysis." *Historical Social Research/Historische Sozialforschung* 46, no. 3 (2021): 247-284.
- Wilke, Nicole Gilbertson, Amanda Hiles Howard, and Delia Pop. "Data-informed recommendations for services providers working with vulnerable children and families during the COVID-19 pandemic." *Child Abuse & Neglect* 110 (2020): 104642.
- World Bank. "Back to School After the Ebola Outbreak" *World Bank* (2015), <https://www.worldbank.org/en/news/feature/2015/05/01/back-to-school-after-ebola-outbreak>
- World Health Organization. "Child and adolescent health in humanitarian settings: operational guide: a holistic approach for programme managers." (2021).
- World Health Organization. "Freedom from coercion, violence and abuse: WHO QualityRights core training: mental health and social services: course guide." (2019).
- World Health Organization. "Report on the strategic response to COVID-19 in the WHO African Region—1 February 2021 to 31 January 2022." (2022).
- Yakubovich, Alexa R., and Krys Maki. "Preventing gender-based homelessness in Canada during the covid-19 pandemic and beyond: the need to account for violence against women." *Violence against women* 28, no. 10 (2022): 2587-2599.



**APPENDICES**  
**QUESTIONNAIRE**

**Appendix I: Questionnaire to Respondents**

University of Nairobi

Institute of Diplomacy and International studies

Dear Respondents,

**RE: DATA COLLECTION.**

I am a Master's student studying diplomacy and international affairs at the University of Nairobi.

I'm now working on a research project in order to complete the requirements for a Master of Arts

in International Conflict Management. This is the name of my project. **“IMPACT OF GLOBAL**

**PANDEMICS ON THE INCREASE OF GBV IN AFRICA: A CASE STUDY OF COVID**

**19 AND EBOLA”** Your participation in this study has been chosen for you; nevertheless, it is

entirely voluntary. I humbly request that you complete the survey completely and truthfully.

Thank you very much for your assistance.

**NANCY NJOROGE**

**Student at University of Nairobi.**

**SECTION A: BIO DATA.**

**Please tick [√] as appropriate**

i) What is your gender:

Male

Female

ii) How old are you?

12-20

21-28

29-37

38-45

46-53

54-61

61-64

iii) What is your highest level of formal education?

Primary education

Secondary education

College education

University education

iv) What is your organization?

Action Aid

Academia

Ministry of Youth and Gender Affairs

UN Women

Women in African

**SECTION B: Questionnaire**

1. What are the impacts of Ebola and COVID-19 pandemics on GBV in Africa?

---

---

---

2. What is the efficacy of counter GBV measures during Ebola and COVID-19 in Africa?

---

---

---

3. What are the prospects and challenges of intervention measures to address GBV during the Ebola and COVID-19 pandemic in Sierra Leone.?

---

---

---

4. What are the most common forms of gender-based violence in Africa?

---

---

---

5. Which categories of people in Africa would you say are the most vulnerable to GBV? Why?

---

---

---

---

---

6. What are some of the major contribution of COVID-19 towards gender-based violence in Africa?

---

---

---

7. What are some of the major contribution of Ebola towards gender-based violence in Africa?

---

---

---

8. What programmes or measures have been put in place to address gender-based violence in the in Africa?

---

---

---

9. Kindly describe how the AU and other regional bodies have addressed GBV during the Ebola and COVID-19 pandemic

---

---

---

10. Has the AU adequately trained its staff to adequately guarantee GBV safety?

---

---

---

12%

SIMILARITY INDEX

10%

INTERNET SOURCES

7%

PUBLICATIONS

*Just*

5%

STUDENT PAPERS



PRIMARY SOURCES

1

erepository.uonbi.ac.ke

Internet Source

1%

2

covid19.alnap.org

Internet Source

1%

3

erepository.uonbi.ac.ke:8080

Internet Source

1%

4

www.frontiersin.org

Internet Source

1%

5

africa.unwomen.org

Internet Source

<1%

6

www.researchgate.net

Internet Source

<1%

7

Neetu John, Charlotte Roy, Mary Mwangi, Neha Raval, Terry McGovern. "COVID-19 and gender-based violence (GBV): hard-to-reach

<1%

*Diana*  
Dec 2022