Journal of Contemporary International Relations and Diplomacy (JCIRD)
Vol. 5, No. 1, 2024, pages 37-57 Doi: https://doi.org/10.53982/jcird.2024.0502.03-j

Published by the Department of International Relations and Diplomacy, Afe Babalola University, Ado-Ekiti (ABUAD), Nigeria.
E-mail: jcirdabuad@gmail.com

ISSN: 2714-3414
E-ISSN: 2971-6470

African Governments' Responses to the Covid-19 Pandemic and its Impact on Women: A Case Study of Nigeria

Omotola Adeyoju ILESANMI[1]
Chinyere Rita AGU[2]

Abstract

The emergence of the COVID-19 pandemic in Africa created widespread socio-economic and healthcare challenges for countries, and peoples' lives and livelihoods. Like other public health emergencies, the COVID-19 pandemic is gendered, and affected men, women, boys and girls in complex and varying ways; exacerbating the existing deep-seated gender inequalities in African societies. Similarly, the response measures adopted by African governments, including Nigeria, in addressing the disease outbreak and preventing its spread had a disproportionate impact on women and girls. To cushion the impact of the measures adopted against the disease, the Nigerian government created socio-economic initiatives and programs for the citizenry. However, these measures did not adequately integrate a gender perspective in their design and implementation. Using a desk review of secondary sources, the paper examines the impact of the COVID-19 pandemic and the response measures adopted by the Nigerian government. It concludes that the failure by policy makers in Nigeria, and Africa generally, to effectively mainstream gender into the design and implementation of these policies, and underrepresentation of women in government taskforces limited the effectiveness of the measures.

Keyword: COVID-19, Africa, Nigeria, Women, Response.

[1]Omotola Adeyoju ILESANMI (PhD) is a Senior Research Fellow with the Nigerian Institute of International Affairs. She is the Ag Head of the General LEO Irabor Early Warning Centre. Her research interest include: Women and Peacebuilding, Peace and Security, Gender and Security Sector Reforms. She has published locally and internationally

[2]Chinyere Rita AGU (PhD) is a Senior Research Fellow with the Nigerian Institute of International Affairs (NIIA). She heads the International Law Unit of the Research and Studies Department of NIIA. Her research interests include: International Trade and Investment law, Human Rights law and International Development law.

Introduction

The emergence of the COVID-19 pandemic in Wuhan, China, in December 2019, and its subsequent global spread changed the entire world system, including how individuals and countries live and interact. The impact of the pandemic continues to be felt on peoples' health, economic and social wellbeing, affecting lives and livelihoods in Africa. Similar to other global public healthcare emergencies, such as the Ebola Virus Disease (EVD), the pandemic is gendered in nature, affecting men, women, boys and girls differently in complex and multiple ways (Haman, 2016; Davies & Bennett, 2016). African countries joined the list of countries affected by the COVID-19 pandemic with its first case on the 14th February 2020, in Egypt, and the 2nd case in Lagos, Nigeria on 24th February, 2020 (WHO, 2020). On the 11th of March, 2020, the COVID-19 outbreak was declared a global pandemic by the World Health Organisation (WHO, 2020). Although Africa's COVID 19 cases were fewer in number in comparison to other parts of the world, the peculiar healthcare and socio-economic challenges arising from the pandemic overwhelmed and threatened the existing fragile healthcare and socio-economic systems in African states. The World Health Organisation (WHO) predicted that Africa may likely become the epicenter of the pandemic if adequate caution was not taken (WHO Africa, 2020). Global health experts also predicted a widespread transmission of the disease on the continent as a result of several factors such as dense urban settlements, fragile health systems, low capacity to detect and respond to the novel pandemic, and rural-urban movements (Achoki et.al, 2020; Lancet, 2020). However, contrary to the gloomy predictions, and in what is termed the 'Africa Paradox', Africa did not record the huge number of infections and deaths, and remained the least affected region in the world by the close of 2020 (Ntoumi & Velavan, 2021; Nordling, 2020). African countries experienced lower mortality rates when compared to other parts of the world, and this was attributed to factors such as Africa's huge youthful population, and the limited testing capacity of several African countries which may have resulted in the possibility of several cases not detected (Soy, 2020). According to the WHO African Region COVID-19 dashboard, Africa has recorded a cumulative number of 12,542,687 COVID-19 cases, and 257,790 deaths compared to global cumulative number of 772,838,745 and 6,988,679 deaths since the outbreak of the disease. (WHO Africa, 2024).

In African countries, including Nigeria, women were disproportionately affected by the pandemic on several fronts as frontline health workers, primary caregivers and as migrant workers. Women constitute the majority of persons in the healthcare and social services sector, and by this were exposed to the high risk of infection and transmission of the disease. In addition, women have been worst hit by the economic effect of the pandemic, as they account for the large majority of workers in the informal sector with no social protection. In Africa, 89% of women are employed in the informal sector (International Labour Organisation, 2018), lacking employment security and benefits, and with a high risk of lay-offs and salary cuts. As the largest proportion of workers in the social services sector that have been worst hit by the pandemic such as hospitality food and beverage, air travels and tourism, several women have experienced job and income losses (Chuku, Musa & Yenice, 2020). The severe impact of the pandemic on women and girls derives from the existing gender inequality in the social and economic systems, which further exacerbated their vulnerabilities (Ahinkorah, Hagan, Ameyaw, & Seidu, 2021; Chuku, Adamon & Yasin, 2020).

African countries, like other countries globally, devised their response measures to prevent the spread and mitigate the effect of the pandemic on their people and economies. Such measures included national lockdowns, stay-at-home orders, curfews, border, market and school closures, and travel restrictions to mention a few. However, several of these response strategies for preventing and curbing the disease negatively impacted women and girls lives and livelihoods. For instance, a key outcome of the government lockdown measures and sit-at-homes adopted by most countries globally and in Africa increased women and girls' exposure to sexual abuse and gender-based violence.

The paper examines the impact of the COVID-19 pandemic (which ravaged the world from late 2019 to 2023) and response measures adopted governments on women and girls in Nigeria and Africa. The paper is divided into five sections. Section One is the introduction which provides a general background of the emergence of COVID-19 pandemic in Africa. Section Two is an expose on the linkage between gender and public health emergencies in Africa. Section Three examines the impact of the COVID-19 pandemic on women and girls in Africa. Section Four examines the response measures adopted by the Nigeria on women and girls. Section Five is the conclusion.

Gender and Public Health Emergencies in Africa

Public health emergencies have become pervasive globally, with several countries recording such emergencies. These public health emergencies have accounted for the deaths of thousands of persons and the destruction of livelihoods of even more people across the globe. Public health emergency refers to "situations whose scales, timing, or unpredictability threatens to overwhelm routine capabilities" (Nelson et.al., 2007). The International Health Regulations (2005) defines public health emergency of international concern as an extraordinary event that is determined "to constitute a public health risk to other states through the international spread of diseases and to potentially require a coordinated international response. The outbreak of the Middle East Respiratory Syndrome (MERS) in Saudi Arabia and South Korea, ZIKA virus in South and Central America, and the Ebola Virus Disease EVD in West and Central Africa in 2014/2016 have had a devastating impact on a wide majority of persons.

However, it has been established in the literature that health emergencies and disease outbreaks affect men, women, boys and girls differently, and that gender remains a crucial factor to disease outbreaks and responses (Davies & Bennett, 2016; Ni Aolin,, 2011; Hawkins & Bent, 2013). Alluding to this, Ni Aolain (2011) asserts that 'the combination of pre-existing biological and socio-cultural factors means that while the health status of populations as a whole deteriorates during complex humanitarian crisis, women and children remain particularly vulnerable.

Africa in particular has been home to a wide range of public health emergencies and disease outbreaks including HIV/AIDS, viral hepatitis, tuberculosis and malaria (World Health Organization, 2018). In 2016 alone, over 100 public health disease outbreaks were recorded including Cholera, Lassa Fever, Typhoid Fever, Yellow Fever and Measles (World Health Organization, 2017). In Africa, the upsurge in health emergencies particularly the Ebola Virus Disease (EVD) exposed the poor capacities of healthcare systems in several African countries and the inability of these countries to anticipate health disasters (Bousso, 2019). Women in Africa bear a disproportionate and large share of the global burden of disease and death particularly in maternal and infant mortality rates. According to the Analytical Factsheet prepared by World Health Organisation (African Region), and the Integrated African Health Observatory (2023) despite

the global decline in maternal mortality ratio to 34.2%, Africa stills account for more than 69% of all cases of maternal deaths worldwide. The outbreak of the EVD in 2014 exacerbated the existing gender inequalities and clearly showed the gendered impact and consequences of public health emergencies in Africa. .For instance, the disease outbreak disrupted essential health services for women including maternal health services which resulted in increased levels of maternal deaths. In Sierra Leone, maternal mortality rates during the Ebola disease outbreak rose as obstetric care centres were shut down, and its resources diverted for emergency responses (Binagwaho, 2022; Smith, 2019). Furthermore, government-imposed lockdowns and restrictions during the Ebola outbreak contributed to high risk of gender-based violence (John, N. et al, 2020). Reacting to the impact of the Ebola on women, Haman (2016) argued that "the social disruption caused by the emergency heightened existing social and economic vulnerabilities including for women and children, the elderly and for people with disability."

The EVD outbreak in West and Central Africa aptly exposed the gendered dimension of disease outbreaks and public health emergencies, and the failure of states to integrate gender into the response initiatives. Julia Smith argued that the EVD in Africa greatly exacerbated the health and socio-economic situation of women in Sierra Leone, a country with the highest maternal mortality rate globally (Smith, 2019). The EVD outbreak resulted in an increase in the maternal mortality rate as a result of the lack of obstetric care arising from diversion of healthcare services to the management of the disease. Similarly, within 18 months the EVD outbreak in Guinea, Liberia and Sierra Leone had resulted in 75% increase in maternal mortality (Mullan, 2015). Furthermore, the outbreak resulted in the disruption of healthcare services and limited access to women-centred healthcare delivery services such as pre-natal and ante-natal as well family planning services (Roberton et.al., 2020). It is imperative to state, therefore, that the recognition of the differentiated ways health emergencies and disease outbreaks affect men and women are crucial to understanding the effect of such pandemics, and the development of gender-responsive policy measure needed in effectively mitigating the impact of the pandemic (Wenham, Smith & Morgan,2020).

Similarly, the COVID 19 pandemic led to unprecedented health and socioeconomic crises all over the world. The pandemic adversely affected the lives of women and girls in Africa in a plethora of ways, including their access to

education, food security and nutrition, health, livelihoods, and protection. Studies have shown that women in Africa were actively involved in the COVID-19 pandemic response as they account for the majority of the healthcare workforce and essential service providers on the continent (Makan-Lakha & Hamilton, 2020). Women constitute over 60% of the workforce in the healthcare and social services sector in Africa, and account for as high as 91% in Egypt (Chuku, Musa & Yenice, 2020). This situation exposed women to the risk of contracting and transmitting the virus either at home or at the workplace.

COVID-19 Response Measures in Africa: Impact on Women and Girls

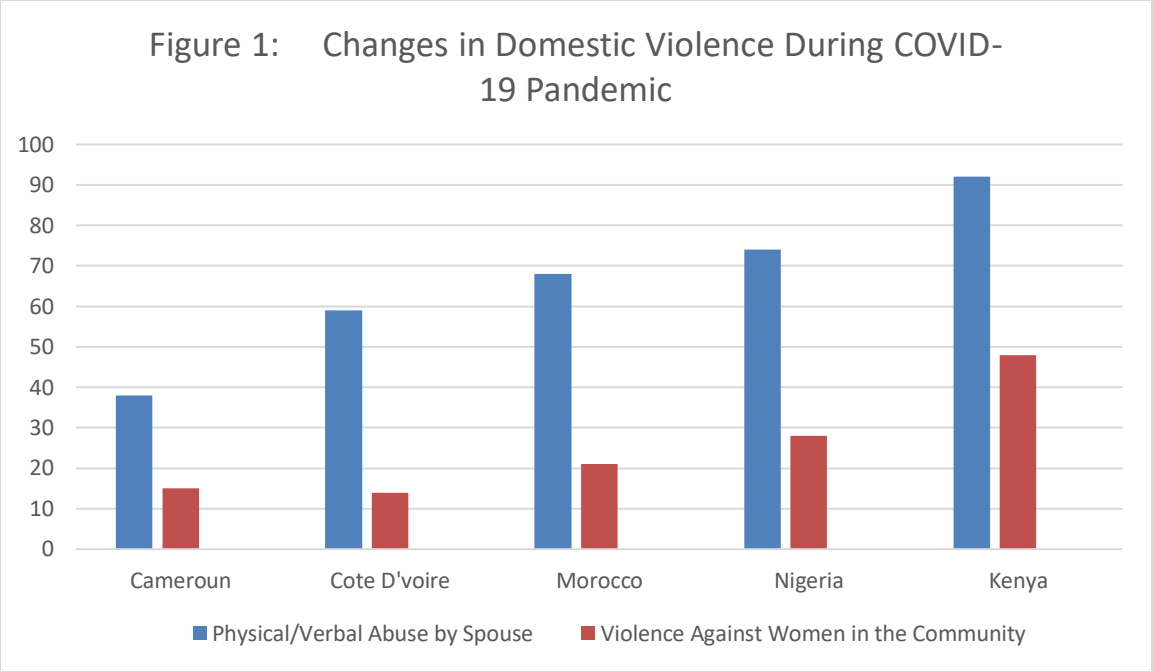
Following the outbreak of the COVID-19 pandemic, African countries, in their quest to alleviate the debilitating impact of the pandemic on their citizens, adopted a number of health, economic and social policy measures. These policy measures include lockdowns, school, market and border closures, restriction on movements and travels, curfews, cash transfers, and economic stimulus packages to small businesses owners, among others. This was in addition to the WHO health advisories and protocols such as social and physical distancing, frequent washing of hands with soap under running water, avoidance of crowded places and the use of facemasks. However, these were not gender-responsive, and did not put into consideration the differential impact of these measures on women and men. A situation that is common with public health emergencies in Africa. Alluding to this, scholars have argued that response measures by government against disease outbreaks and public health emergencies in Africa are normally not gender responsive, and fail to give women's issues important consideration (Harman, 2016; Davies & Bennett, 2016).

In this vein, government policy measures adopted by African countries to mitigate the impact of the disease had unintended consequences for women and girls and impacted them negatively. For instance, lockdown and quarantines resulted in the increase in the rate of domestic violence, intimate partner violence, and gender-based violence against women and girls owing to the isolation and closed spaces (Hoosain & Robertson, 2023; UN, 2020; Wanqing, 2020; Godin,2020). The high incidence and widespread nature of violence against women and girls from the COVID-19 lockdown and restrictions led to the UN Women's former Executive Director, Phumzile Mlambo-Ngcuka, coining the term

'*shadow pandemic'*. Reacting to the increased rate of domestic violence and intimate partner violence stemming from the lockdown measures, the African Union Commission Chairperson, Moussa Faki argued that "the confinement and the social distancing, can transform the haven of peace, which must be the home, into a place at high risk of violation of human rights and particularly the rights of women" (UN Women, 2020). Although men are seen as majorly the perpetrators of gender-based violence, while women are the victims, studies have shown that the heightened stress and anxiety levels experience by men as a result of income and job losses have been found as incentives for violence by men (ECOSOC, 2024; Hoosain & Robertson, 2023).

In addition to the increased levels of domestic violence women experienced during the lockdown and other restrictions, women experienced other forms of violence such as rape, assault, defilement, kidnapping and other heinous crimes. A Rapid Gender Assessment (RGA) conducted by UN Women in Cameroun, Cote D'Ivoire, Morocco, Nigeria and Kenya showed that gender-based violence was widespread during the pandemic.

Figure 1: shows that most women surveyed think that physical or verbal abuse by a spouse increased during the pandemic in their community. The rates range from a very high of 92% in Kenya to the lowest of 38% in Cameroon. In addition to the experience of violence from spouses. Also, Figure 1 shows that a sizable proportion of women think violence against women increased within the community—ranging from a low of 15% in Cameroon to a very high of 48% in Kenya.



Source: UN Women 2021

In addition, for the 5 African countries surveyed as part of the global Violence Against Women- Rapid Gender Assessment (VAW-RGA) during April-September 2021, at least 45%, 39%, 23%, 23%, and 18% of the women reported feeling unsafe in Kenya, Nigeria, Morocco, Cameron and Cote d'Ivoire respectively (UNWomen 2021). In response to violence experienced by women during the pandemic some African countries expanded the shelters for survivors of gender-based violence and increased the number of helplines and support for victims of GBV(UN, 2021).

In another vein, the economic impact of the pandemic and resultant government measures of stay-at-homes, and the lockdown on factories and markets had debilitating effects on women, and this led to economic and income losses. Studies have shown that the economic status of women have worsened with the emergence of the pandemic (Aoyagi, 2021). Women in Africa experience widespread poverty and economic inequality arising from lack of access to financial services, education, digital literacy (Makan-Lakha & Hamilton, 2020). Data from the International Labour Organisation (ILO) database suggest that in sub-Saharan Africa, 81 percent of female workers were under the threat of poverty before the pandemic, compared to 77 percent of male workers (Aoyagi, 2021). Although both males and females suffered greatly from the economic and income

losses arising from these polices, women were disproportionately affected due to the large participation of women in the informal sector in Africa. Consequently, the closure of markets, businesses and borders which was majorly in the informal sector culminated in the loss of employment and income for them, further exacerbating their poverty and hardship (World Economic Forum, 2021; Nyadera et.al, 2021). In Africa, 89% of women are employed in informal sector which comprise of subsistence farming, petty trading and small-scale businesses, with meagre daily wages, lack of employment benefits, and high risk of lay-offs and salary cuts (Chuku, Musa & Yenice, 2020). In Ethiopia, for instance, women account for more than 50% of textile workers involved in light manufacturing. In addition, travel restrictions adopted by governments meant loss of jobs and incomes for female migrant workers in Africa (Chuku, Musa& Yenice, 2020).

Furthermore, the social services and hospitality sector, such as food and beverage, air travels and tourism, where women constitute the largest majority of workers, were also severely affected by the pandemic. At the onset of the pandemic in early 2020, while commenting on the economic impact of the pandemic on women, the then UN Women Executive Director Ms. Phumzile Mlambo-Ngcuka stated that, "This pandemic is hitting hard in sectors where majority of women are employed and we know most women do not have savings, therefore government and stakeholders should be keen on social protection and food security among other key issues in the gender responses of COVID-19" (UN Women, 2020). However, in response to the economic shocks experienced by families and households due to the policy measures, African countries provided social assistance to the vulnerable populations, income protection measures and economic relief programmes such as grants and cash transfers (ECOSOC, 2024; Essue et. Al, 2024). Some countries also provided gender responsive programmes specifically for females, although they were fewer in number.

Women's access to sexual and reproductive health care including maternal healthcare was also negatively impacted by some of the government policy measures of curfews, lockdowns and restrictions. A Report by the Open Democracy, in Ethiopia, Kenya, Sierra Leone, Uganda and Zimbabwe, stated that the lack of transportation due to curfews and restrictions resulted in the inability of several pregnant women to arrive hospitals on time to deliver their babies, a situation which led to deaths and unsafe births. In other situations, healthcare

workers were reluctant to treat pregnant women for fear of Covid-19 infection (Namubiru & Wepukhulu, 2020). In Kenya, women and civil society organisations threatened to sue the Kenyan government for failing to ensure the protection of women's right during the pandemic in line with the provisions of the Protocol to the African Charter on Human and Peoples' Right on the Right of Women in Africa (Maputo Protocol) (Namubiru & Wepukhulu, 2020). However, such situations were not peculiar to African countries alone, as the Report showed that as a result of the restriction and lockdowns, pregnant women in no less than 45 countries all over the world underwent traumatic experience in contravention of WHO guidelines and national laws (Archer & Provost, 2020). Additionally, the lockdown resulted in increased domestic and care burdens for women at the domestic front as women were saddled with the responsibility of the increased burden of unpaid care work and homeschooling for children due to the closure of schools and providing care for the sick and elderly. Indeed, studies have shown that women had to provide four hours extra care work at home because of the lockdown (OECD Report, 2020).

Furthermore, in Africa, women were grossly underrepresented in leadership and decision-making positions in the response bodies established by countries. In spite of the fact that women were frontline workers in the fight against the pandemic, and accounted for about 70% of global healthcare workers, they occupied only 25% of senior roles in healthcare systems (Dhatt, 2020; Firth & Baird, 2020; Bonio, 2019). Although women were important stakeholders in the fight against COVID-19, they were at the margins in the membership and leadership of taskforces and governance systems. Presidential COVID-19 Taskforces were created by governments to provide guidance on country wide responses. This intervention was directed at providing sound public health preventive strategies drawing from Africa's past experience in pandemic outbreaks such as the EVD and from the WHO protocols advisories on COVID-19. A gender analysis of COVID-19 pandemic plans of eight African countries; Ethiopia, Ghana, Kenya, Nigeria, Rwanda. South Africa, Uganda and Zambia showed that women were underrepresented in COVID-19 committees and taskforces set up by governments (Essue et. al. 2023). Scholars maintain that not much was done to adequately involve women in the preparedness and response mechanisms to the COVID-19 pandemic globally (Gilbert, Pullano, & Francesco Pinotti. 2020).

Although women were important stakeholders in the fight against COVID-19, they were at the margins in the membership and leadership of taskforces and governance systems globally. Female participation in COVID-19 bodies and taskforces varied across regions of the world. For instance, in Europe, North America, Australia & New Zealand they had 33% female representation, Latin America &the Caribbean 28%, Sub-Saharan Africa 20%, while other regions had lower female representation (UN Women Data Hub, 2021).

In a bid to responding to the COVID-19 pandemic and alleviating the economic hardship brought by the disease, several African governments developed economic stimulus packages and programs for their citizens. For instance, the Nigerian government created several social, and economic policy measures to reduce the impact of the pandemic on the people. However, these economic stimulus packages and programs have not been effective in mitigating the impact of the pandemic as the large majority of its citizens particularly women were not beneficiaries of such measures.

Nigeria's Response Measures to the COVID-19 Pandemic and Impact on Women and Girls

The COVID-19 pandemic brought unprecedented health and socio-economic challenges to Nigeria. The disease outbreak led to a near total shut down of economic activities in the country resulting from the lockdowns, stay-at-homes and other restrictions imposed by government. This situation was worsened by the sharp decline in global crude prices and disruptions in global supply chains leading to distortions in domestic prices and a decline in public revenue. In response to the COVID-19 disease outbreak, the Nigerian government put in place mechanisms and policy measures to comprehensively address the public health challenge and the resulting unintended consequences of these measures.

Drawing from its experience from the 2014 EVD outbreak, the government set up isolation centres specifically for the treatment of Covid-19 patients (Africa Center for Strategic Studies, 2020). Furthermore, the Nigerian government established a Presidential Taskforce for the Control of the COVID-19 Disease in March 2020 with the responsibility of coordinating and overseeing Nigeria's multi sectoral inter-governmental efforts to contain the spread and mitigate the impact of

the COVID-19 pandemic in the country. Specifically, the Presidential Taskforce was saddled with the responsibility of providing policy direction, guidance and continuous support to the National Emergency Operations Centre at the Nigerian Centre for Disease Control, ministries and government agencies (Presidential Taskforce on COVID-19, 2020). The Taskforce had the mandate for the implementation of the National COVID-19 Pandemic Multi-Sectoral Response Plan which was released on May 18th 2020, and which outlined the different roles of government sectors during the six phases of the pandemic.

However, a challenge of the Presidential Taskforce was gross under-representation of women in the taskforce, with women accounting for only 1 out of the 12 members of the Nigerian Presidential Taskforce. The only woman on the team was the Minister of Humanitarian Affairs, Disaster Management and Social Services. The Minister of Women Affairs and Social Development who had the responsibility of heading the Ministry for women, and providing policy recommendations to government for women issues in the country was conspicuously absent from the taskforce. Clearly, this composition of the Nigerian COVID-19 Taskforce saddled with the responsibility of driving Nigeria's response strategy to COVID-19 pandemic was not representative of women and youths, and lacked inclusion of these categories. This left out the crucial voices of women and youths who could have brought different perspectives and a gender dimension to whatever policies were developed. Generally, women were underrepresented in COVID-19 committees and taskforces set up by countries and state governments to address the pandemic, which is characteristic of global health emergency prevention and response mechanisms (Essue et. al., 2023). Although women make up 70% of healthcare workers globally, they account for only 25% of senior positions in global healthcare bodies (Dhatt,2020; Firth &Baird, 2019).

Following Nigeria's first case of the disease on March 31st 2020 in Lagos, Nigeria's President Muhammadu Buhari put in place a lockdown in Lagos State, Ogun State and the Federal Capital Territory of Abuja (Iheanacho-Shahd, 2021). On January 26, 2021 the President signed *the Coronavirus Disease (COVID-19) Health Protection Regulations 2021* which was in accordance to the Quarantine Act of 1926 (Section 4) that grants the President powers to prevent the spread of any dangerous infectious disease in Nigeria (International Center for Not-For-Profit-Law, 2021). The regulation aimed at protecting the health and wellbeing of

Nigerians, and included measures such as restrictions on gatherings and public spaces, social distancing, mandatory use of face masks in public, use of sanitizers/regular handwashing as well as penalties for non-compliance to these regulations. Subsequently, on 10 May 2021, the Presidential Steering Committee reintroduced additional restrictions, such as the closure of bars, clubs, and event centers (Tan et.al, 2021).

The COVID-19 pandemic had a significant impact on women in Nigeria, deepening existing inequalities and vulnerabilities. Government policy measures aimed at mitigating these effects have yielded both positive and negative outcomes. The restrictions and lockdown measures and other restrictive measures adopted had varying implications on the lives of women and girls.

Violence against Women and Girls

Women and girls in Nigeria are confronted with various forms of gender-based violence (GBV) including domestic violence, rape, and intimate partner violence. However, lockdown and stay-at-home measures adopted by government to ensure the protection of the health of Nigerians and address the spread of the disease resulted into increased incidence of GBV and domestic violence cases against women in the country. Reports indicated that calls to domestic violence helplines increased by over 300% during the initial lockdowns (NAPTIP, 2021). Many women found themselves confined with their abusers, lacking access to support services, which highlighted significant gaps in the existing safety net. The pervasive nature of the gender-based violence was such that within two weeks of the COVID-19 lockdown in Nigeria, there was already a 56% increase in cases of GBV (UN, 2020). Also, Lagos state which is one of the states under mandatory lockdown by the government recorded a three-fold increase in the number of domestic and sexual violence cases reported through the hotlines within a month of the lockdown and stay at home measure (Wada et. al., 2022).

Responding to the heightened levels of violence against women during the pandemic era, the Nigerian government put in place policy measures to address the *Shadow Pandemic*. For instance, the federal government alongside state governments created helplines and shelters of victims of the shadow pandemic to expand access to help and support to GBV survivors. Also, the government in

partnership with the Population Council and supported by the European Union-United Nations Spotlight Initiative developed the *National Gender-Based Violence Dashboard*, an online platform for reporting incidents of violence against women and girls. The platform which is known as *ReportGBV* is domiciled in the Ministry of Women Affairs and Social Development (Population Council, 2022). Although these measures by government are commendable, they could not adequately mitigate the widespread violence experienced by women and girls during the pandemic.

Economic Impact on Women and Girls

Women in Nigeria face widespread limitations and unequal access to economic opportunities and economic advancement. The COVID-19 disease outbreak further exacerbated the economic state of Nigerian women with the job and income losses. This is owing to the large concentration of women in the informal sector and small businesses which were gravely impacted by the lockdowns and restrictions introduced by government. Some of which include sectors such as the education, retail and wholesale, and micro, small and medium enterprises MSMEs (UN Women & ILO, 2023). However, in response to the unintended consequences of the restrictive measures, the Nigerian government put in place measures to improve the economic wellbeing and livelihoods of Nigerians.

Several initiatives were introduced by government to provide financial assistance to vulnerable populations. For instance, the Economic Sustainability Plan included cash transfers and food relief targeted at low-income households, with a particular focus on women-headed households. By mid-2021, approximately 2.6 million households had received support, significantly alleviating immediate economic distress for many women (National Bureau of Statistics, 2021). Additionally, the Federal government developed the *Nigerian COVID-19 Action Recovery and Economic Stimulus (NG-CARES)*, a 2-year emergency response program backed by the World Bank which provides assistance, restoration of livelihoods and food security to poor and vulnerable households in Nigeria. The intervention enables the federal government to lend to the States and the Federal Capital Territory FCT by leveraging on past government interventions such as the Community and Social Development Programs, and the Youth Employment and Social Support Operations. The program enhances digital literacy and support for

women entrepreneurs, by helping women adapt their businesses to digital platforms, which became crucial during lockdowns. As of late 2021, over 300,000 women were reported to have benefited from skills training in digital entrepreneurship (Federal Ministry of Finance, 2021).

In addition, Nigeria's lower legislative Chamber, the House of Representatives passed the Economic Stimulus Bill 2020 to provide support to businesses and citizens by providing 50% tax rebates to businesses registered under the Company and Allied Matters Act. However, focus of the bill was the provision of relief for businesses in the formal sector, leaving out businesses in the informal sector which provide about 65% of Nigeria's total GDP, and employ close to 90% of the workforce. (Dixit, Ogundeji & Onwujekwe, 2020). Thus, a large majority of women and girls could not benefit from this stimulus package since their businesses are largely concentrated in the informal sector. Another economic measure is the Cash Transfer of N20,000 to the poor and vulnerable groups, which was provided for the poor and vulnerable households registered on the National Social Register (NSR). However, the register had a total of 2. 6 million households about (11million persons) registered out of a population of about 200 million, with 87 million Nigerians living on less than $1.90 a day (Dixit, Ogunremi & Onwujekwe, 2020). Consequently, most women who constitute the majority of the poor, and who live on less than $1.90 a day did not benefit from the cash transfer. Some of the economic policy measures introduced by the Nigerian government were not gender-responsive and did not explicitly target women given the lack of sex-disaggregated statistics informing them. The policy measures did not integrate a gender dimension into its design and implementation and thus could not effectively address the unique needs, experiences and concerns of women and girls.

In terms of women's access to healthcare services, the government made efforts to sustain maternal and child health services during the pandemic by increasing funding and outreach programs to ensure women had access to essential healthcare. Reports indicated that more than 80% of health facilities maintained maternal services during the pandemic, benefiting thousands of women who rely on these services (National Primary Health Care Development Agency, 2021).

Conclusion

The COVID-19 pandemic was an unparalleled crisis that had severe health and socioeconomic repercussions on peoples and countries. Women and girls are disproportionately affected by public health emergencies and disease outbreaks that have become prevalent on the African continent. Existing gender inequalities exacerbate the negative impact of such pandemics on women and girls. Disease outbreaks worsen the state of women and girls on multiple fronts including health and socio-economically. Like other public health emergencies, the COVID-19 pandemic affected women and girls in negative ways and deepened the existing gender inequities in societies. Ironically, measures adopted by Nigeria to prevent the spread and mitigate the impact of the pandemic affected the lives of women and girls in negative ways. Government measures such as the lockdowns and stay-at- homes resulted in increased incidence of violence against women and girls, and intimate partner violence. In addition, the government policy of restrictions, market and border closures led to the loss of income and employment opportunities for women. These policy measures affected women and girls negatively as a result of several factors including; the failure of policymakers to recognize that public health emergencies including the COVID-19 pandemic are gendered, affecting women, men boys and girls in different ways. Although the governments developed economic programs to alleviate the challenges brought about by the COVID-19 pandemic, there were inadequate social protection and economic stimulus packages that were specifically targeted at women and girls to address their unique needs and concerns. Equally important is the underrepresentation of women in the membership and leadership positions in government taskforces and bodies established to address and mitigate the impact of the pandemic. The paper concludes that public health emergencies such as the COVID-19 pandemic have a gender dimension to it. And that Nigeria did not effectively mainstream a gender perspective into the design and implementation of policy measures. Mainstreaming gender and women issues into Nigeria and Africa's response and management of

COVID-19 disease outbreak is a critical factor in effectively alleviating the debilitating effect of the pandemic on their population. It is, therefore, imperative that Nigeria and African governments in responding to future pandemics and public health emergencies must be gender responsive. Women must be adequately represented in the membership and leadership positions of bodies and mechanisms

established by African government to combat the pandemic. This is with the view of developing robust and inclusive policy measures that address the wide variety and complex needs and concerns of men and women. It is crucial that Nigerian and African policymakers develop economic empowerment programmes and palliatives specifically targeted at women and girls as a way of alleviating the socio-economic losses from the impact of future pandemics and public health emergencies.

References

Achoki, T., Uzma A., Lawrence, W., Gebremedhin, T., Senkubuge, F., Lesego,A., Shuangzhe, L., Wamai,R., & Kinfu, Y., (2020). "COVID-19 Pandemic in the African Continent: Forecasts of Cumulative Cases, New Infections, and Mortality." medRxiv. https://doi.org/10.1101/2020.04.09.20059154.

African Centre for Disease Control and Prevention, (2020, 'Corona Virus Disease 2019 (Covid-19): Latest Updates on the Covid-19 Crisis from Africa CDC', 29 July, https://africacdc.org/covid-19/.

African Union- Economic, Social & Cultural Research Study (2024).'Study on assessing the impact of COVID 19 response on women and girls in Africa'. Addis Ababa: AU.

Ahinkorah, B., Hagan, J., Ameyaw, K., Seidu, A.& Schack, I.(2021), 'Covid-19 Pandemic Worsening Gender Inequalities for Women and Girls in SubSaharan Africa'. *Frontiers in Global Womens Health.*

Aoyagi, C. (2021), 'Effects of COVID-19 on Regional and Gender Equality in Sub-Saharan Africa: Evidence from Nigeria and Ethiopia'. IMF Working Paper. African Department.

Archer, N. & Provost , C.(2020), 'Top Doctors and Lawyers Condemn 'Shocking' Treatment of Women in Childbirth During Covid-19', https:www.opendemocracy.net/en/5050/doctors-lawyers-condemn-shocking-treatment-childbirth-covid/?utm_source=50.50

Binagwaho, A., & Mathewos, K. (2022). Infectious disease outbreaks highlight gender inequity. *Nature microbiology*, *7*(3), 361–362. https://doi.org/10.1038/s41564-022-01075-

Boniol M et al., (2019), 'Gender Equity in the Health Workforce: Analysis of 104 countries', World Health Organization.

Bousso, A. (2019).'Health Emergency Operation Centers Implementation in Africa', *Pan Africa Medical Journal* 33, no.171., Doi: 10.11604/pamj.2019.33.171.17890.

Chepkonr E, et al.,(2019), 'Serological Evidence of Flavvirus Circulation in Human Populations in Northern Kenya: An Assessment of Disease Risk 2016-2017', *Virology Journal* 16, no.65.

Chuku, C. Musa,A. & Yenice, Y. (2020), 'Putting Women and Girls Safety First in Africa's Response to Covid 19", 2020; OECD Report, 'Women at the Core of the Fight against Covid-19 Crisis',

Cilliers, J.et. al., (2020), 'Impact of Covid-19 in Africa: A Scenario Analysis to 2030', https://issafrica.org/research/africa-report/impact-of-covid-19-in-africa-a-scenario-analysis-to 2030.

Davies, S. & Bennett, B, (2016), "A Gendered Human Rights Analysis of Ebola and Zika: Locating Gender in Global Health Emergencies", *International Affairs* 5, no. 92, pg 1041-1060.

Dhatt, R. (2020), 'Opinion: Global health security depends on women', https://www.devex.com/news/opinion-global-health-security-depends-on women-96861

Dixit, S., Ogundeji, Y. & Onwujekwe, O. (2020), 'How Well Has Nigeria Responded to Covid 19', https://brookings.edu/blog/future-development/2020/07/how-well-has-Nigeria responded-to-covid-19/

Essue, B. M., Kapiriri, L., Mohamud, H., Veléz, M. C., & Kiwanuka, S. (2023). Planning with a gender lens: A gender analysis of pandemic preparedness plans from eight countries in Africa. *Health policy OPEN*, *6*, 100113. https://doi.org/10.1016/j.hpopen.2023.100113.

Federal Ministry of Finance. (2021). Nigeria COVID-19 Action Recovery and Economic Stimulus (NG-CARES). accessed from https://ngcares.gov.ng on 20/10/2024.

Firth, F. & Baird, T.(2020), 'Opinions: Women deliver global health – Why are men still leading it? https://www.devex.com/news/opinion-women-deliver-global-health-why-are-men-still-leading-it-96448.

Gilbert, M., Pullano, G. & Pinotti, F.(2020), 'Preparedness and Vulnerability of African Countries Against Importations of COVID-19: A Modeling Study', *Lancet,* 395, no 1022, pg 871-877.

Godin, M. (2020), 'As Cities around the World Go on Lockdown, Victims of Domestic Violence Look for a Way Out', *Time,* March 18, 2020, https://time.com/5803887/coronavirus-domestic-violence-victims/

Harman, S. (2016), 'Ebola, Gender and Conspicuously Invisible Women in Global Health Governance', *Third World Quarterl*y 37, no 3524–41.

Hawkins, S. & Base, K (2013), 'Gender and Global Health: Evidence, Policy and Inconvenient Truths', *Lancelot* 381, no.9879 , 1783-7.

Hoffman, S.(2009), 'Repairing for Disaster: Protecting the most Vulnerable in Emergencies', *University of California at Davies Law Review* 42, no.5, 1491-547.

Hoosain, S & Robertson, N. (2023), 'Men's narratives if genderbased violence during the COVID-19 pandemic: Oppressor or oppressed'. *Social Science & Humanities Open.*8 (1)

Iheanacho-Shahd. J.(2021), 'The impact of COVID-19 pandemic on women in Nigeria'. *African Journal of Politics and Administrative Studies.* 14(11). 125-140.

Integrated African Health Observatory and World Health Organisation: (African Region) (2023), "Maternal mortality: The urgency of a systemic and multisectoral approach in mitigating maternal deaths in Africa'. IAHO &WHO Analytical Factsheet.https:files.iaho.afro.who.int/afahobckpcontainer/production/files/iAHO_maternal_mortality_regional_factsheet.pdf.

International Center for Not-For-Profit Law (2021),' Civic space implications for Nigeria's Coronavirus Disease(COVID-19) Health Protection Regulations 2021. Briefer.http:// www.icnl.org/post/analysis/civic-space-implications-of-nigerias-covid-health-protection-regulations#:

International Labour Organisation, (2018), 'Women and Men in the Informal Economy: A Statistical Picture',. 3rd edn. Geneva: International Labour Office.

International Health Regulations, (2005), 2nd ed. Geneva: World Bank Health Organisation: Geneva.

Lancet, The. (2020). "COVID-19 in Africa: No Room for Complacency." *The Lancet 395* (10238): 1669. https://doi.org/10.1016/S0140-6736(20)31237-X.

Makan-Lakha, P. & Hamilton, M.(2020), 'Resilience and Determination: Women, Peace and Security in the Time of Covid-19', ACCORD Covid-19 Indepth Analysis. https://www.accord.org.za/analysis/resilience-and-determination-women-peace-and security-in-the-time-of-covid-19/

Meagher, M. (2022), 'Crisis narratives and the African paradox: African informal economies, Covid-19 and the decolonization of social policy. *Development and Change 53*, (6):1200-/1229

Mullan, Z.(2015), 'The cost of Ebola', editorial, *The Lancet Global Health*, http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(15)00092 3.pdf.

Namubiru, L. and Wepukhulu, K.(2020), 'African Governments warned of Lawsuits for Maternal Deaths under Covid 19 lockdown', OpenDemocracy, https://www.opendemocracy.net/en/5050/african-governments-warned-lawsuits-maternal-deaths-covid-lockdown/?utm_source=50.50

National Bureau of Statistics. (2021). Impact of COVID-19 on households in Nigeria. accessed from https://nigerianstat.gov.ng on 21/10/2024.

National Primary Health Care Development Agency. (2021). COVID-19 response and maternal health initiatives. https://nphcda.gov.ng on 22/10/2024

National Agency for the Prohibition of Trafficking in Persons (NAPTIP). (2021). Annual report on domestic violence cases during COVID-19. accessed from https://naptip.gov.ng on 22/10/2024.

Nelson et. al., (2007), 'Conceptualising and Defining Public Health Emergency Preparedness', *American Journal of Public Health*, 97 , Suppl, S9-S11. Doi.10.2105/ajph2007.114496.

Ni Aolain, F. (2011), 'Women, Vulnerability, and Humanitarian Emergencies', *Michigan Journal of Gender and Law* 18, no.11–23

Ntoumi, F., & Velavan, T. (2021). "COVID-19 in Africa: Between Hope and Reality." The Lancet Infectious Diseases 21 (3): 315. https://doi.org/10.1016/S1473-3099(20)30465-5.

OECD Report, (2020), 'COVID-19 in Africa: Regional Socio-Economic Implications and Policy Priorities' https://www.oecd.org/coronavirus/policy-responses/covid-19-and-africa-socio-economic-implications-and-policy-responses-96e1b282/ .

Population Council (2021), 'A Gender-Based Violence Dashboard for Nigeria, Driven Bottom-Up by Communities'. http://www.populationcouncilA Gender-Based Violence Dashboard for Nigeria, Driven Bottom-Up by Communities – Population Council.

Presidential Taskforce on Covid-19.(2020), https://www.statehouse.gov.ng. .

Roberton, et. al.,(2020), 'Early Estimates of the Indirect Effect of Covid-19 Pandemic on Maternal and Child Mortality in Low-income & Middle-income Countries: A Modeling Study', *Lancelot Global Health* 8, no.7, e901-e908.

Smith, J. (2019). Overcoming the 'tyranny of the urgent': integrating gender into disease outbreak preparedness and response. Gender & Development, 27(2), 355–369. https://doi.org/10.1080/13552074.2019.1615288.

Smith, J. (2019), 'Gender Matters in Responding to Major Disease Outbreaks like Ebola',https://theconversation.com/gender-matters-in-responding-to-major-disease-outbreaks-like ebola-120524.

Soy, A. (2020), 'Lack of Covid-19 Testing Undermines Africa's Successes', https://www.bbc.com/news/world-africa-52801190.

Tan et al. (2021). How has Nigeria responded to the gendered impacts of COVID-19?, Gender and COVID-19 Project.

University of Bristol, (2020), 'Domestic Violence is Widely Accepted in Most Developing Countries, New Study Reveal', ScienceDaily, ,http://www.sciencedaily.com/release/2018/10/181031141437.htm.

UN Women and International Labour Organisation (2023), Consolidated report: National Fiscal Stimulus Packages from a Gender Equality Perspectives'. https://www.unwomen.org/sites/default/files/2024-06/consolidated-report-national-fiscal-stimulus-packages-from-a-gender-equality-perspective-en.pdf.

UN Women, (2021) 'Data Hub', 19%20Task%20Force%20Fact%20Sheet%20November%202021%20v1.pdf

UN Women, (2020),'Violence Against Women and Girls: The Shadow Pandemic', ,Statement by the Phumzile Mlambo- Ngcuka , Executive Director of UN Women. https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violent-against-women-during-pandemic.

Wada, O. Z., Olawade, D. B., Amusa, A. O., Moses, J. O., & Eteng, G. J. (2022). Gender-based violence during COVID-19 lockdown: case study of a community in Lagos, Nigeria. *African health sciences*, *22*(2), 79–87. https://doi.org/10.4314/ahs.v22i2.10

Wanqing, Z. (2020), "Domestic Violence Cases Surge during Covid-19 Pandemic", https://www.sixthone.com/news/1005253/domestic-violence-cases-surge-duringcovid-19-pandemic.

Wenham, C., Smith, S. & Morgan, R.(2020), 'Covid-19: The Gendered Impacts of the Outbreak', *The Lancelot* 395, no.10227, pg 846-848.

Women in Global Health, (2020), 'Operation 50/50: Women's perspectives save lives", http://womeningh.org/operation-50-50.

World Economic Forum Report.(2021), 'To unlock African Women's Potential, we must end gendered patterns of labour'. http://www.weforum.org/agenda2021/04/africa-women-inequality-labour-jobs.

World Health Organisation Africa, (2020) 'New WHO estimates: Up 190 000 people could w2efbdie of COVID-19 in Africa if not controlled', https://www.afro.who.int/news/new-who-estimates-190-000-people-could-die-covid-19-africa-if-not-controlled.

World Health Organization. (2020) WHO Director-General's opening remarks at the media briefing on COVID-19–11. March 2020. https://www.who.int/directorgeneral/speeches/detail/who-director-general-s-opening-remarks-at-themedia-briefing-on-covid-19---11-march-202.

World Health Organization. Update on COVID-19 in the Eastern Mediterranean Region. Feb, 16., 2020. http://www.emro.who.int/media/news/update-on-covid-19-in-the-eastern-mediterranean-region.html.

World Health Organization Regional Office for Africa, (2018), 'The Work of WHO in the African Region - Report of the Regional Director: 2017-2018', WHO

World Health Organization, (2017), ''WHO Health Emergencies Programme in the African Region: Annual Report 2016'',