COVID-19 in Ghana

In response to the COVID-19 pandemic, the Government of Ghana declared closure of schools and a partial lockdown in some parts of the country at the beginning of the pandemic. In May 2020 movement restrictions relaxed, and businesses reopened gradually following social distancing procedures. Schools stayed closed until late Fall 2020 and into early 2021 as other restrictions remained in place. In January 2021 cases increased again and a second lockdown was discussed but not implemented due to the expected high economic cost. As of June 2021, COVID-19 daily recorded cases had been largest in July 2020 and January 2021, and largely limited to urban areas.

Study description

To understand the impact of COVID-19 on rural women, we designed a longitudinal panel study with five rounds of phone survey data collection in northern Ghana. This note summarizes results from the first three rounds. The study sample was drawn using systematic random sampling from earlier in-person surveys conducted by IFPRI. Figure 1 provides a detailed description on the study timeline and study sample size by round.

KEY FINDINGS

- While the lockdown in Ghana due to COVID-19 was not as stringent or long as in other countries (at least up to June 2021), it has severely affected rural household incomes, including remittances.
- Almost three-quarters of households surveyed reported income loss due to the pandemic in Aug/Sep 2020.
- Use of savings, borrowing and asset sales were common. Women often relied on men’s savings as a coping strategy; government transfers were insignificant.
- Addressing COVID-19 in rural areas is hindered by a domestic water supply crisis. Approximately half of respondents reported being worried about water availability, changing their activities due to lack of water, not having enough drinking water, and not washing hands when necessary.

Figure 1: Ghana: COVID-19 lockdown and study timeline
Study findings

a. Economic impact

More than 70% of respondents were engaged in farming and raising livestock as their primary occupation; most were cultivating staple crops. More men than women were engaged in agriculture as well as salaried jobs. At the same time, more women worked as entrepreneurs and home-based workers.

In round 1 (Aug/Sep) of the survey, 73% of households experienced income losses due to the pandemic and in round 2, 66%, indicating sustained financial stress among households. The most common coping strategies included use of savings, selling assets, and borrowing money (Figure 2). Use of these coping strategies increased in the second round. Only around 5% of households received government support while 4% received cash or in-kind support from NGOs. Men tended to use their own savings in the Aug/Sep and Oct/Nov rounds, while women largely relied on husband’s savings in the earlier round and in the 2nd round noted that joint savings were used. Based on earlier face-to-face data collection for most of the phone survey respondents, 100% of men had achieved adequacy in ownership of assets in 2018 while around 78% of women did, which helps explain the need of women to rely on spouses’ savings in times of crisis.

In Aug/Sep, households mostly borrowed from family members within the village, but also reported borrowing from rotating savings schemes, neighbors/friends, and microcredit institutions. By the second round, rotating saving schemes had become the most preferred source of borrowing. The reliance on formal sources of borrowing was higher among men, with 10% of men and 7% of women using banks in round 1. Men reported greater control over their earnings as well as their spouse’s earnings; 27% of women were not involved in decisions on the use of their personal earnings. In round 2, no gender-based differences could be observed in terms of decision-making related to income use. Men earned more than women across both rounds of surveys.

Women reported spending more time caring for other household members (10 hours per day) than men (9 hours per day) in the first round; in the second round, it was still 8 hours for women and 7 hours for men.

b. Impact on migration

Around 49% of households had migrant members in 2019/early 2020. Most respondents reported male migrants (88%), but several were female (65%). In the Aug/Sep round, 39% of male migrants and 43% of female migrants had returned home due to COVID-19, while 76% of the households with migrants had members that continued living away for work; among these, only 38% were receiving remittances; and remittance levels were below pre-COVID-19 levels for 51% of households.

By the Oct/Nov round of the survey, additional male and female migrants returned home, while others reported members migrating back to work. Fourteen percent of households added new migrants (65% men; 35% women) between the two rounds. Around 48% of households with migrants continued to have members living away for work during the Oct/Nov round, and 45% of these households reported receiving remittances.

c. Impact on mobility

More than half of the respondents said that their mobility had reduced due to the pandemic. In Aug/Sep, more men were going out for work, buying food, and meeting friends, as compared to women; this gap reduced in the later rounds. Across all three rounds, women’s main reason to leave the house was to collect water. Overall mobility reduced by the third round, especially for activities such as going out for buying food, selling food, and work. This can be explained by the gradual increase in the number of COVID-19 cases in November 2020. News of this increase likely led to people exercising more caution.
d. Impact on food security and dietary diversity

The majority of rural respondents noted that food access changed due to COVID-19; more than 60% were unable to eat healthy food; and many respondents were hungry but did not eat (Figure 3). While there was an improvement in hunger to early 2021, the diet related indicator improved more slowly. More women than men reported experiencing food insecurity, including worrying about not having enough food, eating less than required, and not eating despite being hungry.

Although the majority of women reported being unable to eat healthy foods, only 23% did not meet the minimum dietary diversity indicator in the Aug/Sep survey. The share increased to 32% in round Oct/Nov and fell to 24% in January 2021. Dairy, eggs and fruits other than those rich in Vitamin A were consumed least (Figure 4).

e. Impact on water security

Piped water was the primary source of drinking water for more than 80% of households in the first two survey rounds. In round 3, the share declined to 66%, likely due to insufficient piped water in the dry season months; around 30% of households were instead relying on dug wells in January 2021. Sixty percent of respondents noted that household water consumption was higher, with a third to 40% of respondents linking the increase to COVID-19.

Fifty-seven percent and 41% of households in rounds 1 and 3, respectively, reported a travel time of more than 30 minutes to fetch drinking water, demonstrating the tremendous burden on households – especially on women – to collect water; while 40% of

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1 Minimum dietary diversity for women (MDD-W) was calculated for female respondents based on a 24-hour recall period to assess impacts on nutrition.
households in round 2 and 35% in round 3 paid for domestic water. A substantial share of respondents noted that they paid more for water in 2020 than before.

Half or more of all respondents across all survey rounds were worried about water availability, had to change their activities/plans due to water unavailability, did not have enough drinking water, and had to go without washing hands after some dirty activity due to unavailability of water (Figure 5). Water insecurity was heightened in January 2021 (round 3), which coincides with the dry season and marks the onset of the second wave of infections. More than half of the households (57%) did not have access to a toilet facility in their household or in the vicinity. Eighty-four percent of respondents had heard about hand washing recommendations to avoid contamination of COVID-19 in Aug/Sep; the share increased to over 90% in the later rounds.

**f. Impact on children’s education**

Following the lockdown, face-to-face classes resumed for Junior High School (JHS) 2 and Senior High School (SHS) 2 in October 2020. Other schools reopened around January 2021. This is reflected in a decline in school attendance of 73% and 78% for boys and girls, respectively, in Sep/Oct compared to before the onset of COVID-19.

**Conclusions**

The pandemic has had large impacts on incomes and food access in northern Ghana, even though there were few cases of the disease in that region. It also heightened the domestic water crisis the country is facing. To address this, the Government of Ghana in April 2020 declared free provision of 5 cubic meters of water per month per household for domestic use for three months; this was extended to March 2021\(^2\). The government also installed handwashing facilities in public places and delivered water to places with limited facilities through tanker services. These measures did not fully reach rural northern Ghana as reflected in the higher water expenditures reported by respondents. This was part of the Coronavirus Alleviation & Revita-

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