

Brief on the Gender Perspective and Guidance for All Efforts Related to COVID-19

Summary – April 2020

1 The impact and implications for women and girls in the COVID-19 pandemic¹

- Experience from previous major epidemics points us to specific **strengths and vulnerabilities** that we can look out for and be proactive to safeguard.
- This is a moment for **governments to recognize** both **the enormity of the contribution women make** and the **insecurity of so many**.
- This includes a focus on **sectors where women are more represented and underpaid**, such as daily wage earners, small business owners, those working in cleaning, caring, cashiering and catering sectors and in the informal economy.
- All of us engaged in this effort, whether public or private sector, need to take a **coordinated, people-centred approach** to rapidly build health system capacities in both developed and developing countries, making a conscious effort to put women front and centre.
- Women are playing a **disproportionate role** in responding to the disease, including as frontline healthcare workers, caregivers at home and community leaders and mobilisers.

Unique risks faced by women in the face of COVID-19

1. **Women play a disproportionate role in disease response**
 - Their essential roles as health professionals, community volunteers and more place them at an increased risk of infection.
2. **Women will be hit harder by the economic fallout**
 - Women work disproportionately in informal economy.²
 - Lockdowns can prevent them from meeting their families' basic needs.
3. **During crises, gender-based violence increases**
 - Domestic violence and sexual exploitation tend to increase when households are placed under strain.
4. **When health services are overstretched, services for women and girls suffer**
 - Essential resources may be diverted from pre- and post-natal health care, and sexual and reproductive health services.

Facts³

- On average women did **three times** as much **unpaid care work** as men at home even before COVID-19.
- The majority of **frontline health workers**—especially nurses—are women, and their risk of infection is higher. By some estimates, **67 per cent** of the global health force are women.
- Only **25 per cent** of parliamentarians worldwide are women, and less than **10 per cent** of Heads of State or Government are women. Women are conspicuous by their absence in decision-making fora in this pandemic.

Five actions governments can take to address women in COVID-19 crisis⁴

1. Ensure that the needs of **female nurses and doctors** are integrated into every aspect of the response effort.
2. Ensure that **hotlines** and **services** for all victims of domestic abuse are considered “essential services” and are kept open. Ensure that law enforcement is sensitized to the need to be responsive to calls from victims.
3. Bailout and stimulus packages must include **social protection measures** that reflect an understanding of women's special circumstances and recognition of the care economy.
4. Leaders must find a way to include women in **response** and recovery decision-making.
5. Policy makers must pay attention to what is happening in peoples' homes and support an **equal sharing of the burden of care** between women and men.

1 Phumzile Mlambo-Ngcuka, UN Under-Secretary-General and UN Women Executive Director. COVID-19: Women front and centre. <https://bit.ly/2UTGSpu>

2 'The informal economy is the diversified set of economic activities, enterprises, jobs, and workers that are not regulated or protected by the state. The concept originally applied to self-employment in small unregistered enterprises. It has been expanded to include wage employment in unprotected jobs. Source: <https://www.wiego.org/informal-economy>. Women in informal economy are, for example, street vendors, subsistence farmers, seasonal workers, domestic workers, etc. See more: <https://bit.ly/39PS24j>.

3 Anita Bhatia, UN Women Deputy Executive Director: Women and COVID-19: Five things governments can do now. <https://bit.ly/2wWGpeP>

4 Ibid

2) Effective response to COVID-19 needs to reflect gender dynamics

UN Women, in **close collaboration with WHO** and other UN agencies and UN Country Teams, is strengthening the coordinated response to this outbreak. UN Women continues to focus on programming that builds **women's economic resilience** for this and future shocks, so that they have the resources they need for themselves and their families. We also continue to leverage the existing network of and relationships with **women-led organizations** to advance women's voice and decision-making in all aspects of preparedness and response.

General recommendations:

- Take positive action to **address long-standing** inequalities in multiple areas of women's lives.
- Ensure availability of **sex-disaggregated data** that is also viewed through a gender lens. Data needed includes: differing rates of infection, differential economic impacts, differential care burden, incidence of domestic violence and sexual abuse.
- Ensure that **gender perspectives** are properly addressed. Build gender expertise into response teams, embed gender dimensions within response plans and ensure that budgets are rebalanced in a gender-responsive manner.
- Provide **priority support to women on the frontlines** of the response. This includes: better access to women-friendly personal protective equipment and menstrual hygiene products, as well as flexible working arrangements for women with a burden of care.
- Recognize the critical role of **women's networks** and **women's organizations** in the response.
- Develop mitigation strategies that specifically target the **economic impact** of the outbreak on women and build **women's resilience**. This includes a focus on sectors where women are more represented such as: daily wage earners; small business owners; women working in informal sectors.
- **Donors** should **budget** resources for gender and social inclusion for organizations responding to COVID-19.
- Protect **essential health services for women and girls**, including sexual and reproductive health services.
- Ensure that women have an **equal voice** in the **decision-making and response** to crises.

3) Gender-based violence in the context of COVID-19

All forms of gender-based violence are likely to increase in crisis. Uncertain future, loss of jobs, isolation, reduced social contacts and movement, increase the risk of gender-based violence. Ever more countries report a rise in the number of cases. A home that is a safe zone for many can become a frightening place for some women.

Potential responses are:

- **Services** to prevent and respond to violence against women need to be **secured, funded and adapted** to the new circumstances. This means:
 - More **shelters** and **specific protocols** to ensure that they take into account the pandemic response, including **necessary self-protection equipment**;
 - Dedicated hotlines that provide **support, information** and **online** counselling;
 - Dedicated **psychosocial support** for women and girls who may be affected by the outbreak and are also gender-based violence survivors;
- Making sure that **health systems** can continue to respond to violence against women.
- **Advocacy** and **media campaigns** need to reach the widest possible audience to prevent violence against women.
- National COVID-19 **policy frameworks** should include tactical and fiscal approaches to address gender-based violence and rapidly assess measures against gender perspectives.
- **Establishing situation rooms** for early warning and rapid response against increased violence against women and girls.
- Providing **direct support** to government quarantine centres to promote adherence to international standards to prevent sexual exploitation and abuse.

4) Assisting women who belong to marginalized groups in response to COVID-19 crisis

Marginalized groups and women who are part of them⁵ become even **more vulnerable in emergencies**. This is due to factors such as their lack of access to effective surveillance and early-warning systems, and health services.

Potential responses are:⁶

- Ensuring that **public health messages** properly target women, including **most marginalized ones**.
- Ensuring that **community engagement** teams are gender-balanced and to promote women's leadership within them.
- Providing **specific advice** for people - usually women - who care for children, the elderly and other vulnerable groups in quarantine, and who may not be able to avoid close contact.
- Ensuring frontline medical personnel are gender-balanced and health facilities are culturally and **gender sensitive**.
- Developing **education materials** for pregnant women on basic hygiene practices, infection precautions, and how and where to seek care based on their questions and concerns.
- **Updating gender-based violence referral pathways⁷** to reflect primary and secondary health care facilities.
- Informing **key communities** and **service providers** about the updated pathways.
- Circulating **Protection from Sexual Exploitation and Abuse** Codes of Conduct and other safeguarding measures and remind staff of the need to comply with them.
- Giving individuals from **ethnic minorities** the opportunity to share their questions and concerns in their own language. This also has implications for gender, as women are more likely to be monolingual. Additionally, ensuring that messages during the crises are also communicated in sign language.

Checklist for COVID-19 response for decision-makers⁸

- ✔ What are you doing to ensure women have access to resources, **hotlines** and **shelters**?
- ✔ How are you targeting your economic **response** and whose interests are these responses serving?
- ✔ Are **cash transfers** aiming at targeting individuals rather than households? Do they mitigate **women's economic dependence** on men?
- ✔ Are you preparing targeted interventions for **single parents**, the majority of whom are women, when economies slow down or even come to halt?
- ✔ Does your administration know the situation of your **elderly women and men**? Do you know whether they are **left alone** or have support? If they live alone and are told not to go out, do you have plans in place to ensure that someone provides for them? Do you know if the **information** that everyone is depending on right now has even reached them?
- ✔ What are you doing to ensure that elderly-care givers have **protection** against transmission? Are you making sure they are being paid? Is it enough?
- ✔ What are you doing to ensure women's rights to **testing** and **health care** are protected?
- ✔ What are doing to protect women in **low-paid food production work**? Including their working conditions, salaries and access to land?
- ✔ In circumstances of online or remote teaching, what have you done to ensure that **girls** are not finding themselves caring for younger siblings or grandparents while boys continue to study?
- ✔ What are you doing to ensure that **maternal care** continues under safe circumstances for staff and mothers? How are you protecting women's health, including health of mothers?

5 Women, the elderly, adolescents, youth, and children, persons with disabilities, indigenous populations, refugees, migrants, and minorities experience the highest degree of socio-economic marginalization. Source: COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement. <https://bit.ly/3dYbcbH>

6 COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement. <https://bit.ly/3dYbcbH>

7 Referral pathways facilitate primary duty bearers and actors with information on how to respond to GBV cases and to guide victims/survivors of GBV on where to seek assistance and what services are available at different referral points.

8 Checklist for COVID-19 response by UN Women Deputy Executive Director Ása Regnér. <https://bit.ly/39lce8t>