



COVID-19 and Gender

A Synthesis Report

July 2020

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Executive Summary

To date, COVID-19 has devastated global communities and threatens to set back decades of progress in global development, with a unique impact on women and girls. Underlying gender discrimination that pre-dated COVID-19 has exacerbated some of the disease's worst effects on women and girls in particular and continues to drive practices such as gender-based violence and inequities in household care, education, and economic opportunity. Current threats to women and girls due to COVID continue to unfold, but evidence shows that particular impacts include: high risk of exposure to COVID-19 infection due to their unique overrepresentation within the health care sector and the disproportionate burden of unpaid care they perform; increased risk of gender-based violence; long-term economic ramifications; poor access to life-saving medical services, including essential sexual and reproductive care and treatment for non-COVID health risks; specific impacts on food security and nutrition; and compounded challenges in humanitarian crises. Even as these risks affect the health and security of women and girls globally, they are largely excluded from the decision-making bodies tasked with developing and implementing responses, resulting in clear gaps in meeting their needs and potentially causing them further harm.

COVID has widespread impacts on global poverty. The most recent estimate is that 10 percent of the world's population—734 million people—already live in extreme poverty. It is likely that half a billion people will sink below the extreme poverty line (\$1.90 per day) in the coming year due to COVID--the majority being women and female-headed household. Furthermore, COVID-19 exacerbates the world's worst recorded humanitarian crisis with more than 70 million people--half of whom are women and girls--forced to flee their homes due to persecution, conflict, violence, and human rights violations. COVID will complicate both displacement and humanitarian response, raising concern about millions of people who are already made vulnerable by complex humanitarian crises.

Given this context, a gender- and equity-blind COVID-19 response will likely cause millions of needless deaths, spike interpersonal and gender-based violence, unravel decades of gains in poverty reduction, reduce citizens' trust in government, fuel civil unrest, trigger famine, and generate even larger numbers of global displacement.

This report synthesizes the findings and recommendations of over XX reports, briefs, and other analyses developed since the onset of COVID-19 focusing on the unique impacts on women and girls. Some of the cross-cutting recommendations for U.S. Government policymakers include:

- Base all COVID-19 responses (policy, programs, and guidance) on a thorough gender analysis.
- Collect and use gender-, age- and other disaggregated data to develop responses to COVID-19.
- Ensure access to information for women, girls, and other marginalized, isolated, or hard-to-reach community members.
- Prioritize women's and girls' leadership and participation in COVID-19 responses and decision-making.
- Prioritize the use of cash assistance, cash transfers, and vouchers as a primary response geared towards addressing the needs of women and girls.
- Address root causes of gender discrimination such as harmful social norms.
- Devote more resources toward researching the gendered implications of public health emergencies before, during, and after a crisis.
- Protect the rights and safety of human rights defenders.

Introduction

The devastating impacts of COVID-19 on communities globally are just starting to emerge, but paint a picture of long-term ripple effects that threaten to set back decades of progress. As governments and the global community develop responses to this global pandemic, a plethora of reports, briefs, and guidance documents have offered early analysis on the various issues raised by COVID-19.

This resource briefly synthesizes the acute ways in which the crisis has different impacts based on gender specifically, and aims to provide some coherence to the multitude of resources and recommendations on key issues offered for policymakers to address. It is intended to be a quick resource guide to help inform policy decision-making to ensure resources are leveraged effectively in addressing the broader crisis, and setting the stage for recovery.

As catalogued by numerous early reports and policy analyses by international NGOs, global bodies, academic institutions, and local organizations, COVID-19 has unique and specific impacts on women and girls. These impacts will further affect specific sub-groups of women and girls who are experiencing multiple forms of adversity. The pandemic will have far-reaching implications for them, their communities, and countries long after this initial crisis abates. While the full extent of the impact on women and girls continues to unfold, early reports point to gendered factors including, but not limited to:

- Disproportionate exposure to COVID-19 infection;
- Increased risk of gender-based violence;
- Deep long-term economic ramifications on women and girls;
- Unique non-COVID health risks and gaps in services;
- Specific impacts on food security and nutrition; and
- Compounded challenges in humanitarian crises.

Of particular concern is the long-term toll COVID-19 will take on decades of progress made in global development, especially if the gendered impacts of the crisis are not adequately taken into account. The most recent estimate is that 10 percent of the world's population—734 million people—already live in extreme poverty¹ and half a billion people will sink below the extreme poverty line (\$1.90 per day) in the coming year due to COVID.² The majority of these are likely to be women and female-headed households.³ This pandemic threatens to roll back even small gains made in areas crucial to the lives of women and girls, including healthcare, reducing income inequality, and addressing gender discrimination that drives practices such as child marriage, gender-based violence, and inequities in education and economic opportunity.⁴

Further, the challenges of COVID-19 to international development fall against a backdrop of the world's worst recorded humanitarian crisis with more than 70 million people – half of whom are women and girls – forced into displacement. The complexities of displacement and the challenges of humanitarian response will be further compounded by COVID-19, raising particular concern for the millions of people already made vulnerable by complex humanitarian crises.

Given this context, a gender- and equity-blind COVID-19 response will likely cause millions of needless deaths, spike interpersonal and gender-based violence, unravel decades of gains in poverty reduction, reduce citizens' trust in government, fuel civil unrest, trigger famine, and generate even larger numbers of global displacement.

Methodology

This paper brings together findings from more than 40 calls to action and recent studies to summarize the most pressing COVID-19-triggered challenges facing women and girls in poverty globally. This synthesis report also highlights key policy and program recommendations proposed by international implementers, civil society organizations, academic institutions, and global bodies.

A scan of resources available online identified more than 100 pieces that touched on gender and COVID-19. All sources were published between January 1 and May 29, 2020. Excluding media articles and U.S. Government sources and prioritizing reports from local and international NGOs, advocacy coalitions, think tanks, multilateral agencies, and academic literature yielded more than 90 reports and calls to action for U.S. policymakers to consider.

Key findings, statements, and recommendations were then identified from each piece, and areas of overlap with other literature were drawn out and included in this synthesis report. Statements, statistics, and recommendations have key citations, though there may have been many more articles that included a given point.

Access CARE's Gender and COVID Library of Resources [here](#).



Akram Ali/CARE

Cross-Cutting Recommendations for U.S. Policymakers

- **Base all COVID-19 responses (policy, programs, and guidance) on a thorough gender analysis:**⁵ Governments, donors, and implementers should conduct [gender analyses](#) that include women, girls, and gender minorities for all COVID response initiatives to ensure that they are responsive to the needs of marginalized groups and, at a minimum, do no harm. Decision-makers and those coordinating response efforts should use existing gender analyses and include gender specialists at all levels to inform COVID-19 preparedness and response measures.
- **Collect and use gender-, age-and other disaggregated data to develop responses to COVID-19:**⁶ Gather data on the impacts of COVID-19, including but not limited to rates of contraction, hospitalization, and mortality from COVID-19; access to credible information on COVID-19; incidence of gender-based violence; risks and impacts of stay-at-home measures on women's employment and businesses; access to agricultural inputs and other needs; access to other necessary commodities and services; and particular impacts in humanitarian settings. It is critical to collect, analyze, and publish data by gender, age, race, ethnicity, locality, household type (e.g. female-headed, child-headed), and household income, if possible.
- **Ensure access to information for women, girls, and other marginalized, isolated, or hard-to-reach community members:**⁷ Adapt approaches to ensure equitable access to accurate and user-friendly information and services on COVID-19 prevention, impacts, and services available. These approaches should be tailored for adolescents, people living with disabilities, LGBTQI+ individuals, and other marginalized groups. Account for gaps in access to digital technology or other barriers, such as language and literacy levels, when adapting modes of communication. Include information on available services in public awareness campaigns about COVID-19 and materials for health care providers, humanitarian aid, and outreach workers.
- **Prioritize women's and girls' leadership and participation in COVID-19 responses and decision-making:**⁸ Meaningfully and proactively engage women, girls, and marginalized groups in leadership and decision-making roles throughout COVID-19 response and recovery. Engage existing informal and formal social networks such as women's groups and community groups to support their efforts to prevent social isolation and to serve as first responders. Increase funding to local organizations, particularly women's rights organizations, at all levels, and provide flexibility in grant arrangements to allow them to adapt appropriately to the needs of their community. Ensure decision-making bodies are gender-balanced and inclusive, and include qualified gender experts.
- **Prioritize the use of cash assistance, cash transfers, and vouchers as a primary response geared towards addressing the needs of women and girls:**⁹ Provide additional and/or longer-term unconditional assistance, particularly cash or voucher assistance, to help households sustain themselves throughout the pandemic, and reduce reliance on negative alternatives. Social protection in the form of direct cash transfers, commodities, or food vouchers all boost food and nutrition security and giving transfers directly to women helps them control these resources for the benefit of their families.¹⁰ Cash transfers are effective in not only meeting immediate needs, but in multiplying economic benefits – in Nigeria, families that received cash or in-kind transfers were more likely to work, eat nutritiously, and create assets to protect themselves from future shocks.¹¹ Women in those households were also more inclined to start a business.¹² When providing cash or voucher assistance, however, implementers should mitigate against unintended negative consequences, such as a rise in gender-based violence as a result of the assistance targeting women.¹³
- **Address root causes of gender discrimination such as harmful social norms:**¹⁴ Continue and further increase support for longer-term initiatives that advance gender-equitable social norms and infrastructure, such as childcare services and programs to support the involvement of men and boys in household duties to alleviate women and girls' disproportionate unpaid care burdens. These measures should also support engaging men and boys on prevention of gender-based discrimination and violence and promote women's voice and leadership at all levels.¹⁵

- **Research/Learning:**¹⁶ Devote more resources toward researching the gendered implications of public health emergencies before, during, and after a crisis, especially disease outbreaks, so that public health preparedness and response plans can mitigate harm to women, girls, and other vulnerable groups. Include the use of standard indicators to assess the extent to which U.S. Government strategies, projects, activities, and programs responding to COVID-19 either widen or narrow gender gaps in the economy and more broadly.
- **Protect the rights and safety of human rights defenders:**¹⁷ Women and girls are routinely denied the ability to exercise their basic human rights and repressive governments are using the COVID crisis as cover to remove dissent, harass and imprison journalists, and target human and women’s rights defenders.¹⁸ Several countries that released prisoners to prevent the spread of COVID are keeping women’s and other human rights defenders in jail.¹⁹ Increases in human rights violations during COVID-19 response and recovery must be identified and addressed by the global community and donor organizations. In particular, leveraging diplomatic channels and bilateral assistance to protect women’s human rights defenders during this time is critical and urgent.



Major Impacts and High-Priority Responses by Topic

Health and Health Systems

As of May 15, 40 countries were reporting COVID-19 deaths by sex, and greater numbers of men than women are dying in all but one.²⁰ Much has been written about the possible reasons for this, from men's genetically based immunological disadvantage and their increased incidence of underlying medical conditions to men's lesser adherence to protective behaviors such as handwashing and mask-wearing.²¹

However, prevailing gender norms, including distinctions in care duties, access to information, and access to modes of prevention, lead to women's and girls' high vulnerability to COVID-19 and its health impacts. Women are 70 percent of healthcare workers globally.²² Sixty-five percent of African nurses are women and 86 percent of nurses in the Americas are female.²³ This disproportionate representation as frontline health care workers exposes more women than men to patients with COVID.²⁴

In addition, frontline humanitarian healthcare providers are faced with increasing scarcity of life-saving personal protective equipment (PPE). Due to the large-scale national and global shortages of PPE, both nationally and internationally, healthcare workers providing lifesaving services like sexual and reproductive health are left exposed. There is also evidence that when supplies of personal protective equipment (PPE) are low, as they are now, male doctors get preferred access.²⁵

Gender norms also often dictate that women take on primary responsibility for caregiving in the family, nursing the sick, elderly, and children, which may further expose them to the disease.²⁶ In many African nations, they are also responsible for preparing bodies for burial.^{27 28} When Ebola struck, women and girls could not refuse to provide care or burial preparation without being castigated.²⁹

In addition, in low-income countries, 3 billion people—the vast majority of them women and girls—cook with wood, charcoal, coal, kerosene and other toxic fuels.³⁰ Household air pollution is responsible for repeated upper respiratory infections,

chronic obstructive pulmonary disease (COPD), and asthma, all of which are linked to a higher risk of death from COVID.³¹ Furthermore, when water, sanitation, and hygiene services are scarce, women and girls often find that their access to hygiene and sanitary materials is reduced due to decreased household income or increased household competition for limited hygiene resources.³²

COVID-19 is expected to have major secondary health impacts, especially on those already experiencing health concerns related to pregnancy, disability, chronic illness, or vulnerability to poor health due to age or environmental factors.³³ Movement restrictions may prevent some people from leaving their homes to seek medical care, while fear of contracting the disease may prevent others from accessing health care facilities.³⁴ This may exacerbate non-COVID-19 health conditions amongst some populations, as well as depress vaccination coverage for children.³⁵

Diversion of health care systems towards COVID-19 responses will also disconnect millions of people from treatment for other endemic diseases—such as Ebola, malaria, tuberculosis and non-communicable diseases like hypertension, diabetes and cancers.³⁶ Low-income countries should anticipate more HIV transmission due to increased gender-based violence such as sexual assault resulting from COVID-19.³⁷ Outbreaks can also disrupt mental health and psychosocial support services.³⁸ In the least developed nations, women's health status is already lower than men's due to reproductive health risks, malnutrition, gender-related barriers to care,³⁹ and discriminatory social norms, which will exacerbate their overall health risks from the current crisis.⁴⁰

For women and girls, who due to a variety of social norms already encountered relative isolation, access to information about available health services and prevention practices, such as proper sanitation and hygiene, may remain weak.⁴¹



RECOMMENDATIONS

- Ensure that female healthcare workers have equal access to protective equipment as well as equal pay, time off, menstrual hygiene care, childcare and other supports.⁴²
- Provide immediate access to water and sanitation services, particularly handwashing stations, soap, and sanitizers, where people lack water and disinfectants.⁴³ Ensure these facilities are separated by sex and in safe, well-lit locations where women and girls can access them.⁴⁴
- Deliver accurate health messages repeatedly through various mechanisms—cellular networks and apps, television, radio, pamphlets, posters and community-level groups that can reach women, adolescent girls, disabled persons, and others who are difficult to access.⁴⁵
- Ensure that people with underlying diseases get COVID-19 prevention supplies, such as masks and disinfectants, when they receive their medications. Engage communities in identifying people with medication shortages.⁴⁶
- Use alternative methods for contact with patients for monitoring and medication management such as apps and cellular phones.⁴⁷ Combine delivery of multi-month prescriptions for anti-retroviral treatment, tuberculosis treatment, malaria prophylaxis, and other medications with COVID-19 outreach at the community and household levels.⁴⁸
- Involve existing female health care workers and local women leaders in decision making to ensure that responses to COVID-19 outbreaks adequately address the needs of women and girls in each community.⁴⁹
- Make testing for COVID and its antibodies free and voluntary for all people and provide no-cost treatments for people unable to pay, particularly displaced persons and women in poverty.⁵⁰

Sexual and Reproductive Health and Rights

As COVID strains already-weak healthcare systems in low-income countries, sexual and reproductive health (SRH) services are already being de-prioritized and disrupted.⁵¹ Gender and social norms often restrict women's and girls' mobility and therefore access to SRH services, even prior to the crisis. Due to COVID-19, women's and adolescent girls' ability to access health facilities and/or to visit pharmacies further decreases due to lockdowns, fear of being exposed to COVID, or diversion of services.⁵² This means women may not be able to access essential reproductive health care, including contraception, intrapartum care, emergency obstetric and newborn care, clinical care for rape survivors, and prevention and treatment for HIV and other sexually-transmitted infections, all of which can lead to dramatic increases in preventable deaths and injuries.⁵³

The COVID-19 pandemic has also disrupted regular supply chains and logistics networks for health care globally, causing delays at all levels in production and manufacturing of urgent health supplies.⁵⁴ Increased regulatory barriers impeding imports and exports; challenges with procurement; decreased availability of international and domestic transportation; and interruptions in delivery of commodities to the last mile all impact the availability and accessibility of necessary supplies to meet the growing need for SRH care.⁵⁵

An estimated 49 million women in 114 LMICs will stop using contraceptives if the COVID crisis lasts 6 months; for every 3 additional months, 2 million more will stop.⁵⁶ This is likely to result in 7 million unintended pregnancies, 1.7 million major obstetric complications, 28,000 additional maternal deaths, 168,000 newborn deaths, and 3.3 million unsafe abortions.⁵⁷

The Ebola outbreak in West Africa resulted in large declines in contraceptive use and family planning visits in Guinea, Liberia, and Sierra Leone, significantly increasing unplanned pregnancies and severely impacting maternal and newborn health.⁵⁸ The eighteen-month outbreak in Guinea, Liberia and Sierra Leone led to a 75 percent increase in maternal mortality.⁵⁹ Sierra Leone's estimated 3,600 maternal and neonatal deaths were close to the number of deaths caused by Ebola in the country.⁶⁰ School closures combined with additional barriers to accessing contraception also resulted in adolescent girls, out of school during the epidemic, becoming twice as likely to become pregnant than girls in non-affected areas.⁶¹ Adolescent pregnancy increased by 65 percent in some communities,⁶² often meaning that these young mothers would never return to school.⁶³



Josh Estey/CARE

RECOMMENDATIONS

- Define the provision of SRH services as essential and provide continued and flexible funding to ensure the ongoing provision of essential SRH services throughout the global COVID-19 response in line with global standards.⁶⁴
- Provide funding for United Nations Population Fund (UNFPA) or a humanitarian exemption to funding restrictions.⁶⁵ UNFPA's presence and expertise in managing gender-based violence (GBV) prevention, mitigation, and response make it a key actor in ensuring critical services and supplies reach the communities that often face the greatest barriers to care, including in humanitarian settings.
- Strengthen commodity systems and supply chains to mitigate and address interruptions in contraceptive commodity importation and distribution as soon as they arise and ensure that supplies such as menstrual hygiene, obstetric, and reproductive care products are well-stocked and available at health care facilities.⁶⁶
- Increase investment in flexible and remote training, supervision, and monitoring for providers to ensure continuity of quality care, as well as to ensure the safety of healthcare workers and patients.⁶⁷
- Support telemedicine and community- and home-based SRH care including access to client-centered, remote counseling and access to products such as pregnancy tests, condoms, oral contraceptives, and HIV tests.⁶⁸
- Deliver multi-month supplies of menstrual hygiene kits, contraception, as well as free condoms, preferably at decentralized locations accessible to women.⁶⁹

Gender-Based Violence (GBV)

Sharp increases in reports of gender-based violence, such as intimate partner violence and violence against children since the pandemic necessitated lockdowns, are now well documented.⁷⁰ The reasons for this are many—economic insecurity and poverty-related stress and anxiety, loss of social safety networks, victims' economic dependence on abusers, and limitations on mobility as a result of lockdown measures all exacerbate pre-existing gender norms that drive violence against women and girls.⁷¹ Women with additional challenges, such as those with physical and mental disabilities, experience violence at rates two to three times higher than women on average.⁷²

Violence against women and girls since COVID began is also taking new and intensified forms such as harassment of frontline workers, who are predominantly women, and increased child abuse.⁷³ Abusive partners may use COVID to further control women and children by withholding safety and hygiene items, blocking access to testing and care, threatening abandonment

if diagnosed with COVID, denying healthcare coverage, refusal to pay for medical costs, and other tactics.⁷⁴

As in other crisis situations, poor GBV risk mitigation practices by those responding to the crisis can also exacerbate violence, such as quarantine centers lacking sex-segregated facilities or sexual abuse and exploitation committed by response workers or government officials that prey on women's and girls' increased dependence on aid.⁷⁵

As GBV increases as a result of COVID-19 measures, the availability and accessibility of services for survivors is narrowing.⁷⁶ Limited funding and strained health care and social services systems due to COVID-19 mean that GBV services are often deprioritized.⁷⁷ Available resources such as women's shelters and safe spaces might be converted to COVID response centers.⁷⁸

Even where available, survivors may face gaps in seeking support when they lack information about available services, cannot physically reach services due to strict lockdown measures, or fear contracting COVID-19 where support can be accessed (particularly when GBV responders lack personal protective equipment).⁷⁹ In some fragile states and areas where family physical and sexual abuse are rife, this manifests in declines in calls and visits to support services.⁸⁰

COVID is also likely to undermine violence prevention programs.⁸¹ UNFPA estimates that in 6 months, there will be 31 million more GBV cases. Experts expect an additional 15 million cases every 3 months the virus causes shutdowns.⁸² Female genital mutilation (FGM) is also anticipated to increase by 2 million over the next decade and child marriage by 13 million by 2030.⁸³

RECOMMENDATIONS

- Governments and donors should recognize GBV prevention and response as lifesaving and essential services within the COVID-19 response and ensure adequate resources to continue and adapt these services. Professionals working to address GBV should be considered first responders and their access to personal protective equipment (PPE) should be prioritized accordingly.⁸⁴
- Services should be accessible, including helplines, shelters, and health and psychosocial services.⁸⁵ In areas where movement is restricted, survivors and those at risk of GBV should be permitted to leave their homes to seek assistance.⁸⁶ Invest in remote options and other innovative ways for survivors and those at risk to safely report GBV and receive support and information, taking into account a range of constraints women, girls and other at-risk groups may face in accessing information and services.⁸⁷ Low-tech solutions could include setting up emergency warning systems in pharmacies and grocery stores or establishing silent/non-verbal alerts such as code words, whistles/alarms and placing innocuous objects outside the home.⁸⁸ Digital resources, however, must account for gaps in access to technology and do no harm principles, particularly for GBV survivors whose access to mobile phones, internet, and other modes of communication may be limited by abusers.⁸⁹ It is critical that all mechanisms and systems that promote reporting also ensure follow-up support and services for survivors.⁹⁰
- Integrate GBV risk mitigation, response, and referral practices into all COVID-19 response planning.⁹¹ Consider the gender dimensions of all shelter-in-place and quarantine actions, particularly the increased risk of gender-based violence against women and children.⁹² Train frontline workers to recognize the signs of violence and discreetly share information with potential victims and/or appropriately refer them to GBV response services.⁹³ Ensure all frontline staff and volunteers are trained on psychological first aid (PFA) and how to safely and ethically relay information on available GBV services.⁹⁴ Update GBV referral pathways and ensure that key communities and service providers are aware of new procedures.⁹⁵
- Engage women and local community-based actors in designing prevention and response activities. Get funding directly to women's organizations and local NGOs that are on the frontlines of responding to GBV.⁹⁶ Community-designed reporting and security methods are effective in preventing GBV and helping survivors access culturally appropriate support.⁹⁷
- Adapt available resources to support GBV survivors. For example, shelters can work with hotels to provide temporary emergency housing for women and children experiencing violence. However, adaptation should ensure that any new service providers have the specific skills and resources required to appropriately respond to GBV.⁹⁸ Also ensure services are tailored to meet the needs of all persons vulnerable to GBV, including persons with disabilities, children and youth, older persons, and LGBTIQ and gender non-conforming persons.⁹⁹

- Target immediate income/livelihood support to women and girls at risk of violence.¹⁰⁰ Research has shown that cash transfers, when implemented properly, can reduce controlling behaviors by abusers and reduce violent episodes by 6-7 percent.¹⁰¹
- Take a zero tolerance approach to GBV incidents by ensuring access to legal services and judicial response for GBV survivors, e.g. by extending emergency protection orders.¹⁰² Institute strong policies to prevent, mitigate, and address sexual exploitation and abuse (SEA) by COVID service providers.¹⁰³ It is critical that perpetrators do not have (or feel they have) impunity during the COVID-19 crisis. A reduction in police response, enforcement and detainment of abusers was documented during the Ebola crisis.¹⁰⁴



Tasneem Chowdhury/CARE

COVID Testing, Contact Tracing and Gender-Based Violence

“He said if I started coughing, he was throwing me out in the street and that I could die alone in a hospital room.”¹¹⁶

Women being abused are not safe at home and they are not safe if they get COVID. This fact has important implications for COVID testing and contact tracing.

A common abusive behavior is strictly monitoring a partner’s interactions outside the home. If abusers demand to join calls from contact tracers, victims may refuse to respond or not disclose their actual contacts. Simply receiving a call from unknown male can trigger a violent episode.

Abused women who have symptoms of COVID may be reluctant to get tested if they fear harm or abandonment. Abusers may also refuse women health coverage or money for testing and treatment as a means of control.

Contact tracing should be available via internet and call-in phone numbers so those under the threat of violence can respond discreetly when they are safe. Contact tracers should receive instruction in identifying people at risk of violence and refer these cases to GBV-trained tracers, as well as provide women with alternate methods for reporting contacts.

Testing should be confidential, free to all, and available at places women normally frequent, such as food markets.

Extra care should be taken to ensure that women and gender minorities, especially young people, have information on how to access emergency shelter and assistance in case testing or contact tracing precipitates a violent episode. This information should be embedded in general COVID materials to avoid alerting abusers.

Women's Economic Empowerment

Women living in poverty will endure specific economic impacts as a result of COVID, largely due to their overrepresentation in the informal economy, the increase in their unpaid care burdens, and the particular hardships facing female entrepreneurs.¹⁰⁵ Evidence from past economic crises show long-term negative impacts on women's incomes long after domestic growth rates return.¹⁰⁶

Women workers are 92 percent of those in the informal sector, which often lacks social and legal protections in most countries.¹⁰⁷ Due to restrictions on movement and disruptions in the economy, job losses are heavy in industries such as the service, hospitality, tourism, and childcare sectors, all of which women dominate.¹⁰⁸ COVID-19 will also aggravate the persistent gender wage gap and gender-based violence, which will have an impact on their economic health.¹⁰⁹ Women have much lower, if any, pensions, retirement savings or other assets to cushion shocks and may turn to exploitative work in order to survive.¹¹⁰ Many female-headed households depend on remittances, which the World Bank expects will drop by nearly 20 percent.¹¹¹ Research shows that remittances tend to be used on nutritious food and education, areas that women invest their resources into most heavily.¹¹²

As a result of COVID-19 reflecting underlying gender norms, women and girls will experience a dramatic increase in their unpaid care burdens.¹¹³ Women and girls already perform three times the amount of unpaid care work in homes and in their communities as men, which accounts for an estimated \$10.8 trillion each year.¹¹⁴ COVID-19 is expected to increase this burden further as schools close and family/community members require additional care as a result of the disease.¹¹⁵ This will limit women's and girls' ability to pursue paid work, education/skills, and other economic opportunities or lead employers to terminate them for lower productivity in the workplace.¹¹⁶

COVID-19 will also reduce economic opportunities for female entrepreneurs.¹¹⁷ Market closures, disruptions in global trading, and the collapse of supply chains will have disproportionate impacts on female-headed businesses and female farmers.¹¹⁸ During the 2014-2016 West Africa Ebola crisis, for example, restrictions on movement of goods and people led to women entrepreneurs facing income losses, being unable to pay back loans, and losing capital.¹¹⁹ Enduring gaps in financial inclusion will have strong ramifications as women entrepreneurs continue to be considered "high-risk" for bank services, formal loans, and credit.¹²⁰

RECOMMENDATIONS

- Fund and implement programming to address the specific economic impacts on women globally, especially lower income, migrant, and other marginalized women.¹²¹ Ensure COVID response initiatives to address economic impacts include measures for part-time or informal workers, smallholder farmers, women and girls who work full-time from home, and female-headed households.¹²² This includes ensuring fair wages, decent work conditions, and other protections are in place for workers both in the workplace as well as those working from home.¹²³
- Support women as entrepreneurs and workers through stop-gap financing measures to firms experiencing losses due to COVID-19.¹²⁴ Measures should include resources for women entrepreneurs to pivot their businesses to e-commerce, promote remote working, and expand into high-demand markets due to COVID-19, as well as funding for financing and capital to support economic recovery. These efforts must include outreach to women and other marginalized populations to ensure they have meaningful access to financing, capital, and other financial services at the same rate as men.¹²⁵
- Support re-training of women in higher paying industries and social enterprises, green technology, healthcare and sustainable energy infrastructure in underserved areas and environmental management.¹²⁶ Train community-based primary healthcare workers to sustain access after COVID.¹²⁷
- Expand social safety nets (paid leave, income support through cash transfers, housing assistance, and food access, paid childcare) with an emphasis on women, female-headed households and marginalized populations.¹²⁸

- Utilize mobile cash transfers and cellular technology to enroll participants and link to them to mobile banking.¹²⁹ Ensure that multiple people in households can access benefits, not just male heads.¹³⁰
- Place a moratorium on evictions, foreclosures and debt collection.¹³¹ Stop requirement payments and rents to cities by vendors.¹³² Communicate this suspension via radio and flyers reflecting all local languages and literacy levels.
- Consider the use of savings groups such as village savings and loans associations (VSLAs) to form crisis savings funds for the community and disseminate information to community members.¹³³ Support the adaptation of savings groups' work under COVID-related restrictions, such as by facilitating their use of digital technology.¹³⁴
- Invest in formalizing the care economy, which will boost women's labor participation, grow tax receipts and drive economic growth.¹³⁵ A modeling study in the UK found that if 2 percent of GDP was invested into care industries it would create 1.5 million new jobs, twice as many than investing the same amount in construction projects.¹³⁶
- Consider public works projects that enroll people in poverty in disseminating COVID-related information, and possibly other services, to their communities.¹³⁷ Public cash-for-work programs can boost incomes, lower unemployment and address information needs during the COVID crisis.¹³⁸
- Invest in approaches that actively encourage men and boys to take on greater shares of unpaid care work.¹³⁹ Messages on sharing household care can be combined with health outreach, cash transfers or cash-for-work programs.¹⁴⁰



Food Security and Nutrition

COVID-19 may cascade into a global food crisis doubling the number of people facing acute food crisis if not proactively managed by governments and multilateral agencies.¹⁴¹ Mobility restrictions and supply chain disruptions are limiting access to food, while lockdowns and market closures are preventing farmers from accessing inputs and markets to sell their goods.¹⁴² Disruptions in access to food coupled with harmful social norms mean that women's and girls' nutrition will suffer. Women-headed households are the most likely to suffer from food crisis.¹⁴³

COVID-19 will have serious impacts on the livelihoods of women in agriculture and food production. Women provide over 43 percent of the agricultural labor around the world and more than 60 percent in Africa.¹⁴⁴ However, they have consistently lower wages, access to inputs (seeds, tools, fertilizers), information, markets, good land, and irrigation, which is likely to become worse during the COVID crisis.¹⁴⁵ The increase in unpaid care burdens they are facing as a result of COVID will also reduce the time they have to spend on farming and other income-generating activities.¹⁴⁶ As agriculture extension services move to digital platforms to accommodate social distancing, women will get left behind in the widening digital divide.¹⁴⁷

Women and girls also bear a greater brunt of negative consequences from the narrowing of food quantity and accessibility. A combination of disrupted markets, lack of international trade, reduced travel, and mobility restrictions

are going to impact people's ability to grow, buy, sell, or prepare the food they need to stay healthy. By the end of 2020, 265 million people are likely to face starvation.¹⁴⁸ Health crises such as Ebola and the Middle East Respiratory Syndrome (MERS) negatively impacted food prices and food access and reduced nutrition, especially for women, children and the elderly.¹⁴⁹ Women-headed households are much more sensitive to food price shocks and shortages than male-headed households, as was shown during the 2007-2008 food crisis.¹⁵⁰

Women's and girls' nutrition will also be impacted by COVID-19. Women and girls already make up 60 percent of the world's hungry, and when a crisis like COVID-19 hits, they are usually the first to start eating less.¹⁵¹ With schools shuttered, millions of children that depend on getting a nutritious meal at least once a day will experience even deeper hunger and malnutrition.¹⁵² This increase in hunger also means women and girls having fewer nutrients vital for boosting their immunity to fight the disease.¹⁵³ Globally, women do 85-90 percent of the household cooking and perform most of the grocery shopping.¹⁵⁴ Women invest more of their money in buying food than men do.¹⁵⁵ In most contexts, women are also almost entirely responsible for child nutrition.¹⁵⁶ In 118 low- and middle- income countries, it is estimated that in the next six months, an additional 1.2 million children may die before their fifth birthday, and 56,700 more maternal deaths may occur, due to reductions in health service coverage and child wasting.¹⁵⁷



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RECOMMENDATIONS

- Urgently scale up safety nets and provide immediate access to foods through cash, voucher, or in-kind assistance that support a diverse, nutritious diet that goes beyond staples.¹⁵⁸ Prioritize the most vulnerable, including female-headed households, pregnant and lactating women, children that depend on school feeding programs, and agricultural and informal sector workers.¹⁵⁹
- Use seed vouchers, cash vouchers, support to savings groups, digital technology, and other measures to ensure small-scale farmers, especially women, can access key resources, like inputs, information, storage, and market linkages.¹⁶⁰
- Locate seed, input, and distribution centers and collection centers for harvests closer to small-scale farmers and those in need of food assistance to reduce the need for mobility.¹⁶¹ Space timing of food and supply distribution and support alternatives to communal cooking spaces to avoid large gatherings.¹⁶²
- Design COVID response programs to boost food security with women's and girls' needs in mind. Agricultural supports, programs, and subsidies should explicitly target women producers.¹⁶³ Specifically consider women in markets, agricultural value chains, and business to support recovery.¹⁶⁴ Set specific targets for at least 50 percent of agricultural support, programs, or subsidies to reach women farmers.¹⁶⁵ Ensure women food producers have access to information on available services.¹⁶⁶
- Monitor food prices carefully and avoid economic measures that disrupt flows of food across borders or reduce availability of food on the global market.¹⁶⁷

Humanitarian Situations

The effects of COVID-19 will be magnified for the nearly 168 million people around the world who are in need of humanitarian assistance and protection.¹⁶⁸ At particular risk are the more than 70 million people—half of whom are women—who have been forced to flee their homes due to persecution, conflict, violence, and human rights violations.¹⁶⁹ Many of the displaced are sheltering in countries with weak water, sanitation, and hygiene infrastructure and lack access to health services.¹⁷⁰ Refugee and internally displaced populations in camps and informal settlements are acutely vulnerable, as overcrowding or exposure can exacerbate infection rates.¹⁷¹ Restrictions on entry, travel, and freedom of movement can also have adverse effects on populations on the move, restricting their access to safety and protection.¹⁷²

Emergencies disproportionately affect women and girls. They may face more difficulty than men and boys in accessing health services and education, meeting their hygiene needs, finding economic/livelihood opportunities, and are more likely to face increased food shortages and malnutrition.¹⁷³ Women and girls are also particularly vulnerable to gender-based violence in humanitarian contexts, and COVID-19 will

intensify the problem.¹⁷⁴ For example, the West Africa Ebola outbreak exacerbated underlying harmful gender norms in an already complex environment, leading to increased household violence, sexual violence, and sexual exploitation and abuse by aid workers.¹⁷⁵

Those who remain in conflict-affected areas also face dire circumstances. Conflict often interrupts health services, results in damaged health infrastructure, and impedes the ability of health care workers to conduct disease surveillance.¹⁷⁶ Systematic and targeted attacks on health infrastructure and aid workers by parties to conflicts, politicization of aid and service delivery, and restricted humanitarian access also exacerbate the spread and impact of infectious diseases.¹⁷⁷

Although the humanitarian community has improved response efficacy, needs are growing and far surpass resources. Preparing for and responding to the spread of COVID-19 will stretch—or in some cases, redirect—these resources, while the effects of the pandemic and related movement restrictions are hampering humanitarian access and capacity. The vulnerable people amidst these crises will continue to bear the brunt of the gaps.

RECOMMENDATIONS

- Continue humanitarian service provision as much and as safely as possible, accounting for the impacts of movement restrictions and social distancing measures.¹⁷⁸ Where possible, continue GBV prevention and response, psychosocial support, and WASH programming, along with the provision of food, nutrition, and hygiene commodities and shelter support.¹⁷⁹
- Donors should not reduce foreign assistance, including humanitarian assistance.¹⁸⁰ Funding for existing humanitarian emergencies remains critically important, and will need to be supplemented to respond to the COVID crisis.
- National governments should ensure that aid and health care workers have access to all populations in need, including across borders, to accommodate surges in health personnel and allow the transport of humanitarian and medical commodities as needed for preparedness and response activities.¹⁸¹
- Implement gender-based violence protections in humanitarian settings as set out by the [Interagency Standing Committee \(IASC\) Interim Guidance on COVID](#).¹⁸²
- Ensure each humanitarian cluster has a gender focal point specifically for COVID response and use the IASC Gender and Age Marker Tool or its equivalent.¹⁸³
- Ensure front line workers have support systems, including psychosocial assistance and time off to manage the additional stress COVID will create.¹⁸⁴
- Continue or commence work to find durable solutions for internally displaced persons and refugees that include adequate shelter and livelihood opportunities and that account for particular vulnerabilities related to age, disability, and gender.¹⁸⁵

Education

During crises, girls' education is likely to be disrupted with school closures and girls being taken out of school to take on caregiving roles.¹⁸⁶ The United Nations Educational, Scientific and Cultural Organization (UNESCO) estimates that 89 percent of children are out of school due to COVID closures, including 743 million girls.¹⁸⁷ Particularly in areas where social norms lead to fewer girls enrolling and remaining in school, temporary disruption in schooling as a result of COVID-19 may lead to permanent removal.¹⁸⁸ This can result from families being unable to pay school fees due to loss of income, the loss of educational infrastructure such as teachers, or practices such as child marriage.¹⁸⁹

Disruptions in education will likely lead to an increase in harmful practices such as child, early, and forced marriage, female genital mutilation/cutting, and increased exposure to exploitative employment or transactional sex.¹⁹⁰ The economic impacts of girls' lack of schooling will affect their future

earnings; for each additional year of schooling, females earn about 11 percent more income.¹⁹¹ The loss of school also impacts girls' ability to access information about COVID-19 prevention and services and pathways for them to report abuse.¹⁹²

Even when their schools are not closed, girls can find it increasingly difficult to balance their caregiving burdens with education, which can lead to increased absenteeism or to them leaving school completely.¹⁹³ Pregnant girls or adolescent mothers may not be allowed back into school or choose not to return.¹⁹⁴ Gaps in schooling are particularly damaging for adolescent girls at the crucial junction between primary and secondary education.¹⁹⁵

Temporary school closures can have acutely negative effects for displaced or refugee children for whom school can provide a safe space for interaction with peers, psychosocial support, and even a reliable source of food.¹⁹⁶

RECOMMENDATIONS

- Move adolescent girls' programs to virtual formats, even if only text or voice-based platforms, especially in humanitarian situations in which keeping girls connected is even more vital.¹⁹⁷ Provide free internet access for all households during school closings and engage parents in ensuring that both girls and boys have equal access to and time allotted for distance learning methods.¹⁹⁸ Account for differences in access to digital resources and increased protection risks associated with online bullying and harassment.¹⁹⁹
- Where computers and smart phones are not available, use low-tech gender-responsive approaches such as sending educational materials home and radio/television broadcasts.²⁰⁰ Ensure that programs are available at multiple times to accommodate self-paced learning and girls who must support household care.²⁰¹
- Include messages on the importance of educating girls and sharing household duties among all members during this time in which girls can easily be pulled away from education to care for ill family members.²⁰²
- Engage communities in ensuring that all girls return to school post-COVID, including those that may have become pregnant during the crisis.²⁰³ Provide accelerated learning if necessary.²⁰⁴



Women's Leadership and Participation in Decision-Making

Evidence demonstrates that women active in local government bodies tend to advance women's and social issues.²⁰⁵ Women's interaction with their communities and their roles as caregivers place them in prime position to identify the core needs and gaps during COVID.²⁰⁶ Women-led community organizations, collectives, saving groups and village associations should be considered frontline responders who are well-positioned to convey accurate information on COVID-19 and the response resources available; access hard-to-reach community members; provide culturally appropriate and gender-sensitive support on issues such as gender-based violence; and help design approaches that address the needs of their community as it responds to COVID-19.²⁰⁷

Yet, women and girls have been largely excluded from decision-making at every level, from the household to community, local, and national bodies, as well as in all levels of public health leadership.²⁰⁸ For instance, very few national or local COVID task forces include any women, which effectively excludes them from discussions to identify core needs, capacities, and responses.²⁰⁹ A review in 2018 found that only 56 percent of humanitarian crisis contexts held at least one consultation with women's groups.²¹⁰

As a result, response measures may not fully account for how COVID-19 affects women and girls. For example, excluding women from economic discussions will mean that recovery measures do not address the needs of women who work in the informal economy or who perform unpaid domestic care work.²¹¹



RECOMMENDATIONS

- Engage with existing informal and formal social networks such as women's groups, community groups, civil society organizations, and women's rights organizations to support their efforts as first responders and their solidarity efforts to prevent social isolation.²¹²
- Employ quotas, targets, and other mechanisms at global, national, and local levels to meaningfully engage women, adolescent girls, and marginalized groups in leadership and decision-making roles throughout the COVID-19 response and recovery.²¹³
- Enlist and support local organizations that serve women, girls, and marginalized persons to gather data, share accurate COVID information, and distribute supplies to people unable to leave their homes. Involve gender and social inclusion experts that can bring insights in how to serve hard-to-reach and at-risk populations.
- Ensure that inter-organizational and inter-agency coordinating and decision-making bodies are gender balanced and inclusive.²¹⁴
- As part of the financial support for COVID-19 response, donors should direct funding to women's organizations that work to advance gender equality, to ensure that programs are responsive to the needs and priorities of women and girls, promote the localization of humanitarian assistance, and support women's and girls' leadership and participation.²¹⁵
- Expand access to leadership training for women as part of post-COVID economic recovery efforts.

Conclusion

COVID-19 will have ramifications on global communities far beyond the immediate shocks we are already witnessing and much deeper than those impacts that are most apparent. The unique effects of this pandemic on women and girls reflect generations of underlying discrimination, abuse, and exploitation that will not be undone easily – however, to ensure that COVID-19 does not roll back decades of progress towards ending poverty, achieving gender equality, and building strong systems for development and humanitarian assistance based in social justice, the United States and the global community must make concerted, targeted efforts to comprehensively respond to COVID-19.

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