



SHE TOLD US SO RAPID GENDER ANALYSIS: Filling the Data Gap to Build Back Equal

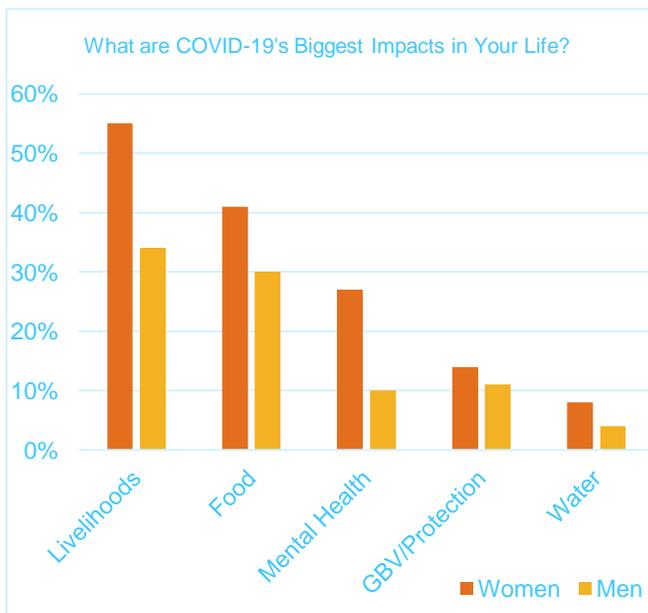


©Nadi Jessica/CARE

As pandemic-driven health, social, economic, and hunger crises deepen across the globe, it is increasingly clear that COVID-19 is widening systemic inequalities that have long affected women, girls, and other people who face discrimination. These dynamics threaten decades of progress in realizing the rights that all people should enjoy and that women have fought hard to claim. CARE has warned from the beginning that the pandemic would have a disproportionate impact on women and girls. The efficacy of our COVID-19 responses depends on understanding how marginalized people are affected across contexts, and over time. Yet, women's needs are routinely overlooked without deliberate efforts to hear from them, include them in leadership and decision-making, and fill persistent gender data gaps. **So we sought the advice of experts: women themselves.**

As an international humanitarian organization focused on women's empowerment and gender equality, CARE is listening to women and girls and supporting them to speak up about COVID-19, its impacts, and what they need. **Across nearly 40 countries, the voices of more than 6,000 women bear out the dire predictions from March: that COVID-19 would result in catastrophic impacts across multiple dimensions of their lives.**

COVID-19's IMPACT ON WOMEN AS TOLD BY WOMEN



Livelihoods: 55% of the women CARE spoke to reported that income loss was one of the biggest impacts of COVID-19 on them, compared with only 34% of men. Women are more likely to work in the informal sectors hit the hardest and have less access to unemployment benefits.

Food security: 41% of women and 30% of men reported lack of food was a key impact COVID-19 had on their lives. This difference reflects deeply entrenched gender inequalities in local and global food systems.

Mental health: One of the most striking differences is around mental health, where 27% of women reported this was a key impact of COVID-19—compared with only 10% of men. Women especially point to skyrocketing unpaid care burdens as a source of this stress, in addition to worries about livelihoods, food, and health care.

The findings illustrate the vital importance of listening to diverse groups of women so that they have equal opportunity to influence decision-making about COVID-19 support. Only by including their perspectives can we ensure that responses are designed to work effectively and reach people with the assistance they need most.

“The stress of contracting the disease prevented me from visiting family. So I stayed at home, cloistered. I ate and gained weight – something I fear the most. The course of life changed overnight. I had to wear a mask, and the stress of contracting the disease cause me to have a severed malaria crisis. I was ill for two weeks. Also, I was afraid to go to the hospital – we don’t know anyone there. It is not known which patient or doctor is the carrier of the disease. Which stressed me.”

Even despite the stress, Carrine is finding ways to lead. “I’m part of an association called Sayap Africa which distributed donations during the COVID-19 period. I was in the front line, on June 11, 2020, to distribute a meal to the nursing staff of the Djoungolo hospital in Yaounde’... Sayap Africa has taken the initiative to distribute food to families with at least six children. We bring them rice, sardines, soap, tomatoes, so that these families no have to travel and limit the contamination and spread of the virus. We distributed to 114 families in total.”

— Carrine Annette Bidzogo, Cameroon

WHAT DO WE NEED TO DO NOW?

Get women and girls what they need. All actors providing support during COVID-19 should focus on the areas women are prioritizing: livelihoods, food, mental health, and gender-based violence (GBV) services. Every actor must meaningfully include women in designing COVID-19 assistance. Programs should deliberately target female recipients to ensure that support effectively meets the needs of both men and women.

Invest in women leaders. COVID-19 coordination and planning platforms are most effective when they are diverse and gender-balanced. All COVID-19 leadership committees and task forces should include at least 50% women and prioritize partnering with women’s rights organizations. Actors should also work to engage men and boys in supporting women, women’s rights, and gender-equitable responses.

Fill the data gap. This report shows the power of listening to women and girls, and how the stories they tell are different from what aggregate data shows us. It also shows that it is possible to fill the data gap to design more effective responses. All actors must collect, publish, and act on sex- and age-disaggregated data, and focus on the gaps between different people’s needs.

Be accountable for equality. Every actor delivering COVID-19 responses should publish a status report on their activities to date and actions they have taken to listen to women’s experiences, uphold women’s rights, and ensure that women and girls have equal access to relief and recovery efforts.

Call to ACTION - We urge Congress to:

- 1 Allocate sufficient supplemental, **USG funding** for a global response to COVID-19 while preserving full funding for the International Affairs budget. Congress should ensure that the next legislative package to respond to COVID-19 includes **no less than \$20 billion for the international response**, including flexible funding for global health, food security, humanitarian assistance, and economic relief.
- 2 Prioritize passage of the bipartisan **Safe from the Start Act (H.R.4092/S.4003)** to urgently address the rise in gender-based violence in emergencies.
- 3 Leverage all USG COVID-19 programs and diplomatic efforts to ensure unhindered access to healthcare, medical supplies, and other vital aid and compliance with international humanitarian and human rights legal obligations to ensure that no one is left

Read Full Report [Here](#).