



Planet 50-50 by 2030
Step It Up for Gender Equality

COVID-19 and Gender Report

6 March 2020 (updated 16 March 2020)

1. The impacts and implications of COVID-19 are different for men and women

- The response to coronavirus is a **reminder of the essential contribution of women** at all levels, including as frontline responders, health professionals, community volunteers, transport and logistics managers, scientists, doctors, vaccine developers and more.
- Women are playing a **disproportionate role** in responding to the disease, including as frontline healthcare workers, carers at home and community leaders and mobilisers. Experience of other disease outbreaks shows that this care burden also increases their risk of infection. Globally, women make up 70 per cent of workers in the health and social sector¹. Globally, women do three times as much unpaid care work as men. When health systems are overloaded, a greater burden is placed on care in the home and that burden lands largely with women.
- Women are **hit harder** by economic impacts such as those COVID-19 is driving. Women disproportionately work in insecure labour. Disruptions, including movement restrictions, can remove women's ability to make a living and meet their families' basic needs as was seen in the Ebola crisis.²
- When households are placed under strain **domestic violence usually goes up**, as does sexual exploitation. COVID-19 is likely driving similar trends right now.^{3, 4}
- In China, activists have reported a surge in domestic violence cases as millions of people have been under quarantine. Some police stations received as many as three times more reports of domestic violence in February than during the same month the previous year. The number of cases reported in January have also doubled compared with the same period last year in some stations.⁵

¹ WHO (2019). Gender equity in the health workforce: Analysis of 104 Countries

² Ministry of Social Welfare, Gender and Children's Affairs, UN Women, Oxfam, Statistics Sierra Leone (2014). Report of the Multisector Impact Assessment of Gender Dimensions of the Ebola Virus Disease in Sierra Leone.

³ IASC (2015). Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Food Security and Agriculture.

⁴ UNGA A/70/723. Protecting Humanity from Future Health Crises: Report of the High Level Panel on the Global Response to Health Crises.

⁵ <https://www.sixthtone.com/news/1005253/domestic-violence-cases-surge-during-covid-19-epidemic>

- For many survivors of domestic violence, work is a necessary respite from the unpredictability of their partner’s abuse, and there can be more immediate danger inside the home than outside it.⁶
- Experiences have demonstrated that where women are primarily responsible for procuring and cooking food for the family, increasing food insecurity as a result of the crises may place them at heightened risk, for example, of intimate partner and other forms of domestic violence due to heightened tensions in the household.⁷
- Many women have no access to paid sick leave. If they have to miss work, either because they are sick or they’re self-isolating or their job site has closed down, they will lose income and it will be harder for them to leave an abusive partner.⁶
- Other forms of GBV are also exacerbated in crisis contexts. For example, the economic impacts of the 2013-2016 Ebola outbreak in West Africa, placed women and children at greater risk of exploitation and sexual violence.⁸
- The “social distancing” is one of the recommended strategies to contain the virus. This will likely increase the risk of GBV, as it may be used as a mechanism to isolate the victim from her family and social networks, as a part of emotional/psychological violence and controlling behavior.
- In addition, life-saving care and support to GBV survivors (i.e. clinical management of rape and mental health and psycho-social support) may be disrupted in one-stop crisis centers in tertiary level hospitals when health service providers are overburdened and preoccupied with handling COVID-19 cases.
- Safety, security and access to justice services may be disrupted as government institutions shift resources to the public health crisis.
- Overstretched health services often **divert resources away from services women need**, including pre- and post-natal health care and contraceptives,^{9,10} and exacerbate a lack of access to sexual and reproductive health services.¹¹ It is possible that this is also happening as a result of COVID-19.

⁶ https://www.huffpost.com/entry/domestic-violence-coronavirus_n_5e6a6ac1c5b6bd8156f3641b

⁷ IASC (2015). Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Food Security and Agriculture.

⁸ UNGA A/70/723. Protecting Humanity from Future Health Crises: Report of the High Level Panel on the Global Response to Health Crises; UNICEF Helpdesk, “GBV in Emergencies: Emergency Responses to Public Health Outbreaks,” September 2018, p. 2.

⁹ UNGA A/70/723. Protecting Humanity from Future Health Crises: Report of the High-Level Panel on the Global Response to Health Crises.

¹⁰ Measure Evaluation (2017). The Importance of Gender in Emerging Infectious Diseases Data.

¹¹ Smith, Julia (2019). Overcoming the ‘tyranny of the urgent’: integrating gender into disease outbreak preparedness and response, Gender and Development 27(2).

2. An effective response needs to reflect these gender-dynamics. We call on those leading the response to:

- Ensure availability of **sex-disaggregated data** that is also viewed through a gender lens. We need data including on differing rates of infection, differential economic impacts, differential care burden, and incidence of domestic violence and sexual abuse.
- Embed **gender dimensions within response plans** to ensure that gender perspectives are properly addressed.
- Provide **priority support to women on the frontlines** of the response. This includes creating better access for health care workers and caregivers to women-friendly personal protective equipment and menstrual hygiene products. It requires promoting flexible working arrangements for women with a burden of care. These needs are even more important for areas under lockdown or quarantine.
- Ensure **equal voice for women in decision making** in the response.
- Ensure that **public health messages properly target women** including those most marginalised. Experience with Zika for example showed how women's organizations at the community level can play a crucial role in this regard
- 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 over-represented such as daily wage earners, small business owners and those working in informal sectors.
- Build **gender expertise** into response teams. Organizations responding to COVID-19 need budgeted resources for gender and social inclusion. Donors should include this in their support.
- Protect **essential health services for women and girls**, including sexual and reproductive health services.
- Prioritise **services for prevention and response to gender-based violence** in communities affected by COVID-19.
- First responders must be trained on how to handle disclosures of GBV. Health workers who are part of an outbreak response must have basic skills to respond to disclosures of GBV that could be associated with or exacerbated by the epidemic, in a compassionate and non-judgmental manner and know to whom they can make referrals for further care or bring in to treatment centres to provide care on the spot. Holistic support to women first responders should furthermore include psychosocial support.
- Primary and secondary healthcare facilities may be requested to take on the caseload of GBV survivors and only refer to tertiary hospitals when higher level of care is needed. GBV referral pathways should be updated to reflect these healthcare facilities.

- Psychosocial support should be available for women and girls who may be affected by the outbreak and are also GBV survivors. Related to the previous point—being affected—whether directly or indirectly by an outbreak of an infectious disease—can be traumatic as can be an experience of GBV. Recognizing that these may be co-occurring for some women and girls is incredibly important and requires that psychosocial support be available and accessible for women and girls in general.

3. UN Women is working with its partners to help bring the gender dimension to the response at country, regional and global level so that the response can be more effective for everyone. We are:

- Supporting **gender analysis and sex-disaggregated data** as an integral part of a strong COVID-19 response.
- **Working closely with WHO and other UN agencies** and UN Country Teams to strengthen our coordinated response to this outbreak.
- Leveraging our existing network of and relationships with **women-led organisations** to advance women’s voice and decision-making in all aspects of preparedness and response.
- Providing **technical expertise** to support risk communication and community engagement to reach women, persons living with disabilities and marginalized groups, in order to address their unequal access to information on outbreaks and available services. We have done this in the past in relation to Ebola and Zika and it has proven hugely effective.
- Continuing 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.
- Preparing for future crises by **extracting lessons** from the current situation that can be used in the future, as we are currently drawing on lessons including from Ebola and Zika.

Additional TPs on COVID-19 Educational Disruption and Response from UNESCO

Last update 16 March 2020

- An unprecedented number of children, youth and adults are not attending schools or universities because of COVID-19. Governments in 100 countries have announced or implemented the closure of educational institutions in an attempt to slow the spread of the disease(link is external). UNESCO is providing immediate

support to countries as they work to minimize the educational disruption and facilitate the continuity of learning, especially for the most vulnerable.

- According to UNESCO monitoring, 85 countries have closed schools nationwide, impacting over 776.7 million children and youth. A further 15 countries have implemented localized school closures and, should these closures become nationwide, hundreds of millions of additional learners will experience education disruption.
- School closures - even when temporary - carry high social and economic costs. The disruptions they cause touch people across communities, but their impact is particularly severe for disadvantaged boys and girls and their families.