



Photo: UN Women

HOW TO INCORPORATE WOMEN AND GENDER EQUALITY IN THE MANAGEMENT OF THE CRISIS RESPONSE

Response to COVID-19: impacts and implications are different for women and men¹

- **Women are essential in the fight against the outbreak** – as first responders, health workers and professionals, community volunteers and care workers, as well as being disproportionately affected by the crisis.
- **Women are at the forefront of response and bear higher physical and emotional costs**, as well as an increased risk of infection in crisis response. It is essential to address the immediate needs of women in the front lines of the response and incorporate them into decision-making processes.
- **It is important to ensure access to and reproductive and sexual health care and services.** Data from previous outbreaks indicate that containment efforts often divert resources from regular health services, exacerbating ordinary lack of access to services, including pre and post-natal health care, as well as contraceptives².
- **Women are still the most affected by unpaid care work, especially in times of crisis.** Due to the saturation of health systems and school closures, the tasks of care fall mainly to women, who generally have a greater share of responsibility to care for sick family members, as well as children and the elderly³.
- **Employment and care services are affected for women workers in general and in particular for informal and domestic workers. The outbreak profoundly impacts**

women's ability to maintain their livelihoods. Experience has shown that quarantines significantly reduce economic and subsistence activities and disproportionately affect employment-generating sectors that are predominately female, such as trade and tourism.

- **The reduction in economic activity affects informal workers** who, in these circumstances, lose their livelihood almost immediately, without any network or the possibility of replacing lost daily income, in general. It also affects domestic workers who face specific challenges: One, the overall challenges arising from the increased burden of care; two, the increase in unpaid childcare (of their children) during school closures; and three, the possibility of losing income when, for health reasons, they are asked to stop working as a contagion risk to the families for whom they work.
- **Irregular migration of women and girls creates higher protection risks, such as gender-based violence and trafficking.** These risks may be increased given internal and external travel restrictions and increase difficulties in accessing health and medical services due to a lack of documentation.
- **The outbreak has led to an increase in stigma, xenophobia, and discrimination.** Recent experiences in Asia reveal widespread examples of these expressions related to race, gender, and immigration status, which lead to greater inequalities, exacerbate stereotypes, as well as women's hyper-sexualization. These factors can drive people away from the services they need and hinder their socio-economic integration in host communities.

¹ Based on: Gender and COVID-19, developed by Global GBV Group Protection Cluster and the Group Gender in Humanitarian Action (Asia and the Pacific).

² Measure Evaluation (2017). The Importance of Gender in Emerging Infectious Diseases Data.

³ Harman, Sophie (2015). Ebola, gender and women notably invisible in global health governance. Third World Quarterly 37(3).



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Integrating Gender into the Preparedness and Response Frameworks

- In an emergency context, the risks of violence against women and girls, especially domestic violence, due to increased tensions in the home, which can also increase women's isolation⁴.
- Survivors of violence may face additional obstacles to flee violent situations or to access protective orders or essential services that can save lives due to factors such as lockdown or quarantine.
- The economic impact of the pandemic can create additional barriers to leave a violent domestic situation and create higher risks of sexual exploitation⁵.
- Food Safety: Women and girls can be affected by the difficulties of accessing nutritious and safe food due to the closures of food services in schools and communities, the overall scarcity of food, and the restrictions of circulation. Coping mechanisms in these circumstances, such as survival sex, can result in sexual exploitation for commercial purposes.

An effective response requires reflecting gender dynamics

Recommendations:

1. Ensure availability of **sex-disaggregated data**⁶ and **gender analysis**, including differentiated rates of infection, economic impacts, and regarding the burden of care, barriers of access to care for women, and incidence of domestic and sexual violence against women.
2. Ensuring the **gender dimension in the response**⁷ requires specific resources targeted to meet the needs of women and girls. The response must consider the different needs and skills of women, men, and children, and guarantee that all affected persons benefit from assistance.
3. Involve women at all stages of national and local response and decision-making, especially groups of women who are most impacted by the crisis such as women health workers, domestic workers, and informal sector, as well as migrant and refugee women.

4. Ensure attention to the **Immediate women working in the health sector**. Improve health workers' access to information and personal protection equipment, as well as menstrual hygiene products, and promote flexible work arrangements.

5. Increase **direct consultations with women's organizations** about the situation of women, in particular, their needs and the appropriate measures to take in each phase of the pandemic, ensuring that their opinions, interests, contributions, and proposals are incorporated into the response.

6. **Public health messages must communicate to women in all their diversity and address the needs of women in their different roles**, especially information about the promotion, prevention, mitigation, and hygiene. **Women's organizations at the community level should be supported to ensure that messages about prevention and response strategies reach all women**. At the same time, it is critical to increasing their capabilities to develop strategies, leverage alternative channels of communication, and to improve the identification and support at the community level for cases of violence against women.

7. **Adopt measures to alleviate the burden of primary health care structures and ensure access to sexual and reproductive health services, including prenatal and postnatal care.**

Ensuring the gender dimension in the response requires specific resources targeted to meet the needs of women and girl.

⁴IASC. (2015). Guidelines for the integration of the Anti-Gender Violence in Humanitarian Action, Food Security and Agriculture.

⁵UNGA A/70/723. Protecting humanity from future health crises: Report of the High-Level Group on Global Response to Health Crisis.

⁶Measure Evaluation. (2017). The Importance of Gender in Emerging Infectious Diseases Data.

⁷IASC. (2017). Manual of Gender for Humanitarian Action



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8. Adopt measures to provide direct compensation to informal workers, including health workers, domestic workers, migrants, and the sectors most affected by the pandemic, so that most affected women can maintain income generation and livelihoods.

9. Promote policy measures that recognize, reduce and redistribute the overload of unpaid work taking place at home for healthcare, care of children, the elderly, and people with disabilities, and that is taken on mostly by women.

10. Promote specific strategies for the economic empowerment and recovery of women, considering cash transfer programmes that mitigate the immediate impact of the outbreak and its containment measures, as well as support for the economic recovery and to develop resilience to future crises.

11. Adopt measures that ensure access of migrant women and refugees to health services, employment, and food to mitigate protection risks with particular attention to gender-based violence, trafficking of women and girls, and the promotion of social cohesion.

12. Prioritize basic, essential, multi-sectoral services, including social services such as access to food and health, as well as appropriate measures to attend to menstrual hygiene - which must be incorporated into the response.

13. Ensure continuity of essential services to respond to violence against women and girls. Develop new ways of providing services in the current context and increase support for specialized women's organizations to provide support services at the local and provincial levels.

14. Take into consideration the different needs of women and men in medium- and long-term recovery efforts. Develop strategies focused on women, to build resilience, and promote mechanisms for income generation and sustainable livelihoods, recognizing the more significant and variable impact of the crisis on different groups of women.

For more information, you can access PAHO/WHO information resources related to COVID-19 at the following link:

<https://panama.campusvirtualsp.org/covid-19>

Recognize the impact of COVID-19 on women and girls and ensure a response that addresses their needs and ensures that their rights are central to strengthening prevention, response and recovery efforts.