



GENDER AND COVID-19



THE IMPACTS OF COVID-19 ON WOMEN AND GIRLS IN EAST AND SOUTHERN AFRICA

Photo courtesy of UN Women

SUMMARY

This policy brief presents emerging evidence on the impacts of the COVID-19 global pandemic on women and girls in the East and Southern Africa Region. The brief highlights useful information that various stakeholders, particularly non-governmental organizations, UN agencies, governments and other non-State actors, could consider when planning COVID-19 response and recovery interventions. It provides shared learning experiences on the gendered impacts of COVID-19 and provides women's organizations with an opportunity to voice their experiences, concerns and capacities in responding to COVID-19 and, more importantly, how they can be effectively engaged in recovery and resilience-building interventions in future. The brief calls for an all-inclusive and gender-sensitive approach at regional, national and community levels in the COVID-19 response and recovery to avoid perpetuating gender inequalities and to encourage women and men to contribute to the response and recovery efforts, which ultimately will result in greater opportunities and enhanced well-being for women and men alike. The brief presents five key recommendations that practitioners and policy-makers can take up in the COVID-19 response and recovery.

KEY RECOMMENDATIONS

1. ACKNOWLEDGE THAT COVID-19 AFFECTS GIRLS AND BOYS AND WOMEN AND MEN DIFFERENTLY, and address the gender inequality in the COVID-19 response and recovery. Ensure that all policies, programmes, plans and interventions are equitable and gender-transformative, and include the poor and most vulnerable, especially women and girls, so that the progress

that has been made in reducing the gender gap through the concerted efforts of many stakeholders and captured in the Sustainable Development Goals is not only maintained but also leveraged.

2. ALLOCATE ADEQUATE RESOURCES FOR PROMOTING A GENDER-RESPONSIVE COVID-19 RESPONSE AND RECOVERY by identifying and giving special attention to the critical needs of women and girls, as well as those in fragile and humanitarian settings. This may entail providing rapid, flexible, easily accessible funding, additional emergency funding and technical cooperation. Increased resilience for women and girls should be at the core of all response strategies from governments and global and regional institutions, and they should be resourced accordingly.

3. PUT IN PLACE STRINGENT MEASURES TO SAFEGUARD GIRLS AND WOMEN from gender-based violence and reduce their heightened risk of violence in their homes and communities as a result of COVID-19.

4. INCLUDE DIVERSE STAKEHOLDERS IN THE COVID-19 RESPONSE AND RECOVERY, including women, girls and men, in all stages of the COVID-19 response (from design to review and revision) and all types of responses.

5. INTEGRATE GENDER IMPACT ASSESSMENT PROCESSES AND TOOLS in the emergency COVID-19 response and recovery. The integration should involve gender mainstreaming and improve access to gender-disaggregated data and information. Ensure that lessons learned inform ongoing and future policies, programmes, projects and budgets aimed at managing the COVID-19 pandemic.



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INTRODUCTION AND BACKGROUND

The COVID-19 pandemic has had unprecedented impacts on societies around the world. Countries are working hard to contain the pandemic's spread and impact in many parts of the world.¹ Globally, as at 4:35pm CET, 17 January 2021, there had been 93,194,922 confirmed cases of COVID-19, including 2,014,729 deaths, reported to the World Health Organization.² Given that SARS-CoV-2 is novel, many of the potential risks associated with the virus are unclear.³ While the pandemic's impacts will be different from country to country, it will undoubtedly increase poverty and inequalities on a worldwide scale, making it difficult for many countries to achieve the Sustainable Development Goals.⁴



Photo courtesy of UN Women

While everyone is facing unprecedented challenges, women and girls are significantly affected by the impacts of COVID-19, including both social and economic impacts.⁵ In many communities, women and girls who are already facing institutionalized poverty, racism and other forms of discrimination are bearing the brunt of the pandemic. Women and girls face higher rates of COVID-19 transmission and are most exposed to the secondary impacts, such as the loss of earnings and livelihood.⁶

Lessons from outbreaks similar to COVID-19, such as Ebola fever, show that women and girls may face more negative impacts than men.⁷ Early findings from several studies have shown that the COVID-19 pandemic has deepened pre-existing inequalities, revealing vulnerabilities in social, political and economic systems.

Unlike men, women are affected more by the social and economic effects of infectious disease outbreaks, because

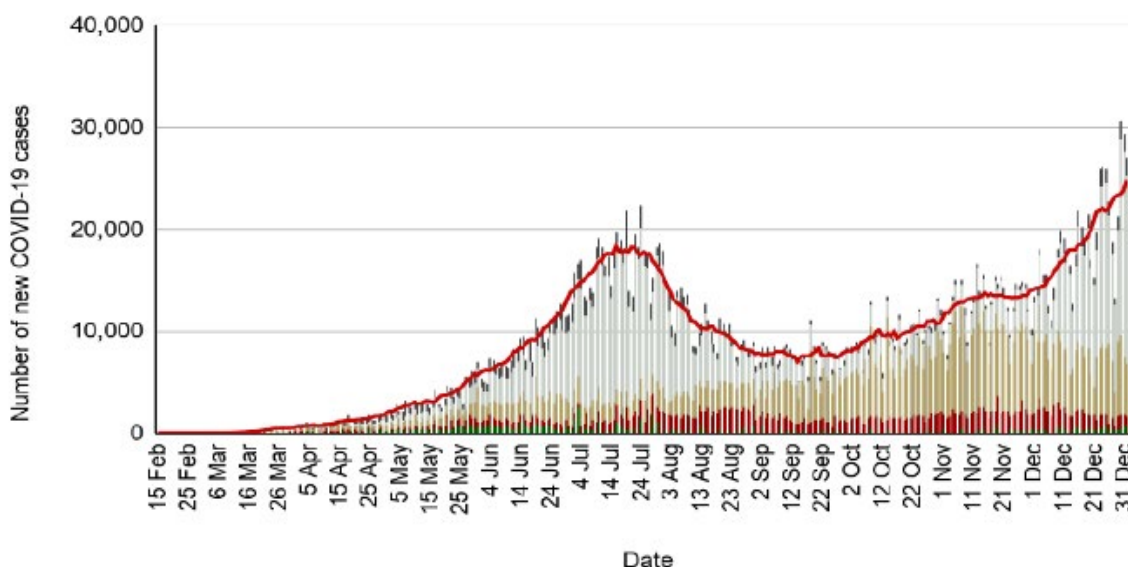
they tend to bear the brunt of care responsibilities; for example, when schools close and family members fall ill, they take up the duties of caring for the children and the sick. Women are also at greater risk of domestic violence and are further disadvantaged by reduced access to sexual and reproductive health services.⁸ There is a great risk that gender gaps could widen during and after the pandemic and that all the gains in women's and girls' empowerment, accumulation of human capital, and voice and agency, made since the 1995 Beijing Platform for Action could be lost. Global and national strategic plans for COVID-19 preparedness and response and recovery need to be grounded in a better understanding of gender issues through robust gender analyses. They must ensure the meaningful participation of affected groups, including women and girls, in the response and recovery.

COVID-19 in sub-Saharan Africa

At the beginning of the COVID-19 pandemic (January–February 2020), sub-Saharan Africa had some of the lowest infection rates.⁹ This, however, increased and by April 2020 the World Health Organization had detected community transmission in Africa. Global health experts and African governments have projected that more than 2 million COVID-19 deaths will occur in sub-Saharan Africa if no action is taken.¹⁰ As at 5 January 2021, 2,852,491 COVID-19 cases and 67,943 deaths were reported in Africa. Many countries (84 per cent) continue to report community transmission, with 19 of these countries reporting case fatality rates higher than the global case fatality rate of 2.2 per cent.¹¹

As COVID-19 continues to spread in Africa, women are struggling to cope with the restrictions to limit the spread of the disease and the endemic inequalities, which undermine their capacity to respond to and recover from the impact of COVID-19. The negative impacts of COVID-19 are expected to exacerbate and deepen gender inequalities in the region. Given the differential impacts from COVID-19, there is a need for the effective involvement of various stakeholders, including women and girls, in the COVID-19 response and recovery, especially in the first phase of prevention and containment, but also in the follow-up recovery and resilience measures.

Figure 1: New COVID-19 cases reported by day and African Union region, 15 February 2020 to 5 January 2021



Source: Africa Centres for Disease Control and Prevention (2021).

To better support girls and women during COVID-19 and ‘build back better’ during the recovery, an all-inclusive and gender-sensitive approach is needed at regional, national and community levels. Communities, particularly women and girls, should play a critical role and be at the centre of the response and recovery, given their responsibilities for hygiene matters, caring for their families, including the sick, educating children and handling household affairs. Mainstreaming gender considerations in the COVID-19 response and recovery will allow for more effective actions.

VIEWING THE COVID-19 RESPONSE AND RECOVERY THROUGH A GENDER LENS

Economic and social impacts

COVID-19 has had catastrophic impacts on national, regional and global economies. While the global poverty gap between women and men has been on the decline for several years, new findings show that it has widened during the COVID-19 pandemic, with women aged 25–34 most affected. By March 2020, five months after discovering COVID-19, up to 84 countries had adopted fiscal measures to mitigate the economic effects on households. Although findings have shown that men have a higher fatality rate than women and girls, women and girls are significantly impacted by the resulting economic and social fallout.

In crises, women tend to lose their source of livelihood faster because they are more involved in the hard-hit

economic sectors. Women account for 39 per cent of the global workforce and are in general overrepresented in most in-decline parts of the global economy: services such as the arts, recreation and public administration (46 per cent); retail and wholesale trade (43 per cent); and accommodation and food services (54 per cent). The increase in the poverty gap caused by COVID-19 due to loss of livelihood will result in more women than men being pushed into extreme poverty. A recent study commissioned by UN Women and the United Nations Development Programme reports that, by the end of 2021, 435 million women and girls will be living on less than \$1.90 a day — with 47 million being pushed into poverty due to COVID-19.



Photo courtesy of UN Women

COVID-19 and learning

COVID-19 has resulted in enormous challenges for schools and students as a result of the closure of school facilities, with most instruction taking place online. The online

systems and lack of personal connection have resulted in many school dropouts, either out of the inability to afford the equipment for online education or out of boredom and frequent connectivity interruptions. The school dropout problem is likely to increase and expand, and educators worldwide need to develop sustainable solutions that can help students continue their education and stay engaged with the educational process. In general, girls are often expected to take on childcare responsibilities and household chores. COVID-19 has increased these responsibilities, with girls doing more domestic work than boys. The increased workload affects available study time and access to remote learning opportunities, even where these are available.

The closure of schools also affects girls' ability to access essential health information, such as comprehensive sexuality education. According to Human Rights Watch (2020), school closures due to COVID-19 may increase the risks of child marriage. Research in Malawi, South Sudan and Tanzania shows a correlation between girls leaving school or being out of school and being forced into early marriages. Of significant concern are the increased cases of teenage pregnancies during COVID-19. Child marriages, teenage pregnancies and the needs of adolescent girls are usually ignored in crises. Lessons from other health emergencies have demonstrated the need for urgent action to prevent and respond to girls' vulnerabilities. Research conducted during the 2014–2016 Ebola outbreak in Liberia and Sierra Leone by Plan International showed that crises like COVID-19 can lead to increased rates of child marriage and teenage pregnancy. For example, in 2015, in parts of Sierra Leone, teenage pregnancy rose by about 65 per cent. According to the United Nations Population Fund, an unexpected additional 13 million child marriages will occur between 2020 and 2030 because of the COVID-19 outbreak. Unfortunately, teenage pregnancies also come with other risk factors such as stigma and discrimination against pregnant girls, difficulty in accessing critical services such as reproductive health services, and long-term impacts on the social and economic well-being of not only the girls but also their children.

COVID-19 and the digital divide

Digital technology facilitates access to critical health services and education opportunities, civic participation and economic engagement. It is a vital gateway for women to access information that can improve their livelihoods and their ability to contribute to their families and the global community's well-being. Because of isolation and

other measures to reduce the spread of COVID-19 and keep economies running, there is increased societal dependence on information technology.

Women and girls face significant challenges because of the gender digital divide. It is well understood that the gap between women's and men's access to and use of the Internet and mobile phones is huge. Worldwide, it is estimated that 327 million fewer women than men have a smartphone and can access the Internet via mobile phones. On average, women are 26 per cent less likely than men to have a smartphone. In South Asia and Africa, the gender digital gap is wider, standing at 70 per cent and 34 per cent, respectively.¹² The limited access to technologies such as radios, television, computers, the Internet and data has left many women and girls unable to access critical resources during the pandemic and unable to effectively and efficiently engage in the COVID-19 response and recovery. As COVID-19 increases countries' reliance on digital services, men are likely to benefit more than women because they have greater access to life-saving information.¹³

Access to sexual and reproductive health services

Health emergencies worldwide always limit and disrupt sexual and reproductive health services; COVID-19 is no different.¹⁴ This curtails women's rights and well-being and slows down progress towards achieving the UN Sustainable Development Goal on gender equality. Limited and restricted mobility due to COVID-19 containment measures has reduced access to essential health services and protection for women and essential medicines and vaccines during the COVID-19 pandemic. Because of this, they may not have access to good-quality health services, or maternal and reproductive healthcare services. Pathfinder reports that family planning, pregnancy termination, menstrual hygiene and other critical health services are harder to access and supply because of the pandemic.



Additionally, essential resources have been diverted away from these provisions, resulting in exacerbated maternal mortality and morbidity, increased rates of teenage pregnancy and an increase in sexually transmitted diseases, among others.

Extreme pressures on health providers and overburdened health facilities may also increase the risk of abuse of sexual and reproductive health service providers.¹⁵

Violence against women and girls

Violence against women and girls not only remains pervasive worldwide but has recently emerged as a significant 'shadow pandemic' of the COVID-19 crisis.^{16,17} Because of women's increased care burden, affected livelihoods and reduced access to basic necessities, disruption of their social and protective networks, and diminished services for survivors, many households' stress levels have increased.

COVID-19 has exacerbated the existing crisis of violence against women and girls

This has resulted in an increased risk of violence in these homes.¹⁸ Violence against women and girls impacts not only their physical well-being but also their psychological well-being. It is also an obstacle to their ability to enjoy their rights and freedoms, such as education, freedom of speech and political participation. Recent studies have shown that, since the outbreak of COVID-19, violence against women and girls, and in particular domestic violence, has significantly increased. For example, a recent report by UN Women shows that, globally, 243 million women and girls aged between 15 and 49 have faced sexual and/or physical violence perpetrated by an intimate partner in the past 12 months. The number increases by 30 per cent when considering violence by a partner experienced during a woman's lifetime. The number is expected to increase as tension and strains on security, health and money increase, compounded by cramped and confined living conditions. The lockdown has left women and girls in extremely vulnerable situations and unable to reach critical response services for survivors of GBV, especially in areas where social and economic support networks are weak. The health sector has a vital role in mitigating the impact of violence on women and their children as part of the COVID-19 response by providing access to essential services for survivors of violence.¹⁹

COVID-19 in humanitarian and fragile settings

Although most countries are currently struggling to respond to the COVID-19 crisis, the pandemic has resulted in a catastrophe in fragile and humanitarian settings. It is estimated that globally approximately 1.8 billion people live in fragile contexts and that about 168 million people need humanitarian assistance. Around one in four people in humanitarian settings are women and girls of reproductive age.²⁰ Living conditions in humanitarian settings make social distancing almost impossible, and governments are unable to provide adequate relief packages or social safety nets.²¹

Early findings show that women and girls living in humanitarian crises are facing significant risks during the COVID-19 pandemic, as it has burdened already weak health systems and disrupted the supply chains for medicines and essential supplies.²² The virus's chances of spreading quickly in overcrowded spaces and shelters with insufficient hygiene and sanitation facilities are also very high.²³ Apart from facing the real effects and threats of COVID-19, individuals in conflict and fragile settings face the risk of secondary impacts on sexual and reproductive healthcare being deprioritized. There is a considerable risk that COVID-19 will continue to negatively impact vulnerable populations of displaced individuals while threatening global health security. Restrictions on police and security forces' movements could easily increase the prevalence of sexual and gender-based violence (SGBV) in humanitarian settings.

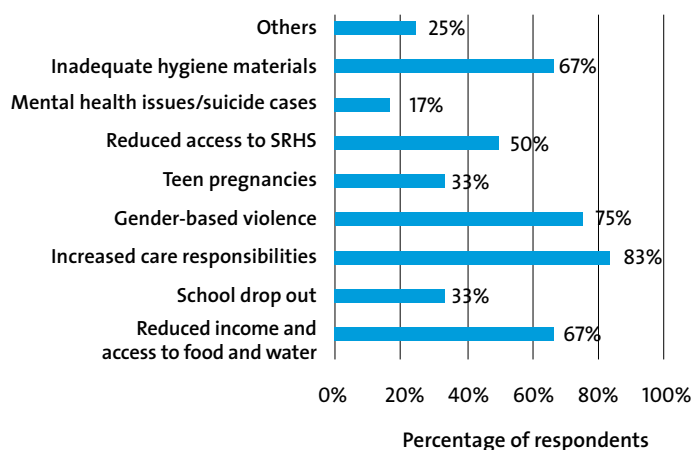
FINDINGS OF THE STUDY AND DISCUSSION

This study confirms the findings of recent studies that have reported that COVID-19 has had significant impacts on women and girls, including increased health risks, loss of income, increased unpaid care work and the threat of GBV. Almost all respondents (93 per cent) reported that, in an effort to limit the spread of COVID-19, the governments of their countries introduced social distancing rules, including restrictions on social gatherings, strict lockdowns and border closures, which stopped most economic activities and all social, cultural and sporting activities, with significant impacts on women and girls. The respondents also reported that the unequal and overwhelming burden of emotional and household labour (83 per cent) that the women and girls have shouldered during COVID-19 has resulted in significant economic, social and psychological

needs that are unmet because of COVID-19 restrictions. These findings confirm data from other studies that have shown that, in all countries, women have faced increases in both unpaid domestic and unpaid care work since the spread of COVID-19.

Other concerns arising from this study's findings are the increase in SGBV and reduced access to critical needs such as income, food, water and hygiene materials. Noteworthy is that school dropouts and teenage pregnancies were reported by 33 per cent, indicating a correlation between dropping out of school and early pregnancy.

Figure 2: Impacts of COVID-19 on women and girls



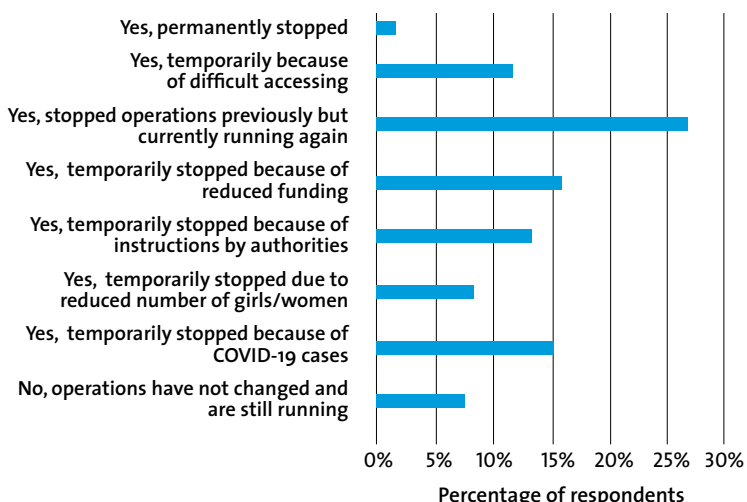
The respondents called for reliable and flexible funding to continue providing critical resources to these women and girls. The findings of this study indicate that women and girls in humanitarian and fragile settings need special attention as far as the COVID-19 response and recovery are concerned. Apart from having limited access to health services, refugees' other challenges include a lack of money, safety nets in the event of abuse, and resources such as medicines, face masks and gloves. Given this, already vulnerable refugee girls and women continue to be at the highest risk of exposure to COVID-19. Survey participants reported needing more advice on how to better support women and girls in humanitarian and fragile settings.

The impact of COVID-19 on women's organizations

Women's organizations have played a critical role on the front of the COVID-19 response. They provide vital services for women and girls, even in the face of unprecedented challenges. Despite the vital role they play in the

COVID-19 response, many organizations' operations were interrupted because of limited funds and difficulty in accessing women and girls due to COVID-19 restrictions. In our study, 98 per cent of all respondents reported that COVID-19 had affected their organization's operations and that they had temporarily stopped operating due to increasing COVID-19 cases, containment measures imposed by the government, difficulty in accessing women and girls, or reduced funding. Furthermore, several respondents (17 per cent) stated that funding from development partners was diverted to support efforts to curb the spread of COVID-19. This temporary closure had significant implications, as local systems that protect women and girls, such as these women's organizations, are critical in ensuring that they receive not only psychosocial support but also food and other services.

Figure 3: Impacts of COVID-19 on women's organizations



While almost all organizations closed temporarily because of COVID-19, most organizations are now back in operation, with only two per cent of the organizations reporting permanent closure due to COVID-19. A number of the respondents (eight per cent) said that they continue to face significant challenges in supporting women in this period, especially the victims of GBV. Respondents reported an urgent need for capacity-building/awareness-raising on SGBV and sexual and reproductive health (19 per cent) and support for SGBV services, including women's shelters and legal empowerment centres (16 per cent). This indicated a need for targeted funding to address these urgent needs and find new and creative ways of operating to reach out to women and girls during the pandemic while also supporting pandemic response measures such as physical distancing.

Priority needs for women and girls

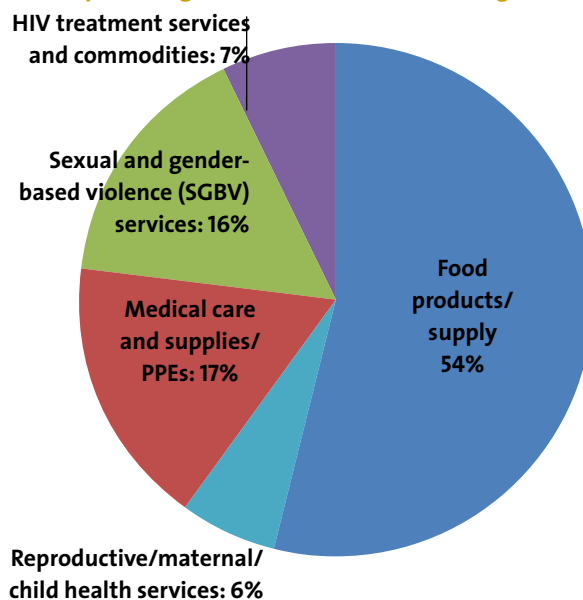
Respondents were asked to list the needs of women and girls and the needs of the organizations. More than 50 per cent of the respondents highlighted food products and supply as one of the most urgent needs for girls and women. The need for food can be linked to the fact that women lost their sources of livelihood because of COVID-19 and a rise in the number of food-insecure households. Not surprisingly, medical care and supply of personal protective equipment was the second most frequently reported needs for women and girls (17 per cent). Of concern was the third most commonly reported need: SGBV services (16 per cent). This study's findings are in line with other research showing that violence against women and girls intensified and confirmed the 'shadow pandemic' growing amid the COVID-19 crisis. Other items coming in on the list of top five urgent needs included HIV services and commodities (seven per cent) and reproductive and maternal child health services (six per cent). Respondents reported that girls and women were facing significant barriers in accessing these essential services before the COVID-19 crisis.

Photo courtesy of UN Women



Other urgent needs highlighted were hygiene and sanitary products (four per cent), psychosocial services/assistance (three per cent), education services for family members (three per cent), and rehabilitation and reintegration of migrant women and girls (two per cent). Girls' and women's SGBV services and sexual and reproductive health services need to be prioritized, funded and recognized as critical needs for women and girls.

Figure 4: Top five urgent needs for women and girls



The findings point to the importance of ensuring that women and girls have safe and confidential channels for reporting SGBV and the need to interrogate issues of SGBV further as it relates to COVID-19. In contrast to this increase in awareness of the incidences of SGBV is the troubling unavailability of these resources from women's organizations and other stakeholders. Evidence emerging from this study suggests that the current resources from women's organizations and other stakeholders are neither enough nor well aligned with the needs of girls and women. Respondents reported that accessing girls and women during COVID-19 was a significant challenge and highlighted this as one of the most urgent needs for the organizations (21 per cent). They reported that, even when women and girls had phones, they were often not charged because of difficulty in accessing charging points (18 per cent), and they did not have the Internet access (23 per cent) needed to find important information regarding COVID-19. The lack of Internet access makes it difficult for them to access critical health services, educational opportunities and COVID 19 information, participate in civic life and engage in the economy. The findings confirm the presence of a gender digital gap, in terms of phone ownership, Internet access and access to power to charge phones. It is noteworthy that the women's organizations listed remote access as the second most essential need (21 per cent).

Given COVID-19 restrictions on movement and social gatherings and the fact that psychosocial services are the most significant support that the organizations provide for women and girls, improving remote access through

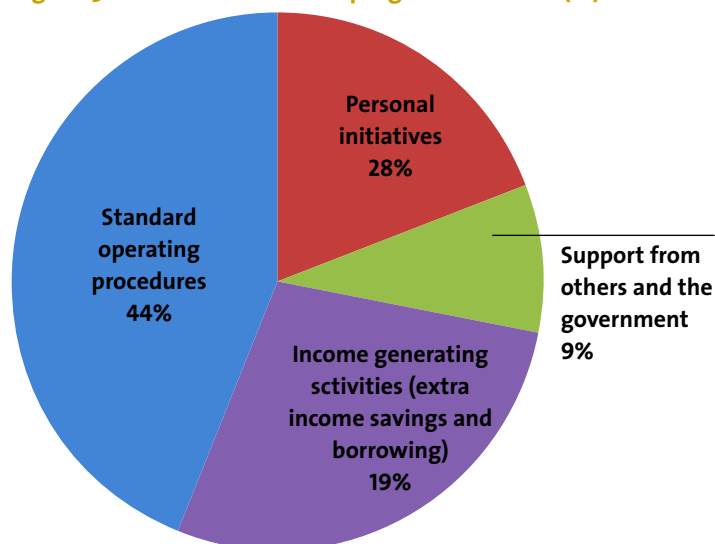
the provision of phones, Internet access and safe places to charge gadgets may enable women to access information that can improve their livelihoods and their ability to access vital information and services during the COVID-19 pandemic response and recovery. Any interventions to enhance remote access and women's and girls' access to information should be assessed through a gender lens focused on mitigating potential harm. Targeted messaging of or outreach to vulnerable households is critically important.

Coping mechanisms

Sixty-five per cent of respondents reported problem-focused coping mechanisms as the most common, with only 25 per cent reporting emotional coping mechanisms. The most commonly emerging themes included following standard operating procedures (44 per cent), personal initiatives (28 per cent), being involved in income-generating activities (19 per cent) and reaching out for support from others or governments (nine per cent). Out of the reported problem-focused coping mechanisms, the positive coping mechanisms included personal initiatives such as setting up small businesses, establishing kitchen gardens and getting involved in small saving schemes. Our study results are also consistent with the findings of a literature review, which showed that the COVID-19 pandemic led to maladaptive behaviours in many countries. Of concern were the negative coping mechanisms, which included ignoring COVID-19 and living as if it does not exist, reducing the number of meals per day, dropping out of school, using improvised sanitary pads made from old clothes instead of sanitary towels, begging from others, early marriage, sexual transactions and theft.

The emotional and psychosocial coping mechanisms entailed spiritual or emotional means and included seeking counselling services and using helplines (35 per cent); seeking support from peer groups, family and communal support (20 per cent); engaging in advocacy, drama and community collaboration (10 per cent); and becoming more spiritual, praying and connecting with God (five per cent). It is not surprising that counselling services and helplines were the most commonly reported form of coping mechanisms. Many previous studies from China, Italy and the United States have shown that women and girls suffer more distress and fear of COVID-19 and that counselling plays a significant role as a coping mechanism. As with problem-focused coping mechanisms, there were negative

Figure 5: Problem-focused coping mechanisms (%)



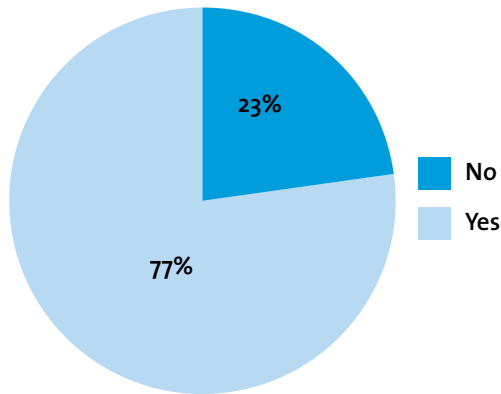
sexual transactions, isolation, suicide, trying not to think too much about the situation and not watching news or statistics about COVID-19.

COVID-19 and gender-based violence

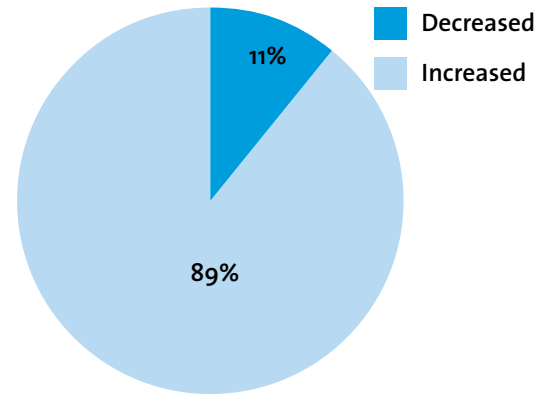
Our study results are consistent with the literature review findings, which show an increase in SGBV during the COVID-19 pandemic, now commonly referred to as the 'shadow pandemic'. Respondents were asked if, as a result of COVID-19, they knew anyone who had experienced violence. Seventy-seven per cent of the respondents reported that they knew of women and girls who had experienced SGBV. Out of the 120 respondents, 106 (88 per cent) respondents reported that the incidence of violence had increased since the COVID-19 pandemic began. Respondents and regional dialogue participants reported that, in many homes, stress has increased because of increased care responsibilities at home, with schools being closed for a protracted period, restrictions on movement and social gatherings, the effects of COVID-19 measures on the economy and livelihoods, and uncertainty over the future. This, in turn, has resulted in increased cases of SGBV. Such violence was manifested in forms of sexual violence and teenage pregnancy (18 per cent), emotional violence (15 per cent), physical violence (14 per cent) and intimate partner violence (11 per cent). In contrast with this increase in the incidence of SGBV is a troubling lack of adequate SGBV services. While 16 per cent of the respondents reported that SGBV services were among the top three urgent needs for women and girls, these services were not among

Figure 6: Incidence of sexual and gender-based violence

As a result of COVID-19, do you know anyone who has experienced violence in this period of COVID-19?



Has the reported incidence of violence changed during COVID-19?



the top resources available from the organizations. The respondents reported several challenges in accessing SGBV services: restricted mobility, lack of phones and Internet access for girls and women, limited community outreach, prohibition of social gatherings, and reduced human and financial resources dedicated to these services.

Eighty-five per cent of the respondents reported that teenage pregnancies had increased during COVID-19. Early pregnancy seems to be linked to the loss of livelihoods, as teenagers have had to fend for themselves, which in turn has increased their vulnerability to sexual abuse and/or engaging in transactional sex. These results are in line with other studies in the region, such as the recently published study in Uganda on the impacts of COVID-19 on refugees. Of significant concern is the fact that, while 77 per cent of respondents in the Uganda survey stated that they knew someone who had suffered from GBV and 89 per cent reported that SGBV has increased during COVID-19, respondents did not report SGBV services as the most urgent need. Instead, financial support (35 per cent) was reported as the greatest need, and only 16 per cent stated SGBV services as an urgent need. This could be because i) domestic violence could be normalized and perceived as socially acceptable and therefore not considered a pressing need; ii) due to communication breakdown — restricted movement/digital divide — women may be unable to report abuse or seek help; and iii) women consider being economically empowered more important, as it may also help them address the problem of SGBV.

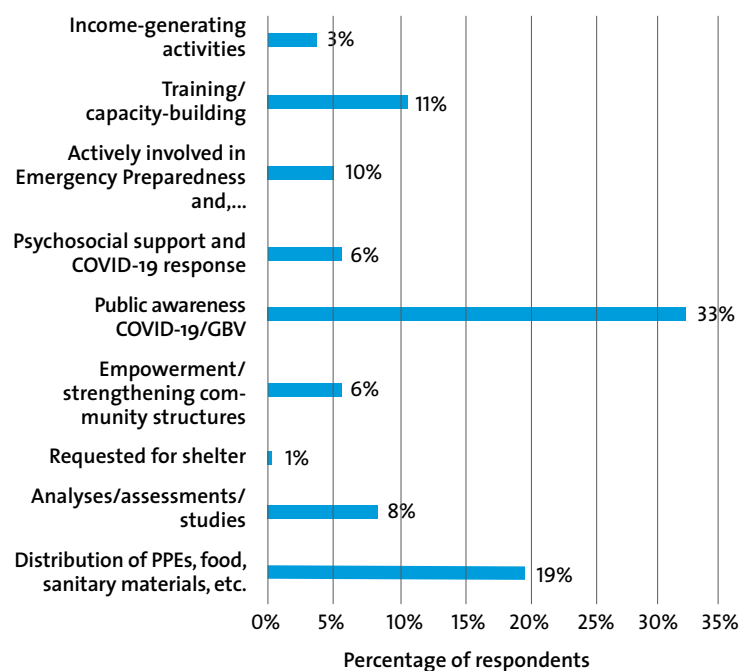
Stakeholder engagement

This study attempted to understand how women's organizations have been engaged in the COVID-19 response. The

findings show that most women's organizations raised public awareness of COVID-19 and GBV (33 per cent). Only 19 per cent of the respondents reported being involved in distributing items and services on the list of needs for women and girls. Engagement involving the distribution of items came in second, with 19 per cent of respondents reporting that they distributed items such as personal protective equipment, sanitary towels, food and cash. Capacity-building and entrepreneurial skills training were listed as the third most common type of engagement (11 per cent).

Of concern was the finding that only 12 institutions (10 per cent) out of 120 surveyed were actively involved in COVID-19 emergency planning, preparedness and decision

Figure 7: Types of stakeholder engagement

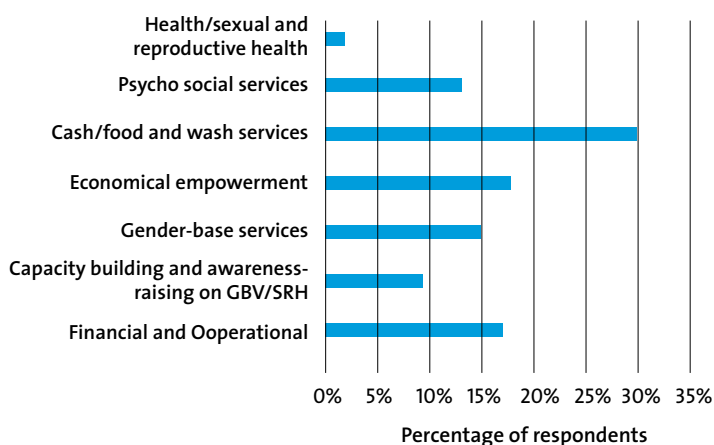


making. This is no surprise because the top three types of engagement do not reflect women’s and girls’ top needs. For example, while sexual health and SGBV was listed as one of the top three needs for women and girls (16 per cent), only six per cent of respondents reported engaging with other stakeholders in providing these critical services. This study’s findings show the importance of an inclusive and gender-sensitive approach to COVID-19 at different levels: regional, national and community. Women, girls and women’s organizations should play a significant role and be at the centre of the response and recovery, given their responsibilities in their homes and communities.

Clear linkage between the programmes and livelihood needs is crucial for sustainability and resilience, especially in the recovery and rehabilitation journeys of GBV survivors. Stakeholders, therefore, need to ensure inclusive and active engagement that involves not only women and girls, but also women’s organizations, in the COVID-19 response and recovery if interventions are to be well aligned with the needs of women and girls, the resources available from the non-governmental organizations and the support received from stakeholders and other development partners.

When respondents were asked what critical support was required from various stakeholders, the top three types of support needed were financial/operational support (39 per cent); capacity-building/awareness-raising on issues of GBV and sexual and reproductive health (19 per cent); and gender-based services, including women’s shelters and legal empowerment centres (16 per cent).

Figure 8: Most critical support needed from stakeholders



Again, this indicates the need for coordinated collection and analysis of age-, gender- and diversity-disaggregated data to identify different at-risk groups’ specific needs and shape responses accordingly. Such studies would also articulate what the organizations at the front line of supporting women and girls need to better support their constituencies.

RECOMMENDATIONS

This policy brief calls for the integration of gender considerations into the COVID-19 response and recovery to avoid perpetuating gender inequalities, encouraging both women and men to actively participate in the response and recovery efforts and providing greater opportunities and enhanced well-being for women and men alike. Recognizing the difference in impacts and putting in place gender-sensitive measures is a fundamental step towards understanding the primary and secondary effects of COVID-19 on women and girls and creating practical, equitable policies and interventions. Several lessons can be learnt from the review of literature and findings of the survey and regional dialogue. While some of these actions and lessons may not work in some countries and require context-specific analysis, there are important lessons that practitioners and policymakers could take up in the COVID-19 response and recovery. Based on the findings, five key recommendations are made.

The key recommendations from this study are:

1. Acknowledge that COVID-19 affects girls and boys and women and men differently, and address the gender inequality in the COVID-19 response and recovery. Ensure that all policies, programmes, plans, and interventions are equitable and gender-transformative and include the poor and most vulnerable, especially women and girls, so that the progress made in reducing the gender gap through the concerted efforts of many stakeholders, and captured in the Sustainable Development Goals, is not only maintained but also leveraged.
2. Allocate adequate resources for promoting a gender-responsive COVID-19 response and recovery by identifying and giving special attention to the critical needs of women and girls, as well as those in fragile and humanitarian settings. This may entail providing rapid, flexible easily accessible funding, additional emergency funding and technical cooperation. Increased resilience for women and girls should be at the core of all response

strategies from governments and global and regional institutions and should be resourced accordingly.

3. Ensure that stringent measures are put in place to safeguard girls and women from GBV and reduce their heightened risk to violence in their homes and communities as a result of COVID-19.
4. Include diverse stakeholders in the COVID-19 response and recovery, including women, girls and men, in all stages of the response (from design to review and revision) and all types of responses.
5. Integrate gender impact assessment processes and tools in the emergency COVID-19 response and recovery. The integration should involve gender mainstreaming and improve access to gender-disaggregated data and information. Ensure that the lessons learned inform policies, programmes, projects and budgets of the COVID-19 response and recovery.

The detailed recommendations may be divided into the following categories:

Addressing women's and girls' needs

- Empower women economically and improve their livelihoods through interventions that will strengthen their resilience. Ensure access to adequate food, water and sanitation for women and girls living in poverty by providing food stocks and upgrading the necessary related infrastructures.
- Prioritize the secondary impacts of COVID-19, giving increased attention to emergency obstetric and newborn care, safe abortion care, contraception, clinical care for rape survivors, and prevention and treatment of HIV and other sexually transmitted infections. Migrant women and girls, including those in refugee and internally displaced people camps and those without health insurance, should have adequate access to healthcare.
- Design and implement specific interventions that support women and girls to cope with COVID-19 and the resultant impacts. This would reduce the need for the negative coping mechanisms highlighted in this study. Targeted interventions based on girls' and women's needs can be designed and implemented, enabling women and girls to cope better with the pandemic's impacts and its after-effects.
- Integrate service delivery in the COVID-19 response and recovery, including mental and physical health, access to legal and justice resources, housing and income support.
- Involve multiple stakeholders, such as civil society organizations, women's organizations, the private sector, the non-profit sector, the public sector, government and development partners in the response and recovery.
- Cushion women and girls from the socioeconomic hardships resulting from COVID-19. Support could be in the form of direct material provision and expanding current social protection measures, including cash for women and girls, provision of SGBV services, child benefits and other livelihood resources such as food and sanitary towels. These, in turn, would reduce the incentives for girls to marry early and associated impacts such as teenage pregnancies and school dropouts.
- Establish interventions that meaningfully engage girls and boys during periods of extended lockdown, and monitor and support girls' and boys' return to school. Where feasible, provide a second chance at education such as vocational skills training and accelerated learning. Funding should be set aside to support girls to access education when schools reopen.
- Improve the resilience of women and girls by designing and implementing interventions that would enhance women's and girls' capacity to cope with the current effects of COVID-19 and the after-effects of the pandemic and build their resilience to future shocks. Linking COVID-19 interventions and programmes with livelihood opportunities could improve women's and girls' sustainability and resilience, especially in the recovery and rehabilitation journeys of SGBV survivors.
- Design innovative and safe ways to reach out to women and girls, especially those in remote areas, who are illiterate or who do not have access to phones or the Internet. Information needs to be shared in a format that women and girls can access, given the gender digital divide.
- Support the design and implementation of measures to protect women and girls in humanitarian settings, including refugees and internally displaced people. These may include the provision of systematic screening for COVID-19 in and around refugee and internally displaced people camps and address their increased risk of trafficking and engaging in survival sex during the pandemic. In addition, support and facilitate economic assistance and their safe repatriation and reintegration.
- Set aside dedicated funds and support to protect migrant workers, refugees and displaced people. This may entail dedicated health services, social protection coverage and essential information, with particular attention given to women and girls whose vulnerabilities have been exacerbated during the pandemic.

Sexual and gender-based violence

- Ensure that women and girls have safe and confidential channels for reporting SGBV and support systems that will force the perpetrators of GBV to face appropriate sanctions. This is especially important because of limited resources and the increased use of electronic communication; this presents challenges, as the victims are trapped at home with their abusers and encounter domestic obstacles to reporting.
- Put in place protection and support services and increase women's organizations' capacity to deal with victims of SGBV. Innovative solutions to provide reporting mechanisms for women victims and to accommodate them and their children will be necessary.
- Improve the capacity of health workers to deal with sensitive GBV-related information and adopt a survivor-centred approach when dealing with SGBV survivors.
- Increase and sustain funding for psychosocial services, shelters and SGBV interventions. Life-saving activities for survivors of GBV, including safe places, dedicated staff, helplines and psychosocial support, must all be in place and fully funded.
- Ensure that SGBV risk mitigation measures are in place in quarantine facilities and during refugee evacuations.
- Support advocacy and awareness-raising of social and cultural norms that promote SGBV and child marriages. Involve men and boys in programmes that are aimed at addressing harmful gender norms, as they can be great allies of women and girls in preventing and responding to GBV.

Stakeholder engagement

- Ensure that any interventions that address women's and girls' immediate needs are designed with their input and perspectives.
- Effectively engage with women's organizations in the COVID-19 response and recovery. The engagement should go beyond assessment studies and public awareness. While these organizations can play an important role in raising public awareness and disseminating guidance and information, since they are a trusted source, they should also be involved in the planning and execution of the COVID-19 response and recovery, including designing the most effective means of reaching out to the women and girls, identifying the most critical resources for them, supporting case management and contact tracing in the community.
- Leverage the private sector, government and other stakeholders to reach out to women and girls through digital platforms. Innovative ways of working with

mobile network operators, local Internet service providers and other digital technology companies, such as app developers, may be needed to demonstrate the business case for inclusive connectivity and digital tools.

- Use existing inter-agency coordination mechanisms to plan and implement complementary responses — strengthen the referral system and address discriminatory norms, practices, inequalities and disparities through joint programmatic and advocacy engagements.
- Involve community structures in awareness-raising, rapid response and referral, follow-up and support at the community level. Social awareness is vital in engaging informal support networks and health workers in addressing issues of SGBV and the stigma attached to it during the COVID-19 pandemic.

Learning and applying lessons from the COVID-19 crisis

- Improve and coordinate the collection and analysis of age-, gender- and diversity-disaggregated data to identify the specific needs of different at-risk groups and shape responses accordingly. Such data can provide clarity on the gendered impacts of COVID-19 and inform the ongoing and future responses.
- Design online and in-person surveys and other engagement activities so that women and girls, especially those that are hard to reach, can participate.
- Make the data collected open access and share them with all relevant stakeholders to enable joint reflection and learning from previous interventions to inform the ongoing and future responses.

ENDNOTES

- 1 The virus has since been identified as a coronavirus and has been named severe acute respiratory virus coronavirus 2 (SARS-CoV-2), with the associated disease being known as coronavirus disease 2019 (COVID-19).
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