



Nearly
1 in 5 women are
employed by the
care sector.

UN WOMEN EAST AND SOUTHERN AFRICA

GUIDANCE NOTE

COVID-19 RESPONSE :
MAINSTREAMING GENDER
IN HEALTH SECTOR



1. BACKGROUND

The outbreak and spread of COVID-19 has created unprecedented challenges for all sectors, but much more the health sector. The outbreak that was declared a global pandemic by WHO on March 11th has affected 2.5 million people and killed about 177,600 as of April 21, 2020.¹

Health systems across the globe are overwhelmed by rapidly increasing number of COVID-19 patients requiring treatment and hospitalization. Health supplies including protective gears are in short supply, hospital beds are unavailable as hospitals and health care workers struggle to cope with demand of the services. According to WHO, "Africa bears "more than 24% of the global burden of disease but has access to only 3% of health workers and less than 1% of the world's financial resources". Sub-Saharan Africa has some of the lowest doctor to patient ratios for example Ethiopia has 0.2 doctors per 1,000; Uganda has 0.12 doctors per 1,000 inhabitants, while South Africa is at 4.3 doctors per 1,000 patients which is a much better ratio.²

Like other regions in the world, COVID 19 pandemic is spreading rapidly in the in East and Southern Africa Region. As of April 22nd, a total of 4,848 cases have been reported as follows:

South Africa-3,465, Kenya-296, Somalia-286, Tanzania-254, Rwanda-150, Sudan-140, Ethiopia-114, Uganda-61, Mozambique-39, Zimbabwe-28, Burundi-11, South Sudan-4 cases, according to John Hopkins university.³

Although the cases might seem low compared to other regions in the world such as Europe, America and Asia, the pandemic is in its early onset and the figures are changing rapidly and on a daily basis.

The region's vulnerability lies in the fact that the health care systems in most of the ESA countries are relatively weak and fragile especially in conflict prone countries such as Somalia and South Sudan. This pandemic is likely to be exacerbated by others factors such economic shocks, conflict that has led to large numbers of refugees in camps, internal displacement and other epidemics such as cholera, malaria and HIV and AIDS. In normal circumstance, the health sector is already burdened with these on-going health challenges. Thus, adding COVID-19 will be extremely challenging. The testing capacities, medical equipment, personnel for most countries are limited, a factor that is likely to affect the efficacy of the response by most countries.

Globally,
women do **three**
times as much
unpaid care work
as men.



Source | UN Women's Progress of the World's Women 2019-2020

#coronavirus #COVID19

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Globally, research shows that emergencies including health emergencies have different impacts on women, girls, men and boys. Recognizing the extent to which the COVID-19 outbreaks affects women and men differently is hugely important. Some preliminary data suggested that more men than women are dying from COVID-19, potentially due to sex-based immunological differences, higher rates of cardiovascular disease for men and lifestyle choices, such as smoking and drinking.

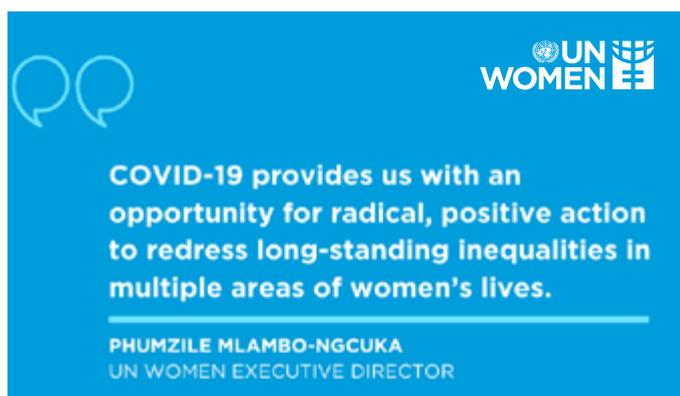
However, the experiences and lessons learned from the Zika and Ebola outbreaks and the HIV pandemic demonstrate that robust gender analysis and informed, gender-integrated response are vital to understand these dynamics. Furthermore, analysis beyond mortality rates is needed to show the socio-economic impacts of this crisis on women, girls, boys and men.

Lessons from previous epidemics suggest that women health staff face increased risks of abuse, intimidation and harassment. In humanitarian settings where resources are already constrained, these risks are further heightened. The frontline of treatment of the disease not only involves dedicated health-care professionals, but it also includes support staff – such as cleaners, laundry, catering who are in the majority women. All such frontline workers experience significant higher virus exposure. It is essential that they are adequately considered in the protective measures and training developed for health care workers.

At the domestic level, globally women and girls disproportionately bear the care responsibilities in their households. This will exponentially increase with increased strains on health care systems as more people get ill and with the closure of schools and learning institutions.

The Inter Agency Standing Committee (IASC), has identified key gender concerns relating to health sector that needs to be considered during COVID-19 response. These include, but not limited to:

- **Women are more likely to be front-line health workers:** Globally, 70% of workers in the health sector are women) or health facility service-staff (e.g. cleaners, laundry) and as such they are more likely to be exposed to the virus and dealing with enormous stress balancing paid and unpaid work roles. In ESAR the figures are similar, for instance 75% of Kenya nurses are women, while Rwanda has over 60% women nurses.
- **Women may have limited access to critical, accurate, official and easily understandable information.** Most information on COVID-19 is being made through internet, radios, TVs, public service announcements etc. However, due to limited access to public spaces and group gatherings, women may not be accessing the right information to help them prevent and respond to COVID 19. This can contribute to increased risks of infection, protection and stress.
- **Women are overrepresented in household and care giving services:** In most regions particularly in Africa, norms dictate that women and girls are the main caregivers at the household. This can mean giving up work to care for children out of school and/or sick household members, impacting their levels of income and heightening exposure to the virus.
- **Reduced access to essential health care services for women and girls:** Overwhelmed health services, reduced mobility and diverted funding will likely hamper women and girl's access to health services, including sexual and reproductive health, GBV survivor care, HIV/AIDS treatment and attended childbirth and other natal services, exacerbating preventable maternal deaths, of which occur every day from complications of pregnancy and childbirth in emergencies.



- Increased risks to women of reproductive age: Given that pregnant women are more likely to have contact with health services (antenatal care and delivery), they experience greater exposure to infections in health facilities which may discourage attendance.

- Reduced access to essential health services for the elderly and those with underlying challenges: This also applies to older women and men who will be likely to have challenges to access health facilities for their pre-existing conditions, adding to their virus exposure risk. Those affected with HIV and AIDS will also be at risk with compromised immunity.

- Limited access to family planning services Overwhelmed health services, restricted movement may limit access to

family planning services and to modern contraceptives, potentially leading to a rise in unwanted pregnancies and the socio-economic impact that they have on individuals, households in the long run. Girls out of school will also be at risk of unwanted pregnancies.

- Loss of livelihoods, employment and income will have direct impact on women's expenditure on health: Majority of the women are daily wage earners through small business and trade. The current government restrictions have led to inability to do the business as well as reduced clients as most buyers and clients stay home. Loss of income means reduced expenditure on health for other pressing priorities such as food and water. Exploitation including sexual abuse will be heightened.

740 million
women work in
informal
employment
worldwide.



SOURCE | ILO, Women and men in the informal economy: A statistical picture 2018

#coronavirus #COVID19



2. INTERVENTIONS PROPOSED

HOW CAN UN WOMEN RESPOND TO STRENGTHEN THE MAINSTREAMING OF GENDER IN THE HEALTH SECTOR?

1. Promote and support access to critical, accurate and easily understandable information to women, girls, elderly and people living with disabilities on preventing and management of COVID 19: With low levels of literacy especially amongst women and girls it is important that messaging is relayed through appropriate materials and means that are accessible and understandable (local language) by all. If mobile phones and other devices are used for awareness-raising, ensure that women and girls who have less access to mobile phones and the internet are not excluded. Mixed methods that utilize multiple media options such as radio and visual graphics should be used.

2. Analysis of the health impact of COVID on women and girls, boys and men: Advocate and support a gender analysis to give evidence of differentiated impact of COVID-19 on women, girls, men and boys in the health care sector and other care giving services including the collection and dissemination of sex and age disaggregated data (SADD)- CARE Rapid Gender Analysis tool is very useful for rapid gender assessment. This will improve the overall targeting of the response.

3. Advocate and promote for unhindered access to basic health services for women, girls and other vulnerable groups including increasing testing capacity: Essential health services such as sexual and reproductive services, access to menstrual goods, family planning, HIV and AIDS drugs should not be hindered by restriction and isolation measures being put in place by Governments and institutions responding to COVID-19.

4. Advocate and support for the engagement of gender machineries, women and women's organizations in leadership and decision-making structures for responding to COVID-19: Often women are not adequately consulted and represented in key decisions about their issues and concerns particularly in

situation of emergencies and disasters. Therefore, there is need to advocate for the representation of women in key response structures for COVID-19. Intentional efforts to be made to include Gender Ministry and women's organization in key response mechanisms.

5. Promote access for women and girls to essential protective gear (PPEs): Advocate to stakeholders engaged in responding to health care issues to ensure women and girls have access to Personal Protective Equipments which is friendly to women and girls and receive adequate training in their use. The health care workers particularly women be trained in preventing infection at the household level given their gender roles of taking care of the children and other family members.

6. Participate, advocate and influence key coordination meetings: Key decisions are made at health sector meetings, UNCT/ HCT, government coordination and other committees that governments may have put in place. In collaboration with other agencies, it is crucial that gender experts participate and advocate for the integration of gender in these key meetings. Guidance notes and tools such as the IASC Gender and Age Marker (GAM) be made available to participants of these meetings.

7. Support and advocate for the integration of gender in key planning and response frameworks: Identify key opportunities and entry points for mainstreaming gender. This may include multi-agency assessments, national response and preparedness plans, post disaster needs assessment, impact/ economic analysis/studies etc. Where possible consideration be made for a dedicated staff/gender expert to monitor and provide technical support to these mechanisms.

8. Training of women and girls on home care management for COVID-19: Chances of health systems getting overwhelmed are very high. Hence, the need to advocate for ways of training women who are at the frontline in care giving services at home.

9. Advocate for Gender sensitive COVID-19 response facilities: The government has put in place measures such as isolation facilities to monitor and test for COVID 19. A quick analysis of how gender inclusive these facilities are, could help them in identifying key gender gaps that will need to be addressed. Guidance note or checklist can be developed to support these facilities.

10. Support to vulnerable women and those most in need to continue to access essential health services: Preliminary research shows that those most at risk of infection and hospitalization for COVID-19 are elderly, both men and women. Hence the need to advocate and provide support including access to their medicine, psycho social and counselling services.

11. Psychosocial and mental care for care givers: Care givers including medical and non-medical staff spending lots of hours caring and treating patients need support to deal with stress they are going through. There will be need for support mechanisms for these group of people.

12. Full disaggregation of data during reporting for COVID-19 at country level: There is need for advocacy on quality disaggregated data. To achieve the principle of leaving no one behind specifically women and girls as dictated by Agenda 2030, requires putting a lot of emphasis on disaggregation of data and the intersect between sex dis-aggregation and other types of disaggregation including women with disability, youth and elderly women.

13. Partnerships with the private sector, CSOs and community-based organizations: Private sector agencies could be a good source of funding and resources for affected women and girls. CSOs are critical in advocacy initiatives including accountability to the government on women's rights and welfare and CBOs are important in social mobilization including awareness creation on prevention and response.

Footnotes

¹ <https://coronavirus.jhu.edu/map.html>

² <https://www.un.org/africarenewal/magazine/december-2016-march-2017/diagnosing-africa%E2%80%99s-medical-brain-drain>

³ <https://coronavirus.jhu.edu/map.html>

UN WOMEN IS THE UN ORGANIZATION
DEDICATED TO GENDER EQUALITY
AND THE EMPOWERMENT OF WOMEN.
A GLOBAL CHAMPION FOR WOMEN
AND GIRLS, UN WOMEN WAS
ESTABLISHED TO ACCELERATE
PROGRESS ON MEETING THEIR
NEEDS WORLDWIDE.

UN Women supports UN Member States as they set global standards for achieving gender equality, and works with governments and civil society to design laws, policies, programmes and services needed to implement these standards. It stands behind women's equal participation in all aspects of life, focusing on five priority areas: increasing women's leadership and participation; ending violence against women; engaging women in all aspects of peace and security processes; enhancing women's economic empowerment; and making gender equality central to national development planning and budgeting. UN Women also coordinates and promotes the UN system's work in advancing gender equality.



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