



COVID-19: Gender Equality Matters

Gender equality must be at the center of responses to COVID-19, as a life saving measure.

We must base our responses on intersectional gender analysis, because pandemics affect girls, boys, women, men and people of diverse gender identities differently. All data related to outbreak and response must be disaggregated by sex, age and whenever possible disability status and other social characteristics. Recognizing factors that can marginalize individuals in different demographic groups, and acting on this recognition, leads to more effective and equitable responses. Additionally, we must:

- 1. Address the disproportionate burden of women's and girls' care work.** Women already spend 2-10 times more time on unpaid caregiving and domestic work than men. In a pandemic this is exacerbated, with women and girls bearing primary responsibilities for caring for sick family members, including the elderly, caring for children who are out of school as part of containment efforts and managing food, health and sanitation within the household. This is often coupled with critical gender-based barriers to information, services, resources and decision-making, and can lead to the widening of gender inequalities.
- 2. Prevent and address gender-based violence.** Emergencies commonly result in higher rates of gender-based violence (GBV). Quarantine and social distancing may further increase this risk as women and adolescent girls, children and people of diverse gender identities are confined in closed quarters with abusive partners, family members and parents/guardians. Formal and informal social protection mechanisms must be in place to mitigate domestic violence, including training healthcare workers to identify signs of GBV, and frontline staff on safe, respectful, confidential and survivor-centered referral processes. Continued support for GBV service providers, specifically health, case management and psychosocial services, should be prioritized, with consideration for non-contact options such as hotlines and internet resources. Most importantly, referral pathways should be regularly updated and communicated to service providers and communities through a range of systems to ensure they reach those whose access to information may be limited. Additionally, the pandemic has spurred an unprecedented and massive global scale-up of eLearning for out-of-school children and adolescents, including many children who have little prior experience with the internet. Children spending more time online means being exposed to protection risks on the internet, including GBV, child sexual exploitation and abuse.
- 3. Prioritize information and services on sexual and reproductive health.** Disruptions to sexual and reproductive health information and services result in dire impacts for the health and rights of women and girls. This was demonstrated during the Ebola crisis, when more women and girls died of obstetric complications than the infectious disease itself. We should prioritize ensuring uninterrupted access to a full spectrum of high quality care, including contraceptives, safe deliveries and both pre- and post- natal care. Complications related to pregnancy and childbirth continue to be the leading cause of death for girls and, to meet the needs of girls, adolescent-friendly messaging and options must also be made available. With restrictions on movement and materials, it is important that women and girls maintain access to menstrual hygiene items, including through the provision of dignity kits.
- 4. Empower adolescent girls.** Girls around the world face lifelong gender inequalities, and during crises gender inequalities are often exacerbated, posing grave risks for girls' survival, learning and protection. As seen across multiple crises, closures of schools and social services have a disproportionate impact on girls, increasing their burden of care work and placing them at enhanced risk of physical and sexual violence. Girls already face greater risks of school absenteeism and drop-out, and when schools close they may find it more difficult to return. Adolescent-friendly messaging on GBV prevention and response, as well as sexual and reproductive health information and services, must be prioritized. In addition, means of connecting safely with peers and services remotely can assist in keeping girls safe, healthy and supported. Moreover, measures must be in place following an outbreak to reconnect girls with important services and educational opportunities, focused on minimizing long-term impacts and advancing gender equality.

- 5. Prioritize social protection and economic empowerment.** Women and girls are disproportionately represented in the informal economy, and too often end up taking on high-risk work for their economic survival. Women's and girls' disproportionate role in care work makes them both more vulnerable to the impacts of COVID-19 and deeply knowledgeable of their own financial needs and the needs of those they are caring for. Gender-responsive social protection programs should be put in place to address loss of livelihoods, including cash transfers and social safety nets to ensure immediate needs are met. Building women's and girls' economic resilience for this and future shocks is essential to nurture empowerment and protect against negative coping measures.
- 6. Ensure equal leadership and participation by women, children and adolescents.** Girls, boys and children of diverse gender identities of all ages experience crisis differently. COVID-19 response efforts must support safe, meaningful and equitable participation and leadership by children and adolescents, across all stages. Additionally, while women constitute the majority of frontline workers, they continue to form only small minorities in local, regional and national health and governance structures. Equitable inclusion of women frontline workers, across health and other sectors, in all decision-making and policy spaces can improve health surveillance, detection, prevention and response mechanisms, as well as wider public policy such as the design of social support systems.
- 7. Address the needs of women on the frontline of pandemic.** More than 70% of global health and care industry workers are women, which makes them particularly vulnerable to infection. Yet wage and authority gaps leave women underpaid and in positions of less power. Women on the frontline must be properly remunerated for their work and provided with opportunities for equal participation in decision making and access to personal protective equipment. Additionally, we must respond to women's specific needs, including those related to psychosocial support, child care and menstrual hygiene health.
- 8. Invest in women's and girls' rights organizations.** Local women's and girls' rights organizations often step up to deliver humanitarian assistance during times of crisis, strengthening response efforts with their contextual knowledge, expertise and established networks. They additionally have specific expertise and networks to effectively address increased gender inequalities and GBV. Partnering with women's and girls' rights organizations, investing in their work and ensuring that they are consulted in policy and program design and implementation will not only have a positive impact on gender equality, but also make COVID-19 responses and recovery more effective and sustainable.