

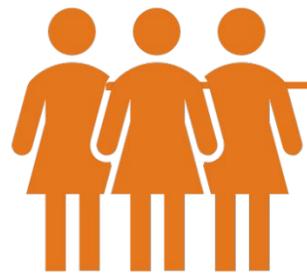


**GLOBAL RAPID
GENDER
ANALYSIS FOR
COVID-19**
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GENDER IMPLICATIONS in crisis response



Gender in Crisis

- **Crisis settings** exacerbate pre-existing **gender and intersectional inequalities** present in communities
- **Women and girls face heightened risks** due to the breakdown of normal protection structures and support such as access to and control over resources in the household and community



Women as Caregivers

- **Women perform 76% of unpaid care work** and **comprise 70% of paid workers in the health and social sectors**. As health systems become overwhelmed, **women will bear the increased burden of caring for patients** that the health system cannot cover
- **This increases women's risk of exposure** and limits the time they have to engage in other economic opportunities



Inclusion in Decision-Making

- **Women and girls are often excluded** from community-level decision-making processes and governance structures that shape crisis response
- **Over 70% of CEOs in global health organizations are men**
- **Women's front-line interaction** with communities and women's socially prescribed care roles place them in a prime position to **identify trends at the social level**



Rapid Gender Analysis is **FAST, PROGRESSIVE,** and **PRACTICAL**

- 1. FIND EXISTING DATA ON GENDER RELATIONS** to inform initial humanitarian response planning and to identify essential information about gender roles and responsibilities, capacities and vulnerabilities of the community
- 2. ANALYZE RESULTS AND COMPARE TO PRE-CRISIS DATA** to identify essential information about gender roles and responsibilities, capacities and vulnerabilities
- 3. COLLECT ADDITIONAL DATA THROUGH GENDER ASSESSMENTS** by utilizing primary and secondary information to understand gender roles and relations and how these may change during a crisis
- 4. DEVELOP PRACTICAL RECOMMENDATIONS** for programming and operations to meet the different needs of women, men, boys, and girls
- 5. SHARE KNOWLEDGE WITH PARTNERS** to decrease duplication of work and ensure that all partner responses are executed with a gender lens

... and can be completed in less than 48 hours



Key Insights: COVID-19 Global Rapid Gender Analysis



GENDER-BASED VIOLENCE (GBV) IS INCREASING. Globally, more than 35% of women will experience GBV in their lifetime. In humanitarian crises, compounding factors, such as increased anxiety and stress levels and economic hardships, can further increase GBV rates. Women's rights activists in China have reported that domestic violence cases have risen dramatically as people across much of the country have been quarantined during the coronavirus outbreak.



DECLINE IN ACCESS TO HEALTHCARE.

The scale of the COVID-19 pandemic means that resources are already being diverted from existing health services to support the crisis. In some contexts this may lead to a shortage of health professionals, suspension of government social welfare systems and public transit, meaning that people may be less able to access health services.



SEXUAL AND REPRODUCTIVE HEALTH AT RISK.

Reductions in SRHR services will have greater impacts on patients who rely on free or subsidized care; particularly women, girls, and/or other marginalized groups living in poverty and/or already facing other barriers to sexual and reproductive health care. 61% of maternal deaths worldwide occur in fragile states, many of them affected by conflict and recurring natural disasters.

Key Insights: COVID-19 Global Rapid Gender Analysis



BARRIERS IN ACCESSING INFORMATION.

Due to varying levels of literacy, education and access to technology (such as mobile phones) between women and men and boys and girls there are differences in ability to receive and take action on community-based messages. It is crucial that updated health information reaches and is understood by everyone, particularly at-risk groups.



INCREASE IN RACISM AND DISCRIMINATION.

Reports of racism since COVID-19. Fear of/or actual stigmatization and discrimination can impact health-seeking behavior and health service provider attitudes.



DISPLACED POPULATIONS FACE ADDITIONAL BARRIERS.

Displaced persons in camps and informal settlements face overcrowded conditions, lack of access to water and sanitation and health facilities making Covid-19 prevention (such as handwashing & social distancing) more difficult.



ABSENCE OF WOMEN IN LEADERSHIP AND DECISION-MAKING POSITIONS.

Women comprise only 24.5% of parliamentarians. Absence of women in leadership trickles out to decision-making around our global response. For example, only 2 out of 22-member President of the United States' Coronavirus Task Force are women.

Recommendations: COVID-19 Global Rapid Gender Analysis



STRENGTHEN AND FILL GAPS IN THE PROVISION OF LOCAL GBV SURVIVOR-CENTERED REFERRAL SYSTEMS AND SERVICES



ENGAGE WITH EXISTING FORMAL AND INFORMAL SOCIAL NETWORKS such as women's groups, community groups, civil society organizations, and women's rights organizations to support their efforts as first responders and to prevent social isolation



EXPLORE HOW TECHNOLOGY CAN SUPPORT THOSE IN QUARANTINE WHO NEED ACCESS TO GBV SERVICES by building on existing work that provide online support for legal and psychosocial support, noting gender disparities in access to technology



SUPPORT INCLUSIVE, TWO-WAY, COMMUNITY-BASED RISK COMMUNICATION ON COVID-19 that is easy to understand, localized, evidence-based, dispels myths and misinformation, and meets the unique needs of marginalized sub-groups

Recommendations: COVID-19 Global Rapid Gender Analysis



ENSURE DECISION-MAKING BODIES ARE GENDER-BALANCED AND INCLUSIVE of experts like gender specialists and sexual and reproductive health specialists



PROVIDE GENDER-SENSITIVE SUPPORT to both formal and informal frontline health workers at the facility and community levels by providing adequate personal protective equipment, meeting psychosocial and family care needs of health workers



COLLECT SEX- AND AGE-DISAGGREGATED DATA on the direct and indirect impacts of COVID-19



DEVELOP LOCAL RAPID GENDER ANALYSES ON COVID-19 and joint multi-sectoral gender analyses as soon as sectoral gender information is available

Recommendations: COVID-19 Global Rapid Gender Analysis (USG)



SUPPORT INITIATIVES THAT BUILD CAPACITY OF HUMANITARIAN ACTORS to recognize and address violence against women and girls in emergencies, such as the Safe from the Start program



ENSURE HUMANITARIAN APPEALS ARE FUNDED AND NGOS HAVE ADDITIONAL BILATERAL RESOURCES to provide rapid support in emergencies to address COVID-related GBV, health, and sanitation, while ensuring that other humanitarian needs remain on the radar



ENSURE CONTINUITY FOR THE PROVISION OF LIFE-SAVING HEALTH SERVICES including sexual and reproductive health and rights, particularly where primary health resources are diverted to the COVID-19 response



SUPPORT COVID-19 RESPONSE IN CONFLICT SETTINGS BY ENGAGING PARTIES TO CONFLICT to promote compliance with international humanitarian and human rights legal obligations and ensure unhindered access to healthcare, medical supplies, and other vital aid and protection

Recommendations: COVID-19 Global Rapid Gender Analysis (USG)



UPHOLD THE RIGHTS OF CRISIS-AFFECTED POPULATIONS FURTHER IMPACTED BY COVID-19, particularly the rights of displaced people including asylum seekers, migrants, and refugee and internally displaced populations



ADDRESS WOMEN'S DISPROPORTIONATE EXPOSURE TO COVID AS CAREGIVERS AND HEALTH CARE WORKERS by providing adequate PPE, continuing programs that engage men and boys in household caregiving responsibilities, and striving to meet the medical, psychosocial, menstrual hygiene, and family care needs of health workers