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SHE TOLD US SO (AGAIN)

RAPID GENDER ANALYSIS:

Women's Voices, Needs, and Leadership,
March 2022





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Executive Summary

COVID-19's impacts around the world are worse than they were in September 2020. Far from a return to “normal,” women and girls CARE works with around the world are saying that their situation continues to get worse as COVID-19 drags on amid other crises. Fati Musa in Nigeria says, “Women have suffered a lot during the pandemic, and we are not yet recovering from this hardship.” 55% of women were reporting gaps in their livelihoods as a priority in 2020. Now that number is 71%. For food insecurity, the number has jumped from 41% to 66%.

Since [March of 2020](#), CARE—and more importantly, the women CARE works with—have been warning that COVID-19 would create special challenges for women and girls, above and beyond what men and boys would face. Tragically, these women were exactly right. What they predicted even before the WHO declared a pandemic has come true. In September 2020, CARE published [She Told Us So](#), which showed women's and men's experiences in the pandemic so far. In March 2022, updated data shows that **the cost of ignoring women continues to grow**. For more than 22,000 people CARE has spoken to, COVID-19 is far from over. In fact, **the COVID-19 situation has gotten worse, not just for women, but for men, too**.

Ignoring the voices of women, girls, and other historically marginalized groups has worsened the situation for everyone—not just for women. Men are more than twice as likely to report challenges around livelihoods, food insecurity, and access to health care as they were in 2020, and are three times more likely to report mental health challenges—although they are still only two-thirds as likely as women to report mental health as a priority. As women burn through their coping strategies and reserves, men are also facing bigger impacts over time.

Women have stepped up to the challenge—especially when they get support from each other and opportunities to lead. They are sharing



“Women have suffered a lot during the pandemic, and we are not yet recovering from this hardship.”

—Fati Musa, Nigeria

information, preventing COVID-19, and using their resources to support other members of their communities. 89% of women in savings groups in Yemen are putting some of their savings to help others. Women are stepping into leadership roles, "We are women leaders in emergency . . . we have the capacity to say: **I have a voice and a vote, I am not going to stay stagnant** . . . (participant, Colombia). In Niger, women are saying, "**Now we women are not afraid to defend ourselves when a decision does not suit us**. We will say it out loud because our rights are known and we know the ways and means to claim our rights."

Those accomplishments are impressive, but they come at a cost. The constant struggle for their rights, and for even the most basic necessities, is taking its toll. Women are almost twice as likely to report mental health challenges as they were in 2020. As one woman in Iraq describes, "**If any opportunity appeared, the man would be the favorite . . . This psychologically affected many women**, as they turned to household work which included preparing food and cleaning only."

To understand these challenges and create more equitable solutions, CARE invests in [listening to women](#), men, and people from marginalized groups to understand the challenges they face, what they need, and the ways in which they lead through crisis. This report represents the voices of more than 22,000 people in 23 countries since September of 2020. Our findings show:

- **Significant gender gaps persist.** While impacts are increasing for men and women, the data shows that women are still bearing the brunt of the impact. Women are far more likely to lose their jobs and not be hired. Women have been less able to return to work than men. Women are also more likely than men to reduce their food intake to ensure that other family members, especially children, can eat.
- **Women are more likely than men to report impacts on their mental health.** 48% of women CARE surveyed said that mental health was one of COVID-19's biggest impacts on them, compared to only 34% of men. Skyrocketing unpaid care burdens and unpredictable job and childcare situations are driving this problem. Women highlighted household tensions as a major cause of increasing stress.
- **Women are more likely than men to report impacts on their access to health services.** 48% of women CARE surveyed prioritized limited health care as the biggest impact in their lives, compared to 31% of men. Women respondents cited increasing cost, lack of transportation, and fear of contracting the virus as the main reasons for their reduced access.
- **Women in saving groups showed more resilience than women not in VSLAs.** Women in savings groups are substantially less likely to prioritize impacts in livelihoods, food security, health services, and mental health than their non-VSLA counterparts.
- **Mental health, food security, and livelihood are women's three top needs.** Many women are asking for mental health support, with 63% of women CARE spoke to prioritizing mental health support, followed by 59% requesting food security assistance and 55% livelihoods assistance.

Valuing women's leadership. Despite the challenges they are dealing with, women are still taking action to lead through the pandemic—both for themselves and for their communities. 73% of women are setting up COVID-19 prevention systems, 47% of women are raising awareness about COVID-19 and COVID-19 prevention, and 44% are participating in community COVID-19 responses. That translates to powerful protection for women and communities. 56% of these women leaders are using their savings to help their communities cope with COVID-19, often using their funds to support people outside of their own groups.

Responses have not been good enough. Women and men consistently highlighted that the pandemic's compounded impacts and other crises are wearing down their ability to recover from shocks. Support is falling short, and especially support for mental health needs and livelihoods. In all the countries where we collected data, respondents consistently said that market inflation, particularly the rising price of food items, continues to drive the problems they face. Respondents tell us that they cannot even get back to pre-pandemic levels, much less build a more resilient future.

To ensure a more inclusive and equitable COVID-19 response and a quicker recovery, CARE recommends:

- **Respond to women’s priority needs:** All actors—including governments, as well as development and humanitarian organizations—should prioritize responding to the needs and impact areas that women have prioritized: livelihoods, food security, mental health support, and health services. Immediate and medium-term livelihood recovery and food assistance is critical at all levels. All health efforts must include a focus on mental health support and continuing essential health services, particularly sexual and reproductive health.
- **Promote women’s voice, representation, and leadership at all levels:** Increase efforts to **create partnerships and work with women leaders and local Women’s Rights Organizations** to ensure inclusive and gender-responsive policies and decision-making at all levels. All actors should also work with women’s groups and ensure they are targeted in recovery programs and funding. It is critical to create accountability mechanisms that guarantee women’s voices in any COVID-19 response coordination and working groups, with at least an advisory committee.
- **Strengthen regular data collection:** Listening to women and the various experiences of other groups in the pandemic and other crises is critical for decision-making and interventions. All actors must strengthen their data collection, using a mix of qualitative and quantitative sex-and-age disaggregated data and regularly publish their findings. Data and findings should be **shared back with communities and women** to support their collective actions. Local governments, development, and humanitarian organizations should integrate findings and dedicate their resources to support women’s collective actions.

Introduction

The COVID-19 pandemic continues to pose an unprecedented challenge to nearly every aspect of the global system—health, economic, food security, water, education, and social services. The pandemic is widening global poverty and income inequality and reversing the poverty decline achieved over the past two decades.ⁱ It is increasingly evident that the crisis is deepening systemic disparities, such as gender inequality, that affect the most vulnerable. Over the past two years, the pandemic has disproportionately affected women’s and girls’ lives and livelihoods and undermined women’s and girls’ fundamental rights. Despite being central to the COVID-19 response and recovery, women largely have limited access to decision-making platforms, and critical decisions often fail to integrate women’s experiences and needs adequately.ⁱⁱ

CARE has been filling the data gap and working with communities, particularly women, to amplify their voices about how the pandemic is affecting them. In March 2020, CARE published its first [Global Rapid Gender Analysis on COVID-19](#), based on our expertise with prior crises and secondary data. In September 2020, CARE published the [She Told Us So](#) report, the first of its kind, which compared global quantitative data about men’s and women’s priorities in the pandemic based on responses from 10,200 people (6,200 women and 4,000 men) in 38 countries.

CARE continued to listen to women and collaborate with women to lift their voices and experiences by launching a global initiative called Women Respond. [Women Respond](#) is an unprecedented listening exercise, learning from women to help us better understand the unique challenges that COVID-19 presents, refine our programming and advocacy, and elevate women’s voices and concerns to meet those challenges.¹

To date, CARE’s Women Respond platform has shared the voices of 22,160 people (17,363 women) by aggregating quantitative findings from Rapid Gender Analyses and other needs assessments from 23 countries² to answer three key questions:

- 1) What is the most significant impact of COVID-19 in your life?
- 2) How are you responding?
- 3) What is your priority need right now?

¹ Details of Women Respond Publication, data dashboard and methodology is available online: <https://www.care.org/our-work/disaster-response/emergencies/covid-19/women-respond-leadership-covid-19-response/>

² Most of the people in these samples are participants of CARE’s programs, which implies that they are among the poorest and most vulnerable people in society. This data does not reflect national-level representative surveys.

CARE has continued to build on our initial Rapid Gender Analysis and since September 2020 has published Rapid Gender Analyses from 23 countries³ that provide details of the challenges women and men, boys and girls, are facing due to the pandemic and other crises within their context. Respondents in most countries are not only dealing with the pandemic, but also with the impacts of multiple human-made and natural disasters. Most CARE Rapid Gender Analyses assessed the overlapping effect of the pandemic with other ongoing crises such as conflict, food insecurity, drought, or climate change.

This report builds on the September 2020 [She Told Us So](#) report to share ongoing findings from the evolving challenges women face. It makes recommendations based on global quantitative data from 22,160 people (17,363 women) and qualitative insights from various Rapid Gender Analyses. This report focuses on data collected from September 2020–December 2021. Diverse respondents from different contexts participated in the data collection; the data includes responses from individuals, households, savings group participants, health workers, local leaders, factory workers, refugees, and IDPs. Despite additional contextual differences, the common theme of these women's stories is COVID-19's impact. Their voices are continuously informing our work and engagement with communities. Our learnings influence our own programming and that of other actors, and those findings are returned to respondents to support community-led initiatives.

What Are Women's Top Concerns About COVID-19?

To assess COVID-19's impact on women, we examined data collected from September 2020.⁴ The priority impact areas for women and men remained the same as before September 2020, with livelihoods and income loss, food insecurity, mental health, and access to health services comprising the four most reported impact areas. While the priority impact areas are the same, the impacts themselves have gotten more severe since September 2020 for both men and women.

The findings show an increase in all impact areas, indicating the growing impact of the pandemic and that current responses are still failing to address women's growing concerns. When we compare women's top concerns about COVID-19, as reported in September 2020, with new data, we see that livelihoods, food security, mental health, and health service remain their top reported impacts. Despite similar top impacts between the two rounds of reporting, our current findings show a substantial increase across all areas of impact since September 2020. The percentage of women reporting that COVID-19 had negatively impacted their livelihoods increased from 55% to 71%; women reporting that COVID-19 had negatively affected their food security rose from 41% to 66%. In September 2020, the findings showed more women reporting livelihood and food security impacts compared to men respondents. The current results showed similar rates of men and women reporting impacts on livelihoods and food. While the rates of food insecurity and livelihoods now show smaller gaps between men and women, qualitative data still shows that women bear the worst of these impacts. For example, while men's employment has returned to pre-pandemic levels (for now), at least 13 million fewer women—and probably more—have formal jobs than did in February 2020.ⁱⁱⁱ Women-led businesses were more likely to close during the pandemic than male-led businesses, lost more income than male-run businesses, and got fewer loans to help them recover.^{iv}

COVID-19's negative impact on mental health and access to health services also increased for both women and men respondents. In September 2020, we found that 27% of women and 10% of men reported mental health impacts, compared to 48% of women and 34% of men now. Similarly, regarding access to health service, the percentage of respondents identifying this as an impacted area increased from 27% to 48% for women and from 17% to 31% for men respondents. Mental health and access to health services evidence the most significant gaps between women and men. Women are 14% more likely to report impacts on health services than men, and 17% more likely to report mental health impacts from COVID-19 than men.

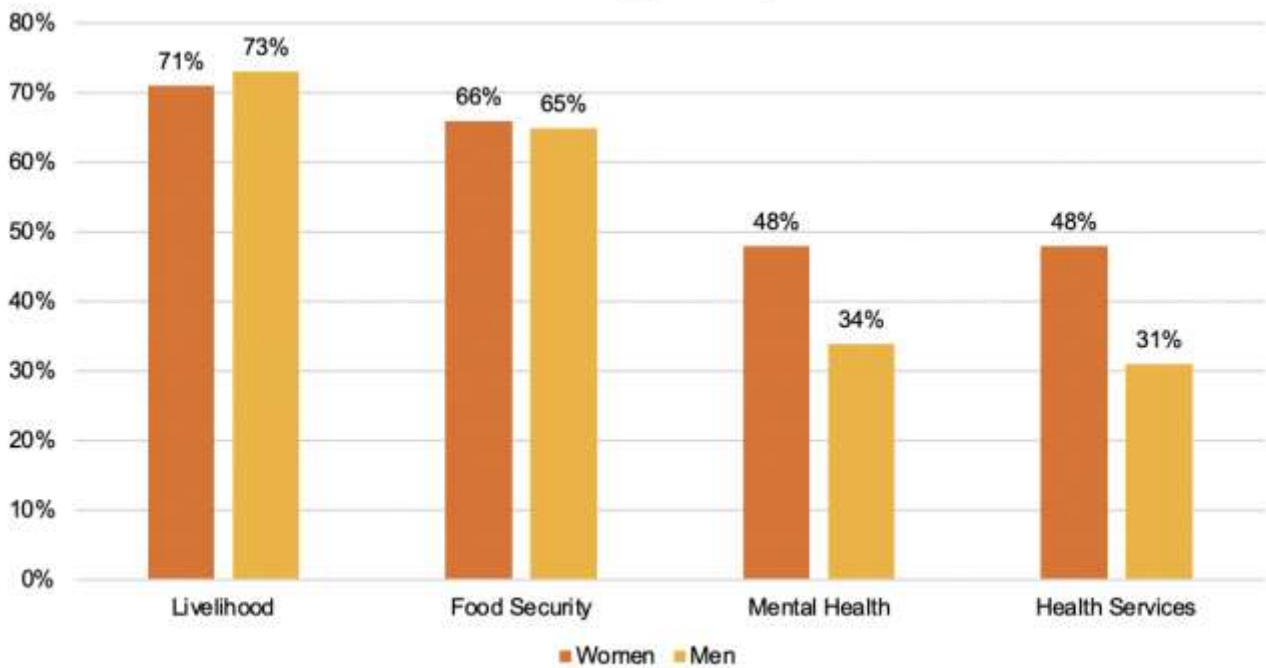
Unlike the data from September 2020, the current findings do not show safety and GBV issues as priority areas of impact. This does not mean there are no safety and GBV concerns. However, as the surveys require respondents to prioritize the biggest impacts, respondents are more likely to report livelihood, food, and health services. In

³ The Rapid Gender Analysis documents provide in-depth information and detail about each context and the specific challenges. The full list of Rapid Gender Analysis documents are available online: <https://www.careevaluations.org/homepage/care-evaluations-rapid-gender-analysis/>

⁴ The impact findings in this section are from respondents who are not members of Village Savings and Loan Associations (VSLAs). Due to the group structure and availability of support in savings, loans, and social funds to members, respondents in VSLAs are more likely to report lower impact rates in all impact areas. VSLA members' responses should not be generalized to other respondents. To specify such difference, the following section compares responses around impact between VSLAs and respondents who are not in VSLAs.

qualitative surveys, respondents often discuss safety concerns. Many respondents raised household financial issues as a cause for arguments between spouses and family members that can result in domestic violence. Particularly for girls, respondents also reported cases of early and forced marriage—for example, in Ethiopia and Niger, all respondents reported witnessing early marriage and forced marriage in their villages. With school closures, respondents reported that families arranged early marriage; particularly with heightened livelihoods concerns and food insecurity. Insights from the qualitative interviews are a strong indication of growing safety concerns at home and in the community, particularly for women and girls.

What Are COVID-19's Biggest Impacts in Your Life?



The total sample of respondents who reported impacts are 14,942 people (9,288 women).

Losing livelihoods and income: 71% of women and 73% of men respondents reported reduced livelihood opportunities and income loss. For respondents in urban areas, our findings show that women are more likely to report livelihoods as the most significant impact area than men. 72% of women in urban areas reported loss of income and livelihoods compared to 64% of men. This may be because women are more likely to be employed in the informal and service sectors, which were highly impacted by COVID-19, thus leading to a disproportionate impact among women workers.

More importantly, for women engaged in small businesses and trading, mobility restrictions curtailed access to markets and made it challenging, if not impossible, to conduct their business. For example, qualitative survey respondents in Mali, Niger, Burundi, and Ethiopia reported that mobility restrictions had limited their market opportunities; some had to sell their products for lower prices in smaller markets, and others had to stop their business during lockdowns. After lockdowns were lifted, the cost of most items was on the rise, and most of their customers were unable to buy more than the basics. “Women respondents in Iraq noted that even after the lockdown was lifted, while there remained a lack of work opportunities for both men and women, and if there were work opportunities these were more readily given to men”.^v In Fiji, respondents said COVID-19 and the tropical cyclone affected their access to cash at a time when it is most needed.^{vi}

A combination of loss of employment, limited market access, and limited access to safety nets continues to impact women's livelihoods and financial status. Women are more likely to report lower savings since the pandemic began, with 45% of women reporting lower savings compared to 34% of men respondents. The pandemic also reduced household remittances; families who depended on remittances said these reduced significantly as their children and



“The COVID outbreak brought economic hardship. **Some families reduced the number of meals a day.** I had invested a lot of money in buying coffee because it would bring good returns, but when COVID hit, the prices fell, and I lost a lot of money.”

—Kansiime Bonny, 33, VSLA member, Uganda

relatives struggled to find jobs. Savings and safety nets are limited as the pandemic's impact on livelihoods is deepening. Women are more likely to lose access to financial support as remittances and other social support are spreading thin. For example, in Sudan, 28% of women reported having lost access to support from friends and families, compared to 12% of men.^{vii} Across all countries, respondents reported selling assets and borrowing money to cope with their household financial needs; the long-term impact on assets and future household indebtedness is creating financial and economic stress, particularly for women.

Food Security: Women are more likely to prioritize food security as the biggest impact area in their lives. 66% of women said that food insecurity is one of their biggest challenges, compared to 65% of men. The pandemic and increasing price of food items are among the top push factors respondents raised for the growing impact of the pandemic on food security in their households. Market closures have driven food prices up, further debilitating households' ability to afford the same quantity and quality of food as

before the pandemic. In Iraq, for example, **80% of food insecurity is because of COVID-19**—56% women and 50% men respondents prioritized food as their biggest need now.^{viii} In Nigeria, respondents highlighted steeply rising prices and fewer humanitarian services as contributing factors to the rising food insecurity.^{ix} Findings from the [2021 Meta Survey on Gender Equality at Home](#) also support our results by showing growing food insecurity in all regions, even upper-income regions, for both women and men. The highest rates of food insecurity among women are in sub-Saharan Africa and Latin America & the Caribbean, with 69% women in sub-Saharan Africa and 67% in Latin America & the Caribbean reporting food insecurity.^x

Most respondents said they are eating less to cope with the pandemic, using their savings, and selling their assets to buy basic food items for their families. Respondents also reported buying cheaper food and less nutritious food to ensure food availability. In qualitative interviews and case studies, most respondents reported reducing the number of meals they eat each day to cope with the food insecurity in their households—most respondents reduced meals from 3 to 2 per day. In Iraq, respondents said they are now relying on eating fewer meals^{xi} and in Nigeria, respondents are sometimes selling off household asset to buy food, particularly for their children.^{xii}

“If any opportunity appeared, the man would be the favorite, and for this reason, the man’s role was the strongest. This psychologically affected many women, as they turned to household work which included preparing food and cleaning only.”

—Female, women’s group representative, refugee, Iraq

Despite the close percentage of women and men prioritizing food insecurity, the qualitative insights from various countries shows the impact of food insecurity is more severe among women respondents. While both men and women said they are reducing the size or frequency of their meals as coping mechanisms, women are more likely than men to do so. Due to existing gender and social norms, women are often expected to eat last and least, as they prepare food and must ensure that everyone in the household has enough to eat before they do. For example, an RGA from Somalia showed that women are more likely to eat less preferred foods, and more women choose not to eat at all so their children could get enough food. While male-headed households in Somalia reported eating smaller portions, female-headed households eat less preferred foods and limit food intake to enable children to eat. Focus group discussions and interviews in Somalia also highlighted that, unlike men who have the ability to move and search for food, women and children are always exposed to severe food stress.^{xiii} Similarly, in Iraq, the rate of women and men reporting food insecurity is very close (41% women and 48% men). However, the prevalence levels for male and female heads of households are different. A higher proportion of female-headed households report food insecurity, and participants in a FGD also categorized female-headed households among the key at-risk groups.^{xiv} In Afghanistan, women have less access to food. CARE survey results indicate that **men were three times more likely to report having a balanced diet than women and that men could eat more nutritious food than women.**^{xv}

“The most affected by the pandemic is the mother as the woman responsible for the family members ..., and it also affected my body, which caused me to lose weight due to the lack of food. I prefer to feed my children instead of myself . . . I have no money to support my family.”

—Female-headed household, Umbedra, Sudan

Respondents in most countries are not only dealing with the pandemic, but also with the impacts of multiple human-made and natural disasters. For example, in Burundi and Bangladesh, respondents raised the effects of flooding on their agricultural productivity and food security; in Ethiopia, respondents said that desert locusts destroyed their agricultural productions for the year or reduced it by more than half compared to their previous year’s production.^{xvi} Similarly, in Somalia, respondents reported drought, COVID-19, desert locusts and displacement as critical problems affecting their livelihoods and food security, with 78% prioritizing the drought and 72% prioritizing COVID-19 as one of the most important shocks they are facing.^{xvii} Women and men in refugee settlements are more likely to report food insecurity. 95% of women and 98% of men CARE interviewed in refugee settlements identified food insecurity as their biggest impact. Host communities in refugee settlements are also reporting food security impacts. For example, 80% of women and 66% of men in host communities in Cox’s Bazar, Bangladesh, reported food security as their greatest challenge due to increased market prices and lack of income.^{xviii} Differences between men and women respondents regarding COVID-19’s impact on their food security reflect how the pandemic is widening existing gender inequalities in local and global food systems.

Mental Health Challenges: Women are more likely to report mental health issues than men, **with 48% of women reporting experiencing mental health issues and stress since the beginning of pandemic, compared to 34% of men.** We reviewed similar results in the 2021 Meta Survey from 200 geographies. In all the regions, respondents reported increased stress and feeling of loneliness due to the pandemic. The findings show women are more likely to report feeling more stressed and lonely due to the pandemic. The Meta findings also show that respondents reported decreased optimism about the future due to the pandemic.^{xix}

Most people said their household situation—particularly income, food, and health care—caused tension amongst family members. Limited social interaction, the inability to participate in religious and social ceremonies, and increased household burdens contribute to stress and anxiety among women. For example, women in Burundi described an increase in unpaid care work; they said they spent more time getting water than before the pandemic, as they are responsible for increased family hygiene needs at home. Other crises further add to women’s unpaid workload. In Fiji, women’s workloads increased due to the pandemic and additional compounded effects due to the tropical cyclones—damaged roads and limited transportation kept most people at home, increasing women’s household chores. Women described feeling a sense of hopelessness as simple tasks became more time-consuming, tiring, and repetitive. Respondents in Fiji said that the ongoing impacts of COVID-19, followed by the

“Women were **psychologically affected** by the situation. In addition to physical impacts, we were affected **because of workload in the home, cleaning, cooking, washing clothes and taking care of all family members**, whilst in this bad situation of having no money, no food, and income.”

—Pregnant woman, Umeda, Sudan

cyclone, have created a sense of despair and trauma stemming from experiencing repeated shocks without time to recover.^{xx}

Qualitative survey respondents highlighted the stress that men are under due to job losses and staying at home, indicating that men are indeed facing mental health challenges. However, in quantitative surveys, men respondents were less likely to prioritize mental health. The stigma associated with mental health, the lack of services to address the issue, and the cultural aspects of various contexts limits people,

particularly men, from talking about or addressing mental health concerns. Psychosocial support to address mental health is largely missing across countries where CARE listened to women—in Guatemala, for example, **84% of women said they have no access to psychological care or therapy that allows them to manage their stress and anxiety.**^{xxi}

Limited Access to Health Services: Women are more likely to report that COVID-19 has negatively impacted their access to health care, including sexual and reproductive health care. 48% of women prioritized limited health care as the biggest impact in their lives, compared to 31% of men. In the qualitative interviews, respondents indicated limited health services, unavailability of health service providers, increasing health cost, lack of transportation to health care facilities, and fear of contracting the virus while seeking care, as the main reasons for their reduced access to health care services. In Guatemala, 56% of women indicated that they do not have access to sexual and reproductive health services because of COVID-19 and that access to sexual reproductive services has become more difficult.^{xxii} As countries experienced the second and third waves of the pandemic and additional lockdown measures, access to health services was further strained. In Nepal, for example, CARE data shows that the second wave severely reduced people’s access to health services and left most health service providers unable to provide adequate services. Poor and marginalized families, women, adolescents, LGBTQ+ individuals, and ethnically marginalized communities have been most affected by the shortage of health services.^{xxiii}

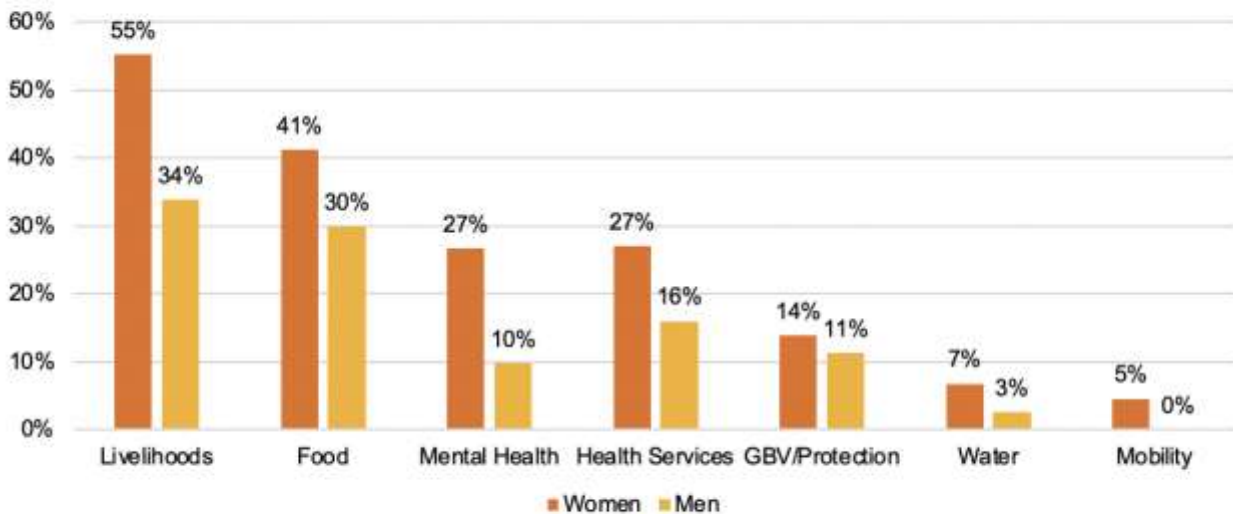
The Power of Association

One of the key variations we see when comparing global-level data is between women participating in Village Saving and Loan Associations (VSLAs) and those who are not.⁵ Women in VSLAs are one-quarter to one-half less likely to report that COVID-19 negatively impacted their livelihood, food security, health services, and mental health than their non-VSLA counterparts. Similar trends are evident among men in VSLAs; they are generally less likely to prioritize impacts in most areas than men who are not in savings groups. Compared to their non-VSLA counterparts, women and men VSLA members are more likely to report impacts on their access to water, education, and safety.

Findings from assessments examining VSLAs in various countries show that VSLA members are vital sources of financial and social support for their group and are crucial for leadership and information in the community.^{xxiv} Of course, VSLA members reported that the pandemic had negatively impacted them, but these impacts were generally less severe than respondents who were not in VSLAs. In many places, VSLAs have been able to adapt and take collective measures to support their members and support their communities by disseminating information on health and hygiene. VSLA respondents in Burundi, Ethiopia, Mali, Niger, and Nigeria reported using their social fund to support members financially and to buy food and hygiene materials. Qualitative interviewees indicated that women’s involvement in VSLAs has been an important source of support.^{xxv} 56% of VSLAs are using their social funds to cope with COVID-19. 79% of groups are still saving, even though 45% are saving less than they were before the pandemic.

⁵ CARE global data was collected in various contexts, using different tools, sampling, and methodology based on the needs and constraints in each context. Due to such differences, the global data does not provide pure comparative results. However, such comparisons provide rough insight to assess responses between different groups and locations.

VSLA Women and Men Respondents' Impact Areas



The total sample of respondents are 6,738 women in VSLAs and 5,502 men in VSLAs.

VSLAs are proving to be an excellent platform for community action that generates even more collective power in communities than before the pandemic. Women in savings groups managed to use their savings as a safety net and their social networks as a source of solidarity to deal with the pandemic and remain resilient. Such networks are essential to economic recovery from COVID-19 to help groups and communities recover faster and restore their livelihoods.

What Are Women's Priority Needs?

CARE findings show the need for immediate and long-term support to women and communities to recover from the pandemic and other multivariate shocks. Non-VSLA women's top five priority needs are consistent with the overall impact area they reported. Women and men respondents are both likely to prioritize support in areas of food security (59% women and 60% men) and livelihoods (55% women and 55% men). Women are more likely to request support in areas of mental health, with 63% of women identifying mental health as their priority need compared to 48% of men. **Women are also more likely to prioritize cash support than men, with 54% of women and 48% of men noting cash support as a priority need to help restore their livelihoods.** Women are more likely than men to prioritize access to health services as a critical support area, with 47% women asking for support in this area compared to 40% of men.



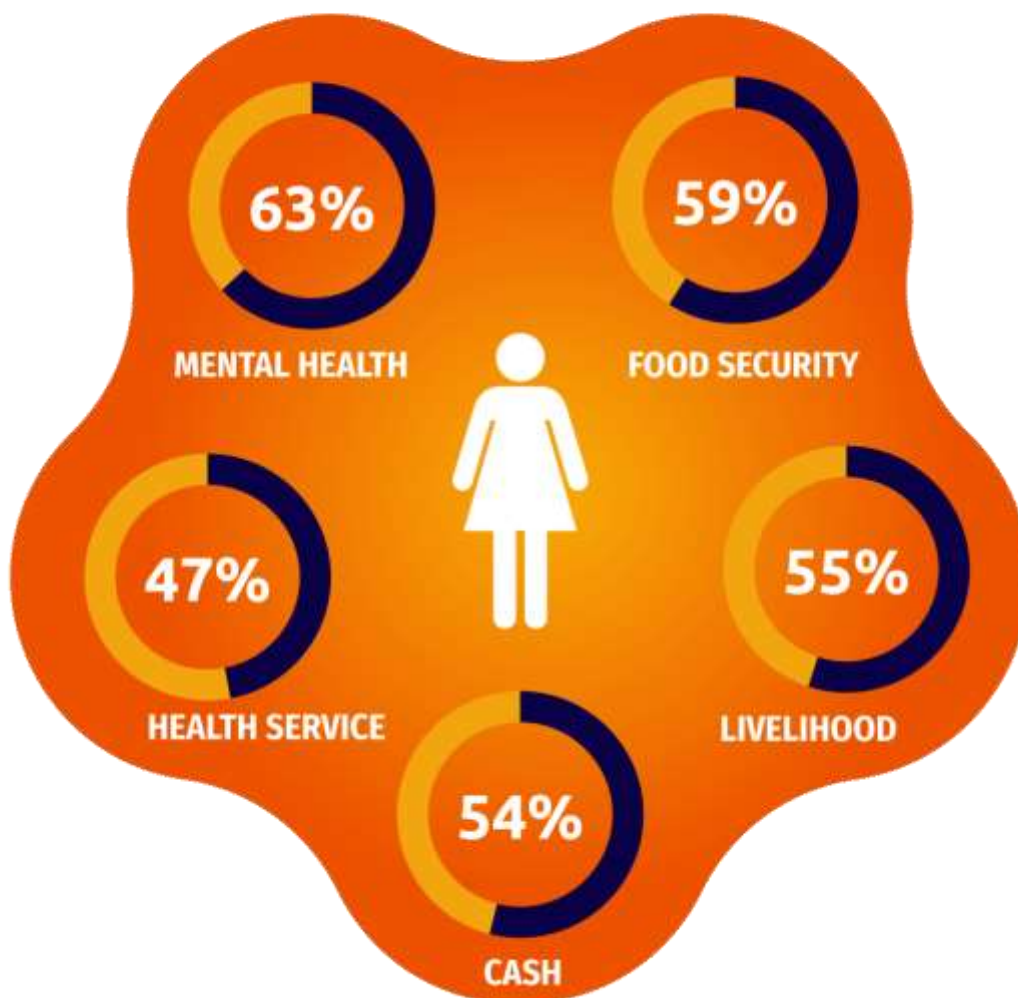
“Our greatest success is that we were able to educate our members about the COVID-19 pandemic and that members respect the preventative measures. Hand washing, social distancing and wearing a mask has become our habit. The coronavirus pandemic has made it possible to improve hygiene in the household and in the community. Members of our group were happy because no case of COVID-19 has appeared in the camp, proof that the awareness has borne fruit.”

—Oumou Cisse Dicko, Mali

Similar to the gap in impact areas, we see critical priority needs differences between women in VSLAs and those not in savings groups. Women in VSLAs are less likely to report livelihood-related needs. Only 29% of women in VSLAs say livelihoods is their priority need, compared to 55% of women who are not in saving groups. Only 17% of women in VSLAs prioritized food security, compared to 59% of women who are not in savings groups. In contrast, women in VSLAs are more likely to identify water- and education-related needs, with 20% women in VSLAs asking for clean water and 18% asking for education support.

In qualitative interviews, women and men respondents strongly spoke of their need to restore their livelihoods and asked for support to expand business opportunities, and to strengthen their income-generating activities and farming. For example, in Mali and Ethiopia, respondents expressed that agricultural inputs were too expensive currently, and they need support from the government and other actors to support their farming activities and thus increase their productivity.

Women’s Top 5 Needs in COVID-19



The total sample of respondents who reported their priority need areas are 12,798 people (8,059 women).

Leading in Action

CARE's early findings and other sources show that women are the first responders during the COVID-19 pandemic. Women are demonstrating leadership by supporting their households and communities in their crisis. Men respondents are also taking measures in their homes and communities to support their communities.

Women are Leading: CARE findings show that 73% of women are leading prevention systems for their groups and communities, compared to 40% of men who reported the same. 47% of women and 50% of men said they are responding to COVID-19 by increasing community awareness around the need to take hygiene measures, respect social distancing, and fight misconceptions about the virus. In Burundi, women in VSLAs took the initiative to construct handwashing centers in their community and encourage community members to wash their hands regularly. In Niger, men qualitative interviewees said that more women are engaged in community awareness raising and community COVID-19 prevention.

66% of women who are not in savings groups said they are ensuring sufficient hygiene supplies for their households and their families, and 45% said they are diversifying their opportunities to earn extra income. CARE is supporting local women's groups to take the lead in responding to crises that affect them and their communities through the CARE's [Women Lead in Emergencies \(WLiE\)](#) Approach. Women's groups that CARE works with on WLiE are also engaged in VSLAs. WLiE participants in refugee settlements in Uganda are increasingly being listened to as trusted voices within the community. With the onset of COVID-19, women have used this role to sensitize COVID prevention measures such as washing hands, wearing masks, and social distancing. One group is planning to start a side-business making soap for the community, which helps community members stay safe while creating a new source of revenue for women's group members. We have also seen similar business initiative in other countries, for example, VSLAs in Niger and Mali began producing masks and soap, turning a dire situation into a business opportunity.



"We are women leaders in emergency . . . we have the capacity to say: I have a voice and a vote, I am not going to stay stagnant . . . to be able to say that I have my skills and knowledge and that at any time I can go anywhere to participate . . ."

—Participant, Colombia

“We used to be ashamed to speak in front of the men. It was considered by the community as a lack of shame. But is it something to be ashamed of? No, not at all. It is to defend our rights and to participate in all decisions concerning us. Now we women are not afraid to defend ourselves when a decision does not suit us. We will say it out loud because our rights are known and we know the ways and means to claim our rights.”

—Woman, Niger

Sharing Research Findings with Women: It is not enough to listen to women and collect data; our effort to narrow the data gap must be balanced with our ability to share findings with communities, particularly women, to inspire to collective actions. Community meetings, radio shows, local billboards, and public events are all tools we use to share the data back with women themselves. In Niger, women community leaders organize community radio shows to share results widely. In Uganda, community meetings in refugee settlements were conducted during the 16 Days of Activism against Gender-Based Violence to share the impacts of the pandemic among women. CARE collaborates with local government bodies, NGOs, and communities to share these survey results with women and communities.

Turning Data into Action: While having the findings is important, CARE is also ensuring data and learnings are widely available and integrating data to inform our work and influence the work of our partners. CARE continuously uses the findings from RGAs and other assessments to inform existing programs and to build new ones. CARE conducted more than 45 Rapid Gender Analyses, dozens of needs assessments, and asked thousands of women and men what they needed. These learnings are helping us to ensure a better COVID-19 response at all levels—inside CARE and out.

We are using the findings to:

- **Increase investment in mental health and GBV services:** CARE is working to increase investments in mental health services and GBV services and making sure that such services are customized by age and gender. For example, in Nepal, CARE is working to ensure that quarantine centers have mental health services. In Iraq, CARE rolled out additional training for staff on mental health services and referrals for GBV. In Mali, the CARE team is using data findings to adapt programs to support issues of Gender-Based Violence (GBV) and women's rights.
- **Redesign cash assistance:** CARE is redesigning its cash assistance interventions to address respondents' needs. CARE Nigeria is pioneering cash assistance specifically for women and GBV survivors to reduce the likelihood of these families resorting to transactional sex to survive. In Somalia, CARE uses voice recognition technology to ensure that women can get mobile cash transfers, rather than driving out to sites and putting people at risk. In Indonesia, CARE designed cash-for-work programs to specifically support women because our RGA found that women were facing the biggest economic crisis. CARE has scaled up Cash for Work activities specifically for marginalized groups in Syria, including women and girls. CARE offices in Cameroon, Myanmar, and Madagascar are all working with new groups of people on cash transfers because of what their analyses showed them.
- **Collaborate with governments:** CARE's RGAs and other need assessment findings are shared widely with local and national government partners to influence decision-making. For example, CARE Thailand partnered with Friends of Women and four other organizations to work with the Ministry of Labor and the Department of Women's Affairs and Family Development to propose recommendations from their RGA around increasing cash and in-kind support to the women most at risk. In Cambodia, CARE worked with governments and teachers to establish e-learning platform groups to connect students and teachers and help kids with extra needs connect to e-learning opportunities. In Tanzania, the team co-hosts women-led dialogues



In Niger, women successfully advocated for cheaper maternal health care. In MainéSoroa, many women gave birth at home—without any support from a health worker—because they could not afford it. Women's groups advocated to the District Medical Officer, and the head of the hospital—and achieved a **considerable reduction in the cost of access to the hospital.**

in partnership with local organizations. CARE coordinated with more than 65 partners and the government to develop a needs assessment that shaped government and humanitarian responses in Bangladesh. CARE Malawi used the global RGA to influence the Malawian government and eventually worked with the government to develop the national RGA. CARE also advocates for more women's leadership in national and local committees. For example, CARE Uganda has worked to ensure that women are participating in COVID-19 committees.

- **Design better messages:** Findings are also used to design better messaging around gender and GBV issues. In Tanzania, CARE used the findings from their RGA to plan several radio talk shows to discuss GBV, including influencing police stations to provide better support for GBV survivors. Nigeria used the RGA to re-design their risk communication messaging and use community information channels that were more likely to reach women and girls and get feedback from them. Peru used RGA findings to design media messages promoting mental health and aiming to reduce violence at home. Sierra Leone, Ghana, Georgia, Ecuador, Cuba, and Uganda used RGA findings to build more targeted and compelling messaging.

Recommendations

Based on this report's findings and insights from the first She Told Us So report on women and men's different impacts and experiences, CARE proposes the following recommendations to all decision-makers to ensure gender-inclusive COVID-19 response and recovery measures.

Take Action to Respond to Women's Priority Needs.

- **Take urgent actions to respond to women's livelihood and food security needs.** Food security, livelihood, and cash are among women's three top need areas. Findings across the board show the increasing impact of livelihood as women and men are losing their jobs, and market inflation affects their business and agriculture. Governments, donors, development and humanitarian organizations should prioritize supporting these areas through existing safety net programs, special COVID-19 programs, or humanitarian. When possible, prioritize cash transfer programs to support women groups. Specific action must be taken to recover vulnerable households' livelihood through support in income generation activities agricultural inputs support to enable families, particularly women improve their income.
- **Enhance social services to provide health and mental health services.** Ensure accessibility and affordability of health services, including sexual and reproductive health. Women are reporting increasing stress as households struggle with finance and food security. Such a burden will have a more prolonged impact on family dynamics and children's wellbeing. Extending support to provide safe spaces for women and psychosocial support is critical to address the growing impact and need around mental health issues.

Promote Women's Voice, Representation and Leadership at All Levels.

Women and youth are taking action in their communities by taking community leadership roles to engage in information dissemination. However, their initiative needs support and an inclusive environment to build collective action.

- **Decision-makers at the local, regional and national level should partner with local community women leaders and local Women's Rights Organizations (WRO's)** to ensure their engagement in the policy- and decision-making process to support better solutions to address community and women's needs. Donors should prioritize funding support to local Women's Rights Organizations. National, Local Governments and NGOs should partner with WROs and ensure their engagements in the policy and decision-making process.
- **Decision-makers at all levels should extend an effort to work with women groups,** as women savings and other groups are shown to improve women's resilience in times of crisis. Action should be taken to target women groups in COVID-19 recovery and stimulant funding distribution. National and Local Governments should integrate savings and other women's economic groups as part of the economic recovery efforts.
- **Create a clear accountability mechanism that requires women's meaningful engagement in local and national response and recovery decisions and mechanisms.** All COVID-19 coordination and planning committees and task force should include at least 50% women.

Strengthen Regular Data Collection.

- **Consistently collect and use quantitative and qualitative data in all responses.** All actors must collect, publish, and act on sex-and age-disaggregated data on the impact of COVID-19 and focus on the different responses between different groups of people. Qualitative data provides critical insights that might not always surface in quantitative findings; thus, all data collection efforts must include qualitative methods to understand the complexity of people's needs better.
- **Identify trends over time** to provide insight into the changing impacts and needs across different groups, particularly women and men.
- **Assess the compounding impact of COVID-19 with other crises** to support policy and programs to address the impact of multiple crises.
- **Share data and findings with communities and women groups.** It is not enough to only publish data and results publicly. As most women might not have access to such publications, it is crucial to identify feasible community and group mechanisms to share findings with the community and women to support their collective actions. Local governments, development, and humanitarian organizations should integrate findings and dedicate their resources to support women's collective actions.



Resources and Endnotes

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