Gender & COVID-19

WHY gender matters

COVID-19 is impacting the lives of women, men, girls and boys differently. And the impacts of COVID-19 also vary – in their nature and magnitude – by other social and identity markers, like age, disability, sexual orientation, socio-economic status, colour, civil status and race. Here are some of the ways why gender matters in understanding and responding to the impacts of COVID-19.

Health

- **Vulnerability of women:** Women are vulnerable to contracting SARS-CoV-2 because they are the majority of health care workers[1] and the vast majority of unpaid carers[2] – the mothers, grandmothers, aunts, sisters, daughters looking after household and community members who are not able to adhere to the physical distance measures. Women and girls with disabilities are vulnerable to not being diagnosed and to not accessing health services promptly or at all; which may be due to, for example, stigma-related isolation or dependence on other people to meet their daily needs.
- **Vulnerability of men:** Men are vulnerable where gender norms mean they do not promptly access health services – with delays in detection and treatment. Limited disaggregated data indicate that males and men – so related to sex and gender – are more vulnerable to contracting the virus and dying from COVID-19, than are females and women.[3]
- **Hunger and malnutrition**: Discriminatory gender norms – which privilege men and boys – can put women and girls and risk of (or worsen their) food insecurity and malnutrition. This may be because food security coping strategies, such as reduction in the quantity and/or quality of food in a household, are frequently adopted by women, in favour of men and children.
- **Sexual and reproductive health**:[4] Emergencies are associated with women's and girls' reduced access to sexual and reproductive health services. This can – and has with other pandemics – resulted in unwanted pregnancies (due to lack of access to contraceptives), death (from unsafe abortions and reduction in pre- and post-natal care), chronic illness (such as from contracting sexually-transmitted illnesses) and an increase in the number of pregnant adolescent girls (due to, for example, girl marriage and coercion).
- **Sanitation**: Linked to economic inequalities, women and girls may have less access to clean water and soap than men and boys; bee unable to adhere to physical distancing measures due to their domestic work, like collecting water and cleaning; and have reduced access to sanitary items for their menstrual hygiene.

Economic resources and livelihoods

- **Purchasing power**: With fewer economic resources than men, women are less able to (i) purchase food and other basic household items when prices of goods increase and where they have to travel to access shops and markets because they cannot afford transportation, and (ii) stockpile food and other basic household items – which may be necessary for quarantine and in anticipation of future shortages.
- **Job loss**: Past pandemics suggest that women's work outside of the home will drop. This is linked to, for example, (i) occupational segregation, such as women being the majority teachers in many countries and losing their source of income as schools close; and (ii) disruption in the informal sector (where women are concentrated), such as cross border trade and restrictions on (paid) domestic work/ers.
- **Income loss**: Where women's income comes from casual employment, they may not have access to entitlements such as sick leave. With increased demands for their unpaid work, plus mobility restrictions, women may not be able to keep their micro or small businesses going.

- **Reduced access to markets**: Restrictions on movement, including use of public transportation, can intensify the challenges women smallholder farmers, relative to men smallholder farmers, already experience – such as in access to inputs and markets.
- **Transactional sex**: To cope with reduced and inadequate income, individuals may resort to transactional sex to meet their, and their dependents', basic needs, including food. As women have less economic resources than do men, they are at heightened risk of adopting negative coping strategies.

Decision-making: Men's dominance in decision-making positions[5] – from national governments and humanitarian actors, to local communities and households – means that they will have a greater say, than women, in decisions on COVID-19 responses. Lesser access to information and technology (including mobile phones and the internet), means that women are disadvantaged, relative to men, in knowing what assistance is available and how they can make their needs heard. This will mean that women's needs may be overlooked.

Unpaid labour

- **Increase in women's workloads**: The time women (and girls) spend each day doing unpaid domestic work – finding/purchasing food, cooking, cleaning, caring etc. – will increase.[6] Women's unpaid workloads have already increased due to job loses, school closures and dependents falling ill.
- **School dropout**: Girls will be at increased risk of dropping out of school – temporarily and permanently – as they take on additional unpaid care work or they take over from older female relatives who fall sick.

Violence against women and girls: In past pandemics, rates of violence against women and girls increased – domestic violence, harmful practices (like girl marriage), sexual exploitation, coercion, psychological abuse – and access to needed services declined.[7] With COVID-19, it can be expected that women and girls will be at greater risk of violence in public places and private spaces. This is likely to include (i) homes, where intimate partner violence takes place, (ii) health centres, where women workers are abused by affected persons; and (iii) emergency settings, including refugee camps where safe shelter can be lacking.[8]

WHAT we must do

Here are some of the actions that WFP – like all humanitarian and development actors – must do to ensure effective, efficient and equitable responses (including those that save lives) to COVID-19.

	Gender Toolkit module/s
- Disaggregate person-related data by the sex and age of the individual (not HH) - Use / do gender and age analyses when making decisions and designing responses	Gender analysis Programme design EP&R
- Provide information in ways that are accessible to and readily understood by the different women, men, girls and boys in the targeted population/s	Communication
- Include women and men in all response teams and make sure that at least one member is gender competent	Human Resources
- Ensure that women and men are leaders and decision-makers in COVID-19 responses, in all areas and at all levels - Include (diverse) women and men – and their organizations – in all stages of a response (from design to review and revision) and all types of responses (including crisis and recovery responses)	Participation Implementation

- Do gender-responsive monitoring to understand which women, men, girls and boys are being served by WFP – how and why   Monitoring

- Protect the safety and security of employees, partners and beneficiaries – being aware that circumstances and needs differ according to gender and age. *This includes addressing gender-based violence* (GBV).   Safety and security

WHERE in the programme cycle

Additional considerations to the "must do" actions...

1. Learn

Consult – with technology used by women and by men as necessary – with:
- targeted beneficiaries, making sure to be inclusive of the different gender and age groups
- leaders – women and men
- representatives of women's organizations (and youth, disabled peoples' organizations)

Review available
- sex- and age-disaggregated data
- gender and age analyses
- learning from past pandemics on the different impacts on women, men, girls and boys

2. Plan and deliver

Modify programming in accordance with learning from the gender and age analyses.
Directly, or with partners, make sure that:
- (diverse) women and men in the targeted population/s are consulted before changes are made to distributions of food and non-food-items because timings and locations should not put any beneficiary at risk of harm or increase their unpaid workloads
- women and girls have access to sexual and reproductive health services, including sanitary items, dignity kits, pre-and post-natal healthcare and contraception
- responses recognise, reduce and redistribute the unpaid care and domestic work between women and men
- where food assistance is provided as CBTs, (i) women and men can safely access shops/markets; and (ii) consideration is given to targeting individuals, rather than households, to mitigate women's economic dependence on men
- nutrition-related coping strategies are not being disproportionately born by women

Deliver gender-targeted responses, such as those that:
- help keep girls in school
- support women's economic empowerment, such as through CBTs and smallholder farmer initiatives
- promote the increase in (diverse) women's leadership at all levels – from local to national

Allocate adequate resources for ensuring gender-responsive interventions.

Prepare for increases in gender-based violence, including domestic violence, intimate-partner violence and sexual exploitation and abuse. For example, CBT programmes could include delivery of GBV training to money agents. Check that GBV referral pathways are in place; and, if not, in collaboration with partners, put referral mechanisms and support networks in place.

3. Communicate and coordinate

Women have less direct access to information than do men.[9] This means that we need to ensure that information is provided in ways that reach the different women, men, girls and boys in the targeted populations.

To do this, we should:
- tailor our messages according to age, literacy, language and safe access to ICT (mainly mobile phones and the internet), which will vary by gender (and disability etc.)
- check that our communications are understood by the (diverse) women and men in the targeted population/s
- use different mediums, so that women and men of different ages, abilities and circumstances can directly receive the information (and check that this is happening, particularly where mobile phones and the internet are used to communicate)
- request other humanitarian and development actors to disseminate our messages

When coordinating our work, we should:
- partner with organizations that can reach the different persons in affected populations, including women's, youth and disability organizations
- partner with organizations that are experienced with gender equality/human rights-based programming
- ensure that our cooperating partners are aware of the gender impacts of COVID-19 and are equipped to respond adequately
- connect with women's local / community networks to help reach the diverse members of affected populations

4. Adapt

Monitoring should be 'gender-responsive'. This means that gender is integrated into the monitoring content and process so that we can know who is involved in and benefiting from – or not – our responses to the impacts of COVID-19. The learning from the gender-responsive monitoring will support WFP's responses being effective, equitable and efficient – saving the lives of women, men, girls and boys.

- Check that the indicators – of the impacts of the response/s – include those that are gender-focussed. Add gender-focussed indicators, as needed. This could be, for example, an indicator on changes in time use – the amount of time spent on doing unpaid care and domestic work each week.
- Take the opportunity to update the gender and age analyses.
- Ensure that safe and accessible complaints and feedback mechanisms are functioning.
- Respond to the needs and risks that the (diverse) women and men identify and experience.

Remember: Disaggregate person-related data by the sex and age of the individual (not household).

More resources

Gender and data resources related to COVID-19
https://data2x.org/resource-center/gender-and-data-resources-related-to-covid-19/
https://data.unwomen.org/resources/covid-19-emerging-gender-data-and-why-it-matters

Gender in emergencies
https://gender.manuals.wfp.org/en/gender-toolkit/sectoral-guidance/gender-and-emergency-preparedness-and-response/

Guidelines on integrating gender-based violence interventions in humanitarian action
https://gbvguidelines.org/en/

Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings
http://iawg.net/wp-content/uploads/2019/01/2018-inter-agency-field-manual.pdf

Endnotes

[1] https://www.who.int/hrh/resources/gender_equity-health_workforce_analysis/en/

[2] https://www.ilo.org/gender/Informationresources/Publications/WCMS_732791/lang--en/index.htm;
https://www.ilo.org/asia/media-centre/news/WCMS_633284/lang--en/index.htm

[3] https://blogs.bmj.com/bmjgh/2020/03/24/sex-gender-and-covid-19-disaggregated-data-and-health-disparities/

[4] https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_A_Gender_Lens_Guidance_Note.pdf

[5] https://data.ipu.org/women-ranking?month=3&year=2020; https://devpolicy.org/gendered-leadership-gap-humanitarian-sector-20160328/;
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30203-X/fulltext

[6] https://www.ilo.org/asia/media-centre/news/WCMS_633284/lang--en/index.htm

[7] http://www.sddirect.org.uk/media/1881/vawg-helpdesk-284-covid-19-and-vawg.pdf

[8] https://www.rescue.org/sites/default/files/document/564/ircpvpcfinalen.pdf

[9] This was, for example, indicated in the WFP multi-country 'gender and cash' study: https://www.wfp.org/publications/gender-and-cash-wfp-study