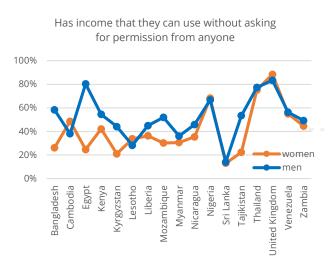
Individual data driving relevant responses to COVID-19

Relevant responses to COVID-19 demand understanding the lives of the individuals impacted. The Gender Equality for Food Security (GE4FS) measure is a globally-applicable instrument that assesses two aspects of the lives of individuals – empowerment and food security. The GE4FS data, collected in 2018 and 2019 across 17 countries, indicate that COVID-19 will impact the lives of women and men differently. Here is a snapshot of how such individual-level data – with a gender lens – can inform effective responses to the crisis and recovery.

Food insecurity

The GE4FS measures food insecurity with the FAO Food Insecurity Experience Scale (FIES). FIES figures indicate that women are more likely to be food insecure than are men. Disruption of food systems by COVID-19 are likely to reinforce women's greater vulnerability to hunger and malnutrition, than that of men.

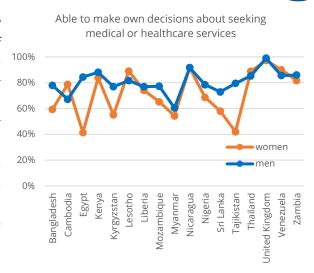
Economic vulnerability



In the majority of GE4FS surveyed countries, women were less likely to have income that they could use without asking for permission from anyone; less likely to personally have money saved that can be used if needed; and less able to make their own decisions about what to do with money they have, as compared to men. With fewer economic resources than men, women are less able to prepare for, and cope with, the COVID-19 crisis; such as not being able to procure sufficient, let alone stockpile, food and other essential items. Fewer economic resources also puts women at greater risk, than men, of resorting to negative coping strategies to meet their and their dependents' basic needs.

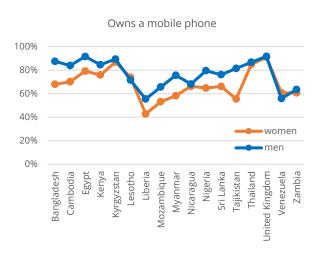
Health care

The GE4FS data indicate that women are (i) less likely than men to be able to decide for themselves on use of methods to prevent pregnancy or STIs, and (ii) less able to make their own decisions about seeking medical or healthcare services. Women's and girls' (lesser) access to sexual and reproductive health services is further reduced during emergencies. The consequences can include (i) unwanted pregnancies, due to lack of access to contraceptives, and (ii) death, from unsafe abortions and reduction in pre- and post-natal care. The data also suggest that women's access to healthcare for COVID-19-related treatment will be less than that for men.



Access to information and services





In the majority of GE4FS surveyed countries, women are less likely to own a mobile phone than are men. This means that women have lesser access to (electronically shared) information than do men, including COVID-19 health messages like the importance of physical distance and handwashing. Lack of a mobile phone also reduces women's chances, relative to men's, of participating in remote / mobile data collection; which compounds the risk of women's particular needs not being heard or addressed. Where mobile phones are used to deliver assistance provided as cash-based transfers, women are at a disadvantage compared to men.

60% of women compared to 40% of men, in the GE4FS surveyed countries, need permission to go alone to a local event. COVID-19-related movement restrictions may further reduce women's ability to leave their houses (or dwellings of any kind) and so their ability to directly access information, food assistance or support in situations of domestic violence.



Unpaid care and domestic work

Women spend a lot more time, than do men, doing unpaid care and domestic work. 75% of GE4FS surveyed women stated that they are the person in their households who spends the most time doing housework, compared to 25% of surveyed men.

As previous pandemics have shown, the impacts of COVID-19 will include an increase in the time women (and girls) spend each day doing unpaid domestic work – finding/purchasing food, cooking, cleaning, caring etc. Women's unpaid workloads have already



increased due to job losses, school closures and dependents falling ill. Being the vast majority of unpaid carers

most time doing housework 90% women 80% men 70% 60% 50% 40% 30% 20% 0% Liberia Myanmar Nicaragua Thailand United Kingdom Bangladesh Lesotho Mozambique **Tajikistan**

The person in the HH spending the

puts women at greater risk, than men, of contracting SARS-CoV-2.



The GE4FS data make clear that **relevant responses to COVID-19 require**:

- ✓ collecting and using sex- and age-disaggregated data
- ✓ tailoring, targeting and reaching women and men with information and assistance
- ✓ involving women and men in all stages of a response and at all levels
- ✓ ensuring that women and men are decision-makers
- ✓ monitoring impacts of responses on the lives of women and men
- ✓ addressing gender-based violence



Read more about the GE4FS measure in the full report here https://docs.wfp.org/api/documents/WFP-0000112500/download/