UNDP COVID-19 RESPONSE

UNDP´s Gender offer for gender-equitable response and recovery

Context

"The spread of COVID-19 is a health crisis but it is not just a health crisis. It is a social, economic and political crisis that will leave deep scars, and we have a duty of care to the 7 billion people on this planet".

Achim Steiner, March 2020

The global COVID-19 pandemic is putting at stake any advances towards the Sustainable Development Goals and risks increasing socio-economic inequalities. Evidence from past epidemics shows that gender-based inequalities determine how women´s and men´s health, economic status and challenges, security and safety will be affected. Understanding the gender-differentiated impacts of disease outbreaks is fundamental to creating effective, equitable policies and interventions that leave no-one behind.

Some of the gendered impacts are:

- Increase in gender-based violence and weaker support to survivors, due to lockdown/quarantine measures.
- Lockdown and quarantine measures significantly increase women's burden of unpaid work in caring for children, the sick and the elderly, in addition to household tasks.
- Economic dis-empowerment of women and rise in gender gaps in employment. Women are predominantly found in informal and part time work, and they risk losing their jobs and / or returning to the labor force at lower wages than before.
- Limited access to, and reduced quality of, health, maternity and family planning services due to interrupted services, often due to funding for reproductive health services being diverted to emergency response.
- Women form a large portion of migrant workers. The safety of these women is increasingly precarious, due to their limited job security, legal protection, ability to access protective items such a face masks and hand sanitizer, and increased exposure to possible exploitation and GBV in the hands of their employers and agents.

Working in more than 170 countries and territories with a broad development mandate, gender equality is at the heart of UNDP's work, integrated in all aspects of the agency's development efforts, including tackling crises and outbreaks. With UNDP support, 23.4 million women gained access to basic services, financial services and non-financial assets in 2019.

One focus of the UNDP Gender Equality Strategy is strengthening gender-responsive approaches in crisis prevention, preparedness and recovery. As part of this, UNDP works to improve the integration of gender equality issues in conflict prevention, disaster preparedness and crises response:

- UNDP worked in 26 countries in 2019 to ensure that 1.7 million women in crisis or post-crisis settings benefitted from jobs and improved livelihoods.

- UNDP's Gender and Recovery Toolkit provides guidance on advancing gender equality in crisis and recovery settings, with a strong focus on women´s engagement and gender mainstreaming.
- UNDP is a core partner in the EU-UN Spotlight Initiative, a global, multi-year initiative to accelerate efforts to end violence against women and girls that is targeting 50 million direct beneficiaries across five regions and more than 25 countries.

UNDP´s Gender offer for COVID-19 immediate response and recovery

UNDP´s overall offer to countries targets the three stages of the COVID-19 crisis: 1) Preparation or pre-surge, 2) Crisis response or surge, and 3) Recovery or post-surge. To support countries in these stages, UNDP has developed three major service lines. UNDP´s gender offer within these service lines is the following:

Service line 1. Health systems support

1. Develop **special gender-based violence (GBV) prevention and response plans,** including **strengthen and adapt referral pathways** so that expected increased number of GBV victims can access services (e.g. from violence within households and violence suffered by stay-in workers).
2. Provide knowledge and skills to governmental officials to **develop gender action plans for national health crisis response to COVID-19** and address the gender impact of disease outbreak considering how to address structural inequalities.
3. **Develop public awareness campaigns on shared domestic responsibilities and prevention of gender-based violence** during COVID crisis (including home confinement and recovery phase), including a focus on redefining masculinities with behavioural insights.

Service line 2. Inclusive and integrated crisis management responses

1. Provide policy and technical support to governments on the **gender equality dimensions of COVID 19 in non-health ministries**. Conduct gender analysis that supports national and local multisectoral planning and financing for COVID 19 crisis management.
2. Provide knowledge and skills to governmental officials and civil society organizations to develop systems (including digital initiatives) and strategies for **women´s participation and CSOs in disaster response actions and programs**, and in decision-making, especially those most difficult to reach.
3. Design and implement **public awareness campaigns** to strengthen social cohesion, solidarity and gender-equitable behavior during and post-disaster phases.

Service line 3. Addressing the socio-economic impact

1. Assist to integrate gender analysis while conducting **macro, meso and micro and socio-economic assessments, and crisis dashboards** to support inter-sectoral planning and COVID 19 response.

2. Develop gender-responsive **social protection strategies** and robust **social protection systems** in the response to COVID-19, with emphasis in 1) adapting social protection to the needs of women and men, 2) universal social protection floors and 3) unpaid care work.
3. Assist to design and implement **programs for the economic recovery of women**, especially for those furthest left behind, with emphasis in 1) Subsidies, relief and fiscal policies to support small-medium business of women (tax exemptions, co-payments of social protection, etc); 2) Employment policies to informal workers and domestic workers; 3) Financial inclusion; 4) programs for women's skills development adapted to the Future of Work (e.g. targeting professions that can be done remotely, adapted to current and upcoming market needs and value chains constraints), with focus to those women most affected by the crisis[1].
4. Facilitate **multi-stakeholder platforms** for women´s economic recovery, including private sector, civil society organizations, financial systems, and national and local governments.

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Annex 1- Summary of gender issues in COVID-19 crisis

1. **Significant increase in gender-based violence (GBV) and weaker support to GBV survivors that may put security in danger.** A UNDP assessment of the impact of the Ebola outbreak in Sierra Leone showed how women and girls experienced heightened risk of sexual violence and GBV. Economic hardships caused by the Ebola crisis, as well as the by-products of the emergency response such as children being at home from school and limitations on movement, often translated into an increase in cases of domestic violence and sexual abuse, especially of teenage girls and women spouses. Furthermore, during periods of crisis, women and men are forced to adopt new roles challenging preexisting social norms and societal roles. The newly defined roles -for instance, diminished role of men as the main earners- creates anxiety among women and men and thus further tensions in the household. Stress, alcohol consumption and financial difficulties are well known triggers for gender-based violence and quarantine measures being imposed around the world will increase all three.

   During the COVID-19 outbreak, gendered consequences have been reported in China and other countries by workers supporting survivors of gender-based violence. For instance, an NGO assisting GBV victims in Jingzhou received three times more reports of domestic violence in February 2020 compared to the same month last year (Sixth tone, 2020). In fact, abusers are likely to capitalize on COVID-19 consequences, such as the breakdown of normal protection structures and support, to further isolate their victims and exercise stronger power over them. The Twitter hashtag *#AntiDomesticViolenceDuringEpidemic* was used more than 3,000 times on a Chinese social media platform, making evident that this violent outbreak parallels COVID-19 (BBC, 2020).

   While there is an increasing need to respond to GBV, the competing pressure to respond to COVID-19 cases disrupts social, health and juridical support for gender-based violence survivors. This was already observed during the Ebola outbreak. Because of the re-allocation of resources towards the Ebola response, restrictions on movement, and fear of contracting Ebola, GBV survivors were prevented from seeking medical and police attention, making cases go unrecorded (UNDP, Irish Aid, 2015). In China, shelters for GBV survivors in some villages were repurposed for other needs during the COVID-19 outbreak, and in some countries GBV hotlines and judicial processes are offering reduced services. Thus, in times of disruption, referral pathways for GBV survivors are limited and sometimes diminished.

2. **Stay-in workers (domestic, care and sex workers), who are mostly women, are more exposed to violence and different forms of exploitation.** This is particularly severe for stay-in (and especially irregular) migrant workers, as they tend to be more isolated, more dependent to their employers and with limited access to social protection services.

3. **Exponential increase in unpaid domestic work and care burdens are overwhelmingly put on women´s shoulders.** Globally women perform on average more than twice the amount of unpaid work as men. Due to school and social services closures, care needs for the elderly, children, sick and dependents are severely exacerbated. Due to the existing structures of the workforce (including gender pay gap) and social norms, women are more likely to experience a significant increase of unpaid work and care

burdens. This does not only imply increased time poverty, but also can have an impact on their livelihoods and upward job mobility. In certain cases, this may lead to women having to quit or lose their job.

4. Economic dis-empowerment of women and gender gap increase in employment. In times of crisis, employment might be prioritized for men. As women tend to have fewer stable jobs, often regarded as secondary, and with higher care responsibilities put over them, they are more likely to lose employment, experience more difficulty finding new jobs. In some cases, this can lead to food insecurity for women and families. In fact, UNDP´s Gender Social Norms Index evidenced that "Globally 50 percent of men agree that, in times of scarcity, men should have more rights to get jobs instead of women" (UNDP, 2020). Also, women form most of informal employment in many countries, informal employees are more likely to lose their jobs in times of scarcity and be unprotected from social protection services. Additionally, women are most of the service industry (e.g. 90% in Barbados, Bahrain, Argentina) and this sector is especially affected by the outbreak. In Ebola-affected Sierra Leone, the economic dis-empowerment of women led to an increase of transactional sex for women´s economic survival, which in turn was one of the reasons for a widespread increase in teenage pregnancy (UNDP, Irish Aid, 2015).
5. Women and men have different exposure to COVID-19. Conversely to the previous point, women make up 70% of the world's health and social sectors including, nurses, care givers, cleaners and other professions that are at high risk to COVID-19. Health care workers are most exposed to coronavirus and to exhaustion due to long working hours. Most of flight attendants, teachers and service industry workers are women, and they conform also most care providers of the sick family members. At the same time, men are a majority in the transportation and logistics, policy and armed forces, have higher activity rates worldwide and more engaged in out-from-home activities. They also have social and health practices associated to masculine gender roles that exposes them to COVID-19.
6. Worsening food security especially for vulnerable and single-headed families. In times of crisis women tend to eat less to provide for children and other family members (GPF, 2008).
7. Discriminatory and gender-blind laws negatively impact women's interaction with and access to healthcare including testing, treatment, care and support services. Emergency laws in response to epidemics such as COVID19 often lack the robust stakeholder engagement necessary to fully address the gendered impact of the epidemic. For instance, emergency laws and policies are often used to deprioritize women's needs as essential health services are recategorized. Gender norms negatively impact on effective disease response by discouraging discussion about disease prevention, behavioral change including health-seeking behavior and limiting independent decision-making related to sexual and reproductive health.
8. Limited access to health and family planning services for women in some countries due to gender-based social norms and interrupted services. Gender bias and conditioning may cause women and girls to delay reporting healthcare issues, including pregnancy symptoms, and/or prevent access to women's health and reproductive treatment. For instance, social norms in some communities may dictate that women cannot obtain health services on their own or from male service providers (CRRE, 2020). Interrupted services also have an impact on women´s ability to manage their family planning. From Ebola affected Sierra Leone, data indicates a spike in maternal mortality due to resources diverted elsewhere. In fact, during this time, more women died of reproductive related issues than those who died of Ebola itself (Lewis, 2020).

9. **COVID-19 impacts women and men differently.** Women and men may face different **psycho-social impacts** of the pandemic. Women may experience more stress and emotional impact combining distant work, household duties and parenting, while women and men equally can be distressed by unfamiliar health threat, economic uncertainty and instability. In contexts where gender-based roles are stricter, men may see their socially expected role as family "breadwinner" challenged and may lead to higher numbers of **depression and even suicide**, as demonstrated in refugees and internally displaced persons crises (O'Connor, Pirkis, 2016). This fact, together with the stereotypical association of masculinities with strength and even violence may lead to also gender-based violence as discussed above. The impact is also different in elder women and men. Globally, most of the **elderly living alone are women, whereas elder men living alone tend to be more isolated and have less safety networks (Vandervoort, 2012).** Severe consequences of COVID-19 can be overlapping and interdependent based on race, class, age, (dis)ability and gender. Additionally, different gendered impacts of the COVID-19 crisis are also compounded when considering vulnerable populations such as migrants, prisoners, and other social groups. **Minorities and people with disabilities** are affected due to pre-existing issues with access to health, social care systems and education and can be subject to further stigma and discrimination. **LGBTIQ** populations are likely to suffer more marginalization in conditions of stress and insecurity.
10. **Shelter and sanitation, especially in developing and least developed countries, pose an added challenge mostly over women.** Women- headed households are more likely to have inadequate housing compared to males, which can increase health risks, especially in cases of overcrowding of shelters (CARE, 2020). Refugees, internally displaced persons are at an additional risk for COVID-19, yet in some circumstances, may lack appropriate resources to seek adequate healthcare.
11. **Women are likely to be more excluded from leadership and decision-making arenas, and from accessing information**. Social norms may exclude women from decision-making roles, as well as from information channels. Women have less access to internet and new technologies globally. In fact, 327 million fewer women than men have a smartphone and can access the mobile Internet in the world (OECD, 2018). This has a direct impact on women´s ability to get informed and adapt to the COVID-19 crisis, as ICTs are proving to be critical during the outbreak. The lack of women´s participation in decision making and in communication channels limits the reach and impact of recovery efforts and the possibilities to revitalize economies. In crisis contexts, women's organizations are not likely to be engaged, despite that they are key in mobilizing women and most-at-risk populations, in contributing to preparedness for disaster and recovery, and in helping to bring important social and economic issues to the table.
12. With a few exceptions[2], a **lack of gender-disaggregated information** about the crisis and its health impacts, hampering appropriate interventions as they are designed based on assumptions rather than reality.

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