

GENDER IMPLICATIONS OF COVID-19 OUTBREAKS IN DEVELOPMENT AND HUMANITARIAN SETTINGS

Executive Summary

First detected in China's Hubei Province in late December 2019, novel coronavirus 2019 (COVID-19) has since spread to 141 countries or regions, and health actors had confirmed more than 156,000 cases as of March 14.¹ Numbers are expected to continue rising exponentially in the coming days, weeks, and months. Initial research indicates that older persons are most likely to suffer serious complications from COVID-19 and that men are more likely to experience high mortality rates than women, but this analysis may change as COVID-19 more data becomes available.² Regardless, all vulnerable populations will experience COVID-19 outbreaks differently.

Until recently, the transmission of COVID-19 to developing countries or those experiencing ongoing humanitarian emergencies had been limited,³ but such transmission is now occurring. Development and humanitarian settings pose particular challenges for infectious disease prevention and control.⁴ Access constraints and poor health and sanitation infrastructure are obstacles to disease prevention and treatment under the best of circumstances; when coupled with gender inequality and, in some cases, insecurity, public health responses become immeasurably more complex.

For nearly 75 years, CARE has been working to address the root causes of suffering and to provide lifesaving humanitarian assistance to people in need. Operating in more than 100 countries, CARE focuses on women and girls because evidence shows that addressing gender equalities is key to effectively responding to crises and their underlying factors. For these reasons, CARE is deeply concerned about the implications that the spread of COVID-19 might have on women and girls in development and humanitarian settings. Informed by lessons learned from past public health emergencies, CARE's analysis shows that COVID-19 outbreaks in development or humanitarian contexts could disproportionately affect women and girls in a number of ways, including adverse effects on their education, food security and nutrition, health, livelihoods, and protection. Even after the outbreak has been contained, women and girls may continue to suffer from ill-effects for years to come.

Potential Gendered Implications Include:

- Development and humanitarian programs that support women and girls are often disrupted during public health emergencies, although their needs may in fact be amplified. This can have serious implications for women and girls in the short and long term;
- Social norms that put a heavy caregiving burden on women and girls are likely to cause their physical and mental health to suffer and impede their access to education, livelihoods, and other critical support;

¹ Johns Hopkins University & Medicine, "Coronavirus Resource Center," March 14, 2020, <https://coronavirus.jhu.edu/map.html>.

² Sharon Begley, "Who Is Getting Sick, And How Sick? A Breakdown of Coronavirus Risk By Demographic Factors," March 3, 2020, <https://www.statnews.com/2020/03/03/who-is-getting-sick-and-how-sick-a-breakdown-of-coronavirus-risk-by-demographic-factors/>.

³ Vaughn, "We Don't Know Why So Few COVID-19 Cases Have Been Reported In Africa," New Scientist, March 10, 2020, <https://www.newscientist.com/article/2236760-we-dont-know-why-so-few-covid-19-cases-have-been-reported-in-africa/>.

⁴ UN Office for the Coordination of Humanitarian Affairs (OCHA), "Global Humanitarian Overview 2020," OCHA, December 4, 2020, https://www.unocha.org/sites/unocha/files/GHO-2020_v9.1.pdf.

- Women’s and girls’ needs for protection services—including gender-based violence (GBV) and intimate partner violence (IPV) prevention and mitigation—are likely to increase as the accessibility of these services declines. Children face particular protection risks, including that of being separated from their caregivers;
- Public health emergencies can have a tremendous, sustained impact on livelihoods. This is particularly true for women, who are more likely to be engaged in informal or low-wage activities or migrant work;
- Increased caregiving burdens or economic pressures can force girls to drop out of school, with dire implications for their educational, economic, and health outcomes;
- During public health crises, resources may be diverted away from water, sanitation, and hygiene services, which can contribute to reduced access to hygiene and sanitary materials for women and girls;
- Female-headed households are more likely to have inadequate shelter than male-headed households, exposing them to a greater risk of illness;
- Food may become scarcer during a public health emergency, forcing households to engage in negative coping mechanisms, such as consuming less food. Where women eat last and least, this can lead to additional health complications, including increased susceptibility to COVID-19;
- The dangers that COVID-19 outbreaks pose will be magnified for the nearly 168 million people around the world already in need of humanitarian assistance and protection. Conflict, poor conditions in displacement sites, and constrained resources are likely to amplify the need for additional support and funding.

Recommendations:

All Actors Should:

- Commit to proactive, early information sharing and coordination to ensure a robust global response that utilizes intersectional analyses to account for the needs of all individuals, irrespective of ethnicity, gender, nationality, or sexual orientation. These efforts should take place with the full participation of at-risk populations, particularly women and girls.

Health Service Delivery Actors Should:

- **Short Term:**
 - Engage with local communities to provide access to information for all populations, avoiding convening large groups where this may increase the risk of transmission. Account for age, disability, education, gender, migration status, sexual orientation, and the existence of pre-existing health conditions in this engagement, and be cognizant of the fact that no group is homogenous, so programming cannot be either;
 - Train health care workers to properly identify GBV and IPV risks and cases; to handle disclosures in a compassionate, non-judgmental way; and know to whom they can refer patients for additional care;
 - Involve existing female health care workers and local women leaders in decision making to ensure that responses to COVID-19 outbreaks adequately address the needs of women and girls in each community;
 - Consider the disparate effects of quarantine or social distancing measures on different populations;
 - Work with humanitarian organizations to plan for and mitigate the risk that outbreak response measures might result in unaccompanied or separated minors;
 - Ensure that menstrual hygiene, obstetric, reproductive, and other primary health care commodities are well-stocked and available at health care facilities;
 - Disaggregate outbreak-related data by sex, age, and disability so that health experts can understand differences in exposure and treatment and tailor preventive measures.
- **Long Term:**
 - Devote more resources toward researching the gendered implications of public health emergencies, especially disease outbreaks, so that public health preparedness and response plans can mitigate harm to women, girls, and other vulnerable groups;

- Involve more women of all ages in global health leadership. Although women make up the majority of the health workforce in many countries, they are underrepresented at senior levels, particularly within global bodies. Organizations that do not include women in their decision-making processes cannot make the best decisions for women.

Development and Humanitarian Organizations Should:

- **Short Term:**
 - Prepare for possible surges in GBV, IPV, and SEA incidents among women, girls, the LGBTQIA community, and other vulnerable populations. Support mobile hotlines to mitigate and respond to these risks where it can be done safely, understanding that not all women and girls will have access to phones;
 - Continue development and humanitarian service provision as much and as safely as possible, accounting for the potential imposition of movement restrictions and social distancing measures. Where possible, continue GBV, psychosocial support, and WASH services along with the provision of food, nutrition, and hygiene commodities and shelter support.
- **Long Term:**
 - Develop targeted economic empowerment strategies and/or explore cash transfer programming to mitigate the impact of COVID-19 outbreaks, including support for populations who were employed during the public health emergency and who lose their revenue stream once the outbreak is contained, and for communities to recover and build resilience against future shocks;
 - Continue or commence work to find durable solutions for IDPs and refugees that include adequate shelter and livelihood opportunities and that account for particular vulnerabilities related to age, disability, and gender;
 - Work with local communities, particularly women's groups, before, during, and after public health emergencies to ensure continued trust, access, and to provide the best possible services.

National Governments Should:

- **Short Term:**
 - Ensure that aid and health care workers have access to all populations in need, including across borders, to accommodate surges in health personnel and allow the transport of humanitarian and medical commodities as needed for preparedness and response activities;
 - Prepare and put in place, when necessary, plans to ensure the continuity of education, including via remote learning or radio broadcast;
 - Ensure that asylum seekers, IDPs, and refugees are included in national surveillance, preparedness, and response plans and activities;
 - Ensure that any movement restrictions relating to COVID-19 account for the needs of different vulnerable groups;
 - Maintain compliance with international legal obligations, including the right to seek asylum.
- **Long Term:**
 - Ensure that emergency preparedness and response plans are grounded in sound gender analyses, considering gendered roles, risks, responsibilities, and social norms, and accounting for the unique capabilities and needs of other vulnerable populations. This includes ensuring that mitigation and response measures address women's and girls' caregiving burdens and heightened GBV risks.

International Donors Should:

- Provide immediate flexibility and additional funding to ensure that existing development and humanitarian operations can rapidly scale up and adapt to the risks posed by COVID-19;
- Require that all funding proposals contain comprehensive gender analyses and protection mainstreaming provisions.