Gender and Social Inclusion Lens in COVID-19 Response: Guidance Note
(Updated: 2 April 2020)

Disease outbreaks affect women and men, girls and boys differently. Gender heavily influences how they experience outbreaks. Pandemics (as with other types of crises) exacerbate existing gender inequalities, social exclusions and discrimination experienced by marginalized groups such as persons with disabilities (PwD), particularly women and those in extreme poverty\(^1\). Gender norms, roles, and relations influence women and men’s vulnerability to infection, exposure, and treatment.

World Vision is deeply concerned about the adverse and disproportionate effects that COVID-19 is, and will continue, having on the women, men, boys and girls, including those with disabilities, within our Programmes, our own staff especially those on the frontline, in our field offices as well as the world economy at large.

Gender and social inclusion implications in the COVID-19 pandemic include:

- According to available data and analysis, while COVID-19 is infecting men and women in about equal numbers, men are more likely to experience high mortality rates than women;\(^2\)
- Women and girls may be at higher risk of intimate partner violence and other forms of domestic violence due to increased household tension caused by forced coexistence, economic stress, and fears about the virus. Mobility restrictions (social distance, self-isolation, extreme lockdown, or quarantine) increase women’s vulnerability to abuse and need for protection services;
- Women are on the frontlines of the fight against COVID-19 as they comprise the majority of health and social care workers (by some estimates women form 70% of workers in the health and social sector\(^3\));
- Women – who already do three-times as much unpaid care work than men - are facing an increased caregiving burden including caring for relatives ill with the virus. Girls also will likely have increased burdens of caregiving which will compete with (and possibly replace) their education;
- Many persons with disabilities (PwD) have specific underlying conditions that make the disease more dangerous for them. Containment measures, such as social distancing and self-isolation, may be impossible for those who rely on the support of others to eat, dress and bathe;
- Mass school closures disproportionately affect women because they bear much of the responsibility for childcare, with the consequence of limiting their work and economic opportunities;
- Resources for sexual and reproductive health services may be diverted to deal with the outbreak, contributing to a rise in maternal and newborn mortality, and increased number of sexually transmitted infections;\(^4\)
- Men are overrepresented in permanent or long-term work while women are overrepresented in informal, low-wage or migrant work, with typically no access to health insurance and no social safety net to fall back on;

\(^2\) [https://www.epicentro.iss.it/coronavirus/bollettino/Infografica_17marzo%20ITA.pdf](https://www.epicentro.iss.it/coronavirus/bollettino/Infografica_17marzo%20ITA.pdf)
\(^3\) According to the World Health Organization's March 2019 Gender equity in the health workforce working paper.
Female-headed households are overrepresented in the extreme poor and ultra-poor across the globe. They are more likely to have inadequate shelter than male-headed households, exposing them to a greater risk of illness;

As a result of rigid gender norms, men may exhibit less health-seeking behaviour, implying a delay in detection and access to treatment for the virus.

Girls below the age of 18 and children with disabilities are often discriminated in humanitarian services and designing aid programmes.

This COVID-19 Gender and Social Inclusion Guidance Note is a call to all WV entities to consider the gendered and social inclusion implications of this pandemic in their response as well as to advocate with national governments, international donors and other key organisations to address these issues and promote gender and health equity goals.

Recommendations:

**General**

✓ Ensure that emergency preparedness and response plans (i.e. policies, assessments and interventions) are informed by sound gender and social analyses, which seeks to understand the different experiences of women/men, girls/boys, including those living with disabilities in the response. This should seek to understand intersectionality given poverty level, disability, ethnicity and other factors. Given the evidence of the vulnerabilities faced by female-headed households, it is important to understand the specific experiences of these women. This will involve intentionality in the way that assessments are designed and implemented.

✓ Embed gender dimensions and gender experts within response plans and budget resources to build gender expertise into response teams.  

✓ Consider how the quarantine experience could be different for women and men, such as whether girls' and boys', women's and men's different physical, cultural, security, and sanitary needs are being met; the protection needs of women and girls, including those with disabilities, must be at the centre of response efforts.

✓ Collect age and sex-disaggregated data to understand how COVID-19 impacts individuals differently, in terms of prevalence, trends, and other important information. Ensure safe storage of all files in line with existing protocols.

✓ Consider how the needs of different groups will be different, particularly those most excluded such as different poverty groups (marginal poor, extreme/ultra-poor), persons with disabilities, indigenous people, internally displaced persons (IDPs) or refugees, minorities and others who face intersecting and multiple forms of discrimination.

✓ Where possible, continue gender-based violence (GBV), psychosocial support, and water, sanitation, and hygiene (WASH) services along with the provision of food, nutrition, and hygiene commodities and shelter support.

**Harmful Gender Norms**

✓ Ensure response efforts do not reproduce or perpetuate harmful gender norms, discriminatory practices and inequalities. Social norms may put a heavy caregiving burden on women and girls and

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are likely to cause their physical and mental health to suffer and impede their access to education, livelihood sources and other critical support.

✓ Key messages on priority gender equality issues like the need for equitable distribution of food, non-violence, the importance of shared care work and the positive impact of equitable, nonviolent caregiving role of male and boys in a situation like COVID-19 should be based on solid gendered analysis, which identifies priority norms and corresponding key messages to target this.

Sexual and Gender-based Violence

✓ In the context of COVID-19, measures that restrict movements and require families to be in their home, can increase violence against women and children within households due to the pressure of isolation and lack of outlets for interpersonal frustrations. It can exacerbate longer term intimate partner violence or start new incidences.

✓ Prepare for possible surges in gender-based violence, especially intimate partner violence, as well as violence against children and other vulnerable populations, such as women and girls with disabilities.

✓ Economic impacts of quarantine and ‘lock-down’ measures can place women and girls at greater risk of exploitation and sexual violence, including forced early marriage of girls as a negative coping mechanism by families who are struggling to meet their daily needs.

✓ Update gender-based violence and child protection referral pathways to reflect changes in available services and ensure women have access to resources, hotlines and shelters. Liaise with existing protection systems and identify alternative options as necessary for supporting these vulnerable groups.

✓ Ensure relevant staff are trained on how to handle disclosures of GBV. This may involve training staff remotely and ensuring they are equipped to provide support in-person or remotely as required.

✓ Conduct remote trainings for staff on Psychological First Aid (PFA) and GBV referrals; First responders must be trained on how to handle disclosures of GBV and referral pathways. Health workers, who are part of an outbreak response, must have basic skills to respond to disclosures of GBV that could be associated with or exacerbated by the epidemic, in a compassionate and non-judgmental manner and know to whom they can make referrals for further care.

Equal and Meaningful Participation

✓ Prioritize leadership and meaningful participation of women and girls in the design and implementation of all preparedness and response efforts and in decision-making and policy spheres at local, municipal and national levels. Incorporate the voices of women on the frontlines of the response including health care workers and those most affected by the disease.

✓ Engage with women’s groups to ensure a more robust community response and to ensure efforts and response are not further discriminating and excluding those most at risk.

✓ Ensure that women are able to obtain information about how to prevent and respond to the epidemic in ways they can understand. Women play a major role as conduits of information in their communities. They have typically less access to information than men. Thus, reaching all women and girls and educating them on the disease is crucial to tackling the spread.

Implications for Budgetary Allocations

✓ Consider budget allocation towards water, sanitation and hygiene (WASH) interventions, which may be critical to responding to the specific needs for women and girls, including resources for protective clothing for frontline staff, sanitary pads and disability-friendly, and accessible facilities.
Ensure that priority attention is given to sexual and reproductive health, given possibility that the outbreak will divert resources from routine health services including pre- and post-natal health care.

Consider advocating for paid sick leave for all employees affected by COVID-19, especially those getting minimum wages including community health workers. Outbreaks of such magnitude could have a disproportionately negative impact on women who make up to a large portion of part-time and informal workers around the world.

**Specific Concerns Related to Women’s Health**

- Pregnant women with respiratory illnesses must be treated with utmost priority due to increased risk of adverse outcomes, and antenatal, neonatal and maternal health units must be segregated from identified COVID-19 cases.
- Ensure that priority attention is given to sexual and reproductive health, given possibility that the outbreak will divert resources from routine health services including pre- and post-natal health care.

**Women’s Economic Empowerment**

- Be aware that COVID-19 poses a serious threat to women’s engagement in economic activities, especially in informal sectors, and can increase gender gaps in livelihoods. Livelihoods, resilience and economic recovery programs need to adapt to situations taking into account the differentiated experiences of women and men in the selected value chains and livelihood options.
- Consider economic recovery activities ensuring that any strategies have considered gender impacts. Develop targeted women’s economic empowerment (WEE) strategies that specifically target the economic impact of the outbreak on women and build women’s resilience. This should be informed by a gendered market analysis with specific strategies to ensure the inclusion of women, as well as men based on opportunities, barrier and risks.
- Consider how WEE impacts other GESI issues. When families are faced with economic shocks, with limited income, they often resort to negative coping mechanisms. This has the potential to affect women and girls in the household differently than men and boys. For example, women and girls might end up eating less food compared to men and boys, and girls might be more likely to drop out of school over the longer term or enter into child marriage.
- Cash programming should seek to take into account the differentiated needs of different groups, especially female headed households who may need larger packages. Messages on the need for gender equitable food distribution for the entire family should be mainstreamed into cash programming.
- Gendered analysis should seek to understand the care work challenges faced by women and men, and promote programmatic responses to support WEE and continued income generation. For example, household labour saving strategies and/or devices could be considered.

**Disability and Social Inclusion**

- Identify/partner with relevant organizations, in particular disabled people’s organizations (DPO) that can provide targeted support to PwD, especially women and girls.
- Work closely with local committee on COVID-19 management to address the needs and priorities of girls, women, persons with disabilities, and unaccompanied or separated minors.
- Use multiple formats of information – such as easy read formats, large print and captioning - to ensure minimum access for people with visual, hearing, or cognitive impairment.

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✓ Ensure that the relevant public health information and communication on COVID-19 is accessible to children with disabilities (CwD) and persons with disabilities (PwD).
✓ Ensure that COVID-19 related messaging should be gender- and disability sensitive.
✓ Engage with local communities to provide access to information for all populations including marginalized groups.

Gender and COVID-19: Resources
https://docs.google.com/document/d/1_QfLS6Z90w_IrPM-jdeKC_IQXTcwA8Z4kF8Z5CerZrk/mobilebasic

Emerging Guidance and Analysis
- UNICEF COVID-19 Response: Considerations for Children and Adults with Disabilities
- IASC Gender-Based Violence (GBV) Guidelines site: Regularly Updated Compilation of COVID-19 Resources to Address Gender-Based Violence Risks:
- UN Women Checklist for COVID-19 Response by UN Women Deputy Executive Director Åsa Regnér:
- IFRC COVID-19: Key Messages on Protection, Gender and Inclusion -
- CARE International Analysis: Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings -
  http://www.sddirect.org.uk/media/1881/vawg-helpdesk-284-covid-19-and-vawg.pdf?utm_source=IGWG&utm_campaign=c0a486cdd2-EMAIL_CAMPAIGN_2020_03_24_02_34&utm_medium=email&utm_term=0_a24996ea0a-c0a486cdd2-54842885
- The Lancet: COVID-19: the Gendered Impacts of the Outbreak:
  https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30526-2/fulltext