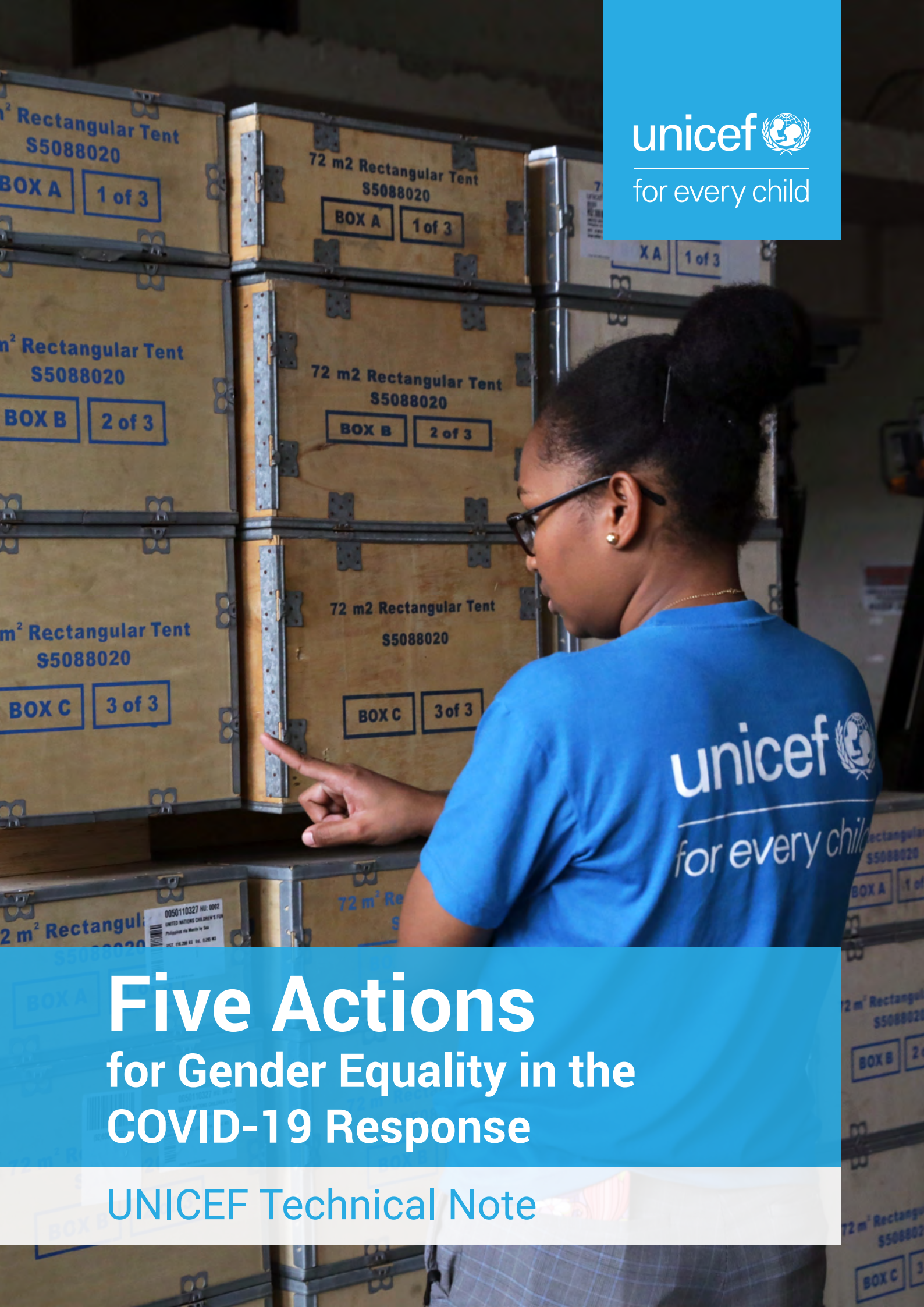


Five Actions

for Gender Equality in the COVID-19 Response

UNICEF Technical Note

Five Actions for Gender Equality in the COVID-19 Response

Alongside our United Nations sister agencies, country and regional government partners, civil society collaborators and private sector allies, UNICEF is committed to ensuring gender equality is at the heart of our COVID-19 frontline service delivery, system strengthening support, and advocacy and communications.

We are prioritizing **five core programmatic and advocacy actions** that appreciate the public health, social and economic consequences of this pandemic. As we learn and adapt over the next months, we approach this note as an iterative global good that we'll expand and elaborate together.[1]

1. **Care for caregivers**
   We know that women are at the forefront of all public health crises as nurses, midwives, community health workers, yet their role is frequently overlooked and underpaid. Women and girls also tend to carry out most of the care for sick relatives, household chores and childcare responsibilities. Women and children, especially in female-headed households, as migrant workers or recipients of remittances, will also be incredibly vulnerable to the impacts.

   Together, we must provide adequate support, including childcare, health services and other social support and protections for vital frontline responders. Cash transfer programmes for women and girls need to be prioritized, to mitigate the impact of the outbreak, recover and build resilience for future shocks. With our private and public sector partners, it is vital that we also champion family-friendly policies to protect employees, reduce stress, and support improved child and family well-being.

2. **Prepare for increases in Gender-based violence (GBV) in the COVID-19 outbreak**
   GBV will increase during the COVID-19 response, and we can be prepared by training first responders on how to handle disclosure of GBV (our GBV Pocket Guide including an app, can help), including the unique approaches for and with adolescent girls. We will also prepare all levels of health care facilities and health workers, especially at the community level, to take on the task shifting responsibilities related to the caseload of GBV survivors. Information about available GBV hotlines and other support mechanisms must be made available across all settings.

3. **Maintain core health and education services and systems**
   Evidence from past epidemics, including Ebola and Zika, indicate that efforts to contain outbreaks often interrupt education services and divert resources from routine health services including maternal and child health care services and the clinical management of rape. Women, adolescent girls, and all children living with HIV/AIDS are particularly vulnerable as their continuity of care can be acutely compromised, potentially increasing morbidity, mortality and transmission of HIV.

   Together, we must ensure the continuity of core and quality education and health services - including alternative delivery structures - while also maintaining our long-term support for strong education and health systems to meet the holistic needs of women, and girls and boys across the age continuum.

4. **Engage existing women's and youth rights networks to support connectivity and vital information flow**
   As schools transition to remote learning, the important social support structures - peers and mentors - for adolescent girls must be maintained. Through in-person and digital platforms, these key social and community networks should also be engaged to ensure the meaningful participation of girls and women in all decision-making processes and sharing of key communications, including GBV hotlines and other services and support mechanisms. Our digital platforms, such as U-report, can be one tool to provide dialogue toward joint solutions and insights. We need to activate standby and existing partnerships with these networks to achieve quality and scale of our programme reach.

5. **Ensure gender data are available, analyzed and actionable**
   If we don't ask, we will not know, and we will not do. Nothing we do is neutral. Sex, age and disability data disaggregation, as well as other key indicators, must be prioritized in all data collection, analyses and reporting. This includes surveys that analyze across the COVID-19 impact curve of public health, social and economic outcomes.

1 This is a working document. It has been prepared to facilitate the exchange of knowledge and to stimulate discussion. UNICEF welcomes input and will be elaborating as feedback is received.

Background
Under UNICEF's Core Commitments for Children, every humanitarian response has gender equity at the core with a focus on:

1) ***An end to Gender-based Violence (GBV)***
2) ***Community engagement with and for women and girls***
3) ***Gender-responsive programming, including a lens on adolescent girls***

For the COVID-19 response, we advocate for the following actions and select benchmarks for accountability:

An end to Gender-based Violence (GBV)

For many women and girls, #stayathome #restaacasa and #restezalamaison can be dangerous. Evidence shows that home is often the most dangerous place for a woman and her children. In addition, increasing food insecurity, where women are primarily responsible for procuring and cooking food, may place them at heightened risk of intimate partner violence due to tensions in the household. For example, the economic impacts of the 2014-2016 Ebola outbreak in West Africa placed women and girls at greater risk of exploitation and sexual violence.

In addition, life-saving care and support to GBV survivors (i.e. clinical management of rape and mental health and psycho-social support) may be disrupted in tertiary level hospitals when health service providers are overburdened and preoccupied with handling COVID-19 cases.

The following are illustrative programming and advocacy actions:

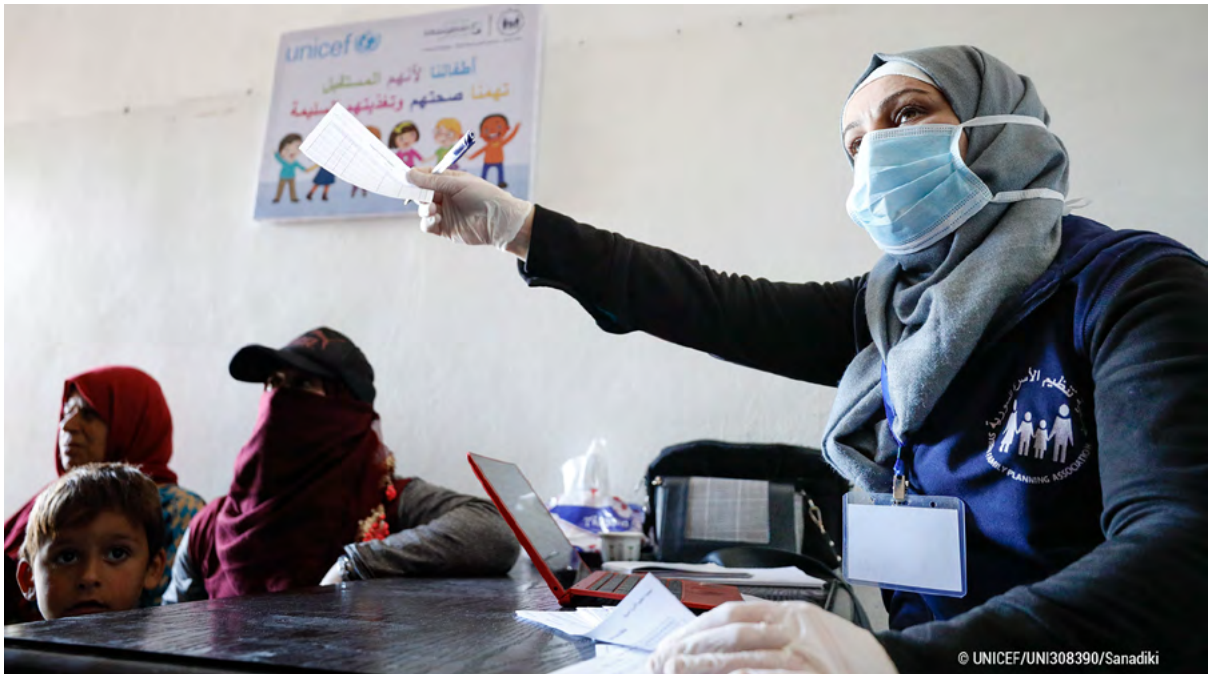
First responders trained on how to handle disclosures of GBV. Front line workers who are part of the response must have basic skills to respond to disclosures of GBV, in a compassionate and non-judgmental manner, including to whom they can make referrals for further care or bring in treatment to provide care on the spot. First responders can be trained with our GBV Pocket Guide and app. Holistic support to first responders should furthermore include their own psychosocial support.

Primary and secondary health care workers and facilities, as well as other facilities such as shelters should be prepared to take on the caseload of GBV survivors. This includes training of workers to provide care and support for clinical management, ensuring stocks of appropriate supplies at facilities, updating GBV referral pathways.

Increased communications on GBV hotlines and other support mechanisms, in disability accessible formats, telling girls and women where they can get emergency services.

Establishing GBV mobile and remote services, to provide case management, psychosocial support, and referrals to meet the immediate needs of GBV survivors. Remote GBV service delivery - predominately emotional support and case management - can be over technology platforms such as SMS and chatbots.

Benchmark:
All sectors' frontline workers and personnel are trained and equipped with information on available GBV response services and referral procedures to support GBV survivors.



Community engagement with and for women and girls

Women and girls' voices are essential to understanding the impact of the epidemic and meeting the needs of affected populations effectively. Together we must **identify existing women's networks and youth rights groups** to strengthen the leadership and meaningful participation of women and girls in all decision-making processes in addressing the COVID-19 outbreak.

Women and youth also play a major role as conduits of information in their communities. Together we must **ensure that women and adolescent girls and boys are able to get information via multiple and disability accessible platforms, including digital outreach such as U-Report.** And in our messaging we should model positive gender stereotypes, e.g., men and boys sharing caregiving tasks at home including remote schooling and support for sick relatives. **We must also ensure adequate financing to women and girls' organizations who are central to the response and provide frontline services with limited resources.**

Benchmarks:
Organizations representing adolescent girls, women's rights, and youth are engaged in programme design, delivery and monitoring.

Women and adolescent girls are equitably represented in community feedback and complaints mechanisms.

Gender-responsive programming, including a lens on adolescent girls

At the core of designing and delivering gender-responsive programming is having the appropriate disaggregation of data and indicators to understand the impacts. Together we must ensure **all data related to the outbreak and the implementation of the emergency response be disaggregated by sex, age, and disability, and include other gender equality indicators** in order to understand exposure and our response is not homogenous. And we rely on learnings from other historic public health emergencies, including the Ebola outbreak in 2014-16, to anticipate impacts, including:

- Where healthcare systems are stretched by efforts to contain outbreaks, care responsibilities are frequently "downloaded" onto women and girls, who usually bear responsibility for caring for ill family members and the elderly.

- The closure of schools further exacerbates the burden of unpaid care work on women and girls, who absorb the additional work of caring for children.
- School closures can also have devastating effects on girls, including access to micro-nutrient supplementation or nutritious meals. Schools are often one of the strongest social networks for adolescent girls providing peers and mentors. We also know that school closures in the Ebola crisis for example led to many girls staying out of school even after the crisis, an increased exposure to violence, and an increase in adolescent pregnancies.
- Women constitute 70 per cent of the workers in the health and social sector globally and are on the frontlines of the response. Within this sector, an average gender pay gap of 28 per cent exists, which may be exacerbated in times of crises.
- Women health care workers have called attention to their specific needs beyond personal protective equipment, including to meet menstrual health and hygiene needs and psychosocial support.
- Crises pose a serious threat to women's engagement in economic activities, especially in informal sectors, and can increase gender livelihood gaps. Female migrant workers, particularly those engaged in domestic and care work, and families reliant on remittances, are particularly vulnerable to the adverse impact of increasingly unpredictable travel bans on employment.
- In female-headed households the impacts affecting food security and potential housing implications will be greatly felt.

In addition to the aforementioned data collection and analyses gender lens, the following are illustrative programming and advocacy actions:

Country strategic plans for preparedness and response **must be grounded in strong gender analysis, taking into account gendered roles, responsibilities, and dynamics.** This includes ensuring we address the burden of paid and unpaid care work and heightened GBV risks. It also includes monitoring of closures of GBV support mechanisms, including hotlines and shelters.

We are seeing many countries launch good practices to protect their health workers, teachers and other professional cadres, including subsidized childcare and increased social security benefits. Together we **must provide adequate support, including childcare and health services for vital frontline workers,** and all employers to **put in place family-friendly policies to reduce stress, and improve child and family well-being.**

Access to learning and education opportunities for all children, adolescent girls and boys, should be prioritized, including remote learning strategies in low connectivity or high connectivity settings, accessible to children and adolescents with disabilities or others who may be at risk of exclusion. These online learning opportunities must observe best online safeguarding practices, to protect girls from abuse and predatory behaviors. We should also ensure girls' social support networks with peers and mentors are maintained through digital or other platforms to facilitate interconnectedness and empowerment. In addition, it will be important that caregivers are provided resources to help support the learning and education of children.

Measures taken to relieve the burden on primary health care structures should **prioritize access to sexual and reproductive health services,** including pre- and post-natal healthcare and GBV screening and response care.

Develop targeted women's economic empowerment strategies, including cash transfers, to mitigate the impact of the outbreak and support families to recover and build resilience for future shocks. Gender-responsive social protection measures, including cash transfers coupled with support services such as parenting and caregiver support programmes, can have substantial multiplier effects on women and girls' health, safety and well-being.

Benchmarks:
Context-specific gender analysis informs the design and delivery of programmes in all sectors.

Planning, monitoring, and evaluation of programmes, as well as reporting, includes sex- and age-disaggregated data and strategic gender indicators in accordance with the UNICEF Gender Action Plan.

Programmes intentionally promote positive behaviour and social change toward gender equality, especially by empowering adolescent girls.

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