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Latin America and the Caribbean Rapid Gender Analysis

The State of Women & COVID-19 in Latin America and the Caribbean

As of May 18, the WHO was reporting 510,261 cases and 28,734 deaths across Latin America and the Caribbean (LAC). LAC countries have varied in their responses to the crisis with the majority declaring some form of a state of emergency and adopting preventive measures to limit transmission, throughout March and April 2020. Restrictions are set to continue in several LAC countries throughout May and June, while others began loosening restrictions by early May.

The LAC region has the highest levels of inequality in the world. The region also faces high levels of social and political conflict, increasing rates of criminality and corruption, deterioration of human rights, and pressing humanitarian situations, all combined with persistent population flows and economic decelerations over the last few years. **COVID-19 could push 15.9 million more people in the region into extreme poverty, taking total poverty to around 214 million**, according to [ECLAC's Social Challenges in Time of COVID-19](#). The majority of those likely to slide into poverty will be women, girls, and LGBTIQ+ people, especially from at-risk and marginalized groups.

“Without adequate support, the long-term costs of stretching women’s work to patch up the holes in social protection and public services provision can be enormous.”

- UN Women

Key Findings

Women are unable to cover basic needs.

- **Economic conditions are worsening, and women are hit hardest.** With a predicted 3.4% increase in unemployment as a result of COVID-19, the crisis could push an additional 28.7 million people into poverty. Women are more likely to live in extreme poverty, and their incomes are more precarious. 126 million women are in informal jobs. The region's 16.7 million female domestic workers are facing impossible choices between quarantining with their employers to earn money or losing their jobs to stay home and take care of their families with no access to unemployment benefits.
- **Women are already eating less.** Food and nutrition are immediate concerns. Between 2016 and 2018, 69 million adult women and 55 million men in LAC experienced food insecurity. In Guatemala, 64% of families say COVID-19 means they cannot meet their basic food needs. In Colombia, an additional 800,000 people need emergency food. 85 million children are cut off from school feeding programs. In this context, women are already eating fewer and less nutritious meals to leave more food for their children. At the same time, in some countries, health services have stopped basic screening and treatment for malnutrition.
- **Gender-based violence is rising.** GBV is going up, and women's ability to access services is decreasing. Countries report calls to domestic violence hotlines rising between 18 and 100%. Many GBV clinics and mobile services have been suspended in quarantine. As there are fewer bystanders on the streets and businesses closed, women are facing increasingly unsafe conditions because there are fewer places to go for help when GBV happens in public.
- **Unpaid care work is disproportionately rising for women.** Women already did 1.7 times more unpaid care work in LAC, and this unpaid work makes up 15-25% of national GDPs in the region. In Guatemala, women spend 18% of their time on unpaid work, 9 times more than men. This increases when people are sick; in Mexico, women spend 29 hours a week caring for sick family members, compared to 13 hours a week for men. The effect is larger in poorer families with larger household sizes.

Services are faltering.

- **Access to health services is dropping.** In addition to suspending many GBV services, even standard health services are dropping. Before COVID-19, 30% of people were unable to access health care because of cost, and 21% could not access them because of geography. COVID-19 and the accompanying movement restrictions will make this worse. In the Zika outbreak, standard health resources were diverted to Zika response, reducing access to and quality of other services. Women also reported that they were afraid to access health care because they feared being assaulted at health centers. This may fall disproportionately on teenage girls, who have high rates of unwanted pregnancy—often the result of sexual violence.
- **Women in health care are rarely in decision making positions.** Women make up 74% of healthcare workers in LAC, but men make up 75% of the decision-makers. As women in health care face the double burden of increased patient load and trying to care for their families, they are not as able to influence decisions.
- **School closures are affecting women and girls.** With 95% of children in the region out of school because of COVID-19, the burden is even higher, because rigid norms dictate that caring for children is women's responsibility. As young girls staying home are tasked with caring for younger siblings, they have less time to spend on their remote schooling, which will widen the education gap.
- **Women and girls have less access to information.** There are gaps in access to Internet and information across the region, with Internet access as low as 9% for the poorest communities. 76 million women in the region do not use mobile Internet—making it more difficult to access information and services.

High-Risk Populations need special support.

- **Indigenous and Afro-descendant women are facing even higher burdens.** Indigenous women were already 3 times more likely to live in extreme poverty than their counterparts and have fewer access to services. In Mexico, 78% of these indigenous people cannot access social security. They also face higher rates of Gender-Based Violence (GBV). Women in rural areas are less likely to access even basics like running water.
- **Female migrants, refugees, displaced, asylum seekers and returnees have the highest risk and no safety nets.** With the fastest-growing migrants and refugee crisis in the world, the LAC region is struggling to meet the needs of people on the move. In some countries, 89% of female refugees have experienced GBV. As jobs dry up, remittances to families back home drop, and many people are returning to their home countries. Quarantine centers that are starting across the region tend to be overcrowded and unsafe.
- **LGBTIQ+ people are at higher risk.** Across the region, risks for LGBTIQ+ people are highest, and access to services is low. For example, between 44 and 70% of transgender women have been forced to leave their homes, and transgender people make up a large percentage of the homeless population.

Key Recommendations

- Conduct **country-specific gender and intersectional analyses** with contextualized response recommendations for diverse groups of women, men, boys, girls and LGBTIQ+ people; especially those who are currently underrepresented in the data.
- **Systematically collect sex and age disaggregated data** (at a minimum) in all areas relevant for the health, social, economic, and political areas of COVID-19 response.
- **Design safety nets that address women's needs.** Governments around LAC rushed to enact COVID-19 response and rollout safety nets. They must ensure that safety nets are available for refugees, female-headed households, domestic workers, and others in the informal economy who are often overlooked.
- **Focus on understanding the needs of the most marginalized.** Privilege data collection about, and in support to, groups who are underrepresented in current gender analysis data, but who are the most vulnerable and disenfranchised, such as LGBTIQ+ people; homeless, migrant, refugee, and displaced women; indigenous and Afro-descendant women and girls, and others.
- **Partner with diverse women and LGBTIQ+ organizations, and support their participation and leadership, as a cornerstone of effective COVID-19 response:** Response agencies should engage a diversity of women's and LGBTIQ+ organizations, human rights defenders and activists in all planning and response efforts – from local to national and regional levels – as key decision-makers and leaders.
- **Recognize and address the care work – paid and unpaid – including household and paid sector activities.** Care workers – both paid and unpaid – should be recognized as essential workers and supported to carry out their work safely, including measures to ensure such care arrangements can continue safely, such as cash transfer programs and/or other sectoral humanitarian supports.
- **Ensure all COVID-19 response activities and expectations provide trauma-informed, women-friendly, actively inclusive, work environments:** Responders should be aware of and provide support to overcome the increased barriers facing front line service providers because of COVID-19 measures, such as: working under quarantine, working under precarious conditions, increased time poverty and care burdens, increased transportation barriers, and potentially decreased safety at home and work.
- **Enable access to healthcare services for women and girls and the most at-risk groups.** Eliminate the costs of COVID-19 prevention, treatment, and care where those costs create barriers. Find ways to reduce hidden costs to women, such as increased caregiving burdens, the need to find ways to care for their children while they are at work, and transportations costs. Strengthen health systems and guarantee universal access to testing, medication, and treatments, especially for women and members of marginalized groups. Ensure any and all telehealth services, and/or telehealth service plans, take the gender data gap into account and include specific messaging, campaigns, data support plans for reaching women and marginalized people who do not usually have Internet access or smartphones.

- **Include services for GBV, access to information and communications technology (ICT), and SRH services in the list of essential services.** Ensure that women's access to ICT is considered an essential, life-saving service, both during response and throughout recovery. Increase investment in funding for GBV prevention and response as part of essential COVID-19 interventions, including essential health, socioeconomic, legal, and psychosocial services for survivors, both during and after the pandemic. Collaborate with grassroots women's groups and civil society women's organizations to ensure alternative community-based mechanisms are put in place for survivors who do not have access to the Internet or smart phones.
- **Build women's and LGBTIQ+ people's long- term economic empowerment directly into immediate relief, as well as long-term response and recovery strategies** by implementing targeted cash and income-generating activities for them (using a do no harm approach). Include specific programs to re-orient their income-generating activities in the immediate and long term, ensuring equal or enhanced employment in predominantly female sectors, and addressing unequal burdens of care in both immediate response and recovery.

This brief summarizes the Latin America and the Caribbean Rapid Gender Analysis, written by Robyn Baron, Mariela Rodríguez, Alma Pérez, Dana Barón Romero, and Nuria Martín on June 2, 2020, in partnership with CARE and UN Women.