Gender-Responsive Prevention and

Management of the COVID-19 Pandemic:

From Emergency Response to Recovery & Resilience

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From Emergency Response to Recovery & Resilience

Geographical Coverage:	20 countries
Main Beneficiaries	Direct and Indirect beneficiaries: 3,200,000 people Women and girls whose contribution to response and recovery is unrealized and who are most affected by impacts on available health and other services, whose livelihoods are most impacted, who are most at risk of violence in the home and elsewhere as a result of COVID-19
Thematic Areas:	Livelihoods and economic empowerment; elimination of violence against women; women's leadership; gender mainstreaming; gender-responsive data; social mobilization and men's engagement; humanitarian action
Project Short Title:	Gender-Responsive Prevention and Management of the COVID-19 Pandemic
Expected Start Date:	March 2020
Duration	1 year
Implementing Partner:	UN Women Responsible parties: UN Women, National Governments, NGOs
Budget	USD 70,000,000

I.   BACKGROUND OF THE COVID-19 OUTBREAK

As of 26 March 2020, there are over 465,000 confirmed cases of COVID-19 across approximately 200 countries[1]. The pandemic has already killed over 16, 000 people[2] and has generated huge disruptions to health systems, education systems, economies and social structures, which are predicted both worsen and to be long-lasting. Immediate and longer-term needs are changing across countries and are dependent on where countries are in the outbreak cycle. The needs are also different depending on government responses and policy decisions. Countries such as South Korea and China seem to have stemmed the spread of COVID-19, while countries such as Italy and Iran remain deep in emergency, while others are undertaking rapid preparedness measures, learning lessons from countries around them.

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[1] https://experience.arcgis.com/experience/685d0ace521648f8a5beeeee1b9125cd
[2] ibid

THE IMPACT AND IMPLICATIONS FOR WOMEN AND GIRLS IN THE COVID-19 PANDEMIC

COVID-19 has global implications including for women and girls. Learning from the Ebola and Zika outbreaks shows that infectious disease can magnify existing inequalities, including with regard to economic status, ability, age and gender. The impacts of COVID-19 will have far reaching gendered implications, from exacerbating already high levels of violence against women, to stunting women's engagement in the labour market. COVID-19 threatens to reverse hard won gains on gender equality, while also increasing women and girls' vulnerability to COVID-19 transmission and impacts.

Experience shows that a systematic and intentional gender lens leads to a better local, national and global response and management of infectious disease. Women's leadership and contributions are critical to curbing infection rates and enabling resilience and recovery. In addition, UN Women's analysis of the COVID-19 pandemic has identified five (5) critical areas that leave women and girls most vulnerable, and that must be addressed within all comprehensive response plans. These are:

- Increased risks for Gender-Based Violence in the context of pandemic response policies.
- Unemployment, economic and livelihood impacts for the poorest women and girls.
- Unequal distribution of care and domestic work.
- Women and girls' voices are not being included for an informed and effective response, particularly for those most left behind.
- Policy response mechanisms do not incorporate gender analytical data or gender-responsive plans.

The following provide an overview of the status of women and girls in each of these areas, highlighting existing global data (where known) and drawing on lessons learned from past pandemic responses (Ebola and Zika), alongside UN Women's data and analysis across countries from the Beijing + 25 global review.[3]

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[3] Review and appraisal of the implementation of the Beijing Declaration and Platform for Action and the outcomes of the twenty-third special session of the General Assembly Report of the Secretary-General E/CN.6/2020/3

A. Increased risks for Gender-Based Violence in the context of pandemic response

COVID-19 likely to increase domestic violence rates: Anecdotal evidence of the COVID-19 pandemic has already highlighted the increased vulnerability of women and girls to domestic violence, as already reported in China[4] and the United States[5]. Quarantine and isolation policies, critical to flatten the exponential growth curve of the pandemic, will potentially exacerbate the conditions for those already vulnerable to domestic violence, estimated to be at least one third of all women[6].

Strong likelihood of increased rates of gender-based violence in public spaces: Outside of the home, gender-based violence and sexual exploitation are also likely to increase alongside increased social vulnerability and poverty[7] . Risks of human rights violations for sexual orientation and gender identity minorities will likely increase alongside increased reinforcement of gendered norms (that require women at home), compromising their health, safety and autonomy in public and private spaces. Women will face increased fear and violence as they travel through urban or rural public spaces where streets and transport are much more deserted given the need for social distancing.

Vulnerable population segments will require life-saving violence prevention and response services: The Ebola pandemic demonstrated that multiple forms of violence are exacerbated within crisis contexts, placing women and girls and individuals belonging to marginalized, minority or vulnerable group at greater risk of exploitation and sexual violence.[8] Life-saving care and support to GBV survivors (i.e. clinical management of rape and mental health and psycho-social support) may be disrupted when health service providers are overburdened and preoccupied with handling COVID-19 cases. Even where basic essential services are maintained, a collapse in a coordinated response between different sectors, i.e., health, police and justice and social services response, and social distancing will mean that sectors will be challenged to provide meaningful and relevant support to women and girls who are experiencing violence. As government and non-government actors struggle to respond to the size and scope of the COVID-19 pandemic, overstretched health services will invariably divert resources away from essential services that women need, including pre- and post-natal health care and contraceptives[9], and exacerbate an existing lack of access to sexual and reproductive health services, and gender based violence prevention and response services[10]. New ways of reaching victims will need to be developed as well as new mechanisms for reporting and accessing support using innovation and technology on the one hand but also community-based support networks at the same time. While focusing on response related efforts, UN Women's approach will also focus on prevention aspects such as promoting positive gender norms, including through the engagement of men, boys and relevant community leaders.

> **Beijing + 25 Global Data Analysis: Violence against women and girls**
> Globally, 17.8 per cent of women experienced violence at the hands of an intimate partner in the previous 12 months. Reporting rates are low: in most countries with available data, less than 40 per cent of the women who experience violence seek help of any sort.   *--Women's Rights in Review: 25 Years After Beijing (UN Women, 2020)*

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[4] https://www.bbc.com/news/world-asia-51705199
[5] https://www.oregonlive.com/crime/2020/03/calls-to-oregons-domestic-violence-crisis-lines-spike-amid-coronavirus-crisis.html
[6] https://www.who.int/news-room/fact-sheets/detail/violence-against-women
[7] https://time.com/5803887/coronavirus-domestic-violence-victims/
8 UNGA A/70/723. Protecting Humanity from Future Health Crises: Report of the High Level Panel on the Global Response to Health Crises; UNICEF Helpdesk, "GBV in Emergencies: Emergency Responses to Public Health Outbreaks," September 2018, p. 2.
9 UNGA A/70/723. Protecting Humanity from Future Health Crises: Report of the High-Level Panel on the Global Response to Health Crises.; Measure Evaluation (2017). The Importance of Gender in Emerging Infectious Diseases Data.
10 Smith, Julia (2019). Overcoming the 'tyranny of the urgent': integrating gender into disease outbreak preparedness and response, Gender and Development 27(2).

B. Unemployment, economic and livelihood impacts for the poorest women and girls

COVID-19 will likely impact on women's employment rates, especially in the most vulnerable economies:
The impact of COVID-19 across the global economy will be profound. The economic uncertainty it has
sparked will likely cost the global economy $1 trillion in 2020[11]. In the Arab region alone, ESCWA is
estimating a $42 billion dollar decline in GDP as a result of COVID-19, and the loss of 1.7 million jobs in
2020. Countries whose economies are reliant on trade with China are already experiencing closures of
factories and a contracting economy. As women are encouraged to take leave from the paid workforce to
take on greater care work within the home, their jobs are likely to be disproportionately affected by cuts
and lay-offs. Such impacts risk rolling back the already fragile status of women's labor force participation,
and access to financial and other resources while limiting women's ability to support themselves and their
families. This in turn can generate a greater risk of trafficking, sexual exploitation, and child marriage.

Learning from the Ebola pandemic point to the impact on women's economic security. Assessment of the
gender dimensions of the Ebola Virus, showed that quarantines can significantly reduce women's economic
and livelihood activities, increasing poverty rates, and exacerbating food insecurity.[12] In Liberia where
approximately 85 per cent of daily market traders are women working informally, Ebola prevention
measures which included travel restrictions severely impacted women's livelihoods and economic
security[13]. These impacts are already being felt, for both women and men, in countries affected by COVID-
19 where schools and businesses have closed to enforce social distancing.

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[11] UNCTAD, https://news.un.org/en/story/2020/03/1059011
[12] Ministry of Social Welfare, Gender and Children's Affairs, UN Women, Oxfam, Statistics Sierra Leone (2014). Report of the Multisector Impact
Assessment of Gender Dimensions of the Ebola Virus Disease in Sierra Leone.
[13] https://www.unwomen.org/en/news/stories/2014/11/in-liberia-mobile-banking-to-help-ebola-affected-women-traders

Female health care and social workers are disproportionately vulnerable to COVID-19 transmission:

Globally, women make up 70 percent of front-line health care and social workers[14]. For example, in the United States 90 percent of nurses are women[15]; in Lebanon women make up 80 percent of the countries registered nurses; and in Rwanda, 60 percent of the nursing workforce. This predominately female paid and unpaid workforce – health care workers, social workers, domestic workers and women in homes everywhere - will be at the front line of the global response to COVID-19, both in homes and in health facilities, and are likely to constitute those most-at-risk of contracting the virus and spreading it to others. Prognosis related to COVID-19 is uncertain, however, it can be assumed that the health crisis, and its ripple effect in societies and communities, will continue.

Women's insecure and low-paid labor face compounded risks and little social protection: Women disproportionately work in insecure[16], more precarious, lower-paid, part-time and informal employment, with little or no income security and social protection, such as health insurance – and are therefore less protected from economic recession in times of crisis.[17] These risks are compounded by the dramatic economic downturn already seen as a result of COVID-19. The virus is lurching the world economy towards a severe global recession.[18] The impacts of the global recession are likely to be long term, and to result in a global prolonged dip in women's engagement in the paid economy and concomitant social protection.

> **Beijing + 25 Global Data Analysis: Women's Economic and Productive Lives**
> The gender gap in labour force participation among prime working-age adults (25-54) has stagnated over the past 20 years, standing at **31 percentage points globally**. Of those women who are employed, 58 per cent (740 million) are in the informal economy. Women aged 25-34 globally are **25 per cent more likely than men to live in extreme poverty**. *--Women's Rights in Review: 25 Years After Beijing (UN Women, 2020)*

C. Unequal distribution of care and domestic work

Global unpaid care work rates are reinforced by social norms and dominant attitudes: UN Women's research from the Middle East and North Africa finds that two-thirds to more than three-quarters of men support the notion that a woman's most important role is to care for the household, and just one-tenth to one-third of men reported having recently carried out domestic work, such as preparing food, cleaning, or caring for children, the sick and the elderly[19].

Domestic workers are particularly vulnerable to COVID-19 transmission: Women represent approximately 73 percent of all migrant domestic workers worldwide, many of whom are leading the care for children and the sick inside homes under working conditions that are characterized by insecurity and violence, with little or no access to social protection or the health services.

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[14] WHO (2019). Gender equity in the health workforce: Analysis of 104 Countries

[15] https://nurse.org/articles/Male-Nurses-And-The-Profession/

[16] Ministry of Social Welfare, Gender and Children's Affairs, UN Women, Oxfam, Statistics Sierra Leone (2014). Report of the Multisector Impact Assessment of Gender Dimensions of the Ebola Virus Disease in Sierra Leone.

[17] https://www.thedailystar.net/business/news/informal-sector-anguish-dhaka-city-residents-attempt-flatten-the-curve-coronavirus-1883260

[18] https://www.forbes.com/sites/miltonezrati/2020/03/18/heading-off-the-CoVID-19-recession/#5d52be5328e6

[19] https://imagesmena.org/wp-content/uploads/sites/5/2017/05/IMAGES-MENA-Executive-Summary-EN-16May2017-web.pdf

The Ebola pandemic demonstrated that women and girls shoulder a disproportionate burden of care work, driven by overburdened healthcare systems: Overloaded health systems alongside social distancing and school closures place a greater burden on care work and domestic labor, exposing women to increasing workloads, unpaid labor and time poverty.[20] The Ebola pandemic demonstrated that overburdened healthcare systems led to increasing dependencies of women and girls to shoulder care responsibilities in caring for ill family members and the elderly. The closure of schools in West Africa further exacerbated the burden of unpaid care work on women and girls, who absorbed additional work of caring for children.

> **Beijing + 25 Global Data Analysis: Unpaid Care and Domestic Work**
> Unpaid care and domestic work remain stubbornly feminized the world over. Women on average do three times as much unpaid care and domestic work as men, with long-term consequences for their ability to earn an income and build up assets for their later life. *--Women's Rights in Review: 25 Years After Beijing (UN Women, 2020)*

D. Women and girls' voices are not being included in an informed and effective response, particularly for those most left behind

The most marginalized women and girls may be excluded from critical, life-saving measures: Of particular concern to the COVID-19 pandemic are at-risk populations in vulnerable settings such as refugee camps, internally displaced, women with disabilities, peri-urban and urban settlements, indigenous communities, prisons and immigration detention centers and fragile locations which are already underserved by social services, and where information and strategies such as testing, handwashing, self-isolation and quarantine will be particularly difficult – if not impossible - due to lack of space, resources and services. There is a critical need for targeted approaches to reach all social groups with COVID-19 prevention information and health services, as well as other critical essential services information considering gender, age, disability, culturally aware approaches education, indigenous languages , LBTIQI identity, migration status, and HIV status.

The potential leadership of women in pandemic preparedness and response is not being sufficiently leveraged: Despite women constituting the majority of frontline healthcare workers, women are not effectively represented in national and global health leadership.[21] The Gender and COVID-19 academic working group has recommended that better inclusion of women frontline workers in all decision-making and policy spaces can improve health security surveillance, detection, and prevention mechanisms.[22] This was likewise acknowledged and agreed by the IASC Gender Policy, which states that the knowledge, capacities and agency of women and girls, alongside those of men and boys, must be recognized and strengthened in all humanitarian action, with equitable participation in planning and programming. This includes engaging women's groups and networks at the outset of a crisis to ensure they are able to adequately inform and engage within the decisions that impact their lives.

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[20] Harman, Sophie (2015). Ebola, gender and conspicuously invisible women in global health governance. Third World Quarterly 37(3).
[21] Mathad, Jyothi et al (2019). Female global health leadership: data-driven approaches to close the gender gap. The Lancet 393(10171). DOI: https://doi.org/10.1016/S01406736(19)30203-X
22Menham, Claire et al (2020). COVID-19: the gendered impacts of the outbreak. The Lancet. DOI https://doi.org/10.1016/S0140-6736(20)30526-2

E. Policy response mechanisms do not incorporate gender analytical data or gender-responsive plans

The outbreak's unequal and long-term impact on women and girls, and the importance of supporting their essential role in responding to COVID-19, requires a coordinated response that must address the gender dimensions of the outbreak. This will stem the tide of the pandemic, to protect women's health, livelihoods and safety. Yet data disaggregated by sex and analysed with a gender lens are lacking and little investment has been made to ensure these are available to policy makers. Without data and evidence to drive policy it is equally apparent that response plans are largely gender blind.

This is equally true with regard to the humanitarian response aspects of management of COVID-19. Systematic integration of gender equality and women's empowerment into the coordination of humanitarian response remains inconsistent. Evidence from UN Women's IASC Gender Accountability Framework report[23] demonstrated that in 2018, only 46% of official humanitarian response plans were based on gender analysis and sex and age disaggregated data was used in only half the clusters, and only 44% of annual response plans had a functioning gender working group in place to provide technical gender expertise.

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[23] IASC Gender Accountability Framework – UN Women 2018

II. UN WOMEN'S PROGRAMME FOR A GENDERED RESPONSE TO COVID-19

UN Women is drawing on its existing resources and capacities to respond to COVID-19. In Asia and the Pacific, where COVID-19 outbreak emerged, UN Women's offices have been substantively engaged across multiple arenas of work to advance a gender-responsive platform to the pandemic. For example:

- **UN Women China** has been at the forefront of programmatic engagement including leading an International Women's Day campaign celebrating women first responders and raising awareness on the gendered impacts of the outbreak. The campaign hashtag #AMessageToHer reached 28 million people, and #GenerationEquality reached 32 million people.
- **UN Women Afghanistan** launched the COVID-19 Prevention campaign called *Salam for Safety*, placing women as central campaign figures to combat the spread.
- **UN Women Bangladesh** launched awareness-raising initiative on COVID-19 through camps-in-charge Gender Officers through community outreach and coordination on preparedness and response
- **UN Women Vietnam** is working with UNICEF to ensure safety of women and to womenand prevent GBV in quarantine centers
- **UN Women Lebanon** is working to ensure effective protection and gender mainstreaming of the national response through a secondment to the WHO, and programmatically is scaling up cash assistance and GBV services (all delivered remotely) for at risk populations. This is combined with strategic communications with UNDP on social norms and burden sharing, and engagement with the ILO, UNDP and UNICEF on social protection
- **UN Women Regional Office of Asia and the Pacific** have led development of two resources: the regional gender in humanitarian action working group joint Advocacy Brief on Gender and CoVID that has been disseminated to regional humanitarian actors and translated for use in multiple regions, and an inter-agency guidance note on including vulnerable and marginalized groups in risk communication and community engagement (launched March 13) that has been rolled out globally. Other UN Women Regional and country offices have followed and a new range of campaigns, actions and advocacy briefs are now supporting the response in Africa, the Arab states, Europe and Central Asia and Latin America and the Caribbean[24]At the global level efforts to provide gender analysis to the Strategic Response Plans for WHO Health Emergencies are underway.

Many of UN Women's existing programmes are well-suited to be scaled to responding to medium and long-term impacts of COVID-19 response. As a result, UN Women is reviewing its existing programmatic portfolio and retargeting it accordingly. This includes:

- **Livelihoods programmes** such as Cash for Work and Job Placements under UN Women's Leadership, Empowerment, Access & Protection in Crisis Response (LEAP) programme, Markets for Change to support women traders, Climate-Resilient Agriculture to support women farmers, Rural Women's Economic Empowerment and Second Chance Education to develop skills among disadvantaged women will necessitate expansion to address the impact of the economic crisis;
- **Gender-responsive procurement** is currently used as a strategic lever to create opportunities for women entrepreneurs. Significant supply chains gaps will necessitate public and private sector looking to diversify their distributor sources. UN Women will support women-owned enterprises to access new procurement opportunities through reorientation its work on gender-responsive procurement and WIN-WIN programmes;

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[24] https://lac.unwomen.org/en/digiteca/publicaciones/2020/03/covid-como-incorporar-a-las-mujeres-y-la-igualdad-de-genero-en-la-gestion-de-respuesta#view

- **Prevention and access to essential services** delivered by UN Women (health, justice and policing, social services, helplines and coordination of these services) to mitigate risks of **violence against women and girls** and provide support services to those who have experienced and witnessed violence will be reoriented to include those impacted by COVID-19 restrictions. Safe Cities and Safe Public Spaces integrated approaches to end sexual violence in public spaces in urban, rural and other settings will be critical inputs for public safety;
- Work on **gender data, statistical analysis and evidence** under UN Women's *Making Every Women and Girl Count* programme will be scaled up to analyze the impact of the COVID-19 crisis and develop policy solutions.
- Support to women's organizations through UN Women's **Women, Peace and Humanitarian Fund, the Spotlight Initiative and the Trust Fund to End Violence Against Women** will continue and expand, though adapting to new realities that constrain movement and access due to COVID-19.

III.   UN WOMEN'S RESPONSE FRAMEWORK TO COVID-19

UN Women proposes to reach 200,000 women and girls and their immediate families through the provision of assets, goods and services, while reaching an additional 3,000,000 people through awareness raising on COVID-19 prevention and response.

The overall goal is to stem the spread and mitigate the impact of COVID-19 as well as promote a rapid, effective and sustainable recovery. There is a specific focus on countries with the weakest healthcare and social protection systems[25] and those whose economic systems heavily impacted by countries affected by the crisis. It focuses on complementing emergency primary health interventions being led and driven by WHO and UNICEF, as articulated in WHO's Strategic Preparedness and Response Plan as well as national and regional stakeholders, by ensuring social and economic impact is mitigated.

In response to our analysis of the COVID-19 five (5) critical gender issues outlined above, and leveraging UN Women's capacity and expertise, including through its unique partnership with women's organizations on the frontline we propose to contribute to the following 5 outcomes.[26] In all its efforts UN Women will be aligned with WHO and other UN partners, as well as international efforts more broadly. UN Women's contribution will be to add specific gender-responsive measures in explicit programme interventions of comparative advantage. See *Appendix A* for the results framework.

1. **Incidence and impact of GBV is mitigated and minimised within local, national and global COVID-response measures including through coordinated UN support:**

In order to achieve this outcome, UN Women will ensure that:
- Services to address violence against women and GBV are increased and expanded in target countries, including through shelters, hotlines and online counselling. This work will incorporate technology-based solutions such as SMS, online tools and networks for social support.
- Advocacy and media campaigns are in place and reach the widest possible audience to prevent VAW including through targeting men.
- National COVID-19 policy frameworks include tactical and fiscal approaches to address GBV, including prevention and response services to the most vulnerable girls and women.

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25 According to WHO's WHO risk assessment and priority countries

26 These outcomes are aligned with and contribute to two of WHO's Strategic Preparedness and Response Plan objectives, namely Communicate critical risk and event information to all communities, and counter misinformation; and Minimize social and economic impact through multisectoral partnerships.

Key activities include:

- *Rapid assessments of current shelters and support the immediate expansion of shelters and case management services.*
- *Supporting PSEA hotlines, linked to existing protection hotlines, to address likely increases in sexual exploitation and abuse in light of increased vulnerability.*
- *Provision of support to government centres that serve women and girls (e.g. safe spaces) including health care essentials to safely remain open/reopen for women and girls.*
- *Establishing Situation Rooms for early warning and rapid response against increased violence against women and girls.*
- *Providing direct support to government quarantine centers to promote adherence to international standards to prevent sexual exploitation and abuse.*

Selected indicators: *# women and girls reached through mobile and other protection services; # calls received on PSEA hotline per month; # women and girls receiving key items (internet and mobile phone data, hygiene kits) to enhance their protection; # spaces and shelters financially supported; # government centres equipped and upgraded to be safely opened.*

2. **Social protection mechanisms and economic stimulus packages properly serve women and girls and are effectively targeted at their situations.**

In order to achieve this outcome, UN Women will ensure that:
- Government partners invest in social protection packages that target assistance to women including female front-line health care workers and vulnerable girls and women.
- Targeted financial assistance to female headed households is available through digital wallets which effectively links vulnerable women to mobile money services, and which pivots as appropriate to long-term recovery support and promotion of financial inclusion.
- Government and private sector partners are equipped to support women-owned enterprises through procurement of products and services including through capacity development support.
- Women have access to information that allows them to take the fullest advantage of government measures to support them during COVID-19 response.

Key activities include:
- *Advocate for and support efforts to ensure that emergency social protection packages and related allocated budget address the needs of female primary health care workers and first line responders.*
- *Provide technical support to enhance economic resilience through unconditional cash distributions via digital wallets and mobile handsets to female headed households, and for women who have left the paid labour market to undertake unpaid care work during the COVID-19 response.*
- *Promote new sources of income security for marginalized women through policy interventions on mobile financial services and market-based opportunities.*
- *Advocate and support targeted efforts for increased government and private sector procurement targeting women-owned businesses.*
- *Work with government service providers to target digital messaging for women to fully access government schemes targeting the economic impacts of the outbreak.*

Selected indicators: *# countries with gender-responsive social protection packages for COVID-19; # women supported through mobile money distribution; % increase in procurement from women-owned enterprises by key partners; # women accessing government social protection schemes per country*.

3. **The broader public, and in particular men and boys, are supportive of and practise the equal sharing of unpaid care work arising from measures to manage the spread of COVID-19**

In order to achieve this outcome, UN Women will ensure that:
- Social mobilization measures are in place in targeted countries, including leveraging UN Women's HeForShe network, to promote messaging on redistribution and recognition of unpaid care and domestic work.
- Advocacy and communications efforts of civil society actors to promote equal sharing of care and domestic work are supported in target countries.
- Policy measures are supported in the recovery phase of COVID-19 to support the care economy.

Key activities include:
- *Use the HeForShe network to generate and disseminate messaging on the imperative of the equal sharing of the burden of care within COVID-19 response, including through the 1.1 million existing HeForShe supporters as well as high level champions including Heads of State and celebrities.*
- *Provide direct support, both financial and technical, to local women's organisations, including migrant women's organizations and organizations of persons with disabilities, to enable efforts to raise awareness within their communities and constituencies on the imperative of the equal sharing of the burden of care in the response and recovery of COVID-19.*
- *Identify national policy measures which can enable equal sharing of the burden of care in the recovery phase of COVID-19 (e.g. family leave and care economy policies).*

Selected indicators: *# organisations engaged in social awareness raising; # people reached through awareness raising; Demonstrated change in attitudes towards care work through use of basic, low-cost survey tools.*

4. **Women and girls affected by COVID-19 lead and participate in decision making in the response**

In order to achieve this outcome, UN Women will ensure that:
- Women leaders in a range of sectors (governmental, private sector and civil society including women health workers) have access to information to enable their fullest role in COVID-19 response.
- Promote and support quotas and affirmative action mechanisms to ensure participation of women in decision making bodies for COVID-19 response.
- CSOs supported to play their fullest role including through remote support.

Key activities include:
- *Working with authorities and leveraging UN Women's political positioning to secure space for women and girls in decision making bodies including through advocacy and support for implementation of quotas and other measures to ensure women's equal participation.*
- *Convening women and girls in UN Women-brokered spaces to develop collective messaging as a means of incorporating their perspectives and voice into decision-making at different levels.*
- *Support local women's organisations, women in local government and national gender machineries to engage and influence COVID-19 response including through provision of information and experience sharing on critical COVID-19 prevention and response messages and strategies.*

Selected indicators: *# cases where COVID-19 response strategies and implementation changed as a result of feedback from affected populations; % women in decision-making in national level COVID-19 responses; # women led advocacy campaigns on the prevention of and recovery from COVID 19 in communities.*

5. **Global, regional and national efforts integrate gender considerations and are thereby more effective for all**

In order to achieve this outcome, UN Women will ensure that:
- Gender coordination mechanisms are in place (e.g. gender theme or working groups among partners) to promote gender mainstreaming in national, regional and global COVID-19 response plans.
- Technical support on gender mainstreaming is available to key actors at different levels
- Gender-disaggregated data highlighting impacts on women and girls is available and analysed to inform response including through establishment of baseline data.
- Gender report cards systematically analyse and assess the quality of gender-responsive effort by national governments in COVID-19 policy levers and response plans.

Key activities include:
- *Provision of technical assistance for gender analyses, strategic response plans of WHO and others, support to preparation of gender-responsive funding proposals and others.*
- *Launch of a Gender and COVID-19 data set through the Women Count data hub platform*
- *Generation of research products and knowledge assets including national level "Gender Report Cards" and analyses of impacts of different economic recovery programmes.*

Selected indicators: *Sex disaggregated data is available throughout the global, regional and national response; Global, regional and national strategies include specific interventions to address gender vulnerabilities; # Government Gender Report Cards developed assessing COVID-19 national response.*

Focus on the most disadvantaged: Across all five priority areas UN Women will be mindful of the differential impacts on most disadvantaged women and girls, and will take explicit programmatic efforts to address the unique needs of these populations, including:

- Women with higher mortality risk from Covid-19
- Women and girls living with disabilities.
- Women and girls from minority, indigenous, and afro-descendant populations.
- Women and girls in situations of crisis and displacement (refugees, IDPs and women in host communities, female migrants and returnees).
- Sexual and gender minorities.
- Women human rights defenders.
- Female domestic workers.

Partnerships
UN Women works closely with WHO and other UN agencies and UN Country Teams as well as governments to strengthen coordinated response to this outbreak. This includes global and regional humanitarian coordination mechanisms, including WHO health emergencies responses. UN Women has led development of guidance to support collective efforts including the IASC Gender Reference Group's COVID 19 Gender Alert, offering the humanitarian system guidance on a cluster by cluster basis on key gender issues to be integrated into humanitarian response strategies and the Asia Pacific Gender in Humanitarian Action Group and Global Protection Cluster's *COVID 19 Outbreak and Gender* document, providing key advocacy points for the Asia Pacific Region. This approach of working with and through partners will be fundamental and guide all the activities described in this concept note.

UN Women is also part of the Gender and COVID-19 Working Group, a group at global level comprised of academics and experts collecting data and undertaking urgent analysis on gender implications of COVID-19.

Geographical coverage

UN Women will broadly follow WHO's prioritisation of countries with weak health systems and at risk of being burdened with COVID-19. This includes countries that are 'recovering' from the impact of COVID, countries still in the emergency phase and countries undertaking preparedness. UN Women currently plans to target 20 countries but may adjust the number as the situation evolves.[27] UN Women will also prioritise countries where it has strong existing capacity including ongoing programming that can be used as a foundation.

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[27] Proposed countries are: **Asia Pacific** (Afghanistan, Bangladesh, Papua New Guinea, Myanmar); **West and Central Africa** (Senegal, Cameroon, Democratic Republic of the Congo, Nigeria); **Americas and the Caribbean** (Haiti, Honduras, Venezuela); **Europe and Central Asia** (Turkey, Ukraine); **Arab States** (Iraq/Yemen cluster, Palestine, Lebanon); **Eastern and Southern Africa** (Ethiopia, Zimbabwe, Kenya, Uganda).

Annex: **Realizing the contribution of, and mitigating the impacts on, women and girls for an effective response for all to COVID-19**

Goal: **Women and girls play their fullest role in response to, and are protected from the impacts of, COVID-19 to achieve better outcomes for all.**
- **Reduced/slowed infection and transmission rates among women, their households and their wider community.**
- **reduced economic impacts on women, particularly for those in vulnerable employment,**
- **better response to violence against women and an increased sense of safety,**
- **increased women's leadership and voice in the COVID-19 response.**

1. Incidence and impact of GBV is mitigated and minimised, including through coordinated UN system support.	2. Social protection mechanisms and economic stimulus packages properly serve women and girls.	3. People support and practise the equal sharing of the burden of care.	4. Women and girls affected by COVID-19 lead and participate in decision making.	5. Gender mainstreamed into global, regional and national efforts.
1.1 Services to address violence against women and GBV are increased including those provided by CSOs. 1.2 Advocacy and media campaigns including in local languages and targeting men are in place and reach the widest possible audience to prevent VAW. 1.3 National policies are supported to address GBV, including prevention and response services to women and girls most left behind.	2.1 Governments invest in social protection that targets affected women and girls and front-line health care workers. 2.2 Targeted fiscal assistance to women including female headed households is available through digital money and supports financial inclusion. 2.3 Government and private sector partners support women-owned enterprises and build their capacity including through procurement. 2.4 Women have access to information to take advantage of support.	3.1 Social mobilization measures are in place in targeted countries and beyond, including leveraging UN Women's HeForShe network and other men's organisations, to promote messaging on equally sharing the burden of care. 3.2 Strengthened advocacy and communications efforts of civil society actors to promote equal sharing of care work in target countries. 3.3 Policy measures are supported in the recovery phase of COVID-19 to support the care economy.	4.1 Women leaders in a range of sectors (governmental, private sector and civil society including women health workers) have access to information to enable their fullest role in COVID-19 response. 4.2 Promote and support quotas and affirmative action mechanisms to ensure participation of women in decision making bodies for COVID-19 response. 4.3 CSOs supported to play their fullest role including through remote support.	5.1 Gender coordination mechanisms in place to promote gender mainstreaming in COVID-19 response. 5.2 Technical support on gender mainstreaming is available to key actors. 5.3 Gender-disaggregated data highlighting impacts on women is available and analysed to inform COVID-19 response. 5.4 Gender report card assesses the quality of gender-responsive effort by national governments in COVID-19 policy levers and response plans.