



## UNDP COVID-19 RESPONSE

### Basic rapid checklist for gender-responsive COVID-19 crisis and recovery interventions



The COVID-19 crisis demands quick action from UNDP. At the same time, our interventions must be well informed and adapted to all. As the COVID-19 crisis is having a different impact on people depending on their gender, you can see the below a basic rapid checklist to help you include gender equality considerations in all UNDP COVID-19 crisis interventions. For more detailed thematic checklists, please go to [UNDP's Gender and recovery toolkit](#).

#### Basic issues for all interventions:

- Have you assessed or read existing assessments of gender issues in COVID-19 crisis affecting your country or region? (See Annex 1 for a summary of issues to consider).
- Have you incorporated the relevant gender issues into your intervention? Is your project rated GEN 2 (substantially incorporates gender equality concerns or GEN 3 (gender equality is the core objective)? This is required for all UNDP programming.
- Have you included gender expertise as part of the project task force? If there are gender experts available in your country office or for other projects of your office, have you consulted them?
- Have you dedicated at least 15% of the project's budget to gender equality? (This is part of UNDP's Gender Equality Strategy and it is critical in the current situation).
- Have you disaggregated by sex and age (and any other social determinant) the M&E indicators of your intervention, including relevant gender-specific indicators?

#### Health emergency interventions:

- Have you considered how to tackle the expected increase in gender-based violence as part of COVID-19, including how to ensure that public services for gender-based violence survivors, such as shelters, health services (e.g. emergency contraceptive) and referral mechanisms continue functioning or even improve?
- Have you included awareness-raising campaigns or other measures for shared care and domestic responsibilities, and for preventing gender-based violence during the COVID-19 crisis?
- Have you considered the different behaviors of women and men, and gender-based segregation of labor that have an impact on the COVID-19 transmission? Have you ensured to cover the specific needs of women and of men working at the frontline and being affected by COVID-19?

#### Integrated policy responses:

- Have you included gender experts as part of your support to governments on assessments, policies and emergency plans?

- Have you consulted with Women’s Ministries, Institutes and Commissions in decision making processes? Have you incorporated women’s leadership and the active engagement of women, women’s networks and women’s organizations as part of community engagement, and local and national decision-making? This includes ensuring the have effective budget and developing capacities when needed.
- Have you set aside budget for capacity building on gender issues in COVID-19 of local and national governmental officials, decision-makers, civil society and other relevant actors?
- Have you considered the different levels of digital literacy of women and men from different social groups and developed inclusive communication plans and digital capacity development and accessibility?

**Socio-economic recovery:**

- Have you considered the vertical and horizontal segregation of labor based on gender, and how COVID-19 is having different socio-economic impact on women and men? Have you adapted your intervention accordingly?
- Have you tailored the social protection response (C4W, cash transfers, social assistance, active employment, etc) to the needs of all people considering their genders? Have you included care services (children, elderly, disabled and other dependents) as a core element of the social protection response? Are you promoting family shared responsibilities to reduce the burden mostly put over women?
- Are you envisaging the different burdens that women and men experience for their economic recovery? Are you developing quotas or other measures to ensure that women entrepreneurs and women employees are not left behind, and their needs are also addressed?
- Are you ensuring that financial programs and investments towards COVID-19 recovery are gender-responsive?
- Have you adopted measures to prioritize intersecting risks and discriminations (e.g. elderly, persons with chronic diseases, living in poverty, in marginalized territories, deprived of liberty, homeless or single-parent households, etc.)?

**Gender-responsive approaches during COVID-19 project implementation and monitoring**

The differentiated impact that the COVID-19 crisis is having on women and on men must inform not only your project design, but also how you implement and monitor your interventions. Ensure that during monitoring, you proactively keep track of the impact that your activities are having on women and men and readapt them as needed.

This check list contains some minimum standards for rapid COVID-19 interventions. Remember that, for strong gender-responsive projects you can use more comprehensive and detailed checklists from [UNDP’s Gender and recovery toolkit](#).

For rapid guidance or immediate technical support, do not hesitate to reach your regional gender advisor. In case of regional work overload, the rest of the GPN Global gender team is also ready to assist you. Below you can find the contacts.

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- 1. Significant increase in gender-based violence (GBV) and weaker support to GBV survivors that may put security in danger.** A UNDP assessment of the impact of the Ebola outbreak in Sierra Leone showed how women and girls experienced heightened risk of sexual violence and GBV. Economic hardships caused by the Ebola crisis, as well as the by-products of the emergency response such as children being at home from school and limitations on movement, often translated into an increase in cases of domestic violence and sexual abuse, especially of teenage girls and women spouses. Furthermore, during periods of crisis, women and men are forced to adopt new roles challenging preexisting social norms and societal roles. The newly defined roles -for instance, diminished role of men as the main earners- creates anxiety among women and men and thus further tensions in the household. Stress, alcohol consumption and financial difficulties are well known triggers for gender-based violence and quarantine measures being imposed around the world will increase all three.

During the COVID-19 outbreak, gendered consequences have been reported in China and other countries by workers supporting survivors of gender-based violence. For instance, an NGO assisting GBV victims in Jingzhou received three times more reports of domestic violence in February 2020 compared to the same month last year (Sixth tone, 2020). In fact, abusers are likely to capitalize on COVID-19 consequences, such as the breakdown of normal protection structures and support, to further isolate their victims and exercise stronger power over them. The Twitter hashtag *#AntiDomesticViolenceDuringEpidemic* was used more than 3,000 times on a Chinese social media platform, making evident that this violent outbreak parallels COVID-19 (BBC, 2020).

While there is an increasing need to respond to GBV, the competing pressure to respond to COVID-19 cases disrupts social, health and juridical support for gender-based violence survivors. This was already observed during the Ebola outbreak. Because of the re-allocation of resources towards the Ebola response, restrictions on movement, and fear of contracting Ebola, GBV survivors were prevented from seeking medical and police attention, making cases go unrecorded (UNDP, Irish Aid, 2015). In China, shelters for GBV survivors in some villages were repurposed for other needs during the COVID-19 outbreak, and in some countries GBV hotlines and judicial processes are offering reduced services. Thus, in times of disruption, referral pathways for GBV survivors are limited and sometimes diminished.

- 2. Stay-in workers (domestic, care and sex workers), who are mostly women, are more exposed to violence and different forms of exploitation.** This is particularly severe for stay-in (and especially irregular) migrant workers, as they tend to be more isolated, more dependent to their employers and with limited access to social protection services.
- 3. Exponential increase in unpaid domestic work and care burdens are overwhelmingly put on women's shoulders.** Globally women perform on average more than twice the amount of unpaid work as men. Due to school and social services closures, care needs for the elderly, children, sick and dependents are severely exacerbated. Due to the existing structures of the workforce (including gender pay gap) and social norms, women are more likely to experience a significant increase of unpaid work and care burdens. This does not only imply increased time poverty, but also can have an impact on their livelihoods and upward job mobility. In certain cases, this may lead to women having to quit or lose their job.
- 4. Economic dis-empowerment of women and gender gap increase in employment.** In times of crisis, employment might be prioritized for men. As women tend to have fewer stable jobs, often regarded as secondary, and with higher care responsibilities put over them, they are more likely to lose employment, experience more difficulty finding new jobs. In some cases, this can lead to food insecurity for women and families. In fact, UNDP's Gender Social Norms Index evidenced that "Globally 50 percent of men agree that, in times of scarcity, men should have more rights to get jobs instead of women" (UNDP, 2020). Also, women form most of informal employment in many countries, informal employees are more likely to lose their jobs in times of scarcity and be unprotected from social protection services. Additionally, women are most of the service industry (e.g. 90% in Barbados,

Bahrain, Argentina) and this sector is especially affected by the outbreak. In Ebola-affected Sierra Leone, the economic dis-empowerment of women led to an increase of transactional sex for women's economic survival, which in turn was one of the reasons for a widespread increase in teenage pregnancy (UNDP, Irish Aid, 2015).

5. **Women and men have different exposure to COVID-19.** Conversely to the previous point, women make up 70% of the world's health and social sectors including, nurses, care givers, cleaners and other professions that are at high risk to COVID-19. Health care workers are most exposed to coronavirus and to exhaustion due to long working hours. Most of flight attendants, teachers and service industry workers are women, and they conform also most care providers of the sick family members. At the same time, men are a majority in the transportation and logistics, policy and armed forces, have higher activity rates worldwide and more engaged in out-from-home activities. They also have social and health practices associated to masculine gender roles that exposes them to COVID-19.
6. **Worsening food security** especially for vulnerable and single-headed families. In times of crisis women tend to eat less to provide for children and other family members (GPF, 2008).
7. **Discriminatory and gender-blind laws negatively impact women's interaction with and access to healthcare** including testing, treatment, care and support services. Emergency laws in response to epidemics such as COVID19 often lack the robust stakeholder engagement necessary to fully address the gendered impact of the epidemic. For instance, emergency laws and policies are often used to deprioritize women's needs as essential health services are recategorized. Gender norms negatively impact on effective disease response by discouraging discussion about disease prevention, behavioral change including health-seeking behavior and limiting independent decision-making related to sexual and reproductive health.
8. **Limited access to health and family planning services for women in some countries due to gender-based social norms and interrupted services.** Gender bias and conditioning may cause women and girls to delay reporting healthcare issues, including pregnancy symptoms, and/or prevent access to women's health and reproductive treatment. For instance, social norms in some communities may dictate that women cannot obtain health services on their own or from male service providers (CRRE, 2020). Interrupted services also have an impact on women's ability to manage their family planning. From Ebola affected Sierra Leone, data indicates a spike in maternal mortality due to resources diverted elsewhere. In fact, during this time, more women died of reproductive related issues than those who died of Ebola itself (Lewis, 2020).
9. **COVID-19 impacts women and men differently.** Women and men may face different **psycho-social impacts** of the pandemic. Women may experience more stress and emotional impact combining distant work, household duties and parenting, while women and men equally can be distressed by unfamiliar health threat, economic uncertainty and instability. In contexts where gender-based roles are stricter, men may see their socially expected role as family "breadwinner" challenged and may lead to higher numbers of **depression and even suicide**, as demonstrated in refugees and internally displaced persons crises (O'Connor, Pirkis, 2016). This fact, together with the stereotypical association of masculinities with strength and even violence may lead to also gender-based violence as discussed above. The impact is also different in elder women and men. Globally, most of the **elderly living alone are women, whereas elder men living alone tend to be more isolated and have less safety networks (Vandervoort, 2012)**. Severe consequences of COVID-19 can be overlapping and interdependent based on race, class, age, (dis)ability and gender. Additionally, different gendered impacts of the COVID-19 crisis are also compounded when considering vulnerable populations such as migrants, prisoners, and other social groups. **Minorities and people with disabilities** are affected due to pre-existing issues with access to health, social care systems and education and can be subject to further stigma and discrimination. **LGBTIQ** populations are likely to suffer more marginalization in conditions of stress and insecurity.
10. **Shelter and sanitation, especially in developing and least developed countries, pose an added challenge mostly over women.** Women- headed households are more likely to have inadequate housing compared to males, which can increase health risks, especially in cases of overcrowding of shelters (CARE, 2020). Refugees, internally

displaced persons are at an additional risk for COVID-19, yet in some circumstances, may lack appropriate resources to seek adequate healthcare.

11. **Women are likely to be more excluded from leadership and decision-making arenas, and from accessing information.** Social norms may exclude women from decision-making roles, as well as from information channels. Women have less access to internet and new technologies globally. In fact, **327 million fewer women than men have a smartphone and can access the mobile Internet in the world (OECD, 2018)**. This has a direct impact on women's ability to get informed and adapt to the COVID-19 crisis, as ICTs are proving to be critical during the outbreak. The lack of women's participation in decision making and in communication channels limits the reach and impact of recovery efforts and the possibilities to revitalize economies. In crisis contexts, women's organizations are not likely to be engaged, despite that they are key in mobilizing women and most-at-risk populations, in contributing to preparedness for disaster and recovery, and in helping to bring important social and economic issues to the table.
12. With a few exceptions<sup>1</sup>, a **lack of gender-disaggregated information** about the crisis and its health impacts, hampering appropriate interventions as they are designed based on assumptions rather than reality.

#### References:

- BBC (2020) *Coronavirus: Five ways virus upheaval is hitting women in Asia*. (Available at: <https://www.bbc.com/news/world-asia-51705199>)
- CARE (2020) Gender implication of COVID-19 outbreaks in development and humanitarian settings. (Available at: [https://www.care.org/sites/default/files/gendered\\_implications\\_of\\_covid-19\\_-\\_full\\_paper.pdf](https://www.care.org/sites/default/files/gendered_implications_of_covid-19_-_full_paper.pdf))
- GPF (Global Policy Forum) *The effects of the food crisis on women and their families*. (Available at: <https://www.globalpolicy.org/social-and-economic-policy/world-hunger/general-analysis-on-hunger/46209.html>)
- Lewis, H. (2020) *The coronavirus is a disaster for feminism*. The Atlantic. (Available at: <https://www.theatlantic.com/international/archive/2020/03/feminism-womens-rights-coronavirus-covid19/608302/>)
- O'Connor, R. C; Pirkis, J. (2016) *The international handbook of suicide prevention*. Blackwell: London.
- OECD (2018) *Bridging the digital gender divide. Include, upskill, innovate*. (Available at: <http://www.oecd.org/internet/bridging-the-digital-gender-divide.pdf>)
- Regional Risk Communication and Community Engagement Working group for Asia Pacific (RCCE) (2020) COVID-19: How to include marginalized and vulnerable people on risk communication and community engagement. (Available at: [https://reliefweb.int/report/world/covid-19-how-include-marginalized-and-vulnerable-people-risk-communication-and?utm\\_medium=social&utm\\_campaign=shared&utm\\_source=facebook.com](https://reliefweb.int/report/world/covid-19-how-include-marginalized-and-vulnerable-people-risk-communication-and?utm_medium=social&utm_campaign=shared&utm_source=facebook.com))
- Sixth Tone (2020) Domestic Violence Cases Surge During COVID-19 Epidemic. (Available at: <https://www.sixthtone.com/news/1005253/domestic-violence-cases-surge-during-covid-19-epidemic>)
- UNDP (2020) Tackling social norms. A game changer for gender inequalities. (Available at: [http://hdr.undp.org/sites/default/files/hd\\_perspectives\\_gsni.pdf](http://hdr.undp.org/sites/default/files/hd_perspectives_gsni.pdf))
- UNDP, Irish Aid (2015) Assessing sexual and gender-based violence during the Ebola Crisis in Sierra Leone. (Available at: [https://www.sl.undp.org/content/sierraleone/en/home/library/crisis\\_prevention\\_and\\_recovery/assessing-sexual-and-gender-based-violence-during-the-ebola-cris.html](https://www.sl.undp.org/content/sierraleone/en/home/library/crisis_prevention_and_recovery/assessing-sexual-and-gender-based-violence-during-the-ebola-cris.html))

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<sup>1</sup> The Italian National Institute of Health shares on a daily basis Covid-19 data disaggregated by age and gender (57,989 cases: 58.1% men, 41.9% women).

UNFPA (2020) Technical brief. COVID-19: A gender lens. Protecting sexual and reproductive health and rights and promoting gender equality. (Available at: <https://www.unfpa.org/resources/covid-19-gender-lens>)

UN Women (2020) The COVID-19 Outbreak and gender: Key advocacy points from Asia and the Pacific. (Available at: <https://www2.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2020/03/ap-giha-wg-advocacy.pdf?la=en&vs=2145>)

UN Women (2020) Género y el COVID-19 en América Latina y el Caribe: Dimensiones de género en la respuesta [Gender and COVID-19 in Latin America and the Caribbean: Gender dimensions in its response]. (Available at: <https://www2.unwomen.org/-/media/field%20office%20americas/documentos/publicaciones/2020/03/briefing%20coronavirusv1117032020.pdf?la=es&vs=930>)

US National Domestic Violence Hotline (2020) Staying safe during COVID-19 (Available at: <https://www.thehotline.org/2020/03/13/staying-safe-during-covid-19/>)

Vandervoort, D. (2012) Social isolation and gender. In: Current psychology journal 19(3): 229-236. (Available at: [https://www.researchgate.net/publication/225540241\\_Social\\_Isolation\\_and\\_Gender](https://www.researchgate.net/publication/225540241_Social_Isolation_and_Gender)).