ActionAid Australia
COVID-19: Women-led localised responses to the coronavirus pandemic

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Members of the Women I Tok Tok Tugeta forum and Shifting the Power Coalition gather in Port Vila, Vanuatu for the Women-Led Protection Training. Photo: C. Douglas/ActionAid.
Introduction

Gender norms will place women at the frontline of the COVID-19 crisis and gender inequalities are likely to shut them out of critical decisions about the response effort. As 67% of frontline health workers globally and primary carers in families, women are one of the greatest assets that can be deployed in the fight to prevent the spread of COVID-19 in low income countries with little health infrastructure and resources to cope. With over 200,000 people infected globally and rapidly rising, critical investments now in supporting women’s leadership in the response, drawing on their localized knowledge, and resourcing their networks and organisations to respond, can save lives and prevent catastrophic impacts of partner countries. COVID-19 is an opportunity within a crisis to drive a gender transformative, localization agenda by supporting local and national women’s organisations to be at the forefront of the response.

This ActionAid briefing provides an overview of likely gendered impacts of the pandemic, drawing on learnings from other similar disease outbreaks. It also proposes a framework for ensuring a gender responsive approach to the COVID-19 that proposes investments that can promote women-led localized action, while preventing a deepening of gender inequality as a result of the crisis, alongside broader prevention and response objectives.

Increased risk due to caring roles

Based on other health epidemics, governments can anticipate increased incidence and fatalities among women due to their gender role in families, which include caring for sick family members, which increases their exposure to the virus as infection rates grow. During the Zika outbreak, many women were forced to leave paid work to move into full-time care of their family members (Davies et al, 2020). 69% of health sector jobs globally are also held by women, which also women on the frontline of care and treatment of those affected by the virus. These factors will increase women’s frequency and intensity of exposure and warrants recognition of women being a high-risk population group, alongside the elderly and people with low immunity.

These gender roles also mean that women can be an important resource in the fight to curb the spread of infectious disease, and that efforts to resource women frontline responders may be one of the effective strategies for prevention.

ActionAid’s experience in responding to the Ebola crisis in Liberia, Sierra Leone and DRC found that public health campaigns led by local people and in local languages were the most effective strategy in preventing disease outbreak. In the Ebola response in Liberia, ActionAid worked with women’s organisations and networks across the country to mobilise door-to-door providing information on disinfecting homes, and responding to and limiting contact with sick people. They also supported contact tracing and case management, as well as distribution of essential supplies.
for people in quarantine. For many partner countries, where health infrastructure is weak and falls well below WHO guidelines for health investment by governments as well as minimum thresholds for medical staff, immediate investment in prevention and control strategies in communities is critical to avoid widespread disease outbreak.

Unequal access to healthcare, resources and information

Gender inequalities also influence women’s access to healthcare, resources and information all of which play a critical role in prevention, early intervention and treatment. Women are estimated to make up 70% of all people living in poverty, which already impacts their ability to access health care evidenced by persistent levels of maternal mortality. In low income countries, women also make up two-thirds of the informal economy without access to sick leave and unemployment benefits. As COVID-19 couples with a global financial crisis, women’s overrepresentation in precarious employment will leave them out of work and with no social protection, unable to access healthcare and treatment. Female domestic workers face specific threats as the majority are migrant and undocumented workers without sick leave, unemployment benefits or access to health services. Yet they are critical in providing care to families worldwide.

Targeted outreach to informal workers is essential in preventing infection among some of the most vulnerable workers, which will inevitably deepen poverty and inequality. Long term strategies focused on social protection and decent work for women are critical in building resilience to health epidemics.

Evidence from other outbreaks also suggests that educational levels impact knowledge uptake, and targeted outreach to women and girls with different levels of literacy, disabilities (i.e. sight and hearing impairments) is needed to respond to communication needs for the most marginalised groups (Oxfam, 2017).

Unequal access to decision making

Women are underrepresented in leadership and decision-making positions globally making up only 25% of all managerial positions and a similar number of parliamentary positions. In nearby countries such as Vanuatu, no women are currently represented in Parliament. This effectively means that women are excluded from emergency response decision making and contributes to their needs and priorities being overlooked or marginalized prevention and response plans and budgets.
ActionAid with the Economist Intelligence Unit in South Asia 2015 found that women have less resilience to cope with shocks and stresses due to a range of social, economic, institutional and infrastructure factors. It also identified a vicious cycle whereby women’s exclusion from decision making in crisis preparedness and response results in plans and policies that overlook the specific needs and priorities of women. As a result, when these plans are enacted they fail to appropriately respond to the needs of half the population and deepen existing inequalities.

A clear example of this from the current COVID-19 response is the forced shutdown of schools and child care centres in many parts of the world. No consideration is given to the impact this has on women’s unpaid caring responsibilities or ability to move to remote working arrangements. As schools transfer learning to online and new modes of working, women will be forced into unpaid teaching roles to support child learning from home. They will also be forced out of work and into the full time care of young children as women’s incomes are often seen as secondary to the male breadwinner in the family in many parts of the world.

In order to address these challenges, it is critical that women’s representation at all levels of the COVID-19 response be resourced and that parents with caring responsibilities are consulted to develop appropriate responses strategy, which may include some compensation to support loss of income for primary carers or as part of recognizing the contribution women’s unpaid care will inevitably make to a successful response effort.

Increased protection risks

UNFPA Minimum Standards on Gender Based Violence in emergencies require all humanitarian actors to assume that violence increases in times of crisis. COVID-19 is expected to be no different, and may indeed be more severe, given its coupling with a global financial crisis and adding on ongoing humanitarian needs due to conflict and other disasters.

As family tensions rise due to containment, food insecurity or financial pressures, women and children are likely to experience an increase in domestic violence and the economic impact puts them at higher risk of sexual exploitation. Self-isolation practices will also result in women being unable to access support services, which is particularly problematic when it comes to life-saving care to GBV survivor such as clinical management of rape and mental health support, when health services providers are overburden with handling COVID-19 cases.

The experience of the Ebola outbreak in West Africa over 2014-2015 revealed high rates of sexual violence and abuse, where women had few options but to seek shelter in dangerous environments. Similarly, as responses to other similar outbreaks have shown, efforts to contain COVID-19 may further compromise access of women and girls to already limited SRHR (Relief Web, 2020).

Protection from GBV must be an important priority in COVID-19 response plans and mainstreamed into all initiatives, alongside increased support for frontline DV services.
A gender responsive approach to COVID-19

In order to redress these inequities, ActionAid has developed a framework to guide gender responsive and integrated approaches to crisis prevention and response, which seeks to ensure gender equality is a goal of any humanitarian intervention, alongside other objectives. This framework can be applied to COVID-19 response efforts. It can also serve as a way of bridging the development, humanitarian and security nexus over the longer term by removing harmful silos that continue to minimize or limit impacts to only the immediate response efforts.

The following three critical investments are necessary to rectify inequities that are likely to be magnified during the COVID-19 pandemic:

• **Supporting women’s participation in policy and decision making spaces at all levels** – This will ensure gender inclusive responses that incorporate the needs and priorities of half the population, who also play a critical role as frontline responders in health emergencies as both primary carers in families and the majority of health workforce. DFAT can support this objective by working with bilateral partners to encourage close collaboration between Ministries of Health with gender machineries, as well as the engagement of women’s organisations in the crisis response planning. It should also ensure that women’s leadership in response efforts is a primary objective of its response plan, alongside prevention and control objectives.

• **Resourcing women’s networks as key platforms to support outreach to women in the community and women’s collective influence at all levels** – women’s organisations and community networks have large constituencies that can be quickly mobilized and be a powerful community resource in humanitarian crises if appropriately resourced and meaningfully engaged. They are essential in targeted efforts to maximise outreach to women carers and health workers. DFAT can drive direct funding to national women’s organisations through investment in regional coalitions, existing partnerships through the aid program with women’s organisations and via women’s funds. The Shifting the Power Coalition in the Pacific works with 13 women-led civil society coalitions across the Pacific and the Feminist Humanitarian Network has a global network of more than 40 national women’s organisations across all regions as existing entry points.

• **Valuing and recognizing women’s localised and accumulated knowledge alongside scientific knowledge** – This will draw on local capacities and knowledge and lead to better prevention and response to health emergencies over the long term. Women often know the best ways of getting health messages to their families and communities, the right entry points and the most effective strategies for driving behaviour change, which are powerful assets in infectious disease control. DFAT can support this by ensuring local and national women’s organisations are part of workshops designed to share available science and are a core part of teams looking to translate messages into locally understood terms.
Alongside, these three key strategies continued efforts are required to shift harmful gender norms and reduce gender inequalities across all areas, which will increase women’s resilience in health emergencies over the longer term.

Given the high risk of increased incidence of gender based violence as a result of isolation in the family home and increasing economic tensions, DFAT should also make standalone protection programming a critical priority for the response effort. Programs that support local women to lead in identifying and defining their own protection risks are critical. DFAT currently has existing investments in Bangladesh, Indonesia, Philippines, Vanuatu that are driving these localized approaches.

As Governments worldwide mobilise in response to COVID-19, critical investments in these areas will result in more gender inclusive and responsive outcomes, and avoid deepening poverty and gender inequalities.

Case study: Vanuatu – women leading covid-19 prevention

Women Wetem Weta1 is an initiative of ActionAid Vanuatu that is supporting women to equalize the playing field, by putting information and technology in the hands of women leaders as a powerful vehicle in early warning and crisis prevention.

On March 13, 2020, the WWW hub liaised with the Vanuatu Ministry of Health to develop the first public health message in relation to Corona virus. An SMS translated into the local language Bislama and developed by the WWW hub was signed off by the Ministry and distributed to more than 77,1482 people across the Digicel mobile network – one quarter of the Vanuatu population.

WWW is now gearing up to be a key platform for the continued distribution of public health messages on the prevention of Corona virus as well as measures that can be taken to prevent disease outbreak through hygiene, quarantine and self-isolation. WWW correspondents will also be capturing information on the gendered impacts of the virus as well as key concerns and questions from communities and will play a critical role in relaying this information back to the Ministry via the WWW hub.

Women Wetem Weta was established through DFAT’s Gender Action Platform and has been in operation since 2018.

End notes:
1 Women’s Weather Watch builds on a model created by FemLINKPacific in Fiji which is locally led innovation in the Pacific to support women’s role in early warning and monitoring weather patterns
2 Data confirmed by Digicel Vanuatu
About ActionAid

ActionAid is a global movement of people working to fight poverty and injustice in 45 countries globally. Gender equality is at the heart of our mission; and supporting women’s leadership in crisis response is a core part of our humanitarian signature, alongside shifting the power to local communities to drive community-led and more inclusive responses. We believe that a crisis can be a powerful vehicle for social change and gender transformative approaches are at the heart of our strategy.