

## **Framework for a Gender Analysis: COVID-19 Crisis Response**

**As Of: 3 April 2020**

**Background:** A large body of evidence supports that the impacts of a pandemic disproportionately affect men and women based on the perceived cultural and societal roles and responsibilities (associated with their genders). Understanding this disparity is not only important, it is essential to saving lives and ending the pandemic as quickly and effectively as possible. Performing a gender analysis internally and externally creates more comprehensive, inclusive, and effective solutions-streamlining the equitability of response and setting the stage for recovery.

Accepting that this approach is crucial to success, how do we actually 'do' this during the current crises? The framework delineated below is a resource that can be used by anyone from the local to national level, incorporating both strategic and tactical perspectives to fully encompass the considerations at hand. As a practical tool, it can and should be modified to fit the parameters of your organizational scope.

This gender analysis framework was compiled from a variety of sources and incorporates the author's own personal experience and recommendations. It can be utilized as a whole-of-government, cross-cutting checklist both from an interagency perspective as well as in cooperation with our partners and allies.

**Terms and Definitions:** For the implementation of this tool, it is important to understand the following terms, and are loosely based on definitions provided in NATO Bi SC 40-1:

**Sex:** Biological: based on the sex organs that one presents to have. It is assigned at birth, and is commonly thought of as binary(male or female), though people can also be intersex or have a combination of sex organs.

**Gender:** Gender refers to the social attributes associated with being male and female learned through socialization that determines a person's position and value in a given context. These attributes, opportunities, and relationships are socially constructed and often vary between cultures or subcultures.

**Gender Analysis:** The systematic gathering and examination of information on gender differences and social relations in order to identify and understand inequities based on gender. It is a way of systematically finding gaps that may hinder our response and adjusting our behavior to address them and/or not exacerbate them.

**Practitioner:** Anyone who strives to integrate gender into their plans, policies, and procedures in order to improve outcomes.

**Policy:** A new way of doing something with relation to the crisis.

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**External Questions:** These questions should be asked about **how we do things** in the crisis response:

- Are systems in place to collect, track, and publish relevant sex-disaggregated data and statistics?
- Is data being disaggregated by sex? Is there a difference in terms of infection and mortality rates? If so, what are the biological and social factors causing this?
- Who is caring for the ill both in formal healthcare settings and at home?
- Are those (mostly women) caring for the ill (in formal (hospital) and informal (home) settings) being fairly compensated and supported?
- Who is making the decisions about the outbreak response? Is the organization aware of the differing social and cultural necessities of the community? How are they ensuring that all sub-populations and groups are being accounted for in plans?
- How will different groups of people, particularly marginalized communities, be affected by stigma associated with the outbreak? How can this stigma be countered (e.g. racism against persons of Asian descent)?
- Are there specific groups, such as vulnerable minorities, that might avoid surveillance, testing, and care because of distrust of the government and/or healthcare services? How can they be reached and protected?
- Are women's and men's healthcare needs being met (maternal care, psychosocial support, contraceptives)?
- Do pregnant women in quarantined areas have access to care?
- Are sexual and reproductive supplies (such as contraception) readily available?
- Will the diversion of equipment, medications, and other commodities decrease the access of these items to at-risk populations (e.g. using a malaria medication for a viral communicable pandemic may decrease access to this medication for women of childbearing age and children at risk of infection in some areas)?
- Will disruptive measures affecting normal patterns of activity and movement within a society increase the risk for certain genders (e.g. shelter in place or isolation measures may increase the time spent in close quarters for those experiencing domestic violence, leading to an increase in cases without recourse; loss of income due to business closures could cause young girls to be forced into early child marriage as an economic familial solution; early detection of trafficking activities can be masked by loss of normal contact due to these measures)?
- Who controls information communication technologies and systems? Who has access to those systems? Are we messaging and selecting media that are accessible to men, women, and children?

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**Internal Questions:** These questions should be asked as we **prepare and build** our crisis-response teams:

- What are the family situations of our teammates during this time? Do they have adequate access to safe childcare? Are they prevented from attending work due to childcare concerns?
- Will their involvement with crisis response put others at risk (e.g. elderly parents or grandparents)?
- Will their involvement in this crisis response put an undue burden on them financially? Do we have a way of tracking intimate partner violence? Do all team members know where to go themselves, and how/where to refer those at risk?
- Are we selecting our teams charged with working with local populations proportionately, to make sure they are representative of the population (male, female, ethnicity, religious affiliation in some cases, etc.)?
- Do all teammates have basic training on Gender: gender-responsive approaches, gender-based violence (risk, recognition, and reporting), how to recognize and report human trafficking, and how to perform a basic gender analysis?

**Policy Check:** Considering the above questions and modifying policy as appropriate, **practitioners** should further ask these questions, taking into account the possible shifts within each category:

- What are the different needs and priorities of women and men in the context of the proposed policy?
  - Power dynamics? Religions? Ethnicities? Socioeconomic backgrounds?
- What roles do women and men perform in the context of the policy?
  - Power dynamics? Religions? Ethnicities? Socioeconomic backgrounds?
- What resources (economic, financial, physical, natural, other assets) and information do women and men have access to? Different religions? Ethnicities? Socioeconomic backgrounds?
  - Power dynamics? Religions? Ethnicities? Socioeconomic backgrounds?
- Are there existing roles, responsibilities, and opportunities for men and women that will be affected by the proposed policy? Different religions? Ethnicities? Socioeconomic backgrounds?
  - Power dynamics? Religions? Ethnicities? Socioeconomic backgrounds?
- Do women and men have equal access to and influence over policy development and decision-making? If not, how can we ensure that we consult with non-represented groups?
  - Power dynamics? Religions? Ethnicities? Socioeconomic backgrounds?
- Are the services and technologies that the policy provides available and accessible to both women and men?
  - Power dynamics? Different religions? Ethnicities? Socioeconomic backgrounds?

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- ❑ Do follow-up protocols address the needs of specific groups (e.g. families with children, persons with disabilities, different religious groups, socioeconomic groups, the elderly)?

After every question, the practitioners should ask: Can we influence this? Do we know who can influence this? Should we make a recommendation to policy/decision makers regarding this gendered effect?

### **Feedback Loop and Reporting Procedures:**

Ensure a feedback loop is present. If, after review of implemented policies, they are not productive or are producing unintended negative effects these strategies must be modified.

- As well as possible, establish a baseline of current operations.
- Closely track the data gathered and review trends.
- Create a collaborative review group\* that meets (insert timeline) to discuss trends.  
\*Collaborative groups should include those on the frontlines, along with planners.
- Identify any problem areas and modify as necessary.
- Continue this feedback loop throughout the process.

### **Additional Resources:**

<https://www.thinkglobalhealth.org/article/gender-and-coronavirus-outbreak><https://undir.org/commentary/pandemics-are-not-gender-neutral-gender-analysis-can-improve-response-disease-outbreaks>

To suggest modifications or add to this framework, contact Samantha Turner:

[sturner7816@gmail.com](mailto:sturner7816@gmail.com), Rachel Thomas: [rthomas487@gmail.com](mailto:rthomas487@gmail.com), or Sarah Keese at [Sarah.keese@gmail.com](mailto:Sarah.keese@gmail.com) with the subject "Gender Analysis Framework: COVID19". Your feedback is appreciated and vital to ensure an agile response in this shifting environment.