



Evolving Trends: Women in COVID-19

OVERVIEW In the three months since CARE released its [first Rapid Gender Analysis of COVID-19](#), the situation has evolved quickly and spread globally. CARE has continued to closely monitor this situation, by conducting context-specific analyses in 5 regions covering 64 countries. To date, CARE and partners have [published 27 Rapid Gender Analyses](#), and has 24 more in process. This has included conversations and data collection with more than 4,500 women.

Women are between 70 and 80% of frontline health care staff, for lower pay than men, and in many cases, for no pay at all.

90%

Of women in Bangladesh are reporting food shortages.

“Impossible doesn't exist in our language. We should stand up and find ways to fight this pandemic and save our lives.”

- President of a Savings Group Federation, Niger

Key Findings

HIGHEST AREAS OF CONCERN

The highest immediate priorities 3 months into the crisis are **food, income, and rights** – including concerns around Gender Based Violence, caregiving burdens, and mobility. Women and girls show these needs most acutely, but they also rise to the top of men and boys' priorities in COVID-19. Food security is a primary concern as people of all genders around the world are reporting food shortages. Many women are also experiencing a rollback in their rights as government restrictions limit mobility and public participation. Global lockdowns are also impacting income, with women experiencing some of the biggest pressures.

WOMEN'S ADDITIONAL BURDENS IN COVID-19

Women's burdens are increasing. Gender Based Violence is rising as quarantines and movement restrictions make it harder for women to access support. As the people primarily responsible for caregiving, household burdens are also increasing as women become caregivers for the sick and manage children who are no longer in school. Globally, women do 3 times more unpaid work than men which is currently heightened by family members being home all day. Women are the frontline workers in the health system, causing them higher exposure to the virus oftentimes with low to no pay.

WOMEN AS LEADERS

Women are displaying remarkable leadership in this crisis. Women in savings groups are organizing to share information with each other. Some are making and selling masks and soap, arranging for handwashing stations in towns and markets, and keeping markets open. However, most are still unable to access most decision-making, around COVID-19 and around daily life. While women are adapting their activities, the savings groups that they depend on as safety nets are less able to function in the COVID-19 context. Mobility restrictions are compromising activities, and many groups have shared out all of their existing savings to help women meet immediate needs.

Recommendations

ADDRESS WOMEN'S BIGGEST CONCERNS

We applaud government's efforts to expand social safety nets and offset economic impacts for COVID-19 and call on all governments to continue to expand this support, with a specific focus on women as recipients who can control resources. Refugees, migrant workers, and those in the informal sector are often left out of the current support systems and should be included in the expansion of social safety nets.

As women are facing a rollback of rights, governments and humanitarian actors are in a position to combat that problem by designing COVID-19 messaging that promotes women's rights and gender equality, reconfiguring mobility restrictions to specifically create space for women to leave the house and access markets and services, and preserving women's safe spaces in socially distanced ways.

ACT TO REDUCE WOMEN'S BURDENS

Gender Based Violence prevention and response should be included as life-saving interventions in initial COVID-19 responses. This includes, but is not limited to, the clinical

VOICES OF WOMEN: AICHATOU SITTOU, MALI

Aichatou Sittou is the president of her savings group and mother of 7.

"My children's education is one of my biggest worries. I just want them to go back to school.

We were planning to do some agro-business, sale cosmetics and do some tailoring as a means to earn an income. The pandemic has put a stop to that.

We were able to adapt by sewing face masks to save lives instead of new cloths for the Ramadan Eid. We are a group of 20 young women. Since the start of the pandemic, I personally make 300 masks on average per day. I have produced 6000 masks since then and was able to make a turnover of 3,000,000 FCFA (5000 USD) over a period of one month at a price of 500 FCFA (0.9 USD) per mask. I made a net profit of 700,000 FCFA (1165 USD). The other members of the group also make masks, some faster than others."

management of rape, psychological first aid, and referral to other services. Apply a zero-tolerance approach to sexual exploitation and abuse.

Women are struggling under a dramatic burden of childcare, especially with school closures. Encouraging men to support more with childcare, finding appropriate and safe ways to keep childcare and schools open, and other ways to reduce that burden are urgently needed to reduce women's burden and make other activities – like providing incomes and food – possible.

Women are also doing most of the frontline health care and provide most behavior change work around the world promoting hygiene, vaccines, and other basic health behaviors. They will be key in not just the immediate response to COVID-19, but also the long-term changes we will need to prevent future pandemics. Governments should prioritize paying these workers, providing them with the protections they need, and getting more women health workers active on the frontline – safely and with attention to their needs and rights.

PRIORITIZE WOMEN'S LEADERSHIP

In the current crisis, women are reaching the least reachable people, providing the frontline health response to the most remote people, keeping markets functional, and finding ways to provide care and education for millions of children out of school. To reinforce women's leadership, we recommend:

- All COVID-19 taskforces at all levels should include women to ensure that solutions work for them.
- In immediate humanitarian responses, all COVID-19 quarantine and response centers must include women health workers, and women trained in GBV response and reproductive health care to start covering critical gaps in women's health needs.
- All actors should continue investing in work that promotes women's leadership at all levels.

Leverage the capacities of community groups, particularly women's groups, to support two-way risk communication approaches in order to dispel myths and misinformation about COVID-19. Where feasible, engage them to support local surveillance systems. To address gaps in women's decision-making, work with employers and health care providers to address the specific risk of COVID-19 exposure to women and to take into account women's heightened unpaid care work responsibilities.