

COVID-19 Response – Consider the Gender Aspect of the Crisis

Public health outbreaks have a distinct gendered impact on women and girls. Women and girls' roles in their homes and communities – such as domestic and unpaid care responsibilities and as frontline health and social sector responder roles – increase their exposure to COVID-19. Furthermore, women, girls and vulnerable groups are at increased risk of GBV during public health outbreaks due to limited input and control in decision-making in a household's response, and shifts in social safety nets, mobility and access to information/services. COVID-19 preparedness and response efforts must be responsive to these unique needs.

For the COVID-19 response, please keep in mind the specific risks for women and girls.

- **Understand the gendered differences in exposure and treatment.** Data related to outbreaks and the implementation of the emergency response must be disaggregated by sex, age, and disability and analysed accordingly in order to understand the gendered differences in exposure and treatment and to design different preventive measures.
- **Strengthen SGBV interventions: The risk of SGBV increases during quarantines, lockdowns and curfews.** In China, police reports show domestic violence has tripled during the epidemic. Domestic violence organisations have observed increased household tension and domestic violence due to forced coexistence, economic stress, and fears about the virus. In previous epidemics, increased violence was also observed, according to a report by the [Violence against Women and Girls Helpdesk](#) of UKAID. If you support SGBV projects, help them [to adapt to new methods of working/remote working](#) where necessary; if you do not yet support SGBV interventions, ensure that referral pathways to services are known in your interventions.
- **Ensure that sexual and reproductive health interventions continue.** Evidence from past epidemics, including Ebola and Zika, indicate that efforts to contain outbreaks often divert resources from routine health services including pre- and post-natal health care and contraceptives, and exacerbate often already limited access to sexual and reproductive health services. Measures taken to relieve the burden on primary healthcare structures should prioritize access to sexual and reproductive health services, including pre- and post-natal healthcare
- **Strengthen the leadership and meaningful participation of women and girls** in all decision-making processes in addressing the COVID-19 outbreak.
- **Ensure that women are able to get information on how to prevent and respond to the epidemic in ways they can understand.** Women play a major role as conduits of information in their communities. They have typically less access to information than men. Thus, reaching women and girls and educating them on the disease is crucial to impede the spread.

For more resources on the gendered impact of Covid-19:
<https://gbvguidelines.org/en/knowledgehub/covid-19/>

For additional guidance, please contact the SDC Gender Unit

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