



The COVID-19 Outbreak and Gender: Regional Analysis and Recommendations from Asia and the Pacific

Photo: UN Women/Louie Pacardo

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In March 2020, emerging gender impacts and trends were highlighted in an [Advocacy Brief](#) developed by GIHA resulting in key recommendations. Good practices from across the Asia Pacific Region have seen these recommendations being put into action and six weeks on, due to the scale and rapidly changing nature of the pandemic, it was seen as crucial to continue to document evidence of gender impacts across Asia Pacific and to update analysis and recommendations.

Exacerbated burdens of unpaid care work on women and girls: Evidence from the Pacific shows that women have already indicated feeling unprepared for the additional role of home schooling which has the potential to increase tension and stress within the household, with regards to the balance between women and men's roles.¹ In the Philippines, Pakistan and Bangladesh, women are more likely to experience increases in unpaid domestic and unpaid care work since the spread of COVID-19: for example, in Bangladesh, 55% of women reported increases in unpaid domestic work compared to 44% of men.² The significant increase in unpaid care and

domestic work for women may be a major contributing factor to the pandemic disproportionately affecting women's mental and emotional health in Pakistan and the Philippines.³ At the same time, there are signs of hope for beginning redistribution of household chores, with more than half of women surveyed in all countries noting that their partners help more at home.⁴

Meeting the needs of women healthcare workers: In Hubei province, China, more than 90% of the healthcare workers on the front line response to COVID-19 were women.⁵ In South-East Asia, 79% of nurses are women and 81% in Western Pacific.⁶ Women, being a greater proportion of front line workers are therefore disproportionately at risk of indirect impacts resulting from punishing schedules and burnout⁷ as well as

1 https://insights.careinternational.org.uk/images/GiE_Learning_RGA_TC_Harold_14April2020.pdf

2 <https://data.unwomen.org/resources/surveys-show-covid-19-has-gendered-effects-asia-and-pacific>

3 <https://data.unwomen.org/resources/surveys-show-covid-19-has-gendered-effects-asia-and-pacific>

4 Ibid.

5 https://www2.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2020/04/ap_first_100-days_covid-19-r02.pdf?la=en&vs=3400%20page%2015

6 WHO 2019, data from National Health Workers Accounts for 91 countries for physician data and 61 countries for nursing data Sourced from: <https://data.unwomen.org/features/covid-19-and-gender-what-do-we-know-what-do-we-need-know>

7 <https://www.hrw.org/news/2020/04/15/protect-medical-workers-thailand-covid-19>

direct risks of the virus. This is compounded by often inadequate Personal Protective Equipment (PPE) and essential supplies. Emerging reports in the Philippines indicate women healthcare workers (who make up 75 percent of health workers) are experiencing increased discrimination during COVID-19 and are being refused access to basic services and transportation.⁸ The increase in unpaid care and domestic work for women also impacts women healthcare workers and may further compromise their ability to provide health care services, decreasing the health sector's capacity to effectively respond to and prevent further spread of COVID-19.

Increased risks of gender-based violence (GBV):

Evidence suggests an increase in GBV during COVID-19, in part, due to lockdowns and quarantine measures meaning women are confined with their abusers. The number of domestic violence cases reported to a police station in Jingzhou, a city in Hubei Province, tripled in February 2020, compared to the same period the previous year.⁹ Service providers in India, Indonesia, and Singapore also report staggering increases,¹⁰ with a Women's Helpline in Singapore noting a 33% increase in February over calls received in the same month last year.¹¹ Consultations with Rohingya women and adolescent girls in Cox's Bazar refugee camps have shown an increase in household tensions and GBV since measures to prevent the spread of the virus have been implemented.¹²

Scale of impacts of GBV are still unknown:

Since GBV is documented to be under-reported at all times, and especially in crises, it is likely that figures and trends seen are just the tip of the iceberg. As GBV risks are increasing, access to life-saving services is decreasing. For example, the International Rescue Committee recorded a 50% decrease in the number of women and girls reporting for GBV services in Bangladesh in February-March 2020.¹³ Access to social and peer support networks is minimal, or not available for those who cannot

access phones or internet. For example, in Cox's Bazar, Bangladesh, cumulative factors such as: mobile network restrictions, limited access to mobile phones by women and girls, limited presence of essential humanitarian staff in refugee camps and GBV case workers shifting to remote working are barriers to survivors reporting GBV incidents.¹⁴ Delayed or denied services will magnify the negative impacts of GBV. The scale of human costs of this shadow pandemic are not yet fully known.

Exploitation of women, girls and at-risk groups:

Marriage of teenage girls has been noted to be rising in the region.¹⁵ Quarantine measures, border and court closures as well as diversion of resources have made rescuing women trafficked into forced marriages "near impossible";¹⁶ as well as increasing barriers to access justice and protection services for survivors. The closure of borders and city lockdowns have meant that even those who are survivors of trafficking, are often unable to return to their home countries.¹⁷

Access to livelihoods:

Many women, in Asia, working in low-paid informal roles such as cleaning, cooking or caring for children, do so without proper contracts or social protection, and are therefore disproportionately experiencing the impacts of job cuts.¹⁸ Women are seeing large reductions to their working hours in Bangladesh and the Philippines. While the gender gap is 17 percentage points in the Philippines, it stretches to 69 points in Bangladesh, where women in formal employment are almost six times as likely to work fewer hours than their male counterparts since the outbreak of the virus.¹⁹ The garment industry, which employs millions of women in Asia, has been severely hit by COVID-19.²⁰ In addition, women are also more likely to report drops in income from investments or savings and financial support, and are less likely than men to report increases in income from charity and government support related to COVID-19.²¹ Women working in the sex industry have been left without any means of income generation,

8 UN Women, *Gender Snapshot: COVID-19 in the Philippines*, April 2020

9 Bethany Allen-Ebrahimian "China's Domestic Violence Epidemic," *Axios*, March 7, 2020, <https://www.axios.com/china-domestic-violence-coronavirus-quarantine-7b00c3ba-35bc-4d16-afdd-b76ecfb28882.html>

10 Sonia Sambhi, "Covid -19 and increase in domestic violence in Asia Pacific," *Ecobusiness*, 3 April 2020, <https://www.eco-business.com/news/covid-19-and-the-increase-in-domestic-violence-in-asia-pacific/>; "COVID 19 Lockdown: Jagriti Chandra, "Rise in domestic violence; Policy Apathy: National Commission of Women (NCW)" *The Hindu*, 2 April 2020, <https://www.thehindu.com/news/national/covid-19-lockdown-spike-in-domestic-violence-says-ncw/article31238659.ece>

11 https://www2.unwomen.org/-/media/field%20office%20easia/docs/publications/2020/04/ap_first_100-days_covid-19-r02.pdf?la=en&vs=3400

12 Inter-Sector Coordination Group Gender Hub, UN Women, CARE, Oxfam. COVID-19 Outbreak: Cox's Bazar Rapid Gender Analysis. (7 May 2020)

13 <https://www.rescue.org/press-release/new-data-shows-decrease-women-being-able-report-incidents-domestic-violence-fragile>

14 GiHA Working Group. Urgent Call for Gender Actions in the COVID-19 Response in Cox's Bazar. 9 April 2020.

15 <https://www.scmp.com/week-asia/health-environment/article/3078395/children-dog-cage-how-coronavirus-puts-asias-most>

16 <https://www.scmp.com/week-asia/health-environment/article/3078395/children-dog-cage-how-coronavirus-puts-asias-most>

17 <https://www.scmp.com/week-asia/health-environment/article/3078395/children-dog-cage-how-coronavirus-puts-asias-most>

18 <https://news.trust.org/item/20200313122408-e2lvu/>

19 <https://data.unwomen.org/resources/surveys-show-covid-19-has-gendered-effects-asia-and-pacific>

20 Over 1 million workers have already lost their jobs in Bangladesh and reports suggest many thousands more face a similar situation in the coming weeks in countries such as Myanmar and Cambodia.

21 <https://data.unwomen.org/resources/surveys-show-covid-19-has-gendered-effects-asia-and-pacific>

rarely benefit from social protection, and face increased levels of discrimination. Of the 230 sex workers (of which 170 were female sex workers and 26 were transgender women) interviewed in Thailand, 91% reported that due to COVID-19 they are now unemployed, and 74% did not make enough to cover daily expenses.²² Reports indicate that persons of diverse sexual orientation, gender identity and expression, and sex characteristics (SOGIESC) have increasingly lost livelihoods due to COVID-19, especially transgender and gender diverse people.²³

Impacts on women migrant workers: As the economy slows down and families let go of their helpers, hundreds of women from the Philippines or Indonesia are likely to lose their jobs.²⁴ The collapse of global supply chains have meant that many women workers, including women migrant workers and those working in micro-, small, and medium sized enterprises, have lost their livelihoods almost overnight, without any safety nets, financial security or social protection to rely on.²⁵ Tens of thousands of women migrant workers, often working in informal employment, have been forced to return to their home countries and are facing stigma and discrimination, in addition to the loss of income.²⁶ Myanmar has the highest share (33 percent) of intra-ASEAN migrants, with estimates indicating only about 8% of the 4 million migrant workers have legal status that gives them social protection and decent working conditions.²⁷ Given that women migrant workers are more frequently undocumented, they will be disproportionately impacted by the inability to access social protection services during COVID-19.²⁸ The COVID-19 crisis also exacerbates women migrant workers' increased risk of sexual and gender-based violence at all stages of migration.²⁹

Access to healthcare, including sexual and reproductive health: The impact of COVID-19 on availability of and access to sexual and reproductive health care is evident. A survey by IPPF showed that in East Asia, Southeast Asia and the Pacific, 64% of Member Associations reporting

- 22 Community-Led Rapid Assessment of the Impact of the COVID-19 epidemic on Sex Workers in Thailand", (presentation of preliminary analysis) Service Workers in Group Foundation (SWING), The Planned Parenthood Association of Thailand (PPAT) and Bangkok Health and Development Community Volunteer, Sadao District, Songkla province, UNAIDS . May 11, 2020
- 23 Edge Effect, Briefing Note: Impacts of COVID-19 on LGBTIQ+ people, April 2020
- 24 The Asian Migrants' Coordinating Body (AMCB), sourced from <https://news.trust.org/item/20200313122408-e2lvu/>
- 25 https://www2.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2020/04/ap_first_100-days_covid-19-r02.pdf?la=en&vs=3400
- 26 https://www2.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2020/04/ap_first_100-days_covid-19-r02.pdf?la=en&vs=3400
- 27 Myanmar Times, Migrant Workers must be included in Myanmar's COVID-19 Response, March 2020
- 28 https://thailand.iom.int/sites/default/files/document/publications/Thailand%20Report%202019_22012019_LowRes.pdf
- 29 UN Secretary-General's 2019 Report on violence against women migrant workers (A/74/235)



Photo: UN Women/Ariela Ziblah

a decrease in the number of service delivery points and 76% reporting having to scale down the availability of services.³⁰ Preliminary results from UN Women surveys indicate more than half of all women surveyed in the Philippines, Pakistan and Bangladesh were unable to see a doctor when they needed one since the outbreak started.³¹ In Pakistan and Bangladesh women are more likely than men to experience longer wait times to see a doctor and have more difficulty in accessing medical supplies/hygiene and products/food.³² Additionally, in Pakistan and Bangladesh women are significantly less likely to be covered by health insurance than men.³³ Specific groups, such as those with multiple and intersecting vulnerabilities like the LGBTIQ community, often have significantly lower health outcomes due to access issues related to stigma and discrimination, lack of legal identification documents, poor access to adequate health care, stigma and discrimination including from healthcare providers, and limited financial resources.³⁴

30 <https://www.ippfeseaor.org/sites/ippfeseaor/files/2020-04/RDs%20Update%20-%20Final.pdf>

31 <https://data.unwomen.org/resources/surveys-show-covid-19-has-gendered-effects-asia-and-pacific>

32 Ibid.

33 Ibid.

34 Edge Effect, Briefing Note: Impacts of COVID-19 on LGBTIQ+ people, April 2020



Photo: UN Women/Nadira Islam

Rapid assessments from LGBTIQ networks in the region suggest that access to health needs, including counselling, antiretrovirals (ARVs), and hormones are severely obstructed for the LGBTIQ community as a result of the compounding effects of COVID-19.³⁵

Exclusion from leadership roles: In the Pacific, with the exception of Fiji, National Disaster Management Offices in the Pacific are entirely headed by men, and other structures such as Provincial Disaster Committees, Clusters and other response mechanisms are heavily male dominated.³⁶

In Cox's Bazar refugee camps, the national officials in charge of managing the camps are all men. They work with local community leaders who are, for the most part, men. While some of them have made efforts to reach out and encourage women and youth to take part in leadership roles, such efforts are not shared widely and there are very few exceptions of camps where women have emerged as elected or self-mobilized community leaders. These trends around women's leadership and

35 ASEAN SOGIE Caucus. Implications of the COVID-19 Pandemic on LGBTIQ Organizations in ASEAN: Rapid Needs Assessment, May 2020.

36 https://insights.careinternational.org.uk/images/in-practice/RGA-and-measurement/GiE_Learning_RGA_Pacific_COVID-19_26March2020.pdf

participation will continue into the COVID-19 response, if no concerted efforts are made to include women.³⁷

Marginalization of women's groups and networks:

Women's organizations and women-led Non-Governmental Organizations (NGOs) are vital partners, but face real challenges: local Civil Society Organizations (CSOs) and NGOs are already responding to COVID-19 and building new models of support based on strengthening relationships with local government and community leaders, including engaging emerging leaders within the populations they are supporting. Recent reports³⁸ and advocacy by a number of NGOs have highlighted the importance of the intersection of gender and localization, and how local women's leadership must continue to be supported and strengthened, including through relevant women's organizations or networks. Yet according to new analysis by Charter For Change, the level of funding to national and local NGOs stands at just 0.1 percent of total funding reported for COVID-19 response to date³⁹, and it is likely women-focused organizations comprise an even smaller percentage of this still. Mobilizing rapid funding as a priority will help these organizations to continue their critical operations, as well as to prepare for scaling up their work in response to new challenges associated with the COVID-19 emergency.

Equal access to risk communication: Communicating with communities is primarily held through digital means due to physical distancing policies and access issues. However this can exclude many at-risk groups, including women and girls, and hinder their access to timely, life-saving messages. In Bangladesh and Pakistan, rapid impact surveys have shown that women are less likely than men to receive information about COVID-19,⁴⁰ and in Bangladesh their access to information is highly dependent on men.⁴¹

Access to information for women and girls in displacement:

Women and girls in Cox's Bazar camps traditionally have less access to information due to restrictive social norms.⁴² Rohingya women in refugee camps across Cox's Bazar have indicated that their access to information is highly dependent on women volunteers conducting door-to-door sessions and in women-friendly spaces.⁴³ Women friendly spaces have been critical to

37 COVID-19 Outbreak: Cox's Bazar Rapid Gender Analysis, April 2020

38 For example <https://humanitarianadvisorygroup.org/wp-content/uploads/2018/10/Localisation-and-protection-HPG-HAG-ARC.pdf>

39 <https://reliefweb.int/report/world/chartter-change-statement-revised-un-global-humanitarian-response-plan-covid19>

40 <https://data.unwomen.org/resources/surveys-show-covid-19-has-gendered-effects-asia-and-pacific>

41 <https://www.careevaluations.org/wp-content/uploads/COVID-19-Outbreak-Rapid-Gender-Analysis-Coxs-Bazar-May-2020.pdf>

42 <https://reliefweb.int/report/bangladesh/urgent-call-gender-actions-covid-19-response-cox-s-bazar>

43 UN Women, Rohingya Women Speak up on COVID-19: Concerns, demands and solutions, April 2020



Photo: UN Women/Louie Pecardo

enable women and girls to access information, including on the services available to them. However, some activities in standalone women-friendly spaces have now been suspended. Limited access to information could have serious consequences as it may prevent women and girls from getting lifesaving assistance.

Compounding impacts of Secondary Disasters: Asia and the Pacific continues to be the region most prone to disaster impacts in the world: between 1970 and 2018, the region had 87 percent of the people affected by natural disasters, despite being home to only 60% of the world’s population.⁴⁴ Tropical Cyclone Harold has already led to the loss of lives, shelter and livelihoods in the Pacific. It is predicted that the combined impact of TC Harold and COVID-19 will likely put women at further risk of intimate partner violence, affect women’s access to food and shelter, and impact on the livelihoods of women farmers and market vendors.⁴⁵

Equal access to shelter and to safe quarantine or self-isolation facilities: Many prevention measures for COVID-19 rely on access to safe places for self-isolation or quarantine. In the Pacific, land ownership is primarily patrilineal and so women’s access to shelter for self-isolation or quarantine may be affected by property ownership. Women-headed households are particularly vulnerable as land ownership is often granted to male family members following the death of a husband, leaving women lacking in land security.⁴⁶ It has been

reported that shelter-in-place and other constraints have forced some LGBTIQ people into potentially unsafe living arrangements with family members who do not accept people with diverse SOGIESC,⁴⁷ and access to safe and affirming temporary shelters for homeless and displaced LGBTIQ persons has been highlighted as a priority for immediate support by regional LGBTIQ networks.⁴⁸

Recommendations

Gender-responsive COVID-19 response

- **Humanitarian leadership:** Ensure that humanitarian responses across the region are informed by context-specific rapid gender analysis (RGA). **Monsoon, cyclone, and other disaster preparedness plans must include gender considerations adapted to the COVID-19 context based on context-specific RGAs.** Ensure that all data for planning and response, including data on confirmed infections and deaths, are disaggregated by sex, age, and disability while making certain that the highest standards of data protection, confidentiality and ethics are employed.
 - **Donors:** Ensure that funding is allocated to projects that are gender-responsive. In addition, donors should allocate direct funding to women’s organizations working to address GBV and advance gender equality, in order to ensure the responsiveness of programming to the needs and priorities of women and girls, and actively support women’s and girls’ leadership and participation at all levels of preparedness and response.
- ⁴⁴ UNESCAP, *The Disaster Riskscape Across Asia-Pacific: Pathways for Resilience, Inclusion and Empowerment*, 2019.
- ⁴⁵ https://www2.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2020/04/ap_first_100-days_covid-19-r02.pdf?la=en&vs=3400
- ⁴⁶ https://insights.careinternational.org.uk/images/in-practice/RGA-and-measurement/GiE_Learning_RGA_Pacific_COVID-19_26March2020.pdf
- ⁴⁷ Edge Effect, *Briefing Note: Impacts of COVID-19 on LGBTIQ+ people*, April 2020
- ⁴⁸ ASEAN SOGIE Caucus. *Implications of the COVID-19 Pandemic on LGBTIQ Organizations in ASEAN: Rapid Needs Assessment*, May 2020.



- **All Actors** (e.g. Humanitarian, Governments, Public Health, Civil Society): should ensure that programming is based on the findings of a Rapid Gender Analysis (RGA) that includes data disaggregated by sex, age, and disability, in order to better understand the differential experiences of affected individuals and communities, and to guide gender-informed action in the short, medium and long-term. To the extent possible, RGAs should include the safe and meaningful participation of affected populations, including women and girls.

| Gender-based violence

- **Humanitarian leadership:** Ensure that GBV response services are prioritised in country response plans, and protection mainstreaming and GBV risk mitigation measures are adopted and coordinated across all sectors of the COVID-19 response. Promote and support the coordination of inter-agency referral systems and protocols addressing GBV to adapt to ensure continuity of services as much as possible. Support the coordination and dissemination of guidelines for services dealing with GBV that takes into account COVID risks, such as protocols for safe houses and safe spaces for women and girls. Ensure coordination and collaboration between UN, government and civil society actors to harmonise advocacy and maximise access to a variety of GBV service provision entry points.
- **Donors:** Prioritise funding for lifesaving and essential GBV services, during the COVID-19 response and in its aftermath, to respond to the surge in need. Invest in remote, safe and innovative technologies to reach populations most at-risk and facilitate access to services for survivors. Specific investments should include continuity of life-saving, multi-sectoral services including: health, psycho-social support,

case management, legal/justice and security services, as well as availability of alternative accommodation and emergency shelters.

- **Governments:** Declare protection structures and services for survivors of gender-based violence as life-saving and essential,⁴⁹ including women and girl's safe spaces, and ensure quality, availability and accessibility of services for survivors. Ensure the duty of care to frontline health and GBV workers is fulfilled by adopting specific measures to provide them with PPE, well-being and staff care services. Provide a feedback and complaints mechanism to address issues according to defined policies and procedures.

| Sexual and Reproductive Health and Rights

- **Humanitarian leadership:** Ensure that health sector actors continue to maintain and adapt the provision of sexual and reproductive health services, using innovative methods such as digital health and self-care models, taking into consideration Infection, Prevention and Control (IPC) measures and reduced mobility.
- **Donors:** Provide continued and flexible funding to ensure the provision of essential and life-saving SRH services throughout the global COVID-19 response in line with the Minimum Initial Service Package for SRH⁵⁰, including such things as access to full range of contraceptive methods and safe delivery care for pregnant women and newborns, to ensure critical health services operate with minimum interruption.

49 See OCHR Guidance Note on COVID-19 and Women's Human Rights: https://www.ohchr.org/Documents/Issues/Women/COVID-19_and_Womens_Human_Rights.pdf

50 IAWG Advocacy statement <https://cdn.iawg.rygn.io/documents/IAWG-COVID-ADVOCACY-STATEMENT-BRIEF-05.13.2020.pdf?mtime=20200513170717&focal=none>

- **Governments:** Declare SRH services essential and life-saving, allowing SRH services to open and operate. Ensure that all women living with HIV, including sex workers, transgender people, people who use drugs and prisoners have essential means to prevent HIV infection including condoms, pre-exposure prophylaxis (PrEP), sterile needles and syringes and/or opioid substitution therapy. Adequate supplies of other medications, such as contraception and gender-affirming hormone therapy, should also be obtained.

| Two-way inclusive risk communication:

- **Humanitarian leadership:** Ensure that women, girls, boys and men of all ages, are able to access information independently, including on how to prevent and respond to the pandemic. Preparedness, response and recovery messaging should be designed with communities and considering gender, age, access to and knowledge of different technologies, literacy levels, language, disability status, and other diversity factors to ensure practical and effective messaging. I
- **All Actors** (Humanitarian, Governments, Public Health, Civil Society) should track rumors and misinformation to ensure Governments and the humanitarian community can respond to reduce deaths, levels of infection, stigma and discrimination.
- **All Actors:** Scale-up/strengthen, and resource community-based women-led networks to ensure trusted and safe avenues for two-way risk communication

| Women as leaders

- **Humanitarian leadership:** Ensure the equal representation, leadership and meaningful participation of diverse women and girls in COVID-19 response planning and decision making. Women and girls should be involved in the definition of the minimum services that should be maintained during this period of restrictions to contain the spread of the virus. Efforts to engage and include women and girls in the design of the COVID interventions need to be systematically scaled up; otherwise it poses serious risks as their needs and views are not taken into account.
- **Donors:** Ensure increased direct, flexible, longer term and adaptive funding to local and regional women's organizations, including to GBV service providers, to adapt to COVID-19 related movement constraints, recognizing the context-specific expertise and longevity of such organizations. In addition to direct funding, active efforts must be made to ensure creative and equitable ways of working in true partnership based actual and evolving capacity, needs and priorities.

| Inclusive and accessible reporting mechanisms:

- **Humanitarian leadership:** Ensure reporting mechanisms for GBV, Prevention of Sexual Exploitation and Abuse (PSEA) and Child Protection are established/existing platforms are strengthened. Ensure these adapted mechanisms are developed, where possible with communities, and communicated back to communities in formats and through channels that reach all genders, ages and at-risk groups. Regularly reassess the overall operational environment and make necessary adaptations to ensure safe and confidential GBV service provision.

| Prevention of Sexual Exploitation and Abuse:

- **Humanitarian leadership:** Enforce zero tolerance for Sexual Exploitation and Abuse and ensure survivor-centred reporting mechanisms and responses are widely accessible, considering gender, age and diversity factors.
- **Governments:** Quarantine facilities and self-isolation measures should be guided by protection and safeguarding measures, including codes of conduct for staff, checklists for minimum standards (specifically for the safety of women, children, and at-risk groups), and information leaflets outlining prevention and support services including hotlines and services for survivors of GBV.

| Access to social protection and economic recovery:

- **Governments** to ensure economic support/safety nets, particularly to those in the informal sectors and relying on day-labor. This will ensure economic and food security during the pandemic and work to mitigate negative coping mechanisms, during and after the response (e.g. engagement in exploitative overseas labour; child marriage). Promote equal caregiving responsibilities of all parents and guardians and flexible, family-friendly work-practices.
- **Humanitarian Leadership** to prioritise cash and voucher assistance programmes to respond to immediate needs, as well as longer term economic empowerment strategies, taking into considerations changes and additional time and care burdens – specifically for women, as a result of the pandemic. In particular, at-risk groups such as female headed households, pregnant women, single women, disabled women should be prioritized to receive economic assistance.

| Access to shelter:

- **All Actors:** ensure provisions for appropriate shelter are accessible and available as a core component of prevention and response to COVID-19. Particular attention and outreach should be made to known at-risk groups including but not limited to: the homeless, refugees and IDPs, those living in temporary shelters, survivors of gender-based violence and intimate partner violence, LGBTIQ persons and other at-risk groups.
- **Governments** to recognise unequal property and land ownership rights and ensure measures are put in place to mitigate the impacts current law and policy would have on women's ability to protect and respond to COVID-19.

| Equal access to safe quarantine or self-isolation facilities:

- **Governments** to effectively manage quarantine facilities to minimize the risks to gender-based violence and provide prompt and survivor-centered linkages to lifesaving GBV care and support.⁵¹

51 ICRC. Prevention and Response to Sexual and Gender-Based Violence in COVID-19 Quarantine Centres https://shop.icrc.org/prevention-and-response-to-sexual-and-gender-based-violence-in-covid-19-quarantine-centres.html?__store=default&_ga=2.218865945.1065312436.1589187147-882609724.1586150948

KEY REFERENCES

- Bangladesh Gender in Humanitarian Action Working Group, *Rapid Gender Analysis* (11 May 2020).
- CARE & IRC, *Global Rapid Gender Analysis for COVID-19*, (31 March 2020)
- CARE, *Rapid Gender Analysis COVID-19 Pacific Region* (26 March 2020)
- Inter-Sector Coordination Group Gender Hub, UN Women, CARE, Oxfam. *COVID-19 Outbreak: Cox's Bazar Rapid Gender Analysis*. (7 May 2020)
- UN Secretary General's Policy Brief: *The Impact of COVID-19 on Women* (9 April 2020)
- UNFPA, *COVID-19: A Gender Lens* (March 2020)
- Plan International, *Living under Lockdown: Girls and COVID-19* (30 April 2020)
- GBV Area of Responsibility. *Staff Care and Support During COVID-19 Crisis*. (5 May 2020)
- IASC, *Interim Guidance: Gender Alert for COVID-19 Outbreak*, (31 March 2020)
- IASC *Identifying and Mitigating Gender-Based Violence Risks within the COVID-19 Response* (6 April 2020)
- OHCHR *Guidance Note on COVID-19 and Women's Human Rights* (15 April 2020)
- UN Women, *The First 100 Days of the COVID-19 Outbreak in Asia and the Pacific: A Gender Lens*, (9 April 2020)
- UNHCR, *Displaced and stateless women and girls at heightened risk of gender-based violence in the coronavirus pandemic* (20 April 2020)

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