

Report on the UN Women Global Response to COVID-19



REPORT ON THE UN WOMEN GLOBAL RESPONSE TO COVID-19



POLICY, PROGRAMME & INTERGOVERNMENTAL DIVISION
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I. Introduction

COVID-19, caused by the new coronavirus SARS-CoV2 first came to the attention of the [World Health Organization \(WHO\)](#) on 31 December 2019, following a report of a cluster of cases of ‘viral pneumonia’ in Wuhan, People’s Republic of China. On 30 January 2020, WHO declared COVID-19 a “global health emergency” and on 11 March 2020, WHO declared COVID-19 a “global pandemic.” This report captures how the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) has mobilized action to bring attention to and address the gender dimensions of the pandemic from the global to the country level, leveraging its triple mandate of normative support, United Nations coordination, and operational activities.

UN Women responded immediately, in concert with United Nations partners, to ensure that the gender dimensions of the pandemic were brought to the attention of the global community and informed the United Nations response at the highest levels. On 20 March 2020, UN Women Executive Director Phumzile Mlambo-Ngcuka issued a [call to action](#) to governments and other stakeholders on the need for a global response to the COVID-19 pandemic that takes gender perspectives into account, including through sex-disaggregated data and social protection for women. Shortly after, Deputy Executive Director Åsa Regnér issued a [ten-point checklist](#) for governments for a gender-responsive COVID-19 response. On 6 April, a second thought leadership article by the Executive Director described the growth of the ‘[Shadow Pandemic](#)’ of violence against women and girls (VAWG), a recognition that sparked global use of this term to characterize the central impact on women and girls, closely followed by the policy briefs and data infographics that provided both the evidence and the recommended responses.

The Secretary-General drew attention to the gender dimensions of the pandemic from the outset. On 9 April 2020, the Secretary-General issued his [Policy Brief: The Impact of COVID-19 on Women](#), with strong support from UN Women, highlighting the pandemic’s role in “deepening existing inequalities, exposing vulnerabilities in social, economic and political systems,” which in

turn were amplifying its impacts. In addition, the Secretary-General linked the issue of rising levels of VAWG to his repeated calls for a global ceasefire, stating that “*Peace is not just the absence of war. Many women under lockdown for #COVID19 face violence where they should be safest: in their own homes. Today I appeal for peace in homes around the world. I urge all governments to put women’s safety first as they respond to the pandemic.*”¹

Through its membership in the United Nations Sustainable Development Group, UN Women contributed to ensure a strong focus on gender equality in the [UN framework for the immediate socio-economic response to COVID-19](#), which built on the report [Shared Responsibility, Global Solidarity: Responding to the socio-economic impacts of COVID-19](#). UN Women integrated gender equality in the framework’s five streams of work through the inclusion of gender-based violence (GBV), support to women’s employment and women-owned enterprises, unpaid care, gender-responsive fiscal packages, health, inclusion of women’s groups and voices, and sex-disaggregated data. As these were developed at the country level, UN Women’s contribution to the United Nations Country Team (UNCT) COVID-19 response is included in 85 out of 108 of the UNCT Socio-Economic Response Plans (SERPs).

The framework is the basis for the [United Nations Response and Recovery Fund for COVID-19](#), a United Nations inter-agency fund administered through the Multi-Partner Trust Fund (MPTF) Office. As an ex officio member of the Fund’s Steering Committee, UN Women successfully advocated for the second round of calls for proposals to establish a 30 percent funding target for proposals to focus on the gender dimensions of the response, based on the [Gender Equality Marker](#).

UN Women also serves on the WHO-led United Nations Crisis Management Team and prepared a gender analysis of the WHO Preparedness and Response Plan, which resulted in a more gender-responsive update of the plan in April 2020 (see Chapter V).

UN Women and its partners issued [a series of five policy briefs](#) on key areas affected by the COVID-19 pandemic:

¹ <https://news.un.org/en/story/2020/04/1061052>

economic fallout, the care economy, VAWG, women's leadership, and women's role in post-conflict cease-fires and peace processes. The 60-member Inter-Agency Network on Women and Gender Equality, chaired by the UN Women Executive Director, published the [IANGWE Compendium on Integrating Gender Considerations in the Response to COVID-19: Key Messages and Actions from UN Entities](#), which captures the key messages and efforts of United Nations system entities as they address the varied gender dimensions of the pandemic.

Further thought leadership articles by the Executive Director to audiences such as the Group of 7 (G7) ([Women working on the front line](#)), G20 ([Addressing the economic fallout of COVID-19: Pathways and policy options for a gender-responsive recovery](#)), and Commonwealth Heads of Government ([Build Back Better: Women at the Centre of Decision-Making](#)) drew attention to the global evidence-based analysis and policy recommendations of UN Women.

UN Women led interagency collaboration² to address critical data gaps through the [Gender Monitor](#), a compilation of indicators that inform gender-responsive policy action on COVID-19. UN Women and WHO joined forces to provide the latest available data on COVID-19 cases by sex and age on the [Data Platform](#). In September 2020, UN Women and the United Nations Development Programme (UNDP) launched the [COVID-19 Global Gender Response Tracker](#), which monitors policy measures enacted by governments worldwide to tackle the COVID-19 crisis, and highlights responses that have incorporated a gender lens.

Global media disseminated information and messages by UN Women about the gender dimensions of the crisis and the response needed among key audiences. From March 2020 onwards, over 5,000 earned media articles mentioned UN Women and gender-related COVID-19 information, including in top-tier international media.³ From March to December 2020, a total of 2,000 posts

related to COVID-19 have been shared on UN Women corporate social media accounts garnering more than 138 million impressions and more than 3.7 million interactions. Global goodwill ambassadors and influencers broadened UN Women outreach efforts, including Nicole Kidman, Marta Vieira da Silva, Danai Gurira and Emma Watson, as well as regional and national goodwill ambassadors. The Unstereotype Alliance public service announcement (PSA) on the 'Shadow Pandemic' featuring actress Kate Winslet was shared by the Secretary-General and boosted global awareness with 22,350,085 unique users reached through the hashtag #ShadowPandemic, attaining more than five million views on Facebook alone.⁴

UN Women tapped into new partnerships with Google and Facebook. UN Women advertisements on VAWG during the pandemic and other COVID-19-related content, viewed over five million times and driving over 600,000 visits to UN Women websites, were rolled out from July to December 2020 on Google Search globally, valued at US\$1.5 million. Similarly, Facebook provided advertising space to promote social media messages from UN Women to the rise of VAWG during COVID-19, receiving more than 305 million impressions and nearly 18 million interactions.

UN Women also amplified COVID-19 related social media messages and campaigns of the United Nations system, including the WHO [#SafeHands Challenge](#) campaign, the United Nations [Verified](#) campaign, the [Women Rise for All](#) campaign, and the Secretary-General's appeal for peace in homes around the world.

In March 2020, UN Women developed a global programme proposal to provide a framework for its response from the global to local levels: [Gender-Responsive Prevention and Management of the COVID-19 Pandemic: from Emergency Response, Recovery and Resilience](#), the structure of which informs this report. UN Women reallocated its resources at the global,

2 International Labour Organization (ILO), International Telecommunications Union (ITU), United Nations Conference on Trade and Development (UNCTAD), United Nations Development Programme (UNDP), United Nations Human Settlements Programme (UN-Habitat), Office of the United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), United Nations Office on Drugs and Crime (UNODC), UN Women, World Food Programme (WFP), World Health Organization (WHO) and many others.

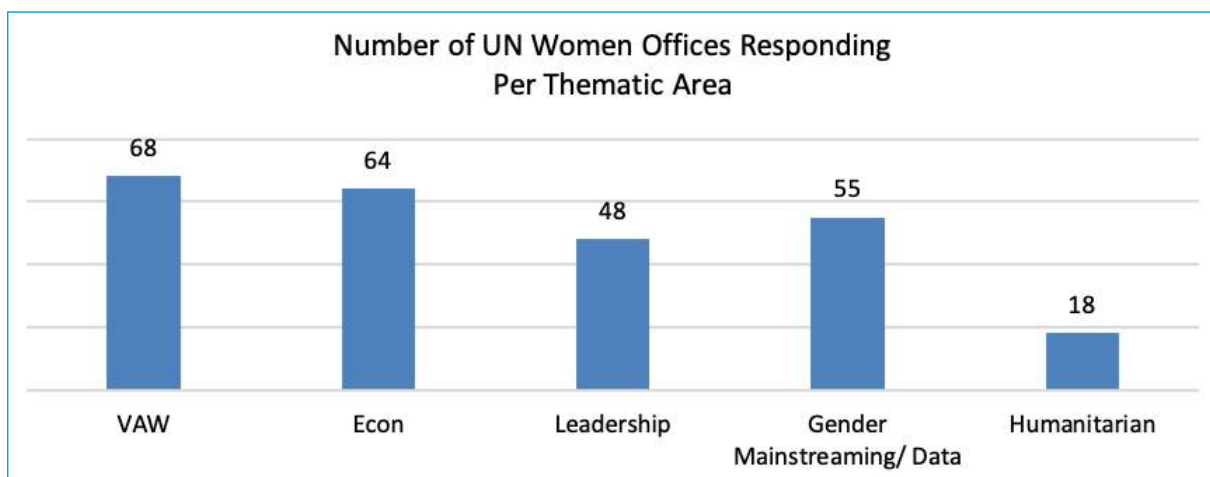
3 BBC, CNN, Associated Press, Reuters, The New York Times, The Wall Street Journal, The Guardian, The Economist, Forbes, ABC News (United States), ABC Australia, China Daily, Times of India, Dawn, El País.

4 <https://www.unstereotypealliance.org/en/news-and-events/press-releases/may-27-2020> (accessed on 27 January 2021).

regional and country levels to enable programme continuity while addressing the effects of COVID-19. This included [regular resources](#), which allowed the flexibility to allocate funds when and where they were most needed. As the COVID-19 pandemic emerged and grew in magnitude, these unrestricted resources enabled a faster and more comprehensive response.

This enabled UN Women to support governments, the United Nations system and civil society organizations (CSOs) through convening, policy advocacy, service delivery and technical assistance in 88 countries and through each of its six regional offices. Sixty-eight UN Women offices provided support to prevent and

respond to VAWG – the largest area of its response; followed closely by support to economic resilience and social protection in 64 offices. Fifty-five offices supported evidence, data and gender mainstreaming in national COVID-19 response mechanisms, and 48 offices convened women leaders in government and civil society to ensure that their voices informed national policy. UN Women supported a range of actions to mitigate the impact of COVID-19 in humanitarian settings across 18 countries.



II. Ending violence against women

Global Context and Response

UN Women identified the [Shadow Pandemic of Violence against Women and Girls](#) that exists in all countries, growing amid the COVID-19 pandemic. Prior to the pandemic, 243 million women and girls had experienced physical and/or sexual violence by an intimate partner in the 12 months prior to April 2020.⁵ Since the outbreak of COVID-19, emerging data and reports from

those on the front lines have shown that all types of VAWG, particularly domestic violence, have intensified. It is estimated that for every three months of lockdown an additional 15 million cases of GBV are expected.⁶

The policy brief, [COVID-19 and Ending Violence against Women and Girls](#), highlighted the emerging evidence of the impact of COVID-19 on VAWG and was followed up by a series of [policy briefs](#) that provided technical guidance on ending violence against women (EVAW)

5 https://data.unwomen.org/sites/default/files/documents/COVID19/Infographic_VAW-COVID19.pdf (accessed on 27 January 2021)

6 UNFPA, 27 April 2020, https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf (accessed on 27 January 2021).

issues related to COVID-19.⁷ UN Women also highlighted the impact of COVID-19 in the reports of the Secretary-General on: (1) intensification of efforts to eliminate all forms of violence against women;⁸ (2) trafficking in women and girls;⁹ and (3) intensifying global efforts for the elimination of female genital mutilation.¹⁰

The Secretary-General's call on 5 April 2020 for measures to address the "horrifying global surge in domestic violence" received the endorsement of 146 Member States. UN Women engaged nine United Nations agencies, funds and programmes to develop a [joint statement](#) in June 2020, also in support of the Secretary-General's call for a "ceasefire" of VAWG. The statement highlighted six calls to action: support to women's organizations; ensure that services remain open and responsive; prioritize police and justice responses; install preventative measures; collect data ethically; and improve services.

On behalf of the Secretary-General, UN Women led the development of a **political engagement strategy** beginning in August 2020, which called for specific commitments from government leaders on how Member States are funding, preventing, responding and collecting data on ending VAWG during the pandemic. The first UN Women virtual General Assembly high-level side event on Gender-based Violence in a COVID-19 Context, Activating Collective Responses, Innovative Partnerships and Proven Policies was held on 29 September 2020.

The UNDP/UN Women COVID-19 [Global Gender Response Tracker](#) analysed over 2,500 measures across 206 countries and territories finding that the largest number of gender-sensitive measures to be stepping up was action to address VAWG. Seventy-one per cent

of all gender-sensitive measures (704 measures across 135 countries) focused on preventing and/or responding to VAWG. This is a heartening response to the [Secretary-General's call to action](#). Yet, only 48 out of 135 countries have treated measures on VAWG as essential services and an integral part of national and local COVID-19 responses.

Country and Regional Response

EVAW is the largest area of UN Women response to the COVID-19 pandemic with 68 countries and regional offices¹¹ having mobilized to respond to the increases in the prevalence of VAWG in the face of decreasing access to services, largely due to isolation measures. UN Women leveraged its existing programmes to provide a comprehensive and rapid response to the impact of the pandemic on VAWG at the country level and to ensure that prevention and response strategies to address VAWG are informed by evidence of the impact on the safety of women and girls and adapted to the context of quarantines and social distancing policies. UN Women took action in the following areas:

- Strengthening services and adaption to the COVID-19 context, while advocating that they be considered essential services for continued availability, access, funding and safety
- Data collection, analysis and use on VAWG and on needs and capacities of support services, to inform evidence-based responses
- Support for women's organizations as the centre of policy change, recovery and solutions, ensuring that no one is left behind

7 Safe transport; Domestic violence in workplace settings; Prevention of VAWG, Safe cities and safe public spaces and a follow-up brief on recommendation in action: Ensuring safe cities and safe public spaces with women and girls; Online and ICT-facilitated violence against women; Essential services for survivors; Data collection and EVAW.

8 A/75/274

9 A/75/289

10 A/75/279

11 Countries: Afghanistan, Albania, Argentina, Bangladesh, Benin, Bolivia, Bosnia and Herzegovina, Botswana, Brazil, Burundi, Chad, Chile, China, Colombia, Côte d'Ivoire, Egypt, El Salvador, Ethiopia, Guatemala, Guinea, Honduras, India, Indonesia, Iraq, Kazakhstan, Kenya, Kyrgyzstan, Lebanon, Malawi, Malaysia, Mali, Mexico, Moldova, Morocco, Mozambique, Namibia, Niger, Nigeria, Papua New Guinea, Pakistan, Paraguay, Philippines, Republic of Korea, Rwanda, Saudi Arabia, Senegal, Serbia, Singapore, Somalia, South Africa, South Sudan, Sudan, Tajikistan, Thailand, Togo, Turkey, Uganda, Ukraine, United Republic of Tanzania, Uruguay, Viet Nam. Regional Offices for Arab States, Asia and the Pacific, Europe and Central Asia, and sub-regional offices for the Caribbean and the Pacific. The State of Palestine. Kosovo (References to Kosovo shall be understood to be in the context of Security Council resolution 1244 (1999)).

- Media campaigns, awareness-raising and stakeholder engagement.

Strengthening services during the COVID-19 pandemic.

UN Women works with governments, United Nations partners and local organizations, including women's organizations, to ensure that VAW-related services continue during the pandemic. Country offices have responded based on their contexts, with the majority supporting remote service delivery mechanisms such as shelters and safe accommodation and helplines, where access to information on legal services, online counselling and referral to other service providers is accessible. Through the European Union/UN [Spotlight Initiative](#), UNCTs responded by repurposing \$21 million immediately, developing COVID-19 plans in all country programmes, and ensuring that prevention and response would continue, including through supporting online services, innovative access and the use of technology.

UN Women offices in all parts of the world have worked with a range of partners to set up remote and online services, including with technology partners. Together with the longstanding partners of UN Women, the U.S. National Network to End Domestic Violence and the Global Network of Women's Shelters, 62 UN Women country offices contributed to a helpline repository on Facebook. UN Women worked with Twitter to ensure that domestic violence survivors across the Asia and Pacific region¹² could obtain life-saving information when they searched for key words such as "abuse" and "domestic violence". Through WhatsApp, the Vodafone Idea Foundation, NASSCOM Foundation, Sayfty Trust and UN Women launched the MyAmbar app to provide remote services in **India**. In the **Latin America and Caribbean** region and in **Argentina** and **Chile**, UN Women established a partnership between WhatsApp, the governments and civil society to upgrade existing national helplines.

UN Women supported the continued and safe functioning of women's shelters and other essential services through the provision of personal protective equip-

ment (PPE), hygiene kits, and cleaning supplies to shelters, vulnerable populations, and to police and justice institutions in **Ethiopia, Guatemala, Jordan, Malawi, Mozambique, Papua New Guinea, Rwanda, Senegal, Serbia, South Sudan, United Republic of Tanzania, Zimbabwe** and in the **Caribbean region** as well as in the **State of Palestine**, and in **Kosovo**.¹³

In countries that were facing a crisis prior to the COVID-19 pandemic, including **Bangladesh, Iraq** and **Somalia**, UN Women worked with partners to provide PPE for women in camps, cash transfers and hygiene kits. Pacific Island states such as **Fiji, Kiribati, Samoa** and **Vanuatu** adapted existing emergency responses developed for natural disasters to the COVID-19 response. UN Women **Jordan** distributed 500 recovery bags to GBV survivors in women's shelters and thousands of items of PPE to first responders and to the 13 UN Women Oasis centres.

UN Women worked closely with law enforcement to monitor cases, support referrals and to ensure that investigations would continue. In **Jordan, Mexico, Pakistan, Senegal, Uganda, Ukraine** and in the **Caribbean region**, UN Women supported training for law enforcement officials in responding remotely. In **Colombia**, UN Women worked with the Attorney-General to develop a tool to monitor cases of extreme VAW. In **Guatemala**, in cooperation with the Public Ministry, UN Women donated protective suits to the Office of the Prosecutor of the Section Against the Crime of Femicide for the management of crime scenes. In **Nigeria**, community surveillance groups were established to monitor incidences of VAWG and refer cases to law enforcement. The **Uganda** Police Force, with support from UN Women and funding by the Government of Sweden, established a dedicated toll-free hotline for reporting and responding to cases of VAWG.

Through the UN Women Safe City and Safe Public Spaces Global Initiative, multisectoral partners took measures to adapt to the COVID-19 context at the local level in urban, rural and online settings in line with the [Recommendations into action brief COVID-19: Safe](#)

¹² This service was available through Twitter in India, Indonesia, Malaysia, the Philippines, Republic of Korea, Singapore, Thailand and Viet Nam.

¹³ References to Kosovo shall be understood to be in the context of Security Council resolution 1244 (1999).

[cities and safe public spaces for women and girls](#). The city of Valparaíso, **Chile**, is promoting bystander interventions around empty buildings to prevent VAWG in public spaces during the pandemic in collaboration with the Mayor's office and UN Women. In London, Ontario, **Canada**, [Anova](#) has transitioned operations due to the rapidly evolving COVID-19 situation and to social distancing, while continuing to provide support for women survivors.

Since the onset of the pandemic, over 30 UN Women country offices supported work to integrate VAWG into **national COVID-19 response and recovery plans**. This work is context-based according to local needs and capacities and includes measures such as strengthening coordination and providing technical expertise to government bodies, national authorities or institutions participating in the national response as well as contributing to improved data. UN Women also helped to enable 43 Member States to ensure that long-term work to prevent VAW was not halted by providing continuing policy, regulatory and legislative support on EAW during the pandemic.

Across all regions, UN Women convened government, United Nations and civil society partners and provided technical assistance to policy development and its implementation. In **Argentina**, UN Women supported drafting a national law requiring mainstreaming a gender perspective in the Crisis Committee on the COVID-19 response. In the **Pacific Islands**, UN Women, through the Pacific Partnership to End VAWG in **Fiji**, established the Gender-Based Violence Working Group and the COVID-19 Response Gender Working Group with the Ministry of Women, Children and Poverty Alleviation.¹⁴ In **Uganda**, UN Women and United Nations partners supported the Ministry of Gender, Labour and Social Development to develop and implement the GBV and COVID-19 national response plan, in addition to supporting the Civil Society Budget Advisory Group to organize a televised debate, which led to a budgetary allocation of 1 trillion Ugandan shillings to combat GBV.

UN Women also helped to establish **technical guidelines** for governments to provide strengthened and

coordinated support for improved COVID-19 response and recovery. In **Indonesia**, UN Women worked with the Ministry of Women's Empowerment and Child Protection to develop the Guidance on Women Migrant Worker Protection and the Protocol on Trafficking and Case Handling Support during the COVID-19 pandemic. In **Serbia**, UN Women cooperated with the national Coordination Body for Gender Equality to prepare response measures and recommendations to the Government and local self-governments. In **Tajikistan**, in consultation with CSOs, UN Women developed recommendations to the government on preparedness and response during the quarantine period, including special measures to prevent GBV and protect women health workers.

UN Women offices prioritized data collection and evidence on the impact of COVID-19 on VAW. In April 2020, UN Women and WHO issued guidance on [Violence against Women and Girls: Data Collection during COVID-19](#). In addition, the data collection on VAWG and COVID-19 [decision tree](#) helps organizations with VAWG programmes, national statistical offices, policymakers and researchers decide when and how to best collect data on women's experience with violence and how to access services.

UN Women offices supported rapid needs assessments to inform the national response, and how to best assist CSOs involved in service delivery. In the **Arab States**, the regional office conducted an online survey completed by 16,462 respondents in nine countries. In **Europe and Central Asia**, the assessment was conducted in eight countries and the UN Women Regional Office for **Asia and the Pacific** assessment received over 100 responses from CSOs in 14 countries. Forty-eight percent of these CSOs reported a negative impact of the COVID-19 pandemic on their operations, with most organizations able to deliver services only partially, relying mainly on technology. In **Bangladesh**, the assessment made recommendations to include EAW in national response plans, ensure that front-line service providers and CSOs are properly equipped and trained, and ensure that referral pathways are clear and include prevention of sexual exploitation and abuse into protocols and

¹⁴ <https://www.fiji.gov.fj/Media-Centre/News/MEDIA-RELEASE-BY-THE-MINISTRY-FOR-WOMEN,-CHILDREN> (accessed on 27 January 2021).

codes of conduct for quarantine centres. In **Mexico**, the results of the assessment underlined the need to take action to reduce the digital divide and resulted in policy recommendations on resource allocation for CSOs and the training of service providers.

During the COVID-19 pandemic, UN Women worked to ensure that civil society and women's organizations were at **the centre of policy change, recovery and solutions**, including grassroots organizations, who were essential partners in raising awareness and in providing essential services to hard-to-reach, remote and vulnerable populations.

The **UN Trust Fund to End Violence against Women** surveyed its 144 CSOs grantees to understand the impact of COVID-19 on their work, confirming the rapid rise in VAWG and the challenges faced by struggling, often civil society-led, support systems. The survey also revealed how quickly grantees were adapting to maintaining key aspects of their projects while protecting the safety of beneficiaries and staff. Based on these findings, the UN Trust Fund issued a five-point action plan to immediately support its grantees. At the end of September 2020, the UN Trust Fund launched a new Call for Proposals for its 24th grant cycle from CSOs working in the front lines globally to address VAWG in the context of the COVID-19 pandemic with at least \$11 million available for investment. In May 2020, in partnership with the European Union-United Nations Spotlight Initiative, the UN Trust Fund allocated an additional \$9 million for immediate support to all its existing grantees in sub-Saharan Africa. Forty-four CSOs received financial assistance in the context of the COVID-19 pandemic for improving health and safety measures and PPE.

UN Women provided small grants to strengthen the institutional capacity of CSOs through the European Union-United Nations Spotlight Initiative regional programmes in the **Pacific**¹⁵ and in **Central Asia and Afghanistan**¹⁶ to respond to immediate needs in institutional strengthening, equipment and training to use online platforms and tools to conduct activities and continue to foster dialogue in the region. In **Zimbabwe**, CSO staff were trained in digital data security to safe-

guard the work of their organization in the transition to remote work.

UN Women supported outreach via a wide variety of communications channels on the increase in and prevention of VAW, including on positive masculinities, sharing of household responsibilities and support to domestic and vulnerable workers, as well as other vulnerable groups. In China, the #AMessageToHer campaign in partnership with the United Nations System, reached 28 million people and #Generation-Equality reached 32 million people through social media platforms Weibo and WeChat, recognizing and celebrating the important role and contribution of female workers in the response to COVID-19 outbreak. In India, the #GharBaithoIndia Magar Pyaar Se! ("Stay at Home, with Love!") campaign reached over one billion views as part of the #HeForShe TikTok. In **Thailand** the #HeforSheAtHome campaign in partnership with TikTok achieved 46 million views. In **Central Asia** within the Spotlight Initiative Regional Programme, the 16 Days of Activism against Gender-based Violence campaign reached 648,952 people and over 1.1 million views.

UN Women worked with a range of partners and media to reach communities faced by digital, linguistic and geographic divides, and supported community-level interventions. In **Cambodia, Ecuador, India, Mexico, Samoa, Sierra Leone and Thailand**, UN Women enabled the translation of messages into local languages that would make awareness-raising more inclusive. In **Mexico**, UN Women partnered with the University of Guadalajara and representatives of indigenous peoples' groups, to develop a community campaign in five languages broadcast via radio. In **Turkey**, UN Women and the energy company Aygaz distributed information materials about domestic violence support across its vast national network, reaching gas station customers, households and women directly. In **Cameroon and Malawi**, religious leaders were mobilized for ending VAW during the COVID-19 pandemic and beyond. In **Thailand**, UN Women support to local CSOs reached 7,000 women in 15 remote communities, including those working in the informal sector, migrant workers, ethnic minorities in the Northern Region and women in conflict-affected areas in the Southern Border provinces.

15 <https://www.spotlightinitiative.org/press/spotlight-initiative-pacific-regional-programme-launched> (accessed on 27 January 2021).

16 <https://www.un.org/press/en/2020/dsgsm1518.doc.htm> (accessed on 27 January 2021).

III. Economic resilience, including social protection and economic stimulus

Global Context and Response

According to the International Monetary Fund (IMF), the unprecedented global sweep of the COVID-19 pandemic continues to hamper recovery prospects for export-dependent economies. By all accounts, women have been disproportionately affected by the crisis owing to pre-existing gender-based discrimination in the labour market. Globally, 750 million women work in the informal sector, and nearly 510 million, or 40 percent of all employed women, work in hard-hit sectors, including accommodation, food service, and wholesale, and retail trade.¹⁷ Overall, despite making up just 39 percent of global employment, women account for 54 percent of job losses.¹⁸ Furthermore, the closures of elementary schools, early childhood education, along with health safety restrictions, have exacerbated care demands on women during the crisis,¹⁹ and exposed widening gender gaps, and the inadequacy and vulnerability of care and social protection systems around the globe.

Against this backdrop, UN Women, in partnership with other United Nations and development partners, has taken a leadership role at the global level in strengthening the gender-responsiveness of the immediate response, as well as medium- to long- term recovery efforts to the COVID-19 crisis. The development of policy briefs on [Addressing the economic fallout of COVID-19: Pathways and policy options for a gender-responsive recovery](#), and [COVID-19 and the care economy: Immediate action and structural transformation for a gender-responsive recovery](#) and a guidance note on [Addressing the impacts of the COVID-19 pandemic on women migrant workers](#), have shed light on the disproportional impact of the pandemic on women and girls, and provided policy guidance to UN Women staff for programmatic and advocacy efforts at the country and regional levels. This in turn had a positive spill-over in terms of strengthening the capacity of government

counterparts to engender their COVID-19 recovery efforts.

Governments rightly responded to the economic crisis by enacting fiscal and monetary stimulus packages, amounting to \$19.5 trillion as of 30 September 2020, according to the [IMF](#). However, the bulk of the stimulus was implemented by advanced economies and did not adequately address gender gaps. To make matters worse, mounting debt and lack of fiscal space in low-income countries continue to constrain their ability to respond adequately to the crisis, exacerbating the vulnerability of women during the crisis. The [UN Women/UNDP Global Gender Response Tracker](#) shows that only 10 percent of social protection, employment, economic and fiscal measures analysed are directed towards women's economic security, and only eight percent of measures on social protection and employment are directed towards care. These disturbing trends highlight why by 2021 around 435 million women and girls will be living on less than \$1.90 a day — including 47 million pushed into poverty as a result of COVID-19.²⁰

To address these gaps, UN Women has continued to strengthen its partnership with international and regional financial institutions in the areas of capacity development, research and technical support on the gender equality and macroeconomics response to the COVID-19 pandemic. These include high-level ministerial roundtables and workshops with the World Bank Group, the Inter-American Development Bank and the Asian Development Bank, to highlight best practices, share approaches and build concrete partnerships to amplify the multilateral system response, and joint production of a policy paper on the impact of the crisis on women-led small- and medium-enterprises (SMEs) between the African Development Bank and UN Women. Moreover, UN Women is partnering with multilateral organizations to establish a Global

17 International Labour Organization, June 2020. ILO Monitor: COVID-19 and the world of work. Fifth Edition. Updated estimates and analysis (accessed on 27 January 2021).

18 McKinsey Global Institute, 2020. [“COVID-19 and Gender Equality: Countering the Regressive Effects”](#) (accessed on 27 January 2021).

19 UN Women, 2020. [“COVID-19 and the care economy: immediate action and structural transformation for a gender-responsive recovery”](#), Policy Brief No. 16. (accessed on 27 January 2021).

20 UN Women, 2020. [“From Insight to Action: Gender Equality in the Wake of COVID-19”](#) (accessed on 27 January 2021).

Platform for Innovative Gender Financing that seeks to expand sustainable financing principles to include guidance on gender; promote gender lens investing and develop gender bond markets; and establish partnerships with relevant partners to increase financing for Sustainable Development Goal (SDG) 5.

Country and Regional Response

UN Women considers social protection a key focus area of its COVID-19 response. UN Women scaled up its efforts on joint research with partners, capacity development, integrated technical support and policy implementation, which has helped decision makers and development practitioners take ownership in building gender-responsive national social protection systems in their respective COVID-19 response and recovery efforts. UN Women supported efforts in 64 countries and regional offices to enhance social protection and to promote economic resilience and shared responsibilities in the context of care.²¹ These efforts included evidence-based policy advocacy, direct technical support to government entities, and partnerships across the United Nations system.

A joint UN Women-International Labour Organization (ILO) applied policy guidance tool on how to assess and engender fiscal stimulus programmes, as well as analysis from the Global Policy Tracker have continued to play a critical role in strengthening national capacity on the gender-responsiveness of both immediate response and long-term economic recovery efforts. UN Women and the Economic Commission for Latin America and the Caribbean developed a Gender Equality Tab in the COVID-19 Observatory for Latin America and the Caribbean, including up-to-date information on measures and actions promoted by the countries of the region to guarantee women's rights in the framework to the COVID-19 response, which served as a reference and feed for the Global Policy Tracker.

Based on the above, as well as national level analysis, UN Women strengthened the gender-responsiveness of national COVID-19 responses and recovery plans on social protection in **Albania, Armenia, Colombia, Jordan, Lebanon, Liberia, Mexico, Mozambique, Myanmar, Rwanda, Thailand, Uganda** and **Ukraine**. This also took place in Kosovo (under Security Council resolution 1244 (1999)). Provisions included the adoption of targeted social protection measures, cash transfers for the informal sector, migrant and domestic workers, and implementation of employment and labour market policies in sectors disproportionately employing women and support for women-owned businesses. In **Lebanon**, 140,000 female-headed households received cash assistance provided under the Emergency National Poverty Targeting Programme. In **Myanmar**, UN Women provided technical guidance to ensure gendered actions and contribution to the government's COVID-19 Economic Relief Plan; the Ministry of Planning, Finance and Industry has requested the assistance of UN Women Myanmar to engender its COVID-19 monitoring frameworks. In **Thailand**, joint efforts by UN Women, ILO, the United Nations Children's Fund (UNICEF) and the International Organization for Migration helped strengthen the capacity of relevant line ministries to deliver child support grants, disability and old age allowance schemes to more than 10 million beneficiaries. In **Kosovo**, the government allocated two million euros in grant funding dedicated to women-led businesses affected by the pandemic as part of its national stimulus plan.

Across all regions, UN Women supported women-owned businesses affected by the COVID-19 pandemic through business skills development, online services, and access to publicly funded cash grants under national COVID-19 recovery measures. In **Costa Rica**, UN Women solicited women-owned businesses to submit creative solutions in the context of the pandemic

²¹ Countries: Afghanistan, Albania, Argentina, Bangladesh, Bolivia, Bosnia and Herzegovina, Brazil, Burundi, Central African Republic, Chile, China, Colombia, Costa Rica, Côte d'Ivoire, Democratic Republic of the Congo, Ecuador, El Salvador, Ethiopia, Georgia, Guatemala, Haiti, Honduras, Indonesia, Jordan, Kyrgyzstan, Lebanon, Liberia, Malawi, Mexico, Mozambique, Myanmar, Moldova, Nepal, Niger, Nigeria, North Macedonia, Pakistan, Papua New Guinea, Panama, Paraguay, the Philippines, Rwanda, Senegal, Serbia, Sierra Leone, South Africa, South Sudan, Sri Lanka, Sudan, Thailand, Turkey, Uganda, Ukraine, United Republic of Tanzania, Uruguay, Vanuatu, Viet Nam, and Zimbabwe. Regional Offices: Americas and the Caribbean, Asia and Pacific, Barbados Multi-Country Office, Fiji Multi-Country Office. The State of Palestine, Kosovo (References to Kosovo shall be understood to be in the context of Security Council resolution 1244 (1999)).

through an online platform. In **Mali**, the UN Women [Buy From Women Enterprise Platform](#) was expanded from commercialization of agricultural products to other areas of commerce to support women-led businesses. In **Nepal**, access to an e-commerce platform increased through a dedicated app for women to sell their products online with business development and start-up support. In **Papua New Guinea**, UN Women raised emergency funds that enabled a doubling of the number of women market vendors accessing social protection assistance, easing the crisis for 26,000 women in 14 markets across 11 provinces. In the **Philippines**, UN Women provided emergency cash grants for 10 women's collectives affected by armed conflict and the pandemic, worked with women's collectives through establishing online marketing platforms for providing cash grants, and facilitated online learning sessions for 5,200 women.

UN Women supported SME production to earn income and ensure that women essential workers had access to PPE. The Regional Office for **West and Central Africa** established a regional advisory service to train 7,000 women in 13 countries in the production of antiseptic soap and hydroalcoholic gel. In **Cameroon, the Democratic Republic of the Congo, Georgia, Kenya, Mali, Mozambique, Niger, Nigeria, Senegal and Thailand**, UN Women supported the production and distribution of PPE to women essential workers. **Rwanda** launched a business clinic that resulted in the production of over 50,000 reusable masks distributed to vulnerable women working in micro-businesses.

According to the Facebook Data for Good [Survey on Gender Equality at Home](#), women have continued to bear the brunt of unpaid care work during the COVID-19 pandemic. In this context, UN Women advocates for gender-responsive economic recovery to include expanding access to affordable, quality childcare services to enable women to remain in or (re) enter the workforce; and reverse long-standing inequalities, including unequal distribution of domestic and care work at home, and the pervasive undervaluation of work done by women.

In **Latin America and the Caribbean**, UN Women has successfully advocated for supportive national and local policies on the care economy. In **Chile**, the parliament approved an emergency bill to extend postnatal support in the context of COVID-19. In **Ecuador**, UN Women collaborated with UNDP and the Ministry of Economic and Social Inclusion in the design of “Transfers for Care” programmes that will be incorporated into national emergency response cash transfer packages. In **Brazil**, the city of Itabira, Minas Gerais, developed an intersectoral workplan to respond to COVID-19 with the technical assistance of UN Women within the framework of the “City 50-50” project. Online surveys carried out in **Argentina** and **Uruguay** collected primary data on the impact of containment and prevention measures on home-care tasks. In the **Asia and Pacific** region in **Malaysia**, the mobile platform Kiddocare, which provided 600 women with babysitting jobs, is collaborating with UN Women to develop similar care entrepreneurship modes in other Asia and Pacific countries.

IV. Leadership, women and girls' participation

Global Context and Response

The COVID-19 pandemic exacerbated gaps in women's participation in decision-making. An analysis of COVID-19 task forces from 87 countries found that only 3.5 percent had gender parity, often leaving national gender machinery out.²² Evidence has emerged that COVID-19 outcomes in the early stages of the pandemic were

systematically and significantly better in countries led by women.²³

The pandemic disrupted political processes globally, creating new challenges to women's leadership and participation, especially for women already facing intersecting forms of discrimination. Campaigning, voter engagement, and government and parliamentary deci-

22 Van Daalen KR, Bajnoczki C, Chowdhury M, et al. Symptoms of a broken system: the gender gaps in COVID-19 decision-making. *BMJ Global Health*, 2020.

23 Supriya Garikipati and Uma Kambhampati, 2020. Leading the Fight against the Pandemic: Does Gender Really Matter?

sion-making shifted online in several countries, including where women had less access to online platforms and social media than men.²⁴ Online VAW activity in public life has increased.²⁵ Some legislative bodies introduced electronic or proxy voting, while some courts held hearings online, but generally with little consideration of how this would affect women's ability to participate.²⁶ The COVID-19 pandemic highlighted the need for a strong national gender equality machinery with adequate resources to mitigate the gendered impact of the crisis.

UN Women acted swiftly to mitigate the pandemic's impact on women and girls' participation and ensure that they were involved in building back better with response plans and budgets designed to address their specific needs. The UN Women policy brief [COVID-19 and women's leadership: From an effective response to building back better](#) and [A primer for parliamentary action: gender-sensitive responses to COVID-19](#) increased awareness of opportunities for women's leadership and gender-responsive decision-making. The [Technical brief: Gender-responsive budgeting in the context of COVID-19](#) provided guidance on how to use gender-responsive budgeting to assess and monitor COVID-19 support packages for their gender impacts. [Justice for women amidst COVID-19](#), a multi-partner²⁷ report to which UN Women contributed, warned of growing gaps in women's access to rights. UN Women

also contributed to the [Guide on Electoral Operations during the COVID-19 Pandemic](#)²⁸ and to [UNAIDS guidance: Six concrete measures to support women and girls in all their diversity in the context of the COVID-19 pandemic](#).

UN Women united advocacy organizations and contributed to creating solutions to address the pandemic's negative impacts. The [Women Leaders' Virtual Roundtable on COVID-19 and the Future](#), held on 20 April 2020, identified policy measures to facilitate a more gender-inclusive recovery path. UN Women co-hosted a global [Live Learning Event on Women's Leadership in the post-COVID era](#) on 6 May 2020, mobilizing women officials from regional and local levels to issue a [Call for Action](#) urging women's participation to create a gender-equal future.

Country and Regional Response

UN Women has ensured that women's voices inform national and regional responses to COVID-19 by promoting their informed leadership in 44 countries and regions.²⁹ UN Women provided expert and technical support to address barriers to women's leadership by expanding the pool of women leaders; building the narrative about women as capable leaders; promoting gender-responsive plans and budgets; and providing support to women's organizations on the response's

24 Worldwide, roughly 327 million fewer women than men have smartphones and can access mobile internet. Women on average are 26 percent less likely than men to have smartphones. Source: Organisation for Economic Co-operation and Development (OECD), Paris, 2018. "Bridging the Digital Gender Divide: Include, Upskill, Innovate".

25 Online and ICT-facilitated Violence against Women and Girls during COVID-19, UN Women, 2020. <https://www.unwomen.org/en/digital-library/publications/2020/04/brief-online-and-ict-facilitated-violence-against-women-and-girls-during-covid-19> (accessed on 27 January 2021).

26 See <https://constitution-unit.com/2020/09/23/requiring-mps-to-vote-in-person-during-coronavirus-places-the-institution-of-parliament-at-risk-its-time-to-bring-remote-divisions-back-and-to-plan-for-continued-restrictions/> (accessed on 27 January 2021). "California lawmaker Buffy Wicks brings newborn to Assembly floor after being denied a proxy vote", <https://www.usatoday.com/story/news/politics/2020/09/01/buffy-wicks-california-lawmaker-brings-baby-floor-denied-proxy-vote/5681323002/> (accessed on 27 January 2021).

27 Published by UN Women, the International Development Law Organization (IDLO), United Nations Office on Drugs and Crime (UNODC), The World Bank and Pathfinders, with support from The Elders.

28 Published by UNDP, City2City Network and the Conrad N. Hilton Foundation.

29 Countries: Afghanistan, Albania, Bangladesh, Brazil, Burundi, Cambodia, Cameroon, Central African Republic, Colombia, Côte d'Ivoire, Democratic Republic of the Congo, Egypt, El Salvador, Ethiopia, Georgia, Guatemala, Haiti, Jordan, Kenya, Kyrgyzstan, Libya, Malawi, Mozambique, Myanmar, Nepal, North Macedonia, Nigeria, Pakistan, Papua New Guinea, Republic of Moldova, Serbia, Sierra Leone, Thailand, Tunisia, Turkey, Uganda, Ukraine, United Republic of Tanzania, Yemen and Zimbabwe. Regional Offices: Americas and Caribbean, Arab States, Asia and Pacific, East and Southern Africa, Europe and Central Asia, Fiji Multi-country office, West and Central Africa Regional Office. The State of Palestine, Kosovo (in the context of Security Council resolution 1244 (1999)).

front lines, including in advocacy for gender-responsive budget decisions.

UN Women convened women leaders at the regional level, in all regions and provided capacity support to women leaders to advocate for gender-sensitive national COVID-19 response policies. Following the endorsements of the recommendations of the UN Women report, [COVID-19 in Latin America and the Caribbean: How to Incorporate Women and Gender Equality in the Management of the Crisis Response](#), the Latin American Parliament (PARLATINO) adopted a declaration urging governments, parliaments and authorities in Latin America and the Caribbean to involve women in decision-making in connection with the pandemic. UN Women conducted rapid sub-regional consultations in April 2020 in the [Europe and Central Asia](#), [Asia and Pacific](#) and Arab States regions to identify specific operational barriers for women's organizations during the pandemic.

In **Asia and Pacific**, UN Women brought together ministers for gender equality or women's affairs from **Australia, Bangladesh, Cambodia, Fiji, Myanmar** and the **Republic of Korea** to share country-level experiences and innovative practices in the COVID-19 response, and affirm the importance of incorporating gender perspectives. They were joined by senior government representatives from **Japan, the Philippines** and **Thailand**. The Executive Director and the Deputy Secretary-General convened the **African Women Leaders Network** in May 2020 to develop a common regional agenda for the gender dimensions of COVID-19 response, which contributed to the [African Union Guidelines on Gender Responsive Responses to COVID-19](#), and is translating into national level policy through its national chapters.

UN Women supported **women members of parliament (MPs)** to amplify their voices in connection with the COVID-19 pandemic. In the **Democratic Republic of the Congo**, the [Primer for parliamentary action](#) provided the impetus for women MPs to call a virtual consultation with provincial deputies and mayors to exchange experiences of gender-responsive ways to address the pandemic. In **Papua New Guinea**, in the autonomous region of Bougainville, the Primer guided women MPs and women civil society activists to establish a gender equality sub-committee under the ministerial COVID-

19 Task Force. In the **United Republic of Tanzania**, the Women's Parliamentary Group placed the pandemic's disproportionate impact on women and girls, the need for gender-responsive public information campaigns and budget allocations on the parliamentary agenda.

UN Women also promoted women's leadership in the COVID-19 response among other ministries and government institutions, including Electoral Management Bodies (EMBs), judicial bodies and those charged with government finance decisions. The EMB in **Cameroon** launched a campaign to promote women's safe voter registration and EMBs in **Uganda** and **Zimbabwe** revised their election guidelines to incorporate safety measures. The Supreme Court of **Nepal** issued a landmark judgment prioritizing women's rights and the representation of women in planning, managing and monitoring the national COVID-19 action plan. The judgment recognized the Gender Equality and Social Inclusion Checklist developed by UN Women and humanitarian partners for steering the response to COVID-19. The Supreme Court also ruled out the requirement for citizenship certificates in accessing relief.

UN Women supported the generation and use of analysis to strengthen political action and accountability for gender-responsive plans and budgets. In **Bosnia and Herzegovina**, a gender analysis of the federal budget re-balance in the COVID-19 context enabled MPs to request specific resource allocations for women entrepreneurs and to avoid budget cuts to social support provisions for families. Parliamentarians in **Albania** used gender assessment data to advocate for budget allocations to the sectors most severely affected by the pandemic. Twenty-seven counties in **Kenya** adopted a checklist for gender-responsive oversight of COVID-19 county plans. In **Egypt**, four COVID-19 gender policy trackers were adopted following the issuance of a policy paper by the National Council for Women. In **Latin America**, in collaboration with the Iberoamerican Union of Municipalists, capacities of 71 women leaders of the local level were strengthened on [public policies and gender-responsive budgets in the postcrisis context of COVID-19](#); [gender-sensitive entrepreneurship for economic recovery in the postcrisis context for COVID-19](#); and [inclusive innovation and digitalization in COVID-19 postcrisis phases](#).

UN Women also provided support to specific groups of women, including youth and women living with HIV to contribute to the national COVID-19 response. UN Women supported 1,275 young people in **Uganda** to build a platform to harness young women's leadership skills in the response to COVID-19. In **Nepal**, a local youth-led volunteer organization provided psychosocial counselling to strengthen resilience to the crisis. In **Côte d'Ivoire**, a virtual youth platform of 40 CSOs resulted in an action plan for the involvement of young people in the electoral process. In **South Africa**, young women

living with and affected by HIV mobilized and founded the national [Young Women for Life Movement](#). With support from UN Women through a HeForShe community-based initiative, led by the Southern Africa Catholic Bishops Conference and with funding from UNAIDS, the 2,035-member group led food supply drives to vulnerable households during the COVID-19 lockdown. Businesswomen affiliated with the Tajik Network of Women Living with HIV in **Tajikistan** manufactured over 23,000 masks in 10 days.

V. Gender mainstreaming in national responses and data collection

In the context of COVID-19, accurate sex-disaggregated data on incidence, hospitalization and testing are crucial to understand the outbreak's transmission and its related impacts. Most countries, however, are either not collecting or not making available data broken down by sex, age and other characteristics – such as class, race, location, disability and migrant status. These acute data gaps make it extremely difficult to predict the pandemic's impact. They also raise the concern that the response will ignore the priorities of the most vulnerable women and girls.³⁰ Compounding the problem, in low- and lower-middle-income countries, 9 out of 10 statistics offices report reduced ability to meet international reporting requirements. More than half of national statistics offices in low- and lower-middle-income countries have experienced budget cuts, making it difficult to operate effectively. This may push gender data even lower down the list of priorities.³¹

To fill these gaps, UN Women has emerged as a global leader in the promotion of gender data to inform a gender-sensitive response to COVID-19. Through a dedicated COVID-19 section on the [UN Women data hub](#), the work of UN Women in this area includes making available technical tools and resources, such as global, regional and country level gender analysis/research in

emergency contexts and policy response; rapid gender assessments, data collection guidance tools/check lists; tracking of governments' COVID-19 policy response to understand the extent to which they address women's concerns; and integrating a gender perspective into data and analytical work of partners (National Statistical Organizations (NSOs), non-governmental organizations (NGOs) and United Nations agencies, funds and programmes).

Working with WHO, UN Women produced and published the first and most comprehensive data available on the health impact of COVID-19 by sex and age. These data are updated regularly and widely available through a dedicated COVID-19 section in the [Women Count Data Hub](#) which has become a go-to resource for SDGs monitoring, data and analysis on COVID-19. In addition, at the behest of the United Nations COVID-19 Response and Recovery MPTF (COVID-19 MPTF) Advisory Committee,³² UN Women, in cooperation with over 10 United Nations agencies, built a common United Nations system dashboard of gender indicators to drive gendered responses to the COVID-19 crisis. The [COVID-19 and Gender Monitor](#) is essential to ensure that MPTF proposals include evidence-based gender-sensitive analyses. Key indicators resulting from this

30 See Gender Data section of UN Women [From Insights to Action: Gender Equality in the Wake of COVID-19](#) (accessed on 27 January 2021).

31 Ibid.

32 The United Nations COVID-19 Response and Recovery Multi-Partner Trust Fund (COVID-19 MPTF or The Fund) is a United Nations inter-agency finance mechanism launched by the Secretary-General to support low- and middle-income programme countries in overcoming the health and development crisis caused by the COVID-19 pandemic.

collaboration are provided directly to the Office of the Secretary-General for inclusion in the senior leadership team's bi-weekly briefing on the status of COVID-19.

As cited, in collaboration with UNDP, UN Women launched the [Global COVID-19 Gender Response Tracker](#) that provides real-time information on how countries are integrating gender equality in their policy responses. The Tracker monitors the integration of gender equality in 206 countries and territories worldwide responses to the pandemic, focused initially on four policy areas: economic and fiscal, labour market, social protection, and response to and prevention of VAWG. UN Women offices and partners around the world are using the data to advocate with governments to integrate gender equality concerns in their responses.

Country and Regional Response

UN Women promoted gender-responsive national efforts³³ to respond to the COVID-19 pandemic by providing technical support to gender mainstreaming, including by: seconding gender experts to and collaboration with national COVID-19 response mechanisms; and by strengthening the evidence basis through data and analysis in 55 country/regional offices.³⁴

Technical support to gender mainstreaming in the national response in 2020 included seconding gender experts, embedded within government organizations. In **India**, UN Women supported the South Asian Association for Regional Cooperation Secretariat, working with the Social Affairs Division, to embed a gender and health expert. Gender technical experts were seconded to national COVID-19 response task forces in **Lebanon** and **Tunisia**. In **Myanmar**, UN Women supported the government ministries and the Myanmar National Committee on Women to integrate gender equality in the socioeconomic response, the national policy response, and a gender response monitoring frame-

work. In **Sierra Leone**, UN Women deployed six gender experts to five districts to ensure that gender equality was mainstreamed into the national and district responses and conducted a training of trainers in COVID-19 response for 10 staff members in the Ministry of Gender and Children's Affairs. UN Women in **Kenya** seconded a Gender and Public Health Advisor to the National Emergency Response Committee to undertake a gender analysis of the country's COVID-19 preparedness and response.

UN Women participates in multi-stakeholder mechanisms to ensure a gender perspective in the national COVID-19 response, along with United Nations partners – in countries across all regions. In the **Latin America region**, UN Women has supported the Specialized Gender Network of the Ibero-American Association of Public Ministries, to adapt the response to and monitoring of VAW in the context of COVID-19. In **Bangladesh**, UN Women prepared a gender action plan for the health sector on COVID-19 and is preparing gender action plans and training sessions for additional sectors. In **Jordan**, UN Women worked with national CSOs in drafting the COVID-19 Emergency Response Plan, which includes provisions for providing updated information to communities on the impact of COVID-19 on women, girls and the elderly, women front-line workers and community activists. In the **Philippines**, UN Women participated in the Senate Inquiry on Proposed Senate Resolution No. 446, on the Gendered Dimensions of the COVID-19 Crisis and is providing technical support for the drafting of a bill on Gender-Responsive and Inclusive Pandemic Programming. In **Guatemala, Malawi, Morocco, Rwanda** and in the **State of Palestine**, UN Women worked through the UNCT and task forces to facilitate gender-responsive actions in the government response to COVID-19.

In late April 2020, the United Nations launched [A UN framework for the immediate socio-economic response](#)

33 UN Women support to gender mainstreaming in United Nations Country Teams and in United Nations humanitarian efforts are highlighted throughout the report and in the dedicated section on Humanitarian Response.

34 Countries: Afghanistan, Albania, Argentina, Azerbaijan, Bangladesh, Bosnia and Herzegovina, Cameroon, Colombia, Ecuador, Ethiopia, Georgia, Guatemala, Indonesia, Jordan, Kazakhstan, Kenya, Liberia, Malawi, Mexico, Montenegro, Morocco, Mozambique, Myanmar, Nepal, Nigeria, North Macedonia, Pakistan, Panama, Papua New Guinea, the Philippines, Republic of Moldova, Rwanda, Senegal, Serbia, Sierra Leone, Solomon Islands, South Africa, Thailand, Timor-Leste, Tunisia, Turkey, Uganda, Ukraine, United Republic of Tanzania, Vanuatu, Viet Nam, Zimbabwe, Regional/ Sub-Regional Offices: Americas and Caribbean, Asia and Pacific, Europe and Central Asia, East and Southern Africa, Pacific Multi-Country Office, West and Central Africa.

to [COVID-19](#) to implement its recommendations on an urgent response to the social and economic impacts of the COVID-19 pandemic. In addition to contributions by UN Women to the global framework, UN Women country offices mobilized to ensure a gender perspective as the framework was adapted to the country level. The [Women Count](#) Global Gender Data programme, produced a [guidance](#) note for countries on how to design and conduct Rapid Gender Assessment Surveys (RGAs) on the impact of COVID-19. In collaboration with national partners, United Nations agencies and the private sector, UN Women has invested in more than 100 RGAs focused on the socio-economic impact of COVID-19. These have resulted in the UN Women contribution to the UNCT COVID-19 response being explicitly referenced in 85 out of 108 of the UNCT Socio-Economic Response Plans (SERPs). This effort will ensure that information and evidence inform national policy across all regions on the gendered effects of the COVID-19 pandemic, including its effect on unpaid care work, employment, mental and physical health, VAW and others.³⁵

The RGAs have influenced government policy across all regions. In **Georgia**, the RGA enabled UN Women to shape the content of the government's COVID-

19 Impact Assessment Study to inform longer-term responses to COVID-19 and address the immediate needs of internally displaced persons (IDPs) and conflict-affected women (including in Abkhazia). In **Jordan**, the RGA informed key policymaking forums such as the Inter-ministerial Committee for Women and the Humanitarian Development Partners Forum. **Kenya** has inserted a gender module in the Home-based Isolation and Care Guidance Note and undertaken analysis with the Case Management and Clinical Committees of the National Taskforce to assess the risk facing health care workers, based on its RGA. In **Maldives**, the National Statistics Office and the UNCT used the results of the RGA to inform the country's socio-economic impact assessment, which forms the basis of integrated policy responses to COVID-19, including extension of the COVID-19 Income Support Allowance to self-employed and informal workers. The government also utilized the findings to establish a mental health helpline and a COVID-19 recovery team in the President's office that included a team to focus on safeguarding the rights of women and girls. In **Pakistan**, the Ministry of Women utilized the results of the RGA to design the country's gender-responsive COVID-19 policy response.

VI. Response to COVID-19 in humanitarian settings

Global context

In 2021, 235 million people will need humanitarian assistance and protection in country contexts where displacement and vulnerability are fueled by conflict, climate change, natural disasters and more recently, by the COVID-19 pandemic.³⁶ The last decade saw the highest ever number of people internally displaced by conflict and violence, with many locked in a state of protracted displacement that in some cases lasts for decades. There are an estimated 51 million new and existing IDPs, and the number of refugees has doubled to 20 million.³⁷ COVID-19 has further exacer-

bated gender-based inequalities and discrimination in terms of women refugees and IDPs being exposed to violence or lacking access to livelihood opportunities and productive resources.

Immediately following the declaration of the COVID-19 pandemic, UN Women scaled up efforts to support the United Nations System-wide efforts to address the spread of COVID-19 in humanitarian and crisis contexts. In March 2020 the Secretary-General launched the [Global Humanitarian Response Plan COVID-19: United Nations Coordinated Appeal April-December 2020](#). UN Women has contributed to multiple iterations of this

35 As of December 2020, nearly 50 have been completed. Resources can be accessed at <https://data.unwomen.org/COVID19> (accessed on 27 January 2021).

36 https://reliefweb.int/sites/reliefweb.int/files/resources/GHO2021_EN.pdf (accessed on 27 January 2021).

37 <https://reliefweb.int/report/world/global-humanitarian-overview-2021-abridged-version-enarfres> (accessed on 27 January 2021).

plan to strengthen the attention to gender-specific needs and engaged in key global, regional and country-level coordination spaces.

Furthermore, on behalf of the Inter-Agency Standing Committee (IASC) Reference Group for Gender in Humanitarian Action, UN Women developed the [IASC Gender Alert for COVID-19](#) with input from Reference Group members in March 2020, followed by webinars in partnership with the United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA) and CARE International to guide the IASC response to COVID-19.

In April 2020, the Independent Evaluation and Audit Services (IEAS) developed and distributed [a rapid assessment tool to evaluate gender equality and women's empowerment results in humanitarian contexts](#), which includes [Adapting to COVID-19: A checklist for gender responsive humanitarian programming](#) for evaluators to assess the gender-responsiveness of humanitarian interventions within the context of a global pandemic such as COVID-19. In November 2020, IEAS finalized **a Rapid-Assessment of UN Women Preparedness for Cash-Based Interventions (CBIs)**, which proposed recommendations to ensure that UN Women is prepared for CBI programmes and has effective governance, risk and control arrangements to achieve and demonstrate results.

Country and regional response

UN Women participates in national and regional-level COVID-19 system-wide Humanitarian Response Plans and Cluster Coordination in over 18 countries with humanitarian coordination mechanisms.³⁸ As part of the coordinated humanitarian and crisis response and its leading role in Gender in Humanitarian Action coordination groups, UN Women provides gender expertise in the planning and response and partners with humanitarian actors, national governments and local women-led and women's rights organizations and networks to implement catalytic interventions that ensure that

women and girls benefit from COVID-19 response efforts; are not exposed to additional risks; and most importantly, are empowered to lead responses and participate as decision-makers.

Gender technical experts from UN Women seconded to WHO and UN OCHA in **Lebanon** supported the national UN OCHA-led and Office of the United Nations High Commissioner for Refugees (UNHCR)-led planning and coordination platforms in **Jordan** and in the **State of Palestine**, and contributed directly to the national COVID-19 responses in **Armenia** and **Tunisia**. In **Brazil**, UN Women supported Operação Acolhida ("Operation Welcome") the national response to the influx of Venezuelans, in its COVID-19 contingency planning. In **Afghanistan**, a Gender in Humanitarian Action group, co-chaired by UN Women and the International Rescue Committee and reporting directly to the Humanitarian Coordinator/Resident Coordinator, was established under the COVID-19 Working Group, within the humanitarian architecture.

At the regional level, the Asia and Pacific Gender in Humanitarian Action working group committed to supporting new or reignited working groups, along with theme groups and task forces at the national level that are currently present in **Afghanistan, Bangladesh (Cox's Bazar), Myanmar, Nepal, Pakistan** and the **Philippines**. The region is working to include persons with disabilities in all phases of humanitarian response (in line with the IASC Disability Guidelines), as well as safeguard GBV in programming with cash vouchers at the local and national levels.

UN Women has contributed to the development of Rapid Gender Analysis and Impact Assessments in 19 country offices and Programmatic/Policy Guidance³⁹ in 12 offices on responding to COVID-19 in humanitarian contexts. UN Women in [Afghanistan](#) and [Lebanon](#) released a series of Gender Alerts on highlighting the impact of the pandemic on women on aspects ranging from health to access to humanitarian services. In

38 UN Women is engaged in Humanitarian Response Plans (HRPs) and Cluster Coordination in Bangladesh, Lebanon, Syria Regional, Zimbabwe. The State of Palestine (HRP and Regional, Refugee and Resilience Plan (3RP)); Iraq (HRP and 3RP); Fiji, Jordan, Libya, Nepal, Pakistan, Papua New Guinea, Timor-Leste, Viet Nam and Yemen (3RP); Egypt (3RP); Malawi, Turkey (regional).

39 Released COVID-19 related policy/programme guidance covering humanitarian settings: Arab States Regional Office, Asia and Pacific Regional Office, Latin America and Caribbean Regional Office, Egypt (mixed), Iraq, Jordan, Kenya, Libya, Mozambique, Nigeria, Yemen and Zimbabwe. The State of Palestine.

[Bosnia and Herzegovina](#), an assessment was conducted to understand how COVID-19 is affecting women and men differently at the local level to inform and support municipalities for designing gender-responsive interventions during and after the emergency period.

Access to funding has been scarce for women's organizations working in humanitarian settings. The **Asia-Pacific Gender in Humanitarian Action** (co-chaired by UN Women, UN OCHA and CARE) published [Closing the Funding Gap for Women-Focused Organizations Responding to COVID-19 in Asia and the Pacific](#) with funding from the Government of Japan, which confirmed the paucity of funds available and includes recommendations on how this funding gap could be met. UN Women has worked to close this gap, including through the Women's Peace and Humanitarian Fund,⁴⁰ and the LEAP (Leadership, Empowerment, Access and Protection) portfolio.

The UN Women LEAP portfolio is now adapted to the new global context in over 23 countries. The Women's Peace and Humanitarian Fund launched a COVID-19 Emergency Response Window to support women's organizations on the frontline of the pandemic. Forty-two projects were approved covering 18 countries. In Sudan, the Sahari Organization for Development in North Darfur received funding to facilitate cash transfers to 400 vulnerable female-headed households and to mobilize women's groups to disseminate COVID-19 messages in local communities.

Under these programmes, in **Afghanistan, Bangladesh, Brazil, Central African Republic, Colombia, Democratic Republic of the Congo, Jordan, Lebanon, Libya, Myanmar, Nepal** and in the **State of Palestine**, UN Women has provided technical and financial support to local women's groups, organizations and networks, facilitating their leadership and meaningful engagement in coordinated response efforts. In **Myanmar**, UN Women mobilizes, empowers and equips women-led organizations, especially Rohingya women graduates of the Rakhine Gender Leadership Programme, to create community awareness and knowledge on preven-

tion and response to COVID-19. UN Women has also provided technical support to humanitarian stakeholders to strengthen the integration of gender equality in key COVID-19 plans and strategies in **Kenya, Malawi, South Africa, South Sudan, Sudan, Uganda** and **Zimbabwe**.

In **Brazil, Cameroon, Central African Republic, Côte d'Ivoire, Iraq, Liberia, Mali, Niger, Nigeria, Turkey, Ukraine**, and in the **State of Palestine**, and in the **Pacific** UN Women worked to strengthen the capacity of service providers and national partners to continue provision of integrated services to women and girls who are survivors of violence. In the Pacific, the preparations for Tropical Cyclone Harold had already prepared governments in **Fiji, Vanuatu** and **Tonga** for crisis – which allowed for shelters to continue to provide services and to serve as distribution centres for essentials such as food and medicines.

Drawing from prior experience in operating in humanitarian settings, and emerging priorities in the COVID-19 context, UN Women adapted and expanded activities to support the **livelihoods and income generation** of crisis-affected women in 18 crisis-affected countries.⁴¹ UN Women programming on women's livelihoods focused on vocational training, job placements (including through partnerships with the private sector) and skills development for women refugees, IDPs and women in host communities, including in relation to production of masks and other PPE. UN Women adapted strategies to ensure continuity of livelihood interventions for women refugees, IDPs and other crisis affected and at-risk women's groups in **Bangladesh, Brazil, Jordan, Myanmar, Turkey, Uganda** and in the **State of Palestine**. In **Brazil**, this support included remote professional development courses for entrepreneurs, including 40 women who were able to validate their medical degrees in order to participate in the COVID-19 response.

Cash and other forms of assistance have also been key to sustaining women's livelihoods throughout the crisis. UN Women **Jordan** continued its direct cash assistance by leveraging the blockchain technology of the World

⁴⁰ <https://wphfund.org/news/> (accessed on 27 January 2021).

⁴¹ Bangladesh, Cameroon, Central African Republic, Democratic Republic of the Congo, Indonesia, Iraq, Jordan, Lebanon, Libya, Mali, Myanmar, Niger, Nigeria, South Sudan, Uganda, Ukraine and Yemen. The State of Palestine.

Food Programme’s “OneCard” platform, reaching 400 Syrian refugees in camps and 350 vulnerable Jordanian and Syrian refugee women in host communities on a weekly basis.⁴² In the **State of Palestine**, UN Women provided 350 cash for work opportunities and unconditional cash assistance to women survivors of GBV and women who are most affected by COVID-19. In **Nigeria**, UN Women worked with the Ministry of Women Affairs and women-led CSOs to distribute food, hygiene kits

and PPE to the most vulnerable women in 17 States and is implementing a cash-distribution intervention targeting 10,000 vulnerable women and girls worst affected by COVID-19. In **Turkey**, UN Women collaborated with CSOs to support women refugees’ production of 252,000 protective face masks through the SADA Women’s Cooperative, operated by Afghan, Syrian and Turkish women.

VII. Conclusion

Beyond the public health crisis, COVID-19 has rapidly morphed into a full-fledged economic and social crisis. The effects will likely reverberate for years to come. As governments try to contain the damage, rampant inequalities have once again been revealed. As COVID-19 continues to impact populations across the globe, UN Women will build upon its policy advocacy, convening and technical support for a gender-sensitive response to the ongoing COVID-19 pandemic in the coming year. In a context that required a rapid transformation of ways of working, UN Women was able to shape policies that kept women at the centre and did not allow gender considerations to be an afterthought. However, this work is incomplete and there are many gaps that the organization will work to fill.

Smart investments and sound policies will be crucial to put the world back on track to eradicate extreme poverty, which is expected to increase. Closing the gender poverty gap must be a vital part of a broader poverty eradication strategies. Social and economic policies and programmes to confront the fallout of the crisis must do more to address women’s leadership and labour, both outside and within the home. Applying a gender lens in designing fiscal stimulus packages and social assistance programmes is crucial for building a more prosperous, equal, inclusive and resilient society.

Further, measures to protect women from violence must be a standard part of government responses to the pandemic, as well as longer-term recovery packages. And as with other elements of the government

responses to COVID-19, the response to the surge in VAWG has been inadequate. Stepped up support includes ensuring shelters remain accessible and safe as essential services and to respond to increased demand. Also required is greater enabling of hotlines and other remote services, and increased assistance to women’s rights organizations working on the front lines.

The experience of UN Women and its partners in 2020 has demonstrated that women must be the architects as well as the beneficiaries of efforts to build back stronger and better. Placing women and girls at the centre of preparedness, response and recovery could finally bring the genuine change that women’s rights groups have long advocated for.

As the Secretary-General stated on 28 January 2021 in his Remarks to Member States on Priorities for 2021,

“Our sixth priority is perhaps the world’s greatest human rights challenge: gender equality. COVID-19 has brought to light what is too often invisible...It is time to take greater, targeted measures to overcome the approaches and attitudes that deny women their rights. No more tinkering at the margins. Gender equality is possible. We must make it happen. Together.”

42 UN Women prepared a policy paper on *Implications of the COVID-19 pandemic for women’s economic empowerment and policy interventions: contextualizing to the case of Jordan*.

**UN WOMEN IS THE UN ORGANIZATION
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TO ACCELERATE PROGRESS ON
MEETING THEIR NEEDS WORLDWIDE.**

UN Women supports UN Member States as they set global standards for achieving gender equality, and works with governments and civil society to design laws, policies, programmes and services needed to implement these standards. It stands behind women's equal participation in all aspects of life, focusing on five priority areas: increasing women's leadership and participation; ending violence against women; engaging women in all aspects of peace and security processes; enhancing women's economic empowerment; and making gender equality central to national development planning and budgeting. UN Women also coordinates and promotes the UN system's work in advancing gender equality.



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