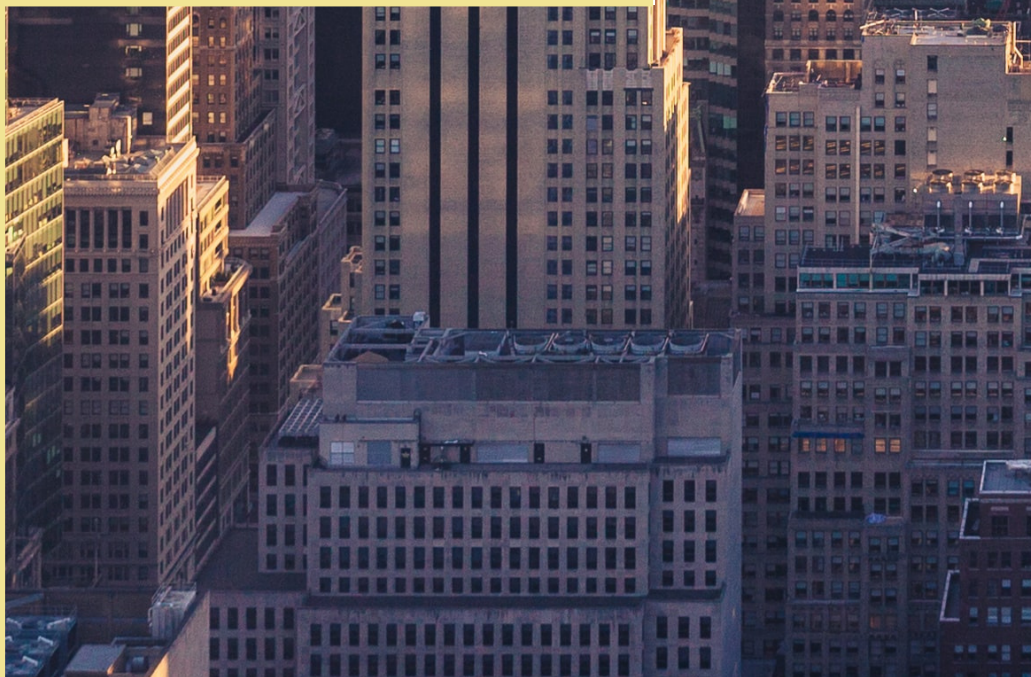




DECEMBER 2020

# Impact of Covid-19 on Women and Children

An IPS Inter Press Service UN Bureau  
organized Webinar



# Impact of Covid-19 on Women and Children

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## **Acknowledgments**

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Special thanks to Farhana Haque Rahman. Nayema Nusrat, IPS Noram Executive Board member. Emily Thampoe, Jan Lundius, Mohamed Saleheen, Cecilia Russell, Maged Srour and Hasibul Haque Imon for their contribution toward the organization of the Webinar and for working on finalizing this e-publication.

# Introduction

## Women's involvement in Post-COVID-19 Rebuild Crucial

Walter Lichem, President, IPS

At this moment, COVID-19 is raging everywhere. It has caused more than 1.4 million deaths, with 55 million cases of infected since the start of the outbreak in late 2019. Even if all global citizens are not infected, it affects all of us.

The world's economies, politics, social interaction, and health care are suffering from COVID-19 impacts. The effects of the pandemic vary from nation to nation, from region to region, and we have to consider that these include countries where free speech is limited and statistics, for political reasons, could be manipulated and not reflect reality.

The spread and effects of COVID-19 are aggravated by conditions which prevailed before its outbreak. Research and projections indicate that the pandemic could roll back gains made over the past decade for women and children and issues such as education, labour, child marriage and a host of other related issues.

It is critical, therefore, to mitigate the pandemic's devastating effects on a post- COVID-19 society that requires measures to foster politics, health care services and social interactions not only to stall the spread of the disease but guarantee that such a catastrophe does not occur again.



Walter Lichem.

Any effort to "build back better" after a pandemic must include women. We now have an opportunity to engage women, to finally remove all barriers to gender equality, something which is necessary to make us all better equipped to meet future threats and challenges to both our personal and global well-being.

As a global news agency reporting on and analyzing social, political, and economic issues, IPS is reporting extensively on COVID-19. As part of this effort, the IPS United Nations Bureau organized, in July 2020, a Webinar on the impact of COVID-19 on Women and Children, bringing together six international experts with extensive international experience to share their views on the impact of COVID-19 on women and children.

Mary Robinson, former president of the Republic of Ireland kindly contributed an opinion editorial on the subject which is included in this e-publication as a Foreword. The speakers were very active post Webinar and sent additional comments which are reflected in their presentations in this e-publication.



Jeremy Stenuit on Unsplash.

# Foreword

## Impact of COVID-19 on Women and Children

Mary Robinson, former President of Ireland, Chair of The Elders

The impacts of crises are never gender-neutral, and COVID-19 is no exception. The pandemic has resulted in [increased rates](#) of violence against women and has exacerbated challenges in accessing justice. Women are losing their [livelihoods](#) faster than men.

Millions of women are assuming disproportionate responsibility for caregiving. Many women have found themselves [unable to access](#) contraception and other sexual and reproductive health services. [UN experts](#) predict that as many as 13 million more child marriages could take place over the next 10 years because of COVID-19 shutdowns of schools and family planning services combined with increasing economic challenges. Women and girls from marginalized minority communities are especially at risk – in the [United Kingdom](#), for example, black women are over four times more likely than white women to die from COVID-19.



Mary Robinson.

COVID-19 risks damaging much of the progress towards gender equality that myself and other women activists have spent our lives working towards. As the Chair of The Elders, a group of independent global leaders brought together by Nelson Mandela, I have the privilege to work alongside two other women who were, like me, the first women leaders in their countries – Gro Harlem Brundtland of Norway, and Ellen Johnson Sirleaf of Liberia.

I also seek to serve Mandela’s vision of a world of peace, justice, and human rights alongside pioneering human rights lawyer, Hina Jilani, who set up the first law firm for women in Pakistan and Graça Machel, a tireless fighter for women’s education and emancipation.

We are all deeply concerned that women already seem to be bearing the brunt of the socio-economic fallout from COVID-19, and that this pandemic may deepen the gender inequality rift.

This year we commemorate the 25th anniversary of the Beijing Declaration and Platform for Action, where representatives from all 189 nations committed to “the full and equal participation of women in political, civil, economic, social, and cultural life.” We have made positive strides in the last 25 years: more girls than ever are [completing](#) primary school; the proportion of young women married as children has [declined globally](#), from 1 in 4 to approximately 1 in 5. However, as a major [report](#) to mark the anniversary notes, we now need a new roadmap for progressing gender equality that draws on the wisdom and experience of leading women from across every sector, as well as new younger voices.

COVID-19 has starkly exposed underlying inequalities and reminded us all that rights on paper are not necessarily rights in practice. I am disappointed at the slow progress on women's political representation and leadership. Fifteen countries now have women in the highest position of political power - up from 5 in 1980, but down from a peak of 18 in 2018. The number of women in parliaments remains [less than 25 percent](#) on average. This under-representation of women in positions of political power and influence appears to be replicated within COVID-19 task forces. However, we have seen that countries led by women seem to have been very effective in managing the pandemic.

Seeing how women and girls are rising to respond to the challenges posed by the pandemic is what gives me hope and spurs me on. The examples are many. Dejana Stosic leads a civil society organization in Serbia, [Human Rights Committee Vranje](#), that provides a free 24-hour online service to support survivors of gender-based violence. [Jamie Margolin](#) is a young climate activist using her platform to raise awareness about the intersection of COVID-19, the climate crisis and racial injustice. Ellen Johnson Sirleaf is working with several [women leaders across Africa](#) who are successfully advancing the fight against COVID-19.

Women's leadership at all levels must be at the core of the response to the pandemic if we are to prevent a rollback on women's rights. We need to support the [collective action of women](#), particularly grassroots groups, and stand in solidarity with, and encourage, the next generation of leaders.

History has shown us that crises can also produce some of the most seismic changes. One of my great feminist heroines is Rosa Luxemburg, who fought for freedom in Poland and Germany before, during and after the First World War. Just over a century, she declared that "freedom is always freedom for the one who thinks differently".

Now, more than ever, we need to think differently about justice and gender equality. As the world charts a course for a post-pandemic future, we need to draw on our collective strength - rethink, reset and build a better world for future generations.



*Studies have shown that the longer a girl stays in school, the less likely she is to be forced into child marriage. With many schools currently shut down and girls are not going to school due to COVID-19, an increase in child marriage is expected. Credit: Ahmed Osman/IPS*

# Webinar

## Opening remarks

### COVID-19 Threatens Progress Made Towards Gender Equality

Farhana Haque Rahman, Executive Director, IPS North America  
and Senior Vice President, IPS

Welcome to the IPS Inter Press Service webinar on the impact of COVID-19 on women and children. We are very grateful to our distinguished speakers and moderator for their availability and thank everybody who is attending today.

There is an enormous wealth of knowledge and experience assembled here which we are eager to tap into. We also hope to hear about your expectations for the future in the context of this pandemic and listen to what you think could be concrete actions that will accelerate positive change for women and children.



*Farhana Haque Rahman.*

You are the leaders, practitioners and advocates from various regions and backgrounds. You are our champions, and we need you to be mobilised and to mobilise others. Government responses to the COVID-19 pandemic have been sweeping, unprecedented and often inadequate and controversial.

Real concerns are mounting that their outcomes will exacerbate and widen existing gender inequalities. Indeed, much progress made towards gender equality is now under threat and risks being undone.

With the pandemic sweeping around the world, available data indicates that many more men have died from the coronavirus or required intensive care than women. Experts point to both biological and social factors as explanations.

However, when it comes to the socio-economic fallout from the pandemic and the consequences of policy responses, then women and children, particularly girls, are bearing the brunt of the impact and are at risk of more relative disempowerment. Women are suffering from increased rates of domestic violence. They are losing their livelihoods faster than men. As primary caregivers, they are often working more on the front line in dealing with cases in hospitals, care homes and in their own homes.

Lockdowns mean women may have less access to the justice system or to sexual and reproductive health services. The shutdown of schools and rising poverty levels are forcing more girls into child marriages. Marginalized and minority communities are more at risk.



In simple terms, this is the ‘Who shops for groceries?’ question. More insidiously, with lower household incomes, many women have to shop more extensively to economize and find affordable nutrition. This, therefore, increases their exposure risks while also decreasing their productivity.

Evidence from past outbreaks similar to COVID-19 indicates that women and girls can be affected in particular ways, and in some areas, they face more negative impacts than men.

We are facing a real risk that gender gaps could widen, during and after the pandemic, and that gains in women and girls’ accumulation of human capital, economic empowerment and voice and agency built over the past decades could be reversed. And who is looking out for documenting the trauma faced by women and children in developing countries?

I hope this webinar will also add to our list of what to pay attention to in our work as editors and journalists in the field. And before handing back to our moderator Doaa Abdel-Motaal, I want to say a special thanks to all those who have worked behind the scenes to make this webinar possible. Thank you.



*Women and girl children face quadruple impact of the COVID-19. Credit: IPS*

# Women face quadruple inequalities

Doaa Abdel-Motaal, Advisor, The Guarini Institute of Public Affairs

## Opening remarks

Thank you to IPS and to the entire team behind the scenes, who have made this webinar possible. This topic is crucial, and it is truly fantastic that you've decided to shine a light on it.

We're gathered here today to discuss a topic that unfortunately is all too often neglected. And it's the double, triple, or even quadruple inequalities that women and girls face in emergencies. An impact that necessitates the application of the gender lens, not only to the COVID-19 crisis but to all crises more generally. Studies have shown that men are more likely to die of the coronavirus than women, but studies are also showing that women are bearing the brunt of the social and economic fallout of this pandemic. And this is what we're gathered here to discuss today.

The reasons for this are multiple. First, is the fact that women comprise 70 percent of the global healthcare workforce and as we all know, a lot of the healthcare workforce is falling sick during this pandemic which means that a lot of women are falling sick. It is said that in the U.S. today, three quarters out of the infected healthcare workers are women. Furthermore, women are caretakers within their homes, and we can't forget that fact.

During the Ebola crisis in West Africa, women represented two-thirds of all those who were infected because of their increased exposure and caring for their families and patients. Furthermore, when a family member got ill, women were often stigmatized for not having kept their homes clean enough.

Second, the issue of maternal healthcare- women are not able to access critical maternal healthcare at times of crisis. When healthcare workers are overwhelmed with whatever else is going on. During the Ebola crisis in Sierra Leone, there were 3,600 additional maternal deaths, prenatal deaths, and stillbirths, relative to normal times.

Third, girls have to overcome multiple hurdles related to access to education and learning, relative to boys. Around the world today, only 34 percent of girls complete primary school. Young women are nearly 90 percent more likely to be out of secondary school than their male counterparts.

Fourth is the very difficult issue of physical and sexual violence. About 35 percent of women at the global level report that they continue to experience physical or sexual violence according to UN Women. A situation that gets exacerbated by kinds of emergency and in this pandemic, unfortunately, there has been no exception.



*Doaa Abdel-Motaal.*

We've seen reports of spikes in domestic violence during COVID-19 in countries as far apart as China, France, the United States and so on. Finally, women perform three times the amount of unpaid work that men perform and therefore are more exposed to the economic fallout of the crisis.

When a woman is furloughed or loses her job, she may be losing what was already very little income. With us today is a very distinguished panel, to explore the dangers of neglecting the gender dimension to the COVID crisis.

## Women Eat Last

Catherine Bertini, former Executive Director, World Food Programme (WFP)  
and Distinguished Fellow at The Chicago Council



*Catherine Bertini.*

Thanks so very much and thank you for including me. In 1995, at the Women's Conference in Beijing, I gave a speech titled 'Women eat last'. And I say that because I spoke to the Deputy Executive Director of WFP, Amir Abdulla yesterday and he had recently been at a gender awareness seminar talking about a report about the Rohingya and food assistance. One of the conclusions was: 'Women eat last'.

Now, what have we been doing for 25 years if this is still a tagline for what's happening in the world? Especially for women in crisis.

It's because so often in societies, the women who prepare the food, gather the food, who grow the food and who find it somewhere, even if their families are desperately poor, are the ones who prepare it and then serve. And they serve the food first to their husbands and boys.

Some things take much longer to change, but the point of ensuring that everyone in the household has access to food is still critical.

It was estimated that earlier this year, there were about 80 million people who were desperately in need of food and may not survive.

According to WFP, this number is now up to 135 million, and by the end of 2020, that number could be 250 million people. There are a lot more people who are at risk, but these are people who need food today to survive for tomorrow. And, of course, these issues grow (in impact) because of physical access, economic access, transport issues, production issues and all sorts of other issues related to the follow-up of the crisis of COVID-19. These issues (resulting from the COVID-19 pandemic) are in addition to wars and all the other issues the poor (usually) have to deal with.

What's being done about this now is that WFP is appealing for 5 billion dollars to try to help people move from that state (of destitution). This would serve the needs of 138 million people. But that's a huge amount (of people). That number has never been addressed before and, of course, it's worldwide.

WFP looks at women and girls. Something we've done at WFP and started doing during my tenure is trying to pay attention to women because we're not just moving food around, we're trying to end hunger.

Who's the partner that is best served to do that in the household? That's, of course, women and girls, so the majority of WFP food is distributed through women and girls, through the senior female member of the household for instance - not exclusively but as a priority.

In the process, they're trying to deal with other issues to make safe spaces, for instance, for women to accept food and take it home. WFP is trying to get access for women in places where it's not easy to have access to women. They are also trying to do more training for women so they could use that food to build on and improve their incomes. And they are also working on issues, such as savings because, in fact, with COVID, all of the issues that have been problematic for women and girls throughout the world. Instead of (things) becoming better (they) have become worse and the pressures have become increased in different ways.

I think these are some of the ways that humanitarians can help, not just the World Food Programme but NGOs, UNICEF, and many other organizations throughout the world, who are trying to support women. An interesting headline in the New York Times yesterday was 'In the COVID emergency you can have a kid or a job, but you can't have both'.



*A woman farmer in Dhule, Maharashtra, India.  
Credit: Gyan Shahane on Unsplash.*

So, the issue of childcare and what to do with children is probably going to be one of the most important issues that women have to deal with in any society - whether they're desperately hungry or not.

I like to think that when this all settles down, that maybe one of the silver linings we'll see is that many more men understand the needs of childcare, and maybe will mean that there will be more emphasis on policy perspective to put on childcare issues and childcare facilities in the future. In COVID-19, the disproportionate impact on women and girls is magnified many times over because of their roles as caregivers, as mothers, as cooks and ultimately as the people who are holding the families together. Thank you.



Joshua Newton on Unsplash.

# Advancing Gender Equality at the Heart of Education Cannot Wait's COVID-19 Response

Yasmine Sherif, Director, Education Cannot Wait

A global fund for education in emergencies and protracted crises.

Born of the need to overcome chronic funding deficits for education in humanitarian settings, and on the back of continued advocacy by a broad range of education actors, Education Cannot Wait (ECW) is the first and only global multilateral fund dedicated to education in emergencies and protracted crises. It was launched during the World Humanitarian Summit in 2016 by international humanitarian and development actors, along with public and private donors, to address the education needs of children and youth marginalized by crisis, conflict, and disaster. Since its inception, ECW has mobilized nearly US\$ 800 million for education in some of the world's toughest and hardest-to-reach places.



*Yasmine Sherif.*

Translating the World Humanitarian Summit's Agenda for Humanity into action, ECW's efforts are geared towards ensuring access to inclusive and equitable education for 75 million crisis-affected children and youth, including 39 million girls and adolescent girls. This entails, inter alia, facilitating joint analysis, planning, and programming, promoting closer collaboration between governments, donors, and implementers, strengthening the humanitarian-development-peace nexus, further advancing the localization agenda, and leveraging additional financing for education in emergencies and protracted crises.

ECW's efforts are specifically aimed at upholding the commitments of the Grand Bargain: they facilitate swift and sustainable action towards collective outcomes, enabling actors on the ground to respond with humanitarian speed and development depth to the education needs of the most marginalized and most vulnerable children and youth across the Global South.

The high quality of the assistance that ECW provides can be attributed to its ability to convene a vast network of implementing partners, including many local and national responders. These partners, many of whom are represented in ECW's governing board, work at the country level through education sector coordination mechanisms, such as education clusters, education in emergencies working groups and refugee education working groups. By working with and through the existing humanitarian coordination system, ECW is able to work within existing strategies and with responders who know the context the best, thus reducing both the time and burden necessary to ensure the best possible response.

## Addressing gender disparities

In keeping with its founding charter, addressing the often deeply rooted gender disparities in and through education is at the heart of the ECW's mission and mandate. To this end, it has put in place a robust gender policy and accountability framework which seeks to ensure that across all of its investments, the specific needs of girls and boys are addressed, and inequalities are not perpetuated. Consequently, all country investments include support for a 'core package' of interventions that is specifically geared towards advancing gender equality and sustainably increasing the enrolment rates for girls and adolescent girls.

Because of the many risks and barriers that continue to constrain girls and adolescent girls from accessing education, in contexts where girls are under-represented, ECW encourages its country-level partners to ensure that at least 60% of learners reached are girls and adolescent girls. This affirmative action to address these inequalities entails promoting a 'whole-of-child' approach. It also considers their safety, their food security, their physical and mental health, and their overall well-being and integrates activities that specifically (re-)engage girls and adolescent girls in all ECW programs.

Therefore, ECW supports programs for reducing barriers to equity and gender equality in education at multiple levels. The provision of gender-sensitive learning spaces and the recruitment and training of female educators and administrators have shown to go a long way towards increasing girls' participation and retention in education. More comprehensive approaches, such as the sensitization of parent-teacher associations on gender equality and the provision of menstrual hygiene management awareness-raising programs in schools also help to transform social and cultural barriers to girls' education.

ECW's strongest comparative value is that during times of crisis, it can respond with urgency and precision to meet the immediate needs of children, youth, educators, and education systems. Through its emergency response window, ECW can move money in a matter of days to experienced and trusted partners to ensure that crisis-affected children and youth are reached with critical interventions as quickly as possible, protecting them and their education.

Janet, 16, is an inspiring, resilient adolescent who was forced to flee her country, carrying only the experience of a childhood torn apart. Yet, from a dark place of despair and dispossession, she was determined to change her destiny. By accessing quality education, today she is stronger and ready to make a difference for others: she wants to become a nurse and save lives. Janet is a South Sudanese refugee living in Uganda where school has become her second home. She is enrolled in an accelerated education program providing teenage refugee girls with quality education and work skills. The ECW-supported Multi-Year Resilience Programme in Uganda nurtures Janet's dream of a better future and gives her the tools to make it a reality. Source: ECW

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### **Affirmative action**

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Another important aspect of ECW's approach is the concerted effort to make the most of a diversity of implementing partners, such as the International Rescue Committee (IRC), Plan International, Save the Children, United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Children's Fund (UNICEF) and United Nations High Commissioner for Refugees (UNHCR). By working through existing coordination mechanisms, ECW ensures that its responses are implemented through consortiums with a broad and diverse membership, including many local and national responders. Working with local actors allows ECW to put the means of responding in the hands of those who know the context the best, all the while leveraging the institutional capacities of large international NGOs and UN agencies.

### **A learning crisis unlike any other**

The COVID-19 pandemic is having an unprecedented impact on a global scale. The number of confirmed cases has spiraled since the World Health Organization (WHO) declared the virus an international public health concern in late January. As of September 14, 2020, the World Health Organization (WHO) reports almost 29 million confirmed cases. More than 900,000 people have died.

While the impact of COVID-19 is being felt universally, the pandemic is having the biggest impact on those already made vulnerable by war, violence, poverty, and natural disasters, including millions of already marginalized school-aged children and their families. Often these children are barely able to cope with the original crisis and are now being forced to face yet another. For instance, among 26 million refugees globally, over half are children, while many millions more have been displaced within their own country. Further, children with disabilities, those in marginalized households and living in abject poverty, often in remote areas, and girls already disadvantaged by societal norms and pressures, are also extremely vulnerable during these times of extraordinary uncertainty.

Indeed, this is not just a health crisis; it is also a learning and protection crisis with potentially extremely severe ramifications, especially for those already 'furthest behind'. Across the countries and contexts in which ECW operates, hundreds of millions of children and youth are out of school. This poses enormous long-term risks, especially for the poorest and most marginalized. We can expect to see increased violence against children in the home; long-term loss of access to education; increased school drop-out rates; psychological harm to children related to COVID-19 and physical distancing; and loss of access by children to protection reporting systems in schools. As household finances become strained and need increase, out-of-school children and youth are more likely to be exposed to risks like domestic violence, child labor, forced marriage, trafficking and exploitation. For the most vulnerable and most marginalized education is lifesaving.

## Reaching those left furthest behind

As the global fund for education in emergencies and protracted crises, ECW was amongst the first to address the short- and longer-term impacts of the school closures in countries and contexts already affected by crises, conflict, and disaster. In March, ECW issued a US\$ 100 million appeal to help mitigate the impact of the COVID-19 pandemic on the education of some of the most vulnerable and marginalized children and youth across the globe.

ECW responded by first reaching out to the 26 countries and contexts that already had ECW investments: either First Emergency Response (FER) investments in sudden-onset (or escalating) crises or Multi-Year Resilience Programmes (MYRPs) in more protracted settings. This allowed ECW to quickly reach some of the most vulnerable children in countries such as Afghanistan, Burkina Faso, Colombia, Uganda, and Yemen, and help ensure that they were not further disadvantaged by the impact of COVID-19. It also meant that ECW was able to work with known coordination entities and implementing partners to release funding quickly to organizations already familiar with the context.

Following this initial response, a second round of COVID-19 specific funding has been allocated to twelve more countries with both significant risk of educational impact due to the pandemic, and with significant populations of forcibly displaced children, including Ethiopia, Lebanon, Libya, Iraq, Kenya, and South Sudan. Within each of these responses, there is an additional emphasis on reaching girls and adolescent girls (particularly at secondary level), young children (those of early childhood education age) and children with disabilities.

While the situation differs from country to country, ECW's COVID-19 response is focussed on both ensuring continuity of learning and safe school re-openings. This includes reaching children and youth through distance teaching modalities, providing accelerated learning for learners who have lost out on time in the classroom, and helping education actors and systems prepare for the re-opening of schools and other learning spaces with proper safety and physical distancing measures in place.

Through these actions, ECW continues to advance its commitment to gender equity by striving to reach girls and adolescent girls with responses tailor-made to their needs. As part of each country program, ECW also ensures that partners respond to the full impact of the crisis on children and youth, not just the academic needs, by incorporating mental health and psychosocial support (MHPSS) activities, while also providing intersectoral interventions like protection referral services and school meals programs.

As highlighted above, more than half of the 75 million crisis-affected children and youth whom ECW is aiming to reach are girls and adolescent girls. Therefore, each investment that ECW makes is geared towards advancing progress towards the all-important SDG4 and furthering the global commitment for girls and adolescent girls to make up 60% of the total number of children and adolescents reached. This entails not only a strong focus on increasing access to education but also on sustainably improving protection for girls and adolescent girls, including through activities that advance the proportion of women as teachers, educators, and administrators.

Unfortunately, an already worrying situation is becoming even more dire as a result of the COVID-19 pandemic. Drawing on data from the Ebola outbreak in Guinea, Liberia, and Sierra Leone in 2014-2015, the Malala Fund recently calculated the potential impact of the current school closures on girls' education in low- and lower-middle-income countries. Based on these calculations, the Malala Fund estimates that as many as 20 million adolescent girls could drop out of school as a result of the current crisis.

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Responding to this unprecedented crisis and protecting the gains made in recent years, advancing gender equality is at the heart of ECW's COVID-19 response. Indeed, each country program must demonstrate how it will address the barriers that prevent girls and adolescent girls from accessing education. While the practicalities of humanitarian response across multiple and varied contexts make reaching a target percentage of any population a challenge, ECW encourages each investment country to strive towards 60% of its reached learners to be girls.

This means rolling out activities and interventions that are specifically aimed at re-engaging girls and adolescent girls in learning, including a) mounting community mobilization campaigns to promote girls' education; b) putting in place flexible, accelerated and distance learning programs specifically designed to break down the barriers to education for girls and adolescent girls; c) providing scholarships, school meals and take-home rations to reduce economic barriers to ensure that families prioritize girls accessing their education, and to ensure girls receive proper nutrition; d) increasing the number of female teachers, educators and administrators; and e) putting in place flexible accelerated education programs to engage out-of-school girls and adolescent girls in learning.

It should be noted that ECW's response to crisis considers the full impact of the emergency on children and adolescents, not just the loss of academic learning. This means that while it remains paramount to ensure that children realize their right to education, ECW also prioritizes mental health and psychosocial support (MHPSS) for children and teachers affected by the crisis. ECW works with education partners and across sectors to ensure that learners, educators, and parents have access to psychosocial support (PSS) interventions and mental health referral mechanisms. Similarly, ECW ensures that each of its partners has a rigorous child safeguarding policy in place to mitigate any potential harm in the course of program implementation.

## Empowering girls and adolescent girls in and through education

As highlighted in the latest policy brief by the UN Secretary-General, the COVID-19 pandemic has caused the largest disruption of education in history. Most countries have temporarily closed their schools and other learning spaces in an attempt to contain the virus. At the peak of the pandemic, these nationwide closures affected 94% of the world's student population and up to 99% of students in low- and lower-middle-income countries.

The COVID-19 pandemic is causing considerable hardship and disruption everywhere, but it is having its most dreadful impact on the 75 million children and youth who are already made vulnerable by war, violence, poverty, and natural disasters. Barely coping with one crisis, they are now forced to overcome yet another. The school closures are posing enormous risks, especially for girls and adolescent girls, not only in terms of their learning and their development but also in terms of their safety, their food security, their physical and mental health, and their overall well-being. Against this backdrop, it is critically important to ensure continuity of learning by facilitating distance teaching and by helping education actors and systems to prepare for the safe re-opening of schools and learning spaces as soon as possible.

Especially in countries affected by crisis, conflict and disaster, education is a lifeline that not only protects girls and adolescent girls from sexual exploitation and abuse, child trafficking, forced and child marriage, early pregnancy, and other forms of sexual and gender-based violence but also helps them to rebuild their lives and to contribute to the reconstruction of their society.

Together with its partners, ECW is committed to providing inclusive and equitable quality education for all as well as to achieving gender equality and the empowerment of girls and adolescent girls in and through education. Global action and solidarity are now more important than ever, and we count on the continued support from the international community to help crisis-affected girls and adolescent girls across the globe to unlock their full potential and build a better future.

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Greg Schneider on Unsplash.

# Bangladesh's Response to the Pandemic: A Case for Women

Saima Wazed,

Advisor to the Director General of WHO on Autism and Mental Health  
and Chairperson, Shuchona Foundation

The current pandemic situation is a unique one for all across the globe. Not only are we going through an uncertain time, collectively facing a health crisis, living through various levels of lockdown and limited mobility; we do not even know where things are going or how long this will last. Most countries across the globe responded and continue to respond to the pandemic in various ways.

In Bangladesh, having women in important leadership positions including the head of the government, and keeping women at the center of all our economic and social activities, has made a significant difference even in the way we have responded to the pandemic. In the last two decades, priority has not only been given to economic development but also holistic development. Focus has been given to girls' education, and healthcare for all, and all of these have come into tremendous use during this crisis.

Back in March when the government announced the closure of all non-essential services for a period of time, in the interest of public health, it also went full steam on responding to the crisis to lessen the impact of the closure on peoples' lives and livelihoods. Along with healthcare, food security - particularly for women and children - was prioritized, ensuring that relief funds go directly to women or at least were easily accessible, using the infrastructure of our money transfer system over the phone.



*Saima Wazed.*

As soon as the crisis started, thinking of solutions for the most vulnerable, which were already set up, was made a priority part of the agenda. The head of the government immediately spearheaded actions which positively affected all populations, including women, children, persons with disabilities, and those living in remote hard-to-reach areas. These are all groups of people who often get left out in some form or another.

For many countries, food shortages and survival became a core problem. Fortunately, ours is an agro-based economy. Due to limited mobility, when migrant (internal) labours were unavailable during harvest time, to ensure that there were no breaks in agricultural production leading to wide-spread food shortage, local leaders and student volunteers went to the fields and helped harvest the crops, using protective gear.

As a response to the pandemic, not only government agencies, but communities came together. We faced problems regarding transportation of food and making it accessible in places where particular essentials are not produced. Keeping certain industries open was prioritized, and systematically opening up the rest to ensure continued economic growth and social well-being which have always been a priority of Prime Minister Sheikh Hasina.

In a country like ours, basic needs for survival during a protracted crisis such as this pandemic has been a challenge and required creative, resourceful, and caring leadership. Leaders have had to change their thinking, mechanisms for problem-solving, and relearn how to become more functional as isolated countries. Relearning how to operate in a realm cut-off from others has probably been the biggest philosophical shift of this century.

In addition to healthcare and food availability, efforts were made to address all aspects of life. For instance, to keep up the flow in education, the National Parliament TV channel was immediately made available to televise online classes to ensure continuous distance learning. This did not ensure that education was reaching all, but at least genuine efforts were made to make it accessible for those who chose to access it. It demonstrated that education is a priority for the government. As the lockdown continued, radio and online platforms have also been explored to ensure continued learning for all ages. Currently, all standardized national exams have been suspended, and alternate methods for student's assessment are being utilized for academic promotions and enable students to enter higher education levels as well.

Evidence suggests that the direct impact on women's health due to the pandemic is less than men. Women have been catching the virus less, and their recovery rate has been higher too. They are thus considered less at-risk. I do not think that especially with this global crisis, women's mental health is at greater risk as of themselves. However, there are other ways women are being affected due to this pandemic.

Women already are subject to a double burden of duties which includes unpaid housework. The pandemic drew a common picture across cultures of women with jobs having to juggle being an employee, homemaker, cook, cleaner, teacher to her children overnight. Those in the informal sector were the first ones to lose all of their choices of small income sources they may have had. Women have been at the receiving end of higher numbers of domestic violence and economic hardship caused by the pandemic. Despite their frustrations and worries, women have to continue to manage the household with children and often all other family members being at home and ensure that there is sufficient food for everybody. They have to make do with what is given to them and what is available.

The experiences of urban and rural women are, however, somewhat different. In rural areas, there is less fear and more of a sense of community that has not been eroded during the pandemic. The rural communities themselves tend to be more supportive, and the home environments tend to be more fluid with people going back and forth, as homesteads are structured openly. People living in urban areas are more closed off, stuck in individual homes and apartments, isolated from their social settings, therefore negatively impacting their mental well-being. A certain class's urban women's support structure, thus, has been compromised during the pandemic. I think a huge part of women's mental health is reliant on sharing their worries and solutions with other women, as they are a community in and of themselves. We support and provide an outlet for each other. Missing out on that, on the solidarity and sisterhood, impacts all of us, regardless of where we live.

In recent years, mental health services for all have been made a priority including developing a national mental health policy (awaiting final approval), a new Mental Health Act replacing the outdated 105-year-old Lunacy Act of 1912 and encouraging the development of professionals in this sector. The need for mental health support that is accessible remotely is not a matter of debate but more considered necessary support that dedicated professionals are continuing to provide through social media, government telehealth platforms, personal phone lines and other methods.

For Bangladesh, the crisis has been an opportunity to learn and fine-tune the existing system. For a long time, ways of learning for medical professionals through the use of technology was being explored. A system was already being put to place, but the lockdown meant utilizing and implementing it at a greater extent and refining it further.

Telehealth services were already in place on a limited scale, and the pandemic was a time to focus on expanding these services. Reproductive and maternity care was recognized as a priority in addition to COVID-19 response, thus the continuity of such services was ensured at all levels, including community clinics. Maternal care centers linked to the community clinic systems were directed to remain fully open and operational throughout all phases of the SARS-CoV-2 pandemic.

An almost positive outcome of this pandemic has been the fact that it has opened up the discourse of mental health to a wider group of people with a greater focus on stress reduction and mental well-being. While in many cultures, such as Bangladesh, there was a stigma attached to seeking out mental health services. There has been an acknowledgment that not only is it a necessary health service, but also that a crisis that is linked to health safety and economic security can directly negatively impact every person's mental health, regardless of any underlying conditions. COVID-19 is having a toll on women's mental well-being. In some ways, we have prioritized mental health of women in Bangladesh and made it a part of our system of care during a crisis. There are outreach programs such as through telehealth, and there are practitioners who have put themselves forward. There are educational services available in the community that is accessible from home.

As for other services, we are very fortunate in Bangladesh that we have a lot of safety nets already for women. Our community clinics have remained open, and our healthcare maternity wards have been operational even when COVID-19 infection was at its highest. Pregnant women and those going through childbirth have been prioritized, being able to avail essential services safely and securely. Having created an effective people-focused infrastructure, we have gone a long way to assist women during this global crisis. There are of course challenges too which are being addressed. One such major challenge with using technology-based videoconferencing is that of oversight. For instance, even if the government prioritizes women's health clinics, there are more men in administrative positions running the services, who may lack the gendered lens to ensure that adequate care is being provided.

Also, as much as we have invested in technology, it may not always be available to all, and women typically have fewer opportunities to utilize that. There are efforts to address this as telehealth is our best option to address specialized healthcare like mental health for which we have a limited number of experts, and it is a highly stigmatized subject. It can be utilized for efficient service delivery, making health care accessible for hard-to-reach areas, for decentralizing specialist care providers as well as for improving the knowledge and skills of those deployed at various tiers of the health sector. While the government's will and intention are there, we notice that when it comes to mental health, we have a massive amount of work left in enhancing the quality of care which needs to be part of the pre-and post-training of all tiers of health care workers. This would have to include implanting a hybrid model of teaching-training since not everything can be taught remotely. However, telehealth can ensure ongoing information supply and continuous learning opportunity as well as being cost-effective. The service we are using to access experts for health reasons was initially set up so that people could seek mental health services, such as consultations and avail referral services through a telehealth system that is effective for Bangladesh and other low resource countries. It is yet unexplored to its fullest extent, and this crisis is an opportunity to make it successful.



The economic impacts of the pandemic, starting with the closure earlier in the year, and subsequent closure of non-essential services, are immense and also have affected everyone's mental health, not just women's. The fear of transmitting the disease, the uniqueness of it, the worry of not having the proper healthcare and treatment are all affecting people. Educating them from the beginning on the safety measures, even in the most rural communities, about washing hands, practicing proper hygiene, was part of the agenda from day one. More and more people are wearing masks, with many wearing hair coverings and gloves too when venturing outside. They are gaining awareness on ways to protect themselves and those around them. Bangladesh is slowly easing back to regular economic and social activities with precautions keeping in mind public health interests. In all its responses, it is centering women, girls, persons with disabilities, and other marginalized groups. Right from the beginning, it has designed its pandemic response in a humane, holistic, and inclusive way, reflecting the leadership approach that is leading the country. Bangladesh's leadership makes a strong case for investing in women and girls, empowering them, and promoting and encouraging them to take up leadership positions.



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# Gender Equality Crucial in 'Building Back Better' Post-COVID-19

Susan Papp, Managing Director of Policy and Advocacy, Women Deliver

The COVID-19 pandemic is having a devastating effect on all people, particularly impacting girls and women and threatening to unravel decades of progress toward gender equality. As the world responds and recovers from the pandemic, two impacts are apparent: the importance of women's leadership and role in decision-making, and the entrenched inequalities worsened by the pandemic.

From the start of the pandemic, COVID-19 has highlighted the power and impact of women's leadership and their invaluable contributions to their communities and society at large. You've likely seen news articles highlighting the differences in the COVID-19 response and recovery in countries led by women versus countries led by men. And it is true - though not quite a universal truth - that during this pandemic, female leaders have tended to take a more holistic approach to combat the virus and to keep their citizens safe and healthy, including the health and rights of girls and women.

For example, in New Zealand, under Prime Minister Jacinda Ardern's leadership, their successful approach to keeping COVID-19 cases low also included provisions to prevent and respond to gender-based violence from the start. In Germany, Chancellor Angela Merkel committed to increase funding for shelters and other resources. Taiwan's leader Tsai Ing-wen is largely responsible for her country's low number of fatalities and even donated Taiwan's surplus masks and other supplies to other countries hardest hit by COVID-19.



*Susan Papp.*

But women's leadership in COVID-19 is not limited to government leaders. Women are leading on the frontlines of the pandemic every day. Women make up 70% of the global health workforce—which means that the majority of people responding to COVID-19 are women.

They are the emergency room nurses, the drugstore pharmacists, the cashiers, the community health workers, and the care workers in homes. Their work is often underpaid, unseen, and undervalued, but make no mistake, it essential to keeping a country and a community safe and healthy.

There are women like Narjes Shiraghaei, an Iranian midwife who, when COVID-19 hit, organized her fellow midwives online to help ensure pregnant women continued receiving necessary care. And countless women like my sister, an obstetrician, who balances the responsibility of working nights in the hospital delivering babies with extra safety protocols, while caring for her family, and taking on the added role of teacher to her children whose schools are closed. This too is leadership.

While women's leadership in COVID-19 response and recovery is clear, the pandemic is also exacerbating entrenched inequalities. First, those same women who make up the majority of the health workforce are also at increased risk of exposure to the virus. This is exacerbated by continued shortages of personal protective equipment and the fact that traditionally this equipment has been designed for men without considerations for women's needs like menstruation.

Second, the global lockdown has meant women are at increased risk of gender-based violence. As COVID-19 infection rates rose around the world, so did calls for help to domestic violence helplines and shelters. In the United Kingdom, for example, the number of domestic homicides has grown three-fold since late March 2020 when compared to the death rates to the same time in 2019. Even before the pandemic, domestic violence was already one of the greatest and most common human rights violations, yet a quarter of all countries have no domestic violence protection laws. The disturbing rise in incidents of violence against women during COVID-19 led UN Women to call it a “shadow pandemic.”

Third, we know that health emergencies can divert resources away from essential services, including sexual and reproductive health. The recent Ebola outbreak in West Africa, for example, created resource constraints like staffing shortages and supply chain disruptions that led to a decline in family planning distribution by 65 percent in Liberia and 23 percent in Sierra Leone. We are starting to face similar challenges as a result of COVID-19. The Guttmacher Institute recently estimated that a 10% drop in the provision of essential reproductive health services due to COVID-19 could translate to an additional 15 million unintended pregnancies, 28,000 maternal death, and 3.3 million unsafe abortions in one year alone in 132 low- and middle-income countries.

Fourth, according to the International Labour Organization, women are more likely to assume informal employment in most low- and lower-middle-income countries. This means they are also more often found in vulnerable situations. These women are less likely to have access to social protection and services that may only be available to those in formal employment, such as paid sick leave, access to health care, and protection from harassment.

Early data from the National Women’s Law Center also show that women are being laid off due to the pandemic at higher rates than men who work in the same field, and the unemployment rate is even worse for women of color, particularly Black and Latinx women. The industries hardest hit by the pandemic – leisure, hospitality, and education – are mostly non-white and female.

What’s more, COVID-19 is disproportionately affecting the lives of Black and Indigenous women and other women of color. For example, data from England and Wales show that Black women are 4.3 times more likely than white women to die due to COVID-19. Data from the United States paints a clear picture of racial inequity across the country. Black and Latinx individuals are three times as likely to become infected as white people, and they are nearly twice as likely to die from the virus.

So, in short, COVID-19 has shown both the powerful leadership of women as well as entrenched gender and socio-cultural inequalities that the pandemic is exacerbating. This is why it is so important to ensure girls and women are on the agenda, at the center of the response and included in the decision-making. We must apply a strong, intersectional gender lens to COVID-19 response and recovery to prevent deepening inequalities from becoming insurmountable chasms of inequality for generations to come.

Since the outset of the COVID-19 pandemic, Women Deliver has urged civil society, governments, the private sector, and multilateral organizations to apply a gender lens to all COVID-19 preparedness, response, and recovery efforts. A strong gender lens – and keeping gender equality at the center of response and recovery – is not only the right thing to do but also the smart thing to do, to make sure no one is left behind and build a better, more equal world as we recover.

This advocacy has included calling for girls and women to be explicitly and meaningfully included in all levels of decision-making for the COVID-19 response and recovery. For this recovery to be inclusive and representative, women-focused and youth-led organizations must be funded and included in partnerships, and all COVID-19 decision-making bodies must embrace diverse and inclusive leadership. Evidence from the Organization for Economic Cooperation and Development shows that when women are in leadership and decision-making roles, this leads to better outcomes, such as lower levels of income inequality.

Yet for the most part, women are still largely being left out of decision-making processes—and this is no exception for decision-making in response to the pandemic. This is a persistent issue in the health workforce, even though women hold around 70% of the jobs, they remain largely segregated in what positions they occupy, with men holding the majority of management roles and senior roles. In the United States, for example, only two of the 27 members of the country’s Coronavirus Task Force are women.

In addition to being left out of the decision-making roles, girls and women are too often invisible to decision-makers because data and knowledge about them are either incomplete or missing. The COVID-19 pandemic highlights the need to fix this. Only 64 countries [reported](#) COVID-19 cases and deaths by sex. But to inform and shape inclusive policies and investments for the pandemic response, we need sex- and age- disaggregated data. Leaders must leverage sex- and age-disaggregated data to inform and shape policies and investments for the COVID-19 pandemic response. That’s why Women Deliver is also calling for governments and organizations to collect, analyze, and leverage sex- and age-disaggregated data. Disaggregated data are critical to driving policies that benefit all and ensure accountability for inclusive, representative implementation.

Better data has the potential to not only lead to a more inclusive recovery but also a diversity of women’s voices represented in leadership. Women are not a single, homogenous group. Women of color, women in the informal economy, migrant women, refugee women, young people, LGBTQIA+ people – more often than not, they tend to be absent from decision-making tables, and this contributes to inequality and policies that do not reflect the communities they are designed to serve.

However, there are also some reasons to be optimistic. It is encouraging that, at a global level, the call for women’s leadership in COVID-19 decision-making is taking root. The UN Secretary-General released a policy brief this April on the impact of COVID-19 on women, citing unique ways the lives of girls and women are changing in the pandemic. That policy brief notes that the principles of prevention, protection, and equal participation and leadership of women is vital to pandemic responses. Similarly, the World Health Assembly resolution, adopted by more than 130 countries, recognized the need to involve women’s participation in all stages of decision-making processes, and mainstream a gender perspective in the COVID-19 response and recovery.

Global advocacy organizations like Women Deliver have an important role to play in cementing this issue in global and multilateral discussions—but that’s just one part of the puzzle. We know that the real progress on women’s leadership and decision-making during COVID-19 happens at the national level—and when global policies and priorities are translated to national and local settings.

We need national and local advocates and civil society to keep this issue a top priority—and to hold their leaders accountable for diverse and inclusive decision-making. There are many organizations leading this work around the world. For example, the International Confederation of Midwives, the International Council of Nurses, and the World Health Organization (WHO) recently released a set of recommendations that includes a call for nursing and midwifery leadership to be supported at all levels of the health system. And as a specific country example, the Women in Global Health (WGH) chapter in Somalia, along with local NGOs, are advocating for the government to involve the expertise of women healthcare workers, as well as release gender and age-disaggregated COVID-19 data, which the government has just started to do. Advocates and civil society can also make use of new promising tools like the COVID-19 Sex-Disaggregated Data Tracker from Global Health 50/50, the African Population and Health Research Center and the International Center for Research on Women. It is the world's largest portal of sex-disaggregated data on COVID-19.

Earlier this summer, I was pleased to see that former Prime Minister of New Zealand and Women Deliver Board Member Helen Clark and former President of Liberia Ellen Johnson Sirleaf were appointed as co-chairs of the WHO Independent Panel for Pandemic Preparedness and Response (IPPR), which is tasked with evaluating the world's response to the COVID-19 pandemic. This type of high-level evaluation and reflection is critical to understanding where leaders succeed in COVID-19 response, and where we must do better. At all levels, women, and young people, in all their diversity, must be meaningfully and authentically engaged in decision-making about their own lives and the communities where they live and work – through partnerships, funding, and leadership positions. And together, we must hold institutions, governments, and other leaders accountable for inclusive decision-making that benefits all people.

The reality is that gender equality, and women's rights are core to all issues and agendas. We can't have meaningful progress in health, economics, politics, or COVID-19 without applying a gender lens. Girls and women still have maternal, sexual, and reproductive health needs right now in the time of COVID-19.

We know from past pandemics how devastating the consequences of overlooking the needs and outcomes of girls and women can be. During the Ebola crisis, there was an estimated 65% increase in adolescent pregnancies in Sierra Leone, many likely due to rape or exploitation. Many of those girls never returned to school due to a since-revoked discriminatory policy that prohibited visibly pregnant students from attending school—a violation of their right to education and freedom from gender-based violence.

In addition to responding to sexual and reproductive health needs, we must also apply a gender lens to the single health intervention the world's recovery from COVID-19 now relies on vaccines. Without a global, coordinated approach to diagnostic services and vaccine distribution, COVID-19 could continue to spread unabated, further exacerbating the harm done to girls and women as a result of the pandemic. While several countries, philanthropists, and pharmaceutical companies are working quickly to deliver a COVID-19 vaccine, they must also develop equitable and expedited distribution plans for it. Billions of COVID-19 tests and vaccine doses must be produced affordably, exported without restriction, and accessible to countries with already strained health systems.

We know from the H1N1 pandemic that one of the challenges of equitably distributing vaccines was that many countries focused entirely on vaccinating young children, and sometimes had difficulty providing vaccines to health care workers (again, 70% of whom are women), pregnant women, and elderly and immunocompromised adults who were considered to be at high risk.

If tests and vaccines aren't equally distributed, we risk further spread of infection and a longer, stagnant recovery. The truth is that no one is safe from this pandemic until everyone is safe, so ensuring equitable testing and vaccine distribution to vulnerable populations is critical.

Given the risks associated with not building an inclusive response and recovery, including the further spread of coronavirus, it is more essential than ever that we apply a gender lens to COVID-19. We must protect and promote healthy outcomes, particularly sexual and reproductive health, and rights because if we're not careful, we're going to lose a lot of ground - and potentially even more lives than COVID-19 can take directly. The cost to human lives and human rights is simply too great to ignore. Applying a gender lens makes these needs visible and will save lives.

Given the pandemic and its unique impacts on girls and women, we are at a pivotal moment in history. Investing in gender equality and advocacy is more important now than ever before. We have an opportunity to put tracks down for progress on gender equality that can't be taken up afterward. But we can only do this with strong advocacy and action.

The unprecedented global crisis of COVID-19 has made clear that if we want to deliver health, well-being, and dignity for all, we need a strong gender lens on response and recovery. It is paramount that every effort by decision-makers during and after the COVID-19 pandemic aims to rebuild a stronger and more equal society. Gender equality and girls' and women's health and rights cannot be put on pause as the world responds to and recovers from COVID-19. A gender lens, including aspects like gender markers, gender analysis, and gender budgeting, is vital to making sure that the response is inclusive and that no one is left behind.

As stresses to health and economic systems compound in the COVID-19 response and recovery, we must not let sexual and reproductive health and rights take a back seat or allow conservative forces to roll back women's rights. We must join forces to keep these priorities on the agenda, to highlight leaders who are upholding essential investments and programs, and to call out risks and threats to girls' and women's health and rights, especially sexual and reproductive health, and rights. This is a powerful moment for advocacy and accountability, and we must all be paying attention and taking action."



Cowomen on Unsplash.

## Progress in development for women and girls will be harder to regain

Josefina Stubbs, former Associate Vice President,  
International Fund for Agricultural Development IFAD.  
Senior Manager of Multilateral Relations for Enel Green Power

I am very appreciative of this conversation, believing that more discussions like this are needed in particular since we so far have not spoken enough about how several gains made by women during the last two decades might be lost due to the COVID-19 pandemic.

I will mainly refer to the situation in Latin America and the Caribbean, where I come from and where inequality for decades has been a large problem. In spite of big economic growth, more than 35 percent of the Latin American population still lives in poverty or extreme poverty. Members of a middle class that has been formed during the last years are, to a large extent surviving on 5 to 10 dollars a day and during the current crisis, several of them will earn even less.

The COVID-19 pandemic is expanding fast in Latin America and the Caribbean. Media is daily reporting how region after region is becoming affected to an ever-increasing extent. It is now expected that due to COVID-19, thirty million people will end up under the poverty line. What does this mean for women? In Latin America and the Caribbean, a high number of households are headed by women, which in some countries constitute 45 percent of total households, several of these women-headed family units tend to be particularly hard hit by poverty.



*Josefina Stubbs.*

For every 100 men who have access to credit, only 57 women enjoy the same opportunity. Furthermore, there is a high level of gender-based violence in Latin America. Just one example of this deplorable state of affairs – during 2019, 60,384 cases of all types of violence were reported in Mexico, many of these were gender-based, and it is estimated that 85 percent of this kind of violence was mainly committed towards women by their life companions. Lock-down caused by COVID-19 has been particularly detrimental to peaceful cohabitation. Argentina has experienced a 25 percent rise of officially reported domestic violence, while in El Salvador, the increase was even more distressing – 42 percent. In Mexico, 50 percent of calls for help during the lockdown concerned domestic violence.

Fortunately, most Latin America and Caribbean countries have NGOs and strong local networks, which have intensified their work and outreach during these times of crisis. The use of technology has been essential to connect and provide support to women in need, particularly concerning domestic violence. Nevertheless, COVID-19 is obviously putting increasing stress on already cumbersome home conditions, further exacerbated by already existing patterns of economic inequality, which threatens not only empowerment gains made by women, but makes the situation for single-headed households even more agonizing.

In Latin America, 75 percent of the informal sector is dominated by women and lockdowns are hitting hard at these sources of income, as well as small and middle-sized enterprises that traditionally have employed women. Certain sectors are particularly hard hit, like the tourist sector, in which the Caribbean workforce amounts to 75 percent women, many of whom are now losing their jobs and an income that apart from economic security, often has provided them with a safety net protecting them from domestic and gender-based violence.

The havoc caused by COVID-19 is present everywhere and affects the economy, social welfare, politics and thus also our personal mental and physical well-being. It is thus to a very high degree a political issue whether the adverse effects caused by the pandemic may or may not be overcome. Let me refer to the phrase, 'building back better'. I assume everyone is aware that there currently is no 'new normal' and that we will thus be forced to build a 'new normal'. What I would like to propose is that we start talking about building back better for women. Because if we are going to build something better than it was before the outbreak of COVID-19 it has to include women. We now have an opportunity to include women, not only in the re-establishment of previous conditions but in the removal of all barriers to the establishment of a society characterized by gender equality.

Let us not forget that the pandemic is raging everywhere, not the least in countries where respect for human rights leaves much to be desired. There are political systems in place that does not allow any objective reporting of the actual state of affairs, not the least when it comes to gender equality issues and the general health situation.

Accordingly, let us acknowledge that any effort to 'build back better' after an all-encompassing pandemic must take into consideration not only health issues and gender equality but improved civil rights and guarantees for every citizen's right to be involved in decision making.

If urban areas have faulty healthcare, imagine what it must be like in rural areas. This brings me to another issue raised by one of our colleagues. In Latin America and the Caribbean, Afro-descent - and indigenous people are hard hit by the pandemic. They constitute the poorest strata of society and several of them are isolated and excluded from decision-making. Already weak national health systems have been unable to cope with these extreme circumstances.

Millions of people in Latin America and around the world are now falling below the poverty line, and most of them have no assets at all. Despite the progress in reducing poverty and extreme poverty in the Latin American and Caribbean, vulnerable groups, and among them in particular poor women, have remained as the majority among the poorest of the poor.

As we speak, the pandemic is unfolding, and we do not know where we are heading. We do not have enough statistics, not enough knowledge, to be able to predict the future. However, one thing is for sure - we have to work together, cross-border - politically, scientifically, bi-laterally, and globally. And make no mistake about it - in all our efforts we have to include women.

We need many more of these conversations because there will be a lot of work to be done to really bring women to the core of the discussion, not only on how to respond to problems occurring during the emergency but also how to 'build back better' by ensuring that women are not left even further behind than they were before the crisis hit.



I believe that moving forward to achieve the SDGs, women have to be supported as an essential force in the economic reconstruction of the countries after the pandemic. Not only as recipients but as a main actor. What do I mean by that? I mean that we have to make sure that women, with small and medium enterprises, get more access to credits and more access to technical assistance than they had before.

Those who are employed in the formal job industry, like the tourism industry, need to have their working rights respected and be ensured that the economic hardship brought about by the pandemic does not become an excuse for them to earn less than what they were earning before. Conditional cash transfers need to be continued but have to be better targeted and less intervened by politics to benefit the people who really need them. Women must remain as entry points for conditional household cash transfers.

Essential for any effort to “build back better” is furthermore the re-establishment and further development of food production and food security. During the ongoing pandemic and its aftermath governments have to try to guarantee that food security is guaranteed for everybody. Women play a fundamental role in the food value chain, from production to distribution. Yet, many women do not have enough access to land, no access to technological packages and solutions and no access to credit. We need to strive to stabilize women’s access and legal ownership of assets (land, housing) because assets represent a safety net making rural households more resilient to shocks and crisis.

To conclude, I would like to emphasize once again that we are in dire need of a forward-looking development model. By this I mean to say that I believe that as we now are experiencing the worst part of this painful situation, we need to keep our minds fixed upon the future and make decisions that recognize and enhance women’s participation in the economy, education, and health, while their equal rights are legally guaranteed and fully respected. We have a lot of hard work ahead of us. No one is better equipped to achieve this than women who strive at achieving and maintaining well-being for themselves, other women, and our society at large.



## Moderator's comments during and after the webinar

I enjoyed my role as moderator and felt inspired by these well-prepared and thought-provoking introductions to a wide range of issues connected with women and COVID-19. I made brief comments after every presentation, and several of these were from my perspective as an Arab-African woman.

1. The alarming title of Catherine Bertini's presentation: "Women eat last", indicates a reality that must be challenged, particularly while considering the critical role of women and girls in food systems.

Several members of the Webinar audience reacted immediately after Bertini's presentation, and questions were asked particularly about school feeding and food banks as a means to strengthen emergency preparedness.

Bertini gave a comprehensive response, which is quoted below in full:

"I think there are several things that we can do to strengthen emergency preparedness. And when I say we, I mean I don't think it's just the big agencies, NGOs, or anybody else. There was a strong movement indicating that there should be much more community participation and leadership, and not just top-down from some headquarters of an agency. So, with that in mind, we are talking about building back better for women and being more inclusive."

"I want to emphasize what we can do together in the name of emergency relief. One of them is through schools. If schools aren't back in place, one of the things that we have to be sure that we do is feed children, that as many children as possible will be able to eat at school."

"It's a recruitment tool for girls to go to school and to convince parents to send their girls to school. One thing the community can do is to ensure that there's still an opportunity to feed their children."

"For instance, if there's no schooling, community groups could get together to provide food at school or deliver it to where there are a large number of young people."

"There's a group called the Global Nutrition Program that has provided some guidelines for doing that, and this should be done to convince girls to come back to school."

"Second is using radio for distance learning. We have such initiatives, as well as Zooming. We can't do this for all kids in communities, though using radio for distance learning and public announcements have been quite successful. It is presently being implemented in several communities around the world, but it could be prioritized."

"Food banks, especially in COVID times, are important. They are expanding, especially in low- and middle-income countries, though so far there are too few of them in the poorest-of-the-poor countries."

"We have to be insistent and convincing when it comes to stimulating the creation of networks of food banks. We need to convince communities to be more supportive if people aren't able to donate food or cash. In a COVID situation, going to a place and picking up food or having it delivered can be hugely important."

"Some initiatives supported by bigger organizations have been to provide to support local markets through cash or vouchers. WFP, UNHCR and lots of NGOs are doing that kind of work. In rural areas, it's much more difficult to communicate than it is in urban ones. It is harder for girls to have access to food and walk to school."

"In 2011 and 2018, I put together reports, for the Chicago Council, on girls in rural economies, with suggestions to policymakers because girls are often forgotten and marginalized."

Somehow, we have to redirect policies to make sure that we cover everybody, and we've talked about different cohorts of people who are often not recognized or remembered. Girls are probably at the top of that list, especially from a nutrition perspective.

It is important to look at what big organizations are doing and what every community is doing to build access for women and girls. This includes developing more opportunities for them to speak and voice what's important. Every one of us can do something to help accomplish that.

**2.** The basic message of Yasmine Sherif of Education Cannot Wait is that a pandemic, like COVID-19, does not only create new problems but might even roll back progress. This is quite frightening. The few extra school seats secured for women and girls in conflict-affected regions, or developing countries in crisis, tend to disappear in times of crisis and have to be regained.

The Webinar audience reacted to Sherif's presentation by asking about measures to guarantee that the poorest and most vulnerable children would be given an opportunity to come back to school. She answered that education had to be the foundation for the construction of a new and better world. This means no government or community could afford to neglect effective education as an essential factor for sustainable development. For 'all' includes poor and wealthy, boys, and girls.

Sherif noted that traditional customs and notions that affect teaching and learning need to be scrutinized and discussed. Where I come from, there are certain abuses against women and girls that don't even have a name. You often hear women justifying the abuse by stating "Well that's just how men are".

Such notions have become an integral part of cultural practices. I believe it is important to raise awareness among women and girls about abusive behavior, especially if it even doesn't have a name in their native language. You cannot shine a light on a problem if you haven't even found a word for it in your language.

**3.** Saima Wazed, an advisor to the Director-General of the World Health Organization, shared examples from her home country, Bangladesh. She highlighted that women rely on communities for their strength, and as a source of resilience. A salient feature of COVID-19 is the fear of contagion it invokes, creating a reluctance to participate in community life, something that limits the outreach of traditional, supportive networks.

Several questions from the audience focused on Wazed as the daughter of the prime minister of Bangladesh wear different hats. She was urged to select and prioritize what might be achieved in times of a pandemic, like COVID-19. She responded that women in leadership could put the spotlight on specific issues; her main concern would be to prioritize children's and women's rights and health.

The issue of female genital mutilation was highlighted during this conversation. The number of women affected is extraordinarily high in some countries of the Middle East and Africa. This is an extremely distressing example of how the rights of women are taken away as they enter the world.

**4.** Questions to Susan Papp were about to what extent she considered governments, operations and civil societies were including women in the design of COVID-19 response policies. One specific question was about the fact that it is principally men who are designing the COVID response in many countries.

Papp responded that it is an unfortunate reality, based on the fact that leadership around the world still rests securely and often almost exclusively in male hands. One example of this is that of the 27 members of the U.S.'s coronavirus task force only two are women.

However, one bright spot in all this is that more and more efforts are made around the world to secure gender- and age disaggregated data.

Papp asked if the absence of women in decision-making positions can really be called "a gap". It was much worse than that since often it means "invisibility".

Any event that highlights the need for gender equality, not the least a webinar like this, is an improvement. In its modest way, it contributes to the effort to make women and girls more visible when it comes to mitigating and overcoming a crisis like the COVID-19 pandemic.

Papp brought up the issue of race. Women are vulnerable as it is, and if you add a racial dimension to the problem, it becomes even more severe.

**5.** Josefina Stubbs' comments were particularly relevant since they related poverty and violence to the general condition of injustice against women.

Economic empowerment is key to pulling women out of these difficult situations. Stubbs said "I hope we can obtain more focus on that after the pandemic, which furthermore might plunge us into an economic recession.

Stubbs' comments on data ties in nicely with what I, as an African and Arab, perceive as an obstacle to progress. Our political systems do not pay enough attention to thorny issues like gender equality and public health.

I assume that in countries that are not sufficiently democratic, we hear even less about women's plight and rights. In these countries, there is a lack of attention to human rights, where civil society is not strong enough and where free speech is stifled.

In most of the Arab world and several African countries, data collection is fundamental. Still, there are political systems in place that do not allow people to report problems and misdemeanors.

Some of the members of the audience were familiar with Stubbs' role as Deputy Director of the Enel Green Power Foundation. They asked her opinion about what the private sector can do to further women's rights. Another set of questions concerned indigenous peoples.

Stubbs emphasized that all sectors of the society would benefit from involving everyone in economic reconstruction, not least women and indigenous people. "We need to go back to the fundamentals, like equal property rights and access to subsidies for small and medium-sized enterprises", stated Stubbs. She put the spotlight on economic rights and the need for economic empowerment of women, also as a response to violence.

The fact that the audience was interested in this Webinar reiterated the importance of involving women in all aspects of mitigating the effects of the COVID-19 pandemic. Women have an important role to play in "building back better" our communities when the pandemic is finally subdued.



Darshan Gavali on Unsplash.

# The Impact of COVID-19 on Women and Children

An IPS Inter Press Service UN Bureau organized Webinar.



● **IPS Webinar: Gender Equality Crucial in 'Building Back Better' Post-COVID-19**  
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● **COVID-19 Impact Means Women and Girls Will Still Eat Last, Be Educated Last**  
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