

# The Gendered Impacts of Covid-19

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WHATEVER  
IT TAKES

## January 2021

Since the beginning of the Covid-19 pandemic, concerns, warnings and projections of the disproportionate impact that Covid-19 would have on women were shared. It was known early on that men had a higher risk of mortality from the virus, but that women were likely to face a greater socio-economic burden. A UN policy brief in April 2020 stated, “Across the globe, women earn less, save less, hold less secure jobs, are more likely to be employed in the informal sector. They have less access to social protections and are the majority of single-parent households. Their capacity to absorb economic shocks is therefore less than that of men”.<sup>1</sup> Given that women already faced significant inequalities in relation to income generation, education, domestic and caring duties and gender-based violence (GBV), the impact of this pandemic, as with all emergencies, was only set to deepen these divides. Equally, it became evident early on that women all over the world were reporting cases of violence at a higher rate than usual as many were forced to live under tight restrictions with their abusers.<sup>2</sup> Thus, from the beginning it was known that “Covid-19 could reverse the limited but important progress that has been made on gender equality and women’s rights” which would have devastating outcomes for everyone, particularly women and girls”.<sup>3</sup>



Women seeking health services, Somalia April 2020, Concern Worldwide

- <sup>1.</sup> <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/06/report/policy-brief-the-impact-of-covid-19-on-women/policy-brief-the-impact-of-covid-19-on-women-en-1.pdf>
- <sup>2.</sup> <https://www.thelancet.com/action/showPdf?pii=S1473-3099%2820%2930568-5>
- <sup>3.</sup> UN Secretary General, António Guterres, 9<sup>th</sup> April 2020, <https://www.un.org/en/un-coronavirus-communications-team/put-women-and-girls-centre-efforts-recover-covid-19>

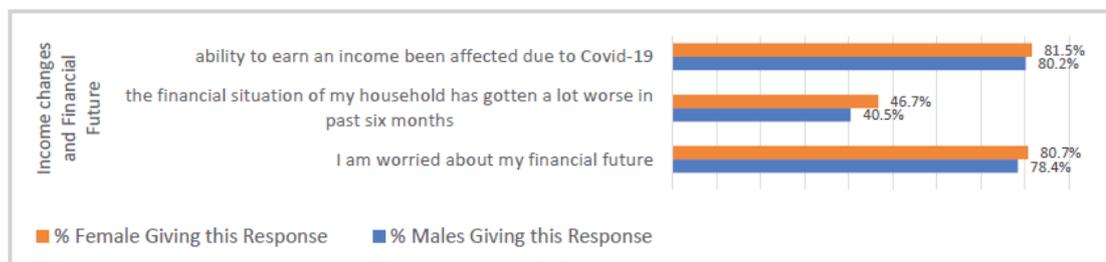
A year after Covid-19 emerged, a number of studies have been conducted to evaluate the extent of the impact on women and girls, including by Concern Worldwide. This paper presents some of the global evidence on the gendered impact of Covid-19, including Concern’s multi-country quantitative research carried out with the Alliance 2015 in 23 countries. It also includes findings from Concern’s qualitative research<sup>4</sup> in Sierra Leone, Bangladesh, Somalia and Malawi that took place in four rounds between June and September 2020, seeking to understand the effect of the pandemic on people’s health, livelihoods and coping strategies, and includes recommendations for addressing the challenges seen to date.

**“ Covid-19 could reverse the limited but important progress that has been made on gender equality and women’s rights”**

**Income Loss**

In developing countries, 70% of women work in the informal economy, such as domestic work, trading and agriculture, which are less likely to provide paid sick leave or protect workers against dismissal than those working in the formal sector, while they are also unlikely to be entitled for unemployment benefits.<sup>5</sup> Much of the informal sector also relies more heavily on working in public or interactive settings, such as market trading, which has been severely affected due to public health restrictions.

Our quantitative research with 13,820 people in 23 countries showed that while a large proportion of respondents said their ability to earn an income has declined, this was worse for women, as shown in the graph below. More women responded that their financial situation has worsened and that they are worried about their financial future than men. For example, 46.7% of women reported that the financial situation in their household had become a lot worse in the past six month compared to 40.5% of men.<sup>6</sup> Another recent study that interviewed 10,000 women in 38 countries found that 55% of these women reported that losing their jobs or income was one of the biggest impacts on them, compared with 34% of men. Even for women in the formal sector, inequality has been negatively affected, with women in Bangladesh being more than six times more likely to lose paid working hours than men.<sup>7</sup>

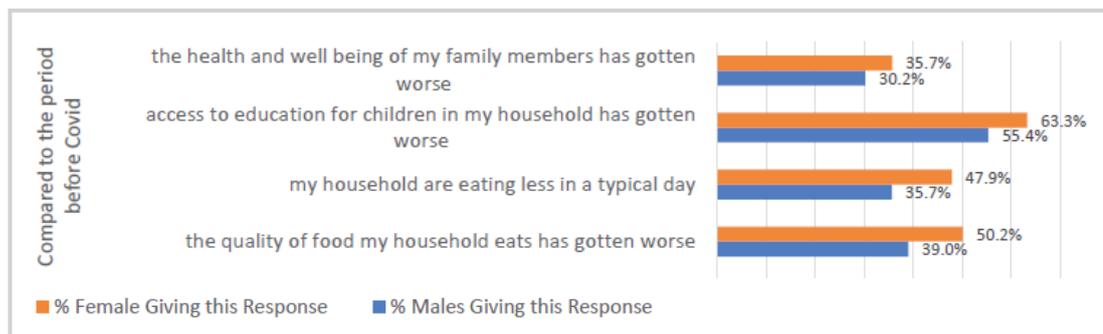


**Graph 1:** Sex disaggregated survey data on responses to perceived changes in income and financial future, COVID-19 & Community Resilience A Multi-Country Study, Alliance 2015

4. <https://www.concern.net/insights/covid-19-research>  
 5. <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/06/report/policy-brief-the-impact-of-covid-19-on-women/policy-brief-the-impact-of-covid-19-on-women-en-1.pdf>  
 6. COVID-19 & Community Resilience A Multi-Country Study, Alliance 2015  
 7. <https://care.org/news-and-stories/news/she-told-us-so/>

## Food Insecurity

Linked to reduced income, our quantitative data showed further discrepancies in how men and women have experienced the impacts of the pandemic, with women reporting much more frequently than men that the quality and quantity of food had reduced. 47.9% of women said the household was eating less compared to 35.7% of men, while 50.2% of women compared to 39% of men said that the quality had worsened (see graph below).<sup>8</sup>



**Graph 2:** Sex disaggregated survey data on responses to perceived changes due to the pandemic, COVID-19 & Community Resilience A Multi-Country Study, Alliance 2015

Similarly, another study showed that while both men and women were suffering the effects of hunger, 41% of women, compared to 30% of men reported that lack of food was one of their biggest challenges. This difference in the level of weight given to this issue by men and women is attributed to gendered household practices around food, whereby women report typically being the ones responsible for buying and preparing food, but eating less frequently than men, eating last and eating less than others in the family. Therefore, the burden of eating and feeding the family is experienced disproportionately by women.

Concern’s qualitative research found that the inability to provide food for the family is described as a grave challenge by both men and women, and indeed as a source of great shame by some, with one man from Chattogram, Bangladesh, highlighting *“Now I have to feed my children without eating. Not everything can be said, it is a matter of shame. Please change this topic.”* In Somalia, one man described how his family now *“add more water for the milk of children to drink twice a day instead of once and we pay for less expensive foods”*. Another man explained how he *“used to bring apples and oranges for the children but now ... I can’t feed them even half as much as before”*. Therefore, for many men, the challenges of economic insecurity appear to be affecting their ability to play the typically masculine role of ‘provider’ for the household.



Local trader in Bangladesh receiving information on Covid-19 prevention measures, Bangladesh March 2020, Concern Worldwide

<sup>8</sup> COVID-19 & Community Resilience A Multi-Country Study, Alliance 2015

## **“Women are left with the children with plenty of questions to answer from the kids such as “grandma, when are we going to cook today”**

Female respondent, Sierra Leone

However, as seen globally, our research showed that despite these typical gender norms, women perceive the burden of feeding the family to fall heavier on them than on men. One woman in Somalia described how *“children always ask their mother for their needs and as a mother you have to dress and go out looking something for the children”* and another in Bangladesh describing how, *“I don’t let my father-in-law, [husband and child] understand that there is less food. My husband sometimes eats a little less when he understands there is less food. I eat after feeding everyone in the family”*. In Sierra Leone, one woman in Port Loko highlighted how men *“try to go out and relax leaving the rest of the household members in a hungry state. Women are left with the children with plenty of questions to answer from the kids such as “grandma, when are we going to cook today”*. Another woman from the same district highlighted *“Before, my husband was championing the bread winning but since the Covid-19, everything collapsed except me that goes around to find means of survival ... They just leave the house in the morning and come in the evening leaving us with the stress from children”*. Thus for many women, the practical, daily responsibility for dealing with this challenge is more likely to be faced by them.

## **Unpaid Care Burden**

Typically, across the globe, the majority of household and caring responsibilities have fallen disproportionately to women. This inequality has always born consequences for women, where even before the pandemic, 42% of women of working age said they were unable to do paid work because of their unpaid care and domestic work responsibilities, compared to just 6% of men.<sup>9</sup> Now, given school closures, lower employment and government restrictions, as well as the additional care and hygiene practices that have been introduced to prevent the spread of the virus, these tasks have grown, and women are bearing the brunt of the impact. While men are contributing more to these tasks than they did prior to Covid-19, women still take on the majority, and 44%–55% of women surveyed by Oxfam reported that they are now spending more time on unpaid care and domestic work as a result of Covid-19 and containment measures.

Our qualitative findings point to a mixed set of results whereby in many instances women continued to be responsible for the household and caring tasks, with home schooling their children becoming an additional task, despite the fact that many men were no longer working. Some women felt that the burden was most heavily on them, as they take on additional tasks at home and in many cases also additional productive tasks for the family too. As one man in Somalia also explained, *“before the lockdown I was working and my wife was staying at home and taking care of my children, cooking for the family and cleaning. Now my wife takes all responsibilities to help our family she goes to the town, washes clothes to get some income and supports our family, cook food and so on.”* For one man in Mangochi, Malawi, such changes in circumstances should not be a reason to change rigid gender norms, *“I am the head of this household and that will not change, women do what they are supposed to do and boys also do what they are supposed to do”*.

<sup>9</sup> <https://oxfamlibrary.openrepository.com/bitstream/handle/10546/621009/bp-care-crisis-time-for-global-reevaluation-care-250620-en.pdf>

In other cases, men lacked understanding of the volume of women’s workloads and felt that this had actually decreased during the lockdown. One man explained, *“Before the chores are done by the mothers and it takes time to complete them because they have to do everything now they delegate chores to the children.”*

However, there are other examples, particularly early on in the pandemic, where gender roles had started to shift. In Somalia, one woman drew attention to the fact that *“before the lockdown men were responsible for the family income but now due to the lockdown men have become jobless and women are trying to take the responsibility. They go to the town for washing clothes or construction or others beg to get some money to support their family. When a woman leaves to work for casual labour the man takes care of the children.”* Similarly, in Malawi a small number of respondents highlighted how, with men not being able to leave the home for work, they are more able to help with the chores. While cultural norms are so often viewed as static, this change was seen as evolutionary with respondents stating, *“People understand that things changed ... It’s just a group of very few people in this community that would see this as abnormal”*. In Dhaka, Bangladesh, one of the women who works in a garment factory explained how the division of labour has changed, *“because of my current job the pressure has increased on [my daughter] and her father... Before joining the work, I used to go grocery shopping; now my husband has to go for shopping. Although I cook in the morning, [my daughter] and my husband cook in the afternoon. Apart from cooking, they also do the sweeping and cleaning together”*.

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**“ Before, sometimes I washed my children’s clothes; but now, for my wife the pressure of household activity is increased, she has to control my children, and help them in their study”**

Male respondent, Bangladesh

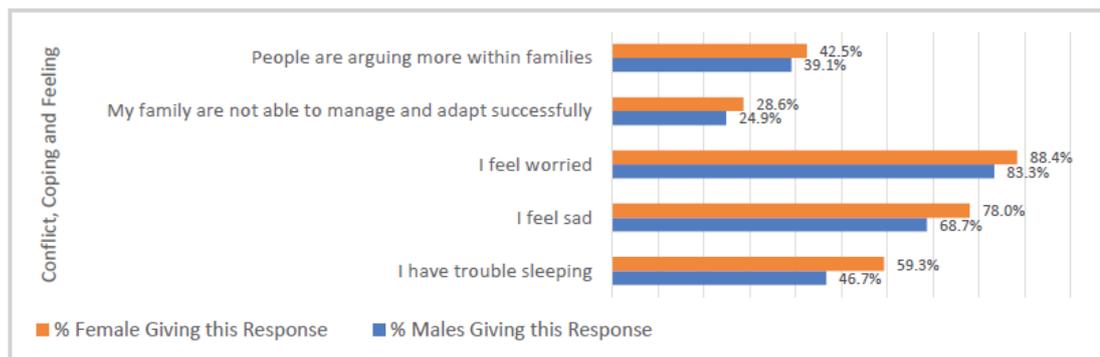
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However, by September it was apparent in at least two countries, that any small shifts in gender roles within the home did not survive the lockdown, with a rapid return to traditional roles as people were able to return to work. As one woman in Somalia noted, *at first my husband was not working due to the lockdown but he used to help me caring children, household chores when am cooking and cleaning. For the children, they used to help me in selling but now my husband goes to work early in the morning and my children go to school, am left alone and do everything in the house at the same time work in my kiosk.”* In Bangladesh, one man described how, *“before, sometimes I washed my children’s clothes; but now, for my wife the pressure of household activity is increased, she has to control my children, and help them in their study.”* These findings suggest that while men are willing and able to adapt when necessary, in order for these shifts in norms to be sustained, more is required, such as deeper reflection on harmful gender norms, reinforcement of the benefits of a more equitable division of labour and a community level shift in social norms and attitudes.

## Wellbeing

The increase in unpaid household and caring burdens for many women has brought consequences for women’s health, economic security and wellbeing, with 43% of women surveyed feeling more anxious, depressed, overworked, isolated or physically ill because of their increased unpaid care and domestic workload. In Nairobi’s informal settlements, 26% of women surveyed said they had been physically unwell, unable to get enough rest,

or were feeling stressed and anxious because of increased care responsibilities.<sup>10</sup> Similarly, our quantitative survey showed, as per the graph below, that women reported negative impacts on mental health more than men in terms of feeling worried (88.4% vs 83.3%), sad (78% vs 68.7%) and having trouble sleeping (59.3% vs 46.7%)<sup>11</sup>. Another study found that only 10% of men reported that mental health was a key impact of Covid-19, compared with 27% of women, again caused by the stresses of unpaid care burdens as well as worries about livelihoods, food, and health care.<sup>12</sup>



**Graph 3:** Sex disaggregated survey data on responses to conflict, coping and feelings, COVID-19 & Community Resilience A Multi-Country Study, Alliance 2015

While the data indicates that women are suffering these effects more so than men, it should be noted that the levels of worry, sadness and trouble sleeping are not insignificant for men either, and that they too are experiencing this pressure. In addition, rigid gender roles that dictate that men must act as provider, demonstrate strength and not show emotion often lead to difficulties in them admitting such feelings or asking for support.

## Gender-Based Violence

In July 2020, violence against women and girls was described as a ‘shadow pandemic’ by the UN Secretary General as reports of GBV skyrocketed globally. The Center for Global Development found that of the 30 studies reviewed, 43% showed increases in violence against women and children, and 27% showed mixed findings (which indicates increases in at least one measure of violence and is largely attributed to underreporting).<sup>13</sup> Similarly, IRC’s research with women in 15 African countries across East Africa, West Africa and the Great Lakes region<sup>14</sup> revealed increases in intimate partner violence (IPV) by 73% of women, sexual violence by 51% of women and early and forced marriage by 32% of women. Incidents of violence were described as taking place in several ways. Triggers for IPV included the stress of lockdown and its economic repercussions within households, as well as women asking their husbands to comply with Covid-19 prevention measures. Security personnel at checkpoints set up to restrict movement presented an increased risk of harassment and violence. The increased need for water due to recommended hygiene practices elevated violence en route to water points (31%) and at water points (21%). In addition, the longer queues were met with harassment and violence by military and police officials, especially when long waiting times forced women and girls to violate curfew.

<sup>10</sup> ibid

<sup>11</sup> COVID-19 & Community Resilience A Multi-Country Study, Alliance 2015

<sup>12</sup> [https://insights.careinternational.org.uk/media/k2/attachments/CARE\\_RGA\\_SheToldUsSo\\_Sept-2020.pdf](https://insights.careinternational.org.uk/media/k2/attachments/CARE_RGA_SheToldUsSo_Sept-2020.pdf)

<sup>13</sup> <https://www.cgdev.org/sites/default/files/covid-19-and-violence-against-women-and-children-second-research-round.pdf>

<sup>14</sup> <https://www.rescue.org/report/how-humanitarian-response-covid-19-failed-protect-women-and-girls>

This in turn increased the need for some women and girls to walk long distances early in the morning or late in the evening, while walking in groups for safety was discouraged by social distancing requirements. Across all areas, women living with disabilities and elderly women were described as being at greater additional risk of sexual exploitation and abuse.

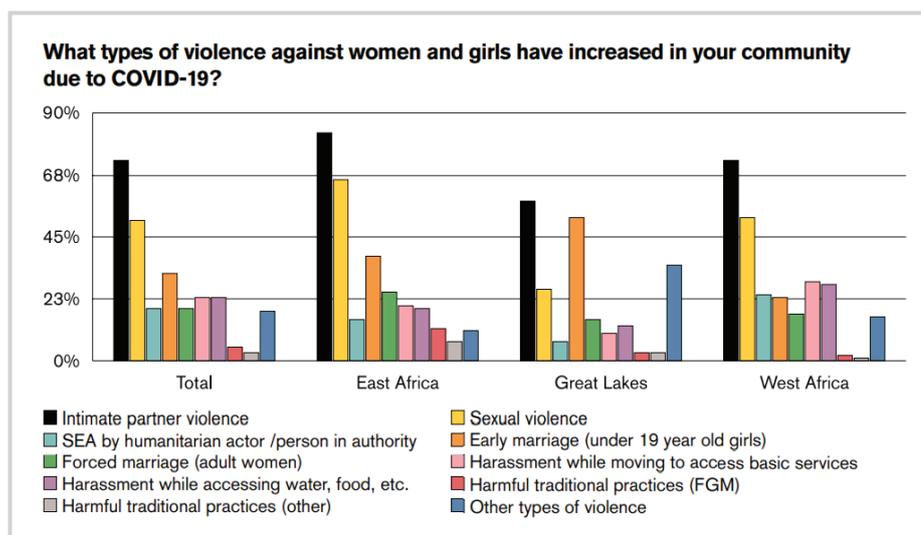
**It is estimated that in 2020:**

- 500,000 more girls than usual will be forced into child marriage
- One million more will become pregnant

The closure of schools has led to increased concerns of teenage pregnancies and early marriage by women, with an estimated 500,000 additional girls at risk of being forced into child marriage than usual, and one million more expected to become pregnant in 2020.<sup>15</sup> One estimate is that over a period of three months in lockdown, 152,000 teenage girls in Kenya became pregnant - a 40% increase in the country’s monthly average,<sup>16</sup> while Malawi reports an increase of 14% since last year in one district.<sup>17</sup> In Bangladesh, child marriages are reported to have increased by 68% in the first 10 months of 2020 compared to the same period in 2019, as well as a 72% rise in the number of child marriages prevented by the women’s groups during the same period.<sup>18</sup>

Public health officials and women’s rights advocates worry that the ongoing pandemic is delaying an adequate response to a growing sexual reproductive health crisis. With school closures, girls have been tasked with increased household chores, such as water and firewood collection, which present high risks of harassment and violence, as well as lockdown increasing the risk of violence within the home, including child abuse, rape, physical assault and IPV.

The graph below illustrates the increases in the types of violence described by women, showing IPV to be alarmingly stark across all regions.<sup>19</sup>



**Graph 4:** Types of violence reported by women to have increased due to Covid-19 across three regions of Africa, IRC

<sup>15</sup> THE GLOBAL GIRLHOOD REPORT 2020, Save the Children, 2020  
<sup>16</sup> <https://www.globalcitizen.org/en/content/rise-in-teenage-pregnancies-during-kenya-lockdown/>  
<sup>17</sup> <https://face2faceafrica.com/article/over-7000-malawian-teens-as-young-as-10-and-14-pregnant-since-covid-19-school-closure1>  
<sup>18</sup> Dhaka Tribune  
<sup>19</sup> <https://www.rescue.org/report/how-humanitarian-response-covid-19-failed-protect-women-and-girls>

In accordance with the global evidence, tensions and violence in the home increased for many of the respondents in our qualitative findings. While for some, violence had always occurred, it is clear that for many the situation had worsened. This shift seems to be largely attributed to increased economic stress and food insecurity. A female respondent in Somalia highlighted how, *“married men and women always fight in the house due to lockdown and lack of enough food in the house”* and a woman in Dhaka highlighted how, *“the tension between husband and wife has increased more than before. Now the husbands cannot pay for their families properly, cannot meet the needs of the family. With all these, strife is being created in families”*. In Dhaka, one woman explained how, *“The house rent is due for three months; I have not been able to pay the rent of the shop. My husband also has a lot to worry about. When I try to talk to him about rent dues or about shopping from the market he says “Do you want me to die?” He gets angry at me from time to time and speaks in a threatening tone.”* Thus for her, the fear of Covid-19 itself, had added another layer of contention between her and her husband in securing food or income.

Another attributable factor is the lack of social outlets that restrictive lockdown measures have created. A woman in Bangladesh highlighted how men *“have nowhere to go they can’t take time with their friends and socialize like before, married men and women always fight in the house due to lockdown and lack of enough food in the house due to poor income”*. Such outlets where men, and women, can gather to discuss common issues are frequently included as essential components of development programming in order to build social cohesion and influence positive behaviour change. Thus without any form of social outlet, frustrations and tensions are being contained at household level, often with harmful consequences.

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**“The tension between husband and wife has increased more than before. Now the husbands cannot pay for their families properly, cannot meet the needs of the family. With all these, strife is being created in families”**

Female respondent, Bangladesh

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However, not only women highlighted violence as a problem. Men attested to being unable to fulfil the expected role of provider and the increased pressures that this has brought. In Sierra Leone, one of the men interviewed described how *“the home is no longer peaceful”*, which he also attributed to the stress of having no income or food in the house. In Somalia, another man acknowledged *“I am affected because I am jobless and can’t provide for my family and my wife, they are just staying in the house waiting for me to provide so there comes misunderstanding. The children don’t go to school and we fight in the house”*. In Bangladesh, a man from Chattogram highlighted *“there is a lot of shouting in the houses; the husband has no income, so he gets in trouble with the wife”*. This once again illustrates the negative consequences that rigid, gendered expectations have on women, men and families, in this case when they cannot be adequately met by men.

Issues of violence between parents and children were also mentioned frequently, as illustrated by one man in Chattogram, *“I slapped my middle son because he got into mischief with his older brother .... He gets into mischief instead of listening to his mother that’s why I slapped him.”* One of the women interviewed described how her frustration with her daughter had led to a situation whereby *“If I say something to her, she talks back at me and that’s why I beat her up the other day.”*

It was felt in Malawi, Sierra Leone and Somalia that teenage pregnancy had increased during the pandemic. This was perceived to be due to school closures leading to students having more free time, but also the inequitable power relations between younger girls and older men and how, “*the girl child is vulnerable to [older] men who seek them out*” or girls being, “*persuaded by their male counterpart to engage in sexual activities*”. School closures were also thought to be a causal factor in increased early marriages in Malawi. As one woman interviewed in September highlighted “*We heard on the radio that here in Mangochi a lot of girls have married and other got pregnant during this long break which is true, I told you also in one of the meetings that some of the girls in the village have also got married and others are pregnant*”. One man in Lilongwe described how, “*it’s so sad to learn that some school going children in my community are getting married at a very young age as they have nothing to do since schools are now closed*”. In Sierra Leone, teenage pregnancy was more frequently raised by female respondents than male, who, even when probed, did not identify this as a major issue.

## Education

The closure of schools poses further expected risks to girls who may be less likely to return once they reopen than boys, due to an increased risk of early marriage, teenage pregnancy or social norms that deprioritise and often discourage education for girls. However, school attendance data is not yet available to verify this, and there may be different factors that affect boys’ return to school. Equally, in many countries, Ministries of Education have identified girls as a particular risk group for not returning to school thus the final outcome on attendance figures is yet to be seen.

School closures also affect other social protection mechanisms, such as school meal programmes, health programmes, including the provision of menstrual hygiene management products, especially while health facilities are feared due to Covid-19, WASH facilities, support for learners with disabilities and reporting concerns about at-risk children.<sup>20, 21</sup>

Furthermore, the mental health of children and young people has been proven to be a concern, with depression and anxiety the most common conditions, as school closures result in a sudden loss of structure, routine and peer support. Increased stress in parents is also thought to have an impact on children’s mental health.<sup>22</sup> However, one study found that girls, older children and children from lower socioeconomic backgrounds were at increased risk of lower levels of emotional well-being during the pandemic compared to their peers.<sup>23</sup>



Children playing in Northern Afghanistan, June 2020, Concern Worldwide

<sup>20</sup> <https://plan-international.org/publications/halting-lives-impact-covid-19-girls>

<sup>21</sup> <https://www.rescue.org/report/how-humanitarian-response-covid-19-failed-protect-women-and-girls>

<sup>22</sup> COVID-19 Impacts on Child and Youth Anxiety and Depression: Challenges and Opportunities - Darren Courtney, Priya Watson, Marco Battaglia, Benoit H. Mulsant, Peter Szatmari, 2020 (sagepub.com)

<sup>23</sup> COVID-KIDS : how the pandemic affects children and adolescents? | Humanities (uni.lu)

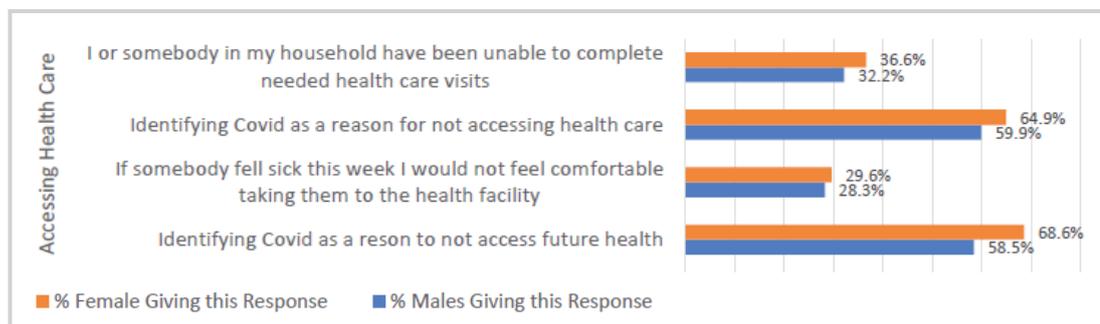
Our qualitative findings also highlighted some of the specific impacts school closures had on boys according to respondents, some of whom in Malawi and Somalia have been increasingly involved in antisocial behaviour. In Malawi, one respondent spoke of how “a lot of boys are involved in the theft of goats and chickens and they are using the money to get drunk and buy chamba [marijuana]”, while in Somalia, some highlighted how challenging it was to keep children at home with one man describing how, “there are changes in boys. They make groups and they fight every day and cause insecurity in the camp, everyday there is physical violence”.

The impact of school closures is therefore likely to be multi-faceted for both girls and boys, with both short and longer term consequences.

## Access to Sexual and Reproductive Health Services

As was the case after the Ebola outbreak in West Africa, it has been feared that many women and girls will fail to receive essential sexual and reproductive health services. Estimates indicate as many as 9.5 million girls and women will have failed to receive these services in 2020<sup>24</sup> as resources were diverted to the Covid-19 response, and services are reduced, or women and girls fear using them. Accordingly, our quantitative research found that women reported negative health seeking impacts more frequently than men. As shown in the graph below, 36.6% of women felt that they, or others in their family, were unable to visit health facilities when needed (compared to 32.2% of men) and 64.9% of women identified Covid-19 as a reason not to access health care (compared to 59.9% of men). Most concerning is that 68.6% of women said that Covid-19 was a reason for them not to seek health care in future<sup>25</sup>, suggesting that the negative impacts of the pandemic may affect future behaviour as well as current trends.

Our qualitative findings indicate an overall trend where near the beginning of the restrictions there was an initial fear of using health facilities for routine services such as antenatal care (ANC) visits, or when sick, with people instead seeking medication from the pharmacy and treating sicknesses at home. As the restrictions eased, people’s fears were alleviated accordingly and the demand for services resumed.



**Graph 5:** Sex disaggregated survey data on responses to accessing health care, COVID-19 & Community Resilience A Multi-Country Study, Alliance 2015

<sup>24</sup> <https://www.thelancet.com/action/showPdf?pii=S1473-3099%2820%2930568-5>

<sup>25</sup> COVID-19 & Community Resilience A Multi-Country Study, Alliance 2015

While both men and women appeared to share these concerns, in one case, a man in Somalia indicated that the greater change had been seen in service provision; *“my wife attends her ANC visit as usual but in the health facility they reduced number of patients to serve a day, they only serve first 50 patients and you have to go around 6am like my wife she is pregnant with small kids and can’t go at 6am so she will not be served most of the time and has to go back like the following day.”* The impact is then heavily felt by women, who would be making repeat visits in this case.

In July, some respondents in Bangladesh still described how, *“People do not go to the hospital out of fear. Everyone is afraid that they will get Corona if they go to the hospital.”* This lingering fear of attending health facilities continued into September amongst some of those interviewed, with one man in Dhaka noting, *“everything is going back to normal due to the easing of the lockdown but I am still afraid to seek medical treatment at the hospital”*. However, even by August in Sierra Leone, it was possible to identify a greater sense of comfort in attending health services, where a woman who was previously unable to attend her ANC appointments highlighted that now *“every month I go to the hospital for my ANC”*. Therefore, while attendance seems to have improved as the pandemic has continued, as per the quantitative data discussed above, there remains some risk that women’s health care seeking in particular will be affected negatively in future.

## Conclusions and Recommendations

Concern’s findings echo much of the global evidence. While some of the immediate impacts have started to improve as restrictions have eased, many will have lifelong impacts on those that have been hardest hit. GBV in all its forms, teenage pregnancies and school drop outs are likely to influence the opportunities of those most affected, disproportionately women and girls. The stresses and strains of the economic shock that Covid-19 has brought combined with rigid concepts of masculinity have amplified existing inequitable gender norms, particularly around the division of labour and GBV. This has only highlighted further that the foundation of inequitable and discriminatory norms and practices at national, community and interpersonal levels need to be firmly dismantled.

In this light, our recommendations are as follows:

1. Listen to the realities and the unique needs of women and girls, men and boys, including those living with disabilities, through conducting a **rapid gender analysis** and the collection of sex-disaggregated data, and ensure that the programme response addresses these needs as far as possible. This includes challenges, needs and preferences in the areas different groups are prioritising, including livelihoods, food, mental health, GBV services, and safety when accessing water points or other basic services.
2. Build opportunities to transform harmful gender norms and inequalities through designing **gender transformative programming** across all sectors. This will form a stronger foundation upon which communities can build to avoid the widening of inequalities during times of crisis, whereby women have greater voice and power, and violence is not tolerated.

- During times of crisis, **reinforce gender transformative messages** by utilising channels and approaches that are already being implemented, such as Change Makers, Community Health Workers, School Committees, media (posters, IEC materials, radio) to promote positive messages that transform harmful gender norms that have been exacerbated by Covid-19. These may include issues such as the prevention of GBV in all its forms (including intimate partner violence, early marriage, sexual exploitation and abuse), an equitable division of household labour, and the importance of girls *and* boys returning to school.



Messaging developed in Malawi to be promoted through existing gender transformative programme activities

- Provide **safeguarding training** to staff as an essential component of all emergency programming.
- Programming that includes **GBV prevention and response** is key, both as a Covid-19 response and beyond. Regular programming can be built upon as a foundation during times of crisis. Include an allocation of funding or technical support to GBV-focused local actors and women-led organisations. This will also allow international NGOs to complement and support components of GBV response that local actors may be able to provide, such as legal, security, health and psychosocial services. Identify tailored, context specific responses, utilising existing structures where possible, such as GBV hotlines.
- Advocate for governments to prioritise GBV prevention and response through adequate **funding of essential services**, and to maintain these services during emergencies such as Covid-19.
- Identify and respond to **psychosocial support needs** for men, women and children to build positive coping mechanisms in times of stress. This includes the provision of caregiver empowerment programmes at home which support parents to home school children within their means and support their psychosocial wellbeing, and can be done either directly or through partners. Also recognise the effect on children of the loss of structure, routine and peer networks created by school closures or other emergency situations and seek to build children's soft skills to support them to deal with these impacts.

8. Ensure that **health promotion** specifically encourages women to return to health care services, addressing their fears about Covid-19 that may otherwise prevent them from accessing care.
9. Seek to **prevent teenage pregnancy** directly within current and future programmes. The pandemic has shown, not for the first time, that teenage pregnancy should be addressed not just as a response to a crisis, but routinely in development programming. This should include information provision to male and female adolescents through life skills at schools, safe spaces and health facilities; creating community awareness; increasing parental support; and where possible, equipping health services with skills to provide adolescent friendly services.
10. Beyond the immediate response, ensure a focus on scaling up activities to promote dignified, safe and secure **livelihoods** as part of the economic recovery, particularly in terms of building skills and opportunities for more women to enter formal employment.
11. Expand the **cash transfer** support amongst the poorest households. This will help to overcome some of the financial challenges identified, the effects on food security and nutrition, facilitate children's return to school and reduce GBV influenced by economic stresses.
12. Advocate for governments to immediately scale up gender-sensitive social safety nets to those most vulnerable to shocks such as Covid-19.