UN WOMEN

THE FIRST 100 DAYS OF COVID-19 IN ASIA AND THE PACIFIC: A GENDER LENS

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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ASEAN	Association of Southeast Asian Nations
COVID-19	Coronavirus disease 2019
CSO	Civil Society Organisations
CSW	Commission on the Status of Women
DFAT	Department of Foreign Affairs and Trade of the Government of Australia
FAO	Food and Agriculture Organization of the United Nations
GBV	Gender Based Violence
GBViE	Gender Based Violence in Emergencies
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
ICT	Information and Communications Technology
IDP	Internally Displaced Person
ILO	International Labor Organization
IOM	International Organization for Migration
IPV	Intimate Partner Violence
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex
OCHA	The Office for the Coordination of Humanitarian Affairs
OECD	Organisation for Economic Co-operation and Development
PPE	Personal Protective Equipment
SADDD	Sex, Age, Disability Disaggregated Data
SME	Small and Medium-sized Enterprise
SRH	Sexual and Reproductive Health
STD	Sexually Transmitted Disease
UN	United Nations
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCHR	The Office of the United Nations High Commissioner for Human Rights
UNHCR	The Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VAW	Violence Against Women
WASH	Water, Sanitation and Hygiene
WEP	Women's Empowerment Principles
WHO	World Health Organization

EXECUTIVE SUMMARY:

WHAT DO WE KNOW 100 DAYS IN?

The outbreak of the new coronavirus (COVID-19) was first reported in Wuhan, China on December 31, 2019. Since then a global pandemic has been declared, with countries across the globe mobilizing to respond to the health crisis and manage the significant socio-economic impacts.

This document highlights what we know about the gender impacts of COVID-19 in the Asia-Pacific region thus far. One hundred days since the first case was reported, we closely follow and contribute to the health response initiated by governments in the region and supported by the international community. While not all impacts of this pandemic are clear at this time, and the situation is evolving rapidly, it is clear that the gender and social inequalities that underpinned societies before the pandemic are now exacerbated, making bad situations for women and girls worse. Response and recovery efforts must place the needs of women and girls at the centre, and be grounded in the socio-economic realities that they face.

This document provides a rapid and preliminary review of the gendered impacts of the COVID-19 pandemic 100 days after the first cases were reported to the World Health Organization (WHO). It aims to:

- present a snapshot of the gender dimensions of the socio-economic impacts of the pandemic in the Asia-Pacific region;
- capture promising practices for integrating gender in preparedness and response planning; and
- propose lessons learned and strategic entry points to mitigate the socio-economic impacts for women and girls.

In the first 100 days, we already see that gender inequalities and discriminatory social norms that existed in all counties before the pandemic are exacerbated in this crisis. These gender inequalities will have profound impact on the lives of women and girls in the region. Because of these inequalities COVID-19 will impact women and girls disproportionately to men and boys, and also affect women's resilience in mitigating the effects of the outbreak.

- Women health care workers are at the front line of the health response. Research indicates that there are notable differences between the conditions in which women health care workers operate compared with men, including long-existing inequities in the gender pay gap, women's access to leadership and decision-making roles, and barriers to full time employment.
- Beyond the health impacts, societies are now facing socio-economic concerns, while the human rights implications of the crisis are becoming increasingly clear. The effects of the pandemic are reaching into countries that thus far have fewer confirmed cases but rely on international supply chains. Tens of thousands of women migrant workers, often working in informal employment, have been forced to return to their home countries and are facing stigma and discrimination, in addition to the loss of income.
- More than 37 percent of women in South Asia, 40 percent of women in South-East Asia, and up to 68 percent of women in the Pacific have experienced violence at the hands of their intimate partners.[1] Emerging evidence from this pandemic paints a picture where this is increased. Lockdowns and quarantine measures placed by many countries mean that millions of women are confined with their abusers, with limited options for seeking help and support. Hotlines for victims of domestic violence in Malaysia have reported a 57-percent increase in calls while orders aimed at controlling movement are in effect.[2] In Singapore, AWARE's Women's Helpline has seen a 33-percent increase in February over calls received in the same month last year.[3]

1. Ending Violence is our business: Workplace responses to intimate partner violence in Asia and the Pacific. UN Women, 2019.

- Women are overrepresented in the sectors and jobs which are hardest hit by COVID-19 – manufacturing, textile and garments, care services, hospitality and tourism – and in the most vulnerable types of employment with the least protection, such as workers in the informal employment, including the self-employed, domestic workers, daily wage workers and contributing family workers.
- The increased vulnerability of women in global supply chains – with the collapse of both the demand and supply sides - means that many women workers, including women migrant workers and those working in micro-, small, and medium-sized enterprises, have lost their livelihoods from one day to the next, without any safety nets, financial security or social protection to rely on.
- In Asia and the Pacific, the unequal distribution of unpaid care and domestic work between women and men is a major barrier to gender equality and women's empowerment. Women and girls spend more time than men and boys on unpaid care and domestic work, ranging from 1.7 times as much in New Zealand to 11 times in Pakistan.[i] Where health care systems are stretched by efforts to contain outbreaks, care responsibilities are frequently transferred onto women, who usually bear responsibility for caring for ill family members and the elderly.[ii]

UN Women in Asia and the Pacific supports partners in driving responses that meet the immediate needs of women and girls while safeguarding and leveraging gains made on gender equality and women's empowerment, through policy advocacy and programming that incorporate gender-transformative approaches to recovery.

Immediate response

UN Women is providing gender analysis, data, and expertise to inform regional and national preparedness and response. It is also leveraging its coordination and convening roles for advocacy and accountability to women and girls in the response and mobilizing women's organizations to reach those left furthest behind with risk communication, and to ensure women have equal voice, leadership, and access to information. Our country offices are engaged in COVID preparedness planning, including ensuring measures are in place for continued GBV service provision, as well as mobilizing women's organizations to influence and participate in response work.

UN Women is taking the following measures to leverage coordination and convening roles for advocacy and accountability to women and girls in response to the COVID-19 crisis:

- Co-leading the Asia-Pacific Issue-Based Coalition on Human Rights and Gender Equality with the UN Population Fund (UNFPA) and the Office of the United Nations High Commissioner for Human Rights, focusing on COVID-19 response and recovery.
- Leveraging the regional Gender in Humanitarian Action Working Group, co-chaired with the Office for the Coordination of Humanitarian Affairs and CARE, to advocate for accountability to women and girls throughout all actions taken in the context of COVID-19 and any further emergencies that emerge.
- At the regional level, jointly developing the following resources with agencies: the regional gender in humanitarian action working group joint Advocacy Brief on Gender and COVID (launched 10 March), which has been disseminated to regional humanitarian actors and translated for use in multiple regions; and an inter-agency guidance note on including vulnerable and marginalized groups in risk communication and community engagement (launched March 13), which has been rolled out globally.
- Using existing platforms with the private sector, convening virtual roundtables across the region to fast-track gender-sensitive business response and recovery to COVID-19, and gain commitment from business leaders to putting women's economic empowerment and resilience at the forefront in times of crisis.

Women, peace and security

The response to COVID-19 in many countries in Asia and the Pacific is escalating, with serious implications for peace and security, and for the rights of women and girls. The enactment of national emergency powers, introduction of military checkpoints and lockdowns, closed borders, and restrictions on citizens' movement

2. Virus lockdown causing rise in domestic abuse, The ASEAN Post, 30 March 2020; MCO causes spurt in number of calls to helpline for kids abused, 26 March 2020.
3. Commentary: Isolated with your abuser? Why family violence seems to be on the rise during COVID-19 outbreak, CNA, 26 March 2020.

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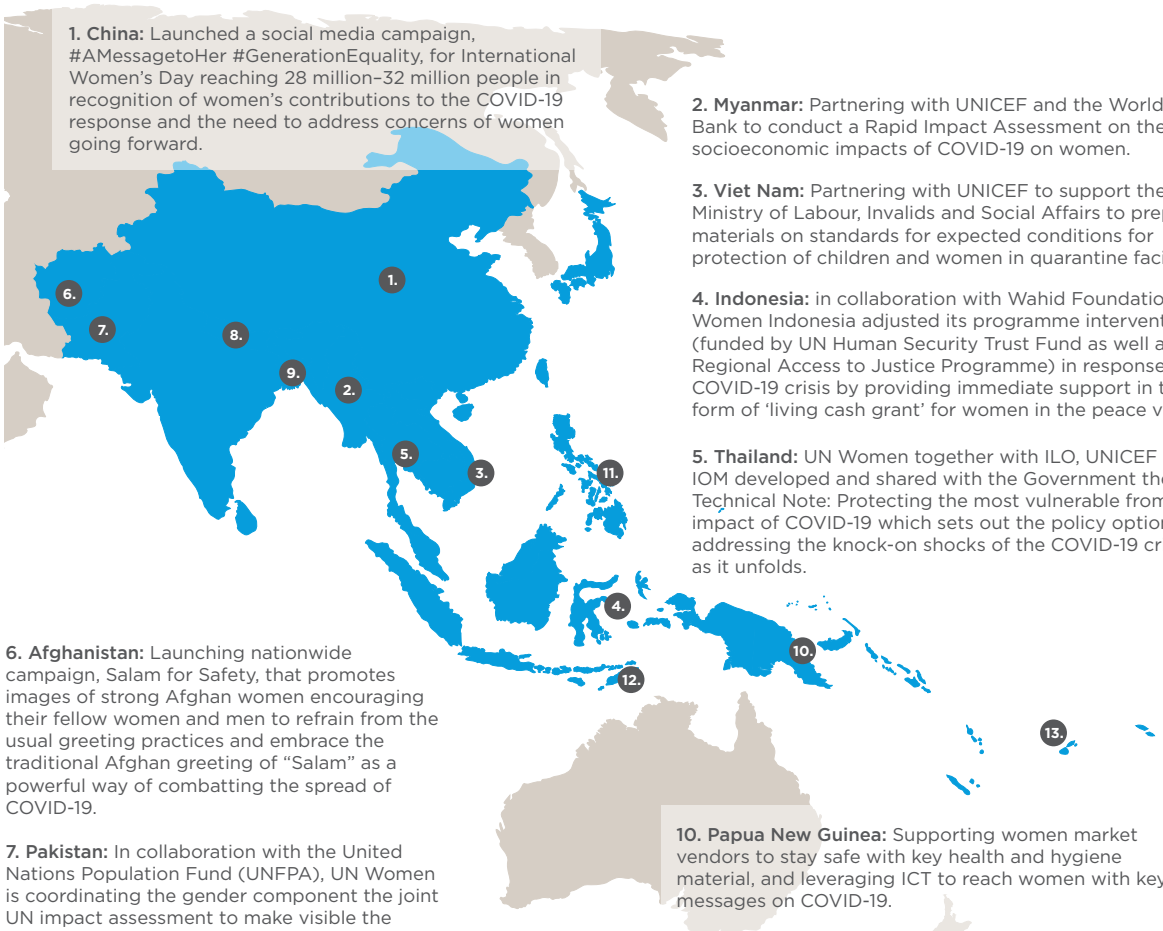
Highlights of UN Women's engagement in the response to date



1. China: Launched a social media campaign, #AMessagetoHer #GenerationEquality, for International Women's Day reaching 28 million–32 million people in recognition of women's contributions to the COVID-19 response and the need to address concerns of women going forward.

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5. Thailand: UN Women together with ILO, UNICEF and IOM developed and shared with the Government the Technical Note: Protecting the most vulnerable from the impact of COVID-19 which sets out the policy options for addressing the knock-on shocks of the COVID-19 crisis as it unfolds.

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7. Pakistan: In collaboration with the United Nations Population Fund (UNFPA), UN Women is coordinating the gender component the joint UN impact assessment to make visible the differential impacts of the pandemic on women.

8. Nepal: Convening diverse women's groups, such as the Women Friendly Disaster Management Group, to disseminate information on COVID-19 and jointly advocate for meeting needs of women and girls.

9. Bangladesh: Nationwide, forming a Gender Monitoring network consisting of women's NGOs and CBOs, GiHA Working Group and GBV Cluster member organizations to widely disseminate gender-focused information and monitor the situation of women. In Cox's Bazar, engaging Rohingya and Bangladeshi host community women networks and volunteers in awareness raising and consultation on COVID-19 through UN Women Gender Officers working with Camps-in-Charge and local women's rights organisations; providing critical case management and health services and hygiene kits for women and adolescent girls through Multi-Purpose Women Centres in camps.

10. Papua New Guinea: Supporting women market vendors to stay safe with key health and hygiene material, and leveraging ICT to reach women with key messages on COVID-19.

11. Philippines: Convened more than 100 leading advocates, changemakers and members of the public to discuss women's economic empowerment in the context of COVID-19

12. Timor-Leste: UN Women is providing technical assistance to line ministries to ensure the state of emergency declared incorporates gender and protection considerations, and convening a Gender and Protection Working Group in support of the government with UNICEF.

13. Fiji: Supporting the government to maintain the critical function of markets in Fiji and keep vendors safe, and supporting national level gender-based violence in emergencies (GBViE) coordination with government and to provide technical and financial support to vertical GBV programmes along with sector specific GBV risk mitigation.

and speech in many countries all mirror a governance context similar to that of conflict settings, which can have profound and disproportionate impacts on women and girls, amplifying pre-existing inequalities.

Applying the lens of women, peace and security to COVID-19 response will provide valuable guidance on the fundamental need for women's rights and women's leadership to be at the forefront of recovery.

Gender and disaster risk reduction

Asia and the Pacific continues to be the region most prone to disaster impacts in the world, and as countries cope with the impacts of the COVID-19 pandemic, they also grapple with the reality of exposure to multiple, severe natural hazards, exacerbated by the impacts of climate change, and potential for disasters within disasters.

The gendered impacts of additional disasters within the context of COVID-19 can be anticipated: A Mekong drought, for example, combined with the increased need for hygiene practices such as handwashing in the context of the pandemic, will likely result in significant increases to the unpaid care work burden of women, who are primarily responsible for collection of water for household use. Already, Tropical Cyclone Harold has led to the loss of lives, shelter and livelihoods in the Pacific. The combined impact of TC Harold and COVID-19 will put women at further risk of intimate partner violence, affect women's access to food and shelter, and impact on the livelihoods of women farmers and market vendors.

At the same time, under the Sendai Framework for Disaster Risk Reduction, civil society and governments have done valuable work and provide lessons learned for the integration of gender into disaster risk reduction for all hazards, including biological hazards such as the COVID-19 pandemic.

Women's economic empowerment

Emerging numbers indicate that the COVID-19 may be more lethal for men.[4] However, women are taking the bigger socio-economic hit from the global pandemic. Women are disproportionately affected because they are overrepresented in precarious employment, including in the informal sector, where their benefits and protection are inadequate or lacking. COVID-19 is already having major impacts on women across entire supply chains – executives in large companies, women working in the service sector, women who own or work in small and medium-sized enterprises (SMEs), women engaged in manufacturing, including the informal sector, and women migrant workers. This is also accentuated by the uneven division of care and domestic work at home due to gendered social expectations, limiting even more women's livelihood choices. These imbalances are further heightened when schools and businesses close, and where women need to care for children, the elderly or ill family members.

Moreover, women-run SMEs are particularly exposed to unexpected risk derived from this economic shock owing to factors such as limited access to financial services and services for information and communications technology (ICT) as well as disrupted access to national and international value chains.

The COVID-19 pandemic will also disproportionately affect migrant women workers across Asia and the Pacific, in particular those with irregular migration status. The risks of facing discrimination, exploitation and the violation of their human rights are exacerbated due to suddenly tightened travel restrictions and other measures to control the pandemic.

Addressing violence against women

Women, girls, and vulnerable groups are at an increased risk of gender-based violence (GBV) during public health emergencies, such as COVID-19, due to limited input and control in decision-making on a household's response, and to shifts in social safety nets, mobility and access to information and services.[5]

Life-saving care and support to GBV survivors may be disrupted when front-line service providers and systems, such as health, policing and social welfare, are overburdened and preoccupied with handling COVID-19 cases. Restrictions on mobility also means that women are particularly exposed to intimate-partner violence at home, with limited options for accessing support services. In addition, having law enforcement and security forces in the streets in some countries to monitor the movement of people can lead to higher levels of sexual harassment and other forms of violence in public spaces.

UN Women in Asia and the Pacific is leveraging its experience in these areas of work to meet the immediate needs, and ensure that the world post-COVID is built on principles of human rights and gender equality. We do this to protect the gains made on gender equality and women's empowerment and ensure that recovery is centred on the principle of leaving no one behind, and on approaches that are gender-transformative.

4. https://blogs.bmj.com/bmjgh/2020/03/24/sex-gender-and-covid-19-disaggregated-data-and-health-disparities/
5. Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, GBV AoR.

I. INTRODUCTION

Context

The outbreak of the new coronavirus (COVID-19) was first reported in Wuhan, China on December 31, 2019, and has since spread to 170 countries globally.[6] As of April 6, 2020, the number of confirmed cases surpassed 1,200,000 globally, with more than 67,000 deaths.[7] The World Health Organization declared the outbreak to be a Public Health Emergency of International Concern on 30 January 2020 and later characterized it as a pandemic on 11 March 2020. In the Asia-Pacific region, there are over 120,000 confirmed cases with more than 4,000 deaths. [8]

The COVID-19 pandemic is unprecedented and, as the United Nations Secretary-General has highlighted, represents not only a health crisis but a human crisis.[9] As the outbreak rapidly evolves regionally and globally, the framing and consequences of response – both the health response to suppress transmission and stop the pandemic, and the efforts to mitigate the socioeconomic impacts of the pandemic – will have implications for those who are most vulnerable in emergency contexts, most notably women, children, elderly persons, people with disabilities, ethnic minorities and the impoverished. The precarities engendered by existing social inequalities are likely to intensify over the course of the outbreak, and steps must be taken to ensure disease preparedness and response recognize the specific needs and intersecting inequalities facing women.

The COVID-19 public health emergency has already become a crisis of global proportions as countries put in place national emergency orders, restrictions on travel, including local, regional and national stop-movement orders, and called in security sector forces to implement the measures. Beyond the health impacts, societies are now facing socioeconomic concerns and the human rights implications of the crisis are beginning to emerge. The enactment of national emergency powers, introduction of military checkpoints and lockdowns, closed borders, and restrictions on citizens' movement and speech in many countries all mirror a governance context similar to that of conflict settings, which can have profound and disproportionate impacts on women and girls, amplifying pre-existing inequalities. As per UNOHCR, COVID-19 is a test of societies, of governments, of communities and of individuals. Respect for human rights across the spectrum, including economic and social rights, and civil and political rights, will be fundamental to the success of the public health response. [10]

Global economic activity has been declining rapidly, as consumers stay home and businesses are forced to close. In the Asia-Pacific region in particular, which was predicted to have the world's largest gross domestic product (GDP) in 2020,[11] it is now estimated that the GDP of the region will drop between .08 and .38 per cent.[12]

While at the beginning of the outbreak, ministries of public health were primarily responsible, as of 6 April 2020, about 30 countries in the region have enacted partial/full lockdowns or declared a state of emergency to deal with the crisis. As of April, China, Indonesia, the Maldives, the Federated States of Micronesia, Nauru, New Zealand, Palau, Papua New Guinea, Philippines, Solomon Islands, Tonga, Tuvalu and Vanuatu have declared states of emergency. Countries such as Australia, Bangladesh, Brunei Darussalam, China, Fiji, India, the Republic of Korea, Malaysia, Mongolia, Nepal, New Zealand, Papua New Guinea, Philippines, Samoa, Sri Lanka, Thailand, Tonga, and Vanuatu have all entered partial or full lockdowns and many countries have enacted other emergency measures such as border closures, curfews, travel/visa restrictions and military deployment.[13]

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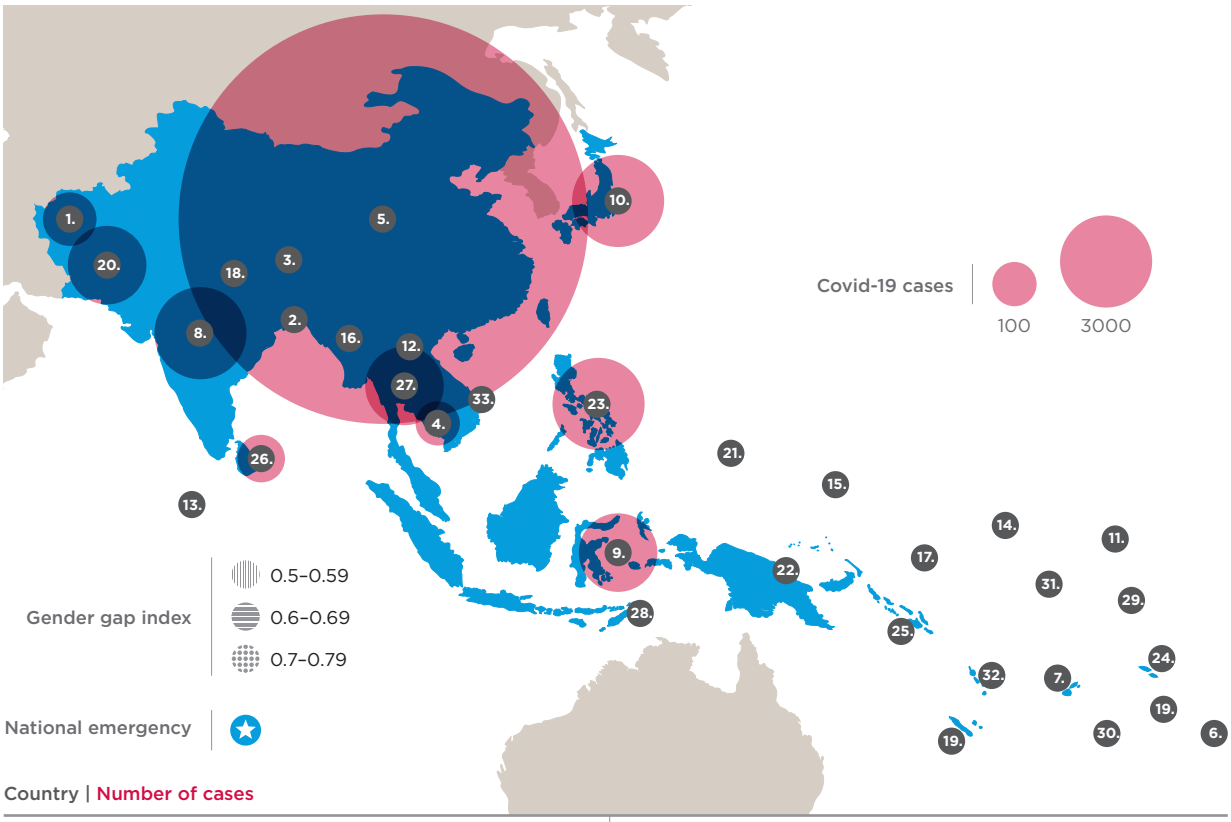
6. Coronavirus COVID-19 Global Cases by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University, 25 March 2020.
7. WHO Coronavirus disease 2019 (COVID-19) Situation Report 76, 5 April 2020.
8. Ibid.
9. Shared Responsibility, Global Solidarity: Responding to the socio-economic impacts of COVID-19, 27 March 2020.
10. https://www.ohchr.org/EN/NewsEvents/Pages/COVID19Guidance.aspx
11. https://www.weforum.org/agenda/2019/12/asia-economic-growth/
12. The Economic Impact of the COVID-19 Outbreak on Developing Asia, Asian Development Bank, 6 March 2020. Available at: https://www.adb.org/sites/default/files/publication/571536/adb-brief-128-economic-impact-covid19-developing-asia.pdf
13. COVID-19 Government Measures Database, ACAPS, 2 April 2020

FIGURE 2

Comparing COVID-19 cases, gender gap index and national emergency response in the Asia-Pacific region



Country | Number of cases

1.	Afghanistan | 299		
2.	Bangladesh | 70	0.7–0.79	
3.	Bhutan | 5	0.6–0.69	
4.	Cambodia | 114	0.6–0.69	
5.	China | 82930	0.6–0.69	National emergency
6.	Cook Islands | 0		
7.	Fiji | 12	0.6–0.69	
8.	India | 3374	0.6–0.69	
9.	Indonesia | 2092	0.7–0.79	
10.	Japan | 3271	0.6–0.69	
11.	Kiribati | 0		
12.	Lao People's Democratic Republic | 10	0.7–0.79	
13.	Maldives | 19	0.6–0.69	National emergency
14.	Marshall Islands | 0		
15.	Federated States of Micronesia | 0		National emergency
16.	Myanmar | 20	0.6–0.69	
17.	Nauru | 0		National emergency
18.	Nepal | 9	0.6–0.69	
19.	Niue | 0		
20.	Pakistan | 2880	0.5–0.59	
21.	Palau | 0		National emergency
22.	Papua New Guinea | 1	0.6–0.69	National emergency
23.	Philippines | 3094	0.7–0.79	National emergency
24.	Samoa | 0		
25.	Solomon Islands | 0		National emergency
26.	Sri Lanka | 159	0.6–0.69	
27.	Thailand | 2097	0.7–0.79	
28.	Timor-Leste | 1	0.6–0.69	
29.	Tokelau | 0		
30.	Tonga | 0		National emergency
31.	Tuvalu | 0		National emergency
32.	Vanuatu | 0	0.6–0.69	National emergency
33.	Viet Nam | 240	0.7–0.79	

Number of confirmed cases globally

693,224

Number of confirmed cases in Asia-Pacific

107,859

Figures as of 6 April 2020, sources: WHO Situation Report No. 77, World Economic Forum Global Gender Gap Report 2020, and ACAPS Dashboard on COVID-19: Government Measures. The designations employed and the presentation of the material on this map do not imply the expression of any opinion whatsoever on the part of UN Women concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

This unprecedented crisis unfolds against many existing challenges: Asia and the Pacific is the most disaster-prone region in the world, and it is facing the ever-pressing threats of climate change and many large protracted crises and conflict. The COVID-19 pandemic in the region is unfolding amid existing inequalities in access to health and weak health infrastructure. It is also unfolding amid persistent gender inequalities in the region: owing to structural inequalities and discriminatory gender norms, women account for only 18 per cent of parliamentarians,[14] women's employment is concentrated in the informal labour sector with limited protection, and women experience unacceptably high levels of intimate partner violence (IPV). More than 37 per cent of women in South Asia, 40 per cent of women in South-East Asia, and up to 68 per cent of women in the Pacific have experienced violence at the hands of their intimate partners.[15] We note that hotlines for victims of domestic violence in Malaysia have reported a 57% increase in calls while orders aimed at controlling movement are in effect.[16] In Singapore, AWARE's Women's Helpline has seen a 33 per cent increase in February over calls received in the same month last year.[17]

As we collect evidence and formulate our collective response, it is critical to return to what we know about gender, emergencies, and women, peace and security: crises exacerbate existing gender inequalities, making bad situations worse for women – but they also present an opportunity to build back better in a way that challenges and transforms harmful gender norms and stereotypes. Our experiences in upholding the resolutions of the United Nations on women, peace and security tell us this: women's leadership paves the way for a more rapid recovery. Where women experience higher levels of empowerment in conflict and emergency settings, communities experience more rapid economic recovery in the aftermath.[18] Women's participation in peacebuilding processes improves the sustainability of peace, with peace agreements that involved women in the negotiations being 35 per cent more likely to last 15 years.[19]

Objectives

This document provides a rapid and preliminary review of gendered impacts of the COVID-19 pandemic 100 days after the first cases were reported to the World Health Organization and aims to do the following:

- Present a snapshot of the gender dimensions of the socioeconomic impacts of the pandemic in the Asia-Pacific region;
- Capture promising practices for integrating gender in preparedness and response planning;
- Propose lessons learned and strategic entry points to mitigate socioeconomic impacts for women and girls.

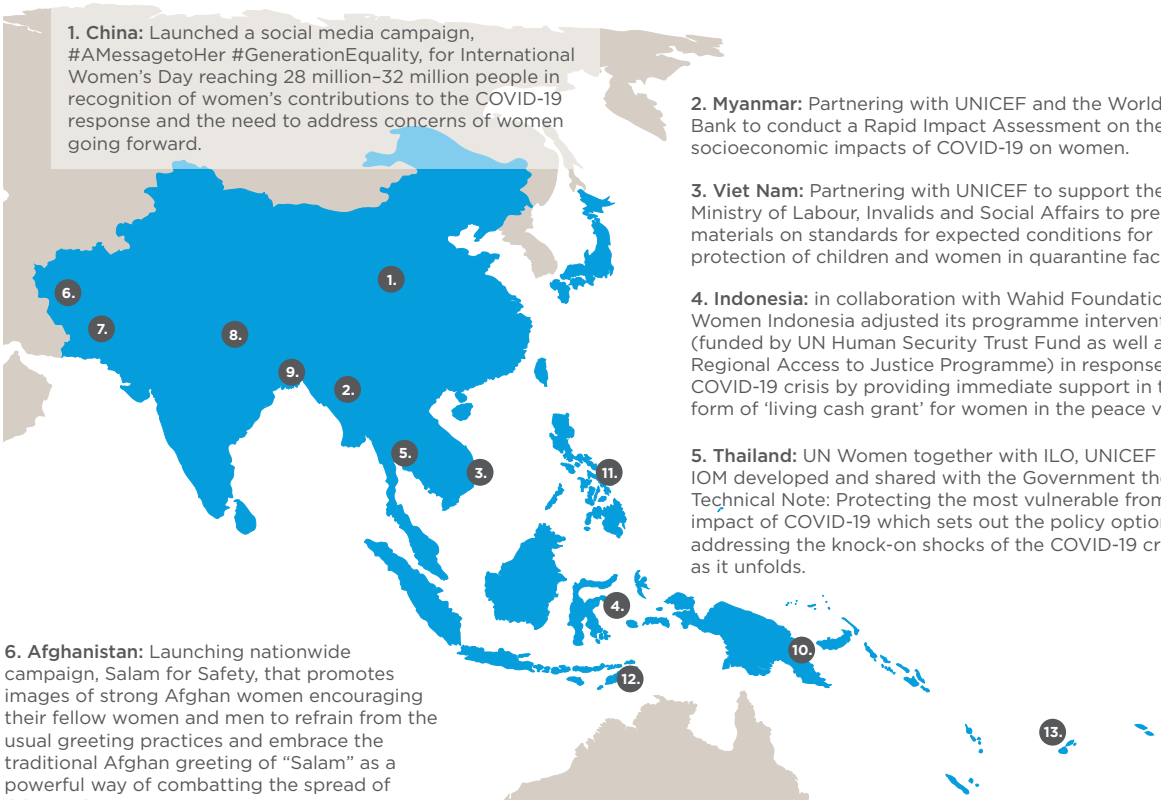
14. https://data.worldbank.org/indicator/SG.GEN.PARL.ZS.
15. Ending Violence is our business: Workplace responses to intimate partner violence in Asia and the Pacific. UN Women, 2019.
16. Virus lockdown causing rise in domestic abuse, The ASEAN Post, 30 March 2020; MCO causes spurt in number of calls to helpline for kids abused, 26 March 2020.
17. Commentary: Isolated with your abuser? Why family violence seems to be on the rise during COVID-19 outbreak, CNA, 26 March 2020.
18. https://wps.unwomen.org/building/
19. https://wps.unwomen.org/participation/

UN Women's Role and Engagement in COVID-19 preparedness and response

In Asia and the Pacific, UN Women is leveraging its triple mandate (normative, coordination, operational) to support coordinated, coherent, and gender-responsive approaches to meeting the immediate needs of women and girls, safeguarding development gains made on gender equality and women's empowerment, and developing programming for gender-transformative approaches to recovery.

FIGURE 1

Highlights of UN Women's engagement in the response to date



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Across the region, we are also:

Bringing gender analysis, data, and expertise to inform regional and national preparedness and response

In nine countries to-date, UN Women is supporting national governments and the United Nations Country Teams/Humanitarian Country Teams to ensure responses leave no one behind, including to engage in joint rapid impact assessments. Regionally, UN Women is rolling out a rapid assessment survey on the impacts of COVID-19 on women's economic empowerment in the region. This survey will inform strategies to support women's coping capacities, particularly those engaged in informal employment and those who have seen their livelihoods affected by the pandemic. This short survey will provide proxy statistics for some key issues around employment, loss of income, use of time, and access to health care.

Leveraging coordination and convening roles for advocacy and accountability to women and girls in response:

- Co-leading the Asia-Pacific Issue-Based Coalition on Human Rights and Gender Equality, together with UNFPA and the Office of the United Nations High Commissioner for Human Rights, focusing on COVID-19 response and recovery;
- Leveraging the regional Gender in Humanitarian Action Working Group, co-chaired with the Office for the Coordination of Humanitarian Affairs and CARE, to advocate for accountability to women and girls throughout all actions taken in the context of COVID-19 and any further emergencies that emerge;
- Jointly-developing, the following resources with agencies: the regional gender in humanitarian action working group joint Advocacy Brief on Gender and COVID (launched 10 March 2020) that has been disseminated to regional humanitarian actors and translated for use in multiple regions, and an inter-agency guidance note on including vulnerable and marginalized groups in risk communication and community engagement (launched March 13) that has been rolled out globally;
- Using existing platforms with the private sector, convening virtual high-level corporate roundtables across the region to fast-track gender-sensitive business response and recovery to COVID-19, and gain commitment from business leaders to putting women's economic empowerment and resilience at the forefront in times of crises.

Mobilizing women's organizations to reach those left furthest behind with risk communication, and to ensure women have equal voice, leadership, and access to information:

- In **Bangladesh**, Camps-in-Charge Gender Officers are working in Rohingya refugee camps focusing on supporting COVID-19 preparedness and response activities (consultations, awareness raising, community outreach, coordination), as well as leading efforts to ensuring women's voices, demands and needs feed into overall camp management and development efforts. For this they are working through the 24 Rohingya volunteers and women leaders and their networks across 12 camps. In the host community adjacent to the camps, UN Women is also partnering with local women's rights organisations to conduct awareness raising and consultations with women and women's networks on COVID-19. These efforts are feeding into the advocacy and technical work led by the GiHA WG and the Gender Hub for the overall inter-sector humanitarian coordination system. At the national level, a Gender Monitoring network is being formed consisting of women's NGOs and CBOs, GiHA Working Group and GBV Cluster member organizations to widely disseminate gender-focused information and monitor the situation of women.
- In **Indonesia**, UN Women in close collaboration with Wahid Foundation has extended support network of grassroots women movements and organizations that have played a strong role in promoting social cohesion as well as human rights monitoring and reporting.
- In Myanmar, we have begun to mobilize, empower and equip women-led organizations/networks and especially Rohingya women-graduates from the Rakhine Gender Leadership Programme in community awareness, message dissemination for preparedness and response.
- In **Nepal**, we convened 17 leaders representing women's and excluded groups' organizations and networks, including organizations of persons with disabilities, LGBTQI organizations, and Dalit women organizations, across the seven provinces of Nepal to identify key emerging issues and jointly advocate to the Government and the Humanitarian Country Team.
- In **Thailand**, we have reached out to women in remote areas including ethnic minorities to provide necessary hygiene supplies and raise awareness on gender based and domestic violence.

II. THE FIRST 100 DAYS

APPLYING A GENDER LENS TO THE EMERGENCY CONTEXT OF THE COVID-19 PANDEMIC

Immediate needs in an emergency context

Needs of health-care workers as a predominantly female workforce

Women provide the majority of home-based care and make up the majority of the global health workforce on the front lines of the COVID-19 outbreak, yet fewer than one in five experts who make decisions about responding to the pandemic are women.[20,21] In the Asia-Pacific region more than 80 per cent of all nursing and midwifery staff are women, with increasing rates of women entering the higher skilled health occupations, such as physicians, dentists and pharmacists.[22] In Hubei province, China, the epicentre of the initial outbreak, more than 90 per cent of the health-care workers on the front line response to COVID-19 are women.[23,24] However, there are notable differences between the conditions in which women health-care workers operate compared to men, including long existing inequities in the gender pay gap, women's access to leadership and decision-making roles, lack of gender transformative policies, and barriers to full time employment.[25]

In the context of COVID-19, these existing inequities mean women health workers are disproportionately exposed to infection, and are required to work longer hours, often unpaid without sick leave/isolation leave work entitlements, in under-resourced conditions, with the looming threat of being the first group laid off.[26]

The most difficult moment for Ms. Zhang came when her superiors — almost all men — told her and her female colleagues that they "lacked the spirit of devotion" and discipline after they sought help getting pads and tampons. Only supplies cleared by the authorities can make it into the city, so getting these products had become difficult for many women. As the days wore on, she said she felt her spirit was "breaking down slowly."

New York Times, 28 February 2020.

Emerging reports have suggested that hospitals in the Asia-Pacific region are experiencing shortages of personal protective equipment and often staff members (usually nurses) are not properly protected, increasing the risk of contracting the virus.[27] In China, an estimated 3,000 health-care workers have been infected and at least 22 have died.[28] Reports also suggest that hospital staff, particularly nurses, are encouraged to engage in behaviour that compromises occupational health and safety standards (e.g. wearing adult diapers in lieu of bathroom breaks, foregoing changing sanitary pads or encouraging use of pills to postpone menstruating, foregoing food/drink breaks, lesions on skin from make-shift protective gear) to maximize their response capacity due to

20. Gender and Coronavirus Outbreak, Think Global Health, 4 February 2020.
21. Operation 50/50: Women's Perspectives Save Lives, Women in Global Health.
22. Gender Equity in the Health Workforce, WHO, March 2019.
23. Women's Day awakening to needs of frontline female staff, China Daily, 10 March 2020.
24. COVID-19: the gendered impacts of the outbreak, Wenham, C. et al. The Lancet, 2020, 395(10227).
25. Ibid.
26. Coronavirus nurse describes 'heartbreaking' job, BBC, 6 February 2020.
27. Ibid.
28 How will COVID-19 affect women and girls in low- and middle-income countries? Center for Global Development, 16 March 2020.

the overwhelming impact COVID-19 is having on the health-care system.[29] While volunteer campaigns to collect and supply menstrual hygiene supplies to doctors and nurses on the frontlines met with success – with one campaign in China raising more than USD 280,000 in less than 24 hours – they also revealed that many hospitals consider such supplies "not urgent", despite many female medical workers being mobilized onto the frontlines with limited time to prepare. [30]

Where public transport has been limited or closed, doctors and nurses may face increased safety risks in their commute to work. Multiple countries in the region, including India and Myanmar, also report that stigmatization of health-care workers on the frontlines of COVID-19 has also led to health-care workers being asked to vacate their homes or temporary residences due to fear that they will bring the virus home. [31]

The position of women health workers during this outbreak is further complicated by other intersecting inequalities, like women migrant health workers. For example, an estimated 85 per cent of employed Filipino nurses are working internationally and, given the travel restrictions that have been enforced over the course of the outbreak, may be disproportionately impacted by the unpredictable conditions in which they can work. [32]

Gender-based violence

Women, girls, and vulnerable groups are at an increased risk of GBV during public health outbreaks, such as COVID-19, due to limited input and control in decision-making on a household's response and shifts in social safety nets, mobility and access to information/services.[33]

Intimate partner violence may be the most common type of violence women and girls experience during emergencies.[34] In the context of COVID-19 quarantine and isolation measures, IPV has the potential to dramatically increase for women and girls.[35] Police reports in Hubei province, China, suggest that reports of domestic violence have tripled during the pandemic.[36] Hotlines worldwide have seen an increase in number of calls received. For example, in Malaysia, hotlines reported a 57 per cent increase in calls while orders aimed at controlling movement are in effect.[37] In Singapore, AWARE's Women's Helpline has seen a 33 per cent increase in February over calls received in the same month last year.[38]

Life-saving care and support to survivors of gender-based violence (GBV) may be disrupted when frontline service providers and systems, such as health, policing and social welfare, are overburdened and preoccupied with handling COVID-19 cases. Overstretched health services often divert resources away from services women need (such as services for survivors of violence against women).

29. Chinese nurses heading to Wuhan are shaving their heads to treat coronavirus patients, Business Insider, February 11 2020; China COVID-19 fight sparks outcry over female frontline staff, Channel News Asia, 7 March 2020. Needs of female medical workers overlooked in coronavirus fight, advocates say, Inkstone News, 14 February 2020.
30. https://www.sixthtone.com/news/1005190/hygiene-product-donation-drive-puts-frontline-females-first
31. https://www.irrawaddy.com/news/burma/myanmars-nurses-doctors-face-eviction-landlords-panic-covid-19.html; https://edition.cnn.com/2020/03/25/asia/india-coronavirus-doctors-discrimination-intl-hnk/index.html
32. Health Situation of Migrant and Minority Nurses: A systematic review, Schilgen, B. et al., PLOS ONE, 2017.
33. Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, GBV AoR.
34. Private Violence, Public Concern, International Rescue Committee, January 2015.
35. Lockdowns around the world bring a rise to domestic violence, The Guardian, 28 March 2020.
36. Impact of COVID-19 Pandemic on Violence against Women and Girls, DFID VAWG Help Desk Research Report, 16 March 2020.
37. Virus lockdown causing rise in domestic abuse, The ASEAN Post, 30 March 2020; MCO causes spurt in number of calls to helpline for kids abused, 26 March 2020.
38. Commentary: Isolated with your abuser? Why family violence seems to be on the rise during COVID-19 outbreak, CNA, 26 March 2020.

UN Women in Action: Safeguarding the work of gender-based violence service providers in the Pacific

In the Pacific, UN Women supports women and girls to have safe and accessible quality response services across Fiji, Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu, with ongoing funding and technical support and now with GBV preparedness and response plans in the COVID-19 emergency context. This work is supported through by the Pacific Partnership to End Violence Against Women and Girls (Pacific Partnership) which is funded primarily by the European Union with targeted support from the Governments of Australia and New Zealand and UN Women.

Key highlights of best practice from Tonga (crisis centre) and Fiji (women's machinery):

Tonga: Before any case was confirmed in the Pacific, the Women and Children's Crisis Centre in Tonga had started closely monitoring the havoc COVID-19 was causing across the globe. As soon as the disease was declared a global pandemic, the Centre, under the steady leadership of their Director 'Ofa Guttenbeil Likiliki, developed a prevention and response plan, which not only mapped out how they would continue serving their clients – women and children survivors of domestic violence – but also the safety, protection and physical and mental well-being of their staff. From organising nurses to show staff and clients basic hygiene methods, and recording it for online sharing, to creating a well-received radio programme on the impact of a nation-wide lockdown on women and girls, to setting up a COVID-19-specific Facebook page to engage with clients who may not be able to visit the Centre – the Centre is ensuring that they are there for women and children of Tonga, no matter what. With no confirmed cases as yet, the country is on high alert with a lock-down in place. The centre remains open as an essential service, with counsellors rostered on to serve women and children, should they need to be seen physically and are working closely with the police to ensure women are not stopped at checkpoints setup around the country. The Centre is one of UN Women's key partners in the Pacific and in Tonga, previously funding the development of the national domestic violence hotline and currently supporting prevention and respond to violence in Tonga, including sharing its best practise with other frontline service providers across the region.

Fiji: UN Women is supporting the Ministry of Women, Children and Poverty Alleviation and frontline GBV service providers to adapt the existing national Service Delivery Protocol for Responding to Gender Based Violence and referral pathways to COVID-19.[39] The aim is to ensure technologically safe, coordinated mobile multisector services (counselling, shelters, police and justice) so all women and girls have access to crisis response services for domestic violence and sexual assault. This context-specific and adaptive approach takes into account in real-time contingency planning for the evolving situation, such as what happens if there is a complete lockdown and women and girls need to access GBV services. In addition, UN Women is supporting the collection of safe, ethical and consistent data on GBV and COVID-19 to track the emerging picture of the health and economic impacts the COVID-19 crisis is having in Fiji and across the region.

39. The service delivery protocol is available at: www.mwcpa.gov.fj/images/stories/Files/2018/Fiji%20National%20Service%20Delivery%20Protocol%20for%20Responding%20to%20Cases%20of%20Gender%20Based%20Violence.pdf

Impact on Unpaid Care Work

In Asia and the Pacific, the unequal distribution of unpaid care and domestic work between women and men is a major barrier to gender equality and women's empowerment. Women and girls spend more time than men and boys on unpaid care and domestic work, ranging from 1.7 times in New Zealand to 11 times in Pakistan.[40] Where health-care systems are stretched by efforts to contain outbreaks, care responsibilities are frequently transferred onto women, who usually bear responsibility for caring for ill family members and the elderly.[41] The closure of schools as a preventative health measure in multiple countries in the region, furthermore, exacerbates the burden of unpaid care work on women, who absorb the additional work of caring for children. As women in Asia make on average 15 per cent less than men, [42] it is more likely that women will stay home with children to enable their higher-earning male partners to continue to work, putting their job and income security at risk. Anecdotal evidence is already confirming this trend. [43]

Sexual and reproductive health and rights

Evidence from past epidemics, including Ebola and Zika, indicate that efforts to contain outbreaks often divert resources from routine health services including pre- and post-natal health care and contraceptives.[44,45,46] Measures taken to relieve the burden on primary health-care structures should prioritize access to sexual and reproductive health (SRH) services, including pre- and post-natal health care.

Emerging good policy practices from the region to address these challenges include:

- In Japan, workers can take leave which is not counted in the regular annual leave if their child's elementary school is closed. The Government would subsidise employers for the payment of the leave with the limit of JPY 8,330 (USD 76) per person per day.
- In the Republic of Korea, KRW 50 000 (USD 40) per day for up to five days is paid to workers who meet the following criteria: 1) the worker's grandparents, parents, partner, partner's parents or grandchildren are confirmed of COVID-19 or show symptoms of COVID-19, 2) the worker's children stay at home due to school opening postponement. Urgent child care is provided in child day-care centres. For parents who both work and have children under age 12, at-home child-care service is provided.

Source: Organization for Economic Cooperation and Development (OECD) (2020). Supporting people and companies to deal with the COVID-19 virus: options for an immediate employment and social policy response, 20 March 2020.

40. ADB and UN Women (2018), Gender Equality and the Sustainable Development Goals in Asia and the Pacific: Baseline and pathways for transformative change by 2030, October 2018.
41. Ebola, gender and conspicuously invisible women in global health governance. Harman, Sophie. Third World Quarterly, 2015, 37(3).
42. Korn Ferry Gender Pay Index 2018, https://hrmasia.com/two-cents-mind-the-gender-pay-gap/.
43. https://www.bbc.com/news/world-asia-51705199?fbclid=IwAR0-Jzvsu051JeHrXZz6I-2mYvru75_bZtGMSKYPIHeZnwG2Zqx1lyFThek; https://thediplomat.com/2020/03/japanese-mothers-struggle-to-cope-after-virus-shuts-schools/
44. Protecting Humanity from Future Health Crises: Report of the High Level Panel on the Global Response to Health Crises, UNGA A/70/723.
45. The Importance of Gender in Emerging Infectious Diseases Data, Measure Evaluation (2017).
46. Overcoming the 'tyranny of the urgent': integrating gender into disease outbreak preparedness and response, Smith, Julia, Gender and Development, 2019, 27(2).

Despite gains in economic growth and corresponding improvements in health delivery infrastructure in the Asia-Pacific region, vast swaths of the population still have unmet needs for SRH and rights, with large disparities both within and between countries in the region. The regional average maternal mortality rate remains extremely high, at 127 per 100,000 live births.[47] With more than 90 per cent of these deaths being reported as preventable, the high rate is indicative of challenges related to unequal access to safe services for vulnerable and marginalized women compounded by issues of conflict, poverty, restrictive family-planning policies, weak infrastructure and health systems.[48,49]

In countries with lockdown measures implemented, women are less able to access critical SRH services such as maternal health care, contraceptives and family planning, abortions, cervical cancer screening and treatment, gender affirming surgeries or routine services as they are deemed "non-essential" and therefore unavailable during the COVID-19 crisis. [50] If these services are available, accessing them is often in the setting of urgent care clinics where there is increased risk of exposure to the virus while enduring long wait times in overcrowded waiting areas. Midwives, and birth centre workers report an increase in pregnant women considering delivery options outside of hospital settings due to a fear of contamination, overcrowding, supply shortages and visitor restriction. This increases the risk of unsafe and unskilled birthing practices that may lead to maternal and infant deaths. [51] This is especially problematic for women and girls in disadvantaged and hard-to-reach areas.

Those most at-risk are women seeking emergency maternal and reproductive health services that require strict isolation and infection control measures, which may be unavailable due to staff deployment and shortages or lack of infrastructure (e.g. operation theatres and ward space).[52] Those who are able to receive these services then face the challenge of strict policies on critical support systems due to COVID-19 infection control measures to mitigate potential transmission.

The COVID-19 pandemic has also led to disruptions in supply chains across sectors nationally, regionally and globally, including with contraceptives and essential medical supplies. With many contraceptives manufactured in the region, emerging issues around factory closures and migrant workers have large implications on contraceptive availability. Initial reports of stock-outs in Myanmar, pharmaceutical slowdowns in India and China, and increased delivery times of contraceptives from Malaysia mean women are unable to access vital SRH supplies. [53]

Interrupted access to education

With over 89 per cent of the world's student population out of school due to school closures,[54] the differential impacts of this consequence on girls, boys and youth of diverse genders must be taken into account in planning and responding. Digital gender gaps mean that girls may benefit less from online learning, especially where families have limited devices and access to remote learning technologies. For example, in India, only 29 per cent of all Internet users are female, indicating that moves to digital learning may compound educational inequalities. [55]

Furthermore, girls may be expected, due to gender norms and roles, to devote more time than boys to unpaid care work and caring for younger siblings, older populations, and those who are ill within the household rather than focusing on education. Lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI) youth furthermore, in the face of movement restrictions, may be disproportionately impacted by the need to remain in unsupportive home environments.

47. Maternal Mortality in Asia-Pacific – 5 Key Facts, UNFPA, 4 May 2018.
48. Ibid.
49. World not delivering quality maternal health care to poorest mothers, UNICEF, 3 June 2019.
50. Sexual and Reproductive Health During the COVID-19 Crisis, International Women's Health Coalition, 25 March 2020.
51. COVID-19 Preparedness and Response UNFPA Interim Technical Brief, UNFPA, 23 March 2020.
52. COVID-19: What implications for sexual and reproductive health and rights globally? Hussein, J. Journal of Sexual and Reproductive Health Matters. 2020.
53. How will COVID-19 affect global access to contraceptives – and what can we do about it, Devex, 11 March 2020.
54. https://en.unesco.org/covid19/educationresponse
55. The State of the World's Children: Children in a Digital World, UNICEF, 2017.

Unequal access to information

In different contexts in the region, women's groups and networks are highlighting the need for targeted materials developed and distributed with women's groups. In Nepal, the Women Friendly Disaster Management Group and Feminist Intergenerational Group noted that access to information has been unequal, and called for more gender-focused materials to be developed and disseminated in consultation with women's groups and excluded groups. They furthermore highlighted the need to diversify methodologies and target information sharing to excluded groups to ensure that everyone understands the key messages (for example, using brail, sign language, information with pictures), and use local/traditional methods to disseminate messaging/awareness materials and share information (for example through Gaine – traditional community singers).

"Key messages and information about COVID-19 is yet to reach many excluded and vulnerable groups. There is a need to diversify methodologies and target information sharing to excluded groups to ensure everyone understands the key messages (for example by using sign language) and to disseminate messaging using traditional ways (for example through Gaine-traditional community singers)."

Key Emerging Issues raised by the Women-Friendly Disaster Management Group and the Inter-Generational Feminist Thought Leaders Group, Nepal, 24 March 2020.

UN Women in Action: Placing women as central campaign figures for COVID-19 prevention

While women are at the forefront of most crises, they are rarely in the spotlight of public awareness campaigns. When they are part of campaigns, women are portrayed as mostly doing household or care related chores. In a new campaign launched on 19 March 2020, UN Women Afghanistan are promoting images of strong Afghan women encouraging communities to refrain from the usual greeting practices and embrace the traditional Afghan greeting of "Salam" as a powerful way of combatting the spread of COVID-19. The aim of the campaign, entitled "Salam for Safety" is to proudly embrace and revitalize a traditional form of Afghan greeting, and transform it into one of the tools to combat the spread of COVID-19 while placing women as central campaign figures. The campaign comprises a series of four drawn posters representing Afghan women in their traditional clothes holding their hand to their heart representing the "Salam" greeting.

Building on Afghanistan's #SalamForSafety campaign, a new initiative by UN Women Regional Office for Asia and the Pacific is promoting 'safe greetings' to avoid physical contact and slow the spread of COVID-19 in the region. Using social media messages and illustrations inspired by traditional hand gestures used across the region, the campaign "Greet like me" invites individuals to practice social distancing while embracing their local traditions.

In Cox's Bazar, Rohingya refugees and activists have highlighted limited access to information, thus women have a critical role in promoting hygiene and public health messaging in the camps, where more than 70 per cent of the population are women and children.[56] Limited mobile Internet access for many refugees has made it difficult for health and humanitarian workers to address misinformation and rumours about the disease. [57]

For guidance on inclusive risk communication and community engagement, please see:

COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement.

Impacts on the women's movement and the role of civil society

The COVID-19 pandemic, and associated travel restrictions and bans on gatherings, will certainly impact the important role of women's organizations in 'normal' times to monitor rights violations and provide critical information and services to women on the ground. With curfews and restrictions on movements, women's organizations must be supported to fulfil their critical and lifesaving role to women, but also in terms of social monitoring and holding States accountable for implementing their commitments to human rights.

With increasing declarations of states of emergency and the invocation of emergency decrees across the region, it is particularly vital to safeguard the role of women human rights defenders who may be particularly targeted during these times under measures meant to curb misinformation or ban gatherings for public health. Civil society organizations such as the Asian Forum for Human Rights and Development have already called attention to the need for a human rights approach to all COVID-19 measures, and coalitions such as the Feminist Alliance for Rights have issued calls for a feminist COVID-19 policy, with a focus on addressing food security, health care, education, social inequality, water and sanitation, economic inequality, violence against women, access to information and abuse of power. As the economic impact unfolds, there is the potential for civil unrest and violence directly linked to social and economic rights (lack of access to services, food, water, housing, livelihood).[58] Office for the Commission of Human Rights have developed a guidance tools on responding to COVID-19.

Marginalized and under-served groups

Refugees and others forcibly displaced

The Asia-Pacific region hosts more than 4.2 million refugees, 2.9 million internally displaced persons, and 275,000 asylum seekers and returnees.[59] Data suggest that women living in protracted displacement slightly outnumber men and are exposed to greater hardships.[60] As a result of the COVID-19 outbreak, women refugees and displaced women are at a heightened risk with dual vulnerability to the transmission of the virus and the exacerbation of the precarious conditions in which they normally live.

The majority of refugees are hosted by nations that have weaker health, water and sanitation systems.[61] According to the International Organization for Migration, women refugees and displaced women within such States may be housed in refugee camps, informal settlements, prisons or immigration detention centres, and other fragile locations where they are exposed to overcrowded conditions, limited health and WASH services, and increased risk of GBV, stigma and discrimination. Under these conditions the feasibility of recommended prevention, treatment and response plans/guidelines are compromised.

The emerging shortages of medicine and medical supplies as a result of the outbreak will likely disproportionately impact women refugee populations, exemplified by reports that more than 60 per cent of preventable maternal deaths occur in humanitarian

56. https://news.trust.org/item/20200311121342-ncyuh/
57. https://www.nytimes.com/2020/03/26/world/asia/coronavirus-refugees-camps-bangladesh.html?referringSource=articleShare&fbclid=IwAR3EJCx93Yx0jNlAn6SyJc-e4fdF3sekxIye1G44lthaYTShP4HjGMHTHeY
58. https://www.ohchr.org/EN/NewsEvents/Pages/COVID19Guidance.aspx
59. COVID-19 External Update, Office of the United Nations High Commissioner for Refugees, Asia-Pacific, 24–31 March 2020.
60. Women refugees and migrants, UN Women Asia and the Pacific website [2 April 2020].
61. Coronavirus emergency appeal – UNHCR's preparedness and response plan, Office of the United Nations High Commissioner for Refugees, 8 March 2020.

settings such as refugee camps.[62] Women refugees not only lack basic health and WASH services, but also other social services such as access to inclusive information, education and services for victims of violence.[63]

Emerging reports indicate that the numerous border closures and restrictions related to COVID-19 in the region, particularly along Afghanistan-Iran and Thailand-Myanmar, lead to extensive delays for refugees, risk of being stranded and separated from families, and the ability to seek protection.[64] Government restrictions have led to some agencies withdrawing or scaling back programmes that normally provide services to these population groups, in some cases limiting organisations to critical services only. This leads to disruptions for interventions related to women's empowerment and leadership, livelihoods, education and more. Bangladesh, for example, has enacted a mobile phone blackout in Rohingya refugee camps, women refugees can no longer communicate via phone (which may be vital to refugee women networks), and so they are further socially isolated and experience another barrier in accessing essential services.[65] Additionally, health workers and humanitarian workers are unable to provide women with potentially lifesaving services via phone. Given that women refugees and displaced women already face numerous barriers to formal and informal forms of employment, language barriers, and discrimination based on one or more intersecting identifies, such as gender identity/expression, sexual orientation, disability, race and nationality, COVID-19 further disrupts their ability to participate in the economy.

Additional complications may arise in the Asia-Pacific region given seasonal increased risks to natural hazards. As the region enters the monsoon and cyclone season, flooding and landslides present a compounding threat for women refugees, many of whom live in fragile shelters and whose access to critical services such as basic water and sanitation will be compromised.[66]

UN Women in Action: Rohingya women leaders mobilizing for awareness raising on COVID-19

Despite the gendered risks and barriers that Rohingya refugee women and girls face in camps in Cox's Bazar, Rohingya women leaders have self-mobilized and formed their own networks through which they are now conducting awareness raising sessions on COVID-19 for women across the camps, including by using a video made by Rohingya Dr. Anita Schua. With support from UN Women, these Rohingya women leaders last year established a collective platform for joint advocacy and action to raise the voices and demands of women and girls that make up 52 per cent of the refugee population. This umbrella network consists of over 50 elected, self-organized and mobilized Rohingya women leaders and groups representing women and girls from across all 25 camps. Members include representatives from the Rohingya Women's Empowerment and Advocacy Network, Rohingya Women for Peace and Justice, Shanti Mohila, Rohingya Women's Welfare Society. UN Women continues to engage these women leaders as volunteers, and to provide them with support through training, mentoring, coaching and linking them to community representation structures and decision-making committees.

62. The rights of refugees, migrants, and stateless must be protected in COVID-19 response, International Organization for Migration, 31 March 2020.
63. Coronavirus and Rohingya Refugee Camps, The Diplomat, 30 March 2020.
64. Refugees in Asia face delays, pushbacks as coronavirus shuts borders, Thomson Reuters Foundation News, 20 March 2020.
65. COVID-19 Situation Report 2, International Organization for Migration, 20-23 March 2020.
66. The Unseen Pandemic, The Atlantic, 2 April 2020.

Women living with disabilities

Women and girls with disabilities in the Asia-Pacific region experience multiple and intersecting forms of discrimination as one of the most vulnerable and marginalized population groups. This social position means women and girls with disabilities are more likely to be severely impacted by COVID-19, and in some cases may mean a heightened risk of transmission to the disease. There are approximately 690 million people with disabilities in the Asia-Pacific region, the majority of whom are women with very specific needs given the mental and physical diversity within disability groups.[67]

Women with disabilities face specific challenges and dual discrimination in many fields. Existing factors that are likely to exacerbate the vulnerability of women with disabilities compared to those without in the Asia-Pacific region during the outbreak include: [68]

- Lack of access to SRH services (2-3 times lower access to reproductive health services);
- Low representation in decision making positions (account for 0.1 per cent of national parliamentarians in the region);
- Living conditions in extreme poverty (4–20 per cent more likely to live in extreme poverty);
- Barriers to employment (2-6 times less likely to be employed, and if employed often considered expendable);
- Lack of inclusion in social protection measures (coverage in government health care as low as 30 per cent, lack protective legislation);
- Lack of recognition in emergency response and development plans (emergency shelters often not inclusive of access to those with physical disabilities);
- Increased risk of GBV;
- Lack of existing sex-age-disability disaggregated data.

The above factors are even further exacerbated when considered in the context of existing humanitarian settings, such as in Afghanistan and Bangladesh.

Emerging impacts of COVID-19 on women with disabilities include:

- Lack of access to inclusive information, and essential services such as health care, medication, and assistive devices, social inclusion, education and hypoallergenic products; [69]
- Many women with disabilities rely on community-based social services or specialized services to meet basic daily needs, such as meals and hygiene services; government movement restrictions, lockdowns, and fear around transmission of COVID-19 may disrupt access to these services; [70]
- Heightened risk of marginalization and stigmatization, for example in cases of elderly women with existing respiratory issues; [71]
- The guidelines for prevention of COVID-19 may not be feasible for women with disabilities, such as regular handwashing or in the case of needing to touch things in order to perceive them; [72]
- Women with disabilities who live in segregated and often overcrowded residential services may be at heightened risk of exposure to COVID-19. Additionally, they may face heightened neglect, abuse or inadequate health care as seen in Indonesia and India; [73]
- Those who rely on care workers may no longer have access to support or may no longer trust their care workers to comply with prevention measures; [74]
- If caregivers or family members are quarantined as a result of COVID-19 women with disabilities may no longer receive the support or care needed due to fear of infection; [75]
- Quarantine facilities may not be inclusive of catering to women's mental and/or physical disabilities; [76,77]
- Women with disabilities are less likely to be prioritized in prevention and treatment measures; [78]
- With the increased demand in mental health services and closure of many institutions access to services for those with existing disabilities may be compromised [79]

67. Women with disabilities and their access to economic opportunities, UN Women, February 2019
68. Building disability-inclusive societies in Asia and the Pacific, UNESCAP, 2018
69. Women with Disabilities and COVID-19, European Disability Forum, 24 March 2020.
70. Protect Rights of People with Disabilities During COVID-19, Human Rights Watch, 25 March 2020.
71. Toward a Disability-Inclusive COVID-19 Response: 10 recommendations from the International Disability Alliance, IDA, 19 March 2020.
72. Ibid.
73. Ibid.
74. Global Rapid Gender Analysis COVID-19, CARE, 31 March 2020.
75. Ibid.
76. COVID-19 Disability Inclusive Response, UNRWA, 19 March 2020.
77. COVID-19 Response: Considerations for Children and Adults with Disabilities, UNICEF.
78. Ibid.
79. Disability considerations during COVID-19 outbreak, WHO, March 2020.

Persons of diverse sexual orientation, gender identity and expression, and sex characteristics (SOGIESC)

As Human Rights Campaign has highlighted, many LGBTQI persons are employed in sectors heavily impacted by the crisis, including restaurants and food services, hospitals, education, and retail.[80] LGBTQI youth furthermore, in the face of movement restrictions, may be disproportionately impacted by the need to spend time in unsupportive home environments, closure of schools and services on which they rely for food and resources.

"While several public and private entities have issued support services and aid packages to provide relief to financially vulnerable individuals, it is feared that these interventions may not reach trans and gender diverse people, especially in countries where diverse gender identities are not socially accepted and remain highly stigmatised."

Asia-Pacific Transgender Network statement #SeeUsSupportUs on recognizing the needs of trans and gender diverse communities during COVID-19, building upon findings from Pride in the Humanitarian System, a consultation jointly convened by APTN, ASEAN SOGIE Caucus, APCOM, Edge Effect, IPPF and UN Women in 2018.

In Jakarta alone, a rapid assessment by Sanggar SWARA as part of the CRM Coalition, a coalition focusing on crisis management for the LGBTQI community in Indonesia, found that 640 transgender women had already lost their jobs, with those previously working as street singers and sex workers especially vulnerable, and that 90 per cent of transgender women surveyed were at high risk of contracting COVID-19 due to their living conditions in slums and cramped areas, and their work involving high degrees of interaction with other people.[81] They furthermore noted that many transgender women were unable to access basic food aid due to stigma, discrimination, and lack of gender-affirming legal identification.

Transgender activists in India and Pakistan have furthermore highlighted the increased marginalization of transgender women, or *hijras*, as a result of lockdowns associated with COVID-19. This is especially true for transgender women who make a living through sex work, begging, or performing at functions such as weddings, as they are cut off from their livelihoods during the lockdown.[82] In Karachi, the closure of shrines which functioned also as sources of free food around the cities have also had impact on transgender women living in poverty, further exacerbating their food insecurity.[83]

Women living with HIV

There are around 2 million women living with HIV in the Asia-Pacific region (UNAIDS, 2019). They face increased vulnerabilities due to prevailing gender inequalities, including low levels of education, access to information, resources and opportunities, lower levels of autonomy and decision making as well as high levels of violence along with stigma and discrimination.

People Living with HIV, especially women, are facing increased vulnerabilities due to spread of COVID-19, its impact on the economy and actions taken by the Government's like lockdowns and quarantines. In China, UNAIDS and the BaiHuaLin alliance of people living with HIV, with the support of the Chinese National Center for AIDS/STD Control and Prevention, undertook a survey among people living with HIV and the findings from the survey highlights that COVID-19 is having major impact on the lives of people in China who are living with HIV.

Per the survey results, around a third (32.6 per cent) of people living with HIV reported that, because of the lockdowns and restrictions on movement, they were at risk of running out of their anti-retroviral medicine (ART) in the coming days and, around half of the respondents (48.6 per cent) did not know where to collect their next ART refill. This shows that lockdown and restrictions for the increased period can lead to the disruptions in the treatment among women. Besides that, women living with HIV may also face increased hardships due to loss of jobs and income (due reduction in the economic activities in both formal and informal sector) and increased care responsibilities, in case of having COVID-19 patients at home.

80. The Lives and Livelihoods of the LGBTQ Community Amidst the COVID-19 Crisis, Human Rights Campaign, 2020.
81. https://twitter.com/ASEANSOGIE/status/1244182016959975425
82. https://news.trust.org/item/20200324173322-40c2r, https://tribune.com.pk/story/2181779/1-transgender-community-fears-complete-lockdown-will-add-miseries-life/
83. https://tribune.com.pk/story/2181779/1-transgender-community-fears-complete-lockdown-will-add-miseries-life/

The Status of Gender in the Response to Date

While the global WHO Strategic Preparedness and Response Plan addressed the need for reporting of sex and age disaggregated data, the accompanying Operational Planning Guidelines to Support Country Preparedness and Response, issued as a draft on 12 February 2020, further identifies the following actions relating to gender equality: under risk communication and community engagement, notes the need to identify local networks including women's groups. Otherwise, the plan specifies pregnant women as a high-risk group, and notes the need for special considerations for pregnant and lactating women under case management. At regional and country level, the WHO Western Pacific Regional Action Plan for Response to Large-Scale Community Outbreaks of COVID-19 (draft as of 17 March), notes that national plans should also ensure inclusivity and equity, and protection of vulnerable groups including health-care workers, the elderly, the chronically ill and people with limited access to health care. It furthermore specifies the need to develop messages and information platforms on how to care for ill family or household members.

Availability of sex, age, disability disaggregated data

As the response unfolds, it is critical that sex, age, disability disaggregated data (SADDD) inform not only health interventions but multi-sectoral interventions.

A minority of countries affected and organizations that provide global health support report publicly comprehensive sex-disaggregated data. Of the 20 countries with the most confirmed cases of COVID-19, only six provide sex-disaggregated data on confirmed cases and deaths (China, France, Germany, Iran, Italy, South Korea); seven provide sex-disaggregated data for the number of confirmed cases only (Austria, Canada, Denmark, Japan, Norway, Sweden, Switzerland); and no sex-disaggregated data could be located for seven countries (Belgium, Malaysia, Netherlands, Portugal, Spain, United Kingdom, United States).[84]

Where SADDD are available, a mixed picture emerges for the gender distribution in confirmed cases, with a consistently higher proportion of deaths among men than among women.[85] In the Republic of Korea, although 61 per cent of confirmed cases were women and 39 per cent were men, women constituted only 48 per cent of deaths, with a lower fatality rate at 0.96 per cent compared to men at 1.68 per cent.[86] In China, while the number of confirmed cases were roughly equal across sex (51 per cent of confirmed cases were in men, and 49 per cent in women), men constituted 64 per cent of deaths.[87] In Japan, women constituted 45 per cent of confirmed cases, and no disaggregated data was available for deaths.[88]

Why is sex, age and disability disaggregated data important?

SADDD can support the following:

- Understanding the distribution of risk, infection and disease and the impact of sex and gender on clinical outcomes;
- Revealing experiences of disease that may differ by sex and gender, and enabling the development of tailored pathways for clinical care.*

For multi-sectoral responses, SADDD can support the development of a rights-based approach to tackling the pandemic and its socioeconomic impact by answering the question of **who** is impacted and **how**. This data can be used to inform policies for mitigation and recovery.

*https://blogs.bmj.com/bmjgh/2020/03/24/sex-gender-and-covid-19-disaggregated-data-and-health-disparities/

84. Sex, gender and COVID-19: Disaggregated data and health disparities, BMJ Global Health, 24 March 2020.
85. Ibid.
86. Tackling the COVID-19: Health, Quarantine and Economic Measures of South Korea, Ministry of Economy and Finance, 23 March 2020.
87. Sex, gender and COVID-19: Disaggregated data and health disparities, BMJ Global Health, 24 March 2020.
88. Ibid.

National preparedness and response plans for COVID-19

As of 6 April 2020, eight countries in the region have either uploaded national preparedness and response plans for COVID-19 to the WHO COVID-19 Partners Platform, or they have shared the document with the regional Emergency Preparedness Working Group. Some countries have both government plans and Humanitarian Country Team plans.

Afghanistan

The COVID-19 Multi-Sector Humanitarian Country Plan, issued 24 March 2020, integrates a brief gender analysis and commits to strengthening the leadership and meaningful participation of women and girls in all decision-making processes related to the COVID-19 outbreak. The Risk Communication and Community Engagement pillar of the plan also speaks directly to the importance of engaging with women in communicating risk, drawing upon and referencing the inter-agency guidance led by UN Women on behalf of the regional risk communication and community engagement working group.

Bangladesh

The National Preparedness and Response Plan for COVID-19 (version 5, March 2020) includes "prevention of catastrophic health expenditure with the principle of 'No One is Left Behind' and social and gender inclusion". The section on risk communication includes activities for developing targeted approaches to reaching all social groups with risk communication and services, taking into account gender, age, disability, education, and migration status. It also notes an intention to work with local networks, including women's groups, to build their capacity for awareness raising and promoting healthy practices. As a good practice, the plan accounts for developing messaging on positive coping mechanisms that mitigate against increases in domestic violence and violence against children. In terms of quarantine, the document states that people will be treated with respect for their dignity, taking into consideration the gender, sociocultural, ethnic or religious concerns of the person.

The Inter Sector Coordination Group prepared a draft preparedness and response plan for Cox's Bazar as of 8 March 2020, with a specific section for gender actions, including gender mainstreaming, rapid assessment tools, gender analysis, key advocacy messages and developing a gender strategy for the response.

Nepal

The COVID-19 Multi-Sector Emergency Response Preparedness Plan was developed in the second week of March 2020 and was presented to the International Development Partners Group on 27 March 2020. Cluster leads and co-leads are working together to solicit inputs and finalize the plan. The contingency planning is based on three scenarios:

1. Scenario not requiring international humanitarian assistance: Limited human to human transmission at community level with sporadic cases;
2. Scenario requiring international humanitarian assistance: A large outbreak in one or more locations with sustained human to human transmission at community level with approximately 1,500 cases;
3. Scenario requiring international humanitarian assistance: 10,000 cases and above.

The plan focuses on both preparedness and response and includes SADDD in its planning figures. It assumes that pre-existing societal structures, social norms, discriminatory practices and gender roles create or contribute to heightened risks for children, persons with disabilities, mixed migrants, sexual and gender minorities, people living with HIV/AIDS, adolescent girls, single women, members of female headed household, pregnant women and lactating mothers, senior citizens, Dalit women, women from religious and ethnic minorities and indigenous women. Gender actions, including engagement of gender equality actors, women's groups, and groups representing marginalized populations, is noted upfront in coordination planning and monitoring.

Gender and GBV actions are included in sectoral preparedness and response activities in the Protection Cluster and virtual information desks for women in the risk communication and community engagement cluster. "Provincial factsheets on women" have been included to support the scenario planning at the subnational level. On 25 March, the Humanitarian Country Team endorsed the "Key Advocacy Messages on Gender Equality and Social Inclusion in COVID-19 Emergency Response."

The Pacific

Phase II of the Pacific Action Plan for COVID-19 Preparedness and Response notes key considerations for vulnerable and marginalized groups including; women, children, LGBTQI community, sex workers, homeless people, persons with disabilities, people living in poverty and informal settlements, migrants or internally displaced persons, survivors and health workers in risk communication and community engagement.

Viet Nam

The Plan for the Response of the Novel Coronavirus Pneumonia promulgated on 31 January 2020 specifies the mobilization of the entire political system, including the Viet Nam Women's Union, to intensively participate in epidemic management. Associations of women and youth will be engaged in establishing "anti-disease squads". It also notes the need to maintain continuity of necessary medical services, including for pregnant women.

Papua New Guinea

The Department of Health has an Emergency Preparedness and Response Plan for Coronavirus Disease 2019 (COVID-19), but it does not integrate gender considerations. The Contingency Plan (26 February 2020) of the Disaster Management Team, led by the United Nations, makes no mention of gender, though it does note advocacy to protect people from xenophobia and racism, and ensuring the right people have access to the right information.

Preparedness and response plans for COVID-19 in the **Philippines**[89] and the draft plan for **Timor-Leste**[90] do not mention gender aspects. In Indonesia, the Presidential Decree No. 7/2020, which outlines key duties and responsibilities of the COVID-19 rapid response task forces, at national, provincial, regency, and city level, also is yet to mention the specific gender impacts of COVID-19.

Emerging good practices in national preparedness and response plans from Asia and the Pacific:

Government plans:

- **Bangladesh:** explicitly commits to developing messaging to mitigate against increases in domestic violence and violence against children
- **Viet Nam:** specifies the mobilization of the entire political system, including the Viet Nam Women's Union, to intensively participate in epidemic management; specifies the engagement of women's and youth associations in establishing "anti-disease squads".

United Nations Country Team/Humanitarian Country Team plans:

- **Afghanistan:** includes a commitment to strengthening the leadership and meaningful participation of women and girls in all decision-making processes related to the COVID-19 outbreak.
- **Nepal and the Pacific:** pay specific attention to the needs of marginalized groups and define their engagement and leadership as a key action.
- **Papua New Guinea:** includes advocacy to protect people from xenophobia and racism.

89. National Contingency Plan for COVID-19 in the Philippines, 1 March 2020.
90. Timor-Leste COVID-19 Strategic Preparedness and Response Plan, draft as of 12 February 2020

III. COVID-19: THE NEXT 100 DAYS

Women, Peace, and Security

Risks of a securitized environment

In Asia and the Pacific, national authorities are responding to COVID-19 by using sweeping powers. **As the security sector is mobilized to enforce emergency measures across the region, women's rights, safety and freedoms may be challenged.** An increase in security personnel enforcing quarantine measures or movement restrictions may bring the securitization of communities, bringing with it the many challenges of the security sector when interacting with women and girls. This includes potential risks of human rights violations, misconduct and gender-based corruptive practices such as sexual extortion, exploitation and abuse. Law enforcement in the Asia-Pacific region is predominantly male, with a severe underrepresentation of women in the police and military: for example, a forthcoming InterPol, UN Women, and UNODC report shows that the proportion of women in the police and military in Indonesia stands at 6 per cent. Security sector checkpoints require law enforcement officials to control the mobility of citizens, including conducting physical examinations of temperature. Further, surveillance of citizens by governments, police and military is taking place throughout the region as some States try to trace and identify all possible cases of the virus. For example, in Singapore, contacts of known COVID-19 cases who have a low risk of being infected will be under active surveillance by the military and will be contacted daily by the military to monitor their health status.[91]

Risks for conflict-affected and post-conflict communities

Across the region, security personnel who help maintain peace and social cohesion are now being redirected to contain the virus, possibly opening communities back up to violence. Women and girls already in conflict and fragile settings in the Asia-Pacific region face added vulnerabilities, including potential increased threats to their protection from GBV and human rights violations, brought on by the spread of the virus. **In environments where the human rights of women and girls are already under threat, COVID-19 could trigger a further backslide.** For example, the disease could cause delays or reduce the number of participants involved in crucial peace talks, and exacerbate the exclusion of women from the peacebuilding arena in the region. The pandemic and lack of access to effective health care, including lack of access to female doctors in some areas, in conflict-affected regions, risks further marginalizing them and creating additional obstacles to their participation in the peace process.

At the same time, there are windows of opportunity for the current health crisis to enable peacebuilding and the resolution of preexisting community conflicts. On 23 March, UN Secretary-General António Guterres issued a call for a global ceasefire. In the Asia-Pacific region, this call has already been heeded in the Philippines by the government and communist insurgent actors, placing the decades-long conflict on hold and opening a window for diplomacy.

Risk of COVID-19 driving conflict and social friction

Emergency environments are known to exacerbate gender inequalities, racism, xenophobia, and an us-versus-them mentality. Likewise, hate speech, fake news, discrimination and stigma are already rampant as a result of the virus's quick spread. Thus, **there is a risk that COVID-19, and States' actions to stop its spread, become drivers of conflict, which has a disproportionate impact on women and girls.** A growing sense of social exclusion and insecurity caused by the COVID-19 crisis could potentially fuel local conflicts, distrust and misinformation within socially diverse communities. In some countries in the region, the COVID-19 outbreak has put a tremendous pressure on persistent issues of disparities, inequalities and discrimination given the context of rising radicalization and violent extremism. In countries with continuing ethnic and religious tensions, COVID-19 may fuel further eruptions of violence.

91. https://www.todayonline.com/singapore/saf-personnel-packing-masks-contact-tracing-supporting-fight-against-wuhan-coronavirus

Another potential area of vulnerability is the refugee camps in Cox's Bazaar, Bangladesh. Should COVID-19 reach the camps, it could spread quickly, potentially eliciting backlash from local populations who are already dismayed by the humanitarian situation in their backyards. Initial assessments within the camps indicate the perceptions and rumours about COVID-19 that are circulating and highlight the imperative of acting fast to combat stigma, given severe perceptions of how communities should treat those infected or thought to be infected.[92]

For more in-depth analysis on Women, Peace, and Security and COVID-19, please see Action Brief:

Women, Peace and Security and COVID-19 in Asia and the Pacific.

Applying lessons from Women, Peace, and Security in the region:

- Women have a profound impact on the culture of security sector organizations, as well as bringing their own skills to a customarily male-dominated industry. Women must be represented among leadership and in the field for security sector enforcement of emergency measures, including lockdowns. Women's rights must also be prioritized by the security sector during emergency actions.
- In the Asia-Pacific region, women have always been fierce actors for peace and preventers of conflict. COVID-19 has strong potential to act as a driver of conflict, however women can and should be empowered as agents of peace and social cohesion in a time of uncertainty and social distancing.
- Evidence shows that where women have higher levels of empowerment in conflict and emergency settings, communities experience more rapid economic recovery in the aftermath. Relief and recovery efforts must be gender sensitive and prioritize women's leadership and meaningful participation, including in ensuring women's socioeconomic rights.

Key recommendations include:

1. Promote women's full, equal and meaningful participation in leadership and decision-making roles related to COVID-19, including in conflict-affected and fragile settings.
2. Security sector-driven COVID-19 responses must be proportionate, gender-sensitive and protect women's human rights, including through women's leadership in law enforcement.
3. Women's civil society must be supported to monitor and document security sector action, access to justice, and governance to promote transparency and accountability for women's human rights under national emergency conditions.
4. Women must lead in social cohesion measures including countering discrimination and hate speech and the prevention of COVID-19 becoming a driver of violence and conflict.
5. Preparation for early recovery must be inclusive of women's socio-economic needs and priorities.

92. Voices of Our Hearts (17 March 2020). Flying News about the Corona Virus.

Gender and disaster risk reduction

Asia and the Pacific continues to be the region most prone to disaster impacts in the world: between 1970 and 2018, the region had 87 per cent of the people affected by natural disasters, despite being home to only 60% of the world's population.[93] As countries cope with the impacts of the COVID-19 pandemic, they also grapple with the reality of exposure to multiple severe natural hazards, exacerbated by the impacts of climate change, and potential for disasters within disasters.

The gendered impacts of additional disasters within the context of COVID-19 can be anticipated: a Mekong drought, for example, combined with the increased need for hygiene practices such as handwashing in the context of the pandemic, will likely result in significant increases to the unpaid care work burden of women, who are primarily responsible for collection of water for household use. Women's organizations, who are already marginalized from coordination structures,[94] may find that the digital gender gap further excludes them in the move to remote and online coordination in the context of social distancing measures.

As of 7 April, Tropical Cyclone Harold was an unfolding disaster for the Pacific. Reaching Category 5 at its height, it has devastated parts of Solomon Islands and Vanuatu, and is on track to hit Fiji and Tonga. The full extent of its impact is not yet known, but includes loss of lives, shelter and food crops. In some circumstances, evacuations required abandoning of COVID-19 protection measures – in order to respond to the most imminent threat to lives. The combined impact of TC Harold and COVID-19 will put women at further risk of IPV, affect women's access to food and shelter, and impact on the livelihoods of women farmers and market vendors. In Vanuatu, UN Women supported the development of a technical guidance note issued through the national Gender and Protection Cluster (led by the Department of Women) which advised on best practice approaches to protecting the safety of women, children and vulnerable groups in evacuation centres given the broader COVID-19 state of emergency.

Travel restrictions and social distancing measures within the context of COVID-19 certainly poses challenges for conventional models of humanitarian response to disasters;[95] however, it also presents an opportunity to meaningfully advance commitments to localization, and in particular, to advocate for shifting funding to local women-led organizations who are best placed to respond to emergent community needs. Women's organizations and gender machineries already engaged in disaster risk reduction have already pivoted to supporting risk communication and playing key roles in combating the spread of COVID-19, such as the Women-Friendly Disaster Management Group in Nepal, which is working to reach those furthest left behind with risk communication materials.

Disaster risk reduction for natural hazards within the region offers key lessons learnt for the management of biological hazards such as COVID-19, an unprecedented crisis globally and regionally. Using the Sendai Framework for Disaster Risk Reduction 2015-2030, which covers hazards including biological hazards, offers an opportunity to draw upon the commitments already made by governments within the framework, including:

- All-of-society engagement and partnership as a guiding principle, with a gender, age, disability and cultural perspective integrated in all policies and practices, promoting the leadership of women and youth;
- Empowering women and persons with disabilities to publicly lead and promote gender equitable and universally accessible response, recovery, rehabilitation and reconstruction approaches;
- Inclusive risk-informed decision-making based on the open exchange and dissemination of disaggregated data, including by sex, age and disability;
- Strengthening design and implementation of inclusive policies and social-safety-net mechanisms, including sexual and reproductive health

93. UNESCAP. The Disaster Riskscape Across Asia-Pacific: Pathways for Resilience, Inclusion and Empowerment. 2019.
94. Women Deliver. Advancing Gender Transformative Localization. 2019.
95. Humanitarian Advisory Group. Independent Think Piece: In Case of Emergency – System-Wide Response in the Era of COVID-19.

Applying lessons learnt from gender and disaster risk reduction

Countries in Asia and the Pacific, through their work on disaster risk reduction in the context of natural hazards, show that inclusive response is possible through:

1. Committing to collection of sex, age, and disability disaggregated data in disasters;
2. Acknowledging the importance of qualitative gender analysis and the development of community vulnerability profiles as part of planning and preparedness including for COVID-19;
3. Planning for strengthening the capacity of government bodies to mainstream gender as part of disaster risk reduction efforts;
4. Recognizing women as active agents in disaster risk reduction and epidemic management, rather than as passive recipients of aid efforts, and engage them in disaster risk reduction and epidemic management processes;
5. Engaging and defining the roles of gender machineries within disaster risk reduction and epidemic management efforts, and defining clear responsibilities and accountability for meeting gender commitments;
6. Recognizing the role of stakeholders, including civil society, Red Cross Red Crescent, the media, and the private sector, in mitigating the impacts of disasters, including pandemics, and building more resilient and inclusive societies.

Within this new operating context of COVID-19, it is more critical than ever that our approaches to disaster risk reduction are gender-responsive.

Key recommendations include:

- Adapt existing gender profiles and vulnerability analyses to account for compounded risks due to COVID-19;
- Engage and resource women's organizations and networks already active in disaster risk reduction efforts in programming to mitigate the impacts of COVID-19;
- Adapt existing methodologies, such as Post-Disaster Needs Assessments, for use in capturing the gendered socioeconomic impacts of COVID-19;
- Incorporate lessons learnt on the gendered impacts of COVID-19, as well as good practices, into the development of local and national disaster risk reduction plans.

Ending violence against women

Women experience unacceptably high levels of intimate partner violence (IPV) in the region, with more than 37 per cent of women in South Asia, 40 per cent of women in South-East Asia, and up to 68 per cent of women in the Pacific have experienced violence at the hands of their intimate partners.[96] During times of crisis and emergency, gender inequalities can worsen, and interpersonal violence can increase. Previous emergencies have revealed significant increases in reports of violence received by crisis services dedicated to violence against women.[97]

Some women have reported that they would prefer to put themselves at risk for COVID-19 in public, rather than stay at home isolated with a violent and abusive partner.

Report by women's organization in Viet Nam providing assistance to survivors of violence against women.

Women, girls, and vulnerable groups are at an increased risk of GBV during public health outbreaks, such as COVID-19, due to limited input and control in decision-making on a household's response and shifts in social safety nets, mobility and access to information/services.[98] Life-saving care and support to GBV survivors may be disrupted when frontline service providers and systems- such as health, policing and social welfare- are overburdened and preoccupied with handling COVID-19 cases.

Overstretched health services often divert resources away from services women need (such as services for survivors of VAW). Safety, security and access to justice services may be disrupted as government institutions shift resources to the public health crisis. Shelters can be closed as a virus prevention measure or diverted to quarantine centres leaving women without safe accommodation. Other services such as psycho-social support, health, protection, material aid and others are diverted to COVID-19 response.

Survivors of GBV can find it difficult to access health care due to restrictions on movement and closed clinics. Fear of violence and mistreatment can prevent women from seeking health services during an epidemic. Fear of infection can prevent people accessing health services during an outbreak, including life-saving care and support for GBV survivors.[99]

Domestic violence

- Experiences have demonstrated, where women are primarily responsible for procuring and cooking food for the family, the increase in food insecurity as a result of the pandemic may place them at heightened risk of domestic violence.[100] Border closures, quarantines, market, supply chain and trade disruptions could restrict people's access to sufficient or diverse and nutritious sources of food, which disproportionately impacts women in vulnerable or marginalized groups.[101]
- Support services for response are strained (police are reluctant to intervene due to overcrowding in prisons adding to challenges with prevention of transmission, and women's shelters are sometimes no longer functioning or have been diverted to homeless shelters; other GBV services have also been diverted).
- Besides the lack of interaction with outside resources and the danger of staying in a home where there is violence, the fear of being infected if the survivors of IPV go out to seek help is another factor of increased isolation.
- This surge in cases of domestic violence can be also explained by psychological stress and a reduced ability to deal with challenging situations from an emotional point of view, triggering tension and violence.
- IPV may be the most common type of violence women and girls experience during emergencies.[102] In the context of COVID-19 quarantine and isolation measures, IPV has the potential to dramatically increase for women and girls.[103]

96. Ending Violence is our business: Workplace responses to intimate partner violence in Asia and the Pacific. UN Women, 2019.
97. Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, GBV AoR.
98. Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, GBV AoR.
99. Impact of COVID-19 Pandemic on Violence against Women and Girls, DFID VAWG Team, 16 March 2020.
100. IASC (2015). Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Food Security and Agriculture.
101. Q&A: COVID-19 pandemic – impact on food and agriculture, Food and Agriculture Organization of the United Nations website [4 April 2020].
102. Private Violence, Public Concern, International Rescue Committee, January 2015.
103. Lockdowns around the world bring a rise to domestic violence, The Guardian, 28 March 2020.

- Police reports in Hubei province, China, suggest domestic violence has tripled during the pandemic.[104] Hotlines worldwide have seen an increase in number of calls received. For example, in Malaysia, hotlines reported a 57 per cent increase in calls while orders aimed at controlling movement are in effect.[105] In Singapore, AWARE's Women's Helpline has seen a 33 per cent increase in February over calls received in the same month last year.[106] Some places such as Bangladesh are receiving double the amount of calls, because callers are using the hotline for COVID-19 information. Therefore, the hotlines are overburdened.

Workplace violence in the health sector

- Multiple countries have reported physical and verbal abuse cases against health-care workers (majority of whom are women). [107]
- Needs of women health-care workers are overlooked in discriminatory environments, with neglect of SRH and psychosocial needs.
- There are increased risks of abuse, intimidation and harassment of frontline health workers, particularly women nurses. [108]
- For example in Singapore, health-care workers have reported experiencing abuse and harassment during the COVID-19 epidemic, including when they are in uniform in public spaces and on public transport. In polyclinics and hospitals, notices remind the public that abuse of health-care workers will not be tolerated and will be referred to the police.

Abuse, exploitation and vulnerability for women workers

- Indeed, the economic stress placed on household workers is even stronger: Asian women in low-paid informal work such as cleaning and cooking or caring for children, many without proper contracts or social protection, are bearing the brunt of widespread job cuts and abrupt return of expatriate families to their home country. Women migrant workers returning to their home countries may end up in quarantine centres. The centres being overcrowded, women's vulnerability is at a higher risk for abuse and exploitation.
- It is crucial to ensure quarantine facilities are set up in ways to prevent VAW and the risks of sexual violence and exploitation. Guidance and a quarantine code of conduct should be provided, to ensure, for example, that women and men stay in separate rooms or separated areas with curtains or other dividers in order to set up safer and friendlier spaces for quarantined women.
- Some countries in the region are leading their COVID-19 response and lockdown measures through the Ministry of Defense rather than the Ministry of Health. As a result, staff may be less familiar with GBV issues and may not yet have received full training or be fully aware of prevention and response of sexual exploitation and violence that is common during emergencies.
- Experience from other similar epidemics show that communities report being intimidated by armed forces during outbreaks. In countries with recent memories of conflict-related sexual violence committed by armed forces, the deployment of security services during an outbreak can create fear and tension. There have also been reports of sexual exploitation by state officials and community members charged with enforcing community level quarantine. Police and justice systems can become overwhelmed during an epidemic, creating an 'atmosphere of impunity' where GBV increases.[109]

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104. Impact of COVID-19 Pandemic on Violence against Women and Girls, DFID VAWG Help Desk Research Report, 16 March 2020.
105. Virus lockdown causing rise in domestic abuse, The ASEAN Post, 30 March 2020; MCO causes spurt in number of calls to helpline for kids abused, 26 March 2020.
106. Commentary: Isolated with your abuser? Why family violence seems to be on the rise during COVID-19 outbreak, CNA, 26 March 2020.
107. COVID-19 and violence against women: What the health sector/system can do, WHO, 26 March 2020.
108. Impact of COVID-19 Pandemic on Violence against Women and Girls, DFID VAWG Help Desk Research Report, 16 March 2020.
109. Impact of COVID-19 Pandemic on Violence against Women and Girls, DFID VAWG Help Desk Research Report, 16 March 2020.

Key recommendations from the region to address these challenges include:

- Integrating the prevention of violence against women and girls into COVID-19 response plans developed by Governments. For example, in Bangladesh UN Women is focusing on maintaining social cohesion and is making sure VAW is included in social resilience pillar.
- Ensuring essential services are functioning and prioritize prevention, preparedness and response to violence against women and girls including police and justice, health, and social services.
- Front-line health and social service providers need to be provided with updated information and adequate protective equipment to continue their work in a safe environment. Promote social media, radio and/or television programmes and more generally reassess communication needs that specifically address violence against women and girls in the context of COVID-19. UN Women in Papua New Guinea is focusing the response on communications, by looking how to reach those in remote and rural areas with no access to health services.
- Promoting remote social support such as virtual chat groups, and convening networks and task forces virtually.
- Conducting rapid assessment of available services and updating service directories and referral pathways. UN Women in Fiji supported a resource kit for frontline workers of support that should be provided, with a dos and don'ts checklist as a referral guidance.
- Equipping essential services with technology tools and training to continue to provide counselling and other services, with support from the private sector. UN Women in Fiji is working on an agreement with a mobile phone company to send brief text messages with information about the situation.
- Supporting civil society organizations to have information technology connectivity: through data, mobile WIFI hotspot devices, generators to keep the office and equipment running.
- Conducting rapid assessment to understand the impact of COVID-19 on civil society organizations and how to support them.
- Working on big data and online platform to gather data and analytics to inform rapid assessment of COVID-19 impact on economic and livelihoods opportunities for women and girls including time use.
- Providing training on the use of online tools and technology to facilitate the continuation of supporting survivors of domestic violence.
- Developing peer to peer networks among women's shelters and crisis centres to build capacity on how to respond during an emergency, especially for shelters and centres with less experience.

UN Women in Action: Mobilizing diverse partners for gender equality in COVID-19 recovery in China

UN Women China has played a key role in leading and guiding the work of the United Nations system to ensure gender-responsive advocacy, evidence-building and programming responses to COVID-19.

- For International Women's Day, as a local take on the Generation Equality theme, UN Women China worked with the entire United Nations system in China for a social media campaign to celebrate and recognize Chinese women's contribution in the response. The International Women's Day campaign was a massive success, as the hashtag #AMessageToHer reached 28 million people, and #GenerationEquality reached 32 million people. Under UN Women's leadership, it brought together the entire United Nations system and their partners to amplify messages of solidarity, recognition of women's contribution and also calling on everyone to address needs/concerns of women going forward, including in the recovery phase.

- UN Women and a private sector foundation (Rockcheck Puji Foundation) have signed a memorandum of understanding to implement a recovery project focusing on women SMEs and women workers most affected by COVID-outbreak, in Hubei and Tianjin Provinces.

Women's Economic Empowerment

Emerging numbers indicate that the COVID-19 may be more lethal for men, but the socioeconomic impacts of the pandemic are hitting women the hardest and exacerbating existing social and economic inequalities.[110]

Impacts on women in the private sector

Companies must recognize that COVID-19 impacts everyone – executives, managers, employees, and workers – in personal and professional ways, and that this looks different for women and men. If companies do not act on this, there is a serious risk of further reducing female labour-force participation and triggering a regression of gains made in women's equal economic participation.

The increased care burden coupled with gendered social expectations disproportionately affect working women: women are more heavily concentrated in direct service jobs that cannot be done remotely or are deemed non-essential, meaning women who are forced to stay home to care for children are vulnerable to losing their jobs.

Increased domestic violence has direct economic costs: Violence not only has a profoundly negative impact on the physical and mental health and well-being of many female employees and workers, but also hampers workplace productivity by increasing absenteeism, employee turnover and resignations without adequate notice.[111] As more private-sector companies are forced to halt operations or switch to work-from-home modalities, this increased risk of domestic violence poses an additional threat to business continuity and recovery and long-term economic growth.

Women are disadvantaged in emerging tech-oriented work modalities: The current shift in working trends and new demands created by the constraints of the crisis indicate that people with access to technology and skills in digital work modalities will be mostly likely to maintain or re-establish financial security. There is a real risk of women falling behind and being excluded from new opportunities that are being created. Research has shown that women's time constrains due to household duties, lack of technological education, lack of access

110. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30526-2/fulltext
111. https://www.un.org/womenwatch/osagi/ianwge2012/Executive-Summary-EGM-GBV-Workplace-Feb-21.pdf

to devices, and traumatizing cyber harassment can prevent them from becoming as proficient in ICT skills as men.[112] In the Asia-Pacific region, the digital gender gap has actually been growing wider since 2013, placing women at a disadvantage especially as certain sectors expand remote working arrangements.[113]

Trends in the future of work that leave women behind are being accelerated by the crisis: Where available, technology is already providing solutions to the constraints on daily life caused by COVID-19 (through online learning, remote working and home delivery services), and the crisis puts into clear focus how important technology sectors will be to future economic recovery and private sector resilience against shocks. Women are already drastically underrepresented in technology sectors, such as fintech, e-commerce, and tech enterprises. On top of this, trends in the future of work, such as automation and digitalization, pose a disproportionate threat to jobs done by women.[114] Unless swift and large-scale actions are taken to upskill women in ICT and create pathways for integration into technology sectors, women will be left behind.[115]

UN Women in Action: engaging the private sector to catalyse action

On Thursday, 26 March 2020, WeEmpowerAsia Philippines, in partnership with the European Union delegation to the Philippines and Makati Business Club (the Philippines' leading business association), co-hosted the online conference "Women as Leaders and Frontliners: Reality Highlighted by COVID-19". More than 100 business leaders, advocates and changemakers took part in discussions, including chief executives from Shell, UBS Securities, L'Oréal Group, SM Investments Corporation and Zalora Philippines. They discussed the important work that private sector companies have done to support women amid the Coronavirus lockdown and shared their collective call for businesses to do more in their COVID-19 response to empower all the women on the frontlines and those contributing to essential sectors.

The way the private sector responds now to the impacts of COVID-19 on their female employees will determine their future reputation and ability to attract top talent, a point which is emphasized in two quotes captured during the event:

"The government has identified banks as part of the essential business sector during this COVID-19 crisis. We want to work with governments and regulators so that women don't get compromised in the situation…This is beyond gender. People will think about how companies prepare for pandemics and how companies embrace flexible work arrangements. Women as part of the millennials are going to look for companies that will take care of them as they age. When they get married, when they start having families."

– Robrina Go, President and CEO, UBS Securities Philippines Inc.

"At L'Oreal, we have never had difficulty in attracting women talents. The challenge is in retaining and promoting women as they go through major life stages like marriage and having babies. Some of the things we have done is providing for flexible work arrangements, active mentoring and leadership development. In recruitment, people are actually going to look for companies they can trust, who they believe will really look after them in the long run."

– Supriya Singh, Country Manager, L'Oreal Philippines

112. https://www.internetsociety.org/wp-content/uploads/2017/08/APAC-Issue-Papers-Gender_0.pdf
113. https://itu.foleon.com/itu/measuring-digital-development/gender-gap/
114. https://www.weforum.org/agenda/2020/01/women-reskilling-revolution-future-of-work/
115. https://www.weforum.org/agenda/2020/01/women-reskilling-revolution-future-of-work/

Impacts on small and medium-sized enterprises

The outbreak of COVID-19 is affecting many Asian countries that rely heavily on trade and export-oriented sectors such as services, textiles and garments, manufacturing, agriculture, and tourism and hospitality. According to the Asian Development Bank, SMEs account for 96 per cent of all businesses in Asia[116] and millions of workers will be left unemployed as SMEs are required to close down. The spread of COVID-19 has reportedly caused 20 out of 250 apparel factories to close down in Myanmar with more than 10,000 garment sector workers left unemployed[117] and 138 out of 191 import/export based SMEs in the Republic of Korea have reported difficulties caused by supply chain disruption and increased raw material cost. [118] Many economic activities are now on hold and under threat because of lockdowns, border closures, broken supply chains, and discontinuation of production for an unknown length of time. Pacific Island countries such as Fiji, Palau and Vanuatu are very dependent on tourism, which makes up at least 40 per cent of the GDP of those countries.[119] The impact of border closures and travel restrictions will have an impact on incomes and livelihoods of many sectors that rely on tourism. In Fiji, close to 25,000 people have lost their jobs in the tourism sector.[120]

Other emerging issues facing women-owned SMEs include:

Risk of bankruptcies: Women-run SMEs are disadvantaged during procurement processes of corporations and large businesses as they do not benefit from economies of scale and have limited access to economic, social and human capital.[121] For this reason, there is increased risk of bankruptcies as women-run SMEs are vulnerable to delayed payment.

Lack of access to financial services and credit: Women in developing countries are 17 per cent less likely than men to have borrowed formally and in South Asia there is a gender gap of 18 per cent for bank account ownership.[122]

Unequal access to information and communications technology: There is likely to be an increased gender gap between men and women entrepreneurs in receiving information about relevant support for businesses (e.g. low interest loans, deferred payments and tax exemptions) and therefore applying for relief and funds that provide exclusive support to SMEs as a recovery measure following the COVID-19 outbreak.

116. https://www.adb.org/publications/role-smes-asia-and-their-difficulties-accessing-finance
117. https://www.mmtimes.com/news/least-10000-now-unemployed-yangon-garment-sector.html
118. https://biz.chosun.com/site/data/html_dir/2020/03/03/2020030300348.html
119. CARE Rapid Gender Analysis COVID-19 Pacific Region, 26 March 2020.
120. https://www.fijivillage.com/news/-COVID-19-Coronavirus-Outbreak-x4f58r/
121. https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2017/the-power-of-procurement-how-to-source-from-women-owned-businesses-en.pdf?la=en&vs=237
122. https://globalfindex.worldbank.org/

UN Women in Action: Engaging women entrepreneurs in India to find solutions

WeEmpowerAsia India, in partnership with the European Union delegation to India and the United Nations Development Programme in India, co-hosted the webinar on "Solution Mapping for COVID-19". More than 50 women entrepreneurs from India's business world shared innovative tools to assist women as they continue their fight against the pandemic both at home and on the front lines. These included solutions in crisis communications, deployment of essential medical supplies and bio-medical waste management. The session specifically aimed at mapping emerging issues pertaining to COVID-19 and identification of scalable and innovative solutions for the same. Aligned with the United Nations 2030 Agenda and the Sustainable Development Goals, the brainstorming session also identified immediate challenges that women entrepreneurs are expected to face due to the economic slowdown.

Women market vendors and farmers

A significant proportion of Pacific Islanders (between 65 and 85 per cent) are employed in the informal sector,[123] with women overrepresented in informal employment. Among Pacific Island market venders, women comprise on average 75–85 per cent of all operators. Likewise, a significant proportion of informal agricultural workers and farmers in the Pacific are women. Most market vendors are older, with 61 per cent of those in Fiji between the ages of 46 and 75.[124]

For the majority of women market vendors in the Pacific, vending is their only source of income. They are dependent on this weekly to cover business expenses and household basics. There are no safety nets or entitlements for vendors, including no leave, insurance or pensions.

Women farmers are in a similar position, making enough money to meet basic needs but operating with a lack of safety net or protections. Women farmers earn 25 per cent less than men.[125] The majority of women farmers do not hold land titles to their farms, usually farming on traditional land owned by their partners' or spouses' clans. This makes it more challenging to access credit.

Most women farmers and vendors access to credit is low with few commercial loans given due to their informal status.[126] As a result, farmers and vendors that find themselves cash-strapped often look to payday lenders or other accessible sources of finance, often with significant interest payments, increasing women's vulnerability.[127] Like many other business operators, towards the end of March 2020 many women market vendors reported[128] experiencing a significant downturn in business activity and reduction in income.[129]

123. https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-suva/documents/publication/wcms_553880.pdf p6.
124. AKVO 2019 UN Women.
125. Gender Assessment Fiji, Food and Agriculture Organization of the United Nations, 2019. Available at www.fao.org/3/ca6670en/ca6670en.pdf.
126. Particularly those that have not registered their businesses.
127. https://www.adb.org/sites/default/files/publication/445821/women-business-pacific.pdf, p. 39.
128. This has been articulated to UN Women when checking in with vendors in various locations.
129. Some report this due to supply chain issues but more often vendors are reporting much less customers.

The women market vendors and farmers, while in a precarious situation, are the cornerstone to food security across the Pacific, particularly with disruption to global food supply chains. Ensuring that they are incentivized to continue producing and vending, even through a potential downturn, is imperative both for them and the country.

The immediate impact or potential impact of COVID-19 on women farmers and market vendors are significant. These include:

- Elevated health risks (particularly given age range of most vendors and farmers puts them in a high risk category), coupled with no entitlements that cover them for sick leave;
- Reduced income due to a range of factors, including possible price controls (coupled with higher input and supply chain costs), reduced hours, reduction in customer demand (due to lockdowns or other factors);
- Supply chain disruption and dislocation impacting participation and business;
- Lack of social or legal protections;
- Limited savings, pension contributions and other safety nets;
- Lack of access to credit or finance for working capital/basic needs;
- High levels of economic vulnerability and exposure to other risks, including violence.

Key recommendations:

Governments should ensure there are targeted interventions to protect women farmers and market vendors, including:

- ensuring markets continue to be safe, clean, well ventilated and crowds are controlled,
- conditional cash transfers to vendors and farmers,
- free inputs such as seeds to ensure farmers are able to meet possible increases in domestic demand,
- subsidies (for example, if price controls are put in place),
- food rations/support to ensure basic needs are met,
- support with free or subsidized childcare,
- proving safe transport to markets, and
- flexible lines of credit to informal workers backed by bank guarantee

UN Women in Action: Markets for Change

During the initial stages of COVID-19, UN Women's Markets for Change programme* worked with the Governments, markets and market vendor associations across Fiji, Solomon Islands and Vanuatu to ensure councils have plans in place to protect vendors (the majority of whom are women) and customers within the marketplace. This technical support included guidance on developing COVID-19 plans, assessments of support needed for water, sanitation and hygiene (WASH) services, key communications activities and other recommendations. Many markets across Fiji, Solomon Islands and Vanuatu have operationalized these plans to varying degrees. In addition, Markets for Change has been working with the Ministry for Agriculture in Fiji to provide seeds to the market vendor farmers for food security and continued livelihood for market vendors.

**UN Women's Markets for Change (M4C) project is a multi-year initiative that aims to ensure marketplaces in rural and urban areas of Fiji, Solomon Islands and Vanuatu are safe, inclusive and non-discriminatory, promoting gender equality and women's empowerment. The project is principally funded by the Department of Foreign Affairs and Trade of the Government of Australia, and since 2018 the project partnership has expanded to include funding support from Global Affairs Canada. The United Nations Development Programme in the Pacific is a key implementing partner.*

Women migrant workers

The COVID-19 pandemic will disproportionately affect women migrant workers across Asia and the Pacific,[130] in particular those with irregular migration status. In normal circumstances, women migrant workers already face various risks, including restrictive migration policies, insecure forms of labour, language barriers, overcrowded living conditions, racism, xenophobia, lack of legal recognition and undervaluation of their contribution to social and economic development.[131,132] Women migrant workers are also exposed to multiple intersections of GBV and discrimination. Due to the surge in COVID-19 cases, their risks of exploitation and the violation of their human rights are exacerbated due to sudden tightened travel restrictions and other measures to control the pandemic.

The International Labour Organization (ILO) predicts that, due to COVID-19, unemployment could rise globally by almost 25 million, with these estimates tremendously affecting women and migrants.[133] It has been estimated that the outbreak could cost migrant workers from China alone a combined USD 115 billion in lost wages.[134] The loss of wages caused by COVID-19 has substantial implications not only for the economic security of migrant women, but also for the wider community, both in countries of origin and countries of destination. Women migrant workers have become crucial agents in global survival circuits.5 Remittances are key for the survival of households and communities in the region, with three of the world's top 5 remittance-receiving countries in the Asia-Pacific region according to World Bank.[135] Countries in the region rely on migrant domestic workers – more than 80 per cent of whom are women – to fill the care gap.[136]

With COVID-19 only just starting to emerge in the Pacific, there is currently less data availability on the impacts on Pacific Island women migrant workers. Countries such as New Zealand and Australia, which employ Pacific Island women in fields such as aged care work, tourism and seasonal agricultural work,[137] have closed borders to non-citizens. According to ILO, remittances in 2018 amounted to USD 689 million in Fiji, Kiribati, the Marshall Islands, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu.[138]

Emerging impacts on women migrant workers from COVID-19

- **Freedom of movement:** Travel bans, or restrictions such as requiring a health certificate, are impacting women migrant workers who may need to return to their countries of origin.[139]
- **Termination, expiry and renewal of contracts:** Contracts are being terminated and demand is dropping due to employers' fears, closing or relocation. This leaves many women migrant workers in limbo regarding their visa, employment, and housing, and unable to seek due compensation as services are stretched or unavailable as a consequence of the outbreak.[140]

"I have to survive and lead my life as a human being. Therefore, I need to go abroad again. But I could not get out of my home due to social pressure. I was back in one month ago, and my health condition is very well. Neighbours are very suspicious about me, if I spread the virus. I don't know when it will be ended, and I could move freely."

Julekha, returnee migrant worker to Bangladesh from Saudi Arabia, in an interview with UN Women Bangladesh

130. Coronavirus outbreak: What do migrant workers do?, Aljazeera, 5 March 2020.
131. Migrant Workers in the Asia-Pacific, UN Women Asia and the Pacific website [4 April 2020].
132. NGO: Include undocumented migrant workers and refugees in Covid-19 response plan, The Star, 22 March 2020.
133. "COVID-19 and the world of work: Impact and policy responses". ILO, 18 March 2020. Available at: https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_738753.pdf [4 April 2019].
134. A Month of Lost Wages, Gavekal Dragonomics, 3 March 2020.
135. Record High Remittances Sent Globally in 2018. World Bank, 8 April 2019.
136. The Value of Care: Key Contributions of Migrant Domestic Workers to Economic Growth and Family Well-being in Asia, Experian. September 2019.
137. Australia, New Zealand Closing Borders to Foreigners in Bid to Contain Coronavirus, NPR, 19 March 2020.
138. Labour Mobility in Pacific Island Countries, ILO, November 2019, p. 9.
139. COVID-19: Thailand to require all travellers to obtain health certificate for entry from Mar 22, Channel News Asia, 20 March 2020.
140. From nannies to helpers, coronavirus spotlights Asia women's job insecurity, Thomson Reuters Foundation News, 13 March 2020.

- **Social protection and insurance:** Migrant women often do not have access to gender-responsive social protection mechanisms such as maternity protection, SRH services and other benefits. This is particularly the case for those working in informal employment, especially domestic service and the care sector. During the COVID-19 pandemic, women migrant workers could face more difficulties in accessing social protection due to tightened travel and movement restriction, as well as stigma around the perceived risk of contagion.
- **Working and living conditions:** Women migrant workers in domestic work, care work, construction, agriculture, factory work and hospitality are unable to telecommute. The nature of their work may also put them at increased risk of exposure to COVID-19.[141] Proposed COVID-19 prevention and mitigation strategies, such as isolation, social distancing and regular handwashing, may not be feasible for those living in informal settlements and labour accommodation compounds which are often overcrowded.

In order to combat the pandemic effectively, it is necessary to ensure all migrants, particularly women and girls are included in every aspect of the COVID-19 response. Additionally, in order to promote inclusive economic recovery from the pandemic crisis, there is a need to integrate women migrant workers as rights holders who are essential to the region's sustainable development.

Key recommendations:

- Governments in countries of destination and countries of origin should provide all migrant populations including women, men, girls and boys irrespective of their migration status the full protection of their human rights during the COVID-19 crisis and beyond, without prejudice and discrimination and in compliance with international law.
- Governments in countries of destination should ensure that all migrant workers, women, men women, men, and persons of diverse gender identities are included in national and local crisis response plans to the full protection of the labour law, with access to the same treatments as nationals across all sectors of work, in line with international standards.
- Employers, individuals and agencies in all sectors in countries of destination hiring migrant workers should ensure that they fulfil responsibilities of decent work and extend additional necessary support that is inclusive and gender-responsive for their migrant workers and their families. This may include providing flexible working arrangements, paid leave, housing in case their migrant workers have to self-quarantine, and supplying food, daily essentials, and health care during the pandemic.

141. Int'l Women's Day: Hong Kong's coronavirus outbreak has intensified discrimination and exploitation of domestic workers, Hong Kong Free Post, 8 March 2020.

A holistic WEE approach to COVID-19 assessment and response

UN Women in Action: Leveraging partnerships for gender-transformative action

1. Development of new guidance and tools for governments, donors, and the private sector to ensure more gender-responsive actions, including:

- Overarching Action note
- Guidance for action note: Supporting Women's Entrepreneurship
- Guidance for action note: Women Migrant Workers
- Guidance for action note: The Role of the Private Sector

2. Rapid impact assessments: a series of surveys conducted to gather further evidence to inform both policy advocacy and future programming. The planned surveys, which will be conducted in partnership with other actors, such as Investing in Women, BOP Inc, ANDE, and local entrepreneurship networks and private sector partners, include:

- 'Private Sector Gender Pulse Check in COVID-19' – High Level Interviews with CEOs and Chief HR Officers of companies in Asia and Europe [Phone-based]
- Private Sector Leadership Online Survey
- Entrepreneurship and Investor Survey
- Large-scale employee survey (reaching direct employees and workers across company supply chains)

3. Organization of webinars and virtual dialogues among private sector actors and women entrepreneurs to develop gender-sensitive COVID-19 responses.

IV. CONCLUSION

As the United Nations Secretary-General has highlighted, the COVID-19 pandemic represents not only a health crisis but a human crisis.[142] As the first one hundred days of the COVID-19 pandemic in Asia and the Pacific demonstrate, the impacts of crises are not equally borne, but heaviest on those already marginalized and underserved. A gender lens on this crisis enables us to leverage existing work and expertise – from rebuilding in disasters to rebuilding peace – to ensure that the world post-COVID is built on principles of human rights and gender equality. We do this to protect the gains made on gender equality and women's empowerment, ensure that recovery is centred on the principle of leaving no one behind, and build building more equal, inclusive and sustainable economies and societies.

All photos this page © UN Women/Ploy Phutpheng

142. Shared Responsibility, Global Solidarity: Responding to the socio-economic impacts of COVID-19, 27 March 2020.

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