GOVERNMENT RESPONSES
TO COVID-19:

Lessons on gender equality for a world in turmoil

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FOREWORD

Achim Steiner
Administrator, United Nations
Development Programme (UNDP)

We are living in a time of unprecedented challenges. The COVID-19 pandemic, a deepening climate emergency, and growing conflicts in Ukraine and other parts of the world are exacerbating existing inequalities and rolling back hard-won progress on women's rights and the closing of gender gaps.

In this context, this new report by UN Women and the United Nations Development Programme (UNDP) shows how countries can lead a more gender responsive recovery from the pandemic and be more resilient in future crises. The UNDP and UN Women COVID-19 Global Gender Response Tracker is the foundation for these insights. The report analyses this unique global dataset of close to 5,000 COVID-19 measures from 226 countries and territories and finds that overall government responses have not paid enough attention to gender dynamics, often failing to mitigate the pandemic's negative effects on women and girls.

The report shows, for example, that while most countries took at least one measure to address violence against women in the pandemic, measures to strengthen women's economic security or support unpaid care made up only 20 per cent of the global social protection and jobs response. Women are also being left out of

pandemic decision-making spaces, reflecting existing inequalities in representation in public and political life. Only 24 per cent of COVID-19 task force members globally were women.

Women's participation and leadership in 'normal times' must be boosted to ensure adequate representation during emergency response and recovery. That's why UNDP works in all regions of the world to promote women's equal participation in public life. With UNDP support, 384 measures were put in place in 2021–from electoral quotas to gender-smart business policies–nearly double the number from 2020. Almost half of these measures (42 per cent) supported women's political participation.

This is just one way we can invest in creating a more gender equal world. The report provides a number of vital recommendations, from improving gender-responsive social protection and public services to supporting feminist movements and improving data collection. These steps are fundamental to promoting and protecting women's human rights, and will help us address the many urgent challenges ahead by ensuring that women and girls can play a full role in shaping the future.

FOREWORD

Sima Bahous
Under-Secretary General
and UN Women Executive Director

Global conflicts, the climate and environment crisis, and the COVID-19 pandemic have taken an enormous toll on women and girls, disrupted progress on Sustainable Development Goal 5 and put the achievement of the 2030 Agenda as a whole at risk. It's time to recognize this, refocus, and coordinate our efforts to reverse it, putting women at the heart of finding and implementing solutions.

The COVID-19 pandemic showed us how crises dramatically increase women's unpaid care and domestic work. It drove home how hard this impacts their ability to engage in paid work. At the same time, violence against women and girls intensified, often with impunity for perpetrators and inadequate services for survivors. Climate change and conflict, such as the deeply destructive war in Ukraine with its cascading effects on energy and food security, livelihoods and health, further exacerbate these consequences.

Drawing lessons from the pandemic, this report shows what governments can do now to recover lost ground on gender equality, while preventing rollback and enhancing resilience and preparedness for future shocks. It points to important gaps that need to be addressed, for example where women's needs are not reflected in the social protection and jobs response. The report

also reveals replicable instances of innovation and good practice. For instance, more than 100 countries used digital tools to adapt hotlines and psychosocial support to survivors of violence and at least 17 scaled up social protection for women in informal employment.

In a key finding, the report clearly and quantifiably shows us the value of powerful feminist movements, stronger democracies and more women in parliament. Countries with these assets galvanized a more comprehensive gender response than those without, underlining the need to continue and to increase supporting women's rights organizations and women's leadership in formal political institutions. These play a critical role, providing a first line of support and translating bottom-up demands into policy action.

Based on these insights, we are calling on governments, civil society and the private sector to increase investments in gender-responsive social protection and public services, to strengthen women's representation and women's policy agencies, and to support feminist movements and women's rights organizations. With coordinated, targeted actions, we can transform gender relations and ensure a more equal and sustainable recovery.

ACKNOWLEDGEMENTS

ACRONYMS AND ABBREVIATIONS

AE	Auxílio Emergencial (Brazil)
CSG	Child Support Grant (South Africa)
CSO	civil society organization
GDP	gross domestic product
GEF	Generation Equality Forum
GBV	gender-based violence
HIC	high-income country
ICT	information and communications technology
ILO	International Labour Organization
LGBTIQ+	lesbian, gay, bisexual, transgender, intersex and queer
LIC	low-income country
LMIC	lower-middle-income country
MDW	migrant domestic worker
NACOSEC	National COVID-19 Secretariat, Lesotho
NGO	non-governmental organization
OECD	Organisation for Economic Co-operation and Development
SDG	Sustainable Development Goal
SRD	Social Relief of Distress (South Africa)
SPLM	social protection and labour market
TSM	temporary special measure
UCW	unpaid care work
UMIC	upper-middle-income country
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNDP	United Nations Development Programme
VAWG	violence against women and girls
WES	women's economic security
WHO	World Health Organization
WPA	women's policy agency

TABLE OF CONTENTS

Boxes

Figures

1

Government responses to COVID-19: The big picture

SINCE THE PANDEMIC BEGAN, GENDER INEQUALITIES HAVE DEEPENED
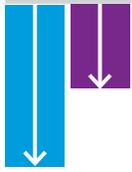
By 2021, there were still **19.7M FEWER JOBS FOR WOMEN**, compared to **10.2M** fewer for men.

In 2020, **WOMEN DID 29% MORE CHILDCARE** per week than **men**, based on data from 16 countries

7 IN 10 WOMEN say they think that verbal or physical abuse by a partner became more common

AS GOVERNMENTS RESPONDED, WOMEN'S NEEDS WERE RARELY AT THE CENTRE

196 OUT OF 226 countries and territories adopted **at least one** gender-sensitive measure

Out of all social protection and labour market measures...

only 12% targeted women's economic security

only 7% supported unpaid care work

82% of COVID-19 task forces across 130 countries were **dominated by men**
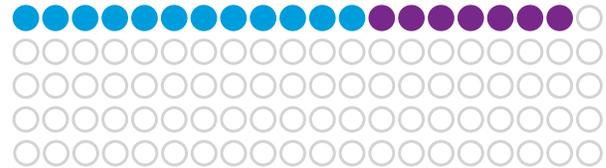
POLICY INNOVATIONS AND LEARNING TOOK PLACE EVEN AMID CONSTRAINTS

Countries with **powerful feminist movements**, **stronger democracies** or **higher women's representation in parliaments** adopted an average of...

5 more GENDER-SENSITIVE MEASURES

... than countries without those features

NINE OUT OF TEN gender-sensitive cash transfers were implemented in the Global South

More than **100 COUNTRIES** used digital tools to adapt support to VAWG survivors

KEY FINDINGS

Q The pandemic has deepened a trio of interlocking crises that systematically undermine gender equality: a shadow pandemic of violence against women and girls, a jobs and livelihoods crisis and a care crisis that together have reversed the already fragile progress on women's labour market outcomes.

Q Across the globe, feminist movements and other gender equality advocates mobilized quickly and vocally to demand government action to mitigate the disproportionate impact of the pandemic on women and girls.

Q In response, governments adopted 1,605 gender-sensitive measures between March 2020 and August 2021. Most of these measures were adopted during the first three months of the pandemic, but their implementation was often fraught with gaps and tensions.

Q The response varied widely across regions. While Europe, Northern America, Australia and New Zealand have led the response on violence against women and girls and unpaid care, Latin America and the Caribbean has the largest number of measures targeted at women's economic security.

Q Low-income and fragile countries in Africa and Asia introduced a significantly lower number of measures compared to high- and middle-income countries. Yet, there were important policy innovations even in countries with significant constraints.

Q As governments rushed to respond, decision-making was heavily concentrated in the executive branch, frequently sacrificing consultation with parliaments, civil society and other stakeholders on priorities and policy design.

Q Special task forces created to help tackle the rapidly evolving crisis mainly relied on pre-existing male-dominated networks and, as a result, women have been largely excluded from these bodies.

Q Nevertheless, gender equality advocates found institutional entry points for shaping the COVID-19 response in some contexts, often by tapping into long-standing advocacy coalitions and networks.

Q In line with pre-pandemic dynamics, a combination of strong democratic institutions, a higher representation of women in parliament and strong feminist movements were associated with a greater number of gender-sensitive measures during the pandemic.

INTRODUCTION

Since COVID-19 was declared a pandemic in March 2020, it has claimed more than 6 million lives,[1] destroyed countless livelihoods and forced the global economy to its knees. With an end still not in sight, the crisis has taken a disproportionate toll on women and girls. As countries locked down, violence against women and girls intensified. And as the health crisis morphed into a full-blown economic recession, women bore the brunt of job losses, seeing their economic autonomy stifled and their poverty risk increase. Although growth rebounded globally in 2021, it has been led by a few high-income economies that have been able to mobilize vast sums for fiscal stimulus and have had full access to vaccines. This has created a bifurcated recovery, one in which women's jobs have still not recovered to pre-pandemic levels, and widened inequalities between the Global North and Global South.[2] As health systems struggled to deal with the onslaught of cases, and schools and care services were shut down, women stepped in to provide unpaid care for families and communities, often at the expense of their own mental and physical health. Even as care services have reopened, successive waves of COVID-19 have continued to disrupt children's care and education, with a disproportionate toll on women and girls. Inequalities between groups of women based on race, disability, income, age and other characteristics have also been starkly apparent in both the spread and the impact of the virus.

How did governments around the world respond to these challenges? What kind of measures did they put in place to mitigate the negative impacts of the pandemic on women and girls? Did they enable women's participation and leadership in pandemic-related decision-making? And what can we learn from the gaps, bottlenecks and good practices in gender-sensitive emergency measures for recovery and future crisis preparedness? To answer these questions, this report draws on the United Nations Development Programme (UNDP) and UN Women COVID-19 Global Gender Response Tracker (see Box 1.1) and other data sources as well as emerging secondary literature that analyses government responses to the pandemic from a gender perspective. It focuses on three main policy areas that have been severely impacted by the pandemic: violence against women and girls, women's economic security and unpaid care. While subsequent chapters look at each of these areas in greater detail, this chapter sets the stage by providing an overview of the impact of COVID-19 on women and girls (section 1.2); the timing, scope and comprehensiveness of gender-sensitive measures globally and across regions (section 1.3); and the ways in which policymaking changed during the pandemic and how this shaped the opportunities and constraints for integrating gender into the COVID-19 response (section 1.4).

The report's findings are particularly important at a time when the world is caught up in multiple and intertwined crises that are causing immense human suffering and long-term systemic instability. Just as the pandemic-induced disruptions seemed to

subside in some parts of the world, the geopolitical crisis triggered by the invasion of Ukraine has thwarted any prospects for rapid economic recovery.[3] Low-income countries that are heavily reliant on food and fuel imports are particularly affected by supply chain disruptions and rising inflationary pressures, exacerbating high levels of livelihood and food insecurity that were already affecting women and girls disproportionately.[4] The new geopolitical and lingering economic crises are also threatening urgently needed progress on climate change, increasing the likelihood of large-scale environmental shocks and a permanent state of economic stress.[5] Women's greater dependence on and unequal access to natural resources, public services and infrastructure mean that they are disproportionately affected by environmental degradation, climate change and natural disasters. Against this backdrop, the need to ensure that crisis response and recovery strategies are gender-responsive is more urgent than ever.
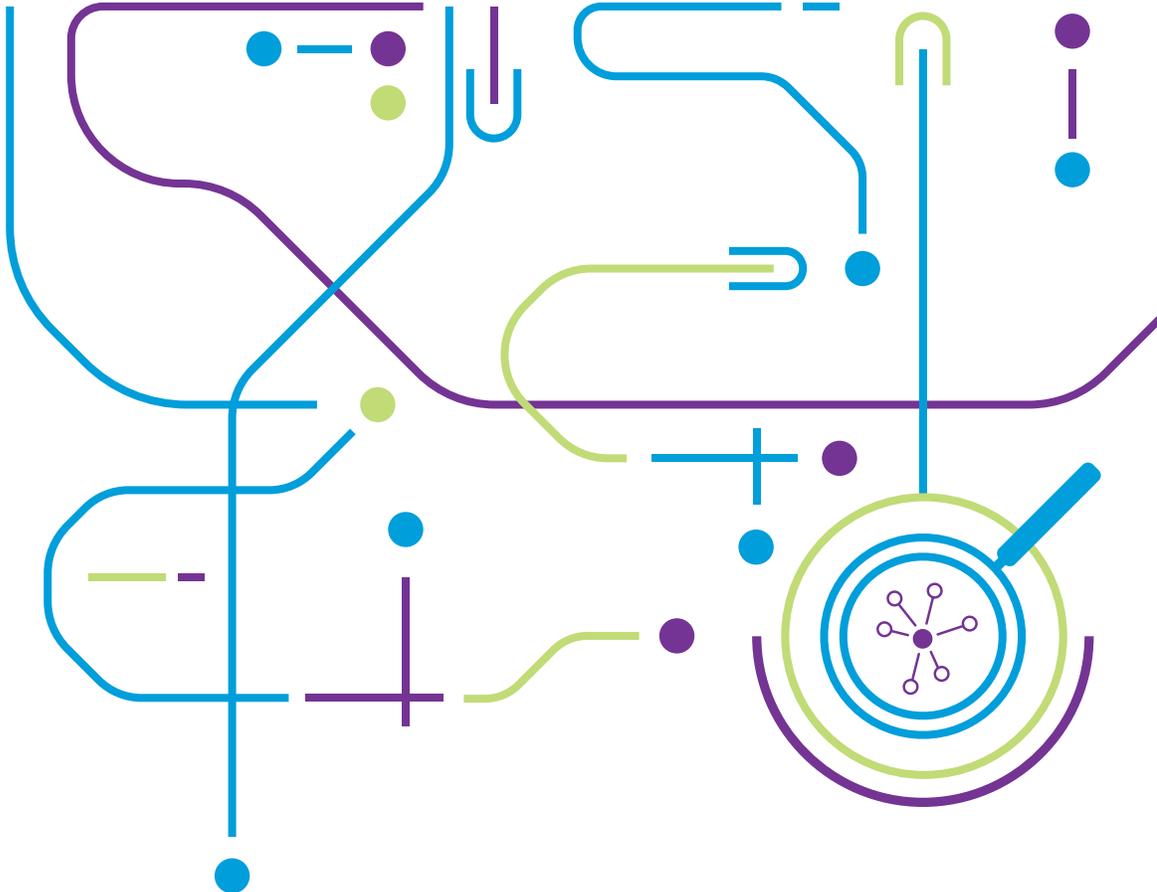
HOW HAS THE PANDEMIC AFFECTED WOMEN AND GIRLS?

The impacts of crises are never gender neutral, and COVID-19 is no exception. Women and girls have borne the brunt of the economic and social fallout of the pandemic because they were already unequally positioned within economies and societies. This section spotlights three critical areas in which gender inequality further deepened during the pandemic: violence against women and girls, women's economic insecurity and women's disproportionate responsibility for unpaid care and domestic work.

A shadow pandemic of violence against women and girls

Violence against women and girls (VAWG) is a human rights violation, with often devastating immediate and long-term consequences. It was a well-documented problem before the pandemic, considered a national crisis in some countries and described as a 'global epidemic' of its own by the World Health Organization (WHO) in 2013.[6] Globally, before the onset of COVID-19, one in three ever-partnered women between the ages of 15 and 49 years had experienced physical or sexual violence by an intimate partner over the course of their lives; and almost one in five had experienced violence in the previous 12 months.[7] Although violence by a partner is one of the most common and widespread forms of gender-based violence, women experience violence throughout the life course and in a variety of settings, including families, communities, workplaces, schools and digital spaces.

Soon after COVID-19 was declared a global pandemic, women's rights organizations warned that widespread stay-at-home orders to curb the spread of the virus potentially locked women down in close confines with perpetrators, threatening their bodily integrity, health and survival. Almost immediately, administrative data from police, VAWG hotlines and other service providers showed that VAWG was intensifying. This coincided in many countries with increased barriers in access to support services because of operational challenges due to shelter-in-place orders, backlog in court cases and reduced funding for law enforcement and women's rights organizations, which play an essential role in VAWG service provision.

Rapid gender assessments across 13 countries confirmed the intensification of violence against women.[8] Roughly half of the respondents reported that they or a woman they know had experienced

violence during the pandemic, with rates as high as 80 per cent in Kenya and 69 per cent in Morocco. The most common forms of such violence were verbal abuse and denial of basic resources. Women between 18-49 years of age who had fewer economic resources to escape violent situations (including those who were unemployed, students or full-time caregivers) were particularly likely to report their own or another woman's experiences of violence.

Rising economic insecurity

Even before the pandemic, progress in closing the global gender gap in labour force participation rates had stalled, occupational segregation and gender wage gaps remained pervasive and the majority of the world's working women were stuck in informal and precarious jobs with few rights and protections.[9] COVID-19 exacerbated these trends, taking a disproportionate toll on women's jobs and livelihoods. In 2020, women lost 46.6 million jobs globally, a 3.6 per cent loss compared to 2.9 per cent for men.[10] Job losses were particularly acute in the services sectors, including retail, hospitality, tourism and care, where women, especially young women, are overrepresented.

Across the 45 countries covered by UN Women's Rapid Gender Assessments, one in four women reported losing their job during the pandemic.[11] Partnered women with children were particularly likely to report a drop in paid working hours. As the crisis has dragged on, many women left the workforce altogether—meaning that they were no longer actively looking for jobs—with lack of childcare often a major factor. In 2021, there were still 19.7 million fewer jobs for women than before the pandemic, compared to 10.2 million fewer for men.[12] Economic penalties associated with unpaid care are particularly devastating for women at the lower end of the income distribution where time and income poverty often exacerbate one another.[13] Before the pandemic, women in their reproductive years were already much more likely to be living in poverty than men of the same age.[14] New projections estimate that in 2022, 124 women aged 25-34 are living in extreme poverty for every 100 men of the same age.[15] Without dedicated investments in gender-responsive policies, this ratio is expected to remain unchanged until 2030.

Many of these problems were exacerbated for the world's 740 million women working in the informal economy.[16] Indeed, women informal workers experienced even sharper declines and slower recovery in working days and earnings than their male counterparts; and this pattern was more pronounced among women workers who experienced a parallel increase in unpaid care responsibilities.[17] At the same time, these workers were least likely to enjoy access to social protection, resulting in severe economic hardship. Large-scale loss of income and limited access to social protection quickly ushered in rising food insecurity, which is affecting women disproportionately.[18]

Increasing demand for unpaid care

While business activities ground to a halt, paid and unpaid care work increased in intensity and significance. COVID-19 exposed the extent to which the care economy relies on women's unpaid and underpaid labour as never before. As even the best prepared health-care systems struggled to cope with the onslaught of the pandemic, countries that had already faced shortages in infrastructure and staff due to persistent underfunding or recent retrenchment faced the perfect storm. The health and social care sector workforce, among which women are at least 70 per cent of workers, paid a high price.[19] While social recognition of care sector workers may have risen during the pandemic, this recognition is yet to be translated into better wages and working conditions.

With the mass closure of schools, nurseries and day-care centres, families witnessed a huge shift of childcare responsibilities into their homes. Other childcare arrangements, such as grandparent care, on which many working parents rely during 'normal times', have also faced disruptions as families responded to shelter-in-place orders and sought to protect the older generation from the risks of contagion.[20] While both women and men have increased their unpaid workloads, women continue to shoulder the bulk of unpaid care and domestic work. Across 45 countries surveyed as part of the UN Women Rapid Gender Assessments, women were more likely than men to report an increase in childcare responsibilities.[21]

With heightened hygiene requirements and more people at home 24/7, domestic chores also increased, with women being much more likely to report increases in time spent cleaning and cooking compared to men. These tasks are particularly arduous in low-income contexts where access to basic services, such as running water and electricity, is lacking. Community-based organizations also stepped in to fill the gaps left by slow and inadequate government responses, coordinating food aid and the supply of personal protective equipment (PPE), organizing collective childcare, distributing reproductive health and hygiene kits and providing psychosocial support for survivors of violence.[22]

That unpaid care work is provided for free does not mean that it comes without costs—to economic security and financial independence, mental health and well-being—that have been borne disproportionately by women.[23] In addition to the impact on jobs, surveys show that women were more likely to report mental stress and ill-health than men.

The COVID-19 Global Gender Response Tracker: A Note on Methodology

The UNDP-UN Women COVID-19 Global Response Tracker holds a total of 4,968 measures adopted by governments across 226 countries and territories between March 2020 and August 2021. These measures fall into four policy categories: social protection, labour markets, business support and violence against women and girls (VAWG).

How were the data collected?

Data on measures were collected based on publicly available information, including official government documents and media coverage, as well as from other policy repositories that have monitored government responses to COVID-19. The majority of social protection and labour market measures were imported from the World Bank's Living Paper on Social Protection and Jobs Responses to COVID-19 and complemented with measures from the International Labour Organization's (ILO) Dashboard on Social Protection Responses to COVID-19. In turn, most business support measures were drawn from the World Bank's Subsidies and State Aid to mitigate COVID-19 effects database and Yale University's COVID-19 Financial Response Tracker. These global databases were complemented by more specific and detailed regional repositories, such as ECLAC's COVID-19 Observatory for Latin America and the Caribbean, the Council of Europe's COVID-19 Response Database and the Asian Development Bank's COVID-19 Policy Database.[24] Additional data collection and research by UN Women and UNDP supplemented these data on areas that were insufficiently covered by other repositories, including VAWG and unpaid care, with support from regional and country offices and UN Online Volunteers.

How were the data analysed?

Measures were classified by policy category, sub-category and measure type and each measure was assessed for its gender-sensitivity. Gender-sensitive measures were defined as those that seek to directly address the specific risks and challenges that women and girls face as a result of the pandemic. This assessment was operationalized in different ways for different policy categories.

- Violence against women and girls measures were coded as gender-sensitive by default. These measures include the integration of VAWG in COVID-19 response plans, awareness raising, strengthening of services and data collection.
- Social protection and labour market measures were coded as gender-sensitive if they support women's economic security or address unpaid care.
  - Measures that support women's economic security were defined as those that target or prioritize women or direct resources at occupational groups where women are overrepresented (e.g., workers in the garment or tourism sector in some countries, domestic workers, school teachers and health and long-term care workers).[25]
  - Measures that address unpaid care were defined as those that *explicitly* aim to provide support for unpaid care, including in the form of family leaves, cash-for-care or care services.[26]

Economic and business support measures were coded as gender-sensitive if they provide support to female-dominated sectors of the economy,[27] on the assumption that this is likely to protect women's employment and thereby their economic security.[28]

Measures by policy category

Gender-sensitive measures 1,605

```
All measures
4,968

  Social protection measures 2,223 ──198── Address unpaid care 226
  Labour market measures 876 ──250── 28
  ──130──
  Target or prioritize women or female-dominated occupations 380
  Target female-dominated sectors 146
  Address women's economic security 526
  Business support measures 1,016
  Violence against women and girls measures 853 ──── Address violence against women and girls 853
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What are some of the caveats and limitations?

The COVID-19 Gender Response Tracker is the most comprehensive global repository of gender-sensitive government responses to the pandemic and, as such, is well suited to provide a sense of the gender dimensions of the aggregate global and regional response to the pandemic. There are, however, three important caveats:

- Like all policy trackers, there may be gaps or biases due to a lack of available information, leading to underrepresentation of measures that were announced or implemented, and overreporting of measures that were suspended or never implemented. Information was more readily available for some countries and territories than for others.

- Measures included in the tracker vary in scope, scale and duration within and across policy categories. Therefore, some measures registered can be relatively small-scale, whereas others are larger in reach and scale. It is also possible that some countries and territories register fewer measures because they had robust social protection or labour market mechanisms in place that acted as automatic stabilizers. The key metric used for the quantitative analysis in this report (number of gender-sensitive measures per region or country) does not reflect these variations.

- The gender analysis was conducted based on policy design with no assessment of implementation or impact on women and girls, with evidence on this only slowly emerging. While extensive background research was conducted to gather information on measure design, data on gender components of measures were not always available.

To address some of these limitations, this report complements data from the tracker with emerging qualitative research and impact assessments. However, much remains unknown. This report therefore also aims to lay the basis for future research that helps plug remaining gaps in data and evidence (see Box 6.1).

HOW HAVE GOVERNMENT ACTIONS STACKED UP?

How did governments address the three interconnected challenges of rising economic insecurity, unpaid care demands and violence against women and girls? To explore answers to this question, UNDP and UN Women launched the COVID-19 Global Gender Response Tracker in September 2020, with subsequent updates in March and November 2021. The massive dataset that resulted from this exercise forms the backbone of the analysis presented in this report (see Box 1.1). Unless otherwise referenced, all country examples are directly drawn from this dataset.

A total of 1,605 measures across 196 countries and territories have been identified as gender-sensitive. Just over half of these measures (853) focus on stepping up action to address violence against women and girls, while measures aimed at strengthening women's economic security (526) and supporting unpaid care (226) have been less common (see Figure 1.1)[29] and make up a fraction of the broader social protection and jobs response to COVID-19. Out of a total of 3,099 social protection and labour market measures adopted in response to the pandemic, only 12 per cent have targeted women's economic security and only 7 per cent have provided support for rising unpaid care demands (see Chapters 3 and 4).

FIGURE 1.1

Gender-sensitive measures, global total and by type
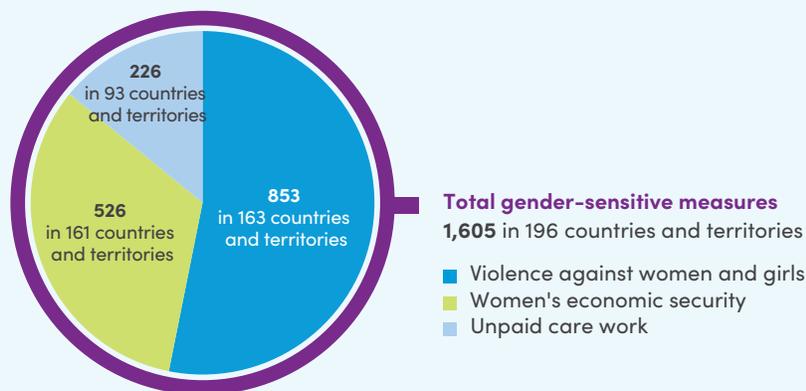
Total gender-sensitive measures
1,605 in 196 countries and territories

- Violence against women and girls
- Women's economic security
- Unpaid care work

853 in 163 countries and territories
526 in 161 countries and territories
226 in 93 countries and territories

Source: Authors' elaboration based on the UNDP-UN Women COVID-19 Gender Response Tracker.

Note: Based on 196 countries and territories with at least one gender-sensitive measure, out of a total of 226 countries and territories covered by the UNDP–UN Women Tracker. The number of countries and territories corresponds to those with at least one gender-sensitive measure by type.

A relatively quick response, but uncertainty about implementation

Two thirds (64 per cent) of all gender-sensitive measures for which data on start dates are available were announced or adopted between March and May 2020 (see Figure 1.2), with an average of 255 gender-sensitive measures per month over this three-month period. Fewer gender-sensitive measures were adopted during subsequent months. The period between June 2020 and August 2021 registered an average of only 28 gender-sensitive measures per month. By August 2021, a little over half (55 per cent) of the gender-sensitive measures with data on

status remained ongoing, 42 per cent had been discontinued and 3 per cent remained at the 'planned' stage.[30] As the discussion in subsequent chapters shows, many measures were limited in reach and faced gaps and bottlenecks in implementation—from violence hotlines that collapsed due to inadequate staffing and rising demand (Chapter 2), to slow enrolment of informal workers who were declared eligible for emergency cash support (Chapter 3) and family leave provisions out-of-sync with the duration of school closures (Chapter 4).

FIGURE 1.2

Gender-sensitive measures adopted each month, by type

Source: Authors' elaboration based on data from the UNDP–UN Women COVID–19 Gender Response Tracker.

Note: This analysis is based on a subsample of 1,194 gender-sensitive measures for which start dates were available (74 per cent of all gender-sensitive measures).
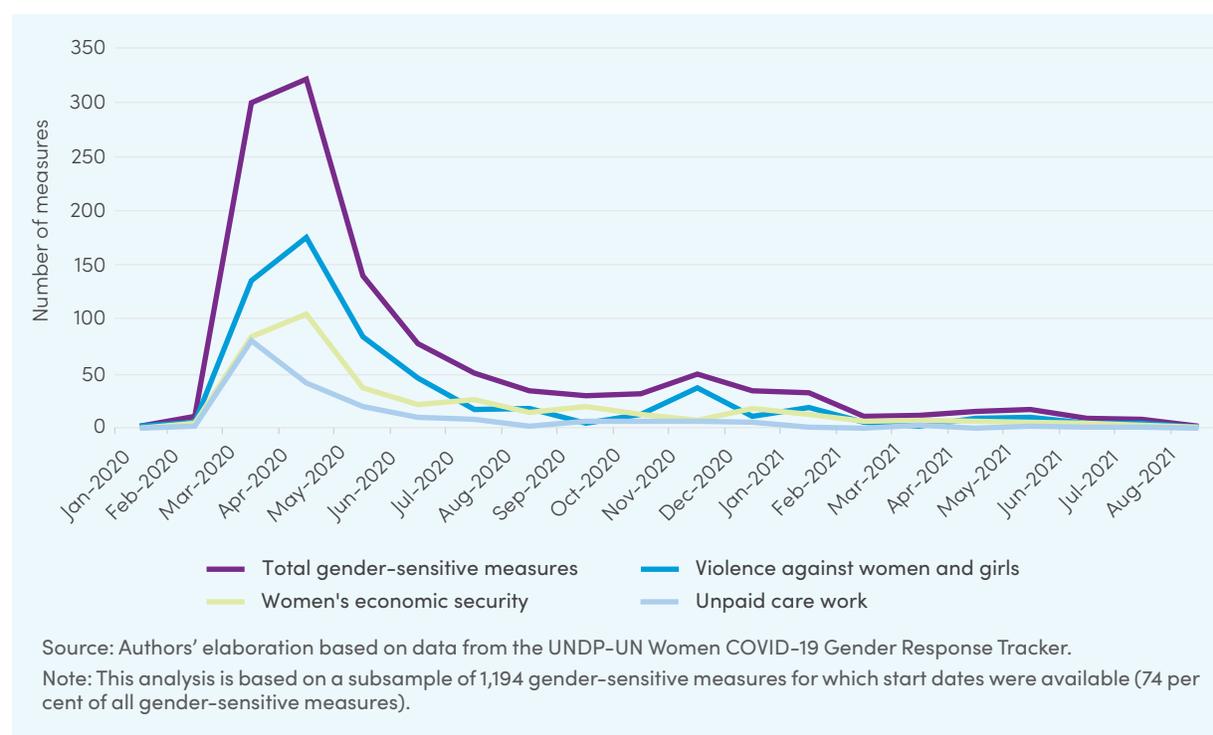
Variations in scope and comprehensiveness

The gender response also varied widely across countries and regions, reflecting differences in pre-existing policy architectures, patterns of feminist mobilization, political commitment and fiscal and administrative capacity. The two regions with the highest aggregate number of measures

as well as the highest measure density—that is, average number of measures per country—are the cluster made up of Europe, Northern America, Australia and New Zealand (494 measures across 56 countries), followed by Latin America and the Caribbean (414 measures across 46 countries).

FIGURE 1.3
Gender-sensitive measures by type and region

Source: Authors' elaboration based on the UNDP-UN Women COVID-19 Gender Response Tracker.

Note: The figure is based on the 226 countries and territories covered by the UNDP-UN Women Tracker. The number of countries and territories included by region is: 56 in Europe, Northern America, Australia and New Zealand (50 with gender-sensitive measures); 46 in Latin America and the Caribbean (38 with gender-sensitive measures); 50 in sub-Saharan Africa (43 with gender-sensitive measures); 36 in Eastern and South-Eastern Asia and Oceania (30 with gender-sensitive measures); 24 in Northern Africa and Western Asia (21 with gender-sensitive measures), and 14 in Central and Southern Asia (all with gender-sensitive measures).

Sub-Saharan Africa is the region with the third highest number of gender-sensitive measures but also the one with the lowest measure density (221 measures across 50 countries).

There are also differences in thematic emphasis. While Europe, Northern America, Australia and New Zealand are leading the response on violence against women and girls as well as unpaid care, accounting for a third of all VAWG measures and almost two thirds of all unpaid care measures globally, Latin America and the Caribbean has the largest number of measures targeted at women's economic security. VAWG measures account for the majority of gender-sensitive measures in all regions except for sub-Saharan Africa and Northern Africa and Western Asia, where there is

greater emphasis on women's economic security measures (see Figure 1.3). The reasons behind these divergent regional patterns will be further explored in Chapters 2, 3 and 4.

Overall, only 64 countries and territories (28 per cent of those analysed) register a holistic response, with measures that span all three dimensions. On the other hand, there are 30 countries and territories (16 per cent of those analysed) that register no gender-sensitive measures at all. High-income countries, including Canada, Germany, France, Iceland and Spain, account for almost half of those with a holistic response (28 out of 64) followed by upper-middle-income countries (23 out of 64), such as Argentina, Jordan, Mongolia, Serbia and South Africa.[31] Thirteen lower-middle-income countries

galvanized a holistic response, including Cabo Verde, Egypt, Indonesia and Uzbekistan; but none of the 26 lower-income countries in the sample did. This indicates that national income had a bearing on countries' response to gender inequality in the context of the pandemic.

However, a closer look reveals that the relation between gross domestic product (GDP) per capita and number of gender-sensitive measures shows up mainly between low-income countries (LICs) and the rest, indicating that these countries were particularly constrained in their ability to mount a gender-sensitive response (see Figure 1.4): 81 per cent of these countries had a weak or no gender response compared to 33-38 per cent of high-, upper-middle- and lower-middle-income countries (HICs, UMICs and LMICs). Measure density is also significantly lower in LICs (4 gender-sensitive measures per country) compared to other income groups (7-9 gender-sensitive measures

per country). The difference *between* HICs, UMICs and LMICs, in turn, is much smaller. Variations in measure density for gender-sensitive measures mirrors those of the total measures (gender-sensitive and non-gender-sensitive combined),[32] indicating that low-income countries struggled to respond to the pandemic overall, with lack of fiscal space being a major constraint. Indeed, based on estimates from administrative data, high-income countries had spent USD 695 per capita on social protection measures by September 2020, compared to only USD 4 in low-income countries.[33]

Beyond GDP, politico-institutional factors—including a country's strength of democratic institutions, women's representation in parliament and strength of feminist movements and organizations—also mattered, as the next section shows, even as the emergency intensified ad-hoc and executive-led decision-making.

FIGURE 1.4
Gender response by income group

Source: Author's elaboration based on the UNDP–UN Women COVID-19 Global Gender Response Tracker and World Bank 2021.
Note: Includes UN Member States covered by the UNDP–UN Women Tracker with data on income group (N=189). Percentages may not add up to 100% due to rounding. For further details, see Annex 2.

1.4
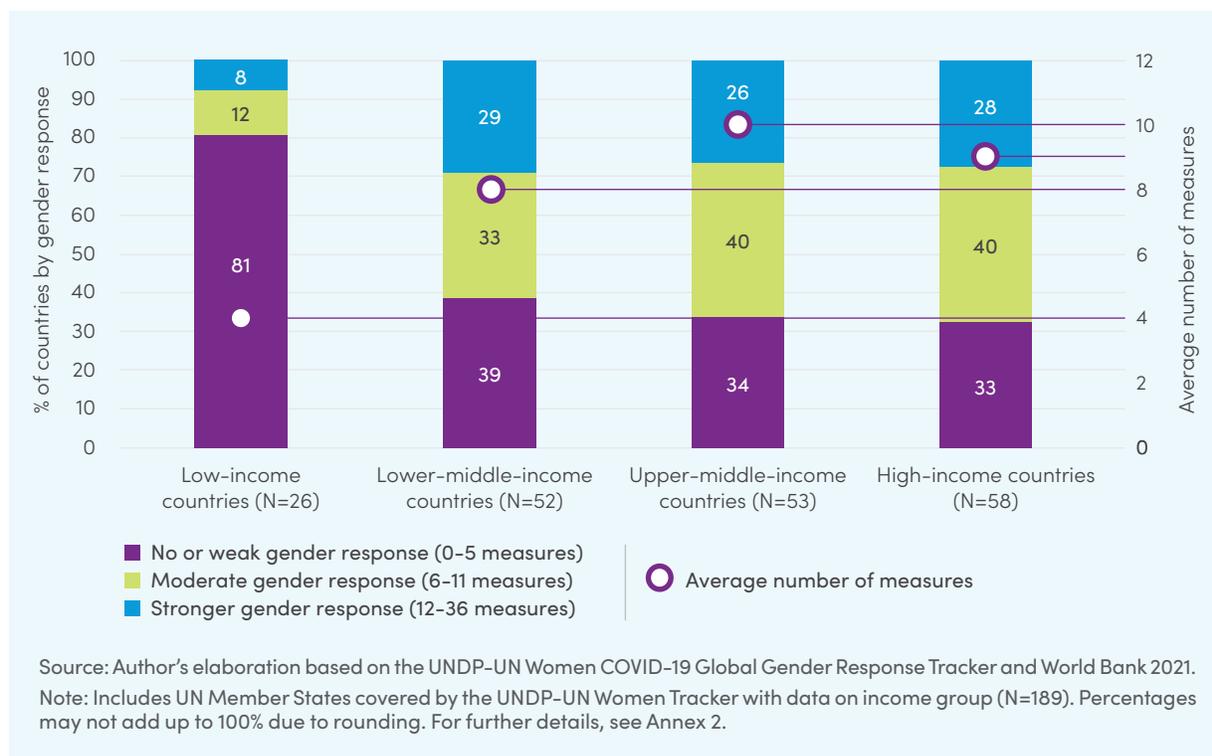
WHAT ENABLED A BETTER GENDER RESPONSE?

The pandemic did not only require a rapid roll-out of response measures and policy adaptation, it also affected the processes by which decisions about these measures and adaptations were made. When governments operate in 'crisis mode', they often close ranks and rely heavily on male-dominated executive structures,[34] frequently without consulting adequately with parliaments, civil society and other stakeholders, and drowning out women's voices in the process.[35] Accountability to and participation of civil society actors—for example, through citizen consultations or participatory budgeting—were largely side-lined during the pandemic.[36] Governments also rushed to create special governance and advisory mechanisms, referred to here as COVID-19 task forces, to help tackle a rapidly evolving health and socio-economic crisis in the midst of extreme uncertainty. Yet the heavy reliance on male-dominated networks within government meant women were largely excluded from these bodies.[37] Of the 262 task forces with membership data, women made up only 24 per cent of members and were completely absent from 10 per cent of all task forces. Women were also largely excluded from leading these task forces, accounting for just 18 per cent of task force leads (see Chapter 5).

Although 'emergency' policy processes offered fewer avenues for consultation, government decisions were also shaped by the established state-society relations in each context. While, across settings, gender equality advocates struggled to influence the pandemic response, in those contexts where they could tap into long-standing advocacy coalitions and networks, they were in a better position to do so, as subsequent sections will show.

Strong democratic institutions: The big enabler

In many countries, the pandemic accelerated the ongoing erosion of democratic institutions and processes, with potentially lasting effects. By November 2020, 61 per cent of the countries assessed by International IDEA (99 out of 162) had implemented pandemic containment measures that were concerning from a democracy and human rights perspective.[38] These included widespread (and mostly temporary) restrictions on freedom of assembly and ongoing restrictions on freedom of expression and/or the media. Yet, even in the midst of these challenges, long-lasting institutional factors and political dynamics that have enabled advances in gender equality policies in the past continued to play a central role in the context of the emergency.

Historically, democratic politics have provided an enabling environment for feminist advocates and their allies to advance gender equality policies. In Europe, industrialization and democratization strengthened the influence of trade unions and left-wing political parties. The incumbency of the latter has been identified as an enabler of gender equality policies related to women's employment and unpaid care, particularly where left-wing parties provided space for women's participation and made alliances with women's rights organizations.[39] Across Latin America, Africa and Asia, where women's movements played a critical role in ending authoritarian regimes,[40] democratic renewal enabled gender equality advocates to influence policies, including through the creation of specialized institutional structures for the promotion of gender equality agendas;[41] greater representation of women in politics, often aided by the adoption of gender quotas;[42] and greater space for civil society to organize, make demands and hold state officials accountable.

Emerging evidence from the pandemic also suggests a strong association between the state of a country's democracy and the adoption of gender-sensitive measures.[43] This is because democratic processes and institutions provide an enabling environment for the aggregation and channeling of societal demands, including by marginalized groups, and for holding decision-makers to account. Indeed, countries with higher levels of democracy before the pandemic—measured by V-Dem's Liberal Democracy Index[44]—adopted an average of five more gender-sensitive measures than those with lower levels of democracy, controlling for GDP.[45] Similarly, Figure 1.5 shows a clear gradient in the scope of the response: 92 per cent of countries with higher levels of democracy deployed a moderate or stronger gender response, followed by 62 per cent of those with medium levels of democracy and 42 per cent of those with lower

levels of democracy. The same trends hold true for women's participation in COVID-19 task forces: Roughly 87 per cent of countries with higher levels of democracy had task forces with high levels of women's representation compared to just 5 per cent of those with lower levels of democracy (see Chapter 5).

Subsequent chapters show how democratic processes and institutions have given gender equality advocates and other progressive actors entry points to shape government responses to the pandemic. These entry points include high-level political commitment to democratizing state institutions through greater gender mainstreaming, enabling women's presence in key positions of power or their action as legislators in national parliaments. Developments in two Latin American countries exemplify this: In Chile, three congresswomen created a Gender and COVID-19 Roundtable with the participation over 70 civil society organizations (CSOs) to advance proposals for the Government's response (see Box 4.4);[46] while the Women's Caucus in Brazil's legislature was instrumental in pushing through measures to respond to violence against women and girls (see Chapter 2). In other cases, civil society organizations used protests or consultative mechanisms or a combination of both to demand government action and accountability.

FIGURE 1.5
Gender response by liberal democracy index

Source: Author's elaboration based on the UNDP–UN Women COVID-19 Global Gender Response Tracker and V-Dem (Varieties of Democracy) Project 2021.

Note: Includes UN Member States covered by the UNDP–UN Women Tracker and V-DEM's Liberal Democracy Index (LDI) (N=169). For further details, see Annex 2.
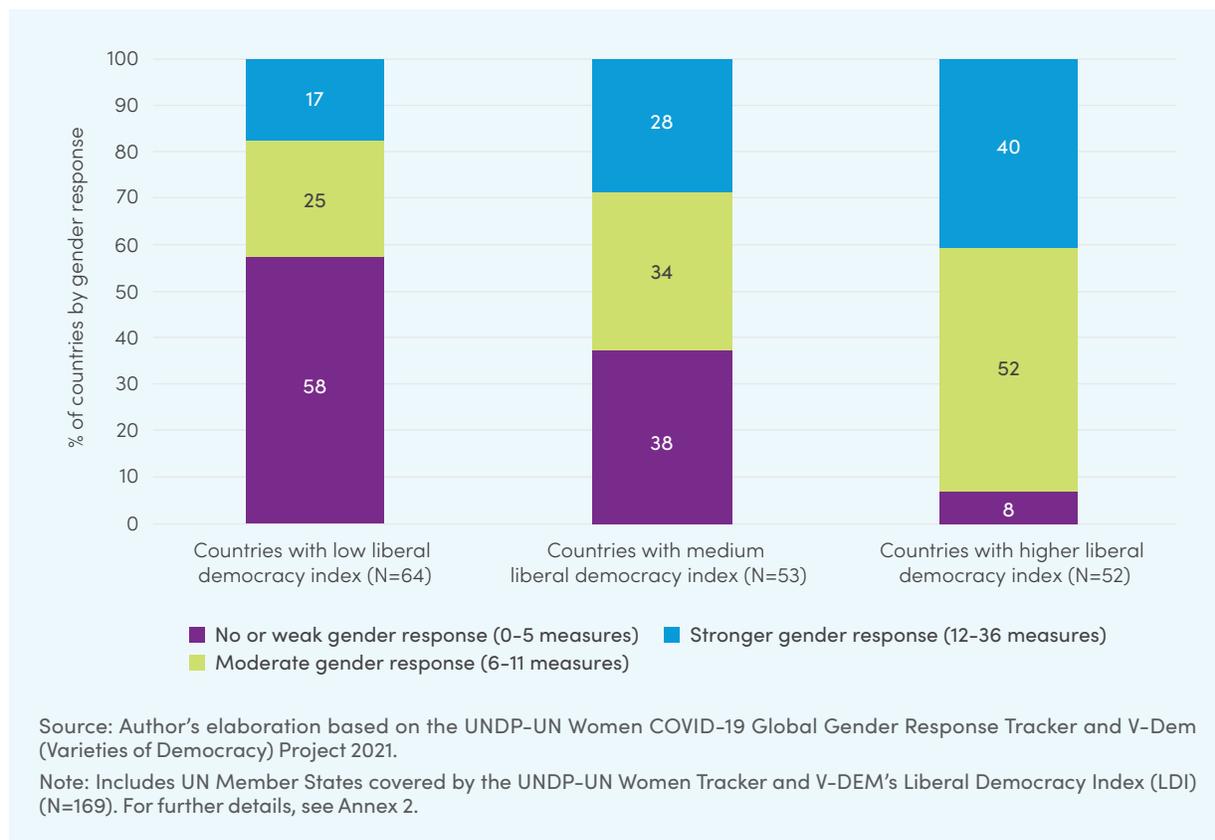
Women's representation and leadership: Adding impetus

Long before the virus struck, increases in women's representation and leadership—as Heads of State, cabinet ministers, Members of Parliament, officials in public administration and local government representatives—were identified as a key factor to bring their perspectives, rights and needs into the policy process: from the advancement of measures to address violence against women and girls in Europe and Latin America to securing greater funding for health care in sub-Saharan Africa.[47] Across the globe, higher proportions of women legislators are associated with higher public spending on family-friendly policies such as childcare, early childhood education and family

leaves as well as lower spending on defence and less military engagement.[48]

Particularly during the early days of the pandemic, the inspiring examples of a select number of women Heads of State and Government—mostly in the Global North—who oversaw swift, effective and inclusive responses captured the attention of both the media and the general public. But COVID-19 response and recovery occurred worldwide and, even as decision-making was more heavily executive-led than during normal times, women played critical roles in mainstreaming gender across multiple institutional settings.

In various countries, women parliamentarians have placed gender issues onto the agenda, spearheaded the proposal of gender-sensitive emergency measures and supported their adoption. In the United Republic of Tanzania, for example, the Women's Parliamentary Group advocated for gender-responsive public information campaigns and budget allocations.[49] On average, countries with higher levels of women's representation in parliament adopted 4.5 more gender-sensitive measures than those with lower levels of women's representation, controlling for GDP.[50] While 44 per cent of countries where women hold a higher share of parliamentary seats took a stronger gender response to the pandemic, only 13 per cent of countries where women hold a low share of seats did (see Figure 1.6).

Higher levels of women's representation in parliament prior to the pandemic is also associated with greater participation of women in COVID-19 task forces (see Chapter 5).

Subsequent chapters further point to the decisive influence of 'femocrats'—that is, feminists in government and public administration, including women's policy agencies[51]—at national, subnational, or transnational level[52] when it comes to the integration of gender consideration into government responses: from violence against women and girls in Fiji and Uzbekistan (Chapter 2) to the rights of domestic workers in Argentina (Chapter 3) to Canada's investments in childcare services as part of its economic recovery plan (Chapter 4).

FIGURE 1.6

Gender response by female representation in parliament

Source: Author's elaboration based on the UNDP-UN Women COVID-19 Global Gender Response Tracker and UNDP 2020b Statistical tables, based on IPU 2020.

Note: Includes UN Member States covered by the UNDP-UN Women Tracker with data on female share of parliamentary seats (N=189). Percentages may not add up to 100 per cent due to rounding. For further details, see Annex 2.
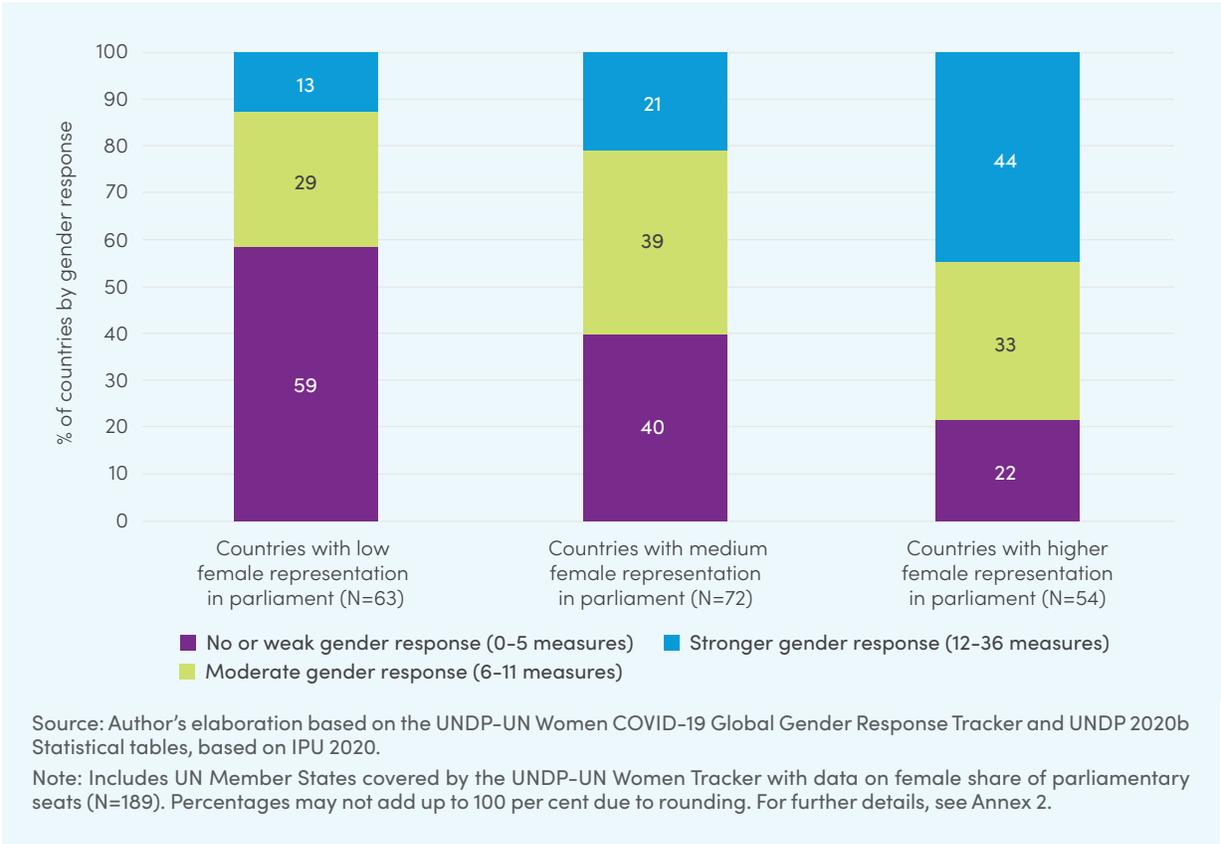
Feminist movements and women's organizations: Stepping up but stretched thin

Because women often encounter barriers as 'insiders' in formal political spaces that remain dominated by men, promoting progressive policy change often requires civil society activism on the 'outside', including by feminist movements and organizations.[53] Throughout history, women's collective action has been a significant force for advancing gender equality in every region of the world and across a wide set of issues from violence against women and girls, family law and reproductive rights to women's legal status at work.[54]

In the context of COVID-19, feminist advocacy has been more vocal, interconnected and internationally active than during previous pandemics or economic crises.[55] Feminist groups and networks produced an array of data, campaigns, petitions and technical documents to both influence the immediate response and provide feminist visions of post-pandemic recovery and transformation.[56] In countries such as Austria, Canada, Chile, Ireland and the United Kingdom, as well as in Hawaii in the United States, activists developed feminist plans and gender budget assessments.[57] Women also took their grievances to the streets. In the first year of the pandemic, after an initial sharp drop in protests and in spite of government restrictions, women regrouped and staged a total of 7,045 demonstrations across 139 countries and territories.[58] A large proportion (38 per cent) of these protests addressed violence against women and girls, including multiple coordinated protest events in Argentina, Japan,

Mexico, Nigeria, Pakistan, Trinidad and Tobago and Turkey, among other countries. In other instances, women protested to demand better government support, such as improvements to public services in Venezuela, support for migrant workers and farmers in India and financial relief for low-income families in Indonesia and Kazakhstan.

Partly as a result of these efforts, gender issues achieved an unprecedented level of visibility.[59] Even though this groundswell of activism did not always succeed in getting governments to respond, countries with the strongest autonomous feminist movements[60] and organizations adopted on average 5.4 more gender-sensitive measures than those with weak or non-existent feminist movements and organizations, controlling for GDP.[61] While 52 per cent of countries with the strongest autonomous feminist movements adopted a stronger gender response to the pandemic, only 21 per cent of those with weak or non-existent feminist movements did (see Figure 1.7). Feminist mobilization was particularly critical when it came to the VAWG response (see Chapter 2), but it was also associated with a higher number of measures that support unpaid care (see Chapter 4). Women's mobilizations also played an important role in promoting women's economic security, often as part of pre-existing networks and relations with state actors. For instance, the gender-sensitive response to COVID-19 in the state of Kerala, India relied on longstanding partnerships between the state government and women's organizations (see Chapter 3).

FIGURE 1.7
Gender response by feminist movement strength

Source: Authors' elaboration based on the UNDP–UN Women COVID-19 Global Gender Response Tracker and data on feminist movement and organizations strength from Forester et al. 2020.

Note: Includes UN Member States covered by the UNDP–UN Women Tracker with data on feminist movement strength, captured by the Feminist Mobilization Index (N=124) (Forester et al. 2020). Percentages may not add up to 100 per cent due to rounding. For further details, see Annex 2.

Across countries, women's organizations also mobilized community networks to distribute food aid, organize care and provide services for VAWG survivors. These collective efforts, provided largely by ethnic minority women and other marginalized groups, have constituted an important, albeit fragile, informal safety net for communities that face structural barriers in accessing services.[62] The scope and effectiveness of these efforts has depended, to a significant degree, on organizational structures and networks built long before the pandemic. Grassroots movements with strong organizational capacity, such as the Self-Employed Women's Association (SEWA) in India or La Poderosa (The Powerful)—an autonomous shantytown-led community organization in

Latin America—have been able to swiftly scale up support during the crisis.[63] In various settings, women's rights organizations have worked hand-in-hand with national or local governments and provided 'last mile' services, connecting vulnerable or hard-to-reach communities to emergency support.[64] But, more often than not, CSOs have plugged gaps without official support or even recognition for their work.[65] This tendency has been exacerbated in fragile and conflict-affected settings where government responses have been particularly weak and the pandemic has led to a de-prioritization of peacebuilding efforts, with potentially lasting effects (see Box 1.2).

BOX 1.2

The COVID-19 response in fragile and conflict-affected settings: Implications for women's peace activism

At least 2 billion people live in places impacted by conflict, fragility and militarized violence where the baseline state capacity for mounting a comprehensive response to COVID-19 is significantly reduced.[66] Despite their heightened needs, the COVID-19 Global Gender Response Tracker reveals that fragile States have, on average, adopted fewer measures overall and fewer gender-sensitive measures than non-fragile States. While countries and territories classified as non-fragile have taken on average 32 measures, of which 10 are gender-sensitive, this goes down to 17 measures (with 7 gender-sensitive) for those classified as fragile and 9 measures (with 3 gender-sensitive) for extremely fragile.[67] The pandemic also limited international humanitarian actors' access to communities in need of support, leading to the suspension or delay of mediation and peacebuilding programmes as well as hampering diplomatic efforts aimed at fostering peace.[68]

In light of these gaps, women peacebuilders—defined broadly as those working in advocacy, service provision or governance for women's rights, peace and security—have proven critical to the COVID-19 response in many fragile contexts.[69] To do so, they have expanded and shifted activities to promote public health and provide humanitarian support, drawing on extant networks and knowledge of the communities they work in.[70] For example, the Yemeni Women's Union, a women's CSO, adapted their work during COVID-19 through training women and girls to produce face masks and hand sanitizers and running hotline and tele-counselling services for survivors of violence.[71] Despite their critical work as frontline responders in the pandemic, many women peacebuilders were not officially included in emergency response and were excluded from associated resources, funding or institutional coordination mechanisms.[72] Lack of flexible funding was one of the barriers for sustaining operations during COVID-19, and some reported having to narrow their range of activities and campaigns as a result.[73]

Women's organizations have also continued to work across siloes in conflict-affected communities to address the root causes of conflict.[74] As part of their adaptation to pandemic restrictions, women peacebuilders have made growing uses of online spaces, with mixed outcomes. On the one hand, they have used Facebook and WhatsApp to live-stream events and share information about threats and violence. For example, the new Libyan Women's Network for Peacebuilding connects women using mobile phones across political and geographic divides to discuss and strategize around making peace.[75] Online communications were also important for the 91 women's rights organizations across Iraq, Libya, Palestine, Syria and Yemen who issued a joint statement calling for a ceasefire during COVID-19.[76] On the other hand, there have been challenges to harnessing information and communication technologies (ICTs) for the participation of local actors and under-represented groups. Worldwide, 234 million fewer women are online than men.[77] In conflict-affected countries, the cost of accessing ICTs can be prohibitively high, and necessary infrastructure such as electricity and stable Internet connection may be impossible to access.[78] In addition, the lack of 'human connection' and difficulties discussing sensitive topics online mean many women peacebuilders do not see online spaces as conducive to achieving peacebuilding goals.[79]

LESSONS FOR A WORLD IN TURMOIL

While the pandemic has exacerbated pre-existing gender inequalities and created new challenges for realizing the rights of women and girls, it has triggered a significant amount of policy adaptation, experimentation and innovation. The remainder of the report explores these dynamics in greater detail by looking at government responses across four thematic areas: violence against women and girls (Chapter 2), women's economic security (Chapter 3), unpaid care work (Chapter 4) and women's participation and leadership in pandemic response efforts (Chapter 5). Each chapter draws on the UNDP-UN Women COVID-19 Global Gender Response Tracker as a primary source, complemented by other data analysis and emerging secondary literature, to look at the scope and quality of the response, variations across countries and regions and factors that enabled or constrained a more effective response from a gender perspective with a view to drawing out key lessons for recovery and crisis preparedness going forward.

Chapter 2 focuses on government responses to violence against women and girls (VAWG)—an area that has enjoyed significant visibility during the pandemic supported, among others, by the UN Secretary-General's early call to action and a political engagement strategy.[80] While governments adopted a large number of emergency measures to sustain access to essential VAWG services, such as reporting mechanisms, shelters and justice, few managed to put in place

a coordinated multi-sectoral response, reflecting a significant lack in preparedness and gaps in pre-existing service infrastructure. Both the scope and the breadth of the VAWG response varied significantly across regions and countries, but all countries faced challenges and bottlenecks in implementation. In line with pre-pandemic trends, strong feminist movements and organizations were critical enablers of a more comprehensive government response to VAWG in the context of the pandemic.

Chapters 3 and 4 take a closer look at the social protection and jobs response, finding that it has largely ignored women's rights and needs: Out of over 3,000 social protection and labour market measures adopted in response to COVID-19, only a fraction targeted women's security or provided support for rising unpaid care demands. The chapters show that policy responses were strongly path-dependent. Overall, countries that had invested in universal, gender-responsive social protection systems and labour market institutions before the pandemic were better able to respond to the shock. Yet, even in countries with low social protection coverage, the pandemic spurred a significant level of innovation and experimentation, with measures to protect women's economic security that could be nurtured and built upon in the years to come. Similarly, in some countries the pandemic acted as a tipping point for long-standing mobilizations for more and better care

policies. Strong feminist advocacy coalitions involving women in executive office, public administration, parliament and civil society will be critical to sustain and amplify these trends.

Chapter 5 looks at ad-hoc advisory and decision-making structures (COVID-19 task forces) created to coordinate the pandemic response, providing important insights into women's marginalization from these structures in the context of a broader 'emergency politics' that concentrated power in executive networks and prioritized centralized decision-making over more democratic processes. It underlines how women's underrepresentation on these bodies is a result of pre-existing power gaps, patriarchal structures and discriminatory laws and social norms. Strong democratic institutions, women's representation in parliament and feminist activism enable women to lead and participate on more equal terms. Where these conditions are not created in normal times, they cannot be activated during crises. Addressing discriminatory gender norms and shifting power relations is therefore critical for gender-responsive recovery and future crisis preparedness.

Chapter 6 concludes with a set of cross-cutting lessons and recommendations. It argues that at this critical juncture, when the world is facing a number of intersecting crises, governments can learn from the successes, failures and innovations documented in this report to create the conditions for positive innovations to stick and translate into lasting change, while also building on tried and tested solutions that work for women to lay the foundations for a more sustainable, resilient and gender-just future.
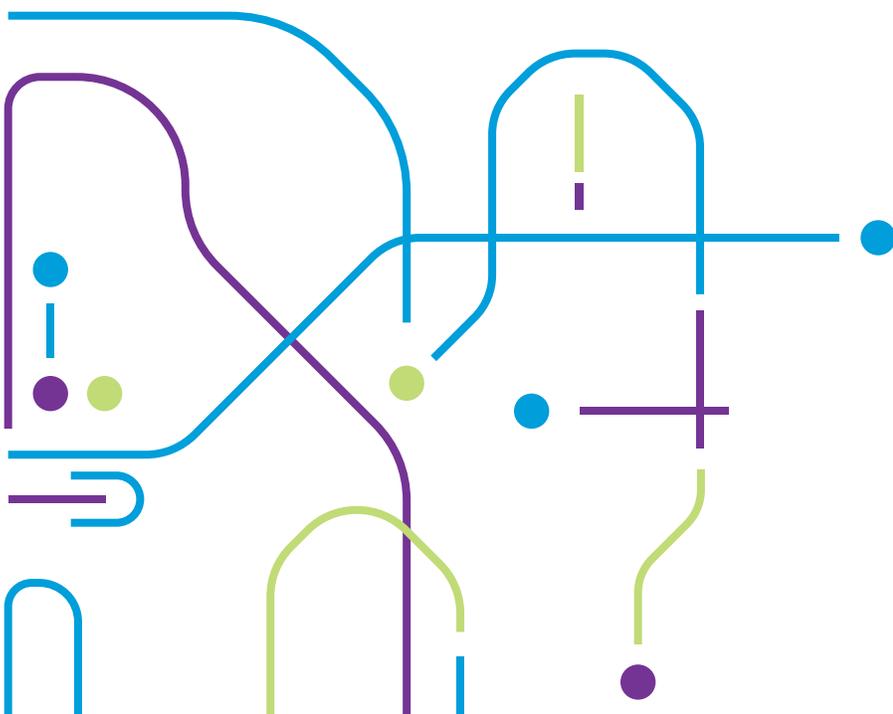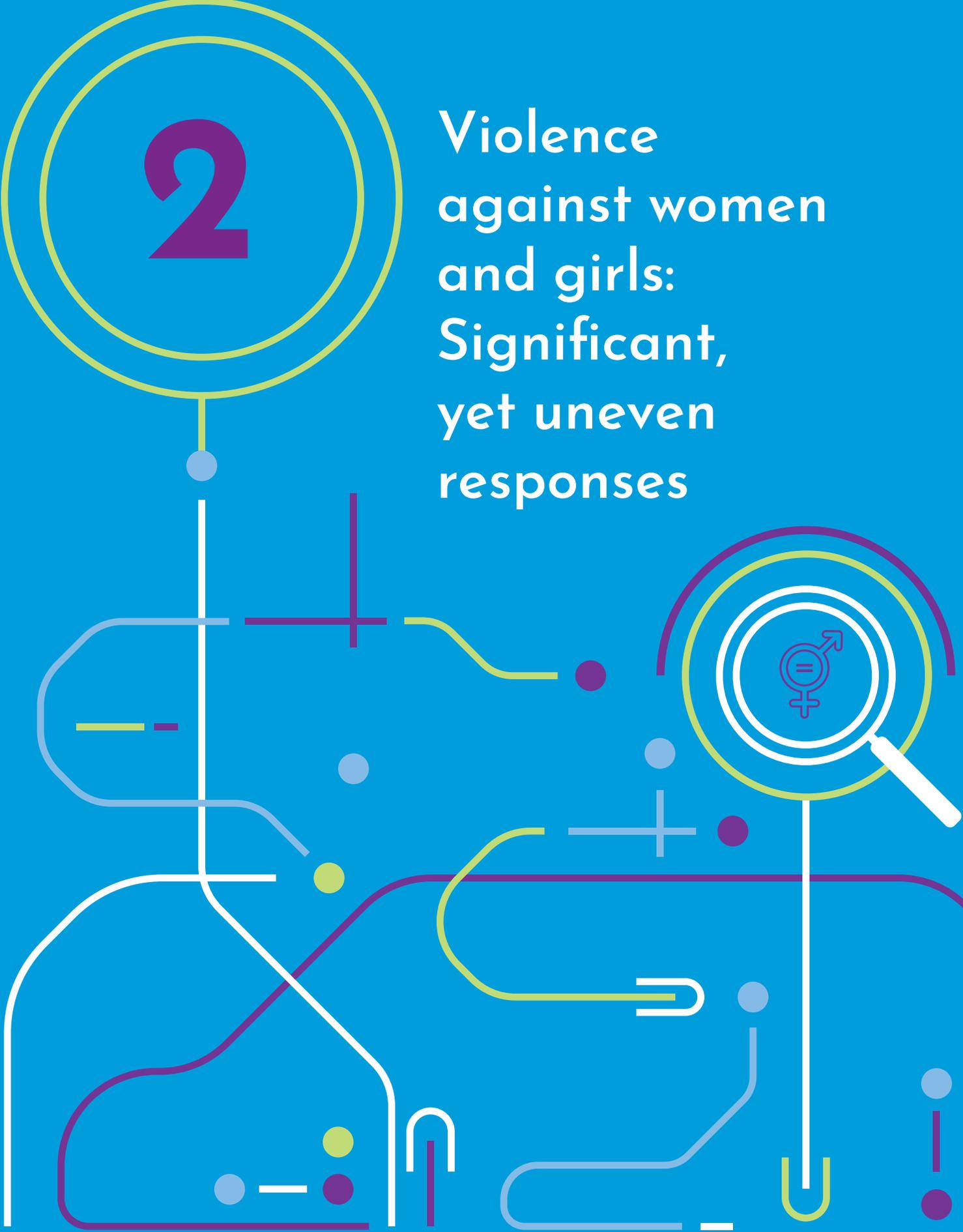
2

Violence against women and girls: Significant, yet uneven responses

VIOLENCE AGAINST WOMEN AND GIRLS HAS INTENSIFIED DURING THE PANDEMIC

Since the pandemic began...

23% of women say that household conflicts have become more frequent

48% of women report having experienced violence or knowing a woman who has

54% report feeling more unsafe walking alone at night

60% of women across 9 Arab states reported experiencing online violence during the pandemic

Of these, **44%** reported the violence moved offline

GOVERNMENTS HAVE RESPONDED, BUT MANY GAPS REMAIN

163 COUNTRIES adopted

856 MEASURES to address violence against women and girls

Only **13 COUNTRIES** mainstreamed VAWG into their COVID-19 response plans

Only **0.0002%** of COVID-19 response funding by major donors went towards ending gender-based violence

FEMINIST MOBILIZATION WAS CRITICAL
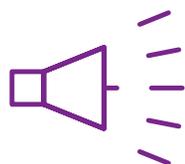
In the first year of the pandemic, women staged **2,711 PROTESTS** to demand action on VAWG across **100 COUNTRIES**

Countries with **STRONG FEMINIST MOVEMENTS** adopted on average **3 more MEASURES ADDRESSING VAWG** than those with weak feminist movements.

KEY FINDINGS

Between March 2020 and August 2021, 163 countries and territories adopted 853 measures to address violence against women and girls (VAWG) —a heartening response to the Secretary-General's call to action and the demands of feminist movements and organizations around the world.

Many countries adopted a range of emergency measures, including digital reporting mechanisms, automatic extension of restraining orders, repurposing of hotels to expand shelter capacity and economic support targeted to violence survivors. Yet, few countries managed to put in place a coordinated multi-sectoral response, reflecting a significant lack of preparedness.

Countries with a more robust infrastructure and pre-existing coordination mechanisms were able to adapt and scale up support more quickly, but all countries faced significant challenges and bottlenecks in implementation.

Barriers to accessing services for those facing multiple and intersecting forms of discrimination were exacerbated by the pandemic, particularly where coordination with civil society organizations (CSOs) servicing their needs was neglected for the sake of urgency.

Early and vocal mobilization by feminist movements and organizations was critical to get governments to respond, while women's CSOs also stepped up to fill the gaps where official measures proved wanting.

However, the success of feminist movements and organizations also hinged on the existence of previous networks, including with allies in formal positions of power and access to COVID-19 decision-making spaces, as well as high-level political commitment.

Moving forward, given that levels of VAWG often increase during times of crisis, countries should prioritize and fund long-term strategies to prevent and address this violence during 'normal' times and strengthen coordination mechanisms that enable the systematic integration of VAWG into future rapid crisis response.

2.1 INTRODUCTION

When the pandemic hit, women's rights organizations across the world mobilized quickly and effectively to draw attention to the detrimental effect that COVID-19 and the measures to contain its spread would have on women's health and safety. Drawing on evidence from previous crises, they warned that rising economic insecurity and widening inequalities would increase the risk of violence against women and girls (VAWG), while quarantines and lockdowns would further isolate women in abusive relationships or at risk of violence, limit their access to life-saving support services, constrain their ability to escape and perpetuate the impunity of perpetrators. Indeed, in some countries, domestic violence reports spiked with the imposition of lockdowns and stay-at-home orders, signalling an intensification of violence; in others, reporting rates decreased, suggesting that women were less able to report or seek help through the regular channels.[1]

As the pandemic deepened, the evidence that VAWG was intensifying grew.[2] Nearly one in two women surveyed as part of UN Women's Rapid Gender Assessments across 13 countries reported that they or a woman they know had experienced at least one form of violence since the onset of the pandemic; seven in ten women reported that they thought verbal or physical abuse by a partner had become more common.[3] Risk factors for other types of violence also increased. This includes an additional 10 million girls projected to marry as children and an additional 2 million cases of female genital mutilation by 2030 because of COVID-19 restrictions, school closures, poverty-related stress and the disruption of services.[4] Empty streets, fewer witnesses and aggressive enforcement of containment measures further increased the risk of VAWG, particularly sexual violence in public spaces.[5] Four in ten women reported feeling more unsafe in public spaces since the start of the pandemic, and nearly two thirds of women thought that sexual harassment in public spaces had worsened.[6] Meanwhile, the increasing use of the Internet and digital devices for education, access to public services and socializing made online VAWG even more pervasive (Box 2.1).[7]

VAWG is a complex problem that requires a multipronged response, spanning comprehensive legal reform and policies; coordinated, multisectoral support services for survivors across the health, justice, police and social services sectors; quality data on VAWG, its causes and consequences; and whole-of-government prevention strategies, including community mobilization, transforming social norms, attitudes and beliefs, early education on respectful relationships, work with men and boys and integrated economic empowerment programmes.[8] Evidence also shows that feminist movements and intensive advocacy efforts are crucial to preventing VAWG.[9] In a world that is plagued by repeated and prolonged crises—caused by pandemics, conflict, natural disasters or economic collapse—addressing VAWG also requires comprehensive emergency response plans that span the humanitarian, peace and development nexus. This includes holistic and coordinated evidence-based prevention efforts and essential services that can be quickly adapted to mitigate increasing risks, meet new demands and ensure continued access under deteriorated circumstances (see Box 2.2).

In April 2020, UN Women's former Executive Director, Phumzile Mlambo-Ngcuka, coined the term 'the shadow pandemic' and called on Member States to make the prevention and redress of VAWG a key part of their national response plans for COVID-19. United Nations' Secretary-General António Guterres launched an appeal, which was answered in a statement by 146 Member States and Observers that expressed strong support, and followed up with a political engagement strategy.[10] This chapter explores the extent to which governments prioritized VAWG as part of their COVID-19 emergency response with a focus on measures to address domestic violence. It provides a global overview of the most common measures; discusses regional variations in scope and comprehensiveness and highlights good practices as well as gaps and bottlenecks in implementation (section 2.2); teases out enablers and constraints of effective VAWG responses through the lens of select case studies (section 2.3); and draws lessons for strengthening violence prevention and response in emergency and recovery (section 2.4).

BOX 2.1

COVID-19: Adding urgency to calls for action on online and ICT-facilitated VAWG

VAWG is as serious online as it is offline, with significant impacts on survivors' health and well-being. Many forms of violence occurring offline are replicated and intensified in digital spaces, and there is increasing evidence of how VAWG online can be a precursor to violence carried out offline.[11]

Quarantine measures and self-isolation policies dramatically increased Internet usage. As more women and girls spent more time online for work, school, political organizing and social activities, their likelihood of experiencing online violence, already rife before the pandemic, also increased.[12] Young girls, women in politics, journalists and human rights activists can be a particular target of online harassment.[13] In a study of over 100 East African women journalists, two thirds reported that online harassment had increased during the pandemic;[14] and 70 per cent of women activists and human rights defenders across 14 Arab States also reported feeling unsafe online during this period.[15] In the United Kingdom, a survey found that nearly half of women and non-binary people had experienced online abuse between March and September 2020. Black women and non-binary people experienced the highest rates, which may reflect a broader backlash against trans rights and the Black Lives Matter movement during this time.[16] As part of its VAWG response, the UK provided funding for a CSO that addresses technologically facilitated abuse. Action to address online violence was also taken by Australia, Bolivia, Bulgaria, Ethiopia, Pakistan, Slovenia and Uganda.[17]

However, effective measures to prevent online VAWG remain elusive due to a range of factors, including a lack of data, evidence and understanding of the prevalence of VAWG facilitated by information and communications technology (ICT), as well as its anonymous and cross-border nature, lack of regulation of big tech companies and inadequate legal frameworks contributing to perpetrator impunity.[18]

2.2

HOW DID GOVERNMENTS RESPOND TO THE SHADOW PANDEMIC?

The COVID-19 Global Gender Response Tracker registers a total of 853 measures across 163 countries and territories to address VAWG in the context of the pandemic, suggesting a response of significant scope. Thanks to the early and persistent alarm bells rung by feminist movements and gender equality advocates, most of these measures were announced relatively quickly, with 66 per cent of them being adopted between March and May 2020 and another small spike in measures around the 16 days of activism against gender-based violence (GBV) in November 2020 (see Figure 1.2 in Chapter 1). As part of these efforts, many governments spearheaded important policy innovations. However, closer analysis reveals not only significant variations in scope and comprehensiveness (see section 2.1), but also gaps and bottlenecks in implementation and continued access to essential services (see section 2.2).

At the same time as governments tried to prevent and respond to VAWG in the domestic sphere, the enforcement of containment measures also frequently contributed to its intensification in public spaces. For example, in Latin America, Panama, Peru and the city of Bogotá in Colombia instated binary gender-segregated mobility restrictions that resulted in violence against trans and gender-diverse persons accused of breaking lockdown regulations,[19] while in Uganda, restrictions on group gatherings were invoked to justify the violent arrest and detention of 23 young LGBTIQ+ people staying at a homeless shelter.[20] Across countries, women working in the informal economy, such as street vendors and market traders, who rely on the use of public spaces for their livelihoods, have been subject to violent police 'clearings' on the grounds of safety and hygiene.[21]

Barriers to service access may also be particularly steep for women facing multiple and intersecting forms of discrimination, including older women and those with disabilities, whose needs are frequently unaccounted for in the design and rollout of programmes. Such exclusions are often exacerbated during crises, when collaborative design processes with diverse stakeholders are neglected for the sake of urgency and the needs of some groups are prioritized over others.[22] Examples of government measures that address the needs of specific groups are discussed below where possible; however, information remains scarce.

Wide regional variations in scope and comprehensiveness

There is significant variation across regions and countries in terms of both the number of measures (scope) and the extent to which they covered the full range of essential prevention and response services (comprehensiveness).

In terms of scope, Europe, Northern America, Australia and New Zealand is the regional cluster with the highest absolute number of measures (279) and one of the highest measure densities (an average of 5 measures per country/territory), followed by Latin America and the Caribbean

with 214 measures and a density of 4.7 measures per country/territory (see Figure 2.1). East-Asia, South-East Asia and the Pacific, Northern Africa and Western Asia and sub-Saharan Africa register both lower absolute numbers and a lower measure density (3.0, 2.8 and 1.8 measures per country/territory, respectively). Central and South Asia registers the third lowest number of violence measures but the highest measure density (6.8), partly due to a relatively small denominator (14 countries).

FIGURE 2.1

Total and average number of VAWG measures by region
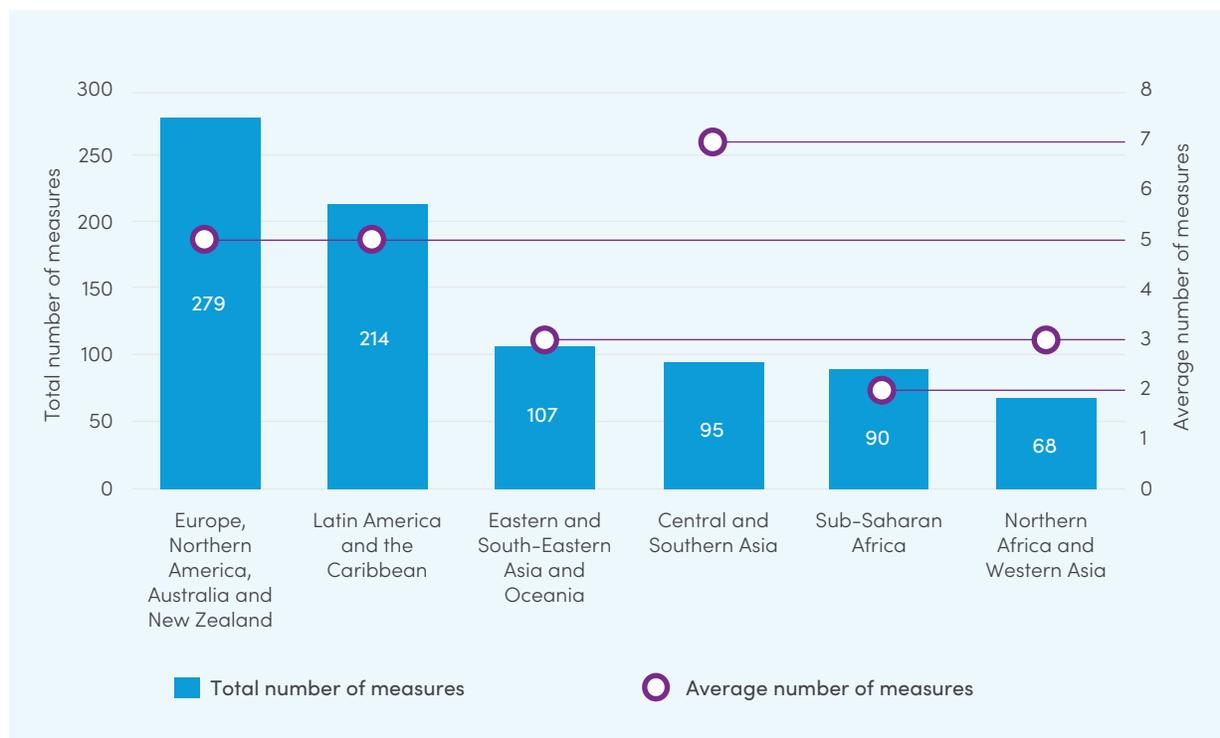
Source: Author's elaboration based on UNDP-UN Women Covid-19 Global Gender Response Tracker.

Note: Based on the 226 countries and territories covered by the UNDP-UN Women Tracker, 163 of which have at least one VAWG measure. The number of countries and territories included by region is: 56 in Europe, Northern America, Australia and New Zealand (47 with VAWG measures); 46 in Latin America and the Caribbean (32 with VAWG measures); 50 in sub-Saharan Africa (30 with VAWG measures); 36 in Eastern and South-Eastern Asia and Oceania (25 with VAWG measures); 24 in Northern Africa and Western Asia (16 with VAWG measures), and 14 in Central and Southern Asia (13 with VAWG measures).

In terms of comprehensiveness, it is important to point out that few countries had a comprehensive approach to addressing VAWG before the pandemic.[24] In 2020, for example, 39 out of 46 European countries (85 per cent) had a national women's helpline that was free of charge and operated 24/7; but only nine (20 per cent) met the standard of the Istanbul Convention on minimum required bed spaces in shelters for women survivors of domestic violence.[25] In the Global South, where budget constraints are more severe, specialized VAWG services are likely to be even more limited—though comparable data are lacking. In some cases, pre-existing VAWG infrastructure had been weakened by recent cuts, leaving countries ill-equipped to meet rising demands during the pandemic. In Ecuador, for example, the budget for addressing gender-based violence was slashed by 84 per cent just before the pandemic hit, while Brazil had experienced a steep decline in the federal budget for VAWG programmes since 2016.[26] Meanwhile, in Ireland, the Rape Crisis Network Ireland and SAFE Ireland network of women's refuges and support services were among those

that experienced funding cuts of up to 40 per cent over the previous decade.[27]

This lack of preparedness resulted in significant blind spots during the pandemic. Out of 163 countries and territories with data, only 18 (11 per cent) covered at least seven of the nine critical areas of intervention highlighted in Box 2.2, while 83 (51 per cent) addressed three or fewer areas. Adopting a large number of VAWG measures did not guarantee a comprehensive response either. Australia, Bangladesh, Belgium, Bolivia, Colombia, Ecuador, Fiji, Nepal and Peru, for example, are among the countries with the highest absolute number of measures (12 or more), but only some (Belgium, Bolivia, Colombia, Ecuador, Fiji and Nepal) have a relatively comprehensive response (covering seven or more areas), while others register no emergency measures in key areas such as shelters, health sector response or psychosocial support.[28]

Europe and Latin America each account for five of the 18 countries with a relatively comprehensive response, followed by East Asia, South-East Asia

and the Pacific (4), Central and South Asia (2) and sub-Saharan Africa (2).[29]

These variations in scope and comprehensiveness reflect a range of factors, including government commitments to eliminating violence against women prior to the pandemic, the relative strength of feminist movements and organizations, access to pandemic-related decision-making structures and varying levels of state capacity (see section 2.3).

Overall, many efforts were ad-hoc and fragmented. Indeed, only a small number of countries and territories mainstreamed VAWG into their broader COVID-19 response plans (13), developed specific action plans for a coordinated and comprehensive VAWG response in the context of the pandemic (23) or allocated fiscal resource packages to support violence prevention and response either by funding

a range of services or directly funding civil society organizations (CSOs) that provide such services (19). Funding challenges are particularly acute in low- and middle-income countries, which often rely on donor funding for running the limited VAWG infrastructure that is available. Yet, in 2020, GBV funding accounted for only USD 55.12 million, or 0.0002 per cent, out of a total USD 26.7 trillion in COVID response funding opportunities offered by major donors.[30] In Uganda, the international funding that had sustained most of the GBV shelters ended in August 2020, while national budget allocations to the Ministry of Gender, Labour and Social Development declined by 15 per cent between 2019-2020 and 2020-2021; in other countries, budget allocations were initially announced but did not necessarily follow.[31]

Measures focused on strengthening services for survivors

The strong majority of VAWG measures (64 per cent) focused on bolstering services for survivors, followed by awareness-raising campaigns (17 per cent), data collection (6 per cent) and efforts to

'mainstream' VAWG into broader COVID response planning, including through the development of national action plans and allocation of resources (7 per cent) (see Figure 2.2).[32]

FIGURE 2.2
Number and percentage of VAWG measures by type

- Continued access to services
- Awareness-raising campaigns
- Data collection and use
- Integration of VAWG into COVID-19 response plans
- Other measures

53 | 6%
56 | 7%
52 | 6%
146 | 17%
546 | 64%

Source: Author's elaboration based on UNDP-UN Women Covid-19 Global Gender Response Tracker.
Note: Based on 163 countries and territories covered by the UNDP-UN Women Tracker with at least one VAWG measure.

FIGURE 2.3

Measures to strengthen services for VAWG survivors, by type

Source: Author's elaboration based on UNDP-UN Women COVID-19 Global Gender Response Tracker.

Note: Based on 150 countries and territories covered by the UNDP-UN Women Tracker with at least one measure to strengthen services for survivors during the pandemic.
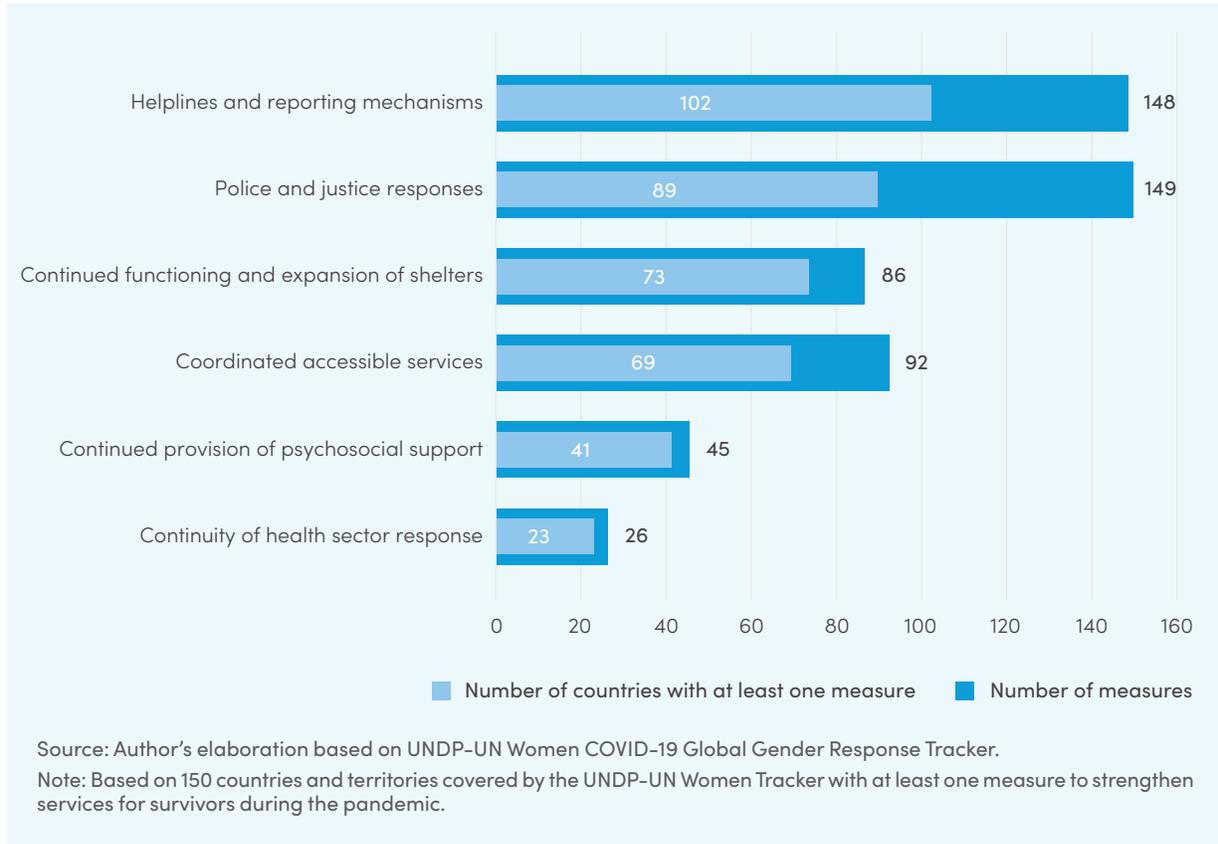
Helplines

Among VAWG services, measures to strengthen, adapt and diversify the channels through which survivors could seek support were most widespread (see Figure 2.3). Over 100 countries and territories register measures aimed at increasing resources or staffing or extending the operating hours of existing helplines (or creating new ones). As face-to-face services faced disruptions, providers came to rely more heavily on phone-, Internet- or SMS-based services to facilitate referrals to service providers, offer psychosocial support and undertake safety planning with survivors. Australia, Belgium and the United Kingdom boosted funding for existing hotlines, while Angola, Cambodia and Ghana launched new national toll-free numbers.[33]

However, gaps in implementation have been documented in many countries, including reports of rural and low-income women falling through the cracks of digital and platform-based solutions due to uneven smart phone access, high cost of data, lack of ICT literacy, irregular/poor Internet access and/or unpredictable power outages.[34] In addition, technology-based solutions can be inaccessible to women with disabilities if staff are not trained in disability inclusion and if digital formats are not compatible with screen readers and accompanied by alternative channels.[35] Logistical and coordination bottlenecks have also hindered the effectiveness of helplines. For example, in Ecuador, the only 24/7 helpline was the same number as the one for general emergencies, which was flooded by COVID-19 related calls.

A government assessment revealed that only 10 per cent of the almost 7,000 domestic violence calls received between mid-March and mid-April 2020 had been attended.[36] In Peru, helpline staff reportedly instructed callers to seek help at the Women's Emergency Centres, which were closed during the lockdown.[37]

Police and justice services

As stay-at-home orders made it more difficult for survivors to access services in person, some 89 countries and territories adapted police and judicial response services to facilitate continued access to justice and hold perpetrators accountable (see Figure 2.3). In Jordan, for example, an emergency response team, with women police officers at its core, was formed and trained to conduct home visits during the lockdown and safely refer victims to essential services. Police would also accompany survivors to the police station or court to ensure they could travel safely while movement restrictions were in place. In Fiji, the Gender-Based Violence working group negotiated police transport for VAWG survivors to enable in-person access to legal, medical and shelter services during curfew hours. However, in other contexts reliance on law enforcement officials amplified violence. In Colombia, for example, the National Police established a new strategy called Home Patrol going door-to-door to check on families, which led to numerous complaints of excessive force.[38]

As courts and legal services shut down or operated at reduced capacity, some countries responded by defining VAWG cases as urgent matters that required continued processing and by simplifying procedures for obtaining and extending protection orders. Courts in Argentina, Brazil and the United States, for example, automatically extended protection orders that expired during lockdowns. Other countries, such as Kenya, Mexico and Morocco, allowed for remote filing and proceedings. Despite these efforts, the pandemic increased the backlog in VAWG cases across countries.[39]

Shelters

While housing solutions for survivors are insufficient during the best of times, the pandemic led to a spike in demand. At the same time, shelters had to cope with staff shortages or reduce capacity to meet physical distancing requirements. As an important first step, countries including Argentina, Barbados, Canada, Côte d'Ivoire, Fiji, India, New Zealand, Singapore, South Africa and Spain declared VAWG shelters essential services and exempted survivors from freedom of movement restrictions. However, these regulations were not always communicated clearly or backed by additional funding. In South Africa, for example, law enforcement continued to hinder the work of providers even after their services had been declared essential.[40] Australia, Canada, France, Ireland, Sweden, Tonga, Ukraine and the United Kingdom, in turn, announced earmarked budget allocations for shelters and other emergency housing early on. In Argentina, Belgium, France and Turkey, governments repurposed hotels, dormitories and other spaces to provide temporary shelter, while Chile, Ireland and Malta extended rental subsidies to violence survivors (see Box 2.3).

Some of these measures were designed with the needs of different groups in mind. For example, in Portugal, two new emergency shelters were opened to include specialized services for LGBTIQ+ people and women with disabilities or with mental health problems; and in Canada, CAD 10 million (USD 7.5 million)[41] was provided to Indigenous Services Canada's existing network of 46 emergency shelters on reserves and in Yukon to support Indigenous women and children escaping violence. However, efforts to include marginalized groups were often piecemeal even before the pandemic. For example, where shelter systems employ binary sex-based understandings of gender, they can be inaccessible for trans and gender-diverse people. This remained so through the pandemic, with evidence across the world suggesting many trans survivors faced homelessness to escape violence.[42]

Health services for survivors

The health system is often the first formal point of contact for women experiencing violence and ideally provides a range of essential services as well as referrals. A recent World Health Organization (WHO) study found that 75 per cent of countries include first-line emotional, physical and safety support for survivors in their health policies; however, only 45 per cent covered the full package of immediate post-rape care services and only 35 per cent included mental health interventions.[43] As health services were stretched to breaking point by the onslaught of COVID-19, VAWG survivors experienced heightened barriers, including in access to sexual and reproductive health services and emergency services in the case of sexual assault.[44] Similar to the situation with shelters, governments responded by declaring such services essential, but implementation proved difficult in the face of competing needs. In Kenya, for example, health services for VAWG survivors continued to be disrupted after being declared essential, with health centres repurposed into quarantine centres and health staff redeployed to attend the COVID-19 emergency.[45]

Coordination across sectors and levels of government

Coordination and collaboration across sectors and levels of government is critical to an effective and efficient response but can be particularly challenging in emergency settings. Sixty-nine countries and territories responded through a variety of measures, including the adoption of protocols and guidelines, the creation of cross-sectoral task forces and contingency plans, training for first responders, revision of referral pathways and continued operation and strengthening of one-stop centres. In Côte d'Ivoire, for example, the Ministry of the Family, Women and Children was able to harness VAWG one-stop centres that had been created in response to rising rates of sexual violence in conflict over a decade

ago, underlining the importance of pre-existing infrastructure for resilience to crises of all kinds.[46] Germany, in turn, adapted its federal investment programme 'Together against violence against women', extending the deadline for federal states, municipalities and VAWG service providers in civil society to apply for funding to expand and upgrade counselling centres, shelters and other support facilities. The programme had been announced just before the pandemic, a product of a standing coordination mechanism that brings states and the federal Government together. While it tackles important infrastructure gaps, it has been criticized for failing to address structural staff shortages by not covering staff costs.[47]

One area for greater policy and programmatic linkages that has come to the fore during the pandemic is between VAWG prevention and response, on the one hand, and gender-responsive social protection and economic support, on the other (see Box 2.3).[48] UN Women's Rapid Gender Assessments on Violence Against Women showed that women who lacked personal income (unemployed, students or unpaid caregivers) were particularly likely to report experiencing or knowing a woman who had experienced violence since the start of the pandemic.[49] Emerging evidence signals that well-designed cash transfer programmes hold significant potential for reducing intimate partner violence by reducing poverty-related stressors.[50]

BOX 2.3
Linking social protection and VAWG interventions: Lessons from COVID-19

Since the onset of the COVID-19 pandemic, at least 15 countries have rolled out specific interventions aimed at combining social protection with VAWG prevention and response, including cash transfers, rental assistance, in-kind support and a combination of employment or entrepreneurship programmes with VAWG prevention components.

Argentina's *Acompañar* programme—a new cash 'plus' transfer launched in September 2020—provides women and LGBTIQ+ survivors of GBV with six months cash assistance equal to the national minimum wage, along with psychological support.[51] According to the 2020 Budget, the intended coverage of *Acompañar* for 2021 was 92,000 people; by September 2021, 54,000 individuals had been reached.[52]

Albania adapted its existing cash transfer programme *Ndihma Economike,* which covers survivors of domestic violence among other vulnerable groups, in response to the pandemic. Benefits were doubled in March 2020, with another increase in January 2022. For three of the beneficiary categories, including women who had survived trafficking or domestic abuse, the benefit tripled.[53] In Kenya, a three-month cash transfer for 40,000 vulnerable people living in informal settlements in Mombasa and Nairobi also included survivors and people at risk of sexual and gender-based violence.[54]

In June 2021, the Dominican Republic replaced its cash transfer programme *Progresando con Solidaridad* (Prosoli) with *Supérate,* a new programme that includes a component promoting the autonomy of VAWG survivors by providing them with economic support and access to jobs (*Supérate Mujer*).[55] Likewise, Colombia integrated a component on VAWG prevention in its programming on rural women's economic empowerment,[56] while Romania's national employment agency rolled out vocational guidance and support for the socio-professional reintegration of domestic violence survivors through a network of 42 subregional offices.[57]

Chile expanded coverage of its 'Housing Subsidy Agreement for Women Victims of Violence' in November 2020 to include all women facing violence and not only those subject to intra-family violence, as was previously the case.[58] The programme, which has been in existence since 2009, assists survivors with rapid housing reallocation and grants them preferential access to some of the housing programmes and rental subsidies managed by the Ministry of Housing and Urban Planning.[59] Australia, Ireland and Malta also provided rental assistance to survivors of domestic violence.

Information and awareness-raising

Raising awareness about risk factors and providing survivors with information about available services is critical to effective prevention and response during an emergency. Over 100 countries and territories took action in this area, including through dedicated social media campaigns as well as outreach via SMS, radio, television and the distribution of printed materials.

Many campaigns focused on increasing public awareness of services, including efforts to reach marginalized groups of women. For example, in Iceland, a national awareness-raising campaign drew attention to specialized services available for survivors with disabilities, migrants, those who are pregnant, LGBTIQ+ people, and children. Other countries, such as Peru, made efforts to reach women living in rural areas through targeted SMS messaging and the broadcast of short radio programmes with information on reporting mechanisms.

In other instances, VAWG campaigns sought to promote respectful relationships and positive masculinities. Examples include Egypt, where a national door-to-door 'mega awareness campaign' against FGM took place, reaching at least 14 million people; Paraguay, where a national campaign against human trafficking during COVID-19 focused on prevention, targeting Indigenous people; and Sri Lanka, where the Equal Partners Campaign was launched on national television to engage men and boys in ending VAWG and tackle gender stereotypes.

In some instances, governments actively collaborated with CSOs in the design and rollout of awareness-raising campaigns, including in Rwanda, Timor-Leste and Uganda.

Data

Quantitative and qualitative data are critical to assess the need for essential services and improve their delivery. With traditional face-to-face data collection methods rendered impossible, the pandemic spurred innovative, often remote, data collection methods in 45 countries and territories as well as calls for always prioritizing women's safety over data collection needs.[60] Cameroon, for example, collected data on the impact of COVID-19 on VAWG through the Internet and social media platforms, while Australia started to monitor trends in ICT-facilitated abuse. Several countries also initiated efforts to strengthen the collection and analysis of administrative data on service use.[61] However, there are only few documented cases where data were deliberately collected and used to inform response efforts. Examples include Bosnia and Herzegovina, where the Government developed a data-based plan to support CSOs running shelters. In Fiji, the Ministry of Women, Children and Poverty Alleviation, through the GBV Working Group, developed a temporary administrative data system, whereby incidents are collated by frontline service providers and analysed in real time, enabling them to adapt the response to meet the demand.

WHAT ENABLED MORE COMPREHENSIVE VAWG RESPONSES?

Why did some governments act more proactively than others, adopt more measures and/or mount a more comprehensive VAWG response? While a full-fledged answer to this question requires further research and probing, this section provides preliminary answers to this question based on available data and evidence.

The extent to which countries could rely on, activate and adapt pre-existing VAWG infrastructure services clearly mattered, but the tracker documents a high level of policy activity and comprehensiveness across countries with very different levels of preparedness. That is, even in countries with limited pre-existing infrastructure—such as Fiji and Uzbekistan, which are discussed in further detail below—some governments showed a high level of commitment to address VAWG in the context of the pandemic.

Strong democratic institutions are an important enabler for gender-sensitive measures across different policy areas, as Chapter 1 highlights. On VAWG specifically, the literature has identified several factors as critical for eliciting government action on violence against women policies

in 'normal times', including the role of strong, autonomous feminist movements and women's policy agencies (WPAs).[62] Drawing on quantitative data as well as qualitative case studies from across regions and diverse country contexts, this chapter finds that these factors also played an important role during the pandemic: Feminist movements and organizations set the agenda from civil society, while WPAs or other sympathetic government insiders played a key role in elevating their claims and translating them into policy action. Where insider-outsider networks—between feminist movements, women's organizations, femocrats[63] and/or legislators—existed prior to the pandemic, they enabled rapid agenda-setting, identification of needs and coordination of service provision; where they were missing or weak, the speed and/or quality of the response was compromised. Because of the executive-driven nature of the emergency response, the translation of claims also depended on high-level political commitment and often stalled where this was lacking. However, there are also cases where significant progress was made even in the absence of some of these key ingredients.

Feminist mobilization: Setting the agenda

Consistent with the literature, feminist mobilization was an important driver of government responses to VAWG during the pandemic. Without the early and forceful action of feminist movements and organizations across the globe, it is unlikely that governments would have recognized and taken measures to

prevent and respond to the uptick in VAWG. Already before the pandemic, feminist organizing on VAWG effectively harnessed digital technologies for national and transnational networking as well as highly visible social media campaigns, such as #MeToo and #NiUnaMenos. Young activists have

been especially tech- and communications-savvy, using an array of digital strategies and networks often to great effect.[64] During the pandemic, these networks were harnessed to demand action on addressing the shadow pandemic and to disseminate information about VAWG services. Meanwhile, street protests also continued. From March 2020 to March 2021, women staged at least 2,711 protests against gender-based violence across 100 countries and territories, accounting for 38 per cent of all women's protests during that period.[65] In the face of health risks, restrictions on the right to public assembly and repression by authorities, the sheer scale of women's mobilization against violence underlines both their tenacity and the urgency of their demands.

In Latin America and the Caribbean, the region in the Global South with the highest number of VAWG measures (see section 2.1), mobilizations against VAWG had picked up in scope and visibility since at least 2015, building on a long history of activism in this area and quickly spreading across the region. In the year prior to the pandemic, the region registered both the highest absolute number of protests on VAWG among all regions in the Global South as well as the highest proportion of VAWG-focused protests out of all women's protests. This pattern continued during the first year of the pandemic with a total of 883 VAWG-related protests in the region (see Figure 2.4).

FIGURE 2.4

Number of women's protests against VAWG and other issues, by region and year

Legend: Women's protests on other issues; Women's protests against VAWG
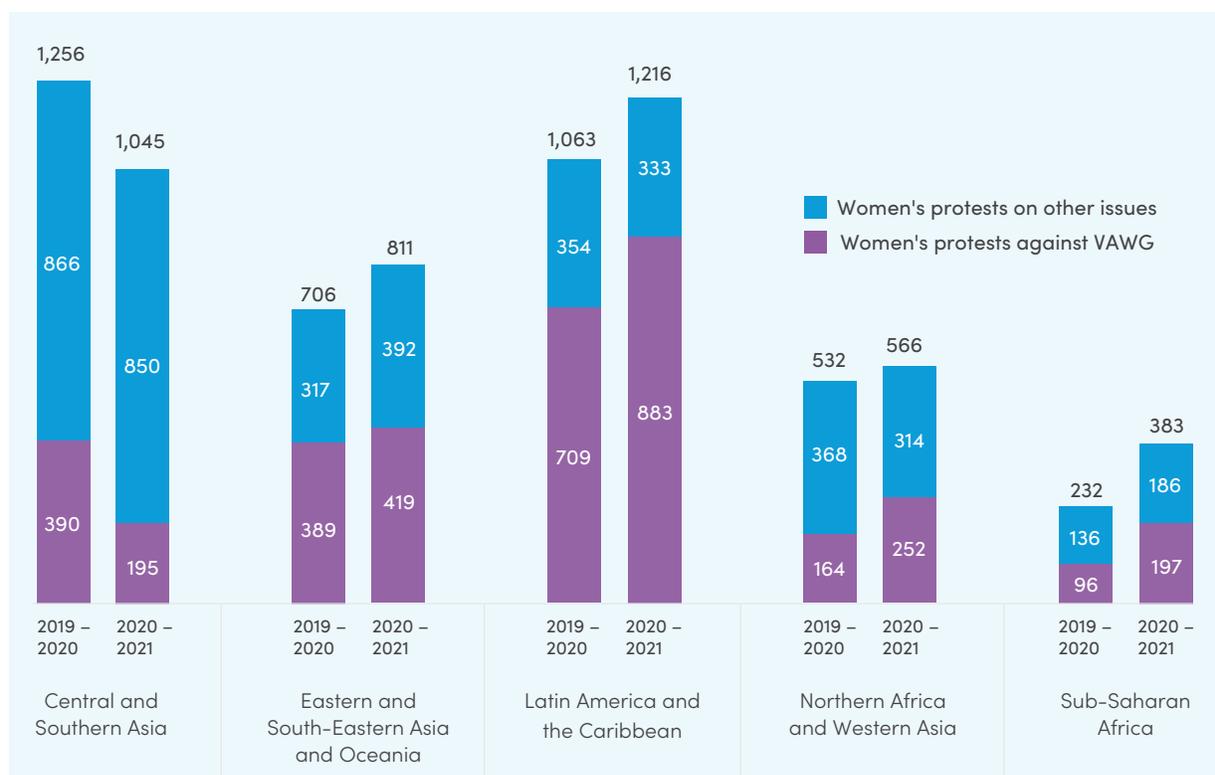
Source: Author's elaboration based on data from the Armed Conflict Location & Event Data Project (ACLED 2021).

Note: Based on data for 145 countries and territories with available trend data. Regions included are those with regionally representative data availability in both years under analysis. For this reason, Europe, Northern America, Australia and New Zealand as well as Oceania are excluded from analysis. The number of countries and territories included by region is: 12 in Central and Southern Asia (11 with women's protest events); 14 in Eastern and South-Eastern Asia (13 with women's protest events); 51 in Latin America and the Caribbean (27 with women's protest events); 24 in Northern Africa and Western Asia (19 with women's protest events); 44 in sub-Saharan Africa (33 with women's protest events). The time period under analysis runs from 11th March through 10th March of subsequent year (inclusive), reflecting the WHO declaration of COVID-19 as a pandemic on 11th March 2020. The subset of GBV demonstration events was identified through keyword searches in event descriptors complemented by manual review. Events coded as 'Women's protests on VAWG' include multi-issue events where VAWG was one among multiple demonstration topics.

FIGURE 2.5
VAWG response by feminist movement strength

Source: Authors' elaboration based on UNDP–UN Women Covid-19 Gender Response Tracker and Forester et al. 2020.

Note: Includes UN Member States with data on the UNDP–UN Women Tracker and on feminist movement strength, captured by the Feminist Mobilization Index (N=124) (Forester et al. 2020). For further details, see Annex 2.
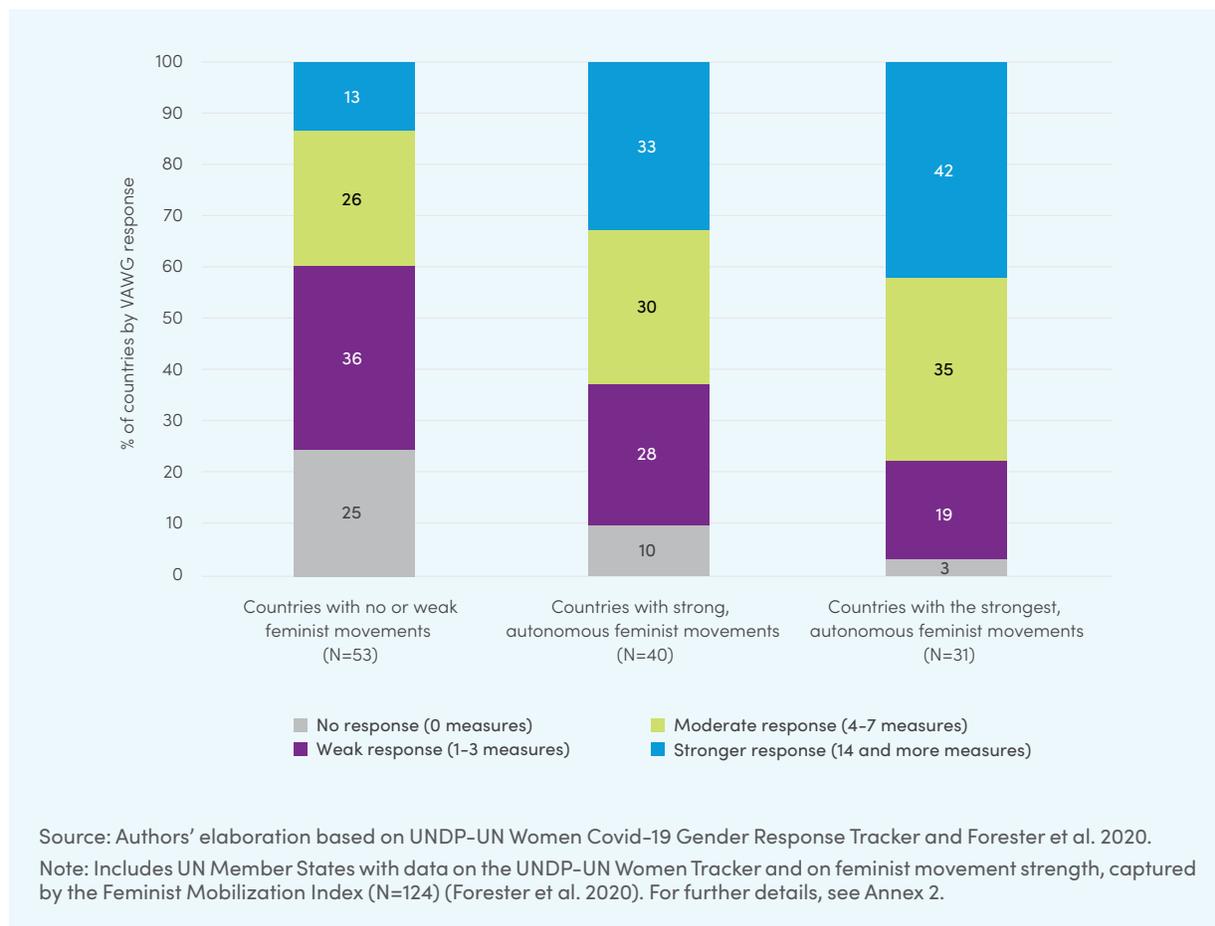
Beyond immediate mobilizations in response to the shadow pandemic, there is a significant association between the presence of strong, autonomous feminist movements and organizations prior to the COVID-19 pandemic and action on violence against women and girls during the pandemic. As Figure 2.5 shows, 25 per cent of countries with weak feminist movements took no measures on violence against women and girls during the pandemic, compared to only 3 per cent of countries with the strongest autonomous feminist movements. While 77 per cent of countries with the strongest feminist movements adopted a strong or moderate VAWG response to the pandemic, this proportion declined to 39 per cent in countries with weak movements. Indeed, countries with the strongest autonomous feminist movements

adopted on average 2.8 more measures addressing VAWG during the pandemic than those with weak movements, controlling for GDP.[66]

Women's CSOs—which have always played a critical role in VAWG prevention and service provision—also stepped up their implementation efforts, adapting rapidly to meet the needs of survivors in the communities they serve. Their initiatives have been particularly critical to support groups that tend to fall through the cracks of government provisions in the best of times. In the State of Palestine, community-based organizations ran awareness-raising sessions and radio episodes on topics ranging from how to prevent online harassment to child marriage and

legal rights for survivors of domestic violence.[67] In Panama, a Trans Solidarity Network delivered food and medication to transgender people afraid to leave their homes due to gender-segregated quarantines and developed an online form to collect data on incidents of discrimination by police.[68] Yet, the efforts of these groups are generally inadequately supported, relying on the unpaid physical and emotional labour of other survivors, who may provide this support at considerable risk to their own safety and well-being.[69] Six months into the pandemic, CSOs working on ending violence against women across 69 countries reported operating under great uncertainty and significant stress that threatened their organizational survival.[70] Some governments, including in Bosnia and Herzegovina, Canada, France, Sweden and Uzbekistan, allocated additional emergency funding to CSOs for VAWG response. In Japan, where prior to the pandemic

most shelters were run by the non-profit All Japan Women's Shelter Network, feminist advocacy prompted the Government to allocate funding to the network for the first time, enabling the opening of 24-hour public domestic violence phone and online counselling services, along with subsidies for survivors in private shelters.[71]

While feminist activism and service delivery by women's organizations were critical enablers of government action on VAWG, there were important factors mediating the extent to which their demands translated into policy influence during the pandemic, including the existence of relationships that had been established between feminist movements (outsiders) and individuals and institutions within the state (insiders) as well as the ability of the latter to access and influence the government's pandemic response agenda.

Women's policy agencies: From demands to influence

In many countries, women's policy agencies (WPAs)[72] were formed in response to feminist movement demands and have historically provided an entry point for women's rights organizations to engage the state on VAWG.[73] During the pandemic, tight networks between these agencies, feminist movements and/or CSOs enabled a rapid identification of problems and a strong basis for coordinating response efforts. In Argentina, for example, the position of the WPA had been strengthened and its budget increased in the context of massive feminist mobilizations since 2015, which also led the agency to establish stronger ties with feminist movements and CSOs working on VAWG.[74] These networks deepened and widened with the creation of the Ministry of

Women, Genders and Diversity in 2019—alongside the growing presence of feminist insiders in key government positions—and enabled an early, proactive and comprehensive response to VAWG in the context of the pandemic. Pre-existing coordination mechanisms were harnessed, for example, to organize virtual meetings with provinces, community-based organizations and civil society to offer training and share model policy recommendations.[75]

Similar dynamics were at play in Fiji, where significant progress had been made prior to the pandemic on the creation of national standards and practices under the leadership of the Ministry of Women, Children and Poverty Alleviation (see Box 2.4).

BOX 2.4

Fiji: Activation of previous emergency networks allows for swift action to address violence during COVID-19

Fiji has one of the highest rates of VAWG in the world, with 64 per cent of ever-partnered women aged 18-49 having experienced violence at the hands of an intimate partner in their lifetime—nearly double the global average.[76] Prevalence is even higher among lesbians, bisexual, trans-masculine and gender non-conforming people, 84 per cent of whom have experienced intimate partner violence.[77] The rich activism and decades-long work by women's CSOs to provide frontline services for VAWG survivors, lobby for better legislative frameworks and increase VAWG sensitivity among the police and other actors laid the groundwork for infrastructure that was adapted during the pandemic.

As a small island state that enforced a rapid and strict lockdown and travel restrictions, Fiji remained relatively COVID-free for the first year of the pandemic. The country's history of crises, including extreme weather events such as cyclones, storm surges and droughts, while devastating, contributed to the resilience and preparedness of Fiji for mainstreaming VAWG across the COVID-19 response. The Ministry of Women, Children and Poverty Alleviation, the Fiji Women's Crisis Centre and UN Women have played an important coordinating role, including by convening the GBV Emergency Response Group. This group meets regularly during normal times but scales up its efforts during emergencies of different kinds, and it was activated to roll-out and adapt support services in the face of the pandemic.[78] Indeed, Fiji registers one of the highest numbers of pandemic-related VAWG measures in the world (14), spanning all the critical areas (see Box 2.2). Actions included strengthening hotlines for survivors, supporting crisis centres and shelters to stay open, ensuring ongoing hearing of domestic violence cases in the justice system, training health-care workers to support survivors, collecting real-time data on VAWG incidents to inform response and updating referral pathways for frontline service providers.

While Fiji has demonstrated robust action to address VAWG during the pandemic, its heavy reliance on donor resourcing raises questions for long-term sustainability. In a context of limited resources and multiple crises, the risk of institutional capacity on VAWG being stretched to meet other urgent needs is always acute. Alongside these challenges, work to end VAWG in Fiji must navigate the influence of conservative religious values and militarism that have permeated the patriarchal society, meaning that survivors are often reluctant to come forward and few cases are reported or prosecuted.[79]

However, in many countries WPAs lack strong connections to feminist movements and CSOs or the political clout to achieve their integration into the mainstream COVID-response. In Brazil, despite a strong, autonomous WPA having played a catalytic role in violence policies and created strong ties to feminist movements since its creation in 2003, changes in status and leadership since 2016 meant that this inroad was blocked off when the pandemic hit.[80] In other cases, gender equality advocates in WPAs found themselves excluded from pandemic-related decision-making structures. In Kenya, for example, VAWG stakeholders in civil society started to work with the State Department for Gender as early as March 2020 to promote the incorporation of VAWG into the Government's COVID-19 response plan. However, the Department was not represented in the National Emergency Committee, causing significant delays in the VAWG into the response. In April 2020, for example, the Ministry of Health released a Community Engagement Health Strategy that did not mention VAWG. After pressure by women's organizations to pay attention to spiralling rates of VAWG, the Ministry released guidelines in May 2020, deeming the health-care

needs of violence survivors essential.[81] In Uganda, the Ministry of Gender developed a COVID-19 emergency response plan in early March 2020, but it was not provided with any resources to support its already fragile VAWG services infrastructure (see section 2.2).[82]

High-level commitment: A make or break in emergency politics?

The examples of Argentina, Kenya and Uganda above highlight the make-or-break role of high-level leadership for a proactive VAWG response in the context of the pandemic. While femocrats in WPAs in Kenya and Uganda were marginalized or ignored, high-level political commitment to gender mainstreaming put Argentinian femocrats in a strong position to influence the COVID-19 response.

Similarly, in Iceland, responsibility for gender equality issues had been shifted out of the Ministry of Welfare and into the Prime Minister's Office in 2019, underlining her commitment to gender equality issues. Paired with strong feminist advocacy networks and a comparatively robust VAWG infrastructure, this enabled relatively rapid and comprehensive action on VAWG during the pandemic (Box 2.5).

BOX 2.5

Iceland: Robust service infrastructure, long-standing networks and high-level political commitment enable a strong VAWG response

When the pandemic hit, the Government of Iceland rapidly established a women-led task force dedicated specifically to the management and implementation of VAWG prevention measures with a budget of over EUR 1.6 million (USD 1.8 million).[83] Prime Minister Katrin Jakobsdottir, who took the helm in 2017, joined the ranks of women leaders lauded for their outstanding COVID-19 response.[84] On VAWG specifically, the country registers eight measures, spanning areas such as increased shelter capacity, reinforcement of reporting mechanisms and provision of psychosocial support.

Years of building the capacity of support services contributed to the country's preparedness for addressing the rising tide of VAWG. In 2020, just prior to the pandemic, Iceland was the only European country to meet the standards set out in the Istanbul Convention for the provision of both a national women's helpline and women's shelters.[85] Both state funding and donations to women's specialist support services increased during the pandemic and were used to, for example, speed up development of a housing project for survivors of violence and reduce wait times at Stígamót, a counselling and support centre for sexual abuse survivors.

Iceland also has a strong, autonomous feminist movement, spearheading reforms in the police and justice sector that made a critical difference during the pandemic. In 2016, the Iceland Women's Rights Association began calling for greater women's representation in the police force, prompting an increase from less than 13 per cent in 2014 to around 40 per cent in 2021.[86] The national police force came under further scrutiny in 2019, when nine women took legal action against the Government over misogynistic treatment during their domestic violence cases.[87] When the pandemic hit, the National Police Commissioner improved work procedures and increased specialized police training to respond to the increase in domestic violence, signalling that VAWG crimes were taken seriously by the police.

Beyond specific measures to address violence against women and girls, a key contextual factor is the Icelandic Government's containment of the pandemic overall. Free COVID-19 testing, a comprehensive tracking system and, later, widespread vaccination allowed the country to maintain low infection rates and avoid lockdowns, thus minimizing the situational risk of increased violence within the home.

In other countries, lack of high-level political commitment hampered the response even in the presence of strong feminist movements and pre-existing state capacity. With pathways to influence the federal Government largely closed-off, feminists in Brazil turned to subnational governments and the women's caucus in the legislature where the *Bancada Feminina* successfully pushed through a bill that declared VAWG facilities essential public services. The federal VAWG response, however, remained patchy.[88] In Poland and Turkey, gender equality advocates faced similar scenarios, with central Governments falling short of providing a comprehensive response and even initiating significant roll-backs. Much to the dismay of feminists, Turkey withdrew from the Council of Europe's Istanbul Convention in March 2021. Government officials in Poland had made a similar announcement in July 2020, triggering massive demonstrations.[89] At the time of writing, the Government's request to examine the compatibility of the Istanbul Convention with the Polish Constitution was still pending.

There are also countries where critical actors wielded their power to push government action on VAWG forward in the absence of strong feminist movements and a robust WPA. Uzbekistan, for example, integrated VAWG into its COVID-19 response early on and managed a relatively comprehensive response, especially considering significant gaps in service coverage prior to the pandemic. By exposing those gaps, the pandemic has also prompted reforms that could lay the basis for more sustained, longer-term progress on VAWG prevention and response (Box 2.6).

In other countries, too, the pandemic has ushered in legal and policy changes that go beyond the emergency response. In Lebanon, the parliament approved new amendments to the Domestic Violence Bill following feminist advocacy in the context of economic crisis and COVID-19 lockdown. Armenia included funding in the 2021 budget for the sustained operation of 11 support centres, which provide VAWG survivors with multisectoral services. Bangladesh and Kenya launched national investigations into violence against women in response to the alarming rise in reported rape cases and other forms of sexual violence.

BOX 2.6

Uzbekistan: Democratic reforms and growing momentum on women's rights pave the way for action on VAWG

Uzbekistan took eight measures to address violence against women and girls during the pandemic—a higher number than most other countries and territories in Central Asia and Eastern Europe—including the provision of state grants to 15 CSOs working on VAWG, strengthening of essential services, creation of an educational Telegram messenger on VAWG, boosting hotlines and legal aid and implementing standard operating procedures for a cross-sectoral VAWG response.

This comparatively strong response built on momentum created since 2016. VAWG gradually came onto the public agenda in the context of a change in government followed by democratic reforms[90] that created greater space for gender equality concerns. Just prior to the pandemic, for example, the country adopted several gender equality laws, including, in 2019, the first national law on protection of women from harassment and violence. The growing attention to women's rights laid the groundwork for action to address VAWG during COVID-19. The Speaker of the Senate, Tanzila Narbaeva—who occupies the second highest ranking government position after the Prime Minister and is Chair of the Commission on Gender Equality—has played an important role in building this momentum. Particularly in the absence of a strong WPA, she was a powerful inside ally for gender equality advocates in civil society and the UN system during the pandemic.

While restrictions on autonomous civic activism remain, women's organizations demonstrated during the pandemic that they can be reliable partners in providing emergency VAWG services. As a result, previously weak service infrastructure is being restructured into 29 state-financed one-stop centres, which will be run by women's organizations in conjunction with the Government. Further, during the pandemic state entities, including the Ministry of Justice, Youth Affairs Agency and Commission on Gender Equality, have informally consulted with gender equality activists—a possible stepping-stone towards more formal consultation mechanisms in future.

In May 2021, the Government collaborated with the UN system in developing the country's first National Action Plan on GBV and made a range of pledges at UN Women's Generation Equality Forum in July 2021, two promising signals for commitment to longer-term change. To continue to strengthen women's rights and transform harmful gender norms in Uzbekistan, an enabling environment for feminist activism and robust mechanisms for the participation of CSOs will be critical. Further work is also needed to address gaps in VAWG laws and improve their implementation as well as fill data gaps, such as through a national prevalence survey on VAWG.

2.4
WHERE DO WE GO FROM HERE?

While the pandemic has drawn significant attention to VAWG, high prevalence rates have long pointed to an endemic crisis, rooted in unequal gender power relations. The rise in risk factors and demand for services also caught many governments unprepared, leading to significant gaps and bottlenecks in the rollout of support for survivors. Even in countries with more robust infrastructure, hotlines and shelters were often stretched to breaking point due to rising demand. Nevertheless, the early and sustained mobilization of feminist movements and other gender equality advocates and the urgency of the pandemic also spurred important innovations and increased awareness among policymakers and the public.

Recognizing the pervasive and structural nature of the problem, UN Secretary-General António Guterres' Common Agenda report has urged all Member States to develop emergency response plans to accelerate the eradication of violence against women and girls in the wake of COVID-19.[91] The analysis presented in this chapter points to four important gaps that need to be addressed in these plans.

Investments in accessible, coordinated quality services for survivors need to be ramped up and sustained. Research in several European countries has demonstrated that every EUR 1 invested in specialized VAWG services returns on average 6-9 times this amount in social value to society, as their holistic provision reduces the need for repeated police and social services interventions, hospital visits, emergency housing costs and lost working hours, not to mention overall suffering and trauma.[92] Yet, as this chapter has shown, funding for VAWG prevention and response is grossly inadequate. Indeed, the ability of some countries to respond to VAWG in the context of the pandemic was significantly reduced by prior budget cuts. Sustained funding for both the expansion of service infrastructure and operational costs, particularly staff, will be critical to attend to ongoing needs, improve resilience to future shocks and relieve some of the undue burden that has been placed on women's CSOs. To do their work effectively and sustainably, these organizations need entry points to make their voices heard by state actors as well as access to consistent, long-term funding.

A whole-of-government approach is needed to prevent and eliminate VAWG. Despite growing evidence that VAWG is indeed preventable and that reductions can be achieved in programmatic timeframes, prevention is underfunded and few countries have developed long-term, evidence-based strategies. Where prevention programmes existed, COVID-19 brought them to an abrupt halt as face-to-face contact through community-based interventions became hard to sustain. As a result, most prevention efforts during the pandemic were limited to awareness-raising campaigns. Going forward, comprehensive prevention strategies—informed by the RESPECT Women framework[93]—are needed to address the root causes of VAWG, including gender

stereotypes and patriarchal norms that reinforce unequal power relations and the impunity of perpetrators. Better connections between social protection, labour market and economic empowerment programming and efforts to end VAWG are a critical component of such strategies, which—in light of ongoing crises of multiple kinds—must also be adaptable to humanitarian, conflict and disaster settings.

Autonomous feminist movements and civil society organizations need greater space to exercise their expertise, monitoring and accountability functions. Across the globe, these movements have articulated the concerns, grievances and demands of women during the pandemic and pressured policymakers to respond. Through their advocacy, feminist movements not only contribute to legal and policy change but also change public attitudes, social norms and practices in the process.[94] Support for movement building, resourcing of women's rights organizations and the creation of safe spaces for meaningful dialogue with policymakers is therefore critical to accelerate the eradication of VAWG.

Governments should create and strengthen institutions for ongoing coordination of prevention measures and VAWG services that can be activated for rapid response during emergencies. As this chapter has shown, high-level commitment to gender mainstreaming, adequate resourcing and collaborative networks with women's

rights organizations can enable women's policy machineries to play a leading role in this process. Standing coordination mechanisms—between different levels of government and sectors as well as between government actors and CSOs—also acted as critical enablers of early, proactive and comprehensive responses to VAWG in the context of the pandemic. Strengthening such institutional mechanisms should therefore be an important priority going forward.

The pandemic was a wake-up call for many countries, and there are encouraging examples of renewed government commitment to addressing VAWG going forward. The Spotlight Initiative and the Generation Equality Forum's Action Coalition on Gender-Based Violence are promising global developments mobilizing governments, CSOs, international organizations, philanthropies and the private sector to deliver transformational progress towards the elimination of VAWG.[95]
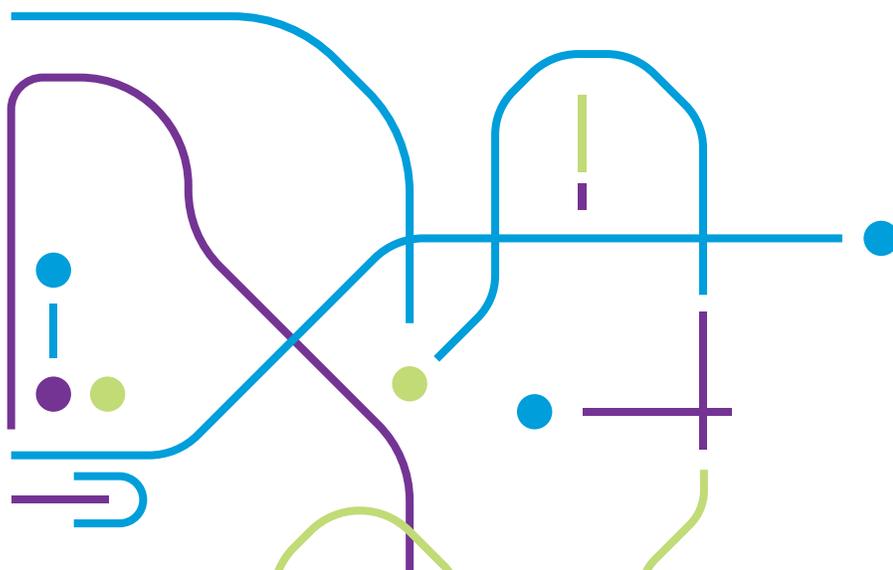
3

Women's economic security: Innovation amid glaring gaps

THE PANDEMIC HAS HAD A DETRIMENTAL IMPACT ON WOMEN'S ECONOMIC SECURITY

In 2020, **WOMEN LOST MORE THAN**

46.6M

jobs globally, a 3.6% loss, compared to 2.9% for men

740M WOMEN WORK IN THE INFORMAL ECONOMY.

By April 2020, informal workers had lost an estimated

82% OF **THEIR EARNINGS**

In 2022...

388M

women and girls will be living in extreme poverty

244M in Sub-Saharan Africa

GOVERNMENTS RESPONDED, BUT OFTEN FAILED TO MEET WOMEN'S NEEDS

Out of **3,099** social protection and labour market measures,

ONLY 12% supported women's economic security.

Across **36 COUNTRIES**,

10% OF WOMEN	
16% OF MEN	
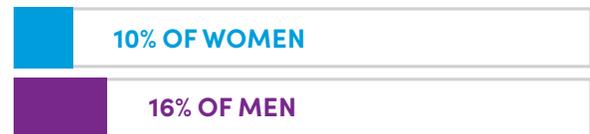
reported receiving official COVID-19 cash relief

POLICY INNOVATION AND LEARNING HAPPENED, AMID GLARING GAPS

Electronically paid cash transfers reached beneficiaries on average **ONE MONTH FASTER** than manual or part-electronic programmes

41 countries extended social protection to different groups of **INFORMAL WORKERS**

30 countries launched gender-sensitive training and active **LABOUR MARKET POLICIES**

KEY FINDINGS

🔍 The global response to the economic fallout of the pandemic has been far-ranging but has largely left women behind. Out of a total of 3,099 social protection and labour market measures adopted in response to COVID-19, only 12 per cent supported women's economic security.

🔍 The response has also been uneven across countries and regions, reflecting differences in pre-existing policy architectures and fiscal and administrative capacity as well as political will.

🔍 Countries with more comprehensive and more gender-responsive social protection and labour market institutions were generally better able to support women's economic security, but examples of policy expansion and innovation also exist in those with less-than-ideal starting points.

🔍 Cash transfers targeting or prioritizing women were by far the most common gender-sensitive response, followed by labour market measures targeting women or female-dominated occupations through wage subsidies, training and entrepreneurship policies.

🔍 In several countries, pre-existing cash transfer schemes directed at mothers in vulnerable households provided an important basis for the rapid roll-out of support during the pandemic. However, limited coverage, duration and benefit levels hampered their impact on women's economic security.

🔍 Women informal workers were at particular risk of falling through the cracks of fragmented social protection systems. Nevertheless, the pandemic triggered important innovations in reaching out to this group, particularly where governments consulted civil society organizations in the design and implementation process.

🔍 While women have been disproportionately affected by pandemic-induced job losses, little policy action has focused on enabling women to (re)enter the workforce on an equal footing with men.

🔍 Boosting investments in universal gender-responsive social protection and labour market policies, upscaling innovations that worked for women and ensuring women's meaningful participation in the design and monitoring of policies are critical for recovery and future preparedness.

3.1

INTRODUCTION

COVID-19 pushed an already strained global economy over the edge and into the worst economic recession since the Second World War. The vast majority of countries and territories were ill-prepared to address the ensuing employment and livelihoods crisis and its disproportionate toll on women. When the pandemic hit, almost two thirds of the world's workers—including 740 million women—were in informal employment[1] and less than half of the global population was effectively covered by at least one social protection benefit.[2] This left millions of people with nothing to fall back on. Women, who already faced substantial disadvantages in access to jobs and social protection, have borne the brunt of the economic shock of the pandemic (see Chapter 1).

Across the globe, governments responded by deploying a total of 3,099 social protection and labour-market measures between March 2020 and August 2021 to prevent people from falling into poverty, preserve jobs and keep businesses afloat.[3] In doing so, they had vastly different resources available and systems to build on. By September 2020, low-income countries had only been able to disburse fiscal stimulus resources equivalent to less than 1 per cent of the total value of government stimulus announced by high-income ones.[4]

As countries rolled out new programmes and policies, and adapted existing ones with unprecedented speed, they relied heavily on pre-existing policy infrastructure and institutional capacities. Countries with more robust labour market institutions and more

universal social protection systems were better able to respond, and those that had already incorporated gender-responsive elements into their policies and programmes could activate and harness them to reach women in the context of the emergency. Overall, however, most social protection and labour market measures have been short-lived compared to the enduring and ongoing hardship caused by the pandemic, and explicit attention to gender dynamics has been the exception rather than the rule.

The remainder of this chapter explores these issues in greater detail. It first provides a global overview of the most common measures that governments adopted to support women's incomes and livelihoods, discusses regional variations in scope and composition and highlights good practices as well as shortcomings in gender-sensitivity, breadth and sufficiency (section 3.2). The chapter then explores key enablers and constraints for addressing women's economic security in the context of the pandemic (section 3.3) and concludes with lessons and recommendations for reversing the enormous damage done to women's economic rights and enhancing preparedness for future crises (section 3.4).

HOW DID GOVERNMENTS RESPOND TO WOMEN'S RISING ECONOMIC INSECURITY?

Governments unleashed an unprecedented global response to the economic shock triggered by COVID-19 with a total fiscal outlay that is estimated to be at least four times higher than the one mobilized during the global financial crisis of 2008–2009.[5]

However, the extent to which business support, labour market and social protection measures have addressed women's economic security, either by targeting or prioritizing them as recipients or by focusing on female-dominated sectors or occupational groups, has been limited. Globally, governments have adopted over 1,000 business support measures to help keep companies afloat, including through equity injections, loan guarantees and tax exemptions. Yet, only 14 per cent (146) of these measures have targeted female-dominated sectors, such as health and social services (including care) or food and accommodation services. Similarly, out of all 3,099 social protection and labour market measures,

only 380 measures (12 per cent) prioritized women or female-dominated occupations for the receipt of cash transfers, wage subsidies or training.[6]

While business support measures are a critical component of emergency response and recovery, they may only benefit women indirectly because they target whole economic sectors and not individuals or workers. The extent to which resources made available to businesses were used to protect jobs and, even then, the extent to which those resources trickled down to women workers—who are often at the bottom of the occupational pyramid and more likely to be on temporary, insecure or part-time contracts—is hard to ascertain.[7] The remainder of this chapter therefore focuses on social protection and labour market measures aimed directly at protecting jobs and incomes, interrogating the extent and ways in which they have supported women's economic security.

Divergence between the Global North and South

As countries rushed to mitigate the economic fallout of the pandemic, they had vastly different resources and administrative systems to build on.[8] This resulted in stark contrasts between high-income countries, on the one hand, and low-income ones, on the other, in both the scope and composition of their aggregate social protection and job response and their ability to tackle gender inequalities effectively.

FIGURE 3.1

Number of social protection and labour market (SPLM) measures by type and region, and average number of measures by region

Source: Author's elaboration based on the UNDP-UN Women COVID-19 Global Gender Response Tracker.

Notes: Based on 226 countries and territories covered by the UNDP-UN Women Tracker, 221 of which have at least one social protection or labour market measure. The number of countries and territories covered by the UNDP-UN Women Tracker by region is: 56 in Europe, Northern America, Australia and New Zealand (all with SPLM measures); 46 in Latin America and the Caribbean (45 with SPLM measures); 50 in sub-Saharan Africa (49 with SPLM measures); 36 in Eastern and South-Eastern Asia and Oceania (33 with SPLM measures); 24 in Northern Africa and Western Asia (all with SPLM measures), and 14 in Central and Southern Asia (all with SPLM measures). The figure includes all social assistance, social insurance and labour market measures.

In terms of the aggregate social protection and jobs response, countries in the regional group of Europe, Northern America, Australia and New Zealand register the highest number of measures (876) and one of the highest measure densities (an average of 15.6 measures per country) (see Figure 3.1). This cluster could rely on a more varied set of policy instruments, including social insurance and labour market polices, which make up 70 per cent of the total response (614 out of 876 measures). The

Global South, in contrast, relied predominantly on social assistance, which accounts for almost 60 per cent of measures across all other regional groups, ranging from 54 per cent in Northern Africa and Western Asia to 66 per cent in sub-Saharan Africa.

The inverse pattern emerges when it comes to measures aimed specifically at supporting women's economic security (see Figure 3.2). Here, countries in Europe, Northern America,

Australia and New Zealand register a low number of measures and have by far the lowest measure density compared to other regions (48 and 0.9, respectively). This is due in large part to their reliance on broader social protection and labour market instruments, such as unemployment insurance or wage subsidies, that do not target women but tend to reach a larger share of the total population with more generous levels of support than most of the narrowly targeted social assistance measures that dominated the response in the Global South.[9] For instance, in 10 European countries, wage subsidies made up for over half of the earnings lost by the reduction in working hours, thereby mitigating increases in poverty and inequality.[10] Generally directed at formal workers, most of these measures did not prioritize women or feminized occupational groups (and hence they are not computed as gender-sensitive in the Tracker, see Box 1.1 in Chapter 1). While data on the gender distribution of these benefits are hard to come by, they likely offered a significant degree of protection to many women in formal employment, especially where eligibility rules were adapted to cover workers in part-time and non-standard employment.

FIGURE 3.2

Total number of social protection and labour market (SPLM) measures aimed at protecting women's economic security (WES) by measure type and region, and average number of measures by region
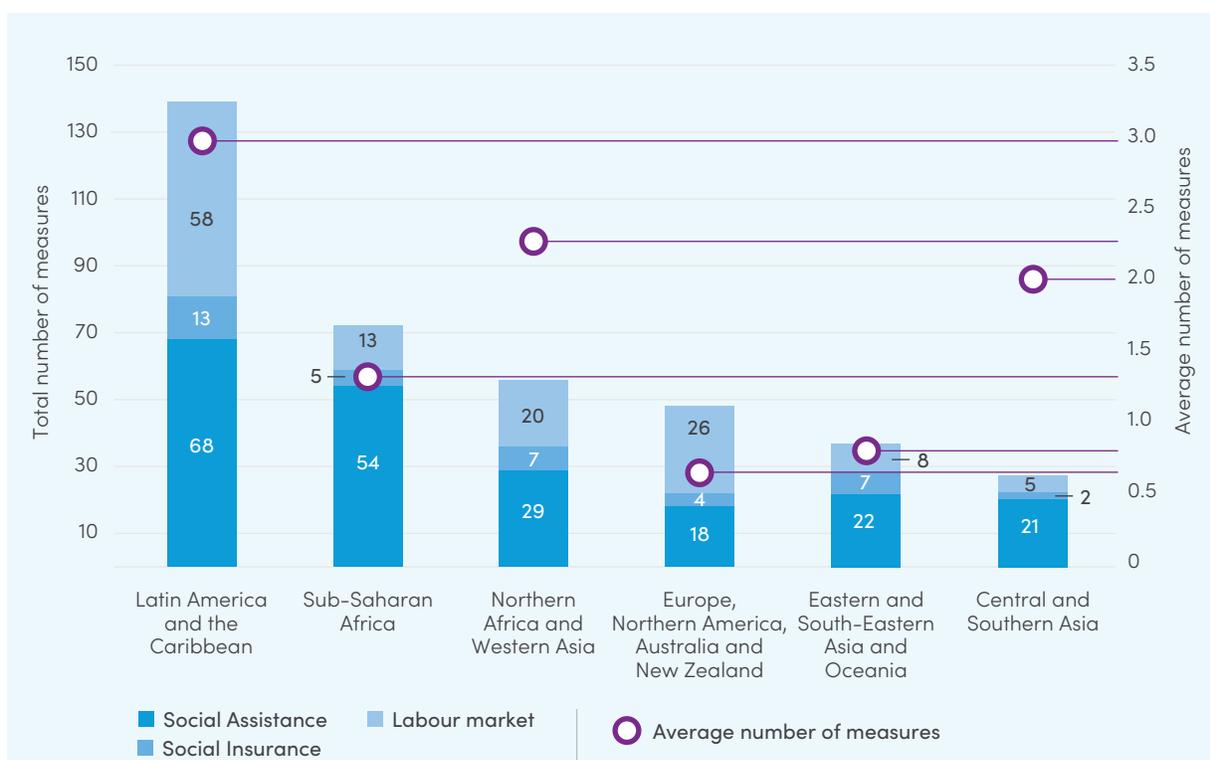
Source: Author's elaboration based on the UNDP-UN Women COVID-19 Gender Response Tracker database.

Notes: Based on 226 countries and territories covered by the UNDP-UN Women Tracker, 140 of which have at least one social protection or labour market measure supporting women's economic security (SPLM-WES). The number of countries and territories covered by the UNDP-UN Women Tracker by region is: 56 in Europe, Northern America, Australia and New Zealand (28 with SPLM-WES measures); 46 in Latin America and the Caribbean (30 with SPLM-WES measures); 50 in sub-Saharan Africa (33 with SPLM-WES measures); 36 in Eastern and South-Eastern Asia and Oceania (17 with SPLM-WES measures); 24 in Northern Africa and Western Asia (20 with SPLM-WES measures), and 14 in Central and Southern Asia (12 with SPLM-WES measures).

In the Global South, with weaker social protection systems, many countries had to improvise and had little choice but to rely on targeted and often short-lived social assistance and labour-market interventions to buffer women's income and job losses. In contrast to social insurance, social assistance—including child grants, income support and social pensions—is often targeted to poor or marginalized groups, including women, which is why these regions register a higher density of measures aimed at supporting women's economic security compared to the cluster made up of Europe, Northern America, Australia and New Zealand (see Figure 3.2).

Latin America and the Caribbean, which has a long tradition of prioritizing women in poor households in cash transfer programmes,[11] is the region with the highest absolute number of measures supporting women's economic security (139) and the highest measure density (an average of 3 measures per country). Next in terms of the absolute number of measures supporting women's economic security (72) is sub-Saharan Africa, a region that has also upped its game on transfers directed at marginalized groups, often prioritizing women

or female-headed households with the support of international donors (see Box 3.2).[12] Northern Africa and Western Asia (56), Eastern and South-Eastern Asia and Oceania (37) and Central and Southern Asia (28) register lower absolute numbers of women's economic security measures, though measure densities are slightly higher than in sub-Saharan Africa.

Despite pre-existing deficits, several low- and middle-income countries made efforts to expand their fragmented social protection systems by combining the extension of current cash transfers with new emergency programmes to deliver income support to informal workers and other groups at risk of poverty (see, for example, Box 3.2).[13] Even countries with political instability, limited budgets or low state capacity that hampered a comprehensive response were sites of significant policy innovation. Afghanistan, Ethiopia, Liberia, Madagascar, Mozambique, Niger, Rwanda, Sudan, Somalia and Uganda all register a significant number of measures supporting women's economic security, for example, and Togo reached a substantial number of women with a new cash transfer programme (see Box 3.3).

Social protection measures focused on cash transfers

Particularly in the Global South, cash transfers that targeted or prioritized women as recipients were by far the most common gender-sensitive instrument of the social protection and jobs response, with a total of 139 measures across 89 countries (37 per cent of all gender-sensitive social protection and labour market measures) (see Figure 3.3). Other measures prioritizing women included active labour market measures that connect people with job opportunities, including training and entrepreneurship support, wage subsidies, income support for the self-employed, food and other in-kind support as well as paid sick leave for pregnant or lactating women. Fourteen countries also implemented universal health coverage measures mainly aimed at enabling access to COVID-19 testing and treatment (see Figure 3.3).

Given their preponderance, this section zooms in on cash transfers, pointing to both innovations and shortcomings that hold important lessons for gender-responsive social protection going forward. Overall, many countries harnessed existing cash transfer schemes to quickly roll out support to women in vulnerable households, primarily by increasing their benefits (vertical expansion) but also by extending coverage to new recipient groups (horizontal expansion). In all regions, countries scrambled to reach informal workers—part of the 'missing middle' that falls through the cracks of many social protection systems, not considered 'poor enough' to qualify for social assistance while lacking access to social insurance. Several countries put in place new temporary transfers for this group, some of which gave priority or extra benefits for women.

Working with what's there: Cash transfers for mothers in the Global South

During the pandemic, nine out of ten gender-sensitive cash transfers were implemented in the Global South. This is reflective of pre-pandemic developments. Already in 2016, 130 low- and middle-income countries had implemented at least one cash transfer scheme as part of their poverty reduction strategies.[14] Many of these schemes targeted mothers within households, in the knowledge that they are more likely than men to prioritize children's well-being.[15] The continuation of this 'gender script',[16] which policymakers had already relied on during 'normal times', allowed for the rapid rollout of emergency support to women living with children during the pandemic.

FIGURE 3.3

Most common social protection and labour market (SPLM) measures aimed at protecting women's economic security (WES) and number of countries with at least one measure, by type

Source: Author's elaboration based on the UNDP-UN Women COVID-19 Global Gender Response Tracker.

Notes: Based on 140 countries and territories covered by the UNDP-UN Women Tracker with at least one SPLM measure supporting WES.
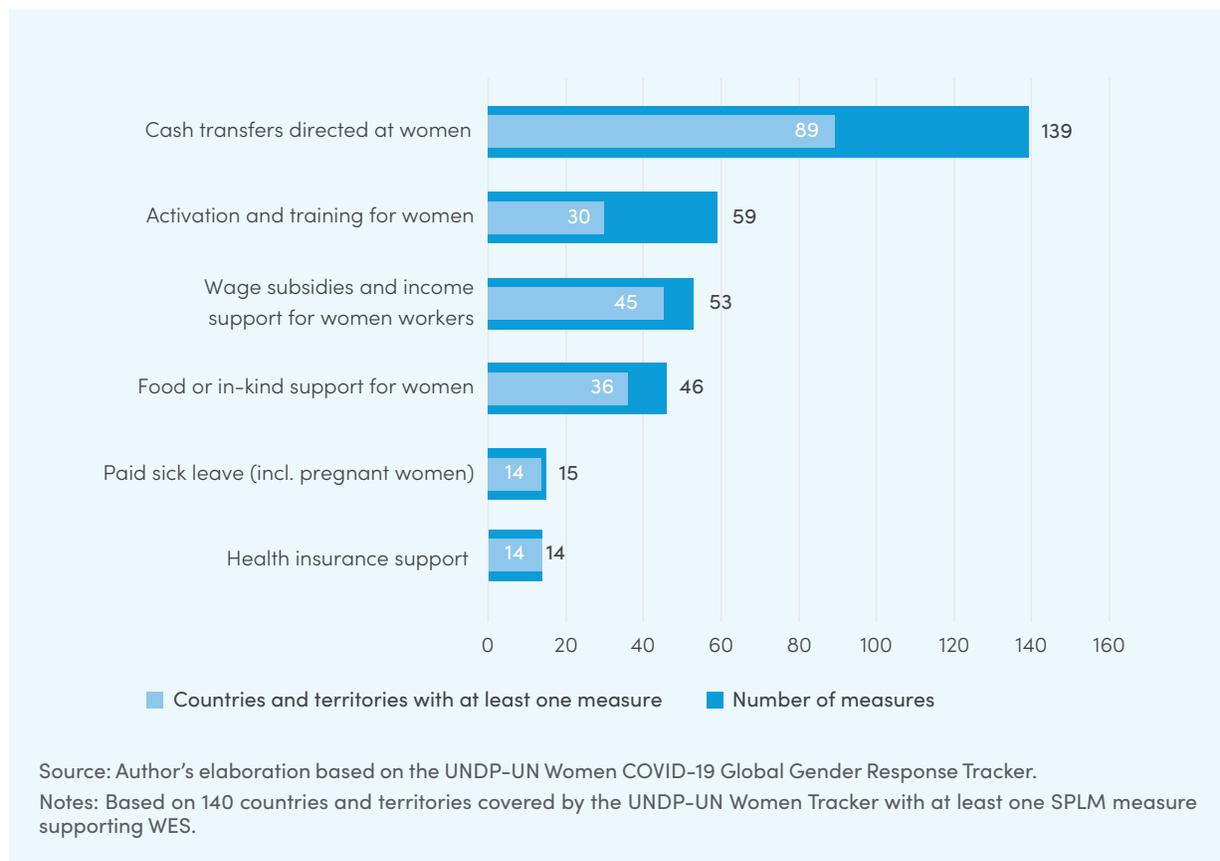
Indeed, more than three quarters of all 139 gender-sensitive cash transfer measures adopted in response to COVID-19 targeted women primarily in their family roles, as mothers or in reference to their marital status (see Figure 3.4). This included 22 conditional cash transfers in Latin America and the Caribbean that prioritized women as household recipients—such as *Familias en Accion* in Colombia, *Bono Vida Mejor* in Honduras and *Tekoporá* in Paraguay—as well as several unconditional transfers in Africa, such as the Special Solidarity Fund in Côte d'Ivoire and the *Karama* Program in Egypt, the former targeted at female-headed households and the later benefiting widows.

Evidence suggests that these programmes were critical for providing women with much-needed relief. Based on data for 58 countries covered by UN Women's Rapid Gender Assessments, women in countries with measures that supported their economic security were more than 1.6 times more likely to report receiving government relief (in cash or kind) than women in countries with no such policies—even if in many cases overall coverage remained low.[17] Gender-sensitive social protection and labour market measures had other benefits for women, including for their mental and emotional health (see Box 3.1).

Yet, targeting women primarily in their family roles also had limitations, ignoring the emergency that many women simultaneously faced as workers, particularly in the informal economy. In South Africa, for instance, an increase in the value of the Child Support Grant provided an important lifeline to caregivers in vulnerable households, but it initially excluded them from receiving a new emergency transfer targeted at the unemployed without access to social insurance. After heavy criticism by experts, workers and women's rights organizations, this was eventually remedied with the latest iteration of the grant in August 2021 (see Box 3.2).

FIGURE 3.4

Putting money into the hands of women, but in what role? Proportion of gender-sensitive cash transfers by target group
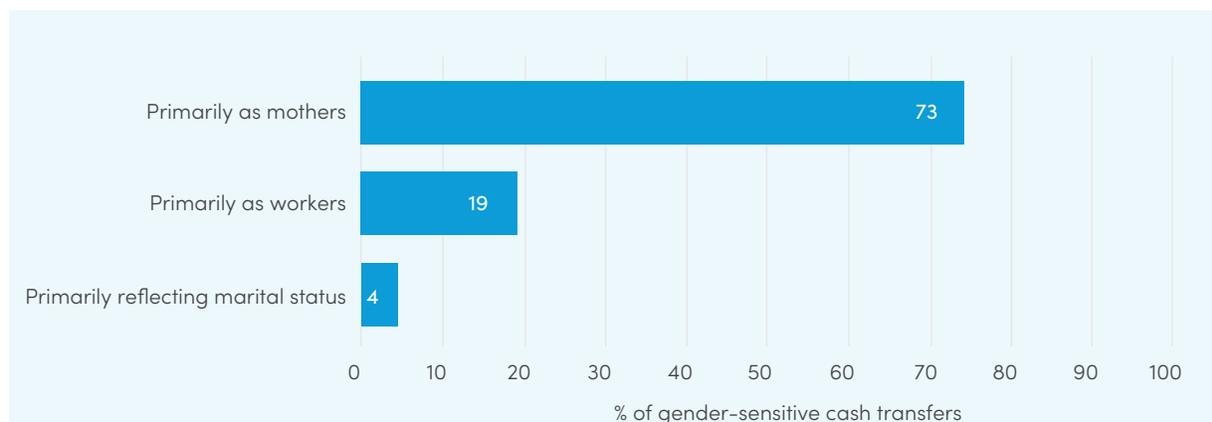
Source: Author's elaboration based on 139 gender-sensitive cash transfers covered by the UNDP-UN Women COVID-19 Global Gender Response Tracker.

Note: The category 'primarily as mothers' covers measures that directly benefit women based on their maternal or care-giving responsibilities; the category 'primarily reflecting marital status' includes measures that support widows, divorced women and/or unmarried daughters; and the category 'primarily as workers' includes measures that target or provide higher benefits to working women in response to their labour market disadvantages. Analytical categories are based on Sainsbury 1996. A total of 13 measures (9.5% of all gender sensitive cash transfers) were not classified in either of these categories and multiple classification was allowed for measures fitting in more than one of them (e.g. measures targeting widows and mothers).

Gender-sensitive responses protect women's mental and emotional health

The pandemic has had a detrimental impact on people's mental and emotional health, with almost two thirds of women and men (62 per cent) across 33 countries reporting a greater strain on this as a result of the pandemic. While aggregate proportions of women and men reporting mental and emotional health strain are similar, there are significant gender gaps in younger cohorts, with 71 per cent of women aged 18-24 years reporting increased mental health strains compared to 59 per cent of men of the same age. Young women in this age group were particularly hard hit by job loss. In addition, women who report an increase in unpaid care and domestic work during the pandemic were 1.6 times more likely to report increased mental or emotional stress than women who did not (see Chapter 4).[18]

Evidence from 35 countries suggests that gender-sensitive social protection and labour market policies provided a significant buffer against detrimental mental health outcomes. Women in countries that did not have at least one gender-sensitive labour measure were three times as likely to report increased mental and emotional stress as those in countries with a high number of measures.[19] In turn, women in countries without gender-sensitive social protection measures were 1.7 times as likely to report increased mental and emotional stress as those in countries with a high number of such measures.[20] Cash relief seems to have acted as a particularly protective factor: Women who reported receiving cash relief were 11 percentage points less likely to report increased mental stress compared to those who did not receive relief.[21]

Extending social protection to women informal workers: An innovation to build on

Only around 20 per cent of gender-sensitive cash transfers recognized the disproportionate labour market risks that women workers faced during the pandemic (see Figure 3.4). At least 15 countries implemented new cash transfers for informal workers with specific provisions for women.[22] A few innovative programmes, including those in Brazil (see Box 3.2) and Togo (see Box 3.3), offered extra benefits to women in the informal economy in recognition of their double role as income providers and family caregivers. Other programmes directed resources to female-dominated sectors or prioritized women workers as household recipients. In Burkina Faso, for example, the Government implemented cash transfers targeted at informal sector workers, including fruit and vegetable vendors, the majority of whom are women. Bangladesh targeted domestic workers with a new Emergency Cash Transfer of BDT 2,500

(USD 29) per month, aiming to reach 4 million families in urban areas.

Another emerging lesson from the pandemic response is the need to abolish rigid approaches to enrolment and eligibility criteria to rapidly and effectively reach those in need. By relying on demand-driven registration mechanisms, for example, Argentina and Brazil were able to reach a large share of previously uncovered or unregistered beneficiaries. In contrast, informal workers in Colombia were not able to self-identify and apply, and a significant share of eligible recipients in existing registries could not be located. As a result, despite there being a larger number of informal workers,[23] the total number of recipients in Colombia's *Programa Ingreso Solidario* transfer remained much lower than that of Argentina's *Ingreso de Emergencia Familiar*.[24] A similar contrast emerges between Brazil and South Africa, where different approaches to eligibility rules for new programmes aimed at informal workers had vastly different implications for women (see Box 3.2).

Gender implications of eligibility rules for emergency income support: Emerging lessons from Brazil and South Africa

Both Brazil and South Africa had broad-based cash transfer programmes prioritizing women before the pandemic. With COVID-19, both countries harnessed these programmes to roll out additional support to existing recipients of *Bolsa Familia* (Brazil) and the Child Support Grant (South Africa). At the same time, they created new transfers aimed at informal workers, many of whom are women: *Auxílio Emergencial* (AE) in Brazil and the COVID-19 Social Relief of Distress (SRD) grant in South Africa. However, approaches to eligibility and generosity differed significantly, with important gender implications.

Brazil's AE was passed by Congress in April 2020. By design, informal workers who were also single mothers received extra benefits and recipients of *Bolsa Familia* were automatically enlisted to also receive the AE. By combining this with a 'demand-driven' enrolment mechanism to register potential 'new' recipients, not yet captured by social registries, the programme's coverage reached 68.3 million individuals at its peak,[25] exceeding the total number of informally employed people in the country.[26] Average monthly benefits were USD 77 or higher [27] making it one of the most generous in Latin America: For the first five months, the transfer was equivalent to 120 per cent of the national poverty line.[28] Single mothers received double the benefit for nine months, and a little extra for the remaining seven months, in recognition of their dual role as caregivers and income providers.[29] However, the tapering of benefits for single mothers, along with the reduction of benefits overall in every programme extension—from the initial BRL 600 (USD 116) per worker to the final BRL 250 (USD 48) per household—meant support declined significantly over time.[30]

South Africa's SRD grant had less reach but still supported 6 million informal workers in its first iteration. At ZAR 350 (USD 21) per month, benefit levels were lower than in Brazil, equivalent to 28 per cent of the national poverty line.[31] Alongside the SRD grant, South Africa topped up the Child Support Grant (CSG) with a 'Caregiver Allowance' for six months.[32] Unlike Brazil's *Auxílio Emergencial*, the SRD grant initially excluded CSG recipients (who are mostly women).[33] As a result, in 2020, women made up only 32 per cent of SRD recipients.[34] Although the Caregiver Allowance was higher than the SRD grant in real terms, its value was reduced by being paid 'per caregiver', rather than 'per child', on the assumption that other transfers, for example from the SRD, would raise total household income. However, the majority of CSG recipients are female-headed households in which women are both the main caregiver and source of income.[35] In response to widespread civil society criticism, the Government revised eligibility criteria with the reintroduction of the SRD grant in August 2021 to include CSG recipients.[36] This resulted in a significant increase in women among applicants: 56 per cent of new applications received by 15 March 2022 were from women.[37] At the same time, the grant's income eligibility threshold was slashed by 60 per cent in April 2022, reducing its overall coverage.[38]

Falling short of need: Limitations in coverage, duration and generosity

The adaptation of existing cash transfers and the introduction of gender-sensitive elements in new emergency programmes enabled many countries to reach women quickly. Yet, most pandemic-related cash transfers were short lived, reached only a small number of women recipients and paid very modest amounts, reproducing pre-existing gender biases.

The average duration of all cash transfers measures was 4.5 months,[39] with many countries adopting temporary, one-off benefits unattuned to the long-lasting impacts of the pandemic on jobs and incomes. The coverage and generosity of cash transfers (whether gender-sensitive or not) was much higher in high-income countries, while in sub-Saharan Africa, where a greater number of cash transfers targeted women directly, population coverage reached a mere 10 per cent.[40]

Looking at the sub-sample of gender-sensitive cash transfers, there is wide variation in coverage, ranging from relatively broad as in India, Pakistan and the United States (see Figure 3.5) to extremely narrow as in Côte d'Ivoire, where one of the main cash assistance programmes reached only around 125,000 vulnerable households, including female-headed ones, in a population of more than 26 million of which almost 40 per cent live below the poverty line.[41] The *Pradhan Mantri Jan Dhan Yojana* in India provided transfers to 200 million women with a financial inclusion digital banking account, though both duration (three months) and benefit levels were low (INR 500 (USD 3.7). Pakistan's *Ehsaas* Emergency Cash Programme, which provided top-up benefits to women, reached over a 100 million people with PRK 12,000 (USD 74) per household for seven months.[42]

FIGURE 3.5
Coverage of selected gender-sensitive cash transfers

Source: Authors' elaboration based on the UNDP-UN Women COVID-19 Global Gender Response Tracker; Gentilini et al. 2022, Figure 12; and UN DESA, Population Division 2019.
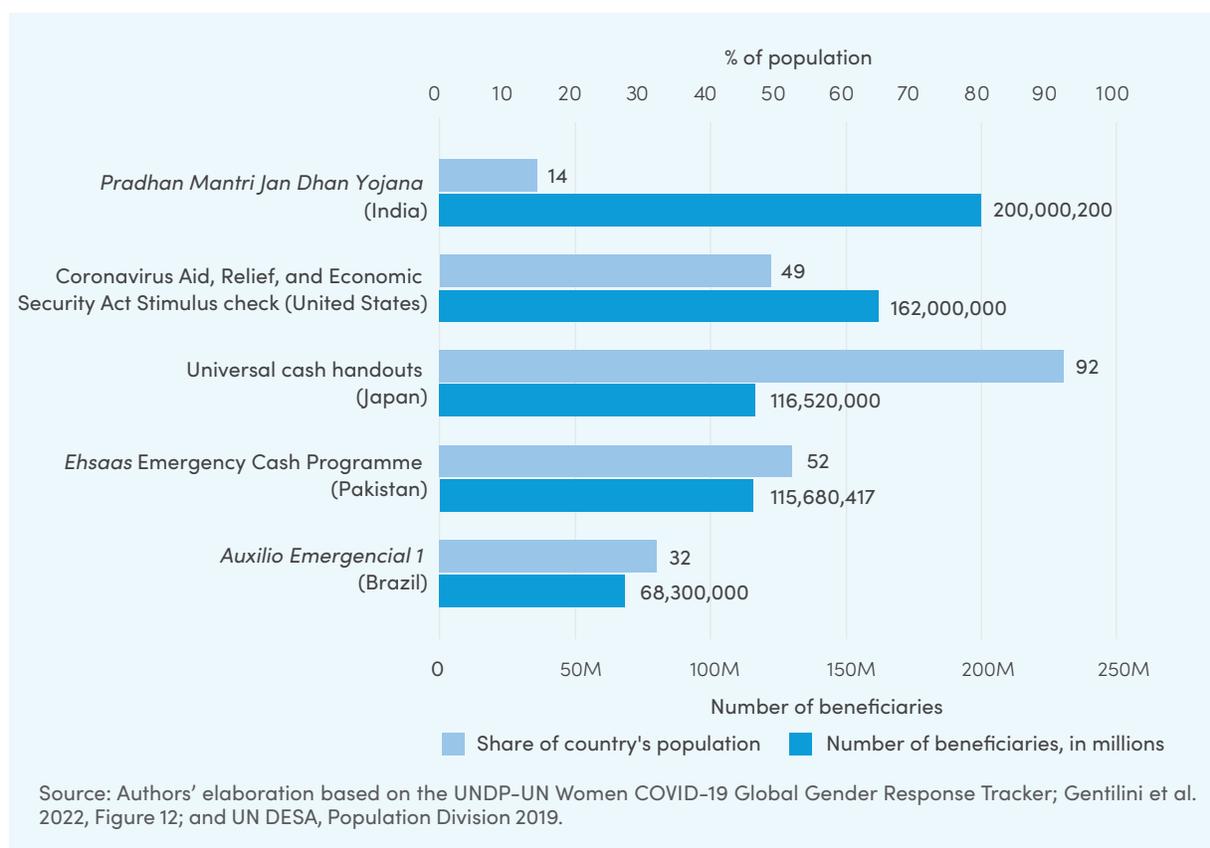
Most countries opted for targeted measures. A different approach to ensure that emergency relief effectively reaches women without explicitly targeting them was with universal benefits. A handful of countries and territories, including Hong Kong (China), Israel, Japan, Serbia and Tuvalu chose universal or quasi-universal benefits using residence or ID data as opposed to targeting marginalized groups. Universal programmes—especially if directed to individuals rather than households—are most likely to reach all women in need independent of work status or household composition and were therefore computed as gender-sensitive by the Tracker.[43] In a crisis context, with rapidly increasing risks of poverty and food insecurity, universal programmes also avoid the costly exclusion errors to which means-tested programmes are prone.[44]

In terms of generosity, there are sharp differences between high-income countries and low- and middle-income countries, with benefits ranging from an average USD 525 per person per month in the former to USD 42 in the latter.[45] A study on 10 Latin American countries found that out of nine cash transfer programmes that were introduced to protect informal workers, only two countries (Brazil and Chile) provided benefits that were close to or above the national extreme poverty line.[46]

Overall, most transfers were clearly insufficient compared to need. Despite efforts to reach mothers and women informal workers, evidence from 45 countries shows that women were significantly less likely than men to receive government cash relief.[47] Single women living with children, who account for almost 8 per cent of all households globally,[48] were less than half as likely as single men living with children to receive cash relief.[49] Only partnered women living with children were slightly more likely than men to receive cash relief (11 per cent versus 9 per cent, respectively).[50] This may suggest that the gender design of existing cash transfers upscaled during the pandemic reinforced a traditional family model, benefiting couples with children while penalizing single mothers.

Labour market measures focused on preventing job loss and protecting essential workers

To mitigate the pandemic's impact on workers, governments introduced a range of labour market measures with three key objectives: preventing job loss, including through economic support to stabilize hard-hit sectors as well as wage subsidies to make up for the loss in working hours; protecting and recognizing the increased occupational health and safety risks of the workforce, including through hazard pay or wage increases; and enabling individuals to re-enter the labour force, including through training, hiring incentives, support for entrepreneurs and public work programmes. Overall, only a small share of these measures targeted or prioritized women or female-dominated occupations. The low number of gender-sensitive activation measures is particularly concerning in light of the disproportionate job losses and slow job recovery among women.

Preventing loss of jobs and incomes

Efforts to keep businesses from dismissing workers and prevent wage losses due to the temporary reduction in working hours focused on short-term work benefits and wage subsidies. Many countries also introduced income replacements for the self-employed. In all, there were 358 measures across 153 countries in this area. Mainly concentrated in high-income countries, broad-based employment retention schemes also prevented a loss of jobs and earnings among women. In Europe, for example, 50 million workers were part of short-term work

benefit schemes in April 2020,[51] which compensated for at least half of the wage losses caused by the reduction in working hours. Since their hours were more likely to be reduced, women would have lost 8.1 per cent of their wages in the second quarter of 2020 without these schemes, compared to 5.4 per cent of men's wages.[52]

A sub-set of 53 wage subsidies and income replacement measures (14 per cent of the total) were considered gender-sensitive because they targeted hard-hit female-dominated sectors or occupations, including the garment industry, hospitality and tourism and the health sector. For instance, in the Caribbean, where tourism contributes around a third of GDP for many countries,[53] Aruba, Barbados, Dominican Republic and Jamaica took measures to support the industry, some of them aimed at providing a safety net to low-ranking workers while stimulating job retention and rehiring. In Barbados, where women constitute 62 per cent of workers in the accommodation and food service industry,[54] the Barbados Employment and Sustainable Transformation (BEST) fiscal stimulus package provided wage subsidies to tourism operators who re-engage all workers on 80 per cent of normal salary for up to two years, combined with measures to 'green' the sector through improved renewable energy capacity and water conservation.

Given women's over-representation among low wage earners, employment-retention schemes that include a minimum compensation threshold or provide compensation on progressive subsidy scales hold the greatest promise for women.[55] For instance, in Norway, short-term work benefits were more generous for low-income earners, who received between 80 and 100 per cent of previous earnings during temporary displacement.[56]

Informal, precarious and non-standard workers are less likely to benefit from incentives provided to formal firms or programmes that require formal, wage or full-time employment status. However, some countries made efforts to address these gaps. In Germany, for example, the pre-existing *Kurzarbeit* (short-term work) scheme was extended to temporary agency workers, where women are over-represented.[57] Chile promulgated a law that led to the inclusion of domestic workers, a heavily feminized occupation, in the national unemployment insurance system, while Italy and Spain introduced special benefits for domestic workers registered with the social security system.[58]

Protecting essential workers' rights at work

Women comprise 70 per cent of health workers globally and, in most regions, 80 per cent of nurses and social care workers, many of whom are migrants.[59] During the pandemic, these workers continued to provide essential services, putting their own lives at risk and juggling longer work shifts alongside additional care work at home (see Chapter 4).[60] In recognition of these burdens, 31 countries introduced wage top-ups or one-off bonuses directed at the health-sector workforce. In most countries, salary top-ups to health workers were meant to compensate for extra working hours and extra risks, as in Algeria, Azerbaijan and Malaysia. In others, including the Philippines and Republic of Moldova, bonuses only compensated for damages incurred, focusing on workers who contracted or died from COVID-19. Only nine wage top-ups explicitly targeted low-income earners in the sector, such as nurses, midwives or food preparation assistants, including in Bulgaria, Cuba and France. Worryingly, in some cases, measures reproduced gender hierarchies and wage gaps. For instance, in the Russian Federation as part of the lump-sum cash payments for medical staff who worked directly with COVID-19 patients paid from April to September 2020, nurses received half the pay of doctors. While wage subsidies and salary top-ups provide some compensation for the

risks incurred, they fell far short of addressing the poor working conditions, inadequate pay and lack of health and safety exposed by the pandemic.

Perhaps less visible than health-care workers, many informal workers also continued to provide essential services in their communities through street vending, food preparation, waste picking or informal care arrangements. While these workers were provided with income support in some countries, most had no choice but to continue working, often breaking lockdown rules to put food on the table, risking contagion and sanctions.[61]

Thus, despite some positive measures, informal workers continued to face sharp drops in their incomes alongside unsafe working conditions, including limited access to protective gear, handwashing facilities and sanitizer.[62] Migration status complicated matters further.[63] Migrant domestic workers, many of whom work informally, lost their jobs at alarming rates during the pandemic and were stranded, unable to return home, while those who continued working often faced unsafe working conditions. Collective action played a critical role in ensuring governments protected the rights and met the needs of these workers, as the example of Malaysia shows (see Box 3.4).

Enabling women to return to work

As the pandemic dragged on, it became increasingly clear that women were recovering their jobs at a slower pace than men. The issue of how to enable women to return to work and recover their earnings thus became increasingly pressing. By August 2021, however, only 30 countries had implemented active labour market policies to help women regain employment (see Figure 3.3). More than half of these measures were taken in Latin America and the Caribbean—which is also the region that experienced the sharpest drop in female labour force participation between 2019 and

2022.[64] Remaining measures are located mainly in Africa, where policy efforts focused on helping women entrepreneurs sustain their activities and livelihoods. Cabo Verde, Colombia, Egypt and Mexico all developed training programmes for women in digital entrepreneurship, e-marketing and e-commerce as well as financial skills so that they could continue selling their products online during lockdowns and be better equipped to benefit from the re-opening of economic activities.

Only a handful of countries have promoted women's re-entry into the labour market by providing incentives to companies. Promising measures include new wage subsidies in Argentina, Colombia and Chile that provide larger amounts to companies that hire women and other hard-hit groups. Chile provides companies with a six-month subsidy for rehiring workers on suspended contracts and hiring new personnel, with a larger subsidy if they are women, young people or persons with disabilities. Similarly, Australia committed AUD 25.1 million (USD 17.3 million) to a four-year apprenticeship programme that specifically addresses gender occupational segmentation by building women's career pathways in male-dominated jobs such as science, technology, engineering and mathematics. Others, including Cuba, Grenada and Kenya, implemented new public works programmes with special provisions for women workers, including offering employment alternatives near their homes or establishing gender quotas. However, coverage and benefits are often low.

3.3
WHAT ENABLED MORE COMPREHENSIVE ECONOMIC RESPONSES?

Even before the pandemic, social protection and labour market policies in most countries were not gender-sensitive, hampering the extent to which gender was incorporated into the emergency response.[65] Yet, as previous sections have shown, there were also important innovations as well as variations between countries and regions in terms of the breadth, composition and generosity of measures aimed at supporting women's economic security. What might be learned from these variations about the enablers of and constraints to gender-responsive social protection and labour market policies during the emergency?

The lack of systematic information on pro-poor measures that may have benefitted women indirectly without targeting them (the Tracker's criteria for identifying women's economic security measures) limited the extent to which quantitative associations between the number of women's economic security measures and other factors, such as prior social protection coverage, feminist movement strength or women's representation in parliament, could be explored. This chapter therefore relies more heavily on the broader literature and emerging case studies to provide insights on enablers and bottlenecks.

Policy legacies: Pre-existing infrastructure and commitments to gender mainstreaming

Previous institutional arrangements, including the extent to which they addressed gender inequalities, were a critical determinant of the response to women's economic security during the pandemic. Available public resources and prior policy architectures—including social protection legal frameworks and effective coverage—influenced the timeliness and breadth of the emergency

response[66] and explain the divergent patterns in the Global South and Global North. Countries that had already committed resources and achieved more comprehensive social protection coverage before the pandemic were able to buffer the shock faster and offer higher levels of protection through new or existing programmes.[67]

While pro-poor social protection and labour market policies often benefit women, particularly those in the lowest income quintiles,[68] gender gaps and biases in policy design, implementation, monitoring and evaluation were pervasive before the pandemic. An analysis of national social protection strategies in 50 low- and middle- income countries, for example, identified important gaps in vulnerability assessments with regards to women's life course risks, particularly in adolescence and old age. Structural inequalities—such as women's lesser access to economic resources, their disproportionate responsibility for unpaid care work and their heightened exposure to gender-based violence—were rarely acknowledged or addressed. Combined with the lack of gender indicators in most monitoring and evaluation frameworks, the risk of a vicious cycle that left the rights and needs of women and girls unaddressed loomed large, long before the virus was in sight.[69]

In other words, poor gender mainstreaming in social protection systems, policies and programmes before the pandemic has been an important obstacle for a more robust response to women's economic security in the context of the pandemic. Yet, there are also examples of policy innovation in settings with less-than-ideal starting points, including Morocco and Togo (see Box 3.3 for the latter). Building on a strong track record in gender-responsive budgeting, half of Morocco's COVID-19 spending was geared towards gender-sensitive interventions, including explicit inclusion of women and informal workers in interventions targeting micro, small and medium enterprises.[70] Drawing on multiple funding sources, including public, private and multilateral contributions, the country's COVID-19 response spending per capita also far outstripped spending in other countries in the region. This shows that innovations can emerge on the basis of modest institutional foundations and expanding partnerships.

'Bounded innovation': The use of digital tools for social protection delivery

Another source of innovation that received a significant boost during the pandemic is the use of digital tools and technologies to expand social protection coverage and delivery mechanisms. Across the globe, governments used social registries and other administrative databases, digital registration systems, mobile phone-enabled digital payments and pre-loaded ATM cards to enrol new recipients and disburse funds. This limited the risks of infection at in-person distribution centres.[71] A review of national cash transfers implemented in 53 low- and middle-income countries in response to COVID-19 found that interventions that paid recipients only via electronic means (i.e., bank transfer, mobile money, electronic vouchers or payment cards) on average delivered their first payment a month faster than comparable programmes paying recipients either manually or part-electronically.[72] The response

was particularly strong among programmes with already-operating electronic payment systems, once again underlining the importance of pre-existing infrastructure during moments of crisis.

However, innovations with digital tools and technologies were 'bounded'[73] by the broader institutional context of gender gaps in access to digital and financial infrastructure in which they took place. The trend towards digitalization—which many analysts expect to continue and deepen in the future—holds great potential, including more efficient rollout of social assistance, greater ease of access for recipients and more effective inter-programme coordination.[74] Yet these potential benefits are dependent on the quality of information featured in digital systems and the extent to which gendered access barriers are considered in the disbursement of benefits.

Countries with up-to-date, institutionalized social registries and/or social protection information systems with high coverage, capacity for on-demand registration (both in-person and online) and strong communication with the broader government data ecosystem (e.g., civil registration and vital statistics data, tax data, disability data, etc.) were in a better position to significantly and swiftly expand their reach.[75] Yet, broad reach not only hinged on the quality of information systems but also entailed changes to routine targeting approaches. Countries that embraced categorical eligibility criteria and 'targeting out' approaches such as affluence testing tended to reach more people than those that stuck to means-testing.[76] To support poor households not receiving routine social protection, Peru relied on an existing large-scale registry covering more than 75 per cent of the population pre-COVID-19 to roll out a new cash transfer—*Bono Yo Me Quedo en Casa*—within a week.[77] This was later complemented with other programmes to reach those not covered by the registry, including *Bono Familar Universal*—an example of 'targeting out' in which all households were eligible except for those with formal employment and high incomes. The use of multiple administrative databases and on-demand registration allowed Peru to create a near-universal registry containing over 99 per cent of the population. While countries with prior information systems of good quality were not free of challenges, those that took a wider scope in their approach, involved civil society organizations in their roll-out and adopted alternative registration approaches for those facing the highest barriers, were the most inclusive of women and other marginalized groups.

In contrast, countries where social protection information systems were outdated and under resourced, and where no attempt was made to adapt targeting approaches to new needs, faced a bottleneck for beneficiary registration.[78] For example, in many countries, social registries are informed by sporadic national surveys, with data updates sometimes only occurring every 5-10 years—a timeframe within which household composition and source of income can change drastically, potentially casting women as ineligible for new benefits based on outdated information.[79] In light of these challenges, some countries opted for bolder digitally informed solutions. For example, in the case of Togo where no social registry existed prior to COVID-19, the voter registry database and later machine learning techniques applied to satellite imagery and mobile phone records were leveraged to identify recipients for a new transfer targeted at urban informal workers (see Box 3.3).

Despite innovations, persistent gender gaps in access to digital and financial services continue to be an important barrier for women's inclusion.[80] Women make up 56 per cent of the world's unbanked population,[81] and 234 million fewer women than men in low- and middle-income countries have access to the Internet on their mobile phones.[82] These gaps meant that digitally enabled innovations in enrolment and disbursement often failed to reach the most marginalized women. India's newly launched *Pradhan Mantri Jan Dhan Yojana*, part of the a major pandemic social protection package called *Pradhan Mantri Garib Kalyan Yojana* (PMGKY), for example, relied on existing PMGKY databases to identify recipients and provided transfers to women-owned financial accounts from April–June 2020.[83] Yet, around 53 per cent of the poorest women in India were not reached as they lack such accounts.[84] As such, programmes with digital components have worked best when accompanied by measures to improve accessibility and provide non-digital alternatives and mechanisms to challenge and reverse digital decisions.[85] For example, in the Indian state of Bihar, the self-help group Jeevika supported the enrolment of over 2 million women into the Public Distribution System.[86] Emerging evidence also suggests that the extension of social protection during the pandemic may have contributed to advancing women's financial inclusion, with around 80 million women opening their first bank account to receive state relief.[87]

BOX 3.3
Togo: Leveraging digital tools to expand social protection to urban informal workers

The launch of the *Novissi* programme in April 2020 marked a significant departure from the narrowly poverty-targeted and rural remit of social protection in Togo and reached around 15 per cent of the adult population at its peak.[88] While the inclusiveness of outcomes is still up for discussion, initial estimates suggest that *Novissi* has had a positive impact on poverty and inequality.[89]

Spearheaded by the Minister of Digital Economy and Transformation, Cina Lawson, this fully digital programme used mobile money to provide informal workers in curfew-affected regions and occupations with an unconditional transfer corresponding, at its peak, to about one third of the monthly minimum wage, with women receiving higher benefits than men—XOF 12,250 (USD 21.3) and men XOF 10,500 (USD 18), respectively[90]—in part to account for the country's significant gender disparities.[91] Around 95 per cent of women's employment in Togo is informal,[92] and they account for 63 per cent of the total 819,972 *Novissi* beneficiaries.[93] Strong buy-in from President Faure Gnassingbé, coupled with the assertion that women would prioritize household needs, helped build support for *Novissi's* gender-differentiated approach.[94]

Since Togo had no social registry at the time, the February 2020 voter registry was used to identify beneficiaries because it included over 90 per cent of the country's adults and indicated a person's location and economic sector.[95] To apply for the benefit, workers could use their cell phones; once their eligibility was verified, the transfer was automatically credited to their mobile money account.[96] Digital tools and simplified eligibility checks enabled 30,000 informal workers to receive payments after two days of the programme's launch.

Novissi has been heralded as a unique example of extending protection to uncovered populations while simultaneously building social protection system capacity. If leveraged properly, the newly created *Novissi* database can become a critical tool to respond to future shocks. Yet significant challenges remain. The programme is mainly funded by external donors, and domestic resource mobilization is still limited. Some design features automatically excluded vulnerable groups such as migrants and unemployed persons with disabilities, among which women face compounding challenges. The lack of in-person registration or payment options limited access for those without mobile phones or digital literacy, many of whom are women—though the full impact is still to be assessed. The programme also raised privacy and safety issues in the handling of personal data to ensure the protection of recipients' identities, rights and security.[97]

In late 2020, the Government started collaborating with the NGO GiveDirectly to distribute transfers in rural districts using the *Novissi* system as well as applying machine learning techniques to satellite imagery and mobile phone records.[98] It remains to be seen whether the lessons from the urban *Novissi* programme are addressed as part of a wider process of institutional learning and state capacity-building in this new phase.

Women's participation and leadership: Enhancing gender-responsiveness

Obstacles to gender mainstreaming have increased since the onset of the pandemic as decisions were increasingly centralized in national executive branches (see Chapter 1), with less time for consultations with gender focal points within the state or civil society organizations on the outside. For example, while little information is available on policy processes, some suggest that in South Africa the sidelining of the social development ministry, which would normally have led the development of social protection policy, may have contributed to the initial lack of gender-responsiveness in the country's pandemic measures (see Box 3.2).[99]

Top-down centralized decision-making has been a trait of policymaking during COVID-19 in many places. However, even in contexts with restricted civic spaces, civil society organizations and worker's organizations found ways to strengthen their capacity and make their voices heard. In Malaysia, for example, national organizations of migrant domestic workers (MDWs) voiced their demands and galvanized support to extend some social security entitlements to their members (see Box 3.4).

In contexts where executives were more open to feminist ideas, gender advocates in key ministerial positions were in a better position to increase the gender-sensitivity of response measures. The role of Togo's Minister of Digital Economy and Transformation in creating the *Novissi* programme is a noteworthy example (see Box 3.3). Likewise, in Argentina, the longstanding feminist activist appointed national director of gender equality in the Ministry of the Economy was able to shape the design of emergency

family income for informal workers to specifically include domestic workers (registered or not) and prioritize women as household recipients.[100] In July 2020, women accounted for 56 per cent of recipients, mainly driven by the inclusion of prior conditional cash transfer beneficiaries, most of whom are women.[101]

Where policies were not adopted by decree but openly debated in parliament, progressive actors, including centre-left parties and women's caucuses, had greater opportunities for influence. In Brazil for example, in the context of inaction by executive leaders, Congress spearheaded the adoption of the *Auxilio Emergencial* (see Box 3.2 above). The wide coverage attained by Chile's *Ingreso Familiar de Emergencia*, which prioritized female-headed households (accounting for 53.2 per cent of household recipients in November 2021)[102] can also be attributed to the mobilization of the congressional opposition and civil society, which prompted the Government to adopt a more inclusive approach.[103]

Beyond adoption, robust connections between state actors and civil society organizations on the ground turned out to be a significant asset during implementation. In many contexts, women's groups, trade unions and informal worker organizations not only advocated for more inclusive policy solutions but also helped improve their delivery and strengthened their responsiveness to the needs of marginalized groups and local communities.[104] For instance, across cities in the Global South, women food vendors rely on the use of public spaces, such as streets and open markets, for their livelihoods

and play a key role in providing low-income communities with affordable food. In recognition of this, in countries with high levels of informality such as Peru and South Africa, the involvement of informal workers' organizations in COVID-19 response decision-making helped ensure that the implementation of emergency measures by municipal governments did not preclude food street vendors from earning a living.[105]

In those instance, social dialogue was also an important mechanism in ensuring relief efforts respond to the needs of low-income communities. An emergency committee chaired by the Ministry of Social Development in Argentina enabled informal workers' organizations to influence measures on food and livelihood security, leading to an increase in the frequency of food assistance (*Alimentar Card*) provided to poor households from monthly to weekly.[106] Indeed, modest, lateral innovations emerged particularly around issues where there was some pre-existing institutional capacity, advocacy and knowledge that could be easily tapped during the pandemic. For instance, pandemic extensions of rights and protections to domestic workers in Latin America and Asia benefited from decades of prior activism and policy advances in that area,[107] as the example of Malaysia attests (see Box 3.4).

The pandemic also underlined the importance of the sub-national level as a key arena for the advancement of more gender-responsive approaches to social protection. Local-level processes often offer more opportunities for direct engagement with government officials (among whom women's representation is often higher than in national parliaments) and more immediate mechanisms for holding them accountable.[108] In the decentralized system in India, the sub-national government of Kerala leveraged its longstanding

tradition of high public investment and citizen engagement in social policy to lead the way in 2020 with its comprehensive and gender-sensitive response to COVID-19. This was facilitated by strong political will at all levels and relied on partnerships between the state government and civil society, including women's organizations, self-help groups and unions. The involvement of local women's groups through formal mechanisms of participation and oversight—such as self-governance institutions, sectoral policy councils and participatory budgeting mechanisms—as well as the capacity of gender experts to feed into the response with real-time data helped the state to accurately identify community preferences and gear service delivery towards meeting the diverse needs of women and girls.[109]

BOX 3.4

Malaysia: Collective action leads to policy gains for migrant domestic workers despite constraints

Long before the coronavirus hit the shores of Malaysia, more than 129,980 documented and an estimated 200,000 undocumented migrant domestic workers, the vast majority of them women, experienced significant decent-work deficits and limitations to organizing and bargaining collectively.[110] When the pandemic hit, there were no domestic workers organizations and migrant worker associations were not formally recognized by the Government. The COVID-19 outbreak not only exacerbated MDWs' lack of voice and poor working conditions but also sidelined their needs in the country's official policy response. While as of mid-June 2021 nearly 60 per cent of households had received some form of government assistance, many marginalized groups, including MDWs, remained unreached.[111]

After the national lockdown in March 2020 and in response to these grievances, MDW organizations mobilized to strengthen their organizational capacity, get support to their members and influence the government response agenda. Following police raids targeting MDWs, national organizations, supported by the International Domestic Workers Federation, provided safe spaces for MDWs to meet and organize online. The chance to participate in meetings in different locations, including while at work, led to an increase in membership. This also strengthened the internal organizational structure as members could select representatives via online voting.[112] In parallel, MDW organizations engaged in face-to-face service delivery of food and other in-kind support to MDWs excluded from state-led aid. Along with such distribution, activists were able to conduct micro-level organizing by sharing information on labour rights and speaking to MDWs on organizing efforts.

Growing membership and new skills enabled MDWs to represent their interests in consultations and meetings with government officials, including in the Ministry of Human Resources. This process was further facilitated by bringing embassies of the MDWs' countries of origin and other key stakeholders into the process and by joining forces with other broader civil society coalitions campaigning for workers' rights, such as the Right to Redress Coalition (R2R), which advocates for wider labour law reform, and *Ke-Arah 189*, which campaigns for domestic worker rights.

Partly in response to these efforts, the Government extended the coverage of the Employment Injury Scheme to migrant domestic workers, providing them for the first time with medical benefits and protection due to workplace injuries as of 1 June 2021.[113] The reform also mandates employers to contribute 1.25 per cent of workers' monthly salary to the Social Security Organization[114] and is expected to benefit 104,000 domestic workers, including migrants.[115]

While national organizations celebrated this success, there is still a long way to go to ensure that Malaysia ratifies and complies with International Labour Organization (ILO) Conventions 189 and 190 to guarantee decent work for domestic workers and a work environment free of violence and harassment.

3.4
WHERE DO WE GO FROM HERE?

Despite unprecedented policy efforts in virtually all countries and territories, the pandemic response has fallen significantly short of protecting women against income and job losses. At a time when violent conflict and spiking food prices foretell an imminent global food crisis, the world cannot risk another emergency response that sidelines women's economic needs and rights.

Poor integration of gender concerns in social protection and labour market policies before the pandemic, coupled with longstanding gaps in the coverage, comprehensiveness and adequacy of existing polices, created significant bottlenecks in COVID-19 responses across countries and regions. Women with intersecting socio-economic disadvantages (e.g., informal workers, undocumented migrants and unpaid family labourers) were particularly unprotected. Countries s that did try to attend to women's needs often targeted their caregiving roles as the design feature of choice to 'engender' the emergency response, with marginal use of other affirmative action features such as gender quotas or extra benefits and little consideration for consultation, participation and accountability from below.

Yet, amid these glaring gaps, there were also instances of innovation to speed up delivery and reach out to groups of women often left behind in 'normal times'. Countries can learn from these experiences to build more inclusive and gender-responsive social protection systems and strengthen their labour market policies. The

UN Secretary-General has called for a Global Accelerator for Jobs and Social Protection that would create at least 400 million jobs, including in the care economy, and extend social protection to 4 billion women, men and children.[116] The analysis presented in this chapter points to five important lessons that need to be heeded to ensure that this ambitious agenda works for women.

Commitment to mainstreaming gender in labour markets and social protection systems in 'normal times' is vital to guaranteeing the full inclusion of women in emergency responses. Incorporating gender equality concerns into policies and programmes must go beyond targeting low-income women with small social assistance grants or making strategic use of women to fulfil broader poverty alleviation goals while neglecting their own rights and needs.[117] Instead, social protection and labour market policies must tackle longstanding gender inequalities—including women's lack of access to resources, disproportionate responsibility for unpaid care and domestic work and heightened risk of gender-based violence. This requires additional resources as well as changes in policy design and implementation.

Finding long-term solutions for the 'missing middle' of informal workers should be a priority and can lay the basis for gradual progress towards universal coverage that will leave no woman behind. The pandemic led to significant experimentation with approaches to rapidly extend social protection. Of the 41 countries

that extended social protection coverage to different groups of informal workers, 17 made specific provisions for women in the informal economy, acknowledging their disproportionate exclusion from COVID-related wage subsidies or unemployment benefits often only available to formal, full-time employees among whom men are overrepresented. Sustaining these innovations over time is a critical first step to expanding existing social protection systems horizontally (increasing beneficiary coverage) and vertically (improving benefit levels and/or frequency) while closing persistent gender gaps in both access and adequacy.

There is an urgent need to upscale approaches that connect cash with services in order to tackle the non-financial drivers of women's economic disadvantage. The lessons from the pandemic provide a unique opportunity for social protection systems and labour market policies to pay greater attention to care needs and violence against women and girls as critical obstacles to women's economic empowerment. Evidence shows that investments in childcare services can free up women's time to engage in paid work and that well-designed social protection interventions are needed to enable them to leave violent relationships. During the pandemic, at least 15 countries have connected the dots between social protection systems, labour market measures and violence against women and girls services through the provision of cash, in-kind or rental support and employment programmes directed at survivors of violence (see Box 2.3 in Chapter 2). Upscaling these 'plus' approaches that connect cash and services while improving intersectoral coordination can promote freedom from both poverty and violence.[118]

Active labour market policies that promote women's access to decent jobs are a key priority for gender-responsive recovery. While social protection was at the heart of the pandemic response at a time when economies were shut down, gender-responsive activation and job creation strategies will be critical to recover the ground that has been lost in terms of women's employment. A handful of countries have designed specific measures to enable women's reincorporation into the labour market through gender quotas in training programmes in male-dominated sectors or higher subsidies for companies that hire women. High-quality gender-sensitive public works programmes that fast-track the construction of gender-related infrastructure—such as the maintenance of water infrastructure in Burundi or the construction of Integrated Centres for Women, schools and kindergartens at the local level in Argentina—can be a potential engine to a green economic recovery that creates quality jobs for women. In tandem, governments should boost investments in child and long-term care services (see Chapter 4).

Gender-responsive recovery is as much about improving policy processes as it is about achieving better outcomes. In fact, as this chapter has shown, the two are inextricably linked. Civil society mobilization was critical in advocating for better social protection measures in cases such as Brazil and South Africa. In other cases, women's groups and worker organizations contributed to the success of policy innovations by making them more inclusive and aligned with women's needs on the ground. Yet civil society organizations also require resources and time for capacity-building work. Reinforcing formal channels of consultation, participation and monitoring that are inclusive of workers' and women's rights organizations, as well as reducing time poverty among low-income women to enable their engagement, are key to connecting state bureaucracies with marginalized groups as part of an inclusive recovery.

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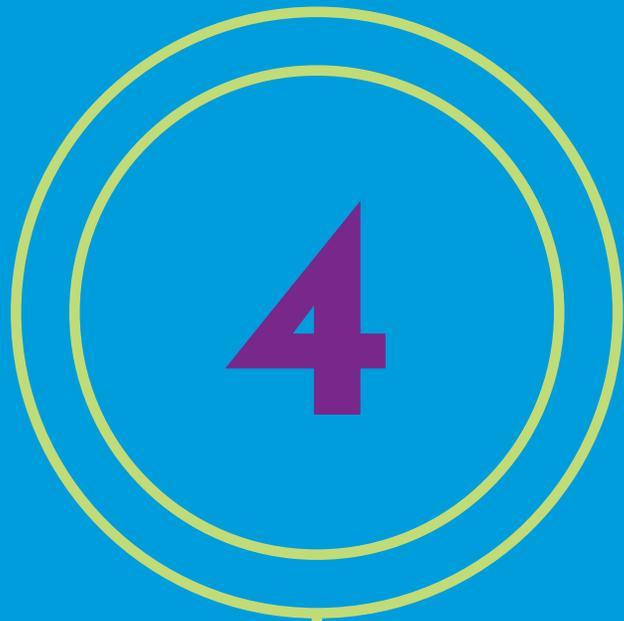
Unpaid care: Fragile arrangements, meagre response
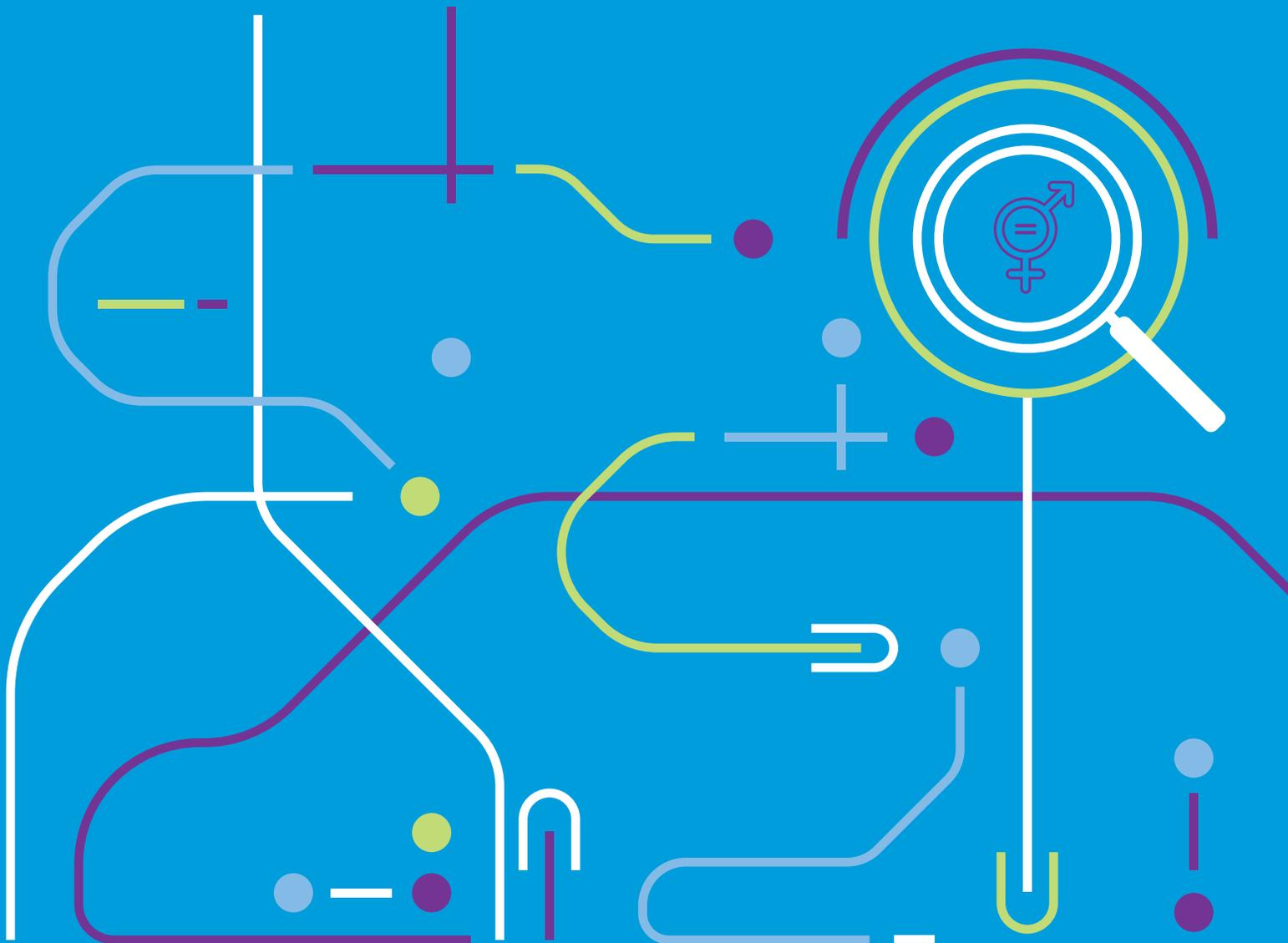
COVID-19 EXACERBATED EXISTING INEQUALITIES IN UNPAID CARE WORK

Before the pandemic, **WOMEN SPENT**

3.2X

as many hours as men on unpaid care and domestic work

Globally, **MORE THAN**

2M MOTHERS left the labour force in 2020
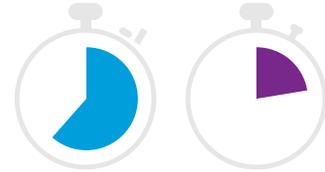
During the pandemic, **61.5% OF MOTHERS** in OECD countries said they took on most or all of the additional childcare work, compared to **22.4% OF FATHERS**

GOVERNMENT RESPONSES WERE UNEVEN AND INADEQUATE

Nearly **60%** of countries and territories did not take any measure to support unpaid care work

Only **7.3%** of all social protection and labour market measures addressed unpaid care work

Almost **62%** of care measures were taken in Europe, Northern America, Australia and New Zealand
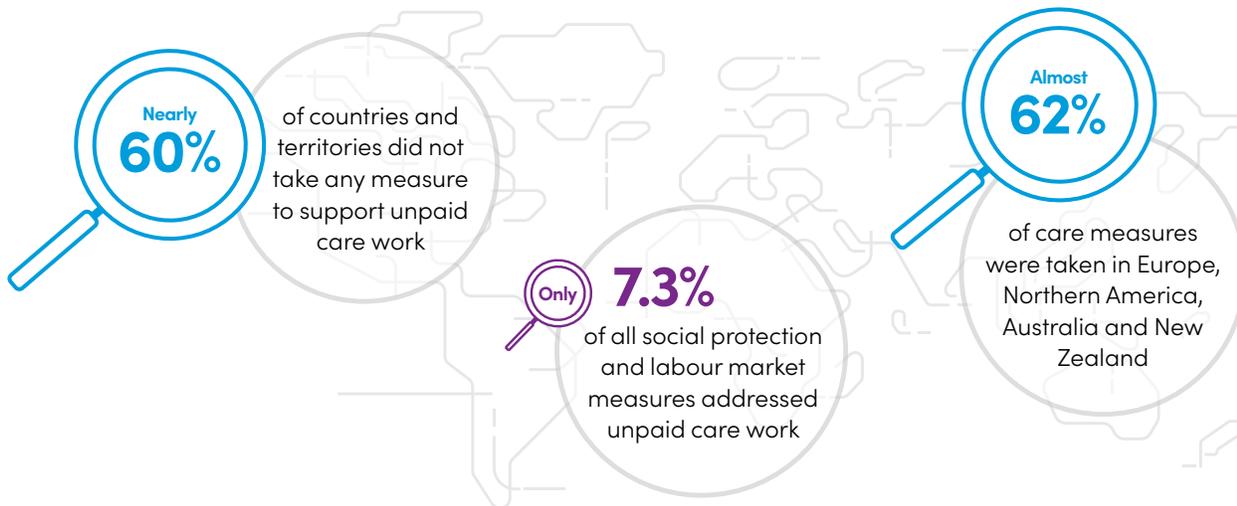
PRIOR SOCIAL PROTECTION COVERAGE MATTERED, BUT SO DID FEMINIST AGENCY

32% of countries with high social protection coverage implemented a **STRONG CARE RESPONSE** during the pandemic, while no countries with low social protection coverage did so

87% of countries with low social protection coverage took **NO CARE MEASURES AT ALL**

Countries where women hold a high number of parliamentary seats implemented

1 more CARE MEASURE than countries with a low share of women in parliament, controlling for GDP

KEY FINDINGS

Q With the outbreak of the pandemic, business activities ground to an abrupt halt and public services, including schools and day-care facilities, drastically reduced their operation while unpaid care demands in families and communities skyrocketed.

Q While both women and men increased their unpaid care and domestic workloads, women continued to shoulder the lion's share, with negative ripple effects on their employment, earnings, health and well-being.

Q In a context of patchy and fragile care arrangements, plagued by inequalities before the pandemic, it was hard for many countries to make up for the long-standing neglect, and most did little to respond to rising unpaid care demands.

Q Globally, the 226 care measures adopted across 93 countries and territories accounted for only 7 per cent of all the labour market and social protection measures adopted up until August 2021.

Q Care measures, such as the expansion of family leaves, emergency childcare services or cash-for-care to compensate for school and day-care closures, were heavily concentrated in the regional cluster made up of Europe, Northern America, Australia and New Zealand, which includes countries with more robust social protection systems and care services that could be adapted to new needs.

Q While none of the other regions mounted a comparable aggregate response, all include positive examples of countries that spearheaded care measures, particularly where care had already been established as a public policy issue by feminist advocacy networks.

Q Countries with a higher share of women in parliament and stronger feminist movements adopted more care measures in response to the pandemic than those with a lower share or weaker movements. In some countries, care policies became a key component of recovery strategies and new avenues for policy innovation opened.

Q Boosting recovery and transformation for a more crisis-resilient future requires greater public investments in gender-responsive care and social protection systems; integrated and cross-sectoral approaches that coordinate actions by different ministries and levels of government; broad-based alliances and networks between feminist organizations and decision-makers; and better data and evidence on the scope and value of unpaid care work as well as on policies that work to recognize, reduce and redistribute it.

INTRODUCTION

The COVID-19 crisis has exposed the importance of the care economy as well as the deficits and inequalities in access to and provision of care. As schools, kindergartens and day-care centres closed, care demands on families with children increased dramatically. Women absorbed the bulk of the shock, with negative ripple effects on their labour force participation globally. Mothers of small children, who were already less likely to be in the labour force before the pandemic, further reduced their participation by 1.8 percentage points in 2020 relative to 2019, nearly twice the decline observed among fathers.[1]

But care arrangements were already patchy, fragile and plagued by inequalities before the pandemic.[2] In most countries, public care services were underdeveloped and care needs poorly reflected in labour rights and regulations. Paid parental leave beyond maternity leave was uncommon beyond higher-income countries, and even maternity benefits remained out of reach for the majority of working women in the Global South who are informally employed.[3] When the pandemic hit, it was difficult for many countries to make up for the long-standing neglect and most did little to respond to rising unpaid care demands. Globally, almost 60 per cent of countries and territories covered by the UNDP-UN Women COVID-19 Global Gender Response Tracker did not take any measures to address unpaid care during the pandemic.[4] Among those that did respond, care measures were often out of sync with needs in terms of coverage, generosity and duration.

Despite the overall inadequacies of government action globally, the crisis also highlighted more than ever before the centrality of care. In some countries, feminist movements and women's rights organizations, women in public office and other progressive forces have harnessed this momentum to push for a care-centred recovery and longer-term transformation.

This chapter explores these trends in greater detail, looking at government measures that provided families with time, cash or services to meet their care needs in response to the disruptions caused by the pandemic. Section 4.2 presents an overview of the most common measures, discusses regional variations and highlights good practices as well as gaps; section 4.3 explores enablers and constraints for more effective government responses to unpaid care; and section 4.4 draws lessons for strengthening care policies in emergency and recovery.

4.2

HOW DID GOVERNMENTS RESPOND TO RISING UNPAID CARE DEMANDS?

The closure of schools and childcare facilities in many countries brought a sudden increase in unpaid care work, which women have disproportionally shouldered.[5] While fathers also increased unpaid care work during the pandemic, women took on more, with important ramifications for their employment, well-being, and mental health (see also Box 3.1 in Chapter 3). In Organisation for Economic Co-operation and Development (OECD) countries, 61.5 per cent of mothers of children under age 12 say they took on most of the additional childcare work, compared to 22.4 per cent of fathers. Mothers of children under age 12 were also the group most likely to lose or let go of their jobs between the end of 2019 and the third quarter of 2020.[6] Overall, the impact of the pandemic recession on women was unusually large compared with previous recessions.[7]

As such, COVID-19 further fuelled a smouldering global care crisis while also making its detrimental impact on gender equality more visible. Yet, government responses to care remained extremely limited. The UNDP-UN Women Global Gender Response Tracker identifies 226 social protection and labour market measures supporting unpaid care work—a mere 7 per cent of the 3,099 social protection and labour market measures adopted between January 2020 and August 2021. Globally, only 41 per cent of countries and territories (93 out of 226) took at least one care measure during that period.[8]

A concentration of measures in higher-income countries

Half of countries and territories that implemented at least one care measure (46 out of 93) belong to the regional cluster made up of Europe, Northern America, Australia and New Zealand, where 62 per cent of all care measures were taken (139 out of 226, and an average of 2.5 measures per country or territory) (Figure 4.1). None of the other regions came even close to those numbers. Latin America and the Caribbean—a region that already stood out for strong and growing feminist activism and increasing government commitment to care policies prior to the pandemic—has the strongest response among them, with a total of 33 measures and an average of 0.7 measures per country or territory.[9] In sub-Saharan Africa, in turn, only 5 out of 50 countries and territories took at least one measure to address unpaid care, with a total of 10 measures and about 0.2 measures per country or territory.

FIGURE 4.1

Total and average number of unpaid care work (UCW) measures by region

Source: Author's elaboration based on UNDP-UN Women COVID-19 Global Gender Response Tracker.

Note: Based on 226 countries and territories covered by the UNDP-UN Women Tracker, 93 of which have at least one UCW measure. The number of countries and territories covered by the UNDP-UN Women Tracker by region is: 56 in Europe, Northern America, Australia and New Zealand (46 with UCW measures); 46 in Latin America and the Caribbean (17 with UCW measures); 50 in sub-Saharan Africa (5 with UCW measures); 36 in Eastern and South-Eastern Asia and Oceania (10 with UCW measures); 24 in Northern Africa and Western Asia (12 with UCW measures), and 14 in Central and Southern Asia (3 with UCW measures).

This regional distribution also means that most care measures were concentrated in higher-income countries (147 out of 226).[10] In many of them, governments could build on already established childcare and long-term care services and a more comprehensive set of family leave policies, including maternity, paternity and parental as well as paid sick leave. In contrast, low- and middle-income countries focused more on income support policies (see Chapter 3), some of which also provided important resources to caregivers, including access to food and basic incomes, but cannot be distinguished from livelihood support. However, countries' income level did not fully determine the scope and nature

of the care response. Indeed, while a number of high-income countries failed to adopt significant measures, some middle-income countries took innovative measures, which reflects the importance of feminist advocacy and high-level political commitment in the response.

Most care measures were implemented early in the pandemic. Almost three quarters (74 per cent) of them were introduced before the end of May 2020.[11] However, most had a narrow scope. For instance, emergency childcare services, where available, tended to focus on essential workers, leaving other workers (such as those working remotely during lockdowns) with little or no support. Measures

expanding or adapting existing paid leave benefits for workers with care responsibilities were often directed to formal employees, while workers in informal and non-standard jobs could not benefit even as they bore the brunt of job and income losses (see Chapter 3). Moreover, some of the emergency measures were short-lived and mismatched with actual needs, linked to outbreak peaks or stricter lockdown periods, while the roller coaster of school closings and re-openings often continued even when harsher restrictions were lifted.

Measures focused on time, cash and services

Government responses on care fall into three main categories: time for care, care services and cash benefits to help caregivers meet rising needs.[12] Just over one third of all care measures focus on services, including childcare (52 measures in 41 countries and territories) and long-term care (34 measures in 25 countries and territories) (Figure 4.2). Time-related policies were also important. A total of 45 countries and territories introduced, expanded or adapted family, parental or childcare leave, 11 adopted sick leave provisions and 12 took care-sensitive measures promoting reduced working hours and the right to work remotely (telework). Finally, 32 countries and territories took a total of 39 measures to transfer cash directly to families with care responsibilities (cash-for-care).[13] Cash-for-care benefits, wage subsidies and family leaves represented different tools that countries adopted to reduce the impact of the pandemic on caregivers in terms of potential job or income loss.

FIGURE 4.2

Most common care measures and number of countries and territories with at least one measure, by type

Source: Author's elaboration based on UNDP-UN Women COVID-19 Global Gender Response Tracker.

Note: Based on 93 countries and territories covered by the UNDP-UN Women Tracker with at least one unpaid care work measure.
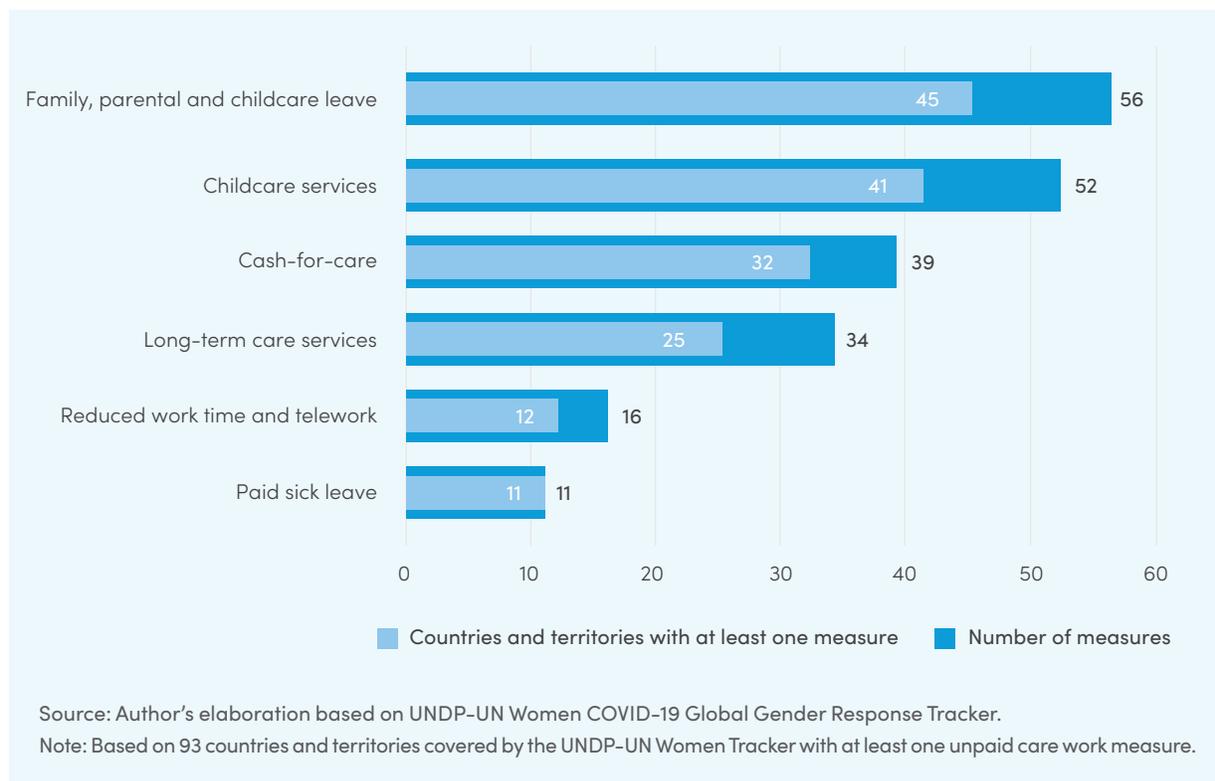
Time for care: Supporting workers with care responsibilities during school and day-care closures

Family, parental and childcare leave benefits (family leave, for short) offered essential support for workers with family responsibilities during school and day-care closures. Other time-related measures included paid sick leave to care for dependents, reduced work time arrangements and telework. These policies together accounted for 37 per cent of the overall care response (83 out of 226 measures).

Comprehensive family leave is not a prevalent component of social protection systems beyond high-income countries. Although the vast majority of countries globally provide for paid maternity leave, parental, childcare and family leaves to care for children beyond the weeks directly before and after childbirth are much less common. Indeed, only 68 out of 185 countries surveyed by the International Labour Organization (ILO) offer statutory rights to parental leave, which means that only 2 out of 10 potential parents live in countries with such a right.[14] Moreover, informal workers, who make up the majority of workers in low- and lower-middle-income countries, are by definition excluded from any such benefits, making effective coverage even lower.

Pandemic-related family leave measures were more common in countries that already had parental leave schemes in place, most of them high income. Indeed, 31 out of the 45 countries and territories that took at least one family leave measure have paid parental leave systems in operation, and in another five there is unpaid parental leave.[15] Existing programmes could be adapted to meet new needs and served as a useful basis when the crisis hit. In contrast, in countries where family leave schemes are absent or have very limited coverage, as in sub-Saharan Africa, they were not a major feature of governments' crisis response.

In the countries that adopted them, leave measures took various forms, including the expansion of existing leaves, the creation of new emergency leaves and the functional adaptation of other social protection mechanisms to attend to rising care demands. Most family leave measures were oriented to support families with childcare responsibilities, and a few also offered support for the care of care-dependent adults.

The expansion of existing leaves consisted mainly in an increase in the number of days or broadened eligibility for groups that were hitherto not covered. For instance, Germany doubled the number of days of paid leave for workers with sick children up to age 12 (or children with disabilities at any age), and up to 40 days in the case of single parents, during school closure or quarantine. Norway doubled the usual childcare leave from 20 to 40 days per child during school and day-care closures, and in 2021 also allowed parents to request additional days where lockdowns continued or if children needed to stay at home for health reasons. Chile granted a 30-day extension of parental leave benefits, which could be extended twice more during the emergency.

Other countries and territories introduced new emergency leaves. For example, Kosovo introduced childcare leave for one parent to stay at home to take care of a child during the closure of schools and day-care facilities. Belgium adopted a special COVID-19 parental leave with a flat-rate benefit paid by the federal social insurance programme. In Argentina, parents of school-age children could stay at home and have justified absences from work for care reasons during school closures; after schools reopened, this possibility remained available when the school day or week were shorter than normal.[16]

Finally, some countries opted for the functional adaptation of existing social protection mechanisms to support unpaid care. Finland and Uzbekistan, for example, provided paid sick leave to parents of children who were placed

in quarantine and Lithuania offered paid sick leave to parents who stayed at home with pre-secondary children or those with disabilities. In Slovenia, unemployment benefits were extended to working parents who were absent from work due to childcare responsibilities.

While leave measures were largely directed to employed workers, some countries made specific efforts to increase coverage by including self-employed workers as well, who could obtain the benefit in the form of compensation, tax credits or a direct cash transfer (e.g., Belgium, Bulgaria, Czech Republic, Japan, Luxembourg, Norway, Slovenia and the United States). Leave duration varied across countries, and comparative data are scarce. Measures aiming to support parents during school closures did not usually consider care needs after schools reopened, despite families often continuing to cope with shorter opening times, children's quarantines or the lack of availability of other care support (grandparents' care, paid care at home) on which they relied before the pandemic. Moreover, when wage replacement was below 100 per cent, leave takers—most likely, women—also faced economic penalties.

The specific design of leave policies, including their 'gender scripts',[17] also varied. Countries that had already moved towards a more equal sharing of leaves (by introducing longer paternity leaves, shared parental leave or father quotas) seem to have continued to use gender-neutral eligibility criteria during the pandemic, making paid family leave available to both mothers and fathers. For example, Cuba, a country with a generous parental leave system,[18] established a paid family leave during the pandemic open to mothers, fathers or any other caregiver. In several other countries, including Austria, Belgium, Canada and Norway, all of which had gender-neutral parental leave programmes before the pandemic, COVID-19-related measures made benefits available

to either parent. In contrast, other countries targeted pandemic leave provisions exclusively to mothers, reproducing a maternalistic approach to care. For instance, Egypt granted an exceptional leave to people with chronic diseases, pregnant women and mothers of children under 12, and Turkey granted administrative leave to women working in the public sector who were pregnant, breastfeeding or with children under 10.[19] These two countries had either no or only a short paid paternity leave and no paid parental leave prior to the pandemic.[20]

While gender-neutral systems are important in positioning childcare as a shared responsibility, pre-pandemic data indicate that fathers' take-up of shareable parental leave portions was low. Only in Iceland, Norway, Portugal and Sweden had men taken more than 40 per cent of all benefits; in other countries, such as Australia, Chile, Czech Republic, New Zealand and Poland, the fathers' share was less than 2 per cent.[21] Information on take-up of family leave during the pandemic is unavailable, but the fact that women continued to undertake the bulk of the unpaid care work suggests it is likely to follow a similar pattern.[22] Existing evidence from furlough schemes in the United Kingdom also shows that women, particularly mothers of school-age children, were more likely to be furloughed than men.[23] Furthermore, mothers were 10 percentage points more likely than fathers to initiate the decision to be furloughed (as opposed to it being fully or mostly the employer's decision); this gender gap was not found among childless workers.[24]

Besides paid family and sick leave, some countries and territories promoted telework arrangements on an unprecedented scale. During the first months after the outbreak of COVID-19, most non-essential workers who could perform their duties remotely were encouraged to work from home as movement restrictions and business

closures made it no longer possible to reach most workplaces. While telework was adopted mainly for health reasons, several countries specifically established the right to work remotely or reduced working hours for workers with care responsibilities during school closures and for parents of a sick or quarantined child.

For example, Bosnia and Herzegovina recommended that employers ensure that one working parent could stay at home with children under the age of 10 and proposed measures such as flexible working arrangements, telecommuting, reorganization of work into two shifts and reduced working hours. In North Macedonia, single parents or one of the parents of children under the age of 10 could work remotely from the beginning of the pandemic until the end of September 2020, when kindergartens and the first grades of primary schools resumed operation. Some countries also implemented job security measures to protect workers with care responsibilities, prohibiting the termination of contracts for workers who could not work because they must take care of a sick child or a child placed in quarantine (e.g., Slovakia and Uzbekistan).

Telework is likely to have protected many mothers from exiting the labour force, reducing gender gaps in the employment impact of the pandemic. However, there is evidence suggesting that women working from home spent more time doing childcare and experienced greater productivity losses.[25] In the absence of other support measures, telework often came at the cost of overwork, stress and reduced productivity.[26] Women also have, on average, less access and experience with digital technologies than men, which puts them at a disadvantage for remote work. The quality of the digital infrastructure, the training and the connections available also matter, making telework less feasible for lower-income women.[27] Furthermore, casting telework as an enabler of unpaid care during an emergency risks naturalizing the double work burden for women and further exacerbating the unequal distribution of unpaid work between women and men.

Care services: Emergency support in the face of lockdowns and prolonged closures

The pandemic revealed the fundamental role of— as well as the long-standing deficits in—the care sector. Yet, beyond health, government measures aimed at strengthening care services were limited. Up until August 2021, the Tracker registers only 86 measures on care service globally, with 52 aimed at childcare services and 34 aimed at long-term care and disability services. This represents 38 per cent of all care measures and a mere 2.8 per cent of the total social protection and jobs response.

Childcare services

As schools and day-care centres closed, one of the most immediate challenges was to ensure continued services for essential workers with childcare responsibilities. As economies started to reopen, schools often remained shut, impacting on broader groups of workers. In the absence of childcare services, many mothers simply did not return to the labour force. According to global estimates, more than 2 million mothers left the labour force in 2020.[28] Others had no option but to continue working, often leaving children at home alone or taking them along to work. In Africa, women informal traders who brought their children to the market reported facing stigma and harassment due to the perceived public health risk and had to manage distractions, disrupted working hours and lost earnings. In some places, such as in Nakuru, Kenya, children were explicitly banned from markets; women traders there, as well as in Accra, Ghana, reported leaving young children in the care of older siblings instead.[29]

When it existed, government support for childcare services during the pandemic took three main forms: the provision of childcare services for essential workers (and, in a handful of cases, for working parents more broadly); subsidies or waivers for parents relying on fee-based childcare services; and financial support for childcare

providers aimed at avoiding job losses and business closures.

In some countries, including Austria, Denmark, France, Germany, Latvia, the Netherlands and the United Kingdom, childcare services remained open for essential workers during first-wave lockdowns and, in some cases, for single parents or children with special needs.[30] Measures to ensure emergency childcare provision for essential workers were taken in several other countries, such as Costa Rica, Guyana, Japan, the Republic of Korea, the Russian Federation and Singapore. In low-income settings, the closure of childcare centres also often meant that children missed the meals that these centres provided, in a context where food insecurity was already high and rising. To avoid this, some countries adapted school feeding programmes to include take-home rations, door-step delivery of ingredients or cash transfers for food. For instance, during the first weeks of school closures, Jamaica announced the provision of nutritional support to primary and secondary students of families that were recipients of PATH, the country's main cash transfer programme, including baked products, fruit juices, milk, and water.[31] The programme was later turned into a cash top-up of between JMD 100 (USD 0.7) and JMD 150 (USD 1.7) a day per child in early childhood development, primary or secondary education for school feeding while facilities remained closed.[32] In various contexts, community-based organizations also provided support for families to meet nutritional and care needs through community canteens and kindergartens that continued operating when public provision was insufficient or unavailable.[33]

Governments also adopted measures to ease the financial burden on parents by subsidizing childcare costs or securing free provision. In Estonia's capital city, Tallinn, parents of children in municipal kindergartens were exempted from fees and parents of children using private day-care and childcare services were granted an allowance equal to the regular fee of municipal kindergartens. Similarly, Slovenia waived fees for parents while children could not attend kindergartens, and parents in the Netherlands who continued to pay for the services while childcare facilities were closed received compensation from the Government.

Finally, some governments offered direct support to providers to avoid business closures, job losses and negative impacts on future provision. This was particularly important in contexts where childcare had limited public funding and relied strongly on private sector provision and parental fees. In South Africa, for example, a survey conducted in April 2020 showed that 99 per cent of early child development providers stopped receiving fees from parents from the start of the lockdown, 83 per cent were not able to pay the full salaries of staff that month and 68 per cent were worried that they would not be able to reopen.[34] The Government aimed to avert the collapse of the sector with the Early Childhood Development Stimulus Relief Fund adopted in February 2021 (Box 4.1). Several other countries, including France, Jordan, Slovakia and the United States, also provided emergency funding for the childcare sector.

Long-term care services

In the long-term care sector, one of the key challenges during the pandemic was to ensure continued provision while trying to minimize the extremely high health risks faced by residents and staff. The trade-off between safety and well-being was another challenge. Strict protocols often restricted family visits for months, which led to extreme loneliness and deterioration of physical and mental health for many elderly people.[43] Besides setting new regulations and guidelines, some governments rolled out financial support for long-term care facilities to help them implement new protocols and sought to strengthen home-based care for elderly persons and persons with disabilities.

Austria, Canada, Japan and the United Kingdom, among others, allocated additional funds to increase capacities to protect people in long-term care facilities, while the Netherlands established reimbursements for the costs incurred by the nursing home sector, such as additional personnel and supplies, and compensation for revenue losses to ensure the continuity of long-term care services.

Home care services, which were severely disrupted during lockdowns, also received government support. For instance, in China, older adults living alone with intensive care needs, whose family

caregiver was a health-care worker or was in quarantine, were offered home-based services or temporary residential care. In Denmark, a Parliamentary agreement across party lines resulted in additional funding to the municipalities for organizing initiatives aimed at nursing home residents and frail older people living in their own home. In Cabo Verde—a country that had developed a national care plan prior to the pandemic—additional social workers, caregivers and volunteers were recruited to provide home care for older and dependent persons living on their own (Box 4.2). Australia also sought to address the shortage of long-term care workers through the Aged Care Workforce Retention Bonus, which in 2020 offered a maximum of three quarterly payments of up to AUD 800 (USD 551) for residential care workers and up to AUD 600 (USD

413) for home care workers working more than 30 hours a week who continued to provide services.

Despite these efforts, COVID-19 took a disproportionate toll on the lives of nursing home residents and staff. In Canada, for example, between March 2020 and February 2021, over 14,000 long-term care home residents died, accounting for more than two thirds of COVID-19-related deaths in that period.[44] This was attributed to infrastructure deficits, poor working conditions and lack of oversight and accountability of private-for-profit providers.[45] Care homes also suffered very high mortality rates in Europe.[46] In a comparative assessment of five European countries, Daly et al. (2021) show that the strength and quality of long-term care services before the pandemic shaped governments' response capacity.

BOX 4.2
Cabo Verde: Emergency long-term care measures build on the 2017 National Care Plan

After the declaration of a state of emergency and movement restrictions, the Government of Cabo Verde launched a programme targeting older persons living alone and attending one of the country's day centres, which provide care, meals and opportunities for socializing. As these centres closed down operations, the Government shifted towards supporting home-based care by recruiting social workers, caregivers and volunteers to assist older persons who experienced difficulties in performing daily tasks, such as cleaning, clothing and personal hygiene, food preparation and accessing prescribed medications.

These measures reflect the country's political commitment to addressing care needs and built on processes and policies that had been rolled out prior to the pandemic, including the 2017 National Care Plan for the implementation of a National Care System (Resolution Nº 143/2017), which emerged from a participatory process. The Minister in charge of the Family and Social Inclusion portfolio had a key role in the implementation of the Plan, in partnership with the UN Women office in Cabo Verde and with the support of the Network of Cape Verdean Women Parliamentarians (RMPCV). The Care Plan comprises actions on childcare and long-term care, including professional training for caregivers of people living in poverty, the creation of a national care service network and the promotion of policies to encourage redistribution of unpaid care work.[47]

Despite government efforts to put the National Care Plan into practice, including in partnership with municipalities, civil society associations and NGOs, numerous obstacles remain for achieving universal access for older persons and persons with disabilities as well as particularly for younger children (0 to 3 years old). Parts of the initial plan could not be fully implemented due to the limitations imposed by the pandemic. The evaluation and review process currently underway will provide inputs for preparation for a new National Care Plan for the next years.[48]

The factors associated with increased resilience were greater public resource allocations, including investment and professionalization of staff, stronger regulations and better coordination in long-term care policy across levels of government and between care homes and the health-care system.[49] Some countries implemented new measures to ensure better coordination between primary health care and long-term care. For instance, to ensure medical assistance in care homes and avoid hospitalization, France encouraged physician visits and provided them with higher remuneration. Italy and Luxembourg required nursing homes to have a 24/7 medical presence, and Austria required hospitals to offer support to care homes.[50]

Cash benefits: Financial support for care during the pandemic

Up until August 2021, 35 countries and territories implemented a total of 39 cash-for-care measures and 5 wage subsidies with special provisions for workers with care responsibilities, which jointly made up 19 per cent of all care measures adopted. Given the context, the aim was generally not to support payment for childcare services, which were largely closed, but to compensate parents for reduced working hours or lost earnings due to care responsibilities.

Many cash-for-care measures built on existing benefits, increasing amounts, making advance payments or adjusting eligibility conditions to provide temporary support during the sickness of a child or during school closures. Some measures aimed to fulfil an income replacement function similar to paid family leave. For instance, Canada's Recovery Caregiving Benefit provided CAD 500 (USD 373) per week per household for people who were unable to work because they had to care for a child under age 12 or another family member. In Poland, employees with children up to the age of

8 or with special educational needs were entitled to an additional 14-days care allowance paid at 80 per cent of the previous salary during school and childcare facilities closures, on top of the existing 60-days allowance. In Germany from March to December 2020, workers taking care of a child under the age of 12 or with a disability could claim compensation for lost income for up to six weeks at a 67 per cent replacement rate capped at EUR 2,016 (USD 2,303) per month.

A few cash-for-care programmes were designed to complement unpaid leave by offering some cash for the leave period or focused on reaching self-employed workers with no access to paid family leave. For instance, Belgium's temporary parental allowance was given to self-employed workers with children under 12 or with a disability, who were unable to resume full-time self-employed work due to childcare responsibilities. Chile also established a cash benefit (Red Protege) for employed and self-employed workers with a minimum social security contribution record who were taking care of a child under age 2 and had no access to a nursery guaranteed by their employer. Cash-for-care vouchers to purchase care services in the market were less common but nonetheless implemented in some countries, such as Italy. In that case, private-sector workers with children below the age of 12 who decided not to take parental leave could receive a childcare voucher for up to EUR 600 (USD 685) to pay for a babysitter (up to EUR 1,000 (USD 1,142) for workers in the health sector).[51]

WHAT ENABLED MORE COMPREHENSIVE CARE RESPONSES?

Why did some countries adopt more care measures in response to COVID-19 than others, and what might explain the substantial concentration of the care response in high-income countries? While a fully-fledged analysis of the factors that enabled a more proactive government response to care during the pandemic requires further research, this section provides some preliminary insights. Greater fiscal space and more formal labour market structures certainly provided high-income countries with greater means to address both the care and the livelihoods crisis (see Chapter 3). But these countries also had stronger institutional foundations to build on, including more robust social protection systems and a more developed care service infrastructure. Indeed, as this section shows, solid social protection systems were a powerful enabler for a stronger government support to unpaid care work. In this sense, the care response was heavily path-dependent.

At the same time, political factors and feminist agency also mattered. Strong democratic institutions are an important enabler for gender-sensitive measures across different policy areas, as Chapter 1 highlights. On unpaid care specifically, the literature has identified several drivers of government action in 'normal times', including women's representation in political parties and national parliaments and the presence of strong, autonomous feminist movements.[52] Evidence from quantitative data as well as qualitative case studies from across regions and diverse country contexts suggests that these factors have also played a role during the pandemic. Where care had been put on the agenda as an issue for public action prior to the pandemic, feminist organizations, women legislators and/or femocrats[53] in public administration were more likely to rally and push for measures to address rising unpaid care demands during the pandemic; and, in some countries, the pandemic seems to have constituted a tipping point for the adoption of more lasting policy change.

Strong foundations: Robust social protection and care systems

Governments tend to respond to crises by using existing policy instruments and to addressing social problems that are already on the agenda. Therefore, countries with more developed social protection systems and a broader array of services, benefits and regulations to support families' care needs had a significant head start when the pandemic hit. In contrast, those with weaker social protection systems and more limited care policies were less likely to deploy a strong care response, particularly at a time when other urgent demands competed for attention.

Figure 4.3 shows stark differences in care responses across countries. About one third of countries with high social protection coverage took four or more measures; in contrast, 87 per cent of those with low social protection coverage took no measures and not a single country in this group took a high number of measures. Indeed, the robustness of social protection systems seems to have mattered beyond a country's income level: controlling for GDP, countries with high social protection coverage took on average 1.9 more care measures than countries with low social protection coverage.[54]

FIGURE 4.3
Care response by level of social protection coverage

Source: Author's elaboration based on UNDP–UN Women COVID–19 Global Gender Response Tracker and ILO 2021c.

Notes: Includes UN Member States covered by the UNDP–UN Women Tracker with data on effective social protection coverage (N=163). For further details, see Annex 2.
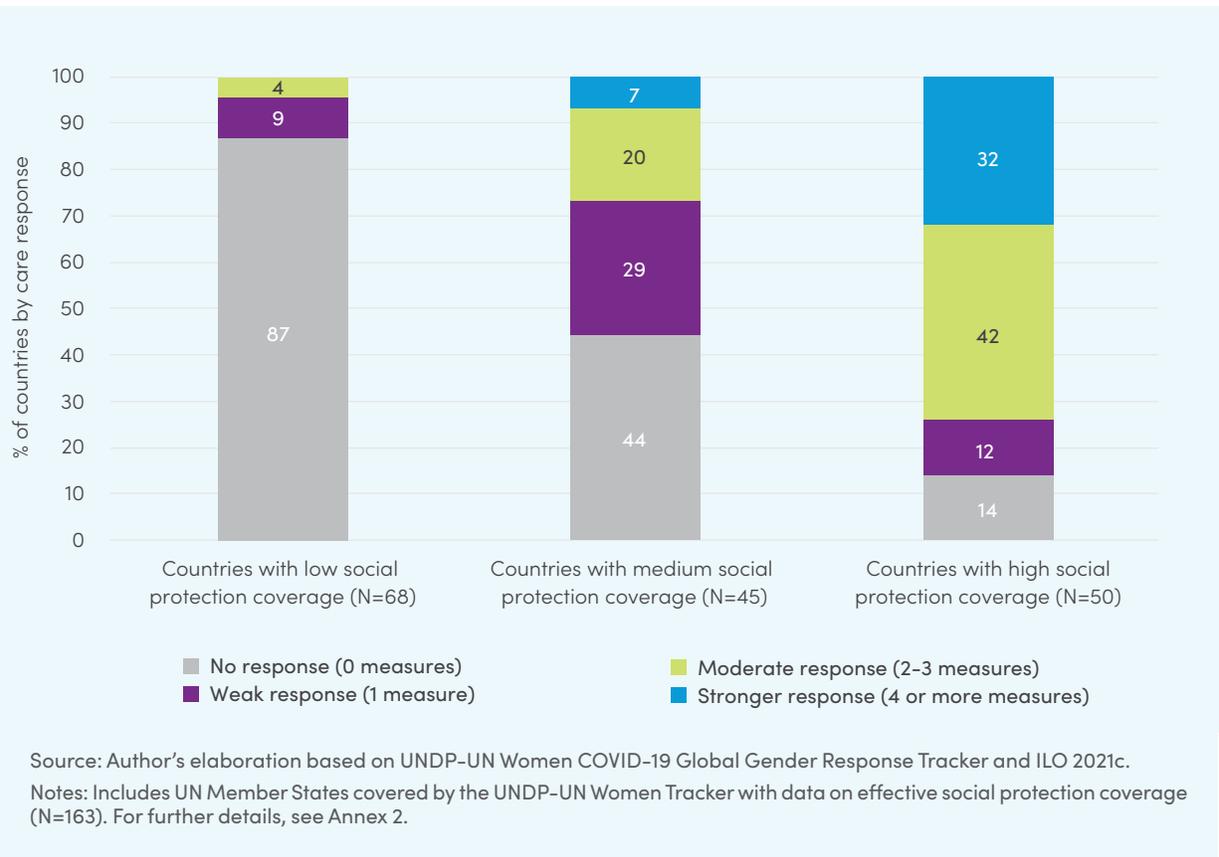
Emerging evidence from comparative research underlines the importance of policy legacies in shaping the government response and explaining variation also among high-income countries.[55] For instance, while most OECD countries implemented at least one care measure, the response was not equally strong across countries: out of a sample of 30 OECD countries reviewed by a recent United Nations Children's Fund (UNICEF) study, most (7 out of 10) countries with the weakest family policies prior to the pandemic implemented only one or two care measures during the pandemic, compared with an average of 3.5 care measures in the other 20 countries where family policies were more advanced.[56] This underscores the importance of universal, gender-responsive social protection not only during 'normal times' but also for crisis preparedness.

While, overall, countries with the most developed social protection systems deployed a stronger response, at least 15 countries with low or medium social protection coverage also implemented at least two care measures. Jordan, for example, introduced a regulation on Maternity Social Protection in September 2020 that provides working mothers with a childcare subsidy to enable them to return to work. Before childcare services resumed operations, the country had established flexible working arrangements for women with children under the age of 11. In sub-Saharan Africa, a region where very few countries adopted care measures, Cabo Verde and South Africa stand out for their care response (see Boxes 4.1 and 4.2).

Women's participation and leadership: From advocacy to policy action

Whether support for unpaid care was part of the emergency response or not also hinged on the extent to which the issue had garnered public attention before the pandemic. In countries with greater gender balance in political decision-making—including in parliaments and public administrations—and strong feminist organizations, gender equality issues are more likely to be a routine subject in public and political debate and to influence government agendas.

Research on the adoption of gender-responsive work and family policies during 'normal times' has highlighted the role of these factors in explaining cross-country variations. Women's presence in political parties and national parliaments has been associated with more generous family leave policies, for example, while the presence of strong, autonomous feminist movements was found to correlate positively with the existence of national childcare policies.[57] Qualitative studies have also documented the important role of women in key

decision-making positions in public administration in pushing for the implementation of these policies from inside.[58] Often, it is the combined agency of women and feminists across a range of institutional spaces that allows change to happen. In Uruguay, for example, it was the long-standing groundwork and networks of feminist academics, women legislators, women's organizations and civil servants from different ministries and various levels of the bureaucratic structure that enabled the establishment of the national care system in 2015.[59]

These factors seem to have also been important during the pandemic. Data from the UNDP-UN Women Tracker suggest that countries with higher representation of women in parliament adopted more care measures in response to COVID-19. More than half of countries where women hold a high share of parliamentary seats had a moderate to stronger care response (implementing two or more measures), compared with less than 13 per cent of countries where women hold a low

share (Figure 4.4). Controlling for GDP, countries with a high female share of parliamentary seats took, on average, one more care measure than countries with a low share.[60] Across a range of countries, including Chile (Box 4.4) and Mexico, women legislators promoted care policies during the pandemic. In Mexico, where gender parity in both chambers was achieved in 2018, an initiative promoted by feminist legislators was approved in the Chamber of Deputies in 2020 to include the right to care as a constitutional right. However, the bill, which is yet to be ratified by the Senate, also established that the creation of a national care system should not involve new fiscal commitments or institutional structures.[61] In late 2021, another initiative to create a care system was presented in the Senate.[62]

Feminist movements and organizations may not play as prominent a role as they do in the area of violence against women and girls, but they can be effective in making inequalities in the gender distribution of unpaid care work more visible, pushing for social spending that benefits women or policies that support care and aim to change gender roles.[63] Recently, unpaid care has found a place in the demands for gender equality voiced in 'women's strikes' in several countries, and demands to recognize, reduce and redistribute care are increasingly prominent in the agendas of feminist movements and organizations.[64] During the pandemic, civil society organizations, including NGOs, community organizations and expert networks, have advocated for the incorporation of care on the government response agendas in various contexts, from Europe[65] to Africa[66] to global feminist networks.[67]

FIGURE 4.4
Care response by female representation in parliament

Source: Author's elaboration based on UNDP–UN Women COVID-19 Global Gender Response Tracker and UNDP 2020b, with data from the Inter-Parliamentary Union (IPU) 2020.

Notes: Includes UN Member States covered by the UNDP–UN Women Tracker with data on female share of parliamentary seats (N= 189). Percentages may not add up to 100 per cent due to rounding. For further details, see Annex 2.

In some cases, these efforts exerted a direct influence. For example, in Colombia, feminist organizations, which have long advocated for the recognition of unpaid care work and the creation of a national care system, had an opportunity to influence care policies in the capital city of Bogota. In 2019, they signed a Pact for Women with the candidate for mayor, Claudia Lopez Hernández, getting her commitment to incorporate a range of fundamental issues for women's rights and autonomy. Once in office, and in the middle of the pandemic, Lopez Hernández made good on these commitments and created a local care system and an intersectoral care commission with strong civil society participation.[68] In other countries, trade unions have also played a growing role in care policy advocacy. In Canada, for example, collective action by the Canadian Union of Public Employees (CUPE) through its nationwide 'FixLongTermCare' campaign contributed to the 2021 decision of the Government of Saskatchewan to invest CAD 80 million (USD 24 million) in long-term care, starting with municipalizing two facilities through substantial public investment, and to plan 82 renewal projects and 13 new public elder care homes in rural and remote areas of the province.[69]

Data from the Tracker also suggests that the presence of strong feminist movements is associated with a stronger care response during the pandemic. On average, countries with the strongest autonomous feminist movements adopted one more unpaid care measure than countries with no or weak feminist movements, controlling for GDP.[70] Further qualitative research and case studies are needed to identify the dynamics at play in each particular context as well as the most effective channels for organizations to exert a direct influence on policy adoption.

Where women legislators and feminists in public administration and in civil society work together, they can be more effective in influencing policy change. Despite the executive-centred policymaking during the crisis, there are examples of women legislators playing a leading role in promoting care policies, often in partnership with feminists in civil society. For instance, in Canada, a combination of feminist participation across multiple institutional spaces, including several key cabinet positions held by women, a high share of women in parliament and long-standing civil society advocacy, placed care at the centre of the recovery agenda (Box 4.3). In Argentina, too, feminists in key government positions worked closely with civil society,[71] setting up an inter-ministerial roundtable under the coordination of the newly created Ministry of Women, Gender and Diversity, to work on the design of a care system and a commission to draft a new bill, which was presented to Congress for consideration in May 2022.[72] This underscores the role that women in public administration can have in promoting a feminist agenda, particularly if placed in leading and decision-making positions.[73]

Pre-pandemic advocacy efforts, including by the UN system, could also influence the way governments responded when the crisis hit. For instance, in Latin America, long-standing regional efforts under the leadership of the Economic Commission for Latin America and the Caribbean (ECLAC) has raised the recognition of care as a central pillar of the gender equality agenda through the adoption of various consensus documents since at least the early 2000s.[74] When the crisis broke out, countries could build on these efforts, rapidly share good practices and learn from each other on how to incorporate care into the pandemic response and recovery agenda.[75]

BOX 4.3
Canada: A care-centred recovery strategy shaped by diverse feminist actors

In Canada, activists and lawmakers have fought for publicly funded childcare, preschool and elder care for decades, but COVID-19 lent new urgency to their demands.[76] Coupled with a government committed to gender equality, this transformed the crisis into an opportunity for promoting a care-centred recovery. Women's political representation in parliament and in key positions of the cabinet, as well as long-standing activism by feminist organizations, were key for translating these demands into action. In 2020, gender parity was achieved in the Senate for the first time.[77]

In this enabling political context, care policy was placed at the centre of the recovery agenda, with a ground-breaking investment plan for a national childcare system. In April 2021, Canada's first woman finance minister, Chrystia Freeland, presented the 2021 budget making the point that "COVID has exposed something women have long known: without childcare, parents—usually mothers—can't work".[78] This budget, which benefited from consultations with feminist leaders and organizations, recognized the disproportionate impact of COVID-19 on women and gender-diverse people.[79]

CAD 30 billion (USD 23.9 billion) were allocated over five years to build a national early learning and childcare system, support the expansion of childcare facilities and reduce parent fees for childcare to CAD 10 (USD 8) a day by 2026. An additional CAD 29.2 million (USD 23.3 million) over two years was allocated to support accessibility for children with disabilities and CAD 3 billion (USD 2.4 billion) over five years to support provinces and territories in improving standards for long-term care.[80] Furthermore, the Government aims to enshrine a Canada-wide childcare system in law through federal legislation and introduce a federal minimum wage of CAD 15 (USD 12), working with trade unions to improve recruitment, retention and retirement savings options for low-income workers in the sector.[81]

Estimates suggest that the establishment of a universal childcare system could create over 200,000 jobs in the early learning and childcare sector, plus close to another 80,000 in other industries, over the next decade, and enable up to 725,000 women to join the labour force, which in turn would raise additional government revenue of between CAD 17 billion (USD 13.6 billion) and CAD 29 billion (USD 23.1 billion) per year.[82]

In some contexts, the crisis created a window of opportunity to build on previous efforts and translate them into new care policies. Indeed, while most measures were only meant for the emergency, in a few countries the pandemic prompted actions that could become a steppingstone towards more comprehensive, publicly funded care policies in the medium and long term. This was the case in Canada, discussed above (Box 4.3) as well as in Chile (Box 4.4). In a context of intensive social mobilization and political transformations, feminist organizations in Chile found an opportunity to push their agendas forward, promoting high-level political debates on care that went all the way from emergency response to a broader set of care-related rights and policies for a post-crisis context.

BOX 4.4

Feminist mobilization, constitutional reform and high-level political commitment: An opportunity for transformative care policy in Chile

In Chile, feminists in the legislature, in civil society, and in the Constitutional Convention have strategically harnessed a unique historical moment when massive mobilizations, the pandemic and political change opened an opportunity to put care on the policy agenda. Before the pandemic, public interest in care policies accelerated in the context of large-scale feminist protests and a major social uprising in 2019, articulating demands for a more equal society and a new constitution. Against this backdrop, feminists in civil society and in elected office positioned gender equality as a key priority for COVID-19 response and recovery.

In May 2020, Senator Adriana Muñoz convened the COVID-19 Gender Roundtable, together with congresswomen Camila Vallejos and Gael Yeomans, to propose gender-sensitive responses to the pandemic.[83] Some 79 civil society organizations participated in debates, putting forward policy proposals on gender-based violence, employment and reproductive health. Measures proposed to support unpaid care work included the creation of an integrated national care system for children, older adults and other dependents; a basic emergency income for women heads of household, caregivers and migrant women; and the extension of the emergency parental leave.[84]

After a referendum in October 2020, Chile began a constitutional reform process that also provided fertile ground for high-level political debates on care policies. In May 2021, the 155 members of the Constitutional Convention were elected, with equal numbers of men and women—many of them feminists. Deliberations over the new constitution began in October 2021, amid the ongoing pandemic and with active inputs from gender-equality advocates, including NGOs and feminist organizations.[85] In May 2022, the Convention approved the incorporation of the right to care, to be cared for and to care for oneself in the constitutional proposal pending approval by referendum in September 2022. The new article also establishes that the State must provide the means to guarantee that care is provided in conditions of equality and co-responsibility through an Integral Care System and other policies.[86]

The constitutional reform process overlapped with the presidential election that took place in November 2021. Care policies featured prominently in the political platform of President Gabriel Boric, whose candidacy received strong support from feminist movements, including a younger generation of feminists emerging from the student protests of the 2010s. The platform proposed the creation of a national care system to close gaps in child- and long-term care provision, achieve equality in care roles between women and men and recognize the value of domestic and care work.[87] Feminists will be watching to ensure the commitments made remain on the agenda and are implemented in full, in the knowledge that securing the resources to put them into practice will be a significant challenge.

WHERE DO WE GO FROM HERE?

COVID-19 has exposed the deficits and inequalities in access to and provision of care that had been hidden in plain sight for decades. With schools, nurseries and day-care centres shut down, families have witnessed a massive shift of childcare responsibilities into their homes. While both women and men have increased their unpaid workloads, women continued to shoulder the bulk of it. The capacity of families to absorb that extra workload is not infinitely elastic[88] and the pressure to do so has had particularly negative effects on women's employment, earnings, health and well-being. Despite these mounting needs, the global care response was weak, and most families had to cope with the severe disruption of previous care arrangements with little or no government support.

As care demands increased so quickly and universally, they also became more visible, opening up opportunities for staking claims to government provision. Experiences in Cabo Verde, Canada and Chile give reason for hope. However, in many other contexts, windows of opportunity remained firmly shut or closed rapidly, reflecting the persistent neglect of care as a bedrock of social and economic development. As austerity measures are taking hold, the return to the previous unsustainable status quo looms large. To prevent this, governments across the globe must harness the recovery to lay the basis for more caring economies and societies. The analysis presented in this chapter points to four key priorities for catalysing a care-led recovery that supports gender equality, equity and resilience in the face of future shocks.

Public investments in gender-responsive care and social protection systems are needed now to boost recovery and transformation for a more crisis-resilient future. As this chapter has shown, it is difficult to improvise an effective emergency response to care without a minimum of policy infrastructure already in place. Strong public care services must go hand-in-hand with measures to reduce the trade-off between economic security and unpaid care for families: universal child allowances, parental leave and flexible employment policies. Creating this infrastructure requires resources. Public investments in care infrastructure, including health as well as childcare and long-term care, can also boost a job-rich recovery. A recent simulation for eight OECD countries shows that investments in a reformed care sector—with better wages and working conditions—would create 40-60 per cent more jobs than the same investments in construction. Depending on the country, between a third and three fifths of any gross spending on the care sector is recouped through additional revenue from taxes and social security contributions—a 'fiscal merit' that is also larger than that of any comparable investment in construction. Because the demand for care and gaps in supply are even greater in low- and middle-income countries, the initial fiscal outlay is high but so are the potential returns.[89]

Effective and shock-responsive care policies require an integrated and cross-sectoral approach that coordinates actions by different ministries and levels of government (local, state,

federal). Beyond funding, progress on care policies also requires a strong role for states in establishing coordination mechanisms and regulatory frameworks. At a minimum, ministries for social development, labour, finance and gender equality must work closely together to create integrated systems of services and benefits that gradually advance towards guaranteeing the rights of workers, care-dependent populations and unpaid caregivers. With some pandemic labour market arrangements, such as telecommuting and flexible working hours, bound to stay in place in some form, the question of how employment policies can be designed to ensure that 'reconciliation' does not fall exclusively onto women has become a pressing one. Solid regulatory frameworks and financing mechanisms are also needed to ensure access to quality care services across different territorial jurisdictions and social groups. Partnerships with and support for community-based organizations can be an important vehicle to extend services to hard-to-reach groups, such as informal workers, rural populations or shanty town residents, provided that those partnerships tackle the resource and training needs of these organizations.

Anchoring care firmly within public discourse and placing it onto government agendas requires broad-based alliances and advocacy strategies that engage with institutional insiders. Shifting spending priorities and service delivery models to support a more sustainable and socially just care system requires smart advocacy strategies and robust accountability mechanisms. Building broad-based coalitions to get powerholders to recognize and respond to the rights and needs of care-dependent populations, unpaid caregivers and paid care workers has been a key strategy over time in a range of contexts. The care agenda has opened up an opportunity for feminist movements and workers', children's, disability and older persons' rights organizations to coalesce around shared goals and policy priorities. To translate

their demands into laws and policies, spaces for exchange and long-term networks with women in political parties, public administration and parliaments are urgently needed. As this chapter has shown, women in public office were able to harness incipient pre-pandemic networks to catalyse the adoption of care-related emergency and recovery measures in some countries.

Better data and evidence on the scope and value of unpaid care work and what works to recognize, reduce and redistribute it are essential for policy advocacy and accountability. To date, only 92 out of 193 UN Member States have submitted time-use data for Sustainable Development Goal (SDG) indicator 5.4.1,[90] and many countries do not regularly update these data, making it difficult to monitor progress over time. Data and evidence on the coverage and quality of care-related policies are even scarcer. For example, many countries do not collect data regularly on the coverage and quality of childcare services or public spending allocated to them and, beyond the OECD, there is no global database that would enable cross-country comparisons along these lines. Administrative, spending and survey data must be strengthened and comparative indicators developed on various dimensions, including public spending on care policies by type, coverage of care service by age, opening hours and effective access to family leaves and take-up by sex, to design better care policies across the Global South.

5

COVID-19 task forces: Where are the women?

PRE-PANDEMIC BARRIERS PREVENTED WOMEN'S EQUAL PARTICIPATION IN GOVERNMENT

In 2021, women made up

26% of **LEGISLATURES**

and **only**

11% of **HEADS OF STATE** or **GOVERNMENT**

In public administrations, women accounted for just

31% of **TOP LEADERS**
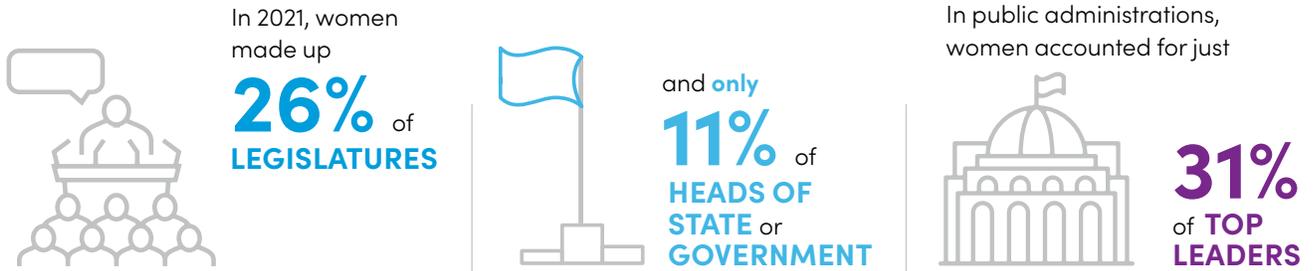
LEADERSHIP INEQUALITIES PERSISTED DURING COVID-19

OF **262** COVID-19 TASK FORCES,

7% reached gender parity

11% were majority women

82% were majority men

Only 24% of task force members globally were **WOMEN**

15% of task forces with an economic focus had **NO WOMEN MEMBERS**
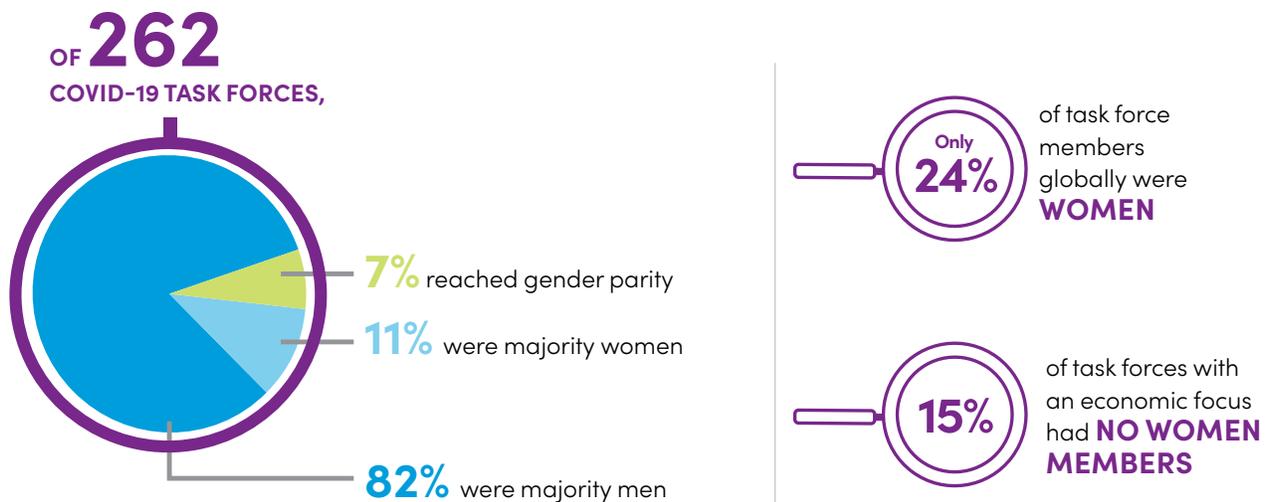
WOMEN'S PARTICIPATION IN PUBLIC LIFE MADE A DIFFERENCE

Women's representation in COVID-19 task forces was

16.6 **PERCENTAGE POINTS HIGHER**

in countries with **higher female representation** in parliament, compared to countries with low female representation, controlling for GDP
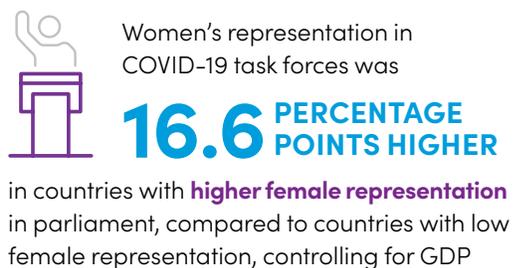
Task forces with a focus on gender were created in at least **6 COUNTRIES**

Women's activism led to increased representation of women on task forces in **ITALY AND NIGERIA**

KEY FINDINGS

Q The COVID-19 pandemic hit at a time when women's representation and leadership had made important progress, albeit uneven and insufficient. In 2020, men still monopolized nearly three quarters of parliamentary seats globally and women remained underrepresented in leadership roles among executives and in public administration.

Q The emergency response to COVID-19 was layered onto these inequalities in representation in public and political life: as governments rushed to create governance and advisory bodies to steer their responses to the pandemic, women remained largely excluded.

Q 'Glass ceilings' constrained women's access to leadership positions within task forces, while 'glass walls' confined them to certain positions and policy areas. For example, women were better represented among public health task forces compared to economic ones.

Q Women's representation on task forces was highest in Europe, Northern America, Australia and New Zealand, followed by Latin America and the Caribbean. These regions were already ahead of others in terms of women's representation in regular decision-making spaces, such as national parliaments and public administrations.

Q Overall, countries with stronger democracies and higher levels of women's representation in national parliaments – often aided by gender quotas – were more likely to have higher levels of women's representation on their COVID-19 task forces, even when controlling for national income.

Q Yet, there were also cases of gender-balanced task forces in countries that defy those conditions, underlining that where political commitment existed, crisis response bodies did not need to recreate gender gaps and biases.

Q Feminist agency also mattered. In several countries, women's organizations protested against male-dominated task forces, sometimes resulting in a revision of membership structures. In others, task forces were formed to specifically address the pandemic's negative impact on women and girls.

Q These findings underline the importance of combating discriminatory social norms, fostering political commitment and strengthening institutional mechanisms for gender equality in 'normal times' to ensure adequate representation during emergency response and recovery.

Q Gender quotas and other special measures, promotion of cultural change, and better data are needed to shift the balance of power in public institutions towards gender parity.

INTRODUCTION

Previous chapters have shown how strong democratic institutions, autonomous feminist movements and women in formal decision-making spaces at various levels were important enablers of gender-sensitive policy responses to the COVID-19 pandemic. Women demonstrated effective leadership and spearheaded rapid and socially inclusive policies as Heads of States, cabinet ministers, governors and mayors, Members of Parliament and public administrators.[1] While women played a critical role in these established institutions, the pandemic also revealed persistent gender gaps and biases in participation and leadership. Indeed, as this chapter shows, the barriers to women's full and equal participation remain enormous and can be exacerbated during emergencies.

This is problematic from a normative and democratic justice standpoint. Gender-balanced participation in public life, decision-making, policy formulation and power-sharing is an internationally agreed target in the Beijing Declaration and Platform for Action, the 2030 Agenda for Sustainable Development, and reaffirmed in the UN Secretary-General's Our Common Agenda report. But women's absence also compromises the inclusiveness and effectiveness of crisis response and recovery. Women's participation in public life and decision-making symbolizes a country's commitment to democracy and inclusion, and their presence in leadership positions can

transform citizens' attitudes about traditional gender roles and encourage more women and girls to participate in politics and public life.[2] Furthermore, when different experiences and perspectives are brought to bear on government processes, policies are more likely to reflect the preferences of the public, including those of marginalized groups, with potentially positive effects on the legitimacy of political systems.[3] Women's participation in politics diversifies policy agendas and has a positive effect on a range of policy outcomes – from health and childcare to environmental quality, tax rates and military engagement.[4] Research also shows that women's leadership in public institutions is associated with more responsive and accountable governments.[5]

Despite these numerous benefits, governments often recreated and sometimes deepened already pervasive gender inequalities as they rushed to create COVID-19-specific governance and advisory bodies to support emergency decision-making. With membership drawn overwhelmingly from existing, male-dominated networks and institutions, COVID-19 task forces saw low levels of women's representation and women remained disproportionately excluded from positions of leadership. With little time for consultations with civil society, women's organizations, trade unions, indigenous groups and other stakeholders affected by the crisis were also largely overlooked.

Where women did lead, they often did not receive the same level of publicity or attention as their male peers, meaning that their work often went undocumented or unrecognized.[6] Indeed, during 'normal times', women leaders experience more resistance, backlash and political violence than men and often face disproportionate blame for failing to turn crises around. As the United Nations Development Programme (UNDP)'s Gender and Social Norms Index shows, a significant proportion of both women (50 per cent) and men (63 per cent) across 75 countries and territories believe that men make better political leaders than women.[7]

Yet, as this chapter shows, discriminatory norms and practices did not remain unchallenged during the pandemic. Several women Heads of State in the Global North received widespread praise for the effectiveness of their COVID-19 response; and across a range of countries in different regions, women in civil society called their governments out for appointing male-dominated task forces, sometimes achieving redress. Whether and how these dynamics contribute to transforming perceptions of women in politics and public life beyond the pandemic remains to be seen.

This chapter provides a global analysis of women's representation and leadership in 431 COVID-19 task forces in 187 countries and territories.[8] It discusses variations by region, task force type and sector (section 5.2); looks at some of the factors that enabled or constrained greater gender balance in emergency response mechanisms across countries (section 5.3); and teases out lessons for promoting women's leadership and participation in the post-COVID-19 world (section 5.4).
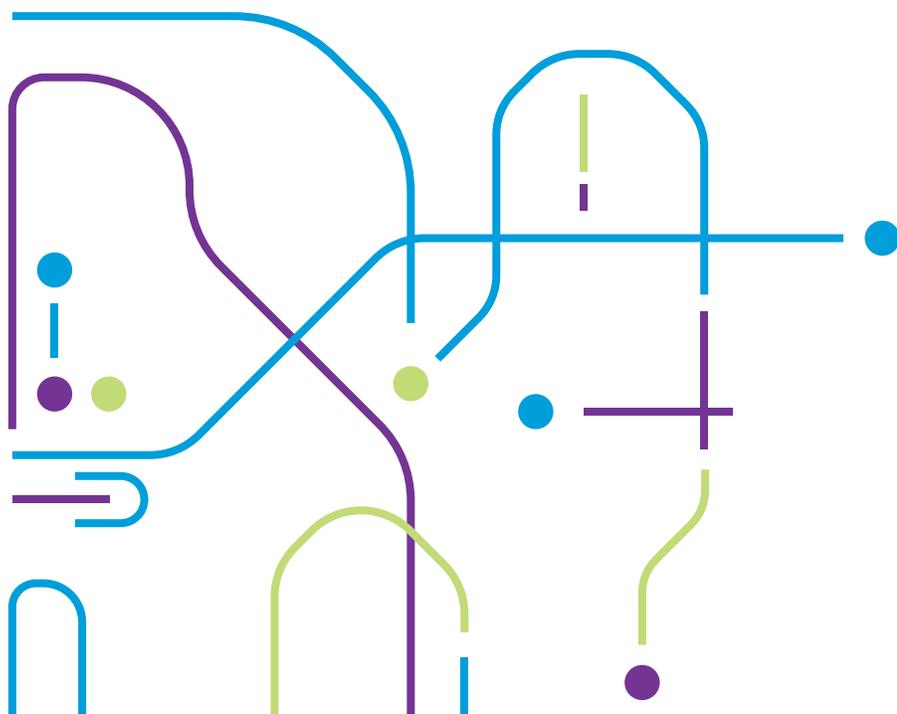
5.2

COVID-19 RESPONSE PLANNING: WHERE ARE THE WOMEN?

In early 2020, governments rapidly started to convene special governance and advisory bodies to help steer the public health response and propose measures to address the economic and social ramifications of the COVID-19 pandemic.[9] These task forces included new agencies, dormant crisis response mechanisms that were reactivated and public-facing subcommittees situated within larger public health bodies.[10] Drawing on a new data set compiled by the Gender Inequality Research Lab (GIRL) at the University of Pittsburgh, UNDP and UN Women, the COVID-19 Global Gender Response Tracker revealed significant gender gaps in task force participation and leadership.[11]

Of the 262 task forces with sex-disaggregated membership data across 130 countries and territories, women average just 24 per cent of members (see Figure 5.1). Women are completely absent from 10 per cent of all task forces (26 of 262) across 23 countries, and men make up the majority of members in 82 per cent of task forces (216 of 262). There are only 14 countries that have at least one task force that reaches gender parity: Austria, Belgium, Canada, Chile, Estonia, Ethiopia, Finland, Ireland, Italy, Jamaica, Saint Lucia, Switzerland, United Kingdom and the United States of America. Of these, just Canada, Finland and Saint Lucia achieve parity averaged across all of their task forces.[12]

FIGURE 5.1

Average share of women and men members and leaders in COVID-19 task forces

Source: Authors' elaboration based on data from UNDP, UN Women and University of Pittsburgh 2021.

Notes: Sex-disaggregated data on COVID-19 task force members is available for 262 task forces in 130 countries and territories. Data on leaders is available for 414 task forces in 184 countries and territories. The global average of task force membership is calculated using country-level averages of women's participation. Leadership averages are based on a simple average across the full data set. See UNDP and UN Women 2021a for further details.

Women are excluded from leadership at even higher rates, leading only 18 per cent of task forces (76 of 414) (see Figure 5.1). Women lead at least one task force in 57 countries, including Albania, Belize, France, Liberia, Oman and Tonga. Sixteen task forces in 12 countries and territories – including Cambodia, Maldives, New Zealand, Saint Lucia and Tajikistan – are co-led by women and men.

Women-led task forces also have the highest share of women members (43 per cent), followed by co-led task forces (34 per cent). On task forces led by men, in turn, women account for only 24 per cent of members on average.[13] This may indicate that while male leaders rely more heavily on male-dominated networks, women's leadership and co-leadership enabled a more diverse composition of task forces.

BOX 5.1
Addressing intersectional needs through inclusive decision-making

A feminist approach to participation and leadership embraces the concept of 'intersectionality' (i.e., the idea that women's lived experiences are shaped by interlocking structures of inequality based on gender, class and race/ethnicity, among others).[14] Each of these structures is influenced by legacies of colonialism that continue to harmfully shape unequal economic and ethnic/racial relations as well as imposing certain ideals on the Global South.[15] Several countries have tried to promote diverse voices in their COVID-19 task forces or created specific task forces to address the needs of women and girls facing multiple and intersecting forms of discrimination, including informal or migrant women workers, refugee women, indigenous women or young women.

In South Africa, the multisectoral Ministerial Advisory Committee on Social and Behavioural Change brought together diverse leaders to be part of the COVID-19 response, including representatives from disability groups, HIV/AIDS organizations, labour unions, gender justice and feminist activist organizations, traditional and indigenous leaders, and members of different faith-based organizations.[16] The Committee submitted formal recommendations to the Ministry of Health on public health practices that considered social and cultural factors, including in the context of vaccine hesitancy, misinformation, and impacts of COVID-19 restrictions on health care access and cultural and religious practices.[17]

In Belgium, the Task Force for Vulnerable Groups formed by the Minister of Pensions and Social Integration worked to identify the impact of the pandemic and its policy response on hard-hit populations, including homeless people, migrants and workers in the sex trade.[18] The task force was supported by a Consultation Group with members from federal organizations and civil society groups focused on human rights, poverty reduction, gender equality, disability inclusion, human trafficking and migration.[19] Based on the group's identification of key priority areas, the government allocated 75 million euros to support accessibility of health care and public services, unemployment benefits, parental leave, support for frontline workers, and digitalization of government services and education.[20]

Wide regional variations in women's representation and leadership

Women's representation and leadership in COVID-19 task forces varies widely across regions and reflects regional patterns in women's representation prior to the pandemic. Rates of women's representation on task forces are highest in the regional cluster of Europe, Northern America, Australia and New Zealand (33 per cent), followed by Latin America and the Caribbean (28 per cent) (see Figure 5.2). Both regions were already ahead of others in terms of women's representation in regular decision-making spaces such as national parliaments when the pandemic hit, and average levels of representation in task forces are similar to those of legislatures.

In Europe and Northern America, Canada and Finland stand out for achieving high levels of women's representation and leadership across a range of task forces (see Box 5.2). In Canada, women make up more than 50 per cent of all members averaged across six task forces and co-lead four of them. Similarly, across 10 task forces in Finland, women make up on average 48 per cent of members and account for one third of task force leaders. However, there are also countries and territories in this region where women are completely excluded from task forces.[21] In Latin America and the Caribbean, women reach parity or represent a majority of members in nine (of 64) task forces across six countries: Antigua and Barbuda, Argentina, Chile, Guatemala, Jamaica and Saint Lucia.

FIGURE 5.2

Women's representation in COVID-19 task forces, by region

Source: Authors' elaboration, based on data from UNDP, UN Women and University of Pittsburgh 2021.

Notes: The figure is based on the 187 countries and territories covered by UNDP, UN Women and University of Pittsburgh 2021. Regional averages of task force membership are calculated using country-level averages of women's participation. The number of countries and territories included by region is: 36 in Europe, Northern America, Australia and New Zealand with member data and 45 with leader data; 26 in Latin America and the Caribbean with member data and 39 with leader data; 27 in sub-Saharan Africa with member data and 37 with leader data; 16 in Eastern and South-Eastern Asia and Oceania with member data and 28 with leader data; 17 in Northern Africa and Western Asia with member data and 22 with leader data, and 8 in Central and Southern Asia with member data and 13 with leader data.

In all other regions, women's representation on COVID-19 task forces is below the global average of 24 per cent. On the whole, it is also lower than their representation in regular decision-making spaces such as national parliaments. Nevertheless, there are countries in each of these regions that diverge from this pattern. In sub-Saharan Africa, where women make up 20 per cent of task force members and just 15 per cent of task force leaders, Ethiopia stands out for its COVID-19 National Ministerial Committee. The Committee is one of just 10 task forces globally to reach gender parity and have a woman lead or co-lead.[22] In Northern Africa and Western Asia, where women make up 17 per cent of task force members and 12 per cent of task force leaders, women account for 57 per cent of members of Israel's Barometer Team and 43 per cent of Turkey's Scientific Advisory Board. Egypt's Committee for Supporting Irregular Workers is one of only five economic task forces globally that are led by a woman (see Box 5.3). In Central and Southern Asia, where women make up only 12 per cent of task force members and 8 per cent of task force leaders, women lead two of Bhutan's task forces and make up 33 per cent of task force members.

'Glass ceilings' and 'glass walls': Impediments to greater gender balance

Governments varied significantly in the types of task forces they created. Some executive leaders pulled together only members of their cabinets (decision-making task forces[23]), while others sought advice from external experts and practitioners (expert advisory task forces[24]) from different sectors, including public health, epidemiology, economics or ethics. Task force type and sectoral focus had a bearing on their gender composition, often replicating the 'glass ceilings' and 'glass walls' that constrain women's representation in politics and public during 'normal times' (see section 5.3.1).

In 2021, women made up just 11 per cent (22 of 193) of Heads of State or Government and 22 per cent of ministers globally.[25] In the legislative branch, despite important progress over the past decades, women were still confined to slightly over a quarter (25.5 per cent) of parliamentary seats globally.[26] Similarly, while women's participation in public administration has also improved over the last decade, with women making up 46 per cent of public administration employees overall, they are only 31 per cent of top leaders, 30 per cent of senior managers and 38 per cent of managers.[27] Such 'glass ceilings', which constrain women's access to more senior and influential roles across branches of government, are also apparent in the structure of COVID-19 task forces. Along with women's exclusion from task force leadership roles, differences in the gender composition of decision-making versus expert task forces illustrate this pattern.

Given their advisory character, expert task forces (23 per cent of all 431 task forces) have less direct influence on government decisions than decision-making task forces (77 per cent of task forces), which include a higher share of high-ranking government officials. Women are underrepresented on both types of emergency response bodies, but expert task forces tended to be more inclusive than decision-making ones. Women make up 35 per cent of the 78 expert task forces with membership data, while this number drops to 25 per cent across 184 decision-making task forces. Only 4 per cent of expert task forces have all-male membership, compared to 13 per cent of decision-making task forces. A similar pattern emerges for task force leadership:

Women lead or co-lead 27 per cent of the 88 expert task forces with data on leadership but just 21 per cent of the 326 decision-making task forces. Even among countries where women approach or exceed parity in expert task forces, they remain disproportionately excluded at the decision-making level. For example, in South Africa, women average 45 per cent of members across three expert task forces but only 17 per cent of the decision-making task force.

Task forces also upheld 'glass walls' that keep women and men separated into different sectors, departments and occupations and confine women to positions and policy areas considered appropriate for them according to dominant gender norms, roles and stereotypes.[28] Before the pandemic, sectoral portfolios held by ministers were unevenly distributed, with those dealing with economic, defence and security issues being less inclusive and diverse.[29] In turn, ministries in

traditionally feminized areas, such as health or social issues, were more likely to be led by women.[30] Among the three most common sectoral task force categories – public health, economics and multisectoral[31] – women are best represented on public health task forces, mirroring high levels of female representation in the health sector, including public health administration.[32] Women average 32 per cent of members across 121 public health task forces, yet just 23 per cent of members on 93 multisectoral task forces and 25 per cent of members across 33 economic task forces. Four per cent of public health task forces have no women members compared to 15 per cent of both economic and multisectoral task forces (see Figure 5.3). The pattern repeats itself with regards to leadership. Women lead or co-lead 24 per cent of public health task forces, compared to 21 per cent of multisectoral task forces and 20 per cent of economic task forces.

FIGURE 5.3
Women's representation in COVID-19 task forces, by type and sector
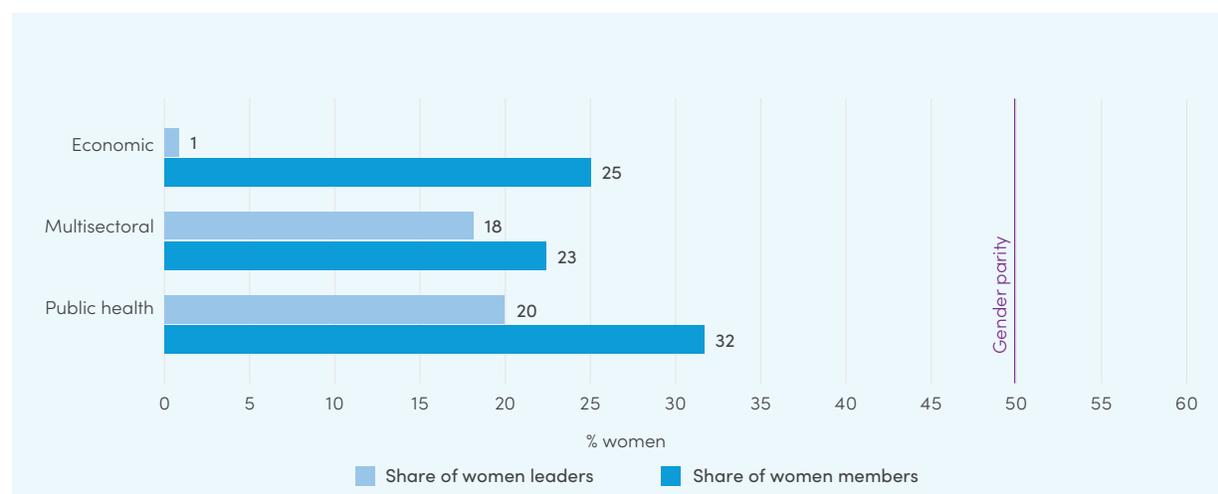
Source: Authors' elaboration based on data from UNDP, UN Women and University of Pittsburgh 2021.

Notes: The figure is based on the 187 countries and territories covered by UNDP, UN Women and University of Pittsburgh 2021. Data on leadership are available for 414 task forces in 184 countries and territories. Leadership figures do not include task forces co-led by women and men. The number of countries and territories included by sector is: 33 economic task forces with member data and 49 with leader data; 93 multisectoral task forces with member data and 154 with leader data; 121 public health task forces with member data and 183 with leader data.

Despite women's overall underrepresentation, there are some task forces that are predominantly women, including high-profile cases such as Iceland and Italy. In Italy, the Minister of Equal Opportunities and Family created an all-women COVID-19 task force to develop ideas for the country's social, cultural and economic recovery. The task force submitted proposals to increase the proportion of women in all areas of work; overcome barriers to career advancement, particularly in fast-growing sectors; and address gender stereotypes that prevent women from reaching positions of leadership.[33] In Iceland, the former Minister of Social Affairs and the Police Commissioner put together an all-women Violence Prevention Task Force in response to reports of increasing levels of domestic violence (see Box 2.5). Other examples include Guatemala's Presidential Commission for Emergency Care, led by the country's woman health minister and featuring two thirds female membership, and Lesotho's National COVID-19 Secretariat (NACOSEC). The creation of NACOSEC, which reports directly to the Prime Minister, followed the disbandment of a first emergency response task force due to widespread criticism and accusations of corruption. Over 70 per cent (43 out of 58) of its new permanent representatives are women, including from government ministries, civil society and district-level authorities.
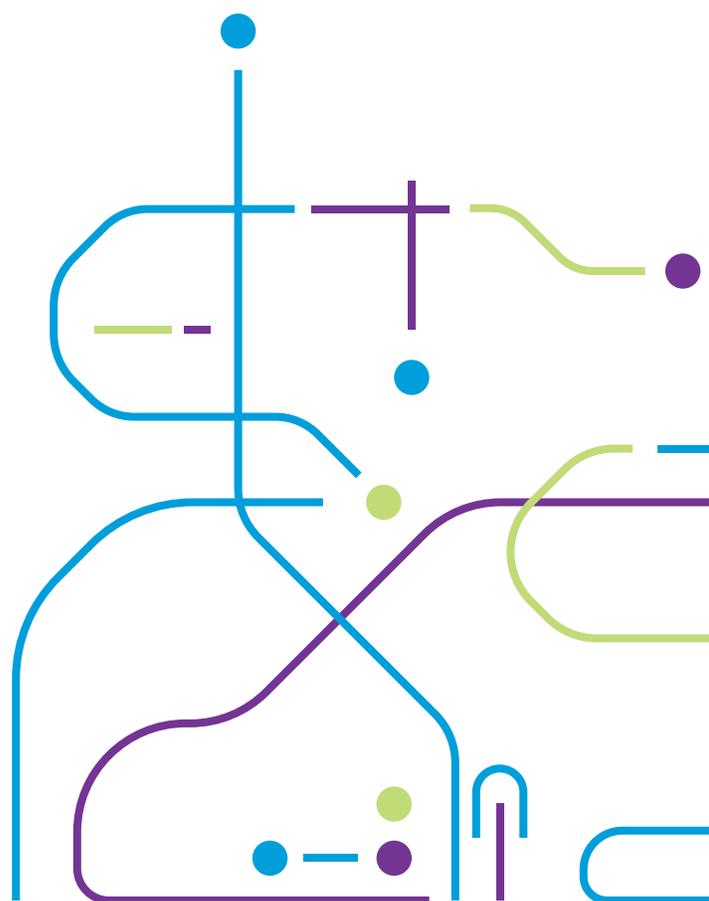
WHAT SHAPED WOMEN'S LEADERSHIP AND PARTICIPATION IN COVID-19 TASK FORCES?

Overall, low levels of women's representation in emergency task forces reflected long-standing social norms biased against women in politics, as well as gender gaps and hierarchies in decision-making structures in both executive and legislative branches.[34] Yet, some countries and regions did achieve higher levels of women's representation and leadership on COVID-19 task forces. What might be the dynamics at play in these cases? This section shows that women's inclusion in emergency response bodies was heavily path-dependent. Generally, it was higher in countries with stronger democracies that had already achieved greater gender balance in political office. At the same time, the pandemic also created opportunities to do things differently, including in contexts where

women's representation in decision-making was lagging behind. By modifying 'normal' policy routines and concentrating decision-making in the executive, the pandemic opened opportunities for women Heads of State, ministers, mayors and 'femocrats', including those in women's policy agencies (WPAs), to promote the adoption of gender-sensitive measures across a range of policy areas (see Chapters 2, 3 and 4). While such positive leadership examples, alongside pressure from civil society, could potentially erode discriminatory gender norms and institutional practices that obstruct women's equal participation, such societal changes might still face resistance and backlash.

Paving the way: Democracy and women's participation prior to the pandemic

Strong democratic institutions and women's parliamentary representation have been important enablers for gender-sensitive policy measures during the pandemic (see Chapter 1) as well as for women's representation in COVID-19 task forces. Historically, democratic institutions have provided an enabling environment for women's

participation in politics and public life, with both factors – a country's level of democracy and women's representation in national parliaments – being closely associated. Emerging evidence from the pandemic context reaffirms this connection. Strength of democratic institutions and previous levels of women's political representation in routine

decision-making structures were associated with the extent to which women were included in COVID-19 task forces during the pandemic.

On average, women's representation in COVID-19 task forces was 16.6 percentage points higher in countries with higher female representation in parliament compared to countries with low female representation, controlling for a country's gross domestic product (GDP).[35] Figure 5.4 confirms this pattern: while more than 60 per cent of countries with higher female representation in parliament before the pandemic also registered a high presence of women in their COVID-19 task forces, only 6 per cent of those with low levels of female representation in parliament did. Conversely, half of the countries with low female representation in parliament also registered a low proportion of women in COVID-19 task forces, compared to only 16 per cent of those with higher representation of women in parliament.

This suggests that women's greater presence in elected office prior to the pandemic meant they were better connected to existing networks of power, increasing their chances of inclusion in emergency response structures. Finland provides a powerful example for this virtuous circle (see Box 5.2).

FIGURE 5.4

Share of women in COVID-19 task forces by female representation in parliament

Source: Authors' elaboration based on data from the UNDP, UN Women and University of Pittsburgh 2021 and UNDP 2020b, with data from IPU 2020.

Notes: Includes UN Member States covered by UNDP, UN Women and University of Pittsburgh 2021 with data on female representation in parliament (N=120). Percentages may not equal 100 due to rounding. For further information see Annex 2.
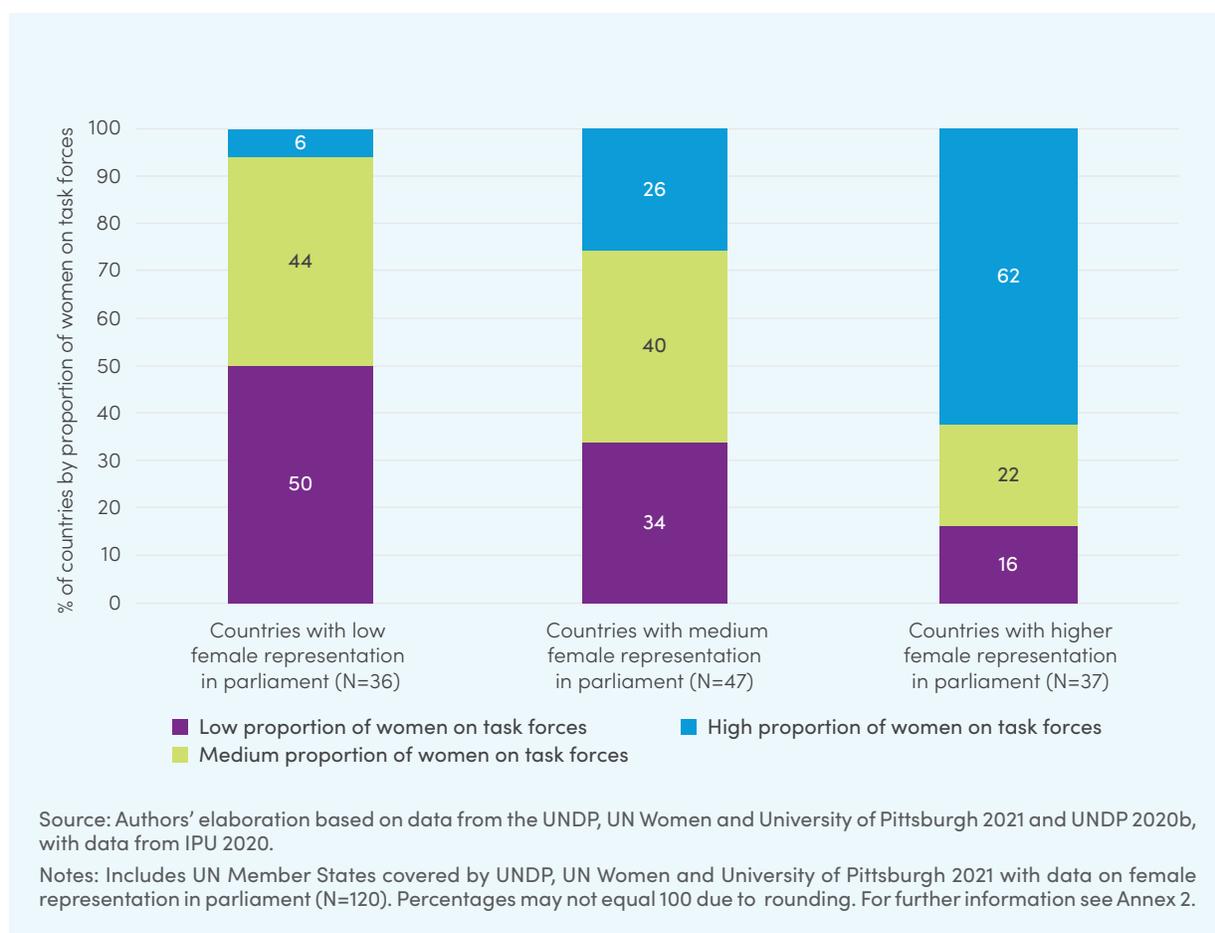
Historically, temporary special measures (TSMs), such as parliamentary gender quotas, have been one of the most effective tools to increase women's representation in political life.[36] Since the Beijing Platform for Action was agreed in 1995, quotas – particularly legally binding ones that are enforced with the threat of sanctions – have led more women to enter politics than ever before, challenging the deep-rooted belief that men are better suited for leadership roles.[37] As of 2021, at least 121 countries and territories globally had some form of legislative quota in place to promote women's equal participation in policymaking, with only 29 per cent of these quotas being voluntary.[38] Increasingly, gender targets have also been applied to the executive, with a handful of countries, including Albania, Costa Rica and Guinea Bissau achieving gender parity in their ministerial cabinets in 2020.[39] Such high-level political commitment to power-sharing in 'normal times' may have positive spillover effects in times of crisis. For instance, 10 of the 17 countries with the highest representation of women in COVID-19 task forces also have legislated gender quotas for women in parliament, whether at subnational or national level.[40]

BOX 5.2

COVID-19 task forces in Finland: Gender balance and inclusive policymaking

Finland – a robust democracy with a mature welfare state, low levels of gender inequality, and widespread trust in public institutions – has been lauded for its COVID-19 response under the leadership of Prime Minister Sanna Marin. The country enjoyed high levels of women's participation in politics and public life long before the virus hit. Women have accounted for more than half of all public administration employees since at least 2000, and top-level public administrators since 2017.[41] In 2020, women held 46 per cent of parliamentary seats, and have consistently held more than 40 per cent since 2007.[42]

By the end of May 2020, the Government had created eight task forces to coordinate its COVID-19 response with an overall gender-inclusive approach. Women accounted for 48 per cent of task force members and 33 per cent of task force leaders. Six of these task forces had direct connections to government decision-makers, including ministries – such as defense, finance, education and social affairs. Two other task forces were deliberately created by government ministries to bring in experts and civil society members to advise on a gender-sensitive, inclusive and long-term policy response.

The Group to Strengthen Well-being and Equality in the Aftermath of the Coronavirus Crisis was tasked with identifying social and gender inequalities that were likely to be exacerbated by the pandemic and to find ways to prevent and/or remedy these changes.[43] The group developed a set of concrete policy recommendations for the Ministry of Social Affairs and Health and the Ministry of Employment and the Economy, calling for a strengthening of the social welfare systems, support for civil society organizations to provide relief for hard-to-reach groups, and the creation of job opportunities for women, young people, immigrants and persons with disabilities. As part of the Working Group to Examine Realization of Children's Rights in the Aftermath of Coronavirus, another task force created by the Ministry of Social Affairs and Health, civil society members developed recommendations for a national strategy to improve the well-being of children and their families in the long-term, which included the need to strengthen support services for domestic abuse survivors.[44]

Against the odds: Opportunities for women's leadership during the pandemic and beyond

While the overall trend points to a virtuous circle whereby countries with robust democratic institutions and higher levels of women's political representation were also those that appointed more gender-balanced emergency task forces during the pandemic, there are examples of women's participation and leadership in contexts that defy these conditions. Emergency task forces inclusive of women are present in a variety of settings, including in low-income or fragile contexts such as Ethiopia and Timor-Leste. There are also countries with relatively low numbers of women in parliament that have nonetheless appointed a comparatively high share of women in COVID-19 task forces. Bhutan, Georgia and Guatemala all show levels of women's representation in parliament below 20 per cent[45] but appointed an average of 33, 33 and 71 per cent of women, respectively, on their task forces. In these instances, strong executive commitment may have played an important role in fostering more inclusive emergency governance mechanisms. In Egypt, women's representation on task forces reached 24 per cent, the highest in the Northern African region, at a time when women's representation in parliament also jumped from 15 to 27 per cent (see Box 5.3).[46]

BOX 5.3

Egypt: Committee created to support informal workers incorporates gender concerns

The informal sector accounts for 63 per cent of total employment in Egypt and it is estimated that half of all employed women work informally with low wages and limited access to social protection.[47] To reduce the impact of COVID-19 on informal workers Egypt adopted several measures, including the creation of an inter-ministerial committee for irregular workers and the establishment of a workers' emergency benefits fund.[48] The committee was formed in March 2020, by a Prime Ministerial decision, to develop policies, collect data and coordinate initiatives to assist informal workers whose livelihoods had been impacted by COVID-19.[49]

Chaired by the woman Minister of Planning and Economic Development, Hala El-Said, members included the President of the National Council for Women (NCW) as well as government ministers and leaders of development agencies.[50] The NCW played an important role in ensuring that women in informal work were not left behind by COVID-19 response measures. The NCW advocated for evidence-based gender-responsive policies across sectors, including social protection, economic opportunities, care work, ending violence against women and girls, and women's leadership.[51] To promote government accountability for gender mainstreaming, it also created and regularly updated a country-level policy tracker that monitored pandemic response measures from a gender perspective.[52]

These efforts are reflected in a relatively high number of gender-sensitive measures adopted in response to the pandemic – 21 in total, half of them targeting women's economic security. Interventions included cash transfers that prioritized women as recipients, expanded coverage of social protection schemes, and extended financial support to women leaders in rural areas.

The Government's inclusion of the national women's machinery in COVID-19 decision-making structures and the NCW's strong advocacy for women's needs illustrates how integrating women policy agencies into the emergency response can ensure a more equitable emergency policy response and recovery.

Conversely, even in countries that had higher numbers of women in politics prior to the pandemic, civil society called out executive leaders for appointing male-dominated emergency task forces, and it was only after outside pressure from women's rights organizations and media criticism that more women were included. For instance, in Italy – a long-standing democracy where women hold more than a third (36 per cent)[53] of parliamentary seats – feminist organizations using the hashtag *#DateciVoce* (Give us a voice) protested against the gender imbalance in the initial male-dominated task force appointed by the Prime Minister in April 2020. This led to the incorporation of five women members – including renowned economist Mariana Mazzucato – in addition to the 17 original task force members.[54]

Women's rights organizations also pushed for the incorporation of women in emergency response bodies in contexts with low levels of women's representation in politics. In Nigeria, after a public outcry, the Presidential task force on COVID-19 added an extra woman member, making a total of two women representatives out of 12.[55] While a proportion of 17 per cent women may seem like a small victory, it is well above the levels observed in parliament, where only 3.6 per cent of seats are occupied by women.[56] Protests for better representation of women in task forces also took place in Malawi, Nepal and Singapore.[57] In Malawi, activists argued that the gender composition of existing task forces clearly contradicted national legislation that mandated a 60:40 gender quota in decision-making.[58]

Across settings, civil society pressure for the inclusion of women in COVID-19 task forces was possible because of publicly available information about their creation, composition and mandate that allowed women's rights organizations to track appointments. In other contexts, lack of transparency on how and why governments were making their decisions has hindered accountability from below. For instance, while COVID-19 policies were identified in 226 countries and territories, only 187 countries or territories featured basic sex-disaggregated data on task force composition or leadership. Meanwhile, updated information about membership, task force activities, and links to policies or budgeting were accessible in only a handful of cases.

Other countries below the global average in women's parliamentary representation were able to rally support and constitute gender-focused task forces to address specific issues that affected women during COVID-19. In these settings, WPAs often took a leading role in promoting the creation of gender-focused task forces. Despite critically low levels of women's representation (only 4.7 per cent of parliamentary seats were held by women),[59] Lebanon created the Technical Taskforce of Corona in Pregnancy with the participation of the WPA to monitor the relationship between pregnancy and COVID-19 and provide public health advice to expecting mothers.[60] Similarly, in Fiji, where women's representation in parliament stands at 22 per cent,[61] the WPA repurposed an existing coordinating mechanism for mainstreaming gender into natural disaster response to tackle issues of gender-based violence during the pandemic (see Box 2.4). In Chile, the Ministry of Women and Gender Equality worked across government and with private sector partners in two task forces created to address the huge drop in women's employment as a result of the pandemic.

Positive examples of women's leadership during the pandemic could potentially erode gender power dynamics and discriminatory social norms that have limited women's presence and influence in decision-making.[62] Research shows that as the share of women's representation in government grows, this can reduce the prominence of 'glass walls' that concentrate women in certain traditionally feminized areas, such as health or social issues.[63] Yet, the transformation of gender-biased norms, practices and institutions takes time and is not necessarily linear. Indeed, as the number of women participating in political and public roles rises, often too does the backlash, hostility and violence against them, with politically motivated attacks and cyberbulling growing around the world.[64] Emerging evidence suggests that women in politics in a variety of contexts were targeted amid the pandemic by intense online abuse and harassment during their time in office as well as during electoral campaigns and elections.[65]

5.4
WHERE DO WE GO FROM HERE?

Women's representation and leadership in executive positions, parliaments and public administration was critical for translating feminist advocacy into policy action, including in areas such as violence against women and girls (Chapter 2), women's economic security (Chapter 3) and unpaid care (Chapter 4). In addition, countries with a higher participation of women in parliaments and public administration leadership positions before the crisis were more likely to have gender-balanced COVID-19 task forces.[66] These findings underline the importance of investing in women's empowerment in politics and supporting women's advancement in public administration during 'normal' times as an enabler of inclusive participation and leadership in times of crisis. While countries with stronger democratic institutions and higher levels of women in routine decision-making spaces were more likely to have higher shares of women on COVID-19 task forces, women's movements and women's policy agencies also advocated for greater gender balance in COVID-19 decision-making and more gender-responsive policy measures in countries with democratic deficits and/or low levels of female representation in parliaments. These insights point to four priorities for shifting the gender balance of power during 'normal times' and enhancing women's chances of influencing decision-making during emergencies.

The world needs a concerted push towards gender parity in politics and public institutions at all levels, including through quotas and other temporary special measures. During the pandemic, the UN Secretary-General called on the UN system to promote temporary special measures (TSMs) and provide technical support for their adoption and implementation. Gender quotas can redress inequalities in politics and public life and enable more effective decision-making. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Beijing Platform for Action both emphasize the value of TSMs. Equally important are legal frameworks for gender equality, including dedicated gender equality laws and policies and gender-sensitive national development strategies, as well as monitoring of their implementation. To ensure equal opportunities for women's effective participation and leadership in decision-making (Target 5.5 of the Sustainable Development Goals), it is necessary to go beyond numbers and also improve the quality of women's participation in politics and public office, including through capacity-building, political apprenticeships and mentoring, so that women can shape institutional norms and influence decisions. Enhancing strategic collaboration between political parties, parliamentary caucuses and civil society, combined with increased support for feminist movement and women's rights organizations, are vital to achieve gender equality and sustainable development at large.

Strengthening women's presence in politics and public life needs to go hand-in-hand with social and cultural change in public institutions. This includes zero-tolerance policies for sexual

harassment, cyberbullying and other forms of violence against women in politics and public institutions. Protecting elected and non-elected leaders from gender-based violence must be a priority. Resistance, backlash and violence not only constrain and limit women leaders and their impact but also aim to prevent women from entering public life in the first place.[67] Public institutions can also model new work-life policies to promote shifts in the gender division of care responsibilities and transform leadership cultures to become more gender-inclusive. Such policies must recognize and value the unpaid care work that women undertake disproportionately while also supporting efforts to redistribute this work more equitably between the sexes. Parental leave and flexible working arrangements must be accompanied by other measures, such as on-site affordable childcare services and efforts to shift discriminatory social norms.[68] Public institutions need to ensure commitment to gender equality by 'walking the talk' and model a gender-responsive senior leadership culture.

Strong feminist movements and networks are critical to transform political and public institutions and challenge discriminatory social norms that restrict women's participation in public life and decision-making. Increasing women's representation is a key step towards addressing inequalities but is not sufficient. Greater numbers do not necessarily usher in the transformative change or gender-responsive policies needed to mitigate the negative effects of crises on women and girls. Having progressive politics that seek to redress inequalities and historic injustices is central to the task of ensuring gender equality and for building a more just, inclusive and equitable world. This requires building solidarities across countries and causes to bolster social movements that are anchored in rights protection. Spaces for women in public life to network with each other within and across institutions and with women in civil society

are an important lever for improving substantive representation and accountability.

Better data and evidence on women's participation and leadership during emergencies are urgently needed to strengthen accountability. Gender-responsive and intersectional data are a critical basis for evidence-based policy, advocacy and accountability. Further research is needed into the links between women's participation in decision-making – including in COVID-19 task forces – and gender-sensitive policy measures that effectively address the needs of women and girls, including those from marginalized groups. This requires greater transparency on the part of governments with regards to the appointment, composition and operation of emergency response bodies. The need for rapid action in emergency situations is frequently used as a justification to sidestep transparency, participation and consultation, decreasing trust in governments and increasing opportunities for the misuse of power, including corruption. Rather than relying on closed-door governance, open and transparent decision-making should become the norm to rebuild trust in public institutions and improve policy outcomes.

Because gender inequality intersects with other sources of discrimination, including those based on income, race, ethnicity, class, religion and geography, a new diverse and intersectional approach to governance is needed to guide a healthy and equitable COVID-19 recovery and strengthen resilience and preparedness in the face of future shocks.

6

Lessons from the pandemic for a world in turmoil

FIVE PRIORITIES FOR FUTURE CRISIS RESPONSE AND RESILIENCE

INVEST

in gender-responsive social protection to increase resilience to shocks

Canada's ground-breaking plan for a national childcare system is estimated to create 280,000 jobs over the next decade, enable up to 725,000 women to join the labour force and generate billions in tax revenue each year

Morocco's gender budgeting approach geared half of the country's COVID-19 spending towards gender-sensitive interventions, including explicit inclusion of women and informal workers in measures aimed at micro, small and medium enterprises

STRENGTHEN

data and evidence on gender equality and women's rights

In **Bosnia and Herzegovina**, the government developed a data-based plan to support civil society organizations running shelters for survivors of gender-based violence

In **Bogota**, Colombia, feminist organizations influenced the women's rights agenda of mayoral candidate Claudia Lopez Hernández. Once in office, the mayor spearheaded the creation of a support system for unpaid caregivers across the city

In **Italy**, protests by feminist organizations using the hashtag #DateciVoce (Give us a voice) against the initial male-dominated task force appointed in April 2020 led to the incorporation of five more women members

Togo's fully digital cash transfer programme for informal workers during the pandemic, reached 30,000 recipients within two days of its launch. By 2021, women accounted for 63% of the over 800,000 recipients

Fiji, a country with a history of handling crises caused by extreme weather events, activated its GBV Emergency Response Group to coordinate one of the world's strongest VAWG responses to the pandemic

SUPPORT

feminist movements and women's rights organizations

HARNESS

digital technologies for gender equality

BUILD

institutional capacity for effective gender mainstreaming

PUTTING GENDER EQUALITY AT THE CORE OF CRISIS RESPONSE, RECOVERY AND RESILIENCE

The COVID-19 pandemic caught the world largely off-guard. Around the globe, governments have struggled, and often failed, to mitigate the negative fallout on women and girls, with reverberations that will be felt for years to come. But COVID-19 is not the only crisis threatening gender equality.[1] Conflict and humanitarian crises have become more complex and protracted, democratic norms and institutions are being strained by rising populism and strong-man politics and, just as pandemic-induced disruptions seemed to subside in some parts of the world, the geopolitical crisis triggered by the invasion of Ukraine has thwarted the fragile prospects for economic recovery.[2] Sluggish and uneven growth, rising inflationary pressures and widespread debt distress are deepening economic inequalities within and between countries.[3] If the world continues on its current course, the escalating climate emergency will destroy many of the development gains achieved to date. The poorest and most marginalized women and girls, who have contributed least to causing the problem, are already the most affected by irreversible environmental degradation and natural disasters.[4] Climate- and conflict-induced displacement, as well as forced migration, rising poverty and food insecurity, are having a disproportionate impact on women and girls, including through greater exposure to abuse and violence.

In light of these multiple and intersecting crises, the analysis of government responses to the pandemic presented in this report holds important lessons for recovery, resilience and future preparedness. Overall, the response to the economic and social fallout of the pandemic paid insufficient attention to gender dynamics and, too often, women were marginalized from COVID-19-related decision-making processes. But there were also important regional and cross-country variations that provide insights into enablers and constraints on gender-responsive policymaking in times of crisis. The bottom line is clear: When crises hit, governments tend to work with what is there, scaling up the tools that are already at their disposal. Spaces for gender mainstreaming—limited at the best of times—shrink further as governments and other stakeholders sacrifice consultation for speed. In this context, whether and how gender-specific risks and vulnerabilities are addressed depends to a large degree on how well they were integrated into pre-existing policies and institutions. In this sense, the response to COVID-19 was heavily path-dependent. But feminist agency also mattered as gender equality advocates mobilized like never before across countries and institutional spaces. As a result, there are important instances of innovation, policy diffusion and learning, including in contexts with significant constraints. In others,

long-standing proposals—such as the need to extend social protection to women in informal employment—gained traction as the pandemic glaringly exposed pre-existing deficits and inequalities.

As the climate emergency worsens, people in countries around the world will turn to state institutions not only for protection and relief but also to lead the world's transition away from polluting, fossil fuel-based economic models. The challenge going forward will be to create the conditions for policy innovations to stick and translate into lasting change, while also building on tried and tested solutions that worked for women during the pandemic to lay the foundations for a more sustainable, resilient and gender-just future. Five cross-cutting recommendations emerge based on the lessons drawn by this report:

Build institutional capacity, strengthen networks and support women's leadership

Varying levels of state capacity clearly influenced the speed, breadth and reach of gender-sensitive government responses to the pandemic. Countries that, in addition to greater fiscal space, could rely on robust administrative and service delivery systems were able to roll out support faster and more effectively, while those with patchy and fragmented systems and bureaucratic deficits had to improvise, under pressure and with varying degrees of success. Women's policy agencies (WPAs) and gender focal points or 'femocrats' in other state institutions are important pillars of administrative capacity and played a key role in engendering the pandemic response in a variety of contexts. Strengthening their authority, resource base and technical expertise will be critical to ensure gender-sensitive approaches to other crises and emergencies as well.

While fiscal and administrative capacity are important during an emergency, so is the political capacity of States to channel the meaningful representation and participation of affected groups, including women. Before the pandemic, well-functioning democracies were already associated with stronger and more inclusive social protection systems.[5] As this report shows, countries with stronger democratic institutions also adopted a greater number of gender-sensitive measures, even when controlling for GDP. This is likely because they were better able to aggregate and respond to social demands, including by marginalized groups, and hold decision-makers to account. Even in countries where fiscal and administrative capacity has been limited or eroded in recent years, democratic institutions and participatory processes were used to build a more inclusive policy response. In Brazil, for instance, parliamentary and civil society networks were instrumental in the adoption of measures on violence against women and girls (VAWG) and gender-sensitive social protection, underlining the importance of democratic checks and balances. In Peru and South Africa, in turn, consultative spaces—inclusive of women, informal workers or other vulnerable groups—provided a critical avenue to inform emergency measures and ensure these catered to their specific needs.

Women's leadership as Heads of State, cabinet ministers, Members of Parliaments and public officials also made a difference when it came to the adoption of measures to tackle VAWG, economic insecurity and rising unpaid care demands in crisis response and recovery. Yet, these were often the result of collective efforts rather than individual performance. Previous chapters suggest that women's participation and leadership in formal political spaces is most effective when it is multi-sited, encompassing different branches (executive, legislative, public administration and the judiciary) and tiers of government (national and sub-national) and when it has strong ties with women's rights advocates in civil society.

Invest in gender-responsive social protection and public services now to increase resilience to future shocks

One lesson from the COVID-19 response is clear: Governments were better able to respond to the pandemic and mitigate its negative impact on women and girls where they could rely on pre-existing infrastructure, whether that was VAWG services or gender-responsive social protection and labour market policies. Without significant efforts to strengthen this infrastructure now, a gender-just recovery will remain elusive and most countries will continue to be ill-prepared for the next big shock. This will require a significant injection of fiscal resources and a public investment-led recovery strategy.[6] In light of the pandemic's lasting negative effects on women's economic security and the urgent need to transition economies to environmental sustainability, it is essential that these investments are geared towards creating jobs in green and labour-intensive sectors and ensuring that women get a fair share of these opportunities.

Having made rhetorical commitments for years, governments must make good on their promises to address the chronic under-resourcing of VAWG services and the organizations that provide them. Greater investments in universal, gender-responsive social protection systems, in turn, could support recovery by boosting demand and incomes[7] and improve preparedness in the face of future shocks by plugging some of the glaring gaps that the pandemic has brought to the fore.

There are a range of promising examples in the report of countries that have recognized this potential and taken steps in the right direction: from renewed momentum on VAWG policies in Uzbekistan, to gender-responsive social protection innovations in Chile and Togo, to large-scale investments in the care economy in Canada. But the threat of austerity suffocating progress in these and other countries is real. The risk is particularly high for countries in the Global South, where a combination of precarious work conditions, high levels of debt distress and insufficient fiscal and policy space limits capacity to respond to shocks and invest in gender-responsive policies that would strengthen resilience and sustainable development—even when there is political commitment to progressive alternatives.[8] Global policies that enlarge fiscal space and strengthen multilateral cooperation alongside efforts to direct resources to sectors that support human capabilities as well as environmental sustainability are critical (see Box 6.1).

BOX 6.1
Broadening fiscal space for gender-sensitive crisis response, recovery and future preparedness

Governments' ability to mount a strong fiscal response to COVID-19 has been highly uneven across countries. While data are incomplete, based on around a quarter of COVID-19 policies for which budget information is available, countries invested more than USD 3 trillion in social protection and labour market measures in 2020–2021, with high-income countries spending 90 times more than low-income countries (LICs) – USD 715 and USD 8 per capita, respectively.[9] Given their lack of fiscal space, it is not surprising that the scope of the response mobilized by LICs lags behind that of other income groupings, including from a gender perspective. The achievements of those LICs that did manage to innovate and expand from a low base are therefore all the more impressive.

By 2022, there was a growing divergence between the Global North, where stimulus packages and access to vaccines have jump-started economies again, and the Global South, where plummeting global investment flows, unstable commodity prices and crushing debt levels point to sustained economic recession.[10] The fallout from the war in Ukraine has exacerbated these trends, ushering in food and fuel shortages as well as a rise in inflation.[11]

In view of this increasingly difficult global macroeconomic environment, protracted conflict and the escalating climate and environmental crises, expanding fiscal space is a priority. Without adequate investments, public services and social protection, recovering the lost ground on women's employment and economic security will remain elusive. While all countries should avoid harmful austerity measures (and their harsh gendered impacts) and accelerate efforts for domestic resource mobilization, bold measures at a global level will be needed to ensure low-income countries are not left behind.[12]

Some encouraging steps in this direction have already taken place, but more needs to be done. A deal to set a global minimum tax rate was agreed in June 2021, amid concerns from civil society and some governments that the level – 15 per cent – is set too low.[13] Although the G20's Debt Service Suspension Initiative (DSSI) provided vital short-term breathing space to some low-income countries, time is running out for effective action to avoid a sovereign debt crisis, and expected monetary tightening in the USA will exacerbate the situation for many countries.[14] In August 2021, the International Monetary Fund (IMF) announced USD 650 billion in Special Drawing Rights (SDRs) to increase liquidity for governments.[15] This is much below what experts estimated developing countries need, and the majority (USD 400 billion) was allocated to advanced economies and China.[16] In April 2022, the IMF announced the Resilience and Sustainability Trust (RST), aiming to recycle USD 50 billion a year in SDRs to low- and middle-income countries. This initiative has been welcomed by many, but commentators have also warned that since the finance is provided as conditional loans, it could deepen debt problems.[17] Others, including the Prime Minister of Barbados, Mia Amor Mottley, have called for a much more ambitious allocation of USD 500 billion a year, to support climate adaptation and get the Sustainable Development Goals back on track.[18]

Support feminist movements and women's rights organizations in their agenda-setting, accountability and service delivery roles

While the pandemic has reinforced the relevance of the state, it has also shown that this needs to be counter-balanced by a strong civil society. As the virus unleashed a full-blown global crisis, feminist movements and women's civil society organizations were key in drawing attention to the gender dimensions of the crisis, demanding government action and monitoring and supporting the effective delivery of social protection and public services. In doing so, they enhanced the effectiveness of government response and recovery efforts in many contexts.

Their ability to do so in an emergency context, however, hinged to a large extent on their organizational capacity, knowledge and connections that were built long before the crisis hit. In several countries, including Fiji and Iceland, VAWG advocacy efforts were successful because feminist movements had already made important progress on shifting social norms that condone and trivialize the issue, established it as an area for government intervention and built networks with policy insiders to influence policy design and implementation. Likewise, efforts to rally support for measures to address rising unpaid care demands during the pandemic relied heavily on evidence, advocacy and coalitions that had been built in prior years. The case of Chile illustrates, for example, how the pandemic worked as a tipping point that further galvanized support for care policies as a government priority and an issue to be incorporated in the constitutional reform draft.

Beyond agenda setting, grassroots women's organizations with diverse membership and strong organizational capacity before the pandemic were in a better position to swiftly adapt and scale up support at the community level while also demanding solutions to longstanding deficits in basic infrastructure, improvements in working conditions and decent work opportunities. With an acute global food crisis already looming and a stable climate quickly unravelling, supporting women's grassroot organizing will be ever more urgent. It is also critical that States do not shift full responsibility for service delivery onto women's organizations, exploiting their unpaid or underpaid labour in the process.

The strength of feminist movements, their capacity to respond to crises and resist rollbacks, requires space to organize and develop alternatives. This enables them to build a common understanding of issues, strengthen membership, coalitions and shared loyalties, and expand spaces for autonomous organizing. This work requires funding that is long-term, flexible and without political strings so that feminists can set their own agendas for change.

Strengthen production and use of data and evidence on gender equality and women's rights during crises and beyond

Robust, representative and accessible gender data are a critical tool for prompting action, monitoring progress and holding decision-makers accountable for mainstreaming gender into crisis response and recovery. With the onset of the COVID-19 pandemic, feminists in academia, international organizations and civil society were quick to predict its detrimental impact on gender equality. To make their case, they first drew on evidence and lessons from previous crises but then moved swiftly to collect, analyse and disseminate real-time data—both quantitative and qualitative. This "groundswell of expert activism"[19] was driven by the purposeful and often innovative action of gender equality advocates across institutional spaces.

Limits on in-person data collection triggered a rise in remote data collection and use of non-traditional data sources. It also paved the way for new partnerships involving more actors in the broader gender data ecosystem. UN Women partnered with governments (including national statistical offices or WPAs), mobile phone operators and market research companies, for example, to conduct rapid gender assessments (RGAs) in over 75 countries[20] to produce reliable, cross-country and nationally representative data on various socio-economic indicators, including unpaid care and domestic work and violence against women; and many researchers have harnessed big data analytics to gather proxy information on women's safety concerns, reproductive health needs, help-seeking behaviour and responses by governments and service providers.[21] Beyond data produced by the RGAs, information on their use was systematically collected and demonstrated the relevance and value of collecting data on gendered impacts during crisis.[22]

Efforts to systematically track the rapidly evolving policy response by governments across the globe were another data innovation. By May 2020, however, not one of the global policy trackers included a gender perspective. Public health trackers—such as the WHO COVID-19 Health System Monitor—focused squarely on first order responses, ignoring measures to address second-order effects such as the intensification of VAWG.[23] Meanwhile trackers monitoring the economic and social policy response—including the International Labour Organization's (ILO) Social Protection Monitor, the World Bank's Real Time Review of Social Protection and Jobs Responses or the International Monetary Fund's (IMF) macroeconomic response tracker—provided no indication of whether and how countries were responding to large-scale job losses in feminized sectors, women's heightened poverty risk and rising unpaid care demands.[24] The UNDP-UN Women COVID-19 Global Gender Response Tracker, on which this report is based, was developed to fill this gap.

Beyond continued work on strengthening gender statistics, there is much more to learn from the COVID-19 response than could be addressed within the confines of this report, with much of the evidence on implementation and impact still emerging. Box 6.2 outlines some ideas for future research.

Closing gaps in data and evidence: Promising areas for future research

This report has presented evidence and lessons from a combination of sources, including the massive global database on government responses to COVID-19 compiled in the UNDP-UN Women Global Gender Response Tracker as well as secondary sources and qualitative case studies. Yet, the pandemic continues to be a moving target and much of the evidence, particularly on the implementation and impact of measures, is still emerging or missing. Future research could deepen the understanding of the trends and dynamics identified in this report, with two research strands emerging as particularly promising.

From assessing gender-sensitive policy design to monitoring implementation and impact

- Complement the focus on quantity of measures and gender-sensitive design features with a stronger focus on the quality of the response and the dynamics of implementation, including through in-depth comparative country case studies.
- Assess the impact of specific policies and programmes on different groups of women and girls, including on employment, poverty, household debt and gender relations at the household level.
- Engage more with subnational dynamics, including the role of local governments and grassroot organizations in the implementation of gender-sensitive measures, and monitor their impacts.
- Develop a better understanding of different dimensions of state capacity (administrative, technical and political) from a gender perspective and explore how they can be strengthened to ensure gender-responsive implementation in different crisis contexts, including through the use of temporary special measures to promote women's inclusion in emergency response and recovery.

From identifying enablers to understanding pathways to gender responsiveness

- Expand the analysis with additional quantitative assessments and qualitative research that traces the dynamics of gender mainstreaming in pandemic response efforts in specific countries and identifies key actors, institutional enablers and constraints.
- Undertake deeper case-study analysis of outlier countries where a relatively strong gender response seems to have been possible even in the absence of one or more of the enabling conditions identified in this report.
- Analyse the role of national and local feminist organizing and the conditions that enabled or constrained their success in shaping government responses to the pandemic in different contexts.
- Explore factors that this report has not systematically examined but may play a role in shaping government responses in the context of emergencies, including the role of international organizations, transnational advocacy networks and dynamics of policy diffusion and learning.

Harness digital technologies for gender equality during crisis response, recovery and transformation

COVID-19 has accelerated ongoing digital transformations, from changes in the world of work, social protection and public services delivery to how people access information, organize and coordinate collective action. In all these areas, digital technologies hold potential for the empowerment of women and girls—as social protection beneficiaries, entrepreneurs and feminist activists, but also pose new challenges that governments must address.

Previous chapters have shown, for example, that digital registration and payment mechanisms allowed for the rapid roll-out of social protection and that many VAWG service providers successfully moved reporting, screening, court hearings and psychosocial support services online. Very often, however, these processes also led to the (unintended) exclusion of the most marginalized women due to unequal access to bank accounts and smart phones, high cost of data, lack of ICT literacy, irregular/poor Internet access and unpredictable power outages.

To harness the potential and minimize the risks of digital service delivery, it is critical to close persistent gender gaps in access to digital and financial services, which are particularly wide in low-income countries. Emerging evidence suggests that the extension of social protection during the pandemic may have contributed to advancing women's financial inclusion as many opened their first bank account to receive state relief.[25] Access to fully functional accounts that can be used for multiple transactions in addition to simply withdrawing cash may support women's savings and productive investments beyond COVID-19. At the same time, programmes with digital components must continue to provide non-digital registration and access options.[26] Alternative routes for delivering information to potential beneficiaries, such as television or radio campaigns, and the involvement of local organizations and communities should also be maintained.

Digital tools have also been a significant enabler of collective action, particularly if their associated risks are properly addressed. While feminist activism has long been operating online,[27] digitally enhanced activism intensified across and within countries amid national lockdowns. Social media, digital meeting spaces and SMS messaging groups became important avenues for organizing. Besides strengthening community building, technology was also an effective tool to tackle misinformation about the virus, gather real-time data on specific needs and grievances in local communities and advocate for longer-term policy changes. However, mobile phones and the Internet have also been used to facilitate online surveillance, harassment and violence against women activists, human rights defenders, politicians and journalists as they challenge societal norms and demand accountability from powerholders during the pandemic.[28] Such online abuses have been particularly visible in contexts where backlash to gender equality and human rights has continued or deepened.[29] With rising concerns about VAWG linked to technology and the digital space, it is time to better regulate and manage digital media and technological tools to protect human rights, enable collective action and support women's full participation in public life.

The COVID-19 pandemic has laid bare and exacerbated the multiple systemic inequalities that blight the lives of women and girls. The time to lay the foundations for gender-just recovery and future crisis preparedness is now.

The United Nations Secretary-General's Our Common Agenda report calls for a New Social Contract and a New Global Deal that puts the rights of women and girls at the centre, including by accelerating the eradication of VAWG and the achievement of women's economic inclusion and gender parity.[30] The Global Accelerator on Jobs and Social Protection for Just Transitions provides one important platform to implement this vision, with the ambition to create at least 400 million jobs, primarily in the green, digital and care economies,

to close gender gaps in employment and pay and to extend social protection floors to 4 billion women, men and children by 2030.[31] Similarly, the recently created High-Level Advisory Board on Effective Multilateralism has been asked to build on the central tenets of Our Common Agenda—including the centrality of women and girls and the need to take into account the interests of young people and future generations—to make concrete suggestions for more effective multilateral arrangements.[32]

At a time when COVID-19 has derailed progress on gender equality, greater multilateral cooperation and solidarity will also be a pre-requisite for getting the 2030 Agenda for Sustainable Development back on track. UN Women and UNDP are actively supporting this effort (see Box 6.3).

BOX 6.3
Getting the 2030 Agenda for Sustainable Development back on track: UN Women's and UNDP's contributions

As the only UN entity dedicated entirely to gender equality and women's empowerment, UN Women will continue to harness its triple mandate to promote coordination across the UN system to enhance accountability and results for gender equality; strengthen global gender equality norms and standards; and support Member States in developing and implementing gender-responsive laws, policies and strategies.[33] As the convenor of the Generation Equality Forum (GEF), UN Women is catalysing collective action and strengthening multi-stakeholder partnerships. The GEF's six thematic action coalitions—on economic justice and rights, violence against women, bodily autonomy and sexual and reproductive rights, climate justice, technology and innovation and feminist movements—along with the Compact on Women, Peace and Security and Humanitarian Action will directly contribute to the advancing the 2030 Agenda by delivering concrete, game-changing results for women and girls.

UNDP's new Gender Equality Strategy 2022-2025[34] also supports the implementation of gender equality objectives across the 2030 Agenda. Over the next three years, the organization will support the recognition of unpaid care work in national accounting systems and support innovative business development services for informal workers and entrepreneurs, especially women. It will tackle structural barriers imposed by gender discriminatory laws and advance women's equal participation in governance by enhancing state capacities to deliver quality services and greater civic space for women. To this end, the organization will also work with young feminist organizations and promote gender equality in parliaments, public administration and all other public arenas. Women's full and equal participation in peace and recovery process remains a priority. Finally, UNDP will take a holistic approach to preventing and responding to gender-based violence. Recognizing both the risks and opportunities presented by digitalization, the organization will leverage digital technologies to improve services and address cyber-violence, especially against young women.

7

Annexes

ANNEX 1:
REGIONAL GROUPINGS

CENTRAL AND SOUTHERN ASIA

Afghanistan

Bangladesh

Bhutan

India

Iran (Islamic Republic of)

Kazakhstan

Kyrgyzstan

Maldives

Nepal

Pakistan

Sri Lanka

Tajikistan

Turkmenistan

Uzbekistan

EASTERN AND SOUTH-EASTERN ASIA AND OCEANIA

American Samoa

Brunei Darussalam

Cambodia

China

China, Hong Kong SAR

China, Macao SAR

Cook Islands

Democratic People's Republic of Korea

Fiji

French Polynesia

Guam

Indonesia

Japan

Kiribati

Lao People's Democratic Republic

Malaysia

Marshall Islands

Micronesia (Federated States of)

Mongolia

Myanmar

Nauru

New Caledonia

Niue

Northern Mariana Islands

Palau

Papua New Guinea

Philippines

Republic of Korea

Samoa

Singapore

Solomon Islands

Thailand

Timor-Leste

Tonga

Tuvalu

Vanuatu

Viet Nam

EUROPE AND NORTHERN AMERICA, AUSTRALIA AND NEW ZEALAND

Albania

Andorra

Australia

Austria

Belarus

Belgium

Bermuda

Bosnia and Herzegovina

Bulgaria

Canada

Croatia

Czechia

Denmark

Estonia

Faroe Islands

Finland

France

Germany

Gibraltar

Greece

Greenland

Guernsey

Holy See

Hungary

Iceland

Ireland

Isle of Man

Italy

Jersey

Kosovo, under UNSC res 1244

Latvia

Liechtenstein

Lithuania

Luxembourg

Malta

Monaco

Montenegro

Netherlands

New Zealand

North Macedonia

Norway

Poland

Portugal

Republic of Moldova

Romania

Russian Federation

Saint Pierre and Miquelon

San Marino

Sark

Serbia

Slovakia

Slovenia

Spain

Sweden

Switzerland

Ukraine

United Kingdom

United States of America

LATIN AMERICA AND THE CARIBBEAN

Anguilla

Antigua and Barbuda

Argentina

Aruba

Bahamas

Barbados

Belize

Bolivia (Plurinational State of)

Bonaire, Sint Eustatius and Saba

Brazil

British Virgin Islands

Cayman Islands

Chile

Colombia

Costa Rica

Cuba

Curaçao

Dominica

Dominican Republic

Ecuador

El Salvador

Falkland Islands (Malvinas)

French Guiana

Grenada

Guatemala

Guyana

Haiti

Honduras

Jamaica

Martinique

Mexico

Montserrat

Nicaragua

Panama

Paraguay

Peru

Puerto Rico

Saint Kitts and Nevis

Saint Lucia

Saint Martin (French Part)

Saint Vincent and the Grenadines

Sint Maarten (Dutch part)

Suriname

Trinidad and Tobago

Turks and Caicos Islands

United States Virgin Islands

Uruguay

Venezuela (Bolivarian Republic of)

NORTHERN AFRICA AND WESTERN ASIA

Algeria

Armenia

Azerbaijan

Bahrain

Cyprus

Egypt

Georgia

Iraq

Israel

Jordan

Kuwait

Lebanon

Libya

Morocco

Oman

Qatar

Saudi Arabia

State of Palestine

Sudan

Syrian Arab Republic

Tunisia

Turkey

United Arab Emirates

Yemen

SUB-SAHARAN AFRICA

Angola

Benin

Botswana

Burkina Faso

Burundi

Cabo Verde

Cameroon

Central African Republic

Chad

Comoros

Congo

Côte d'Ivoire

Democratic Republic of the Congo

Djibouti

Equatorial Guinea

Eritrea

Eswatini

Ethiopia

Gabon

Gambia

Ghana

Guinea

Guinea-Bissau

Kenya

Lesotho

Liberia

Madagascar

Malawi

Mali

Mauritania

Mauritius

Mayotte

Mozambique

Namibia

Niger

Nigeria

Réunion

Rwanda

Sao Tome and Principe

Senegal

Seychelles

Sierra Leone

Somalia

South Africa

South Sudan

Togo

Uganda

United Republic of Tanzania

Zambia

Zimbabwe

ANNEX 2:
METHODOLOGICAL NOTES

This report uses three types of variables: a) government response variables (number of measures adopted by country, and type); b) women's representation on task forces; and c) country features.

a) Government response variables:

Government response variables are based on the number of measures adopted across countries, by type of policy as covered by the UNDP-UN Women COVID-19 Global Gender Response Tracker, including measures addressing violence against women and girls, labour market and social protection measures, and economic and fiscal measures during the period from January 2020 to August 2021. See the Tracker's methodological note for further details on the policy typology and the classification of gender-sensitive measures used.

The table below lists the variables employed in chapters 1 through 4, and provides the definition, observed values and categories of each variable.

VARIABLE	DEFINITION	OBSERVED VALUES (NUMBER OF MEASURES PER COUNTRY)	CATEGORIES*
Gender-sensitive measures (Chapter 1)	Total number of gender-sensitive government measures taken by each country in response to the COVID-19 pandemic. Includes measures addressing violence against women and girls, labour market and social protection measures, and economic and fiscal measures.	Minimum: 0 Maximum: 36	• No response (0 measure) • Weak response (1–5 measures) • Moderate response (6–11 measures) • Stronger response (12–36 measures)

VARIABLE	DEFINITION	OBSERVED VALUES (NUMBER OF MEASURES PER COUNTRY)	CATEGORIES*
Holistic response (Chapter 1)	Dichotomic variable identifying countries that have taken at least one measure in response to the COVID-19 pandemic, across the three types of gender-sensitive measures analysed (violence against women and girls, women's economic security and unpaid care work).	Not applicable	• Holistic (at least one measure in response to the COVID-19 pandemic, across the three types of gender-sensitive measures) • Not holistic (above condition is not satisfied)
Measures addressing violence against women and girls (Chapter 2)	Total number of government measures taken by each country to address violence against women and girls during the COVID-19 pandemic.	Minimum: 0 Maximum: 14	• No response (0 measure) • Weak response (1–3 measures) • Moderate response (4–7 measures) • Stronger response (8–14 measures)
Comprehensive response to violence against women and girls (Chapter 2)	Number of areas of intervention to prevent violence against women and girls covered by government measures in each country during the COVID-19 pandemic. Countries obtain one point for each area where at least one measure was taken. For further details on included areas, see Chapter 2.	Minimum: 0 Maximum: 9	• No response (0 areas) • Narrow response (1–2 areas) • Moderately comprehensive response (3–4 areas) • Comprehensive response (5–9 areas).
Social protection and labour market measures supporting women's economic security (Chapter 3)	Total number of social protection and labour market measures supporting women's economic security, taken by each country in response to the COVID-19 pandemic.	Minimum: 0 Maximum: 19	Not applicable
Measures supporting unpaid care work (Chapter 4)	Total number of government measures supporting unpaid care work, taken by each country in response to the COVID-19 pandemic.	Minimum: 0 Maximum: 11	• No response (0 measure) • Weak response (1 measure) • Moderate response (2–3 measures) • Stronger response (4–11 measures)

*Categories were determined as explained in point (d) below.

b) Women's representation in COVID-19 task forces variables:

Information on women's representation and leadership of national COVID-19 task forces analysed in Chapter 5 is based on the COVID-19 Global Gender Response Tracker, in collaboration with the Gender Inequality Research Lab (GIRL) at the University of Pittsburgh. The table below lists the variables used in Chapter 5 and provides the definition, observed values and categories of each variable. For further details on classification of COVID-19 task forces, see the Tracker's methodological note.

VARIABLE	DEFINITION	OBSERVED VALUES (SHARE OF WOMEN, %)	CATEGORIES*
Average share of women in task forces (Chapter 5)	Percentage of women among task force members in each country. If more than one task force exists in the country, the reported percentage is the average share of all task forces.	Minimum: 0% Maximum: 100%	• Low share (up to 15.29%) • Medium share (from 15.29% to 31.58%) • High share (more than 32.09%)
Average share of task forces with women leaders or co-leads (Chapter 5)	Percentage of task forces with women leads or co-leads in each country.	Minimum: 0% Maximum: 100%	Not applicable
COVID-19 task forces identified in each country (Chapter 5)	Number of distinct task forces identified in each country with gender-disaggregated data for membership on leadership.	Minimum: 1 Maximum: 14	Not applicable

*Categories were determined as explained in point (d) below.

c) Country features variables:

This report uses a range of variables characterizing countries' socioeconomic, political and social protection context to compare governments' gender-sensitive responses during the pandemic. These variables come from multiple sources. The table below lists the variables used in chapters 1 to 5, and provides the definition, categories and sources for each of them.

VARIABLE	REFERENCE YEAR	DEFINITION	CATEGORIES	SOURCE
Country's income group	2020*	Economies are divided among income groups according to gross national income (GNI) per capita in US dollars. Categories are defined by the World Bank.	• Low income • Lower-middle income • Upper-middle income • High income	World Bank. 2022.
Liberal Democracy Index (LDI)	2020	The LDI captures both electoral and liberal aspects of democracy, combining information on suffrage, freedom and fairness of elections, freedoms of association and expression, individual and minority rights, equality before the law and executive constraints. It ranges from 0 (least democratic) to 1 (most democratic).	• Low (up to 0.278) • Medium (0.279–0.53) • Higher (more than 0.53)**	V–Dem (Varieties of Democracy) Project. 2021.
Female share of seats in parliament	2019	Percentage of parliamentary seats held by women. It ranges from 0 to 55.7%.	• Low (up to 17.07%) • Medium (17.08–28.94%) • Higher (more than 28.94%) **	UNDP 2020b, based on IPU 2020.
Strength of feminist movement	2015	Feminist mobilization index. It ranges from 0 to 3 (strongest).	• No or weak feminist mobilization (0–1) • Strong and autonomous feminist mobilization (2) • Strongest and autonomous feminist mobilization (3)	Forester et al. 2020.

VARIABLE	REFERENCE YEAR	DEFINITION	CATEGORIES	SOURCE
Effective social protection coverage	2020 or latest available	Population covered by at least one social protection benefit, excluding health. It ranges from 1 to 100%.	• Low (up to 31.68%) • Medium (31.69–63.90%) • High (more than 63.9%) **	ILO. 2021. Table A4.2.

* Except for Venezuela, which corresponds to 2019.

** Categories were determined as explained in point (d) below.

d) Categorization of variables:

Quantitative variables were categorized for presentation and analysis into groups based on the standard deviation (SD) from the mean. For countries' response measures, the standard deviation is calculated excluding countries with no measures to make a separate category with them. For country features and women's representation in task forces, the standard deviation includes all countries (zero is included in the low category). The table below provides details on the calculation and categories (the upper and lower limits of each category are found in the variable descriptions above).

	CATEGORY	CALCULATION
Government response measures	No response	Number of measures = 0
	Weak response	Number of measures > 0 and < mean – 0.5 SD
	Moderate response	Number of measures >= mean – 0.5 SD and <= mean + 0.5 SD
	Stronger response	Number of measures > mean + 0.5 SD
Women's representation in task forces and country features	Low	Number of measures > 0 and < mean – 0.5 SD
	Medium	Number of measures >= mean – 0.5 SD and <= mean + 0.5 SD
	Higher	Number of measures > mean + 0.5 SD

e) Regression analysis:

The report includes two types of regression analyses:

I. **Linear regressions** (Chapters 1, 2, 4 and 5). This analysis examines the correlation between certain country features and the number of measures adopted by governments to respond to COVID-19, independent of countries' income level. Countries are the unit of analysis. We include only UN Member States to minimize possible biases due to data limitations. Results reported across chapters are statistically significant, at a 95 per cent confidence level or above. All models control for gross domestic product (GDP). The table below provides details on the variables used and number of cases in each model.

CHAPTER	DEPENDENT VARIABLE	INDEPENDENT VARIABLE	CONTROL VARIABLE	NUMBER OF CASES (COUNTRIES)
1	Number of gender-sensitive measures	Liberal democracy index*	GDP	162
1	Number of gender- sensitive measures	Female share of parliamentary seats*	GDP	179
1	Number of gender-sensitive measures	Feminist mobilization**	GDP	121
2	Number of measures addressing violence against women and girls	Feminist mobilization**	GDP	121
4	Number of measures addressing unpaid care work	Effective social protection coverage*	GDP	160
4	Number of measures addressing unpaid care work	Share of parliamentary seats*	GDP	179
4	Number of measures addressing unpaid care work	Feminist mobilization**	GDP	121
5	Share of women among COVID-19 task force members	Female share of parliamentary seats*	GDP	119

* Three levels ("low", "medium" and "higher") categorised as explained in point (d) above.

** Three levels ("no or weak feminist mobilization", "strong and autonomous feminist mobilization, and "strongest and autonomous feminist mobilization") categorised as explained in point (d) above.

II. **Logistic regressions** (Chapter 3). This analysis assesses the correlation between presence of gender sensitive labour market and social protection measures and women's reported increase in mental stress. It focuses on 35 countries with data from UN Women's Rapid Gender Assessments on the socioeconomic impacts of COVID-19 (https://data.unwomen.org/rga). Both models control for GDP, job loss and increase in domestic responsibility. Reported results are statistically significant, at a 95 per cent level of confidence or above.

CHAPTER	DEPENDENT VARIABLE	INDEPENDENT VARIABLE	CONTROL VARIABLE	NUMBER OF CASES (RESPONDENTS)
3	Whether reported mental health was negatively impacted.*	Gender-sensitive labour market measures**. Source: UNDP-UN Women Tracker	GDP, job loss and increase in domestic responsibility*	20,402
3	Whether reported mental health was negatively impacted.*	Gender- sensitive social protection measures.**	GDP, job loss and increase in domestic responsibility*	20,402

* Source: UN Women Rapid Gender Assessments.

** Four levels ("no response", "weak response", "moderate response" and "stronger response") categorized as explained in point (d) above. Source: UNDP-UN Women Global Gender Response Tracker.

8
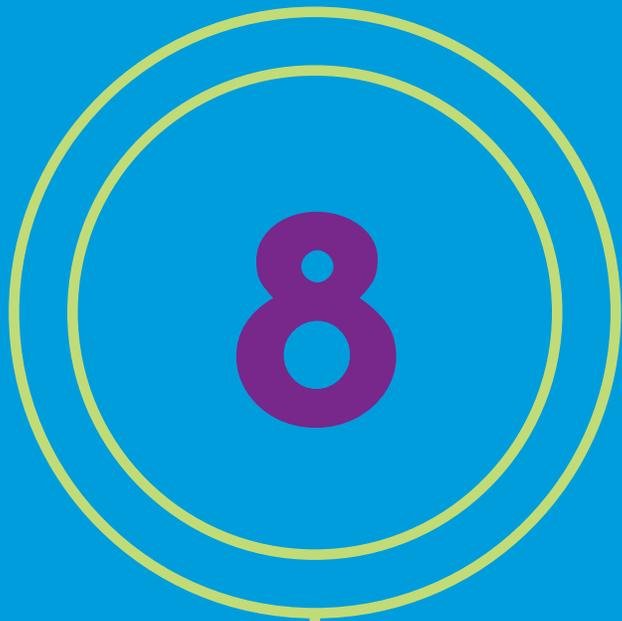
Endnotes and References
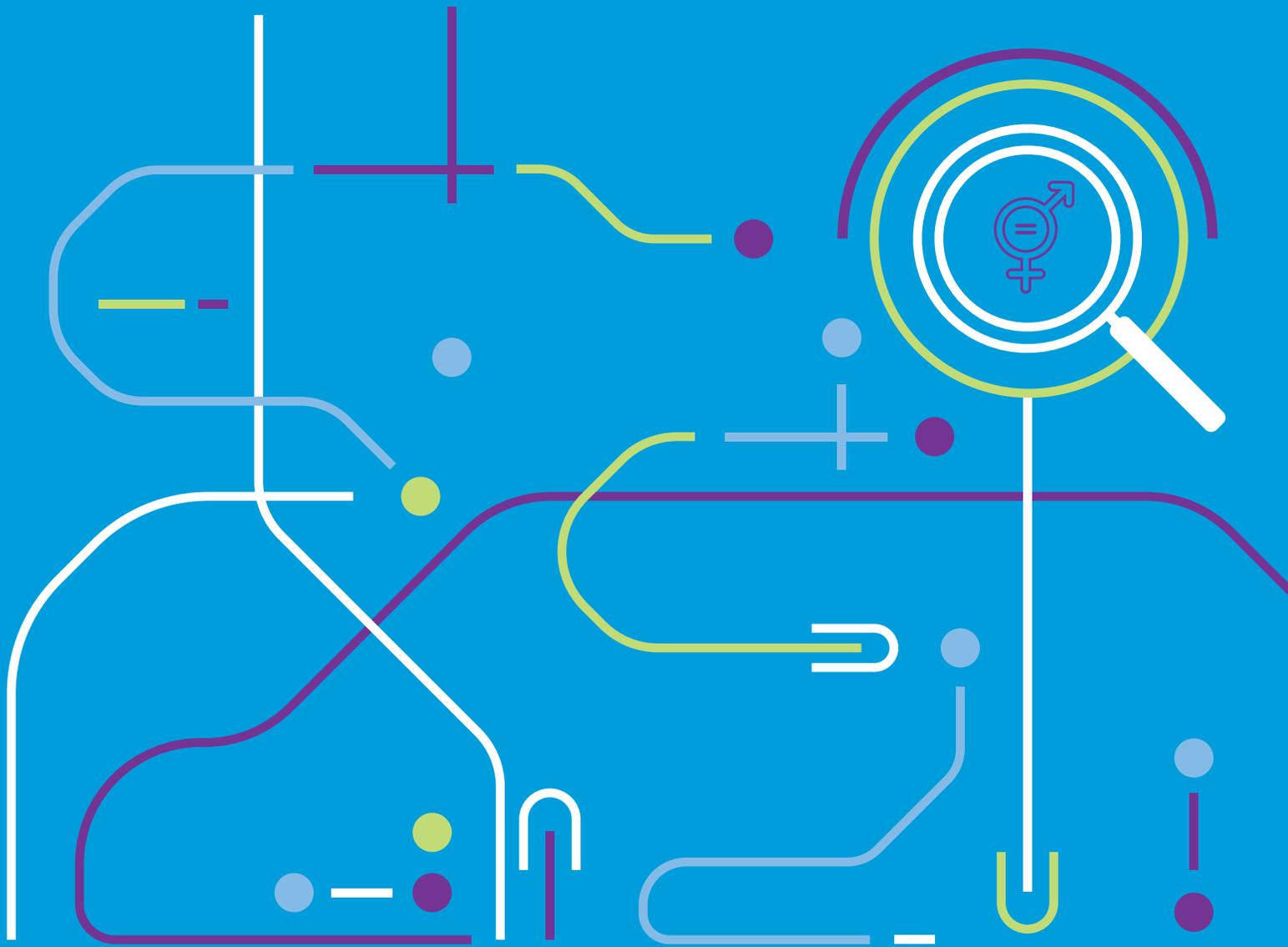
ENDNOTES

Chapter 1

Data page sources

Row 1: ILO 2022a; UN Women 2020f; UN Women 2021d;

Row 2: UNDP, UN Women and University of Pittsburgh 2021; UNDP and UN Women 2021a;

Row 3: Authors' elaboration, based on UNDP and UN Women 2021a; Varieties of Democracy (V-Dem) Project 2021; UNDP 2020b; Forester et al. 2020.

1   WHO 2022. Accessed 28 April 2022.

2   UN DESA et al. 2022; ILO 2021a.

3   UNCTAD 2022.

4   UN Women and UN DESA 2021.

5   UNCTAD 2021.

6   Mintrom and True 2022.

7   UN Women 2020c.

8   Rapid Gender Assessments were carried out in Albania, Bangladesh, Cameroon, Colombia, Côte d'Ivoire, Jordan, Kenya, Kyrgyzstan, Morocco, Nigeria, Paraguay, Thailand and Ukraine with the general support of national statistical offices (NSOs), national women's machineries, and guided by a technical advisory group of experts in VAWG statistics and agencies that have conducted similar initiatives. UN Women 2021d.

9   UN Women 2019b.

10 ILO 2022a, Annex C1.

11 UN Women 2021i.

12 ILO 2022a, Annex C1.

13 UN Women 2019c.

14 UN Women 2019b.

15 New projections of global poverty by UN Women, UNDP and the Pardee Center for International Futures. Forthcoming 2022.

16 ILO 2018.

17 Ogando, Rogan and Moussié 2021.

18 FAO 2021.

19 UN Women 2021a.

20 Cantillon, Moore and Teasdale 2021.

21 UN Women 2021i.

22 UN Women 2021c. Accessed 19 July 2021.

23 UN Women 2021i.

24 For a complete list of sources, see UNDP and UN Women 2021c.

25 Measures that may benefit women disproportionately, but do not explicitly target them, such as those aimed at supporting specific demographics, or where vulnerable groups more broadly were excluded.

26 Health-care measures as well as measures that provide indirect support for unpaid care, such as school feeding programmes, child benefits or cash transfers for families with children were excluded, as they do not explicitly aim to address extra care burdens amid COVID-19.

27 A sector was classified as female-dominated when there was a 5-percentage-point gap (favourable to women) between female and male employment in the sector or, alternatively, when for every man employed in the sector there were at least 1.5 women.

28 For more detailed information on policy classifications and operationalization of the gender sensitivity assessment, see UNDP and UN Women 2021c.

29 Given the different data collection and analysis processes used for identifying VAWG measures, on the one hand, and women's economic security and unpaid care measures, on the other, the three areas are not strictly comparable. While women's economic security and unpaid care measures have been located within a broader universe of social protection, labour market, fiscal and economic measures, VAWG measures have no such point of reference.

30 Based on a sub-sample of 1,337 gender-sensitive measures (83 per cent of the total) with information on status. A measure was categorized as 'ongoing' if there is information on actual rollout and no evidence of discontinuation; a measure was categorized as 'planned' if it was announced but there was no evidence on it having moved to implementation stage.

31 For a full list of countries and territories with a holistic response, see UNDP and UN Women 2021b.

32 High-income countries adopted an average of 25 measures per country; upper-middle-income countries 28; lower-middle-income countries 20; and low-income countries 12. Authors' calculations based on the UNDP-UN Women COVID-19 Global Gender Response Tracker.

33 Almenfi et al. 2020. Accessed 12 August 2021.

34 UNDP and University of Pittsburgh 2021.

35 UN Women 2021b; Herbert and Marquette 2021.

36 International Budget Partnership 2021. Accessed 20 July 2021.

37 UNDP and University of Pittsburgh 2021.

38 International IDEA 2020. Accessed 20 July 2021.

39 Huber and Stephens 2000; Bergman 2004; Hobson and Lindholm 1997.

40 Jaquette and Wolchik 1998; Waylen 2000; Tripp 2017.

41 Guzmán 2003; Molyneux 2001; McBride and Mazur 2010.

42 Paxton, Hughes and Painter 2010; Hughes and Tripp 2015; Franceschet and Piscopo 2013.

43 Among all the variables correlated with both the number of gender-sensitive measures and the existence of a holistic gender response, democracy showed the strongest correlation.

44 V-Dem's Liberal Democracy Index (LDI) captures both electoral and liberal aspects of democracy and goes from the lowest (0) to the highest (1) levels of democracy. The electoral component is broadly defined to capture the quality of elections, individual rights, as well as the media and freedom of association. The liberal component captures aspects such as checks and balances on the executive arm of government, respect for civil liberties, rule of law, and the independence of the legislature and the judiciary.

45 Significant, at a 95 per cent level of confidence, controlling for GDP (linear regression). For further details, see Annex 2.

46 Senate of the Republic of Chile 2020b.

47 Piscopo 2014a; Piscopo 2014b; Mechkova and Carlitz 2020.

48 Piscopo 2020.

49 UN Women 2021f.

50 Significant, at a 95 per cent level of confidence, controlling for GDP (linear regression). For further details, see Annex 2.

51 Women's policy agencies, also often referred to as women's machineries, are "state-based structures at all levels and across all formal government arenas assigned to promote the rights, status, and condition of women or strike down gender-based hierarchies." McBride and Mazur 2013.

52 Sawer 2016.

53 Cornwall and Goetz 2005; Htun and Weldon 2018.

54 Htun and Weldon 2018; McBride and Mazur 2010; Weldon et al. 2020.

55 UN Women 2021c. Accessed 19 July 2021; Harman 2021.

56 Al-Ali 2020.

57 Piscopo 2021; UN Women 2021a.

58 Author's calculations, based on ACLED 2021. Accessed 19 November 2021. This data point includes 210 countries and territories with data available in the ACLED database during the first pandemic year (11 March 2020–10 March 2021). Out of these, 139 had at least one women's demonstration during the period covered. The region of Europe and Northern America is included here, but excluded from the comparative regional analysis presented in Chapter 2, Figure 2.4, due to limited data coverage in the pre-pandemic year (11 March 2019–10 March 2020). Women's demonstrations are defined as demonstration events that are: a) made up entirely of women, a women's group or have a majority of women participants; or b) organized around women's rights or issues. Events in which women demonstrated alongside men on issues not specifically related to women's rights are not included. As such, the data do not fully capture women's involvement in social movements.

59 Harman 2021.

60 The term 'feminist movement' refers to sustained collective action aimed at improving the condition of women (or a sub-group of women), undermining patriarchy or male dominance, and/or advancing gender equality or justice. This may include a wide range of civil society organizations, goals and tactics – from informal self-help groups to formal non-governmental organizations. The category 'women' in this definition points to one of several possible gender categories, avoiding an exclusionary gender binary. For further details see: Forester et al. 2020.

61 Significant, at a 95 per cent level of confidence, controlling for GDP (linear regression). For further details, see Annex 2.

62 UN Women 2021c. Accessed 19 July 2021.

63 SEWA 2020. Accessed 20 July 2021; Tabbush and Friedman 2021.

64 Alfers, Ismail and Valdivia 2020. Accessed 12 August 2021.

65 UN Women 2021c. Accessed 19 July 2021.

66 UN Women 2020a.

67 Based on the OECD's multidimensional fragility framework. See: OECD 2020a.

68 Gasparetti et al. 2021; Searle, Spearing and Yeha 2020.

69 Johnston et al. 2021.

70 Ibid.

71 Yemeni Women Union 2022; Searle Spearing and Yeha 2020.

72 Johnston et al. 2021.

73 Gasparetti et al. 2021.

74 Cabrera-Balleza. Iyer and Salamat 2021.

75 Swaine 2020; Global Network of Women Peacebuilders and ICT4 Peace Foundation 2021.

76   Yayboke and Abdullah 2020; Global Network of Women
      Peacebuilders and ICT4 Peace Foundation 2021.

77   UN Women and UN DESA 2021.

78   Women's International Peace Center and Cordaid 2020.

79   Global Network of Women Peacebuilders and ICT4
      Peace Foundation 2021.

80   See Vaeza 2020.

Chapter 2

Data page sources

Row 1: UN Women 2021d; UN Women 2021h.

Row 2: UNDP and UN Women 2021a; Columbia University 2021b.

Row 3: Authors' elaboration, based on ACLED 2021; UNDP and UN Women 2021a; Forester et al. 2020.

1   UN Women 2020c.

2   Petermann and O'Donnell 2020a; Petermann and
      O'Donnell 2020b.

3   UN Women 2021d.

4   UNICEF 2021; UNFPA and UNICEF 2021.

5   UN Women 2020b.

6   UN Women 2021d.

7   UN Women 2020d; UN Women 2021h.

8   UN Women 2019a.

9   Ellsberg, Quintanilla and Ugarte 2022.

10   Vaeza 2020.

11   Mueller et al. 2018; UN Women 2021h.

12   UN Women 2020d.

13   Posetti et al. 2020; UN HRC 2018.

14   AWiM and UNESCO 2020.

15   UN Women 2021h.

16   Glitch UK and End Violence Against Women Coalition
      2020; Zaremberg, Tabbush and Friedman 2021; Council
      of Europe and ECRI 2021.

17   Unless otherwise referenced, all country examples
      are directly drawn from the COVID-19 Global Gender
      Response Tracker.

18   Lomba, Navarra and Fernandes 2021.

19   Perez-Brumer and Silva-Santisteban 2020.

20   UN General Assembly 2020.

21   Adebisi et al. 2020; Hassan, Sanders and Gichuna 2021;
      Kimani et al. 2020; Global Network of Sex Work Projects
      2021; UNAIDS 2020.

22   Smith 2019.

23   A comprehensive approach is defined by protective
      laws, policies and budgeted plans and programmes,
      regular data collection, prevention measures in line
      with WHO 2019 and a coordinated set of essential and
      quality multisectoral services across the health, police
      and justice, and social sectors – as defined by UN
      Women et al. 2015. For the purpose of analysing VAWG

      responses during the pandemic, this approach was
      adapted to capture the dimensions listed in Box 2.2.

24   WAVE 2021.

25   Blofield et al. 2021.

26   Cullen and Murphy 2017.

27   Although stand-alone awareness-raising campaigns
      are not considered effective in preventing VAWG, they
      were often the only tool available when face-to-face
      community mobilization and interpersonal interventions
      were disrupted by containment measures.

28   Some of these gaps in the emergency response could
      be due to the fact that countries already had robust
      services in place in these areas before the pandemic.

29   Albania, Belgium, Greece, Norway, Portugal; Bolivia
      (Plurinational State of), Colombia, Ecuador, Panama,
      Paraguay; Cambodia, Fiji, Solomon Islands, Vanuatu;
      Kyrgyzstan, Nepal; Côte d'Ivoire, Uganda. Non-UN
      Member States were excluded from this analysis.

30   Columbia University 2021b.

31   Blofield et al. 2021.

32   The remaining 6 per cent are 'other measures' that do
      not fit neatly into any of the four categories, including
      exemptions from freedom of movement restrictions,
      declaration of VAWG services as essential, perpetrator
      programmes and economic support for survivors,
      among others.

33   Unless otherwise referenced, all country examples
      are directly drawn from the COVID-19 Global Gender
      Response Tracker.

34   Columbia University 2021c; Columbia University 2021d;
      Columbia University 2021a; Blofield et al. 2021.

35   UN Women and Women Enabled International. Undated.

36   Blofield et al. 2021.

37   Ibid.; Defensoria del Pueblo de Ecuador 2020.

38   Columbia University 2021a. "Colombia 2020: Impacts of
      COVID-19 on Gender-Based Violence (GBV) and Sexual
      and Reproductive Health and Rights (SRHR) Programs
      and Services."

39 UNODC 2021.

40 Blofield et al. 2021.

41 All amounts in local currency are converted to US dollars using the average exchange rate of the year in which the measure was announced. Exchange rates are obtained from the World Bank database.

42 UN General Assembly 2020; Human Rights Watch 2021.

43 WHO 2021.

44 UNFPA and Women Enabled International 2021; Banke-Thomas and Yaya 2021.

45 Neetu et al. 2021.

46 Information provided by UN Women Country Office.

47 Schrader, Roth and Strachwitz 2020.

48 Blofield et al. 2022; Baranov et al. 2021.

49 UN Women 2021d.

50 Buller et al. 2018. Accessed 20 January 2022.

51 Government of Argentina 2020b.

52 Löhr 2021.

53 Monitor 2021.

54 Rugene 2020.

55 President of the Dominican Republic 2021a; President of the Dominican Republic 2021b.

56 See: President of the Republic of Colombia 2021; Alianza para la Paz 2022.

57 Council of Europe 2022.

58 Ministry of Women and Gender Equality, Chile 2020.

59 Provincial Government of Valparaiso, Chile 2020.

60 For example, issued important guidance to help organizations with violence against women programmes, national statistical offices, policymakers and researchers decide when and how to best collect data on women's experiences of violence and their access and use of relevant services during the pandemic. kNOwVAWdata et al. 2020. The remote data collection technical guidance provides critical learnings and evidence-based recommendations on VAWG data collection through remote methods. UN Women 2021e further complements these tools with lessons from its Rapid Gender Assessments on VAWG and recommendations on how to ensure the ethical and safe conduct of VAW data collection through computer-assisted telephone interviewing.

61 Administrative data, or service data, are any data generated through routine operations. They are generally drawn from service-based records or from the internal administrative processes of an organization. Administrative data on VAWG are gathered as part of the provision of services and support to a survivor or the response to an alleged or convicted perpetrator by authorities and different types of service-providers, such as the police, prosecutors, courts, social welfare agencies, social service-providers, child protection, women's shelters, violence hotlines and the health sector. UN Women 2020e.

62 See, for example, Avdeyeva 2007; Franceschet 2010; Htun and Weldon 2013.

63 The term femocrats refers to feminists in government and public administration, including women's policy agencies, at national, subnational or transnational level. Sawer 2016.

64 Molyneux et al 2021.

65 Author's calculations based on ACLED 2021. Accessed 19 November 2021.

66 Significant, at a 95 per cent level of confidence, controlling for GDP (linear regression). For further details, see Annex 2.

67 WCLAC 2021.

68 González Cabrera 2021.

69 UN Women 2021c.

70 UN Women Trust Fund for Ending Violence against Women 2020.

71 Suga 2021.

72 The term 'women's policy agency' (or 'women's policy machinery') refers to formal government structures assigned to promote gender equality and/or improve the status and rights of women. These agencies take a wide variety of institutional forms, from full-fledged ministries to sub-departments, women's desks or advisory bodies. See, for example, McBride and Mazur 2012.

73 Weldon and Htun 2013.

74 Lopreite and Rodriguez Gustá 2021.

75 Ibid; Polischuk and Fay 2020.

76 UN Women Asia and the Pacific 2018.

77 COVID-19 Response Gender Working Group 2020.

78 Information provided by UN Women Country Office. See also: Cowley 2020, Version 1; Singh et al. 2021; Veitata, Miyaji and Fujeida 2020.

79 Narang 2017.

80 Prange de Oliveira 2021.

81 Neetu et al. 2021.

82 Columbia University 2021d.

83 Government of Iceland 2021.

84 Piscopo and Och 2021.

85 WAVE 2021.

86 Leimbach 2021; Kvenréttindafélag Íslands undated.

87 Kottasová 2021.

88 Blofield et al. 2021; Prange de Oliveira 2021.

89 Oppenheim 2020.

90 UN HRC 2020.

91 United Nations 2021a.

92 WAVE 2021.

93 WHO 2019.

94 Htun and Weldon 2018.

95 Gender Equality Forum and Action Coalitions 2021.

Chapter 3

Data page sources

Row 1: ILO 2022a; ILO 2018; ILO 2020d; UN Women, UNDP and the Pardee Center for International Futures, Forthcoming 2022. Data on income loss among informal workers is based on ILO estimates for low-income and lower-middle-income countries.

Row 2: Authors' elaboration, based on UNDP and UN Women 2021a; UN Women 2021i.

Row 3: Gentilini et al. 2022; authors' elaboration, based on UNDP and UN Women 2021a.

1   ILO 2018.

2   ILO 2021d.

3   Unless otherwise specified, the source for government response measures (number of measures and measure descriptions) is the UNDP-UN Women COVID-19 Global Gender Response Tracker. UNDP and UN Women 2021a.

4   ILO 2020b.

5   Moreira and Hick 2021; According to the World Bank, social protection and labour spending is estimated to be 4.5 times higher than the response to the 2008–2009 economic crisis. Gentilini et al. 2022.

6   Universal measures with individual entitlement (e.g., universal basic income or universal health-care systems) are also considered gender-sensitive because they benefit all women equally with men. For further information on how gender-sensitive measures under each policy type were defined, see UNDP and UN Women 2021c.

7   The information contained in our Tracker does not allow for an assessment of the amount of fiscal support provided to different sectors (i.e., female-dominated vs. others), and distributional analyses of fiscal support packages from a gender perspective are still scarce.

8   ILO 2021d.

9   Seemann et al. 2021.

10   ILO 2020a.

11   Barrientos, Gideon and Molyneux 2008.

12   Devereux 2021.

13   Chen et al. 2021.

14   Bastagli et al. 2016.

15   UN Women 2015.

16   Haney 1998.

17   UN Women 2021i.

18   Ibid.

19   Logistic regression analysis, including 35 countries and controlling for GDP, job loss and increase in domestic responsibility. Results are significant at a 95 per cent level of confidence.

20   See endnote 19.

21   UN Women 2021i.

22   Alfers 2020.

23   According to the latest available data, there were 131 million informal workers in Colombia in 2021 compared to 59.9 million in Argentina in 2021. ILO 2021b.

24   Colombia's *Ingreso Solidario* reached 3 million recipients at its peak, compared to 9 million reached by Argentina's I*ngreso Familiar de Emergencia*. Lustig et al. 2020.

25   Gentilini et al. 2022.

26   Blofield, Giambruno and Pribble 2021.

27   AE had three phases spanning 16 months overall. Phase 1 April–August 2020: informal workers received BRL 600 (USD 116) per month and two members of the same household could benefit, with doubled benefit for single mothers. Phase 2 September–December 2020: BRL 300 (USD 58) per worker for up to two members of same household, with doubled benefit for single mothers. Phase 3 April–October 2021: BRL 250 (USD 46) per household with additional BRL 125 (USD 23) for single mothers and reduction of BRL 100 (USD 19) for one-person households. The average in the text is based on benefit value for one household member. Information based on Lara De Arruda et al. 2022.

28   Blofield, Lustig and Trasberg 2021.

29   Single mothers received BRL 1200 (USD 233) for five months and BRL 600 (USD 116) for four months and BRL 375 (USD 73) for the remaining seven months. Lara De Arruda et al. 2022.

30   ECLAC 2021b.

31   Bastagli and Lowe 2021.

32   From May to October 2020.

33   Gronbach, Seekings and Megannon 2022.

34   Department of Social Development (South Africa) 2021a.

35   Holmes and Hunt 2021.

36   Gronback, Seekings and Megannon 2022.

37   Social Security Agency (South Africa) 2022.

38   Department of Social Development (South Africa) 2022.

39   Gentilini et al. 2022, Figure 8.

40   Ibid., Figure 11.

41   World Bank 2018.

42   Ministry of Poverty Alleviation and Social Safety (Pakistan) undated.

43   UN Women 2021g.

44   Kidd and Athias 2019.

45 Gentilini at al. 2022.

46 Blofield, Giambruno and Pribble 2021.

47 UN Women 2021i.

48 UN Women 2019a.

49 UN Women 2021i.

50 Ibid.

51 Muller and Schulten 2020.

52 Estimates based on a sample of 28 European countries. ILO 2021a.

53 Padmore 2021.

54 UNDP, UNICEF and UN Women Eastern Caribbean 2020.

55 Cook and Grimshaw 2020.

56 Ibid.

57 Ibid.

58 Ibid.

59 Turquet and Koissy–Kpein 2020.

60 ILO 2021a.

61 UN Women 2021a, Chap 3.

62 WIEGO 2020. Accessed 22 July 2021.

63 ILO Regional Office for Asia and the Pacific 2021.

64 ILO Regional Office for Latin America and the Caribbean 2021.

65 Camilletti et al. 2021.

66 Beazley, Marzi and Steller 2021.

67 Ibid.; ILO 2021d.

68 UN Women 2015.

69 Camilletti et al. 2021.

70 Salti and Haddad 2021.

71 Zimmerman et al. 2020.

72 Beazley, Marzi and Steller 2021.

73 The concept of 'bounded innovation' was coined by Mackay 2014. While this term refers to gender equality policies in particular, it illuminates the fact that innovation always takes place in, and is constrained by, a broader institutional context.

74 Barca et al. 2021.

75 Expert inputs provided by Valentina Barca, social protection expert and independent consultant; Beazley, Marzi and Stellar 2021.

76 Expert inputs provided by Valentina Barca, social protection expert and independent consultant; Sharpe and Barca 2021.

77 Beazley, Marzi and Stellar 2021.

78 Kidd, Athias and Mohamud 2021.

79 Ibid.

80 Zimmerman et al. 2021.

81 Based on World Bank 2017.

82 UN Women and UN DESA 2021.

83 Gelb et al. 2021.

84 Pande et al. 2020.

85 Barca et al. 2021.

86 Zimmerman et al. 2021.

87 Sirtaine, Zimmerman and Prochaska 2022.

88 Unless otherwise stated, this box draws from Lowe, McCord and Beazley 2021.

89 Sodokin 2021.

90 Benefit levels provided reflect those given in the first five months of the programme: in Phase 1 from 8 April to 8 June and in Phase 2 from 3 August to 1 September 2020. In Phase 3 (from 22 February to 8 March 2021), benefits were reduced to XOF 6,125 (USD 11) for women and XOF 5,250 (USD 9) for men.

91 Debenedetti 2021.

92 See ILO 2018, Table B1.

93 See: Government of Togo 2020.

94 Debenedetti 2021.

95 INCLUDE 2020; Debenedetti 2021

96 Debenedetti 2021.

97 INCLUDE 2020.

98 GiveDirectly 2021.

99 Holmes and Hunt 2021.

100 Correspondence with Ana Laura Rodríguez Gustá, 11 March 2022; Piscopo 2021.

101 National Council for the Coordination of Social Policies 2022.

102 Ministry of Social Development and the Family (Chile) 2021.

103 Blofield, Giambruno and Filgueira 2020.

104 UN Women 2021a, Chapter 5.

105 Bamu and Marchiori 2020. Accessed 22 July 2021; WIEGO 2020. Accessed 22 July 2021; Ogando and Abizaid 2020.

106 WIEGO undated.

107 Blofield 2012; Kabeer, Milward and Sudarshan 2013.

108 Nazneen and Mahmud 2015.

109 Holmes and Hunt 2021.

110 This box relies heavily on Sreedharan 2022. Unless otherwise stated, this is the source of the information provided.

111 Purnamasari and Ali Ahmad 2021.

112 IDWFED 2021.

113 Ip 2021.

114 Pinkcollar Employment Agency 2022.

115 Ip 2021.

116 United Nations 2021b.

117 Molyneux 2022.

118 Blofield et al. 2022.

Chapter 4

Data page sources

Row 1: UN Women and UN DESA 2021; UN Women 2022; OECD 2021a.

Row 2: Authors' elaboration, based on UNDP and UN Women 2021a.

Row 3: Authors' elaboration, based on UNDP and UN Women 2021a; ILO 2021d; UNDP 2020b.

1   UN Women 2022.

2   UN Women 2021a; Razavi and Staab 2012; Diallo, Qayum and Staab 2021.

3   ILO 2022b; ILO 2021d.

4   Unless otherwise specified, the source for government response measures (number of measures and measure descriptions) is the UNDP–UN Women Global Gender Response Tracker.

5   OECD 2021a; Zamarro and Prados 2021; Sevilla and Smith 2020; Seck et al. 2021; Del Boca et al. 2020; Farré et al. 2020; Andrew et al. 2020; García-Rojas et al. 2020.

6   OECD 2021a.

7   Alon et al. 2021, p. 56.

8   The UNDP–UN Women Global Gender Response Tracker focuses on national-level policies. In many countries, care services are coordinated and administered at the subnational level, which may produce data gaps on this specific policy. Moreover, the Tracker does not compile policy measures regarding the closing and opening of schools and childcare facilities. On this matter, see UNESCO Institute for Statistics Global Monitor of School Closures caused by Covid-19.

9   On the impact of COVID-19 on women's economic autonomy and government response in Latin America, see Bergallo et al. 2021.

10   The high-income group includes 40 countries and territories out of the 56 countries in the cluster of Europe, Northern America, Australia and New Zealand, and 37 countries and territories from other regions.

11   Calculated based on data for the 196 care measures taken over the period February 2020–August 2021, for which start dates are available (out of a total of 226 care measures).

12   Other measures, including support for public utilities, can also contribute to reducing unpaid care work indirectly by making time-saving services and infrastructure available or subsidizing them. While the UNDP–UN Women Tracker also identified many of these policies, they are not classified as directly supporting unpaid care and are therefore not included in this chapter.

13   The other, less common measures addressing unpaid care work were wage subsidies (5 measures), labour regulatory adjustment (4), activation and enterprise development (3), unemployment benefits (4), school feeding (1) and pensions (1).

14   ILO 2022b, p. 128.

15   Ibid.; UNDP and UN Women 2021a.

16   Government of Argentina 2020c.

17   Haney 1998.

18   Up to 52 weeks leave (until a child is 12 months old) to either the parent or actual caregiver, at 60 per cent of the previous wage. ILO 2022b.

19   Public sector workers over the age of 60 or with a disability or chronic disease were also eligible. UNDP and UN Women 2021a; Akkan 2021; Göksedef 2021.

20   There is no paternity leave in Egypt and five days in Turkey. ILO 2022b.

21   ILO 2022b, Figure 4.13.

22   OECD 2021a.

23   Alon et al. 2021.

24   Adams-Prassl et al. 2020.

25   Alon et al. 2021.

26   OECD 2021a.

27   OECD 2020c.

28   UN Women 2022.

29   WIEGO 2021.

30   UNECE 2021.

31   GCNF undated. Accessed 11 May 2022; Mundle 2020.

32   Devenish and Afshar 2020.

33   GADN 2022; Faur and Brovelli 2020.

34   BRIDGE et al. 2020.

35   This box is partly based on UN Women 2021a, Box 3.2.

36   BRIDGE et al. 2020.

37   Wills, Kotzé and Kika-Mistry 2020.

38   Government of South Africa 2021. Accessed 18 March 2022.

39   Department of Social Development (South Africa) 2021b. Accessed 18 March 2022.

40   Berry, Biersteker and Rantsi 2021.

41   NECDA 2020; Ilifa Labantwana 2021.

42   Draper 2022. Accessed 25 April 2022; Berry, Biersteker and Rantsi 2021.

43   OECD 2021b.

44   Cookson et al. 2021.

45   Information provided by the United Nations Resident Coordinator's Office in Cabo Verde.

46   CIHI 2021. Accessed 4 June 2022.

47   Béland and Marier 2020; Webster 2021.

48   Doetter, Preub and Rothgang 2021; Comas-Herrera et al. 2020.

49   Daly et al. 2021.

50 WHO Regional Office for Europe and European Observatory on Health Systems and Policies 2020.

51 Decree-Law 18/2020 was converted into Law No. 27 on 24 April 2020. President of the Republic of Italy 2020; UNECE 2021; Dugarova 2020i.

52 Htun and Weldon 2018; Morgan 2013. Another relevant factor is left-wing political party power, which is however beyond the scope of this analysis.

53 The term 'femocrats' refers to feminists in government and public administration, including women's policy agencies, at national, subnational or transnational level. See: Sawer 2016.

54 Significant, at a 95 per cent confidence level (linear regression). For further details, see Annex 2.

55 Bariola and Collins 2021.

56 Author's elaboration based on UNDP-UN Women Tracker and Chzhen, Gromada and Rees 2019.

57 Htun and Weldon 2018; Morgan 2013; Piscopo 2020.

58 UN Women 2021a.

59 Aguirre and Ferrari 2014.

60 Significant, at a 95 per cent confidence level (linear regression). For further details, see Annex 2.

61 Bango and Cossani 2021; Chamber of Deputies (Mexico) 2020.

62 Senate of the Republic of Mexico 2021.

63 Htun and Weldon 2018.

64 "We strike for the urgency of a new and fairer social pact on care," declares the political statement of the Women's Global Strike campaign, made up of 198 organizations across 60 countries and territories. Women's Global Strike 2022.

65 The European Women's Lobby called for a Purple Pact on investment in the care economy and a care deal for Europe. European Women's Lobby 2020a and 2020b.

66 The African Feminist Post-Covid-19 Economic Recovery Statement, signed by 340 African organizations and individuals, calls for recognition of the economic, social, political and cultural value of the care economy,

women's unpaid work and precarious jobs, and demands policies to recognize the centrality of care work and support a care sector. Femnet 2020.

67 GADN 2021.

68 Bogota City Hall undated. Accessed 10 May 2022.

69 CUPE 2020; PSI 2021. Accessed 10 May 2022.

70 Significant, at a 95 per cent confidence level (linear regression). For further details, see Annex 2. Data for feminist movement strength corresponds to the year 2015 and is based on the Feminist Mobilization Index from Forester et al. 2020.

71 UN Women 2021a, Box. 5.1; Rodríguez Gustá 2021.

72 Bango and Cossani 2021; Government of Argentina 2020a; Government of Argentina 2022.

73 UNDP and University of Pittsburgh 2021.

74 UN Women 2021a, Box 3.1.

75 Library of Parliament 2021.

76 CBC News 2021.

77 Oxfam Canada 2022; Government of Canada 2021. Accessed 22 April 2022.

78 Oxfam Canada 2022. Accessed 1 March 2022.

79 Ibid.; UN Women 2021a.

80 Stanford 2020.

81 ECLAC 2021a.

82 Bango and Cossani 2021.

83 Senate of the Republic of Chile 2020b. Accessed 17 March 2022.

84 Senate of the Republic of Chile 2020a.

85 Miranda and Roitstein 2021.

86 Convención Constitucional (Chile) 2022.

87 Boric and Cabello 2021; Boric undated; Boric 2021.

88 Elson 1995.

89 See, for example, De Henau 2021; De Henau et al. 2019.

90 Proportion of time spent on unpaid domestic work and care work, by sex, age and location.

Chapter 5

Data page sources

Row 1: CFR Women and Foreign Policy Program 2021; IPU 2021b; UNDP and University of Pittsburgh 2021.

Row 2: Authors' elaboration, based on UNDP, UN Women and University of Pittsburgh 2021.

Row 3: Authors' elaboration, based on UNDP, UN Women and University of Pittsburgh 2021; UNDP 2020b; Tan et al. 2021; Camussi et al. 2021; BBC News 2020; Villa 2020.

1 Piscopo and Och 2021.

2 Piscopo 2020.

3 Atkeson and Carrillo 2007; Clayton, O'Brien and Piscopo 2019.

4 Greene and O'Brien 2016; Shair-Rosenfield and Wood 2017; Bhalotra and Clots-Figueras 2014; DiRienzo and Das 2019; Betz, Fortunato and O'Brien 2021.

5 UNDP and University of Pittsburgh 2021.

6   Piscopo and Och 2021.

7   UNDP 2020a.

8   Data on COVID-19 task forces comes from publicly available government or media sources, academic journals and UNDP and UN Women country or regional offices. For rapid analyses of women's participation on COVID-19 task forces in the early days of the pandemic, see van Daalen et al. 2020; Rajan et al. 2020; CARE International 2020.

9   See UNDP and UN Women 2021a for more details.

10   Pre-existing crisis responses or public health institutions that did not create public-facing task forces specific to COVID-19 were not included in the data set. In cases where a COVID-19-specific body had gender-disaggregated data for multiple relevant subcommittees, each subcommittee was registered as a unique task force.

11   From 1 January 2020 to 31 August 2021, the Tracker recorded 431 task forces from 187 countries or territories with gender-disaggregated data, including 262 task forces from 130 countries or territories with membership data and 414 task forces from 184 countries or territories with leadership data. The Tracker data set contains task forces that have both expert-advisory and decision-making capabilities, as well as task forces with a wide range of mandates, but primarily those that focus on public health, economic and multisectoral responses. Given the broad definition of 'COVID-19 task force' used in this study, countries and territories often have multiple task forces to support the COVID-19 response; while 84 have one task force, 28 have more than three. Jamaica registers the most, 14, due to a large number of subcommittees within an overall COVID-19 response body. Multiple task forces are also registered in cases where a task force was disbanded but later reconstituted with new membership due either to changing government administrations or other reasons (e.g., scandals, public dissatisfaction, resigning membership, etc.). UNDP, UN Women and University of Pittsburgh 2021.

12   Task forces classified as 'majority men' are those with less than 47 per cent women members. Country and regional averages are based on a simple average of all task forces in a country. Parity thresholds are based on the UN Secretary-General's System-Wide Strategy on Gender Parity, which considers parity to be within the 47–53 per cent margin, recognizing that this should not be a ceiling for women's representation, given their historical discrimination in decision-making positions. United Nations 2017.

13   These statistics calculate averages based on membership in individual task forces rather than averages calculated at the country level.

14   Crenshaw 1989.

15   This includes restrictive gender binaries that marginalize those with diverse gender identities that have always existed across the world. Read more at UN HRC 2021.

16   Department of Health (South Africa) 2020; Department of Health (South Africa) 2021; IOL 2020.

17   Department of Health (South Africa) 2021.

18   Lalieux 2020.

19   POD Maatschappelijke Integratie and SPP Intégration Sociale 2020.

20   Ibid.

21   Guernsey, Holy See, Isle of Man and Ukraine.

22   UNDP, UN Women and GIRL, University of Pittsburgh, undated. Unless otherwise specified, this is the source for country-level task force information presented in this chapter.

23   Decision-making task forces were defined as having two or more members who have a position in government. Most often, these are government ministers, senior advisers or high-level health ministry officials.

24   Expert task forces were defined as those that have no more than one government representative among members and are mainly made up of experts or practitioners from various fields, including public health, academia, health care, education or civil society.

25   CFR Women and Foreign Policy Program 2021.

26   IPU 2021b.

27   Data are sourced from the Gen-PaCS database – compiled by Gender Inequality Research Lab (GIRL) at the University of Pittsburgh, in collaboration with UNDP – that includes data on the overall numbers and percentages of women, men and others working in public administration by decision-making level (e.g., by tier, title, grade); by sector, ministry and/or agency; by employment type (e.g., full-time, part-time, contract); by government level (e.g., central, subnational); and by other demographic and population characteristics (e.g., age, disability, race/ethnicity). Gen-PaCS also includes available information about the scope and structure of each country's public administration and on data-collection methods and sources. UNDP and University of Pittsburgh 2021.

28   28 UNDP and University of Pittsburgh 2021.

29   Ibid.

30   Ibid.; Thomas 1994; Wängnerud 2009; Krook and O'Brien 2012.

31   Public health task forces account for 45 per cent of task forces (195 of 431) identified in the Tracker; economic task forces that advise on addressing the economic consequences of COVID-19 account for 12 per cent (50 of 431) and multisectoral task forces working across multiple sectors to coordinate government responses account for 37 per cent (158 of 431). The remaining 7 per cent of task forces (28 of 431) are dedicated to topics outside of these general parameters and focus on areas such as border enforcement, education, ethics or corruption.

32   UNDP and University of Pittsburgh 2021.

33   Lombardi 2020; Bonetti 2020; Department for Equal Opportunities (Italy) 2020.

34   UNDP 2020a.

35   Significant, at a 95 per cent confidence level (linear regression). For further details, see Annex 2.

36   Hughes et al. 2019.

37   UN Women 2019a; UNDP 2020a.

38   Cruz and Rivera 2021.

39   IPU and UN Women 2020.

40   These include Austria, Belgium, Canada, Iceland, Ireland, Italy, Lesotho, Namibia, Portugal and Timor-Leste. Data on quotas comes from International IDEA gender quotas database.

41   UNDP and University of Pittsburgh 2021.

42   EIGE 2022.

43   Ministry of Economic Affairs and Employment and Ministry of Social Affairs and Health (Finland) 2020; Viljanen and Paakkanen 2020; Sosiaali-ja terveysministeriö 2020.

44   Valtioneuvosto 2021; Ministry of Social Affairs and Health (Finland) 2020.

45   At 14.9 per cent, 20.7 per cent and 19.4 per cent, respectively. Data from IPU. 2021a.

46   Ibid.

47   OECD 2020b.

48   United Nations Egypt 2020.

49   Ibid.

50   Ministry of Planning and Economic Development (Egypt) 2021.

51   NCW 2020a.

52   NCW 2021.

53   IPU 2021a.

54   *Dateci voce* was a movement born out of a series of petitions to the Prime Minister demanding the greater participation of women in the various committees and teams set up to deal with the pandemic. After a few days, petitions were signed by many thousands of women. Camussi et al. 2021; BBC News 2020; Villa 2020.

55   Tan et al. 2021.

56   IPU 2021a. Accessed 6 June 2022.

57   Kit 2020; Changwanda 2020; UN Women Nepal 2020.

58   Changwanda 2020.

59   IPU 2021a. Accessed 15 March 2022.

60   Technical Taskforce of Corona in Pregnancy – Lebanon 2020.

61   IPU 2021a. Accessed 15 March 2022.

62   Piscopo and Och 2021; Desposato and Norrander 2009; Wolbrecht and Campbell 2007; Barnes and Burchard 2013; Beaman et al. 2009; Bhavnani 2009.

63   UNDP and University of Pittsburgh 2021; Thomas 1994; Wängnerud 2009; Krook and O'Brien 2012.

64   Piscopo and Och 2021.

65   IPU 2021b.

66   UNDP and University of Pittsburgh 2021.

67   Piscopo 2020.

68   UNDP and University of Pittsburgh 2021.

Chapter 6

1   UN Women 2021a.

2   UNCTAD 2022.

3   UN DESA et al. 2022.

4   UN ECOSOC 2022.

5   Huber and Stephens 2012.

6   UN Women 2021a; UNCTAD 2020.

7   UNCTAD 2020.

8   Ibid.

9   Data are based on 23% of measures in the World Bank's Database on the COVID policy response, for which information on budgets is available. Gentilini et al. 2022.

10   World Bank 2022.

11   Global Crisis Group of Food, Energy and Finance 2022.

12   UN Women 2021a.

13   See for example: Reuters 2021; Oxfam International 2021.

14   Fresnillo 2020; Fresnillo 2022; Martin 2022.

15   Ghosh 2021.

16   IMF 2021; Gallagher and Ocampo 2021; U.S. Department of the Treasury 2021; Ghosh 2021; Ocampo 2021.

17   Ghosh 2022.

18   See Mia Amor Mottley statement at the United Nations Climate Change Conference (COP26) in Glasgow last November, as reported in Van Gaal 2021.

19   Harman 2021.

20   UN Women undated.

21   See, for example, UN Women, UNFPA and Quilt.ai; Dey, Dehingia and Raj undated.

22   UN Women 2021i.

23   European Observatory on Health Policies 2021.

24   ILO 2021c; Gentilini et al. 2022; IMF 2022.

25   Zimmerman et al. 2021.

26   Barca et al. 2021.

27   Friedman 2016.

28   IPU 2021b.

29   Denkovski, Bernarding and Lunz 2021.

30   United Nations 2021a.

31   United Nations 2021b.

32   United Nations University Centre for Policy Research 2022.

33   Executive Board of UN Women 2021.

34   Executive Board of UNDP, UNFPA and UNOPS 2022.

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The overlapping impacts of the COVID-19 pandemic, accelerating climate disasters and geopolitical conflict are a threat to gender equality and women's rights across the globe. This report from UN Women and UNDP shows what governments can do now to prevent further rollbacks and recover lost ground, while enhancing resilience and preparedness for future shocks.

Drawing on a unique global dataset of close to 5,000 measures adopted by 226 countries and territories in response to COVID-19, the report finds that overall, government responses paid insufficient attention to gender dynamics. At the same time, instances of innovation and learning hold important lessons for gender-responsive policymaking in times of crisis.

For the first time, the report provides analysis on the factors that led to a strong gender response, generating key lessons for governments. The policy implications are clear: governments must invest in gender-responsive social protection and public services now to increase resilience to future shocks; institutional capacity for gender equality, feminist networks and women's leadership must be strengthened for effective gender mainstreaming; feminist movements and women's rights organizations require greater support to play their agenda-setting, accountability and service-delivery roles; data and evidence on gender equality and women's rights must be enhanced and digital technologies harnessed for promoting gender equality during crisis response, recovery and transformation.