COVID-19 & Gender-based Violence

February 2021
WHO WE ARE

XOCO is a social venture registered as a charity in Germany, founded in response to the devastating impact of COVID-19 on girls. We aim to empower adolescent girls in the Global South to escape gender based violence, pursue innovative educational endeavors, and leapfrog to digital jobs of the future.

To this effect, we are developing practical tools for global audiences, especially impact investors and development practitioners focusing on key environmental and social risks affecting adolescent girls in emerging markets as well as impactful opportunities for gender lens investing.

Find out more on our website: www.xocounlimited.org.

Let’s change the game for girls!

This Toolkit is part of a creative fundraising strategy to fund XOCO’s digital education programs for adolescent girls in the Global South. If you like this tool, please consider giving our crowdfunding campaign a boost and sign up to our website to access XOCO’s resource hub. XOCO is registered as a charity in Germany; your donation may be tax deductible.

Let’s connect on social media:

@Xoco-Unlimited
@WeForXoco
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1Please check if donations to a German charity are tax deductible in your country.
OVERVIEW

This toolkit aims to present the impact of the pandemic on women by evaluating the relationship of employment, healthcare, and digital literacy to Gender Based Violence (GBV). The global cost of GBV is estimated at 1.5 trillion USD, which is 2% of the global domestic product. Gender sensitive measures in health emergency response and recovery efforts will not only be beneficial for women, but support a faster economic recovery as well.

UNICEF defines Gender Based Violence (GBV) as “the most pervasive yet least visible human rights violation in the world. It includes physical, sexual, mental or economic harm inflicted on a person because of socially ascribes power imbalances between males and females.” UN Women has called GBV “the shadow pandemic.” In health emergencies and crises, existing social norms and power dynamics result in the acute rise in GBV. For every three months in lockdown, 15 million additional GBV cases are expected and 2 million additional women may be unable to access modern contraception.

Compounding impact on women

This flow chart serves to demonstrate how risks related to healthcare, employment and digital literacy contribute to the vulnerability of women and girls to violence during a health crisis.

**HEALTHCARE**
- Reduction in access to contraception
- Increase in chances of getting STDs*
- Increase in unwanted pregnancy
- Increase in maternal mortality
- Potential rise in FGM/C**

**EMPLOYMENT**
- Increase in domestic responsibility
- Increase in & unequal distribution of unpaid care work
- Pressure to reduce paid work hours or quit
- Financial insecurity
- Potential increase in child marriage & sexual exploitation due to poverty

**DIGITAL LITERACY**
- Little to no access to the outside world during lockdown
- Isolation
- Inability to report & escape GBV

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*Sexually Transmitted Diseases (STDs)
**Female Genital Mutilation/Cutting (FGM/C)
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70% global healthcare workers are women

While women represent the majority of global healthcare workers, they only hold 30% of leadership positions. Fewer women at decision-making tables may lessen gender-sensitive measures in times of crisis.

Women hold only 1 in 3 leadership positions

Income gap

Women spend 3x more time on unpaid care work. The increased burden on women leaves some with no option other than to cut back on their hours or quit entirely.

22% average income gap between men and women

Global healthcare workers are women

Digital Literacy

10% internet use gender gap between men & women

Limited access to technology and digital training creates a gap in:
- access to information on health safety and awareness
- participation in the digital economy
- use of GBV response services

Healthcare

Sexual reproductive health services are deprioritised during health emergency response efforts. Neglect of these services will lead to a rise in pregnancy, maternal mortality and sexually transmitted diseases.

up to 38.6% projected increase in maternal deaths per month

Increased tension in the home from health, safety and economic pressures contribute to the increase cases of GBV. Cramped and confined living conditions also compound the issue. Access to life saving care and support services is disrupted as healthcare systems are overburdened.

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Gender Based Violence (GBV)

Globally 243 million women and girls have been subject to sexual and/or physical violence in the in the last 12 months.

At least 200 million women and girls have been subject to FGM.

Globally 1 in 5 women aged 20-24 were married in their childhood.

UNFPA predicts that the pandemic can lead to a spike in gender based violence.

every 3 MONTHS = 15 MILLION additional GBV cases in lockdown

In the next decade (2020-2030)

2 MILLION FGM/C cases

13 MILLION child marriages

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MAKING AN IMPACT

Invest in gender equitable economic recovery plans

• Provide finance to women-owned small businesses and promote access to networks and digital marketplaces
• Reduce gender gap in the workforce and make sure women are equally represented in all decision-making
• Provide flexible work arrangements or additional paid leaves for women forced to take time off due to unpaid care work
• Challenge gender norms and promote equally shared unpaid care between women and men

Put women at the centre of health emergency and response efforts

• Ensure inclusion and empowerment of women in healthcare leadership and decision making in health emergency response efforts
• Maintain continuous access and funding for sexual and reproductive health (SRH) services
• Provide reliable funding for GBV prevention and response programs
• Share information on where to report or seek help for gender based violence (GBV)

Collaborate & integrate services across stakeholders

• Provide training and career pathways for displaced workers
• Create classroom-to-apprenticeship programs
• Form strategic coalitions for the anticipation, prevention, mitigation of and response to GBV in health emergencies
• Support and fund women’s rights organisations

Below is a basic guide for evaluating a country’s responsiveness to gender issues during a health crisis.

☐ Check country’s global rank and status:
  • Health security index
  • Health and gender index
  • COVID-19 response

☐ Are women given equal opportunities to actively participate and lead in health emergency response and decision making?

☐ Are there measures in place to address gender based violence in health emergencies?
  • Do the information campaigns reach the vulnerable communities?
  • Are the services available accessible to women and girls?

☐ Are sexual and reproductive health services included in essential packages during emergency response measures?

☐ Is the digital literacy gap taken into consideration during health and safety dissemination campaigns?

☐ Do economic recovery plans include programs for women?

References

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8. World Health Organization, Gender equity in the health workforce: Analysis of 104 countries, March 2019
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