

These COVID-19 Analytical Snapshots are designed to capture the latest information and analysis in a fast-moving environment. Topics will be repeated from time to time as analysis develops. If you have an item to include, please email us at research@iom.int.

Gender analysis on COVID-19

A new [Rapid Gender Analysis](#) on COVID-19 has revealed that a significant number of gender dimensions are already been witnessed as the impacts of the pandemic emerge over time and in different settings. These include:

- ⇒ Women are experiencing a care-giving burden
- ⇒ Inequality of access to health care is related to gender
- ⇒ Gender based violence is increasing
- ⇒ Women require targeted information on COVID-19.

Read about these and additional gender dimensions in the analysis by Care and IRC [here](#).



Implications for gender-based violence (GBV) in displacement

Some refugee camps have seen a rise in gender-based violence, as GBV services are scaled back and as restrictions on movement prevent those affected from seeking help.

In Cox’s Bazar, where hundreds of thousands of Rohingya refugees continue to live, there has been [an increase](#) in both intimate partner violence and child marriage. Strictly enforced movement restrictions are limiting the ability of women and girls to access support services.

In response and to mitigate the increased risk of gender-based violence, some Rohingya women have [self-mobilized](#) to raise awareness on COVID-19 in the camps, including conducting door-to-door visits.

Guidelines for Integrating GBV Interventions in Humanitarian Action—NEW COVID-19 Resources

Evidence on the increase in GBV resulting from COVID-19 measures is of great concern to practitioners on the front line. Accordingly, a new addition on COVID-19 to the [GBV Guidelines Knowledge Hub](#) provides practitioners with key resources to support the integration of GBV risk mitigation into COVID-19 response. The sectors covered include:

SECTORS COVERED



Access resources, such as this IASC brief, [here](#).

Why we need women's leadership in the COVID-19 response

In this World Economic Forum [Agenda](#) blog, the authors argue the case for more women in leadership positions, highlighting that:

- ⇒ Women comprise the majority of frontline healthcare workers globally, meaning that female representation is vital in tackling the coronavirus crisis.
- ⇒ 70% of global healthcare staff are women, but only 25% of global leaders are female.
- ⇒ Without women in these positions, women's issues could fail to be addressed throughout the crisis.

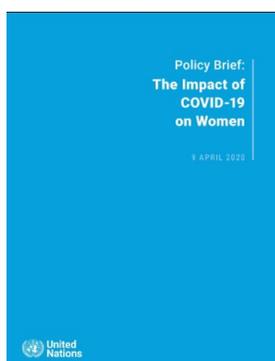
Similar issues are being raised by [commentators](#) globally, with some asking why it is that women are such [good leaders](#) during the COVID-19 crisis.



UN Policy Brief on COVID-19 and Women

The year 2020, marking the twenty-fifth anniversary of the Beijing Platform for Action, was intended to be ground-breaking for gender equality. Instead, with the spread of the COVID-19 pandemic, even the limited gains made in the past decades are at risk of being rolled back. The pandemic is deepening pre-existing inequalities, exposing vulnerabilities in social, political and economic systems which are in turn amplifying the impacts of the pandemic.

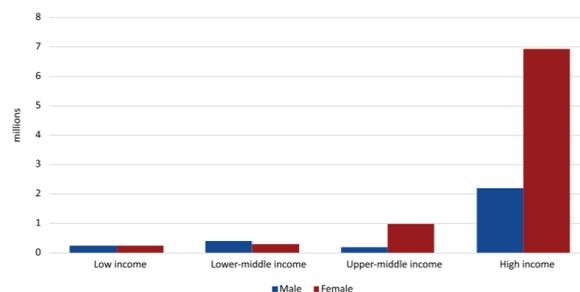
A new [policy brief by the UN Secretary-General](#) explores how women and girls' lives are changing, and outlines priority measures to accompany both the immediate response and longer-term recovery efforts.



Female migrant domestic workers on the front line

Because their work requires them to be in others' homes, and come in close contact with individuals and items that may be carrying the virus, domestic workers are front line workers in this pandemic, and at risk. Most domestic workers are women and many are migrants (see figure below). Read this [article](#), which outlines responses in South Africa, Mexico, USA, the Netherlands, India and Brazil.

Migrant domestic workers by destination country income level and sex



Source: [World Migration Report](#), based on ILO data.

This COVID-19 Analytical Snapshot has been produced by [IOM Research](#) (research@iom.int).

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