ACTION BRIEF

GENDER AND DISASTER RISK REDUCTION AND RESPONSE IN THE CONTEXT OF COVID-19: THE ASIA-PACIFIC REGION

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Photo: UN Women/Fahad Kaizer

KEY MESSAGES: advancing gender-responsive disaster risk reduction in the context of COVID-19

- **LEVERAGE INTERNATIONAL GUIDELINES AND MINIMUM STANDARDS ON GENDER EQUALITY**

  The Convention on the Elimination of All Forms of Discrimination Against Women's (CEDAW) General Recommendation 37 explicitly links disasters, pandemics and women's rights in an actionable way with guidance to State Parties to ensure that gender equality and women's empowerment are central to disaster management and humanitarian response. This is particularly applicable when responding to pandemics such as COVID-19 and implementation of these recommendations, as well as the adoption of minimum standards and application of guidelines such as those in the Ha Noi Recommendations for Action on Gender and Disaster Risk Reduction or the Inter-Agency Standing Committee (IASC) Policy on Gender Equality and the Empowerment of Women and Girls (GEEWG) in Humanitarian Action will ensure those most affected are not left behind.

- **COLLECT AND USE SEX, AGE AND DISABILITY DISAGGREGATED DATA**

  Without quality sex, age and disability disaggregated data, alongside gender analysis, vulnerability and risk assessments will fail to adequately identify who is the most impacted and how. COVID-19 socio-economic assessments need to overlay disaster risk assessments to uncover which groups of people are most impacted by the double disaster context.

- **ADAPT EXISTING DISASTER RISK REDUCTION SYSTEMS UTILISING GENDER EXPERTISE**

  Basic human rights principles of accountability, participation, non-discrimination and inclusions are fundamental to gender-responsive disaster risk reduction. While adapting disaster risk reduction and humanitarian response polices, plans and action to include COVID-19 prevention, response and recovery, the needs and priorities of vulnerable and marginalised groups need to be at the centre and gender actors and focal points need to be leveraged, including through protection clusters.

- **ADVANCE EXISTING COMMITMENTS TO SUPPORT LOCAL WOMEN-FOCUSED ORGANIZATIONS**

  Recognised for their ability to reach local communities and prioritise marginalised groups, women-focused organisations need the resources and authority to lead and carry out disaster risk management and COVID-19 prevention and response simultaneously.

- **SEEK OUT AND SUPPORT WOMEN'S LEADERSHIP**

  Local women leaders, along with women-focused organisations, are embedded in their communities and possess the skills and knowledge to effectively reach the most marginalised and vulnerable. Investment to create an enabling environment and further strengthen women leaders in all their diversity to be active in inclusive disaster management and COVID-19 is needed.

This Action Brief builds upon the earlier work done by UN Women, UNDRR and other partners to progress the Leave No One Behind agenda in response to COVID-19 in the Asia-Pacific region. While the focus is on gender-responsive disaster preparedness and response in the time of COVID-19, the note also touches upon areas of disaster risk reduction and humanitarian action. The brief also builds on a previous brief, "Leave no one behind in COVID-19 response and recovery" launched in April 2020, which highlights the disproportionate impact of COVID-19 on certain groups of people and offers some key policy recommendations to ensure no one is left behind in COVID-19 prevention, response and recovery.[1]

1970-2018

87%

of the people affected by natural hazards and disasters were in **Asia and the Pacific**

In 2020 | **Vietnam**

7.7 million people have been exposed to flooding

1.5 million people directly affected

178,000 home have been submerged

700,000 livestock and poultry lost and over 100 fatalities

What we know

In late December 2019 the first case of COVID-19 was diagnosed in Wuhan, China and the COVID-19 pandemic continues to wreak havoc across the world, resulting in large-scale unemployment, a record-breaking global recession and social consequences including increases in domestic violence and suicide. By November 2020, over 63 million cases and over 1.5 million deaths have been reported.[2] With international travel borders closed in many regions and significant disruptions to trade and global supply chains, the socio-economic impacts of COVID-19 are predicted to last far beyond the introduction of a vaccine.

Simultaneously, Asia and the Pacific continues to be the region most prone to disaster impacts in the world. Between 1970 and 2018, the Asia-Pacific region had 87 per cent of the people affected by disasters, despite being home to only 60 per cent of the world's population.[3] In 2020, Tropical Cyclone Harold and Cyclone Amphan have been two significant climate-related events to impact people living in the Pacific Islands and South Asia respectively. At the time of writing, severe flooding in Viet Nam, Cambodia and Laos has impacted millions; in Viet Nam alone, 7.7 million people have been exposed to flooding and 1.5 million directed affected, with at least 178 000 homes that have been submerged, almost 700 000 livestock and poultry lost and over 100 fatalities.[4] The Philippines has also been experiencing multiple
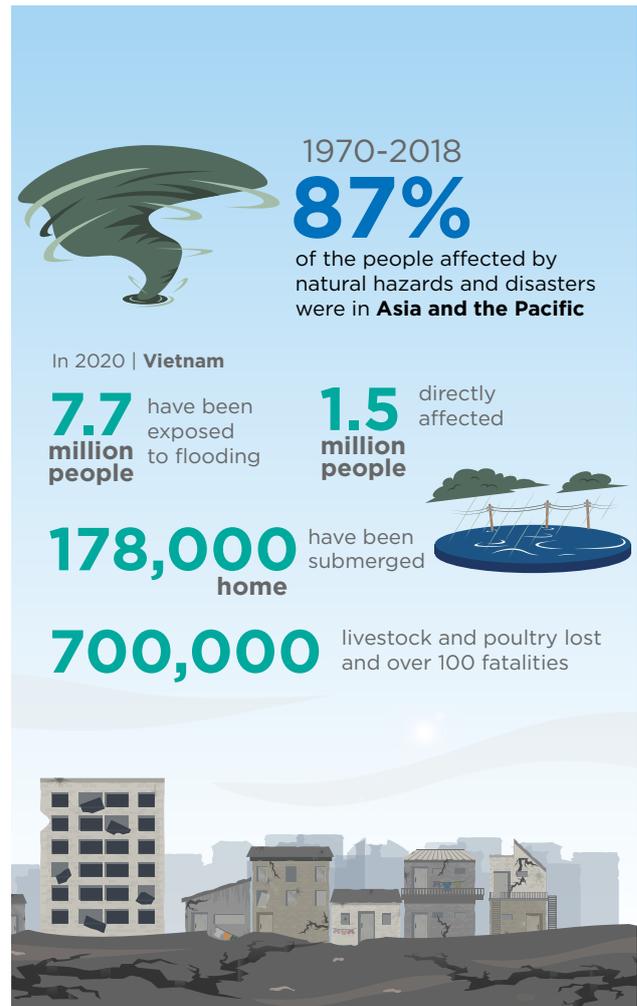
storms within a short time frame, including Super Typhoon Goni in early November 2020. The Asia-Pacific region experiences multiple disasters within and alongside other disasters due to recurrent exposure to multiple severe natural hazards, which are exacerbated by the impacts of climate change, and now with the spread of COVID-19.

Within this cascading and multiple disaster context, evidence demonstrates women and girls are more likely to feel disproportionate impacts. Similar to the evidence that recognises pre-existing gender inequalities and structural barriers contribute to women's disproportionate vulnerability to disasters, findings from socio-economic assessments note that women are also likely to be most affected by COVID-19. While medical research notes men are more likely to die from COVID-19 compared to women, the social and economic impacts from the pandemic impact women more than men. The evidence base since March 2020 highlights that COVID-19 has resulted in increased burdens of unpaid care work, increasing risks of gender-based violence (GBV), disproportionately impacted livelihoods of women

1. UNDRR (2020). UNDRR Asia-Pacific COVID-19 Brief: Leave no One Behind in COVID-19 Prevention, Response and Recovery.
2. WHO Coronavirus Disease (COVID-19) Dashboard. Retrieved from https://covid19.who.int/
3. UNESCAP (2019). The Disaster Riskscape Across Asia-Pacific Pathways for Resilience, Inclusion and Empowerment.
4. IFRC (2020). "Five Million Swamped by Catastrophic Floods in Vietnam" Retrieved from https://media.ifrc.org/ifrc/press-release/five-million-swamped-catastrophic-floods-vietnam/

especially in the informal sector and reduced access to sexual and reproductive health.[5]

This brief aims to explore some of these gender inequalities and their links to disaster management and COVID-19, as well as identifying key barriers to delivering disaster preparedness and response in the context of COVID-19. The brief will focus on paths to ensuring more inclusive and equal disaster management in times of COVID-19, by leveraging international frameworks on women's rights, leaning on gender expertise in existing disaster and humanitarian settings and ensuring women-focused organisations and women leaders have the resources and authority to lead local response efforts for the most vulnerable and marginalised.

The links between gender, disaster management and COVID-19

Gender inequality heightens exposure to risk, increases vulnerability and restrains capacity. It shapes women's and girls' uneven capacity to anticipate, adapt, and recover from disasters and to contribute effectively to resilience building. Gender-specific barriers, rooted in gender inequality, in disaster management are the same barriers affecting women's ability to take action and prevent and respond to COVID-19. Women earn less, save less and are more likely to be employed in the informal sector[6], resulting in their access to savings or social protection in times of disaster or COVID-19-induced recessions being more limited than men. Unequal access to information is another area where women face more barriers than men in both times of disaster and COVID-19. A lack of access to technologies, reduced social mobility and an inability to reach informal networks and gain essential information on disaster preparedness or COVID-19 safe practices is another gender-specific barrier in both the disaster and COVID-19 contexts.

Further, the unequal representation of women prevalent in disaster management at all levels is mirrored in research on the initial response efforts for COVID-19. CARE's report 'Where are the women? The Conspicuous Absence of Women in COVID-19 Response Teams and Plans, and Why We Need Them' outlines that globally, despite the highly gendered nature of COVID-19, the majority of national level committees do not have equal representation of women and men and that policy commitments that support women are significantly unable to account

Photo: UN Women/Fahad Kaizer

for the tremendous impact women are facing due to COVID-19.[7]

However, the story is different in relation to first responders to the COVID-19 pandemic. Despite the disproportionate socio-economic impacts of COVID-19 on women, women represent the largest percentage of first line responders, such a community health workers and nurses. Health workers are key actors in the unfolding pandemic, yet little is known about the social and economic impact on these workers. What is known is that community health organisations in general play an essential role in times of disaster and as recently proven, during the COVID-19 pandemic. In Thailand, up to 1 million village health volunteers, mostly women, have worked tirelessly to deliver essential information related to COVID-19 to entire communities across Thailand's 77 provinces.[8] The burden placed on workers to reduce the health as well as socio economic impacts of COVID-19 on communities has fallen in many ways on women,

5. GiHA (2020). Closing the Funding Gap for Women-Focused Organizations Responding to COVID-19 in Asia and the Pacific.
6. UN (2020). Policy Brief: The Impact of COVID-19 on Women.
7. Care (2020). Where are the Women?: The Conspicuous Absence of Women in COVID-19 Response Teams and Plans and Why we Need them.
8. Thai Health Promotion Foundation (2020) "Thailand's One Million Health Volunteers Hailed as Coronavirus Heroes" Retrieved from https://en.thaihealth.or.th/Infographics/297/Thailand%E2%80%99s%20one%20million%20health%20volunteers%20hailed%20as%20coronavirus%20heroes

who risk becoming more vulnerable themselves and reduce their own coping capacities.[9]

Gender-specific barriers in the Asia-Pacific region are framing the context for which women respond to COVID-19. Yet at this juncture it is also important to note the fundamental differences and similarities between the impact of the COVID-19 pandemic and past disasters. In terms of the differences; COVID-19 is global, affecting every country in the world; there is no physical damage but economic losses and socio-economic impacts are substantial; new poor and new vulnerabilities are created with a devastating impact on informal workers, small businesses, migrant workers and people on the move; and there has been a fall in remittances.[10] There are also a number of documented similarities between COVID-19 and past natural hazards; COVID-19[11]:

...has disrupted access to services and service delivery; there is a higher demand for health services and critical infrastructure such as electricity and ICT; it affects key sectors of the economy such as agriculture, education, commerce, industry and transport; people with pre-existing vulnerabilities and socially excluded are particularly vulnerable, e.g. older persons, children, women, indigenous people, LGBTQI persons, persons with disabilities, minorities, migrant workers and refugees; it exacerbates pre-existing issues around discrimination and racism.

While the differences and similarities are distinct yet overlapping, the reality is that both disasters and COVID-19 impact already vulnerable populations and reinforce gender inequalities thus creating an increasingly disproportionate impact. As noted earlier, while emerging data finds that men make up more of the fatalities from COVID-19, the social and economic impacts of COVID-19 significantly affect women more than men. Table 1 outlines evidence of how disasters and COVID-19 are reinforcing gender inequalities in Asia and the Pacific.

The causes and physical characteristics of disasters and the COVID-19 pandemic are very different, yet the conversion of these in the same geographical area at the same time is now amplifying this increased risk for vulnerable groups, particularly women. The interconnected and cascading effect of multiple disasters, with natural hazards such as Tropical

BOX 1: TROPICAL CYCLONE (TC) HAROLD

The first major disaster to hit the Asia-Pacific region since the COVID-19 pandemic unfurled was Tropical Cyclone Harold on April 6th. Reaching Category 5 at its height, it has devastated parts of Vanuatu, the Solomon Islands, Fiji and Tonga. Initial assessments in Vanuatu, the country first hit, 160,000 people (of the nation's 300,000) were affected, including some provinces where 90% of the population have lost homes, more than half of all schools and almost a quarter of health centres were damaged, crops destroyed, and essential infrastructure damaged preventing communities from receiving aid due to flooding and destruction of roads. The government lifted some COVID-19 restrictions, such as bans on public gatherings to ensure access to evacuation centres, and on domestic air and sea travel to facilitate the movement of aid supplies. The combined impact of TC Harold and COVID-19 puts women at further risk of Intimate Partner Violence (IPV), affected women's access to food and shelter, and impacted the livelihoods of women farmers and market vendors.

Cyclone (TC) Harold in the Pacific (See Box 1) colliding with the ongoing government COVID-19 prevention measures is an example of such events requiring disentangling the combined effects of disasters and the pandemic[12] and ensuring hard won gains and efforts to improve gender equality are not rolled back.

Challenges to delivering gender-responsive disaster management in the COVID-19 context

Delivering disaster preparedness and response is often a challenge, particularly in remote regions. However, travel restrictions and physical distancing measures implemented by governments as an effort to control the spread of COVID-19 pose new challenges for conventional models of humanitarian response to disasters.[13]

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9. UNDP (2020). Recovering from COVID-19: Lessons from Past Disasters in Asia and the Pacific.

10. Ibid.

11. Ibid.

12. UNDRR (2020). UNDRR Asia-Pacific COVID-19 Brief: Combating the Dual Challenge of COVID-19 and Climate-related Disasters.

13. Humanitarian Advisory Group (2020). Independent Think Piece: In Case of Emergency: System-wide Response in the Era of COVID-19.

Table 1. Analysis of how disasters and COVID-19 are reinforcing gender inequalities.

Gender inequalities	Disaster context	COVID-19 context
Increased unpaid care work	After the Nepal earthquake 51% of women respondents from the post disaster needs assessment reported they spend more time fetching water and 63% reported an increase in time spent on cooking and cleaning due to loss of electricity and cooking utensils. Closure of schools and condemnation of standing homes meant that women bore further burdens in childcare.[14]	Since the spread of COVID-19, 30 per cent of women and 20 per cent of men also experienced increases in the intensity of unpaid domestic and care work (as measured by performing at least three domestic or care work activities). Single women (identified as unmarried/widowed/divorced females) living in households with children, have noted the greatest increases with school and office closures for several months of 2020.[15]
Increased Sexual and Gender Based Violence risks	The Lao PDR Post Disaster Needs Assessment after the floods in 2018 showed exacerbated risks of gender-based violence due to family separations, the breakdown of community protection systems, residence at overcrowded camps with lack of security personnel, and lack of diverse foods, electricity and water in many affected areas.[16]	Where movement is restricted, people are confined, poverty and unemployment are increasing, and protection and health systems are weak, women and girls are at greater risk of experiencing gender-based violence. Evidence emerging from community perceptions surveys and remote assessments in Afghanistan suggest there has been an increase in gender-based violence since COVID-19.[17]
Disproportionate impact on livelihoods	After the Myanmar floods in 2015, 80% of the livestock lost to floods belonged to women. This is because women own and control smaller livestock such as chickens and ducks, which perished in the flood, while men owned larger livestock such as buffaloes, cattle, and pigs which were more likely to survive.[18]	Women working as farmers, entrepreneurs, migrant workers and in micro, small and medium-sized enterprises almost immediately lost their jobs. Women are overrepresented in many other industries which have been profoundly affected by the pandemic, such as the hospitality and tourism industry and the manufacture of garments and textiles. Since the pandemic began, a larger share of women (50 per cent, compared to 35 per cent of men) in formal employment has seen their paid work hours reduced.[19]
Impact on Sexual and Reproductive Health Rights	In Viet Nam, after the drought that affected the country in 2016, due to the lack of clean water, a number of commune health stations could not provide maternal and child health care and an increase of gynaecological diseases due to use of contaminated water for women's daily personal hygiene was reported.[20]	A survey by International Planned Parenthood Federation showed that already by April 2020 in East Asia, Southeast Asia and the Pacific, 64% of Member Associations reported a decrease in the number of service delivery points and 76% reported having to scale down the availability of sexual and reproductive health related services. Rapid assessments from LGBTIQ networks in the region suggest that access to health needs, including counselling, antiretrovirals (ARVs), and hormones are severely obstructed for the LGBTIQ community as a result of the compounding effects of COVID-19.[21]

14. OCHA and UN Women (2016). Nepal Gender Profile.
15. UN Women (2020). The First 100 Days of COVID-19 in Asia and the Pacific: A Gender Lens.
16. Government of Lao People's Democratic Republic (2018). Post-disaster Needs Assessments 2018 Floods.
17. UN Women (2020). Guidance Note for Afghanistan's Women Protection Centres Operating during the COVID0-19 Pandemic.
18. Government of the Union of Myanmar (2015). Myanmar Post-disaster Needs Assessment of Floods and Landslides.
19. UN Women (2020). The First 100 Days of COVID-19 in Asia and the Pacific: A Gender Lens.
20. Joint Rapid Assessment UN Agencies, Government Agencies, and INGOs (2016), and Assessment Mission by WHO Representative and Technical Officer in charge of Environmental Health (2016).
21. ASEAN SOGIE Caucus (2020). Implications of the COVID-19 on LGBTIQ Organizations in ASEAN: Rapid Needs Assessment.

Disaster infrastructure co-opted for COVID-19

Evacuation centres and cyclone shelters, crucial infrastructure in disaster management, have been turned into isolation and quarantine facilities for those infected with COVID-19 in many places. Schools and college buildings have also been used to house the infected and the sick. It was reported in the media that in the wake of Cyclone Amphan in May 2020 in India, residents advised to evacuate to these facilities ahead of the pending disaster were reluctant, despite COVID-19 patients being relocated prior to the cyclone. In Bangladesh, similar efforts were underway in preparation for Amphan and a coordinated response through the Cyclone Preparedness Programme included measures to contain the spread of COVID-19 and still care for existing COVID-19 patients safely. Reinforcing infrastructure, creating new cyclone shelters with more spacing and less capacity and ensuring appropriate emergency items were in place including a hotline to provide life-saving information and dispel harmful rumours and misinformation were all completed.[22] While these expedited efforts have been crucial to survival and protection, little has been reported on what gender-responsive and inclusive measures have been adopted, such as segregated bathrooms and locks, increased lighting and ensuring facilities are accessible to those with a disability. Several critical priorities such as these and more related to shelter management specifically in times of COVID-19 are articulated in the IASC Interim Guidance on COVID-19 – Gender Alert[23] and these actions must not be overlooked when implementing disaster preparedness and response measures in the time of COVID-19.

Information and communications inadequately shared

Preparedness measures, such as risk information and communication, targeting marginalised and other under-served groups is critical, especially in the context of climate hazards and COVID-19. Migrants (see Box 2 for more on migrants), refugees, camp and settlement residents as well as displaced persons are especially at risk.[24] Government actions, such as the telecommunication black out in Rohingya camps in Bangladesh, is one barrier to delivering timely risk communication to these populations.[25]

> **In Vanuatu, UN Women supported the development of a technical guidance note issued through the national Gender and Protection Cluster (led by the Department of Women) which advised on best practice approaches to protecting the safety of women, children and vulnerable groups in evacuation centres given the broader COVID-19 state of emergency.**

Refugees are socially and physically isolated in their shelters, which also places women in increasingly dangerous situations with the risk of gender-based violence and a lack of access to essential services.[26] In the last few years, Bangladesh Rohingya camps have faced multiple natural hazards and disaster preparedness measures are crucial to saving lives, shelter and assets. In addition, the reduced presence of humanitarian actors as part of COVID-19 mitigation measures creates new risks and vulnerabilities for these under-served groups, particular women and girls. Indeed, with disaster management capacities engaged to manage the spread of COVID-19, national humanitarian tasks teams have indicated that the addition of natural hazard, such as monsoon rains, could over-stretch the available reach of services.[27]

Lack of implementation of gender commitments

Another challenge to an integrated health and disaster risk management plan that is gender-responsive and socially inclusive is the lack of implementation by national actors of gender-related commitments within global frameworks. On one hand, global frameworks are committed to addressing pandemics and health risks in the context of disasters, including Sustainable Development Goal (SDG) 3 devoted to "good health and well-being", with an emphasis on "early warning, risk reduction and management of national and global health risks". This is interconnected with gender equality commitments under SGD5. The Intergovernmental Panel on Climate Change (IPCC) and their Assessment Reports which note the links and highlight that climate change

22. IOM (2020) "As Super Clyclone Amphan Approaches, IOM Ramps Up COVID-19 Response in Cox's Bazar" Retrieved from https://reliefweb.int/report/bangladesh/super-cyclone-amphan-approaches-iom-ramps-covid-19-response-coxs-bazar
23. Inter-Agency Standing Committee (2020). Interim Guidance: Gender Alert for COVID-19 Outbreaks.
24. UNDRR (2020). UNDRR Asia-Pacific COVID-19 Brief: Reducing Vulnerability of Migrants and Displaced Populations.
25. UN Women (2020). The First 100 Days of COVID-19 in Asia and the Pacific: A Gender Lens.
26. UNICEF (2020) "Preventing a Silent Crisis for Rohingya Women and Girls during COVID-19 Pandemic." Retrieved from https://www.unicef.org/coronavirus/preventing-silent-crisis-rohingya-women-and-girls-during-covid-19-pandemic
27. ACAPS (2020). Briefing Note: Nepal COVID-19 and the Return of Migrants.

BOX 2. RETURNEE WOMEN MIGRANT WORKS IN ASIA AND THE PACIFIC

Another complexity to risk management in the context of disaster preparedness and COVID-19 prevention and management is the return of significant numbers of migrant workers across the Asia Pacific region to their home countries. This is changing the context and composition of populations leading to overwhelmed services, increased density in times where physical isolation is the most effective prevention strategy for COVID-19, and new risks for existing vulnerable groups.

In Nepal for example, migrants have travelled on mass back to their homes after losing employment overseas; many travelling directly to their home districts where they are supposed to quarantine but provincial government services have been overwhelmed and unable to oversee quarantine measures. Returnee migrants are also putting an additional strain on already stretched health services in remote and rural areas of Nepal. Reports that returnee women migrants in particular are faced with stigma and discrimination when trying to rent a room or house to live in and already overcrowded slums are becoming even more crowded, resulting in a human rights crisis where lack of shelter, food and access to basic needs may go unmet.

Borders closures between Thailand and Myanmar, as well as Afghanistan and Iran have also placed migrant workers in difficult and precarious situations. Thousands of migrants have been trying to return home due to employment loss, however many face lengthy delays at the border or have even become stranded without legal status (many migrant domestic worker's visas are tied to their employers). Women migrant domestic workers in particular face increasing risks and decreasing access to social protection in their host country as a result of border closures and lock downs, due to language and information barriers as well as their often live-in (within the homes of employers as domestic workers) employment status.

References:
ACAPS (2020). *Nepal COVID-19 and the return of migrants, Briefing Note 12 June 2020.*
https://www.opendemocracy.net/en/pandemic-border/can-nepal-cope-return-migrant-workers/
UN Women (2020). *UN Women Nepal COVID-19 Response Strategy: Blazing Trails in the Humanitarian Development Continuum.*
UN Women (2019). Returning Home: Challenges and opportunities for women migrant workers in the Nepali labour market.
UN Migration (IOM) (2020). *COVID-19 and Women Migrant Workers: Impact and implications.*
UN Women (2020). *The first 100 days of COVID-19 in Asia and the Pacific: A gender lens.*

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exacerbates health risks including pandemics also make reference to the differences in vulnerability and exposure caused by multidimensional inequalities including discrimination on the basis of gender, class, ethnicity, age and disability status.[28] Indeed the definition of risk to include biological hazards (which covers COVID-19) was adopted as part of the Sendai Framework for Disaster Risk Reduction yet a review by the International Federation of Red Cross and Red Crescent Societies suggests that while most national disaster risk management legislation in Asia and the Pacific refer to pandemics/epidemics or public health emergencies, very few are yet to stipulate the required institutional requirements and coordination mechanism needed to manage these events.[29] Overall, progress to implement these commitments at the national level has reportedly been slow.[30]

In terms of the implementation of the gender-related global commitments within this context, a recent

UN Women publication found inconsistencies in the integration of gender issues in national policies, plans and processes.[31] The Asia Regional Plan for Implementation of the Sendai Framework aims to promote and promote gender equality and social inclusion at the national level through a focus on (1) collection and use of sex, age, disability disaggregated data and (2) the inclusion of women youth and disability in DRR.[32] Gender equality and women's empowerment are considered cross cutting and essential to the overall success of most global commitments related to disaster risk management, as well as to the success of all SDGs. Yet, the Asia-Pacific region is not on track to meet any of the SDGs and gender equality is even declining in some parts of the region.[33]

28. IPCC (2014). Climate Change 2014: Synthesis Report.
29. UNDP (2020). Recovering from COVID-19. Lessons from Past Disasters in Asia and the Pacific.
30. Ibid.

31. UN Women (2020). Review of Gender-responsiveness and Disability Inclusion in Disaster Risk Reduction in Asia and the Pacific.
32. Ibid.
33. UNESCAP (2019) "Asia-Pacific Not on Tract to Achieve any Sustainable Development Goal by 2030" Retrieved from https://www.unescap.org/news/asia-pacific-not-track-achieve-any-sustainable-development-goal-2030

Gender-responsive disaster risk reduction in the context of COVID-19

The importance of connecting disaster managers and health workers, and the respective systems, to develop gender-responsive policies and plans has never been stronger. In many countries, efforts to contain the spread of COVID-19 are being led and managed by institutions mandated to respond to National Disaster Management organisations.[34] United Nations Office for Disaster Risk Reduction (UNDRR) noted that promoting systematic integration of health into national and sub-national disaster risk reduction policies and plans is a key recommendation of the Bangkok Principles for the implementation of the health aspects of the Sendai Framework.[35] Within the Bangkok Principles[36], there is explicit mention to:

> *Strengthen the design and implementation of gender-responsive and inclusive disaster risk reduction policies and plans, with community involvement, to address the vulnerabilities and capacities of women and children, people with disabilities, older persons, migrants, and other population at risk and protection needs before, during and after disasters.*

Further, the 2016 Ha Noi Recommendations for Action on Gender and Disaster Risk Reduction suggest specific approaches under all four priority action areas of the Sendai Framework which are needed to support the implementation of gender-responsive DRR.[37] These include for example the mandatory collection and use of SADDD, mandated roles and responsibilities for women in DRR, the establishment of implementation and accountability mechanisms, investment in women's resilience building including access to sustainable and empowering livelihoods and social protection and inclusive and accessible education and awareness raising for women and men on gender roles, rights and capacities to contribute to the DRR cycle.[38]

Given the evidence on the highly gendered impacts of COVID-19 and the multiple hazards facing the Asia-Pacific region, the Sendai Framework along with the Ha Noi Recommendations is a critical mechanism for national stakeholders to enhance inclusive and

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34. UNDP (2020). Recovering from COVID-19. Lessons from Past Disasters in Asia and the Pacific.

35. UNDRR (2020). UNDRR Asia-Pacific COVID-19 Brief: Leave no One Behind in COVID-19 Prevention, Response and Recovery.

36. Bangkok Principles for the Implementation of the Health Aspects of the Sendia Framework for Disaster Risk Reduction 2015-2030.

37. UN Women (2020). Review of Gender-responsiveness and Disability Inclusion in Disaster Risk Reduction in Asia and the Pacific.

38. Ha Noi Recommendations for Action on Gender and Disaster Risk Reduction.

BOX 3: GENDER-RESPONSIVE DISASTER RISK REDUCTION

Question: What is gender-response disaster risk reduction?

Answer: It is policies, strategies and plans informed by vulnerability assessments that leverage sex, age, disability, diversity data and gender analyses, which are proactive, and people centred with the aim to reduce risk and vulnerability. It includes:

» **gender-responsive governance and policy-making,**

» **gender-responsive programming, monitoring and evaluation,**

» **integration of gender into vulnerability, risk and capacity assessments,**

» **the collection and use of sex- and age-disaggregated information and data,**

» **facilitating and leveraging the actual and potential contributions and leadership of women in resilience building,**

» **and promoting their participation, leadership and voice in disaster risk reduction processes.**

Source: https://www.unwomen.org/en/what-we-do/humanitarian-action/disaster-risk-reduction

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gender-responsive DRR (see Box 3) with a COVID-19 prevention and response lens.

International gender equality commitments and minimum standards

In order to identify and implement actions that constitute gender-responsive DRR in the context of COVID-19, national actors also need to *leverage international gender equality guidelines and minimum standards*. The normative framework on women's rights, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), has a targeted General Recommendation 37 on Gender-related dimensions of disaster risk reduction in the context of climate change which explicitly refers to the Right to Health and pandemics. Under 'Specific areas for concern' article D, the analysis notes that 'the susceptibility of women and girls to diseases is heightened as a result of inequalities in access to food, nutrition and healthcare as well as social expectations that women will act as primary care-givers for children, the elderly and the sick.'[39] (see

39. CEDAW (2018). General Recommendation No. 37 on Gender-related Dimensions of Disaster Risk Reduction in the Context of Climate Change.

Box 4 for recommendations to the State Party). This legally binding framework provides an important accountability mechanism that can be leveraged to support gender responsive disaster management and DRR during COVID-19.

The Inter-Agency Standing Committee's (IASC) Gender Alert for COVID-19 outbreak[40] is another example of international guidelines that can be implemented to enhance the focus on gender-related issues in disaster management during COVID-19. IASC aims to bring together a comprehensive set of Minimum Standards for Integrating Gender Equality into Preparedness and Response Planning Process in the context of COVID-19. The text explicitly identifies and analyses key gender issues under each cluster/thematic priority such as shelter, health care, protection, food and nutrition, non-food items, water and sanitation, education and

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BOX 4: GUIDANCE ON WOMEN'S RIGHT TO HEALTH IN THE CONTEXT OF DRR: CEDAW'S GENERAL RECOMMENDATION NO.37

CEDAW calls on State Parties to:

(a) Ensure participation, including in decision-making positions, by diverse groups of women and girls in the planning, implementation and monitoring of health policies and programmes and in the design and management of integrated health services for women in the context of disaster risk management and climate change;

(b) Invest in climate and disaster resilient health systems and services and allocate the maximum of their available resources to the underlying determinants of health such as clean water, adequate nutrition and sanitation facilities and menstrual hygiene management. These investments should be geared towards transforming health systems so that they are responsive to changing health care needs arising from climate change and disasters and that they are resilient enough to cope with these new demands;

(c) Ensure the removal of all barriers to women's and girls' access to health services, education and information, including in the areas of mental and psychological health, oncological treatment, sexual and reproductive health, and, in particular, allocate resources for programmes directed at cancer screening, mental health and counseling as well as the prevention and treatment of sexually transmitted infections, including HIV/AIDS before, during and after disasters;

(d) Prioritize the provision of family planning and sexual and reproductive health information and services within disaster preparedness and response programmes, including access to emergency contraception, post-exposure prophylaxis for HIV/AIDS and safe abortion, and reduce maternal mortality rates through safe motherhood services, the provision of qualified midwives and prenatal assistance;

(e) Monitor the provision of health services to women by public, nongovernmental and private organizations, to ensure equal access and quality of care that responds to the specific health needs of diverse groups of women within contexts of disasters and climate change;

(f) Require that all health services operating in disasters act to promote the human rights of women, including the rights to autonomy, privacy, confidentiality, informed consent, non-discrimination and choice. Specific measures to ensure the promotion and protection of the rights of women and girls with disabilities, indigenous and minority women and girls, lesbian, bisexual, transgender and intersex girls and women, older women and those of other marginalized groups should be explicitly included in disaster health care policies and standards;

(g) Ensure that training curricula for health workers, including emergency services, incorporate comprehensive, mandatory, gender-responsive courses on women's health and human rights, in particular gender-based violence. Health care providers should be made aware of the linkages between increased disaster risk, climate change and the growing potential for public health emergencies as a result of shifting disease patterns. This training should also include information on the rights of women with disabilities, indigenous and minority women and other marginalized groups;

(h) Collect and share data on gender-based differences in vulnerability to infectious and non-infectious diseases occurring in situations of disaster and as a result of climate change. This information should be used to develop integrated rights-based disaster and climate change action plans and strategies.

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40. Inter-Agency Standing Committee (2020). Interim Guidance: Gender Alert for COVID-19 Outbreak.

livelihoods and measures needed in order to protect women, and other socially marginalised groups in preparedness and response planning.

While data is highlighted as critical in both CEDAW General Recommendation 37 and the minimum standards set out by IASC, its pertinent to discuss in more detail the **critical importance of sex, age, disability disaggregated data** (SADDD), without which gender-related risks and vulnerabilities cannot inform disaster management. SADDD can help decision makers understand the distribution of risk and helps answer the question of who is impacted and how.[41] While quality data is essential to inform evidence-based responses in times of crisis,[42] less than half of countries in the Asia-Pacific region have committed to collecting and establishing systems for SADDD in disasters.[43] Indeed, the collection of SADDD continues to remains an optional component in the Sendai Framework Monitor.[44] As part of the UN Secretary General's Socio-Economic Response Plan to COVID-19, SADDD is highlighted as a key priority and by overlaying data from national socio-economic assessments, existing gender profiles and vulnerability analyses can account for the compounded risks due to COVID-19.

Understandably, traditional forms of data collection and in person surveys have not been possible in the early phases of COVID-19 and innovative solutions to gaining crucial data were needed. UN Women's regional rapid and assessment surveys demonstrated how public private partnerships is one way to gather the necessary gender data to understand the on-the-ground realities. By partnering with private sector telecommunications companies, UN Women was able to randomly sample registered women and men cell phone users in 11 Asia and Pacific countries. This data collection was also conducted in partnership with National Statistical Offices and Ministries of Women's Affairs. While it is recognised that those without access to such technologies were unable to be reached, given restricted mobility and physical distancing protocols these surveys were able to generate proxy estimates based on large numbers of women and men[45] to be used to support national and international partners understand the gendered impacts of COVID-19 in a relatively short space of time.

Photo: UN Women/Mohammad Rakibul Hasan

In places where there is pre-existing risk to natural hazards, national authorities and humanitarian country teams are **adapting existing preparedness and readiness systems** (such as Humanitarian Response Plans (HRP)) to respond to such risks in the context of COVID-19, ensuring commitments to gender equality are not lost. These structures are particularly suitable to the highly localised and context specific nature of the response required to manage COVID-19. Further, IASC Emergency Response Preparedness (ERP) Approach to the COVID-19 Pandemic notes that localisation really is crucial; 'international humanitarian actors and mechanisms will complement and reinforce the role of national actors and local responders, including where possible national governments & local authorities, and national and local NGOs & civil society organizations.'[46] It highlights the importance of relevant organisations representing vulnerable groups such as women, persons with disabilities, LGBTI people, older persons and groups suffering discrimination be included and part of overall coordination.

41. UN Women (2020). The First 100 Days of COVID-19 in Asia and the Pacific: A Gender Lens.
42. UN Women (2020). Unlocking the Lockdown: The Gendered Effects of COVID-19 on Achieving the SDGs in Asia and the Pacific.
43. UN Women (2020). Review of Gender-responsiveness and Disability Inclusion in Disaster Risk Reduction in Asia and the Pacific.
44. Ibid.
45. UN Women (2020). Unlocking the Lockdown: The Gendered Effects of COVID-19 on Achieving the SDGs in Asia and the Pacific.
46. Inter-agency Standing Committee (2020). Interim Guidance: Emergency Response Preparedness Approach to the COVID-19 Pandemic.

In order to ensure the process of adapting existing preparedness plans includes a focus on the most vulnerable and marginalised social groups, *existing gender expertise needs to be leveraged*. Protection clusters and gender focal points for disaster preparedness and response are already in place within decentralised disaster management processes and humanitarian task teams in many Asian and Pacific countries. These groups are advocating for and supporting preparedness and response which meets the needs, rights and priorities of women, the elderly, children, people with disabilities and more. This gender expertise, and their recommendations and guidelines need to be learned from, adopted and taken up.

For example, in the wake of TC Harold, the Pacific Humanitarian Protection Cluster developed The COVID-19 Outbreak Protection Brief which stands as an exemplary example of how to integrate gender-responsive and socially inclusive recommendations on COVID-19 into humanitarian action. The brief identifies the Key Protection Principles of:

- Do not cause further harm or create new risk of harm;

- Non-discriminatory access to assistance and services;

- Identify the most vulnerable and their specific needs;

- Safe and dignified access to basic services;

- Community participation and empowerment.

A crucial analysis of key potential protection concerns is included in the brief, highlighting how women, people with chronic health conditions, people living with disabilities and the elderly, children, adolescents and young people as well as people with diverse gender and sexual identities with existing vulnerabilities may be at risk as a result of COVID-19 response and mitigation measures.[47] Importantly, the Protection Cluster ensured human rights were at the core of the their analysis and recommendations. Another example is the specific guidelines developed under UN Women's Ending Violence Against Women and Girls programme by the Pacific Partnership team on how to deliver remote gender-based violence services in times of COVID-19 and TC Harold for Pacific Island women which were distributed to key service providers across several Pacific Island countries.[48]

Gender expertise and women's leadership

The blending of the health prevention and response and disaster management and humanitarian action in the time of COVID-19 also presents an opportunity to *meaningfully advance existing commitments to support local women-focused organizations*. These organisations, which are best placed to respond to emergent community needs require appropriate prevention measures, personal protective equipment (PPE) and financial resources to ensure they can continue their work. With the rise of gender-based violence in times of COVID-19, victim services need to be adequately funded and available for those in need despite lockdowns.

Risk communication is also essential, as often equal access to information is not a reality for women or excluded groups such as indigenous peoples or those with a disability. UNDRR's Checklist for Scaling up Disaster Risk Reduction in Humanitarian Action highlights that the full spectrum of risks needs to be recognised, not just for natural hazards or pandemics but also GBV and intimate partner violence, to ensure appropriate and effective risk communication in the preparedness phase.[49] Women-focused organisations are well placed to provide context specific recommendations in this regard, such as the Viet Nam's Women Union decision to engage women's and youth organisations as 'anti-disease squads' to help manage the outbreak.[50] Another example in Box 5 presents the Charter of Demands from the Women-Friendly Disaster Management Group in Nepal, which is specifically working to reach those furthest left behind with risk communication materials.

BOX 5: CHARTER OF DEMANDS

The Charter of Demands developed by the Women-Friendly Disaster Management Group, Inter-generational Feminist Group, and Women Humanitarian Platform and DRR Platform in Nepal calling for upholding the principles of equality and non-discrimination in COVID-19 response.

Within communities, women-focused organisations play a critical role in delivering services and support to the most vulnerable and at-risk in the region. Given that the pandemic has hampered women's access to services and support, health care and employment, women-focused organisations are more important

47. Pacific Humanitarian Protection Cluster (2020). The COVID-19 Outbreak Protection Brief.

48. UN Women (2020) "Across the Pacific, Crisis Centres Respond to COVID-19 amid Natural Disaster" Retrieved from https://www. unwomen.org/en/news/stories/2020/6/feature-pacific-crisis-centres-respond-to-covid-19-amid-natural-disasters

49. UNDRR (2020). Checklist: Scaling up Disaster Risk Reduction in Humanitarian Action.

50. UN Women (2020). The First 100 Days of COVID-19 in Asia and the Pacific: A Gender Lens.

than ever. These organisations are well placed to reach women at the 'last mile' with their existing relationships, strong partnerships and flexible funding. Yet recent evidence suggest funding for these organisations is in fact declining; as of mid-July 2020, zero direct donor funding has reached women-focused organisations through the COVID-19 Global Humanitarian Response Plan in Asia.[51] It is crucial to safeguard and invest in these organisations, not only in response phases but in the preparedness agenda and resilience building to ensure they can actively serve underrepresented and vulnerable women and other social groups in their communities.

In addition to *women-focused organisations, women's leadership in disaster management and DRR in the context of COVID-19 prevention and response needs to be sought*. Women's leadership at the national level in the response to COVID-19 has been associated with better health outcomes for populations in many countries around the world.[52] A number of women leaders are applying an intentional gender lens to COVID-19 recovery and stimulus packages to achieve gender equality and social inclusion.[53] A recent study from the Pacific on Mobilising Women's Leadership in the time of COVID-19 and TC Harold notes that 'local women do not just need to be consulted but they should be consultants in community awareness initiatives. They know their communities better and can provide holistic and inclusive information.'[54] (see Box 6 for an example of women local leaders in Rohingya camps and the roles they are playing in COVID-19 response).

The benefits of women's leadership to disaster management and resilience building is also well documented, however, despite efforts to mandate and encourage women's leadership in many national DRR policies and plans in the Asia-Pacific region, there has been no reported progress on how countries have implemented these commitments[55] and few women make up the senior leadership in disaster risk management. Examples from the Philippines suggest that while women's representation in DRR is promoted in national and sub national policies, often

51. Asia Pacific Gender in Humanitarian Action Working Group (2020). Closing the Funding Gap for Women-Focused Organisations Responding to COVID-19 in Asia.

52. United Nations (2020) "Deputy Secretary-General Highlights Success of Female-Led National Anti-Pandemic Responses, in Remarks to Women Leaders in Global Health Conference" Retrieved from https://www.un.org/press/en/2020/dsgsm1486.doc.htm

53. Action Aid (2020). Mobilising Women's Leadership: Solutions for Protection and Recovery in a Time of COVID-19 and TC Harold.

54. Ibid.

55. UN Women (2020). Review of Gender-responsiveness and Disability Inclusion in Disaster Risk Reduction in Asia and the Pacific.

gender norms and stereotypes and the patriarchal system prevent women's meaningful participation and leadership.[56] Adequate resources and capacity building is needed to build women's leadership and create an enabling environment in order for women play an active role in disaster management in the time of COVID-19 and beyond.

Where to from here?

COVID-19 has brought new challenges to implementing disaster preparedness and response, that in many ways make conventional approaches unrealistic and ineffective to implement. Data highlights that the underlying risk factors for COVID-19 and disasters are similar in many ways not only within national borders but more broadly across the region and globe. Therefore, transforming underlying risk needs to be a coordinated global response that addresses root causes that leave certain groups particularly vulnerable in times of crises.[57]

56. Ibid.

57. UNDP (2020). Recovering from COVID-19. Lessons from Past Disasters in Asia and the Pacific.

Women, children and other socially marginalised groups such as the elderly, people with disabilities, ethnic minorities, and LGBTQI are likely now to be facing some of the most disproportionate impacts of COVID-19 and need to be front and centre in both health response and disaster risk reduction and management. In the same way gender-responsive and socially inclusive measures in disaster preparedness and response need to be prioritised, special consideration needs to be paid to these marginalised groups when embedding COVID-19 response and recovery measures into disaster management to ensure gains in DRR overall are not lost and the needs and priorities of the most vulnerable are not left out.

As we edge closely to the one-year anniversary of the first COVID-19 detected case, it is the most at-risk and vulnerable to natural hazards and disasters in the Asia-Pacific that are more vulnerable to the socio-economic impacts of COVID-19. Conducting disaster management with a COVID-19 lens is needed and forging ahead to implement the Sendai Framework at the national level, with increased importance of the public health dimensions and gender-responsive and socially inclusion action is much needed in the face of new and predicted disasters in the Asia-Pacific region.
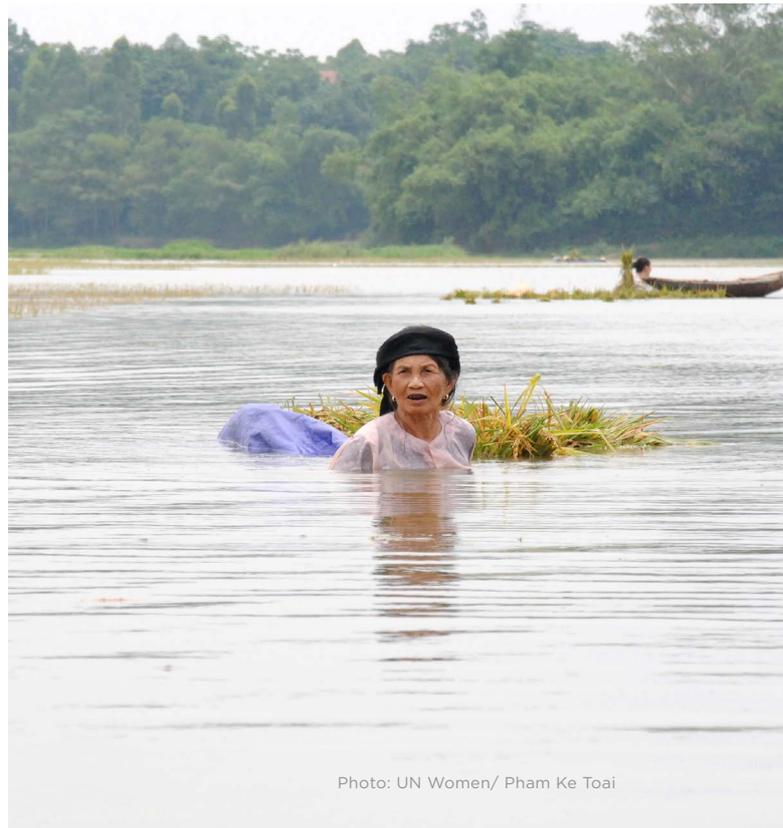
Photo: UN Women/ Pham Ke Toai

For more information, please visit:

https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response

and

https://www.undrr.org/asia-pacific

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