

# Gender-Responsive Social Protection during COVID19: Technical note



Expanding social protection coverage is central to addressing the socioeconomic impacts of COVID19. This is crucial in the short-term as immediate measures constrain essential service provision and physical distancing/isolation measures are felt. It is equally important in the long-term as the global economic shock threatens many of the gains we have made across the SDGs. To deliver the best possible response for children, women and the most marginalised, **a gender-responsive social protection response is fundamental**. This is central to UNICEF's principled, rights-based, inclusive approach to social protection.

This technical note is intended to provide a simple checklist for policy-makers, partners and UNICEF staff as they engage in the design and implementation of COVID-19 related social protection interventions.<sup>1</sup> It builds on the [SPIAC-B Joint Statement](#) on the role of social protection in responding to the pandemic, particularly the need for urgent action to prioritise the most vulnerable.

## 7 gendered challenges and risks during COVID19

1. The economic shock will impact on the poorest hardest. Women and children are disproportionately affected by poverty. Girls and women of reproductive age are [more likely to live in poor households](#) than boys and men. [Women are also overrepresented in jobs in the informal sector](#) that are particularly vulnerable during times of economic upheaval and often poorly covered by social protection systems. [Women and girls are likely to be hardest hit by compounded economic impacts](#).
2. The policies of physical distancing and isolation have implications not only on the economy but on [the distribution and intensity of unpaid care work which is already disproportionately done by women and girls](#), with likely impacts on potential/previous paid work and health. Paid parental leave, child grants and childcare vouchers could all help to address this growing unpaid care crisis.
3. Crises can exacerbate existing vulnerabilities and risk factors, leading to an increase in [gender-based violence \(GBV\)](#), abuse and neglect, as well as an increased lack of access to professional care and support services for survivors. Some measures required to contain COVID19 (lockdown/stay at home policies) are also exacerbating GBV risks. This trend is being seen in the COVID19 outbreak, from [China](#) to [the UK](#) to [Malaysia](#). Social protection programmes can [reduce and respond to gender-based violence](#).

4. Evidence suggests that child marriage increases during times of crisis (for example [tripling in Syrian refugee camps in Jordan between 2011 and 2014](#)), with disproportionate negative impacts on girls. Whilst gender inequality is a root cause of child marriage, increased economic stresses and family fears about the risks of violence against girls can also be drivers in times of crisis.
5. Initial data from some regions seems to suggest that [men are more likely to die than women in COVID19](#). It is important to understand the reasons for this and the implications of a higher mortality amongst men, including for women and families. In addition to the tragic loss of losing a family member, those left behind may face increased economic hardship and lose access to social protection coverage that is linked to paid, formal sector work more likely undertaken by men. Sex and age disaggregated data is essential for unpacking this and other key questions.
6. People have [specific gendered needs throughout the lifecycle](#) that require consideration during times of crisis, including persons with disabilities who are often excluded from essential services. These needs continue regardless of whether people are affected by COVID19 directly. Physical distancing and quarantine [exacerbate barriers to essential services for already excluded groups, including girls and women with disabilities](#). Adaptation and scale up of social protection interventions can help to mitigate these risks and respond to needs, if well-designed and implemented.
7. COVID19 will likely have longer-term and gendered impacts across priority action areas for children. For example, evidence from previous pandemics has indicated that alongside an increase in [GBV, teenage pregnancy and prevalence of child labour can increase, which children have reported as linked to school closure](#). Social protection programmes can support efforts to mitigate the impacts of school closures and economic hardships on children in general, and girls in particular.

## 10 recommendations to consider

1. **Prioritise gender alongside disability, age and other marginalised group in needs assessments and decisions on targeting.** Ensure rapid analysis is undertaken to guide decisions to scale up social protection responses, such as choices about targeting, and advocate with partners to expand coverage for vulnerable children and women, including informal sector workers. For example, various COVID-adapted programmes are targeting informal workers, pregnant women, women receiving maternity benefits or seeking to respond to childcare needs, from the increase in maternity benefits for Universal Child Allowance beneficiaries in Argentina, to the increase in child

<sup>1</sup> Social protection interventions include social transfers (in the form of cash transfers or in-kind assistance such as childcare vouchers or food); social insurance (including health insurance and pensions); social service workforce strengthening; and labour market interventions (such as public works programmes or parental leave policies).

support grants in South Africa, to emergency income to informal sector workers in Brazil, and childcare vouchers in Italy.<sup>2</sup>

**2. Design new or scale up existing cash transfer programmes (horizontally and vertically)<sup>3</sup>, and urgently consider specific design and implementation features that may be adapted in an inclusive way** based on evidence, for example:

- removing conditions which may add additional burdens and unnecessary risks to women and children as well as staff monitoring compliance;
- considering gendered break downs of literacy rates, access to mobile technology, economic decision-making, mobility restrictions, etc when changing delivery mechanisms;
- ensuring specific delivery mechanisms for pregnant women going into isolation;
- streamlining processes for changing nominated representatives to collect transfers as household situations change (for example so that women are able to change their nominated representative if they become abusive);
- removing the administrative requirements for enrollment and collection (with particular consideration for refugees, displaced people, migrants and marginalised children and adults without documentation);
- finding mechanisms to support children in alternative care/living in child-headed households, including adolescent girls who face specific risks;
- addressing specific risks and vulnerabilities for adolescent girls who are at heightened risk of exclusion and lack of access to information and services;
- collect/identify sex, age and disability disaggregated data, including on gendered risks, needs and barriers to services, and use it to inform these policy and programme decisions.

**3. In the design of in-kind assistance - from food, to soap, to nappies, to menstrual hygiene kits, to sexual and reproductive health needs - ensure gender and age differential needs are considered** at different life stages. In some instances, specific targeting of girls, boys, women, older persons and persons with disabilities may be required. For example in Kerala, India, 'Take Home Rations' have been made available for pregnant and lactating women and children aged 6 months to 3 years. Menstrual hygiene kits have been included as part of in-kind assistance in Cox's Bazaar in Bangladesh.<sup>4</sup> Delivery of low-cost mobile phones for women may be an option for supporting an inclusive shift to mobile delivery mechanisms for cash and for supporting access to information.<sup>5</sup>

**4. Ensure social protection programming responds to the risks of GBV and integrate approaches to prevent and respond to GBV, including in risk and M&E frameworks.** For example, existing contextual evidence must be considered, working with GBV experts and local women's groups, to inform whether women being the main beneficiary of cash transfers could support gender equality outcomes *or* risk backlash and increased violence. Integrated cash plus components should be considered, from clear information on referral services for survivors of violence, to offering digital parenting modules to prevent GBV and violence against children alongside cash distribution and monitoring, to [training frontline social protection and health workers in response to disclosures](#).

<sup>2</sup> See [live country mapping paper on social protection responses](#), co-authored by the World Bank, UNICEF and ILO.

<sup>3</sup> I.e. To include more beneficiaries (horizontally) and increase the size of transfer (vertically). For more information see UNICEF [Guidance on Strengthening Shock-Responsive Social Protection Systems](#)

<sup>4</sup> UN Women, [The First 100 Days of the COVID19 Outbreak in Asia & the Pacific: A Gender Lens](#)

<sup>5</sup> Across Africa, [on average 71% of men have a mobile phone compared with 58% of women](#).

**5. Consider how scaled up cash transfer programmes can be gender-transformational where possible, delivered alongside strong gender equality messaging,** including information on rights for parents/caregivers, promoting positive health-seeking behaviours, and sharing caring responsibilities for people of all genders equally. Consider how mentoring, parenting and social norms work can be adapted, including through SMS or radio programming. Ensure that gender is mainstreamed through all adapted 'cash plus'<sup>6</sup> components, including on nutrition, education, ECD and child protection.

**6. Where universal healthcare is not in place and social insurance models exclude many, consider advocating for automatic enrollment, waiving co-payments and advocate for women and children's needs** alongside emergency COVID19 needs, including for informal sector workers, pregnant women, single parents (mothers and fathers), and widows who will continue to need essential healthcare.

**7. Consult, work with and provide direct support to local women rights organisations, youth-based organisations and disabled persons organisations** to continue critical work on challenging discriminatory norms, and information and service provision where inevitably gaps in government responses will remain, including ensuring information on changes to social protection benefits are communicated to those who most need them and providing informal grievance and redressal mechanisms. In many contexts, for the poorest and most marginalised, local NGOs and community committees can be the first and most effective responders and information-providers on social protection programming. Ensure that the work they undertake to support social protection efforts to do not put these groups at unnecessary risk.

**8. Advocate for and support implementation of [gender-responsive and family-friendly action](#) from governments and businesses,** including where possible paid parental leave, flexible working policies, and the introduction or increase in child/family benefits. Advocate for the protection for essential childcare services for key workers, and domestic violence shelters for women and children to remain open and capacity increased as part of essential services that are unfortunately in higher demand.

**9. Ensure effective and inclusive grievance redressal (and more broadly, beneficiary feedback) mechanisms are embedded in social protection programming,** that are designed to be accessible and inclusive of girls, women, persons with disabilities, children and older people, to ensure that our support is responsive to the needs of the most marginalised - and adapts where it falls short.

**10. Social protection tools are multi-sectoral in what they can deliver and the COVID outbreak will have long term social and economic impacts that are gendered. Plan for the long term** and include explicit gender-responsive outcomes in your social protection plans, from cash plus life-skills and mentoring components focused on SRHR and adolescent and women's economic empowerment as a central part of economic recovery for households; to labelling and messaging to support girls' access to education as children return to school. Plan for gender-responsive economic recovery that 'builds back better' with social protection coverage for sectors predominantly occupied by women and the poorest.

<sup>6</sup> 'Cash plus' refers to regular cash transfer programming delivered in combination with other integrated components that seek to target and augment results across a range of outcomes (particularly beyond monetary poverty).



## Additional resources

- [Access additional technical support on gender-responsive social protection](#) through our existing TA mechanism (internal only)
- FAO guidance on [integrating gender into the design of cash transfer and public works programmes](#)
- Guidelines for [Integrating Gender-Based Violence in Humanitarian Action](#)
- Interagency [guidance on GBV risk mitigation during COVID19](#)
- The Cash Learning Partnership's [collected resources on gender and cash](#)
- UNICEF [Global Framework on Social Protection](#)
- UNICEF [Guidance on Strengthening Shock-Responsive Social Protection Systems](#)
- [UNICEF Key Considerations for GBV Risk Mitigation in Humanitarian Cash Transfers](#) (internal only)
- UNICEF [Technical Note on COVID19 and Harmful Practices](#)
- UNPRPD-ILO-UNICEF-IDA Disability-Inclusive Social Protection Response to COVID-19 [two-pager](#) and [video](#)
- World Bank Policy Note: [Gender Dimensions of the COVID19 Pandemic](#)



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