

Guidance Note

Establishing Gender-Responsive Approaches to COVID-19 Response and Recovery

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Introduction

The 2019 coronavirus (COVID-19) pandemic has threatened the lives and safety of people from all walks of life, causing devastating impacts on people's livelihoods. However, COVID-19 has not impacted all people equally. Studies have shown that when crises occur the socially vulnerable are more likely to be adversely impacted, with these people becoming increasingly vulnerable. In societies that have persisting gender roles and stereotypes, gender-based discrimination and traditional social norms, women and girls disproportionately face serious social and economic consequences.

As COVID-19 spread across the world, it has devastated many people's communities and livelihoods. To combat these challenges, JICA is committed to strengthening its gender-responsive initiatives to ensure no one is left behind. Women and girls play a significant role in tending to the lives and well-beings of their family members. Many also serve as frontline health workers, saving people's lives in hospitals, and work as caregivers who tend to the elderly, people with disabilities and provide childcare. On top household duties, women also actively contribute to their local economies. To overcome challenges posed by COVID-19 and establish societies that are more resilient to such crises, it is essential for decision-makers to not only listen carefully to women and girls regarding their experiences, but also provide them with the support that they deserve to fulfill their potential and contribute to society. Gender-responsive approaches to COVID-19 are necessary to ensure Human Security and achieve the United Nations' pledges to "leave no one behind" and "build back better."

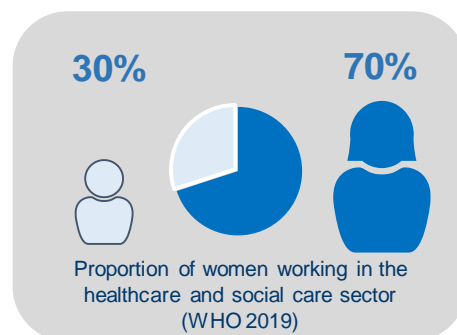
This Guidance Note provides insights on challenges facing women and girls under the COVID-19 pandemic and recommends actions for more gender-responsive development cooperation. We encourage JICA to implement these recommendations when planning and undertaking projects and programs in relation to COVID-19 response and recovery.

Emerging Gendered Challenges and Risks

Infection rate vulnerabilities

Risks to female healthcare workers

Women have borne a heavy burden as frontline healthcare workers by taking on vital caregiving roles for COVID-19 patients. Women account for 70% of frontline healthcare workers in the world.¹ Women are often employed as nurses, midwives, social care workers and health service employees and volunteers. These women face increased risks of infection, particularly when they work long hours without being provided with adequate personal protective equipment (PPE), or work in places where serious preventive measures are not taken.



Risks to women as caregivers

Across many countries, males dominate outside the home as the primary breadwinner. They also engage more in public arenas compared to women. In this sense, men may appear to be at greater risk of contracting COVID-19. Furthermore, men have been found to comprise the majority of fatalities among infected patients.² However, such discrepancies in deaths may be explained by differences in lifestyle habits between men and women. For example, men consume more tobacco than women, which can cause higher rates of heart and lung diseases that can put them at heightened risk for severe illness, should they contract the disease. On the other hand, women and girls are more frequently exposed to health risks due to their caregiving responsibilities. Women and girls are particularly vulnerable when hospitals and health care facilities become overwhelmed, because those infected patients are then often treated at home by their wives or daughters.

Risks to women and girls residing in internal displaced people (IDP) and refugee camps

Women, girls and children living in IDP and refugee camps also face much higher risks of infection because they lack essential services, as well as access to clinics and critical information about the disease. People in these camps are also at heightened risk due to their overcrowded living conditions and their limited access to clean water, sanitation and nutritious food.³ Given their living conditions, refugees and IDPs are often unable to practice social distancing to slow down the spread of the virus, and they often face worse symptoms from COVID-19 due to underlying malnutrition.³



1. WHO (2019), Gender equality in the health work force: Analysis of 104 countries
2. In China, men account for 58% of COVID-19 infections and 65% of COVID-19 fatalities. Some have suggested that the higher fatality rate among men may be a result of having weaker immune systems compared to women. (WHO, Covid-19 situation Report, as of 18 March 2020)
3. IASC (2020) Gender Alert for Covid-19 Outbreak, Inter Agency Standing Committee, March 2020

Reduced access to sexual and reproductive health and rights

The COVID-19 outbreak has also negatively impacted women and girls' access to sexual and reproductive health and rights (SRHR). As health providers divert their resources and services to respond to the outbreak, there are reports of increased rates of maternal mortality, a rise in unmet needs for contraceptives, increased number of unsafe abortions and higher rates of sexually transmitted infections. Under this changing landscape, the International Planned Parenthood Federation (IPPF) projects that a 10% reduction in maternal care services could result in additional 28,000 maternal deaths.⁴ Given these conditions, there is growing concern that COVID-19 can lead to a significant rise in female fatalities due to disruptions in maternal and SRHR services. These also include disruptions in services for women and girls who have faced incidents of sexual assault during the pandemic.

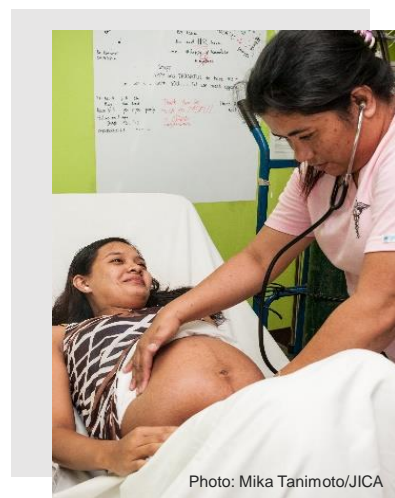
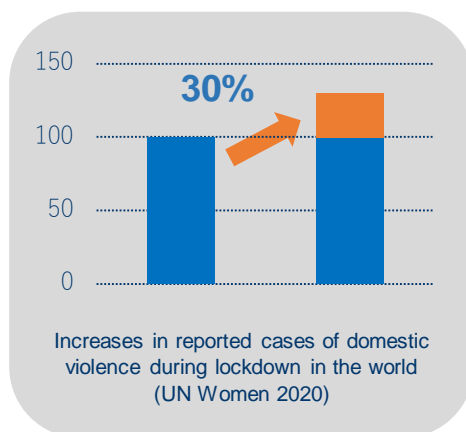


Photo: Mika Tanimoto/JICA

The Shadow Pandemic: gender-based violence against women, girls and children

As governments around the world impose lockdowns to slow the spread of COVID-19, a shadow pandemic of gender-based violence against women, girls and children has emerged. In many cases, the pandemic has compounded existing gender inequalities and vulnerabilities and has heightened risks of abuse. For many women and children, the home is not a safe place. Since lockdowns began, there have been reports across the world about increased rates of domestic violence against women and children at the hands of their husbands, partners and family members. According to a UN report, countries have experienced an average 30% increase in calls to domestic violence helplines since the start of the pandemic.⁵

This figure represents only the tip of the iceberg. Under lockdown conditions, many victims of sexual and gender-based violence are not able to safely call for help, and many one-stop service centers, shelters and health care providers have been overburdened, or temporarily closed, due to the pandemic. Additionally, police and other law enforcement officials have faced difficulty identifying and responding to domestic violence cases, making it even more difficult for those who have experienced violence and abuse to get the support they need. Instead, these individuals are often left isolated, and at times, are led to take their own lives.

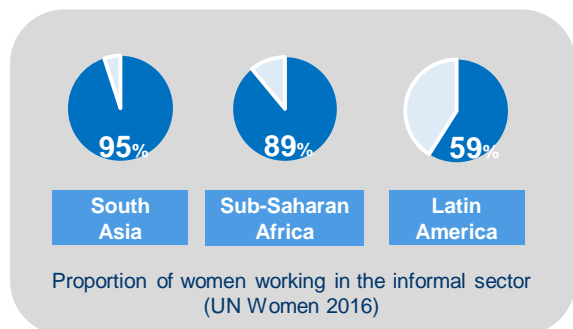


Disproportionate impact on women's employment and livelihoods

Women disproportionately have borne the brunt of the economic fallout of COVID-19 due to their greater reliance on temporary and informal employment. A large number of women are self-employed or conduct low-wage jobs within the informal sector, including working as street vendors, shopkeepers or as migrant workers. These forms of employment are typically not represented by labor unions, nor qualify for social safety nets, making them more financially vulnerable.



Photo: Sayad Jan Sabawoon/JICA



Women who are heads of household have been particularly hit hard by COVID-19. Single mothers generally do not have the savings, land or assets necessary to pledge as collateral for loans, making it very difficult for them to access financial institutions for economic support. Consequently, various studies have reported increased rates of women being sexually exploited due to their economic insecurities.⁶ In a number of cases, women have resorting to engaging in sex work to pay for food and basic essentials, after being evicted from their homes due to their inability to pay rent, and being assaulted on the streets.

4. Taylor Riley, Elizabeth Sully, Zara Ahmed, Ann Biddlecom, "Estimates of the Potential Impact of the COVID19 Pandemic on Sexual and Reproductive Health in Low- and Middle-Income Countries," International Perspectives on Sexual and Reproductive Health, Vol 46, 2020, Pp. 73-76
<https://www.guttmacher.org/journals/ipsrh/2020/04/estimates-potential-impact-covid-19-pandemic-sexualand-reproductive-health> access: April 21, 2020

5. UN Women (2020) Covid-19 and Ending Violence Against Women and Girls

6. UNDP (2020) Gender based violence and COVID-19

Women and girls' education

School closures and interruptions to education across the world have put girls and boys at increased risk of being deprived of their right to education and learning. Girls in particular, risk dropping out of school as families become accustomed to the child not attending school and helping out with household chores. On average, women and girls perform 2.4 times more unpaid household labor compared to men.⁷ With the increased financial strains on families, girls and young women are more likely to be pushed into conducting unpaid housework, including caring for elderly and sick family members, as well as duties such as securing water and food for the family. Additionally, with girls now out of schools, an increased number of young girls are predicted to be forced into early marriages with increased rates of unintended pregnancies.

Women **4.1 hours**
Men **1.7 hours** **2.4 times more than men**

Time spent on unpaid care work per day (world average) (ILO 2018)

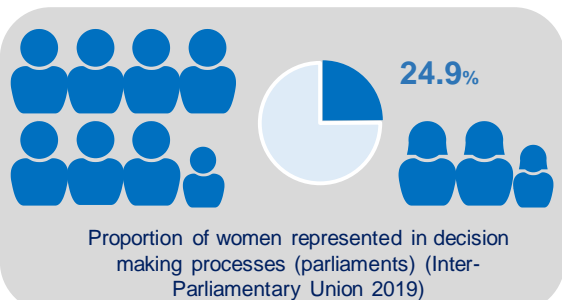


Photo: Atsushi Shibuya / JICA

Throughout COVID-19, education has changed dramatically, with a distinctive rise in homeschooling and distance learning. However, studies have found worrying evidence that such environments can lead to a growing education gender gap, with girls being left behind. While numerous analyses have found that there is no innate learning gap between men and women in STEM (science, technology, engineering and mathematics), we nevertheless continue to see examples of gender norms and stereotypes prevailing in media, school curriculums, textbooks, teaching materials, and within society to perpetuate these gender gaps. Women and girls, themselves, often begin to internalize these stereotypes at a young age, eventually leading them to become less motivated to learn and pursue STEM education. If this issue is not actively addressed, digital learning will continue to widen the gender education gap. Under the unique circumstances of COVID-19, we risk women and girls, especially those with disabilities, of falling further behind and being deprived of their rights to lifelong learning.

Women's unequal representation in decision-making

Women and girls, in addition to supporting their own families, have actively engaged in the fight against COVID-19 by serving as frontline workers in the health, education, food distribution and caregiving industries of their local communities. Some women have served as factory workers, producing face masks, hand sanitizers and other medical equipment, while others have served as entrepreneurs, civil servants, police officers, researchers and NGO employees. These women have played significant roles in their local communities to control and mitigate the spread of the virus and combat second-order effects. Despite their participation in these activities, women continue to be excluded from key decision-making discussions about COVID-19 measures.



While women comprise approximately 70% of global healthcare and social care workers, men still hold the vast majority of leadership roles within medical institutions.⁸ Women also lack representation in major decision-making bodies, including parliaments, cabinets, and judiciaries, as well as administrative agencies and local governments. Currently, women make up less than 25% of national legislatures around the world.⁹ Such statistics showcase the lack of opportunity that women have in sitting at decision-making tables to engage in important discussions around COVID-19 prevention and mitigation. Without women at the decision-making table, we risk amplifying gender-based discrimination and biases, making the most vulnerable even more vulnerable. We also risk failing the UN pledge to “leave no one behind.”

7. ILO (2016) Women at work trend 2016 https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_457317.pdf
8. Harman S Ebola, gender and conspicuously invisible women in global health governance, Third World Quart 2016: 37 524-41
9. Inter-Parliamentary Union (2019) “Women in national parliaments,” as of 1 February 2019

JICA Commitments

We must act now

While the international community has collectively made significant progress toward achieving gender equality and enhancing women's empowerment, COVID-19 and its second-order impacts threaten to drastically reverse existing achievements. Rising levels of poverty, along with the diversion of resources away from social and economic services to combat COVID-19, risk hampering existing achievements to promote women's health, education and economic empowerment. These decisions can also negatively impact initiatives focused on reducing unintended pregnancies, child marriage and sexual and gender-based violence.

In order to overcome the COVID-19 pandemic, JICA must embrace and promote gender equality and women's empowerment in all its policies, programs and projects. Gender-based discrimination and gender gaps exist in every society, and no intervention can be inherently gender neutral. Therefore, in order to plan and implement gender-responsive approaches to COVID-19, it is essential for us to collect gender disaggregated data that can then be used to examine the needs of women and girls, as well as analyze existing gender gaps, identify contributing factors and understand risks that women and girls inherently face.

At the same time, we must promote women's participation and leadership in the decision-making of a range of COVID-19 response and recovery activities, and work toward establishing a gender equal society. By increasing women's voice and leadership in decision-making, we will be able to better address the needs of vulnerable groups, including the elderly, sick, LGBTQIA+, the youth and people with disabilities. With more diverse representation, vulnerable groups have a greater opportunity to have their voices heard in policy-making, which lead to more inclusive and diverse societies that are resilient to crises.

The remainder of this Guidance Note outlines specific methodologies on how to promote and implement gender-responsive programming at JICA. We encourage JICA to implement as many of these approaches as possible during the planning and implementation of its programs and projects.

How should we begin?

Action 1: Conduct a rapid gender analysis.

JICA should begin each program, project and response to COVID-19 by conducting a rapid gender analysis. Based on the analysis, JICA should then evaluate how it can appropriately reflect the identified gender issues, challenges and needs to align it into its project framework. In order to appropriately address these issues, it is necessary to specifically plan activities that have additional inputs or investments.

Rapid Gender Analysis Checklist	
<input type="checkbox"/>	What forms of unpaid household, or community care work, (e.g. child care, elderly care, household chores) have increased as a result of COVID-19?
<input type="checkbox"/>	Who bears the burden of the aforementioned care work? What can be done to reduce this burden?
<input type="checkbox"/>	What impact does COVID-19 have on women's employment and livelihoods? Are there negative impacts? If yes, what can be done to mitigate them?
<input type="checkbox"/>	How has COVID-19 impacted single-mother families? What support do they need?
<input type="checkbox"/>	Do men and women equally benefit from the government's emergency assistance proposals, social safety programs, job creation schemes and assistance to small and medium-sized enterprises? Does the government make sure its efforts do not reinforce gender inequalities, stereotypes and divisions of labor? Do women have equal access to the assistance that governments provide to households? (Would women receive different levels of assistance if it was provided on an individual basis versus a household basis?)
<input type="checkbox"/>	Do women have adequate access to the services and information they need to prevent the spread of COVID-19 and mitigate its impacts?
<input type="checkbox"/>	Do women and girls have equal access to healthcare services?
<input type="checkbox"/>	Are healthcare providers continuing to provide standard services, such as maternal and child health and sexual and reproductive health and rights (SRHR)? Do women still have access to SRHR services, including birth control and emergency contraceptive pills?
<input type="checkbox"/>	What challenges do female healthcare workers face in the community?
<input type="checkbox"/>	In their households and communities, are women and girls experiencing increased domestic violence, sexual violence, child marriage, unintended pregnancies, trafficking, and/or sexual harassment or sexual and gender-based violence (SGBV) via social media?
<input type="checkbox"/>	Do SGBV survivors have access to medical and psychosocial support services from local authorities, NGOs or other providers?
<input type="checkbox"/>	Has COVID-19 impacted educational opportunities for women, girls and boys?
<input type="checkbox"/>	What needs and/or challenges do women, girls and boys now face in light of COVID-19's impact on education?
<input type="checkbox"/>	To what extent, and in which ways, do women engage in decision-making at the household, community and federal levels to prevent and mitigate COVID-19? (Are women's needs and perspectives reflected in relevant policies?)
<input type="checkbox"/>	Will JICA's planned projects or programs meet the needs of both men and women? Does the project or program reinforce existing gender inequalities and/or prejudice?



RECOMMENDATION 1

Pay attention to the unique needs of different women.

Women cannot be categorized as a homogeneous group, and we must recognize that they have different needs and perspectives based on various factors, including their social and economic class, ethnicity, age, religion, education, sexual orientation, gender identity, family household structure, family size and whether they live with disabilities. The needs and challenges of each woman depend on their circumstances, and it is important to understand that the impact of development projects on their lives will likewise vary.



RECOMMENDATION 2

Use a diverse array of resources to collect data.

It is important to pull from an array of resources when analyzing existing gender gaps to appropriately reflect women's perspectives in planning projects and programs. To gather holistic information, we should rely on data from organizations and institutions that operate at the national stage to advance gender equality and women's empowerment, such as the Ministry of Women's Affairs. Additional resources should also include female entrepreneur federations, nurse and healthcare worker associations, women's groups and UN agencies working on these issues.

Action 2: Plan and implement specific actions.

After the rapid gender analysis identifies existing gender challenges and needs, JICA should determine specific actions it can take within its programs and project frameworks to address these issues. JICA should then reflect these actions into the project. Depending on the local context, these actions may vary country-by-country and region-by-region. Across all projects, however, it is particularly important to address four priority areas of action: (1) Employment and Livelihoods; (2) Health; (3) Peace and Safety and (4) Human Capital Investment. The following pages will provide recommendations and proposals for specific actions.

Priority Areas of Action



Promote women's equal participation and economic empowerment.



Ensure the safety of female healthcare workers and support women's sexual and reproductive health and rights.



Eliminate sexual and gender-based violence.



Ensure sustainable and equitable educational opportunities.



RECOMMENDATION 3

Engage with women-focused organizations and support their visibility.

Throughout COVID-19 response and recovery, it is crucial to engage with national organizations that play vital roles in advancing gender equality and women's empowerment to support their involvement in developing gender-responsive guidelines and action plans that reflect their views. These institutions should include the Ministry of Women's Affairs, women business federations, professional healthcare and nursing associations, organizations for women attorneys, and women's civil society organizations. It is also equally essential to urge our counterparts to engage in continuous discussion and dialog with these organizations to strengthen their gender-responsive efforts.

Promote women's equal participation in decision-making and strengthen their economic empowerment.

Challenges facing women's livelihoods and employment

Women in developing countries significantly contribute to their families' livelihoods and to the economic development of their local communities. However, these women typically work in temporary and low-wage jobs within the informal sector due to deeply rooted discrimination that pervades across marketplaces and societies. In Sub-Saharan Africa, 74% of women work in the informal sector, and in South Asia, the number is even higher at 80%. Many of these women are self-employed or low-wage workers, often making a living by working as street vendors, shopkeepers and as migrant workers.¹⁰ With COVID-19 badly damaging developing countries' economies, women have witnessed significant disruptions to their economic activities, pushing them further into financial distress.

Despite these realities, governments have often failed to provide necessary support to workers in the informal economy. These situations have resulted in women becoming impoverished and left behind due to their lack of savings, property and access to social security. Governments often distribute assistance to their citizens on a household basis, rather than on an individual basis. These arrangements then prevent women from directly benefiting from government assistance, which include financial grants, food and essential supplies. As a result, many women end up with no support at all. Women who have fled domestic violence, single mothers without proper identification documents and women from polygamous societies that face difficulty in communicating with their husbands often fall through the cracks. The pandemic has also resulted in women facing significant challenges in resuming their economic activities because of the increased burden of unpaid housework. Furthermore, even after economies begin to recover, women will continue to be locked out secure jobs, because employers tend to view women with children, or those that have to take care of their elderly relatives, as unreliable employees.

Key points of awareness

- Q Pay attention to the unique challenges that women and female entrepreneurs face, and take these measures into account when considering job creation policies and when providing assistance. These factors should be considered when determining all emergency financial aid, social protection programs and assistance to small- and medium-sized enterprises. All relevant changes should also include conditions to increase social protection for women and reduce their burden of unpaid housework and caregiving responsibilities.
- Q Women should be provided with equal employment opportunities and compensated fairly under principles of equal work for equal pay. Women-owned businesses and efforts to close the gender gap in financial inclusion should also be supported.
- Q Social welfare assistance, including cash transfers, should be distributed on an individual basis, rather than on a household basis.

Specific actions

Strengthen social protection systems	Ensure social protection assistance covers households headed by women that are in financial distress. Provide increased employment and livelihood improvement opportunities for women.
	Help design and implement gender responsive social protection services that grant women access to cash transfers, furlough pay, etc. Establish a comprehensive system whereby grants and furlough pay are distributed on an individual basis to ensure women with domestically violent partners are not excluded. Help women acquire identification documents to access bank accounts.
Enhance employment opportunities for women	Diversify value chains and support inclusivity within businesses by advocating for women's employment.
	Share job openings with women and provide them with information about potential employment opportunities. Help match businesses that are looking to fill job openings with women who have lost their jobs during the lockdown.
	Support female social entrepreneurs and NGOs that help create employment opportunities for women. For example, provide financial support and resources to female entrepreneurs engaged in gender-responsive social businesses, such as producing face masks and other PPE.
	Help formulate and revise labor and employment laws to establish zero-tolerance policies for sex-based employment discrimination.
	Support policies that implement equal pay for equal work.
	Help draft and implement policies and action plans that address sexual harassment, labor exploitation and human trafficking.
Support women-owned businesses	Assist in empowering women entrepreneurs of micro- and small-sized enterprises through access to credit. Additionally, provide support for women's networking and mentoring, enhance women's financial literacy, advance digital financial inclusion and coordinate with financial institutions to relax their conditions on providing grants and credits by reforming secured transactions and collateral registry procedures.
	Help expand existing women-owned small- and medium-sized enterprises. Provide capacity building opportunities for female entrepreneurs to help them access and utilize new technologies, support professional networking opportunities and assist in connecting these businesses with enterprises that share similar interests.
Empower women in agriculture	Strengthen the business skills of women in agriculture, forestry and fishing. Improve women farmers' access to extension services and increase their involvement in trade unions and associations.
	Encourage women living in rural, mountainous or major fishing areas to become entrepreneurs by improving their financial literacy, supporting capacity-building and helping them establish business plan proposals.
	Empower female producers, traders and business-owners in the agriculture, forestry and fisher sector to engage at every stage of the value chain. Provide support for skills development and networking.
Reduce the burden of unpaid care and domestic work	Design and implement infrastructure projects that directly benefit women, including constructing water wells and water dispensing stations, erecting childcare centers and eldercare homes, building out electricity grids, constructing water and wastewater systems and establishing safe public transportation networks. Additionally, empower women to engage in the management and operations of these established systems.
	Increase the visibility of women's unpaid care and domestic work to bring community awareness to the unequal division of labor between men and women. Redistribute care and domestic work equally between the two sexes.

10. UNCTAD (2020), COVID-19 requires gender equal response to save economies

11. Convention Concerning the Elimination of Violence and Harassment in the World of Work, International Labour Organization, 2019 (Violence and Harassment Convention, 2019 No. 190)



Ensure the safety of female healthcare workers and address sexual and reproductive health rights.

Challenges facing women's health and SRHR

Women have borne a heavy burden as frontline workers in the fight against COVID-19, comprising around 70% of the world's healthcare employees, including doctors, nurses and midwives.¹² Women also account for approximately 83% of professional caregivers that tend to the elderly, as well as people with disabilities.¹³ Given these circumstances, these women face increased risk of contracting the virus particularly in countries that are short on PPE supplies and do not have serious preventive measures in place. These women not only work longer hours as the number of infections rise, but they also are witnessing a burgeoning demand for unpaid housework and domestic care work in their own homes. As a result, women continue to disproportionately suffer physically and mentally from the pandemic across multiple fronts. Yet, despite these realities, women who work on the frontlines are often left out of decision-making discussions on COVID-19 response measures, and their voices are neither heard nor reflected in the outcomes. While women make up the majority of the healthcare and caregiving workforce, men hold the vast majority of leadership positions within the industry. This unequal representation prevents women from equally participating in decision-making to improve healthcare systems and determine medical interventions.

As lockdowns continue, and many health providers divert their resources to combat COVID-19, women and girls' access to maternal care and SRHR have been severely disrupted. These disruptions have impacted a variety of medical treatments and services like HIV testing, access to contraceptives and abortion services for survivors of sexual violence. According to the latest survey conducted by the International Planned Parenthood Federation (IPPF) in April 2020, 66% of its member organizations have had to scale down their operations due to COVID-19, with another 5,633 static and mobile clinics across 64 countries having to close.¹⁴ Now, over 40 countries are experiencing delays in providing HIV testing and contraceptive care services to their citizens. Additionally, survivors of sexual violence are experiencing reduced access to medical care and safe abortion services. 29 countries have also reported shortages of contraceptives due to supply chain disruptions, and 16 of them have reported shortages in HIV-related medication. Should COVID-19 continue to spread across more countries, it is likely that women's access to SRHR services will be even further restricted.¹⁵

Key points of awareness

- 🔍 Pay particular attention to the specific needs of female healthcare workers and caregivers. This involves providing them with necessary disinfectants and PPE, mental health services and psychosocial support, as well as reducing the burden of unpaid housework and domestic care work.
- 🔍 Listen to the opinions and recommendations of female healthcare workers. Encourage organizations to involve women in decision-making and have them represented in leadership positions within the healthcare and caregiving industry.
- 🔍 In addition to the responsibilities to mitigate and control the spread of COVID-19, medical professionals should continue to provide support, and improve the delivery of, maternal and child health services, as well as SRHR services.

Specific actions

Enhance healthcare services to protect people from infectious diseases	Improve the working conditions of female healthcare employees, and supply them with PPE, including face masks, gloves and disinfectants. Consider the evolving needs of female healthcare workers and provide them with appropriate accommodations and transportation.
	Provide mental health services to female healthcare workers and also provide them with other support options, including child and elderly care to reduce the burden of their caregiving responsibilities.
	Conduct community workshops for women and girls to teach them about health and hygiene issues, and provide them with information on how to mitigate risks. Enhance support services for women and girls who reside in conflict affected areas or in refugee/IDP camps, including services that provide food assistance, clean drinking water, emergency shelter tents, health services and medical equipment.
	Provide female healthcare workers with capacity-building opportunities to help them better prevent the spread of communicable diseases. Encourage female health worker participation in decision-making tables and in leadership roles.
	Strengthen the capacity of local public health systems that effectively provide health education and resources to women and girls.
	Support research projects that examine the different impacts infectious diseases have on people based sex and age. Ensure data for these research projects are collected on a sex and age disaggregated basis.
Continue to maintain and improve maternal child health and SRHR services	Ensure SRHR service providers have necessary supplies to conduct their work. For example, supply SRHR service providers with relevant contraceptives, PPE, including face masks and disinfectants, as well as medicines and equipment to conduct telehealth services.
	Support improvements in delivering maternal and child health and SRHR services. For example, build telehealth services to enable medical professionals to remotely conduct consultations and provide treatment, as well as conduct trainings on personal protective measures to ensure safe deliveries.
	Establish one-stop support centers ¹⁶ within hospitals and strengthen support structures to meet the needs of survivors of sexual and gender based violence (SGBV).
	Train healthcare workers to recognize the signs of SGBV and help them properly respond to such cases.
	Strengthen and improve the facilities and services provided to clients for HIV testing, contraceptive measures, abortion services, and pre- and post-natal care.
	Improve women's access to healthcare and SRHR services by educating communities about the importance of enhancing women's access to these vital health services.

12. WHO 2019

13. Stephen Hicks, Social work and gender: An argument for practical accounts, 2015 Jul; 14(4): 47114-487

14. UNFPA Supplies COVID-19 Update - 30 March 2020
<https://www.unfpa.org/resources/unfpa-supplies-covid-19-update-30-march-2020> [Access: April 21, 2020]

15. *ibid.*

16. One-stop support centers provide domestic and sexual violence survivors with a focal point that helps them navigate available services to receive the care they need. These centers provide comprehensive services to survivors, including both mental and physical support. The centers also assist survivors in reporting their cases to police and preparing them for court appearances.

Challenges facing women and girls in reporting and addressing sexual and gender-based violence

Sexual and gender-based violence remains shockingly prevalent with one in four women experiencing physical, sexual, financial or psychological abuse at the hands of their husbands, partners or family members.¹⁷ As we continue to experience COVID-19 lockdowns and restrictions on movement, we anticipate a further rise in violence against women. In Kenya, the number of SGBV helpline calls rose significantly since lockdowns took effect. In March 2020, Kenya recording a 42% increase in call volume from just the month prior.¹⁸ In Zimbabwe, the country reported over 2,000 SGBV cases in March and April alone, compared to its typical monthly average of 200 to 500 cases. Additionally, many countries have reported that unintended pregnancies have increased due to the rise in sexual violence against women and girls.¹⁹

Governments and NGOs around the world are strengthening their efforts to provide helpline services to SGBV survivors and are working to enact measures to deter such violence. However, many countries have unfortunately failed to implement necessary laws and support services to fully protect these survivors. For women and girls who have been abused, there are not enough shelters or other safe alternatives. Additionally, even when survivors manage to access emergency shelters, the social workers often lack PPE and basic devices, such as mobile phones, which makes it difficult for them to provide necessary support. Furthermore, disorganized communication and coordination within, and between, the government and other agencies make it difficult for support staff to provide survivors and their families with appropriate referral services. This situation then impacts referrals to physical and mental health services, as well as divorce counseling and domestic mediation services. In addition, judicial, administrative and law enforcement agencies have frequently failed to appropriately handle domestic and sexual violence cases due to COVID-19. With many courthouses closed and judicial proceedings suspended, more perpetrators are being left unpunished, delaying and denying justice for survivors. Such conditions also enable perpetrators to continue abusing their victims.

Key points of awareness

- Q Incorporate awareness-raising activities within JICA programs and projects to teach beneficiaries that all forms of SGBV,²⁰ including domestic violence, is a crime. Implement a range of preventive measures across all projects to mitigate SGBV risks. For example, when designing infrastructure projects and conducting urban planning, JICA should consider installing street lights and work to construct water dispensing stations and public restrooms in areas that are easily accessible and safe for women and girls.
- Q Encourage governments to classify SGBV resources as essential services. This classification should extend to services including helplines, emergency shelters and one-stop support centers. Help construct necessary facilities and infrastructure to serve SGBV survivors, and provide the employees that work in these support services with capacity-building opportunities.
- Q Recognize that a failure to punish SGBV crimes reinforces a cycle of violence and creates a culture of impunity. Support legislative bodies to draft and implement policies that bring perpetrators to justice, and strengthen the institutional capacity of judicial, administrative and law enforcement officials to detect and respond to these crimes.

Specific actions

Strengthen prevention measures to reduce SGBV risks	Support legislative policies that focus on preventing and mitigating SGBV, including legislation on domestic violence, sexual exploitation and online SGBV.
	Educate leaders and community members on how to implement SGBV mitigation measures in public places to reduce risks of violence. Partner with media outlets to change people's perspectives, attitudes and behaviors toward SGBV.
	Construct water dispensing stations and public restrooms in areas that are safe and easily accessible for women and girls. Install street lights to improve safety.
	Mobilize local communities to get engaged in SGBV prevention efforts.
	Support national stakeholders and government agencies, like the Ministry of Women's Affairs, to implement actions that help eliminate SGBV, advance gender equality and strengthen women's empowerment.
	Conduct awareness-raising campaigns within communities and schools to improve gender equality and reduce SGBV. These campaigns should also incorporate sex and health education to deter adolescent pregnancies and child marriages.
	Organize trainings for JICA project members to educate them on existing forms of SGBV, including sexual harassment, sexual exploitation and abuse. ²¹ JICA staff, government counterparts, project experts, consultants and volunteers should all participate in these trainings.
Strengthen the protection, rehabilitation and social reintegration services available to survivors	Supply frontline workers employed at police stations, emergency shelters and one-stop support centers with essential equipment, including face masks, gloves, disinfectants, telephones, computers and other digital devices.
	Help establish SGBV helplines to respond to the needs of survivors and protect them from their perpetrators. Build one-stop support centers and strengthen the quality of services provided to survivors at these centers and at emergency shelters. Some one-stop support centers should also be built within hospitals.
	Conduct ICT trainings for support personnel, so they can utilize online tools and resources to provide counseling, guidance and other support to survivors through SNS, social media, etc.
	Conduct capacity-building trainings for healthcare workers so they can more accurately identify SGBV warning signs and respond to such incidents.
	Conduct capacity-building trainings for police officers, so they can better respond to SGBV cases. Inform law enforcement and legal services about the rising number of SGBV incidents during COVID-19, and train them on how to best protect, respond and refer violence survivors to appropriate services.
	Help train relevant support staff, including social workers, on effective methods for rehabilitation and the social reintegration of SGBV survivors. Streamline referral procedures between relevant organizations and agencies.
	Engage with the private sector and advise them on how they can prevent and respond to SGBV incidents. Strengthen networks between governments, the private sector, social entrepreneurs and NGOs to effectively facilitate the rehabilitation, economic independence and social reintegration of SGBV survivors.
	Help craft and implement legislation and action plans that provide appropriate rehabilitation and social reintegration services for survivors. Increase emergency shelter capacity to enable more long-term assistance.
Bring perpetrators to justice	Assist in enacting policies that bring perpetrators to justice.
	Enhance legal and law enforcement officials' abilities to investigate and respond to SGBV incidents.

17. UN Women, Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence, p.2. UN Women Global Database on Violence against Women

18. The Ministry of Public Service, Youth and Gender Affairs, Kenya; <https://www.nation.co.ke/gender/5362750-5520184-wkx0gy/index.html>

19. UNDP (2020), UNDP Brief "Gender based Violence and COVID-19"

Ensure sustainable and equitable educational opportunities.

Challenges facing women and girls in education and distance learning

The COVID-19 pandemic has forced temporary school closures, depriving nearly 740 million girls across 185 countries of their right to education and learning. While children are expected to continue their studies at home, the ability for girls to spend time on their education is limited due to their increased responsibilities with household chores, including caring for their younger siblings and collecting water and food for the family. Even when schools reopen, girls will be less likely to return because of heightened gender role disparities, as a result of economic slowdowns and rising rates of poverty. The young girls from areas where girls are culturally, or customarily, forced into early marriage, will be particularly at high risk of not returning.²²

Across the world, digital learning has become the norm throughout the pandemic. However, this poses risks of widening existing education gender gaps, because girls are less likely than boys to have access and experience with ICT technologies and the Internet. While the digital gender divide in Internet usage is 2.3% in developed countries, it is 22.8% in developing countries and 42.8% in least developed countries (LDCs).²³ Globally, women are 26% less likely than men to have mobile internet access. In Africa and South Asia, the gender divide is even worse, with women respectively being 34% and 70% less likely to have access to mobile internet.²⁴ Without targeted interventions to address this issue, there is significant risk that gender gaps in education will widen with women being left further behind as the digital gender divide and inability to access vital information hampers their learning abilities.

Key points of awareness

- 🔍 Eliminate gender biases and false stereotypes within all levels of education. Make concerted efforts to ensure lifelong learning for all women and girls despite their age, financial means, external circumstances and whether they have disabilities.
- 🔍 Improve learning environments for women and girls, and offer them a wide range of scholarship opportunities. Provide women and girls with educational opportunities outside of school settings, including remote and informal learning. Construct secure and clean restrooms, changing rooms and hand-washing facilities at schools for girls, and provide access to feminine hygiene products at an affordable price.
- 🔍 Support initiatives that reduce the burden of housework and caregiving responsibilities placed on women and girls. Such efforts may include promoting the construction of basic infrastructure that directly benefits them, including building water dispensing stations.
- 🔍 Enhance women and girls' access to ICT and STEM education. Proactively implement measures to shrink the existing digital gender divide when supporting ICT and digital transformation (DX) activities.

Specific actions

Strengthen educational opportunities for women	Develop gender-responsive remote learning environments in both formal and informal settings. Provide remote learning equipment to all students and develop appropriate education materials. Train teachers on how to use digital technologies and become more gender-sensitive in their teaching practices.
	Address specific needs of adolescent girls. For example, construct secure and clean restrooms and changing rooms at schools, and provide access to feminine hygiene products at an affordable price.
	Train and sensitize local communities about the importance of educating girls.
	Conduct trainings and sensitization efforts to encourage news outlets to promote gender equality in education.
	Provide scholarships to girls to encourage them to pursue further education.
Promote STEM and ICT education for women	Construct basic infrastructure to reduce the burden of housework placed on women and girls. Construct water dispensing stations in safe places that are easily accessible for women and girls, support universal electrification access and construct secure transportation infrastructure networks.
	Train and sensitize local communities and their teachers about the importance of STEM and ICT education for women and girls.
	Provide scholarship and grant opportunities to female students and researchers.
	Strengthen the capacity of higher education and research institutions to advocate for increased female participation and leadership in STEM fields.
	Develop guidelines to prevent sexual harassment at schools and other educational institutions.
	Construct facilities that are designed for female students at schools and at STEM research institutions. These facilities may include female restrooms, changing rooms and childcare centers.
Establish gender-responsive career counseling services through efforts like training counselors on gender issues, increasing the number of female counselors and improving the quality of advice counselors provide to women regarding their career advancement.	

20. Sexual and gender-based violence (SGBV) is any act against a person's will based on gender norms and unequal power relationships. These acts of violence can be perpetrated on women, as well as on men who do not conform to gender stereotypes, social norms or culturally ascribed views of masculinity. In recent years, the term SGBV has been widely used to include violence against people based on their sexual orientation, as well as gender identity (SOGI).

21. When preparing for the JICA project member trainings, refer to the Inter Agency Standing Committee (IASC)'s Gender Handbook for Humanitarian Action and the Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere Standards).

22. Plan International "How will COVID-19 affect girls and young women"; <https://plan-international.org/emergencies/covid-19-faqs-girls-women>

23. ITU (2019), Measuring digital development-facts and figures-, ITU publication <https://www.itu.int/en/mediacentre/Documents/MediaRelations/ITU%20Facts%20and%20Figures%202019%20-%20Embargoed%205%20November%201200%20CET.pdf>

24. OECD (2018), Bridging the digital gender divide include, upskill, innovate; <http://www.oecd.org/internet/bridging-the-digital-gender-divide.pdf>



Across the globe, COVID-19 continues to have devastating impacts on women and girls. This devastation then leads to a repeating cycle of catastrophic consequences for our future.

To address this issue, JICA is more dedicated than ever before to enhance its gender-responsive initiatives in its development cooperation to support all women and girls.

To overcome the challenges posed by COVID-19, and make societies more resilient to such crises in the future, JICA commits to listening to women and girls to learn from their experiences and provide them with the support they deserve to realize their full potential.

JICA aims to not only implement these gender-responsive initiatives to benefit women and girls, but also to simultaneously improve JICA's operations and provide more meaning cooperation to achieve the UN's development goal to "leave no one behind."

In recognizing the importance of progressing these issues, let us work all work together at JICA to implement as many gender-responsive actions as possible within our development cooperation projects. We must act now to progress us toward a gender equal society, and a gender equal world.