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BUILDING A BETTER WORLD: THE CRISIS AND OPPORTUNITY OF COVID-19

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Building Back Better, Gender Equality, and Feminist Dilemmas^{*†}

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Abstract The Covid-19 pandemic has affected men and women differently, exacerbating existing gender inequalities across a range of areas including health, education, and livelihoods. Globally, the levels of gender-based violence have increased. Consensus exists in policy circles that emergency response and recovery plans should consider both the immediate and longer-term gender impact of Covid-19, and without effective measures, the progress made to date on gender equality will not be sustainable. But has this crisis led to a moment when gender power hierarchies in our economies, politics, and society can be renegotiated? In this article, we explore: what does building back better look like if gender equality was at its core? What kinds of feminist dilemmas arise with respect to how we frame women's voice and agency as we advocate for transformative systemic change? We start with a vision for building back better with a gender lens; and move on to discuss the gender-specific impacts of Covid-19 that exacerbate the vulnerabilities of women and girls. In connection with the latter, we discuss the feminist dilemmas that arise with respect to discourse on women's agency, representation, participation, and the key issues that we need to consider for transforming systemic gender power hierarchies.

Keywords gender equality, build back better, Covid-19, feminist dilemmas, unpaid care work, gender-based violence, women's agency, women's participation.

1 Introduction

Globally, women and girls experience significant gender inequalities. About 330 million women and girls live on less than US\$1.90 a day – 4.4 million more than men (UN Women 2018). Evidence collected on previous public health emergencies, such as the 2014 Ebola epidemic in West Africa, shows that crisis exacerbates existing gender inequalities (Rasul *et al.* 2020; Ryan and Ayadi 2020; UN Women 2020a). The impact of Covid-19 on women and girls is far deeper. It has affected men and women



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differently with respect to health, education, loss of livelihoods, and women and girls experiencing increased levels of gender-based violence (GBV) (UN Women 2020a). If measures are not taken to address both the immediate and longer-term impact on women and girls, progress made to date on gender equality will potentially be reversed.

The pandemic highlighted key roles played by women and girls in sustaining human society, as the continuation of health care, education at home, and the wellbeing of families rely on the unpaid labour of women and girls. There is much debate within feminist policy circles and social media (UN Women 2020a; Gender and Covid-19 n.d.; SOAS Blog n.d.) regarding if this is a moment to renegotiate and transform gender power hierarchies that exist in our economies, politics, and society. So, we ask: what does building back better look like with gender equality at its core? What kinds of feminist dilemmas arise as we reframe women's voice and agency and advocate for transformative systemic change?

We draw on academic literature on the gendered impact of past crises; and rapid responses and policy briefings produced on the gendered impact of Covid-19 by multilateral agencies. We use insights offered by gender experts on Covid-19 based on our interviews and exchanges with donor agency staff, academics, and research partners in the global South.³

While the gender impact of Covid-19 in developed countries is significant, we focus on lower- and middle-income countries in the global South. These countries are in a difficult position as they address the gender-specific impacts of the pandemic while grappling with resource constraints, inadequate public health delivery, and ineffective governance systems. These capacity gaps create additional layers of challenges. We start with a brief definition of what building back better is through a gender equality lens. Section 3 then discusses the gender-specific impacts of Covid-19 and what has been the global response. Section 4 discusses feminist dilemmas that arise with respect to women's agency, participation, and state-citizen relationships as current narratives around building back better are constructed, and Section 5 identifies key issues that need to be considered for transforming systemic gender power hierarchies.

2 Building back better with gender equality at its core

The concept of building back better was formed as an approach to post-disaster recovery to reduce vulnerabilities to future disasters. This approach emphasises building community resilience to address health, environmental, and economic shocks, and incorporates environment, governance, and gender as cross-cutting themes (GFDRR 2020). It gained currency in discussions on post Covid-19 recovery to emphasise that the response and recovery efforts with respect to Covid-19 are

not about recovering back the status quo. The approach links recovery to addressing the underlying causes of vulnerability and marginalisation for building resilient systems, inclusive economies, and equitable societies.

Building resilient health and governance systems, and creating inclusive economies and equitable societies requires us to address the structural causes behind gender inequality. With respect to gender equality, building back better means: (a) mitigating gender-specific vulnerabilities through targeted support in the provision of health, welfare, education, and other forms of services to meet the differing needs of the most vulnerable women and girls; (b) using recovery as an opportunity to address biased social norms, and change discriminatory laws and policies; and (c) creating care-sensitive economies and gender-inclusive governance systems (adapted by the authors based on UN Women 2020b).

Undeniably, building back better as a concept has transformative potential and highlights that the pandemic also offers an opportunity for restructuring current systems. Before we engage with this concept further with respect to the key areas where we can bring gender-equitable changes, we first discuss the gender-specific impact of Covid-19.

3 Immediate impact of Covid-19: increased gender-specific vulnerabilities

Structural inequalities exacerbate the immediate impacts of Covid-19 on gender-specific vulnerabilities, and these impacts in turn deepen gender inequalities in economic, social, and political systems (UN Women 2020b). Gender disparities in access to education, health care, jobs, and protection under the law, coupled with the increased hours spent on unpaid care work as social provisioning of care is reduced under lockdown, increases vulnerabilities and creates poverty traps for women and girls. UN Women estimates that by 2021, an additional 47 million women and girls will be pushed into poverty as a result of Covid-19 (Azcona *et al.* 2020c). The remainder of this section discusses gender-specific vulnerabilities in health, education, and the economy, increased GBV, the burden of unpaid care, and the policy response to these.

3.1 Impacts on sexual and reproductive health (SRH) and maternal health

Efforts to contain outbreaks divert resources from essential health services, particularly those that focus on SRH (Ahmed and Sonfield 2020; Gender in Humanitarian Action 2020). Maternal mortality increased tenfold due to the direct effect of Ebola, as resources were diverted and women avoided health facilities (Rasul *et al.* 2020; Ryan and Ayadi 2020). Covid-19 has disrupted the supply chains of modern contraceptives and the delivery of maternal and essential health services, leaving around 47 million

women in low- and middle-income countries without access to them (Robertson *et al.* 2020). The disruption of essential SRH services, including family planning, and maternal and newborn health services, have significant impacts on women and girls, especially those most vulnerable.

Unmet needs for contraception will lead to unintended pregnancies in low-income countries (LICs), and disruption of essential SRH and maternal care services increases the risk of more women dying in childbirth or from undergoing unsafe abortions (Busch-Hallen *et al.* 2020; Robertson *et al.* 2020; UNFPA 2020a). During the 2014 Ebola outbreak in Sierra Leone, antenatal care services decreased by 22 percentage points as well as facility delivery by eight percentage points (Sochas, Channon and Nam 2017). In addition, the loss of livelihoods and the disruption of the food supply chain will leave pregnant and lactating women more vulnerable to intergenerational malnutrition (Ebata, Nisbett and Gillespie 2020). Covid-19 also revealed many women's lack of autonomy over decisions on SRH in LICs (Unnithan *et al.* 2020). In many lower-income countries, community health-care workers provide contraception to women; but during lockdowns, this service is disrupted, making it difficult for women to access contraception in cases where their partners are unwilling to use any (*ibid.*).

3.2 Impacts on women's economic participation

Covid-19 created a challenge for sustaining levels of women's economic participation. Women are overrepresented in the sectors most affected by the pandemic: accommodation and food services; real estate; business and administrative activities; manufacturing, especially the garment sector; and wholesale/retail trade (ILO 2020a). Job losses are higher among women compared to men in all countries (ILO 2020b). In LICs such as Bangladesh, Ethiopia, Senegal, Timor-Leste, Uganda, and Yemen, losses are mainly concentrated in low-skilled jobs where women are overrepresented – tourism, construction, manufacturing, restaurants, retail, transport, agriculture, and mining (ILO 2020c). Women in these countries are facing job cuts as global supply chains are disrupted and consumer demand falls (ILO 2020d). Many women in lower middle-income countries are self-employed or owners of micro and small enterprises, and facing difficulties in accessing capital and loans (ILO 2020a). Evidence from crisis studies shows that recovery for women is harder as the economic insecurity lasts much longer for women as compared to men (ILO 2020d; Moussié and Staab 2020).

The economic impact of the pandemic is greater on women in the informal sector, female farmers, and migrant workers than for women in formal sector work, and as compared to men (Moussié and Staab 2020). In LICs, women are overrepresented in informal and insecure jobs (*ibid.*). For example, in sub-Saharan Africa, 74 per cent of women who are in non-agricultural jobs

are in informal employment (UN Women 2020b). In urban areas of the global South, women work as domestic workers, market traders, street vendors, home-based workers, and so forth. Apart from a few exceptions such as female market vendors in Ghana (UN Women 2020c), women informal workers are not unionised to demand that national emergency responses address their needs (Moussié and Staab 2020). Usually, men and women working in informal sectors are not targeted by social protection programmes in LICs, which would protect them from economic shocks (Durant and Coke-Hamilton 2020).

In sub-Saharan Africa and Southeast Asia, women migrate for work to urban areas, other African and Middle Eastern countries, and Organisation for Economic Co-operation and Development (OECD) countries (Andall 2018; DESA 2019) as agricultural workers, and domestic and health-care workers. They experience multiple forms of discrimination because of restrictive migration policies and insecure employment (UN Women 2020d). As Covid-19 hits, they are experiencing loss of income and increased health risks as workplaces lack safety measures. As remittances sent by them fall, the wellbeing of their families is adversely affected (*ibid.*).

In rural areas, given travel restrictions, opportunities for women farmers to market produce are limited (Ebata *et al.* 2020), and as a result, their incomes have fallen and savings are depleted (World Bank 2020a). In Latin America, indigenous women are facing additional threats to their livelihoods as governments lift environmental restrictions to boost the economy (Bolaños 2020). With less savings to draw upon, female farmers are likely to struggle to buy inputs needed for the next planting season (Decker, Van de Velde and Montalvao 2020). Worldwide, women represent less than 15 per cent of the landholders. In some sub-Saharan African countries, for example in Niger, women's formal land ownership is lower, only 9 per cent (Stand for Her Land n.d.). Lack of land ownership limits the opportunities to secure credit and investment to sustain their land and farms throughout the crisis period (Namubiru-Mwaura 2014).

In addition, female-headed households are at risk of falling below the poverty line. Usually, these households lack another income-earning adult to supplement the loss of income and formal property titles. Evidence from Kenya, Nigeria, and South Africa shows that adverse economic impact is heavier on female-headed households because women's incomes are more likely to decrease than men's and the size of the household is usually larger than average (Hunter, Abrahams and Bodlani 2020).

3.3 The increased burden of unpaid care work

The Covid-19 pandemic has highlighted the importance of the care economy. The increased burden of care may constrain women's participation in the market. Even before Covid-19 hit,

globally women shouldered a disproportionate share of unpaid care work and unpaid work (in family farms, small shops, and businesses; UN Women 2018). Women try to balance all these forms of work through the adoption of harmful strategies, such as multitasking, intergenerational transfer of care tasks to younger girls, and by limiting their own leisure and sleep (Chopra and Zambelli 2017). In the long run, it leads to physical and emotional depletion (Chopra *et al.* 2020; Rai, Hoskyns and Thomas 2014).

As schools remain closed and family members fall sick from Covid-19, the demand on women's time to provide care has sharply increased (UNDP and UN Women 2020; World Bank 2020b). A study on the impact of Covid-19 on women informal workers in India found that 66 per cent of the respondents experienced an increase in domestic unpaid work, and 36 per cent an increased burden of child and elderly care (Chakraborty 2020). Studies in Sierra Leone on the Ebola outbreak show that women face a higher risk of infection as they lack protective gear and are in contact with infected persons at home (Nkangu, Olatunde and Yaya 2017).

As the pandemic continues, girls are affected differently from boys as they assume carer roles within families (Burzynska and Contreras 2020; World Bank 2020a) and girls' education is disrupted. Plan International's research on girls reveals that the burden of care was the most common explanation offered by adolescent girls in South Sudan and the Lake Chad Basin for absence from school (Plan International 2020).

3.4 The disruption of children's education (specific focus on girls)

The lockdown, school closures, and disparities in access to digital technology and financial resources have created several interconnected challenges to the continuity of education. As of June 2020, nationwide school closures affected 771 million children in developing countries (GPE 2020). The United Nations Educational, Scientific and Cultural Organization (UNESCO) estimates that 20 years of gains made in girls' education could be reversed if responses do not prioritise the needs of adolescent girls (Giannini and Albrechtsen 2020). Evidence from previous public health outbreaks shows that school closures, especially in low-income settings, exacerbate existing inequalities in education, including gender equalities (*ibid.*). In Mali, Niger, and South Sudan, school closures have disrupted the education of over 4 million girls (*ibid.*).

The digital gender disparity, including girls' more limited access to phones and the internet in many countries, also means that they are disproportionately disadvantaged in accessing online education (World Bank 2020a). Evidence on previous crises shows that adolescent girls are considerably less likely than boys to return to school following a prolonged absence (Plan International n.d.).

Families may marry girls off early because of additional economic pressures during a health pandemic (*ibid.*). This may lead to a rise in unwanted early pregnancies and forced marriages (*ibid.*). The United Nations Population Fund (UNFPA) estimates that between 2020 and 2030, an additional 13 million child marriages will take place, given the disruption of schooling (UNFPA 2020a). This will have a long-term impact on girls' engagement in income-generating activities, health outcomes, and levels of participation in the public sphere (UNESCO 2020).

School closures have also led to a rise in malnutrition among children in low-income families who often rely on school meals for their daily nutrition. In Bangladesh, almost 3 million children (51 per cent are girls) were missing out on school meals during the lockdown (WFP 2020). The devastating impact of Covid-19 on poverty and hunger has led to the rapid expansion of social protection in many countries (Lind, Roelen and Sabates-Wheeler 2020), but these programmes need to address gender inequities with respect to access to food and its consumption. Lower- and middle-income countries have implemented schemes such as food packages or cash transfers to mitigate the negative effects on children; however, these schemes often rely on women as carers to handle collection and monitoring procedures (Bourgault and O'Donnell 2020), which increases women's workload.

3.5 The other pandemic: high levels of sexual and gender-based violence

Globally, women and girls are experiencing high levels of violence during the pandemic, and despite the scale and severity of it, protection and prevention measures are under-resourced. Emerging data show that reports of violence against women, particularly domestic violence, have increased (Nazneen 2020). In Argentina, emergency calls have increased by 25 per cent since the beginning of the lockdown in April 2020 (UN Women 2020b) as women are unable to leave the family home (UN Women 2020e). UNFPA projects that if violence increases by 20 per cent there would be an additional 15 million cases of intimate partner violence in 2020 for an average lockdown duration of three months (UNFPA 2020b).

As resources are diverted to address Covid-19-related emergencies, services provided to survivors of violence are being cut, as well as funding for awareness-raising programmes on GBV (UN Women 2020e). This jeopardises the progress made to date on reducing GBV – including harmful practices such as female genital mutilation (FGM) and child marriage. UNFPA (2020b) predicts that as programming on FGM slows down, about 2 million more cases could occur over the next decade.

As law and order conditions worsen, refugee women and girls in camps, in conflict-affected areas, and undocumented migrant women workers are vulnerable to trafficking and face increased

Table 1 Number and type of measures by region

| Region | All measures | Gender sensitive | Violence against women | Women's economic security | Unpaid care |
|----------|--------------|------------------|------------------------|---------------------------|-------------|
| Africa | 437 | 150 | 83 | 59 | 8 |
| Americas | 634 | 281 | 190 | 65 | 26 |
| Asia | 613 | 206 | 157 | 35 | 14 |
| Europe | 721 | 294 | 224 | 16 | 54 |
| Oceania | 112 | 61 | 50 | 2 | 9 |

Source UNDP and UN Women (2020).

risks of rape, sexual assault, intimate partner violence, and early and forced marriage (UN Women 2020e; Naraghi Anderlini 2020).

3.6 Are policy responses sufficient and adequate?

Most countries are failing to adequately protect women and girls' rights during the pandemic (UNDP and UN Women 2020). The new United Nations Development Programme (UNDP)-UN Women Covid-19 Global Gender Response Tracker registers about 2,500 policy measures implemented by 206 governments around the world to address the gender-specific impact of Covid-19. It collates information on national measures that directly address women's economic and social security needs – including those that address unpaid care work and violence against women and girls; and measures to sustain participation and access to labour markets (Table 1).

The Global Tracker reveals that government responses remain inadequate and uneven across regions (Staab, Tabbush and Turquet 2020). About 135 countries have implemented 704 measures to address GBV. Most of them aim to provide services such as shelters, helplines, and access to courts, but the majority of them are not central in the Covid-19 response plan and remain underfunded (*ibid.*). The tracker also shows that only 10 per cent of all social protection and labour market measures directly address women's economic security. The majority of these measures are cash transfers and food assistance programmes that target women (*ibid.*). Some countries such as Argentina, Togo, Egypt, Georgia, and Morocco have also implemented measures to support women entrepreneurs and informal traders.

The tracker reveals that two-thirds of the countries have **not** adopted any measure to directly address unpaid care. Some countries are providing family leave and paid sick leave to care for others (40+ countries); cash for care (12); childcare services (10); and long-term care services for older persons and persons with disabilities (10); most of these are in Europe and Latin America, Australia, and New Zealand.

4 Feminist dilemmas

So far, we have discussed the gender-specific impact of Covid-19 and how women and girls are disproportionately affected by the existing inequities in accessing health, education, economic relief, social welfare, and protection offered by the law. Their voices are also marginalised in the current decision-making systems. Undeniably, men and boys are also vulnerable depending on their class, caste, ethnicity, disability, race, and other social positionings. However, the evidence shows that women and girls have borne much of the brunt of states failing to provide essential services, legal protection, and care.

Much of the discussion between feminist academics and international development agencies with respect to gender equality has been on what the different elements are of care-sensitive economies, gender-inclusive governance, or gender-equitable health, welfare, and legal systems. The discussion with respect to gender equality in official policy briefings, rapid response guides, and reports on Covid-19, have been framed normatively, in terms of what should be done (admittedly many of these include best practice examples). What has been left out of these public documents, and rightly so, are dilemmas that arise from the narratives that are constructed on women's voice, agency, participation, and representation. These dilemmas emerge not because there is disagreement over what should be done (content) but on how it can be done and on what kind of politics is needed to push gender equality at the core of building back better.

The first dilemma that arises is related to: how should women and girls' agency (to provide care, work, and cope) be framed or understood in the current context? Undeniably, women and girls have exercised agency to ensure that households coped with various shocks, that care was provided within the family, and that they played a key role in arranging community-level care. Women health-care workers and other essential workers (domestic workers/social care) were lauded as being indispensable by governments. The policy rhetoric and public documents highlight these forms of agency. But the danger behind highlighting women's ability to cope and making constrained choices that stretched their work hours and led to physical and emotional depletion (because of lack of support) needs to be interrogated.

On the one hand, it is important to ensure that in the policy and public narratives (for example, in the various response briefings and development agency reports), women and girls are not rendered as actors without agency or are portrayed only as 'victims' because they have been disproportionately affected. But on the other hand, it is important to draw attention to the fact that not all forms of agency lead to women's empowerment – i.e. being able to make strategic life choices (Kabeer 1999), and that some forms of agency in the long run have an adverse

impact on an individual's quality of life and wellbeing. However, striking a balance between these two positions as we construct narratives on women's agency and the gender-specific impact of Covid-19 is a delicate act.

Related to how women's agency is framed in public and policy narratives is the fear that recovery plans may take women's labour, particularly time spent on unpaid care work, as an infinite resource. This may push forward the agenda for 'reprivatising' or in other words, not addressing women's unpaid care work in the design and implementation of social protection programmes, which have increased in number to respond to the challenges posed by the pandemic. In addition, essential services for women are being cut or defunded to divert resources to mitigate a public health emergency. This is the case in Mexico, where the government has implemented austerity measures while violence against women has surged (Agren 2020).

Apart from spending cuts, states may limit their responses to social care to provision of direct childcare only, and not take measures to provide public services – clean piped water, gas, emergency food supplies (UNDP and UN Women 2020; CDP 2020) – as women have been shouldering the responsibility for collecting fuel, water, and/or food rations. While the need for employing care-sensitive measures has been stressed, the discussion in Section 2 showed that state initiatives have been meagre and mostly adopted in the West and in Latin America. In many cases, successful measures have been rolled back, reinforcing gender norms and the role of women as being responsible for unpaid care work. For example, Australia adopted a fiscal package to support childcare providers at the beginning of the pandemic, but it was soon phased out.⁴

This, then, of course raises the need for understanding what makes policy measures stick and in which context and under what conditions. Given the intensity of this crisis and the knowledge gap that exists in the mainstream on how to design care-sensitive economies or gender-sensitive safety nets, most of the feminist energies have been so far focused on identifying what works in different contexts. However, the risk of rollback reveals that there is a need to unpack the politics behind what ensures that measures are sustained in the long run.

Another key dilemma that exists is around the emphasis placed in public narratives on women's participation in policy, planning, and implementation processes. This is because there are risks associated with nominal participation. This is not to say that women should not participate – but it is about in what kind of space and the quality of participation and the politics of representation (i.e. which women have access to these spaces and who speaks for women). Representation is a concern as there are power hierarchies within feminist movements and among

women's rights organisations (WROs). Given that women are not a homogenous block, the existence of intersectional inequalities among different groups of women means that certain groups may be excluded from these processes.

Evidence shows that while women are being included in early detection, and in frontline health-care provision, they have very limited voice in decision-making. In Pakistan, the Lady Health Workers were essential for community sensitisation, but their demands for safety were ignored by the state.⁵ In fact, UNFPA (2020c) pointed out that while women represented nearly 70 per cent of health-care workers globally, attention to their needs in terms of protection and workload is limited and they are underrepresented in planning emergency responses.

Evidence also shows that collective organising by women is essential – that female informal workers have lost out on negotiating with the state during lockdowns in countries where they were not unionised (Moussié and Staab 2020; Chakraborty 2020). WROs have engaged where possible with states, particularly on issues of domestic violence and GBV. But how effective these engagements are depends on the nature of the space, the power and influence of the state agency concerned, and whether gender equality is perceived as a significant agenda by the political elite. The risk exists that mere participation by WROs in these consultative forums (and given that public protests are contained because of safety) will count as consent.

The emphasis on participation also assumes that women's rights groups have infinite time and resources to sit on committees, offer technical expertise to comb through data, and write reports and guidelines, which they may lack. Linked to this issue is that the resources available to WROs have decreased over time, given changes in the international funding agenda since 2005. This has translated into scenarios where WROs have over the years found it hard to sustain women's rights mobilisation/organising work (Pittman *et al.* 2012). There are concerns about how Covid-19 will affect funding for WROs, as funding may be diverted for other measures.

The issues raised here are not new. Debates over issues such as women's participation does not mean consent (Fierlbeck 2008); how to interpret constrained agency and choice (Agarwal 1994; Jackson 2002); or the risk of states promoting 'reprivatisation' of its responsibility (Moser 1989; Goetz 2020) have come up again and again in feminist writings, and these have been magnified during crisis periods (Gender and Covid-19 n.d.). So the question that arises is how do we build back better in a way that allows for gender power hierarchies in our economies, politics, and society to be renegotiated?

5 Key issues for consideration to build back better from a gender perspective

Building back better – by sustaining the gains in women's empowerment, and creating gender-inclusive health, legal, governance, and economic systems – depends on how states and multilateral agencies respond to Covid-19 with respect to gender equality in the long run. This means responses by these actors need to address not just immediate survival requirements, but aim to change biased social norms, cultural practices, laws, and policies, through developing tailored and specific responses that consider context specificity and how gender intersects with other forms of inequalities. In this section, we provide a brief summary of the critical issues that should be considered to build back better with a gender lens.

First, women and girls' unpaid care burden needs to be addressed when designing economic recovery programmes to allow women to participate on an equal footing and shift gender norms (Chopra and Zambelli 2017). Social protection programmes and public work schemes in many countries have successfully integrated childcare components to reduce the burden on women from lower-income groups, such as in the Karnaly Employment Programme in Nepal (Roelen and Karki Chettri 2016). These programmes may also target men, to shift the burden of care at home and the perception that childcare is a woman's or a girl's task (Luttrell and Moser 2004).

Second, national emergency response plans and future global strategies need to be grounded in strong gender analysis and adopt an intersectional approach so that interventions do not perpetuate or exacerbate gender inequalities. Programmes that address economic shocks need to be cognisant of intersectional inequalities and implement targeted relief for women and girls belonging to the most disadvantaged groups. Paying attention to women and girls among certain categories such as female-headed households, adolescent girls, elderly women, refugee women, internally displaced women, women informal sector workers, migrant women in precarious employment, women and girls with disabilities, and sex workers, is key. To increase the effectiveness of services that address GBV, training social and health-care staff, police, and the judiciary on how the crisis increases the risk of GBV for different groups of women, depending on their class, race, ethnicity, age, disability, sexual orientation, and location, is critical.

Third, emergency response plans also need to consider context specificity and tailor programmes to the realities and opportunities that exist in local contexts. For example, in fragile and conflict-affected settings, providing targeted relief, menstrual hygiene products, and contraception, maternal health-care and education services, and establishing infrastructure to supply water and sanitation for women and girls in camps can reduce

gender-specific vulnerability in terms of health care, ensure continuity of education for girls, and reduce the burden of unpaid care.

Fourth, the unprecedented crisis caused by the Covid-19 pandemic requires governments and development actors to develop innovative solutions and build new private–public partnerships to assist the most affected women and girls and build resilient systems (ECOSOC 2020). A good example of innovative practice is the UNFPA's distribution of 'dignity kits' to women and girls in Mozambique, Palestine, and Timor-Leste, consisting of reusable menstrual pads and hygiene products. This enables the most disadvantaged women and girls to use their limited resources to purchase other important items needed in an emergency, such as food (UNFPA 2020a). Mobile technology can also be used to provide these services. In Mozambique, a new project implemented in partnership with mobile companies will distribute mobile phone e-vouchers to women and girls, enabling them to purchase their own sanitary and menstrual hygiene materials (*ibid.*)

Fifth, it is critical to invest in community-level responses and inclusion of women's voices in these processes. WROs and community groups play a critical role in channelling the voices of women and girls on what their key needs are and how these can be met. Engaging local and national WROs in planning the recovery response provides insights into how gender-specific constraints operate in different contexts. In conflict-affected settings, women's organisations have experience in community engagement and can play a critical role in raising awareness among the youth, women, and community leaders as part of the Covid-19 response (Kinyanjui 2020). Ensuring WROs' engagement means that donors need to provide flexible and adaptive funding, so that they are able to function. Development actors need to partner with, scale up, and maintain funding to sustain the work of issue-based organisations (such as informal women workers' unions) and networks (such as those addressing GBV or women peacekeepers) to support women's voice and agency in planning the Covid-19 response and holding governments to account. A good example of flexible funding is the UN Trust Fund that is providing additional financial assistance to 44 civil society organisations (CSOs) with a primary focus on institutional strengthening, risk mitigation, and survivor recovery in the context of the Covid-19 pandemic (UNTF 2020).

Sixth, as the global economy is hit hard and poor families face economic and social insecurities, countries will have to make difficult choices in balancing the expansion of social welfare with regenerating the economy. Economic response and recovery plans provide an opportunity to strengthen women's participation in the economy and create inclusive economic systems. At the national level, economic response and recovery

planning processes need to engage WROs and feminist scholars to understand how financial systems may address vulnerabilities experienced by different groups of women – informal workers, women farmers, and female migrant workers (UNCTAD 2019). Interviews with Irish Aid staff in Sierra Leone⁶ revealed that donor coordination was critical to link state actors and WROs which influenced decisions to provide targeted credit relief, access to financial investment, and inputs and extension services for women small business owners and farmers. Recovery plans need to include specific opportunities for women-owned farms and businesses to link up with global supply chains and for informal sector or migrant workers to reskill themselves (World Bank 2020a). In Uganda, the provision of subsidised inputs, such as sweet potato vines to women farmers, have encouraged investment and improved the food security of their families (Decker *et al.* 2020).

Creating inclusive economies also means protection from shocks for vulnerable groups while boosting productivity. This means cash transfer programmes, pensions, or social insurance that specifically target informal workers, migrant workers, women farmers, and female-headed households (ILO 2020d; Moussié and Staab 2020). In Mali, cash transfer programmes implemented before the pandemic hit have demonstrated positive outcomes in terms of productivity among female farmers (Decker *et al.* 2020). Many women in LICs are not registered in national databases. Transferring cash through self-help groups or grass-roots WROs may help to address this gap in access (Moussié and Staab 2020). In India, savings and credit association groups were used as delivery channels for government services aimed at 'hard-to-reach' women (Lemmon and Vogelstein 2017). Unconditional social protection programmes that do not make women responsible for meeting targets should be promoted, as well as generating employment through public work programmes for returnee migrant women (Cookson 2018; Özler 2020).

Lastly, it remains critical to support programmes that tackle the root causes of GBV, and at the same time ensure the provision of essential GBV services. This means that programmes should seek to identify and challenge gender stereotypes and roles, as well as social norms around GBV, while promoting prosocial and equitable behaviour engaging with various key stakeholders: women and girls, men and boys, and faith-based leaders. To ensure the continued provision of services to tackle GBV, these need to be designated as 'essential services' by national governments. Governments also need to adapt service delivery using digital technology. For example, promoting remote practices for initial case management, supporting individual rather than group counselling sessions, and issuing protection orders digitally to ensure due processes that protect victims of violence (Grey Ellis 2020). In Mozambique and Zimbabwe, the EU Spotlight Initiative is providing mobile GBV clinics to support service provision in rural communities. Engaging WRO staff, who

are working at the frontline providing legal aid and support, is essential in long-term planning on how to tackle GBV at the community level. Development actors also need to provide funding to WROs to monitor national efforts to tackle GBV.

6 Conclusion

We started with the premise that during the pandemic women and girls have played a key role in sustaining human society, as the continuation of health care, education at home, and wellbeing of families rely on their labour. We have shown how the pandemic is affecting women and men differently, exacerbating existing gender inequalities across different sectors such as health, education, and livelihoods; and worsening current levels of GBV. We argued that building back better requires governments and development actors to address the structural causes of gender inequality and create care-sensitive economies and gender-inclusive governance systems, and detailed some measures that may help to attain this goal.

However, in order to make the most of the opportunity this crisis has created for renegotiating the contract that exists between female citizens and the state, building back better with gender equality at its core needs to be everyone's concern, not just that of the gender units, WROs, and feminist academic circles. What can be gleaned from public statements made by international agencies and the various governments is that gender equality is a key concern. This is different from how gender equality featured during other public health crises. But public rhetoric is not enough. We have seen that policy measures by governments remain insufficient for transformative change. A stronger policy response from these actors requires them to invest in building their own internal capacity to integrate a gender lens, and the political will to work with partners and across coalitions based on solidarity and taking into consideration the long-term cost of doing business as usual.

Afterword

The data presented and issues discussed in Sections 3.1 to 3.5, and Section 5 (the impact of Covid-19 and key considerations for promoting gender equality) are based on an earlier publication, Ireland's Positioning Paper *Gender Equality and Building Back Better* (Nazneen and Araujo 2020). We have removed specific data provided by the Government of Ireland and our advice to the same government in this article. We have also added data from articles and reports published since July 2020; and added two new sections on policy response using the Global Tracker, and feminist dilemmas.

Notes

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- † This article uses material from Ireland's Positioning Paper on *Gender Equality and Building Back Better*, written between May and August 2020 (Nazneen and Araujo 2020), which was funded by the Government of Ireland. We would like to thank our interviewees, and the reviewers for their insightful comments.
- 1 Sohela Nazneen, Research Fellow, Institute of Development Studies, UK.
- 2 Susana Araujo, Research Officer, Institute of Development Studies, UK.
- 3 In June 2020, ten IDS experts working on gender equality and 13 Irish Aid staff at headquarter and Mission level were consulted by the authors for inputs for Ireland's Positioning Paper *Gender Equality and Building Back Better* (Nazneen and Araujo 2020). A learning event with 30 Irish Aid staff was also conducted. We draw on insights from: 20 gender experts based at international non-governmental organisations (INGOs), multilateral agencies, and research organisations who regularly participate in the bi-monthly Care and Covid-19 discussion group, and 20 academics who participated in various roundtables hosted by IDS on the impact of Covid-19.
- 4 Care and Covid-19 group discussion, 30 June 2020.
- 5 Action for Empowerment and Accountability (A4EA) webinar on Covid-19, 1 April 2020.
- 6 Interview, Ireland Mission staff, 9 June 2020.

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