

**BRIEFING PAPER**

Gender and Faith  
perspectives on  
COVID-19

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## **BRIEFING PAPER**

This briefing paper provides key messages on the main issues for ACT Alliance as we address the gendered dimensions of COVID-19 and our response. It spells out recommendations for ACT Alliance members and other stakeholders beyond the Alliance, such as policy makers and private sector actors.

Our work on gender justice, from a faith perspective, motivates us to walk together, to provide support and accompaniment, to build solidarity and improve networks of support, to nourish community life with spiritual and pastoral care, with empathy, love, compassion and neighbourliness - during and beyond the crisis.

The ACT Alliance Gender Justice Policy guides the Alliance's work in long term commitments to transformational change and in not accepting any discrimination on the basis of gender identity and sexual orientation, nationality, race, religion or belief, class or political opinion, insisting that all people shall have the same power to shape societies, faith and their own lives.



**COVID-19 significantly impacts women and girls. This scenario is even more acute when we intersect gender with other social markers such as race, class, ethnicity, sexuality, age and geographical location.**

## **I-INTRODUCTION**

The outbreak of COVID-19 has progressed from a discrete outbreak in one Chinese city, to clusters of cases in many countries, through to a pandemic with most countries reporting cases.

The current context in many countries is such that urban agglomerations and informal settlements have grown tremendously (e.g. Delhi, Kolkata, Dhaka, Manila, Jakarta, Johannesburg, São Paulo, Lebanon and Rukban (Syria), and mega-camps have been maintained to cope with massive and protracted displacements (e.g. Darfur, Dadaab, Zaatari, Cox's Bazar). In addition, people on the move (e.g., Venezuela, Central America, Turkey-Greece border, Syria-Turkey border, Sahel, etc.) are a major vulnerable group, with infections expected to rise exponentially when COVID-19 hits small shelters and holding/detention centers.

COVID-19 significantly impacts women and girls. This scenario is even more acute when we intersect gender with other social markers such as race, class, ethnicity, sexuality, age and geographical location. For example, we expect that this crisis will

affect lesbian, gay, bisexual, transgender, and intersex (LGBTI) people disproportionately as they typically face prejudice, discrimination and barriers to care, due to their sex, sexual orientation, and/or gender identity.

This briefing paper sets out the main issues ACT Alliance will focus on as we try to address the gendered dimensions of COVID-19 and its response. It spells out key recommendations for ACT Alliance members and other stakeholders beyond the Alliance such as policy makers and private sector actors.

Our commitments and work on gender justice motivate us to walk together, to provide support and accompaniment, to build solidarity and improve networks of support, to nourish community life with spiritual and pastoral care, with empathy, love, compassion and neighbourliness - during and beyond the crisis. We have joined a collective of religious actors and networks in calling upon governments, faith based actors and civil society, for strong responses to COVID-19 that put gender justice at the centre in A Joint Statement: Gender, Faith and COVID-19.

## II - CONTEXT

ACT Alliance does not accept any discrimination on the basis of gender identity and sexual orientation, nationality, race, religion or belief, class or political opinion, insisting that all people shall have the same power to shape societies, faith and their own lives.

ACT Alliance has established coordination mechanisms at the global, regional and national levels to make sure our response to COVID-19 has a gender transformative perspective. ACT Alliance's specific contribution is based on our gender justice approach, which is one of our main strategic areas.

We are committed to making sure gender is mainstreamed across all sectors of our response, ensuring that assessments include the gaps and needs of different groups. Our faith perspective motivates us to ensure justice for all, not only during a pandemic/crisis, but constantly throughout our work. Faith is a source of hope in moments of despair and crisis. Guided by the values of love, compassion and solidarity, faith communities and actors endeavour to provide accompaniment and journeying with those who suffer. We will safeguard the participation and voice of the communities and different groups, including LGBTI, during this response and will particularly focus on the needs and rights of women and girls.

Given that women are still afforded fewer rights than men worldwide, and although the disease itself might cause higher mortality rates amongst men, it is clear that the social impacts

of the COVID-19 pandemic will impact women the most. This is because we live in a world with gendered institutions and systems (health, legal, social protection, etc).

We are concerned that the impacts will be even more detrimental in countries with weaker health, social and legal systems. Women and girls will be more exposed to the virus, as they are traditionally responsible for caring for the sick. Others, especially in informal settlements and refugee camps, will have less or no access to healthcare as health services are reduced or stopped. The situation will also be worse for women migrant workers or women on the move, groups that normally have limited, if any, access to healthcare.

Daily wage earners are already affected by lockdowns or containments, with women disproportionately represented in informal sectors worldwide. Particular job profiles, such as domestic work, may become especially exposed to transmissions, as employers shift more dangerous tasks to them, without providing adequate protection and care. The risk will be compounded in countries where public transportation has been halted as it will lead to a lower number of public transport options for critical workers who will then be exposed to even more crowded transport options. Intimate partner and other forms of sexual and gender-based violence (SGBV) is increasing especially in lockdown and quarantined environments. In particular, girls who are already married may face further violations given the gender inequalities they face.



**Religious leaders, faith-based organizations, and faith communities can play a major role in saving lives and reducing illness related to COVID-19'**



Moreover, the COVID-19 crisis is rooted in decades of underfunding of public health services, and the lack of support or political will to address the other social determinants of health. This has happened despite expert advice grounded in solid scientific knowledge. In fact, the multilateral health system, led by the World Health Organisation (WHO), has underlined for years the social determinants of health, how health cannot be separated from other policy areas, especially women's rights and gender equality.

In an interim guidance issued in April 2020, the WHO recognised that 'religious leaders, faith-based organisations, and faith communities can play a major role in saving lives and reducing illness related to COVID-19' which include making sure that 'a human-rights-based approach to advocacy, messaging, and service delivery is systematically upheld'. Faith leaders played a crucial role in calling for a responsible observance of not gathering in places of worship, particularly during the months of the year when many faith traditions would usually be celebrating central religious occasions, including Easter, Passover, and Ramadan.

As the ACT Alliance, we are very concerned about the economic dislocation that will be caused by COVID-19. According to the United Nations Conference on Trade and Development (UNCTAD), this could be the worst recession we have seen in a century, affecting especially poor women and those groups who do not have job security. Making up the larger chunk of the informal workforce, women living

in poverty do not have the ability to take time off work, have adequate access to housing to self-isolate, or to stockpile provisions. Poor women, girls and vulnerable groups are least likely to be able to access healthcare and treatment, especially in most of the world where health systems are largely based on patients' ability to pay, rather than on their need. In countries in the Global South like Brazil, India and Kenya among others, many economically vulnerable women live in densely packed slums and access to medical pay and good healthcare are only available to wealthy individuals, mostly men.

Economic institutions at the global level, including the World Bank, the International Monetary Fund, the World Trade Organisation and the Organisation for Economic Co-operation and Development (OECD) must put people first in their responses and in the loans they provide to countries. The current system only multiplies existing patterns that increase inequality and poverty, especially for those most marginalised and vulnerable. The flaws in this vision of the current global economy are made more visible in light of the COVID-19 pandemic.

This tiny, invisible virus demonstrates that our actions are interconnected, and a virus somewhere is a virus everywhere. Only coordinated action in the name of public interest in the most personal sphere of life that health constitutes is a way to rebuild and reimagine a better world after this virus.

**Domestic violence cases have risen dramatically as people across most countries have been quarantined, often with their abusers.**

### **III – CORE ISSUES**

During these exceptional times, we cannot turn a blind eye to the experience gained from previous outbreaks. During the outbreak of Ebola in 2014-16, women were more likely to be infected but less likely to have decision-making power around the health emergency. Most data collected so far highlights the importance of incorporating a gender analysis in the preparedness and response activities to ensure effectiveness of interventions while promoting gender and health justice. The impact of the Ebola outbreak was most keenly felt in West African countries with poorly financed health systems. The lack of domestic resources meant that the response to the outbreak was slowed down, as time needed to be spent obtaining additional resources – mainly in the form of loans – from the IMF and World Bank. Domestic resources will be key, raised via domestic taxes, in rebuilding and strengthening health systems post COVID-19 crisis. For instance, during the Ebola Crisis we learned that in order to have a response that is successful, govern-

ments must involve communities (e.g. including traditional leaders and faith actors - men and women) in the design of response measures to guarantee context-specific policies as well as acceptance of the issue and community ownership.

ACT Alliance is particularly concerned with core issues affecting women and girls such as care work; Sexual and Gender-based Violence (SGBV); Sexual Reproductive Health and Rights (SRHR); migration; formal and informal educational support; economic and social (in)justice; and the role of faith actors and communities.

#### **Care Work**

According to some estimates, around the world, women make up almost 70 percent of healthcare workers, and most of them occupy nursing roles — putting them on the front lines of efforts to combat and contain outbreaks of disease. The cuts that healthcare systems have seen in the past decades are partly a result of



the gendered nature of healthcare and wider care work in society that remains undervalued. As with every crisis, it is very likely that the burden of care will also fall on women and girls who often tend to the elderly and the sick, therefore increasing the chances of contagion. This applies in rural contexts in the global north and the Global South but also to urban poor homes and communities. We must make sure that care workers have access to gender-appropriate emergency kits to make sure the health response is sustained and the contagion is kept to a minimum.

Domestic work is another affected area, as this sector employs primarily migrant women, whose situation is exacerbated during this time of crisis. There has also been a loss of employment for freelancers (domestic workers who do not live in their employers' households), risk of termination of jobs without prior notice and the ability to return home, and a high risk of infection with the virus among migrant workers, among other chal-

lenges.

### **Sexual and Gender Based Violence**

Domestic violence cases have risen dramatically as people across most countries have been quarantined, often with their abusers.

Increasing vulnerability leads to violence. Crisis and severe emergency settings have economic impacts, add to poor health systems and weak rule of law, placing women and girls in contexts of increasing sexual exploitation and abuse. Women and girls who have to abide by socio-cultural norms related to seeking healthcare and receiving appropriate treatments, or who lack power to take decisions, are at greater risk of not being detected with the disease and treated. Women, teenage girls or children living with HIV/AIDS are particularly vulnerable as their continuity of care can be acutely compromised, potentially increasing morbidity, mortality and transmission of HIV. Girls who have been forced into marriage are at

particular risk of further abuses and potential SGBV.

Single parents, especially single women, will also be heavily affected as the outbreak decreases financial security and increases chances of being exposed to the virus. Travel restrictions will create uncertainty and financial problems, in particular to female foreign domestic workers, especially in Southeast Asia, and the Middle East.

### **Sexual Reproductive Health and Rights**

Since health care systems are immensely pressured during COVID-19, it is important to maintain provision of sexual and reproductive health services – including for adolescents and other vulnerable populations. Pre-existing vulnerabilities are exacerbated during a crisis, since social and protective networks are disrupted. The risk of being exposed to sexual and gender-based violence increases, as well as the risk of unwanted pregnancies and sexually transmitted infections, such as HIV.

There is also a risk that the disruption in supply chains due to COVID-19 will affect people's access to contraceptives and other essential reproductive health supplies. Lock down and travel restrictions will also affect people's access to SRH-services. Most countries (especially in the Global South) will face acute shortage of family planning supplies. This might lead to an increase of unwanted pregnancies among women and girls - who may have few or no options for protection. In the aftermath of the Ebola epidemic in West Africa, there was an upsurge of teenage pregnancies and maternal deaths. It is important that faith-based service providers uphold SRH-services during the Corona pandemic SRH-services are essential and

lifesaving.

### **Migration**

The COVID-19 crisis has already made the lives of people on the move increasingly dangerous and difficult, and the situation is likely to affect them disproportionately due to their often insecure status and already limited access to rights and services.

Access to health services is particularly challenging for many female migrant workers as many do not have health insurance and have to rely on public health systems that are often underfunded, understaffed and lack capacity to come up with an adequate surge response.

This is even more challenging for undocumented migrants. Moving between or residing in countries without an official status, many of them work in the informal economy – where women are also disproportionately represented – and are not covered by health insurance or social benefits that might help protect them against the effects of an outbreak. Many of them are already hesitant to approach healthcare providers for fear of being reported, detained and deported during normal times, and might feel additionally anxious to do so during a time where being identified as sick might lead to them losing their jobs. In addition, there have already been several instances of xenophobic rhetoric blaming the spread of the virus on migrant communities, which is likely to further intimidate migrant populations and make them less likely to seek and receive necessary care.

Those who are most marginalized are suffering the most. Forced to lock-down or self-isolate, many have lost

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their jobs, especially daily wage-and single earners and small entrepreneurs. On the opposite side of the spectrum, those who are living in refugee camps are unable to self-isolate or follow the strict preventive hygiene measures needed to keep from harm, due to a lack of access to basic resources such as soap and water. have been forced into marriage are at ptheir jobs, especially daily wage-and single earners and small entrepreneurs. On the opposite side of the spectrum, those who are living in refugee camps are unable to self-isolate or follow the strict preventive hygiene measures needed to keep from harm, due to a lack of access to basic resources such as soap and water.

### **Formal and informal education support**

The outbreak has already impacted and disrupted women's and girls' education as most universities and schools are now being temporarily closed. Where home-schooling or distance schooling is a possibility often women perform this along-side and in addition to their salaried work duties, thereby increasing their work burden, becoming part-time unpaid teachers as such work is less likely to be taken up by men even in a dual salaried

household. The negative aspects of these closures can trigger a domino effect in vulnerable contexts where women's and girls' access to education are often contested and under scrutiny. Financial hardship might also push families to pull girls out of school in order to guarantee an extra income for the household. In many countries, where women in rural settings are supporting each other and girls' education through home-based businesses, such as kitchen gardening and handcrafting, their livelihood and education is even more directly affected.

### **Economic and Social (In)Justice**

We need address the immediate as well as the long term economic and social effects of COVID-19.

Countries with precarious social protection and health systems will struggle to respond adequately to the outbreak and it is expected that they will be hit hard by the global economic downturn, facing a combined shock to both supply and demand. It is vital that external economic assistance be given in these contexts. This support could take the form of an immediate debt moratorium (where the country would not be liable to service exist-



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ing debt during the duration of the crisis) as well as access to emergency funding and grants. These supports would enable states to help their citizens through this health and economic crisis. In addition to debt relief and cancellation, it is important to build and rebuild further progressive tax systems that are based on taxing income, capital gains and wealth. These taxes must finance health in a progressive manner in the long-run, raised from those parts of society who most benefit from globalisation of trade, finance and investment, as a moral duty towards those who remain the most vulnerable in this crisis and overall in society with regard to other dimensions of vulnerability, which are often faced by women. While we are already advocating in relation to immediate impacts, we also want to quickly position ourselves to advocate for the right kind of longer-term global recovery plan.

Governments, global institutions and civil society actors are already busy considering the kinds of stimulus packages and broader recovery plans that will be needed as the virus is brought under control, to help the world recover from the economic crisis. We believe recovery packages must not only tackle COVID-19 related shocks but also ensure we build better economic systems that put people and planet front and centre.

### **Role of faith actors and communities**

Faith actors play an essential role not only in terms of community outreach and messaging relevant to prevention (i.e. in promoting safe spacing precautions and essential behavior change), but also in terms of dealing with the mental impact and long term effects of pandemics. Faith actors have potential for awareness raising in a way that is more trusted by local communities, complementing and reinforcing

the work of national authorities and the global public health and humanitarian response. Faith communities often play a vital role in helping the most vulnerable to have access to soap, water, hygiene kits etc., and can mobilize the wider community to counteract the stigma of quarantine and sickness, and to support families in self-isolation.

Faith communities and actors are called upon to ensure that the wisdom and advice of the scientific community is listened to; and that communities of faith are enabled to be servants to global health and welfare.

There is an urgent need to reach communities, especially the most vulnerable to COVID-19, with timely, accurate, accessible information. The proliferation of rumours, misinformation and fake cures can be as harmful as the virus itself. ACT Alliance will work with its members and with other FBOs to ensure that communities, and in particular the most vulnerable people, have access to the correct information to enable them to take the necessary precautions, free from fear and misinformation.

Faith-based communities and churches are engaged in speaking out in a prophetic and diaconic voice calling for a responsible attitude, respect for the need for isolation to stop the outbreak, calling for community life to continue in virtual gathering and prayers. National and regional inter-faith and ecumenical platforms have been coming together issuing contextualized statements, as well as providing pastoral guidance and spiritual support. These efforts are going to be even more relevant in the recovery phase, when faith communities and leadership will be required to prevent and reduce fear and stigma.

## **IV - GOOD PRACTICES**

It is crucial that all governments put in place affirmative actions and inclusive policies that level the playing field such as those created by Taiwan, Spain and Denmark. For example, the Danish government will cover 75% of wages of affected workers while employers will cover the remaining 25% - therefore protecting workers who live on a shoestring. Similarly, the Spanish government nationalised all private hospitals and healthcare providers to avoid hospital beds lying empty and being at the service of profit while people in need struggle to find public hospital beds.

Countries with strong public health systems and inclusive governments will not only minimise the inequality of the impact of the virus (i.e. countries that have mandatory sick pay can reduce rates of flu infection by as much as 40%) but minimise its overall impact too.

However, even when national governments are willing to replicate good practices, some of them, particularly those in the Global South, struggle

to put new measures into place as they lack the appropriate resources to do so. For example, women entrepreneurs, who support their families through their sole livelihood, are affected, with no source of income to even pay overhead costs. Many countries in the Global South are not supporting these businesses and do not have the financial capacity to do so. It is crucial for these governments to be able to make resources available to replicate good practices implemented elsewhere by, for example, calling for public debt cancellation and/or curtailing tax evasion. Debt is important as countries are often pressured to pay off debts and/or debt interest before being able to invest in infrastructure essential to the delivery of positive health outcomes which are crucial to women and girls. Progressive tax systems also help to improve gender equality, as redistribution can help to compensate for unpaid care and domestic work in the form of the welfare state, and indeed other income, housing and social security support.





## V - RECOMMENDATIONS

ACT Alliance is committed to achieving gender equality, empowering women and girls, respecting and protecting the dignity and uniqueness, intrinsic worth and human rights of every human being.

As a faith based network, ACT Alliance grounds its action in a collective duty to use leadership influence in ethical values that promote abundant life and dignity of all. As a result, we are focusing on recommendations in three dimensions: immediate response; medium term action; and long term transformation.

We recommend:

### Immediate Term

1. That ACT Alliance members further come together at national and regional level in order to create space for strategizing and cooperation to respond to this crisis in solidarity, in a compassionate and effective way.
2. In particular that donors, governments and key stakeholders to contribute to a strategic global humanitarian response that:
  - a. Exercises a non-discriminatory approach in all aspects of the COVID-19 responses;
  - b. Contains the spread of the COVID-19 pandemic and decreases morbidity and mortality;

- c. Decreases the deterioration of human assets and rights, social cohesion and livelihoods; and ensures access to the equal importance of every girl's continued education, including taking measures to ensure that they return once schools re-open.
- d. Protects, assists and advocates for women, girls and LGBTI, refugees, IDPs, migrants and host communities particularly vulnerable to the pandemic, and ensures their equal access to essential protection measures.

### Medium Term

1. That governments ensure that women and girls having limited or no access to healthcare will be referred to, or will have access to, healthcare facilities including psychosocial support including by:
  - a. Setting up referral systems, particularly on sexual and reproductive health, in areas where there is limited or no access to healthcare;
  - b. Providing healthcare services including sexual and reproductive health, targeting particularly vulnerable groups; and
  - c. Providing psychosocial support for people with different needs and life situations.
2. That all stakeholders ensure groups with differentiated needs, including women and girls and LGBTI people,

will have access to specific information on their entitlements and rights to ensure their protection, including:

- a. Information on specific gender issues will be provided through different and overlapping communication channels; and media platforms to intentionally include women and their expertise in their coverage of COVID-19; and
  - b. Setting up referral and support systems on accessibility and protection services, and safe spaces, for victims of gender-based violence.
3. That groups that have differentiated needs, including women and girls, and LGBTI communities, will have access to or will be supported in rebuilding their livelihood or income sources. This will be linked to other sectors especially Livelihoods.
4. That women and girls on the move, as a significant part of refugee and migrant populations overall, must have equal access to health services, including by:
- a. Removing obstacles that discriminate against their inclusion;
  - b. Erecting “firewalls” against immigration enforcement; and
  - c. Inclusion in measures to address increases in sexual and gender-based violence and harassment due to iso-

lation measures and other pandemic-related stresses.

## **LONG TERM**

1. That ACT members collect, systematise and analyse gender-disaggregated data to understand and address the long-term effects of COVID-19 and the curtailment of social, cultural, economic, civil and political rights.
2. That ACT members make sure all our work is gender transformative and that all our staff members, regardless of their expertise, recognise that we have a collective responsibility to provide accompaniment to the groups who suffer most, who are vulnerable due to structural injustices and discriminations, and that gender justice is an ongoing responsibility to all of us.
3. Finally, that all governments and international financial institutions (IFIs) put in place adequate, timely and gender-appropriate macroeconomic alternatives to our broken economic system to ensure equality of outcomes for all and the respect of all human rights.

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