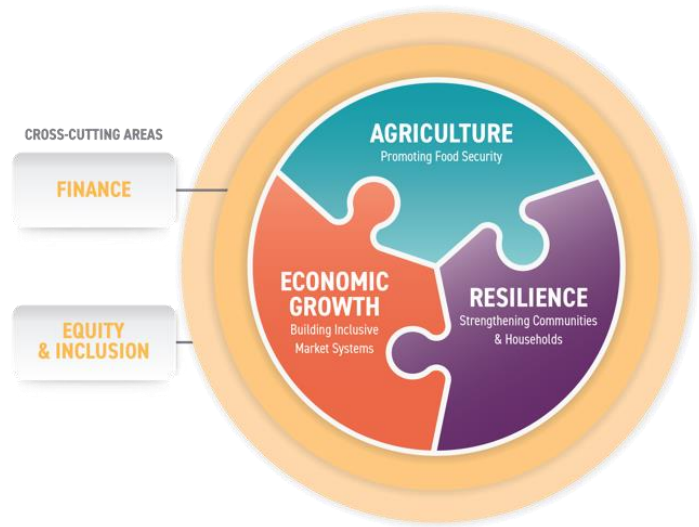# Gender and Social Inclusion and COVID-19: Impacts and Recommendations for Agriculture and Market Systems Project Implementation

April 2020

UNDERSTANDING THE IMPACTS OF COVID-19 IN OUR PRACTICE AREAS

Women, youth, the elderly, persons with disabilities, indigenous populations, migrants, refugees, sexual minorities and other marginalized groups experience the highest degree of socio-economic marginalization. Marginalized people become even more vulnerable in emergencies, which means that it is important for ACDI/VOCA projects to consider how to incorporate a *gender and social inclusion lens* into our COVID-19 responses and adaptations.

It is important for ACDI/VOCA projects to identify ways that COVID impacts these groups to determine areas needing priority assistance, support their capacities in emergencies and engage them in decision-making processes for response, recovery, and risk reduction.

Practice Area	Why Include a GSI Lens in COVID-19 Responses or Pivots
Agriculture • Sustainable production and supply chains • Tree-crops and agroforestry • Nutrition • Natural resource management • Cooperative & agribusiness development	• Women and female youth make up a substantial proportion of agriculture producers and natural resource managers. Due to social norms, they absorb a disproportionate level of unpaid labor burdens in caring for the sick, elderly, and out of school children during the pandemic in addition to managing household meals and sanitation. • Restrictions on movement, caretaking burdens, and illness hampers women's ability to cultivate land and engage in other agriculture activities, which results in women's inability to pay back VSLA loans, reducing the capital of the associations and the women's longer-term economic prospects. • Women and youth participation in cooperative and PO leadership is low, so COVID-19 response and recovery efforts are less likely to incorporate their needs. • As food insecurity increases, women and girls face greater vulnerability because social norms in some contexts dictate that they eat last and least. Access to more nutrient-dense foods like vegetables decline as women tend to dominate

Practice Area	Why Include a GSI Lens in COVID-19 Responses or Pivots
	vegetable production. Lower nourishment may increase susceptibility to diseases like COVID-19.
Economic Growth • Market systems • Entrepreneurship • Workforce development • Private sector partnerships • Business enabling environment	• Women play a central role in the market as processors, traders, entrepreneurs, and health care workers, and –as stated above—they are likely to assume the role of caretakers in the household and community. These roles may increase women's exposure to illness and impact their ability to earn income. • Women's participation in work outside the home is likely to fall due to increased caretaking burdens as well as restrictions on mobility and travel. • Travel restrictions will affect female foreign domestic workers and traders as well as male migrants. For example, 70% of small-scale traders in Liberia are women, so domestic travel restrictions during the Ebola outbreak disproportionately affected women.[1] • Analysis of global economic trends in response to COVID-19 indicates that in terms of their occupations, more men than women will easily adapt to the changed work environment during the crisis. Conversely, more women will potentially face loss of employment, which is the opposite of the pattern in normal economic downturns.[2] • Similarly, women are disproportionately burdened by out-migration of men to resume subsistence farming without access to labor for land preparation and planting traditionally undertaken by men. • Women and youth participation in policy-making bodies are low, so COVID-19 response and economic recovery efforts are less likely to recognize and respond to their needs.
Resilience • Community development • Livelihoods • Peace and reconciliation • Risk management • Climate change adaptation • Water & sanitation • Governance	• As caregivers, women and young girls stand the highest risk of infection as they care for infected sick persons, which worsens their plight and impacts on the whole household in a vicious cycle. • Gender-based violence (GBV), including intimate partner violence (IPV), rises during emergencies. Stress over increased food insecurity as well as quarantine and travel restrictions correlates to increases in household violence. Healthcare and government systems may be overloaded, re-directed or closed, and GBV-focused centers/shelters might not be open, limiting access to support services. • Since women tend to work in the informal economy, they often are not entitled to reliable social protection such as

Practice Area	Why Include a GSI Lens in COVID-19 Responses or Pivots
Resilience • Community development • Livelihoods • Peace and reconciliation • Risk management • Climate change adaptation • Water & sanitation • Governance	health insurance, paid sick and maternity leave, pensions and unemployment benefits, leaving them very little social protection or safety net in the face of a crisis. This also puts women at higher risk of exposure as—lacking sick leave—they continue to work.[3] • Women's reduced livelihood opportunities due to travel restrictions or increased unemployment impacts female decision-making in the home, which further impacts household nutrition and other resilience factors. Reduced livelihood opportunities for women have knock-on effects as this income is generally prioritized towards education and health care. • Women and youth participation in local, regional, and national risk management and policy-making bodies is often low, which means that gender- and age-specific risks are not identified, and their needs are not effectively considered in COVID-19 mitigation, response, and recovery plans. • Information about COVID-19 risk prevention and services often lacks targeted approaches to reaching all social groups taking into account gender, age, disability, literacy, migration status, or other relevant social factors. • The increased need for good hygiene and sanitation practices (i.e., frequent handwashing) to prevent disease spread or reduce infection risks can increase female workloads, as responsibility to collect water often falls on women and girls. This additional time burden can further affect their participation in economic activities. • Women and girls often find access to hygiene and sanitary materials reduced due to decreased income and increased need for scarce hygiene commodities. • Women and girls become more vulnerable to GBV when traveling to collect water for household use—particularly if there is increased need for sanitary practices in areas where water is scarce or in isolated areas—or to use latrines.
Finance • Blended Finance • Access to Finance	• Women entrepreneurs are often discriminated against when attempting to access credit. This will be a challenge as credit will be of paramount importance in the survival of firms, particularly as the supply of credit may shrink during the pandemic crisis.[3] Social norms that limit women's access to credit may be reinforced during such times, further limiting women's access to credit for their businesses.

Practice Area	Why Include a GSI Lens in COVID-19 Responses or Pivots
Finance • Blended Finance • Access to Finance	• As mentioned above, women may face increased challenges to contributing to the savings groups or paying back their loans, threatening the solvency of the groups due to the COVID crisis. Further, VSLAs may stop meeting entirely as a result of mitigation measures further reducing women's access to social support and would benefit from strategies to jump-start their recovery. • Without open and favorable lines of credit, many female entrepreneurs will be forced to close their businesses.[3] Women are often less aware of finance/funding opportunities and may not be aware of programs to help businesses, changes in lender practices, etc. Information about COVID financial support programs, including small business grants/loans, may not be shared through information networks that are accessible to women, or the messaging may not make it clear to women business owners whether they are eligible and how to apply. In the case of female entrepreneurs, many will need information and access to grant or concessional funding (if it exists) to survive. The cultural and social norms for caregiving during a crisis should be recognized and not contribute to the stigma that female enterprises are an increased credit risk. • Female business owners and entrepreneurs may face challenges meeting the existing loan terms due to the COVID crisis. Due to social norms, or to a lack of skills, knowledge or confidence, they may be unaware about negotiation options or unsuccessful in renegotiating loan terms with banks or financial institutions. • Gender gaps in access to digital financial solutions—including social norms regarding mobile money account ownership, mobile phone ownership, digital literacy—may significantly impact women's access to credit opportunities and emergency funding, as banks and development assistance may prefer this option to mitigate COVID exposure risks.

RECOMMENDATIONS FOR PROGRAMMING

Each ACDI/VOCA program has specific objectives, goals, results, and activities and operates in a unique geographic and cultural context. Therefore, the information presented below includes overarching recommendations intended to highlight key principles each program should incorporate in developing and implementing a COVID-19 response or adaptation.

Please collaborate with HQ and project-level gender and social inclusion advisors to apply gender and social inclusion considerations to context specific COVID-19 pivots, adaptations, and design of recovery activities.

1. **Review the current project gender analysis, gender strategy/action plan, and work plan under the lens of the above considerations** to identify potential issues that need to be addressed or prioritized, where information gaps exist, or where activity adjustments may need to incorporate targeted GSI approaches.

2. **Address the higher risk of illness and the disproportionate burden of women's and girls' care work.** In the COVID-19 pandemic, the disproportionate caregiving and domestic labor burden of women and girls is exacerbated. In developing approaches, not only avoid adding to this burden, but seek out ways to reduce the burden through broader provision of services, increased pay, access to resources, increased male engagement, increased decision-making, and increased income.

   For example, implement messaging campaigns to encourage men's participation in household care work, such as engaging in tasks like collection of water and wood or positive reinforcement for male household member caregiving. Other messaging campaigns that promote awareness of household time use and encourage support for women's decision-making may also improve the distribution of labor and time. Identify opportunities to increase time savings for women through provision of technologies (i.e., improved cookstoves, processing technologies, agriculture technologies), resources (i.e., water, fuel, food, cash transfers).

3. **Develop targeted women's economic empowerment strategies** to mitigate the impact of the outbreak and its containment measures including supporting them to recover and build resilience for future shocks. This may include cash transfers (possibly funded through partnerships or as a project add-on), which can ensure basic income over which women have control and promote the recovery of local markets. Critical to cash transfers' success will be ensuring delivery mechanisms (digital or otherwise) are designed and implemented with consideration of the safety and needs of women and vulnerable groups. As well, consider the role women play in market systems and value chains like vegetables, groundnut, legumes and sesame to ensure continued access to nutrient-dense commodities.

4. **Ensure that economic support measures in response to COVID-19 include attention to and support for sectors and businesses that employ women and marginalized groups.** Support activities and funding should be directed beyond formal workers and include informal, part-time and seasonal workers, most of whom are women. This is particularly necessary in female-dominated sectors such as tourism, garment-making, and food processing which are either at a standstill or severely inhibited by COVID-19 mitigation measures implemented by governments. Further, support measures should not only be targeted at large and medium-sized enterprises, but also micro- and small businesses, where women entrepreneurs are more heavily represented.

5. **Promote private sector financial support and access to credit for both women and men.** Female entrepreneurs receive less venture funding and often face greater barriers to accessing credit; as many small businesses struggle or close during the COVID-19 crisis, female entrepreneurs will need even greater support accessing finance to support, strengthen or re-open their businesses. Work with financial institutions (FIs), business development services, and entrepreneurs to access COVID-related relief measures like deferred repayments, special lines of credit, and temporarily relaxed regulations. Sensitize FIs, businesses, and other market actors on how female entrepreneurs can be more affected in times like these (due to increased care work at home, etc.). Identify and link female entrepreneurs to grants or concessional funding, where available. Extra business development support may be needed to assist female business owners to explore necessary changes in business models and scenarios or cash flow planning in response to the changing market environment.

6. **Prepare for surges in GBV in program areas; address risks and increases in gender-based violence.** Work with GSI and MEL staff to identify GBV risks and develop monitoring and mitigation plans specific to program contexts and activities. Where possible, partner with organizations that prevent and respond to GBV in local contexts so they can continue their work in the context of the pandemic. Train staff to handle disclosures in a compassionate and non-judgmental way and know to whom they can refer individuals for support or additional care. Provide messaging and referrals to mobile hotlines to mitigate and respond to these risks where it can be done safely, understanding that not all survivors of violence will have access to phones. Empower local leaders to value the traditional roles of women in crisis and equip them with gender-sensitive conflict resolution strategies.

7. **Strengthen the leadership and meaningful participation of women, youth, and marginalized groups** in all decision-making processes in addressing the COVID-19 outbreak. Particularly seek to increase participation of women, youth, and marginalized groups in local, regional, and national planning, response, or recovery efforts. Consider also ways to increase their leadership and participation in the planning and recovery efforts of key agriculture and market groups, as the tendency will be to focus on "getting back to normal" and drop inclusion efforts which will exacerbate gender gaps that have widened during the outbreak. Use what the program has learned about disparate participation of marginalized groups as a lever in response planning to address these gaps. Also recognize 'back-to-normal' includes accessing health services and returning to school that are predominantly funded by income generated by women through their income-generating activities and restoring these as quickly as possible.

8. **Use the networks your projects have developed to ensure that women and other marginalized groups—such as people with disabilities— are able to get information about how to respond to the pandemic or adjusted program activities in ways they can understand.** Women play a major role as conduits of information in their communities; thus, reaching women through accessible information channels—including considerations for low literacy—and educating them on COVID-19 is crucial to tackling the spread as well as setting a foundation for future economic recovery. Also ensure that information is accessible to people with disabilities through sign language, closed captions, and other appropriate means.

9. **Disaggregate all people- and firm-level data by sex, age, and other key social inclusion factors.** Data related to the implementation of emergency response and any programmatic "pivots" must be disaggregated by sex, age, and other key social inclusion factors (disability, migratory status, LGBTQ, or other relevant category in contexts where projects are operating) from the beginning in order to understand where gaps exist as well as how the situation has changed over time. Often, this important step is neglected until after the initial emergency response has passed, which means we lack important data about how the pandemic has affected different groups of people in different ways as well as the differences and different factors in how they may respond or recover.

By collecting, analyzing, and using disaggregated data from the beginning, projects will increase transparency, effectiveness and sustainability – improving evidence-based learning and implementation will strengthen all projects! Incorporating stronger collection and use of GSI data as part of data collection won't cause projects to "become gender or women's projects" but will instead enable projects to target and engage participants and actors appropriately and effectively across all interventions and adaptations.

10. **Collect gender-specific information, as well as information about youth and other marginalized groups,** as part of formative research to support activity design or adjustment wherever possible. Access to food, income, resources and assets, information, and social support are shaped by social and cultural norms, beliefs, and expectations. Similarly, divisions of labor and interpersonal and social dynamics within the household and community influence access to information, financial support, and health services. A clear understanding of these dynamics will improve any programmatic adjustments or pivots in response to COVID-19 and achieve better results for all participants.

> *Programs seeking guidance about what kinds of questions to ask may be interested in this [Gender Analysis Framework for COVID-19](#). This resource is a working document that provides initial questions for consideration and potential incorporation into a data collection effort. As with any gender and social inclusion analysis, please collaborate with HQ and field gender and social inclusion advisors in the development of the study.*

As part of any data collection effort, include **consultations with women and youth, women's and youth groups and organizations, and women leaders from the community** conducted in a way that is accessible, safe, and culturally appropriate.

RECOMMENDATIONS FOR INTERNAL OPERATIONS

The COVID-19 pandemic has impacted not just ACDI/VOCA program implementation but also has specific impacts on internal operations due to country-wide travel restrictions, school and daycare closings, and other mitigation measures causing significant disruptions to normal operations. To prevent disproportionate impacts on male and female staff, the following actions are recommended:

1. **Support flexible work schedules.** Many program offices are adopting work-from-home and telecommuting options at wide scale for the first time. Many contexts are also experiencing school and daycare closures and, given that many female staff are likely to carry a disproportionate burden combining work and childcare, women in particular stand to benefit greatly from increased flexibility in the ability to arrange their work schedule to accommodate their needs.

2. **Provide messaging and encouragement to staff on male staff engagement in childcare at home.** With increased flexible work schedules, male staff have more opportunities to participate in childcare and home-schooling responsibilities. Male engagement in these activities are likely to push social norms towards more equality in the provision of childcare and housework, even after the pandemic ends. Through messaging, project offices should encourage male staff to consider how they are engaging at home in these activities.

3. **Provide access to stress relief and mental health support resources for staff** by reminding them of resources available through ACDI/VOCA to address and alleviate stress caused by the pandemic. Currently, ACDI/VOCA does not have a global EAP provider; however, there are various resources available specifically through the iLearn platform that our local staff can access to help support them through the COVID-19 situation. Encourage staff to check out the great resources on [iLearn](#); the [iLearn Job Aid](#) has step-by-step instructions on how to access these learning resources.

SLD/HR met with the HR Global Managers to provide guidance on how to access the iLearn platform. During the discussion, SLD demonstrated how to access information from [How to Design an Ergonomics Workstation](#) to [How to Effectively Manage Virtual and Remote Work Arrangements](#) and other COVID-19 related topics. HR continues to have monthly meetings with the Global HR leaders and has met more often to ensure they feel supported. HR is very active on the Global HR Managers Team page and share resources our Global HR managers can reference. Currently, HR is coordinating a Social Hour with the Global HR Managers as a platform for everyone to discuss their experiences as well as provide support to one another as it relates to COVID-19.

4. **Work with local gender and social inclusion advisors to identify and share country-specific and/or local resources with staff about how to access services and support for gender-based violence (GBV).**

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ADDITIONAL RESOURCES

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