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BALANCING MEASURES TO CONTAIN COVID-19 WITH BASIC SURVIVAL NEEDS IN LOW-RESOURCE CONTEXTS

A call for a localized and gender-responsive approach

Since the start of the COVID-19 pandemic, public health actors have promoted home confinements—severe movement restrictions that prevent populations from leaving their homes except for essential services—as the best way to control the spread of the disease. Governments and policy makers around the world have largely complied, but doing so raises a particular set of challenges in low-resource and crisis settings.¹ Home confinements have cut off many peoples' access to basic goods and services, disrupting livelihoods,² increasing food insecurity and malnutrition,³ preventing some people from accessing safe drinking water and hygiene materials,⁴ and increasing the vulnerability of people without homes, including asylum seekers and

¹ Low-resource contexts are characterized by “overcrowding and inadequate dwellings or shelter/insufficient settlement infrastructure; lack of availability of clean water and sanitation; high dependence on informal economy and daily wages; poor access to health care and basic services; disrupted health systems; prevalent food insecurity and malnutrition; armed conflict and violence; weak institutions/challenged governance and lack of emergency response capacities; prevalence of highly marginalized and underserved communities. See IASC, “Public Health and Social Measures for COVID-19 Preparedness and Response Operations in Low Capacity and Humanitarian Settings,” May 2020, <https://interagencystandingcommittee.org/system/files/2020-05/IASC%20Interim%20Guidance%20on%20Public%20Health%20and%20Social%20Measures%20for%20COVID-19%20Preparedness%20and%20Response%20Operations%20in%20Low%20Capacity%20and%20Humanitarian%20Settings.pdf>.

² ILO, “Almost 25 Million Jobs Could Be Lost Worldwide as a Result of COVID-19, Says ILO,” March 2020, https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_738742/lang--en/index.htm.

³ The UN World Food Program (WFP) warns that 265 million could face food insecurity due to COVID-19, approximately double last year's number, as a result of breakdowns in food supply chains, increased poverty from disrupted livelihoods/agriculture, and other factors. WFP, “COVID-19 Will Double Number of People Facing Food Crises Unless Swift Action Is Taken,” April 2020, <https://reliefweb.int/report/world/covid-19-will-double-number-people-facing-food-crises-unless-swift-action-taken>.

⁴ Goats and Soda, “PHOTOS: Lockdown in the World's Most Unequal Country,” National Public Radio, April 2020, <https://www.npr.org/sections/goatsandsoda/2020/04/21/837437715/photos-lockdown-in-the-worlds-most-unequal-country>.

refugees. In too many low-resource countries around the world, populations are thus faced with a terrible choice: comply with regulations to help protect society (and in some cases, themselves from overzealous enforcement⁵), or suffer harm to life and livelihood.

These risks are multiplied for the billions of women and girls around the world who are systematically disadvantaged.⁶ CARE's compendium of Rapid Gender Analyses on COVID-19 details these effects, as well as how they vary by region and country.⁷ For example, many women and girls in the Middle East and North Africa lack access to official communications from local authorities, meaning that women and girls are less likely to receive vital information on COVID-19.⁸ IDPs, refugees, and ethnic minorities may find it even more challenging to access information, due to financial, linguistic, and regulatory limitations.⁹ In countries in Eastern, Central, and Southern Africa, home confinements have put women at higher economic risk than men, as 74% of women with jobs work in the informal sector where they lack safety nets and health insurance.¹⁰ Many of these women work in informal trade, which will be hardest hit by border closures and restricted mobility. Women and girls everywhere are likely to experience increased burdens of care and increased exposure to gender-based violence as they are confined with their abusers.¹¹ It is clear that decision makers must take the needs of women, girls, and other vulnerable populations into account, as well as the particularities of each location, and, where necessary, adapt public health and policy advice on measures to contain the spread of COVID-19 accordingly.

Every day, the global community—including government, humanitarian, and public health officials—learns more about the COVID-19 disease and how best to fight it. And though it is already clear that decisive responses are necessary, there is already widespread recognition, including by the World Health Organization (WHO), that one type of response will not work for every country or context. A “one size fits all” approach may do more harm in low resource contexts. Applying blanket mitigation and response measures that are useful in the global north to other contexts overlooks that there are many parts of the world where those strategies might be unsuitable, impossible, or potentially harmful.¹²

As a dual-mandated humanitarian and development organization that operates in 100 countries around the world, CARE is obliged to consider the effects of widespread, untailed home confinements on the people it assists and how these restrictions may perpetuate and worsen inequality, particularly among the most marginalized. CARE's experience in past public health emergencies and observations from decades of work in helping prevent, prepare for, and recover from crises offers valuable considerations for the COVID-19 response. Where home confinements force people to choose between compliance and starvation, CARE urges health actors, local and national governments, and international and civil society organizations—taking into account guidance from the UN World Health Organization (WHO)¹³ and the Inter-Agency Standing Committee (IASC)¹⁴—to:

⁵ See, e.g., The Guardian, “Teargas, Beatings and Bleach: The Most Extreme COVID-19 Lockdown Controls Around the World.” <https://www.theguardian.com/global-development/2020/apr/01/extreme-coronavirus-lockdown-controls-raise-fears-for-worlds-poorest>.

⁶ CARE, “Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings,” March 2020, <https://reliefweb.int/report/world/gender-implications-covid-19-outbreaks-development-and-humanitarian-settings>; and CARE, “Global Rapid Gender Analysis for COVID-19,” March 2020, <https://reliefweb.int/report/world/global-rapid-gender-analysis-covid-19>.

⁷ See http://careevaluations.org/evaluation/evaluation_types/gender-assessment/keywords/covid-19/.

⁸ CARE, “COVID 19 Rapid Gender Analysis for the Middle East and North Africa Region,” April 2020, <http://careevaluations.org/evaluation/covid-19-rapid-gender-analysis-middle-east-and-north-africa-region/>.

⁹ Ibid.

¹⁰ CARE, “Rapid Gender Analysis for COVID-19: Eastern, Central, and Southern Africa,” April 2020, <http://careevaluations.org/evaluation/care-rapid-gender-analysis-for-covid-19-east-central-and-southern-africa/>.

¹¹ CARE, “Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings,” March 2020, <https://reliefweb.int/report/world/gender-implications-covid-19-outbreaks-development-and-humanitarian-settings>; and CARE, “Global Rapid Gender Analysis for COVID-19,” March 2020, <https://reliefweb.int/report/world/global-rapid-gender-analysis-covid-19>.

¹² For example, many countries in Africa “have higher population densities than those in Europe and the United States. Influenza transmission rates have been found to increase above a population density of 282 people per square kilometer. The density of many built-up areas in Africa is over five times this threshold. Kinshasa, for example, has a peak population density greater than New York City (56,000 people per square kilometer). Slums and informal settlements are often extremely densely populated, rendering physical distancing and self-isolation all but impossible” CARE, “Rapid Gender Analysis for COVID-19: Eastern, Central, and Southern Africa,” April 2020, <http://careevaluations.org/evaluation/care-rapid-gender-analysis-for-covid-19-east-central-and-southern-africa/>.

¹³ WHO, “Coronavirus Disease (COVID-19) Pandemic,” <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>.

¹⁴ IASC, “COVID-19 Outbreak Readiness and Response,” <https://interagencystandingcommittee.org/covid-19-outbreak-readiness-and-response>.

- **Apply a context-specific and gender-responsive approach coordinated by national governments and involving the whole of society—including civil society, women-led and women-focused, and youth organizations, as well as community, opinion and religious leaders, the private sector, media, research, and academic organizations**—to develop gender-sensitive COVID-19 prevention, mitigation and response strategies that account for the different needs of different people.¹⁵ These plans should appropriately balance the need for survival with measures deemed necessary to contain COVID-19 and recognize that many people in low-resource settings depend on daily incomes, access to fields for farming, and markets for selling and buying and have little to no savings.
- **Ensure that decision-making bodies and processes at all levels are gender balanced, reflect intersectional identities**, and allow for the full participation and voice of women, girls, and other groups. At national, regional, and local levels, this may include inviting women-led and/or women-focused organizations to sit on relevant committees. At the community level, this should also include direct consultations with women and girls, youth, and other groups as needed.
- **Balance movement constraints with respect for human rights**—including those of asylum seekers, internally displaced persons (IDPs), migrants, and refugees—in line with international humanitarian and human rights law¹⁶ by allowing them to cross borders, rescuing them at sea and, if needed, meeting all of their basic needs during a safe, dignified and gender-responsive quarantine.
- Where home confinements are the best public health strategy available, and if technology allows it, **provide gender-sensitive mobile cash and voucher assistance (CVA) to vulnerable populations**, including to IDPs, migrants, and refugees, to allow them to meet their basic needs. If CVA is not an option, provide in-kind food, context adapted energy for cooking, household commodity kits, safe drinking water, and sanitary and hygiene supplies—including menstrual hygiene management materials for women and girls—so that vulnerable populations can comply with movement restrictions without experiencing deteriorating food and nutrition security or other adverse health outcomes or having to engage in high risk coping strategies.
- Continue, or allow and support humanitarian organizations, to **deliver food assistance and other basic services in IDP and refugee camps** and displacement sites.
- **Consider sexual and reproductive health and gender-based violence prevention and response services** as essential services during the COVID-19 response. Home confinements have limited women's and girls' already tenuous access to these services at the time when research demonstrates that they are most likely to need them.¹⁷ Ensure uninterrupted availability and accessibility to gender-based violence and sexual and reproductive health services, while maintaining appropriate infection prevention and control measures. Continued provision of these services is critical to help mitigate the gendered implications of the pandemic on women and girls.
- Similarly, **provide shelter support to vulnerable households** when home confinements are unavoidable. This may include assistance to expand or upgrade shelters or rental assistance for vulnerable households living in rented accommodation and at risk of eviction.
- **Include part-time, gig, and informal workers**, who often lack legal and social protections, in economic recovery and stimulus packages.¹⁸ Without support, some of these workers will be forced to starve or to disobey movement restrictions, endangering their health and liberty.

¹⁵ Partnership for Evidence-Based Response to COVID-19, "Responding to COVID-19 in Africa: Using Data to Find a Balance," May 2020, https://africacdc.org/wp-content/uploads/2020/05/PERC_Regional_Final.pdf.

¹⁶ UN, "COVID-19 and Human Rights: We Are All In This Together," April 2020, https://www.un.org/sites/un2.un.org/files/un_policy_brief_on_human_rights_and_covid_23_april_2020.pdf.

¹⁷ CARE, "Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings," March 2020, <https://reliefweb.int/report/world/gender-implications-covid-19-outbreaks-development-and-humanitarian-settings>; and CARE, "Global Rapid Gender Analysis for COVID-19," March 2020, <https://reliefweb.int/report/world/global-rapid-gender-analysis-covid-19>.

¹⁸ CARE, "COVID-19 Could Condemn Women to Decades of Poverty: Implications of the COVID-19 Pandemic on Women's and Girls' Economic Justice and Rights," April 2020, https://insights.careinternational.org.uk/media/k2/attachments/CARE_-_Implications_of_COVID-19_on_WEE_300420_1.pdf.