Amnesia, the side-effect of COVID-19.

Decades of work towards intersectional gender mainstreaming wiped out during the crisis!

Policy recommendations to mitigate the gendered impacts of Covid-19, based on RESISTIRE findings.

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Although gender mainstreaming has been adopted as an approach in EU policymaking for over two decades, national-level policies are largely still not mainstreamed. Gender mainstreaming should not only be an ambition, it should also be implemented, monitored, and evaluated, with concrete results and impact. In particular, policies should not only focus on so-called “traditional” or “typical” family models, citizenship criteria, and standard employment contracts, as this focus results in the exclusion of large segments of European societies (e.g., LGBTQI+ people, the unemployed, migrants etc.).
Background information

The need to provide rapid responses in times of crisis often overshadows the consideration of gender inequality issues when designing policies to deal with such situations. For instance, taking an example from the recent past, the European Institute for Gender Equality underlines how “fiscal measures adopted in the wake of the 2008 financial crisis had a disproportionately negative impact on women”, stressing that “this should be avoided in Covid-19 recovery measures.”  Compounded by other grounds of inequality (such as sexual orientation, ethnicity, socioeconomic background and disabilities, to name a few), turning a blind eye to gender inequalities in the policies related to the pandemic means leaving behind a considerable population in the EU.

A report from McKinsey & Company estimated that a lack of intervention on the pandemic and its economic fallout’s regressive effect on gender equality and employment would cost at least $1 trillion global GDP growth in 2030 (Figure 1). “Conversely, taking action now to advance gender equality could be valuable, adding $13 trillion to global GDP in 2030 compared with the gender-regressive scenario.”

Figure 1: Global GDP cost by 2030 of a lack of intervention on the pandemic and its economic fallout’s regressive effect on gender equality and employment (based on the McKinsey & Company’s report cited on the text)

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Policy mapping: main findings

RESISTIRÉ analyses show that although gender mainstreaming has been adopted as an approach in EU policymaking for over two decades, policies to combat COVID-19 have been largely not gender mainstreamed at the national level. For instance, out of a total of 298 policies analysed (Figure 2):

- for only 2% of the policies a Gender Impact Assessment (GIA) has been carried out
- in 58% of the cases, the GIA has not been carried out at all, and for the 40% of the cases there was no ground to assess this.

In addition, as the majority of the national reports underline, most of the policies that were introduced to manage the pandemic did not take into account aspects related to gender inequalities and other intersecting vulnerability grounds. This lack was especially pronounced in, but not limited to, the first phase of the pandemic. The UN COVID-19 Global Gender Response Tracker³, a project to monitor responses taken by governments worldwide to tackle the pandemic, reports that in Europe only 30% of the identified measures can be considered gender-sensitive.

The RESISTIRÉ project also mapped quantitative, comparative information on indicators that allow to measure and monitor the economic, social and environmental impacts of COVID-19. While evidence provides a clear picture of some inequalities in Europe, a detailed analysis was not possible for all the domains due to data unavailability. This highlights the need for comparable and harmonised data at the European level on the gender pay gap, gender-based violence, decision making and environmental justice. Importantly, existing data is particularly limited for the most marginalised groups in society, and current analyses rarely extend beyond differences in socioeconomic status, family structure and education. Non-registered workers,

³ https://data.undp.org/gendertracker/
migrants, refugees and the homeless are likely to have been severely affected by COVID-19 and related government restrictions, however, little evidence is available to assess these impacts across the domains of interest. In addition, existing analysis of available data often did not include gendered/intersectional analysis, even if gender and other variables were available.

Expert consultations: main findings

- Gender inequalities in this domain are illustrated by both the absence of women in decision-making and of women’s voices in explaining the pandemic to society.

- The experts agree that this absence of women in leadership, decision-making and political participation and the invisibility of their voices during the crisis can be explained by traditional gender stereotypes portraying males as leaders.

- During the pandemic, emphasis has been put on rapid decision-making by homogeneous (not diverse) teams and privileged individuals who tend to be older white men in European societies, while inclusive decision-making has been treated as less adequate given the exceptional circumstances and therefore less legitimate. This exclusionary leadership style means that the voice of women who were previously in leadership teams is now absent.

- The experts affirm that “full gender leadership in not represented yet” and argue for more diversity among politicians which would result in more inclusive and intersectional policies.

- The experts also emphasise that civil society groups are in a strong position to amplify highly marginalised voices. They should be consulted for policy design.
Better Stories

Within RESISTIRE, we identify “Better Stories”, a term taken from Dina Georgis for promising practices that identify how a given societal situation can be ameliorated to improve existing practices.

Better stories of policies

In the analysis conducted within the RESISTIRÉ project, several policies were identified in which attention was paid to specific gender dynamics.

In Spain, for instance, the “Urgent measures for the protection and assistance to victims of gender-based violence (Law 1/2021)” addressed the special vulnerability of women victims of GBV and trafficking due to the policies enforced in relation to Covid-19. It considered GBV as a threat to human rights, which needs to be tackled by guaranteeing access to integrated social assistance.

The law aimed at maintaining and adapting existing services (integrated assistance and protection services) to ensure their functioning during the pandemic, establishing organizational measures as well as adaptation of the modes of provision.

To this end, such services were declared essential and the law explicitly states that these services shall be guaranteed to all women, “regardless their ethnicity, socio-economic level, age, migrant status, functional diversity, disability, dependency, place of residence and any other situation” amounting to intersectional discrimination. The law makes specific reference to women with disability and women living in rural areas and the barriers they may experience in accessing the support services.

Another example comes from Portugal, where the Directorate-General of Health, with Rule 18/2020, warned that access to contraception and abortion are essential health services and proposed strategies for health professionals to optimize and maintain effective responses. The policy states that hospital units must provide the necessary conditions for ensuring the presence of a companion during childbirth. Mental health care, during pregnancy and postpartum, must be maintained and if necessary reinforced. Video consultations and teleconsultations are alternative forms of providing these types of care, under the terms of Rule 011/2020 of the DGS. Due to the increased risk of anxiety and mood disorders in the pandemic period, pregnant women should be asked about their emotional state at every contact.
Better stories from civil society:
“the LGBTI+ Life in Lockdown survey”

In various contexts where the policies lacked gender mainstreaming, civil society organisations intervened with initiatives aimed at mitigating the increasing inequalities.

For instance, to face the lack of government statistics on the impact of Covid-19 policy responses on the LGBTQ+ community in Ireland, three national NGOs (LGBT Ireland, the National LGBT Federation (NXF) and the Gay Community News (GCN)) conducted the "LGBTI+ Life in Lockdown Survey". This survey included a sample of 1,855 members of the LGBTQ+ community. The survey showed that 62% experienced a decline in their mental health during the lockdown, substantially higher than the impacts reported in the general population in recent surveys. This survey took an intersectional approach, aiming to recruit a sample that was as representative of the LGBTQ+ community as possible in terms of age, identity, geographic location, minority and socio-economic status. One key finding is that LGBTQ+ people who are additionally marginalised including LGBTQ+ migrants, Traveller and Roma, refugees, older, living with a long-term disability, or other intersectional identities have been the most impacted amongst the LGBTQ+ community.

The report on the survey issued three recommendations for future policies:

1) To recognise the additional challenges faced by members of the LGBTI+ community during this unprecedented crisis;

2) To ensure that LGBTI+ services are properly resourced and promoted, so that those who need them can be informed and have access. Funding models must be reassessed and restructured to help services deal with the crisis and the mental health issues that will arise as a result;

3) To allocate ringfenced funding for members of the LGBTI+ community who suffer intersectional discrimination, particularly in the health services sector.
RESISTIRE Recommendations:
10 Steps to mainstream gender in policies related to the pandemic

1. **Early in the policy process, establish what are the main gender-related concerns in the policy area**, what are the potential impacts of the pandemic on the policy area and how the pandemic may impact the policy area;

2. **Partner with CSOs and actors working on the ground** with communities and vulnerable groups, investigate and issue reports and generate media coverage concerning the marginalised groups;

3. **Arrange cross-community, cross-sector, and cross-issue workshops/meetings** to analyse policies impacts, particularly on the most vulnerable;

4. **Use gender+ disaggregated data as much as possible**; these are often generated by CSOs as can be seen in the LGBTQI+ survey above;

5. Make sure that **all objectives, targets, indicators are gender sensitive**;

6. Establish mechanisms for **gender sensitive monitoring and evaluation**.

7. **Distribute concrete responsibilities to dedicated actors** (rather than taking the sole responsibility for all)

8. Make sure that all actors involved have **sufficient gender training**.

9. **Bring in external gender expertise** and the involvement of target groups.

10. **Increase the participation of diverse women in policy making**.
About RESISTIRÉ

This factsheet is based on data collected within RESISTIRÉ’s first research cycle which ran from 15 May to 30 June 2021. 31 national researchers worked with the consortium to map policies and societal responses, together with qualitative and quantitative indicators, related to the pandemic in the EU27 countries along with Iceland, the UK, Serbia, and Turkey. This research activity was completed with workshops and interviews with gender equality experts whose input informed the main findings from expert consultations.

RESISTIRÉ is an EU-funded Horizon 2020 project the aim of which is to 1) understand the impact of COVID-19 policy responses on behavioural, social and economic inequalities in the EU27, Serbia, Turkey, Iceland, and the UK on the basis of a conceptual gender+ framework, and 2) design, devise and pilot policy solutions and social innovations to be deployed by policymakers, stakeholders and actors in different policy domains.

Discover all project outputs at https://resistire-project.eu.

Contact us: resistire_eu@esf.org

@Resistire_EU @RESISTIRÉ @resistire.EU

Authorship and Contributions

Authors: M. Linková (ISAS), R. Cibin (ISAS), E. Mohammadi (ISAS), M. López Belloso (UDEUSTO)
Coordination and revision: M. Linková, R. Cibin (ISAS)
Infographics: G. Romeo (YW)

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