
# She Told Us So (Again)

## Women's Voices, Needs and Leadership in COVID-19

Since March of 2020, CARE—and more importantly, the women CARE works with—have been warning that COVID-19 would create special challenges for women and girls, above and beyond what men any boys would face. Women—and other historically marginalized groups—said that COVID-19 and subsequent quarantine measures were going to dramatically increase their unpaid workload. They pointed out that their livelihoods were at risk, and that they were going to have trouble feeding themselves and their families. They struggled to get a seat at the table for leadership on key issues and COVID-19 response.

Tragically, these women were exactly right. What they predicted even before the WHO declared a pandemic has come true. In September 2020, CARE published She Told Us So, which showed women's and men's experiences in the pandemic so far. Those experiences aligned with predictions from March 2020. In March 2022, updated data shows that **the cost of ignoring women continues to grow**. For the more than 22,000 people CARE has spoken to, **COVID-19 is far from over. In fact, the COVID-19 situation has gotten worse**, not just for women, but for men, too. Ignoring women's needs and gender equality has made it harder for everyone to recover.

The COVID-19 pandemic has been an unprecedented challenge. It has combined with climate change, conflict, and economic crises to impact every aspect of the global system. It is widening systematic inequalities that have long affected women, girls, and other groups who face discrimination because of their identity. COVID-19 responses at all levels have failed to correct for this inequality or build a more equal vision for the future.

> "Women have suffered a lot during the pandemic, and we are not yet recovering from this hardship."
>
> -Fati Musa, Nigeria

## What have we found?

To understand these challenges and create more equitable solutions, CARE invests in listening to women, men, and people from marginalized groups to understand the challenges they face, what they need, and the ways in which they lead through crisis. This report represents the voices of more than 22,000 people in 23 countries,

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including 9,000 women since September of 2020.

- **COVID-19 impacts have worsened since September 2020**. Women are experiencing more extreme impacts in nearly every area of their lives since September of 2020. Due to COVID-19 and its overlapping crises, 71% of women are losing their livelihoods, 66% are hungry, and 48% are experiencing both mental and physical health challenges. Those are all significant increases over the last 18 months. The situation is worsening for men, too—especially for livelihoods (73%) and food insecurity (65%).
- **Significant gender gaps persist**. While impacts are increasing for men and women, the data shows that women are still bearing the brunt of most impact. Women are far more likely to lose their jobs and not be hired. Women's businesses have been more likely to close, and women have been less able to return to work than men. Women are also more likely than men to reduce their food intake to ensure that other family members, especially children, can eat.
- **Women are more likely than men to report impacts on their mental health**. 48% of women CARE surveyed said that mental health was one of COVID-19's biggest impacts on them, compared to only 34% of men. Skyrocketing unpaid care burdens and unpredictable job and childcare situations are driving this problem. Women highlighted household tensions as a major cause of increasing stress, leading to arguments at home because of the strains on livelihood and food security.
- **Women are more likely than men to report impacts on their access to health services**. 48% of women CARE surveyed prioritized limited health care as the biggest impact in their lives, compared to 31% of men. Women respondents cited increasing cost, lack of transportation, and fear of contracting the virus as the main reasons for their reduced access.
- **Mental health, food security, and livelihood are women's three top need areas**. Many women are asking for mental health support, with 63% of women CARE spoke to prioritizing mental health support, followed by 59% requesting food security assistance and 55% livelihoods assistance.
- **Valuing women's leadership**. Despite the challenges they are dealing with, women are still taking action to lead through the pandemic—both for themselves and for their communities. 73% of women are setting up COVID-19 prevention systems, 47% of women are raising awareness about COVID-19 and COVID-19 prevention, and 44% are participating in community COVID-19 responses. 56% of these women leaders are using their savings to cope with COVID-19, often using their funds to support people outside of their groups.

## What Has Worked?

Since COVID-19 started, CARE has provided support to 47.5 million people directly in 69 countries. 4.9 million people have gotten clean water, 4.3 million have gotten nutritious food, and 2.1 million have gotten continued health care even in crisis. 20.6 million people have gotten support to learn more about COVID-19 and its prevention, and 262.8 million have received mass media messages. In the areas where CARE is significantly supporting COVID-19 vaccinations, 102 million people have been vaccinated. Our investments in listening to women and supporting their leadership have been key to this success. So has our expertise in advocating with national governments and global decision makers to change the state of play for people in need.

> "Our greatest success is that we were able to educate our members about the COVID-19 pandemic and that members respect the preventative measures. … Members of our group were happy because no case of COVID-19 has appeared in the camp, proof that the awareness has borne fruit."
>
> – Oumou Cisse Dicko, Mali

### The Power of Association

CARE works with 12.5 million people in savings groups around the world. Women (and men) in Village Savings and Loan Associations (VSLAs) are less likely to report that COVID-19 negatively impacted their livelihood, their food security, and access to health care compared to women not in groups. Crucially, for women in savings groups, mental health did not show up at all in their priority list. VSLA members are vital sources of financial and social support for their group and are crucial for leadership and

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information in the community. In Yemen, **89% of women in savings groups used some of their savings to help other people in their communities**.

In many places, VSLAs have been able to adapt and to support their members and their communities by disseminating information on health and hygiene. VSLA respondents in Burundi, Ethiopia, Mali, Niger, and Nigeria reported using their social fund to support members financially and to buy food and hygiene materials. Women's involvement in VSLAs has been an important source of support. 56% of VSLAs are using their social funds to cope with COVID-19. 79% of groups are still saving, even though 45% are saving less than before.

VSLAs are proving to be an excellent platform for community action that generates even more collective power in communities than before the pandemic. Women in savings groups managed to use their savings as a safety net and their social networks as a source of solidarity to deal with the pandemic and remain resilient. Such networks are essential to help groups and communities recover faster and restore their livelihoods.

## Investing in Women Leaders

CARE findings show that 73% of women are leading prevention systems for their groups and communities, compared to 40% of men who reported the same. 47% of women and 50% of men said they are responding to COVID-19 by increasing community awareness around the need to take hygiene measures, respect social distancing, and fight misconceptions about the virus. In Burundi, women in VSLAs took the initiative to construct handwashing centers in their community and encourage community members to wash their hands regularly. In Niger, men qualitative interviewees said that more women are engaged in community awareness raising and community COVID prevention.

> "We are women leaders in emergency... we have the capacity to say: I have a voice and a vote, I am not going to stay stagnant...to be able to say that I have my skills and knowledge and that at any time I can go anywhere to participate..."
>
> Woman, Colombia

CARE is supporting local women's groups to take the lead in responding to crises that affect them and their communities through the CARE's Women Lead in Emergencies (WLiE) Approach in 5 countries (Niger, Uganda, Colombia, The Philippines, and Mali). WLiE participants in refugee settlements in Uganda are increasingly being listened to as trusted voices within the community. They are 50% more likely to feel confident accessing services than women who aren't in the project. With the onset of COVID-19, women have used this role to promote COVID prevention measures such as washing hands, wearing masks, and social distancing. VSLAs in Niger and Mali began producing masks and soap, turning a dire situation into a business opportunity.

> In Niger, women successfully advocated for cheaper maternal health care. In MainéSoroa, many women gave birth at home –without any support from a health worker—because they could not afford it. Women's groups advocated to the District Medical Officer, and the head of the hospital. As a result, the hospital lowered costs so women could access healthcare.

## Sharing Data for Impact

It is not enough to listen to women and collect data; our effort to narrow the data gap must be balanced with our ability to share findings with communities, particularly women, to inspire to collective actions. CARE collaborates with local government bodies, NGOs, and communities to share survey results with women and communities. In Niger, women community leaders organize community radio shows to share results widely, and to fill in gaps so that women in ethnic minorities got the information they needed to prevent COVID-19. In Uganda, community meetings in refugee settlements were conducted during the 16 Days of Activism against Gender-Based Violence to share the impacts of the pandemic among women. Women are now using the results to continue their own awareness-raising efforts. Women say the findings helped them learn from other groups' experiences.

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## Turning Data into Action

CARE ensures data and learnings are widely available and integrating data to inform our work and influence the work of our partners. CARE is continuously using the findings from RGAs and other assessments to inform existing programs and to build new ones. CARE conducted more than 45 Rapid Gender Analyses, dozens of needs assessments, and asked thousands of women and men what they needed. These learnings are helping us to ensure a better COVID-19 response at all levels.

We are using the findings to:

- **Increase investment in mental health and GBV services:** CARE is working to increase investments in mental health services and GBV services and making sure that such services are customized by age and gender. For example, in Nepal, CARE is working to ensure that quarantine centers have mental health services. In Iraq, CARE rolled out additional training for staff on mental health services and referrals for GBV. In Mali, the CARE team is using data findings to adapt programs to support issues of Gender-Based Violence (GBV) and women's rights.
- **Redesign cash assistance:** CARE is redesigning its cash assistance interventions to address respondents' needs. CARE Nigeria is pioneering cash assistance specifically for women and GBV survivors to reduce the likelihood of these families resorting to transactional sex to survive. In Somalia, CARE uses voice recognition technology to ensure that women can get mobile cash transfers, rather than driving out to sites and putting people at risk. In Indonesia, CARE designed cash-for-work programs to specifically support women because our RGA found that women were facing the biggest economic crisis. CARE has scaled up Cash for Work activities specifically for marginalized groups in Syria, including women and girls. CARE offices in Cameroon, Myanmar, and Madagascar are all working with new groups of people on cash transfers because of what their analyses showed them.
- **Support local partners:** CARE works with local organizations to ensure they can use this data in their work, and that they have a seat at the table when decisions are being made. We also partner with local groups to ensure that these findings are helping drive resources to local groups where they are most needed. For example, CARE Thailand partnered with Friends of Women and four other organizations to work with the Ministry of Labor and the Department of Women's Affairs and Family Development to propose recommendations from their RGA around increasing cash and in-kind support to the women most at risk. In Tanzania, the team co-hosts women-led dialogues in partnership with local organizations to transform humanitarian responses. In CARE's Made By Women programs with garment workers, CARE partners with local activist movements and plays a key role bringing together local women-led organizations with industry players like major clothing brands to better support and empower workers.
- **Collaborate with Governments**: CARE's RGAs and other need assessment findings are shared widely with local and national government partners to influence decision-making. In Cambodia, CARE worked with governments and teachers to establish e-learning platform groups to connect students and teachers and help kids with extra needs connect to e-learning opportunities. CARE Malawi used the global RGA to influence the Malawian government and eventually worked with the government to develop the national RGA. CARE Uganda has worked to ensure that women are participating in COVID-19 committees.

CARE's **Women Lead in Emergencies** approach drives localization by:

- Helping **women to take the lead** in emergency response and recovery
- Putting **money and decisions in the hands of women** directly affected by humanitarian crisis
- Providing **practical tools and guidance** for frontline humanitarians

**Results**

- In Colombia, women were more than twice as likely to hold local leadership positions after participating in WLiE.
- In Niger, women in WLiE were nearly 60% more likely to speak up in public meetings.
- In Uganda, women in WLiE organized a protest and transformed food distribution and the UN emergency response to better support women.

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