



© Nadi Jessica/CARE

SHE TOLD US SO

RAPID GENDER ANALYSIS:

Filling the Data Gap to Build Back Equal





© Ollivier Girard/CARE

Executive Summary

As pandemic-driven health, social, economic, and hunger crises deepen across the globe, it is increasingly clear that COVID-19 is widening systemic inequalities that have long affected women, girls, and other people who face discrimination because of race and migration status. These dynamics threaten decades of progress in realizing the rights and equalities that all people should enjoy, and that women have fought hard to claim. CARE has warned from the beginning that the pandemic would have a disproportionate impact on women and girls. But foresight is only as good as the action it enables. The efficacy of CARE's and others' COVID-19 responses depends on understanding how marginalized people are affected, in all their diversity, across contexts, and over time. Women's needs are routinely overlooked without deliberate efforts to fill persistent gender data gaps. So we sought the advice of experts: women themselves.

Across nearly 40 countries, the voices of more than 6,000 women bear out the dire predictions from March: that COVID-19 would result in catastrophic impacts across multiple dimensions of their lives. The growing scope of CARE's data enables us to make more confident, global conclusions about the experiences of both women and men. Among those surveyed, women were more likely than men to report challenges across a range of areas:

- **Livelihoods:** 55% of the women CARE spoke to reported that income loss was one of the biggest impacts COVID-19 had for them, compared with only 34% of men. Women are more likely to work in the informal sector that COVID-19 is hitting the hardest, and have less access to unemployment benefits.
- **Food security:** 41% of women and 30% of men reported lack of food was a key impact COVID-19 had on their lives. This difference reflects deeply entrenched gender inequalities in local and global food systems.
- **Mental health:** One of the most striking differences is around mental health, where 27% of women reported this was a key impact of COVID-19—compared with only 10% of men. Women especially point to skyrocketing unpaid care burdens as a source of this stress, in addition to worries about livelihoods, food, and health care.

These findings reinforce the understanding that men and women prioritize, experience, and report on issues differently. The gaps these findings reveal illustrate the vital importance of listening to many voices, and giving

diverse groups of women equal opportunity to influence people who make decisions about COVID-19 support. Only by examining these differences can we ensure that responses are designed to work effectively and reach people with the assistance they need most.

Moreover, women's and men's answers consistently highlight that COVID-19 responses are falling short. Inequalities are growing. Policymakers and service providers have not yet moved beyond one-size-fits-all to design COVID-19 assistance that equitably targets and supports the people who need it most. The current responses are failing to stem economic crises, hunger, and social turmoil. It is past time to move from planning to accountability. Women and other marginalized groups—especially those affected by multiple forms of discrimination—must be part of designing the COVID-19 response. Only then can the world hope to achieve any semblance of recovery.

CARE makes the following recommendations to inform a more equitable, effective COVID-19 response, and a more equal future for everyone:

- **Get women and girls what they need.** All actors providing support during COVID-19—either through existing safety net programs, special COVID-19 relief programs, or humanitarian aid—should focus on the areas women are prioritizing: livelihoods, food, mental health, and gender-based violence (GBV) services. Every actor must meaningfully include women in designing COVID-19 assistance. Programs should deliberately target female recipients to ensure that support effectively meets the needs of both men and women. This also means sustaining reproductive health services and GBV prevention and response as essential services.
- **Invest in women leaders.** COVID-19 coordination and planning platforms are most effective when they are diverse and gender-balanced.¹ All COVID-19 leadership committees and task forces should include at least 50% women and prioritize partnering with women's rights organizations. Actors should also work to engage men and boys in supporting women, women's rights, and gender-equitable responses.
- **Fill the data gap.** This report shows the power of listening to women and girls, and how the stories they tell are different from what aggregate data shows us. It also shows that it is possible to fill the data gap to design more effective responses. All actors must collect, publish, and act on sex- and age-disaggregated data, and focus on the gaps between different people's needs.
- **Be accountable for equality.** Every actor delivering COVID-19 responses should publish a status report on their activities to date and actions they have taken to listen to women's experiences, uphold women's rights, and ensure that women and girls have equal access to relief and recovery efforts.

Introduction

The COVID-19 pandemic impacts nearly every system—health, economics, food, water, education, and social services—and exposes their fundamental weaknesses and inequalities. COVID-19 is deepening gender gaps, reversing progress toward economic justice and more equitable health care access, and diminishing women's participation in public spaces. Leaders at all levels—from the community to global decision-makers—overlook women and their needs. The data and assumptions these leaders use to inform decisions rarely include women's perspectives and experiences. As a result, leaders design COVID-19 responses that do not meet women's needs.

CARE is working to fill this data gap. We're supporting women to lift up their own voices about COVID-19, its impacts, and what they need. In March, CARE published the first [Rapid Gender Analysis on COVID-19](#), based on our expertise with prior crises and secondary data. In June, we looked at the [common themes across 15 regional and local analyses](#) with local partners and experts.

Looking at secondary data is critical, but it is not enough. Global COVID-19 responses will only be fit for purpose if we listen to what diverse women say. We also need to listen to other marginalized groups and, of course, men. The goal is not to elevate women's concerns above men's, but to make sure they are heard in the first place, so that humanitarian assistance can meet all people's needs. By August 25, CARE had asked more than 6,200 women and 4,000 men in 38 countries about the biggest impact COVID-19 has had on their lives, and how they are responding to these challenges.^a For the first time in the pandemic, we can compare global, quantitative data about men's and women's priorities. This is the first report of its kind, recommending changes based on women's voices and experiences across nearly 40 countries.

From their perspectives as individuals, family members, savings groups participants, employees, health workers, and local leaders, these women are telling stories with common themes about COVID-19's impact. These voices bear out the [predictions from March](#) and show that COVID-19 is deepening inequality across nearly 40 countries.

In addition to common themes, COVID-19 also is presenting unique challenges in every context. Women and girls—and men and boys—face additional risks based on other aspects of their identity, such as race, employment, migration and legal status, and whether they have a disability. The [37 Rapid Gender Analyses and 14 additional needs assessments](#) provide rich details about each context and specific challenges.^b

What are women's top concerns about COVID-19?

Women whom CARE spoke with across all of these contexts are telling a consistent story about COVID-19's impacts, and that story is different from the one men tell. This points to critical areas where we must improve the COVID-19 response. For example, women surveyed were nearly three times more likely to report mental health impacts from COVID-19 than men. On every dimension, CARE's research showed more women than men reported problems from COVID-19. Here are their biggest concerns.

Losing jobs and income. 55% of women respondents reported losing their jobs or income, and women were 60% more likely than men to report that one of COVID-19's biggest impacts in their life was on their job or income. Women are more likely to be employed in the service and informal

sectors that COVID-19 is hitting hardest. Even in the formal sector, COVID-19 is widening inequality.² For example, women in Bangladesh are six times more likely to lose paid working hours than men.³



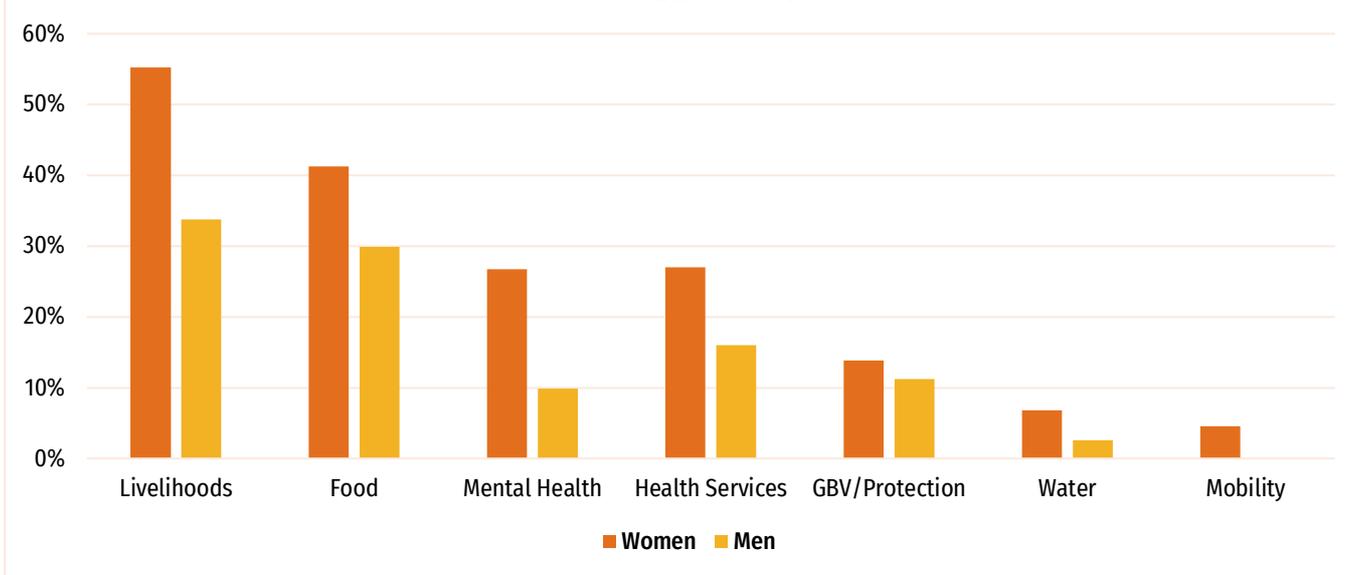
Women in Bangladesh are **six times more likely** to lose paid working hours than men.^a

Women who are losing their livelihoods are also having a hard time getting support—whether from humanitarian aid or government safety nets. For example, in Zimbabwe and Cameroon, women make up 65% of informal sector workers, such as vendors and cross-border traders, and that workforce is not entitled to unemployment benefits.^{4,5} Côte d'Ivoire has designated COVID-19 resources to go to the head of the household—usually a man—which puts women at risk if a man chooses not to share resources or is absent from the household.⁶ Across the data represented here, migrants—including refugees and internally displaced people—are among those at the highest risk of losing jobs and income, and have the fewest safe alternatives to respond to COVID-19. Women migrants are at even higher risk, especially with unsafe quarantine centers, high rates of GBV, and few services targeted to women.

^a Most of the people in these samples are participants in CARE's programs, which implies that they are among the poorest and most vulnerable people in society. This data does not reflect national-level representative surveys.

^b The full list of documents this document references is available online: <http://www.careevaluations.org/homepage/care-evaluations-covid-19>

What Are COVID-19's Biggest Impacts in Your Life?



Going hungry. 41% of women said that hunger is one of their biggest challenges, compared with 30% of men. While both men and women are going hungry, women reported eating even less frequently than men—they are often expected to buy and prepare all food for the family, and typically eat last and least in order to ensure the other family members have enough. For example, in Afghanistan, men reported eating fewer meals three days a week, while women are eating fewer meals four days a week.⁷ COVID-19 not only is compromising how much food people eat, but it also is forcing people to make **less nutritious food choices**. For example, in Venezuela, 74% of people can access cereals, but only 61% can access proteins or vegetables.⁸ Women’s difficulties in accessing COVID-19 support programs also make it harder to have nutritious food at home.

Facing mental health challenges. 27% of women reported rising anxiety, stress, and mental health issues, and women were nearly three times more likely than men to report these challenges. Compounding worries about income, health care, and food, women have been grappling with skyrocketing unpaid care burdens, which they report as a major cause of stress. For example, in Lebanon, women reported spending 83% of their time on housework and caring for others, compared with 14% for men.⁹ While men are certainly facing mental health challenges, they were less likely to report or prioritize those issues in CARE’s surveys. This disparity is influencing the way COVID-19 responses prioritize mental health services, as well as the lack of focus on addressing unpaid care burdens to support women’s ability to focus on other opportunities.



“If there is no way to work as a hairdresser, I will find something else. If I must work day shifts in the kitchen and night shifts as a hairdresser, I will do it. I have no limits when it comes to work. I take the opportunities that I find. Options like pork and meat, a staple before, are now out of the menu. I cannot afford them. I have headaches because I eat about twice a day, not the three meals I ate before COVID-19.”

— Gregoris del Valle Camacho Figueroa, Ecuador



“The stress of contracting the disease prevented me from visiting family. So I stayed at home, cloistered. I ate and gained weight—something I fear the most. The course of life changed overnight. I had to wear a mask, and the stress of contracting the disease caused me to have a severe malaria crisis. I was ill for two weeks. Also, I was afraid to go to the hospital—we don’t know anyone there. It is not known which patient or doctor is the carrier of the disease. Which stressed me.”

Even despite the stress, Carrine is finding ways to lead.

“I am part of an association called Sayap Africa which distributed donations during the Covid-19 period. I was in the front line, on June 11, 2020, to distribute a meal to the nursing staff of the Djoungolo hospital in Yaoundé. ... Sayap Africa has taken the initiative to distribute food to families with at least six children. We bring them rice, sardines, soap, tomatoes, so that these families no longer have to travel and limit the contamination and spread of the virus. We distributed to 114 families in total.”

— Carrine Annette Bidzogo, Cameroon

Losing access to health services and services for GBV.

Women are nearly twice as likely to report access to and quality of health services as a challenge than men are, and 27% of women in the dataset rated this as one of their top challenges. Women face social limitations on their mobility, rely more on public transportation, often need a man’s permission to get health care, and spend more time on unpaid care than men—all of which restrict access to services. For example, in Laos, 50% of rural women said they cannot access health care because it is not safe to travel and they do not trust the system.¹⁰ In many countries, the lack of female health workers at quarantine centers and COVID-19 testing facilities prevents women from being allowed to access services at all. Another crucial part of this picture is access to services for **maternal, sexual, and reproductive health**. 73% of women surveyed in Afghanistan told CARE they now have no access to family planning.¹¹



73% of women surveyed in Afghanistan told CARE they now have no access to family planning.

Rising violence. 14% of women and 11% of men reported that issues around GBV and safety were among the biggest COVID-19 impacts in their lives. Nearly all countries covered in the study reported rising GBV, increased calls to hotlines, and more demand for GBV services—both within CARE’s data and in reviews of other data sources. Experts in countries that do not report rising violence often point out that their systems are not robust enough to track these changes. This is not just a problem for adult women, but also for children and adolescents—both girls and boys. In Côte d’Ivoire, 23% of women interviewed (compared with zero men) feared domestic violence because of COVID.¹² As both men and women look to protect their children from the risk of violence, they may be turning to child marriage as a solution for girls who are no longer in school. With **fewer people in public places**, and fewer safe spaces for women, women fear that they will not be able to rely on bystander intervention to protect them.¹³ **COVID-19 is forcing women to spend more time in places where they are at higher risk** of GBV, such as at home if they live with an abuser, at water points, or waiting in line for social support.

What is already working?

Women are leading.

All levels of leadership—both in regular times and in COVID-19—are heavily male-dominated. CARE’s research shows that at national levels, women make up on average 24% of COVID-19 response committees, and for many countries it is much lower.¹⁴ In Vietnam, for example, women make up less than 0.5% of local leaders.¹⁵ Despite many barriers, women are taking the lead—finding ways to share information, making and selling masks and soap to curb COVID-19 transmission, changing their businesses and community groups to allow for social distancing, and finding ways to keep markets open.

In the Balkans, local Roma women are conducting outreach and delivering aid in their communities. In Benin, Togo, Cameroon, and Ecuador, women’s groups are helping identify women in need and get them services. Women in Guatemala are setting up centers to provide GBV services to more than 2,800 survivors of GBV. In Egypt, CARE and women’s groups are lobbying to end sexual harassment and rape.¹⁶



At national levels, **women make up on average 24% of COVID-19 response committees**, and for many countries it is much lower. **In Vietnam, for example, women make up less than 0.5% of local leaders.**

“My organization has contributed significantly to the improvement of the lives of women and girls in [Sierra Leone]. I am so proud of that. With perseverance, hard work, consultation, and team work, my organization became self-sufficient and attracted funding as well. Just keep going!”

— Dorcas Taylor Tucker, Sierra Leone

Women’s leadership is a critical success factor at all levels, from the local to the global. By June 1, 2020, countries with male leaders had [six times more deaths from COVID-19](#) than those with women in charge. Women are also leading their countries to faster control of the pandemic and a better economic recovery (economies with women heads of state are predicted to shrink by 5.5% this year, compared with 7% where men run the country). Research continues to show women leaders are handling COVID-19 more effectively than their male counterparts.¹⁷

The data gap is narrowing.

Women are often invisible in global data, and this is especially true in COVID-19. In a recent analysis of COVID-19 and hunger strategies from global leaders in the field, such as the United Nations and donor governments, CARE found that none consistently included sex- and age-disaggregated data to show the differences among people’s experiences.¹⁸ This research represents the first time in the pandemic that an organization is presenting recommendations based on evidence from 6,200 women in nearly 40 countries about what they need during COVID-19, and what they are doing to meet this global challenge themselves. This information provides invaluable insights into how humanitarian and development actors can further adapt their work to support a more effective and equitable COVID-19 response. It also reinforces the importance of actively listening to women to understand

what they want, how they experience and describe their needs, and how their experiences differ from men's. Women have consistently confirmed earlier predictions of the burdens they would face and have underlined the growing gaps between women and men.

CARE will continue to [publish these reports](#) in the countries where we work, with a global summary quarterly. We also commit to making women's firsthand responses public for decision-makers to access and analyze. Through an initiative called Women Respond, we are creating a global interactive dashboard that allows anyone to examine the data and analyze it based on geography, age, and categories like migration or employment status.

Men and women are working more together.

One opportunity arising out of COVID-19 is the potential to shift norms around men's and women's roles—both in the family and in the community. To take one example, most people consider that unpaid care is almost exclusively women's work. As men and women are at home together for long stretches of time, some men are beginning to see the extent of the unpaid care burden the women in their lives have always borne. There are hopeful examples of men starting to shoulder this load with their wives. COVID-19 is causing more men in Myanmar to temporarily help at home. As one 45-year-old woman from Yangon put it: "While husbands are staying at home, they are helpful for wives."¹⁹ In almost all countries, there are also examples of couples working more closely together to make decisions for the whole family, and to budget and plan together for the future, rather than planning and budgeting big purchases being a man's role alone.

Recommendations

With these important insights into the different experiences for women and men, CARE proposes the following recommendations to all decision-makers who are working on COVID-19 issues.

Get women and girls what they need.

- **Urgently prioritize women's and other excluded people's access to social protection programs and humanitarian aid.** All actors providing support during COVID-19—either through existing safety net programs, special COVID-19 relief programs, or humanitarian aid—should prioritize women recipients as at least 50% of the people receiving aid in line with population demographics. They should also adjust requirements of receiving support to ensure that no system makes it impossible for women, especially married women, to access aid independently.



"Since I have been working with local communities, I can see that a lot has changed for the better, especially when it comes to attitudes to women and girls. Traditionally, women would always sit in the back, speak less than the men (or not at all), and men did not give them the opportunity to share their opinion or ideas.

I hope that all of my efforts will encourage others to believe in their abilities; have more confidence to raise their voice. ... I hope to see more women leaders in the community, put an end to the discrimination of women in society, and support girls to go to school, in a world free from violence."

— **Bouavanh Manichanh, Laos**

- **Prioritize sexual and reproductive health; maternal and newborn health; and GBV prevention, risk mitigation, and response as lifesaving interventions.** Include them as part of initial COVID-19 responses. Women, girls, and local health care experts at this point in the pandemic are urgently requesting more support to family planning, prenatal consultations, center-based births and emergency obstetric care, extended midwife services that reach women where they are giving birth, and GBV prevention and support services, especially access to safe spaces.

Invest in women leaders and women's rights.

Women and youth leaders are showing remarkable resilience and ingenuity at all levels, but they need full access to their rights in order to fully unlock this potential. COVID-19 coordination and planning platforms are most effective when they are diverse and gender-balanced.²⁰

- **Gender-balance COVID-19 coordination and planning platforms.** All COVID-19 leadership committees and task forces should include at least 50% women. At least 25% of the strategic partners engaged in planning and funding strategies should be local organizations.^{c21} These should prioritize women-led and women's rights organizations.
- **Provide subsidies for local women's rights organizations and women who are participating in all levels of leadership opportunities.** This includes those who must travel, pay additional data or technology fees, pay for additional childcare, or give up other opportunities—especially income opportunities—to participate in COVID-19 and humanitarian processes.
- **Fund specific programs on women's rights, gender equality, and zero tolerance for GBV in all COVID-19 responses.** As women are facing a rollback of rights, governments and humanitarian actors are in a position to combat that problem by designing COVID-19 responses that promote women's rights and gender equality, and actively work against GBV and other rollbacks of rights. Actively engaging men and boys to support women's rights and share women's burdens is a key part of this solution.

Fill the data gaps.

This report shows the power of listening to women's and girls' voices, and how having this data allows us to better understand the challenges different people are facing. It also shows that it is possible to fill the data gap to design more effective responses.

- **Consistently collect, publish, and act on sex- and age-disaggregated data.** All actors must collect, publish, and act on sex- and age-disaggregated data, and focus on the gaps between different people's needs. Using context-appropriate tools—SMS surveys, WhatsApp interviews, phone interviews, Kobo toolbox, or in-person data collection when it's safe—makes it possible to quickly ask what different people need and understand gaps in current responses.
- **Use qualitative data.** The quantitative data only shows part of the picture. Responses are more effective when they understand both high-level trends and specific details in each context. All data collection efforts must include qualitative methods to better understand the complexities of people's needs and identities and provide more specific recommendations for effective action.

^c The Grand Bargain, Workstream 2. http://media.ifrc.org/grand_bargain_localisation

Be accountable for adaptation and equality.

Six months into the COVID-19 pandemic, these recommendations must inform not only new COVID-19 plans, but also the ways decision-makers are adapting their existing COVID-19 relief efforts and shaping their recovery strategies. As we close the data gap, it is important to understand what other barriers prevent global actors from responding to women's needs. Women's stories reveal that their needs are still not getting met. It is time to uncover and address the reasons why the global response continues to overlook women and their needs.

- **Transparently commit to women and girls.** Every actor should publish a status report on their COVID-19 commitments so far and include sections on actions they have taken to uphold women's rights and ensure that women, girls, and people left out of current responses have equal access to relief and recovery efforts. CARE will publish our own report based on these recommendations, as well as a scorecard to see how other global actors are building gender equality into their responses.
- **Match funding to commitments.** In addition to showing how responses are adapting to better meet needs for women, girls, and marginalized people, all actors should publish budget reports showing how they have allocated resources to better meet these needs. CARE will publish information on our own spending to support women and girls in COVID-19. Funding should reflect a clear commitment to equitably meeting needs and building a more equal future for everyone.



© Ollivier Girard/CARE

Resources and Endnotes

- ¹ https://www.theguardian.com/world/2020/aug/18/female-led-countries-handled-coronavirus-better-study-jacinda-ardern-angela-merkel?CMP=Share_iOSApp_Other
- ² CARE (April 2020). "What is the impact of COVID-19 on the global garment industry?" <https://www.careinternational.org.uk/what-impact-covid-19-global-garment-industry>
- ³ Gender in Humanitarian Action Working Group Asia and the Pacific (May 2020). "The COVID-19 Outbreak and Gender: Regional Analysis and Recommendations from Asia and the Pacific." <http://www.careevaluations.org/evaluation/the-covid-19-outbreak-and-gender-regional-analysis-and-recommendations-from-asia-and-the-pacific>
- ⁴ Masomera, Augustine and Chigwanda, Ellen. "CARE Rapid Gender Analysis for COVID-19." CARE Zimbabwe. <http://www.careevaluations.org/evaluation/care-zimbabwe-rapid-gender-analysis-for-covid-19>
- ⁵ Tchamani, Marceline. "Analyse Rapide Genre pour COVID-19 Cameroun." CARE Cameroon. <http://www.careevaluations.org/evaluation/analyse-rapide-genre-pour-covid-19-cameroun-mai-2020>
- ⁶ Ouattara, Malamita (April 2020). "CARE Rapid Gender Analysis Côte d'Ivoire." CARE Côte d'Ivoire. <http://www.careevaluations.org/evaluation/cote-divoire-rapid-gender-analysis-covid-19-may-2020>
- ⁷ Kalkidan Lakew Yihun (July 2020). "Rapid Gender Analysis COVID-19 Afghanistan – July 2020." CARE Afghanistan. <http://www.careevaluations.org/evaluation/afghanistan-covid-19-rga-july-2020>
- ⁸ CARE (July 2020). "Proyecto: Responder a las Necesidades Inmediatas de los Migrantes / Refugiados de Venezuela en el Contexto del COVID-19." CARE International. <http://www.careevaluations.org/evaluation/proyecto-responder-a-las-necesidades-inmediatas-de-los-migrantes-refugiados-de-venezuela-en-el-contexto-del-covid-19>
- ⁹ Panagoulia, Angeliki (May 2020). "CARE Rapid Gender Analysis COVID-19 and Beyond Lebanon." CARE Lebanon. <http://www.careevaluations.org/evaluation/care-rapid-gender-analysis-lebanon-may-2020>
- ¹⁰ Sriprasert, Pimpisa and Nyugen, Athena (July 2020). "CARE Rapid Gender Analysis COVID-19 Lao People's Democratic Republic." CARE Laos. <http://www.careevaluations.org/evaluation/laos-rapid-gender-analysis-covid-19-july-2020>
- ¹¹ Kalkidan Lakew Yihun (July 2020). "Rapid Gender Analysis COVID-19 Afghanistan – July 2020." CARE Afghanistan. <http://www.careevaluations.org/evaluation/afghanistan-covid-19-rga-july-2020>
- ¹² Ouattara, Malamita (April 2020). "CARE Rapid Gender Analysis Côte d'Ivoire" CARE Côte d'Ivoire <http://www.careevaluations.org/evaluation/cote-divoire-rapid-gender-analysis-covid-19-may-2020>
- ¹³ Kadidia Cisse Sidibe (2020). "Rapid Gender Analysis for COVID-19 Mali." CARE Mali. (pending publication on evaluation library) <http://careevaluations.org>
Toulemonde, Marie (May 2020). "COVID-19 Outbreak: Cox's Bazar Rapid Gender Analysis." ISCG Gender Hub, UN Women, CARE Bangladesh, and Oxfam. <http://www.careevaluations.org/evaluation/bangladesh-covid-19-rapid-gender-analysis-coxs-bazar>
- Robyn Baron, Mariela Rodriguez, Alma Perez, Dana Baron Romero, and Nuria Martin (May 2020). "Rapid Gender Analysis for COVID-19 Latin American and the Caribbean." CARE International. <http://www.careevaluations.org/evaluation/latin-america-and-the-caribbean-rapid-gender-analysis-for-covid-19>
- ¹⁴ Fuhrman, Sarah and Rhodes, Francesca (June 2020). "Where Are the Women? The Absence of Women in COVID-19 Response." https://insights.careinternational.org.uk/media/k2/attachments/CARE_COVID-19-womens-leadership-report_June-2020.pdf
- ¹⁵ Le Thi Hong Giang and Ngo Thi Thanh Huong (2020). "Rapid Gender Analysis for COVID-19 Vietnam." CARE Vietnam. <http://careevaluations.org/evaluation/vietnam-rapid-gender-analysis-may-2020>
- ¹⁶ CARE (July 2020). "COVID-19 Situation Report." July 17, 2020.
- ¹⁷ https://www.theguardian.com/world/2020/aug/18/female-led-countries-handled-coronavirus-better-study-jacinda-ardern-angela-merkel?CMP=Share_iOSApp_Other
- ¹⁸ Fuhrman, Sarah and Rhodes, Francesca (June 2020). "Where Are the Women? The Absence of Women in COVID-19 Response." https://insights.careinternational.org.uk/media/k2/attachments/CARE_COVID-19-womens-leadership-report_June-2020.pdf
- ¹⁹ Hall, Giselle (June 2020). "CARE Rapid Gender Analysis of COVID-19 in Myanmar." CARE Myanmar; UN Women. <http://www.careevaluations.org/evaluation/myanmar-covid-19-rapid-gender-analysis-version-1>
- ²⁰ https://www.theguardian.com/world/2020/aug/18/female-led-countries-handled-coronavirus-better-study-jacinda-ardern-angela-merkel?CMP=Share_iOSApp_Other
- ²¹

Author: Emily Janoch **Designer:** Praise Perry

Acknowledgments: Hilary Mathews, Mireia Cano, Susannah Friedman