BARRIERS AND OPPORTUNITIES FOR EVIDENCE-INFORMED DECISION-MAKING:

A brief study of practices in Asia Pacific countries

ABOUT THIS BRIEF

Drawing on the latest data on the gendered impacts of the coronavirus disease (COVID-19) pandemic, and the policy measures enacted in six countries in Asia and the Pacific to mitigate these impacts, this brief presents findings on the barriers to and opportunities for evidence-informed decision-making. As it draws on experiences from COVID-19 policy-design processes, including first-hand insights from key policy actors and secondary information gathered from the literature, this brief provides insights on the way policymaking processes are organized in different countries and the importance of using gender data in times of crises to inform gender-transformative responses and recoveries.

ACKNOWLEDGEMENTS

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1. INTRODUCTION

Governments are often faced with the difficulty of making decisions when time and resources are constrained. Adding to these challenges, capacity limitations to find, interpret and use data may affect whether decisions are informed by data. Policymakers may use different kinds of evidence to design and implement programmes and policies (box 1). This includes evidence from needs assessments, surveys, qualitative studies, feedback from citizens, programme monitoring data and high-quality impact evaluations, among other sources.[1] Decisions made without considering specific, timely and accurate evidence may result in unintended consequences.[2]

In times of crisis when traditional decision-making processes are challenged by urgent needs, decisions may be made informed by ad hoc observations or preliminary data rather than reliable and representative data.[3] The crisis brought about by the coronavirus disease (COVID-19) pandemic led to numerous data collection efforts, but these were not always sufficiently targeted or timely, and the results were not consistently communicated widely to inform related policies. Thus, some government responses have been anchored in data while others have not.

Abundant evidence is now available to show that the effects of the pandemic have not been gender neutral, and women and girls have been disproportionately affected. To mitigate the negative impacts of the pandemic, governments put in place multiple response and recovery measures. While many of these respond well to the broader socioeconomic impacts of the crisis, some of the gender gaps highlighted by available data remain unaddressed by these recovery measures. A recent analysis of nearly 5,000 policy measures shows than only 32 per cent have been gender-sensitive.[4]

Overall, analysis has shown that policies have been more likely to address the needs of women where gender data were available. However, data availability does not automatically translate into data use. To better understand the barriers to and opportunities for using evidence to inform crisis response and recovery measures, this brief draws on gender data collected during the pandemic and global repositories of gender-related policy responses to COVID-19. Firstly, the brief compares some of the available gender data with existing policy responses, to identify gap areas where there is a mismatch between the evidence (on women's needs) and the policy responses. This analysis is followed by an assessment on how COVID-19 policies were designed, and whether or not gender data were used. This was assessed collecting first-hand insights from key policy actors involved in COVID-19 related decision-making mechanisms (such as COVID-19 task forces, committees, working groups, etc.) in six countries (Indonesia, Kiribati, Papua New Guinea, Samoa, Solomon Islands and Tonga). **The analysis identifies barriers and enabling factors for using gender data for evidence-informed decision-making during the COVID-19 crisis**. This brief concludes with recommendations to promote the use of gender data for evidence-informed decision-making in future crises.

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1   JPAL (2018). Creating a Culture of Evidence Use: Lessons from the J-PAL's Government Partnerships in Latin America. Available from: https://www.povertyactionlab.org/sites/default/files/creating-a-culture-of-evidence-use-lessons-from-jpal-govt-partnerships-in-latin-america_english.pdf.

2   G. Banks (2009). Evidence-based policy making: What is it? How do we get it? Available from: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=1616460.

3   Z. Su (2021). Rigorous Policy-Making Amid COVID-19 and Beyond: Literature Review and Critical Insights. Int. J. Environ. Res. Public Health. Available from: https://www.mdpi.com/1660-4601/18/23/12447/pdf?version=1638159773.

4   The database combines two approaches in determining what constitutes a gender sensitive measure. The first approach defines measures taken to tackle violence against women and girls in the COVID-19 context as gender-sensitive by default. The second approach consists of looking at a broad range of social protection, labour market, economic and fiscal measures taken in response to COVID-19 and identifying a subset of gender-sensitive measures. For more details, see: https://data.undp.org/gendertracker/.

Box 1. What is meant by evidence-informed decision-making?

Different circumstances may require different forms of evidence to inform decisions. According to the World Health Organization (WHO), evidence is defined as factual knowledge acquired through observation or experimentation that supports a conclusion.* There are two main types of evidence: tacit knowledge and scientific evidence. Tacit knowledge is informal and includes the opinions, values and habits of policymakers, clinicians, patients, or citizens, expressed through various means such as formal discussions, websites, policy documents and reports. Scientific or research evidence is explicit, systematic, and can be replicated. It is evaluated based on its adherence to methodological standards and is generated through rigorous research processes.

The term evidence-informed decision-making is often used to refer to comprehensive approaches that integrate the best available evidence with other relevant factors, such as context, public opinion, equity, feasibility of implementation, affordability, sustainability and stakeholder acceptability.

For the purposes of this brief, however, all references to "evidence-informed decision-making" refer to uses of scientific evidence to inform policy-related decisions, whether directly or indirectly.

*Source: World Health Organization. (2021). Evidence, policy, impact. WHO guide for evidence-informed decision-making. Available See https://apps. who.int/iris/bitstream/handle/10665/350994/9789240039872-eng.pdf?sequence=1&isAllowed=y.

2. SCOPE AND LIMITATIONS OF THE ANALYSIS

To answer the question, "Were COVID-19 policies informed by evidence?", four key approaches were applied. Firstly, existing data on the effects of COVID-19 were reviewed for the six countries of interest (Indonesia, Kiribati, Papua New Guinea, Samoa, Solomon Islands and Tonga). Although UN Women's Rapid Gender Assessment (RGA) surveys on the consequences of COVID-19 (Box 2) were used to guide much of the data analysis presented in this brief, other surveys conducted during the pandemic were also reviewed to gather examples of the type of data available to decision makers.

The surveys selected for this analysis are illustrative of surveys conducted during the pandemic, but the selection is by no means comprehensive. The present review of multiple surveys undertaken by a variety of entities helps to identify key gender issues that needed attention during the pandemic.

Box 2. Rapid Gender Assessments on the consequences of COVID-19 in Asia and the Pacific

Rapid Gender Assessments (RGAs) are short surveys designed by UN Women to assess the immediate effects of the COVID-19 pandemic on women and men. Two rounds of these surveys were implemented in Asia and the Pacific with the support of the Women Count and Building Back Better programmes; the first in 2020 to look at immediate effects of the pandemic, and a second in 2021, to assess its lingering effects. The first round was implemented as an online survey, and no sampling strategy was used (weights were applied at the analytical stage to adjust for sex, age and location differentials). UN Women partnered with mobile network operators across 12 countries to transmit a link to the survey via text message to mobile subscribers. The second round was administered using computer assisted telephone interviewing across seven countries, and a sampling strategy was used to account for sex, age and location differentials.

The limitations of online and phone surveys are well known, and the data generated by RGAs were not fully representative of the target population. However, the surveys managed to address the urgent data needs of the time, and identify signals that could help inform response and recovery-related decisions. The estimates were also useful to advocate for a gender-sensitive recovery from the pandemic.

Across all countries, national governments were informed about the survey prior to data collection and given an opportunity to provide feedback to the questionnaire. However, RGAs were not designed to be fully representative or to replace official statistics.

Secondly, a review of existing COVID-19 policy responses was carried out. To narrow down the scope, only policies included in the Global Gender Response Tracker were considered for analysis. The tracker includes only publicly available national level policies that were designed specifically in response to the COVID-19 crisis and pertain to the following relevant gender issues: violence against women and girls (VAW[5]), women's economic security and unpaid care work. The tracker was used as a source for available policies under the assumption that it was up to date at the time of research and included comprehensive information. Given that its latest update took place in July 2021[6], this brief did not consider COVID-19 related policies that may have been established after that date.

Thirdly, a mapping exercise compared statistics from various surveys with policy solutions to identify gaps and discrepancies. This exercise revealed a mismatch between evidence and policies.

Lastly, to assess the potential reasons behind the discrepancies, information on barriers and opportunities encountered for evidence-informed decision-making was collated from policymakers through online polls and key informant interviews.

A key limitation of this study is the possibility of bias in the selection of experts, as only national government counterparts that work with UN Women in different capacities were contacted (see section 4 for more details).

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5   Some of the policy studies address violence against women only while others include women and girls. For ease of reference throughout this publication, the acronym VAW will be used to refer to either violence against women, or violence against women and girls.

6   Although the last on-line update for the tracker appears as November 2021, the latest information on policies was collated by authors of the tracker in July 2021.

3. DISCREPANCIES BETWEEN COVID-19 DATA AND POLICY RESPONSES ON KEY GENDER ISSUES

Multiple surveys and studies conducted since the onset of the pandemic highlighted that women's economic security was substantially affected by the COVID-19 crisis. Other issues, including increases in the incidence of VAW and the disproportionate increase in unpaid care and domestic work burdens on women, have been less studied but were flagged as key concerns by a few sources, including the RGAs.

Although evidence is plentiful on the substantial impacts of the COVID-19 pandemic on women and girls, the latest information from the Global Gender Response Tracker indicates that only 32 per cent of all COVID-19 recovery measures globally are gender-sensitive.[7] For instance, as a result of the pandemic, women globally have been more likely than men to lose their jobs,[8] and many women saw major income losses. However, across countries, policy action has been inadequate to address the pandemic's disproportionate impact on women's jobs. The pandemic multiplied women's unpaid care and domestic workloads,[9] and to address these increased burdens, family leave, emergency childcare services, or cash-for-care measures were established in some countries but remained largely missing in Asia and the Pacific.[10] Furthermore, nearly 50 per cent of women who responded to the RGAs across 13 countries reported that they or a woman they know had experienced at least one form of violence since the onset of the pandemic.[11] While many Governments prioritized the development of specific policies targeting VAW, only 13 countries mainstreamed VAW into their COVID-19 response plans[12].

All Governments in the six countries included in this brief (Indonesia, Kiribati, Papua New Guinea, Samoa, Solomon Islands, and Tonga) set up special committees or task forces to facilitate COVID-19 recovery through policy measures. These were either key advisory bodies to the cabinet or key executive bodies responsible for enacting specific response and recovery measures. The analysis of policies, in each country shows varying levels of response in terms of number of COVID-19 policy measures and the extent of their gender focus.

Gender-sensitive responses appear across all countries in varying degrees (figure 1). In Indonesia, for instance, 13 out of the 40 COVID-19 national-level policies identified were found to be gender-sensitive, while in Kiribati, five of the eight COVID-19 policies had a gender angle. These varying levels of response stem from multiple underlying factors, such as the severity of the effects of the COVID-19 crisis in each country, existing government commitments on gender equality prior to the pandemic, the relative strength of feminist movements and organizations, and varying levels of state capacity.[13] Given this diversity of factors, cross-country comparisons on the number of policies are not relevant. In addition, it is important to note that a larger number of policies does not necessarily imply better reach.

7   COVID-19 recovery measures are classified as gender-sensitive if they tackle VAW, support women's economic security through social protection, labour market, or fiscal measures, or address women's and men's care responsibilities through social protection and labour market measures.
8   ILO (2021). Building Forward Fairer: Women's rights to work and at work at the core of the COVID-19 recovery. Available from: https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_814499.pdf.
9   UN Women (2020). Whose time to care? Available from: https://data.unwomen.org/publications/whose-time-care-unpaid-care-and-domestic-work-during-covid-19.
10 The majority of unpaid care work related policies were put in place in Europe, North America, Australia, and New Zealand.
11 UN Women (2021). Measuring the shadow pandemic: Violence against women during COVID-19. Available from: https://data.unwomen.org/publications/vaw-rga.
12 These are listed in Figure 3.
13 UN Women (2021). Government responses to COVID-19: Lessons on gender equality for a world in turmoil. Available from: https://www.unwomen.org/en/digital-library/publications/2022/06/government-responses-to-covid-19-lessons-on-gender-equality-for-a-world-in-turmoil.

Figure 1: Number of COVID-19 recovery measures put in place between the onset of the pandemic and July 2021, by gender sensitivity (total)

Total COVID-19 policies   Gender-sensitive COVID-19 policies
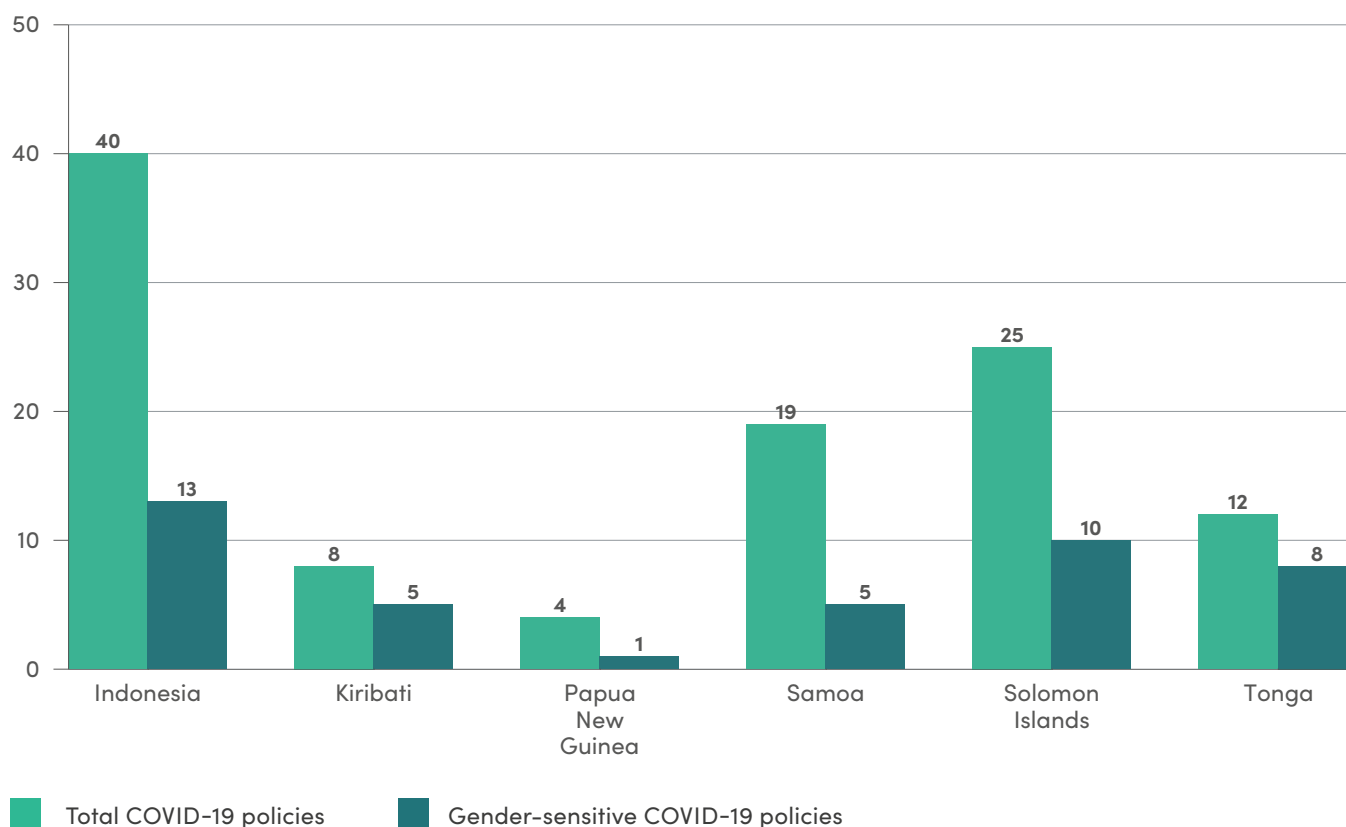
Source: Based on Global Gender Response Tracker. Available from: https://data.undp.org/gendertracker/ (Accessed 5 October 2022).

Most of the gender-sensitive measures[14] addressed issues around VAW (figure 2). For instance, in Samoa, nearly 60 per cent of all gender-sensitive policies address VAW, while only 20 per cent address women's unpaid care work. In Kiribati, all gender-sensitive policies address VAW. An exception is Papua New Guinea, where the one gender-sensitive measure in place addresses women's economic security.

14   For ease of reference, gender sensitive measures have been defined as those that seek to directly address the risks and challenges that women and girls face during the COVID-19 crisis, across three key thematic areas: VAW, unpaid care work and economic insecurity.

Figure 2: Proportion of gender-sensitive COVID-19 policy measures put in place between March 2020 and July 2021, by policy area (percentage)
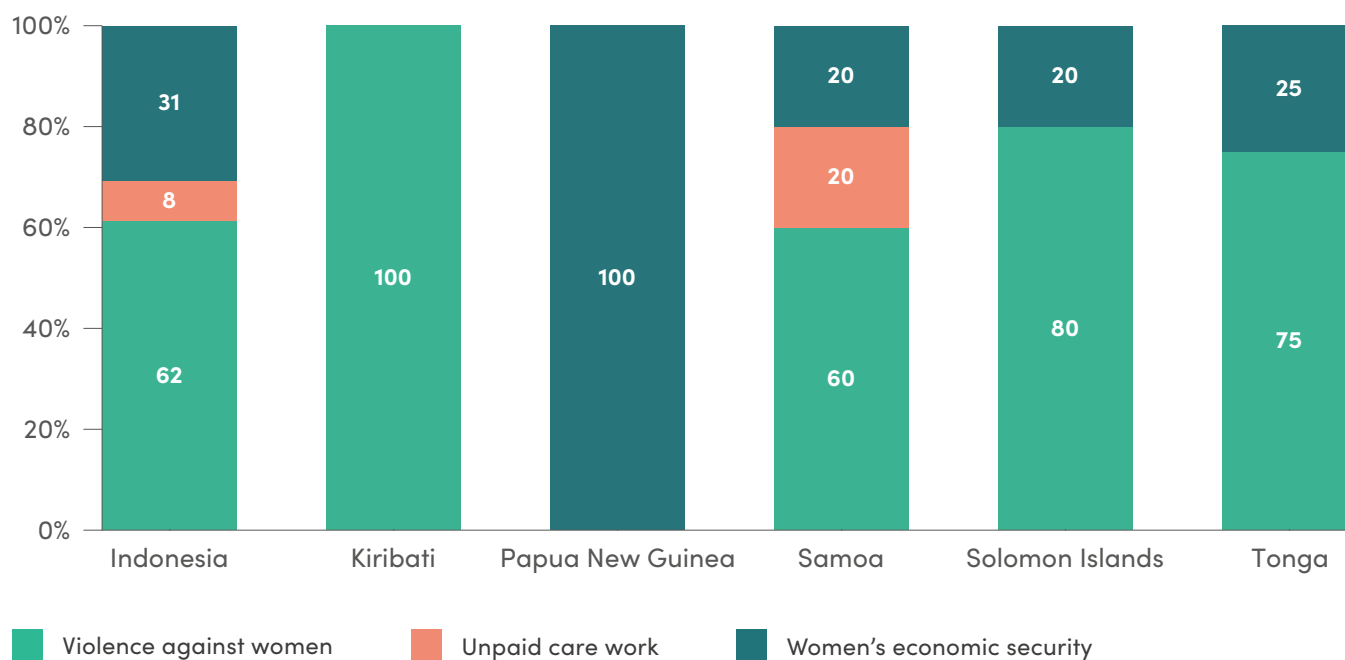
Source: Based on Global Gender Response Tracker. Available from: https://data.undp.org/gendertracker/ (Accessed 5 October 2022).

Note: The tracker includes gender-sensitive responses to three issues: violence against women (VAW); unpaid care work; and women's economic security. Percentages may not add up to 100 due to rounding.

Across all six countries, a significant proportion of these policies were put in place within the first six months of the pandemic (figure 3), in some cases, long before any gender data on the consequences of COVID-19 were available. After the first round of RGAs, Indonesia, Solomon Islands, Papua New Guinea and Samoa all established some gender-sensitive measures, and prior to that such measures had been established in Indonesia, Solomon Islands, Samoa and Tonga.

In line with global caseload trends, there was a sharp decline in COVID-19 related policies after 2021 in the six countries. This holds true even for countries in the Pacific that experienced peak COVID-19 infection rates later than the rest of the world. The Global Gender Response Tracker was no longer updated after July 2021, so it is unclear whether any additional policies were enacted since then.

Figure 3: Timeline for the establishment of COVID-19 response and recovery measures and available data sources, 2020–2022
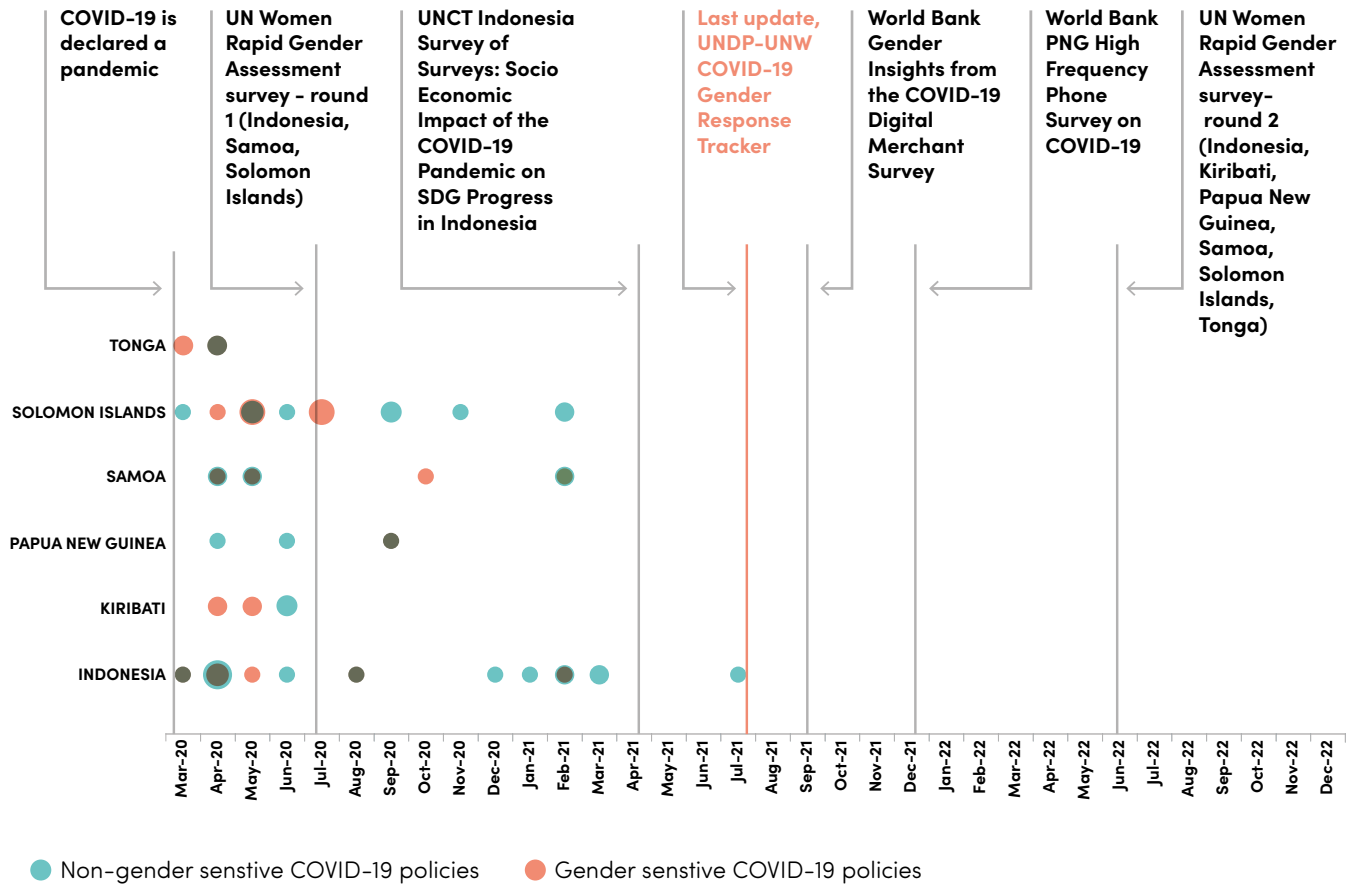
Source: Based on Global Gender Response Tracker. Available from: https://data.undp.org/gendertracker/ (Accessed 18 June 2023).

Note: The tracker includes gender-sensitive responses to three issues: violence against women (VAW); unpaid care work; and women's economic security. The size of the dots is proportional to the number of policies adopted in that month. Only policies with an explicit start date were included.

Women's economic security

Gender data reveal that the pandemic has impacted women's livelihoods disproportionately, with women losing 46.4 million jobs globally (a 3.6 per cent loss compared to 2.9 per cent for men).[15] This was also the case for most countries considered in this study. In Indonesia, for instance, an estimated 200,000 jobs were lost. Prior to the pandemic, gender gaps were apparent in Indonesia across key labour market indicators,[16] and the crisis substantially affected the large share of the population that relies on informal work and micro- and small businesses, which includes many women.

Globally, women's disproportionate job losses have been partially a consequence of their overrepresentation in vulnerable employment. The pandemic caused an increase in unpaid care and domestic work responsibilities, and this may have also contributed to job losses among women. Recent estimates confirm that women in the countries considered in this study (apart from Solomon Islands and Tonga) have been more likely than men to take up additional household and care chores since the onset of the COVID-19 crisis (despite the fact that they were already spending more time than men to begin with), which may have pushed many out of paid employment (figure 4).

Figure 4: Percentage change in employment and family responsibilities since the onset of COVID-19, by sex
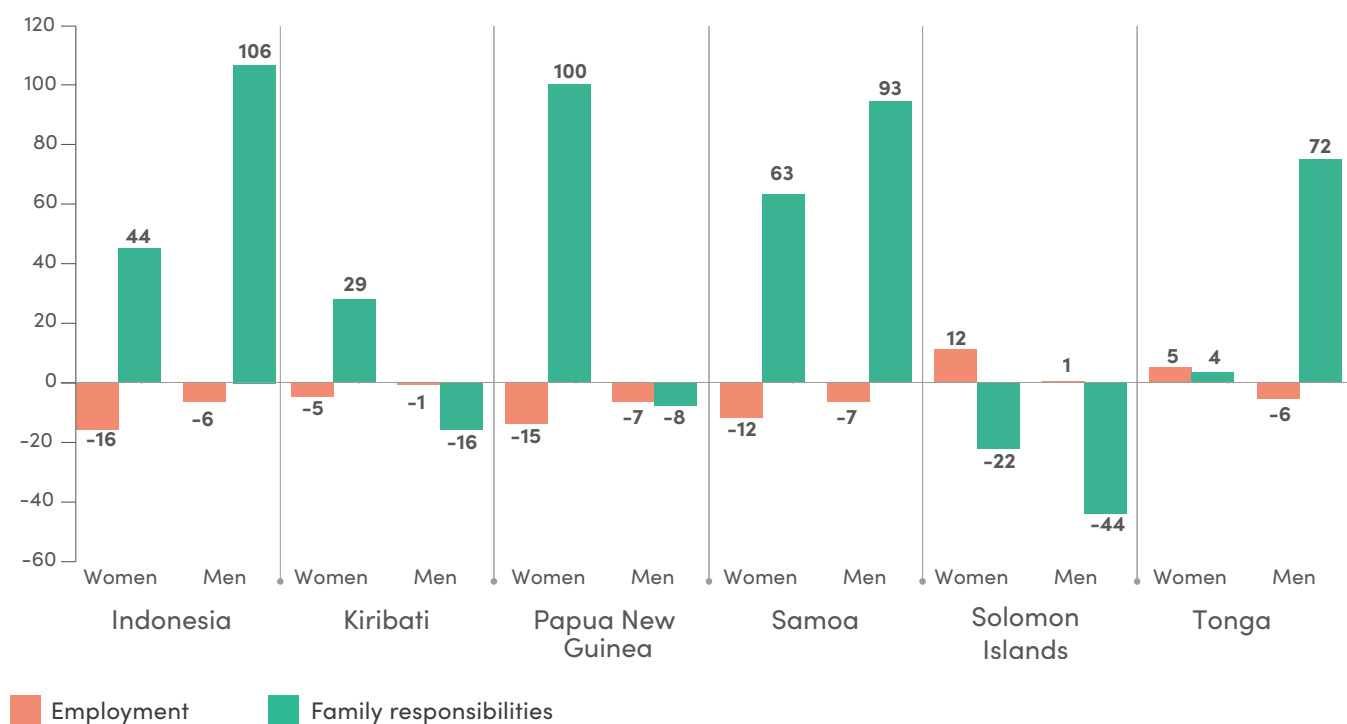
Source: Based on UN Women and ADB (2022) Rapid Gender Assessment Surveys on the Lingering Gendered Effects of the COVID-19 pandemic in Asia and the Pacific. Available from: https://data.unwomen.org/publications/two-years-lingering-gendered-consequences-covid-19-asia-and-pacific.

Note: Positive values indicate increase and negative values indicate decrease in employment/family responsibilities.

15   ILO (2022). World Employment and Social Outlook: Trends 2022. Available from: https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_834081.pdf.

16   Based on 2019 ILO estimations on Key Indicators of the Labour Market. Available from: https://www.ulandssekretariatet.dk/wp-content/uploads/2020/04/lmp_indonesia_2020_final_version-1.pdf.

Evidence from the Socio-Economic Impact Assessment of COVID-19 in the Pacific Region (2020–2021) conducted by the Pacific Islands Forum highlighted that gender inequalities were amplified by the pandemic and overlapping climate and natural hazard events. In Tonga, for instance, market closures implemented as part of COVID-19 restrictions affected women disproportionately (women are more likely to engage in marketing activities and other informal occupations), which resulted in more women than men experiencing income losses.[17]

Similarly, the RGAs revealed that, even though women are less likely than men to have an income, they were more likely to lose their income during the pandemic. In Tonga, women were significantly more likely than men to lose all their income (3 per cent compared to 0 per cent for men), while in Papua New Guinea, women were more likely to see a decrease in income (94 per cent compared to 89 per cent for men) but not total loss (2 per cent of women compared to 5 per cent for men). Although many of these surveys were conducted before the COVID-19 virus spread across Pacific Island countries, income losses likely occurred owing to the heavy reliance of these economies on foreign markets, which made them vulnerable. For instance, the crisis affected the tourism industry substantially, which makes up a significant share of gross domestic product (GDP) in some of these countries.[18]

Governments responded to these economic stresses in a variety of ways, some of which are gender sensitive. For the purpose of this analysis, social protection schemes, labour market measures and fiscal and economic measures that target women or specific groups of women (e.g. rural, indigenous, pregnant and lactating women), or female-dominated economic sectors (e.g. garment industry, hospitality industry, health-care workers), are considered gender-sensitive measures aimed at addressing women's economic security. Governments in the selected countries apart from Kiribati[19] have enacted such measures in the form of cash transfers, tax exemptions and public sector subsidies to name a few (figure 5), albeit with varying degrees of gender focus.

All COVID-19 policies directed at women's economic security in these countries can be classified into two groups: direct measures that target women or specific subgroups of women; and indirect measures that target economic sectors where women are overrepresented.

Examples of measures directly targeting women

- In **Indonesia**, the Family Hope Programme (Program Keluarga Harapan) is the national flagship conditional cash transfer programme. It provides assistance to poor families, especially pregnant and lactating mothers. Within the first month of the pandemic it was expanded to provide monetary benefits and other services, such as provision of 15 kilos of rice.

- In **Tonga**, the Government rolled out a conditional cash transfer programme for secondary school students living in poor and vulnerable households. One-time payments were made to prevent school dropouts due to the economic effects of the pandemic. An estimated 87 per cent of these payments were deposited in bank accounts of female household members.[20]

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17   Socio-Economic Impact Assessment of COVID-19 in the Pacific Region, CROP, Pacific Islands Forum, 2020–-2021.
18   Tourism receipts as percentage of gross domestic product (GDP) in 2018 were as follows: Kiribati (8 per cent, Papua New Guinea (16 per cent), Samoa (30 per cent), Solomon Islands (8 per cent), Tonga (25 per cent). See https://pic.or.jp/ja/wp-content/uploads/2019/07/2018-Annual-Visitor-Arrivals-ReportF.pdf.
19   In Kiribati, no national level gender-sensitive economic policy was enacted in response to the COVID-19 pandemic during the reference period.
20   See https://documents1.worldbank.org/curated/en/281531621024684216/pdf/Social-Protection-and-Jobs-Responses-to-COVID-19-A-Real-Time-Review-of-Country-Measures-May-14-2021.pdf.

- In **Papua New Guinea**, the Government announced stimulus packages for small businesses struggling during the pandemic and, as a result, made loans available at low interest rates and longer repayment terms (15–20 years). The policy benefits were focused on women-only businesses among other vulnerable groups, to allow sufficient liquidity for businesses to maintain their activities.[21]

Figure 5: Number of policies related to COVID-19 that target women's economic security by country and type of assistance

Source: Analysis of data from Global Gender Response Tracker. Available from: https://data.undp.org/gendertracker/ (Accessed 1 October 2022).

Note: The size of the slices is proportional to the number of policies put in place during the reference period. Data on policies targeting women's economic security were not available for Kiribati at the time of this analysis.

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21   See https://dataviz.worldbank.org/views/AID-COVID19/Overview?%3Aembed=y&%3AisGuestRedirectFromVizportal=y&%3Adisplay_count=n&%3AshowAppBanner=false&%3Aorigin=viz_share_link&%3AshowVizHome=n#2.

Examples of measures indirectly targeting women

Policies that target sectors where women are overrepresented (garment industry workers, domestic workers, schoolteachers, and health and adult care workers) contribute to protect women's employment, and thus, their economic security. This category of interventions formed the bulk of gender-sensitive policies on women's economic security enacted in the selected countries.

- In **Solomon Islands**, where for every man in the accommodation and food services sectors, there are three women, tax relief was provided to the tourism industry.

- In **Indonesia**, the Pemulihan Ekonomi Nasional (National Economic Recovery Programme) provided multiple provisions, including tax incentives to the health and tourism sector, as well lowering interest rates through interest subsidies and credit restructuring[22] to micro-, small and medium-sized enterprises, where the bulk of the workers are women. In addition, the Super Micro Kredit Usaha Rakyat (People's Business Loan) scheme was put in place to provide credit access to ultra-microenterprises, employees who were laid off and women with productive microbusinesses.

- In **Tonga**, economic and social stimulus packages were enacted to provide financial assistance to all sectors of the economy, including manufacturing. As women are overrepresented in the manufacturing sector (51 per cent of women's employment is in the manufacturing sector compared to only 6 per cent for men), this policy is considered gender sensitive.

- In **Samoa**, one-off cash payouts were given, partly as a social protection measure, and partly as an incentive to register for the national identification (ID). The long-term goal of this scheme was to use the national ID registry to target responses to future economic shocks and natural hazards to vulnerable groups in the country.

While the selected Governments have provided safety nets for some vulnerable groups of women and men, and this assistance was critical in increasing resilience among people and businesses during the pandemic, evidence suggests that the benefits were unevenly distributed and were inadequate in some cases. For instance, when asked whether they had received social protection from the Government since the onset of COVID-19, RGA respondents noted that the overall access had been low (figure 6). World Bank surveys in Indonesia found that people working in micro- and small enterprises seldom made use of government support services such as loan programmes, as they often found these services irrelevant to them, were unaware of such services, or found it challenging to apply for the schemes.[23]

Barriers to accessing loans from formal financial institutions left many seeking support from informal networks of family and friends, which also demonstrates the inadequate reach of some response measures (in Indonesia, among micro- and small business owners, 26 per cent of women and 30 per cent of men asked for a loan from their informal networks, compared to only 13 per cent of women and 14 per cent of men who sought loans from formal financial institutions).[24] Additionally, measures for flexible working arrangements were not always enacted. For example, in Solomon Islands, a national study found that 17 per cent of people could not benefit from any kind of flexible working arrangements, while only 13 per cent benefited from flexible hours and an additional 17 per cent could work from home[25]. In

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22   Credit restructuring is defined as remedial action taken by the bank for their debtors that are experiencing difficulties in meeting their obligations, such as lowering the credit interest rate, adjusting terms of credit, reducing credit principal and other credit facilities.

23   See https://documents1.worldbank.org/curated/en/691661477568338609/pdf/109534-WP-ENGLISH-SME-Indonesia-Final-Eng-PUBLIC.pdf.

24   UN Women (2020). Leveraging digitization to cope with COVID-19. An Indonesian case study on women-owner micro and small businesses. Available from: https://data.unwomen.org/sites/default/files/documents/Publications/Indonesia-Digitalization-Women-MSBs-COVID19-EN.pdf.

25   Solomon Islands Chamber of Commerce and Industry (2021). COVID-19 Enterprise survey report. Available from: https://www.solomonchamber.com.sb/media/2091/2021-covid-19-enterprise-survey-report.pdf

Indonesia, a recent study on the Family Hope Programme[26] found that women beneficiaries were less likely than men to participate in the labour market (only 61 per cent for women compared to 84 per cent for men), and identified the lack of flexible working hours to tend to domestic and care duties as key roadblocks to employment.[27]

A more consistent use of gender data to inform policy responses during the pandemic, could have resulted in national governments putting in place gender sensitive policies to promote economic security. In **Maldives**, for instance, RGA data showcased that many women did not qualify for accessing government support for their businesses because informal workers were not previously registered as employed. In response, the Ministry of Economic Development reduced the documentation required to qualify for the programme, making it easier for women informal workers to apply. As a result, nearly 7,500 previously excluded women informal workers were included in an Income Support Allowance programme, and women's applications to access support rose from 22 to 36 per cent in just a few months.

Figure 6. Proportion of people who received social protection from the Government since the onset of COVID-19, by sex (percentage)

Source: UN Women calculations based on UN Women and ADB (2022), Rapid Gender Assessment Surveys on the Lingering Gendered Effects of the COVID-19 Pandemic in Asia and the Pacific. Available from: https://data.unwomen.org/publications/two-years-lingering-gendered-consequences-covid-19-asia-and-pacific.
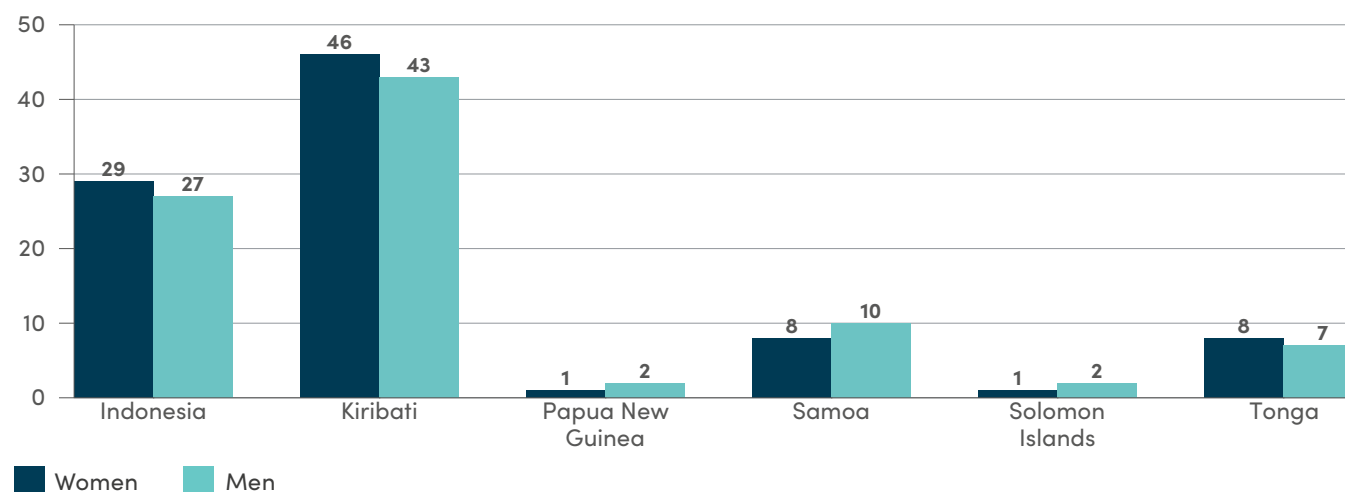
Unpaid care work

Globally, women shoulder the bulk of unpaid domestic and care work burdens within households. Before the pandemic, time spent on unpaid care and domestic work was nearly 3.2 times as long for women than for men.[28] With the COVID-19 crisis and related lockdown measures, unpaid care and domestic work burdens multiplied, as people spent more time inside their homes and cleaning and caring requirements increased. Evidence from 45 countries found that women were more likely than men to report an increase in childcare responsibilities since the onset of the COVID-19 crisis. In four of the six countries on this brief, women had been disproportionately in charge of unpaid childcare work prior to the pandemic, and women were more likely than men to see larger increases in

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26   A social assistance programme targeting the poorest households with expecting or lactating mothers and children age 0–15 years.
27   See https://socialprotection.org/sites/default/files/publications_files/Brief-PKHStudy-EN_FINAL_0.pdf.
28   UNDP and UN Women (2022). Government responses to COVID-19: Lessons on gender equality for a world in turmoil.

Figure 7: Proportion of people who noted women/men in the household spent the most time feeding, cleaning, providing physical care, and medical care for children prior to the COVID-19 pandemic (percentage)
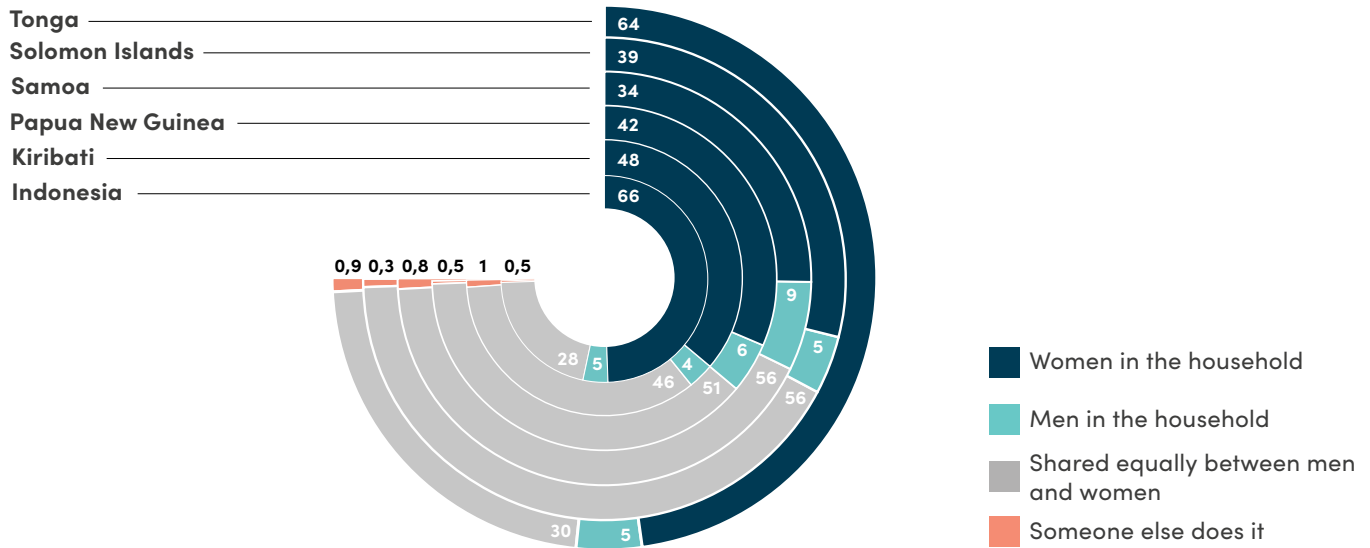
Source: UN Women calculations based on UN Women and ADB (2022), Rapid Gender Assessment Surveys on the Lingering Gendered Effects of the COVID-19 Pandemic in Asia and the Pacific. Available from: https://data.unwomen.org/publications/two-years-lingering-gendered-consequences-covid-19-asia-and-pacific.

Note: "Women in the household" refers to a clustered category of women respondents who reported being primarily in charge of the activity and respondents of any sex who reported a female household member was primarily in charge of the activity. "Men in the household" refers to a clustered category of men respondents who reported being primarily in charge of the activity and respondents of any sex who reported a male household member was primarily in charge of the activity. "Shared equally between women and men" refers to respondents who reported an activity is equally undertaken by women and men in the household. The chart excludes respondents who reported that the activity does not take place in the household, those who said "I do not know" and those who refused to respond. All gender differences are statistically significant (p<0.05).

Figure 8: Proportion of people who noted their time spent feeding, washing, providing physical and medical care for children increased since the onset of COVID-19, by sex (percentage)
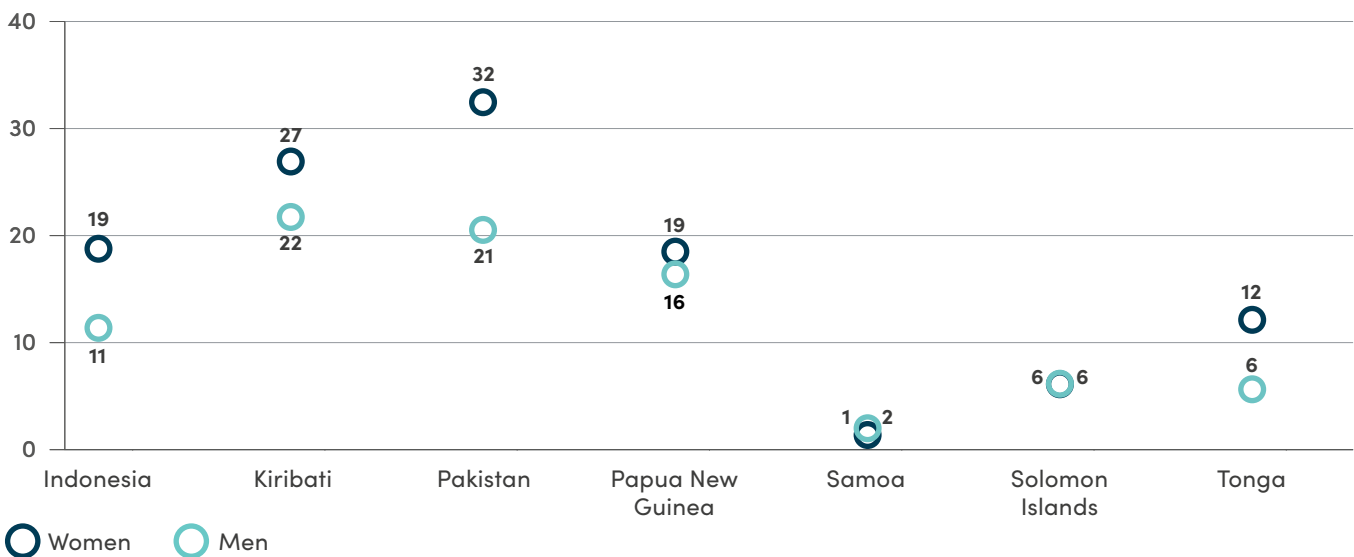
Source: UN Women calculations based on UN Women and ADB (2022), Rapid Gender Assessment Surveys on the Lingering Gendered Effects of the COVID-19 Pandemic in Asia and the Pacific. Available from: https://data.unwomen.org/publications/two-years-lingering-gendered-consequences-covid-19-asia-and-pacific.

these workloads (figures 7 and 8). Increased care work burdens may result in lost opportunities, including access to paid employment and the ability to gain financial independence, and access education or leisure.

To respond to these increased burdens and allow unpaid caregivers to maintain their employment and income, governments should have included provisions for unpaid care work in their COVID-19 response and recovery policies. Examples include family leave, emergency free childcare services, and cash-for-care to cope with school and day-care closures. Instead, in the six countries in this study, such measures were few to none. Out of a total of 42 gender-sensitive COVID-19 measures in these countries, only two policies addressed women's unpaid care work.

- In **Indonesia**, basic information was disseminated about COVID-19 and its spread, how to prevent older family members from contracting the virus, and care-related actions to take when family members show symptoms.[29] A 2017 national survey revealed that many older people in Indonesia live with their families, with a preference among families to care for older people at home instead of in institutional settings.[30] Women make the largest share of caregivers for older family members in Indonesia,[31] so the increased care needs of older people during the COVID-19 crisis increased the unpaid care burden on many women. Hence, while providing guidance on the care of older people at home was important, there were no additional policy measures to support caregivers with services, and meet their financial needs for care provision. Furthermore, literature shows that women's care responsibilities are rooted in social norms,[32] but policies did not target these root causes.

- In **Samoa**, the social insurance policy measure allowed employed people responsible for the care of family members suspected or confirmed with COVID-19 to take special paid leave.[33] However, no other national level measure was implemented to address the increased unpaid burdens in the context of making food, enhancing household hygiene, caring for older people or disabled adults, or childcare work such as education and supervision, which increased with mobility restrictions and other safety measures.

Overall, the lack of sufficient interventions to assist people providing unpaid care work, even at a time when needs peaked and the data was clear in indicating this increase in burdens, illustrates the importance of establishing systems for ensuring the consistent use of evidence in policymaking processes. In addition to evidence-informed needs assessments, policymakers may consider good practices from other countries (see box 3).

29   See http://www.padk.kemkes.go.id/article/read/2020/04/23/21/hindari-lansia-dari-covid-19.html.
30   T.P. Sani, M. Tan, K.K. Rustandi and Y. Turana (2020). COVID-19 Long-Term Care Situation in Indonesia, 30 May. Available from: https://
      ltccovid.org/wp-content/uploads/2020/06/The-COVID-19-Long-Term-Care-situation-in-Indonesia-30-May.pdf.
31   For example, 58 per cent of people noted that women spent the most time taking care of or helping adults/older people in the household/
      family, compared to only 16 per cent of people noting that men in the household spend the most time on this activity. See UN Women (2022).
      Two years on: The lingering gendered effects of the COVID-19 pandemic in Indonesia. Available from: https://data.unwomen.org/sites/
      default/files/documents/Publications/RGA%20Country%20Factsheet-%20Indonesia-%20Final.pdf.
32   N. Sarrasanti, F.K. Donkor, C. Santos, M. Tsagkari and C. Wannous (2020), Its About Time We Care About an Equitable World: Women's
      Unpaid Care Work and COVID-19. Available from: https://repositorio.ul.pt/bitstream/10451/47748/1/ICS_CSantos_Its.pdf
33   Social protection and job responses to COVID-19: A real-time review of country measures. https://documents1.worldbank.org/curated/
      en/281531621024684216/pdf/Social-Protection-and-Jobs-Responses-to-COVID-19-A-Real-Time-Review-of-Country-Measures-
      May-14-2021.pdf

Box 3. Good practices on care policies established during the COVID-19 pandemic

Expanding parental and sick leave

- **Germany** doubled the number of days of paid leave for workers with sick children up to age 12 (or children with disabilities at any age), and up to 40 days in the case of single parents, during school closure or quarantine.

- **Norway** doubled the usual childcare leave from 20 to 40 days per child during school and day-care closures, and in 2021 also allowed parents to request additional days where lockdowns continued or if children needed to stay at home for health reasons.

- **Chile** granted a 30-day extension of parental leave benefits, which could be extended twice more during the emergency.

Extending care services

- **Austria, Denmark, France, Germany, Latvia, the Netherlands and the United Kingdom**: Childcare services remained open for essential workers during first-wave lockdowns and, in some cases, for single parents or children with special needs.

- **Costa Rica, Guyana, Japan, the Republic of Korea, the Russian Federation and Singapore**: Took measures to ensure emergency childcare provision was available for essential workers. Preschools remained open to serve a limited group of parents/guardians who were working in essential services and unable to find alternative care arrangements. Priority was given to children of health-care workers and children of low/ daily wage workers employed in essential services.

- **Jamaica**: Implemented a nutritional support programme for primary and secondary students from families receiving cash transfers. Initially, it included baked products, fruit juices, milk, and water, but later transitioned to a daily cash top-up per child in early childhood development, primary, or secondary education to support school feeding while centres remained closed. In certain situations, community-based organizations also stepped in to assist families by offering nutritional and care services through community canteens and kindergartens that continued operating when public services were insufficient or unavailable.

Providing cash benefits for care during the pandemic (cash-for-care)

- **Canada**: The Recovery Caregiving Benefit provided CAD 500 (USD 373) per household per week for people who were unable to work because they had to care for a child under the age of 12 or another family member.

- **Belgium**: Temporary parental allowance was given to self-employed workers with children under age 12 or with a disability, who were unable to resume full-time self-employed work due to childcare responsibilities.

- **Italy**: Cash-for-care vouchers to purchase care services in the market were implemented.

Source: UNDP and UN Women (2022), Government responses to COVID-19: Lessons on gender equality for a world in turmoil. Available from: www.unwomen.org/sites/default/files/2022-06/Government-responses-to-COVID-19-Lessons-on-gender-equality-for-a-world-in-turmoil-en_0.pdf.
Note: This is not an exhaustive list of good practices, and only few countries have been included for brevity.

Violence against women and girls

As the pandemic accelerated stressors around income and access to services and food, evidence of increased violent behaviors against women and girls emerged. Data from specialized VAW RGAs confirmed this trend, with 1 in 2 women reporting they or a woman they know experienced violence since the onset of COVID-19. Additionally, an analysis of online searches (using Google and other search engines) in eight Asian countries found that violence-related searches increased when mobility restrictions and other COVID-19 related stressors peaked. An analysis of search data from Kiribati, Samoa, Solomon Islands and Tonga found a similar increases in VAW-related online searches (including help-seeking searches) in the face of the pandemic-induced lockdown measures and overlapping crises, including droughts, cyclones, volcanic eruption and floods.

Interviews conducted by the United Nations country team in Indonesia revealed a significant increase during the pandemic in psychological abuse, including cybercrime, online VAW and verbal abuse (such as bullying, text-based intimidation, and the sharing of unsolicited explicit images).[34] Surveys conducted in the Pacific showed spikes of VAW during the pandemic and an increase in barriers to seek help, access medical care, find temporary shelter, or escape abusive partners.[35] In Papua New Guinea, 63 per cent of women have experienced physical, sexual, or emotional abuse, and 85 per cent reported that they had been turned away from services due to COVID-19 related restrictions. Furthermore, the Women and Children Crisis Centre in Tonga recorded twice the usual number of family violence cases during the 15-day lockdown period. These figures are particularly worrisome given the high prevalence of VAW prior to the pandemic in these countries (figure 9). In Papua New Guinea in 2018, for instance, nearly one third of adult women reported experiencing some form of physical and/or sexual violence in the 12 months before the 2018 survey. For women already living in abusive and violent relationships, enforced social isolation and quarantine are particularly dangerous as they may be confined with their abusers.

Figure 9: Proportion of women age 15–49 years subjected to physical and/or sexual violence by an intimate partner in the 12 months prior to the survey, 2018 (percentage)
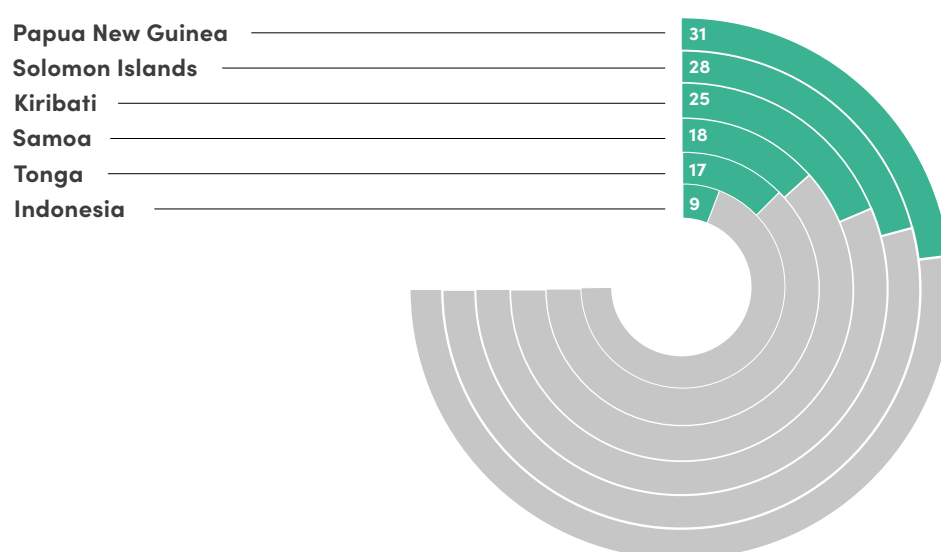
Source: UNSD. SDG Global Indicator Database. Available from: https://unstats.un.org/sdgs/dataportal/database. (Accessed on 1 October 2022)

34   United Nations Indonesia (2021), Survey of Surveys: Socio Economic Impact of the COVID-19 Pandemic on SDG Progress in Indonesia, April.
35   Pacific Islands Forum (2021), Socio-Economic Impact Assessment of COVID-19 in the Pacific Region, 2020–2021.

Governments of the selected countries were generally quick to respond to this issue[36]. The types of response measures included essential services, prevention measures, data collection/use and integration of VAW into COVID-19 response plans.[37] In the six countries, 74 per cent of all gender-sensitive COVID-19 measures aimed at addressing VAW. Available data on the start dates of the policy responses indicate that the majority of VAW-related responses were put in place within the first six months of the pandemic (between April 2020 and August 2020).[38] Figure 10 shows the relative share of different types of VAW-related polices in the selected countries.

Figure 10: Proportion of VAW-related policy measures, by type, six country aggregate (percentage)
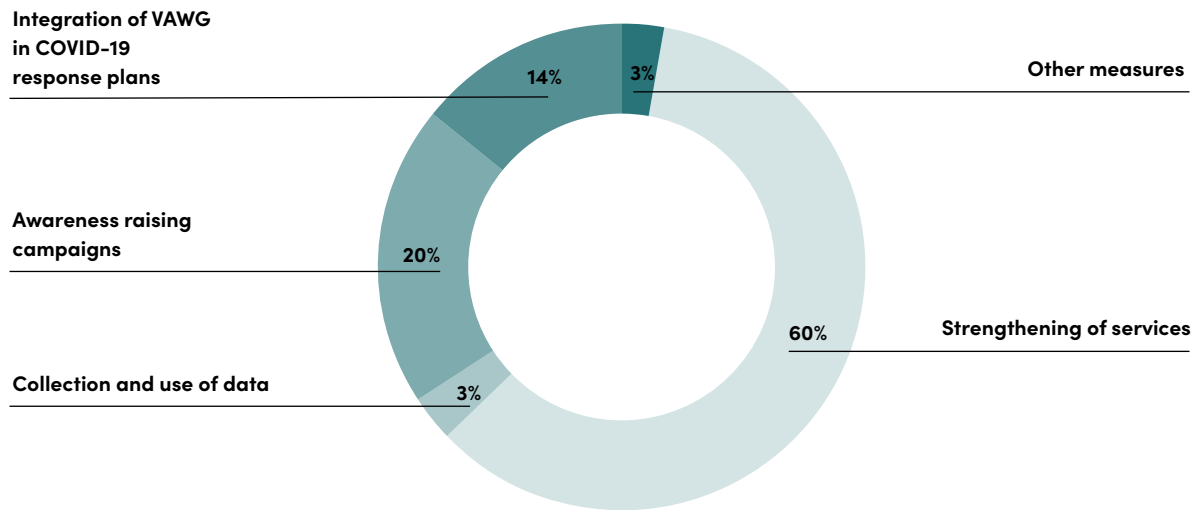
Source: Based on Global Gender Response Tracker. Available from: https://data.undp.org/gendertracker/ (Accessed on 1 October 2022).

An estimated 80 per cent of VAW measures in these countries were related to essential services (60 per cent focused on strengthening services and 20 per cent aimed at raising awareness). Services include hotlines and reporting mechanisms, shelters, police and justice response, psychosocial support, continued health sector response and cross sectoral coordination. At a time when each country had a degree of mobility restriction (ranging from full lockdowns to only night curfews), ensuring victims of VAW had access to services was of high importance. Notably, all countries considered had at least one policy directed at strengthening services (figure 11).

36   With the exception of Papua New Guinea, where no national VAW-related policy was identified during the reference period of this study.
37   For more details on the critical areas of government action on VAW, see UNDP and UN Women (2022), Government responses to COVID-19: Lessons on gender equality for a world in turmoil.
38   Start dates for some of the policies were not available so they were not used to calculate this percentage.

Figure 11: Proportion of policy measures related to violence against women, by type (percentage)
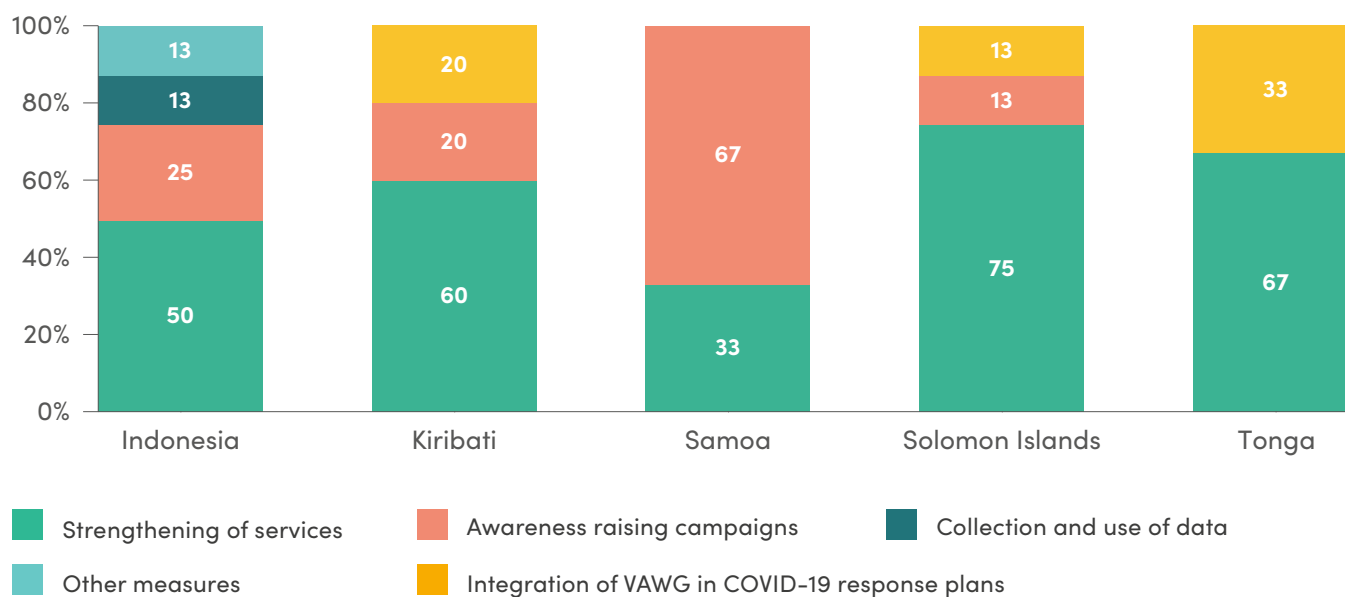
Source: Based on Global Gender Response Tracker. Available from: https://data.undp.org/gendertracker/ (Accessed on 1 October 2022).

Note: Data for Papua New Guinea were excluded as no COVID-19 response measure targeted VAW. Caution must be maintained when interpreting these findings as the number of total policies put in place vary by country. The number of VAW policies by country is as follows: Indonesia (8), Kiribati (5), Papua New Guinea (0), Samoa (4), Solomon Islands (8), and Tonga (6).

Examples of measures related to VAW

- In **Kiribati**, under the SafeNet initiative (a network of government and non-government frontline service providers), an existing referral pathway and emergency phone tree were updated to ensure enhanced coordination and continued access to essential services for women and girls.

- In **Solomon Islands,** a well-coordinated mechanism ensured access to services for survivors of VAW. During the state of emergency, the SAFENET referral pathway was incorporated into the committee on gender-based violence (GBV) in emergency. An emergency referral pathway was created to address COVID-19 risks and establish local-level pathways. An emergency phone tree was implemented for easy access to services, and it was widely disseminated for public awareness. The SAFENET toll-free helpline served as both the GBV and child protection helpline during the crisis. The police force of Solomon Islands remained vigilant, allocating vehicles for GBV-related services. The Seif Ples Crisis Centre, Solomon Islands Planned Parenthood Association, and Integrated Mental Health Services provided coordinated support to VAW survivors as part of the SafeNet network.

- In **Tonga,** a coordinated mechanism was put in place to address VAW during the COVID-19 crisis. The Government partnered with telecom providers to establish a helpline. Supplementary measures, such as providing low-cost access to Internet data, SMS and talk plans further facilitated access to services for VAW survivors.

Apart from strengthening services, an estimated 14 per cent of VAW allocated a targeted amount from the broader COVID-19 response budget towards VAW, under the assumption that VAW services are essential services. This was the case in Solomon Islands and Tonga, where the respective governments directed part of the COVID-19 emergency response budgets to safety and protection against gender-based violence. Some measures around collection and use of VAW data were also enacted, though these were less common across countries. In Indonesia, for instance, the National Commission on Violence Against Women (Komnas Perempuan) conducted an online survey in 34 provinces to understand the impact of the pandemic and study the change in household dynamics during COVID-19, with a focus on women's vulnerability.[39] The Commission used the results of the survey in drafting recommendations for the Government for policy development in response to the pandemic.

The focus of VAW-related COVID-19 policies varied across countries, with most policies emphasizing awareness raising and survivor services. In Samoa, for instance, awareness raising campaigns were the most common national level measure against VAW (67 per cent of all VAW measures aim at awareness raising), and some efforts aimed to strengthen services for survivors of violence. However, there have been no measures to collect and use VAW data since the onset of the pandemic. In Indonesia, nearly 75 per cent of all VAW measures aimed at strengthening existing services and raising awareness. In Papua New Guinea, no targeted policy was put in place to address the issue of VAW since the onset of the pandemic.

4. BARRIERS AND OPPORTUNITIES FOR EVIDENCE-INFORMED DECISION-MAKING

Although the collection of gender data on the immediate effects of the pandemic on women and girls begun shortly after the COVID-19 pandemic was declared, and the estimates have been widely used (box 4), the data have not consistently translated into targeted policy responses. Many data collection efforts by different organizations have helped to raise awareness, inform the programming of international organizations, and advocate for women's needs through public forums, including regional and national government discussions around response and recovery policies and measures. However, the data have informed only some of the policies. Experience shows that data availability is not the only factor contributing to evidence-informed decision-making. In many cases, data literacy skills among policymakers, knowledge of how to access data, and coordination between policymakers and national statistics offices also determine the likelihood of using data to inform policies.

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39   https://en.komnasperempuan.go.id/read-news-media-release-executive-summary-study-on-the-dynamics-of-changes-in-a-household-during-covid-19-in-34-provinces-in-indonesia.

Box 4. Examples of RGA data uses across Asia and the Pacific

Data took a centre stage during the pandemic, with communications about caseloads and other consequences of the crisis appearing in news articles, television and social media. Survey data on the consequences of COVID-19 were useful to policymakers, CSOs and development practitioners to inform international, regional and national discussions on designing policies and programming for the crisis response. Some examples of how RGA data were used are cited below as illustrations.

Statistics from the first round of RGAs were published in a 2020 report entitled Unlocking the Lockdown, and statistics from the second round were disseminated in the 2022 report Two Years On. Both reports were published online on several sites, and so the number of times the reports were downloaded from UN Women's Data Hub (9,852 for the first and 2,217 for the second) are not comprehensive. Nevertheless, the figures are useful to ascertain trends: the bulk of downloads took place in 2020, a time when most of the COVID-19 response and recovery policies were also put in place. A spike can also be observed in early to mid-2022, when many of the Pacific Island countries were coping with the spread of the virus for the first time.

In most of the surveyed countries, national dialogues between statisticians, policymakers, representatives of CSOs and other key stakeholders, were held to share key findings. As a result, the data were used by national policy committees and working groups. For instance, in Solomon Islands, the estimates informed discussions for the design of the 2021 Gender Equality and Social Inclusion (GESI) policy. A key enabler for this data use was timing, as the RGA data was released at a time when the national government was finalizing the draft for the GESI, and dialogues between data users and producers promoted evidence-informed decision making. In Maldives, the Government used data about people working in informal jobs, most of whom are women, to improve the reach of the unemployment subsidy during the COVID-19 period. Key enablers, in this case, included the strong partnership between UN Women and the National Bureau of Statistics (NBS), as well as the efficient national coordination mechanisms between NBS and other government agencies. Dialogues resulted in enhanced partnerships between data users and producers, many of whom worked together for the first time during the dialogue but continued their collaboration thereafter.

Estimates from RGAs were often cited in public speeches. For instance, the Deputy Minister for Child Growth and Development within Indonesia's Ministry of Women's Empowerment and Child Protection, Ms. Lenny N. Rosalin, mentioned the estimates during the G20 discussions hosted in Bali in 2022 to advocate for the importance of considering gender issues for an inclusive crisis recovery. UN Women's leadership team also cited the estimates frequently in intergovernmental forums. For instance, Ms. Phumzile Mlambo-Ngcuka, former United Nations Under-Secretary-General and former UN Women Executive Director, mentioned the rapid gender assessment surveys at a high-level side event of the United Nations General Assembly in 2020.

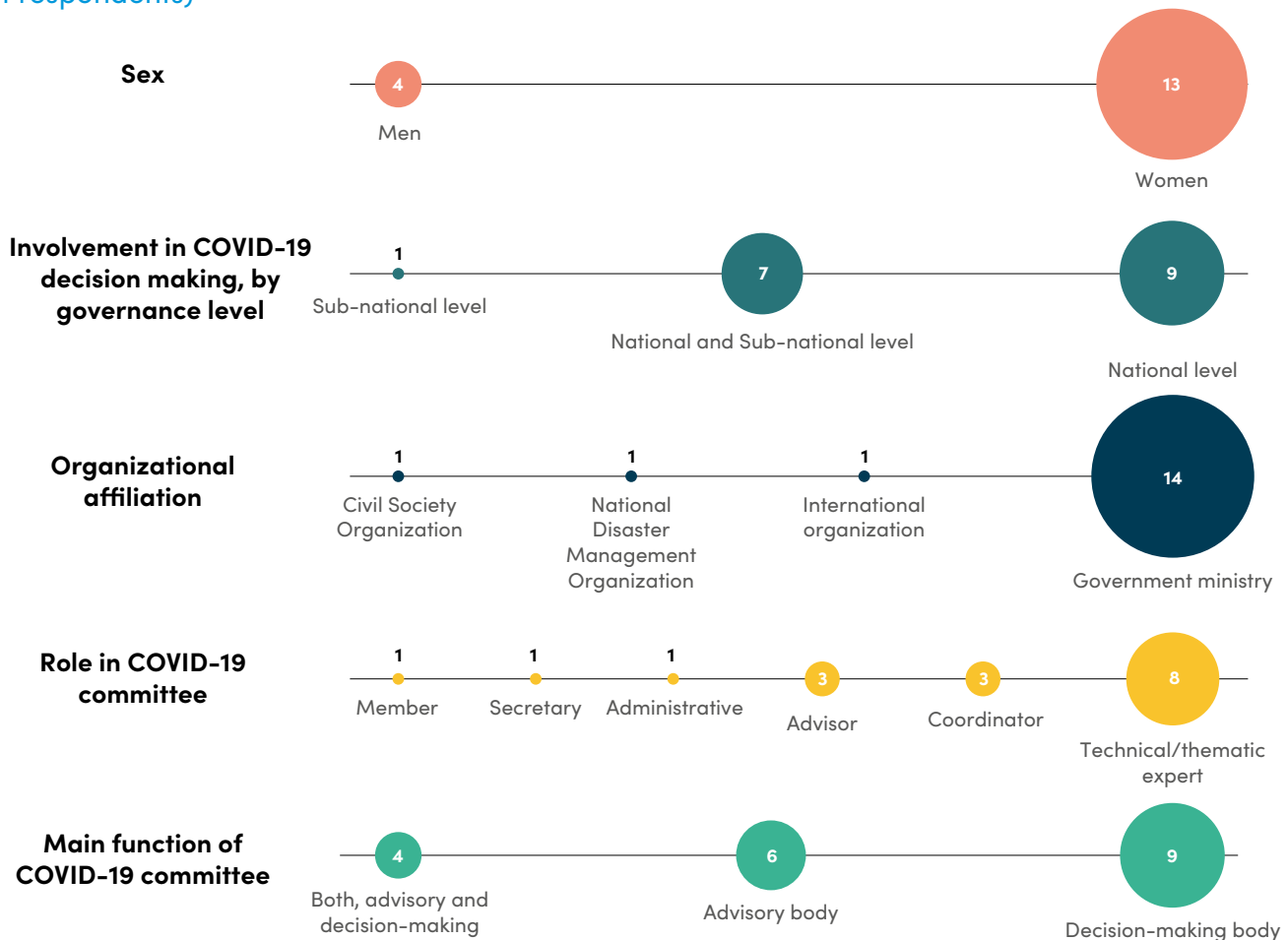The data informed programming, including the design of a project on COVID-19 prevention funded by the Government of Japan, a variety of inter-agency reports and regional events and intergovernmental forums, including an Asia-Pacific COVID-19 recovery dialogue, a roundtable on human mobility in the post COVID-19 recovery hosted by the United Nations Institute for Training and Research, and a seminar by the United Nations and the International Union for Conservation of Nature on sustainable development.

Lastly, the estimates were widely used for news articles, television stories and social media products. For instance, numerous media articles cited the estimates, including in newspapers such as Nikkei Asia in Japan and South China Morning Post in Hong Kong.

To better understand the experiences of policymakers and the barriers to and opportunities for using gender data to inform COVID-19 policies, a poll was sent to key stakeholders in all six countries (the poll questions are in the annex). The poll explored whether any kind of gender data had been used to inform policy processes. Key informant interviews were conducted only among some key respondents, to further clarify information obtained. A follow-up consultation was held with a small set of government representatives from women's machineries and national statistics offices to present and discuss the preliminary findings and the barriers to and opportunities for evidence-informed decision-making.[40]

The poll was answered by 17 respondents, all of whom had some degree of involvement in task forces related to COVID-19, thus they had first-hand experience with the design of policies to mitigate the impacts of the pandemic (figure 12). The selection of respondents was based on convenience sampling and hence, findings must be interpreted with caution as selection bias may affect the findings.

Figure 12: Background characteristics of respondents to the policymaker poll (total number of respondents)

Sex
- 4 Men
- 13 Women

Involvement in COVID-19 decision making, by governance level
- 1 Sub-national level
- 7 National and Sub-national level
- 9 National level

Organizational affiliation
- 1 Civil Society Organization
- 1 National Disaster Management Organization
- 1 International organization
- 14 Government ministry

Role in COVID-19 committee
- 1 Member
- 1 Secretary
- 1 Administrative
- 3 Advisor
- 3 Coordinator
- 8 Technical/thematic expert

Main function of COVID-19 committee
- 4 Both, advisory and decision-making
- 6 Advisory body
- 9 Decision-making body

Who makes the decisions?

Findings suggest that most COVID-19 related policymaking processes began with the establishment of a committee or advisory group at the national or subnational level. These committees were predominantly formed by government representatives, but in some cases NGOs, CSOs, and international organizations participated in the committee. A total of 13 out of the 17 respondents said that the work of the COVID-19 committee resulted in the formulation of a policy or plan for COVID-19 response, signalling the relevance of the committees in influencing decision-making (see box 5).

Box 5. Examples of RGA data uses across Asia and the Pacific

Members from the following committees responded to the policymaker poll about barriers and enablers to using data to inform decision-making.

- **Indonesia**: Komite Kebijakan Kredit Usaha Rakyat (People's Business Loan Policy Committee)

- **Papua New Guinea**: National advisory committee on disability and human rights and the United Nations Development Programme (UNDP)

- **Kiribati**: Emergency Operations Committee

- **Samoa**: National Emergency Operations Center and Disaster Advisory Committee

- **Solomon Islands**: COVID-19 oversight committee, Royal Police Force oversight committee, National Disaster Management Organizations, CSO.

- **Tonga**: National Disaster Management Committee, and COVID-19 management team

Nearly all COVID-19 committees across the six countries had a data expert (14 out of the 17 COVID-19 committee members confirmed this), but some had no gender expert (only eight respondents confirmed that the committee had a gender expert) (figure 13). Given that these committees were the primary advisory bodies for national and subnational decision-making related to COVID-19, deliberate and meaningful engagement of gender focal points is key to promoting a gender-transformative recovery. Importantly, to encourage the use of gender data for evidence-informed decision-making, gender focal points must have data use skills to find the right data and interpret it accurately. Furthermore, statisticians in the committees should have some knowledge of gender statistics.

Figure 13: Number of COVID-19 committee members who said the committee had a data expert or gender expert, (total among respondents)

Yes · No · I don't know
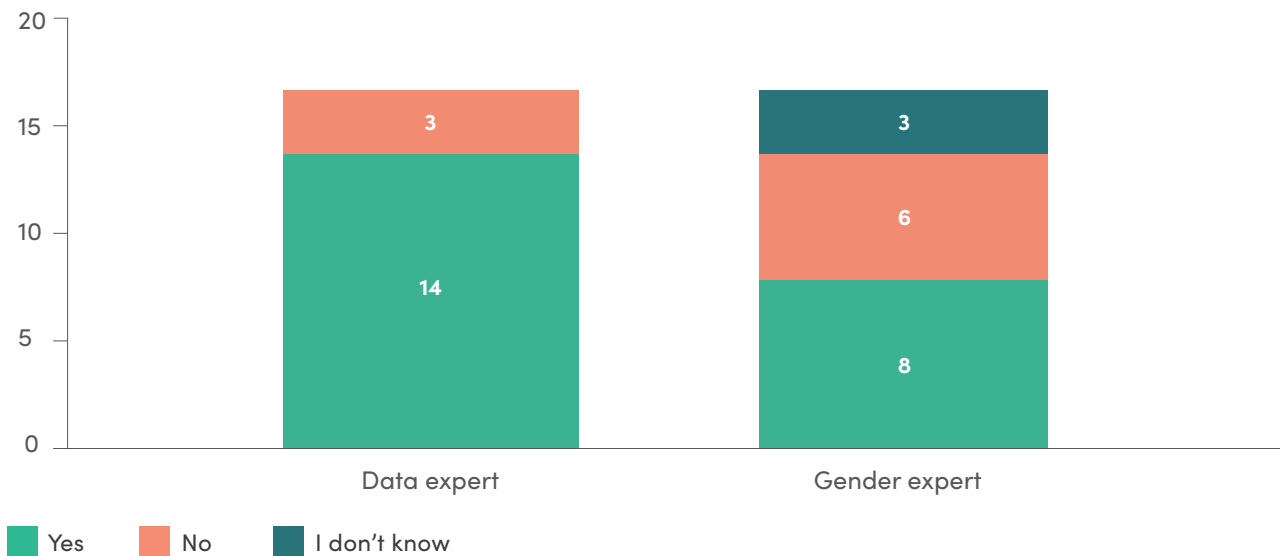
What informs the decision-making process?

Needs assessment exercises are important first steps to take stock of a situation. However, not all COVID-19 committees conducted needs assessments. Many Governments deemed needs assessment processes unfeasible given the urgent nature of the crisis, and the rapid responses expected from them. Only nine respondents confirmed that a needs assessment was conducted in their countries, four said it did not take place (the rest did not know). When the needs assessment was conducted, in most cases, both quantitative and qualitative assessments were carried out. The combination of different forms of evidence is important to fully capture emerging trends, along with nuances in people's experiences on the ground. Although many noted that the perspectives and realities of different stakeholders were important, only two respondents noted that grassroots women and men were consulted for the needs assessment.

Overall, the most commonly noted data source used for needs assessments, and thus for evidence-informed COVID-19 policymaking, was government websites. Many respondents noted procedural limitations to utilize any non-official statistics for policymaking processes. This shows the importance of working with national statistics offices or members of the national statistical system on the production, analysis and use of gender statistics, including in times of crisis. Although many of the COVID-19 surveys implemented across the six countries, including RGA surveys, were implemented in consultation with (or with clearance from) national Governments, the data were collected by international agencies or third parties in most cases, and not by national statistics offices. This limitation may have prevented some Governments from using these data to inform their COVID-19 policies. When asked whether RGA data were used specifically, only 6 per cent of respondents said they used or planned to use it in the future. Data uses included reviewing gender policy, corporate plans and annual budgets, and consultations with ministerial and development partners. Beyond RGA data, very few respondents noted using any gender data at all. Barriers to using it included lack of timely official gender statistics (most policies were put in place at the very beginning of the pandemic, when no data was available yet), inconsistent sex-disaggregation of data from government surveys, difficulty in accessing gender data and the lack of information on where to find the right gender data.

Key barriers for gender data use in decision-making processes

The findings of the policymaker poll, the key informant interviews and the regional consultation with key government representatives (from women's machineries, national statistics offices, national disaster management authorities, ministries of health and medical services, cabinet of the prime minister and ministries of international affairs) revealed key barriers for using gender data to inform decision-making (figure 14) as well as key enablers for evidence-informed policymaking (figure 15). Although there were some differences across countries, many commonalities were identified.

Figure 14: Key barriers to using gender data for decision-making

Lack of timely data

Lack of sex-disaggregated official statistics on the consequences of COVID-19

Limitations associated with third party data sources

Lack of coordination among stakeholders

Lack of statistical knowledge among decision makers

Lack of access to gender data sources

**Lack of gender prioritization**

- *Lack of timely gender data:* Policymakers often noted that, although they were able to find gender data on key topics, timeliness remained an issue in times of crisis. The bulk of the policies were put in place in early 2020 before many data collection exercises had been completed. Such challenges were noted especially for data related to VAW, as the disruption of face-to-face surveys resulted in reliance on ad hoc police reports and service provider data. Representative data on the prevalence of VAW was typically available only for pre-crisis periods.

- *Lack of sex-disaggregated official statistics*: Governments conducted assessments to evaluate the effects of the pandemic, but many of these lacked a gender angle. In most cases, these were conducted at the household level and only heads of households were interviewed. As a result, official statistics were not generally sex-disaggregated or reflective of women's needs. This was noted as one of the most important barriers to the use of gender data for COVID-19 policymaking, especially given that committee members were expected to use official statistics to inform policies.

- *Limitations associated with third party data sources:* According to a <u>UNSD and World Bank</u> survey, 9 in 10 national statistics offices in low and middle income countries saw the pandemic affect their ability to meet data reporting requirements. To help satisfy the needs from policy makers for timely data, numerous development partners, academics and CSOs conducted surveys on the consequences of COVID-19 across countries. In most cases, these were conducted by third parties (not by national statistics offices) given the urgency of filling data gaps, and the logistical and time-consuming limitations of transferring funds to national governments. As a result, the available estimates were not considered official statistics, which limited their use for policymaking in countries where the use of official statistics is mandated or overall preferred for policy processes. For instance, even though RGAs were designed jointly with government counterparts, they were not implemented by national statistics offices and thus the results are not considered official statistics. This did not stop several governments from using the data, but most key informants across countries noted they would be more likely to use/reference official statistics to inform policies when available. This highlights the importance of investing in strengthening national capacities to produce gender data in a timely manner, especially in times of crisis, to allow for greater uptake and use by policymakers.

- *Lack of coordination among stakeholders:* Many committee members noted that the lack of coordination among different stakeholders. For instance, ministries of women were sometimes left out of decision-related dialogues to formulate COVID-19 policies, while national statistics personnel noted they were not approached for gender data. Women's CSOs were rarely included in COVID-19 committees, and they were often uninformed about these processes, which limits their advocacy for the use of gender data to inform COVID-19 policies. In addition, where surveys were implemented by third parties, insufficient coordination between external partners and government, and even among national stakeholders, meant that not all parts of government were aware of their implementation, which reduced opportunities for data use.

- *Lack of statistical knowledge among decision makers*: This was flagged as a barrier across all countries. A general lack of understanding and confidence to find and interpret gender data may pose challenges for using it to inform response and recovery measures, as lack of knowledge may lead to inaccurate assumptions and interpretations. Respondents also noted that, in some cases, committee members may not have fully understood what it meant to inform discussions with sex disaggregated data, and some lacked sensitivity towards gender issues. Furthermore, respondents referred to sex-disaggregated data and gender data interchangeably, highlighting the need to further build statistical literacy among gender experts and other committee members.

- *Lack of access to gender data:* In some cases, policymakers noted that they thought gender data were available but they could not access it for a variety of reasons. For instance, the gender data was held in national databases that did not grant open access, or they were not able to consume the data in the format in which it was publicly available. For most policymakers, the most common strategy for accessing data was to reach out to contacts in the national statistics office and request data tables. This, however, was not always possible in light of timelines and workloads. As a result, in many cases, the gender data could not be accessed or used.

- *Lack of knowledge about where to find gender data:* Decision makers said that government websites were the most common source of data. However, users found it difficult to find additional gender data, both official and non-official. Additionally, as ministries, CSOs and other actors may conduct independent data collection exercises, the lack of centralized portals was noted as a key missing resource for decision makers across all countries, except Indonesia. The <u>One Data Portal </u>initiative in Indonesia provides coordinated data-related services and responds to inter-agency data requests.

- *Lack of prioritization of gender:* Across all countries considered, the COVID-19 emergency task force or committee prioritized containing the spread of the virus, which was not viewed as a gendered challenge. Little attention was paid to some of the gendered consequences of the pandemic, as these were considered less of an emergency. This is also linked to the fact that most policies were put in place at the very beginning of the pandemic, when containment was a key priority. Only a few Asia-Pacific countries enacted additional policies in later years to address the lingering effects of the COVID-19 crisis.

Figure 15: Key enablers for using gender data for decision-making

Having feminist leadership

Efficient coordination mechanisms
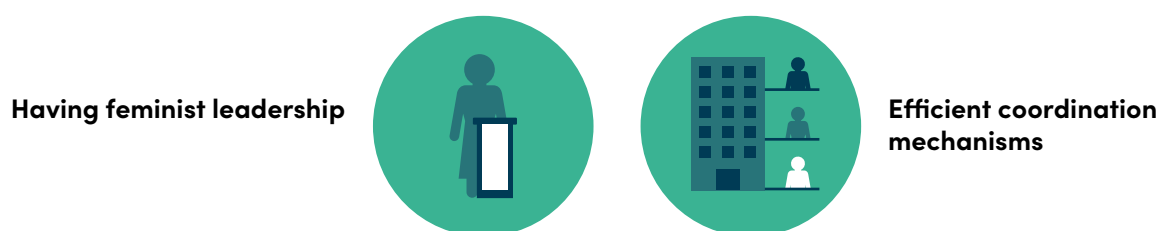
Key enablers for gender data use in decision-making processes

Stakeholders identified some promising **enablers and opportunities** (figure 15) for promoting the use of gender data.

- *Having feminist leadership*: Feminist leadership has proven to facilitate a gender transformative COVID-19 recovery in many countries globally.[41] Inclusion of women's ministries and gender experts in policymaking rooms is key to ensuring that decisions consider the gendered impacts of the crisis. Women's ministries and advocacy groups were not always included in COVID-19 committees. However, the Philippines[42] shared a successful strategy to overcome this hurdle. The Philippines Commission on Women was not included as a core member of the COVID-19 taskforce, but they volunteered to participate as observers. Their presence was essential in informing the Commission of the needs of women and girls, and to prompt them to use gender data to inform their decisions.

- *Establishing efficient coordination mechanisms*: Coordination mechanisms that enable communication between key government stakeholders were noted as an important prerequisite for gender data use. In Samoa, for example, an online communication system was activated to ensure a smooth flow of information from national decision makers down to the local community leaders. This system enabled efficient coordination, given the time constraints faced by policymakers during the COVID-19 crisis. In Indonesia, a coordination effort to collate data from different producers across government was noted as a key enabler for better data use. This resulted in the establishment of a centralized database accessible by decision makers, eliminating the need to mine data from multiple sources and reducing the number of direct requests from policymakers to the national statistics office and data other producers.

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41   UNDP and UN Women (2022). Government responses to COVID-19: Lessons on gender equality for a world in turmoil.
42   Although the Philippines was not included in the second round of RGAs, a representative from the Philippine Commission for Women was invited to the consultations and therefore their responses and good practices have been included in this section.

What policies were put in place?

In a context where gender experts and statisticians did not coordinate closely to inform policy decisions, and gender data only became available after some policies had been enacted, many of the issues revealed by the data remained unaddressed in COVID-19 policy responses. The lack of data use is also evidenced in the lack of monitoring mechanisms in some of the policies. For instance, only half of the respondents noted that the policies put in place included a monitoring framework with concrete targets and indicators – a key first step towards promoting evidence-informed accountability. Where this was the case, government ministries and national statistics offices were mostly in charge of collating data to track progress using these frameworks; efforts that were carried out every six months to one year on average. In periods of crisis and fast-evolving emergencies, reporting more frequently on implementation may help decision makers assess if they must change course or amend policies.

Tracking investments can also provide insights on policy implementation for planning. Nine of the respondents noted that their COVID-19 coordination mechanism enacted systems to track budget expenditure for different policy measures (figure 16). This is a good practice that, according to some respondents, took place in all countries, although it is unclear whether gender-specific investments were tracked separately.

Figure 16: Number of COVID-19 committee members who noted that policies included a monitoring framework, tracking of budget expenditure and earmarked funds for gender issues, (total among respondents)
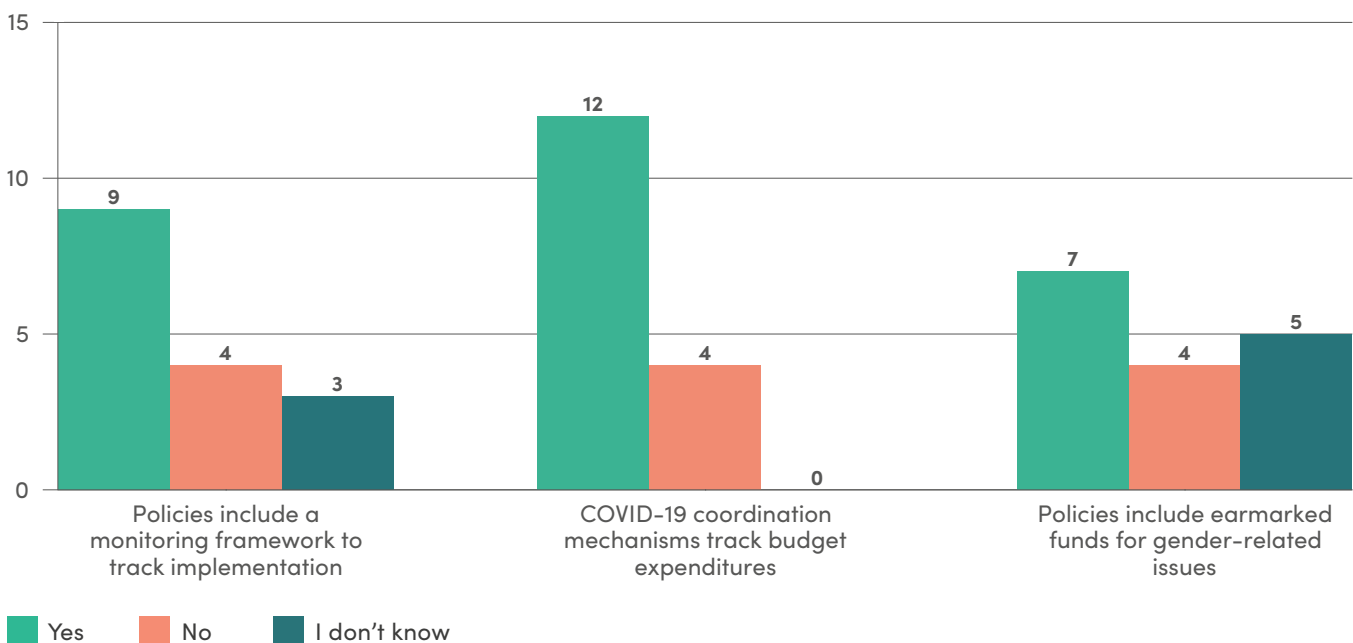
Earmarking funds to gender-related issues at the time of policy design is a powerful tool to ensure gender mainstreaming is operationalized within policies; but only five respondents noted that gender-earmarked funds were included in the policies they helped design. The use of gender data at the policy design stage, combined with political will to substantially address gender equality and women's empowerment in times of crisis, are both enablers of earmarking. Respondents in Papua New Guinea, Samoa and Solomon Islands confirmed that their policies included specific gender funding.

5. RECOMMENDATIONS

The analysis of gender data collected in Kiribati, Indonesia, Papua New Guinea, Samoa, Solomon Islands and Tonga shows that the impacts of the pandemic were different among women and men. From the likelihood of losing jobs and income, to the increases in unpaid care and domestic work, the COVID-19 crisis had gendered effects. Given the urgency of responding to the crisis and halting the spread of the virus, many Governments put in place policy responses shortly after the onset of the pandemic. Many of these were all-encompassing but lacked gender-specific interventions to address some of the differentiated effects.

For the most part, data on the gendered effects of the pandemic were unavailable at the very beginning of 2020 when many emergency policies were designed to curb the spread of the virus, and gender considerations were not taken into account. Where additional policies were put in place a few months later to tackle the broader effects of the pandemic, gender data may have been available, but it still was not used consistently to inform policies. In these cases, the lack of a gender focus in policies may have been a result of barriers, such as policymakers' lack of knowledge about where to find the right gender data or how to interpret it; institutional limitations to the use of data sources beyond official statistics or time limitations to seek data from additional sources at a time of urgency; and lack of coordination between data producers and users, among others.

Given the importance of considering gender differences in order to design effective policies that tackle the needs of women and men, the use of gender data to inform policy design is of outmost importance. To promote the use of gender data to inform decision-making, a multipronged approach is needed. Key recommendations in this regard are explained below.

- *Increasing political will and resources for supporting the production of gender data*: To ensure gender data are produced rapidly, accurately and consistently, political will and investments in gender data production are essential. As gaps in gender data must be filled rapidly, and the data must be made available to users in a timely manner during times of crisis, governments and other stakeholders should prioritize the production of gender data as soon as statistical operations are possible in crisis contexts, including by setting aside targeted funds. To ensure timeliness, gender-related questions need to be introduced in post-disaster needs assessment surveys, rapid assessment surveys and other data collection mechanisms, while sampling strategies for all these surveys should include gender considerations, such as avoiding the use of proxy respondent across surveys (i.e. interviewing both a male and a female adult in each household separately and confidentially). In addition, the use of non-traditional data sources could be considered to support official statistics and complement evidence-based decision-making. All of these actions require intentional and well-resourced efforts.

- *Building capacity on gender statistics among statisticians*: Periodic training on gender statistics for data producers across the national statistical system may be provided to help them keep abreast of new methodological developments for the collection of gender data and calculation of gender statistics. In addition, gender data trainings may build knowledge on communicating gender data, which is a key step towards ensuring that gender estimates are made available to policymakers in a timely manner and in a format that is easy for them to use. Support for this initiative from chief statisticians and upper management within the institutions of the national statistical system is key to ensuring gender data practices are implemented consistently.

- *Enhancing skills to find and use gender data*: In most of the six countries, formulating policies without gender data was not purposeful. Rather, the policymakers considered gender data to be unavailable, inaccessible or difficult to find and interpret. To promote the use of gender data to inform policies in the future, it is important to build the statistical skills of decision makers, including by offering training on

how to find gender data, discern good quality from low quality data, interpret estimates accurately and search for additional data sources. Ideally, training will be conducted for all levels of decision makers (from junior to senior), and at all levels of government (from national to local). Senior management should support the institutionalization of this training, along with the consistent use of gender data in policy needs assessment reports.

- *Institutionalizing coordination mechanisms between data users and producers*: Conducting periodic user-producer dialogues provides spaces for data producers to interact with data users. This usually helps to align data production efforts with information needs and ensure data release formats and channels suit the statistical literacy of decision-makers. In addition, it helps to strengthen partnerships between decision-makers and statisticians, which often contributes to enhanced data use. When gender advocates and gender statisticians are also part of these dialogues, the likelihood of gender statistics being used to inform policy decisions usually increases. Institutionalizing such efforts can better ensure such consultations are a precondition for data production, as well as for data use, including for writing policymaking committee reports and for joint planning.

- *Strengthening the national data architecture:* Coordination mechanisms for actors within the national statistical system are needed to ensure all the data produced by government entities are easily available in one place and reachable by users. For instance, establishing data portals as a one stop shop for all gender data would make it easy for users to find the right gender data to inform decisions. Across all databases and publications, sex-disaggregation and the consistent inclusion of gender estimates is essential to ensure the right data are available to inform gender-responsive policymaking.

- *Reinforcing data communication efforts*: A key reason for lack of awareness about the existence of quality gender data is the lack of communication and engagement efforts on the part of statisticians. Further, tailoring the communication of gender data for different audiences can help to ensure that data are made available in the best format, through channels that are likely to be accessed by target users. Given that policymakers function under time and resource constraints that are exacerbated in emergency situations, making data available in simple and easy to understand formats (in line with the statistical capacity and needs of target users) through accessible channels can promote the uptake of data for decision-making.

- *Integrating gender across policy monitoring frameworks:* A policy cycle is incomplete without thorough monitoring and evaluation of the policy implementation and related impacts. Hence, including a monitoring framework with measurable gender indicators that are anchored on quality data, can enable stock taking of the impact and provide opportunities for policy amendments should a policy fail to achieve its intended outcomes. Using gender data to monitor progress and assess the impact of the policy may be required more frequently during times of crisis as the situation may evolve quickly, bringing new challenges for policy consideration.

- *Eliminating institutional barriers for using data in future crises:* The consistent inclusion of women's machineries in crisis-related decision-making committees is key to enhancing the use of gender data being to inform responses to future crises. Furthermore, it is important to consistently include statisticians with training on gender statistics in decision-making committees or in the preparation of committee reports. Finally, where official gender statistics are not available, Governments may consider removing barriers to the use of quality non-official statistics to inform discussions.

ANNEX

Questionnaire to assess COVID-19 policy response

The purpose of this questionnaire is to compile information about the policies put in place in response to COVID-19 in different countries, and whether or not gender data was used to inform these decisions. This questionnaire has been designed by UN Women with the expectation of collecting information about good practices. Lessons learned will be aggregated and reflected in a short brief. If you wish to review the draft of the policy brief prior to publication, kindly indicate your email below. By filling out the questionnaire, you agree to provide information that is accurate, to the best of your knowledge. We sincerely appreciate your time and contribution and will keep your responses fully confidential.

Note that all questions below <u>refer to COVID-19 related response</u>, and your participation in shaping it. Please select the response that best applies to you.

Participation in COVID-19 related response mechanisms

Since the onset of COVID-19, have you participated in any decision-making process to inform government response to COVID-19 (e.g. through participation in an advisory or decision-making committee, taskforce, or expert group)?

☐ Yes, I have participated in COVID-19 related decision-making at the national level

☐ Yes, I have participated in COVID-19 related decision-making at the subnational level (e.g. state, local, district or village level)

☐ Yes, I have participated in COVID-19 related decision-making at both national and subnational levels

If you responded yes to any of the above, please continue to the next section. If none of the above apply to you, this poll ends here for you. If you leave your email below, we can share our policy brief with you once available. Thank you for your time and contribution.

Enter email id here:

PLEASE NOTE

- Mandatory questions are indicated with a red asterisk (*).
- Questions generally require a single response, however you may choose multiple response categories where "Select all that apply" is indicated.
- Text in red denotes additional instructions on the flow of the questions where applicable.
- Grey spaces are marked for open-ended elaboration on responses.

Section 1: BACKGROUND INFORMATION ABOUT THE RESPONDENT	
In this section, we would like to know more about you, your affiliation, your role, and main areas of work. Note that responses are optional, so if you wish to preserve your anonymity, you can skip some fields.	
Question	Please fill your response in this section.
Q.1 Full name (optional)	
Q.2 Sex (optional)	☐ Female ☐ Male ☐ Other
Q.3 Designation/job title (optional)	
Q.4 Name of the organization you are affiliated with (optional)	
Q.5 Type of organization you are affiliated with*	☐ Government ministry ☐ National disaster management organization ☐ National statistics office (NSO) ☐ International organization ☐ Non-governmental organization (NGO)/ civil society organization (CSO) ☐ Other (please specify)

Section 2: COVID-19 DECISION-MAKING BODY In this section, we would like to learn more about your participation in COVID-19 related decision-making mechanisms.	
Question	Please fill your response in this section.
Q.6 Specify the name of the COVID-19 related decision-making body you are/were affiliated with (e.g. COVID-19 oversight committee)*	
Q.7 What is the nature of this decision-making body?*	☐ It primarily advises and makes suggestions to inform COVID-19 response and recovery policies ☐ It makes decisions on COVID-19 response and recovery (e.g. plans, allocates budget, drafts legal documents, identifies monitoring frameworks and mechanisms for policy implementation, etc.) ☐ Other (please specify)
Q.8 What best describes your role in the decision-making body?*	☐ Chair/lead ☐ Advisor ☐ Technical expert (e.g. thematic expert, policy expert, researcher, analyst, etc.) ☐ Coordinator ☐ Administrative ☐ Other (please specify)

Q.9 What is the composition of this decision-making mechanism? (<u>Select all that apply</u>)*	☐ Thematic experts from the Government (e.g. representatives from ministries with expertise on health, gender, social protection, statistics, etc.) ☐ Thematic experts from outside the Government ☐ International organizations (e.g. UN, SPC) ☐ NGOs ☐ CSOs ☐ Academia ☐ Media ☐ Other (please specify)
Q.10 Does the decision-making body include data experts?*	☐ Yes ☐ No ☐ I do not know
Q.11 Does the decision-making body include gender experts?*	☐ Yes ☐ No ☐ I do not know

Section 3: COVID-19 DECISION- MAKING PROCESS

In this section, we would like to know more about the COVID–19 related decision–making. Specifically, we would like to know how decisions were made by the COVID–19 decision-making mechanism/body/ committee/taskforce that you are/were affiliated with.

Question	Please fill your response in this section.
Q.12 Did the work of the mechanism result in the formulation of a policy or plan for COVID–19 response, recovery, or related work?* If your response is "No" or "I do not know", please move to Q.15	☐ Yes ☐ No ☐ I do not know

Thinking about the latest COVID–19 specific, gender-related policy/policies formulated by the mechanism, please respond to the following questions.

Q.13 Please name some COVID–19 specific gender–related policies/ plans formulated by the mechanism*	
Q.14 Which gender–related thematic areas did the policy address? (Select all that apply)*	☐ Violence against women and girls ☐ Economic insecurity ☐ Unpaid domestic work burden ☐ Unpaid care work burden ☐ Other (please specify)
Q.15 Did the mechanism conduct a needs assessment exercise before formulating the policy response?* If your response is "No" or "I do not know", please move to Q.23	☐ Yes ☐ No ☐ I do not know

Q.16 Did the needs assessment exercise include any of the following?*	☐ Only qualitative assessment ☐ Only quantitative assessment ☐ Both qualitative and quantitative assessment ☐ None of the above ☐ I do not know
Q.17 Did the mechanism hold consultation with key stakeholders when conducting the needs assessment?* If your response is "No" or "I do not know", please move to Q.19	☐ Yes ☐ No ☐ I do not know
Q.18 Who was involved in the needs assessment process? (Select all that apply)*	☐ National statistics office ☐ Thematic experts from academia or private sector ☐ Policy experts within government ☐ CSOs (e.g. women's rights groups, advocacy groups) ☐ NGOs ☐ Grassroots women and men ☐ International organization (e.g. UN, SPC) ☐ Other (please specify)
Q.19 Did the needs assessment exercise use existing gender data?* If your response is "Yes" please move to Q.21	☐ Yes ☐ No ☐ I do not know

Q.20 If your response to Q.19 is "No" or "I do not know", to what extent do you agree with the following statements?*	20.1.a COVID-19 gender data was not available or we did not know where to find it ☐ Strongly disagree ☐ Disagree ☐ Neither disagree nor agree ☐ Agree ☐ Strongly agree
	20.1.b COVID-19 gender data was available, but access was denied ☐ Strongly disagree ☐ Disagree ☐ Neither disagree nor agree ☐ Agree ☐ Strongly agree
	20.1.c We did not know who to contact to access COVID-19 gender data ☐ Strongly disagree ☐ Disagree ☐ Neither disagree nor agree ☐ Agree ☐ Strongly agree
	20.1.d We did not believe the available COVID-19 gender data was reliable/ accurate ☐ Strongly disagree ☐ Disagree ☐ Neither disagree nor agree ☐ Agree ☐ Strongly agree
	20.1.e COVID-19 related data was available but not sex-disaggregated ☐ Strongly disagree ☐ Disagree ☐ Neither disagree nor agree ☐ Agree ☐ Strongly agree
	20.1.f COVID-19 related gender data was available but difficult to interpret/ understand ☐ Strongly disagree ☐ Disagree ☐ Neither disagree nor agree ☐ Agree ☐ Strongly agree

Q.21 If you responded "Yes" to Q.19, what data sources were used? (Select all that apply)*	☐ Government data ☐ International organizations (e.g. UN, SPC) ☐ Research or academic ☐ NGOs ☐ Private sector ☐ Media ☐ Other (please specify) ☐ I do not know
Q.22 If you responded yes to Q.19, to what extent do you agree with the following statements:*	**22.a COVID-19 gender data was readily available** ☐ Strongly disagree ☐ Disagree ☐ Neither disagree nor agree ☐ Agree ☐ Strongly agree **22.b COVID-19 gender data was easy to access** ☐ Strongly disagree ☐ Disagree ☐ Neither disagree nor agree ☐ Agree ☐ Strongly agree **22.c COVID-19 gender data was reliable** ☐ Strongly disagree ☐ Disagree ☐ Neither disagree nor agree ☐ Agree ☐ Strongly agree **22.d COVID-19 gender data was sex-disaggregated** ☐ Strongly disagree ☐ Disagree ☐ Neither disagree nor agree ☐ Agree ☐ Strongly agree **22.e COVID-19 gender data was easy to understand** ☐ Strongly disagree ☐ Disagree ☐ Neither disagree nor agree ☐ Agree ☐ Strongly agree

Q.23 Does the policy include earmarked funds for gender-related issues?*	☐ Yes ☐ No ☐ I do not know
Q.24 Does the COVID-19 coordination mechanism that you attend/ contribute to track budget expenditure on the different COVID-19 recovery measures?*	☐ Yes ☐ No ☐ I do not know
Q.25 Does the policy include a monitoring framework to track its implementation?* If your response is "No" or "I do not know", please move to Q.30	☐ Yes ☐ No ☐ I do not know
Q.26 Who contributed to drafting the monitoring framework? (Select all that apply)*	☐ NSO ☐ Government ministries ☐ CSOs ☐ Other (please specify)
Q.27 What is the main agency in charge of collating data to track progress on implementation using the monitoring framework?*	☐ NSO ☐ Government ministries ☐ CSOs ☐ Other (please specify) ☐ Progress is not tracked periodically
Q.28 Are specific resources allocated to monitoring implementation?*	☐ Yes, only human ☐ Yes, both human and financial ☐ Yes, only financial ☐ No ☐ I do not know
Q.29 How often is policy implementation monitored using the indicators?*	☐ Once in 3 to 6 months ☐ Once in 6 months to 1 year ☐ Once in two years ☐ Other (please specify)

Q.30 Does the COVID-19 coordination mechanism continue to meet presently?* *If you respond "No" or "I do not know", please move to .*	☐ Yes ☐ No ☐ I do not know
Q.31 How often does the COVID-19 coordination mechanism meet to discuss recovery measures?*	☐ More than once a month ☐ Once a month ☐ Once a quarter ☐ Less than once a quarter ☐ As needed ☐ I do not know
Q.32 What is the purpose of these meetings? (Select all that apply)*	☐ To generate new policies ☐ To update existing policies ☐ To monitor existing policies ☐ Other (please specify)

Section 4: RAPID GENDER ASSESSMENT SURVEYS
UN Women and the Asian Development Bank have recently produced data based on Rapid Gender Assessment Surveys on the gendered consequences of COVID-19 in Asia and the Pacific. In this section, we would like to know your familiarity with this data.

Click here to access the latest report _"Two Years On: The lingering gendered consequences of COVID-19 in Asia and the Pacific"_

Q.33 How familiar are you with the COVID-19 Rapid Gender Assessment Surveys (RGAs)?*	☐ I have not heard of the RGAs ☐ I have heard of the RGAs but never used the data. ☐ I have heard about the RGAs and have used the data. Please specify where and how you used it.
	☐ I have heard about the RGAs and plan to use the data. Please specify how you plan to use it.
	☐ I have heard about the RGAs but do not plan to use the data. Please specify reasons preventing you from using the data.

END OF POLL
Thank you for taking the time to complete this survey. We appreciate your time and value the information you have provided. Your responses will contribute towards a deeper understanding of good practices around evidence-informed policymaking. If you leave your email below, we can share our policy brief with you once available.

Enter email id here: