

Gender Analysis COVID-19 Matrix

The questions within each domain are meant to provide examples of the types of questions that can be asked and are not meant to be exhaustive. These questions are broader analytical gender analysis questions which can be used to develop gender analysis questions for inclusion in data collection tools (multiple questions may be needed within tools for one analytical gender analysis question), codes for qualitative data analysis, variables for quantitative analysis, and gender indicators for monitoring and evaluation.

Due to the context specific nature of gender power relations, not all questions will be relevant for all contexts. While, gender analysis matrixes are meant to be modified to meet study or intervention needs and objectives, the gender analysis domains should remain the same. The topic domains should be modified to relate to areas of consideration within your program, study, or intervention.

The matrix below builds from [Taking sex and gender into account in emerging infectious disease programmes: An analytical framework](#), published by the World Health Organization.

COVID Domains	Social and Biological Stratifiers	Sex/ gender disaggregated data	Gender analysis domains				
			Access to Resources	Distribution of Labour, Practices, Roles	Norms, Values, Beliefs	Decision-making power, Autonomy	Policies, Laws, Institutions
Vulnerability to disease/ illness	Age Sex Income Disability	To what extent is data disaggregated by sex and other stratifiers available? Are there differences in terms of infection and mortality rates? To what extent are pregnant women more vulnerable to COVID?	To what extent do men, women, and people with non-binary identities have access to knowledge about disease prevention? To what extent do men, women, and people with non-binary identities have access to financial resources to purchase equipment and material needed to protect themselves?	To what extent are men and women engaging in personal protective measures, such as hand washing and social distancing? Are there occupational or household activities that bring men, women, and people with non-binary identities in contact with pathogens? Are there occupation or household activities that bring men, women, and people with non-binary identities in contact with infected individuals? Are there leisure or other activities of men and women which put them into contact with pathogens?	To what extent do gender norms influence the activities that girls/women and boys/men can do?	To what extent does women's autonomy or lack of autonomy affect their ability to protect themselves? Do women need to seek permission to leave the house? Who decides how financial resources will be used?	To what extent are government's response efforts incorporating a gender lens?

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Exposure	Age Income Disability	To what extent is data disaggregated by sex and other stratifiers available? Are there differences in terms of infection? Prevalence of men and women becoming infected. Prevalence of men and women dying.	Do men and women have equal knowledge about methods to prevent exposure? Do men and women have equal access to methods to prevent exposure? Do households have to pay for use of a method to prevent exposure? If so, who pays?	To what extent do men's and women's roles and responsibilities expose them to COVID? (family care, health providers, delivery drivers, grocery workers) Are there protective measures that men and women can use to prevent exposure? Are these methods used appropriately by both men and women?	To what extent are men and women being blamed for exposing others? To what extent are certain groups being discriminated against for fear of exposing others to the disease? Are there any socio-cultural reasons why methods to prevent exposure may be used or avoided by either men or women? Does using a particular method to prevent exposure place a burden on either men, women, and people with non-binary identities?	To what extent does women's autonomy or lack of autonomy affect their ability to protect themselves from exposure? Who is responsible for using method to prevent exposure in the household? Who makes the decision to use exposure methods?	To what extent are government's response efforts incorporating a gender lens? Who is making the decisions about the outbreak response? Are women and other groups represented?
Response to illness/ Treatment	Age Sex Race Migrant status Disability	To what extent is data disaggregated by sex and other stratifiers available? Are there differences in terms of mortality rates? What is the impact of illness on pregnant women?	To what extent do men and women have financial resources to access testing and treatment? To what extent do men, women, and people with non-binary identities have access to financial resources to pay for supplies? What are the costs of illness to men and women, e.g. lost wages, inability to perform household roles and responsibilities?	To what extent are men and women accessing health services once they become ill? Who is caring for the ill both in formal healthcare settings and at home? To what extent are women providing care to those who are ill? To what extent might specific groups, such as vulnerable minorities, avoid surveillance, testing and care because of distrust of	To what extent are men and women following orders to quarantine or self-isolate? Do socio-cultural consequences of illness affect men and women differently?	Do women require permission to use financial resources to access testing and treatment? Do women have the autonomy to access treatment?	Who is making the decisions about the outbreak response? Are women and other groups represented?

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				<p>government and/or healthcare services? How can they be reached and protected?</p> <p>To what extent does men's work outside the home prevent them from accessing health care?</p> <p>To what extent are men or women able to reach health facilities during opening hours due to employment?</p> <p>To what extent does women's domestic workload prevent them from accessing health care?</p> <p>How do roles and responsibilities affect men, women, and people with non-binary identities ability to continue treatment?</p>	<p>Do gender norms affect willingness or ability to recognize illness and seek treatment? How does this differ between different groups of men, women, and people with non-binary identities?</p> <p>Are there differences in attitude towards men, women, and people with non-binary identities by health services staff?</p>		
Health system – facilities and infrastructure	Age Disability Race Income Migrant status	<p>To what extent is data disaggregated by sex and other stratifiers available?</p> <p>Prevalence of maternal mortality during outbreak.</p>	<p>To what extent is personal protective equipment available and appropriate for both men and women?</p> <p>Do health services require payment for testing or treatment?</p> <p>To what extent is access to other essential services, such as sexual and reproductive health, limited?</p>	<p>What is the gendered composition of the health workforce?</p> <p>Who is caring for the ill in formal healthcare settings?</p> <p>To what extent might specific groups, such as vulnerable minorities, avoid surveillance, testing and care</p>	<p>To what extent are women's and men's illness being taken seriously?</p>		<p>Who is making the decisions about the outbreak response? Are women and other groups represented?</p>

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				because of distrust of government and/or healthcare services? How can they be reached and protected?			
Social and economic impacts	Age Income Migrant status Disability Race	To what extent is data disaggregated by sex and other stratifiers available?	<p>To what extent do men and women have access to resources to be able to purchase adequate supplies during quarantine/ isolation?</p> <p>To what extent are men and women losing employment as a result of quarantine/ isolation?</p> <p>Are there inequities in access to technology and internet service? How does this affect access to information?</p> <p>To what extent do travel bans affect men's and women's employment?</p> <p>Are those (mostly women) caring for the ill being fairly compensated and supported?</p>	<p>To what extent do rates of GBV increase during quarantine/ isolation?</p> <p>To what extent are men and women looking after children during isolation?</p> <p>To what extent is women's domestic labor increasing during quarantine/isolation?</p>	<p>To what extent are women expected to care for children, parents during quarantine/ isolation? To what extent are they expected to care for those who are ill?</p> <p>To what extent are certain groups being discriminated against for fear of exposing others to the disease?</p> <p>How are different groups of people, particularly marginalized communities, being affected by stigma associated with the outbreak? How can this stigma be countered?</p>	To what extent is women's autonomy affected by quarantine/ isolation?	<p>Are there policies in place to support loss of income for men and women? (unemployment insurance, stopping rent or mortgage, etc.)</p> <p>Are there policies in place to support care taking responsibilities?</p> <p>Who is making the decisions about the outbreak response? Are women and other groups represented?</p>