



**Leaving no one behind in Tomorrow's  
Cities: Strengthening gender,  
intersectionality and social inclusion in  
the COVID-19 crisis and beyond**

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*Women working in Kathmandu*

## Introduction

This comment identifies four mechanisms through which the COVID-19 crisis can be leveraged to enhance awareness and integration of marginalized groups and individuals into research and management of multi-hazard risk. The primary focus is on women and girls, but the analysis is intersectional and considers also marginality by disability, age, ethnicity and citizenship. The comment recommends:

- Ensuring equal representation and meaningful participation in disaster (including pandemic) management by women, non-binary and gender non-conforming<sup>1</sup> persons and grass-roots communities.

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<sup>1</sup> Gender non-confirming and non-binary identity has been defined as a person's internal, deeply felt sense of being male or female or something other, or in between. A person's gender identity may or may not correspond with their biological sex (HRC, 2008). Gender identity categories outside the binary female/male have been in use by Māori and other Pacific nations both in contemporary times and historically. Gender identity – Developing a statistical standard, UN Department of Economic and Social Affairs Statistics Division, Meeting of the Expert Group on International Statistical Classifications New York, 19-22 May 2015

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- Application of sex-age, disability inclusive disaggregated data and targeted interventions for all vulnerable groups.
- Gender inclusive social protection and financing for economic response and recovery.
- Leaving no one behind in building back to a new normal.

## Context

The COVID-19 crisis is arguably the worst pandemic disaster confronting humanity in modern history, having an unprecedented impact on all countries globally. The devastating losses and the gravity of its implications are being felt by all nations in terms of both prompting the scaling of public health response and requiring mitigation of broader social and economic impacts.

On 25 April, the global death toll from coronavirus stood at 199,272, with numbers increasing exponentially (John Hopkins Coronavirus Resource Centre). The world has witnessed an indiscriminate escalation in the rate of COVID-19, however there is a disproportionate impact on the lives and livelihoods of the economically poor and socially marginalised. Gender differences are often most significant in the aftermath of disaster as in most cases women and girls are the most vulnerable. This is due to existing inequality underpinned by structural barriers in culture and economics. It is evident that disaster and disease outbreaks affect women and men differently. As a consequence, the COVID-19 pandemic risks deepening existing inequalities and the culture of discrimination, suppressing development opportunity for poor women, men and girls, the disabled and aged.

The recent Lancet article titled “The gendered dimensions of COVID-19” (published on 11 April 2020) provided interesting figures on sex disaggregated data from the [Global Health 50/50 Survey](#). This tracked sex-disaggregated infection and mortality COVID-19 data from the 39 most-affected countries. There is yet to be strong evidence whether women or men are more susceptible to the contagion, but more men are recorded dying from COVID-19. This might be linked with genetic predisposition or social context, with underlying health conditions associated with comorbidities, including hypertension, cardiovascular disease, and lung disease high in men. Often those pre-conditions are related to smoking and drinking alcohol, behaviours associated with masculine norms. However, the COVID-19 data is still incomplete and different scenarios are emerging daily. Nevertheless, outside these direct effects most of the additional socio-economic conditions associated with self-isolation, home lock-in and economic consequences impact men and women differently – and many are not reflected in morbidity or mortality data at all. This is hidden in the population level statistics. The question is how far the legacy of COVID-19 will exacerbate pre-existing social inequalities by gender, age, ethnicity, disability. These are the core social determinants of vulnerability to natural hazards and so should be at the center of our

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analysis in Tomorrow's Cities, especially if the impacts of COVID-19 and the expected economic recession to follow are drawn out – as seems likely.

For the most marginalised groups living in extreme poverty - including persons with disabilities, pregnant women, sex-workers, elderly people, migrant workers, slum dwellers, waste pickers, day labourers, construction workers and street-vendors - livelihood gaps during the lockdown make living conditions harsh. Each livelihood and social context brings its unique combination of needs, preferences and capabilities. These are constructed differentially as a result of the conditions in which people live, producing specific intersectional identities<sup>2</sup> For example, Asia-Pacific is home to over 60 percent of the global urban population and 65 percent of the global slum population which typically has limited access to facilities including healthcare. Many of the region's cities are highly congested, leading to a higher likelihood of infection because of the difficulties of physical distancing<sup>3</sup>. The current pandemic situation broadens social exclusion and may inflame stigmatisation and social tensions including along race and ethnic lines of difference. Anti-social behaviour and bullying used against those suspected to be infected and their family will reduce the number of people willing to attend Health Centres, increasing risk to all and distorting data to under-represent the marginalised.

The gender dimensions of power structures and discriminatory social norms become prevalent too, as poorer households are forced to bear the brunt of COVID-19. Gender also plays out in the implications of risk management. Lockdown of families in homes is worst for those living in cramped conditions with multiple dependents and low income female-headed households are amongst those carrying the biggest psychological and educational loss burden of lockdown policies.

The pandemic may cause the rise of gender-based violence, as women are forced to be locked down with their perpetrators. Violation of sexual and reproductive health rights, and increased burden of unpaid care work and lack of psychosocial trauma support only add to the distress of women and children. Under lockdown, not only is violence at home more likely, but access to support and the recording of events will be limited.

Female (and male) health workers and nurses are at enhanced risk of being infected, and many will bear a double burden of care at work and at home. For children, school closures create major

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<sup>2</sup> Intersectionality refers to “the complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap, or intersect especially in the experiences of marginalized individuals or groups.” Merriam Webster, March 14, 2020, <https://www.merriam-webster.com/dictionary/intersectionality>.

<sup>3</sup> UNDRR Asia-Pacific Covid-19 Brief, Leave No One Behind, Covid-19, Prevention, Response and Recovery, 9 April 2020  
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disruption for education and may exacerbate inequality not only now through reduced interaction, access to school meals and social care, but in their future attainment. Overstretched health services will constrain further already limited provision of women's sexual and reproductive health services.

Differentiated treatment based on gender roles and intersectionality amplify the disparities that always existed in the social periphery. When gender differentials are found to operate at these fundamental social levels, it is not surprising that they have been found to occur in disasters (Fordham and Ketteridge, 1998). For example, disabled and elderly people are already at high risk of vulnerability from natural hazards – including heat waves and floods. COVID-19 then generates a multi-hazard complex that is likely to be felt worst by those with marginal livelihoods, exacerbating inequality in losses. COVID-19 then is likely to act on natural hazard vulnerability in similar ways to multifaceted challenges that amplify through the contexts of fragility, conflict, and emergencies - where social cohesion is undermined and institutional capacity and services are limited (Impact of Covid-19 on Women: UN Policy Brief, April 2020).

There has been a slow global response to this pandemic. As countries consider the longer-term implications and the full economic costs, stimulus packages are being developed to aid renewal. While it is important that the allocation of stimulus funding is conducted in a transparent, inclusive and effective manner, it is equally necessary to ensure such programs do not place countries on a resource-intensive, environmentally destructive trajectory once economic activities are resumed. The most critical concern is now to take rapid action using precautionary principles to control economic recession and avoid a potential food security crisis. We need to have governments reaffirm their commitment to social responsibility and corporate accountability to address the immediate health and social concerns of COVID-19 and to protect the public from exposure to future harms including from natural hazards. This flags the co-benefits for COVID-19 and natural hazard risk management of, for example, adequate healthcare protection, social protection measures as well as safety-nets and support for basic needs.

Worldwide, in a time of quarantine and social distancing, we now need to look at comprehensive risk prevention and risk-informed response mechanisms where no one should be left behind due to unequal societal structures. In doing so, from the perspectives of gender, intersectionality and social inclusion we call on governments, city authorities, local governments and community-based organisations to take effective measures and immediate action to mitigate and minimise the negative impacts of COVID-19 and policy response.

### **Applying a gendered lens in all phases of risk mitigation and recovery:**

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Given the existing crisis posed by COVID-19, there is an urgent need to apply a gender and intersectionality lens and human rights based approach as these factors are often overlooked in mainstream development. Tomorrow's Cities has the opportunity to bring to its analytical framework a strengthened gender focus, based on the premise that the roles and relationships of different intersectional groups vary within a specific socioeconomic, cultural, epidemiological and risk reduction context.

***Gender and intersectional analysis of the current situation can provide better scrutinising of barriers in service delivery for both women and girls, the disabled and elderly people as well as other vulnerable groups exposed to natural hazards.***

**1. Ensuring equal representation and meaningful participation in disaster (including pandemic) management by women, non-binary and gender non-conforming<sup>4</sup> persons and grass-roots communities:**

The United Nations Office of the High Commissioner on Human Rights has requested governments, donors and multiple stakeholders to provide special attention for the rights of the LGBTI people (Lesbian, gay, bisexual, trans and intersex) and for those with gender non-conforming identity<sup>5</sup>. Measures to address the socio-economic impacts of the pandemic – which will include dynamic vulnerabilities shaping risk to future (perhaps overlapping) natural hazard events - should consider the particular vulnerabilities of these groups of people. This will require hazard risk analysis examining the appropriateness of existing and potential social protection, health care and resilience strengthening measures as they are inflected by COVID-19 and its management. This might include consideration of ways in which government and community actors have attempted to contain stigmatization and hate speech towards those perceived as transmitting COVID-19 and to guarantee human rights as well as equal opportunity regardless of gender, race, belief and non-conformity throughout the crisis and in the establishing of vulnerabilities to future natural hazard risks.

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<sup>5</sup> Apr 17, 2020, Statement on Covid 19 and the Human Rights of the LGBTI people, UNOHCHR Shahid, S and Pelling, M (2020) Leaving no one behind in Tomorrow's Cities: Strengthening gender, intersectionality and social inclusion in the COVID-19 crisis and beyond, *Tomorrow's Cities Comment #6*, May 2020, accessed from <https://tomorrowscities.org/leaving-no-one-behind-tomorrows-cities-strengthening-gender-intersectionality-and-social-inclusion>

## **2. Application of sex-age, disability inclusive disaggregated data and targeted interventions for all vulnerable groups:**

It is imperative to collect gender and sex-age disaggregated data on all aspects of COVID-19 crisis. Frontline humanitarian actors and government interventions can be studied to reveal how far they take into account different local dialects, literacy and difference in accessing mobile or digital technology. Research can assess the burden of unpaid domestic and care work through shared responsibility by states, private sector, communities, women and men and equally considering the needs of women and intersectional groups. Gendered analysis and sex-age disaggregated data may also look at differentiated infection rates. It is important to involve women and other marginalised groups in all phases of the response and recovery, provide support for their leadership role and access to the national and local decision-making processes, especially women's groups that are impacted the most by the crisis. Humanitarian support and disaster response should consider collection of evidence-based, context-specific, localised data that represents both the vertical and horizontal angle and overview of the diversified people and power-structures co-exist in the community.

## **3. Gender inclusive social protection and financing for economic response and recovery:**

An escalation of gender-responsive and inclusive social protection measures need to be undertaken considering the health risks, life-cycle risks and economic crisis scenario particularly targeting vulnerable women, the old age group, those suffering poverty and destitution, physical disability and mental disorder, temporary or permanent inability to work, and death of the earning family member. The private sector should take responsibility for payment of workers, particularly women who are usually less paid, during lockdown. Millions of garment and textile industry workers and migrant workers for example, have become unemployed globally and need to be brought under the coverage of social protection and immediate relief support to meet their basic needs. Migrants and those in the informal sector will be especially vulnerable – with implications for dynamic vulnerability to future/coinciding natural hazard risks and loss. Government and city actors should make particular efforts to reach the most marginalised by providing income supplement or subsidies and by ensuring access to healthcare, safe water, sanitation needs and regular hygiene practices. In this context, the Tomorrow's Cities Hub may focus on researching adaptive social protection measures and identify multi-hazard (including health) shock-responsive disaster mitigation strategies. There is an urgent need to link learning to an efficient and effective measure of disaster risk financing with community led response and to explore partnership with government, donors and the private sector in achieving this goal. This effort may start with identifying the multidimensional needs of gender responsive climate and disaster risk financing at

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city level, identifying existing mechanisms, capturing community perspectives within the landscape of vulnerability, hazard risks and potentials for ensuring financial inclusion and accountability.

#### **4. Leaving no one behind in building back to a new normal:**

The unprecedented crisis of COVID-19 intensifies all levels of inequality and fear of social exclusion globally. Across contexts, it is the marginalised – the already left behind – who are harder to reach and can be missed by international and national disaster response efforts compounding exclusion (Collodi, J & Pelling, M, November 2019). Therefore, we need to continue putting our best effort to identify the implementation gaps to reach to the farthest first and enable corrective actions as well as applying innovative methods to eliminate the root causes of marginalisation. The Sendai Framework for Disaster Risk Reduction's key principles are an all-of-society engagement and partnerships while putting special emphasis on empowerment and inclusive, accessible and non-discriminatory participation. Eventually, wherever lack of significant progress is identified, an adequate analysis of the root causes and systemic barriers must be conducted, including those related to inequalities and economic, trade, monetary and financial frameworks. It is important to make sure that frontline actors have better understanding, perception, capacity and tools available for inclusive response and recovery at the community level for building back to a new normal. Participatory governance, especially in urban and peri-urban disaster risk planning, should involve the urban poor and the most marginalized people as key stakeholders. We need to foster new pathways of partnership for building inclusive resilience post COVID-19.

#### **Conclusion**

It is vital that during this pandemic we foster a sense of global solidarity. We must act now and ensure integrated and inclusive disaster risk reduction and development planning is enhanced through COVID-19, not undermined by this protracted emergency. Our research is interdisciplinary and risk is a product of hazard as well as vulnerability so that reducing risk through COVID-19 requires we capitalise on opportunities to enhance environmental protection and poverty reduction. How can our research support the well-being of people and planet and an equal distribution of power, economies and social benefits of all people? This paradigm shift requires research that can support a change in the focus of narratives from reactive disaster response to long-term proactive disaster risk and vulnerability reduction, where the interlinkages and compatibility of gender and DRR lenses are inclusive and critical to achieve the Sustainable Development Goals.

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