

GENDER-RESPONSIVE ASSESSMENT OF BARBADOS' SOCIAL PROTECTION RESPONSE TO COVID-19



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TABLE OF CONTENTS

1. Introduction	1
2. Methodology	3
2.1 Scope of the Study	3
2.2 Analytical framework	4
3. Gender-dimension of the impact of the COVID-19 pandemic	11
3.1 The health impact	11
Idiosyncratic health impacts of COVID-19	11
Covariate health impacts of COVID-19	12
Age groups (elderly)	12
Frontline workers (health and health sector)	12
Client-facing service sector	12
People in need of care	13
3.2 The socioeconomic impact	14
Idiosyncratic socioeconomic impacts of COVID-19	16
Sex- and Gender-Based Violence (SGBV)	16
Early unions and early childbearing	18
Covariate socioeconomic impacts of COVID-19	19
Poorest people and families (e.g., large families)	20
Single parents	22
Tourism Sectors	23
Informal sector	23
Care and Domestic workers	24
Boys and girls in ECEC or school-age	24
Families with children in ECEC or schooling age	25
4. Social protection before, and in response to, the COVID-19 pandemic in Barbados	26
4.1 Social protection before COVID-19	26
4.2 Social protection in response to the COVID-19 crisis	29
5. A gender-responsive assessment of the social protection response to the COVID-19 pandemic.	40
5.1 Targeting women and girls affected by gender-specific shocks	41
Women and girls at risk of SGBV	41
Girls at risk of early unions and childbearing	43
Women and girls at risk of limited access to comprehensive sex-reproductive health services	44
5.2 Targeting vulnerable people affected by covariate shocks using a gender-responsive approach	44
Protecting the health of frontline workers and client-facing service workers	45
Addressing the needs of the poorest people and families	45
Supporting single parents	48

Sustaining the tourism sector _____	49
Safety net for people in informal employment _____	54
Protecting care and domestic workers _____	54
Helping boys and girls who are out of school _____	55
Supporting families with children in ECEC and school-age _____	56
5.3 Women's political representation _____	56
6. Conclusions and ways forward _____	57
Annex 1. Examples of the types of interventions by social protection components _____	62
Annex 2. List of stakeholders interviewed _____	63
Annex 3. Database of social protection response to COVID-19 in Barbados _____	65
Social Assistance measures in response to the COVID-19 crisis _____	65
Care Packages _____	65
Food vouchers _____	65
Welfare Support _____	65
Adopt-Our-Families Household Survival Fund _____	65
Adopt a Family Programme _____	66
Homes for All Programme _____	66
Payment moratorium _____	66
Student Revolving Loan Fund (SRLF) _____	66
Price freeze of a basket of essential goods _____	66
Decrease in combustibles prices _____	67
Water taps reconnected _____	67
Social Care Services measures in response to the COVID-19 crisis _____	67
Helpline service for vulnerable groups during COVID-19, including women victims of domestic violence or abuse _____	67
Virtual courts for cases of an urgent nature, including violence against women _____	67
Strengthening of the national assistance care and shelter programmes _____	67
Social Insurance measures in response to the COVID-19 crisis _____	68
Unemployment benefits _____	68
Facilitate unemployment benefits access _____	68
Business Cessation Benefits (BCB) _____	68
Anticipation of pension payments _____	68
Labour Market measures in response to the COVID-19 crisis _____	68
Barbados employment and sustainable transformation programme (BEST) _____	68
Barbados Tourism Fund Facilities _____	69
Barbados Trust Fund Limited (BTFL) _____	69
VAT Loan Fund _____	69
Measures to support home care workers employed by the National Assistance Board _____	70
National Insurance Board _____	70
Small Business Wage Fund _____	70
Deferral of NIS contributions _____	70
Annex 4. Criteria adopted in the social protection responsive-gender assessment _____	71
Annex 5. Adopt-a-Family Programme case studies _____	72

1. Introduction

The programme "*Universal Adaptive Social Protection to Enhance Resilience and Acceleration of the Sustainable Development Goals in the Eastern Caribbean*" is a joint initiative being implemented by the United Nations (UN) in the Eastern Caribbean. The United Nations Children's Fund (UNICEF), the World Food Programme (WFP), the International Labour Organisation (ILO), the United Nations Development Programme (UNDP) and The United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) who have come together to join forces to expand social protection towards universal access for people and make it more adaptive to ensure they have the means to prepare before crises, including tropical storms and hurricanes¹ and cope during, and after them.

The Sustainable Development Goals (SDG) Fund supports collaboration amongst UN agencies and other development partners promoting a whole-of-government approach to social protection to reach those left behind across many SDGs. The Joint Programme, which is supported by the UN Resident Coordinator's Office for Barbados and the Eastern Caribbean, focuses on three SDGs: poverty reduction, gender equality and climate action. Its main objective is to strengthen people's resilience through predictable access to adaptive and universal social protection in Barbados and Saint Lucia, as well as in the Organisation of Eastern Caribbean States (OECS) countries.²

The Joint Programme was necessary due to the weakness of the social protection systems in these two countries, and their vulnerability to natural disasters, and has become critical given the unprecedented social and economic impact of the COVID-19 pandemic. The joint SDG fund is providing US \$3 million, with an additional US \$1.75 million in contributions from all partner agencies.³ In response to the COVID-19 crisis, the joint programme adapted and enhanced its work to strengthen institutional capacity for integrated services delivery through the development of evidence-based, gender-responsive social protection and a disaster risk management policy and legislation, and introduce innovative financial strategies which ensure fiscal sustainability and expanded coverage across Barbados. As part of this effort, UNDP supports this gender-responsive assessment of the social protection system in Barbados, with a specific focus on the response to COVID-19, to inform short, medium, and long-term shock-responsive social protection needs within the country.

As the COVID-19 crisis will not be resolved in a few months and many countries are hit by subsequent waves, concrete policy steps are needed to limit its dramatic socioeconomic consequences.⁴ COVID-19 is an unprecedented public health emergency with immediate and long-term economic impacts on the population in terms of poverty, access to food and services, unemployment, and multi-dimensional vulnerability. It also has a strong impact on an individual's social life, interpersonal relationships, mental health, and trust in others and institutions. The pandemic has already imposed a high cost on human lives, but even countries without deaths related to COVID-19 have seen their economies severely harmed by the global pandemic.

¹ For example, in 2017 Hurricane Maria affected 90% of the population of Dominica in one way or another.

² Joint SDG Fund Programme Team (2020). "Joint SDG Fund – Leave No-one Behind through Social Protection in Barbados, Saint Lucia & the OECS", April 2020. Retrieved on 15 November 2020 from: https://www.jointsdgfund.org/sites/default/files/2020-05/SDGfund_Factsheet_Final.pdf

³ <https://jointsdgfund.org/article/un-programme-help-covid-19-response>

⁴ <https://blogs.worldbank.org/voices/swift-action-can-help-developing-countries-limit-economic-harm-coronavirus>

The COVID-19 pandemic highlights a need for Shock Responsive Social Protection (SRSP) measures that differ from routine social protection programmes and in some respects, those usually implemented in response to typical shocks and stressors. COVID-19 is a rapid-onset shock which is both covariate and idiosyncratic. When compared to previous covariate shocks, a major challenge related to COVID-19 is that many individuals require social protection support simultaneously, and individuals who already received support may need additional support due to the pandemic. Consequently, the capacity of the existing system to deliver relief is typically challenged.⁵ The rapid onset of the COVID-19 crisis poses specific challenges, although similar to other rapid onset shocks (e.g., earthquake). On the other hand, the global reach of the pandemic, as well as the unpredictability of its course and duration, make it different from more common shocks and more comparable to global conflicts. Another peculiarity of the COVID-19 crisis is the dramatic impact of the lockdown, and other mobility restrictions, across multiple groups with multiple needs. The measures to contain the spread of the virus have also strongly impacted the capacity of the government and its public services provision, further challenging the capacity of the social protection system to respond to the needs of people affected by the crisis.

The effects of the pandemic are not gender-neutral but rather affect men, women, boys, and girls differently because of their biological and behavioural differences, their different role in family and society, their different needs and vulnerabilities as well as existing gender social norms, and discriminatory laws, regulations, and practices. Building on growing evidence on the gender-nature of the COVID-19 pandemic, this report calls for a gender-responsive policy response to the crisis. It analyses the different impacts of the pandemic on women, men, girls, and boys, providing evidence at global, regional, and national levels, and highlighting how the crisis has exacerbated pre-existing gender-inequality. The report assesses the gender-responsiveness of the SRSP measures introduced in Barbados and offers some recommendations to strengthen the SRSP through a gender focused lens.

The report is organised into six chapters.

Chapter 1 outlines the background of the study and highlights the need for SRSP and the commitment of the Joint Programme to strengthen SRSP in Barbados and Saint Lucia, as well as in the Organisation of Eastern Caribbean States (OECS) countries.

Chapter 2 discusses the scope of the study and introduces an analytical framework to assess the gender-responsiveness of SRSP in Barbados. The nature and characteristics of the COVID-19 shocks are also discussed in this chapter.

Chapter 3 looks at the direct and indirect impact of the COVID-19 pandemic, (i.e., health and socioeconomic impacts), and discusses the covariate and idiosyncratic shocks of the crisis through a gender lens in relation to both areas.

Chapter 4 discusses the social protection response to the COVID-19 pandemic in Barbados, mapping the social protection measures introduced by the Government of Barbados in four social protection components: social assistance, social care services, social insurance, and labour market policies. A gender-responsive assessment of the mapped measures is offered in line with a definition of gender-responsive policies that combine both gender-mainstreaming in the interventions and gender-specific targeted measures.

⁵ Bastagli F. (2014). Responding to a crisis: the design and delivery of social protection. *ODI Working Paper* No.394. London: Overseas Development Institute.

Chapter 5 presents a gender-responsive assessment of SRSP responses to the COVID-19 pandemic in Barbados. It outlines recommendations to strengthen the SRSP responses for individuals at risk of idiosyncratic impacts, with a specific focus on the need to target women and girls and covariate groups. In doing so, it highlights how pre-crisis gender-inequality implies different risks within different gender groups and it further highlights the need for addressing them by adopting a gender mainstreaming approach.

Finally, Chapter 6 provides short-, medium- and long-term recommendations for consideration by the Government of Barbados to ensure a gender-responsive social protection response to the next phases of the COVID-19 crisis and beyond.

2. Methodology

2.1 Scope of the Study

The scope of this study is to provide a gender-responsive assessment of the social protection system in Barbados with a specific focus on the response to COVID-19, to inform an implementation plan for a gender-responsive and adaptive social protection response to the pandemic.

The analysis will include:

1. The assessment of the socioeconomic impact of the pandemic with an emphasis on the differential impacts across various groups, with a focus on women and girls;
2. A mapping of the full COVID-19 social protection response, analysing its scale and scope, identifying critical gaps, and assessing its efficiency and effectiveness to-date;
3. A gender-responsive assessment of the social protection system response to the COVID-19 pandemic in Barbados.

The methodology used for this study relied on a desk-based literature review and a mix-methods approach that includes both qualitative and quantitative analysis of the data. The desk-based literature review analysed data and publications from different sources including UN agencies, multilateral institutions, think-tanks, Government of Barbados reports and academia. Building on a growing body of literature on the gendered impacts of the pandemic and the need for gender-responsive measures to cope with them, the study provides a gender-responsive assessment of the social protection response to the crisis. The qualitative analysis builds on interviews and virtual meetings with key stakeholders to gather insights on the impact of COVID-19 on different population groups and to map the policy responses of different institutions. Stakeholders interviewed for this study included UN agency partners of the Joint Programme, key government representatives, government experts and managers of social protection schemes, activists for women's and vulnerable people rights, civil society organizations (CSOs) and beneficiaries of SRSP interventions. The complete list of stakeholders interviewed is available in Annex 2. The quantitative analysis was used mainly to identify groups of the population who are more vulnerable to the impact of COVID-19 among women, men, girls, and boys in general and in categories at higher risk such as informal workers.

2.2 Analytical framework

UN agencies are working together as one in the UN Social Protection Floor Initiative (SPF-I), with support from the new UN Joint fund Window for Social Protection Floors.⁶ The Social Protection Floor is a global effort to adopt a shared approach to ensure universal access with at least the following guarantees: access to essential health care, including maternity care; basic income security for children (e.g., family allowances); basic income security for people of active age who are unable to work (e.g., social protection benefits for people with disabilities, unemployment, maternity); basic income security for elderly (e.g., those who receive a pension).

Social protection refers to policies and programmes aimed at preventing and protecting people against poverty, vulnerability, and social exclusion throughout their lives. This includes a wide range of interventions, such as social assistance, social insurance, social care services and labour market policies to support people's skills and access to jobs (see Box 1).⁷

⁶ <https://www.social-protection.org/gimi/ShowProject.action?id=2767>

⁷ https://www.jointsdgfund.org/sites/default/files/2020-05/SDGfund_Factsheet_Final.pdf

Annex 1 is a list of possible social protection components grouped together under these four components.

Box 1. Social Protection components

Social protection includes four components:

Social assistance: non-contributory transfers in cash, vouchers, or in-kind (including school feeding) to individuals or households in need; public works programmes; fee waivers (for basic health and education services); and subsidies (e.g., for food, fuel, etc).

Social insurance: contributory schemes providing compensatory support in the event of illness, injury, disability, death of a spouse or partner, maternity/paternity, unemployment, old age, and shocks affecting livestock /crops.

Social care services: services for those facing social risks such as violence, abuse, exploitation, discrimination, and social exclusion.

Labour market programmes: programmes that promote labour market participation such as training, public employment services, job creation (active labour market programmes) or those which ensure minimum employment standards such as unemployment benefits and assistance, disability benefits, parental leave, etc. (passive labour market programmes).

'Social assistance' and 'social insurance' together constitute 'social security', a term used by ILO and other UN bodies interchangeably with social protection. Also 'social care services' are not often included within the components of social protection. However, this extended definition of social protection better reflects the type of interventions taken by the Government of Barbados in response to the COVID-19 crisis.⁸

⁸ Carter B., Roelen K. Enfield S., and Avis W. (2019). Social Protection Topic Guide. Knowledge, evidence and learning for development - K4D, UKaid (October 2019).

Social protection systems are intended to be shock responsive as they should support people in the event of shocks or help to mitigate their exposure to shocks.⁹ Shocks are defined as events that reduce household income, consumption, and /or accumulation of productive assets. Covariate (or aggregate) shocks, like droughts, floods, food price increases as well as the COVID-19 pandemic, involve entire communities or countries in systematically opposite shocks to those considered to be idiosyncratic (or unsystematic), which affect individuals and households at the same time. In practice, covariate and idiosyncratic shocks may interact and overlap. For instance, a regional drought, which is a covariate shock, may lead to the death of an income-earning household member causing an idiosyncratic shock.¹⁰

Standard social protection systems are set to respond to idiosyncratic shocks such as life cycle events such as loss of jobs, illness, injury, maternity/paternity, death of spouse or partner etc. These shocks, which are experienced by individuals and households unsystematically, are typically covered by the social insurance component of the social protection system through contributory schemes (see Box 1).

SRSPs should also respond to covariate (i.e., systematic) shocks that affect a large number of households simultaneously.¹¹ Social assistance, which typically refers to non-contributory, tax-financed or donor-supported, social benefit schemes have proven to be effective in reducing poverty and food insecurity and in making households more resilient to particular shocks. No systematic empirical research is available on their effectiveness in reducing idiosyncratic shocks.¹²

Women and men can be exposed to different types of risks associated with shocks and have different ways of coping and insuring against them. This is due to multiple factors such as biological, behavioural, and cultural factors including persisting gender inequalities, gender roles and gender discriminatory social norms, laws, and practices. As for idiosyncratic shocks, men and women face different risks throughout their life cycle: mortality and morbidity risks are generally higher for men, but women and girls are at a higher risk of malnutrition and poor health during reproductive years due to menstruation, pregnancy, and lactation. In many countries, early marriage and early childbearing are risk factors with a high impact on the health and development of girls, while in the labour market and the agriculture sector, women and men are exposed to different risks and hazards.¹³ Covariate shocks, even when they are not gender specific, may affect women and men differently. This is either because one gender is over-represented in the communities and groups of the population affected by the shock or because of pre-shock gender-inequalities which make men and women differently able to cope with the crisis. For instance, the rise in the price of a commodity will impact differently on women and men depending on whether they are the major producers or consumers of that commodity.

⁹ Barca V (2017). Conceptualizing shock-responsive social protection. International Policy Centre for Inclusive Growth (IPC-IG), One Pager 344, February 2017 ISSN 2318-9118.

¹⁰ Frankenberger T., Swallow K., Mueller M., Spangler T., Downen J., and Alexander S. July (2013). Feed the future learning agenda, literature review: Improving resilience of vulnerable populations. Rockville, MD: Westat. Retrieved from: [https://agrilinks.org/sites/default/files/resource/files/Feed the Future Learning Agenda Resilience Literature Review July 2013.pdf](https://agrilinks.org/sites/default/files/resource/files/Feed%20the%20Future%20Learning%20Agenda%20Resilience%20Literature%20Review%20July%202013.pdf)

¹¹ Kind M. (2020). COVID-19 and primer on shock-responsive social protection systems, United Nations Department of Economic and Social Affairs, Policy Brief No. 82.

¹² See, for instance, World Bank (2014b). The state of social safety nets 2014. Washington D.C.: World Bank (Retrieved from: <http://www.worldbank.org/en/topic/safetynets/publication/the-state-of-social-safety-nets-2014>) for a review of impact evaluations of social assistance programmes in developing countries over 1999–2009, most of which are in Latin America .

¹³ For a review of different risks that men and women face with implications for their health and nutritional status, see J. Harris. 2014. "Gender Implications of Poor Nutrition and Health in Agricultural Households." In Gender in Agriculture: Closing the Knowledge Gap, edited by A. R. Quisumbing, R. Meinzen-Dick, T. L. Raney, A. Croppenstedt, J. A. Behrman, and A. Peterman, 267–283. Dordrecht, Netherlands: Springer; Rome: FAO.

Women and men also have different capabilities to cope with shocks and manage risks. Having less access to and control over assets and resources, lower access to finance and credit, and limited decision-making compared to men, women are typically less capable than men to cope with crises. Thus, even when covariate gender-indiscriminate shocks hit men and women equally (e.g., the COVID-19 pandemic), women are likely to suffer a higher impact because they do not have the means to cope with it. Studies show that during a time of crisis, women suffer extensively from an increased time burden, are threatened, or become victims of Sexual and Gender-Based Violence (SGBV). They are also more likely than men to lose jobs and assets.¹⁴ An empirical analysis of more than 140 countries shows that natural disasters (i.e., covariate shocks) lower the life expectancy of women more than that of men.

Even in the presence of covariate shocks, which affect entire communities, the risks to women and men within households may be different due to gender-discriminatory social norms and practices. While it is well recognised that female-headed households are particularly vulnerable to the effects of shocks due to their intrinsic characteristics, the risk of shocks may also not be shared equally by gender *within* households. The intra-household literature provides evidence that household members do not pool their incomes and the income of women and men affect household allocation decisions differently.¹⁵ Other studies show that in times of crisis, women act as a ‘shock absorber’ reducing their consumption to allow increased consumption by other household members. In Indonesia, for instance, during the sharp rise in food prices in 1997/98, mothers buffered children’s calorific intake resulting in maternal wasting and anaemia.¹⁶

The COVID-19 pandemic is a rapid-onset covariate shock with covariate and idiosyncratic impacts. Individuals can be affected directly, by contagion and illness (health impact), and /or indirectly, as a result of the government-imposed lockdown and restricted movement mitigation measures when these are put in force (socioeconomic impact). Both direct and indirect impacts can be covariate and /or idiosyncratic (see Table 1).

The covariate impacts of COVID-19 involve specific groups of the population who are at a higher risk of health or socioeconomic impacts. As for the health impact, frontline workers and client-facing service workers have a higher risk of contracting the virus as well as suffering physical and psychological consequences for the extreme conditions of their work. Elderly people have a higher risk of severe health consequences, and even death, due to contagion. As for the socioeconomic impact of the crisis, some population groups are at higher risk of suffering more severe socioeconomic effects than others. This is mainly due to the effect of specific government restrictions which affect them more than other groups and /or the impact of their pre-existing vulnerability that limits their capacity to cope with the effect of the crisis. These groups include poor families, people working in specific sectors such as the tourism and the informal sectors, single parents, boys, and girls in Early Childhood Education Care (ECEC) who are of school-age and families with children in ECEC /school age. Idiosyncratic impacts may interact, or overlap, with covariate impacts (see Table 1).

14 Kumar N. and A. Quisumbing (2014). Gender, shocks, and resilience. Building Resilience for Food & Nutrition Security, 2020 Conference Brief 11, May 2014.

15 C. Doss. 2001. “Is Risk Fully Pooled within the Household? Evidence from Ghana.” *Economic Development and Cultural Change* 10:101–130.

16 Berloff G. and F. Modena. 2009. *Income Shocks, Coping Strategies and Consumption Smoothing: An Application to Indonesian Data*. Discussion Paper 1. Trento, Italy: Department of Economics, University of Trento.

The gender-discriminate impact of COVID-19 operates through both the impact of covariate and idiosyncratic shocks. Some idiosyncratic shocks are gender-specific in nature. Examples include being victims of Sexual-Gender Based Violence (SGBV), early childbearing or getting pregnant in a time of limited access to care services. This report discusses how the COVID-19 crisis exacerbates the risk of these gender-specific idiosyncratic shocks. Covariate impacts may be gender-discriminate too. This happens when either men or women are over-represented in one of the covariate groups affected by the shocks, for example, if single parents are hit strongly by the socioeconomic impact of the pandemic and women are over-represented among single parents then there will be an increased impact on women. The report analyses international and national literature to highlight the status of men and women, boys and girls in the different groups impacted by the COVID-19 shock.

Multiple factors contribute to explaining why one gender may be at a higher risk of COVID-19 idiosyncratic and covariate impacts. These factors include gender biological differences (e.g., female reproductive role), gender behavioural difference (e.g., gender differences in using proper protective equipment), different gender roles (e.g., men as main earners), and different needs and vulnerabilities (e.g., different access to resources to cope with the effects of the crisis). Social norms and discriminatory gender practices related to what is deemed to be appropriate for women or men, as well as laws and regulations that treat women and men unequally, may reinforce gender inequalities and create settings in which women and girls have different access to resources and opportunities compared to men and boys.

Table 1. An analysis of the covariate and idiosyncratic impacts of the COVID-19 shock

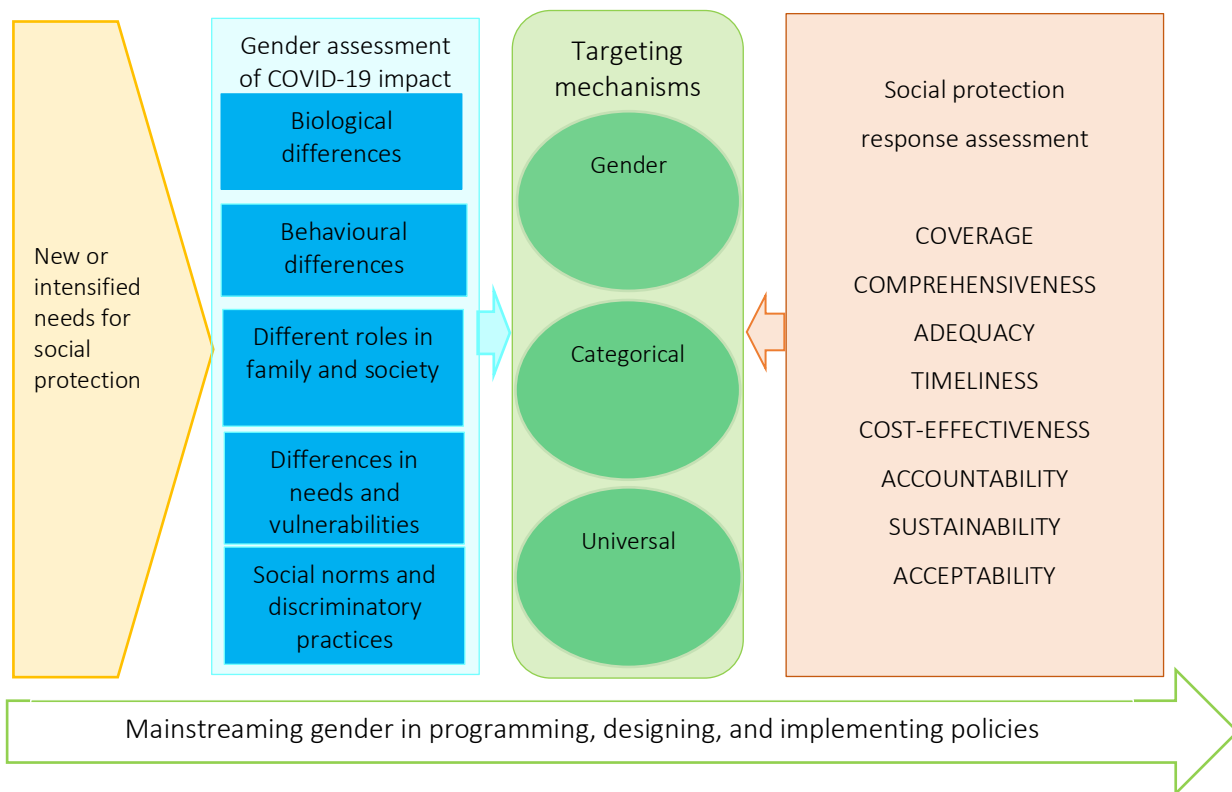
COVID-19	Direct impact (health crisis)	Groups affected by covariate shocks	People affected by idiosyncratic shocks	Gender-responsive measures
		Indirect impact (socioeconomic crisis)	<ul style="list-style-type: none"> ▪ Age groups (elderly morbidity and mortality) ▪ Frontline workers (physical and mental health) ▪ Client-facing service sector (physical health) ▪ People in need of care (limited access to care and services) 	
		Groups affected by covariate shocks	People affected by idiosyncratic shocks	
		<ul style="list-style-type: none"> ▪ Poorest people and families (no coping mechanisms) ▪ Single parents (no income pooling, no care sharing) ▪ Tourism sector (job losses, cut in working hours) ▪ Informal sector (job losses, cut in working hours, no safety net) ▪ Care and domestic workers ▪ Boys and girls in ECEC/school age ▪ Families with children in ECEC/school-age (ECEC/school closure, higher care burden) 	<ul style="list-style-type: none"> ▪ Job lay-off ▪ Long term debilitation ▪ Job loss ▪ Children at home ▪ Stay-at-home order and restricted mobility ▪ SGBV ▪ Early childbearing ▪ Early unions ▪ Restricted access to health services including sex and reproductive services 	

Source: Author's adaptation from various sources. Gender-specific idiosyncratic shocks are in blue.

The scope of SRSP is to provide adequate benefits for beneficiaries of current social protection programmes and adapt social protection to extend coverage to additional population groups to tackle the negative effects of the crisis (adaptation). This should be done in a comprehensive (i.e., covering all the risks) and adequate (i.e., adequately covering the risks) manner. In doing so the existing social protection system should not collapse (resilience).¹⁷

This study proposes an analytical framework for a gender-responsive social protection response to the COVID-19 crisis (see Figure 1) that builds on global literature around social protection and guidelines from the UN Social Protection Floor Initiative. The framework suggests assessing the new or intensified needs for social protection due to the COVID-19 pandemic using a gender-responsive approach that accounts for gender based biological differences, gender based behavioural differences, differences in the roles of women, men, girls and boys in the family and society, their different needs and vulnerabilities, as well as gender social norms and discriminatory laws, regulations, and practices. The multidimensional aspects of social protection require responses specifically designed to address the distinct and unique needs of the different segments of the population, especially those who are more vulnerable, and recognising differences between men, women, boys, and girls.

Figure 1. Framework for a gender-responsive social protection response to the COVID-19 crisis



¹⁷ Socialprotection.org blog “Identification and registration of beneficiaries for SP- responses in the wake of COVID-19: challenges and opportunities” by Martina Bergthaller on Tue, 09/06/2020 - 21:14

Drawing from the analysis done by the International Policy Centre for Inclusive Growth¹⁸ at a global level, the framework indicates eight *criteria* to conduct the assessment of social protection responses, which are discussed below:

Coverage	Refers to the proportion of a population who participate in a social protection programme. The legal coverage is identified by the eligibility <i>criteria</i> to participate in the programme while the effective coverage refers to the people that <i>de facto</i> participate in the programme. Exclusion error (i.e., exclusion of people that are intended to receive support) and inclusion error (i.e., inclusion of some people who are less in need) are critical challenges of either the design or implementation of targeted approaches.
Comprehensiveness	Looks at whether the measures in place can meet the diverse needs of different segments of the population, or whether groups of people in need are left behind.
Adequacy	Is about adequate coverage of people's needs.
Timeliness	Is about the capacity of protecting people in a timely and predictable manner, (i.e., before any negative coping strategy is adopted).
Cost-effectiveness	Requires making cost-effective use of all available resources for social protection response, especially during times of crisis.
Evidence-driven and accountability	Refers to the use of evidence <i>ex-ante</i> and <i>ex-post</i> the policy introduction. It analyses whether the policies have been decided, designed, and implemented, learning from the available evidence (e.g., other shocks) and whether there is any monitoring, learning and evaluation mechanism in place to assess the effect and sustainability of the policy.
Sustainability	Concerns the availability of knowledge, resources, and political will to ensure that the lessons learned from social protection responses can be sustained in the long run.
Acceptability	Refers to the extent to which beneficiaries are comfortable with the content of the policies and how they are delivered, accounting for the characteristics of the providers (e.g., age, sex, ethnicity, religion), the level of bureaucracy, the type of technology involved, etc.

While this study will ideally look at all these eight *criteria*, in practice the analysis is limited by lack of key data. Existing information is complemented by in-depth interviews with key stakeholders wherever possible. Despite difficulties in collecting a complete data set for this study, such an exhaustive framework can guide future studies and the design of current and future social protection measures. The framework has been derived in light of the analysis of the covariate and idiosyncratic impacts of the COVID-19 shock to support the designing of SRSP policies that can be effective if, and when, *shocks that share similar characteristics with the COVID-19 crisis occur*. The analysis of the COVID-19 shock singularities or similarities with other shocks will inform SRSP policy and practice to enable maximum applicability in future settings.

¹⁸ <https://ipcig.org/about>

3. Gender-dimension of the impact of the COVID-19 pandemic

3.1 The health impact

Since the onset of the COVID-19 crisis, almost 124 million cases and more than 2.7 million deaths have been reported globally.¹⁹ In February 2021, almost 20 million cases and more than 600,000 deaths from COVID-19 were reported in Latin America and the Caribbean (LAC).

In Barbados, from 16 March 2020 (the day of the first identified case) to 25 March 2021, there have been 3,582 confirmed cases of COVID-19 and 40 deaths.²⁰ The low absolute number of cases and deaths needs to be read in light of the Barbados context. Barbados has a population of 287,025 inhabitants (148,210 women and 138,815 men), of which approximately 36,000 (13%) are aged 65 or over. The elderly population, consisting of 60 percent women, is the most vulnerable to COVID-19. This section discusses the health idiosyncratic, and covariate impacts of COVID-19 in Barbados.

Idiosyncratic health impacts of COVID-19

A preliminary analysis of global provisional data by gender shows a similar number of confirmed cases for men and women so far but higher mortality among men. According to available data at the global level, men account for a slight majority of confirmed cases (50.9%) and a higher fatality ratio (60.2%).²¹

The higher mortality among males is potentially due to gender-based immunological patterns,²² differences in risk behaviours and social norms around masculinity. As for risk behaviours, patterns, and prevalence of smoking, which is more prevalent among males, correlates with a higher health risk due to COVID-19.²³ Similarly, social norms around masculinity, which make men more likely to engage in risky behaviours, may contribute to explain these figures too. For instance, some studies show that men are less prone to wear masks, wash their hands and seek health care during the pandemic.²⁴

A lack of data disaggregated by gender and a lack of harmonized criteria to collect it at the country level hinders a clear picture of the impact of COVID-19 on women's and men's health globally. Current gender disaggregated data on the pandemic is incomplete and caution is needed when considering early conclusions.²⁵ For instance, globally, only 37 percent of COVID-19 cases have been disaggregated by age

¹⁹ Data from the WHO (18 January 2021). Data retrieved from the UN Women COVID-19 and gender monitor on 15 March 2021 from: <https://data.unwomen.org/resources/covid-19-and-gender-monitor>

²⁰ <https://covid19.who.int/region/amro/country/bb>

²¹ Data from the WHO (18 January 2021). Data retrieved from the UN Women COVID-19 and gender monitor on 15 March 2021 from: <https://data.unwomen.org/resources/covid-19-and-gender-monitor>

²² Chen N, Zhou M, Dong X, et al. Epidemiological and clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan, China: a descriptive study. *Lancet* 2020; 395: 507–13.

²³ Liu S, Zhang M, Yang L, et al. Prevalence and patterns of tobacco smoking among Chinese adult men and women: findings of the 2010 national smoking survey. *J Epidemiol Community Health* 2017; 71: 154–61.

²⁴ UN Women (2019). *Progress of the World's Women 2019-2020: Families in a Changing World*. New York: UN Women.

²⁵ The Lancet (2020). "COVID-19: the gendered impacts of the outbreak", 14 March 2020. Retrieved on 7 December 2020 from: <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2930526-2>

and gender. The criteria for data collection, including deaths, has not been harmonised, thus data is not fully comparable.²⁶

Covariate health impacts of COVID-19

Age groups (elderly)

Risk of severe illness, hospitalisation and even death due to COVID-19 increases with age, with older adults being at the highest risk. Certain medical conditions can also increase the risk of severe illness. Whilst the largest number of cases are observed in the age group of 25 to 34 years old, followed by the oldest groups up to 60 years old and the youngest of 20 to 24 years old, deaths are mainly associated the population of over 50 years old, progressively raising higher for the oldest groups.

Provisional data on global deaths are higher for males for all the age-groups, but in the group of 85 years old and over, women are over-represented. The higher cases, and deaths, amongst women over 85 years of age are explained by women having a greater life expectancy compared to men. The oldest women are more vulnerable because of their advanced age. Also, in most cases they are widowed, living alone or in long-term-care facilities and social isolation, these confinements may worsen their physical and mental health. In some countries, long-term-care facilities have reported higher numbers of cases and deaths.

Frontline workers (health and health sector)

Frontline workers including care providers, health professionals, cleaners, and food preparation assistants, are more exposed to contagion as well as an increased risk of suffering emotional trauma.²⁷ Women are over-represented in most of the frontline jobs. According to ILOStat 2020²⁸, globally women are 88 percent of personal care workers, 76 percent of health associate professionals, 74 percent of cleaners and helpers, 69 percent of health professionals and 60 percent of food preparation assistants. A large share of women is employed in the health sector as nurses, community health workers, birth attendants, pharmacy sales, etc.

The hierarchy between nurses (mostly female) and doctors (mostly male) may undermine women's perspective and leave them with lower protection. During the 2014 Ebola outbreak in Nigeria, people in lower-ranking roles (such as nurses, birth attendants, cleaners, laundry workers), most of which were women, were not provided with the same amount of protective equipment as those with higher-ranking roles (e.g., doctors and officials), most of which were men.²⁹

Client-facing service sector

Client-facing workers are exposed to frequent contacts with clients and thus they are at a higher risk of contagion than people working in other sectors (e.g., white collar workers).

Because of occupational gender segregation, globally, women are more present in client-facing jobs while men are more employed in logistics or security jobs.³⁰ A large proportion of women are also employed in

²⁶ UN Women (2020). Unlocking the Lockdown. The Gendered Effects of COVID-19 on achieving the SDGs in Asia and the Pacific. Retrieved on 20 November from:

https://data.unwomen.org/sites/default/files/documents/COVID19/Unlocking_the_lockdown_UNWomen_2020.pdf

²⁷ World Bank (2020). Gender dimensions of the COVID-19 pandemic. Policy Note. 16 April 2020.

²⁸ <https://ilostat.ilo.org/>

²⁹ Fawole, O. O. Bamiselu, P. Adewuyi, and P. Nguku. (2016). Gender Dimensions to the Ebola Outbreak in Nigeria. *Annals of African Medicine* 15(1): 7-13.

³⁰ World Bank (2020). Gender dimensions of the COVID-19 pandemic. Policy Note. 16 April 2020.

cleaning and sanitation services, for which demand increased during the pandemic, exposing them to a higher risk of infection. Women are also employees in basic sectors and occupations (e.g., agriculture and food production and distribution) that require them to work outside the home and interact with other people during the lockdown periods.

In Barbados, a larger proportion of women than men are in the client-facing service sector but also in less risky professional sectors. According to the Barbados Survey of Living Condition (BSLC) 2016-17 data, 33 percent of female workers are employed in services and sales, and clerical occupations, compared to 22 percent of male workers, and 28 percent of female workers are employed in technical /associate professional, professional, and managerial roles compared to 23 percent of male workers (see Table 3).

People in need of care

Because of the pandemic, people in need of care, including those with chronic conditions, may experience disruptions in health service delivery, with dramatic consequences on morbidity and mortality. While disruption in care services due to the emergency of the pandemic should, in principle, affect men and women equally, preliminary evidence indicates some differences between genders. In Asia and the Pacific, for instance, 60 percent of women reported experiencing longer waiting times to see a doctor compared to 56 percent of men.³¹ More research and better data are needed to fully understand the gendered nature of the disruption of health services during the pandemic.

The pandemic may restrict the availability of reproductive health services such as pre- and post-natal care and women's preventive care, which are critical to women. According to UN Women's rapid gender assessment surveys, in 4 out of 10 countries in Europe and Central Asia, half or more of the women in need of family planning services have experienced major difficulty in accessing them since the start of the pandemic.³² Early evidence also indicates that COVID-19 has both direct and indirect effects on maternal mortality.³³ The shift of health funds and provisions from reproductive health to pandemic response risks has limited women's access to key reproductive health services, with a stronger impact on vulnerable women (e.g., adolescent girls, pregnant women, women with chronic conditions).³⁴

In Barbados, essential health services accessed through public health centres and structures were guaranteed during the pandemic, including critical women's health and support services. During the one-month strict lockdown period, the provision of essential health services through public health centres and structures was maintained,³⁵ however patients were required to make appointments before coming to health facilities.³⁶ Service continuity was guaranteed also for obstetric care, antenatal check-ups and

³¹ UN Women (2020). Unlocking the Lockdown. The Gendered Effects of COVID-19 on achieving the SDGs in Asia and the Pacific. Retrieved on 20 November from:

https://data.unwomen.org/sites/default/files/documents/COVID19/Unlocking_the_lockdown_UNWomen_2020.pdf

³² UN Women (2020). The impact of COVID-19 on women's and men's lives and livelihoods in Europe and Central Asia: Preliminary results from a Rapid Gender Assessment. Bangkok: UN Women.

³³ United States Centers for Disease Control and Prevention. 2020. "Tracking data on COVID-19 during pregnancy can protect pregnant women and their babies." Retrieved on 7 August 2020 from: <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/special-populations/pregnancy-data-on-covid-19.html>; and

Metz, Torri D.; Collier, C.; Hollier, Lisa M. 2020. "MPH Maternal Mortality from Coronavirus Disease 2019 (COVID-19) in the United States." *Obstetrics & Gynecology* 136 (2), page 313-316; and

Hantoushzadeh S. and others. 2020. "Maternal death due to COVID-19." *American Journal of Obstetrics and Gynecology* 223 (109); and Roberton, T. and others. 2020. Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study." *Global Health* 8 (7).

³⁴ World Bank (2020). Gender dimensions of the COVID-19 pandemic. Policy Note. 16 April 2020.

³⁵ Immunization, maternal and new-born health, sexual and reproductive health, non-communicable and communicable diseases.

³⁶ PAHO (2020). Barbados: An example of government leadership and regional cooperation in containing the COVID-19 virus.

postnatal care, essential new-born care, immunization, wellness check-ups for children, clinical care for gender-based violence victims, sexual and reproductive health, treatment for infectious and chronic diseases, and nutrition programmes.³⁷ Data for Barbados on potential changes in the quality of services or delivery mechanisms was not available.

Moreover, people in need of care may have experienced, as other Barbadians, limited availability of key commodities such as food, medicines, and hygiene products through retail outlets. Respondents to the Caribbean COVID-19 Food Security and Livelihoods Impact Survey prepared by WFP reported that in Barbados: food, medicines and hygiene products were less available in stores than usual. A few respondents indicated that items were completely unavailable.^{38,39}

3.2 The socioeconomic impact

The COVID-19 pandemic caused an unprecedented economic recession in Latin America and the Caribbean (LAC), both in magnitude and duration. The region was one of the pandemic's epicentre, reporting over a quarter of the world's total deaths,⁴⁰ despite hosting only 8.4 percent of the world's population.⁴¹ The International Monetary Fund (IMF) estimates a contraction of 9.4 percent in the regional GDP for 2020. LAC is also the most affected region in terms of labour income loss. During the first three quarters of 2020, labour income declined by 19.3 percent. More than 34 million workers lost their jobs in the region, although some of them only temporarily. Job losses have not affected all segments of the population in the same way. In every country, women and young people have suffered, in relative terms, higher job losses.⁴²

Despite the relatively small number of cases and deaths, Barbados is suffering a massive socioeconomic disruption due to the slowdown in global tourism and the decline in the domestic economy. The negative impact of the crisis on GDP growth was particularly severe in Barbados because of the dependence of its economy on the tourism sector, which accounts for over 40 percent of total economic activity and had experienced a dramatic shock. In April 2020, UNDP, UNICEF, and UN Women estimated several macroeconomic projections for different reopening scenarios for Barbados. At the time of writing this report, the most likely scenario among those is a 5-week lockdown with tourism not reopening until the end of 2021. This would lead to a 19 percent drop in the national GDP with a recovery of 1 percent in 2021. In this scenario, consumption was expected to drop by 9 percent in 2020 and 3 percent in 2021 with unemployment rising to 24 percent in 2020 and 28 percent in 2021.⁴³

³⁷ A. Castro (2020). Challenges posed by the COVID-19 pandemic in the health of women, children, and adolescents in Latin America and the Caribbean. UNDP LAC COVID-19 Policy Document Series No. 19.

³⁸ The Caribbean COVID-19 Food Security and Livelihoods Impact Survey was launched by CARICOM and prepared by the World Food Programme with support from the Food and Agriculture Organization to rapidly gather data on impacts to livelihoods, food security and access to markets. The survey was open from 1-12 April 2020 and was shared via social media, email and media and received 537 responses in Barbados, of which 72 percent were female. Hereafter in the report we refer to this survey as the "2020 WFP online survey." The survey used a web-based questionnaire, which is not representative and limits participation of people without connectivity.

³⁹ WFP (2020). Caribbean COVID-19 Food Security & Livelihoods Impact Survey. Barbados Summary Report. May 2020.

⁴⁰ <https://www.iadb.org/es/coronavirus/situacion-actual-de-la-pandemia>

⁴¹ <https://www.worldometers.info/world-population/>

⁴² ILO (2020). Technical note. Labour Overview in times of COVID-19. Impact on the labour market and income in Latin America and the Caribbean. 2nd edition.

⁴³ UNDP, UNICEF, and UN Women Eastern Caribbean (2020). Barbados: COVID-19 Macroeconomic and Human Impact Assessment Data. Retrieved on November 28 from: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/human_and_economic_assessment_of_impact_heat_barbados.pdf using data from <https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19>.

The Government proposed a five-step plan to re-open the economy, from Stage 0 before COVID-19 cases in the country to Stage 4 with the arrival of the vaccine. Stage 0 was before COVID-19 cases were detected in Barbados. During this stage, Barbados adopted several measures to strengthen the institutional response to a possible detection of COVID-19 cases in the country.

Stage 1 started on 17 March 2020 and lasted for 47 days until 3 May 2020. It was the period with the most restrictive measures and the higher short-term impact on people, behaviours, and the economy. With Stage 1, a limitation on mass gatherings was introduced to reduce the risk of local spread. On 28 March 2020, a curfew from 8 P.M. to 6 A.M. with a request for limiting movement during the day was introduced. On 3 April 2020, it was replaced with a 24-hour curfew with all businesses – with a few exceptions – being required to close, including supermarkets, restaurants and government offices.⁴⁴ From 8 April 2020, supermarkets were able to open for deliveries and curbside pickups, but customers were not allowed to enter the supermarkets.⁴⁵ On 15 April 2020, fruit and vegetable vendors were allowed to resume operations, and supermarkets, fish markets, hardware stores, and banks, healthcare and other essential services, were all allowed to do business on specific days and times of the week based on the first letter of their surnames.⁴⁶ Specific schedules were allocated to senior citizens and persons with disabilities.⁴⁷ On 20 April 2020, supermarkets and mini-markets were allowed to open longer for deliveries and curbside pickups, and gas stations no longer fell under the alphabetic shopping schedule.⁴⁸

On 4 April 2020, the Government closed schools, which remained closed until the end of September 2020, after which they reopened with a combination of online and face to face school for primary and secondary students: students attended school 2 or 3 days a week and had online school the rest of the week.⁴⁹ Learning and communication digital platforms and websites, as well as social networks, physical materials, radio, and TV programmes, were used to offer continuity in the educational supply. Teachers were trained to use the "G Suite for Education," a Google service for education, allowing them to maintain connections with their students. The Ministry of Education, Technological and Vocational Training (METVT) also created a manual and videos to support teachers and parents.⁵⁰

Barbados entered Stage 2 4 May 2020 and moved very quickly to Stage 3 18 May 2020 by progressively relaxing some socio and economic restrictions.⁵¹ During Stage 2, a nightly curfew replaced the 24-hours curfew, and services of construction, manufacturing, and food production/distribution were reactivated. During Stage 3, remaining businesses and trades reopened, but with restrictions, such as social distancing requirements, temperature testing protocols, and limited admittance to retail spaces. In this period, the Government started to reopen its national borders to international air traffic. However, tourism activities had only a mild restart due to the prevailing uncertainty associated with travelling protocols and the limitations in mobility and economic slowdown at the international level. The mandatory 14-day quarantine, first applied to all travellers arriving from overseas, was replaced in July 2020 with screening measures at all the country's ports to facilitate the recovery of the tourism sector,⁵² in addition to an adjusted quarantine programme for all visitors.

⁴⁴ A list of health and government services and business open during Stage 1.

⁴⁵ "Guidelines for collecting groceries". *Nation News*. 7 April 2020. Retrieved on 7 December 2020 from: <https://www.nationnews.com/2020/04/07/guidelines-for-collecting-groceries/>

⁴⁶ "Shopping Schedule During COVID -19 Curfew". *GIS Barbados*. 11 April 2020. Retrieved on 7 December 2020.

⁴⁷ "Curfew extended". *Nation News*. 11 April 2020. Retrieved on 7 December 2020.

⁴⁸ "Government eases some restrictions under curfew". *Nation News*. 20 April 2020. Retrieved on 21 April 2020.

⁴⁹ PAHO Office for Barbados and the Eastern Caribbean Countries. *COVID-19 Situation Update* No. 82. 21 September 2020.

⁵⁰ <https://socialdigital.iadb.org/en/covid-19/education/regional-response/6132>

⁵¹ "COVID-19: Management and Response Plans by Stage". *Loop Barbados*. 17 March 2020. Retrieved on 13 April 2020.

⁵² <https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19>

Since 2 January 2021, and because of a resurgence of cases and deaths related to COVID-19 in the country, the government implemented a new nightly curfew.⁵³ Schools were closed and distance learning resumed.⁵⁴ This curfew was combined since 3 February 2021 with a lockdown during which all non-essential businesses were closed.⁵⁵ While the lockdown was originally set until 17 February 2021, the Government extended this to 28 February given the concerning number of cases.

With the availability of vaccines, Barbados commenced providing vaccinations on a phased approach. The priority groups for vaccination were Barbadians over 70 years old, people with chronic diseases who were between 18 and 69 years and frontline workers.⁵⁶ Since the start of the vaccination drive, more than 40,000 citizens received a vaccination. Barbados was one of the first Caribbean nations to take this step. Barbados was able to secure 100,000 doses of the Oxford-Astra Zeneca (COVISHIELD) through a donation from the Government of India, which was shared with other CARICOM neighbours.⁵⁷ The Barbados Government subsequently negotiated the purchase of another 100,000 doses and received another batch of vaccinations, as part of the World Health Organisation's COVAX programme.⁵⁸ On 16 March 2021, the total number of persons who had received at least one vaccination was 54,631, of which there were 22,870 males and 31,761 females.⁵⁹

This section analyses the socioeconomic idiosyncratic and covariate impacts of COVID-19. While the idiosyncratic impacts may be numerous and complex, this section focuses on those with a clear gender-discrimination impact. As for the covariate socioeconomic impacts of COVID-19, the discussion points to groups of the population that present a common risk of being exposed to the socioeconomic impact due to the lockdowns or other restrictions imposed to contain the spread of the virus.

Idiosyncratic socioeconomic impacts of COVID-19

Sex- and Gender-Based Violence (SGBV)

A gender-specific impact emerging from the lockdown and the restricted movement strategy, as well as economic hardship due to the crisis, was an increase in SGBV. During the pandemic, women are at higher risk of gender-based violence due to confinement. Emerging data and reports from the frontlines have shown that since the outbreak of COVID-19, all types of Violence Against Women and Girls (VAWG), especially domestic violence, have intensified. In several countries, since mid-March (e.g., France, Argentina, Cyprus, and Singapore), reports of domestic violence since the lockdown have increased to around 30 percent.⁶⁰

Still, violence against women is widely under-reported: previous evidence shows that less than 40 percent of women who experienced violence reported it or sought help. Exacerbating factors include security, health and monetary worries, cramped living conditions, isolation with abusers, movement restrictions and deserted public spaces. Evidence indicates that, in most of the cases, health services such as domestic violence helplines have reached capacity because access to vital sexual and reproductive services and other

⁵³ "Covid Curfew extended". *Nation News*. 13 January 2021. Retrieved on 8 February 2021.

⁵⁴ "Barbados to Resume School Year with Online Classes". *Caribbean National Weekly*. 13 January 2021. Retrieved on 8 February 2021.

⁵⁵ "Barbados PM Brings Back Lockdown to Bring Rise of COVID-19 Infections Under Control". *VOA News*. 27 January 2021. Retrieved on 8 February 2021.

⁵⁶ <https://www.unctad15.bb/barbados-covid-19-vaccination-programme-making-good-progress/>

⁵⁷ *Ibid*

⁵⁸ <https://www.mondaq.com/government-public-sector/1037104/barbados-rolls-out-national-covid-19-vaccination-programme>

⁵⁹ <https://gisbarbados.gov.bb/blog/covid-19-update-13-new-cases-31-recoveries/>

⁶⁰ <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-infographic-en.pdf?la=en&vs=534>

services such as crisis centres, shelters, legal aid and protection services were limited to prioritise COVID-19 relief.⁶¹

In Barbados, the level of domestic violence, especially against women and girls, continues to be a major concern. Gender discriminatory social norms and a male dominated culture play a key role in the perpetuation of violence against women.⁶² In 2018, the Commissioner of Police reported receiving at least one report of domestic abuse every day. The Royal Barbados Police Force (RBPF) indicates receipt of more than one report per day in the period 2016-2018 (see Table 2). This data is likely an underestimation of real cases. Similarly, the higher number of cases reported by RBPF in recent years might be driven by an increase in cases reported rather than in violence perpetrated.

Table 2. Reports of incidents of Domestic Violence (DV), 2017-2018

Year	DV Cases	People charged	Referrals
2016	515	296	132
2017	539	289	114
2018	518	273	108

Source: Family Conflict Intervention Unit, Royal Barbados Police Force

Survey data reveal a dramatic prevalence of domestic violence, confirming that most of the cases of VAWG remain unreported. A study shows that more than 1 in 4 (25%) women experienced intimate domestic violence in Barbados in 2009.⁶³ The BSLC 2016 data reports an estimated 24 percent of total homicides relate to intimate partner violence.⁶⁴ In almost 9 of 10 (86.8%) reported cases of child sexual abuse reported to the Child Care Board in 2012, the abuse is reported against girls.

The cases of DV have increased as both the effect of the lockdowns and the economic consequences of the crisis. The 2020 IDB online survey reported that domestic violence increased by 12.2 percent among the household survey respondents in Barbados.⁶⁵ Despite the higher risk of becoming victims of violence for women and children during the pandemic, there is currently only one government supported shelter for women who are victims of gender-based violence and their children,⁶⁶ this is run by the NGO *Business & Professional Women's Club Barbados* with subsidies from the Government. No government-run shelters for women exist in the country⁶⁷ and no social protection measures were taken during the pandemic to specifically address women at risk of gender-based violence, except a helpline service created for vulnerable people including women victims of violence and virtual courts for urgent cases including VAWG.

⁶¹ WHO (2020). COVID-19 and violence against women. What the health sector/system can do (7th April 2020). Retrieved on 19 November 2020: from <https://apps.who.int/iris/bitstream/handle/10665/331699/WHO-SRH-20.04-eng.pdf>

⁶² Allen, C. F., and J. Maughan (2016). Barbados country gender assessment. Wildey, Barbados, Caribbean Development Bank.

⁶³ Bureau of Gender Affairs (2009). Report on a National Study to Determine the Prevalence and Characteristics of Domestic Violence in Barbados. Bridgetown: Caribbean Development Research Services.

⁶⁴ IDB (2018). Barbados Survey of Living Conditions: 2016. Retrieved on 28th November 2020 from: <https://publications.iadb.org/en/barbados-survey-living-conditions-2016>

⁶⁵ IDB. COVID-19: the Caribbean crisis. Results from an Online Socioeconomic Survey.

⁶⁶ UNDP, UNICEF, and UN Women Eastern Caribbean (2020). Barbados: COVID-19 Macroeconomic and Human Impact Assessment Data. Retrieved on 20th November 2020 from: <https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19>

⁶⁷ IDB (2018). Barbados Survey of Living Conditions: 2016. Retrieved on 28th November 2020 from: <https://publications.iadb.org/en/barbados-survey-living-conditions-2016>

Early unions and early childbearing

A critical gender-specific impact of the pandemic is an increased risk of child marriage and unions and unwanted pregnancy. School closures, isolation from friends and support networks, rising poverty, economic stress, service disruptions, pregnancy, and parental deaths due to the pandemic are putting the most vulnerable girls at increased risk of child marriage or relationships with adults. Girls that marry in childhood face immediate and lifelong consequences to their health, education, and socioeconomic life, which also impacts the wellbeing of their children. They are less likely to remain in school and are often socially isolated from their own family and friends.⁶⁸ Girls who enter unions at a young age are also more likely to experience domestic violence, abuse and forced sexual relations. Early pregnancy is one of the most dangerous causes and consequences of these types of relationships. Young teenage girls face higher risks of maternal mortality and morbidity and their children are more likely to be stillborn, premature, underweight and to die in the first month of life.⁶⁹ Moreover, since pregnancy suppresses the immune system, girls who marry early are exposed to higher health risks, including a higher vulnerability to COVID-19.⁷⁰

In Barbados, where young girls' relationships usually take the form of 'visiting relationships', the pandemic is expected to increase the risk of early informal unions and early childbearing.⁷¹ According to a 2017 UNICEF report, in Barbados, more than 60 percent of girls between 15 and 17 years of age who were married or in a union were in a social and sexual relationship without habitual cohabitation.^{72,73} In common with other countries, in Barbados cases of early unions are expected to increase in vulnerable and poor communities who will suffer the economic effect of the crisis. Early pregnancy can result from early relationships as well as leading to early unions. In 2020, 50 girls aged 15-19 were pregnant per 1,000, compared to 60 in LAC.⁷⁴

Limiting disruptions in reproductive health services is crucial in Barbados where evidence suggested low satisfaction with modern methods of family planning even before the onset of the pandemic. In Barbados, the unmet need for modern contraceptive methods is a concern especially for young people, who have restricted access to contraceptives and other sexually transmitted disease prevention services. On the island, the minimum age for accessing health care without parental consent is 18 years⁷⁵ and there is no

⁶⁸ UNICEF: <https://www.unicef.org/stories/child-marriage-around-world> and Plan International (2013). A girl's right to say no to marriage. Working to end child marriage and keep girls in school, United Kingdom.

UNFPA. *Marrying too young; End child marriage*. 2012. Available from: <https://www.unfpa.org/sites/default/files/pub-pdf/MarryingTooYoung.pdf>

Omoeva C, Hatch R, Sylla B. *Teenage, married, and out of school. Effects of early marriage and child- birth on school dropout*. 2014. Available from: http://www.ungei.org/resources/files/EPDC_EarlyMarriage_Report.pdf

⁶⁹ WHO (2011). *WHO Guidelines on Preventing Early Pregnancy and Poor Reproductive Health Outcomes Among Adolescents In Developing Countries*, Geneva: WHO, 2011. See also note 8.

⁷⁰ United Nations Children's Fund, *COVID-19: A threat to progress against child marriage*, UNICEF, New York, 2021.

⁷¹ Based on MICS 2012 data, UNICEF estimates that in Barbados 7.7 percent of women aged 20-24 years were married or in a union before turning 15 and 29.2 percent before turning 18. The term 'child marriage' is used to refer to both formal marriages and informal unions, which includes cases in which partners live together but do not have a formal civil or religious ceremony as well as, in the case of Barbados, informal unions with a social and sexual relationship but not cohabitation (see BSS, UNFPA, UN Women and UNICEF (2012). *Barbados Multiple Indicator Cluster Survey 2012*).

⁷² UNICEF (2017). *Perfil del matrimonio infantil y les unones tempranas en América Latina y el Caribe*.

⁷³ Marriage in Barbados is regulated by the Marriage Act Chap 218 A, which prohibits forced marriage and set the minimum legal marriage age for women and men at 18 years. However, girls between the ages of 16 and 18 may be married with the consent of either parent, either male or female guardian, and if neither is possible, then with consent from a judge. Informal unions are not regulated under the Marriage Act Chap 218 A but cohabitating partners who have a written agreement are entitled to certain provision on the property, maintenance, and custody of children as well as other matters under the Family Law Act CAP 214.

⁷⁴ Source: UNICEF Database

⁷⁵ Allen, C. F. and J. Maughan (2016). *Barbados country gender assessment*. Wildey, Barbados, Caribbean Development Bank.

clear legal guidance for health-care workers to provide access to sexual and reproductive health services for adolescents younger than 18 without parental consent.⁷⁶ The disruption of reproductive health services due to the pandemic exacerbates the obstacles young people face in accessing sexual and reproductive services, further increasing the already high rates of pre-crisis early unions with a social and sexual relationship leading to premature childbearing.⁷⁷

Covariate socioeconomic impacts of COVID-19

The covariate impacts of COVID-19 are due to the effect of the lockdowns and restrictive measures that affect specific segments of the population and /or those identified as being vulnerable pre-crisis that make some groups more vulnerable to the risk associated with the pandemic and unable to access adequate coping mechanisms.

According to the ILO analysis, globally the hardest-hit sectors by the COVID-19 crisis are accommodation and food services; manufacturing; wholesale and retail trade; and real estate and business activities. These sectors, globally, account for almost 40 percent of all employed women compared to 37 percent of all employed men. The share of women working in sectors hard-hit by the COVID-19 crisis is roughly 46 percent in the Caribbean, which is greater than the global value of 40 percent, reflecting a greater presence of women in the hardest-hit sectors in the region.⁷⁸

In LAC countries, women and girls also have specific vulnerabilities as workers. In the region, just over half of the number of women in the labour force are found in informal employment, usually leading to job instability, low pay, and a lack of protection and rights.⁷⁹ The labour market is also highly gender segregated. Women form 81 percent of the domestic workers and they are also concentrated in sectors with the highest risk of job losses and pay reductions in times of economic contraction, such as hotels and restaurants (61%), and other service activities (59 %).⁸⁰ Another concerning aspect in the region is the high proportion of households headed by women. These households tend to be overrepresented among the poorest and are usually composed of more dependents, strengthening women's struggle to balance caring responsibilities with income-earning opportunities.⁸¹

In Barbados, where there is a market sector segregation by gender, women and men have been affected by the crisis differently depending on the sector in which they were employed. Women are overrepresented in wholesale and retail (55.4%), accommodation and food services (65.4%), health and social sectors (77.3 %), education (65.2 %) and activity of households as employers of domestic personnel

⁷⁶ The Barbadian Gender Country Assessment 2016 highlights that there is no clear legal guidance to health-care workers to provide access to sexual and reproductive health services for adolescents younger than 18 without parental consent.

⁷⁷ In general, Barbados shows good indicators of the health system capacity compared with global and regional data. The maternal mortality ratio is almost 3 times lower than the LAC level and 8 times lower than the global ratio. There are more hospitals beds, physicians, nurses, and midwives per 1,000 inhabitants in Barbados than the regional and world averages.

⁷⁸ Women's share is lower than 50 percent because lower numbers of women are in employment than men. Women in the hardest-hit sector are less than men because less women than men are in employment, but a greater proportion of working women are employed in the hardest-hit sector (40%) compared to the proportion of working men (37%).

⁷⁹ UN Women & ECLAC (2020). Care in Latin America and the Caribbean During the COVID-19. Towards Comprehensive Systems to Strengthen Response and Recovery.

⁸⁰ ILO (2020). Technical note. Labour Overview in times of COVID-19. Impact on the labour market and income in Latin America and the Caribbean. 2nd edition.

⁸¹ ILO (2018). Gender at Work in the Caribbean. The Synthesis Report. A Summation of the Findings of a five-country study and Review.

(74 %).⁸² Men are over-represented in transportation and storage (76%), manufacturing (53%), construction, mining and quarrying (91.5 %), electricity, gas, steam, water and air conditioning supply (65.5 %), agriculture, forestry and fishing (62.9 %) and administrative and support service (62.9 %) sectors.⁸³

The following section analyses the segments of the population affected by indirect socioeconomic factors and covariate impacts of the pandemic in Barbados. Some of the segments are at higher risk because of a pre-crisis vulnerability (e.g., the poorest families or families with children) others are people working in sectors that suffered the hardest impact of the crisis (e.g., tourism and informal sector). In both cases, a gender-analysis discusses the prevalence of women and men in these groups and it considers the implications of gender roles and gender social norms and practices on the impacts. None of the covariate impacts discriminate by gender, in the sense that they hit only women and girls or men and boys, but all of them have unequal gender implications.

Poorest people and families (e.g., large families)

The poorest households are more vulnerable to the COVID-19 shock because of their limited coping capacity due to a lack of savings and assets which could be sold or used as collateral to get credit. In a time of crisis, poor families are likely to adopt unfavourable coping mechanisms such as taking high-interest or unfavourable loans, which may have negative effects in the long term. Because of discriminatory social norms, different bargaining power coping mechanisms, and differences in the allocation of resources within the household the impact of COVID-19 may penalise only some household members, typically women and children.

In Barbados, women are over-represented among the extremely poor and the poor households and thus more vulnerable to the economic crisis resulting from the pandemic. According to the 2016 BSLC,⁸⁴ 5 percent of adult females and 4 percent of adult males were 'extremely poor' (i.e. with a *per capita* income lower than the basic cost of food) and 19 percent of adult females and 17 percent of adult males were 'poor' (i.e. with a *per capita* income sufficient for basic food but insufficient for basic expenses).⁸⁵ Also, poor female-headed households reached 21 percent, compared with 14 percent of male-headed households.⁸⁶ These women are those at higher risk of suffering the devastating effect of the crisis as they may not have coping mechanisms to respond to the economic shock such as savings or a support network.

Before the pandemic, women in Barbados were also over-represented among people vulnerable to becoming poor and thus at a higher risk of falling into poverty due to the COVID-19 crisis. In 2016, 13 percent of women and 10 percent of men were vulnerable to poverty, which is defined as people living in households with monthly *per capita* consumption higher than 1.25 times the poverty threshold.⁸⁷

⁸² This class includes the activities of households as employers of domestic personnel such as maids, cooks, waiters, valets, butlers, laundresses, gardeners, gatekeepers, stable-lads, chauffeurs, caretakers, governesses, babysitters, tutors, secretaries etc. It allows the domestic personnel employed to state the activity of their employer in censuses or studies, even though the employer is an individual. The product produced by this activity is consumed by the employing household.

⁸³ Allen, C. F. and J. Maughan (2016). Barbados country gender assessment. Willey, Barbados, Caribbean Development Bank. Data from Barbados Statistical Service Labour Force Survey, 2012. Author's calculation.

⁸⁴ The 2016 Barbados Survey of Living Condition (BSLC) was conducted through a collaboration between the Barbados Statistical Service (BSS) and the Inter-American Development Bank (IDB). Hereafter in the report we refer to it as the "2016 BSLC".

⁸⁵ UN Women (2020). Gender analysis of the Barbados Survey of Living Conditions 2016-17. Prepared by Debbie Budlender.

⁸⁶ IDB (2018). Barbados Survey of Living Conditions: 2016. Retrieved on 28 November 2020 from: <https://publications.iadb.org/en/barbados-survey-living-conditions-2016>

⁸⁷ UNDP, UNICEF, and UN WOMEN Eastern Caribbean (2020). Barbados: COVID-19 Macroeconomic and Human Impact Assessment Data.

People living in extended families and with children are the poorest in Barbados. In 2016, 7 in 10 adults living in extended families were either extremely poor or poor.⁸⁸ Families with children are at a higher risk of being poor and children are more likely than adults to live in poor households. The reason is that the presence of children increases the number of dependents in the household. Extended families present specific vulnerabilities and risk, especially concerning the COVID-19 crisis for which crowding, and proximity are negative conditions in the fight against COVID-19 transmission. Moreover, expanded families may result as a response to economic hardship (before COVID-19) or shock absorbers (as a response to COVID-19) when markets, governments and civil society fail in their responses. In particular, households can expand their size and the domain of their production to respond to the crisis. In expanding their size, they may cope with shocks by pooling income and resources. Still, power dynamics and social norms, including gender norms, may lead to an unequal distribution of benefits within households. Expanding the domain of the production (e.g., shifting from market production to expanded household production) they may find an effective response to the immediate problem of the crisis but end up in a less favourable production structure in the long term.⁸⁹

Global evidence shows that being over-represented among the inactive population and in vulnerable forms of work with a higher risk of layoffs, COVID-19 has the potential to impact women at higher risk of loss of livelihoods and entering poverty which then combines with the absence of adequate safety nets. Inactive women are particularly vulnerable in times of crisis as they economically depend on others, usually a male partner. According to a new analysis commissioned by UN Women and UNDP, 47 million women will be pushed into poverty by 2021 due to the COVID-19 situation.⁹⁰

As in other countries, women in Barbados have lower participation in the labour market and spend more time in unpaid work than men. This makes them more vulnerable to economic shocks as, in most of the cases, they rely on other people for their subsistence. In 2019, the female labour force participation was lower, and the unemployment rate was higher, than that of males.⁹¹ The 2016 BSLC estimated that women are more likely to work part-time and be under-employed – i.e., they would like to work longer hours than they are currently employed to do. The 2016 BSLC also shows that the share of women working as homemakers is more than 7 times higher than that of men. This indicates that women, more than men, bear the responsibility of unpaid domestic work.

In Barbados, there is a problem of working poor, which means that some people are poor despite having a job. The gender pay gap in low paying jobs further penalises women compared to men. Almost 1 in 5 employed people are living in poverty, pointing to the problem of working poor in the country. Workers in the accommodation and food service sector, mainly women, are particularly vulnerable.⁹² According to the 2016 BSLC, a large share of these workers have a monthly income between BBD \$ 700 and BBD \$900. The collapse of the tourism sector due to COVID-19 has pushed many vulnerable tourism workers into

⁸⁸ IDB (2018). Barbados Survey of Living Conditions: 2016. Retrieved on November 2020 from: <https://publications.iadb.org/en/barbados-survey-living-conditions-2016>

⁸⁹ Horwitz, Steven, Households as Crisis Shock Absorbers (September 2, 2018). Available at <http://dx.doi.org/10.2139/ssrn.3259507>

⁹⁰ UN Women (2020) COVID-19 Will Push Million More into Extreme Poverty. Retrieved on 19th November 2020 from: <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/gender-equality-in-the-wake-of-covid-19-poverty-pullout-en.pdf>

⁹¹ According to ILO data in 2019, participation was 62 percent for females and 69 percent for males, the youth unemployment rate was 8 percent for females and 7.5 percent for males and the adult unemployment rate (those aged 25 years and older) was 35 percent for females and 31 percent for males.

⁹² UNDP, UNICEF, and UN Women Eastern Caribbean (2020). Barbados: COVID-19 Macroeconomic and Human Impact Assessment Data. Retrieved on November 28th, 2020 from: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/human_and_economic_assessment_of_impact_heat_-_barbados.pdf

poverty, most of them are women. Women are paid systematically less than men for occupations requiring the same skills, making them more vulnerable to the economic slowdown than their male peers (see Table 3). The 2016 BSLC indicated that men's average income in the sector was BBD \$ 2,600 while women's average income was BBD \$ 1,768.⁹³ A significant gender pay gap exists in the tourism sector.

Table 3. Occupation distribution (%), median monthly earnings and Gender Pay Gap (GPG) by sex

Occupation	Occupation Distribution			Median monthly earnings (BBD\$)		
	Female	Male	Total	Female	Male	GPG
Managers	7	6	6	2,000	2,110	110
Professional	11	9	10	2,712	2,700	-12
Technical/associate professional	10	8	9	2,200	2,000	-200
Clerical	10	2	6	1,800	2,300	500
Services & sales	23	11	17	1,040	1,440	400
Skilled agriculture	1	3	2	1,000	1,000	0
Skilled craft	3	16	9	300	1,500	1,200
Operator	1	5	3	540	1,264	724
Elementary	35	40	38	1,350	1,600	250
Total	100	100	100	1,350	1,600	250

Note: The gender pay gap is calculated as the difference between male median earnings and female median earnings.

In Column GPG where figures are positive as opposed to negative, it indicates that men have higher median earnings than female

Source: BSLC 2016-17, extract from UN Women (2020).

Single parents

Single parents, in most of the cases women, often do not have a partner with whom care responsibilities and the cost of raising children can be shared. During the confinement, single parents, often women, had to cope with the additional burden of having children around all day as they could no longer go to school/ECEC or play outside. Parents with school-aged children also had to supervise their homework. Single parents in these households are likely to suffer from a high level of stress and mental health-related issues and children are likely to be vulnerable to increased violent disciplining.⁹⁴

In Barbados, women are more than 5 times as likely as men to be single parents living alone with their children. According to BSLC 2016, 27 percent of adult women are single parents who live alone with their children, compared to 5 percent of single fathers. Single fathers are more likely to live alone with their children than single mothers (53% vs 26%), while single mothers are more likely than single fathers to live in extended households (64% vs 39%).^{95,96} Moreover, 80 percent of lone parent households are headed by

⁹³ Figures are very similar if the mean earnings instead of the median earnings are used.

⁹⁴ *Ibid.*

⁹⁵ UN Women (2020). Gender analysis of the Barbados Survey of Living Conditions 2016-17. Prepared by Debbie Budlender.

⁹⁶ According to the 2012 Multiple Indicator Cluster Surveys (MICS), 33.5 percent of all children were living with both parents, 48.7 percent were only living with their mother, 7.6 percent were only living with their father and 5.6 percent with neither parent.⁹⁶ (status not stated for 4.7 percent). Source: https://mics-surveys-prod.s3.amazonaws.com/MICS4/Latin%20America%20and%20Caribbean/Barbados/2012/Final/Barbados%202012%20MICS_English.pdf

women.⁹⁷ The BSLC 2016 data reports that single mothers were twice more likely than households with both parents to require government support to care for their children's needs.⁹⁸

Tourism Sectors

Tourism has been the most affected sector of the economy in Barbados due to the shut-down of commercial airlift end-March 2020. It resulted in a significant increase in unemployment as hotels had to close temporarily. Even when commercial lines resumed, prospects for the restart of tourism in the short-term remained highly pessimistic. The accommodation and food services sector represents approximately 17 percent of the economic activity and 13 percent of total employment. Women account for 62 percent of employment in the sector.⁹⁹ An official Government document reports that around 6,000 people have been laid off for 22 weeks in the tourism sector and the NIS has recorded more than 68,000 claims from 35,000 individuals.¹⁰⁰

Job losses have been one of the most severe consequences of COVID-19 in Barbados, especially in the tourism sector where women are over-represented. Loss of jobs or reduced salaries were reported by 43 percent of the respondents of the 2020 WFP online survey conducted at the beginning of April with business owners and women appearing more heavily affected.¹⁰¹ Based on the 2020 IDB telephone survey,¹⁰² 46.3 percent of workers reported losing their job between January and April 2020. Job losses were more prevalent among women (36% vs 32% of men) and low-income women were the most affected.¹⁰³

Informal sector

Moreover, women are often employed in informal employment or other vulnerable forms of employment (such as self-employment in small subsistence businesses or domestic work), which leave them out of formal social protection systems, typically reserved for people in formal employment.¹⁰⁴ People in informal employment lack access to basic social protection schemes like paid sick leave and family leave and might be kept out of assistance targeted at workers during the crisis. Thus, it is key that the social protection response to COVID-19 find ways to reach informal and vulnerable workers, even though they are not covered in pre-crisis social protection schemes. In 2010, only 25 percent of self-employed people complied

⁹⁷ USAID & UNICEF (2020). The socioeconomic impact of COVID-19 on children and young people in the Eastern Caribbean Area. April 2020.

⁹⁸ UNDP, UNICEF, and UN WOMEN Eastern Caribbean (2020). Barbados: COVID-19 Macroeconomic and Human Impact Assessment Data, using data of the BSLC 2016.

⁹⁹ *Ibid*

¹⁰⁰ Barbadian Ministry of Tourism and International Transport (2020). Barbados Employment and Sustainable Transformation Programme. Employee Guide. Retrieved on 28th November 2020 from: <https://gisbarbados.gov.bb/download/barbados-employment-sustainable-transformation-programme/>

¹⁰¹ WFP (2020). Caribbean COVID-19 Food Security & Livelihoods Impact Survey. Barbados Summary Report. May 2020.

¹⁰² The survey was undertaken by IDB canvassing a nationally representative sample of 2,892 individuals living in 896 households who were interviewed over four weeks between May and June 2020. Hereafter in the report we refer to the "IDB telephone survey".

¹⁰³ M. Arteaga Garavito, D. Beuermann, L. Giles Álvarez and A. McCaskie (2020). The Consequences of COVID-19 on Livelihoods in Barbados. Results of a Telephone Survey. Country Department Caribbean Group. Inter-American Development Bank. Policy Brief No. IDB-PB-00344.

¹⁰⁴ de Paz, Carmen; Muller, Miriam; Munoz Boudet, Ana Maria; Gaddis, Isis (2020). Gender Dimensions of the COVID-19 Pandemic. World Bank, Washington, DC. © World Bank. Retrieved on 15th November 2020 from: <https://openknowledge.worldbank.org/handle/10986/33622> License: CC BY 3.0 IGO.

with the National Insurance Scheme. Compliance was also low among domestic workers, where women are overrepresented.¹⁰⁵

Care and Domestic workers

Care and Domestic workers have particularly been at risk during the pandemic. While the demand for their services was higher than ever, lockdowns made it harder for them to go to their workplace. This situation resulted in a loss of income and employment for a large part of them, mainly female workers.¹⁰⁶ According to ILO estimations, in LAC on 4 June 2020, for every 10 domestic workers, 8 had been significantly impacted by the pandemic crisis, of which 7 were women and 6 were in informal employment (e.g., uncovered by safety nets).¹⁰⁷

Boys and girls in ECEC or school-age

With the closure of ECEC and schools, both boys and girls have been deprived of their learning and social life. With the higher needs for care-related tasks during the pandemic, girls' time in care and domestic work is likely to grow. This can result, in some cases, in permanent school drop-out to help with housekeeping and provision of care. Also, in traditional settings with a prevalence of gender-discriminatory norms, parents and guardians may place a lower value on girls than boys. In countries where employment opportunities for girls and women are limited and women tend to be out of the labour force, the pandemic may result in lower incentives to invest in girls' education, especially with scarce resources. In this context, families may decide to prioritise boys' education over girls' when poverty makes it hard to send all children to school.

The closure of schools in Barbados left almost sixty thousand children out of school. Schools closed in mid-March 2020, and were reopened at the end of September, but were closed again after the festivity of December due to a new wave of COVID-19 cases.¹⁰⁸ According to UNESCO estimations, school closure affected 30,708 female students and 26,822 male students in Barbados.¹⁰⁹ Distance learning risked increasing inequality as not all students have the required devices. In some households, students don't have access to the internet, limiting students' access to educational support. Others could only access the internet thanks to their parents' smartphones, and the restart of the economy led to some children being left without any device.

In Barbados, boys are at a higher risk than girls of dropping out of school as an effect of the closure of schools. Recent studies conducted by UNICEF reveal that boys' educational performance is inferior to that of girls' and that although dropout rates are low, 2 in 3 among them are boys.¹¹⁰ The lower performance of boys at school is to some extent related to gender stereotypes. According to the 2016 Barbados Gender Country Assessment, in public primary schools, teachers and parents tend to reinforce highly gendered notions (boys should be active and sporty, should not be involved in domestic chores, and should not be 'too studious'). Gender norms and stereotypes can harm the advancement of both sexes in terms of

¹⁰⁵ Allen, C. F., and J. Maughan (2016). Barbados country gender assessment. Wildey, Barbados, Caribbean Development Bank.

¹⁰⁶ UN Women (2020). Gender Equality in the Wake of COVID-19. From Insights to Action. Retrieved on 19th November 2020 from: <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/gender-equality-in-the-wake-of-covid-19-en.pdf>

¹⁰⁷ ILO (2020). Impact of the COVID-19 crisis on the loss of jobs and hours among domestic workers. 15th June 2020. Retrieved on 20 November from: https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---travail/documents/publication/wcms_747961.pdf

¹⁰⁸ PAHO Office for Barbados and the Eastern Caribbean Countries. *COVID-19 Situation Update* No. 82. 21st September 2020.

¹⁰⁹ <https://en.unesco.org/covid19/educationresponse>

¹¹⁰ UNICEF, 2019, Adolescent Well-being and Equity in Saint Lucia, and UNICEF, 2020 (forthcoming), Generation Unlimited: The Well-being of Young People in Barbados.

different dimensions to their living conditions. Traditional gender norms facilitate male dominance and are insufficiently questioned by educational institutions.¹¹¹

The closure of schools has also had an indirect impact on the well-being of children. The indirect impacts are several, including the fact that children spend more time at home and will not benefit from School Feeding Programmes (SFPs). An indirect effect of the closure of schools or limited opening days during the pandemic has been that children have been denied full access to the SFPs. SFPs guarantee students a significant quantity of their daily nutritional needs providing them with what may be the most complete meal for children living in poverty. With the closure of schools and the limited opening days, poor families may have difficulties in providing the same nutritional level to their children or may see their consumption costs significantly increase in the attempt to do so. As the pandemic pushed even more households into poverty this has the potential to adversely affect the nutritional quality of primary-school-aged children in Barbados.

Families with children in ECEC or schooling age

Common evidence in all the countries worldwide is that women spend more time than men providing unpaid care for children, the elderly and the sick. With the stay-at-home order and the closure of ECECs and schools, the care burden increased for both parents but disproportionately for mothers. This can lead to a higher level of household violence against children and women. In Asia and the Pacific, an estimated 59 percent of women and 53 percent of men stepped up with teaching, instructing and training children because schools were closed, or school hours were reduced.¹¹² An online socioeconomic survey run in Barbados by the IDB¹¹³ showed that in Barbados, during the curfew, women were more likely to hold the responsibility of looking after their children and helping them with home-schooling: 71 percent of women reported having the responsibility of home-schooling and 64.4 percent of entertaining children.¹¹⁴

The need for women to respond simultaneously to the demand for paid and unpaid care work can endanger their health. The 'time poverty' induced by multiple timetables contribute to a lack of exercise and obesity, which is higher amongst women than men in Barbados, this also contributes to chronic non-communicable diseases.¹¹⁵ When women cannot share caring obligations and domestic work with other family members, the increased burden can negatively affect their mental health.¹¹⁶ In Barbados, the many single-parent women with the custody of their children are particularly at risk. They may also suffer higher stress levels and mental health problems due to an increased burden of unpaid care and domestic work. The results of a survey¹¹⁷ by the NGO CARE International suggests that the pandemic has impacted women's mental health more than men's: 27 percent of women reported that their mental health was greatly impacted by

¹¹¹ Allen, C. F., and J. Maughan (2016). Barbados country gender assessment. Wildey, Barbados, Caribbean Development Bank.

¹¹² UN Women (2020). Unlocking the Lockdown. The Gendered Effects of COVID-19 on achieving the SDGs in Asia and the Pacific. Retrieved on 20 November from:

https://data.unwomen.org/sites/default/files/documents/COVID19/Unlocking_the_lockdown_UNWomen_2020.pdf

¹¹³ The survey was conducted over a period of 2 weeks from April 16th to April 30th, 2020 in Barbados during the lockdown. It surveyed 2,131 respondents, of which 66 percent were women. Hereafter in the report we refer to the online socioeconomic survey run by the Inter-American Development Bank (IDB) as the "2020 IDB online survey".

¹¹⁴ IDB. COVID-19: the Caribbean crisis. Results from an Online Socioeconomic Survey.

¹¹⁵ *Ibid*

¹¹⁶ UN Women (2020). Gender Equality in the Wake of COVID-19. From Insights to Action. Retrieved on 19th November 2020 from: <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/gender-equality-in-the-wake-of-covid-19-en.pdf>

¹¹⁷ The survey collected data from 6,200 women and 4,000 men in 38 countries about the impact of the COVID-19 crisis on their lives.

COVID-19, compared with only 10 percent of men. Women highlight unpaid caring burdens and worries about livelihoods, food, and health care as a source of stress during this period.¹¹⁸

4. Social protection before, and in response to, the COVID-19 pandemic in Barbados

4.1 Social protection before COVID-19

Social protection schemes play a key role in alleviating poverty and providing support to the most vulnerable. This role is even more important during a socioeconomic crisis.

Social protection interventions in Barbados are often provided across ministries, which sometimes overlap in competencies and services. The offices that are directly, or indirectly, related to most services and assistance related to social protection are under the Ministry of People Empowerment and Elder Affairs (MPEA), this includes the Bureau of Social Policy, Research and Planning; the National Disability Unit; the National Assistance Bureau and the Welfare Department.

In the context of the response to the COVID-19 pandemic, social assistance plays a key role as it aims to reach the poorest and most vulnerable. This section introduces key features of the social protection system in Barbados before COVID-19 stretching across four social protection components: social assistance, social insurance, social care services and labour market programmes (see Box 1).¹¹⁹

The Barbadian National Assistance Programme of the Welfare Department brings assistance to the most vulnerable such as children, unemployed and people with disabilities who do not receive any benefit or pensions from other public programmes. The *Welfare Department* provides monetary assistance by means of grants, food assistance via local purchase orders to retail suppliers, and rent and bill (i.e., water and electricity) payments, which are the major services in terms of budget and coverage. The Welfare Department also provides educational assistance to families experiencing financial hardship. Households eligible for the National Assistance Programme are identified through a means test administered via a “Universal Intake Form” which collects data on income, education, health, and social support to determine poverty status.

The *Poverty Alleviation and Reduction Programme* and the *Poverty Eradication Fund* are also components of the Barbados social assistance. The *Poverty Alleviation and Reduction Programme* covers approximately 4,980 households with cash benefits of BBD \$1,458 per month paid by cheque and a further 6,600 households receive benefits in kind. These were expected to cost the Government BBD \$22.8 million in

¹¹⁸ Care international (2020). She told us so. Rapid Gender Analysis: Filling the Data Gap to Build Back Equal. Retrieved on 7th December 2020 from: https://care.org/wp-content/uploads/2020/09/RGA_SheToldUsSo_9.18.20.pdf

¹¹⁹ A comprehensive overview of the Social Protection System in Barbados is not within the scope of this study; however, this section aims to offer background information on the major services provided by the social protection system in Barbados to contextualize the discussion on the gender-responsive assessment of the social protection response to the COVID-19. For detailed information on the Social Protection System in Barbados, readers may consult the Social Security Programme Throughout the World’s country summary of Barbados (available here: <https://www.ssa.gov/policy/docs/progdesc/ssptw/2018-2019/americas/index.html>) and the ISSA’s country profile of Barbados (available here: <https://www1.issa.int/node/195543?country=803>).

2019/20 before the onset of COVID-19.¹²⁰ The *Poverty Eradication Fund* includes the provision of assistance to individuals /families whose total income falls below the poverty line, with water and electricity, house and land rent, house repairs and bathroom facilities, micro-business, and tuition fees support. Other social assistance also includes monetary and in-kind assistance to people with HIV/ AIDS, including food vouchers.¹²¹

Social assistance in Barbados is also provided through the Child Care Board, the Central Government, the Child Maintenance Fund, the Ministry of Education, and the National Insurance Scheme (NIS) through its non-contributory component, among others.

- The *Child Care Board* provides daily calorific intake for children and adoption and fostering support. The *Central Government* offers gender focused training through the Bureau of Gender Affairs, family services for child abuse cases and the ISEE /SHSD¹²² Bridge programme. The ISEE programme is an adaptation of the Chilean Puente (Bridge) social programme which aims to empower families in extreme poverty.¹²³ The SHSD is a programme launched in 2016 and backed by US \$10 million from the Inter-American Development Bank, which seeks to contribute to the reduction of poverty and unemployment. SHSD adopts and adapts a version of ISEE to help 250 households.¹²⁴
- The *Child Maintenance Fund* provides a weekly stipend to single mothers for each child up to four months in age, who have no court-ordered maintenance payments from their partner. The Fund can be accessed three months after the order to pay, it lasts up to four months and can be extended for another four months.
- *The Ministry of Education* offers a School Feeding Programme (SFP) and free transport service for children in school uniform on public transportation to improve standards of nutrition and promote regular attendance at school. The SFP is by far the most extensive social protection programme in Barbados. It reaches 20,400 primary school students, covering around two-thirds of them.¹²⁵
- *The National Insurance Scheme* includes non-contributory pensions and non-contributory maternity grants.

Social care services in Barbados are mainly provided by the Child Care Board and the National Assistance Board. The Child Care Board offers day-care and residential care to children in need, while the National Assistance Board offers support to elderly people, people with disabilities and poor people. Its services include bereavement support, the provision of a homeless shelter, and residential care for the elderly. The Government works with the Barbadian Salvation Army to deliver care services (hot lunch, shelters for men, nursing services and mental health assistance) to vulnerable and disabled people. The Salvation Army works on public subventions and private donations. They also provide counselling to both men and women regarding which services of the Government and health services they can get support from.

¹²⁰ UNDP, UNICEF, and UN Women Eastern Caribbean (2020). Barbados: COVID-19 Macroeconomic and Human Impact Assessment Data. Retrieved on 28th November 2020 from:

https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/human_and_economic_assessment_of_impact_heat_-_barbados.pdf

¹²¹ *Ibid*

¹²² Identification and Assessment, Stabilization, Enablement and Empowerment Bridge Project /Strengthening Human and Social Development in Barbados.

¹²³ FAO (2015). Current state of social protection legislation in Barbados and the Organization of Eastern Caribbean States from a human rights perspective.

¹²⁴ <https://blogs.iadb.org/caribbean-dev-trends/en/strengthening-human-social-development-barbados/>

¹²⁵ USAID & UNICEF (2020). The socioeconomic impact of COVID-19 on children and young people in the Eastern Caribbean Area. April 2020.

Insurance assistance in Barbados is provided mainly by NIS, which delivers pensions (contributory and non-contributory), contributory unemployment benefits and other benefits such as invalidity benefit, maternity leave, funeral costs and survival benefits for children and partners. NIS non-contributory pensions include an old-aged pension for people who are 65 years of age and older, and a disability pension for people who are blind or deaf-mute and are over 18 years of age. To be eligible, a person should be a citizen of Barbados or a resident of Barbados for 15 years since turning 40 or an aggregate of 20 years since turning 18.¹²⁶

In Barbados, the NIS contributory pension is the social protection scheme with the highest coverage. Still, coverage and income are lower for women than for men. Women receive lower average income from other pension schemes too, especially from local and foreign employment. While women are less likely than men to receive the NIS contributory pension scheme (35% vs 39%) they are twice as likely as men to receive non-contributory pensions from NIS, although the coverage is much lower (12% and 6% respectively) (see Table 4). Women are also more likely to receive social assistance grants, although data shows that they receive a lower amount on average. For all the different categories of pensions and grants, women always receive a lower average income.

Table 4. Social protection pensions coverage and the amount by sex (60 years and older)

Income source (monthly)	Mean income BBD \$		Percentage coverage (60+ years old)	
	Female	Male	Female	Male
Pension government	1,786	1,828	11	12
Pension local employment	1,490	3,434	3	6
Pension foreign employment	2,047	2,399	4	9
NIS contributory pension	1,014	1,391	35	39
NIS non-contributory pension	632	684	12	6

Source: BSLC 2016-17, extract from UN Women (2020).

NIS contributory unemployment benefits covered 88 percent of the unemployed in Barbados, according to the latest ILO statistics. This is extraordinarily high compared to the LAC average of 12.2 percent or the coverage in rich countries, for instance, Canada with 40 percent or the United States with almost 28 percent.¹²⁷ Unemployment benefits assist contributors who are temporarily out of work for up to a maximum of 26 weeks per year (with an eight-week break) at 60 percent of insured earning with an annual maximum of BBD \$ 36,000. To qualify for unemployment benefits from NIS, individuals are required to be actively insured for at least 32 weeks and to have at least 20 contributions paid or credited in three consecutive quarters, ending with the quarter, or one before that, in which the individual became unemployed. One is not allowed to re-claim until a period of fifty-two weeks has passed from the date of their previous claim.¹²⁸

More women than men in Barbados rely on additional income from sources other than labour and benefits. However, before the crisis, the average value of the additional income received by women was much lower than that received by men, and the value of this is expected to further drop because of the crisis. Of the total maintenance, only 4 percent is received by men. Just more than 1 in 3 single mothers living with at

¹²⁶ FAO (2015). Current state of social protection legislation in Barbados and the Organization of Eastern Caribbean States from a human rights perspective.

¹²⁷ ILO (2017). *World Social Protection Report*.

¹²⁸ Barbados National Insurance Scheme (available at <https://www.nis.gov.bb>).

least one child (37%) receive maintenance. More women than men receive economic support from friends and relatives.

Women also rely on remittances more than men.¹²⁹ In the short run, the large spikes in unemployment rates in advanced countries are expected to lead to substantial declines in the remittances received by Barbadians.¹³⁰ In 2020, for instance, remittances are estimated to drop by 20 percent in LAC because of COVID-19. According to the IDB telephone Survey in Barbados, low-income households have been the most affected by the loss of remittances during the pandemic: 62 percent of recipient households reported that their remittance sender had been affected by the pandemic, compared to 33 percent of high-income and 38 percent of middle-income households. This is a major concern for vulnerable Barbadian households who depend on this extra source of income, especially women.¹³¹

4.2 Social protection in response to the COVID-19 crisis

In response to the COVID-19 pandemic, Barbados introduced several new social protection measures or extended measures previously in place. Figure 2 reports the map of social protection measures introduced in response to COVID-19. Annex 3 describes each measure, indicating some key characteristics of the policy (e.g., duty-bearers, target population, type of measure, nature of the measure, etc.) The sources used to populate the map of social protection policy responses are:

1. Gentilini, U., Almenfi, M., Dale, P., Lopez, A.V., and Zafar, U. (2020) "Global Database on Social Protection and Jobs Responses to COVID-19". Living database, version 12 (July 10, 2020)
2. ILO's COVID-19 and the World of Work Country Policy Responses¹³²
3. UNDP-UN Women COVID-19 Global Gender Response Tracker¹³³
4. In-Depth Interviews with key stakeholders (see Annex 2)

A database covering the social protection responses to COVID-19 in Barbados has been created through the triangulation of data from these four different sources listed above. As a result of this exercise, 26 measures in response to the COVID-19 crisis were identified, which is higher than those reported in any of the pre-existing databases. In-depth interviews were used to complement, and validate, the information collected from other sources. A form with a request to provide specific information on social protection measures was also distributed amongst government representatives, however the response rate was very low. Thus, the additional knowledge is mainly the result of the integration of different databases, literature research and in-depth interviews. Because of this, some data in the database, such as data on the budget of programmes or the total number of beneficiaries and the beneficiaries disaggregated by gender, is missing.

¹²⁹ Barbados has a large diaspora (114,000) relative to its resident population (290,000). The World Bank estimated inward remittances to Barbados as 2.1 percent of GDP in 2019, greater than the LAC average of 1.9 percent of GDP. See World Bank Group and Global Knowledge Partnership on Migration and Development (2020). COVID-19 Crisis Through a Migration Lens. Migration and Development Brief 32. April 2020.

¹³⁰ UNDP, UNICEF, and UN Women Eastern Caribbean (2020). Barbados: COVID-19 Macroeconomic and Human Impact Assessment Data. Retrieved on 28th November 2020 from: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/human_and_economic_assessment_of_impact_heat_-_barbados.pdf

¹³¹ M. Arteaga Garavito, D. Beuermann, L. Giles Álvarez and A. McCaskie (2020). The Consequences of COVID-19 on Livelihoods in Barbados. Results of a Telephone Survey. Country Department Caribbean Group. Inter-American Development Bank. Policy Brief No. IDB-PB-00344.

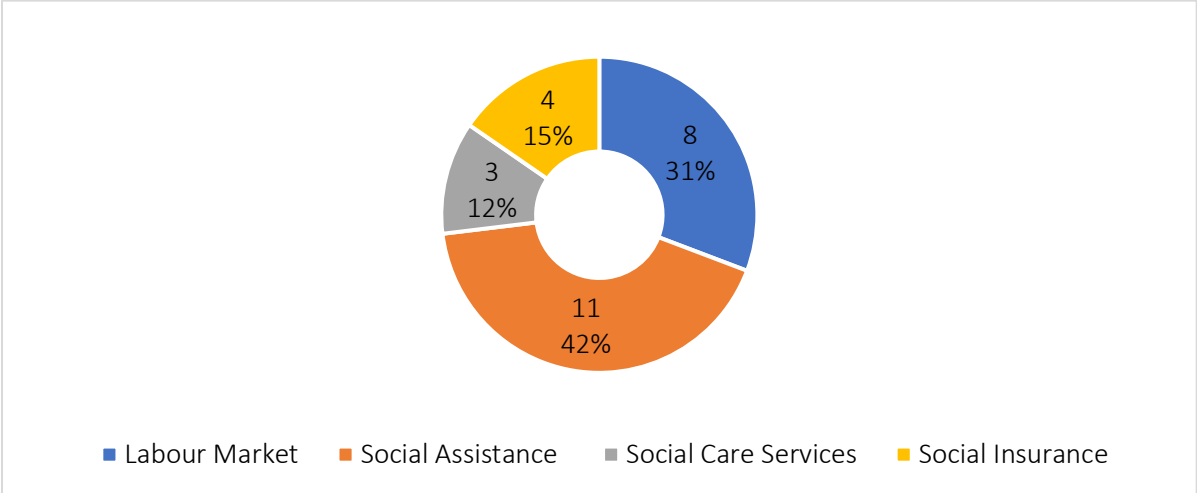
¹³² <https://www.ilo.org/global/topics/coronavirus/regional-country/country-responses/lang--en/index.htm>

¹³³ <https://data.undp.org/gendertracker/>

An added value of the new data collection on the measures in response to COVID-19 in Barbados is the use of a gender lens approach in collecting and analysing the data. The UNDP-UN Women COVID-19 Global Gender Response Tracker was the only source reporting information on 'Gender-sensitive' measures before this study. Thus, the role of the in-depth interviews was crucial to integrating and validating the information from the gender-responsive approach used by Barbados in response to the COVID-19 crisis. The next section provides a detailed discussion of the gender-responsive assessment of the social protection measures introduced in response to COVID-19 in Barbados. The assessment led to a critical review of the 'gender-sensitive' social protection measures identified in the UNDP-UN Women Global Gender Response Tracker and the adaptation of a more articulated approach to defining gender-responsive measures that combine both gender-mainstreaming and gender-targeting approaches (see Box 2).

The Government of Barbados has responded to the emergency with a series of interventions in the four social protection components: Social Assistance, Social Insurance, Social Care Services and Labour Market Programmes (see Box 1). The greatest effort was devoted to strengthening the social assistance component, which represented 42 percent of the total measures taken which corresponded to a total of 11 interventions. A similar commitment was made in introducing ad-hoc labour market interventions, which account for 31 percent of the total social protection responses to the crisis through 8 interventions. Social insurance interventions, although more limited in number, introduced unemployment benefits, which played a critical role, especially in the aftermath of the crisis. Finally, some social care services targeted the most vulnerable during the crisis such as the elderly, the homeless and people who are victims of violence, including women and girls (see Figure 3).

Figure 3. Composition of the protection responses in Barbados by social protection components.



Source: Author's adaptation using various sources specified previously in the report (see page 30)

Box 2. Gender-responsive policies and programmes: defining key concepts

Gender-responsive policies and programmes pay attention to the unique needs of females, valuing their perspectives, respecting their experiences, understanding developmental differences between women and men, girls and boys, and ultimately empowering women and girls.¹³⁴ To obtain gender-responsive policies it is paramount to mainstream gender in all policy and programme stages.

On the other hand, **Gender blind programmes** do not consider gender-specific roles and the diverse needs of women and men, girls, and boys. They tend to maintain the status-quo without transforming the unequal structure of gender relations.¹³⁵

The term '**gender-sensitive**' is often used as an equivalent of 'gender-responsive'. However, the former typically refers to the awareness of gender-gaps and gender-based context while the latter focuses more on the actionable response to gender inequality.¹³⁶

Gender mainstreaming is a strategy for "making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres. Through gender mainstreaming, the implications of policies and programmes on women and men are assessed so that everybody benefits equally, and inequality is not perpetuated with the ultimate goal of achieving gender equality."¹³⁷ Gender mainstreaming is a process that should involve not only policies and programmes but all planned actions, including legislation.

When using gender-mainstreaming, a gender perspective is integrated into all stages of the programme cycle. In practice, gender mainstreaming means identifying gender-gaps using gender-disaggregated statistics and data, developing strategies to close those gaps, putting resources and expertise into implementing strategies for gender equality, monitoring, evaluating, and reporting the process of implementation of these strategies, and holding individuals and institutions accountable for outcomes and results.¹³⁸

Gender mainstreaming can be combined with a **gender-targeted approach**, which refers to interventions that specifically target women and girls.¹³⁹

While both gender mainstreaming and gender-targeted approaches are strategies to achieve gender-responsive policies and programmes they do not necessarily coexist. Gender-mainstreaming does not necessarily require targeting women and girls. Conversely, targeting women and girls does not imply gender has been properly mainstreamed. Thus, there may be programmes and policies that, despite targeting women and girls, have not mainstreamed gender.

¹³⁴ UNICEF Regional Office for South Asia (2017). Gender Equality. Glossary of Terms and Concepts. Kathmandu: UNICEF. Retrieved on 7th December 2020 from:

<https://www.unicef.org/rosa/media/1761/file/Gender%20glossary%20of%20terms%20and%20concepts%20.pdf>

¹³⁵ <https://eige.europa.eu/thesaurus/terms/1157>

¹³⁶ *Ibid*

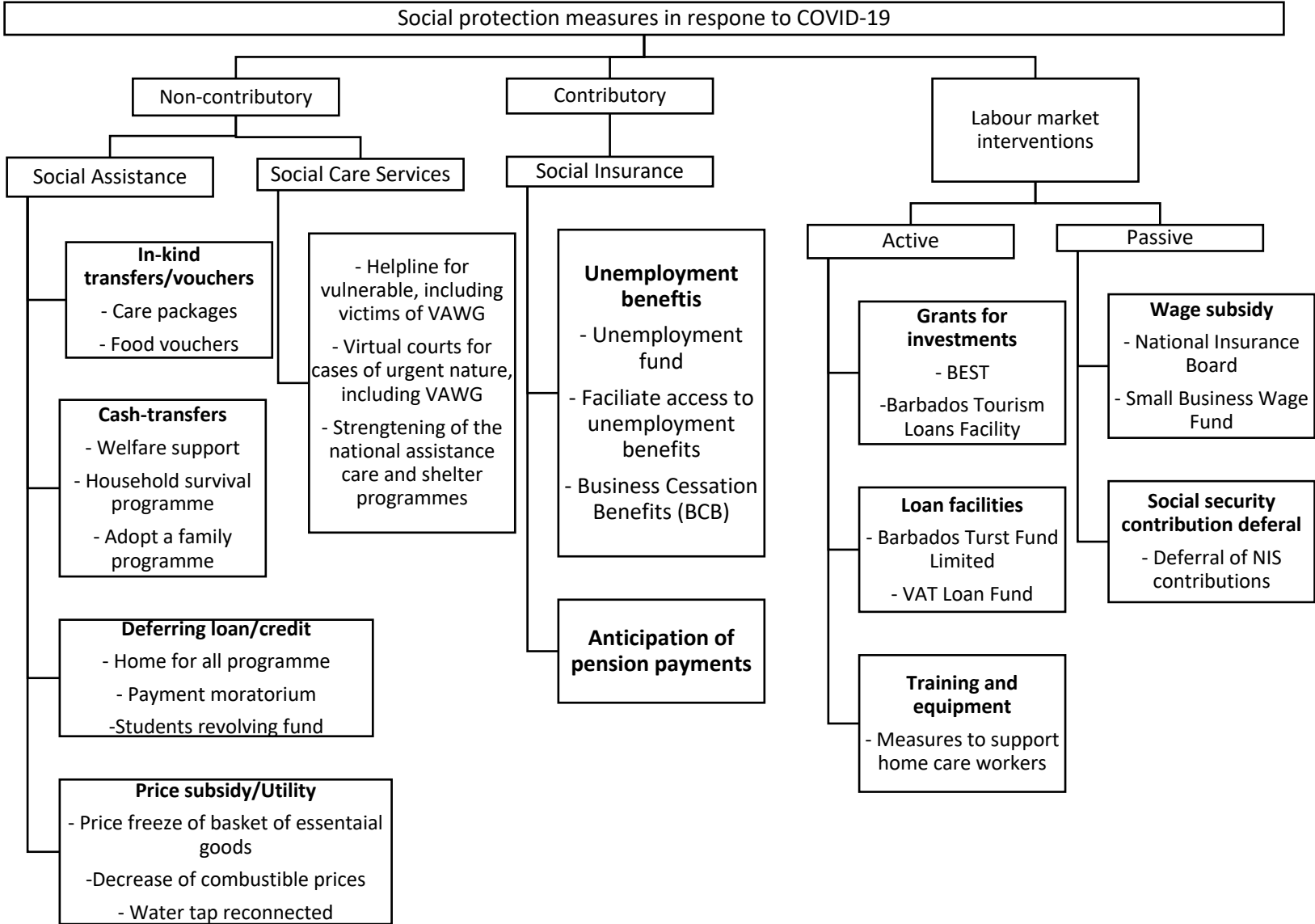
¹³⁷ United Nations General Assembly (1997). Report of the Economic and Social Council for 1997 (a/52/3, 18 September 1997). p.24. Retrieved on 7th December 2020 from: <https://digitallibrary.un.org/record/271316>

¹³⁸ UNESCO (2012). Gender Mainstreaming Guidelines. Retrieved on 7 December 2020 from:

http://www.unesco.org/new/fileadmin/MULTIMEDIA/HQ/ERI/pdf/UNESCO_Gender_Mainstreaming_Guidelines_for_Publications.pdf

¹³⁹ UN Women (2020). Gender mainstreaming: A global strategy for achieving gender equality and the empowerment of women and girls. Retrieved on 7th December 2020 from: <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/gender-mainstreaming-strategy-for-achieving-gender-equality-and-empowerment-of-women-girls-en.pdf>

Figure 2. Taxonomy of Barbadian social protection measures in response to the COVID-19 crisis



The Government of Barbados adopted several strategies to scale up the social protection system's overall level of support to vulnerable people in response to the COVID-19 health and socioeconomic emergency. Building on Bastagi (2014) and Cherrier (2014)¹⁴⁰ Table 5 maps the social protection responses to the covariate impacts of the health and socioeconomic shocks (as introduced in Table 1) according to five main options for scale-up in response to covariate shocks described below. They may be used in any combination and the same intervention may combine more than one strategy.

- **Vertical Expansion:** increases the value, or duration, of benefits for existing recipients. This may include the extension of transfer amounts and /or the introduction of extraordinary payments or transfers and /or the extension in the duration of a benefit.
- **Horizontal Expansion:** increases the number of beneficiaries in the event of crises. This may include an extension of the geographical coverage of an existing programme, extraordinary enrolment campaigns, modification of entitlement rules or relaxation of requirements /conditionalities to facilitate participation.
- **Piggybacking:** using an existing social protection's infrastructure and administrative framework but running the shock-responses programme separately. This may include the introduction of a new policy.
- **Shadow Alignment:** the humanitarian system runs parallel to the social protection programme
- **Refocusing:** reprioritising existing resources to refocus assistance on groups who are most vulnerable to the shocks.

In the aftermath of the pandemic, the Government of Barbados responded with some emergency social assistance measures including in-kind transfers, food vouchers and in-cash transfers (see Box 3).

In March 2020, and until the end of June 2020, the Government started the *Care Packages* programme which provided 4,000 care packages containing a 14-day supply of basic food and sanitary items to vulnerable groups such as the elderly and persons with disabilities.

- In April 2020, the *Adopt-Our-Families Household Survival Fund* was also initiated, which at the time of this report assisted 3,490 vulnerable families with BBD \$ 600 monthly and it is planned to continue until March 2021.
- The Government also asked the private sector to adopt a vulnerable family through the *Adopt a Family Programme* by providing up to BBD \$ 600 per month to the Adopt-Our-Families Household Fund for families in need.¹⁴¹
- Other social assistance measures were put in place such as deferring loans and open credits, to protecting essential goods and utilities from price gouging or shortages (see Annex 3 for a description of the Social Assistance measures introduced in response to the COVID-19 crisis).

¹⁴⁰ Bastagli, Francesca. 2014. "Responding to a crisis: the design and delivery of social protection." *ODI Working Paper* No.394. London: Overseas Development Institute.; and Cherrier, Cecile. 2014. "Cash transfers and resilience: strengthening linkages between emergency cash transfers and national social protection programmes in the Sahel." Discussion paper for CaLP /UNICEF /European Union regional workshop.

¹⁴¹ <https://www.cibcfib.com/covid-19/covid-19-barbados-adopt-a-family>

Table 5: Social protection responses to the socioeconomic shock according to five scale-up strategies

Covariate	Response	Strategy	Idiosyncratic	Response	Strategy
<i>Poorest families</i>	Care packages	Refocusing/Shadow Alignment	<i>People and business unable to pay their loans</i>	Payment moratorium	Piggybacking
	Food vouchers	Horizontal expansion/ Piggybacking	<i>Students unable to pay their loan</i>	Student Revolving Loan Fund	Piggybacking
	Welfare support	Vertical Expansion/horizontal expansions/ Piggybacking	<i>People in need of assistance due to the COVID-19</i>	Helpline service	Piggybacking
	Adopt-family Programme	Refocusing	<i>Victims of violence or other cases of urgent nature</i>	Virtual courts	Piggybacking
	Home for all	Refocusing	<i>Unemployed people who make NIS contributions</i>	Unemployment benefits	Vertical Expansion
<i>Elderly, homeless, and poorest people</i>	Strengthening of the national assistance care and shedder programmes	Piggybacking	<i>Self-employed people who make NIS contribution</i>	Business Cessation Benefits (BCB)	Refocusing
<i>Elderly who made contributions to NIS</i>	Anticipation of pension payments	Piggybacking	<i>Companies at risk of insolvency and bankruptcy</i>	VAT Loan Fund	Refocusing
<i>Tourism sector</i>	BEST	Refocusing			
	Barbados Tourism Fund Facilities	Refocusing			
<i>Small business</i>	Barbados Trust Fund Limited	Piggybacking			
	Small Business Wage Fund	Piggybacking			
<i>Care workers</i>	Measures in support of the National Assistance Board workers	Piggybacking			
<i>Employers</i>	Deferral of NIS contributions	Piggybacking			

Note: Universal measures are not included in the table. The occurrence of a shock that has covariate effects can be seen as an idiosyncratic shock. For example, the COVID-19 infection has a covariate impact as it has a stronger impact on the health of elderly people, but it has an idiosyncratic effect if a person gets infected.

The Barbados Defence Force (BDF) is expected to play a major role in the Government's COVID-19 relief programme during the second wave of cases that started December 2020 /January 2021. BDF aims to distribute 60,000 care packages to the vulnerable, consisting of dry goods, canned items, toiletries, and other necessities, as well as fresh fruits and vegetables being supplied by the Barbados Agricultural Department & Marketing Corporation (BADMC). BDF will work in partnership with several Government ministries, private sector companies and non-profit organizations to ensure the delivery of the packages to vulnerable households across the island.

Box 3. Two case studies of In-kind assistance, in the form of Food Vouchers from the Welfare Department.

Interviews with two beneficiaries of the Food Vouchers Programme from the Welfare Department indicated satisfaction with the accessibility, timeliness, and acceptability of the service, although adequacy remains limited.

The first beneficiary was a 52-year-old conductor of a public transportation vehicle (mini-bus) working three days per week and receiving under BBD \$ 200 weekly, married to a cleaner earning BBD \$ 250 weekly for 40 hours work per week but who also works minimum hours due to the pandemic. They live with four children, whose ages range from 12 to 20 years old, and his mother aged 66.

The second beneficiary was a 42-year-old male ex-offender who served over one year in prison in Barbados and is now living with his partner. He has two children: a 6-year-old boy who resides in the USA and a 14-year-old girl living in Barbados.

Both beneficiaries said that it took only a few days to receive the voucher following their call to the Welfare Department office and they just had to complete a formal application and submit it to the Welfare Office on receipt of the voucher. They found the process simple and fast. However, one of the two beneficiaries stated that processing their food voucher was taking longer (over a week) and the list which identified supermarkets where vouchers could be used, was shorter due to a new system introduced by the Welfare Department in January 2021.

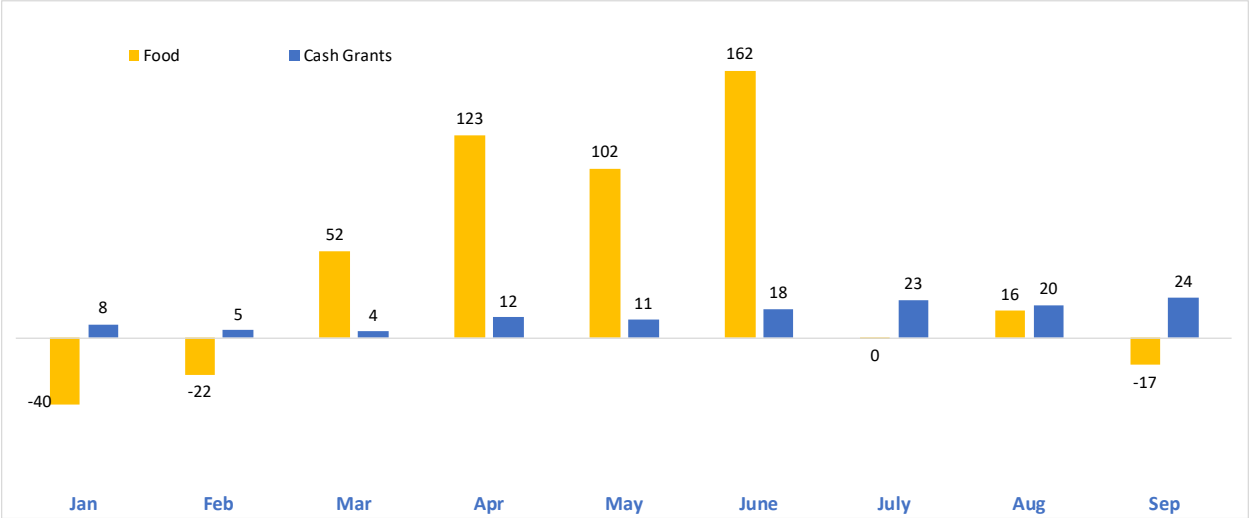
As for the adequacy of the value of the food vouchers, the first beneficiary - who received food vouchers between BBD \$ 250-300 - said that they had to be very prudent in managing their finances and that they relied heavily on his mother's pension to supplement their household income which is approximately BBD \$ 1,000 monthly. He also said that because of home-schooling of his children, the family food consumption had increased substantially and if there was a possibility to increase the value of the Food Voucher or to apply for it twice within a month that would immensely aid his household.

The second beneficiary received food vouchers of BBD \$ 180. He said that it was not adequate to meet his needs as groceries are expensive. However, he tries to prioritise the items that he purchases, which he says is extremely difficult. He also expressed disappointment because his partner was receiving Rental Assistance from the Welfare Department prior to, and during, their relationship while she was employed but subsequently it was suspended and not renewed once she lost her job. As a result of the two-week COVID-19 lockdown between 3 and 17 February 2021, they are both off work without being paid. A close friend has allowed them to stay in his vacant home with the responsibility of paying the utilities, which they are not able to pay due to their current unemployment status.

In the aftermath of the pandemic, the number of recipients of both the Food Vouchers and the Cash Grants increased. The number of recipients of the Food Vouchers more than doubled in April, May and July and Cash Grants increased on average by 14 percent in the same months, both compared to the same month in 2019 (see Figure 4). From April to September 2020, the Welfare Department issued, on average, more than 1,500 Food Vouchers and, on average, more than 6,600 Cash Grants each month. The highest

expenditure of the Welfare Department is Cash Grants followed by expenditures for Food Transfers and payment of rents and utilities. From a total budget of BBD \$31.820 million allocated for grants to individuals, BBD \$25 million are allocated to Cash Grants. Educational Assistance is seasonal and a spike in expenditure is noted during September 2020, which is later than in 2019, due to the closure of schools. The Welfare Department is challenged by a shortage of staff to adequately meet the needs of recipients and it lacks human resource assistance to process cases promptly.

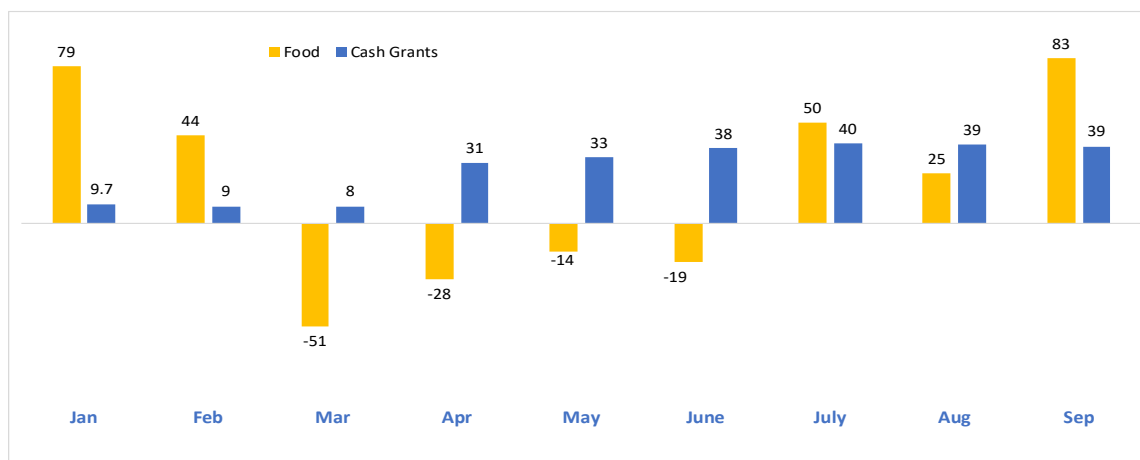
Figure 4. Percentage variation in the number of recipients in Food Transfers and Cash Transfers, monthly from January 2020 to September 2020



Source: Data from the Welfare Department, author’s adaptation.

At the outset of the crisis, the Welfare Department introduced Welfare Support, which is a vertical expansion of the existing Cash Grants by 40 percent of their previous value. The value of Welfare Support was decided before the onset of the pandemic, as it was decided to adjust the value of the cash transfers to the cost of living. With this aim, an additional BBD \$10 million was allocated to the Welfare Department, half in October 2019 and half in April 2020. However, the programme was implemented with the onset of the pandemic which allowed additional support to the vulnerable households. Figure 5 shows an approximate increase of 40 percent in the cost for a recipient of Cash Grants since May compared to the same months in 2019, in line with the vertical expansion. The drop in the unit cost for recipients observed for Food Vouchers in the same period can be attributed to the sharp increase in the number of recipients.

Figure 5. Percentage variation in the cost for recipients of Food Vouchers and Cash Grants, monthly from January 2020 to September 2020



Source: Data from the Welfare Department, author's adaptation. (Annex 3. Database of social protection response to COVID-19 in Barbados).

To address the needs of the most vulnerable people during the COVID-19 crisis, the Government of Barbados introduced some new social care services and strengthened existing ones, which had important gender implications. However, from the interviews with key stakeholders, it emerged that gender was not mainstreamed in any of these programmes (see Annex 3 for a description of the Social Care Service's response to the COVID-19 crisis). These services included a hotline service, a virtual court for cases of an urgent nature and the strengthening of the Home Care Programme by the National Assistance Board.

- The *helpline service* was established to assist the elderly, people with disabilities, and other vulnerable people, and then extended to include assistance to victims of violence or abuse.
- Similarly, the *virtual court for cases of an urgent nature* was offered to all cases considered urgent including violence against women.
- The strengthening of the *Home Care Programme* offered by the National Assistance Board, largely affected women as the sector is strongly female.

The Government of Barbados introduced major Active Labour Market interventions to support businesses and employment, and to provide unemployment benefits and assistance to people laid off during the COVID-19 crisis.

- The Ministry of Tourism and International Transport along with the Enterprise Growth Fund Limited (EGFL) and other partners introduced the *Barbados Employment and Sustainable Transformation Plan (BEST)*, a significant initiative for keeping the tourism sector active and taking many people off unemployment and getting them back to earning a living. The BEST Plan is the largest fiscal stimulus package being offered by the Government at a maximum value of BBD \$300 million. Through BEST, the Government invests in tourism firms by holding *BEST Preference Shares* in participating companies, funding the re-engagement of 75 percent of the firm's employees at 80 percent of their pre-crisis salaries for a maximum period of 24 months, also investing in upgrading services and infrastructure in the sectors. The investment component is capped at BBD \$ 2million, while the wage component is uncapped. Part of the funds both for wages and

investment can be in the form of matching grants up to a maximum of BBD \$500,000 but the main component of the investment is expected to be by way of Preference Shares.¹⁴²

The company seeking financial support is invited to indicate the projects to be implemented for a maximum allowed of BBD \$2million in total per property, two properties for the ownership group. Projects may include renewable energy; water conservation; other investments in construction and greater sustainability; building resilience and deepening integration into the value and supply chain for manufacturing; agriculture and services; including creative and cultural services; digitising processes; sustainable refurbishments and expansions.

As part of BEST requirements, companies and their employees' representatives must submit a Joint Return to Work and Training Plan, which will outline the training and development component. Firms will undertake initiatives to transform and upgrade the skills and competencies of their employees. Employees will receive certificates and qualifications that will enhance their employability for the future. The National Transformation Initiative (NTI) will help companies prepare tourism-specific training plans and meet the cost of NTI sourced training. Since many females in Barbados work in the tourism sector, BEST has a high potential to help them cope with the impact of the crisis.

- The *Barbados Tourism Fund Facility* supports Barbadian hotels offering them loans with low-interest rates and delayed repayment periods. Companies registered for VAT with a turnover in excess of BBD \$200,000 which showed severe cashflow disruptions could benefit from the *VAT Loan Fund* which offered a 12-month interest-free loan equivalent to up to 50 percent of the last VAT return filed, small business were able to access several loan facilities which were offered during April and May 2020 by *the Barbados Trust Fund Limited*.
- The National Assistance Board provided care workers employed in its different programmes - the majority of which are women - with Personal Protective Equipment (PPE) and training to ensure their safety along with assuring the protection of their clients during the COVID-19 pandemic.

A mix of Social Insurance measures and Passive Labour Market interventions cushioned the impact of job losses, especially in the first stage of the crisis. The Government pledged supplemental support for the *Unemployment Fund* with the available fiscal space to provide unemployment benefits equal to 60 percent of insurable earnings for a maximum of six months to people who had become unemployed. The National Insurance Board (NIB) also relaxed the requirements for obtaining unemployment benefits.

In October 2020, the NIS recorded 68,103 claims from around 35,000 individuals and paid out over BBD \$132.2 million between the 23 March 2020 and 16 October 2020, the highest amount ever paid.¹⁴³ Shortly after the outbreak of the COVID-19 pandemic in Barbados, the number of unemployment claims received by the NIS increased substantially reaching a peak in March and April 2020 with 10,058 and 19,323 claims respectively, which correspond to an increase of 12.5 percent and 17.6 percent with respect to the same months in 2019 (See Table 6 and Figure 6). The highest number of unemployment benefits was paid between late March and September 2020 with around 32,000 unemployment claims being paid. However, the number of persons receiving unemployment benefit is expected to decline in the coming months thanks

¹⁴² The preference shares would not be marketable and cannot be sold by the Government of Barbados. However, if conditions warrant and the preference shares are converted into ordinary shares, then the Government of Barbados may sell the ordinary shares at that point (see <https://www.egfl.bb/financing/best/#1604594873665-4a5d4849-2005>)

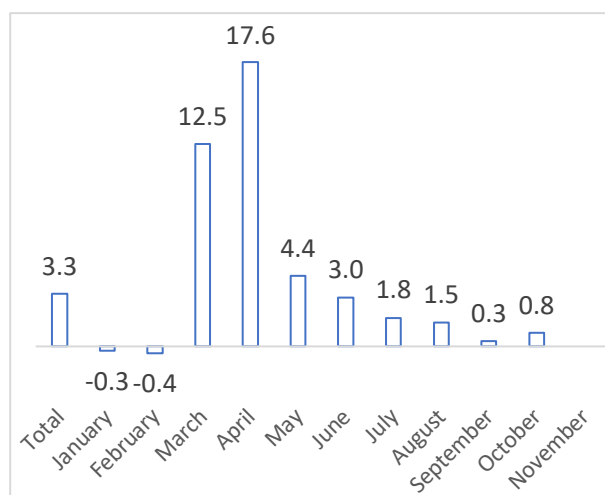
¹⁴³ Barbadian Ministry of Tourism and International Transport (2020). Barbados Employment and Sustainable Transformation Programme. Employee Guide. Retrieved on 28th November 2020 from: <https://gisbarbados.gov.bb/download/barbados-employment-sustainable-transformation-programme/> and <https://www.nis.gov.bb/nis-pays-123-2-million-to-over-32000-unemployment-benefit-claimants/>

to the re-engagement of some employees, and the statutory termination of unemployment insurance (six months).¹⁴⁴ Disaggregated data by gender on who claimed and received unemployment benefits was not available for this assessment.

Table 6. Number of unemployment claims received by NIS in 2019 and 2020

Month	2019	2020
Total	11,369	48,415
January	1104	810
February	800	459
March	743	10,058
April	1039	19,323
May	956	5,125
June	1,118	4,481
July	980	2,711
August	908	2,249
September	1296	1,713
October	813	1,486

Figure 6. Percentage variation in the number of unemployment claims received by NIS between 2019 and 2020



Source: <https://www.nis.gov.bb/statistics/> (4 January 2020)

To assist small businesses who were experiencing hardship as a result of the COVID-19 pandemic, the Government of Barbados extended benefits to the self-employed who would not have been previously eligible for unemployment benefits. The *Business Cessation Benefit* (BCB) provided unemployment monthly benefits of BBD \$1,500 for self-employed people who made NIS contributions for the first quarter of 2020. However, self-employed workers have the right to these benefits in April and May only.

Also, the Government of Barbados responded to the increased social protection needs by strengthening the **Passive Labour Market interventions**. Passive Labour Market interventions included:

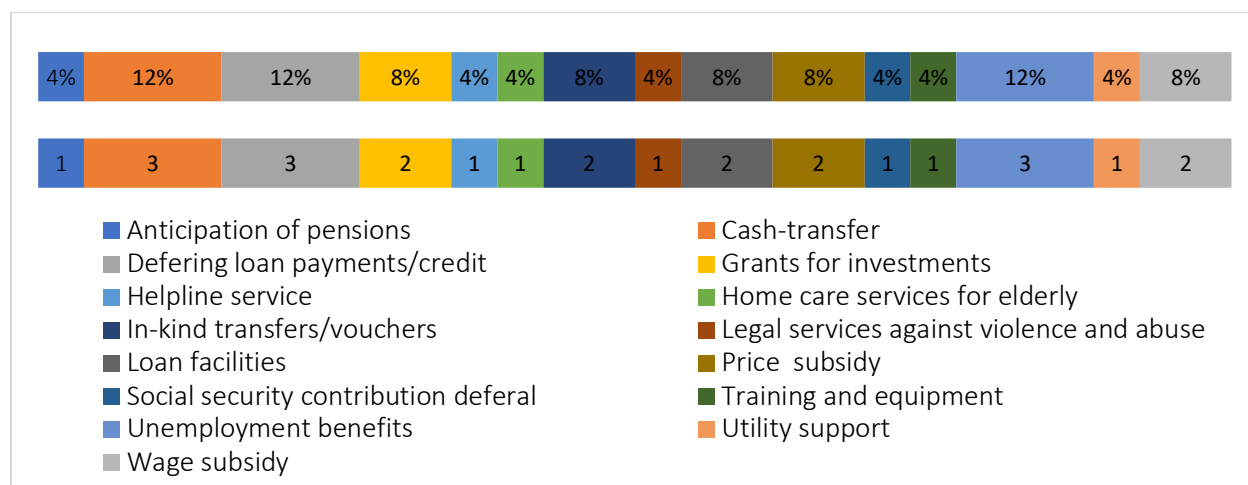
- the *National Insurance Board*, which provides payment of 60 percent of earnings to employees working on short weeks for the days they do not work.
- the *Small Business Wage Fund*, which consists of BBD \$500 per employee (up to 5 employees for small businesses that retain at least 75 percent of their staff),
- the Deferral of NIS Contributions.

The Government of Barbados put in place a multi-layered response to the COVID-19 crisis, adopting an array of measures. In the immediate aftermath of the pandemic, in-kind transfers /vouchers, and cash-transfers together with facilitated access to unemployment benefits were essential to providing an immediate response to people laid off or unable to obtain basic goods. These two types of measures equated to 19.2 percent and 11.5 percent of the total number of measures implemented. However, many other types of intervention were made including a set of measures to support the most vulnerable such as home care services, helpline services and legal services as well as measures to stimulate the economy such

¹⁴⁴ Central Bank of Barbados (2020). Review of Barbados' Economic Performance. January to September 2020.

as grants and investments in the tourism sector, loan facilities, training, and equipment for workers, etc (see Figure 7).

Figure 7. Social protection response by type of social protection measures



Source: Author's adaptation using various sources specified in the report (see page 30)

5. A gender-responsive assessment of the social protection response to the COVID-19 pandemic

No gender-responsive social protection measures were introduced in Barbados in response to the COVID-19 pandemic. This conclusion builds on the definition of gender-responsive policies and programmes introduced in Box 2 which indicates that an intervention is gender-responsive when it uses a gender-mainstreaming approach or /and it is targeted specifically at women’s and girls’ needs. Thus, while the Government of Barbados has responded to the emergency of the COVID-19 crisis with a series of interventions, globally the response to the crisis has been gender-blind (see Figure 8).

Figure 8. A Gender-blind response to the COVID-19 crisis



None of the social protection measures introduced in response to COVID-19 in Barbados used a gender-mainstreaming approach. From the interviews with several stakeholders, including agencies responsible

for the development and implementation of social protection responses to the crisis, it emerged that there were no considerations for the specific needs of men and women, boys and girls in the design, implementation, and delivery of social protection interventions, nor was there any considered of the different gender-relevant implications that policies could have included.

Interviews with stakeholders revealed that the main driver and motivation behind SRSP interventions were to universally support the most vulnerable, although gender-specific vulnerabilities were never considered.

Interviews also indicated a very low level of awareness around the need for integrating gender considerations into social protection throughout different government institutions, who typically do not consider these. A striking example of this was the hotline service. While a hotline service dedicated to support victims of SGBV was not created during the pandemic, the existing hotline created to support vulnerable people, namely the elderly and persons with a disability, was extended to include victims of SGBV. Despite the appropriateness of having a unique hotline service for such diverse needs, which could have been dictated by limited-service capacity and resources, the major shortcoming of this service is that it is not adequately equipped to respond to SGBV reports. No gender considerations were made in the design and implementation of the hotline service, so it fails to adequately address the specific needs of victims of SGBV.¹⁴⁵

None of the social protection measures introduced in response to COVID-19 were gender-targeted, i.e., targeted towards the specific needs of men, women, boys, or girls. Of the 26 interventions introduced in response to the crisis, none were specifically designed to address the different vulnerabilities of men, women, boys, and girls. Half of the interventions (13) were targeted towards vulnerable people, meaning poor people or households and /or the elderly, without any gender consideration. Two measures - the virtual court and the helpline targeted at vulnerable people, referred to women and the need for providing a service to female victims of violence during the pandemic. However, there were no dedicated measures, or services, for female victims of violence. The remaining interventions (11) were universal, in that they targeted identified vulnerable persons in general.

5.1 Targeting women and girls affected by gender-specific shocks

Women and girls at risk of SGBV

While a helpline service was established, it was not specifically targeted at the needs of women and girls who are victims of SGBV. The helpline service was open to vulnerable people, namely the elderly and people with disabilities, and only retrospectively extended to specifically include women and girls who are victims of SGBV or abuse. Also, gender was not mainstreamed in the design, delivery, monitoring, and evaluation.¹⁴⁶ For example, staff did not receive dedicated training to deal with cases of violence and intimate partner violence, or other domestic violence. These were typically referred to the *Business & Professional Women's Club of Barbados*, an NGO that works with female victims of violence in Barbados. Also, the helpline service was not continually available to support cases of emergency (i.e., it was open only from Monday to Friday up to 5 pm).

To effectively reach women and girls at higher risk of violence during the pandemic, the hotline services, together with other tools, should have been designed with the support of SGBV specialists. The pandemic,

¹⁴⁵ Information collected during the interview with Mrs. Patricia Boyce, Director of the Bureau of Gender Affairs at MPEA.

¹⁴⁶ Unlike the UNDP-UN Women Global Gender Tracker that classified the helpline service and the virtual court as 'gender-sensitive', they are not considered as 'gender-responsive' in this study and in the associated database. This is because they are neither specifically targeted at women or girls nor have they adopted a gender mainstreaming approach.

both because of movement restrictions and the risk and fear of contagion, made it more complex to identify who are the survivors in need of help as well as to provide support to them. The effectiveness of the hotline services, and other tools, to help victims of SGBV is dependent on the capacity of designing these services in a way that is accessible and capable of quickly, and effectively, connecting victims to the support they need. As a result of the pandemic, more services to support victims of SGBV are transitioning from face-to-face services to ones that operate by the telephone, internet, or text-based modes of communication.

Telephone, internet, or text-based services used to support victims of SGBV are not suitable for all survivors, who may, for instance, have no independent access to a telephone and /or the internet or they may have no access at all. Several *no-phone*, *low-tech* or *no-tech* solutions have been developed by women's organisations and human rights activists over time including setting up women and girls' helpdesks in permitted areas or open service spaces (e.g., pharmacies, grocery shops /food markets /food distribution points /water pump stations etc.) These are models where a survivor can approach a proprietor in the selected arena - e.g., a pharmacist, a shop assistant, a shopkeeper, or a grocer, they can then request assistance through use of a 'code word' or by using another 'silent /non-verbal' technique.¹⁴⁷ The Government of Barbados should now consult with SGBV specialists to identify which methods are more appropriate in the wider country context and they should also clarify the status of women and girls in the country. Building on this experience and knowledge it will be possible to strengthen, and refine, support to SGBV victims.

In response to an increase in SGBV due to confinement and mobility restrictions, specific gender-responsive support services should be strengthened and scaled up. Services such as domestic violence shelters, counselling, legal support, and helplines need to be expanded during the COVID-19 crisis and address violence against women and girls in COVID-19 responses and recovery effort needs to be an absolute priority.¹⁴⁸ Addressing the specific risks of adolescents in violence prevention and response is also crucial. This can be done through awareness-raising campaigns on the risk of specific age groups and ensuring the safety of girls in shelters or other institutions.¹⁴⁹

Availability and quality of services able to address women's emergency needs, including, but not limited to SGBV, should be improved in Barbados. Depending on its capacity, the Barbadian Government may decide to directly provide more tailored gender-responsive services or strengthen partnerships with existing NGOs /CSOs. If deemed necessary, MPEA /BGA may be used to advocate the necessity for change with key sector ministries in relation to the expansion of CSOs and gender-responsive service delivery. They could also discuss with relevant government entities needs around facilitating, subsidising, and incentivising the creation, conversion and /or registration of specialised NGOs, CBOs and other forms of civil society support, and service, *at all levels of society*. The Government should consider launching subsidised capacity development initiatives in collaboration with key institutions, academia and other qualified agencies and organisations to create qualified human capital and thus professionalise the SGBV service provider sector. Learning from the emergency, such mechanisms must be institutionalised to always maximise availability and accessibility of services across the national territory, even beyond the current crisis.

As mentioned, virtual courts were created for all cases considered to be urgent, including violence against women. However, **information and data on the extent to which virtual courts were used during the pandemic to address cases of SGBV are not available.** Virtual courts, video conferencing centres, online

¹⁴⁷ UNICEF (2020). Not just hotlines and mobile phones: GBV Service provision during COVID-19, by Dorcas Erskine.

¹⁴⁸ UN Women (2020). COVID-19 and Ending Violence Against Women and Girls. Retrieved on 19th November 2020 from: <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf>

¹⁴⁹ United Nations Children's Fund, COVID-19: A threat to progress against child marriage, UNICEF, New York, 2021.

dispute resolution services, etc. all promote access and quality of justice to citizens and facilitate collaborations within the justice sector. The use of online mechanisms, which have been successfully implemented throughout the Caribbean, should be further developed both during and post the COVID-19 pandemic.

Improving access to justice for women and girls who are victims of violence or harassment and ensuring that the justice system efficiently delivers outcomes that are accessible to all is crucial. While this can be an objective for the long term, the use of new technologies and innovative approaches adopted to respond to the challenges imposed by the crisis may create entry points for a more gender-responsive justice sector. Barbados can look at good practices in other Caribbean countries and integrate the lessons learned in its response to the crisis and beyond. For instance, Antigua and Barbuda, Guyana and Trinidad and Tobago developed Sexual Offences Courts which address the complications with witnesses and seek to facilitate prompt gender-informed decisions to complainants and vulnerable witnesses who are involved in sexual offence cases. Antigua and Barbuda also produced Sexual Offences Guidelines to ensure that a rights-based approach is adopted when dealing with SGBV.¹⁵⁰

Other possible actions to strengthen the response to a higher SGBV rate during the pandemic include launching a campaign across the private sector to increase the availability and accessibility of legal counsel for women; increasing the availability of training in SGBV case management, and a resolution to register lawyers and judges and simplify and /or streamline bureaucracy and red tape behind escalating SGBV cases for efficient court resolution.

Girls at risk of early unions and childbearing

Social protection programmes and poverty alleviation strategies are central to preventing early marriage and unions. Evidence suggests that conditional cash transfers are the most successful interventions for improving school retention and progress in school. In the medium to long term, preventing early unions requires comprehensive social protection that closes coverage gaps and pays particular attention to families of workers in the informal sector.¹⁵¹ In response to the higher risk of unions related to the pandemic, measures that safeguard every child's access to education should be adopted as well as measures that guarantee health and social services for young girls, and boys, are funded and available.¹⁵²

To mitigate the effect of the crisis on adolescent girls, access to sexual and reproductive health services must be guaranteed, regardless of people's marital status and age. During the pandemic, while schools were closed and physical distancing policies were in place, access to comprehensive sexual education was offered as part of distance learning and through radio and online platforms.¹⁵³ Similarly, reproductive health services can be offered through tele-health services ranging from remote consultations and virtual consultations delivered through helplines, radio and mobile telephones.¹⁵⁴ Since it is inevitable that the pandemic will harm the provision of sexual and reproductive services, it is critical to prioritise these services by including them in basic benefit packages offered by health insurance programmes.¹⁵⁵ In this respect,

¹⁵⁰ UNDP (2020). Caribbean Justice: a needs assessment of the judicial system in nine countries. United Nations Development Programme for Latin America and the Caribbean, Republic of Panama.

¹⁵¹ International Labour Organization (2020). 'COVID-19 Crisis and the Informal Economy: Immediate responses and policy challenges', ILO Brief, ILO, Geneva, May 2020.

¹⁵² United Nations Children's Fund (2021), COVID-19: A threat to progress against child marriage, UNICEF, New York, 2021.

¹⁵³ Girls Not Brides, 'COVID-19 and Child, Early and Forced Marriage: An agenda for action', Fact Sheet and Brief, Girls Not Brides, London, April 2020.

¹⁵⁴ United Nations Children's Fund, in collaboration with Child Frontiers, 'Technical Note on COVID-19 and Harmful Practices', UNICEF, New York, April 2020.

¹⁵⁵ United Nations Children's Fund, COVID-19: A threat to progress against child marriage, UNICEF, New York, 2021.

personal sanitary items for women and girls were not included in initial Covid-19 care packages developed in 2020 in Barbados. However, very soon after they started to be distributed, they were included as an important component.

Women and girls at risk of limited access to comprehensive sex-reproductive health services

National health services should develop contingency plans to scale-up priority life-saving services for the population, and specifically for vulnerable groups. Reproductive health services and support for pregnant and lactating women should be maintained as a high priority without shifting resources to different needs. Also, institutions should address some of the typical gaps that lead to a reduction in service availability by, for instance: incentivising and /or subsidising programmes to integrate private sector service providers into public mechanisms; increase qualified human capital to streamline case management and triage approaches through rapid capability development; and create or strengthen partnerships with civil society. Policies should foresee the increased use and demand on services and commodities, and there is also a need to introduce measures which impact on the supply chain and availability of key commodities such as food, medicines, and hygiene products.

5.2 Targeting vulnerable people affected by covariate shocks using a gender-responsive approach

The analysis conducted in this study shows a lack of gender mainstreaming in social protection measures introduced in response to the crisis, that is, gender considerations were not included in the programming, designing, delivering and evaluation of policies. This sheds light on an urgent need for mainstreaming gender in Barbadian SRSP programming to ensure that the next phase of the crisis, and any subsequent crisis, is gender responsive.

The COVID-19 pandemic has, however, put the spotlight on the need to mainstream gender in the entire social protection system. A Gender Transformative Approach (GTA) is needed which creates opportunities for individuals to actively challenge gender norms, address power inequalities between genders and promote positions of social and political influence for women at all levels. While GTA goes beyond the remit of SRSP, as it requires a long-term strategy in contrast with the need of addressing the most pressing post-shock needs of those most affected by the crisis, a gender-responsive approach should still be adopted in SRSP. The conclusion section of this study offers recommendations for the short, medium, and long term to initiate a suitable GTA process.

This section looks at some of the SRSP measures targeted at specific segments of the population affected by the covariate effects of the socioeconomic shock resulting from the pandemic. By targeting the most vulnerable, some social protection measures developed in response to the COVID-19 crisis benefit women more than men. This results from the fact that in Barbados, more women than men live in poor households with children and /or work in a sector most affected by the crisis. However, because of the lack of a gender-mainstreaming approach, some of the specific needs of men, women, boys, and girls might not have been taken into consideration. Additionally, the prevalence of gender norms, gender bias and /or gender-discriminatory practices, laws and regulations might have hampered an equal benefit from the interventions for all the segments of the population. Below we provide a gender analysis of selected interventions.

Protecting the health of frontline workers and client-facing service workers

All frontline and client-facing service workers should receive the protection required to reduce the risk of getting infected, this includes receiving protective equipment, training, and guidelines on infection control protocols to minimise the risks. Given the proportionally greater presence of women within these sectors, women will naturally benefit from such services in greater numbers. Frontline workers may also benefit from psychological support given the high level of stress and workload they face in a time of crisis. Gender occupational segregation and discriminatory gender norms may limit decision making for women and access to resources. Services and programmes should mainstream gender to account for specific gender needs and inequalities.

Addressing the needs of the poorest people and families

The National Assistance Board (NAB) provides shelter and home care to people in need, however it does not have a dedicated shelter service for homeless women, while women are served more than men in other NAB's programmes. The Home Care programme serves 987 people of which 662 (67%) are women and 325 (33%) are men, and the residential facility for people capable of independent living serves 19 females and 17 males. NAB also has a recreational activities programme with 450 beneficiaries, which are all females. However, this programme was suspended during the pandemic. While NAB has a shelter service for homeless men that hosts 34 clients, the same service is not offered to homeless women. Potential challenges behind the absence of a shelter service for homeless women should be identified and addressed to extend this service to women in need and scale up provision accordingly to respond to the increased need derived by the crisis.

Extended families where women and children are over-represented, are the poorest in Barbados and the most vulnerable to the economic effect of the crisis. While policies and programmes to address pre-crisis, disparities are not the remit of SRSP. Accounting for existing inequalities in the pre-crisis social protection system is crucial to assessing the vulnerabilities and coping capacity of individuals and households during the crisis. This will serve to enable the strengthening of assistance measures in response to the crisis in Barbados, and the strengthening of mechanisms to target and reach the most vulnerable, including large families with many children and /or dependents and people with disabilities. Some responses to the COVID-19 crisis introduced by the Government of Barbados have identified large families as the most vulnerable. The Adopt-Our-Families Household Survival Fund includes the presence of at least four children in the household as one of its identifying criteria. However, targeting mechanisms used to reach large families during the crisis need to be improved (see Box 4).

Box 4. Adopt-a-Family Programme. An assessment of the programme from the beneficiaries' point of view

Following interviews with four beneficiaries of the Adopt-a-Family Programme (AaFP), and in line with the framework developed for this study, the following aspects of the AaFP were assessed: accessibility and timeliness; adequacy and comparativeness; evidence-driven and accountability.

Accessibility and timeliness

Beneficiaries reported initially being unaware of the existence of AaFP or how to apply. They reported knowing about it from friends, their bank or an employee of the Ministry of People Empowerment and Elder Affairs. One reported hearing about the programme on the radio. Limited awareness of the existence of the programme may impede access to those that are in greater need.

Beneficiaries had to wait between 3 to 4 weeks before receiving AaFP benefits following assessment interviews and approval. For all of them, this has been a time of hardship in which they have tried to access other benefits and support from their network.

Adequacy and Comprehensiveness

For all the families that received AaFP support, the amount received was not enough to provide food and shelter for the family or provide for a similar lifestyle as the one they experienced before the crisis. They tried to find other support from alternative government benefits or from within their own network and tried to adjust their consumption behaviours to save as much as possible. The major constraints come from having to pay rent which is higher than the benefits or loans (e.g., students' loans) and mortgage. Most of the beneficiaries interviewed have no plans for how to cope when the AaFP comes to an end and they simply hope that there is an improvement in the economic situation of the country at that time. One beneficiary developed a contingency plan and constructed a makeshift chicken pen in her backyard, raising eggs for sale and for her own consumption.

Evidence-driven and accountability

The interview to assess eligibility is based on a self-assessment where people are asked whether anyone in their household receive any benefits (e.g., welfare grants, NIS), whether the household has arrears on water, electricity or natural gas bills, whether the household expenses are greater than the income, whether there is anyone in the household who has a disability or suffers from chronic disease(s), what is the condition of the house (e.g., in need of repairs, has running water and electricity, etc.), the number of adults and children in the household and other similar questions. The Ministry of People Empowerment and Elder Affairs has no way to validate responses and so persons could provide answers that are not necessarily the truth, but which could make them eligible to access benefits. Also, there is no shared database of beneficiaries for the different programmes across ministries, so there is no way to verify if a person who claims AaFP is receiving any other benefits.

It seems that being referred by someone that has contacts at the Ministry of People Empowerment and Elder Affairs facilitates the process of applying and being eligible for AaFP. In our case studies this happened once with a referral from the beneficiary's Bank to get eligibility for AaFP, once from a Pastor to receive a care package, once from an employee of the Ministry of People Empowerment and Elder Affairs to become eligible for AaFP, and once from a volunteer with the Household Mitigation Unit.

Subjective criteria, such as the appearance of people, the type of house they live in, or the neighbourhood where they live seem to influence access to AaFP. This is because eligibility criteria leave space for interpretation.

Source: Details on the case studies based on interviews with AaFP beneficiaries are in Annex 5.

Considering the specific vulnerability of extended families in Barbados, SRSP should provide health support and facilities, including clear guidelines to minimise the risk of contagion for large or extended families living in the same household.¹⁵⁶ Effective responses to the crisis should also account for the risk of gendered allocation of resources within the households, especially in the case of extended families, and the excessive costs associated with unnecessary household human capital restructuring (e.g., shifting from market production to expanded household production) which has been used as a coping strategy in the crisis.

The Welfare Department offers repayment of rent and utilities for households in need, both regularly or as a one-off. However, delivery mechanisms and adequacy may not be sufficient for the needs of households during the crisis (see Box 3). The impact of the lockdown on households' economy also leads to an inability to pay rent and utilities. Thus, special mitigation measures – beyond cash transfer to households – like temporary provision of subsidies to rental property owners, delinquent rent clemency periods, zero-interest rate bank loans and repayment schemes are needed.

¹⁵⁶ As seen in other countries, for instance guidance produced by the USA National Centre for Immunization and Respiratory Diseases (NCIRD).

The Welfare Department may also consider mechanisms for rapid onboarding of temporary administrative staff to deal with a surge capacity in institutions, allowing them to process safety net transfers and service provision. This would address the shortage of staff to adequately meet the needs of recipients and the lack of human resource assistance required to process cases promptly. The Welfare Department should explore possible collaboration with NGOs and CSOs to assist this (e.g., Red Cross Society).

The programmes of the Welfare Department, which includes Food Vouchers, Cash Grants, Payment of Rent and Utilities, and Educational Assistance, benefited women and girls more than men and boys. The total number of targeted beneficiaries in September 2020 was 8,272 of which 5,531 were females and 2,741 were males. The beneficiaries reached were however 9,662, almost 3 percent of the population of Barbados. This means that roughly 67 percent of beneficiaries of the Welfare Department are women. The Cash Grants, which is the biggest component of the Welfare Department benefits, also reached more women and girls than men and boys as shown in Table 7. The only Grants that reached more males than females are the grants to those aged over 65 in NIS and the grants to children who are under 16 years old, except for a few special cases.

Table 7. People receiving cash grants from the Welfare Department as of September 2020, by gender

	Male	Female	Totals
People with high disability ¹	451	524	975
People with low disability ²	127	140	267
Disabled People Aged 55 to 66 years old	285	511	796
Able Bodied Adult	100	750	850
Special Case ⁴	57	88	145
Those aged over 65 (No NIS candidates)	183	168	351
Child aged under 16	1,012	942	1,954
Child aged under 16 with a Special Case ⁴	15	18	33
Severely Disabled People ³	19	31	50
Children aged over 16 at School	91	137	228
Children aged over 16 with a Special Case ⁴	3	1	4
Those aged over 65 (Special Case) ⁴	1	1	2
TOTAL	2,344	3,311	5,655

Source: Welfare Department, February 2021. Notes: ¹ People who can hold jobs; ² People who cannot work; ³ Someone who is bedridden and in need of a caretaker; ⁴ People who are HIV positive.

Supporting single parents

Single parents, which in Barbados are largely women, should receive special attention in the response to the crisis as they face several specific risks and might be disproportionately affected. First, the partial or full closure of schools and the ECEC posed a tremendous challenge to single parents who had to juggle combining home-schooling with other forms of care and work, either at home or outside the home. Being often the single earners, opting for a reduction in working hours is less of an option for single parents than it is for dual-income couples. Second, becoming unemployed is far more consequential for single parents than for dual-income couples. Moreover, single parents are more likely to work in part-time and /or informal employment, especially single mothers, and are at a higher risk of becoming unemployed or not meeting the eligibility criteria for unemployment benefits. Third, potential risks pertain to how COVID-19 and the related restrictions affect parenting for single parents.¹⁵⁷ For instance, in the Netherlands supermarkets only allowed in people who were unaccompanied, refusing single parents who brought their children for whom they did not have care.¹⁵⁸

While many single parents, especially mothers, were receiving government support before the crisis in Barbados, single parents should receive additional support to cope with the specific challenges they face because of the COVID-19 pandemic. According to the 2016 BSLC, over 60 percent of single mothers in Barbados receive support either from government grants, or maintenance, or alimony, while less than 10 percent of households with both parents receive support.¹⁵⁹ However, no new measures have been

¹⁵⁷ European Parliament (2020). The situation of single parents in the EU. Study Requested by the FEMM committee, Policy Department for Citizens' Rights and Constitutional Affairs Directorate-General for Internal Policies, November 2020. Retrieved on 22nd March 2020 from:

[https://www.europarl.europa.eu/RegData/etudes/STUD/2020/659870/IPOL_STU\(2020\)659870_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2020/659870/IPOL_STU(2020)659870_EN.pdf)

¹⁵⁸ Fisher, J., J.C. Lanullaire, R. Lawthom, R. Nieuwenhus, R.J. Petts, K. Runswick-Cole, and M.A. Yerkes (2002). Community, Work and Family in times of COVID-19, Community, Work & Family, Vol, 23, No. 3 May 26, 2020 pp247-252.

¹⁵⁹ UNDP, UNICEF, and UN Women Eastern Caribbean (2020). Barbados: COVID-19 Macroeconomic and Human Impact Assessment Data. Retrieved on 28th November 2020 from:

https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/human_and_economic_assessment_of_impact_heat_-_barbados.pdf

introduced to support single parents living with their children in Barbados since the start of the pandemic.¹⁶⁰

Good practices adopted in other countries in support of single parents can be assessed and adopted if they are suitable for the Barbadian context. Measures that can be considered to support single parents include offering better financial support or /and better access to financial support for single parents who have to take time off work to care for children at home because of schools /ECEC closures or childcare settings due to COVID-19; access to flexible and affordable childcare should be prioritised for single parents who work. For instance, Austria and Belgium implemented and facilitated access to, child support payment for single parents, and other European countries provided compensation for parents who cannot work due to the closure of childcare services and schools (e.g., Germany, The Czech Republic, Lithuania).¹⁶¹

Sustaining the tourism sector

The most important initiative implemented in Barbados to sustain the tourism sector is the BEST Programme. As of February 2021, BEST received and approved slightly more applications from male managers than from female managers. As of February 2021, BEST received 56 applications, of which 47 percent of the managers named as the main contact person are women. 32 businesses have been approved, of which 44 percent have a female manager listed as their main contact.¹⁶² Despite not reaching gender parity in the number of managers who applied and who were approved for the BEST programme, the figures are close to parity and in line with the statistics on women in managerial positions in Barbados.¹⁶³ Also, as of February 2021, out of a total of 1,663 re-engaged employees under the BEST programme, 56 percent are women.

As women are over-represented in the tourism sector, and more severely affected from the effect of the crisis, it is worth exploring why more male than female managers applied, and were approved, to join BEST. A possible explanation is that fewer women than men cover managerial positions in the tourism sector in Barbados, which could explain why fewer female managers than male managers applied to join the programme. More female employees were however re-engaged under the BEST programme compared to men. Another possible explanation is that female managers face more barriers in applying to the programme (e.g., they are not adequately skilled to write viable business proposals) than male managers. This would be consistent with the fact that the female-male gap is higher for approved applications than the submitted ones (i.e., the applications received from female managers are more likely to be rejected). Finally, the gender gap in applications and approvals may be due to different gender preferences or existing /perceived forms of gender discrimination (e.g., women are more risk-averse and prefer not to apply, or males are favoured because they are considered more adept at the role). Unfortunately, there is no data to support these hypotheses.

SADD data on the tourism sector is crucial to understanding the different vulnerabilities of men and women who work within the sector and will highlight how to address their specific needs. This will contribute to

¹⁶⁰ The pre-assessment to define the criteria for eligibility of the Adopt-a-Family Programme (AaFP) member programme includes, also a question on whether the family is a single parent family. However, a clear method on who to prioritise the different vulnerabilities has not been used. Indeed, the AaFP reached some single mothers. Annex 5 presents a case study.

¹⁶¹ European Parliament (2020). The situation of single parents in the EU. Study Requested by the FEMM committee, Policy Department for Citizens' Rights and Constitutional Affairs Directorate-General for Internal Policies, November 2020. Retrieved on 22nd March 2020 from: [https://www.europarl.europa.eu/RegData/etudes/STUD/2020/659870/IPOL_STU\(2020\)659870_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2020/659870/IPOL_STU(2020)659870_EN.pdf)

¹⁶² BEST programme does not collect information on the gender of the owner of the business so gender specific analysis can only be conducted based on the gender of the manager as the main contact, which is deduced from the name of the applicants.

¹⁶³ The Female share of employment in managerial positions in Barbados was 45.9% in 2019 (SDG indicator 5.5.2 - Data downloaded from ILOSTAT. Last update on 07FEB21).

making the response to the crisis, including via BEST, more effective and inclusive. BEST managers should continue to collect and analyse gender-disaggregated data to address the different needs of men and women across the sector whilst they also assess the effectiveness of the programme. Gender should be mainstreamed in all phases of the programme to ensure that existing gender-gaps (e.g., in access to services, resources, credit and skills) are considered deeply, are not perpetuated and they do not hamper equal access to the programme for both genders. A gendered approach to the programme should also consider any legislation, regulation, norms, practices, and beliefs that may discriminate against women. For example, the 2016 CDB Gender Assessment on Barbados notes that female farmers perceive, based on other women's experience, that credit would not be granted to women applying for it without a male partner or colleague.¹⁶⁴

In light of the existing gender-gaps in the labour market in general, and the tourism sector in particular, **it is crucial to develop support services that ensure equal access to BEST and other SRSP measures which remove any obstacles that contribute to existing gender gaps.** These services may include support for individuals to comply with application requirements and to gain an in-depth understanding of the conditions offered by the BEST. Support services may be tailored to the needs and vulnerability of women. For instance, the IDB telephone survey, conducted in June 2020 to measure financial literacy in Barbados, found significant gender differences in financial literacy, with men scoring higher compared to women. The study also found that financial literacy correlates with an ability to withstand the hardship of the pandemic. This suggests that people, namely women and less educated people, who have lower financial literacy have a lower capacity to endure the crisis. BEST is primarily considered a last resort option for businesses that cannot pay severances to their employees, especially those with long-term relationships with their employees (e.g., longer than 10 years) and high severance settlements in case of employee lay-offs (see Boxes 5 and 6).

From interviews with a sample of BEST's beneficiaries, the need for increasing the clarity in the conditions of the programmes emerged. To improve the implementation and accessibility of BEST, it is recommended that the clarity of the conditions of BEST are enhanced by using plain and non-technical language and ensuring that companies have the right bargaining power in negotiating with BEST, and access to technical and legal support. This can be done through sectoral trade unions or associations such as the *Barbados Hotel and Tourism Association*. It is also crucial to improve communication and information sharing between BEST management staff, business managers and employees. Networks among businesses in the sectors, or social media groups, may be helpful in this direction. As for the employees of companies who join BEST, they should have the ability to personalise their training activities by choosing a set of courses that suit their needs and align these with their professional aspirations among the mandatory options. Flexible working time can also help combine work and training alongside family responsibilities.

The National Transformation Initiative's (NTI) learning activities play a critical role in supporting the delivery of the BEST programme by providing training activities to both business managers and employees in the tourism sector. The NTI was not established in response to COVID-19 but to serve the *Barbados Economic Recovery and Transformation* (BERT) programme as part of the country's programme with the International Monetary Fund (IMF). Because of COVID-19, NTI has been engaged in creating e-courses and online content for eLearning and experiential learning. NTI, which has over 8,000 users, has also responded to immediate needs for training in relation to new roles, as Barbados functions in the COVID-19 environment and where many people have lost their jobs and are looking to retrain and reskill.

¹⁶⁴ Caribbean Development Bank (2016). Country Gender Assessment Barbados. Prepared by Caroline F. Allen and Juliette Maughan, RAWWIDA BAKSH and Associates, January 2016.

As part of its response to the COVID-19 pandemic, the NTI will help companies prepare tourism-specific training plans and meet the cost of NTI sourced training under the BEST programme. Unfortunately, the NTI did not collect information on the gender of participants undertaking training activities at the time of their registration, thus data on participants broken down by gender is not available. However, gender-disaggregated data is available for the *ILO Employability Project Manager* training, which was mounted by ILO in partnership with the government, through the Ministry of Labour. Participants had to meet stipulated criteria including being under 60 years old. Table 8 shows that for the ILO Employability Project Manager training, both participation rates and completion rates were higher for women than for men.

Table 8. ILO Employability Project Manager training. Completed and earned certificates/participants, by gender

Sex	Online Safety	Citizenship	Core Skills	Entrepreneurship	Occupational Safety and Health
Men	23/26	4/4	20/22	11/16	15/29
Women	97/139	8/10	84/101	43/93	62/103

Source: NTI on ILO users only - not existing NTI General users. There is no time limit for these courses. Other courses with live sessions with tutors will have timelines for completion.

Box 5. BEST programme through a manager's lens: between hopes and fears

The BEST Programme is a complex and ambitious plan that aims to save the tourism sector from the dramatic consequences of the crisis while simultaneously transforming and upgrading it. The legal documents were available when the programme was formally launched in October 2020, but applicants were given additional time to review them. To facilitate the businesses who could not wait until the formal process was completed, from October 2020 to February 2021, BEST started to pay 80 percent of pre-crisis salary values of employees for companies who were approved for the plan, while the technical and legal aspects were being finalized.

A plan for hopes

- The managers appreciated the BEST disbursement before completion of negotiations, in order to protect jobs.
- The BEST Plan enables the retention of employees without the need for paying severance. This is crucial for companies who have long serving employees (e.g., those who have been employed more than 10 or even 20 years), as hiring people with the same skills would have been extremely difficult and severance payments would be too high, meaning they would be unlikely to be paid.
- The BEST Plan is recognised as a great opportunity to upgrade employees' skills and transform and modernize the business to improve efficiency and productivity for when business resumes. Managers joined the programme with great hope and enthusiasm, proposing transformative and innovative investments to sustain their employees and upgrade their business.

A plan with fears

- Having received support to pay salaries to employees before signing the contract with BEST, company managers do not know what would happen if they decided they would no longer participate in the programme. Managers expressed the fear that they will have no alternative to signing the plan as they will not be able to repay the loan. This is compounded if the unexpected worsening of the pandemic and the unpredictability of future reopening of the sector are considered.
- Legal clauses are complex, and the language is technical and not straightforward for company managers to understand. One manager who was interviewed expressed difficulty in understanding how the Preference Shares work and related voting rights.
- A further source of fear for managers is that in joining the BEST Plan, both the BEST Preference Shares and the company severance liabilities will rise, with no guarantee when the company would be back in business and whether it will be able to pay.
- The manager interviewed believes that Preference Shares are unattractive and large companies will not participate. The belief is that loans to small businesses would have been better. Significant changes to the terms of the Preference Shares have been made recently in response to feedback from the *Barbados Hotel and Tourism Association* (BHTA), to make them more attractive.
- An employee of a hotel said that their manager signed the BEST plan as a last resort because the company could not lay-off employees as they had used all their unemployment benefits in 2020 and had not made the required contributions to gain further benefits. An employee of another company said that their manager was forced to join the programme to sustain the company and its employees, but if more could have been done, they would have avoided signing up.

Recommendations

- Improve the clarity of BEST conditions using easily understood non-technical language.
- Ensure that companies have the right bargaining power in negotiations with BEST, that their interests are well-represented and that they receive the much needed technical and legal support. This role can be undertaken by a sectoral trade union or an association, such as the BHTA.
- Facilitate the creation of knowledge sharing and networking among companies and employees that join the BEST programme.

Box 6. The BEST Plan through an employees' lens

The BEST plan aims to re-engage workers in the tourism sector, reducing the need for severance and promoting the up skilling of workers. The training component of the programme offers an opportunity to upgrade women's skills to close the gender pay gap across the sector.

Opportunities

- Employees found that the courses offered were in areas of interest to them and saw them as an opportunity to upgrade their skills.
- The employees interviewed consider the training courses were of good quality and they appreciated that the courses were self-paced. In one company, employees were allowed to access the online courses during work downtime. An employee of another company was required to commence an online course as work hours during the February 3-17 national shut down.
- Other employees who were interviewed expressed particular interest in a range of courses including: Entrepreneurship, Citizenship, Financial Management and Marketing.

Challenges

- The two interviewed employees of businesses under the BEST programme reported having limited and unclear information about the programme. For instance, one employee was unsure as to whether she could work 80 percent of her previous contract time given that she would have been paid only 80 percent of the salary in December 2019. The other employee was unclear on whether the Government was leading the business under the programme, whether the certification received after training was accredited or if she would only gain a certificate of participation upon completion.
- The reduction of salary to 80 percent of the original salary in December 2019 is a real burden for employees who must reduce their spending and survive on an already stretched budget.
- An interviewee reported that employees are required to complete fourteen mandatory courses with the option of completing additional courses. He said that most of his colleagues were unenthusiastic about having to complete the mandatory courses, however, he completed the fourteen courses and signed up for an additional one. His colleagues are in the process of completing the courses.
- One employee reported that he would have appreciated if some of the mandatory courses could have been chosen from several options, to give him the opportunity of selecting courses relevant to his profession or an area of interest.

Recommendations

- Improve communication and information sharing between BEST, business managers and employees;
- Offer employees the possibility to personalise their training activities by choosing a set of courses from a mandatory list which suit their needs and fit with their professional aspirations;
- Offer flexible working time to employees, to the extent possible, to help them combine work and training commitments as well as coping with family responsibilities and care burden they may have, which may have worsened due to the crisis.

Safety net for people in informal employment

Social protection responses to COVID-19 should target people working in the hardest-hit jobs impacted by the pandemic, especially if they are in informal employment. In doing so, they will, in most cases, protect women. While NIS unemployment benefits have supported many workers during the pandemic, others may have been left without cover due to the eligibility criteria which relate to the required contributions. To receive unemployment benefits, employees were required to contribute to NIS for at least one year. In response to the COVID-19 pandemic, NIS also gave benefits of BBD \$1,500 for three months from April 2020 to self-employed people, subject to them having paid contributions in the first quarter of 2020. Considering the hardships caused by the pandemic, the eligibility criteria could have been revised and made less stringent (e.g., providing benefits proportional to the contributions made even if an individual has not contributed for the previous entire year). Box 7 pictures a case study of a family with two potential beneficiaries who did not receive NIS benefits because they did not meet the contribution requirements.

Box 7. NIS Unemployment benefits for employees and self-employed. A case study.

An interview with potential NIS beneficiaries shows that eligibility criteria may have left several workers without cover who had not made their contributions to the NIS according to eligibility requirements.

F.A. is a 40-year-old who is self-employed in her own spa, with 80 percent of her income derived from tourism. F.A. is a single mother who lives with her three children: an 18-year-old male student, a 19-year-old female who is unemployed and a 22-year-old female who is also unemployed.

Being self-employed F.A. did not qualify for NIS benefits, and is also not eligible for the NIS benefits to self-employed (e.g., BBD \$1,500 for three months from April 2020) as she only made contributions for her employees and not for herself. She did not gain access to any funds from the various programmes designed to assist self-employed people. F.A.'s 19-year-old daughter, who is also unemployed, was working for less than a year before becoming unemployed, so she did not qualify for NIS either. F.A.'s older daughter, was working for an employer who paid her contributions to NIS for two years, but she was laid-off because of the COVID-19 pandemic. She is the only member of the family receiving unemployment benefit of BBD \$750 monthly. This is the income that the four-adult household has access to, except for a few times where they received food vouchers for BBD \$100. F.A has been unable to pay her monthly rent of BBD \$900 due to the current economic situation.

Protecting care and domestic workers

The measures implemented by the NAB to protect care workers during the pandemic have benefitted women more than men. The National Assistance Board provided Personal Protective Equipment (PPE) and training to all its workers, and data shows that of the 218 care workers at the National Assistance Board, 201 are women and only 17 are men. Women are over-represented in all roles especially among the caregivers, administrative and supervisory staff, where the female share is 94 percent compared with Ancillary Staff where the female share is 60 percent.

Gender mainstreaming is also needed in the feminised sector because the hierarchical structure and social norms may limit women's decision-making power and access to resources, hampering the benefits of SRSP. The NAB does not target women for any of its measures neither do they mainstream gender in their design, implementation, and evaluation. Still, global literature points to the need for mainstreaming gender even

in sectors that are highly feminised, such as the care and health sectors, because they are typically characterised by a hierarchical structure in which a few men may undermine women's perspective and leave them with lower protection. In the immediate response to the crisis, mechanisms must be put in place to ensure that resources reach all equally (e.g., delivery mechanisms and accountability). In the longer term, GTA will be needed to address the root causes of gender inequality.

Care workers in the private sector, who are largely women, are often in informal employment and at risk of receiving little protection against the contagion and they typically have no social protection in case of job losses. While care workers at the NAB are represented by trade unions, those in the private sector are at higher risk of working in the informal sector with very little access to social protection. Unfortunately, the lack of data on the sector limits the possibility of gender analysis, but measures that aim to protect the vulnerability of informal workers in times of crisis will most likely also be beneficial for a significant proportion of workers in the care sector.

Helping boys and girls who are out of school

The Government of Barbados should respond to the disruption of children's education by designing catch-up programmes and classes tailored to the needs of girls and boys.¹⁶⁵ Social protection programmes such as conditional cash transfers have proven to be effective in helping families to send children to school and these can be adopted to encourage families to send children back to school upon the termination of confinement. Measures specifically targeted at girls, such as empowerment programmes for adolescent girls can be adopted to keep girls in education.¹⁶⁶ Programmes that support the risk of boys falling behind in education should also be implemented.

The Government of Barbados has put in place services to support connectivity and provide alternative methods of teaching and materials to support teachers in response to the impact of the COVID-19 crisis and lockdown. The Ministry of Education, Technological & Vocational Training (METVT) estimated that about 6,500 devices were needed to ensure that all students had access to online platforms. The connectivity gap was also partly overcome with radio and TV programmes, as well as physical material contents which were distributed to students.¹⁶⁷ The METVT created a manual and videos to guide teachers and parents¹⁶⁸ on the use of new technologies in teaching and learning, and teachers were trained to offer distance learning. It is key that the training and methods used are not outdated and leave no one behind. Schools reopened at the end of September, although some schools were temporarily closed again due to cases of COVID-19 being identified among students.

The Government of Barbados should consider measures to guarantee the continuity of the School Feeding Programme (SFPs), at least for families in extreme poverty and those with many children. Indeed, the confinement measures have placed a strain on the consumption levels of households with children used to have a daily meal at school (see Box 4). As discussed earlier, this may have gender effects in the allocation of resources within the household as women tend to act as a 'shock absorber' to allow for more consumption for other household members (e.g., children). While measures such as care packages and the food vouchers introduced in the aftermath of the crisis by the Government of Barbados addressed the immediate needs of the poorest families, they did not offer the same continuity and coverage of the SFP. Moreover, the cost to the Government to maintain the caseload in terms of food baskets would not vary,

¹⁶⁵ USAID & UNICEF (2020). The socioeconomic impact of COVID-19 on children and young people in the Eastern Caribbean Area. April 2020.

¹⁶⁶ World Bank (2020). Gender dimensions of the COVID-19 pandemic. Policy Note. 16th April 2020.

¹⁶⁷ *Ibid*

¹⁶⁸ <https://socialdigital.iadb.org/en/covid-19/education/regional-response/6132>

although the cost implications of adjusting logistics and distribution to respect social distancing and movement restrictions may raise both financial and operational supply chain capacity issues. Still, some countries have proven that ensuring continuity of SFP during school closure can be successfully achieved during the COVID-19 pandemic. Despite school closures and distance learning, the school-based feeding programme in the Philippines, for instance, has been maintained and some 3.5 million students received nutritious food products in 2020.¹⁶⁹

Supporting families with children in ECEC and school-age

The partial or total closure of schools directly affects children and their parents or caregivers, exposing them to unprecedented challenges and further straining family coping mechanisms. Children and families are also suffering large scale disruption in basic social services and safe social interactions. Parents and caregivers – who are largely women - have experienced a dramatic increase in the burden of childcare and domestic work combined with increased complexity in managing their paid work due to the pandemic. Stay-at-home orders have resulted in family members staying at home for a long time, sometimes in crowded spaces, often adhering to a request to work from home while taking care of children. When home working was not allowed, parents and caregivers had to find an alternative to schools and ECEC to look after their children. The level of difficulty and stress derived by these challenges has an important effect on parents’ physical and mental health and in the worst cases this can increase the risk of violence, typically against women and children.

While the Government of Barbados has introduced some measures in response to the crisis that targeted families with children, more effort is needed to address the unprecedented risk that parents and children are facing during the pandemic. The Adopt-a-Family programme responds to the need of providing income support to the poorest families and includes among the eligibility criteria the presence of four or more children in the household. However, both targeting, and adequacy can be improved (see Box 4). Other SRSP measures that should be considered to support households with children include engaging, and if necessary upskilling frontline workers (teachers, health workers, social workers, hotline workers, community workers) to offer psychological and social support for children and their families; provide parenting advice and support to prevent child abuse and parental stress, via national radio and social media platforms, prepare child protection guidance in collaboration with CSOs, continue to work in collaboration with the Ministry of Education to develop guidelines for safe school operations and the delivery of education through online platforms and support with connectivity for families in need, including the provision of devices.¹⁷⁰

5.3 Women's political representation

When in power, women have shown greater effectiveness in managing the COVID-19 crisis. Still, globally their voice is listened to less than that of men during the pandemic. Women are Heads of State and Government in only 21 countries worldwide, but their leadership in relation to the pandemic response has been recognised as being rapid and effective, as well as the transparent and compassionate communication of fact-based public health information.¹⁷¹ Globally, women are also underrepresented in decision-making forums and in committees of experts created to deal with the health and socioeconomic effects of the crisis. They have a lower opportunity to express their opinion and being listened to: only one woman for

¹⁶⁹ “3 million students benefitted from school feeding program in 2020: DepEd”. *ABS CBN News*. 15th February 2021. Retrieved on 10 March 2021.

¹⁷⁰ UNICEF (2020). Impact of COVID-19 on Children and Families in the Eastern Caribbean Area.

¹⁷¹ UN Women (2020). Covid-19 and Women's leadership: from effective response to building back better.

every three men is quoted in the media speaking about the pandemic.¹⁷² Pathways to strengthen women's leadership and participation in the COVID-19 response and recovery include ensuring that decision-making bodies are gender-balanced, harnessing existing gender equality among the institutions and mechanisms involved in the pandemic response, remove barriers to women's political participation, improve access to public information for women and their organisations, and include and support women and women's organisations in the response to the crisis.¹⁷³

Gender discriminatory practices and gender biases limit the capacity of women to influence the decision-making process concerning responses to the crisis and limit their opportunity to contribute to an effective and equitable recovery. Worldwide, women are under-represented in leadership roles across all sectors, thus in the fight against the pandemic, they have lower decision-making power than men as policymakers, business owners, health experts, scientists, and researchers. For instance, women represent 7.2 percent of Heads of State, 6.2 percent of Heads of Government, 21.3 percent of ministries and 24.7 percent of health ministries' members.¹⁷⁴ In general, women deliver global health while men lead it: women hold just 25 percent of senior roles in health institutions, only 20 percent of board chairs and 28 percent of executive positions of global health organisations.¹⁷⁵

As in other countries worldwide, in Barbados, there is an urgent need for increasing the active participation of women in the design of SRSP measures. Despite being one of the few countries in the world led by a woman as Prime Minister, Barbados has a lower representation of women than men in ministries and seats in the national parliament: women represent only a quarter of the ministers and only 30 percent of the seats in the national parliament are women. The Government of Barbados should create safe spaces for women and girls to express their voices; spaces in which different views converge and confront. In Barbados, there is the need to create opportunities for discussion among women with different experiences and backgrounds, including policymakers, women leaders, representatives of civil society organizations, and advocates of women's rights. Government institutions should be aware of the benefits of having these dialogues and create regular opportunities and dedicated bodies.

During the pandemic, it is key to hear the voice of women, as the debate on the COVID-19 crisis has often been dominated by men. In a time of crisis, there is a specific need to ensure pro-active measures that are regularly convened upon declaration of a state of emergency and /or for crisis management situations (e.g., women's task force, focus groups, etc.). In the longer term, these measures may be integrated into the social protection management system to create spaces of debate for women and guide the integration of a gender mainstreaming approach in policies and social protection system.

6. Conclusions and ways forward

The social protection system has been vital in supporting the population during the COVID-19 crisis. The Government of Barbados promptly introduced emergency measures such as cash and in-kind transfers and vouchers to buy food. Following the immediate urgency, the social protection response has been large and articulated including social assistance and social insurance measures as well as social services for the most vulnerable, and active and passive labour market policies. An array of policies and measures have been implemented to respond to different needs. Still, the interventions implemented missed a gendered

¹⁷² WGH 2020.

¹⁷³ UN Women (2020). Covid-19 and Women's leadership: from effective response to building back better.

¹⁷⁴ UN Women calculations based on IPU-UN Women 2020

¹⁷⁵ WHO (World Health Organization) 2019. Delivered by Women, Led by Men: A Gender and Equity Analysis of the Global Health and Social Workforce. Human Resources for Health Observer Series No. 24. Geneva: WHO.

approach and this is reflected in the type of measures introduced and in how they have been designed, implemented, and delivered.

More broadly, the analysis conducted as part of this study has shed light on the existence of three major weaknesses of the social protection management system of Barbados to facilitate an assessment of its adaptability and comprehensiveness, for example:

- **A lack of data collection, use, analysis, and dissemination.** The major aim of SRSP during the pandemic in Barbados has been to protect the most vulnerable. Still rigorous assessments of people and household vulnerabilities and studies on how the pandemic has affected different groups has not been put in place at the national level. Ministries engaged in the provision of these critical social protection interventions and by extension, the identification and registration of people who used on-demand emergency registration via helplines or application forms available on websites. Sometimes, this has been integrated with existing data from the social protection system such as data from routine beneficiary registries used by the Ministry of People Empowerment and Elder Affairs. On-demand identification and registration have rarely been used for the identification and registration of beneficiaries for routine programmes, mostly due to the need for these systems to simply identify those who apply. Countries that have followed this approach usually build on strong identification (ID) systems for authentication. Barbados is presently planning a roll out of its new National Digital ID cards on 3 May 2021, having previously piloted the programme in April.

From interviews with government stakeholders, it emerged that government institutions still operate on a paper basis with respect to data organisation and storage. This presents challenges by making data hard to access if it does exist. Currently, information on who receives benefits and their work status is not shared across ministries, thus SRSP benefits are provided based on an individual's self-assessment during the demand /application phase, institutions have no means to prove the veracity of the information provided or to verify if the beneficiary's employment status has changed (e.g., are re-employed) while they are claiming benefits (see Appendix 5). Interestingly, during the interviews when discussing the *criteria* used to identify someone's eligibility for social protection interventions, a stakeholder answered that an 'informed subjective' approach was used, referring to the fact that subjective decisions were made based on an individual's knowledge of the facts. While the assessment of the social protection system prior to the pandemic was not a part of this study, it is envisaged that the limited use of existing data from the social protection sector, or other government data, to identify beneficiaries (e.g., beneficiaries registries, ID and civil registration and vital statistics, tax and social insurance data) may result in weak population, and beneficiary, data management systems as well as contributing to a lack of data sharing across different government sectors (e.g., to cross-checking data).

- **A lack of gender mainstreaming and the predominance of gender-blind policies and programmes.** The gender-responsive assessment of the measures introduced in response to the COVID-19 crisis has shown that none of the 26 social protection interventions made use of a gender-mainstreaming strategy. In the interviews when discussing whether any gender consideration was taken in the programming, designing, implementation and delivery of the measures, the answer was often that the policy was targeted at the most vulnerable or it was universal and thus women could also benefit from it. The absence of any considerations related specifically to gender inequality and gender biases is reflected in the lack of disaggregated data, which in turn contributes to the low awareness of gender inequalities.
- **A lack of monitoring and evaluation and evidence-based policies.** No monitoring and evaluation processes are in place for any of the 26 interventions developed in response to the COVID-19

pandemic. While government institutions need to respond, for programme accountability, by regularly reporting on the use of resources, the monitoring and evaluation of programmes and interventions are not required to be reported. During the interview, a rapid impact assessment of interventions was mentioned but supporting documentation was not made available. While this indicated interest toward greater use of evidence in policy, it emerged from the interview that the rapid impact evaluation was conducted over a few days by an external consultant. Monitoring and evaluating the impact of programmes is key to improving their efficiency and effectiveness and will be of great importance in this and subsequent crises.

These weaknesses are structural, general, and they influence and feed each other. They are structural because they are not contingent on the current crisis, but rather, they pre-existed and co-existed in the social protection management system for a long time. The current pandemic has just put a spotlight on them. They are general because they are found stretching across people, roles, interventions, and tools which are used in social protection management systems. While the lack of data and evidence-based policies are not strictly related to the gender assessment, the only way to have efficient and effective gender-responsive policies is by strengthening the social protection management system to close the existing evidence gaps.

Considering all the previous evidence, the following recommendations are made:

Short term recommendations: Data collection and capacity assessment

- Based on the outcomes of this study and discussion about the gender gaps in the social protection response to COVID-19, it is essential to promote dialogue within government agencies, the Bureau of Gender Affairs (BGA) and other policy partners, including members of the Joint Programme, to enhance gendered social protection. This dialogue should result in the recognition of priorities and the development of an action plan to implement them. The strategy would have to include budgeting considerations and it must be based on a cost-effectiveness analysis.
- Generate more evidence on the severity of the crisis and the impact it has on different population groups, as well as improving the understanding of how to increase the effective targeting of social protection programmes so they can provide efficient and sustainable support to Barbados' citizens. Much can be done with administrative data and existing household and labour survey data to profile poor households and identify people who are at higher risk. New data collection efforts should prioritise accurate data collection that can be fully disaggregated by gender. Rapid-surveys and data collection methods can also be useful in times of crisis, even if phone and online surveys might be biased to those that have access to the technology. Most importantly, data needs to be analysed and interpreted through an approach that uses gender specific lens to support evidence-based policies.
- Realise a policy landscape analysis and a capacity assessment of the social protection ecosystem to mainstream gender across all social protection policies. This capacity assessment needs to provide a comprehensive perspective on the capacities needed to achieve a gender-responsive social protection system by providing an analysis of the gaps between the desired outcomes and the existing ones. The capacity assessment of the social protection system in Barbados can be realised with the support of UNDP, which has developed a *Capacity Assessment Framework* that builds on three dimensions: points of entry (i.e. enabling environment, organizations and individuals), core issues (i.e. institutional arrangements, leadership, knowledge, accountability) and technical

capacities (i.e. engage stakeholders, assess a situation to create a vision and mandate, formulate policies and strategies, budget management and implement, and evaluate).¹⁷⁶

- Create awareness of the need to adopt evidence-based policy (EBP) and conduct regular monitoring and evaluation. EBP proposes that policy decisions should be based on rigorous, established objective evidence in contrast to ideology, common sense, and personal biases. It goes beyond institutional effectiveness, transparency, and accountability, which are principles that guide good policy. Evidence hierarchies should assist decision-makers to assess what is the best available evidence e.g., systematic reviews of randomised control trials (RCTs), high-quality RCTs, systematic reviews of natural experiments and longitudinal studies, natural experiments, etc. Rigorous evaluations require both time and resources and may be difficult to be implemented in a time of crisis. However, innovative approaches and methods (e.g., telephone and online surveys) can be used in a time of crisis to respond to the urgent need for evidence. Still, standard monitoring and evaluation processes should be regularly adopted, including impact evaluation, to create knowledge and robust evidence, including on how to cope with a future crisis. Sharing knowledge mechanisms, for example among the OECS countries and through donor programmes, contributes to learning from the research and experience of other countries.
- Move to a digitally integrated social protection management system. An integrated system or one that is fully digital may happen gradually, however the Government should urgently start the process. A possible way to commence this is by piloting a unit, or programme, which has greater capacity and build on the experiences learned through that pilot to scale up to a longer term, solid, multi-year institutional change strategy which grows a systematic capacity across ministries and services. This is a key area of development where progress can facilitate gender mainstreaming and the systematic use of SADD as well as the adaptation of EBP.

Medium-long term recommendations: defining and implementing a national gender mainstreaming strategy.

- Articulate a solid, multi-year institutional change strategy that entails systematic capacity strengthening within the BGA and across the social protection system to institutionalise the gender agenda. There is a need for establishing clear roles, responsibilities, mandates, and accountability mechanisms for key governmental bodies, in *primis* the BGA, in the implementation of the gender agenda. Currently, the BGA is the assigned Government focal point for the implementation of gender mainstreaming and is mandated to integrate a gender perspective in all government development plans and policies.¹⁷⁷ Its leadership in the coordination of inter-agency efforts needs to be ensured and effective coordination mechanisms need to be implemented. One way to strengthen the BGA's leadership and coordination capacities is to place it under the political guidance of the highest possible level of Government (e.g., the Prime Minister's Office).

Gender objectives and targets should be integrated across several line ministers in the programmes for which they have a mandate and accountability. This implies that the BGA needs to engage in policy and resource advocacy, whilst strengthening its technical capacities across a range of sectors to support sectoral partners in mainstreaming gender within their portfolios. The BGA needs to develop an enabling profile to spearhead the gender agenda, but it will generally have to rely on partners to revise policies and programmes to implement it. A clear and realistic long-term strategy that acknowledges the roles, responsibilities, and spheres of influence of different players across

¹⁷⁶ UNDP (2008). Capacity Assessment. Practice Note. Retrieved on 23rd December 2020 from:

<https://www.undp.org/content/undp/en/home/librarypage/capacity-building/capacity-assessment-practice-note.html>

¹⁷⁷ ECLAC (2011). Barbados' Report to the Presiding Officers of the Regional Conference on Women and The Caribbean. Retrieved on 16th December 2020 from: <https://www.cepal.org/mujer/noticias/noticias/1/43711/Barbados.pdf>

the sector and one that also introduces initiatives to catalyse transformative social change in knowledge and behaviours will be essential. Securing sustainable financing to sustain institutionalisation of the gender agenda and gender budgeting across the board to designing and promoting Bureau-driven programming is also crucial.

- Based on the outcomes of the capacity assessment, there is a need to promote a long-term institutional capacity strengthening strategy supported by a package of interventions. These interventions should start with high-level advocacy to create recognition and demand for gender mainstreaming, followed by targeted efforts to create capacity in gender skills and competencies, and secure capacity retention, maintenance, and modernization.
- Ensure that the institutional capacity strengthening strategy utilizes a gender transformative approach (i.e., actively challenge gender norms, address power inequalities between genders and promote positions of social and political influence for women at all levels).
- Strengthen partnerships with development organisations, including UN bodies and donors. On gender knowledge and awareness, Barbados can largely benefit from the lessons learned at an international level. International organizations such as the UN and ECLAC can bring technical support to help the Barbadian Government in the definition and enforcement of its gender mainstreaming strategy.¹⁷⁸ Partnerships with international bodies and donors will also enhance Government responsibility and reputation on gender equality.
- Include gender mainstreaming across the cycle of national social protection programming and policies, which include:
 - Design: Perform a gender analysis by assessing the gender gaps related to the policy-landscape and collecting disaggregated data by gender;
 - Planning: Formulate objectives related to gender-based practices and analyse how gender gaps can impact the objectives of the programme;
 - Implementation: Ascertain if women are well represented among the beneficiaries;
 - Monitoring: Monitor activities with gender specific qualitative and quantitative indicators;
 - Evaluation: Evaluate the impact of the programme on gender equality and women and girls' empowerment.

¹⁷⁸ G. Hosein, T. Basdeo-Gobin and L. Rosa Gény (2020). "Gender mainstreaming in national sustainable development planning in the Caribbean". *Studies and Perspectives Series*. ECLAC Subregional Headquarters for the Caribbean, No. 87 (LC/TS.2020/2-LC/CAR/TS.2019/10). Santiago: Economic Commission for Latin America and the Caribbean (ECLAC).

Annex 1. Examples of the types of interventions by social protection components

Social assistance (non-contributory schemes):

- Emergency cash transfers
- Emergency in-kind transfers
- Subsidies (food, housing, utilities, loans, credit)
- Conditional cash transfers
- Public works (cash for work or food for work)
- School feeding programmes
- Conditional in-kind transfers
- Non-contributory health insurance
- Fee waivers for basic health and education services
- Subsidies for food, fuel, etc.

Social care services:

- Health and care services for the most vulnerable
- Services for victims of violence, abuse, and exploitation
- Services for people facing discrimination and social exclusion

Social insurance (contributory schemes)

- Contributory unemployment benefits
- Health insurance
- Severance pay or other wage benefits
- Sick leave /maternity and parental leave
- Support in case of injury, disability, death of spouse /partner
- Contributory pensions
- Support in case of shocks affecting livestock /crops

Labour market programmes:

- Employment protection
 - Wage subsidy (in the context of contract suspension, reduction in working hours and /or sick leave)
 - Lowering /deferring social security contributions (wage workers and their employers)
 - Subsidized credit for payroll
- For affected workers
 - Waiving /deferring rent /loan payments
 - Childcare for support workers who need to work during the lockdown
- For self-employed
 - Lowering /deferring social security contributions
 - Subsidized credit
 - Waiving /deferring rent payment, deferring loan payments
 - Cash support to keep business
- Others
 - Training
 - Others

Annex 2. List of stakeholders interviewed

Interviews with Government representatives, CSOs and development partners

- Mr Andrew Pollard, Coordinator at the Ministry of People Empowerment and Elder Affairs;
- Mrs Sherland Turton, Administrative Officer of the Ministry of People Empowerment and Elder Affairs;
- Ms Deborah Norville and Mrs Lorraine Willett, CWO and DCWO at the Welfare Department of the Ministry of People Empowerment and Elder Affairs;
- Mrs Nicole Daniel, Project Coordinator at SHSD of the Ministry of People Empowerment and Elder Affairs;
- Mrs Patricia Boyce, Director of the Bureau of Gender Affairs at the Ministry of People Empowerment and Elder Affairs;
- Ms Marsha Hinds-Layne, President of the National Organisation of Women;
- Ms Sherma Evelyn, Business Manager of the Salvation Army;
- Mr Colleen Walcott, Assistant Director of the National Assistance Board;
- Mr Wayne Nurse, Director of the National Disabilities Unit;
- Ms Nicole Taylor, Chairman of the Oversight Committee of the BEST Programme, Deputy Permanent Secretary from the Ministry of Tourism and International Transport;
- Mr Andrew Brathwaite, Project Leader of the BEST Programme, Ministry of Tourism, and International Transport;
- Dr Allyson I. Leacock, Director of the National Transformation Initiative.
- Ms Marie-Christina Dankmeyer, Former Social Policy Specialist at the UNICEF Office for the Eastern Caribbean Area

Interviews with programme beneficiaries

- **BEST:** Female manager of a business in the BEST programme
- **BEST:** Male employee of a business in the BEST programme
- **BEST:** Female employee of one of the hotels in the BEST programme
- **AaFP:** a 41-year-old single mother with 8 children living in a wooden four-bedroom structure in need of repairs. She used to work as a cleaner but lost her job because of COVID-19
- **AaFP:** 44-year-old single mother of 5 children with little secondary education living in a dwelling paying BBD \$ 700 monthly. She is employed as a cleaner working 3 hours per day for three days a week at a wage of BBD \$ 150. She receives no support from the fathers of her children.
- **AaFP:** 57-year-old married woman residing with her husband, her daughter with a disability, and three grandchildren. She previously worked as a Human Resource officer and her husband as a carpenter in a Government agency. They both lost their job because of COVID-19 and have a mortgage to pay for their house.
- **AaFP:** 37-year-old unemployed single mother. Previously a legal secretary. Residing with her 12-year-old daughter, elderly mother, and father. She depends solely on the assistance of her aunt who resides in the USA, who also became unemployed because of COVID-19.
- **AaFP:** 45-year-old Barbadian woman separated and residing with her four children, one of whom is adopted. She is an unemployed Hairdresser with little income from her estranged husband for the care of their children.
- **Welfare Department Food Vouchers:** 52-year-old male who is a conductor of a mini-bus. He lives with his wife, four children ages 12-20 and his mother age 66.

- **Welfare Department Food Vouchers:** a 42-year-old single male who is an ex-offender who served over one year in prison in Barbados. He lives with his partner and has a 6-year-old son who resides in the USA and a 14-year-old daughter living in Barbados.
- **NIS:** 40-year-old who works as self-employed in her own Spa, which relies 80 percent on tourism. F.A. is a single mother who lives with her three children: an 18-year-old male student, a 19-year-old female unemployed and a 22-year-old female unemployed.

Annex 3. Database of social protection response to COVID-19 in Barbados

Social Assistance measures in response to the COVID-19 crisis

Care Packages

The Care Packages is an in-kind support programme that provided 4,000 care packages, comprising of a 14-day supply of basic food and sanitary items, to vulnerable groups, such as the elderly, persons with disabilities, the impoverished in communities and sex workers. This was a new and one-off programme, relying on both governmental and private sector support, and implemented at the end of March 2020. The government support of this programme ended in June 2020, but private donations and distributions are still in place. This policy relied on a budget of BBD \$500,000 from the Barbadian State and additional private donations. The programme should have reached 4,000 households, even if some households may have received care packages twice. Monitoring data is not available to identify beneficiaries reached by this programme. This policy has been designed as a prompt measure in the aftermath of the pandemic, although the impact of the crisis is expected to continue over time. The distribution of care packages was organised at the local level through local NGOs, churches and elected representatives who have a greater knowledge of local community needs. With the increase in COVID-19 cases and a new curfew in place at the beginning of 2021, the Government distributed 60,000 new care packages in February 2021.

Food vouchers

Since April 2020, the Welfare Department has issued on average more than 1,500 Food Vouchers of BBD \$300 each month to the poor and vulnerable in Barbados which can be used in supermarkets to buy food and pay household bills such as electricity. The recipients of the National Assistance programme automatically receive their cheques in addition to other benefits. The Welfare Department extended the approval for the recipients of national assistance grants until 2022. This initiative has also been supported by the private sector through foundations and corporations, such as the Sandy Lane Charitable Trust, which supported the distribution of 90,000 vouchers since the beginning of the pandemic and planned a total donation of vouchers worth BBD \$6 million until the end of 2020.

Welfare Support

Welfare Support is a 'survival' stimulus package to provide critical assistance to people impacted by the COVID-19 crisis. The programme is a vertical expansion of existing Cash Grants consisting of an increase of 40 percent in the Cash Grants paid by the Welfare Department to its recipients. The policy was introduced on 1st April 2020 and will continue until 2022. Although initiated at the outset of the pandemic, the vertical expansion was approved before the real hit of COVID-19, to improve the adequacy of Cash Grants towards the cost of living. The Welfare Department allocated BBD \$31.820 million in grants to individuals, of which BBD \$25 million are Cash Grants. In September 2020, the Welfare Department planned to reach, with at least one of its programmes (food vouchers, cash grants, rent and utilities), 8,372 beneficiaries, of which 2,841 are male and 5,531 are female, but instead reached 9,662 beneficiaries (about 3% of the total population).

Adopt-Our-Families Household Survival Fund

The Household Survival Programme for Needy Families assists 3,490 vulnerable families (i.e., families with not enough sources of income with several children under 21 and other dependants) identified by the Ministry of People Empowerment and Elder Affairs (MPEA) and the Household Mitigation Unit (HMU) with

monthly payments of BBD \$600. The first cohort of 500 beneficiaries started benefiting from the programme in April 2020. The 500 most vulnerable households were identified through a study commissioned by the Office of the Prime Minister at the beginning of the pandemic, by considering four criteria: household income, expenditure, and social benefits; health and wellness; housing conditions; and household composition.

An additional cohort of 2,990 households was reached in July 2020. Households are in the Household Mitigation Unit database or identified through calls to the COVID-19 helpline where they were subject to a rapid assessment via a telephone interview to assess eligibility for the programme. Criteria for eligibility included being a large household (four or more children in the household) and not being in receipt of any other social benefits.

The total budget allocated for this programme is BBD \$10 million. The programme, a new and ad-hoc cash-transfer introduced in April 2020 in response to COVID-19, was initially planned to last 3 months. It has been repeated twice in 2020, each time for 3 months, covering the beneficiaries until December 2020 for the first cohort, and March 2021 for the second one. A rapid impact assessment of the programme recommended extending the programme in the medium-term, to cover the population's needs.

Adopt a Family Programme

The Adopt a Family Programme is a new initiative of the Government that asks private sector companies with an income of more than BBD \$100,000 annually (over 5,200 companies) to adopt a vulnerable family, providing up to BBD \$600 per month to the Adopt-Our-Families Household Survival Fund for families in need. The Fund, which was announced in mid-March 2020 was intended to last for between three and six months.

Homes for All Programme

Homes for All Programme is a new programme to support poor households. It draws on BBD \$50 million (US \$24.7 million) from the Housing Credit Fund to unlock a further BBD \$200 million (US \$99 million) from banks to assist 1,000 low-income households in constructing and owning affordable housing. The objective is to enable low-income households to offer collateral for a construction mortgage so they can own their own homes. The project targets households with an income of BBD \$4,000 per month.

Payment moratorium

A six-month payment moratorium on all existing loans and mortgages was offered to people and businesses who are directly affected and impacted by COVID-19. People must go to their bank and work out arrangements to access those programmes.

Student Revolving Loan Fund (SRLF)

The Student Revolving Loan Fund (SRLF), under the authority of the Ministry of Education, Technological and Vocational Training, offered borrowers several repayment options to help young people during the COVID-19 outbreak. The SRLF has made the following repayment relief options available to those in need: reduced monthly payments; deferral of payment for up to six months; suspension of interest for up to three months; and a waiver of late fees.

Price freeze of a basket of essential goods

This is a new and one-off initiative that identifies 48 items within a basket of goods, which are protected from price gouging or shortages. This measure has evolved from a partnership between the Government,

the Chamber of Commerce, and the private sector. The 48 items range from food items (pasta, flour, rice, sugar, biscuits, bread, tea, Vitamin C, oranges) to toiletries, antibacterial and disinfectant, sanitary and health, baby items, adult diapers, garbage bags, toilet paper.

Decrease in combustibles prices

Retail prices of gasoline, diesel and kerosene were adjusted to make them accessible to low-income households during the pandemic. Gasoline was adjusted from BBD \$3.81 per litre to BBD \$3.65 per litre; the price of diesel fell from BBD \$3.02 per litre to BBD\$ 3.01 per litre, and kerosene dropped from BBD \$1.35 per litre to BBD \$1.31 per litre.

Water taps reconnected

The Barbados Water Authority reconnected over 3,000 taps

Social Care Services measures in response to the COVID-19 crisis

Helpline service for vulnerable groups during COVID-19, including women victims of domestic violence or abuse

In the context of the COVID-19 crisis, a social services helpline was initially established to provide guidelines and other assistance to the elderly, persons with disabilities and other vulnerable groups. The service now includes assistance for victims of violence or abuse whose lives may be in danger, as they are forced to spend more time at home with aggressors during the pandemic related shutdown. However, the hotline is not a service specifically to support female victims of violence and it receives calls from anyone in the community who is facing difficulty. The purpose of the hotline is to provide counselling, advice, and referrals to necessary Social Service Agencies. In the case of a call from a female victim of domestic violence, the victim is typically referred to the Business & Professional Women's (BPW) Club of Barbados, which is an NGO that operates a Shelter for Battered Women, a 24-Hour Crisis Hotline and, since 2014, a new walk-in Crisis and Resource Centre as part of a Reduce Gender-Based Violence and HIV Project. The BPW Shelter is the organisation's flagship project, through which safe house and crisis intervention services are offered to women and children who are victims of domestic violence, human trafficking, and other forms of Gender-Based Violence.

Virtual courts for cases of an urgent nature, including violence against women

Virtual courts were introduced for cases of an 'urgent' nature during the lockdown period, which include cases of violence against women and girls.

Strengthening of the national assistance care and shelter programmes

Measures have been implemented to reinforce the services offered by the National Assistance Board to the beneficiaries of the '*Homecare programme.*' The services combine residential care, temporary accommodation, shelter facilities, recreation activities and flagship programmes for the elderly. During the pandemic, all clients of the programme received *Care Packages* implemented by the MPEA to make sure they did not have to go outside and take unnecessary risks. Every week, care workers were contacting recipients and their families to monitor their health and wellbeing. These measures reinforce existing *pre-pandemic* programmes. They started in March 2020 and will continue until the end of the pandemic. It did not require the allocation of new public funds. These measures targeted 1,116 recipients who accessed

these services before the pandemic. However, because of the risks of contagion, some of the beneficiaries did not wish to continue receiving support from the programme during the pandemic. In September 2020, the beneficiaries of the programme numbered 1,057.

Social Insurance measures in response to the COVID-19 crisis

Unemployment benefits

The Government pledged supplemental support for the Unemployment Fund within the available fiscal space (vertical expansion) by providing unemployment benefits for six months (i.e., 26 weeks). In cases of full job loss this consisted of 60 percent of insurable earnings. People who were laid off immediately had the opportunity to get their unemployment benefits, guaranteeing them 60 percent of their insurable earnings, up to a limit of six months (i.e., 26 weeks).

Facilitate unemployment benefits access

The National Insurance Board agreed to relax the requirement to visit the employment exchange at Warrens (Unemployed people are not required to attend BECCS in Warrens anymore).

Business Cessation Benefits (BCB)

The Business Cessation Benefit (BCB) provides funds to self-employed persons who make NIS contributions; however, they are not eligible for unemployment benefits. This support amounts to BBD \$1,500 per month for April and May 2020 only. This measure should benefit around 2,800 people for an estimated total cost of BBD \$8.5 million.

Anticipation of pension payments

During the pandemic, NIS pensioners could have their pensions deposited into their bank and /or credit union accounts. Pensioners were given the option to receive their pension every four weeks instead of the usual two-week intervals.

Labour Market measures in response to the COVID-19 crisis

Barbados employment and sustainable transformation programme (BEST)¹⁷⁹

The Barbados Employment and Sustainable Transformation (BEST) Programme is a labour market intervention designed to reactivate the Barbadian tourism sector. Under BEST, the Government invests in tourism firms primarily by holding BEST Preference Shares in participating companies which must be repaid fully before the owners can receive any profits or can sell any assets. The Government will fund the re-engagement of employees at a rate up to 80 percent of their December 2019 earnings up to the NIS earning limit for 24 months and offer a preferential loan to firms for investment in the transformation of the tourism sector through initiatives such as refurbishments, digitalization, renewable energy, water-saving systems,

¹⁷⁹ See Barbadian Ministry of Tourism and International Transport (2020). Barbados Employment and Sustainable Transformation Programme. Employee Guide; Barbadian Ministry of Tourism and International Transport (2020). Barbados Employment and Sustainable Transformation Programme. Tourism Sector. Retrieved on 28th November 2020 from: <https://gisbarbados.gov.bb/download/barbados-employment-sustainable-transformation-programme/> and Barbadian Central Bank of Barbados (2020). Review of Barbados' Economic Performance. January to September 2020. Press release.

and the integration of product offering with the manufacturing, agriculture, and culture industry. To benefit from this measure, a firm must commit to re-engage at least 75 percent of its workforce from December 2019 and engage in workforce training. As the BEST allocation for the transformation component is an investment that must eventually be repaid, the firm also needs to ensure it has sufficient financial security to engage in the loan refund. A critical component of the BEST is a comprehensive training programme to transform and upgrade skills, and competencies of employees in the tourism sector with the aim of substantially improving quality, value, and productivity. The National Transformation Initiative (NTI) helps companies prepare tourism-specific training plans and meet the cost of NTI sourced training. The Secretariat for BEST resides within the Ministry of Tourism and International Transport, while the Unit for the implementation and monitoring of the BEST Plan sits within the Enterprise Growth Fund Limited (EGFL).

Barbados Tourism Fund Facilities

The Ministry of Tourism and International Transport provided loans with low-interest rates and delayed repayment periods for Barbadian hotels for a budgeted total of BBD \$200 million. The Barbados Tourism Fund Facility is a loan entity designed to provide urgent working capital, investment loans, and where possible, blended finance for the upgrading of Barbadian hotels and tourism businesses. These loans aim to support job retention, foster links with local agriculture, support the use of renewable energy and upskill local staff. These funds have been granted based on the firms' actions to maintain as many staff and jobs as possible. The Government encourages commercial banks, credit unions and institutional and individual investors to participate in this facility.

Barbados Trust Fund Limited (BTFL)

The Barbados Trust Fund Limited (BTFL) offered several facilities - including working capital loans to small businesses – and the possibility for all clients to restructure existing loans, a three-month loan moratorium for April and May in the first instance, with reduced monthly payments thereafter. In July 2020, the BTFL had disbursed over BBD \$13.6 million between 3,008 loan applications to businesses and entrepreneurs. Additionally, the BTFL's clients have been offered critical training in areas of financial management to improve their financial literacy. Over half of the 3,100 clients of the BTFL are already in one, or more, of the various business training programmes on topics such as Introduction to Management; Financial Literacy; Customer Service Excellence and Marketing & Promotion. At the beginning of 2021, the money will be disbursed through the BTFL to entrepreneurs and micro-business owners in Barbados who were affected by the 2-week-lockdown of February 2021.

VAT Loan Fund

The VAT loan fund was established to assist companies whose cash flow has been disrupted by the measures taken to contain the outbreak of the COVID-19 pandemic. The loan fund was drawn from the Catastrophe Fund to avoid insolvency, bankruptcy, and further unemployment. The loans are interest free and repayable over 12 months. The maximum eligible amount applicants can borrow is 50 percent of the business' last VAT payment (realised until March 2020). Applications were opened from 1 June to 31 October 2020. The prospective budget for this measure is BBD \$40 million. To be eligible, the company applying must meet several requirements: i) Applicants must have maintained at least 75 percent of their staff employed before 21 March 2020; ii) businesses must be VAT registered and have an annual turnover exceeding BBD \$200,000; iii) businesses whose cash flow has been severely disrupted by the COVID-19 pandemic; iv) tax-compliant companies.

Measures to support home care workers employed by the National Assistance Board

Measures have been implemented to support the 254 home care employees employed by the National Assistance Board across its programmes: The *Home Care Programme* (i.e., residential care), the *Vauxhall Senior Village* (i.e., a residential facility for people capable of independent living) and the *Shelter for Homeless Men*. Care workers have been equipped with proper Personal Protective Equipment (PPE) to ensure their safety along with the protection of their clients during the COVID-19 pandemic and have been trained in COVID-19 prevention. The workplace locations were also reorganised to align with geographical areas close to care workers' homes. This was to reduce risks associated with commuting and transport facilities (business vehicles) have been made available to also limit the use of public transportation. This measure is a reinforcement of an existing *pre*-pandemic programme. It started in March 2020 and it will continue until the end of the pandemic. It did not require the allocation of new public funds. The National Assistance Board, in charge of the programme, received the equipment from the Ministry of People Empowerment and Elder Affairs which was supplemented by some donations of equipment from the civil society. The programme targeted, and reached, 218 care workers (100% of the programme workers), among them 17 are men and 201 are women. Monitoring data is available to identify the beneficiaries reached by the programme and the timeline of the equipment distribution and training.

National Insurance Board

The National Insurance Board is a new and ad-hoc non-contributory scheme targeted at employees. It aims to provide wage subsidies to people who saw their working time reduced due to the pandemic. It gives employees working a short week, 60 percent of their earnings for the days they do not work. For example, if a person is put on a three-day week, then the National Insurance Board will pay 60 percent of the wages the person would have earned for the other two days.

Small Business Wage Fund

The Small Business Wage Fund is an ad-hoc policy targeted at businesses too small to be eligible for VAT, registered with the Barbados Registry Authority and National Insurance Scheme and who are committed to retaining at least 75 percent of their staff. The Fund, which was active in April and May 2020, provided businesses with BBD \$500 (US \$247) per employee up to 5 employees.

Deferral of NIS contributions

The deferral of NIS contributions for employers is an ad-hoc policy that enables employers retaining more than 75 percent of their staff to defer employer contributions for 3 months, with the possibility of an extension for a further 3 months.

Annex 4. *Criteria* adopted in the social protection responsive-gender assessment

Coverage refers to the proportion of a population that participates in a social protection programme. Legal coverage is identified by the eligibility *criteria* to participate in the programme while the effective coverage refers to the people that *de facto* participate in the programme. In some circumstances, not all eligible people participate in social protection programmes and the effective coverage is lower than the legal coverage.

Comprehensiveness looks at whether the measures in place can meet the diverse needs of different segments of the population or whether groups of people in need are left behind.

Adequacy is about the adequate coverage of people's needs in the context of the COVID-19 crisis and beyond. For a policy to be adequate, the target population and the engaged resources must be aligned with the objectives of the policy.

Timeliness is about the capacity of implementing protection in a timely and predictable manner, i.e., before any negative coping strategy is adopted.

Cost-effectiveness requires cost-effective use of all available resources for social protection response, especially during times of crisis.

Evidence-driven and accountability refer to the use of evidence ex-ante and ex-post the policy introduction. It focuses on whether policies have been decided, designed, and implemented by learning from the available evidence (e.g., other shocks) and whether there is any monitoring, learning and /or evaluation mechanism in place to assess the effectiveness and sustainability of the policy.

Sustainability concerns the availability of knowledge, resources, and political will to ensure that the lessons learned from social protection responses to COVID-19 can be sustained in the long run

Acceptability refers to the extent to which beneficiaries are comfortable with the content of the policies and how they are delivered including their acceptance of the characteristics of the providers (e.g., age, gender, ethnicity, religion), the level of bureaucracy, the type of technology involved, etc.

Annex 5. Adopt-a-Family Programme case studies

Beneficiary 1 (B1)

B1 is a 41-year-old single mother with 8 children living in a wooden four-bedroom structure in need of repairs. She used to work as a cleaner but lost her job because of COVID-19

Accessibility and timeliness

B1 discovered the existence of the AaFP through a friend, she made the application and was assessed by telephone, after which she was identified as being eligible for the programme. She received the first benefit 4 weeks after she applied and was informed that the programme was due to run for six months, July to December 2020. In January 2021 she found out that the programme was still running even though she was not informed. While waiting for the AaFP she applied and received a food voucher of BBD \$300 from the Welfare Department.

Adequacy and Comprehensiveness

B1 reported still having difficulty paying her monthly bills which were in arrears, despite being in receipt of BBD \$600 from the AaFP. In December 2020, when her AaFP was supposed to end, she applied to the Welfare Department for a food voucher, but she was told there was a huge backlog. In February 2021 she had not yet received her food voucher, although she was informed that her application for one had been approved. In December 2020, since she had not yet received the food voucher, the Parliamentary Representative for her area provided her with food vouchers of BBD \$150. No other members of her household applied for, or received, any benefit from other programmes, churches, or charities. As she was unable to return to work, the AaFP is the only source of income sustaining B1 and her family during this time of the COVID-19 pandemic. If the AaFP comes to an end she will have to solely rely on the Welfare Department for financial assistance.

Beneficiary 2 (B2)

B2 is a 44-year-old single mother of 5 children with little secondary education living in a dwelling and paying BBD \$700 monthly. She is employed for 3 hours per day, for three days per week as a cleaner working for a wage of BBD \$150 weekly (BBD \$50 per day that she works). She receives no support from the fathers of her children.

Accessibility and timeliness

B2 knew about the AaFP from a friend but she was unaware how to apply. She had her interview in March 2020, which was processed within the following 3 weeks. From April 2020 to September 2020, she received benefits. She did not receive benefits in either October 2020 or November 2020. In December 2020 she had a follow-up assessment and qualified for an extension of benefits from December 2020 to April 2021 inclusive.

Adequacy and Comprehensiveness

While receiving the AaFP, in January 2021, B2 reached out to the Welfare Department because she was unable to pay her electricity and water bills. She was informed that she could receive a one-time only payment which would be equal to the amount of those bills. Eventually, the Welfare Department paid her electricity bill and a friend helped her with the water bill. She also receives bi-weekly food hampers from a church, four food vouchers of BBD \$50 every month from the office of her Parliamentary Representative, occasionally she receives food hampers from the Guidance Counsellor at her son's school. B2 reported that the AaFP monthly payment of BBD \$600 assists her and her household tremendously and they would not survive without it. However, she still has challenges in paying the monthly rent of BBD \$700. B2 has no plans for when the AaFP comes to an end in April 2021, but she is hoping that the Government of Barbados will continue to extend the AaFP until things improve in the country.

Beneficiary 3 (B3)

B3 is a 57-year-old married woman residing with her husband, her daughter with a disability, and three grandchildren. She previously worked as a Human Resource officer and her husband was a carpenter in a government agency. They both lost their job because of COVID-19 and they still have a mortgage on their house which they must pay.

Accessibility and timeliness

B3 was unaware of the AaFP. She became aware of it from the bank when she went to deposit her severance cheque against her mortgage. Initially, B3 was not assessed as being eligible for the AaFP as she was considered not to be vulnerable. This was because she had what was termed a nice home, a nice car and because of the district she lives in. She felt a victim of social stigma, and discrimination, because of being categorized as not vulnerable for what her family had acquired over their lifetime rather than her current situation. The coordinator at her bank explained her situation to the AaFP, which subsequently approved her application to the programme for an initial period of three months (from June 2020 to August 2020) and then an extension of three months (from September 2020 to November 2020).

Adequacy and Comprehensiveness

Even with the BBD \$600 monthly support, B3 said that her family's lifestyle had changed dramatically, and her family only purchases what is necessary. They went through a time in which they did not have enough food to eat. She did not apply for other benefits because she was unaware of many of them. She knew that the Parliamentary office and other organizations were distributing food hampers in her district, but she was excluded because of the size of her house. Subsequently, a Pastor referred her to someone at the Ministry of People Empowerment and Elder Affairs after which she received a care package.

Since B3 is expecting the AaFP benefits to end in February 2021 she developed a contingency plan. Her family decided to construct a makeshift chicken pen in their backyard. She was able to use recycled materials and donations to save as much money as possible, and she was also able to sell some which were surplus to her needs. She recently ventured into raising hens to lay eggs for sale, and for use in her home. She also used her baking skills to make all the bread consumed in her home and offer some for sale. These measures enabled her to purchase only the necessities and reduce her supermarket bills. Going forward

she wants to expand her chicken rearing and indicated that she has space but lacks the financial resources to expand further.

Beneficiary 4 (B4)

B4 is 37-year-old unemployed single mother, who was previously a legal secretary. She resides with her 12-year-old daughter, elderly mother, and father. She depends solely on the assistance of her aunt who resides in the USA, who also became unemployed because of COVID-19.

Accessibility and timeliness

B4 became aware of the AaFP from an employee of the Ministry of People Empowerment and Elder Affairs who referred her for assistance at the end of March 2020. In the first week of April 2020, she was contacted to collect her ATM card, her benefit period was for 3 months, from April to June 2020, which was subsequently extended until September 2020. In November her status was reassessed, and she remained eligible for benefits from December 2020 until April 2021.

Adequacy and Comprehensiveness

B4 stated that her previous income was BBD \$900 monthly, so she tried to budget according to the BBD \$600 from the AaFP benefit. She has two loans: one student loan from the Student Revolving Fund, and the other from the credit union. She tries to pay at least BBD \$50 off her loans each month.

Before receiving the AaFP, she had sought assistance from the Welfare Department, but she was constantly told that the officer for her area was on leave, or they were unavailable. She has received no additional benefits from any other programme. As a member of her church's council, the church is unable to provide her with any assistance as it is against their rules and it might be interpreted as favouritism by the congregants.

B4 stated that going forward she is hoping that the lockdown will be lifted as she is a skilled hair braider and wants to return to work to provide for her family. She believes that unfortunately when her benefits end, she will be forced to seek assistance from the Welfare Department in the hope that she will be successful. She stated that she is at risk of becoming depressed and stated her level of stress would be significantly reduced if the Government could waive her student loan payments.

Beneficiary 5 (B5)

A 45-year-old Barbadian woman who is separated from her husband and residing with her four children, one of whom is adopted. She is an unemployed Hairdresser with little income from her estranged husband for the care of their children.

Accessibility and timeliness

B5 heard of the AaFP on the radio during the first national shutdown in March 2020, but not anticipating the devastating national impact of the COVID-19 she did not apply in the early stages. Consequently, a volunteer with the Household Mitigation Unit referred her to the programme in April 2020. After the assessment interview, she was contacted in May 2020 to collect an ATM card and informed that she would

receive the benefit for 3 months, from May to July 2020. The benefit was then extended for an additional 3 months until October 2020, when she received a letter saying there would be no further extensions.

Adequacy and Comprehensiveness

As a self-employed hairdresser, B5 had ceased making contributions to the National Insurance Scheme (NIS) and hence was not entitled to the BBS \$1,500 cash grant that the Government was providing to self-employed people for 3 months who had been consistently making their contributions to the NIS. Before AaFP benefits, B5 received a voucher from the Household Mitigation Unit. However, she received no assistance from the Parliamentary Representative office in her district.

B5 stated that her BBD \$600 benefit was used in some months to supplement her rent which is BBS \$900. In other months, she used it for her utility and food bills while the rent lapsed. She expressed her gratitude for the benefits but stated that more is needed because of her expenses to allow her to adequately care for her family.

As a result of online schooling which required her to be at home with her minor children, B5 could only work in the salon on Saturdays, and this drastically decreased her income. B5 is hoping that the benefits will be extended for another 6-8 months. During the second national lockdown (3 - 17 February 2021), B5 applied for a weekly grant of BBD \$250 that the Barbadian Government gave to small business owners to assist them over the two-week period.