

Gender in COVID-19 Response

Do not treat COVID19 just as a medical emergency, socio-political issues need to be addressed alongside.

Humanitarian response need to take into account the specific needs of women, girls, men, boys and transpeople to make the response more effective and accountable to all affected populations.

1. What do we need to be aware of?

Women are more likely to be front-line health workers, they are more likely to be exposed to the virus and dealing with enormous stress balancing paid and unpaid work roles.

What do we need to do for our preparation?

- Ensure adequate participation of women and girls, in all data and information gathering efforts. Ensure dedicated consultations with women's organisations, and women leaders from the communities, in the modality that is accessible, safe and culturally appropriate.

What do we need for our response?

- Be aware of gender based differences in literacy levels and access to information tools such as mobile phone and internet, ensure that communication is inclusive and transmitted through multiple media options including radios, visual guides, and community mobilization, as well as diversity of languages, accessible formats and with use of accessible technologies
- Adopt interventions that recognize, reduce and redistribute the unpaid care and household responsibilities assigned to women and girls and safeguard their dignity, and contribute to eliminate discriminatory practices against women and girls.
- If we are developing communication material, make sure that we are not stereotyping the representation of gender roles especially around household chores. Example: Avoid showing only women doing household chores.

2. What do we need to be aware of?

Overwhelmed health services, reduced mobility and diverted funding will likely hamper women and girl's access to health services, including sexual and reproductive health, GBV survivor care, HIV/AIDS treatment and attended childbirth and other natal services, exacerbating preventable maternal deaths.

What do we need to do for our preparation?

- We need to ensure that we have developed strong partnerships with local institutions, women's groups, women helpline numbers and WHO national service providers before the dissemination of services. We need also need partnerships with child helpline services and the local and national network of midwives.
- Ensure that the above mentioned partners are maintaining provision of family planning and other sexual and reproductive health services and commodities, including those related to menstrual health are central to women's and girl's health, empowerment and dignity. These services will get affected as supply chain gets hit because of COVID -19.

What do we need for our response?

- In COVID-19 affected communities and quarantined areas, women from marginalized groups including female-headed households, older persons, widows, older women, women with disabilities, and pregnant and nursing women should be prioritized in the provision of medical supplies, food, care, social protection measures and psychosocial services.
- Ensure referral pathways are in place and functional for the services that are out of War Child's scope.
- Always ensure that the team in the field is of mixed gender, to maintain trust in the communities.
- As social mobilizers or community mobilizers, ensure clear messages are incorporated in our communication material about pregnant women and girls, the measures they need to take and how and where they can seek assisted deliveries. This particular task would require support from local health institutions.
- Ensure that we have developed a code word for GBV survivors to alert the authorities and has been communicated to communities through appropriate means.
- Ensure all the country offices are in collaborations with shelters and GBV first responders

3. What do we need to be aware of?

In humanitarian settings, sexual violence, trafficking, early marriage, forced marriage, intimate partner violence and sexual harassment, exploitation and abuse are also prevalent. Survivors can be stigmatized and isolated from the support of their communities and left with no means of shelter and livelihood. Orphaned children are at particular risk by being shunned from their community and leaving them vulnerable to exploitation and abuse without a lack of income or adult support.

What do we need to do for our preparation?

- A do no harm approach and GBV risk analysis must be adopted in all aspects of the response and protection priorities. Every sector/theme must prioritize risk mitigation.
- All frontline workers should be sensitized to existing and expected protection risks including GBV and elder abuse and be trained to respond to disclosure of GBV, including IPV, as well as to guide individual through the existing referral mechanisms.
- The protection response must prepare for an increase in need for GBV response and support, identify gaps in GBV survivor-service provision, prepare to provide essential stop-gap measure where feasible.

What do we need for our response?

- The protection response must develop community mobilization to counter stigmatization and to assist in the reintegration and acceptance of persons of concern into their communities/host communities, households and schools. Any such community mobilization efforts should include women and women's groups.
- The protection and safety of healthcare workers, specifically frontline workers who are predominantly women, should be included in the Protection cluster's response, and preventive and mitigation measures should be implemented against abuse or violence.
- Ensure survivor response services are maintained as life-saving interventions (including telephone support where feasible).
- All PSEA protocols must be in place, including training and code of conduct for responders and complaint mechanisms and services for survivors.
- Working closely with the Education cluster, take preventive measures to ensure that if educational activities/schools are suspended, that this does not expose girls to GBV risks including early marriage, sexual abuse and exploitation. Prepare for

possible alternate modes of learning where feasible (e.g., radio) and strengthen community mobilization and advocacy as part of preventive efforts.

- Undertake protection risk analysis for marginalised groups, in particular LGBTIQ individuals, who may not present for testing or health services due to stigma and protection concerns.

4. What do we need to be aware of?

With schools and other educational activities being suspended as a preventative measure, children's education will be severely disrupted. Closed schools will likely add to the responsibilities on women as the main caregivers of children remaining at home. Experience in crisis settings show that adolescent girls are less likely than boys to return after a prolonged absence. Closure of schools can also heighten their protection risks with no supervision during the day which can lead to sexual abuse and exploitation, GBV, including early marriage, and risk of engaging in high risk sexual activity potentially leading to STIs and pregnancy.

What do we need for our preparation?

- It is vital that appropriate preventative measures are in place to minimize the risk of students dropping out of school permanently, especially amongst girls who are often at higher risk due to the increase in their care responsibilities in the household and other factors.
- Ensure that communication is done through appropriate means, such as radios, tablets. Also, ensure the communication material is available and accessible for people with disabilities as well.

What do we need for our response?

- Promote equal participation of girls and boys during school closures when alternative, remote learning initiatives are implemented. Careful focus should be placed on monitoring the participation of girls in these initiatives.
- Advocate for equal sharing of domestic chores and care duties amongst male and female siblings/household members, so each has time to participate in alternative education initiatives.
- In collaboration with the Protection cluster, take preventive measures to ensure that if educational activities/schools are suspended, that this does not expose girls to protection risks due to being out of the supervision of the school system. Communicate zero tolerance for SEA, strengthen community mobilization and advocacy as part of preventive efforts.

- Alternative/temporary educational facilities must have separate WASH facilities for girls and boys. Remote learning strategies (radio, television, digital delivery) should reinforce good hygiene practices.
- Where schools are not suspended, include sanitation, hygiene and protection information tailored to both girls and boys as needed.
- If utilizing technology alternatives to classroom teaching, consider the potential tech-access differential between girls and boys or for female-headed households.
- If the location, times of schools, or alternate educational activities are changed in light of social distancing efforts, it must be ensured that boys and girls are not placed at additional risk while commuting to school (due to check-points or other accessibility challenges) and that these changes do not inadvertently cause a drop in attendance for girls (due to distance or care responsibilities which may be expected at a certain time of day)
- Sensitize teachers, staff and relevant community members on increased risk of GBV and SEA.

These are testing times, but we must play on everyone's strengths, maintain a synergy amongst our partners, and build new partnerships to ensure that no one is left behind.