FOCUS 'N GE

Plan International Canada | April 02, 2020

A MESSAGE FROM THE GENDER EQUALITY UNIT

Hello colleagues,

As you know Plan International has declared a Red Level Emergency, which requires all parts of the organization to support the humanitarian response to COVID-19, including in current humanitarian crises where Plan International is already active. Furthermore, all offices and departments are prioritizing support for our Global Humanitarian Response Plan and Plan International Country Offices are actively engaging in COVID-19 Response Plans with national governments and UN agencies. We are also working with donors to repurpose grants where possible, as well as submitting new funding applications as a priority. And we are redirecting sponsorship funds to cater for the greatest, immediate needs in a country while also addressing the needs of communities where we have sponsored children. In effect, the entire machinery of Plan International is converging to address this unprecedented pandemic at an unprecedented scale!

As an organization committed to realizing children's rights and equality for girls, Plan International emphasizes that this pandemic has egregious consequences specifically on women and girls both in the short and long term with far-reaching and wide-ranging devastating impacts. It is not an exaggeration to stress, that this pandemic has the potential to derail and indeed reverse the tenuous global gains made towards gender equality and the rights of women and girls – if not addressed head-on through gender-responsive and increasingly gender transformative approaches.

This outcome is well understood by all our sister organizations and beyond and several organizations are sharing very relevant resources for the global community.

This special edition of Focus 'n GE lays out what we at Plan International Canada are doing and will continue to do on-ground to ensure gender equality is central to our response.

Read on and send any questions or support needs you may have to your Gender Equality team! Email Daniela Donia, Technical Quality Officer **(DDonia@plancanada.ca)**.

COVID-19 - DOES THIS PANDEMIC HAVE A WOMAN'S FACE?

Every pandemic, disease outbreak or crisis of any kind affects women, men, boys, girls and individuals of diverse gender identities differently. These effects are further compounded with several intersectional factors of exclusion such as disability or ethnicity. Gender norms, values and practices affect us all, at all times and in every walk of life. In what we do, why we do things, the opportunities available to us and outcomes for us. COVID-19 is no different. We all know this. COVID-19 will intensify gender issues and considerations but is also an opportunity to improve gender power relationships (such as male engagement as everyone is at home!). But here is a quick glimpse of the known and expected socio-economic, health and gender specific impacts of COVID-19.

COVID-19 and the gendered distribution of work: Women and girls already do most of the world's unpaid care work. According to the International Labour Organization (ILO), globally, women perform 76% of total hours of unpaid care work, more than three-times as much as men.

The existing gender roles and responsibilities of women and girls as primary caregivers responsible for cleaning, cooking and caring for children, elders, or the sick, will undoubtedly impact women and girls further across the globe as schools and childcare services have closed indefinitely and as family members become ill. This will not only increase their existing burden of work, especially those also working from home, but also expose them greatly to contracting the virus. Women in essential services, especially healthcare workers face increased time poverty and mental distress as their care work burden remains the same.

Gender barriers and access to healthcare: Around the world, often due to the lower literacy or educational status of women and girls relative to men and boys, their access to critical health information is limited. In addition, women and girls often have limited decision-making power due to unequal power relationships in homes and communities, are financially dependent and face mobility restrictions to autonomously seek health care. As the pandemic progresses, this existing lack of access to resources will be further compounded when further impoverished families need to make critical decisions about who receives healthcare, and too often, due to prevailing patriarchal norms and male preference, the lower social status and value of women and girls may prevent them from accessing care. This is further complicated by the invariable stigma families and communities face dealing with any outbreak where more often than not ill women and girls are hidden by families compared to men and boys. Furthermore, as health systems become overwhelmed with COVID-19 cases, the expected knock-on effects for women and adolescent girls' reduced access to critical SRHR services will place them at greater risk of unwanted pregnancies, untreated STIs, and other risks.

Gender based violence: Incontrovertible evidence points to an escalation of all forms of gender-based violence (GBV) during crises, including domestic violence, intimate partner violence, sexual violence and violence against children, particularly girls. Lessons from Ebola as well as reporting from the Chinese and European outbreak of COVID-19 indicate the most harmful risk for women and girls for sexual and gender-based violence (SGBV) and Intimate Partner Violence is during self or home quarantine. Confinement in the home along with other stressors related to the COVID-19 pandemic increases tensions that can promote violence and harm to many women and girls who are already at risk. In addition to this, as the need for households to maintain hygiene and preventative measures against COVID-19 increases, women and girls will face greater demand and walk further distances to fetch water, thereby putting them at heightened risks related to protection, SGBV as

well as exposure to COVID-19. Furthermore, in any crisis, and COVID-19 is no different, the risk of child early and forced marriage (CEFM) increases for girls. It is highly likely that girls now out of school will probably not return to school once communities normalize, and will likely be married earlier than expected; as is the risk of girls, young women and women engaging in transactional or survival sex and other forms of exploitation and abuse.

COVID-19 and economic impacts on women: The economic crisis as the result of national lockdowns, closures of markets and physical distancing measures will have a pronounced impact on those already living in poverty, but with far greater effects on women who are already employed in informal, unprotected, precarious work or self-employed. During the Ebola outbreak, the social and economic impacts disproportionately affected women, because of various overlapping socio-economic vulnerabilities and pre-existing gender inequalities. Self-employment was the most important source of livelihood for female-headed households. The breakdown in small businesses because of the Ebola crisis meant that many women lost an important source of income. Additionally, the loss of cross-border trade had serious impacts on women's livelihoods. With many governments imposing border closures and movement restrictions, the COVID-19 pandemic is likely to cause very similar consequences to women's livelihoods. Furthermore, as deepening poverty, income and food insecurity threatens overall family health, wellness and nutrition and when household resources such as food become scarce, their distribution amongst families can be heavily gender biased resulting in an elevation of the already poorer nutrition status of women and girls as they eat last and leftover food.

Frontline healthcare workers are predominantly women: Around the world, women make up the majority of frontline health care workers, almost 70 percent according to WHO, at the helm of efforts to combat and contain outbreaks of the pandemic. COVID -19 threatens to further strain already understaffed, poorly equipped and poorly resourced health systems in many developing countries. The insufficient quantity of essential equipment and supplies, including Personal Protective Equipment (PPE) for health workers and support staff, and other infection prevention and control measures in many health facilities could lead to significant morbidity and mortality amongst the population and the already strained health workforce, that are predominantly women. In addition, gender related norms and expectations further add stresses for women health workers, as they work long shifts with little recourse to childcare for their children, additional domestic care work and family and community stigma they may face in relation to their exposure to the disease.

Chronic data and accountability deficit: While globally age and sex disaggregated data is emerging in some parts of the world, it is by and large incomplete. We don't know who is tested and who is brought to health facilities for care. These are very much gendered questions. What we do know is that COVID-19 poses greater risks for people over the age 60, and those with underlying medical conditions. From the insufficient sex-disaggregated data available, it appears that men comprise a slightly greater proportion of those infected and are at a slightly higher risk of morbidity than women.

However, flow of accurate, complete and timely health information to and from community and health facilities and the ability of health planners and managers at various levels to collect gendered data and act on the information is limited. Furthermore, most national COVID-19 responses lack the voices of women and girls or any gender expertise to ensure relevant and gender-responsive responses.

PLAN INTERNATIONAL CANADA'S GENDER SPECIFIC RESPONSE TO COVID-19

As COVID-19 poses potent and real threats to further deepen prevailing gender inequalities; we will continue to mainstream gender responsive and increasingly transformative approaches across our current and new programs, based on gendered evidence. Specifically, these include:

RAPID GENDER ASSESSMENT FOCUSING ON GENDER BARRIERS TO COVID-19 PREVENTION AND CARE

Access and control of COVID -19 resources; roles and responsibilities-burden of work, in households/ communities, decision-making power, social norms

Enhancing the inherent individual and collective agency of women and girls with accurate, empowering and lifesaving COVID-19 knowledge and information; decision-making skills and financial support.

- Information on COVID-19 prevention and care developed in simple and accessible language and formats.
- Channels of information dissemination most used by women and girls – radio/TV/ICT messaging with appropriate timing for maximum reach.
- Specific information for women and girls for SGBV support mechanisms.
- Large group activities avoided for safe social isolation. Members of existing women's groups established under projects e.g. Women's Support Groups, adolescent girls' groups, grannies clubs provided guidance on continuing collective action through WhatsApp groups, social networks, ICT technologies.
- Local women's rights organizations supported for SGBV, WASH and other supports.
- Cash transfers to women in households for preparedness for COVID-19 isolation, costs for transportation to clinics and other contingencies. To mitigate risks associated with cash transfers broader community awareness through social and behavioural change communication (SBCC).
- Value of cash transfers established by recommended Minimum Expenditure Basket (MEB) value and coordinated with governments and other agencies to ensure consistency and avoid negative social consequences.

Building an enabling social environment for gender responsive COVID-19 response

- SBCC messaging to integrate gender-specific messaging relating to the disproportionate workloads of women and girls focusing on shared household and care responsibilities as well as decision-making relating to COVID-19 as well as their increased risks for contracting the virus and women's and girls' empowerment.
- Male engagement messages integrated in SBCC for positive masculinities, SGBV prevention and positive parenting, equitable distribution of resources, shared decision-making and gender equality.
- Community religious and traditional leaders provided with messaging for SGBV prevention and gender equality promotion.
- Group work with men and boys in ongoing programs re-oriented to COVID-19 response through group leaders provided with guidance to continue discussions on gender equality and its relevance in COVID-19 using ICT outreach and smaller groups as allowed by governments.

Gender-responsive, child and adolescent friendly COVID-19 service delivery and response:

- Engagement in cluster system/coordinating mechanisms to further action on the gendered implications of COVID-19 especially access to care, disease related stigma, SGBV services, nutrition, SRHR and engaging women and girls in response plans.
- Community Health Workers sensitized and provided resources on the gendered implications of COVID-19 – SGBV, child protection and gender equality messaging.
- Community Health Committees (CHCs) oriented on the gendered implications of COVID-19, links to SGBV supports and the continued participation and leadership of women in CHCs.
- Governments supported in collecting sex and age disaggregated data for COVID-19 incidence, morbidity and mortality rates.
- Governments supported in carrying out gender analysis of data and project learnings for gender responsive action.

Ongoing gender specific learning documentation, dissemination and feeding back into programs