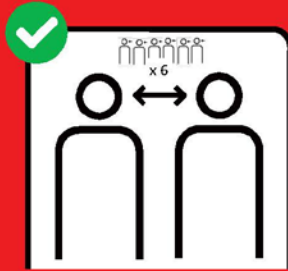


Novel Coronavirus – COVID19

PROTECT YOURSELF AND OTHERS



Stay at home.



Keep your distance.



Wash your hands frequently AND thoroughly.



Avoid shaking hands.



Cough and sneeze into a tissue or the crook of your arm.



Always call ahead before going to the doctor's or the emergency

Prevent misinformation and fake news!

To get up to date, official and reliable information about Coronavirus:

Send "hi" to +41 79 893 1892 using WhatsApp 

wa.me/41798931892?text=hi

COVID 19: challenges and opportunities for Gender and Social Equity

Key considerations and guidance

COVID19's non-discriminatory nature

COVID19 does not discriminate between genders, ages, ethnicities, social, political and/or economic status or geographic situation. However, where inequalities become apparent are in situations where underlying vulnerabilities pre-exist, be they individual (age, health, poverty), societal (lack of mutual accountability, access to services) or institutional (exclusionary policies, strategies and investments). Vulnerable communities¹, women, children, elderly, and people living with chronic health preconditions, disease and/ or with reduced mobility, are particularly at risk. Seventy percent of the global health workforce are women, emphasizing the gendered nature of the health workforce and the heightened risk of infection that female health workers face. A crisis such as the COVID19 pandemic, exacerbates challenges in accessing essential preventive and responsive health care, enough safe food and water, quality education, reliable sources of information, income and financial security etc. These more explicit challenges are further compounded by more implicit cultural beliefs, attitudes, and practices, and inter-societal relations which can have significant impact on how inequalities are mitigated or exacerbated during such a crisis. A pandemic, like any crisis, amplifies already existing inequalities. The most vulnerable countries, societies and individuals have even less capacity to absorb and adapt to such shocks. Such a crisis, risks backsliding the significant progress made under the MDGs and now the SDGs in health and education indicators, while widening persistent gaps in economic and political participation. The following document aims to practically assist teams and partners to consider and address key GSE dimensions in their support to communities and cooperation with systems actors in the prevention of and response to crisis, like COVID19 and eventual recovery post. The guidance is not exhaustive, and cannot consider every specific country or local context, rather in raising key questions and considerations, aims to trigger and support adapted local measures which are inclusive, participatory, equitable and [‘Do No Harm’](#).

Framework conditions: key questions to analyze and prioritize GSE challenges and opportunities


- Legal/ political framework
 - Do the **national laws**, strategies and investments related to crisis management clearly **i. include**, **ii. not mention**, or **iii. discriminate** certain groups: women, children, elderly, people living with disability and/or disease, ethnic/indigenous, religious or other minority groups (LGBTQ), migrants, Internally Displaced People (IDPs)/ refugees?
 - Does the country subscribe to any cross-border **regional agreements** or **international conventions** which can be leveraged to remind and promote the respect and safeguarding of the rights² of above-mentioned primary stakeholder groups in time of crisis?
 - How centralized or decentralized is **i. crisis related policy and budgetary decision making**, **ii. emergency coordination structures** and **iii. safety/security planning and enforcement**?
- Societal/ communal framework
 - Is the relationship between rights holders and duty bearers, public and private service providers one of **mutual trust, cooperation and accountability**? Are there differences between national, sub-national or local levels?
 - Is access to and delivery of **services pluralistic**³, **inclusive**, effective and transparent?
 - Is there **social cohesion** or fragmentation: why, who, where and how?
- Individual/ cultural framework
 - Are people aware of and **respect individual rights**, social responsibility, and/or civic engagement: ‘volunteerism’, protecting the vulnerable and following instructions in crisis management and mitigation procedures?
 - Are there **cultural beliefs and practices** which can mitigate or amplify certain bias, inequalities or risks?
 - Are there pre-existing experiences or conditions which can mitigate or amplify certain **stresses or traumas**, with impact on coping capacity and strategies?



¹ Vulnerable communities: remote, rural, exposed to conflict and/or natural disasters, urban poor including people living in informal settlements and slums in cities, ethnic/ indigenous, migrant, IDPs and refugees, LGBTQI



² <https://www.ohchr.org/EN/Issues/Pages/ListOfIssues.aspx>

³ Pluralistic: multi-stakeholder, formal and non-formal, community driven options etc.

Key primary stakeholder groups and impacts of COVID19

#	Stakeholder group	Challenges	Opportunities	Resources/ guidance
1	 <ul style="list-style-type: none"> Vulnerable communities <p>(remote, rural, exposed to conflict and/or natural disasters, urban poor including people living in informal settlements and slums in cities, ethnic/ indigenous, migrant, IDPs and refugees, LGBTQI)</p>	<ul style="list-style-type: none"> National policies, strategies and investments may not include or discriminate Emergency services may not be able to reach Emergency plans and protocols are not adapted to local governance/ cultural practices or conditions Returnees from camps, urban settlements compound risks, shortages and stresses of vulnerable communities Misinformation and/or access to understandable information 	<ul style="list-style-type: none"> Identify and build on existing coordination and decision-making structures, facilitating elaboration of or improvement on community driven contingency plans which are local context and culture adapted prioritizing the inclusion and meaningful participation of women and the most vulnerable within the community, camp or settlement. Leverage our experiences working with migrants and IDPs/refugees, their families and communities to reintegrate, and have joint plans which mitigate exacerbating risks, shortages and other stresses during crisis with returnee migrants and others. Ensure inclusive and adapted access to reliable information, raising awareness about fake information and news, providing links to reliable news and information sources (focal persons, radio, mobile apps etc.) Mobilize contingency plan agreements which to the extent possible promote cooperation between community committees/groups, traditional and/or faith based leaders, and local authorities, police/security, public and private sector health, education, finance, and food security related services prioritizing social protection of the most vulnerable within the community. Explore possible transformation of communal infrastructures and spaces as alternative health care/ isolation wards, supply storage, distribution hubs etc. during crisis where stricter protocols and compliance can be applied which are difficult to apply to or be followed by an entire community 	<ul style="list-style-type: none"> WHO COVID19 Coordination and readiness by Country WHO COVID19 technical guidance: <ul style="list-style-type: none"> In Water and Sanitation, Hygiene (WASH) In camps and fragile contexts In essential services Global Protection Cluster Essential guidance and tools and Protection and COVID19 iied.org/dealing-covid-19-towns-cities-global-south UNHABITAT Covid19 and informal settlements and Protecting the Rights of People in settlements ilga.org/list-resources-smartworking-wellbeing-lgbti-communities-covid19- UNICEF Behaviour Change Communication in Emergencies: a toolkit WHO COVID19 Risk Communication and Community Engagement WHO COVID19 Health Alert and Hub - WhatsApp WHO COVID19 myth busters

<p>2</p>	 <ul style="list-style-type: none"> • Women 	<ul style="list-style-type: none"> • Increased burden on traditional household roles and responsibilities • Increased restrictions on basic rights and access to services • Increased exposure to stigmatization e.g. men are more susceptible to dying from COVID19 e.g. disease and widow stigma • Increased exposure to personal health, safety and well-being risks e.g. sexual, gender based violence, breach of reproductive and maternal health rights; additional emotional stresses 	<ul style="list-style-type: none"> • Facilitate awareness raising and redistribution of Unpaid Care Work focusing on family resilience • Explore community-based solutions to childcare, health and hygiene care, food and nutrition security integrate joint solutions for mitigating and responding to violence. focusing on community resilience; • Facilitate communication and behavioral change approaches with women, their families and community to address risks related to WASH, Gender Based Violence and stigma toward menstruation, disease and/or widow status • Prioritize women’s participation and inclusion in decision making – as their roles within communities, their surveillance and insights typically place them in a good position to positively influence the design and implementation of prevention activities and can help signal the start of an outbreak • Integrate information campaigns about GBV prevention, and facilitate knowledge of protection mechanisms such as shelters for victims of domestic violence and abuse and emergency alert systems that can be safely accessed and used by victims. 	<ul style="list-style-type: none"> • IASC_Gender_HA_Handbook • UN Women Gender and COVID19 Resources • Unpaid Care Work • IASC Training on GBV in Humanitarian Actions • UNFPA Technical brief – COVID19: A gender lens
<p>3</p>	 <ul style="list-style-type: none"> • Children/ youth 	<ul style="list-style-type: none"> • Disruption of schooling and skilling • Increased burden on traditional household roles and responsibilities • Risk of increased breaches of basic child rights and protection 	<ul style="list-style-type: none"> • Remind and raise awareness about child rights, mitigating abuse and burdening of children with additional household/ work chores during crisis. • Consider how best to leverage children’s pre-disposition to learning, adopting new practices as a means of promoting safeguards and good practices in WASH etc. • Consider ‘outdoor classroom’ alternatives or other communal ‘open spaces’ which allow for distancing to act as temporary learning/teaching spaces in daily time shifts e.g. under trees, tarped or bamboo covered areas, open air prayer/meditation spaces with roofing e.g. temples in Southeast Asia 	<ul style="list-style-type: none"> • UNESCO/covid19/education_national_responses • https://www.unicef.org/coronavirus/covid-19 • WHO Key Messages and Actions for COVID-19 Prevention and Control in Schools

			<ul style="list-style-type: none"> • Consider community-based solutions to maintain at least basic literacy and numeracy teaching e.g. older literate youth can teach younger; community library or storytelling sessions using open spaces which allow for physical distancing • Recruit community members to teach about hygiene, nutrition and food production/ safety and other subjects/ topics; or share and teach their skills • Consider activities which allow children and youth to express themselves creatively via individual drawing, song or skit contests; the arts also help children process and manage their own emotional stresses and trauma 	
4	 <ul style="list-style-type: none"> • People living with disability and/or disease (PLDD) 	<ul style="list-style-type: none"> • Increased isolation and stigma • Increased exclusion from access to understandable information and essential services • Increased exposure to personal health, safety and well-being risks due to chronic preconditions, lower immunity, and reduced independent mobility 	<ul style="list-style-type: none"> • Consider visual campaigns which promote positive imaging, messaging and inclusion of PLDD to combat stigma but also actively partake in raising awareness about the crisis and prevention measures for communities/ general population and other PLDD • Integrate additional measures and capacity development among service providers and/or community to assist PLDD during crisis • Consider adapted information campaigns about the crisis to ensure 'accessibility' and 'understandability' 	<ul style="list-style-type: none"> • Internationaldisabilityalliance /covid-19-and-disability-movement • Internationaldisabilityalliance.org/covid-19 Resources by region
5	 <ul style="list-style-type: none"> • Elderly 	<ul style="list-style-type: none"> • Increased exposure to personal health, safety and well-being risks due to chronic preconditions, lower immunity, and reduced independent mobility 	<ul style="list-style-type: none"> • Promote community-based protection measures which safeguard the elderly from unnecessary exposure to risks with family and community awareness raising campaigns, non-contact delivery of food, water and other essential goods; alert systems which identify where elderly reside or when they require assistance etc. • Consider innovative ways to keep elderly isolated but connected and/or how they can contribute to information campaigns or even young people's education during the crisis e.g. recorded storytelling; video clips. 	<ul style="list-style-type: none"> • https://www.weforum.org/agenda/2020/03/seniors-elderly-coronavirus-isolation/ • https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/coronavirus-caregiving-for-the-elderly • https://www.age-platform.eu/coronavirus-covid-19 • The LANCET COVID-19 and the consequences of isolating the elderly

Additional key questions and considerations which apply across stakeholder groups according to working areas:



Skills, Jobs Income (SJI)

- How can alternative **skills** training contribute to **i.** mitigation of the spread of the virus, and **ii.** contribute to new types of **job** and small **income** creation?
 - Can communities be supported to produce their own masks, soap and/or disinfectant (favoring to the extent possible eco-friendly options) in ways which skill, employ and/or benefit women and the most vulnerable?
 - Can selected community members be strengthened with first aid, CPR and midwifery skills and equipment to act as first responders?
 - Can certain community members with certain educational and/or skills levels be supported with additional capacity development to help build makeshift clinics, beds, storage facilities etc. as part of cash for work alternatives



- How can **financial inclusion** be better supported during a crisis?
 - Can community-based savings and lending schemes and/or financial institutions including micro-finance be strengthened and mobilized in a responsible way to facilitate financial inclusion of especially women in times of emergency?
 - What cashless alternatives can be supported to mitigate need to travel and maintain distancing e.g. collaboration with mobile banking friendly financial institutions; civic tech/app developers?

Water, Food Climate (WFC)



- How can we support communities to more securely and safely access, use and manage **water** resources for food and hygiene?
 - Ensuring access to and distribution of water during times of crisis are safe for women and girls who are often tasked with water collection, to be able to do so without fear of harassment or violence, or unsafe access during bad weather, or early morning or later at night
 - Ensuring that people living with disease and/or reduced mobility can access or are included in distribution plans during crisis
 - Ensuring communities are equipped and have inclusive and resilient plans for managing water, sanitation and waste management infrastructures and resources in times of crisis e.g. accessible, gender and disability friendly, safe, clean and protected facilities from not only contamination but also flooding and other natural hazards which do not 'pause' during a pandemic.



- How can communities become more **food** secure and self-sufficient?
 - How can local producers be strengthened and mobilized to both produce but also teach others how to grow and store more safe, diversified and healthier food e.g. home gardening, school gardening, community gardening
 - What agreements can be made between small holder producers/ agriculture cooperatives, processors and traders for joint contingency planning in time of crisis?



- How can vulnerable communities become more **climate** change resilient to mitigate and adapt to additional shocks during a crisis or pandemic?
 - How can we leverage our many experiences promoting sustainable and climate resilient agriculture production and food storage?
 - What criteria are used in case new infrastructures and technologies are supported which consider environmental responsibility, climate change and disaster?
 - How can we raise awareness and improve practices related to energy consumption and waste, natural resources management; and can these also benefit from related skills and micro-enterprise development targeting women, youth and other vulnerable people pre-during and post crisis to both mitigate but also be better equipped to respond and recover?

Voice Inclusion Cohesion (VIC)



- How can this crisis serve raising the **voice** of the most vulnerable during and post crisis?
 - How can we leverage our experiences with advocacy and policy dialogue for more inclusive policy reforms over the longer-term post crisis?
 - How can we leverage existing relations with local authorities and service providers to ensure **i.** they have up to date and accurate information about the crisis and key protocols to, **i.** mitigate the spread of false information; **ii.** support more informed decision making; and **iii.** support policies and strategies which promote food and nutrition security, food safety and sovereignty with special measures in place to support and mobilize small holders during times of crisis.
 - How can any information and/or communication campaigns we support contribute to more positive imaging and messaging in promoting the voice of women, youth and the more vulnerable in times of crisis?



- How can we leverage our experiences with good governance to promote more **inclusion** and participatory crisis planning and response?
 - To ensure women and the most vulnerable are included in national, sub-national and local development and emergency policies, strategies and investments, **i.** gender and socially inclusive budgeting, procurement and taxation; **ii.** minimum quotas for representation of vulnerable groups in relevant committees with supported capacity development at all levels
 - To support policies and strategies which mobilize more community-based solutions in times of crisis?
 - To engage local authorities and security/ police to work together with communities and especially women in the elaboration and implementation of safety/security plans, whilst safeguarding rights, mitigating more controlling/ invasive forms of surveillance and intervention, promoting more mutual accountability?
 - To promote more mutually accountable and transparent planning, distribution, monitoring and reporting of crisis related situations and status of communities; of compliance, supply stocks, delivery of services etc. via public reviews and audits involving representational and inclusive committees (reduced numbers of people/ in spaces which allow for distancing); accessible and public updated information boards, radio announcements, sms or other mobile app options etc.



- How can we leverage our experiences with facilitating and enhancing social **cohesion** which can quickly be tested in times of crisis?
 - How to ensure we Do No Harm when leveraging traditional knowledge and cultural practices?
Traditional knowledge and practices can be harmful if not carefully managed e.g. in [Laos households are making and displaying Taleo's](#) at their entries believing this talisman can both protect and warn against COVID19. How to ensure such a cultural practice can be leveraged to promote recommended distancing on one hand, without reinforcing false beliefs of immunity against the virus?
 - How can existing peer led groups be mobilized to also act as safe spaces for facilitating more psycho-social approaches and potential associated trauma management for and between women and other affected community members, including men and youth e.g. mitigating stresses which can trigger discord, conflict and different forms of domestic, or communal violence
 - How can local leaders, traditional and/or inter-faith leaders, local celebrities/ influencers be capacitated and mobilized to pass on key information and messages in radio, on posters, or social media as part of communication and behavioral change approaches to **i.** mitigate potential for false information; **ii.** counteract and help change harmful beliefs and/or practices; and **iii.** maintain the peace and contribute to social cohesion?

Some additional good practices:

- [World Economic Forum](#)
- <https://www.oecd.org/coronavirus/en/>
- [ILO Country responses to COVID19 in the field of work and labour markets](#)

Some additional resources:

- GSE Pamoja space: [GSE in our working areas, including in humanitarian response](#)
- Corona Virus Pamoja Space: <https://pamoja.helvetas.org/display/WGSF/Corona+Virus>