

# Gender Learning Day 2021 - Group 2 SRC - Gender, Covid-19 and Health

ADVISORY SERVICES NOV 15, 2021 11:56AM

## **WHAT: the main aim of your intervention?**

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**Inclusive, accessible, equitable health services during COVID**

## **WHY: the main issue/ core problem addressed?**

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Misinformation

Equitable and safe Vaccination access

Maintenance of non-Covid maternal, women and child health care services

## **Migration issues**

## **HOW: main strategies/actions taken?**

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Broader alliance

**Bridging information access gaps via different sources in person, media, online etc.**

**Working with local CSO; essential to bridge especially social service gaps**

**Volunteerism/ local community members**

## **WHICH: structural barriers needed to be overcome?**

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### **Multi-lateral system gaps focusing on essential services**

Reconciling national economic policies to better address essential human rights

Advocacy WTO, TRIPS agreement / waiver

[https://www.wto.org/english/docs\\_e/legal\\_e/27-trips\\_01\\_e.htm](https://www.wto.org/english/docs_e/legal_e/27-trips_01_e.htm)

**Being a relevant partner in negotiation in tandem with combined requests from other civil society actors in the country, region**

## **WHAT: opportunities and/or challenges did COVID present?**

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### **Enhanced movements of volunteerism**

Mental health care, helps if it is on the agenda. Manifesting itself among women, youth etc.

**Donors more flexible with repurposing and additional funding options**

**Local organizations are overloaded**

**Exacerbated violence of different forms**

**Discrimination**

**risk of Governments diluting / redirection of budgets from women's specific services toward emergency/crisis**

## **WHICH are some key good practices and lessons learnt?**

**Diversifying approaches, formats etc helps bridge gender gaps and divides in terms of access to information and services**

**Working with a broader group of outreach workers/ volunteers has its challenges if they are not well trained in key aspects and referrals; needs to constant re-training/ upgrading etc.**

**Need to maintain a certain degree of flexibility in responding to government messaging and registration requirements e.g. people without ID...etc.**

**Hygiene kits essential for migrants/ IDPs and refugees**

**Hotlines**

Importance of data collection, as a tool to advocate for marginalized groups

**Working with feminist economists, researchers, etc**

**Using international conventions like CEDAW for advocacy**

**Need to be careful not to substitute government ownership and responsibility over the course of protracted crises like COVID; including international cooperation.**

## **Any other reflections?**

**Balancing remaining non political whilst addressing policy issues/ barriers and opportunities**

**Will and pro-activeness of government requests for assistance, does not necessarily translate to systems changing**

**Ever changing knowledge based on ongoing research on who is and isn't vulnerable, link between COVID and pregnancy, or affects of vaccines on pregnancy...**

**Catch 22 pregnant women afraid to seek health services during COVID; app developed to understand what is happening to their body using visual and audio in local language compatible with old/new phones**

**Pandemic takes lower priority to more immediate threats like security issues e.g. for stranded groups etc.**

**Contexts are very different in terms of being able to move/change things.**

**Engaging local CSOs, especially women led, also in turn face UPCW burdens**

**Instrumentalization of COVID for public budgets cut-backs to the detriment of essential needs of services for women, and other vulnerable groups...**

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