

## SDC Gendernet: Partner Learning Day 2021

### Gender and COVID19: Case Study

<b>Project/ intervention title:</b>	<b>Combatting C19 rumours and supporting national vaccination campaigns</b>		
<b>Submitted by: (Organisation)</b>	<b>Jutta Engelhardt</b>	<b>Contact: (Name &amp; e-mail)</b>	<b>Jutta Engelhardt jutta.engelhardt@redcross.ch</b>

#### Overall goal

*Main aim of your project/ intervention*

Combatting C19 rumours and misinformation  
Supporting national vaccination campaigns

#### Location

*Country/ national and/ or sub-national*

- Ghana
- Bangladesh, Bhutan

#### Core problem

*- Main issue(s) addressed*

Next to sharpening economic and social inequalities, the C19 pandemic has also made it harder for women and girls to access health care. It has over-proportionally disadvantaged them through confinement and increased their vulnerability to SGBV. Access to correct information about the nature of the virus, the forms of transmission and the means of protection against a C19-infection is essential to protect oneself and the entire family. Misinformation and rumors spreading through unreliable sources and hearsay prolongs the period in which safety, health and well-being is at stake and reduces chances to exit the pandemic as soon as possible. The RCRC movement thus invested greatly:

- To counteract the spread of misinformation about C19-transmission and infections
- To prevent rumours and misinformation about effects of vaccination
- To provide information to households about national vaccination campaigns
- To support access to vaccination through supporting crowd management and registration on location

By doing so, the RCRC movement contributed to buffer some of the stress the C19 pandemic put on the respective national health systems trying to keep up with care demands. Many countries struggled and will continue to struggle to keep up functional health care systems. Access to e.g. sexual and reproductive health services, family planning and maternal health services as well as emergency services for victims of SGBV has become increasingly difficult for women and girls. Providing continued informative and advisory services through volunteers, bridging the gap to existing health care services and making access to vaccination an available option for women can be accounted for as buffering the detrimental effects of the pandemic.

#### Intervention

*- Main strategies undertaken*

As auxiliary to the public authorities, National Red Cross / Red Crescent Societies have a specific role to support their respective governments upon request in time of crisis. During the C19 pandemic, National Societies (NS) have taken an active role in supporting and/or developing strategies to roll out C19-information and vaccination campaigns.

Given the organisational nature of RCRC National Societies as volunteer organisations, it is possible for RCRC NS to provide a great number of trusted volunteers and social mobilizers to reach out into the communities, spreading information about the nature of the disease as well as protection messages. In many countries, this meant that already early in the pandemic multilateral and governmental organisations span together with the national RCRC NS to produce protection messages that are since then distributed as print news (newspaper, flyers) or megaphone truck and radio spots as well as internet posts or chat options. These means of information are also used for rumour prevention and rectification of widespread misinformation given that door-to-door or individual consultation are difficult if not impossible during lockdown situations. In Ghana, the programme delivering radio spot approximately reached 2.5 mio listener, often listened to by entire families rather than the individual reader or person engaged in chats. In the reporting period 2020, approx. 2'000 listener called in to ask questions, discuss their fears and frustrations receiving explanatory advice.

The SwissRC furthermore put a focus of its engagement on vaccination campaign support. The support reached from advisory services in the process of defining the Host National Societies's role in the national vaccination campaign to financial contributions to seven Sister National Societies. The Sister National Societies financially supported are the RCRC Societies of Vietnam, North Macedonia, Malawi, Kyrgyzstan, Ethiopia, Ecuador and Bhutan. In Bangladesh, the SRC facilitated the exchange process between the Bangladesh RCS and the Swiss Development Cooperation, which lead to a direct support of the Swiss government to BDRCS's efforts in the vaccination campaign. The SRC's support provided to the Sister National Societies also focused on backing efforts in information distribution, crowd management, vaccination registration support and provision of the essential for the most vulnerable including the elderly. Aspects of equal access to vaccination were upheld throughout all consultative processes with Sister National Societies. National Societies in some countries need to make sure that framework conditions are improved for marginalized and at risk-groups to receive access. In some countries, government issued calls for vaccination needed to be adapted to reach women and make them feel addressees for vaccination as much as men. It often also means that means of transport to health posts and vaccination centers need to be made accessible, affordable and safe for women to reach vaccination posts.

With prolonged lockdowns and the aggravation of the situation for those at risk to falling victim to SGBV, it became incremental that community messages support and promote behavior change outlining alternate ways to manage stress and difficult emotions triggered by the pandemic and pandemic response. The two primary purposes of community messaging thus are:

- 1.) inform at-risk community members about their right to participate in decision-making and to receive humanitarian services, including SGBV services and other support services, without condition and
- 2.) inform all community members, and especially those at risk of resorting to violent behavior about the harmful effects of violence (physical, emotional, psychological and sexual).

The following actions are therefore [recommended by the IFRC](#) before deploying volunteers and social mobilizers to the communities:

1. Ensure all staff and volunteers are trained on Minimum standards for PGI, SGBV (the survivor-centred approach, safe referrals, and PSS) and PSEA
2. Plan and facilitate refresher trainings as necessary
3. For staff and volunteers newly recruited for the COVID-19 response, ensure Management and HR includes PGI and SGBV prevention and response in their onboarding package and induction within the first week

RCRC National Societies reach the objective of training and retraining volunteers in PGI, SGBV and PSEA prior to deployment with varying degree of success. The pandemic situation in which physical distancing is key obviously makes training efforts more complicated.

#### *- Systemic issues: main structural barriers tackled/ to overcome?*

The following structural barriers have to be tackled to guarantee adequate implementation of programming addressing gender inequity :

1. Ensure that authorities understand the risks of increased inequality, SGBV and other forms of violence and abuse during the pandemic as well as other gendered impacts of the prolonged crisis
2. Ensure that sex-, age- and disability disaggregated data is collected. Analyse the differential impacts, barriers and risks being faced by different groups to ensure current programming best meets the needs of the affected population
3. Ensure that feedback received from women, girls and other groups at risk being marginalized is encouraged, heard and used to adjust programming
4. Ensure the minimum standards are applied by all sectors and that the participation and feedback of at-risk groups is done in a meaningful way. Regularly monitor progress and adherence to the minimum standards for Protection, Gender and Inclusion (PGI) in Emergencies
5. Ensure that national COVID-19 cells/taskforces have trained gender & diversity as well as SGBV focal points making sure that measures against an increasing gender gap are worked into national response plans to COVID-19
6. Ensure that earmarked funding for addressing the gender gap (in health) is integrated in regional and country appeals

COVID19 Effect	
Opportunities	Challenges
<ul style="list-style-type: none"> <li>• Attention was re-focused on access to health services which was beneficial for women and girls who suffered most from latest trends being slowed down or even reversed</li> <li>• The auxiliary role of National RCRC Societies has allowed for taking an active role in health system strengthening in many countries</li> </ul>	<ul style="list-style-type: none"> <li>• With the pandemic creating a long-lasting and protracted crisis, efforts to provide and guarantee access and quality of health services for women and girls need to be upheld sustainably</li> <li>• Avoiding risk of women and girls being increasingly exposed to SGBV, a joint effort of all governmental as well as non-governmental stakeholders needs to be made to address root causes, but also fight all manifestations of GBV.</li> </ul>
What are key conclusions	
Key good practices	Key lessons learnt
<ul style="list-style-type: none"> <li>• extra efforts were to support national health systems to keep up their service delivery during the pandemic</li> <li>• extra efforts were made to keep up standards in advisory services for women and girls to claim and make us of health services during the pandemic using remote / digital / interactive tools as well as trained community volunteers</li> </ul>	<ul style="list-style-type: none"> <li>• all emergencies lead to a degradation of access to health services for women and marginalized groups. Research demonstrates that COVID-19 effects in many countries are no different.</li> <li>• The auxiliary role of National RCRC Societies needs to be actively shaped for the benefit of the local population especially the most vulnerable including women and girls.</li> </ul>

## Key recommendations

- RCRC Movement efforts to support health systems to maintain (routine) health service delivery are essential for the vulnerable groups of population including women and girls
- The RCRC Movement should continue investing into deploying trained, retrained and sensitized volunteers trusted within the community to spread reliable information encouraging vulnerable groups to seek physical and mental health support in order to avoid isolation
- Given the global and protracted crisis-situation of the C19 pandemic, the Swiss RC should focus even more on delivering quality services to avoid the reversal of development gains booked in the field of empowering women and girls. National response plans need to budget resources to address



