

COWATER INTERNATIONAL COVID-19 GESI-RESPONSE TOOL



Introduction – Gender Equality and Social Inclusion during the COVID-19 Crisis

Cowater's programming aims to promote locally-driven change for the empowerment of people in target countries and regions. A gender equality and social inclusion (GESI) lens emphasizes the inclusion of women, girls and other vulnerable populations such as youth, the elderly, persons with disabilities, the very poor, minority groups, displaced and conflict-affected populations, migrant workers and those employed in informal or hazardous sectors. Due to entrenched societal norms and discrimination, women and other vulnerable people are most at risk in times of crisis, including during the current COVID-19 pandemic. On a daily basis, humanitarian organizations report increased incidences of gender-based violence, neglect of the elderly, migrants and imprisoned populations, lack of protections for frontline workers, increased destitution of the poor and homeless and more. Cowater is ideally suited to respond to this challenge given donors' trust in our ability, the technical capacity of our staff and partners, and our footprint in countries around the globe. Cowater staff have pivoted to re-design existing interventions and to introduce new activities proactively and in response to donor requests to address challenges resulting from COVID-19. This tool aims to support these efforts by both categorizing the range of challenges faced in the COVID-19 crisis and also providing example solutions. The health and safety of all partners, staff and beneficiaries engaged in our projects is a Cowater priority, and as such must be at the forefront in considering all activities, including those responding to COVID-19.

Best Practice for COVID-19 Service Delivery

Strive for Equal Access to Services: Service provision often suffers from elite capture and discriminates against women and other vulnerable populations. In order to reach target groups, it is necessary to adopt a rights-based approach that embodies inclusion, non-discrimination and equality/equity. This cuts across all activities from program design to data collection to delivery of essential services, gender-sensitive budgeting and more.

Develop Tailored Services: The intersectional identity factors and needs of women, girls, migrants, HIV-affected individuals, persons with disabilities, LGBTQI persons and the very poor differ from one another and across contexts. Whether services are related to communications, health, social issues, economic activities etc., effectiveness is dependent on the tailoring of services to meet the needs of different populations.

Collaborate with Partners and Networks: Assessment of needs followed by design and delivery of services can be best achieved in partnership with various partners and networks: national and local government offices and agencies; private sector partners offering a range of products and services; and civil society organizations such as women's rights organizations, disabled people's organizations, and organizations representing ethnic minorities, that have reach into communities and often are part of regional or national networks.

Conduct Upfront Assessment: Upfront assessment of needs, coordinated with like-minded partners, will enable the design and delivery of more equitable and tailored services along with the selection of the most appropriate partnerships. Moreover, data should be collected disaggregated by sex/gender, age, disability and other vulnerabilities/marginalization in order to understand the gendered differences in design and delivery of services.



USING THIS TOOL

This tool is a resource to support you and your project teams to:

- Be aware of a range of activities that can improve outcomes for women and other vulnerable populations in response to the COVID-19 crisis;
- Select interventions that are the most relevant to your specific project objectives and context;
- Assess feasibility of selected interventions for delivery by your team (time, cost, organizational capacity, safety/risk, regulatory context, local support), as well as the potential for mobilizing, building on, or joining local initiatives that respond to the same objectives.

It is presented in MS Word format to allow you to input into the last column of the table below your own notes on how to adapt interventions for your project.

The tool comprises the following sections:

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- Income

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- Education

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- Unserved Needs of Frontline Workers

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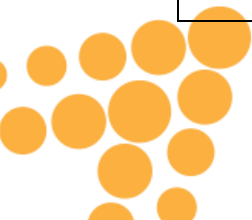
- Increased Gender-Based Violence (GBV)
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- Data is Not Useful or Accurate
- Lack of participation of women and other vulnerable groups in global health security decision-making
- Insufficient Government Capacity and Resources
- Lack of or Inadequate Social Safety Nets



KEY CHALLENGES	EXAMPLE COWATER SOLUTIONS	SELECTION AND FEASIBILITY OF SOLUTIONS
PREVENTION and CONTROL		
<p>Communications: Women and vulnerable people may lack access to critical and practical COVID-19 information due to issues such as literacy levels, language, access to communication channels, gender/social norms, etc.</p>	<ul style="list-style-type: none"> • Support the preparation of appropriate communications for your project’s target group to relay critical COVID-19 prevention and response messaging, including around hygiene measures, gender-based violence, other essential social services, and myths around COVID-19. Consider: <ul style="list-style-type: none"> ○ Content: clear and simple content of messaging and culturally relevant public health messaging and marketing ○ Format: accessible communications in multiple formats appropriate to target audience literacy levels (especially true for women) and disabilities ○ Medium: choose appropriate communication channels (e.g. radio, television, billboards, text messages, digital, partner networks, etc.) theatre, drama ○ Inclusive consultation process: Develop through engagement with community leaders, local health workers, especially women, women’s organizations, traditional communicators (e.g. griots in some West African countries), international health organizations (WHO), and relevant government ministries 	
<p>Hygiene: Inadequate WASH services for vulnerable households increases risk of COVID-19 infection particularly around hand washing and cleaning of surfaces.</p>	<ul style="list-style-type: none"> • Collaborate with networks and partners to support delivery of needed hygiene products and WASH services such as: <ul style="list-style-type: none"> ○ Access to soap and hand sanitizer (e.g. distribution or local manufacturing) ○ Household cleaners ○ Access to clean water ○ Access to sufficient water sources that mitigates need for crowding around a few water sources/ points ○ Good hygiene and safety practices for food products 	
<p>Shelter: Women and other vulnerable people, such as refugees and internally displaced persons, often live in crowded settings or lack adequate shelter—conditions conducive to the spread of COVID-19 and vulnerability to the infection.</p>	<ul style="list-style-type: none"> • Provide support to government and humanitarian organizations to: <ul style="list-style-type: none"> ○ Contribute to the development of government grant programmes for suppliers of essential services ○ Support CSO/NGO partners in setting up temporary shelters for homeless and those in crowded settings ○ Work with humanitarian organizations to support strategic site planning for better distancing, ensuring it is physically accessible, and integrating gender considerations such as security lighting and sex-segregated bathroom facilities 	



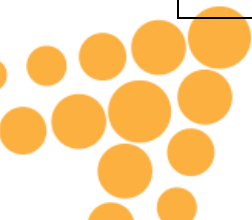
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<p>Income: Poor households, including those led by women who are overrepresented in the informal sector without social protection, as are persons with disabilities, must continue to engage outside the home to earn an income or access subsidized services (e.g. food banks). Persons with disabilities may need continued access to rehabilitation and other support services.</p>	<ul style="list-style-type: none"> • Work with partners to improve social distancing and personal protection for those that need to work or access services by: <ul style="list-style-type: none"> ○ Supporting messaging around social distancing and hygiene outside the home ○ Supporting service providers to incorporate social distancing (e.g. in food bank lines) ○ Providing personal protective equipment for poor earners (delivery, store clerks, cleaners – see separate section for healthcare workers below) ○ Providing hygiene and safety tools for informal food producers ○ Initiating or supporting behaviour change initiatives around social distancing and personal protection practices • Assess potential of connecting vulnerable producers with markets through identifying delivery means, facilitating inclusion of their products within food or hygiene parcels provided by governments and development/aid agencies • Sensitize employers to basic safety standards for the well-being of employees and clients 	
CONTINUITY OF ESSENTIAL SERVICES		
<p>Basic Survival Needs: Women and the poor are more likely to suffer from decreased access to basic survival needs including food, clothing and shelter.</p>	<ul style="list-style-type: none"> • Cowater and its network of partners can support the delivery of needed goods through: <ul style="list-style-type: none"> ○ Innovation in delivery channels of basic needs through government and the private sector ○ Packages of nutritious food for the homeless, very poor, elderly, malnourished children, pregnant women, and persons with disabilities ○ Distribution of clean clothing or cleaning supplies ○ Provision of personal hygiene products for women and girls including contraceptives, which is often overlooked during lockdown ○ Provision of shelter – same as above 	
<p>Sexual and Reproductive Health and Rights (SRHR): Due to lockdowns and closure of services, women and girls have limited access to their sexual and reproductive health and rights including maternal, newborn and child health supports and services.</p>	<ul style="list-style-type: none"> • Support primary healthcare systems and units to prioritize access to SRHR services around: <ul style="list-style-type: none"> ○ Pre- and post-natal care ○ Contraception ○ Menstruation 	

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	<ul style="list-style-type: none"> ○ STIs and HIV ○ Response to rape / abuse ● Contribute to the development of alternative services including telehealth centres, one-on-one phone appointments with doctors / health care professionals, online services and media (e.g. radio, posters, digital) 	
<p>Mental Health Challenges: COVID-19 contributes to stress and anxiety on many levels, exacerbating existing conditions or contributing to new mental health challenges.</p>	<ul style="list-style-type: none"> ● Stop gap measures over the short-term can include: <ul style="list-style-type: none"> ○ Support for improved delivery of messaging and services via all forms of media ○ Installation of support hotlines ○ Encouragement of innovative family and neighbourhood support 	
<p>Education: With school closures, children and students (especially girls) in vulnerable households are most likely to fall behind in education. They are also most likely to drop out or not return to school due to reduced incomes, early marriage, increased household burden, caring for children and the sick or elderly due to COVID-19.</p>	<ul style="list-style-type: none"> ● Work through government and educational partners and networks to promote: <ul style="list-style-type: none"> ○ Gender-inclusive communications around the value of education ○ Financial support to stay in or return to school ○ Innovative approaches for continuity of education services through remote learning platforms: online, radio, television, social media ○ Access to basic educational materials for at-home use 	
PROTECTION OF FRONTLINE WORKERS		
<p>Unserved Needs of Frontline Workers: Women and other vulnerable people are often on the frontline to serve the needs of others, particularly in health sectors. Without personal protective equipment or adequate support, there is an increased risk of exposure to infection as well as higher levels of anxiety.</p>	<ul style="list-style-type: none"> ● Support institutions (public, private or civil society) to assess and respond to the needs of frontline workers as they relate to: <ul style="list-style-type: none"> ○ Health/equipment ○ Knowledge ○ Personal protective equipment and hygiene products ○ Psychosocial needs for frontline workers and their families 	
DEEPENING ECONOMIC INEQUALITY		
<p>Impacts on Women's Economic Empowerment: Lockdowns and closures due to COVID-19 are a serious threat to the engagement of women and other marginalized groups in economic activities, especially in informal sectors, negatively impacting livelihood opportunities and outcomes.</p>	<ul style="list-style-type: none"> ● Provide support to develop and implement targeted economic strategies such as: <ul style="list-style-type: none"> ○ E-commerce strategies and businesses ○ New ways to access needed information and resources, alternative delivery systems (e.g. for home produced goods), digital information and payments ○ Explore cash transfer programming to mitigate the impact of the outbreak and support for recovery and resilience to future shocks 	



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	<ul style="list-style-type: none"> ○ Assess the priority needs to ensure enterprises (formal and informal) do not shutdown and continue to operate; share the findings with other development and government players ○ Explore new sources of raw material/inputs for production, in case raw material is imported or hard to obtain ○ To the extent possible, ensure the government is gender sensitive and inclusive of women and other vulnerable groups in its programming and response to COVID-19 ○ Raise awareness among development and local organizations of the economic challenges and losses incurred by women and vulnerable groups/MSMEs as a result of COVID-19; build co-financing models to incentivise them to be more gender sensitive and inclusive in their response to the pandemic 	
<p>Impacts on Migrant Workers and Precarious Employment: Migrant workers, including those engaged in domestic and care work, transportation and construction have been impacted by increasingly unpredictable travel bans, workplace closures and termination of casual / gig labour.</p>	<ul style="list-style-type: none"> ● As above – targeted economic strategies, cash transfers, humanitarian efforts and funds ● Support/accelerate the development of electronic payment mechanisms with responsible authorities to limit personal trips to banks to avoid exposure to infection 	
<p>Increased Burdens of Unpaid Care Work: Women and girls usually bear responsibility for unpaid care work, including caring for ill family members and the elderly, which increases during crises such as COVID-19 and prevents them from engaging in paid work. The closure of schools and additional childcare work further exacerbates the burden of unpaid care work on women and girls.</p>	<ul style="list-style-type: none"> ● A complex issue that in particular requires long-term systemic change, short term response solutions may include: <ul style="list-style-type: none"> ○ Media campaigns for awareness raising about fairer distribution of work within households on lockdown ○ Introduction of cost-effective labour-saving devices at home and on the farm ○ Media campaigns highlighting positive male role models sharing the burden and setting an example of balanced roles within families 	
INCREASED GENDER-BASED VIOLENCE		
<p>Increase in Gender-Based Violence (GBV): Confinement and lock-down due to COVID-19 is likely to result in increased intimate partner and other forms of domestic violence against women and girls due to heightened economic and social tensions within the household. Women’s primary roles in procuring food can also put them at greater risk inside and outside the home, and</p>	<ul style="list-style-type: none"> ● Support government and civil society partners, including women’s organizations, to: <ul style="list-style-type: none"> ○ Incorporate into preparedness and response strategies the risk of increased GBV and identify those at higher risk such as women and girls, LGBTQI individuals, persons with disabilities and the elderly ○ Establish/expand hotlines for reporting of GBV 	

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<p>economic pressures can expose women and children to sexual exploitation and abuse, including through transactional sex. LGBTQI individuals, persons with disabilities and the elderly are also at greater risk of GBV.</p>	<ul style="list-style-type: none"> ○ Increase women’s access to shelters and address mobility constraints; consider the need for separate spaces for GBV survivors infected with COVID-19 ○ Collect data related to increases and types of GBV to inform the development of prevention and response mechanisms ○ Allocate adequate resources to GBV response services within government budgets ○ Develop, disseminate and promote messaging to address the risk of increased GBV and to provide information on accessing GBV response services ○ Update and disseminate to key partners accurate GBV referral pathways to reflect evolving availability of services ○ Build awareness among project teams of local GBV referral systems so they can provide accurate guidance and access to GBV survivors 	
<p>GBV Response: First responders may respond to situations of GBV associated with or exacerbated by the COVID-19 pandemic.</p>	<ul style="list-style-type: none"> ● Support government and civil society partners, including women’s organizations, in training First Responders on: <ul style="list-style-type: none"> ○ Basic skills on handling disclosures of GBV associated with or exacerbated by the epidemic in a compassionate and non-judgmental manner ○ Understanding to whom they can make referrals for further care or bring into treatment centres to provide care on the spot ○ Where they can access psychosocial support 	
<p>Support Services: Care and support to GBV survivors (e.g. clinical management of rape /abuse; mental health and psycho-social support) may be disrupted when health service providers are overburdened and preoccupied with COVID-19.</p>	<ul style="list-style-type: none"> ● Support government and civil society partners, including women’s organizations, to: <ul style="list-style-type: none"> ○ Identify and mitigate disruptions to GBV response services such as police reporting, healthcare, psychosocial support, and legal support to ensure that services remain accessible to survivors amid focus on COVID-19 ○ Ensure GBV referral pathways are updated to reflect the changing context, including for women’s shelters, and communicated to all service providers ○ Consider and adapt alternative formats for psycho-social, health and legal support to ensure continuity of service to survivors, including those affected by COVID-19 	



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LONGER TERM SYSTEMS CHANGE		
<p>Data is Not Useful or Accurate: Lack of accurate disaggregated data for assessment and analysis of target groups contributes to inequitable and inappropriate services and supports for disadvantaged women and men, girls and boys, as well as inaccurate reporting by officials.</p>	<ul style="list-style-type: none"> • Source or collect data disaggregated by sex, age, disability and other vulnerabilities/marginalization in order understand the gendered differences in design and delivery of services • Support longer term approaches of government and civil society to collect and analyze sufficient and adequate data for decision-making 	
<p>Lack of participation of women and other vulnerable groups in global health security decision-making: Women account for the majority of the global health workforce but are underrepresented in global health decision-making bodies and leadership, as are other vulnerable groups.</p>	<ul style="list-style-type: none"> • Work with women’s organizations and networks to support campaigns and advocacy efforts demanding equal representation of women in global and national health leadership • Work with governments to ensure safe, decent working conditions for health workers, who are mostly women • Work with partners to ensure the participation and perspectives of vulnerable groups such as persons with disabilities, the elderly, and ethnic minorities are incorporated into decision-making 	
<p>Insufficient Government Capacity and Resources: Many countries in which we work are challenged by limited capacity and knowledge of officials, including in incorporating a gender sensitive and socially inclusive approach that addresses the needs of the most vulnerable, as well as ineffective delivery of information and services by government, overwhelmed healthcare services, CSOs and other institutions.</p>	<ul style="list-style-type: none"> • Develop programming to build capacity of government, health sectors, CSOs and other institutions to deliver effective gender-sensitive services and supports during COVID-19 and other crises • Steer and support the effective and appropriate use of donor funding to support short- and long-term gender-sensitive service delivery, capacity building, gender-sensitive budgeting and use of resources • Readjust PFM support to provide advice on reprioritising/redirecting limited available resources to most relevant and urgent needs using a gender-sensitive and inclusive approach and addressing the needs of the most vulnerable 	
<p>Lack of or Inadequate Social Safety Nets: In many countries in all regions of the world, social safety nets are not available to support citizens in times of crises, resulting in a host of social, economic and safety challenges from mild to severe to tragic outcomes.</p>	<ul style="list-style-type: none"> • In the immediate term, humanitarian services are often the only response in which case Cowater networks can support the delivery of needed emergency services, food, personal needs, etc. • Over the long term, building the capacity of governments and local civil society to create and deliver social safety nets is required 	

