



Advancing community health worldwide.

EMERGING GENDERS ISSUES AND RECOMMENDATIONS IN THE COVID-19 RESPONSE

Weekly COVID-19 Response
Coordination Call

April 10, 2020

Agenda

- Welcome by Lisa Hilmi, Executive Director, CORE Group
- Julie Dargis, Senior Advisor, Global COVID-19 Response, CORE Group
- Introduction of Moderator, Dr. Carolina Mejia, Senior Measurement and Learning Technical Advisor at IntraHealth International
- Presentations (Segment #1)
- *Pause for Discussion—Round 1*
- Presentations (Segment #2)
- *Pause for Discussion—Round 2*
- COVID Resource Corner – Highlights of Gender-specific COVID Resources
- Closure



Presenters

The World Bank

- Dr. Sameera M. Al Tuwaijri, Global Lead, Population and Development Health, Nutrition and Population Global Practices, The World Bank will focus on *the World Bank perspective on Gender and COVID*.

CARE

- Anushka Kalyanpur, Team Lead, Sexual and Reproductive Health & Rights in Emergencies Cluster & Courtney Phelps, Senior Gender in Livelihoods Advisor at CARE will outline: *Key findings from the recent CARE Global Rapid Gender Analysis*.

IntraHealth International

- Constance Newman, Global Technical Lead for Gender Equality and Health, IntraHealth International will present: *Gender Implications of COVID-19 for Frontline Health Workforces*.

Promundo-US

- Giovanna Lauro, Vice President of Programs and Research, Promundo, will discuss: *The Impact on COVID-19 on Men and their Livelihoods and their Families*.

Women in Global Health

- Ann Keeling, Senior Fellow, Women in Global Health will present: *The 5 Asks*.



Segment #1: Review of Top-Line Issues

The World Bank

- Dr. Sameera M. Al Tuwaijri, Global Lead, Population and Development Health, Nutrition and Population Global Practices, The World Bank will focus on *the World Bank perspective on Gender and COVID*.

CARE

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Let us know what you think!

Use the Chatbox during the following presentations to respond to these questions:

- What do you believe will be the greatest gender challenge in the coming months?
- What immediate areas of intervention would support your work on gender?





Gender and Pandemics

Sameera AlTuwaijri
Global Lead, Population and
Development

Gender Norms and Development



Gender Norms are the attributes, roles, and expectations associated with different genders – typically linked with “what makes a man” or “what makes a woman”



Gender norms define how a society values people based on their gender identity and/or expression

⑦ Gender norms are ascribed by society, and influenced by cultural and/or religious norms



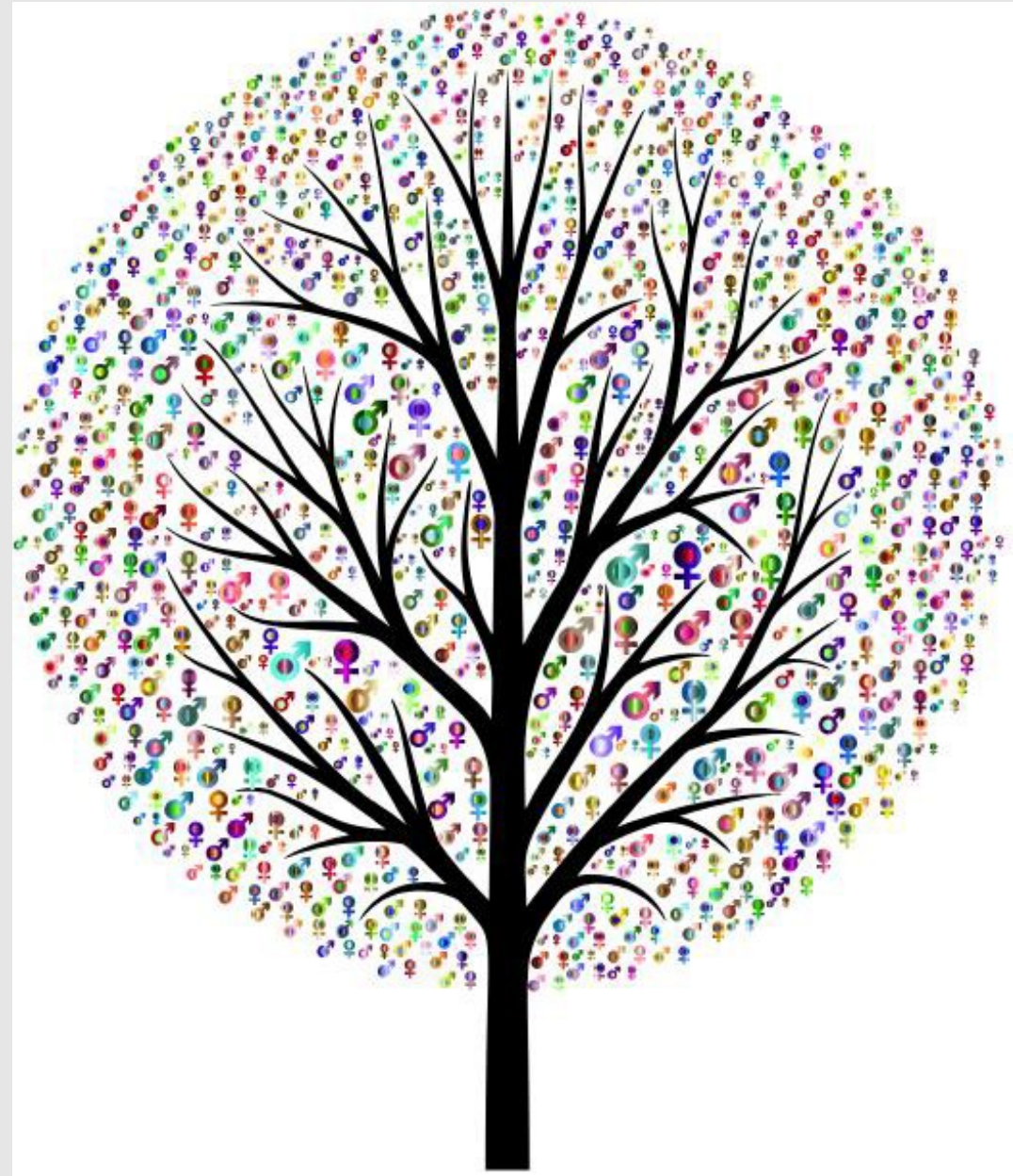
From the day they are born, girls and boys learn through direct and indirect cues what is expected of them, their place, their roles, their rights and their duties *i.e. how to be a “real” woman or man* ⑦ gives rise to stereotypes



Gender norms create gender gaps, which widen in more masculine societies with the roles of women and men more rigidly defined and with diminishing overlap

This has an impact on men’s and women’s access and use of markets and social services including health and education – in essence, affecting their potential for human capital formation

Gender AS A DETERMINANT OF HEALTH



Social Determinants of Health

- Social determinants of health are *“conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels”*
- Social determinants of health are generally factors other than the health system that affect health outcomes, including:

Income/Poverty

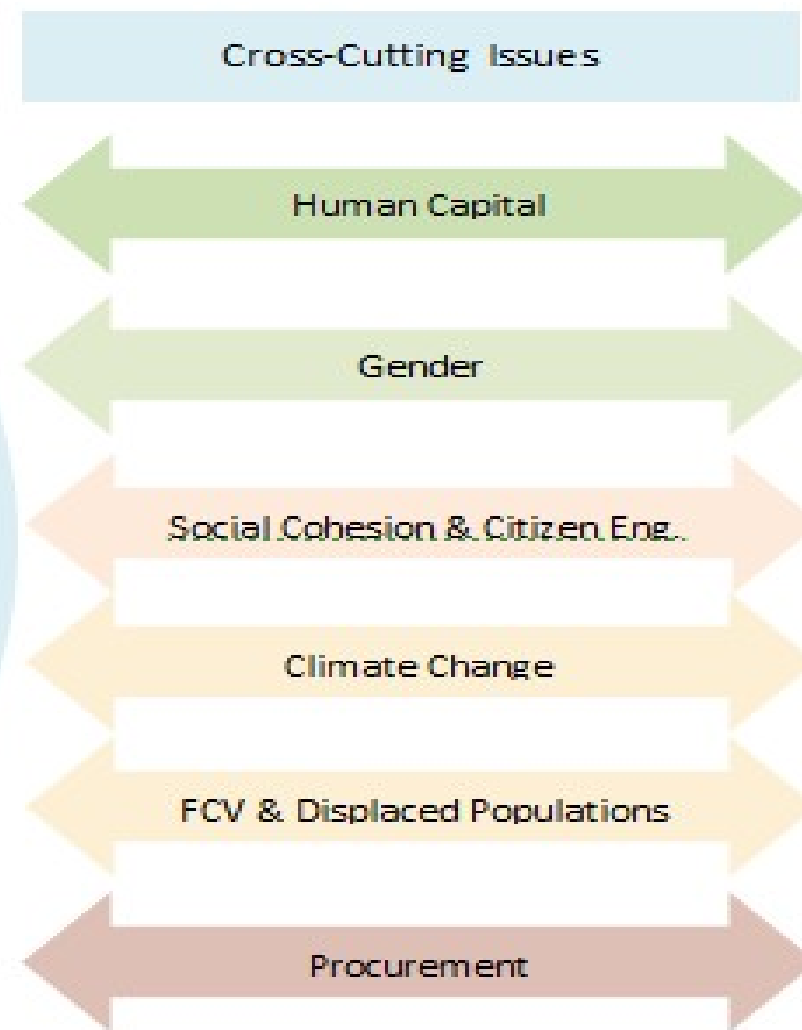
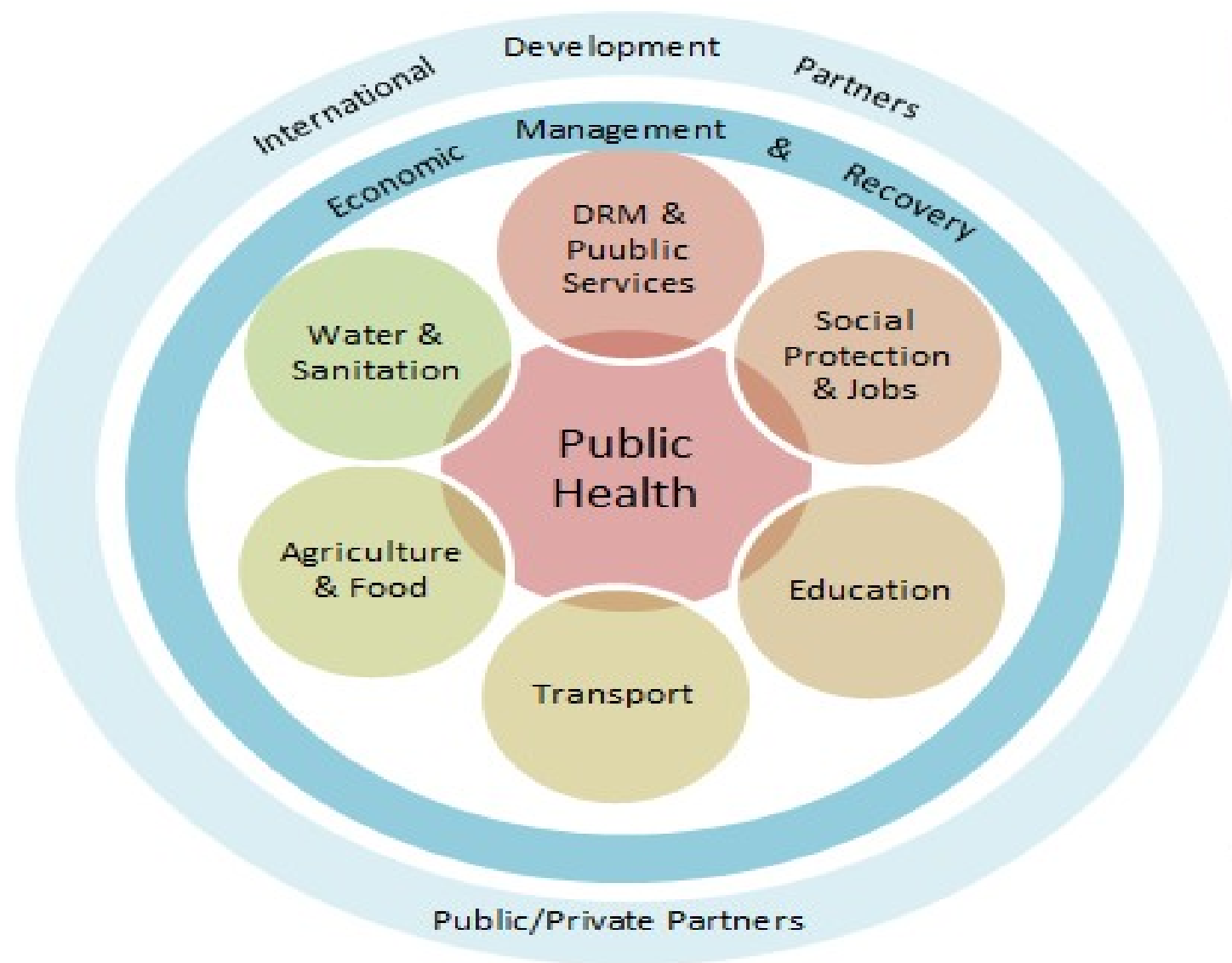
Employment
Conditions

Education

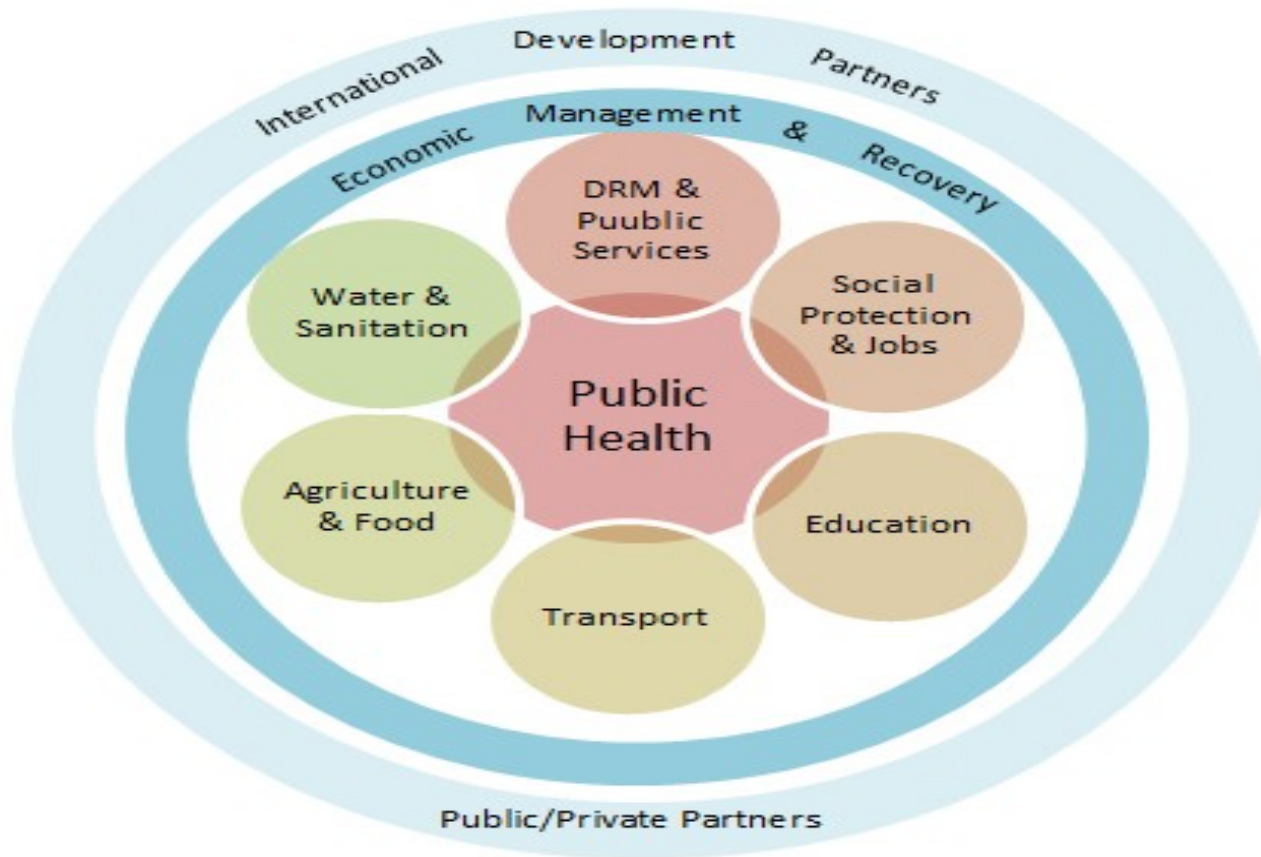
Social
Inclusion/Exclusion

- **Gender is also a social determinant that not only affects health directly, but also cuts across other factors, for example:**
 - Fewer women than men have control over financial resources within a household
 - ⑦ influences decision-making about when, how, and for whom to access health services (as well as which services)
 - In many countries, women’s mobility, and consequently access to health services, is limited and dependent on others

Key Sectors and Cross-cutting Issues in responding to pandemics



Gender in Pandemic response



Gender

Ensuring Gender is addressed in Pandemic Response,

- Ensure that community information campaigns reach women (consider language, cultural, mobility).
- Support (e.g. training, protective gear) to frontline health workers.
- Support to informal caregivers (e.g. information, financial relief).
- Ensuring health response includes critical services for women such as maternal health care or GBV services.
- Care packages include feminine hygiene products

Key issues

- 1. Potential for biological differences in incidence and treatment
- 2. Impact on the elderly, especially women
- 3. Support to healthcare workers and informal caregivers
- 4. Continuity of critical reproductive and maternal health care
- 5. Mitigating risk for gender base violence and sexual harassment

Key interventions, with an eye on gender

Policy Measure for Health can be classified under three broad categories:

- (i) disease surveillance and pandemic preparedness which includes a blend of short to long term measures for supporting policy and pandemic response;
- (ii) public health emergency response, which includes immediate measures to contain the spread of diseases; and
- (iii) supporting measures for health systems strengthening that promote continuity of services, and provide emergency response to advanced cases.

Measurement Matters

- It is important that when gender gaps are identified, M&E frameworks take these gaps into consideration
- In health, possible indicators that can be used to analyze gender issues include.
- When planning surveys and data collection, review to see how gender can be incorporated into the instrument
- Gender statistics are also available through several sources, such as
 - Aggregate level: World Development Indicators, Gender Statistics
 - Microdata: Demographic & Health Surveys, Household Surveys, Health Service Delivery/Facilities Surveys (to varying extent)



Global & MENA Regional Rapid Gender Analysis Covid-19

Anushka Kalyanpur, Team Lead for SRHR in Emergencies
Courtney Phelps, Senior Gender in Livelihoods Advisor, Syria

What is Rapid Gender Analysis?



- Since 2013, CARE's RGA has been used in over 50 countries worldwide
- Three core principles: Fast, Progressive, Practical
- RGAs are imperfect – requires updating!

Gender analysis series for COVID-19



RGAs Gender-Covid-19 Findings



**Limited
Gender Data
available on
direct and
indirect
impacts**



**Significant
increase in
women's
unpaid care
roles**



**Women
are
missing
from
Covid-19
decision-
making**

Key Sectoral Findings



**Gender-based
Violence is
Increasing**



**Decreasing
Access to
Healthcare**



**Sexual and
Reproductive
Health at Risk**

MENA Region



"I know that several contexts in our Region, such as camp settings, represent high-risk environments for transmission of the virus and can make physical distancing a challenge. We are working hard to ensure that people who are most vulnerable are protected, and able to get tested and treated without delay or interruption."

-World Health Organization Director,
Eastern Mediterranean Regional Office

Mobility & Access to information

Cultural limitations in women's and girls' movement, and gender gap in sharing of and ability to take action on community-based messages: differential access to public information sources in MENA, and government restrictions on journalistic reporting

IDPs, refugees and migrants

IDP, refugee camps, informal settlements comprise most of MENA, and face overcrowded conditions, unsafe border crossings, documentation concerns that limit access to services, and family separation (disproportionately for children)

Ethnic & Linguistic Diversity

Areas not of dominant Arabic descent have differential access to resources, and complicate the ability to provide consistent and contextualized information that is accessible to ethnic or religious minorities

Key findings for MENA



WASH service availability

MENA is the most water scarce region with millions of people in need of emergency assistance prior to COVID-19, making prevention via handwashing more difficult



Psychosocial Support

Conflict & displacement have led to already-high levels of MHPSS need with stigma around support-seeking



Women's Leadership

Efforts made to amplify the voices of women and girls in MENA are at risk, with minimal representation at all levels

Recommendations (MENA)



Core Recommendations include:



1. Consistently collect and analyze sex, age, and disability disaggregated (SADD) data in all preparedness and response interventions
2. Availability of critical sexual and reproductive health (including GBV) services and supplies in line with the MISP must continue in line with IAWG guidance.
2. Across agencies, establish/strengthen, inclusive two-way community-based risk communication: localized, evidence-based, gender-responsive, and dispels myths and misinformation.
4. Increase provision of water, sanitation, and hygiene services including MHM particularly in rural and displaced settings.
5. Take economic measures to protect those involved in informal/insecure labor markets such as cash assistance and support women's economic empowerment initiatives to promote remote modalities for income generation.
6. Increase investment in mental health and psychosocial services, especially in conflict settings.
Ensure women are involved in leadership on COVID-19 response at global, regional, national, and community levels.
7. A zero tolerance approach to SEA must be applied by all actors.





Thank you



Gender-based Violence is Increasing

Women's rights activists in China have reported that domestic violence cases have risen since quarantine measures have been in place due to COVID-19.

Lockdown & violence: individuals (particularly women) are essentially trapped with their abuser, with the abuser using the virus to further isolate the victim

Access to GBV services: Loss of income; lack of information; and fears over contracting the virus at service points create multiple barriers. Compounded for those reluctant to access public services: e.g. migrants, homeless populations, sex workers.

Availability of GBV services: GBV response and prevention services may be weakened incl. court closures and safe houses.

Sexual Exploitation and Abuse: An overall economic downturn, food insecurity and loss of income/employment opportunities can result in a spike in sexual exploitation and abuse,



Unequal access to health care

Poverty and health: Impacts on personal and household income as well as ability to travel to and pay for healthcare (incl. SRHR)

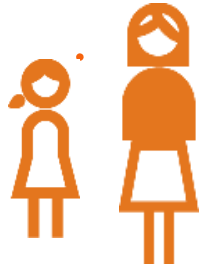
Older people and persons identifying as having a disability: Social distancing and quarantine; impact on mental health. The importance of continued care which may reduce or increase risk.

Refugees and migrants: Overcrowded conditions in IDP/refugee camps and informal settlements make prevention more challenging. Lack of documentation, travel restrictions and border crossings will create barriers for access to health care.

Social, sexual and gender minority groups: Barriers noted for LGBTIQ+ to access healthcare due to discrimination and unwelcoming attitudes.

Xenophobia/discrimination: Fear or/actual discrimination (e.g. persons of Asian descent) can impact health seeking behavior and service provider attitudes. Increased stigmatization of front line workers; reports of increased violence/harassment.

Access to information: Gender gap in comprehension and ability to take action of community-based messages: different levels of literacy and education between women and men, boys and girls.



Sexual and Reproductive Health at Risk

Resources **diverted from existing health services** to support the crisis.

Impacts are exacerbated in contexts with already weak health care and poor Sexual and Reproductive Health services

Greater impacts for those who rely on free or subsidised care, women, girls or groups living in poverty and unequal gender norms create barriers to access

Pregnant women and newborns experience physical and developmental changes that can make them vulnerable to viral respiratory infections + disruption to health services.

Household power dynamics: Where men hold the majority or exclusive decision-making power in the household, this can limit women's access to health and SRH service, particularly if she has restricted freedom of movement or is not in control over the finances.

Recommendations



1. Collect and analysis sex and age disaggregated data in needs assessments and advocate for Covid-19 SADD data at national and regional level.



2. Develop Regional and Local Rapid Gender Analysis for Covid-19; Global work on a Joint Multi-Sectoral Rapid Gender Analysis.



3. Decision-makers and those coordinating response efforts should use gender analysis and include gender specialists at global, national and local levels



5. Across agencies, establish/strengthen, inclusive two-way community-based risk communication: localized, evidence-based, gender-responsive, and dispels myths and misinformation



6. GBV prevention and response and Health/SRH services in line with the MISRP, must be seen as life-saving interventions across those working on humanitarian response.

7. A zero tolerance approach to SEA must be applied by all actors.

Discussion



Segment #2: Considerations for Effective Gender Response

IntraHealth International

- Constance Newman, Global Technical Lead for Gender Equality and Health, IntraHealth International will present: *Gender Implications of COVID-19 for Frontline Health Workforces.*

Promundo-US

- Giovanna Lauro, Vice President of Programs and Research, will discuss: *The Impact on COVID-19 on Men and their livelihoods and their families.*

Women in Global Health

- Ann Keeling, Senior Fellow will present: *The 5 Asks.*



Let us know what you think!

Use the Chatbox during the presentation to respond to the following questions:

- What are the specific audiences that we should be targeting with gender messaging?
- What are your immediate needs for training resources on gender issues? Who needs training?





Gender Implications of COVID-19 for Frontline Health Workforces

Constance Newman

Global Technical Lead for Gender Equality and
Health



SDGs relevant to the health workforce

SDG 4

- **Ensure inclusive and equitable quality education...for all.**

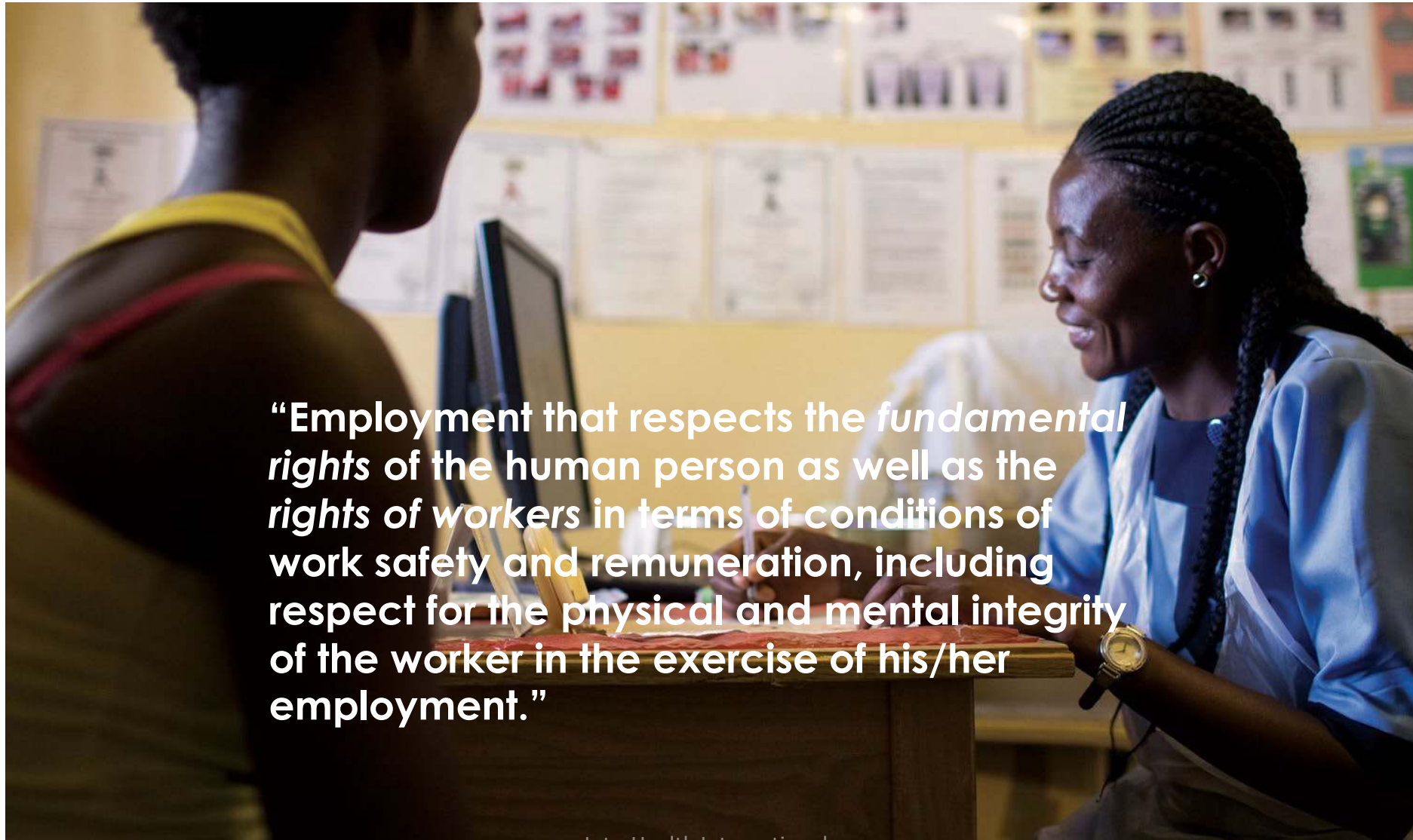
SDG 5

- **Achieve gender equality and empower all women and girls**

SDG 8

- **Promote sustained, inclusive and sustainable economic growth, full and productive employment *and decent work for all***

Decent work at the frontlines



“Employment that respects the *fundamental rights* of the human person as well as the *rights of workers* in terms of conditions of work safety and remuneration, including respect for the physical and mental integrity of the worker in the exercise of his/her employment.”

Decent work at the frontlines

- Work that is productive and delivers
 - a fair income
 - security in the workplace
 - social protection for families
 - better prospects for personal development and social integration
 - freedom for people to express their concerns, organize and participate in the decisions that affect their lives; and
 - equality of opportunity and treatment for all women and men.



IntraHealth
INTERNATIONAL
Because Health Workers Save Lives.



Nursing now

Johnson & Johnson

**Investing in the Power of Nurse
Leadership: What will it take?**

<https://www.intrahealth.org/resources/investing-power-nurse-leadership-what-will-it-take>

1. Gender norms and inequalities in the health workforce (2005-2020)

- Girls drop out of school
- Lack of reproductive autonomy
- Exclusion from sites of power and decision-making
- Work-family conflict
- Restricted mobility
- Gender bias, stereotyping, discrimination
- Occupational segregation and gender pay gap
- Unequal, unpaid burden of care
- Devaluation of women-identified jobs
- Neglect of occupational health & safety

2. Gender norms and inequalities during the COVID 19 emergency

- School closures
- Increases in intimate partner and sexual violence; and violence and harassment against health workers
- Increased exposure to infection
- Lack of PPE
- “Lepers up close”
- Frontline health workers’ care burden intensified
- Pay not commensurate with responsibilities and risk
- Left out of health security planning
- Resources diverted from priority primary care – disruptions in MNCH/RH/ HIV/ FP/GBV
- Rights abuses

Disruption in essential services for women:

Maternity care

- Standards of care for COVID-19
- Lack of PPE has resulted in separations at/around birth
- No guidance on the use of masks by pregnant women
- Women and newborns discharged without organized post-partum care
- Midwives are being re-deployed
- Women in labor have shown up to find the clinic dark, no information about where to deliver
- Lockdowns have prevented women from moving around
- Misogynistic practices

Preserving the frontline health workforce, starting with the COVID-19 emergency



- Occupational safety and health (OSH)
- Primary care that addresses SHRH/RR
- Health promotion/Prevention
- Employee assistance

From “A Model of Core Health and Wellness Services for Health Workers and Their Families.” IntraHealth International, 2014

Gender implications of COVID-19

The pandemic may

- Limit the pipeline of the future workforce
- Exacerbate gender inequalities in the current workforce
- Undermine the health and safety of the frontline health workforce
- Create social disruptions that offer an entry point to counter gender discrimination, increase gender equality, make work conditions decent, preserve the frontline health workforce

“Build back better” in the recovery phase in anticipation of future waves

- Project workforce needs to assure continuity of essential services for women with emergency COVID-19 response
- Challenge the neglect of employers—Introduce workplace programs to preserve the health and safety of the frontline health workforce.
- Build organizational capacity to plan for emergency and non-emergency OSH planning
- Allocate budgets for FHW policies and programs integrating SDGs 4, 5 and 8
- Include frontline health workers in planning

To assure gender equality at the frontlines during and post- COVID-19

SDG 5.1. End all forms of discrimination against all women and girls.

SDG 5.2. Eliminate all forms of violence against all women and girls.

SDG 5.6. Ensure universal access to sexual and reproductive health and reproductive rights.

To assure gender equality at the frontlines post-COVID-19, achieve SDG 5 targets within SDG8

SDG 5.a. Undertake reforms to give women **equal rights to economic resources** (including access to decent productive work).

SDG 5.b. Enhance the use of **enabling technology**, in particular information and communications technology, to promote the empowerment of women

SDG 5.c. Adopt and strengthen **sound policies and enforceable legislation** for the promotion of gender equality and the empowerment of all women and girls at all levels.

Thank you!



Contact:

Constance Newman

cnewman@intrahealth.org

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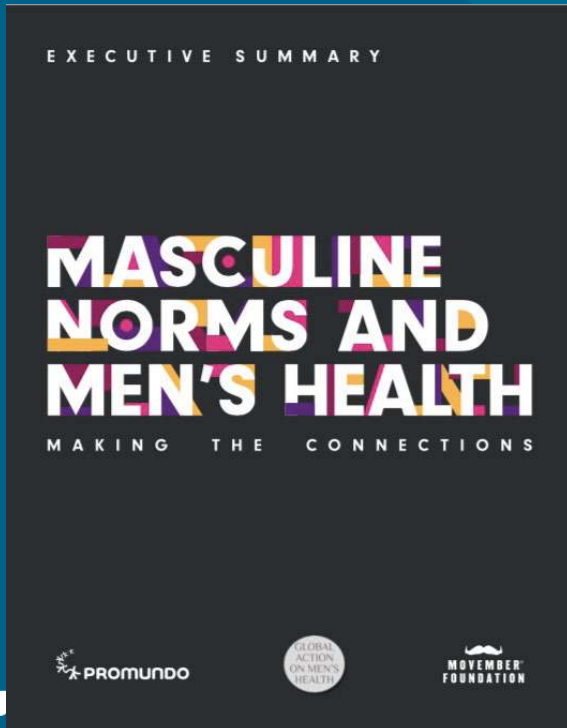
www.intrahealth.org

The impact of COVID-19 on men, their livelihoods and their families

Giovanna Lauro, PhD,
Vice President of Programs and Research
g.lauro@promundoglobal.org

Our Mission

Promundo aims to promote gender equality and create a world free from violence by engaging men and boys in partnership with women, girls and individuals of all gender identities in over 40 countries.



What does gender have to do with COVID-19?

Masculinities as Intersectional & Relational



- Crisis accentuate gender and social differences
- Why more women, why more men, and which men, which women, in other words: *how do other social disadvantages and factors intersect with gender?*
- Look at key facts related to men and COVID-19, and what we can do about it

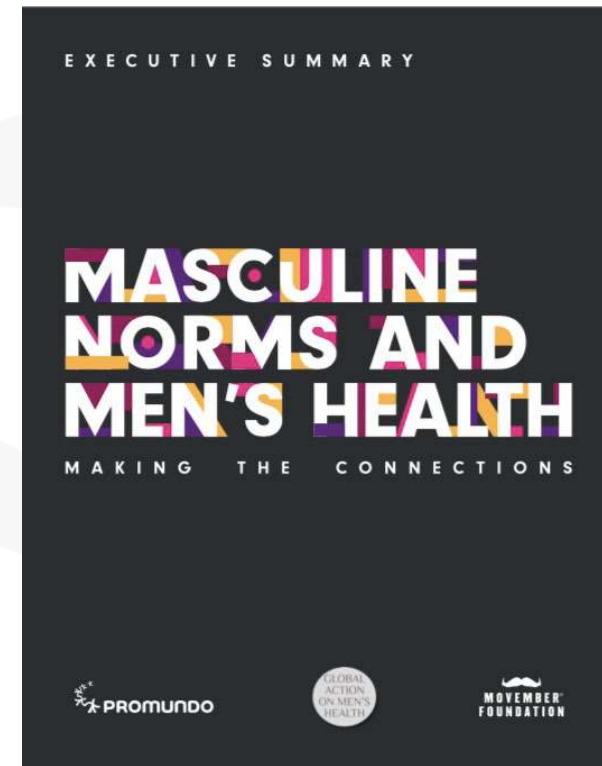
#1: Why are men dying more from COVID-19?

#1: Men are dying MORE from COVID-19

- The one that has made the news: **roughly men have twice the death rates in every country**
- They represent 70% of deaths in Italy, 64% in China, more than 60% in the US
- In NYC, men are 59% of those hospitalized with COVID-19 and 55% of those who tested positive for COVID-19

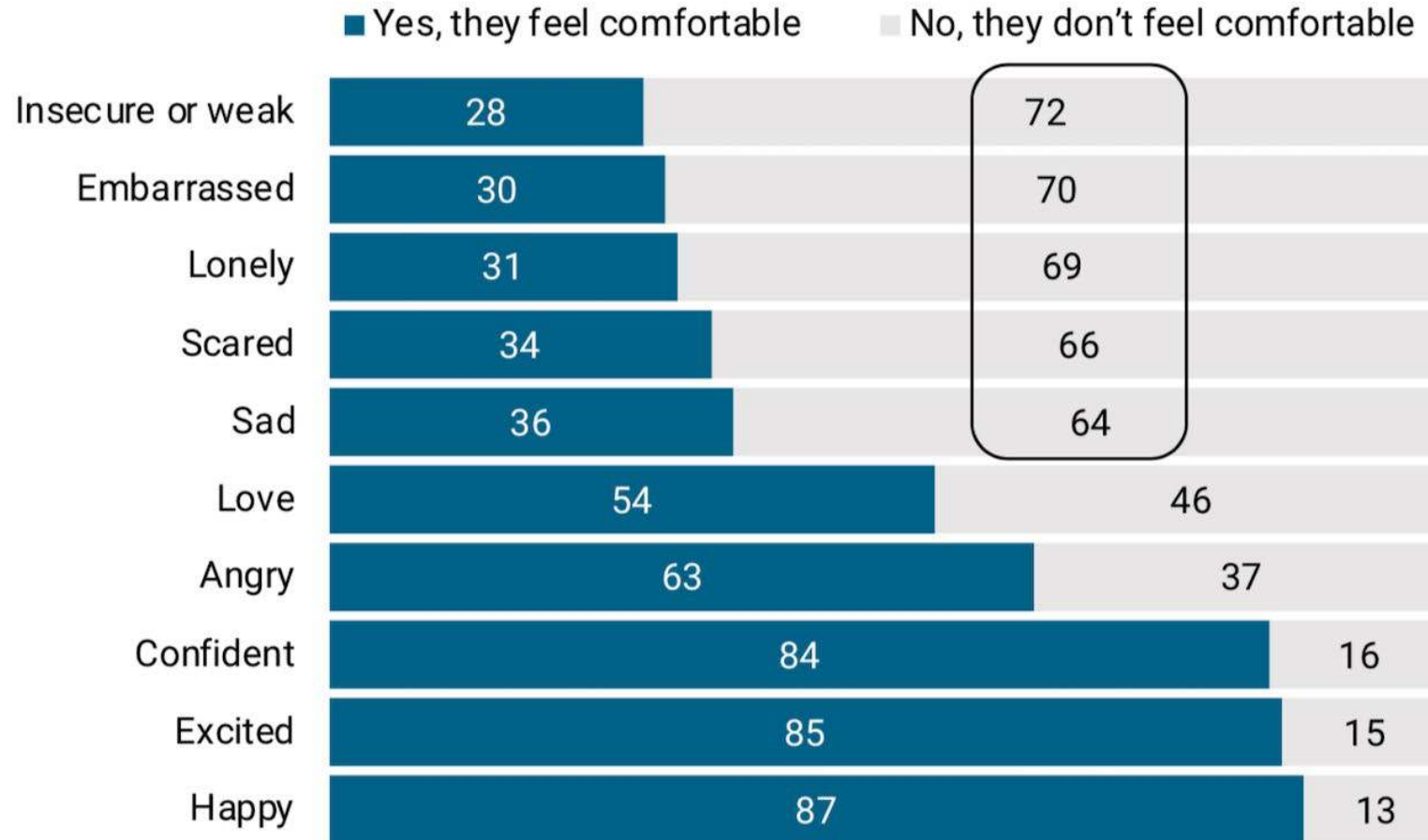
#2: WHY men?

- COVID-19 trends similar to other epidemics
- Globally of all causes men die on average 5 years earlier than women
- Biology and social determinants both play a role



“Be a REAL man!”

In general, do you think boys in our society feel comfortable talking about their emotions when they feel...



ESTIMATED COST EVERY YEAR OF THE MAN BOX

In the US, cost associated with 6 key health outcomes of young men 18-30 that are attributable to harmful masculine norms :



\$15.7
billion

GLOBALLY WHAT DO MEN DIE OF?

50% of premature male mortality and nearly 70% of male morbidity is attributable to:

Risk Behavior	% of Global Mortality	% of Global Morbidity
Poor Diet	19%	11.6%
Tobacco Use	17.6%	14.4%
Alcohol Use	7.5%	12.1%
Drug Use	1.1%	8.6%
Occupational Hazards	3.9%	19.4%
Unsafe Sex	1.6%	2.7%
Health Seeking	N/A	N/A
Total	50.7%	68.8%

International Men & Gender Equality Survey (IMAGES)

> 50 countries + >70,000 Interviews



Which men are dying more from COVID-19?

#3: WHICH men are dying from COVID-19

- Need to consider structural factors
- In Chicago, Michigan, DC, **impact on African Americans**, particularly low income
- Who can afford social distancing?

#4: It's Relational



- Not a zero-sum game
- Impact on families and their livelihoods
- Spikes in domestic violence rates
- Greater burden for women and girls in terms of caregiving and when male partners die prematurely

What can we do about it?

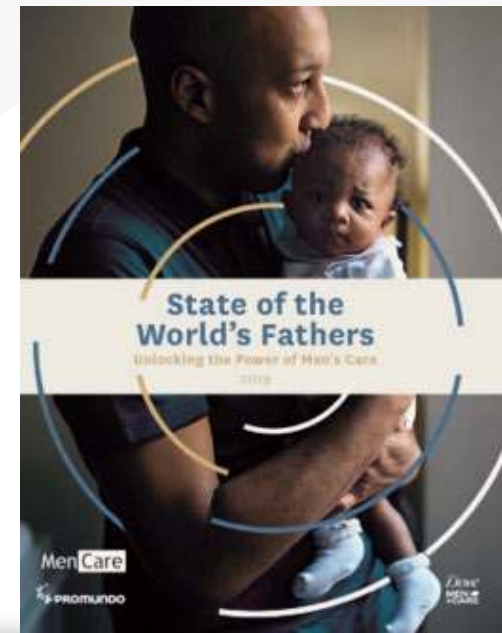
What do we need to address this?

1. **Intersectional data** to inform COVID-19 response - by income, ethnicity, immigration status, etc
2. **Evidence-based policies** to address social determinants and social inequalities, including universal health care

The
MenCare
Commitment

A graphic consisting of two overlapping chevrons pointing to the right. The top chevron is dark purple and contains the text "50 MINUTES" in white. The bottom chevron is a lighter shade of purple and contains the text "50 PERCENT" in white.

50 MINUTES
50 PERCENT



A photograph of a man with a mustache, wearing a light green shirt, holding a young child. The man is looking up and smiling, while the child is looking down. The background is blurred, showing a reddish-brown wall and a green field. A green curved line is overlaid on the image, starting from the left and curving around the man and child.

Radical hope #1: Equal care

Promote a culture of care for men along with gender equality

Radical hope #2: Smash the box

manhood 2.0

what kind of man do you want to be?

Start early talking to our sons about
Healthy masculinity



“Be a good PERSON”

You matter.

Caring

Sensitive

Agency

Emotionally intelligent

I support you.

Empathic

Happy

Nonviolence

Invested in relationships

Partnership

I respect you.

Individual

Collaborative

Empathy

You are loved.

Dedicated to a cause

Care



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www.promundoglobal.org

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GLOBAL HEALTH SECURITY DEPENDS ON WOMEN







OPERATION 50/50: WOMEN'S PERSPECTIVES SAVE LIVES

Join us in demanding representation
in global health security





WGH'S FIVE ASKS FOR GLOBAL HEALTH SECURITY:

- 
- 1. EQUAL REPRESENTATION**
 - 2. SAFE AND DECENT WORK**
 - 3. FAIR PAY AND SHARED UNPAID WORK**
 - 4. GENDER-RESPONSIVE APPROACHES**
 - 5. WELL-FUNDED ORGANIZATIONS**
- 

Discussion



Gender-Specific Resources for COVID-19 Response

Following is a sampling from the CORE Group COVID-10 Resources Webpage:

- Global Health Security **The 5 Asks:** <https://coregroup.org/wp-content/uploads/2020/04/5-Asks1040.pdf>
- Care Publication with IRC on the **Global Gender Rapid Analysis for COVID-19:** https://coregroup.org/wp-content/uploads/2020/04/GENDER_Global-Gender-Rapid-Analysis-for-COVID-19-CARE-IRC.pdf
- CARE Publication on **Gender Implications for COVID-19 Outbreaks in Development and Humanitarian Settings:** https://www.care.org/sites/default/files/gendered_implications_of_covid-19_-_full_paper.pdf
- UNFPA Publication **COVID-19 Through a Gender Lens:** <https://www.unfpa.org/resources/covid-19-gender-lens>
- **COVID-19 and Family Planning** by Family Planning 2020: <http://www.familyplanning2020.org/COVID-19>
- Global Health 50/50 **COVID-19 Sex Disaggregated Data Tracker:** <https://globalhealth5050.org/covid19/>



Closure

Visit our website **COVID-19 Global Pandemic Response page** to learn more about CORE Group and Member Programs and Resources.

<https://coregroup.org/resources/2019-novel-coronavirus-global-response-coordination/>

You can also upload your COVID-specific resources there.

Thank you for your active participation!

