PLAN INTERNATIONAL CANADA'S GUIDANCE FOR MAINSTREAMING GENDER EQUALITY ACTIONS IN COVID-19 RESPONSE

APRIL 17, 2020

As noted in our COVID-19 special edition newsletter released on 02 April, 2020, this pandemic has often invisible and egregious consequences specifically on women and girls both in the short and long term with far-reaching and wide-ranging devastating impacts with the potential to derail and indeed reverse the tenuous global gains made towards gender equality and the rights of women and girls – if not addressed head-on through gender-responsive and increasingly gender transformative approaches.

Every pandemic, disease outbreak or crisis of any kind affects women, men, boys, girls and individuals of diverse gender identities differently. These effects are further compounded with several intersectional factors of exclusion such as disability or ethnicity. Gender norms, values and practices affect everyone, at all times and in every walk of life. COVID-19 is no different. It will intensify gender issues and considerations but is also an opportunity to improve gender power relationships (such as male engagement as everyone is at home!). A quick glimpse of the known and expected socio-economic, health and gender specific impacts of COVID-19. Are given below

COVID-19 and the gendered distribution of work: Women and girls already do most of the world's unpaid care work. According to the International Labour Organization (ILO), globally, women perform 76% of total hours of unpaid care work, more than three-times as much as men.
The existing gender roles and responsibilities of women and girls as primary caregivers responsible for cleaning, cooking and caring for children, elders, or the sick, will undoubtedly impact women and girls further across the globe as schools and childcare services have closed indefinitely and as family members become ill. This will not only increase their existing burden of work, especially those also working from home, but also expose them greatly to contracting the virus. Women in essential services, especially healthcare workers face increased time poverty and mental distress as their care work burden remains the same.

Gender barriers and access to healthcare: Around the world, often due to the lower literacy or educational status of women and girls relative to men and boys, their access to critical health information is limited. In addition, women and girls often have limited decision-making power due to unequal power relationships in homes and communities, are financially dependent and face mobility restrictions to autonomously seek health care. As the pandemic progresses, this existing lack of access to resources will be further compounded when further impoverished families need to make critical decisions about who receives healthcare, and too often, due to prevailing patriarchal norms, male preference, and the lower social status and value of women and girls can prevent them from accessing care. This is further complicated by the invariable stigma families and communities face dealing with any outbreak where more often than not ill women and girls are hidden by families compared to men and boys. Furthermore, as health systems become overwhelmed with COVID-19 cases, the expected knock-on effects for women and adolescent girls' reduced access to critical SRHR services will place them at greater risk of unwanted pregnancies, untreated STIs, and other risks.

Gender based violence: Incontrovertible evidence points to an escalation of all forms of gender-based violence (GBV) during crises, including domestic violence, intimate partner violence, sexual violence and violence against children, particularly girls. Lessons from Ebola as well as reporting from the Chinese and

European outbreak of COVID-19 indicate the most harmful risk for women and girls for sexual and gender-based violence (SGBV) and Intimate Partner Violence is during self or home quarantine. Confinement in the home along with other stressors related to the COVID-19 pandemic increases tensions that can promote violence and harm to many women and girls who are already at risk. In addition to this, as the need for households to maintain hygiene and preventative measures against COVID-19 increases, women and girls will face greater demand and walk further distances to fetch water, thereby putting them at heightened risks related to protection, SGBV as well as exposure to COVID-19. Furthermore, in any crisis, and COVID-19 is no different, the risk of child early and forced marriage (CEFM) increases for girls. It is highly likely that girls now out of school will probably not return to school once communities normalize, and will likely be married earlier than expected; as is the risk of girls, young women and women engaging in survival sex and other forms of exploitation and abuse.

COVID-19 and economic impacts on women: The economic crisis as the result of national lockdowns, closures of markets and physical distancing measures will have a pronounced impact on those already living in poverty, but with far greater effects on women who are already employed in informal, unprotected, precarious work or self-employed. During the Ebola outbreak, the social and economic impacts disproportionately affected women, because of various overlapping socio-economic vulnerabilities and pre-existing gender inequalities. Self-employment was the most important source of livelihood for female-headed households. The breakdown in small businesses because of the Ebola crisis meant that many women lost an important source of income. Additionally, the loss of cross-border trade had serious impacts on women's livelihoods. With many governments imposing border closures and movement restrictions, the COVID-19 pandemic is likely to cause very similar consequences to women's livelihoods. Furthermore, as deepening poverty, income and food insecurity threatens overall family health, wellness and nutrition and when household resources such as food become scarce, their distribution amongst families can be heavily gender biased resulting in an elevation of the already poorer nutrition status of women and girls as they eat last and leftover food.

Frontline healthcare workers are predominantly women: Around the world, women make up the majority of frontline health care workers, almost 70 percent according to WHO, at the helm of efforts to combat and contain outbreaks of the pandemic. COVID -19 threatens to further strain already understaffed, poorly equipped and poorly resourced health systems in many developing countries. The insufficient quantity of essential equipment and supplies, including Personal Protective Equipment (PPE) for health workers and support staff, and other infection prevention and control (IPC) measures in many health facilities could lead to significant morbidity and mortality amongst the population and the already strained health workforce, that are predominantly women. In addition, gender related norms and expectations further add stresses for women health workers, as they work long shifts with little recourse to childcare for their children, additional domestic care work and family and community stigma they may face in relation to their exposure to the disease.

Chronic data and accountability deficit: While globally age and sex disaggregated data is emerging in some parts of the world, it is by and large incomplete. We don't know who is tested and who is brought to health facilities for care. These are very much gendered questions. What we do know is that COVID-19 poses greater risks for people over the age 60, and those with underlying medical conditions. From the insufficient sex-disaggregated data available, it appears that men comprise a slightly greater proportion of those infected and are at a slightly higher risk of morbidity and mortality than women.

However, flow of accurate, complete and timely health information to and from community and health facilities and the ability of health planners and managers at various levels to collect gendered data and act on the information is limited. Furthermore, most national COVID-19 responses lack the voices of women and girls or any gender expertise to ensure relevant and gender-responsive responses.

This short guidance note sets out minimal and practical standards to be applied through all our programming to mitigate and address those gendered impacts. As we repurpose existing programs and develop new ones regardless of thematic or programming channel. For us, the key lies in continuing to amplify the agency of women and girls in this pandemic; foster equitable social environments; and ensure

COVID-19 health, education, WASH and other ancillary responses are gender-responsive, all premised on contextual evidence, generated on an ongoing basis.

The programmatic framework is reproduced below with guidance.

RAPID GENDER ASSESSMENT FOCUSING ON GENDER BARRIERS TO COVID-19 PREVENTION AND CARE Access and control of COVID -19 resources; roles and responsibilities-burden of work, in households/communities, decision-making power, social norms, service responsiveness		
↓	↓	↓
Enhancing the inherent individual and collective agency of women and girls	Building an enabling social environment for gender responsive COVID-19 response	Gender-responsive, child and adolescent friendly COVID-19 service delivery and response
↑	↑	↑
Ongoing gender specific learning documentation, dissemination and feeding back into programs		

CNOS GENDER SPECIFIC RESPONSE TO COVID-19

1) RAPID GENDER ASSESSMENT

It is critical that we have the evidence base to be able to carry out effective and relevant programming to avoid making assumptions and ensure our "do no harm" principles are applied. To this end a rapid gender assessment is mandatory; whether questions are embedded in a broader rapid assessment, or the data is collected through a separate exercise. This does not have to be a massive endeavor and it is not meant to be perfect from the beginning or to cover all the questions altogether. Rapid Gender Assessments are built over time using primary (if possible to collect) and secondary data. Key considerations are provided below that should be investigated as far as possible and as early as possible:

1.1: What do we have to know within the gender equality domains of access and control; roles and responsibilities; decision-making patterns; social norms and systemic responsiveness. Minimal content required within the COVID-19 context includes:

Access and control over resources – key questions

- What are the differences between women/girls, men/boys in access to accurate information about the pandemic, hygiene, myths, symptoms, social/physical distancing, availability of health care services and how to access these?
    - How is that information received?
    - Who has and controls the technological means such as ICTs, FM Radio, local public announcement?
    - Who conveys information in the home and community?
- What are the barriers to accessing information for women/girls, men/boys? Personal barriers (e.g. literacy, disability, time-constraints); external barriers (means of communication, ICT barriers including signal, internet access, data, low literacy, permission to use ICTs and surveillance by a partner/elder member of the family), Is the information provided through any electronic/print/cultural media accessible? i.e. easy to understand formats, timing etc.
- Who gets what in terms of nutrition, money to purchase goods, medicine, PPE, health care, who decides how resources will be distributed in the home?
    - Who eats first, what and why?
    - Who gets to go to a health facility if ill? Who decides?
    - Who is able to access contraceptives and SRH services?

    - Who determines hygiene norms at home?
    - Who controls and decides how to use household finances?
- How has mobility been impacted for girls, boys, women and men?
    - Who is enforcing lockdowns in communities and within homes?
    - Who decides who will/can go out and for what?
- Are there any local women's rights organizations (WRO), youth groups (YG), CBOs working on the rights of the disabled, and minority groups as relevant to the local context?
    - What services/initiatives do they carry out?
    - What are their ideas on response strategies using safe and appropriate methods?
    - What is the nature/possibility of WRO/YG collaboration with national, local state actors and UN System providing emergency services (food, health, cash, information etc.) to women/men, and girls/boys?
    - Are there any groups who are at particular disadvantage, for example migrant women workers (urban based women daily wage earners, women domestic workers away from their support systems at home)?

Distribution of roles and responsibilities post-pandemic – key questions

- How have gender roles shifted in response to the pandemic or lockdown?
    - Who is more or less active and what new responsibilities are they taking on?
    - How has scarcity of resources impacted roles and responsibilities? (e.g. women and children spending more time searching for water)
- Who does the household chores-cooking, washing etc.?
- Who is responsible for water and sanitation? Specific question
- Who takes care of children?
- Who takes care of the sick?
- Who takes care of elders?
- Who takes care of disabled?
- Who goes out to purchase goods (food, medicine, PPE, dignity kits etc.)
- Who goes out or does home-based work to earn money?

Norms and practices – key questions

- SGBV - Please note a detailed SGBV Risk Assessment must be done in all cases covering existing SGBV and potential risks-additional programmatic questions:
    - How have SGBV patterns been impacted by social distancing directives?
        - How is social distancing impacting women and girls' support networks?
        - What has lockdown meant for living arrangements and daily activities and what kinds of risks are being introduced or elevated and for whom?
    - In the community do you know if SGBV is prevalent? What types?
        - Intimate partner violence/domestic violence
        - Physical abuse
        - Verbal abuse
        - Violence against children
        - Rape or sexual abuse
        - Harassment/threat of violence
        - Neglect
        - Harmful Traditional Practices (HTP) such as CEFM, FGM
    - Who is it directed at mostly?
    - If cash transfers or goods distribution are part of program directed at women, do you think it can create conflict and/or SGBV risks?
        - If yes, what types?
        - What is a safe way to transfer these commodities?

    - What key messages and modalities are being promoted by SGBV cluster leads to prevent SGBV escalation in communities and households under social distancing or lockdown orders?
- If men/boys and women/girls and elderly man/woman, or person with disability fall ill because of COVID-19, how is it dealt with?
    - Is anyone hidden? If yes, who? Why?
    - Is there community censure? If yes, what type?
    - Do they face stigmatization? Does the type of stigmatization differ based on the sex, age, and ability of the infected person?

Systemic responsiveness – key questions or observations

- Does the facility keep sex and age disaggregated data of COVID-19 patients and deaths?
- Do you see/are facilities noting sex-age balance in in-coming patients seeking care?
- Are all patients treated equally?
    - Given the same priority (based on case severity and individual risk assessment)
    - Respect/behavior of service providers?
    - If and how is privacy ensured?
    - How are ethical decisions made on who gets critical care/ICU given limited provisions?
    - Who gets referred to higher facilities?
    - Are health facility and community staff sensitized/trained on gender equality or gender responsive health service delivery?
    - Are health facility and community staff sensitized/trained on child safeguarding or child friendly health service delivery?
- Is there government advice to give preference to priority groups for COVID-19 treatment? (Probe: pregnant and lactating women and girls, children (0-5 years), elderly, people with underlying medical conditions, any discrimination if at all)
- Human resources for health:
    - What is the sex ratio of health services providers? (e.g. almost same sex ratio, more women, more men)
    - Are all frontline (community and facility) well equipped with PPE and trained in self-care?
    - Are any special measures in place for healthcare workers such as mental health resources, childcare? Can male and female health workers access these resources equally?
- Are staff (community and facility) aware of SGBV risks, identification and referral pathways? Have they received training on supporting SGBV survivors?
- Alignment with national response and SGBV and Health cluster/coordination bodies:
    - What SGBV referral services are functioning?
        - Have they been adequately adapted with infection prevention and control (IPC) measures?
        - Is access to emergency health services facilitated for SGBV survivors in line with IPC protocols, and how can access to basic services (e.g. rape kits) continue if services become remote?
    - What safety precautions are being advised for women, girls and boys and vulnerable individuals for whom lockdown is not safe?
    - What are the ways that women and adolescent girls can confidentially communicate and seek help if they do not feel safe or for survivors who require urgent health support? (Contextualized according to ICT, access and control, and cultural considerations and preferences of women and girls).
- Are community-based health, education, child protection committees in place and functioning?
    - What is the representation and leadership of women in these structures? Has COVID-19 impacted the level of representation and leadership of women in these structures? If yes, how?

- Has COVID-19 caused any adaptation in the working procedures of these committees? If yes, what are the adaptations?

1.2: How do we carry out an RGA on-ground? Understanding completely that a fulsome exercise may not be possible in all contexts, a flexible and graduated approach is suggested, over time as follows:

- Desk review, secondary information, sector/cluster group data/information to get a fuller picture including SGBV mappings etc.
- Get the information that you are able to get and build it up over time keeping in mind the imperfection principle.
- Make use of phone calls or have small FGDs and KIIs with women/girls, men/boys with physical distancing if not in lockdown in compliance with local government rules.
- Contact local health and relief service providers (both government and non-government actors, private sector) to determine who is seeking/not seeking, and getting/not getting health and relief services and why?
- Connect and confer with local women's rights organizations (WROs), youth groups (YGs), CBOs and other organizations such as disability focused, LGBTIQ focused to get their expert opinions
- Look at demographic and health surveys
- Education data, census data
- MICs data
- GBV IMS data, if CO has access
- Look at CEDAW and CRC shadow reports from NGOs and Concluding Observations of committees
- Ensure as many questions as possible are integrated in the broad rapid assessment that the UN System or others are carrying out, if possible.
- Share information with other actors on the ground on a regular basis

2) PROGRAMMING

2.1: Enhancing the inherent individual and collective agency of women and girls with accurate, empowering and lifesaving COVID-19 knowledge and information; decision-making skills and financial support **in the immediate term**. Further actions will be delineated for longer-term recovery. NOTE: Flexibility, adaptation to outbreak evolvement/stages, contextualization, innovative thinking is absolutely critical, without exception.

Information on COVID-19 prevention and care developed in simple and accessible language and formats. Too often, IEC material developed can be complex and text heavy or the imagery used can be gender stereotypical, which can, not only be inaccessible especially when literacy is a challenge and particularly from a child-friendliness perspective but can inadvertently reinforce gender stereotypes. Make sure:

- As many images, illustrations and pictorials as possible are used
- Absolutely no image portrays or reinforces gender stereotypes especially relating to hygiene management (e.g. women and girls washing, cleaning etc.). Use images of women and men equally carrying out non-traditional roles
- All IEC mainstreams gender equality messaging including on:
    - Time poverty and redistributing equal unpaid care and household responsibilities
    - Shared decision-making
    - Equal right to access healthcare
    - Equal distribution of resources, food, nutrition in homes
    - Positive masculine behaviors in nurturing/caring roles
    - SGBV prevention including CEFM and other contextually relevant HTP
- Distribute IEC materials in health centres, put in food parcels, include in hygiene kits, leave by food shop checkouts, etc.

Channels of information dissemination – (radio/TV/ICT) and media products most used/viewed by women and girls and messaging with appropriate timing for maximum reach. Too often, ICTs are controlled by men in households limiting women's and girls' access to them or men and boys by and large have greater access to these resources. Therefore, it is critical to know these limitations and program accordingly as suggested below:

- Create and/or leverage separate radio/TV programming timing for women and girls based on the burden of work they face and their media products preference
- Identify women/girls leaders that have cell phones and data so they can relay information directly (see group action below)
- Public service announcements (radio, TV, print, cultural PA practices etc.) highlight the importance of inter-generational dialogues, family discussions, and creating safe spaces within the home to discuss COVID-19, gender equality, child protection, and other topics
- Utilize technology platforms where accessible to help girls and women to establish and moderate information sharing groups, such as the PII Girls Out Loud platform (secured Facebook).
    - Girls and women may not individually own phones but may share access and information with each other; IPC measures should therefore be part of messaging in setting up networks
    - Household/community buy-in must be generated for girls to have safe access
    - Groups can facilitate information sharing via video or text on infection prevention and control, symptoms and actions to keep everyone safe, as well as on the practicalities of social distancing, and managing the social and mental health impacts of the pandemic and response, including coping with increased mental, emotional, physical loads.
    - Platforms can be moderated to provide a confidential place for SGBV survivors to seek help, to receive emotional support and to be linked to referral services.

Identify actions to mitigate SGBV risks to women and girls and measures to respond to SGBV protection concerns that support the individual and collective agency of women and girls, and that are locally contextualized (ITC environment, to level of female access and control, to cultural context, to female preference).

- GBV risk mitigation measures:
    - Establish WhatsApp groups for social connectivity and support (see group action below) and to promote individual and collective agency among women and girls
    - Engage young influencers using social media (e.g. TikTok (popular video sharing service), Facebook, Instagram etc.) to develop and disseminate content promoting abhorrence among youth against SGBV
    - Outline helplines for those experiencing SGBV, or hotlines for parents/families to provide support to their children or elderly
    - Identify WROs & trusted women and girls to act as resource people for survivors (to listen confidentially, to provide emotional support and possibly to be stewards of SRH and SGBV materials in line with agreed IPC protocols).
- Support girls and women to access secure communication channels for confidential signaling SGBV protection concerns and requests for help
    - Agree pathways for confidential communication with women and girls in lockdown, in line with ICT capabilities/low-tech settings
    - Communicate key messages on staying safe to vulnerable women and girls, in line with SGBV coordination mechanisms and lead actors
    - Support girls and women in establishing their own secret distress signals and responses that can be used through ICT-based messaging by text message or through social media groups. Sending agreed questions and answers or sending specific images can be understood to signal that someone is feeling safe or unsafe, or to signal a request for emotional support or intervention. (e.g. taking a picture of the top of one's hand to signal the situation is under control, or the open palm to signal a request for help; requesting a hair appointment and a

specific style; placing an order for an item that requires sending an address where help is needed)
    - Creating direct communication linkages between health sector actors in the referral system and trusted girls and women who can send and receive messages (with protocols to ensure confidentiality)
    - Utilizing MHM distributions as a vehicle to confidentially share safety information and materials (hotline numbers, phone credit, emergency whistle), or for female staff to assess protection concerns among women and girls as a pretext for private and confidential conversations. Conversations can be adapted for social distancing and privacy, for example using visual cards focused on menstrual health and hygiene to elicit yes and no responses, inserting images to assess feelings of safety or requests for intervention).

Large group activities avoided for safe physical distancing or organized as allowed by governments.

- Members of existing women's and girls' groups established under projects e.g. Women's Support Groups, adolescent girls' groups, grannies clubs provided guidance and data on continuing collective action through WhatsApp groups, social networks, ICT technologies.
- Where and if only possible, new groups are formed, identify key female leaders in communities to establish them via social media
- Provide these groups with all IEC materials for dissemination in groups
- Provide these groups with SGBV including CEFM specific information
- Create linkages between these groups and local women's right organization (see below) for support.

Local women's rights organizations (WROs) supported for SGBV, WASH, SBCC and other COVID-19 response work.

- Identify and engage with local WROs and youth led organizations to:
    - Form social networks with project women's/girls' groups (see above) and provide remote advice and support for SGBV and other resilience building supports
    - Engage WROs in COVID-19 clusters and coordination groups
    - Develop and implement (provide funding) projects and initiatives building on their existing programs or adding new ones
    - Carry out advocacy/influencing with health and relief service providers (government, non-government, private sector) for gender responsive adolescent friendly and inclusive service delivery.

Cash and or other resources transfers (e.g. food distribution, or WASH kits) to women in households for preparedness for COVID-19 isolation, costs for transportation to clinics and other contingencies.

- To mitigate risks associated with cash and resource transfers:
    - Establish means of transfer based on rapid gender assessment in terms of timing, method, venue, e-transfers of cash etc.
    - Raise broader community awareness through social and behavioural change communication (SBCC).
    - Value of cash transfers established by recommended Minimum Expenditure Basket (MEB) value and coordinated with governments and other agencies to ensure consistency and avoid negative social consequences.

Remote Education programs for continuing education for children are to:

- Ensure that both parents are involved in children's remote education being mindful of the burden of work on women and girls
- Disseminate messaging regarding the equal rights of girls in education so they are not left out as programs are rolled out via ICTs. Particularly:
    - Advocate for equal sharing of domestic chores and care duties amongst male and female siblings/household members, so each has time to participate in alternative education initiatives

- Mainstream gender equality messaging in remote education programs including communicating how to prevent/avoid SGBV/SEA
- Support teachers in ensuring girls' classwork/homework is especially solicited from parents through phone and sensitize teachers on increased risk of SGBV/SEA for children and on tools for children to prevent and report it.

WASH programs are to:

- Ensure all IEC materials and SBCC activities are devoid of gender stereotypes and mainstream gender equality messaging (see IEC above in 2.1)
- Women and men are equally targeted for any direct messaging/activities
- Ensure men and boys are encouraged to share hygiene management responsibilities
- The gender specific needs of women and girls especially MHM are addressed in distribution activities adequately and include age-appropriate information for adolescent girls
- Use inputs and feedback from women, girls, men and boys in a participatory manner to increase hygiene and encourage measures such as hand-washing in ways that resonate with the community
- Consider the distance and the route that women and girls have to cover to collect water if distributing water. This has implications in terms of a time burden and potential protection risks if it becomes known that they regularly take that route unaccompanied

Further information can be found in Table in Annex 1 of the COVID-19 Gender Equality Global Adaptation and Response Framework which describes suggested key activities for cross cutting issues (including on gender and inclusion) and for each of the Intervention Pillars across the four phases of the crisis (Preparedness, Initial Response, Mitigation and Recovery).

2.2: Building an enabling social environment for gender equality and gender responsive COVID-19 response

Additional or integrated SBCC with age and gender-specific messaging relating to the impacts of COVID-19 on women and girls (see 2.1 above) including: the disproportionate workloads of women and girls focusing on shared household and care responsibilities, decision-making relating to COVID-19, women's and girls' increased risks for contracting the virus, opportunities for women's and girls' empowerment, SGBV prevention. Messaging to be delivered through:

- Radio, ICTs, Public Address Systems
- Pre cash, food or WASH resources distribution
- Door to door visits by community health workers/volunteers (where this is happening)

Identify messages and social actions to mitigate SGBV risks to women and girls and to promote response to SGBV incidents.

- Develop sex and age-adapted strategies to sensitize women, men, adolescent girls and boys about the risks to girls and women of escalating violence, including sexual exploitation, during lockdown/quarantine, and the responsibility to take action to prevent or intervene
- Develop and carry out ICT based, radio/TV based PSAs on SGBV including CEFM prevention
- Use educational radio programs and sex and age-targeted PSS activities to sensitize women, men, girls and boys about stress responses to the pandemic and quarantine measures and share coping techniques for grounding and mindfulness, discharging difficult emotions, de-escalation and non-violent communication as part of SGBV risk awareness and mitigation
- Promote bystander intervention. In areas where there are no or limited connectivity consider the "ring the bell" approach to alert an SGBV incident (CNO GEA to facilitate the delineation of this approach where feasible and contextually relevant) (e.g. banging a pot, beating a drum).
- Integrate messaging on how to access hotlines and key SGBV services in radio and IEC messaging across all sectors for broad public awareness

Male engagement messages integrated in SBCC for positive masculinities, SGBV prevention, positive parenting, equitable distribution of resources, equitable distribution of unpaid care and household responsibilities, shared decision-making and gender equality.

- Discussion of the impact of the pandemic, lockdown measures and knock-on effects upon stress levels, feelings of fear, powerlessness, and trends of increased male violence towards women and children; share stress management techniques tied to positive masculinities
- Specific and targeted messaging through WhatsApp and other ICT channels such as radio/TV, PSA

Community religious, traditional and other leaders/influencers such as artists, journalists, teachers etc. provided with messaging for SGBV prevention and gender equality promotion.

- Targeted through WhatsApp and create WhatsApp groups
- Engage leaders for radio/TV, PSA messaging
- Engage influencers (singers, celebrities, etc.) to develop messaging on COVID-19 prevention and response (where relationships already exist)
- Engage young social influencers (e.g TikTok stars!) by developing and disseminating gender equality messaging using infotainment approach

Group work with men and boys in ongoing programs re-oriented to COVID-19 response through group leaders provided with guidance to continue discussions on gender equality and its relevance in COVID-19 using ICT outreach and smaller groups as allowed by governments.

- If new groups established, where possible, provide them with remote male engagement training and resources applying CNO's Fathers Clubs manual

Family-based intergenerational dialogue for gender equality noting that while COVID-19 poses serious challenges, it provides opportunities also as families are at home. As relevant, ensuring "do no harm" leverage:

- Leaders of men's groups (see above) to promote intergenerational dialogues and gender equality messaging sharing in families
- Leaders of adolescent boys' and girls' groups to facilitate dialogue and share messaging (making sure that no harm is done or risks accrue)
- Members of women's groups to promote intergenerational dialogue and gender equality messaging
- Community religious, traditional and other leaders/influencers promote intergenerational dialogue on COVID-19 prevention and response and the importance of creating safe spaces at home

2.3: Gender-responsive, child and adolescent friendly COVID-19 service delivery and response:

- Align SGBV risk mitigation and response protocols with the CO and national response
    - Ensure local multi-sector referral pathways (for children, adolescent girls and women) are frequently updated in accordance with SGBV, Health, CP and MHPSS clusters or coordination bodies to reflect currently available services (with IPC adaptations), including remote services such as hotlines.
        - Explore ways of ensuring continuity of access to critical SGBV and SRH services and materials if regular service provision is no longer possible (e.g. with the assistance of WROs, community- based protection systems (if active) or women and girls acting as community focal points that can be linked up to hotlines with health staff)
    - Sensitize all frontline workers on existing and expected protection risks including SGBV and elder abuse and train them to respond to disclosures of SGBV, including IPV and elder abuse, as well as to guide individuals through the existing referral mechanisms using survivor-centered care
    - Secure training (e.g. through SGBV Cluster) for focal points who can operate at community level to be able to provide psychological first aid and confidential survivor-centered support, linking to appropriate services in accordance with SGBV and CP referral protocols and infection prevention and control protocols

- Engagement in cluster system/coordinating mechanisms to further action on the gendered implications of COVID-19 especially access to care, disease related stigma, SGBV services, nutrition, SRHR, economic recovery and engaging women and girls in response plans.
- Community and facility health workers sensitized and provided resources on the gendered implications of COVID-19 – SGBV, child protection and gender equality messaging.
- Community Health Committees, education, protection and WASH structures oriented on the gendered implications of COVID-19, links to SGBV supports and the continued participation and leadership of women in these structures.
- Governments/health systems supported in collecting sex and age disaggregated data for COVID-19 incidence, morbidity and mortality rates.
- Education ministries supported in integrating gender equality and child protection messaging in online education continuation programs. Utilize partnerships with schools/Ministry of Education and disseminate IEC messaging on COVID-19 prevention and response for school management, teachers, and students through educational structures or e-learning initiatives.
- Governments supported in carrying out gender analysis of data and project learnings for gender responsive action.
- Collaborating with local/national advocacy and influencing groups, particularly Women Rights Organization and Youth Lead Organizations, to create opportunities to address gender equality and SGBV in press conferences and other actions.
- Support Women Rights Organization and Youth Lead Organizations to influence government and private sector led relief programs to respond to unique needs of women and adolescent girls.
- Regularly inform communities in inclusive, gender and age friendly formats about changes to Plan International's programming, adaptations and how they can access information or contact Plan. Ensure methods take into account differences in literacy levels and access to information
- Adapt feedback response mechanisms to function with remote strategies and limit direct contact while ensuring they remain accessible to different age and gender and vulnerable groups, particularly adolescent girls.
- Maintain closing off the feedback loop with adapted remote strategies and using feedback to inform programming in collaboration with Plan sector teams

3) ONGOING GENDER SPECIFIC LEARNING DOCUMENTATION, DISSEMINATION AND FEEDING BACK INTO PROGRAMS

- All programs are to set sex and age disaggregated targets
- All indicators to gather sex and age disaggregated data, and other variables as relevant
- Key gender equality indicators from CNO's Women and Girls' Empowerment Index-WGEI to assess:
    - Access and control (Percentage of women/girls with adequate access and control over resources (to be customized by sector of the COVID Response program)
    - Gender roles and responsibilities (Average time women/girls spend in unpaid work (productive, reproductive and community)
    - Women's/girls' participation and decision making (Level of involvement in HH decision making (to be customized by sector and/or Level of community/public engagement of women/girls in COVID-19 response)
- Ongoing learning documentation to be carried out mid-intervention and at the end regarding:
    - What works, doesn't work across the three programming streams
    - Impacts including spin-off and unintended consequences

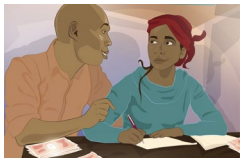
ANNEX 1: PLAN INTERNATIONAL CANADA'S GENDER EQUALITY MESSAGES FOR SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION (SBCC) IN COVID-19 RESPONSE (MAY 2020)

Overview: The purpose of this document is to provide gender equality guidance for COVID-19 prevention and response through social and behaviour change communication (SBCC) messages that can be broadcast to large groups, especially in the initial stage of a response. They target individuals as rightsholders and moral duty bearers – that is individuals that have a responsibility or are powerholders in homes and communities. These messages do not target primary duty bearers that is any level of government or public institutions. Common topics pertaining to COVID-19 that can be included in SBCC materials are outlined, including sample messages as well as pictorial guidance. Pictures, images, and materials should not reinforce or portray gender stereotypes and harmful social norms in any way, rather all messages should promote gender equality and include women and men equally carrying out non-traditional roles and responsibilities. These are illustrative messages and just a starting point – they should be tailored to age, gender and social group specific messages and adapted to different thematic areas and countries. During COVID-19, the selection of SBCC channels would be context specific, and should prioritize women and girls' accessibility, especially in remote and rural regions. Examples include community radio that take into consideration scheduling that will benefit the target audience, community and mobile loudspeaker, physically distant outreach efforts by community health workers, television, print, posters, booklets, mobile phones, technology and social media platforms, as well as verbally. SBCC messages developed in simple and accessible language and formats can have a huge impact on preventing and responding to COVID-19 implications, especially those for women and girls. The goal is to invite people to feel confident in trying out behaviours that may be new to them and, or advocate for them while demonstrating how they and those around them will benefit from it in an accessible and hopefully enjoyable way!

COVID-19 AND THE GENDERED DISTRIBUTION OF WORK:

SBCC messages pertaining to COVID-19 and the gendered distribution of work can focus on:

- Time poverty and redistributing unpaid care and household responsibilities equally
- Shared decision-making, collaboration and contribution, including responsibilities and opportunities
- Equitable distribution and access to resources, food, and nutrition in homes
- Positive masculine behaviours in nurturing/caring roles, and self-care



Sample SBCC messages can include:

- *Due to COVID-19, the burden of domestic work will fall on women and girls. Each family should discuss the activities that need to be done and together agree on a division of labor that is fair and equal in their family for the prevention and management of COVID-19.*
- *It is everyone's responsibility to keep the family and community safe and to share the household workload – men and boys too!*
- *Everyone should be involved in decision-making, including women, girls and children, because everyone has different needs and abilities, and everyone can and should participate.*
- *Sharing decisions is a unique moment for the family to connect and learn from one another and create positive communication.*

COVID-19 PREVENTION AND WATER, SANITATION AND HYGIENE (WASH):

SBCC messages pertaining to COVID-19 prevention and WASH can focus on:

- Common modes of transmission and gender and age-related risks of infection
- Risk mitigation and self-protection during daily activities
- Proper handwashing and being a good role model for your children
- Encouraging men and boys to support and share WASH and menstrual hygiene management (MHM) responsibilities with women and girls
- Special attention and support to people living with disability, elderly persons, and other socially marginalized groups

Sample SBCC messages can include:

- *COVID-19 can infect anyone, but because of the roles that are customarily assigned to them, for example working in healthcare, caring for the sick, collecting water, women and girls can be at higher risk of exposure to infection.*
- *No one is too strong or powerful to be infected. To protect yourself, do not touch your eyes, nose or mouth with unwashed hands, and maintain at least 3 feet/1 metre distance especially during water/fuel collection and other outdoor activities.*
- *Make handwashing and hygiene fun. Remember, you are a role model for your child's behaviour. When leaving the house everyone can and should wear a reusable mask, this helps demonstrate you have your community's wellbeing in mind during COVID-19. Learning how to make a reusable mask can become an activity for everyone in the home.*
- *Find a new fun greeting that doesn't require physical contact. This can be created within your family and shared with your community. It can also bring happiness during times of stress.*
- *Sharing household and caregiving responsibilities between men and women, including fetching water, is not only fair, it can help to improve family and community hygiene and reduce infection risks for women, girls and for everyone. It offers all family members to benefit from a safe and healthy environment and additional time for other activities.*
- *Women and girls have the right to manage their menstrual health with dignity; their equal participation in household decision making supports and strengthens MHM and their sense of wellbeing and confidence. Hygiene management is everyone's job – that of boys and men as well as women and girls.*
- *People living with a disability can be at higher risk of COVID-19 linked complications. Listen to and support their respective needs and those who work with them in their daily life, while considering their age and gender related needs.* [Messages should be tailored considering the target audience. Other groups with higher risk of COVID-19 related complications include elderly women and men, pregnant women, persons with pre-existing health conditions]

GENDER BARRIERS AND ACCESS TO HEALTHCARE:

SBCC messages pertaining to COVID-19 and gender barriers and access to healthcare can focus on:

- Equal right to access healthcare
- Continued utilization of sexual and reproductive health (SRH) and maternal, newborn and child health (MNCH) services and information, including family planning services, antenatal care (ANC), institutional births and postnatal care (PNC)
- Heightened barriers to accessing contraceptives and risk of unintended pregnancies
- Male engagement in SRH/MNCH service utilization
- Women's leadership in healthcare governance

Sample SBCC messages can include:

- *Taking care of your health is good for you and your family and is a sign of strength and responsibility for all men, women, boys and girls.*
- *Speak to a health professional about how to safely have consensual sex during COVID-19. Positive sexual experiences are mutually consensual, respectful and enjoyable. That means that both*

parties, especially women and adolescent girls who traditionally have less power in relationships, feel safe, happy and free to request the sex they want, including condoms, and to reject the sex they do not want.

- *Take necessary precautions for COVID-19 prevention when obtaining contraceptives as well as when having sex and traveling to/from your partners' place. Practicing safe sex and utilizing contraceptives can be life-saving, especially for adolescent girls. Girl or boy, married or not, there is no shame in seeking health advice or in accessing your own contraceptives. You are in charge of your own body.*
- *Take necessary precautions for COVID-19 prevention and do not be afraid to visit a healthcare provider as soon as you know or suspect that you are pregnant. For a healthy pregnancy, attend at least 4 ANC visits.*
- *Fathers, whether married or not, your supportive presence in all ANC visits and beyond makes a big difference to the health and wellbeing of your family and relationship, especially during COVID-19. Support your partner's access to nutritious food, manage household chores and jointly plan for health emergencies.*

- *All women have the right to a safe childbirth, irrespective of whether they have COVID-19 infection or not.*
- *Women with COVID-19 can breastfeed their babies. Give your baby only breast milk for their first six months. Wash your hands with soap and clean water before breastfeeding.*
- *Women and girls' unique experiences and needs should shape COVID-19 response policy. This is possible through women and girls' participation and leadership in healthcare governance committees.*

COVID-19 AND SEXUAL AND GENDER-BASED VIOLENCE (SGBV):

SBCC messages pertaining to COVID-19 and SGBV can focus on:

- Heightened risks of SGBV against women and children during lockdown
- SGBV prevention and support, including domestic violence, intimate partner violence, and violence against children
- How to access SGBV information and services, including hotlines
- Child, early and forced marriage (CEFM) prevention and support
- De-escalation and non-violent communication as part of SGBV risk awareness and mitigation
- Promote bystander intervention
- Women and girls' empowerment in preventing GBV
- Engaging men and boys in speaking out against violence, as eliminating SGBV is everyone's responsibility

Sample SBCC messages can include:

- *Violence against women and children, especially male violence, increases during lockdown, but this does not have to be the case. Violence is a choice – no man or woman or child is born violent.*
- *Abusing one's power, whether physical, financial, or because of your position, is a form of violence. During emergencies such as COVID-19, extracting sex in exchange for food, shelter, goods or money from a child or someone who is less powerful is sexual exploitation, which is violence.*
- *During COVID-19 and other emergencies, some people believe that marrying off a child is a way to protect the child. But, getting married hurts a child's mind, body and spirit. During these times of distress, do your bit to stop child, early and forced marriages. And remember, girls and boys have the right to decide if, when and who they should marry.*

- *All forms of violence have a detrimental impact on the health of wellbeing of individuals, their families, and the community. The impact of violence is often heightened during COVID-19 and other emergencies.*
- *Every girl, boy, woman and man has the right to live free from violence. If you have or are experiencing violence know that it is not your fault, you are not alone, and you are not responsible no matter the situation. Reach out for help. Always put your safety first and take necessary precautions for COVID-19 prevention when seeking help.*
- *If you or someone in your family are feeling threatened or in danger, contact* [INSERT local contact information, i.e. the WRO focal point, police, family protection unit, GBV helplines, etc.] *They are available to protect you even during COVID-19.*
- *SGBV is not only a women and girl's issue, men and boys you play an important role in raising awareness and speaking up when references to violence of any form are made.*
- *Violence against women and children is everyone's business. Show your disapproval and interrupt the violence while keeping physical distance.*
- *Violence is never ok. No situation is ever an excuse for violence, including COVID-19. Report any inappropriate behavior to* [INSERT local contact information]. *Act to keep your community safe.*
- *Be a leader: keep yourself, your family and community healthy and protected. Say no to any form of violence during COVID-19.*

COVID-19 AND MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS):

COVID-19 and MHPSS can focus on:

- Creating awareness of gender stereotypes around showing emotion
- Normalizing and destigmatizing emotions such as fear and anxiety
- Providing positive coping and self-care strategies while dispelling gender stereotypes
- Ensuring that men and women equally play a role in promoting relaxation, play and stress release among children, elderly people and other vulnerable individuals

Sample SBCC messages can include:

- *Feeling afraid or anxious because of the COVID-19 pandemic is normal and a rational response – whether you are a boy, a girl, a man or a woman. It is normal because the threat of infection is real and the circumstances are challenging.*
- *Boys and men are taught to show strength and control their emotions – especially fear or sadness. Girls and women are expected to show emotions associated with weakness, but not anger. Expressing emotions is no weakness – it is an important part of staying healthy during COVID-19!*

- *Running away from our emotions or keeping them locked inside us can lead them to explode in a way that hurts other people or ourselves. During COVID-19, identify your emotions and speak to others who can listen and help.*
- *It is important for men, women, boys and girls to recognize the different emotions we all feel and struggle with when times are difficult and never to feel ashamed or judge ourselves. Our emotions give us important information, the choice is in how we act upon them.*
- *During COVID-19. there are many ways to release emotions constructively - whether you are a big man or a little girl everyone can benefit! Take long out-breaths to calm your nerves if you feel tension. You can close your eyes if this helps you to focus. Move your body to release pent up energy or stress! Run it out, dance it out, skip, play some sports, tap your feet in a chair and move to the music! Using paper if you have it to draw or write about your emotions. Sing and dance with your neighbours while keeping physical distance!*
- *Support those who are vulnerable, elderly people, people with disabilities or adults or children who have become withdrawn during COVID-19 may need help in accessing information, resources or*

someone to listen to them. Men, boys, women and girls all have an important role in caring for community.

COVID-19 AND IMPACT ON GENDER BARRIERS AND ACCESS TO EDUCATION:

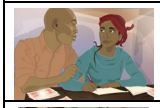
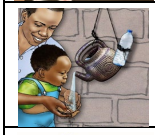
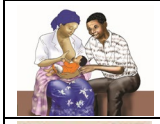
SBCC messages pertaining to COVID-19 prevention and access to education can focus on:

- Equal right and access to education, including girls living with a disability, girls who are married, and girls who are mothers
- Preparing for the reopening/return to school for both girls and boys
- Preparing to ensure girls have equal access to protective resources, such as reusable masks, and are as informed about how to protect themselves through handwashing and other self-protection practices (link with WASH messages)
- Heightened barriers during school closures to harmful gender norms, such as CEFM which may further restrict girl's opportunity to return to school once they reopen
- Heightened risks during school closures of youth recruitment by armed/extremist groups, especially for boys

Sample SBCC messages can include:

- *No matter the circumstances and the challenges experienced because of COVID-19, as girls you continue to have a right to live safely and free of violence and to access education. It is important to keep this in mind even during school closures as you remain prepared to return safely when they reopen.*
- *Fathers and mothers, all children have an equal right to education. As distance education programs are rolling out/have started, make sure girls and boys have the same time to participate in courses, do their homework and can equally use the means to participate in courses (radio, TV, computer, phone etc.).*
- *Men and boys, your contribution in the home during and after school closures is a true show of support and care to the girls and women you live with every day.*
- *As we look forward to schools reopening, it is important to prepare for a healthy return, to keep in mind the self-protection practices that we have learned, to share and discuss them with our friends and siblings, both female and male.*
- *As schools have been closed perhaps you have looked to support your family through small jobs to help contribute, however as we look to schools reopening, it is important to plan to return to school. Your education is a right and an investment in yourself, take time to speak about it to an adult you trust.*
- *As schools have been closed perhaps your children, boys and girls, have taken on new roles to help during this challenging time. It is important to keep in mind the value of their education and to be prepared to support their return to school once they reopen.*

Photo credits and sources

Photo	Source
	Plan International. Healthy Women and Girls Mozambique project. TBA Manual
	123RF (https://www.123rf.com/photo_7375545_african-family-cleaning-cartoon.html)
	Girls Not Brides Bangladesh
	Plan International and Promundo. Father's Club Manual. Engaging Men in Maternal, Newborn and Child Health, and in Sexual and Reproductive Health for the Multi-Country SHOW Program
	IYCF Image Bank (https://iycf.spring-nutrition.org/content/father-support-father-washing-babys-hands-03a-niger)
	Plan International. InPATH Malawi project. SBCC material on male engagement
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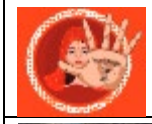	Girls Not Brides Bangladesh
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	Dreamstime (https://www.dreamstime.com/colorful-portrait-happy-family-mother-father-son-daughter-girl-school-backpack-shoulders-cartoon-people-image110439598)

ANNEX 2: PLAN INTERNATIONAL CANADA'S FACILITATION TIP SHEET DURING COVID-19 (MAY 2020)

Overview:

In the COVID-19 environment, training methodologies and facilitation styles will need to adapt to ensure the health and wellbeing of all participants and facilitators. This is paramount and should be the top consideration when deciding whether to have an in-person training and how the training will be implemented. This tip sheet outlines general tips and guidance, which can be further adapted and contextualized by the various project teams and Plan International Country Offices.

Tips for Facilitators during COVID-19:

- ✓ Most importantly, you must adhere to **government policies and Plan International guidelines** in terms of whether gatherings are allowed and the maximum number of people who can gather together. This information changes regularly, so ensure that you have the latest information available. You should also have a contingency plan in place in case you need to change the methodology of the training and switch to virtual training or another format.

- ✓ Encourage frequent **handwashing** throughout the training. If possible, set up handwashing stations and ensure there is adequate soap and water in all stations and restrooms. Encourage the use of masks and have masks available for participants to wear. Ensure there are gloves for participants to use if they wish. Prop open doors throughout the training venue so that participants and facilitators do not need to touch handles and to minimize contact between others. Coordinate with the venue ahead of time to ensure they can help with logistics and make further suggestions based on their policies. If available, put up COVID-19 prevention and response posters (i.e. healthcare information, GBV support services, etc.).

- ✓ Maintain proper **physical and social distancing** throughout the entire training as outlined by the government and Plan (i.e. 1-2 metres). This pertains to travelling to/from the venue, the venue space itself, food and tea breaks, washrooms, and other workshop amenities. Ensure that the room for the training is large enough for participants to spread out and safely learn and participate. If possible, utilize outdoor space for some activities to allow participants more room to spread out and participate safely. This also might mean rethinking how some sessions are run. For instance, doing more work in plenary and minimizing having participants work in pairs or in small groups. If flipcharts are being used, be sure to just have one person writing on the flipchart, or have people use individual sticky notes and one at a time put the sticky notes on the flipchart. For ice breakers, energizers, and team building activities, think of activities that do not require touching or being close to one another.

- ✓ **Participation must be fully voluntary**, including for both participants and facilitators. If at any time anyone feels uncomfortable or does not want to attend, that is fine and there will not be any consequences. Regular communication should be maintained between the participants, facilitators, and Plan International Country Offices. Facilitators should have two focal people (one main focal person and one back up in case the main focal point becomes ill) from the Plan International Country Office to contact if they have any questions or concerns. Facilitators should also check in daily with participants to see how they are feeling and to ensure everyone is still comfortable. Before the training, clearly communicate all of the COVID-19 prevention measures ahead of time to participants to ensure they are aware and comfortable. Also ask participants if there are any specific requirements or additional resources that they might need in order for them to be able to fully and

safely participate (i.e. ensuring childcare services are available or breastfeeding corners are set up).

- ✓ Ensure that all participants have their **own set of materials** for the workshop, including pens, markers, sticky notes, tape, blank pieces of paper, and handouts, so that they don't have to share with others. Either ask participants to bring these materials themselves or have them available for everyone at the start of the workshop. It might also be useful to ask participants to put their names on their pens/markers using tape or to keep them in their bags when not in use.

- ✓ When using **computers** for group work, have someone use their own computer and not share with others. If computers will be shared, ensure that someone is responsible for cleaning off the computer after every user so that it is clean and safe for the next participant to use. If paper surveys are used for workshop evaluations, participants should place the completed survey in one main envelope or pile them on top of each other so that the facilitator can take them and input the results into their computer afterwards using safe sanitation and prevention measures.