



## Thematic Brief | Gender and COVID-19 in the Pacific: Emerging gendered impacts and recommendations for response

This Thematic Brief provides information and analysis about emerging gendered impacts and recommendations for response for COVID-19 in the Pacific. It has been developed by Support Unit for *Pacific Women*, offering gender advisory support to more than 160 gender equality initiatives funded by the Australian Government and implemented by about 150 partners across 14 Pacific Island countries.

### Summary

- Health pandemics have specific and severe impacts on the lives of women and girls. Since the COVID-19 outbreak first had reported cases, the gendered impacts began being documented in the Pacific and across the world.
- Women and girls are disproportionately impacted by crises. Existing gender inequalities are exacerbated during a crisis, with the result that women and girls face even higher rates of violence, sexual abuse and control from their husbands, partners and families. Women are expected to undertake more unpaid domestic work, are less able to access essential health services and are more vulnerable to economic hardship.
- Employing a gender lens highlights the differing impacts of COVID-19 on women, girls, men and boys, and other, marginalised groups in the community. Crises such as disease outbreaks heighten the vulnerabilities of different groups, accentuating inequalities and leading to the neglect of the needs and rights of the most marginalised. This includes women and girls living in poverty, migrants, people with disabilities, the elderly and people of diverse sexual orientation, gender identity and expression (SOGIE). Recognising the impact of the COVID-19 outbreak on marginalised groups is vital to ensure an effective health response which doesn't further endanger and exclude already vulnerable groups.
- Health pandemics such as COVID-19 are not gender-neutral and should not involve a gender-neutral response. Failing to take into consideration the specific impacts of COVID-19 on women and girls will result in a response which is less effective and does not meet the needs and requirements of half the population.
- Experience from past outbreaks such as the Ebola and Zika outbreaks have demonstrated the vital importance of incorporating a gender lens in to planning, response and re-building to ensure health interventions and humanitarian response are effective and promote gender equality.<sup>1</sup> Recognising how COVID-19 affects women and men differently is fundamental to an effective response.<sup>2</sup> These gendered experiences must be considered across all short and long-term response areas including health services and health communications, law and justice, security and education.

## **Message 1** Women and girls are at increased risk of physical and sexual violence

Physical and sexual violence against women and girls, including domestic violence, increases during and after crises. Research from previous emergencies, such as cyclones and civil unrest, indicate that incidences of family violence rise dramatically.<sup>3</sup> Already, civil society groups in the Pacific have highlighted the expected dramatic increase in violence against women and girls during the outbreak of COVID-19.<sup>4</sup>

During a crisis, existing gender inequalities are magnified, with women having considerably less autonomy and mobility leading to increases in family violence. Other contributing factors include financial insecurity, job losses, crowded living conditions and longer periods of time inside together due to quarantine and social isolating. The general acceptance of physical violence in many Pacific Island Countries can lead to violence and abuse in times of crisis accepted and excused due to 'stress'.

For women already living in abusive and violent relationships, enforced social isolation and quarantine are particularly dangerous, and will put women at risk as they are confined with their abuser. The Pacific already has some of the highest rates of violence against women and girls in the world. In Fiji, 64 per cent of surveyed women had experienced physical/sexual violence by an intimate partner, going up to 68 per cent in Kiribati.<sup>5</sup> During a health crisis such as COVID-19, the incidence of family violence may intensify rapidly and women have reduced ability and opportunity to seek help, medical care, temporary shelter or flee abusive and violent partners. Abusive male partners can also use compulsory home isolation and the threat of infection to control and silence their wives, partners and families.<sup>6</sup>

Preventative measures taken to reduce the spread of COVID-19 can increase the vulnerability of young women and children to sexual abuse and violence. The closure of schools and quarantine at home leaves young women and children in closer physical proximity to abusive male family members. During previous public health emergencies, such as the Ebola outbreak in Sierra Leone, women and girls experienced a 'silent epidemic' of sexual violence and abuse.<sup>7</sup> Rates of teenage pregnancy increased by 65 per cent during the epidemic, with long-term implications for young women's health and education and that of their children.

## **Recommendations**

- A do-no-harm approach and gender-based violence risk analysis must be adopted in all aspects of the response and recovery.
- Protection priorities should be mainstreamed into all preparedness and response activities.
- Prioritize services for prevention and response to gender-based violence in communities affected by COVID-19
- Train first responders on how to handle disclosures of GBV that could be associated with or exacerbated by the pandemic, including how to make referrals for further care.
- Update referral pathways to reflect changes in available services
- Family violence services work with health services and police as key partners in identifying and responding to family violence.
- Prioritise child protection and safeguarding at all times. Be aware of situations increasing children's vulnerability such as home isolation and lack of supervision when caregivers are ill, hospitalised or absent.

## **Message 2** Women take on the additional labour of caring for sick relatives and children out of school

Women in Pacific communities already do the vast majority of unpaid labour in the home including cooking, food preparation, cleaning, washing and caring for children, the elderly, and sick family members. In the Asia Pacific region, women perform 80 per cent of total hours of unpaid care work, more than three times more than men.<sup>8</sup>

School closures have increased women and girl's childcare responsibilities, as girl's often care for their younger siblings. Women are also at the centre of caring for people infected by COVID-19. As health care systems become increasingly burdened, caring for ill relatives will be absorbed by women and girls, adding to their existing workload and increasing their risk of infection. In past health outbreaks, including the Ebola outbreak, and the SARs epidemic, large numbers of caregiving women and girls were infected through contact with sick family members.<sup>9</sup>

Given their central role as caregivers to children, the elderly and the ill, it is essential that women have access to accurate health information, including household preventive measures and recognising symptoms. Women's access to public health information and available services is limited if community engagement and communication dissemination (including technological devices such as phones, radios and television) is dominated by men. In the Pacific women have less access to technological devices such as phones, radios and television which impinges their exposure to accurate official information.<sup>10</sup>

Reaching women with health information is critical to reduce the spread of COVID-19, but also to ensure women are empowered to respond, make decisions and take the necessary steps to protect themselves and their dependents.

### Recommendations

- Work with local women's networks to share relatable and accurate health information to ensure women and girls understand what COVID-19 is, how it is transmitted, the likely symptoms and how to protect themselves and their dependents
- Ensure that women are able to access health communications about the outbreak in ways they can understand, considering language, ability, age and literacy levels. Also factor in access to information tools such as mobile phones and internet
- Involving women in surveillance and response can help signal the start of an outbreak and improve the overall health situation.
- Government messaging to target men to increase their role in caring for children, ill family members and the elderly.

### Message 3 Women are working at the centre of the crisis

Health care workers and support staff are at the frontline of the COVID-19 outbreaks, as health care professionals, but also cleaners, launderers and caterers. More than 67 per cent of the world's health workforce is female.<sup>11</sup> In the Pacific, overloaded and under resourced health systems will increase the dangers for health care workers as they are exposed to the disease. In PNG, nurses are striking over the lack of personal protective equipment and the government's inadequate public health measures to control the spread of the disease.<sup>12</sup>

Women health care workers also face specific gendered challenges such as increased childcare responsibilities, menstrual hygiene management and, given their over representation in low paid and casual roles, financial insecurity. A WHO study of the global health workforce found that while 67 per cent of the global health work force is female there remains an average 28 per cent gender pay gap between women and men.<sup>13</sup> Women are also much less likely to hold senior decision-making roles; the WHO review found that, 'in general, women deliver global health, men lead it'<sup>14</sup> particularly in times of health crises when critical decisions are made by senior health professionals, often made up mainly of men. Women health care workers need to be empowered to make decisions on the COVID-19 response and be represented in all decision-making bodies.

### Recommendations

- Ensure the safety of health workers on the frontlines of the response by ensuring availability of personal protective equipment and safe and secure working environments.

- Provide priority support to women by improving access to psychosocial support, menstrual hygiene products, equal pay with male colleagues and flexible working arrangements for women with care responsibilities.
- Women health care workers must be represented in all COVID-19 related decision-making bodies.

#### **Message 4** Access to sexual and reproductive health is disrupted and rights are compromised

In any crises, including the COVID-19 outbreak, people continue to have sex, become pregnant, give birth and care for infants. Women also continue to experience risky pregnancies and birth complications. The essential services required for women's health and survival, such as maternal health care and contraception, are often disrupted during crises as health resources are diverted to the outbreak, leaving women without the services they need. Evidence from past outbreaks indicate that as health systems become more burdened, lifesaving reproductive and maternal health care services are jeopardised. During 2015-2017 Ebola outbreak in West Africa, there was a 75 per cent increase in maternal mortality, which has been directly linked to the disruption in provision of reproductive and maternal health care.<sup>15</sup> Sexual and reproductive health is already a challenge in the Pacific region, with low access to services and high rates of maternal mortality (particularly in Solomon Islands and PNG).<sup>16</sup> Disruptions to sexual and reproductive health care would be fatal for many women and girls across the region.

Overwhelmed health services, reduced mobility and unequal power relations reduces women's sexual and reproductive autonomy; they are more vulnerable to sexual violence, unable to attend clinics and are less likely to be able to access family planning (particularly without their partner or family's knowledge). The major increase in sexual violence during crises, has severe implications for women and girl's health and wellbeing and requires specific post-rape health care including emergency contraception and counselling.

It is vital that sexual and reproductive health services and commodities are prioritised alongside the COVID-19 health response. Global suppliers of contraceptives are already highlighting the lowered availability of contraceptives as clinical services and supply chains are disrupted due to lowered production (most condoms and contraceptives are manufactured in Asia), shipping and availability as suppliers and businesses close.<sup>17</sup> Without access to family planning, women and girls are unable to prevent unwanted pregnancies, as well as protect themselves from sexually transmitted infections including HIV/AIDs.

#### **Recommendations**

- Ensure continuity of care and provision of sexual and reproductive health services
- Ensure pregnant women are aware of COVID-19 related health recommendations and facilities for birth and pre-and post-natal care
- Ensure security of essential sexual and reproductive health commodities and supplies including condoms and supplies of contraception.
- Implement all priority areas of the Minimum Initial Service Package (MISP) for Reproductive Health in Crises where relevant.
- Prioritise clinical care for survivors of sexual violence, including psychosocial support and emergency contraception (as per the MISP).

#### **Message 5** Impact on women's livelihoods

Women overall earn less than men and are more likely to work in low-paying, informal and precarious work. They are therefore particularly vulnerable to the economic impacts of COVID-19, long after the initial emergency is over. The livelihoods that women typically rely on in the Pacific such as carers, vendors, farmers, fishers and daily wage earners are very often in the informal sector where income is not secure and paid leave rarely exists.<sup>18</sup> Rural women market vendors in Fiji are already reporting losses to their income as customers decrease, and sourcing produce becomes increasingly difficult and expensive.<sup>19</sup> In Solomon Islands, 75 per

cent of women work in vulnerable employment including subsistence work, self-employment and unpaid family work.<sup>20</sup>

Women and girls who work away from home in service jobs and seasonal work face loss of livelihood as well as protection risks due to restricted movement and loss of income.<sup>21</sup> Loss of livelihoods increases the risk of girls being removed from school in the future, and engaging in risky and/or exploitative activities such as transactional sex to support themselves and their families.

With the closure of schools, women will largely be responsible for the additional childcare, including home schooling. This will lower their time to engage in economic activities and earn an income to support their families. With less time and economic opportunities, women in urban areas, and female-headed households in particular, will be at risk of housing insecurity and eviction as they are unable to make rental payments.

Women are typically overlooked in government economic responses to crises, such as stimulus packages and bailouts.<sup>22</sup> It is important that economic responses to the outbreak find ways of supporting the industries in which women work, including in the informal economy.<sup>23</sup> This includes dedicating funding to support health care workers, small business owners, market vendors, handicraft producers and women working in service industries. Cash transfer programs are an important means to support women to mitigate the immediate impact of the outbreak although planning around security and protection of women must be embedded in cash transfer and voucher schemes. '*Nothing about us without us*' is the central message of the disability-rights movement. This refers to involving people with disabilities and their representative organisations in all decisions that relate to them. Women and girls with disabilities are often left out of government and development decision-making including community, national and regional meetings and processes. If women's presence and voice are ignored, their interests, needs and contributions are not being considered, lowering the inclusivity and effectiveness of development policy and programs.

## Recommendations

- Develop economic response strategies that specifically target areas and industries in which women work, focusing on the informal sector.
- Livelihood interventions must ensure that women and female headed households are specifically targeted in all economic response measures.
- Cash transfer programming, to support women to mitigate the immediate impact of the outbreak including supporting them to recover and rebuild.
- In COVID-19 affected communities and quarantined areas, women from marginalized groups including female-headed households, older persons, widows and women with disabilities should be prioritized in the provision of medical supplies, food, care, social protection measures.

## Message 6 Reaching vulnerable groups

During a crisis, marginalised groups face increased vulnerabilities, from heightened risk of infection, through to neglect and violence. This is due to existing discrimination and inequality, which is very often heightened during a crisis, as well as lower access to public health information and services.<sup>24</sup> It is critical to consider the specific risks and increased vulnerabilities of those who face multiple and intersecting forms of marginalisation including gender, age, sexual orientation, gender identity and expression, disability, poverty and geography.

For persons with disabilities COVID-19 brings particular risks. For example, they face barriers in accessing critical public health information which is not in accessible formats or doesn't use clear and simple language.<sup>25</sup> The Pacific Disability Forum has also highlighted that public health recommendations such as social distancing or home isolation may not be options for people who rely on assistance to eat, bathe and dress.<sup>26</sup> Furthermore, persons with disabilities are very often unemployed, poor and living in poor living conditions, which increases their exposure to the outbreak and reduces options for implementing recommended protective measures.<sup>27</sup>

Women and girls with disabilities face additional, gendered risks, particularly sexual violence and isolation with abusive carers and/or family members. With quarantine and social isolating measures women and girls have even less access to outside support and help as services and facilities are closed.

Crises also have specific, and severe implications for the health and security of people of diverse sexual orientation and gender identity and expression (SOGIEs). People of diverse SOGIEs in the Pacific face high rates of domestic violence from intimate partners<sup>28</sup>, as well as violence from extended family members. Pacific SOGIEs advocacy groups have highlighted that this violence is likely to be exacerbated during the COVID-19 outbreak as they may be forced to isolate in homes which are hostile<sup>29</sup>. People of diverse SOGIEs also suffer from high rates of mental health issues, including depression, anxiety and suicide, which may be aggravated by situations of stress, family harassment, ill-health, and confinement.<sup>30</sup> Elderly people of diverse SOGIES are more likely to be isolated, without family and support systems.

During a health crises people of diverse SOGIEs may also have difficulty interacting with the health and humanitarian system due to social stigma and discrimination. For example, diverse families may face challenges accessing aid and health services, due to non-conforming family structures which are not recognised by the government or humanitarian system.<sup>31</sup>

## Recommendations

- The specific health and communication needs of marginalised groups including SOGIEs, migrants and people with disabilities need to be considered in response planning and implementation.
- All social mobilization and community engagement must be developed and implemented in consultation with representatives from diverse groups and networks including Disabled People's Organisations (DPOs).
- Ensure that all health communication is inclusive and transmitted through multiple media options including radio, visual guides, and community mobilization, as well as in a diversity of languages, accessible formats and with use of accessible technologies.
- Consider the health and protection needs of people of diverse SOGIEs, who are particularly vulnerable to abuse and mental health issues.

## Message 7 Women as decision makers

Women are central to the outbreak response as carers for sick relatives, managers of households and frontline health workers, yet they remain excluded from senior health and leadership<sup>32</sup> and community decision-making. This is particularly pertinent in the Pacific, where women are hugely under-represented in leadership roles.<sup>33</sup> Women's participation and leadership is essential for an effective response to the COVID-19 outbreak, particularly for mobilising communities and health communications.

In previous health outbreaks, women have been excluded from decision-making, negatively impacting their own health needs as well as losing valuable opportunities for limiting the spread of the disease.<sup>34</sup> Including women in policy spaces and decision-making can improve disease detection, health surveillance and infection prevention as they are closely linked to their communities and will be responsible for implementing recommended prevention measures at the household level.<sup>35</sup> Carers and health workers they are well-positioned to identify trends and engage in household and community prevention. More widely, as communities respond to the social and economic impacts of the crisis, the leadership of women and women's organisation will be critical to ensure planning, response and recovery is relevant and effective and mitigating the major social and economic impacts of COVID-19.

## Recommendations

- Strengthen the leadership and meaningful participation of women and girls in all decision-making processes, including the participation of women in all local and national taskforces addressing the COVID-19 outbreak
- Community mobilization, risk communication and prevention measures should be localized with women taking a leadership role in their design and implementation.
- All information gathering, assessments and social and economic recovery planning should include consultation of women's groups, council and organisations, and women leaders from the community.

## Message 8 Women, WASH and shelter

Disease outbreaks such as COVID-19 pose water, sanitation and hygiene (WASH) risks, particularly for those living in crowded housing and informal settlements; poor sanitation and overcrowding inhibit people's ability to follow the COVID-19 transmission prevention measures and protect themselves and their communities. Handwashing and social distancing are particularly challenging when there is an unreliable water supply, lack of proper sanitation and multiple family members living at home and unable to leave the house.

Women's gendered and unequal responsibilities for household labour and care work, increases their WASH responsibilities and water needs. With the outbreak of COVID-19 women and girls face additional risks, and household labour. In remote areas clean water may not readily be available and women and girls may be required to travel far to collect water. In rural areas of Fiji, women travel up to 90 minutes a day to access water.<sup>36</sup>

The effects of quarantine measures on lack of water and privacy may impede girl's menstrual hygiene management. In many areas of the Pacific such as Solomon Islands and Papua New Guinea, it is taboo for men to see evidence of menstruation such as blood or cloths.<sup>37</sup> Under these conditions it is particularly important for women and girls to have access to menstrual hygiene products and sufficient water for personal use. 15 per cent of women in Fiji reported never or rarely having sufficient water for personal use, compared to 10 per cent of men.<sup>38</sup>

Involving women in efforts to promote hand washing and good hygiene is an effective way of promoting cultural and age-appropriate health communication to communities. Women and girls already engage in cultural WASH practices; understanding and adapting to existing WASH practice is critical to effective public health promotion.<sup>39</sup>

## Recommendations

- Ensure women and girls have access to sufficient water to meet existing needs and increased handwashing and hygiene requirements
- Equip women and girls with the knowledge and resources to wash hands and engage in good hygiene practices.
- Engage and consults women in the community on COVID-19 health communication strategies around WASH
- Increase supply of menstrual hygiene products to communities and support male family members and leaders to understand menstruation-related health and hygiene risks.

## Message 9 Risk of violence and exploitation due to securitization such as increased military and police activity

The exceptional circumstances of the COVID-19 outbreak has expanded government and police powers in many circumstances and violent enforcement of COVID-19 lockdowns by police and armed forces are emerging every day.<sup>40</sup> A United Nations Special Rapporteur has warned that states of emergency and expanded police powers may lead to greater risk of excessive use of force, particularly against vulnerable

groups.<sup>41</sup> Vulnerable groups are also the most likely to breach regulations under a state of emergency, including homeless people, migrants and daily wage workers.<sup>42</sup> In addition, the deployment of armed forces has long been long associated with an increase in exploitation and harassment of women and girls, including sexual exploitation (VAWG).<sup>43</sup>

In many countries, security forces are being deployed to enforce curfews and lockdown, enabled by greatly expanded powers.<sup>44 45</sup>

Across the Pacific, security forces have a central role in enforcing curfews and lockdowns.<sup>46</sup> In Fiji, the military forces are participating in health screening and monitoring COVID-19 related borders and checkpoints.<sup>47</sup> In Papua New Guinea, police have been in charge of containing fifteen thousand people in a two-week lockdown.<sup>48</sup> The Governor of East Sepik has called for a 'shoot to kill' order to frontier troops on the border with West Papua, against border-crossers.<sup>49</sup> The vulnerability of women and girls to harassment, rape and sexual exploitation (e.g. sex exchanged for food and basic goods) under such securitised conditions increases greatly, and is evident in virtually all emergencies and crises.<sup>50</sup> Furthermore, securitisation involves the increasing encroachment of control over traditionally female public spaces such as market places and public buses. The potential harmful gendered impacts of deploying security forces in the COVID-19 response should be acknowledged, and steps taken to prevent any form of harm and violence against women and girls.

### Recommendations

- Women's organisations must be included in decision-making around security-related interventions, including enforcing curfews, borders and check points.
- Prioritise preventing and responding to violence against women in all its forms including sexual exploitation and harassment.
- Limit the use of force on those breaching lock-down regulations
- Security forces must have a procedure for responding to women fleeing violence in the home.
- Strengthen community feedback reporting and complaints mechanisms on security forces.

### Message 10 Adolescent girls (aged 10-19) face specific challenges

Prolonged school closures due to COVID-19 have the potential to have a significant impact on issues which already affect adolescent girls across the Pacific including increased risk of gender based violence<sup>51</sup>, increased risk of early and forced marriage<sup>52</sup>, increased risk of sexual exploitation and child labour<sup>53</sup>, and decrease in access to sexual reproductive health information and services<sup>54</sup> including menstrual hygiene management. In addition, particular impacts on adolescent girls related to their age and developmental stage include the loss of peer support leading to depression and anxiety<sup>55</sup>, an increased propensity to boredom and risk taking behaviours in early and mid-adolescence such as stimulant use<sup>56</sup>, and an increased exposure to predators, online harassment, exploitation and bullying for those with online access<sup>57</sup>. In addition, messaging around greatest risk of COVID-19 focussed on those with underlying health conditions and older members of populations may result in adolescents not complying with social distancing and handwashing advice, unwittingly transmitting the disease as asymptomatic carriers.

A study from the Ebola epidemic in Sierra Leone found that in villages where empowerment programs had been in place, girls and young women engaged in the programs were more likely to return to school as well as take on income generation activity. This translated to only half as many girls in Ebola disrupted communities not enrolled in school once it resumed (8.1 percentage points) and these girls spent significantly lower amount of time with men, resulting in lower numbers of adolescent pregnancies.<sup>58</sup>

### Recommendations

- Engage adolescent girls in the creation and dissemination of age appropriate information to encourage following advice on social distancing and handwashing and reducing stigma and discrimination to those that have contracted the disease

- Engage adolescent girls in the development and dissemination of up to date information about referral pathways for services including gender based violence, sexual reproductive health and psychosocial support
- Engage adolescent girls in the creation and dissemination of age appropriate information about staying safe online
- Where possible, continue to engage adolescent girls in empowerment programming and encourage complimentary activity to COVID-19 prevention and response activities, such as ensuring adolescent girls participate in decision making and planning at the household and community level

## Recommendations (consolidated)

### Overall

- **Embed gender dimensions and gender expertise** within response plans and budget resources to build gender expertise into response teams.
- **Disaggregate data** related to the outbreak by sex, age, gender identity, disability and other vulnerability factors.
- **Prioritise understanding and analysing gendered differences between men and women;** this includes rates of infection, differential economic impacts, differential care burden, and incidence of domestic violence and sexual abuse.
- **Ensure human rights are central to the response;** provision of accurate and supportive care and messaging must be done with the intention to enhance people's safety, dignity and rights. It is important that any targeted programming does not exacerbate stigma or discrimination due to gender, age, citizenship status, disability, sexual orientation and identity, and other factors.

### 1. Women and girls are at increased risk of physical and sexual violence in their homes

- A do-no-harm approach and gender-based violence risk analysis must be adopted in all aspects of the response and recover.
- Protection priorities should be mainstreamed into all preparedness and response activities.
- Prioritize services for prevention and response to gender-based violence in communities affected by COVID-19.
- Train first responders on how to handle disclosures of GBV that could be associated with or exacerbated by the pandemic, including how to make referrals for further care.
- Update referral pathways to reflect changes in available services.
- Family violence services work with health services and police as key partners in identifying and responding to family violence.
- Prioritise child protection and safeguarding at all times. Be aware of situations increasing children's vulnerability such as home isolation and lack of supervision when caregivers are ill, hospitalised or absent.

### 2. Burden of unpaid care work on women will increase

- Work with local women's networks to share relatable and accurate health information to ensure women and girls understand what COVID-19 is, how it is transmitted, the likely symptoms and how to protect themselves and their dependents.
- Ensure that women are able to access health communications about the outbreak in ways they can understand, considering language, ability, age and literacy levels. Also factor in access to information tools such as mobile phones and internet.

- Involving women in surveillance and response can help signal the start of an outbreak and improve the overall health situation.
- Government messaging to target men to increase their role in caring for children, ill family members and the elderly.

### 3. Women are working at the centre of the crisis

- Ensure the safety of health workers on the frontlines of the response by ensuring availability of personal protective equipment and safe and secure working environments.
- Provide priority support to women by improving access to psychosocial support, menstrual hygiene products, equal pay with male colleagues and flexible working arrangements for women with care responsibilities.
- Women health care workers must be represented in all COVID-19 related decision-making bodies.

### 4. Access to sexual and reproductive health is disrupted and rights are compromised

- Ensure continuity of care and provision of sexual and reproductive health services.
- Ensure pregnant women are aware of COVID-19 related health recommendations and facilities for birth and pre-and post-natal care.
- Ensure security of essential sexual and reproductive health commodities and supplies including condoms and supplies of contraception.
- Implement all priority areas of the Minimum Initial Service Package for Reproductive Health in Crises (MISP) where relevant.
- Prioritise clinical care for survivors of sexual violence, including psychosocial support and emergency contraception (as per the MISP).

### 5. Impacts on women's economic insecurity

- Develop economic response strategies that specifically target areas and industries in which women work, focusing on the informal sector.
- Livelihood interventions must ensure that women and female headed households are specifically targeted in all economic response measures.
- Cash transfer programming, to support women to mitigate the immediate impact of the outbreak including supporting them to recover and rebuild.
- In COVID-19 affected communities and quarantined areas, women from marginalized groups including female-headed households, older persons, widows and women with disabilities should be prioritized in the provision of medical supplies, food, care, social protection measures.

### 6. Reaching vulnerable groups

- The specific health and communication needs of marginalised groups including SOGIEs, migrants and people with disabilities need to be considered in response planning and implementation.
- All social mobilization and community engagement must be developed and implemented in consultation with representatives from diverse groups and networks including Disabled People's Organisations (DPOs).
- Ensure that all health communication is inclusive and transmitted through multiple media options including radio, visual guides, and community mobilization, as well as in a diversity of languages, accessible formats and with use of accessible technologies.
- Consider the health and protection needs of people of diverse SOGIEs, who are particularly vulnerable to abuse and mental health issues.

## 7. Women as decision makers

- Strengthen the leadership and meaningful participation of women and girls in all decision-making processes, including the participation of women in all local and national taskforces addressing the COVID-19 outbreak.
- Community mobilization, risk communication and prevention measures should be localized with women taking a leadership role in their design and implementation.
- All information gathering, assessments and social and economic recovery planning should include consultation of women's groups, council and organisations, and women leaders from the community.

## 8. Women, WASH and shelter

- Ensure women and girls have access to sufficient water to meet existing needs and increased handwashing and hygiene requirements.
- Equip women and girls with the knowledge and resources to wash hands and engage in good hygiene practices.
- Engage and consults women in the community on COVID-19 health communication strategies around WASH.
- Increase supply of menstrual hygiene products to communities and support male family members and leaders to understand menstruation-related health and hygiene risks.

## 9. Risk of violence and exploitation due to securitisation

- Women's organisations must be included in decision-making around security-related interventions, including enforcing curfews, borders and check points.
- Prioritise preventing and responding to violence against women in all its forms including sexual exploitation and harassment.
- Limit the use of force on those breaching lock-down regulations.
- Security forces must have a procedure for responding to women fleeing violence in the home.
- Strengthen community feedback reporting and complaints mechanisms on security forces.

## 10. Adolescent girls (aged 10-19) face specific challenges

- Engage adolescent girls in the creation and dissemination of age appropriate information to encourage following advice on social distancing and handwashing and reduce stigma and discrimination to those that have contracted the disease.
- Engage adolescent girls in the development and dissemination of up to date information about referral pathways for services including gender-based violence, sexual reproductive health and psychosocial support.
- Engage adolescent girls in the creation and dissemination of age appropriate information about staying safe online.
- Where possible, continue to engage adolescent girls in empowerment programming and encourage complimentary activity to COVID-19 prevention and response activities, such as ensuring adolescent girls participate in decision making and planning at the household and community level.

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