

COVID-19 CORONAVIRUS RESPONSE

WORLD BANK GENDER: GUIDANCE FOR HEALTH COVID-19 (CORONAVIRUS) RESPONSE PROJECTS

*This note was created by the World Bank's Gender Group to provide guidance for World Bank teams on how client countries can respond to the different needs of men and women, with respect to health projects. Recommendations should be adapted to specific contexts and will continue to be reexamined as evidence emerges. **This note is meant for discussion and is subject to change.***

COVID-19 is expected to have [different impacts](#) on women and men, girls and boys. In many countries, women comprise the [majority](#) of health workers and unpaid caregivers, who are on the frontlines of the global pandemic.

Most countries around the world have imposed quarantines and stay-at-home orders, which restrict gatherings and movements, close schools and daycares, and mandate home-based work where possible. These restrictions can have other impacts on women, in particular:

- [Domestic violence](#) may increase.
- Even before COVID-19, women carried a greater responsibility than men for child and elder care. As schools close and family members fall sick, these demands are likely to grow.
- Adolescent [pregnancies](#) may increase with school closures and reduced access to contraceptives.

This guidance note outlines priority issues and provides a set of recommendations to address differentials between men and women in the context of the coronavirus pandemic.

I. Priority issues for the preparation of projects

This section summarizes key considerations for the preparation of response projects in relation to the coronavirus outbreak. **See [section 2](#) for specific recommendations** to address gender differentials during project preparation and implementation.

Sexual Exploitation, Abuse and Harassment: Project preparation should include that during implementation, the risks of Sexual Exploitation, Harassment, and Abuse will be assessed, and mitigation measures put in place.

Gender-Based Violence (GBV):¹ Rates of GBV, especially Intimate Partner Violence have increased as people stay at home and change behavior in response to the spread of COVID-19.² Other types of GBV are sexual assaults against [children](#), the disabled and the elderly.

¹ The GBV guidelines [website](#) and the [GBV AoR](#) Coordination Team gather resources on GBV and COVID-19.

Mental Health: Pandemics can cause stress, anxiety and fear. Stress at the household level may arise as children stay at home and create competing demands for time and income decrease due to job loss or wage cuts. The pandemic can also increase fear from lack of information or unclear directives.

Routine Health Care and Essential Services: [Resources](#) are often diverted from routine and reproductive health care services toward containing and responding to the outbreak. Female health workers, at a higher risk of infection, are often the main caregivers of children and older family members, many times without support.

Women's Leadership and Representation: When women are underrepresented in [decision making for outbreak prevention and response](#), their needs are less likely to be met.

II. Recommendations to address differentials between men and women during implementation

During the 2014–16 west African Ebola outbreak, prevailing gender roles posed additional [risks of infection](#) to women, given their predominant roles as frontline health workers and unpaid caregivers. To mitigate this risk, the table below provides a non-exhaustive list of measures for COVID-19 health response projects to address differentials between men and women during implementation. Activities should be adapted to context.

Issue	Recommendations
Sexual Exploitation, Abuse and Harassment of health workers	<ul style="list-style-type: none"> • Provide safe transportation, psychosocial support and mechanisms to report abuse for health workers.
Prevention and response to the risk of Gender-based Violence (GBV)	<ul style="list-style-type: none"> • Ensure that essential medicines like PEP and emergency contraception are available through health systems and there is a system for referrals to services outside the health system for other support. This may require updating referral pathways. • Train health care workers to properly identify GBV risks and cases; handle disclosures in a sensitive manner and know to whom to refer patients for additional services. • Consider using technology and mass communication to diffuse information on healthy conflict resolution, healthy parenting, managing stress and anger in a positive way. Saturate communities with empathy messages to apply within the home and with others. Use social media, radio, etc. to include information on how to seek services during periods of social distancing. • Provide funding to service providers, including NGOs and community-based organization, legal aid service providers, case management services, and shelters, who will need to invest in technology to support survivors because of social distance and quarantine measures. • Increase funding and the capacity of helplines for GBV reporting/referrals (likely to be flooded). • Provide people working in service provision and helplines with flexible working hours, physiological support and space for retreat. • Train police to deal with cases by using non-physical techniques such as talking to people to dissipate issues. • Consider distributing mobile phones directly to women to enable access to reporting services for GBV. This will also be critical for women to benefit from cash transfer programs and mobile banking.
Mental health	<ul style="list-style-type: none"> • Respond to the increased need for mental health and psychosocial support building on existing services, local care structures and prioritizing coordination. • Integrate mental health and psychosocial considerations into all response activities. Establish measures to reduce the negative impact of social isolation in quarantine. • Open lines of psychosocial support; consider volunteer psychologists to provide online therapies/ help with hotlines. Mobilize private sector specialists who may not be employed to join the public sector to help. • Use WhatsApp, social media and other forms of technology to set up support groups/maintain social support, especially for those in isolation. • Train all frontline workers and non-health workers in quarantine sites on essential psychosocial care. • Offer psychosocial support to health workers, GBV survivors, and communities

Routine health care and essential services	<ul style="list-style-type: none"> • Prioritize routine care and essential services, including the treatment of sexually transmitted infections (STIs), clean and safe delivery, contraceptives, legal abortion, and pre- and post-natal health care. • Consider female healthcare workers' specific needs (beyond personal protective equipment) such as menstrual hygiene and transportation needs. • Consider offering employee organized transport that carry a few passengers for mid-term (e.g. 6 -12 months). • Provide care options for health workers on a temporary, emergency basis such as home-based care, offered by individuals approved by state officials. • Consider paying people for the provision of unpaid care (largely provided by women) as part of an economic reactivation strategy. • Offer sexual and reproductive health care, including contraceptive services and STD testing through telehealth (online or over the phone). Consider mobile health services to deliver birth control and emergency contraception.
Communication preparedness	<ul style="list-style-type: none"> • Ensure that women can get information about how to prevent and respond to the epidemic in ways they can understand (radio, etc.). • Develop and implement communication strategies to highlight specific risks affecting women and men, as well as targeting adolescent girls and boys. • Adapt adolescent girls programs to a virtual format. Mobile delivery modes (text messaging, chatlines, and apps) could help to diffuse information public health information and connect girls to vocational and life skills training. • Provide information in local languages to women and men on available physical and mental health services, hotlines. • Use community-based women's groups for outreach/ campaigns; engage with religious leaders. • Messaging should consider gender differences in hygiene/ sanitation practices. • Communication campaigns can transmit messaging on non-violent conflict resolution, healthy discipline, management of anger and stress.
Women in leadership and decision making	<ul style="list-style-type: none"> • Include equitable representation of women and men in emergency management groups. • Ensure that women participate in decision making and messaging in institutions or other policy-making capacities. • Leverage women's civil society organizations to promote female participation in decision-making in preparedness and response.
Data and Monitoring Systems	<ul style="list-style-type: none"> • Data related to outbreaks and the implementation of the emergency response must be disaggregated by sex and age. • Indicators must include: suspected cases of COVID-19 reported and investigated per approved protocols; mortality rates, disaggregated by sex.
Additional Measures in Contexts of Forced Migration	<ul style="list-style-type: none"> • Consider waiving requirements for a national ID in refugee response programs and issue biometric based identification for receiving healthcare, cash transfers, etc.

Annex I. Other Issues to Flag for Project Implementation (to adapt to context)

Rapid analysis during Implementation

- If feasible, conduct a rapid assessment of the context and of culturally specific health issues, needs and available resources. Questions to consider include:
 - What are the population demographics? What are the demographics of frontline health workers? What is the social, cultural and security context? What has changed as a result of the emergency?
 - Are there differences between women and men in the community in relation to their roles, responsibilities and decision-making power?
 - Are security forces, usually composed of mainly men, in charge of enforcing curfew? Will they likely use sexual violence and harassment to enforce security measures?
 - Are specialized services that support other life-saving services being prioritized for funding – shelters for abused women, those providing care to survivors of GBV, legal abortion?
 - Who will take on the increased childcare and other caregiving and domestic roles as schools are closed and children are home?
 - Are there ways to engage both parents to engage in childcare, domestic work or activities to support children’s learning once schools are closed?
- Use information from assessments, including identified needs, gaps and existing resources when designing interventions.
- Use information from other affected countries to predict potential issues to be faced in the community, i.e., an increase of domestic violence and an increase in violence directed toward health workers.
- Consider the disparate effects of quarantine or social distancing measures on different populations.
- Consider the needs of vulnerable sub-groups such as the elderly, pregnant women, or those living with a disability.

Case detection, confirmation, contact tracing, recording, reporting

- Are there cultural/normative/infrastructure aspects that prevent women from accessing health care or from getting tested? (e.g. women might not be able to go out without male companion).
- Does the staffing and location of health services ensure equal access for women and men?
- Are critical needs such as access to clean and safe delivery (treatment in complications in pregnancy), treatment of sexually transmitted infections, and provisions for clinical management of rape available?
- Are there disproportionate deaths and/or infections among women, girls, boys and/or men? Among female or male health workers. If so, why?

Communication Preparedness

- Do communication campaigns need to target different messages for men and women to help take up? This may include avoiding the reinforcement of stereotypical roles such as women should be the main caregivers and the fact that male mortality rates are significantly higher in some cultures where men are less likely to seek for help for medical issues.

- Does messaging consider gender norms/differences in sanitation practices?
- What is women's role in community messaging? Can that role be leveraged to enhance behavioral change at the community level? Can that enhance behavioral change within the household?
- Does community messaging and awareness use women's groups in mass media?
- Does the project consider the difference between women and men in terms of access to communication and information?
- Does the intervention include messaging on reducing stress and combatting anxiety and depression, which can impact rates of domestic violence, parents' ability to care for their children, and the type of toxic stress that impacts children's development?
- Are both men and women messaging, raising awareness and taking decision related to COVID-19?

Social and financial support to households

- Are feminine and continence care products, as well as child and infant care supplies included in essential supplies packages?
- Are women's organizations engaged in the distribution of essential supplies?
- Are there cultural beliefs, taboos or social norms regarding care of the sick, washing, water use, and menstruation? Do these negatively affect women, girls, boys or men?
- Does the project consider provisions or alternatives for home health care (largely provided by women)?
- Are "top-ups" to conditional cash transfer payments to compensate for lost days of work channeled through men or women?
- Does the project consider engaging men in the provision of care for the sick, elderly and/or children? Could care needs and sickness remove those in families and household that can safeguard against increased GBV in vulnerable groups like children, the disabled and the elderly?
- Does the project consider financial barriers that prevent women from getting tested or accessing health care (cost, lack of national identification documents)?

Health system strengthening

- Does protective equipment need to be tailored to male and female size? Is it possible?
- What is their level of protection, social protection, insurance for their families in case they die while on duty?
- Is protective medical equipment available for household members (especially women) caring for sick relatives? Is it available for people who are ill and who may need to go outside?
- Are secondary and tertiary healthcare facilities prepared to address or refer the increased caseload of GBV survivors?
- Are there special provisions for quarantine of health care workers in case they get the virus? How can they protect members of the family who live in their household?