As the world works to respond to the threat of a COVID-19 pandemic, it is necessary to apply a Gender Equality and Social Inclusion (GESI) lens to mitigate its effects in an equitable and inclusive manner. Marginalized populations are even more vulnerable during the time of COVID-19 outbreak. Therefore, the effects of COVID-19 on the most vulnerable, and its gendered and social impacts should be thoughtfully analyzed, understood and addressed. In order to do this, we have developed five questions that should be addressed.

1. Is there equitable and inclusive access?

Vulnerable groups (such as children, women, older persons, pregnant women, displaced persons, migrants, refugees, people with disabilities, people living in poverty) often have limited access to resources, services, opportunities or information, and this is further exacerbated during times of disasters and crises such as COVID-19. We need to support our participants, their families and communities to overcome barriers to accessing:

- Information on COVID-19 preparedness, prevention and response - information that is frequently updated and inclusive of resources particularly material and financial that allow for preventive care;
- Confirmatory testing, testing facilities/laboratories;
- Essential goods like food, water, prescription drugs, sanitary pads, etc. Access to these goods will encourage/facilitate adherence to existing protocols – medical, prevention, etc.
- Education and training resources, for girls, children with disabilities, refugee/migrant children, and other vulnerable children at risk for dropping out of school due to pre-existing social pressures and social norms;
- Technology or assistive devices to support online or distance learning;
- Training/equipment for vulnerable frontline healthcare workers and female caregivers to support delivery of care of the highest quality. Globally, females account for over two-thirds of the health workforce and women perform more than three times the amount of unpaid care work compared to men;
- Support networks, especially where virtual support is not possible, for service providers, caregivers, and the resource-deprived to connect with one another. This includes connection to health and wellbeing services for frontline health workers and caregivers, access to childcare and cash transfer programs to support resilience building. Caregivers, themselves, need care;
- Services such as shelters and referral services including those for survivors of gender-based violence (GBV). Typically, there are increases in gender-based violence and abuse/neglect in the aftermath of epidemics and/or natural disasters. If you know someone who needs help for abuse/neglect or gender-based violence, resources such as a GBV referral desk or abuse/neglect hotlines can help.
2. Are decisions equitable and inclusive?

Decision-making, especially in the time of COVID-19, should always be conducted in ways that minimize effects on the most vulnerable while maximizing their involvement in the actual decision-making. In addition, vulnerable populations should be provided opportunities to make, or contribute to, decisions on preparedness, response and recovery. Ensure that:

- Vulnerable populations such as girls and boys, youth, women, persons with disabilities, internally displaced persons, and people living in poverty, are included in decision-making processes, where shared decision-making is emphasized. Utilize contextually appropriate, resource friendly solutions that push for shared decision-making - decisions that are arrived at once all parties have contributed - in the absence of in-person consultations.
- Persons with overlapping vulnerabilities are provided with opportunity to inform decisions particularly concerning preparedness and response. Refugees, migrants, and internally displaced persons face heightened risk of becoming infected with COVID-19. It is critical that those with multiple vulnerabilities- for example, persons with disabilities or women who are also residing in refugee camps - are involved in making decisions that impact their camp’s pandemic prevention and response activities; considerations include the design and rollout of programming that is adaptive in nature to meet the needs of those with disabilities in addition to making sure that the needs of women (and girls) are equally met as those concerning men (and boys).
- Policy-influenced decisions must incorporate the views and experiences of vulnerable populations and to make certain that this occurs, this requires either establishing or maintaining engagement with associations and networks representing these parties.

3. Who is participating?

It is critical that vulnerable groups are not just the recipients of any service or intervention, but that they also provide leadership in, and contribute their skills to the delivery of such services/programming. To encourage this, we must:

- Ensure that the participant identification process does not incite harm or discrimination towards vulnerable persons, resulting in limited participation, non-participation or complete disengagement for any prevention and response campaigns. With the continued application of identification protocols, extra attention must be given to those vulnerable populations who face heightened risk for COVID-19 infection due to factors such as older age, compromised immune systems, etc.
- Mandate equal representation of women and men, persons with disabilities, young people and those of older age in the design, implementation and monitoring of COVID-19 prevention and response campaigns. Provide opportunity for vulnerable groups not only to inform programming but to shape the narrative around action in prevention and response; include them among program staff as well as champions for change to support advocacy efforts and movement building for continued action against the pandemic.
4. Are systems GESI-responsive?

Health systems often exclude the most vulnerable, based on such factors as race, disability, gender and economic status. COVID-19 can exacerbate exclusion of the most vulnerable as health systems, and other forms of social support are overstretched or rendered non-existent often due to redirection of resources/funding in light of the pandemic. Make certain that:

- Health systems reach the most vulnerable, and that support systems are utilized to link those vulnerable groups that are less connected to public health systems. This requires potentially extending existing coordination efforts with healthcare providers, facilities, vulnerable group networks/associations.
- Gender and social norms, particularly those that are negative in nature, and power dynamics, are assessed and addressed from the start of program/intervention. Consideration of these norms and dynamics must be reflected in the program design process and it is important to engage with these communities using methods respectful of social distancing and quarantine.
- Formal and informal community-based and faith-based entities receive support to reach often-excluded populations to enhance their crisis planning and emergency response. These groups may include grassroots community healthcare workers, women’s groups, youth groups, church groups and networks of people with disabilities.
- The family/household system is strengthened and supported as a protective system. With social distancing, stay in place, and other quarantine practices taking hold all over the globe, it is important now more than ever to maintain continuity in family-targeted support, using alternative means. Remote support – through social media, texting/mobile applications accessible by household members of various ages, abilities – is one way by which family support can be provided.
- Policies on COVID-19 response, recovery and healing are equitable and inclusive. These can be developed and made into law through the engagement of leadership - through alternative means of communication in lieu of face to face meetings- from women-led networks and associations, disabled peoples’ organizations, refugee/migrant led organizations/networks- allowing for the voices of these marginalized groups to be adequately incorporated into these policies.
- Safety planning, protection and violence prevention - and response - systems are maintained and continue to operate as essential emergency systems.

5. How do we ensure the wellbeing of the most vulnerable?

There is strength in an integrated inclusive approach that ensures that the most vulnerable have access to needed resources, are considered in decision-making and can participate effectively, and benefit equally from COVID-19 systems’ response, recovery and healing. Wellbeing is inclusive of safety and is reflective of not only physical but mental (health) wellbeing.

With COVID-19, incidence of Gender-Based Violence (GBV) has risen in some locales and children may be caught in the crossfires. Systems that survivors rely on are disappearing rapidly due to social distancing or safety concerns resulting from proximity with an abuser.
REMEMBER: Agency and Resilience

Remember, the most vulnerable individuals, groups and communities are also active agents in efforts to mitigate the negative impacts of COVID-19. They are not just mere victims or inactive beneficiaries of relief and recovery. Give them the opportunity to draw on their abilities and resources to withstand, respond to and recover from COVID-19. Ask for their input. Hear their voices. Proverbs 16:9 In their hearts, humans plan their course, but the LORD establishes their steps.

This document supplements the technical guidance from World Vision’s Global center

Additional Resources

Gender and COVID-19

In Focus: Gender equality matters in COVID-19 response UN Women website page includes resources on gendered impacts of COVID-19 and the UN Secretary General’s statement on GBV and COVID-19.


Gender Implications of Covid-19 Outbreaks in Development and Humanitarian Settings by CARE
This resource outlines how COVID-19 outbreaks in development or humanitarian contexts could disproportionately affect women and girls in various ways.

The COVID-19 Outbreak and Gender: Key Advocacy Points from Asia and the Pacific by Gender in Humanitarian Action (Asia and the Pacific)
This resource focuses on emerging gender impacts and recommendations in relation to the COVID-19 outbreaks in Asia and the Pacific.

COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement by the World Health Organization (WHO) and others notes various approaches to foster engagement with communities that are often excluded from such efforts.

UNFPA Technical Brief – COVID 19: A Gender Lens This technical brief focuses on key considerations for protecting sexual and reproductive health and rights and promoting gender equality and includes practical recommendations to inform planning and delivery of response actions.
A DFID Report on the Impact of COVID-19 Pandemic on Violence against Women and Girls. This research report looks at emerging evidence from the current Corona Virus pandemic as well as other similar epidemics with respect to how such pandemic may impact on violence against women and girls. The report includes recommendations on how to address VAWG as part of the COVID-19 response based on lessons learned from other similar pandemics.

An article by the Center for Global Development (CGD) looks at how COVID-19 will affect women and girls in low and middle income countries and provides a summary of a Lancet article on the gendered impacts of the outbreak. Another CGD article proposes solutions to those problems presented by the earlier CGD article.

This article by Women’s International League for Peace and Freedom, using a feminist lens promotes a peaceful approach to addressing COVID-19.

Social Inclusion and COVID-19
CORE Group and IDDC (International Disability and Development Consortium) Resource pack on disability inclusion and COVID-19 contains resources from multilateral agencies (UN, WHO), INGOs and international networks, and those specific to mental health, amongst others.

Refugee & migrant health in the COVID-19 response is a Lancet article that highlights the needs and priorities of refugee and migrants facing the COVID-19 pandemic.

This article by Women’s International League for Peace and Freedom, using a feminist lens promotes a peaceful approach to addressing COVID-19.

International Disability Alliance provides a list of resources and recommendations for responding to COVID-19.

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v In Hubei province, ground zero for the global COVID-19 pandemic, there was a threefold increase in domestic violence reports to police. (https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence)