How to consider protection, gender and inclusion in the response to COVID-19

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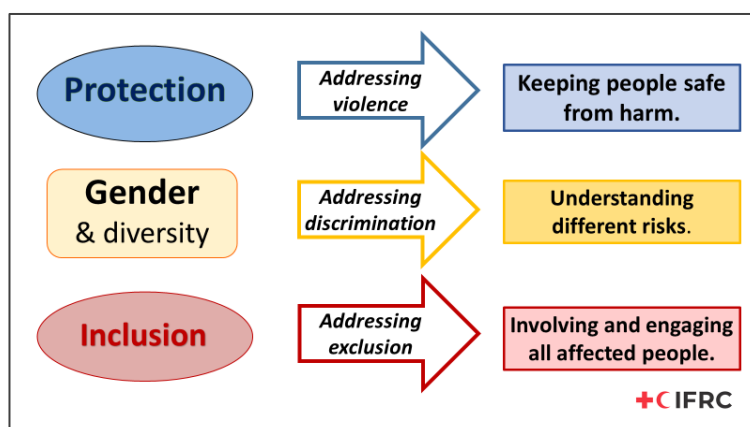
Technical guidance note

Contents

How to consider protection, gender and inclusion in the response to COVID-19

This technical guidance note is aimed at IFRC and NS staff involved in the global operation, especially PGI and health focal points. Key messages and key groups at risk of exclusion are available for a general Red Cross Red Crescent audience.

Like all crises, the COVID outbreak will affect people differently based on their sex, gender and other factors, including age, disability, sexual orientation, health status, legal status, ethnicity, and other aspects of the person. Emergencies exacerbate existing gender inequalities, and the incidence of sexual and gender-based violence (SGBV), violence against children can be expected to increase. Marginalized groups[Error! Bookmark not defined.] are highly likely to more adversely affected by the outbreak and the consequences of the response.

"Protection, gender and inclusion" (PGI) refers to all Red Cross Red Crescent actions which address violence, discrimination or exclusion, in all contexts where National Societies work.

This guidance note outlines issues that may threaten people's **dignity**, **access**, **participation** and **safety** and suggests actions to address these threats.

Other relevant guidance

This guide draws from and provides complementary information to the following available guidance notes

o Key messages and groups – basic guidance on PGI in the response to Covid-19 (IFRC for NS staff and volunteers)
o Preventing and addressing social stigma (IFRC, WHO and Unicef)
o Community guidance for social mobilizers, frontline workers and volunteers. (IFRC)
o Psychological Coping during Disease Outbreak (Hong Kong Red Cross)
    o For healthcare professionals and first responders
    o For older people with chronic conditions
    o For general public

o Technical notes
    o Protection of children in the Covid-19 response (Alliance for Child Protection)
    o How to include marginalized and vulnerable people in risk communication and community engagement (Asia Pacific interagency RCCE group)
    o MHPSS for Staff, Volunteers and Communities in an Outbreak of Novel Coronavirus (IFRC)

Dignity

- **Stigma and discrimination around the disease may discourage people from seeking health care**
  - Follow the guidance on [Preventing and addressing social stigma](#): avoid stigmatising language, spread the facts, engage social influencers
- **Restrictions on people's movement and freedoms may** affect marginalised and vulnerable groups disproportionately
  - Collaborate and advocate with government authorities to ensure human dignity is respected
  - Provide information, legal and humanitarian services to groups who are quarantined

- **Heightened risk of loss of income, in particular for workers in the informal sectors,** leading to a lack of access to services and basic goods, and loss of dignity
  - Psycho-social support, information and referrals to sources of economic support
  - Advocacy to government to support individuals in precarious economic situation
- **Groups are at higher risk (older people, people with chronic and underlying health conditions and compromised immune systems)** may feel messaging advising people not to worry if they're not in a high-risk group to be disrespectful
  - Communications about different levels of risk and appropriate behaviour is respectful of the high-risk groups identified.

Access

Marginalized and vulnerable groups are likely to more adversely affected by the outbreak in a number of different ways. Access to services is a particularly crucial issue – both those services linked to the outbreak other services affected by the implications of the outbreak on normal life. Each group's access issues are different, so this section (and following sections) are organized by group.

Children and Youth

- **Children have specific information and emotional needs, cannot access many services if schools are closed.**
  - Design information and communication materials in a child-friendly manner, on physical and mental health issues related to the outbreak
  - Provide information to care givers and institutions about children's psychosocial issues, as well as general health and hygiene.
  - Provide child-friendly services that address emotional unrest and anxieties due to school closures.
  - Ensure that Red Cross Red Crescent migration services are meeting the needs of unaccompanied children.

Women

- **Women are the majority of front-line health workforce and caregivers. Cultural factors may restrict women's access to information and services; Women are likely to be hardest hit economically.**
  - Provide specific advice for women caring for children and others in quarantine, and may not be able to avoid close contact.
  - Ensure communications, treatment, support and services are culturally and gender sensitive to ensure access for women, including that medical teams are gender-balanced and health facilities are culturally and gender sensitive.

- o Consider increasing or starting access to livelihoods programmes and provide access to information about support for loss of earnings for women affected economically.
- o Develop communication materials for pregnant women on basic hygiene practices, infection precautions, danger signs and how and where to seek care. Scale up maternal health care services where possible, including phone line support

Men

- **Men seem to be more likely to get sick and die from COVID-19[1], wash their hands less frequently than women[2] and have a lower immune response**
  - o Community engagement and health service teams should be gender-balanced and provide targeted messaging from other men on hand washing.

Persons with Disabilities

- **Some people with disabilities may: have specific communication needs; be at higher risk because of pre-existing conditions; lose access to their regular support mechanisms (care workers)**
  - o Prioritise services supporting people with disabilities as part of Business Continuity Planning, and scale up if possible, including phone /online support.
  - o Ensure that assistive devices are available
  - o Offer multiple forms of accessible communication, such as text captioning or signed videos, text captioning for hearing impaired, online materials for people who use assistive technology
  - o Provide tailored approach to meet individual needs, work with personal carers and other social support networks

People with pre-existing medical conditions including people living with HIV

- Provide tailor-made communication for PLHIV through platforms that they routinely access, explaining why they are at higher risk
- Ensure access to information on specific needs based on their feedback including access to and delivery of anti-retrovirals

Older people

- Develop specific messages to explain the risk for older people and how to care for them, especially in homecare. Target family members, health care providers and caregivers,
- Use communication channels used by older people and engage the them to address their specific feedback
- Provide additional care services / home visits where possible if already providing. Scale up telephone / online support where possible.

Survivors of Sexual and Gender-Based Violence (SGBV)

- Update SGBV referral pathways to reflect primary and secondary health care facilities and inform key communities and service providers
- Reinforce support to other sectors such as staff for emergency response hotlines and in the safety and security sectors.

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[1] New York Times, The Independent; the Scientist
[2] BMC Public Health

Refugees and Migrants

- Translate and disseminate communications on COVID-19 into common languages of refugees and migrants, adapt as necessary for community perceptions, beliefs and practices.
- Monitor discrimination towards migrants, and advocate against misinformation.
- Provide information about COVID-19, and promote hygiene practices within existing refugee and migrant services.
- Include refugees and migrants in National Society plans, including particular focus on migrants not participating in formal structures or who are in an irregular situation.
- Provide and/or advocate for inclusion and non-discriminatory access of refugees and migrants to public health service

Ethnic Minorities

- Translate information into common local languages spoken by ethnic minorities
- Give individuals opportunities to share their questions and concerns in their own language.
- Ensure that communications, treatment, support and other services are adapted to cultural needs

Sexual and gender minorities including LGBTIQ people

- Include existing LGBTIQ groups, communities, and centres in engagement and outreach as they have key roles in prevention and supporting access to medical care. Include particular focus on LGBTIQ older people
- Reach out to regional LGBTIQ networks, if not safe or possible to do so at country or community level

Participation

- All marginalised group are at risk of not being included in discussion and decisions about the management of the outbreak and services put in place
- Consult with persons of all gender identities, ages, disabilities and backgrounds about their specific needs, concerns and priorities to inform the design of all services, activities and measures put in place to respond to the outbreak.
- Make consultation as inclusive as possible by considering issues of language, accessibility (for people with different disabilities), timing, placement, functioning etc.
    - Consult with children and adolescents, by staff and volunteers with skills and experience in talking with this age group.
    - Ensure active outreach to collect feedback from persons with disabilities, and involve organizations of persons with disabilities in consultation and decision making.
    - Ensure that community engagement teams are gender-balanced
    - Provide online and anonymous ways to gather feedback on services and activities that are easier to access for women and marginalised groups who may not be able to contribute to community discussions
    - Seek out and engage participation from older people, by identifying and using communication channels most used by older people

Safety

Children and Youth

- Provide parents with skills to handle their own anxieties and help manage those in their children
- Advocate for family-friendly workplace policies so that parents can take better care of their children
- Provide counselling and support services for affected families, by phone and online.
- Support where possible continuity of education through non-formal or recreational activities - refer to IFRC /WHO/UNICEF guidance to protect children in the outbreak

Women

- Ensure that sexual and gender-based violence risk-mitigation measures are in place in quarantine facilities, isolation processes and procedures.
- Ensure that all staff and volunteers working on telephone helplines or providing services are trained in responding to reports of SGBV, (especially particular intimate-partner violence) and can refer to specialists.

Older People

- Prioritise continued support to older people and be especially vigilant for signs of violence during home visits (if they continue) or other instances of support.
- Ensure that all staff and volunteers working on telephone helplines or providing services are trained in responding to reports violence towards older people, and/or can refer to specialists.

Migrants

- Monitor incidents (formally or informally) of violence toward migrants increasing and support migrant communities through psychosocial support, referral and advocacy.

Prevention and Response to Sexual Exploitation and Abuse (PSEA)

There is heightened risk of sexual exploitation and abuse of affected persons by humanitarian staff and volunteers during the response to Covid-19, as vulnerabilities and power inequalities increase. In 2018, IFRC adopted a PSEA policy with a survivor-centred approach, aligned with the IASC Six Core Principles. IFRC joined the Inter-Agency Misconduct Disclosure Scheme that aims to prevent known abusers from working in humanitarian organisations.

Recommended steps to take to adapt your Covid-19 response to the needs and rights of SEA survivors, and to develop your own PSEA policy and action plan.

- Include PSEA into your feedback and complaints mechanisms. An IASC guide advises on how to do this.
- Designate a PSEA/community-based complaints mechanism focal point (ToR sample on page 81 in Annex 4 of the IASC guide)
- Brief your staff and volunteers on PSEA, for instance by showing this 6-minute video "No Excuse for Abuse" and hosting a Q & A forum via laptop or smartphone.
- Apply a survivor-centred approach to your PSEA response, as outlined in this presentation.

IFRC's global COVID-19 operational strategy with PGI considerations

This section provides key PGI actions to consider in each phase of the response, it is intended to support the development of Emergency Plans of Action.

Response phases		PGI actions
Prepare	• **Institutional preparedness**	• Orientate staff and volunteers on gender and diversity sensitivity, and protection and exclusion risks from the consequences of COVID-19.
	• **RCCE** (Risk communication and community engagement)	• Ensure that all Risk communication and community engagement (RCCE) activities are adapted and accessible to all people, considering especially marginalised groups.
Contain	• **Case detection (screening + surveillance)**	• Ensure that all case detection activities are dignified, person-centred and adapted and accessible to all people, considering especially marginalised groups. See minimum standards on next page.
	• **RCCE**	• As above
	• **Quarantine**	• Provide psychosocial support, by phone or online • Provide referral and support for people experience sexual and gender-based violence, including intimate partner violence. Increase or set up phone line support • Provide referral and support for incidents of violence towards children.
	• **Community acceptance**	• Ensure that activities aimed at community acceptance are dignified, participatory and accessible to all people, considering especially marginalised groups.
	• **Isolation and treatment**	• Provide psychosocial support, by phone or online as much as possible • Ensure that treatment facilities are dignified and accessible to all groups, especially marginalised groups
	• **Psychosocial support (PSS)**	• Ensure that psycho-social support is accessible, appropriate and adapted to all persons in the community, by adapting to local context and specific needs, • Ideally providing trained support staff of different genders, language groups, ethnicities, cultures etc. reflecting the community demographic makeup.
Mitigate	• **Community-level health activities**	• Ensure that all community-level activities are dignified, person-centred and adapted and accessible to all people, considering especially marginalised groups. See minimum standards on next page.
	• **Treatment and support**	• Ensure that all community-level activities are dignified, person-centred and adapted and accessible to all people, considering especially marginalised groups. See minimum standards on next page.
	• **Continuity of emergency social services**	• Ensure that all emergency social services remain accessible to all people, considering especially marginalised groups
	• **RCCE**	• As above
	• **PSS**	• As above
	• **Livelihoods**	• Consider which groups within the community are likely to be hardest hit by impact on livelihoods and provide psycho-social support, information and referral to any state or civil society mitigation measures • If the National Society provide livelihood support, access to employment, income generation services, consider possibilities to scale up support. Ensure the any support provided is dignified and accessible to all.

PGI minimum standards common to all sectors, adapted for COVID-19

These are the common set of standards that apply to all sectors in any emergency response. They have been adapted here for the COVID response and the specific indications are given in bold. It is aimed at technical PGI and health support staff.

Dignity
Staff and volunteers engaged in response to **COVID-19** are sensitised on gender, age, disability and associated needs and on how to communicate respectfully with persons with physical, sensory and intellectual disabilities, persons with mental health disabilities and older people (see ADCAP Humanitarian Inclusion Standards 2018).
Access
In consultation with the affected community groups, the constraints or barriers faced by persons of all gender identities, ages, disabilities and backgrounds in accessing **testing and treatment** services and facilities are identified and action taken to respond to each constraint and barrier**.**
Where selection and prioritisation criteria for accessing *screening and surveillance, treatment and psychosocial support* have been/are being developed, they are informed by a gender and diversity analysis to ensure that the most marginalised have access. Migrants receive services based on need alone, regardless of their legal status, and are not put at an increased risk through involvement of law enforcement authorities.
COVID-19-related assessments, mapping exercises and other data collection mechanisms include questions for a gender and diversity analysis. Data are disaggregated at least by sex, age and disability and other context-specific variables to provide an understanding of and access to the most marginalized.
The affected community is provided with relevant information and informed of their entitlements related to **COVID-19**. This information is disseminated widely in accessible formats, which may include Braille, visual formats (e.g. pictures or posters, use of larger fonts), relevant languages, audio formats (e.g. radio transmission), sign language and easy-to-read formats at all locations where persons of all gender identities, ages, disabilities and backgrounds gather
Participation
Awareness is raised about the rights of women, children, persons with disabilities, older persons, sexual and gender minorities, migrants and refugees and other minorities to participate in and benefit from response activities such as: **Case detection**   **Community-level health activities**   **Treatment and support for overburdened health services**   **Psychosocial support**   **Livelihoods**   **Continuity of emergency social services**
Persons of all gender identities, ages, disabilities and backgrounds are consulted about their specific needs, concerns and priorities to inform the design of all services, activities and measures put in place to respond to **COVID-19**. Where necessary, same gender focus group discussions are held with corresponding gender facilitators and interpreters in multilingual settings.

Assessment, response, and monitoring and evaluation teams have balanced/fair representation of persons of all gender identities, ages, disabilities and backgrounds, including linguistic minorities.

The timing of assessments takes into account the daily habits of the various groups to ensure that all are able to participate.

If community committees, or equivalent are set up to address the effects of the outbreak, they have balanced/fair representation of persons of all gender identities, ages, disabilities and backgrounds. Where mixed-gender identity committees are not culturally acceptable, separate committees are set up to address the distinct needs of diverse gender identities.

Safety

With the involvement of persons of all gender identities, ages, disabilities and backgrounds, risks related to safety issues (other than safety from infection and illness) are assessed*.*

SGBV prevention and response and child protection

Discriminatory gender and social norms, particularly those involving negative stereotypes of disability, are identified in relation to **COVID-19**. Working with the community, actions are designed to challenge those norms, as they may contribute to gender and other forms of inequality and SGBV.

Risk analysis is conducted, including SGBV and child protection as well as other key protection risks, e.g. trafficking in human beings, and mitigation measures are developed.

Specific actions are taken to reduce the risk of SGBV and violence against children. These include, but are not limited to:
 – partnering with women and/or women's organisations, groups or organisations of women with disabilities, civil society organisations
 – of sexual and gender minorities and other at-risk groups and child protection networks
 – consulting at-risk groups to define safe locations for **COVID-19** facilities and related activities.
 – actively involving men and boys as agents of change in addressing SGBV
 – coordinating with other relevant sectors and clusters, such as WASH, protection, shelter and settlements, to mainstream SGBV mitigation and response and child protection
 – establishing separate and safe areas, such as woman-, adolescent and child-friendly spaces that are accessible for persons with disabilities
 – establishing separate and safe areas for context-related at-risk groups, such as sexual and gender minorities and other minority
 – groups
 – putting in place safety systems for unaccompanied and separated children, including designated and secure spaces.

SGBV and child protection specialists are consulted to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors who tell staff that they have experienced violence. Staff have the basic knowledge and skills to handle disclosures, provide information to survivors on where they can obtain support and apply the survivor-centred approach. Where specific risks are detected, e.g. trafficking in human beings, specialists are identified and the cluster system supports teams in mitigating these risks.

All staff and volunteers have received at least one training session on each of the following: gender and diversity, disability inclusion, child protection, trafficking in human beings and SGBV

All staff understand the guiding principles of the survivor-centred

approach to working with survivors of SGBV: 1) Safety, 2) Confidentiality, 3) Respect and 4) Non-discrimination, and referral pathways for survivors of SGBV, including victims of trafficking.

All staff and volunteers carry an updated list and contact details of agencies and professionals for SGBV, child protection, legal and psychosocial support services to which they can refer survivors of SGBV or children who reveal an incident of violence to them. Efforts should be made to identify agencies or professionals experienced in responding to specific risks in each context, e.g. trafficking in human beings.

Covid-19 committee members and affected communities are engaged in SGBV and child protection awareness-raising activities, including other risk mitigation topics, such as trafficking in human beings.

Messages on preventing and responding to SGBV, child protection and key protection risks, e.g. trafficking in human beings, are included in outreach activities, e.g. dialogue with adults in distribution lines and activities with children and youth while they wait for their parents

Messages include information about rights and options for reporting risk and accessing care in an ethical, safe, confidential and non-discriminatory manner.