



– A Technical Brief for Breakthrough ACTION Field Teams –

INTEGRATING GENDER INTO THE COVID-19 RISK COMMUNICATION AND COMMUNITY ENGAGEMENT RESPONSE

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Integrating gender into the COVID-19 risk communication and community engagement (RCCE) response demands consideration of how gender norms and roles, as well as inequitable power dynamics and decision-making, influence people's experiences and needs at all stages. This technical brief provides practical recommendations to integrate gender across the six pillars of the RCCE response.

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Why is gender important to consider in the COVID-19 pandemic response?

The COVID-19 pandemic has exacerbated gender and social inequalities around the world. People of all genders have unique physical, cultural, security, sanitary and hygiene needs that must be recognized during the immediate crisis response, during maintenance and recovery, and after the pandemic. In addition, emerging data is showing a differential impact of the virus on women and men, with higher numbers of men dying from the disease. As communities reach different stages of the pandemic at different times, integrating gender into the COVID-19 risk communication and community engagement (RCCE) response demands consideration of how gender norms and roles, as well as inequitable power dynamics and decision-making, influence people's experiences and needs at all stages. This technical brief focuses on recommendations to integrate gender considerations (primarily from a gender binary perspective) in the immediate response to the pandemic, with an eye to addressing gender needs as the emergency phase shifts to maintenance and recovery.

How are gender inequalities manifested during COVID-19?

There are many cogent examples of how gender norms, gender roles, inequitable power dynamics, and inequalities influence the experiences of women, men and all genders during the COVID-19 pandemic.

- **Gender and COVID-19 risk.** Women hold the [majority of frontline health worker jobs](#) and informal caregiving roles globally, increasing their risk of exposure. In contrast, death rates from COVID-19 among men appear higher than for women in multiple settings, likely due to a combination of biological susceptibility as well as gender-based behavioral risk factors, such as smoking and care-seeking practices.
- **COVID-19 and increased gender-based violence (GBV).** Public health COVID-19 responses, such as quarantine or physical distancing, have [increased women's risk of intimate partner violence](#). The impact of these public health preventive measures on the risk of violence in the home are compounded by increased stressors on families, such as income insecurity, fear and stigma. Furthermore, women who are experiencing violence may find it difficult to seek help or services, such as helplines, psycho-social support, legal support and shelters. Many of these services are also being disrupted, scaled back or closed.
- **Gender inequity and the COVID-19 response.** Gender inequity, especially in use of technology, may also restrict women's access to information, limiting their exposure to campaigns disseminating essential health messages. In many instances, national, community and local level responses to COVID-19 may also not include women in leadership and decision-making roles.
- **COVID-19 and access to sexual and reproductive health services.** With an overburdened healthcare system, services that are essential to women's health, well-being, and

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How are gender inequalities manifested during COVID-19? (Continued)

empowerment—family planning, reproductive health, maternal health, [menstrual health](#), or GBV —[suffer](#). Resources and personnel are diverted and supply chains interrupted, [restricting the availability of services and supplies](#).

- **Socio-economic consequences of COVID-19.** Gender norms around care-giving mean that women are facing a disproportionate amount of extra domestic responsibilities associated with COVID, like caring for children and sick relatives. In addition, with more than [one billion students no longer going to school](#), girls may be expected to serve as caregivers rather than continue with their education. Furthermore, women’s economic opportunities are often [disproportionately affected, due to gendered disparities](#) in the type of employment men and women perform. There are some concerns that the economic crisis will increase the risk of [sex trafficking](#) and [child and early forced marriage](#), especially among those who are already economically vulnerable.

How can we integrate gender into the RCCE COVID-19 response?

The six pillars of comprehensive RCCE, which are structuring the current COVID-19 response, all present opportunities to integrate gender considerations and address these inequalities. This technical brief provides recommendations for each pillar, as well as some overarching actions that can be taken.



Overarching recommendations

There are a number of actions that can be taken to integrate gender in the COVID-19 response:

- **Include gender-related questions in any rapid formative analysis**, including tailored questions that look at the different impact of the pandemic—and the response—on women and men, girls and boys¹.
- **Ensure that all data collection plans and systems allow for sex and age disaggregation** and any data analysis takes these factors, as well as existing health disparities, into account. Where possible, go beyond sex and age to disaggregate data by other socioeconomic factors.
- **Consider the different needs of male and female frontline public and private health care and social workers**, including nurses, midwives, doctors, pharmacists, other cadres, and traditional providers such as traditional birth attendants. Gender-based power dynamics influence decision-making, agency, and access to resources, and family care responsibilities for these critical staff and must be considered in the response.
- **Consider the different needs of women and men, girls and boys in vulnerable populations**, such as orphans and vulnerable children, those living in informal settlements, refugees, migrants, sex workers, men who have sex with men, transgender men and women, people with disabilities, and others. These populations may be more vulnerable to stigma and may avoid surveillance, testing, and care because of mistrust. Any response plan should be sensitive to these factors and propose approaches that will reach, include, and protect vulnerable populations. It is important to consider the intersection of gender, race, ethnicity, and class; that gender can be non-binary; and that women’s and men’s experiences vary by age, location, and other demographic and psycho-social factors. For the sake of this broad guidance, we refer globally to “women and men” while encouraging implementers to unpack the multifaceted aspects of gender in their response.

Programmatic Examples

Listening to the needs of women

Turkish and Syrian women community leaders adapted a [home visiting program](#) designed to support vulnerable women to ensure that even with physical distancing, they can still offer support via telephone. The women share information on COVID-19, listen to the women’s concerns and experiences, and address challenges. They found that the main concerns expressed by women included an increase in household responsibilities, financial difficulties and the psychological impact of the pandemic. Through the program, women have an opportunity to engage in problem solving with other women and get connected to public agencies and organizations such as women’s shelters.

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Risk Communications Systems

This pillar includes strengthening risk communication systems by providing support to RCCE teams, including secondment of staff with RCCE and social and behavior change (SBC) expertise.

- Ensure RCCE teams (or other supported bodies) include an equitable balance of women and men and at the local level, include representation of community groups for both women and men, as well as youth and marginalized populations. If seconding staff to this body at the national level, consider the gender balance of the group in making staffing decisions.
- Ensure that the RCCE team includes at least one person with gender expertise, including someone knowledgeable about the national and sub-national GBV policies and services.
- Examine gender-based power dynamics when establishing roles and responsibilities of the RCCE team and make recommendations for equitable decision-making power to ensure that female members have an equal role in deciding strategic priorities and budgetary implications. This includes appointing women as leads on various teams and sub-committees, ensuring women are asked directly to express their viewpoints and not assigning women tasks that are based on gender stereotypes (e.g. taking minutes, serving coffee).
- Ensure consideration is given to the differing needs of women, men, girls, boys, and other gender identities throughout the response, starting with developing or contributing to the development of RCCE strategies, for example by having explicit questions around gender that guide reviews as well as gender-related indicators for actions in the strategies that are tracked and reported on.
- Review plans to release information to the public to ensure that they are sensitive and responsive to the different trusted sources of information for women and men and do not rely only on men as gatekeepers of information.
- If the country has a hotline, ensure counselors/call center agents are trained on gender and COVID-19 related issues, sensitive to the concerns of women and men, and girls and boys, and have the resources they need to refer callers to other available services, such as for those experiencing GBV. It will be important to regularly ensure that such services are operational.



Internal Partner Coordination

This pillar includes supporting the large-scale, multi-sectoral coordination and collaboration of partners needed to establish RCCE strategies and approaches, ensure effective knowledge management, and harmonize messaging.

- Ensure partner mapping includes groups working with women and marginalized populations and that opportunities exist to meaningfully engage these groups in RCCE teams.
- Consider whether the typical target audiences and communication channels used by partners will reach both women, men, youth, and marginalized populations through their preferred and trusted sources.
- Encourage partners to agree upon harmonized messaging related to the gender-based factors of COVID-19 prevention and treatment as well as the social implications of the outbreak.
- Promote establishing clear systems of referral between COVID-19 health services and other health and social services that are needed for women, men, and children, including maternal care, sexual and reproductive health, child health and GBV support.



Public Communication

This pillar includes developing and implementing mass and social media campaigns, message guides, RCCE toolkits, and other activities to reach the general public and specific audiences such as healthcare workers, religious leaders, migrants, and other marginalized groups. In the rush to disseminate correct information quickly, it can be easy to overlook how access to information—and the way it is presented—can be gendered.

- Ensure that the team developing RCCE guidelines, message guides, etc. include experts in gender as well as have a gender-equitable balance of members. If the composition of the design team is already fixed, consider ways to get input from under-represented voices, including women and youth, in the design, pre-testing, and dissemination of the campaign and materials.
- Understand the different experiences and realities of women, men, girls, boys and marginalized populations and incorporate them into the design of communication approaches, materials and messages. If collecting first-hand data is not possible, review local, relevant, existing literature on how gender dynamics and differences in power influence access, decision-making, and agency to practice positive health seeking as a starting point, as well as how these factors are impacting the differential social impacts of the pandemic. If conducting virtual rapid assessments using mobile phone surveys for example, include questions that address women's and men's



Public Communication (continued)

- specific perceptions, attitudes, norms and abilities to protect themselves and consider how to ensure women and marginalized groups are able to respond to the survey given [inequitable access to technology](#).
- Consider the overall positioning of the COVID-19 response and the positive or negative gender stereotypes it may be reinforcing. For example, is the response framed as “a war” with men doing violent battle to defeat the enemy? Does it include empathy and caring for one another as an equally valued response?
 - Ensure the response does not reinforce negative or inequitable gender norms and practices by considering the following issues when designing RCCE interventions:
 - Who has access to the communication channels being used to disseminate information? Use a variety of channels that will reach women, men, girls and boys, and take into account that, in many countries, men have more control over TV, cell phones, and social media in the home. Other channels may include informal networks and women’s groups, TV or radio programs popular with women or youth, and social media channels with which women and girls and boys more often engage.
 - Who is the voice of authority in the messaging? Ensure that the voices and images of women and men from different socio-economic and ethnic groups are used equally to talk about COVID-19. Position both women and men as authoritative, trusted sources of information.
 - How are women and men being visually portrayed? Aim to portray women and men, and boys and girls, sharing household responsibilities to keep the family safe and care for sick members of the household.
 - Do the messages promote women and men making joint decisions about how to protect themselves and their families? Consider how the messages can be reframed to further promote couples working together as well as supporting women’s agency. Also address aspects of traditional masculinities that may prevent men and boys from accessing healthcare.

Programmatic Examples

Engaging men through Social Media

In Lebanon, UN Women and UNDP created a [social media campaign](#) addressing social norms that perpetuate gender inequities with domestic workload, especially during this time of crisis, and encouraging men to take part in the #TogetherandEqualLebanon challenge.

MenEngage Alliance in Sri Lanka launched a series of videos in a campaign called [#Menof Quality](#) to promote sharing of care work and discuss harmful gender norms in the context of COVID-19.



Public Communication (continued)

- Address [the evidence](#) that indicates quarantine and social isolation are a critical pathway to increased gender and intimate partner violence. Include gender equitable messaging about how tension in the home can be diffused before it escalates to violence as well as resources where those experiencing GBV can go for help. This messaging should include an emphasis on the roles and responsibilities of men to diffuse tension and not resort to violence. Explore how technology can support those in quarantine who need access to GBV services.
- Consider approaches that highlight how being home together can provide opportunities for parents to engage with their children, particularly how mothers and fathers can model shared responsibility in caretaking, and use the time to discuss what it means to be a man with their sons and get to know their daughters' aspirations.
- Include messaging to support continued access to sexual and reproductive health information and services, including menstrual health, prenatal/postnatal care, safe delivery, and family planning for women, men, girls and boys as well as screening for sexually transmitted infections. Specific guidance should be provided based on country protocols and available services. (See Breakthrough ACTION's "Guidance on Social and Behavior Change for Family Planning During COVID-19" in [English](#), [French](#) and [Spanish](#).)



Community Engagement

Community engagement is particularly challenging in a context where governments have mandated stay-at-home orders, lockdowns, and/or quarantines making it even more difficult to address the needs of women and other socially marginalized groups. This section will be updated as guidance on how to engage communities creatively and effectively is further developed during the COVID-19 pandemic.

- Engage women, including marginalized women, in the design of prevention and detection interventions, leveraging their knowledge of local contexts and care practices whenever possible. Find virtual ways to engage with existing formal and informal social networks, such as women's groups, youth groups, community groups, gender equality advocates, civil society organizations, and women's rights organizations, to support their efforts as first responders and to prevent social isolation.
- Ensure that community engagement teams are gender balanced and promote women's leadership, including those from marginalized groups, within the team.
- Provide information that community, religious, and other formal and informal leaders can use to communicate through



Community Engagement

- their networks virtually—or according to local COVID-19 protocols. Include gender perspectives that promote equitable decision-making among couples and sharing of household responsibilities, including caretaking of those who are ill, as well as prevention of GBV and support to survivors.
- Help community radio stations report on women’s and men’s experience of the disease and encourage them to push for a gender balance on call-in programs and to set aside specific time slots to hear from women, youth, and other groups that may be marginalized.
 - Equip frontline health care workers who may still be going door to door with information about COVID-19 that highlights the different needs of women and men to cope with social distancing and quarantine. Ensure they are able to provide referral services for GBV, family planning/reproductive health, and other essential services.
 - Sensitize communities and health providers to the [increased risk of GBV](#), including intimate partner violence, sexual violence, and child abuse and encourage community action for prevention and care.

Programmatic Examples

Amplifying women’s participation in the COVID-19 response

Women peace mediators in Uganda have taken the lead in communicating risk information about COVID-19 in communities. In the Yumbe, Adjumani and Kotido districts of Uganda, 160 peace mediators have been trained by UN Women and Women International Peace Centre as part of an initiative funded by the Government of Norway. The peace mediators talk to community members to raise awareness about safety measures and the spread of COVID-19, and purposefully target areas where women congregate, such as food distribution and water collection stations.

[Women peace mediators become key actors on the front lines of COVID-19 prevention in refugee settlements in Uganda](#)

UN Women’s National Resilience Programme and the EmPower project have been training women’s organizations in Bangladesh to encourage women’s leadership and amplify women’s voices in disaster risk reduction and climate change efforts following the COVID-19 pandemic and cyclone Amphan. One organization, Prerona, is helping to communicate information about social distancing and safety measures in cyclone shelters, and is engaging women in the community as part of their emergency response and recovery efforts. The organization is training women to make and sell PPE and providing seeds to grow food crops to help women rebuild their livelihoods.

[As Bangladesh battles COVID-19 and the aftermath of Super Cyclone Amphan, women’s organizations lead their communities through recovery](#)



Addressing Uncertainty and Perceptions and Managing Misinformation

An essential component of RCCE in the COVID-19 outbreak is tracking and addressing rumors to curb misinformation about the disease as well as reduce stigma and discrimination.

- Ensure that rumor tracking systems are tapping into communication channels used by both women and men, including younger populations.
- Analyze rumors to assess whether they are fueling gender-based inequalities, stigma, and discrimination and design responsive messaging.
- Identify both female and male influencers who can amplify correct information in their communities or social circles, including those who can reach marginalized populations.



Capacity Building

Training and other capacity strengthening activities for health care workers, journalists, hotline counselors, RCCE technical working groups, and others will almost exclusively be virtual while physical distancing mandates are in place.

- Ensure at least some members of the COVID-19 response team have received [training](#) in gender integrated programming. If they have not, consider sharing this guidance with them or adapting it as necessary for the local context and audience.
- Include training for health care workers and other frontline responders to probe for—and respond to—reports of GBV and provide information on available GBV support services, using the minimum standards such as those set forth by [UNFPA](#).
- Include training for hotline counselors /all agents on gender and COVID-19 related issues.
- Ensure journalists are equipped to report ethically on how women and men differ in how they experience and cope with the pandemic and include a diversity of voices in their reporting.



Vinay Panjwani, UNICEF, India. June 19, 2020.
<https://weshare.unicef.org/archive/-2AM408P0ZSYF.html>

Breakthrough ACTION Resource Persons

1. Joanna Skinner
(joanna.skinner@jhu.edu)
2. Zoé Hendrickson
(zhendri1@jhu.edu)
3. Jane Brown
(jane.brown@jhu.edu)

Online resources

For more resources on gender, gender-based violence and COVID-19, visit the [COVID-19 Communication Network](#).

- [COVID-19: the gendered impacts of the outbreak](#) (The Lancet, March 2020)
- [Global Rapid Gender Analysis for COVID-19](#) (CARE and International Rescue Committee, March 2020)
- [COVID-19: Emerging gender data and why it matters](#) (UN Women, April 2020)
- [Gender-based violence prevention, risk mitigation and response during COVID-19](#) (UNHCR, March 2020)
- [Pandemics and Violence Against Women and Children](#) (Center for Global Development, April 2020)
- [Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies](#) (UNFPA, November 2015)
- [G7 Must Put a Gender Lens on COVID-19 Efforts](#) (Women Deliver)
- [COVID-19 Rumor Tracking Guidance](#) (Breakthrough ACTION, March 2020)
- [Disrupting COVID-19 Stigma](#) (Breakthrough ACTION, March 2020)
- [Defining and Advancing Gender-Competent Family Planning Service Providers: A Competency Framework and Technical Brief](#) (HRH2030, 2018)
- [COVID-19 Gender Equality Matters](#) (Save the Children, 2020)
- [IGWG Gender Training resources](#)

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USAID, Maternal and Child Survival Program. Uganda. August 8, 2017.
https://www.flickr.com/photos/usaid_images/49784864456/