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THE HIDDEN PANDEMIC

ADDRESSING THE DIFFERENTIAL IMPACTS OF COVID-19 ON WOMEN & OTHER VULNERABLE GROUPS IN SOUTHEAST ASIA

SERD Policy Network
November 10, 2020

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Agenda

- Understanding the differential impacts of COVID-19 upon women and other vulnerable groups
- Partnering to overcome COVID-19 in SERD DMCs
- Lessons learned and opportunities for future programming



The Differential Impacts of COVID-19

COVID-19 has increased the risks of “**Compounded Discrimination**” based on: sex, age, disability, literacy, sexual orientation and gender identity, socio-economic status, rural/urban realities, ethnicity, etc.

Insight into compounded discrimination is evident from examining:

- Who is engaged in leadership and decision-making
- How information is disseminated and accessed; and by whom
- Who has lost their incomes and/or livelihoods
- Who assumes the unpaid care role in households
- How health and wellbeing for all is ensured
- How resources are reallocated by decision-makers
- Who remains hidden, vulnerable and uncounted

Participation in Leadership & Decision-Making

Women and girls, people with disabilities, ethnic minorities and other vulnerable groups are largely absent from COVID-19 decision-making bodies:

- Cambodia: COVID-19 National Committee has 27 members; 2 women
- Lao PDR: National Taskforce Committee for COVID-19 Prevention and Control has 11 members; 2 women
- Myanmar: governance mechanism for COVID-19 response draws on existing governance systems which under-represent women in general
- Viet Nam: COVID-19 Taskforce has 22 members; 4 women

Differential Access to Information

Access to information on COVID-19 requires both availability of and capacity to understand the information being shared:

- IEC campaigns are rarely delivered in multiple languages:
 - Myanmar: awareness raising sessions and materials are only available in Burmese and English
 - Indonesia: communities have expressed lack of language clarity on IEC messaging
- IEC campaigns do not target people with sight or hearing impairments:
 - Timor-Leste: there are no government requirements to make public information accessible to PWDs
- The “Digital Gender Divide” is growing in Asia-Pacific:
 - Women and girls in Timor-Leste and Indonesia have less access to public spaces and exposure to public information – regardless of its source (social media, radio, television, SMS, Apps, etc.)
 - Myanmar: women are 28% less likely to own cellphones
 - Lao PDR: 73.1% of women / 84.3% of men, own cellphones
 - Cambodia: only 20% of all students have online access for learning during COVID-19

Loss of Incomes and Livelihoods

Women are overrepresented in the sectors and jobs hardest hit by COVID-19:

- 1.3 billion people (68.2%) of employed people in Asia-Pacific are informal sector workers
 - 94% of women in Cambodia, 87% in Myanmar, and 37% in Thailand, work in the informal sector
- 75% of garment factory workers in the GMS region are women
 - 75% in Viet Nam, 50% in Myanmar, and 90% in Lao PDR are at risk of / or have, lost their jobs, faced decreased hours or less income since COVID
 - Cambodia: women garment factory workers receive 81% of men's earnings for work of equal value
- 24.5M women in the tourism sector in Southeast Asia are at risk of losing their jobs
 - Philippines: women represent 49.2% of tourism workers

Women in precarious employment – in the informal sector, as daily wage laborers, as undocumented migrants, self-employed, and/or unpaid family labor – are unable to access social protection programs.

The Burden of Unpaid Care

Women's unpaid care responsibilities have increased exponentially during COVID-19:

- Lockdown and quarantine measures confining people to homes increase pressures on domestic chores including – cleaning, food preparation, water collection, care of family members (of all ages)
 - Quarantine passes typically issued to male heads of households (despite traditional care roles)
- With school closures, women have assumed the lead as home-based educators for school-aged children, regardless of their own literacy or numeracy capabilities
- Returned migrant workers and reduced remittances are affecting household food security, nutrition and burden of care
- Philippines: women on average spend 3 more hours/day on housework since COVID-19
- Viet Nam: employed women work on average 38.8 hrs/week on paid jobs + 23.5 hrs/week in the household (1.2 hours less and 12.7 hours more than men respectively)
- Cambodia: women on average spend 10 times more time on unpaid care work than men
- Thailand: migrant women work approximately 28 hrs/week in unpaid tasks; 21 hrs more than men

Health & Wellbeing for All

- In Southeast Asia 80% of nurses are women with increasing representation of women among physicians and pharmacists. Women also predominate health facility roles – cleaners, laundry workers, catering & retail
- PWDs: Physical distancing, quarantines and self-isolation may be impossible for people with disabilities and their caregivers - increased risk of infection and abandonment should caregivers get sick
- Chronic Illness: Disruptions in supply chains, mobility constraints and fear of infection are affecting access to anti-retroviral and other life-saving medications
- Quarantine centers in the region – particularly in border zones – do not cater to women’s needs nor offer safety from sexual exploitation and abuse (including of children)

	Total WASH Access	Urban Access	Rural Access
Cambodia	66%	88%	60%
Lao PDR	50%		
Myanmar	79%	92%	74%
Thailand	84%		
Viet Nam	86%	93%	82%

- Timor-Leste: 74% of rural households access potable water and 43% access sanitation facilities including latrines and hand washing facilities
- Indonesia: as users, collectors/providers and managers of household drinking water, on average women and girls have less access to water than men

Sexual and Reproductive Health

- Supply chain disruptions (for contraceptives), diverted resources, mobility restrictions, limited public transportation and fear of infection have affected women's pursuit of sexual and reproductive healthcare services
- Cambodia & Timor-Leste: Maternal Mortality continues to be a leading cause of death among women aged 15-49 years
- Philippines: UNFPA is forecasting a spike of 2.6M unwanted pregnancies due to movement restrictions and diminished access to family planning services and supplies
- Lao PDR: 23% of women report difficulties accessing SRH, maternal and child health services, particularly for women aged 15-19
- Timor-Leste: ¼ of women have their first child by age 20; and 19% are married by 18
- Indonesia: scarcity and/or cost of menstrual hygiene supplies, and inadequate access to sanitation facilities have led to unhygienic practices and increased risks of infection among women & girls

The Hidden Pandemic

- Income loss, increased care burdens, fear of illness, food and housing insecurity, heightened debt burdens (especially with loan sharks), confinement and isolation from support networks are causing a rise in mental health issues including depression, anxiety and negative coping strategies
- In turn, negative coping strategies lead to spikes in addictions, abuse & violence:
 - Viet Nam: 62.9% of women experienced one type of violence in their lifetime by a husband; 58.6% of ethnic minority women aged 15-49 agree it is acceptable for husbands to physically punish their wives
 - Timor -Leste: 59% of ever-partnered women aged 15-49 experience intimate partner physical or sexual violence at least once in their lifetime; almost 1/3 of girls aged 15-19 report experiencing sexual or other violence in the last 12 months
 - Thailand: 16% of women have experienced domestic violence – psychological, physical, economic or sexual
- Livelihood disruptions, food insecurity and mobility restrictions may lead to an increase in sexual exploitation, abuse and harassment as a means of survival – including early child and forced marriage, sex work and human trafficking
- Resource reallocations have affected NGO/CSO GBV service provider's capacities to respond



Partnering to Overcome COVID-19

SERD has partnered with DMC COVID-19 Recovery Response Programs in the following areas:

- Social Protection
- Health Sector
- Economic Stability and Livelihoods Support
- Public Outreach, Governance and Monitoring

SERD COVID-19 PORTFOLIO COMMITMENT TO GENDER MAINSTREAMING

COUNTRY(IES)	PROGRAM / PROJECT / TECHNICAL ASSISTANCE	GENDER
Cambodia, Indonesia, Myanmar, Philippines & Thailand	COVID-19 Active Response Expenditure Support Program	EGM
Indonesia & Philippines	Disaster Resilience Improvement Program	EGM
Indonesia & Philippines	Asia Pacific Disaster Response Fund – COVID-19 Emergency Response	-
Lao PDR	GMS Health Security – Additional Financing	SGE
Myanmar	GMS Health Security – Additional Financing	EGM
Timor-Leste	COVID-19 Food Security Emergency Response	EGM
Philippines	Health System Enhancement to Address and Limit COVID-19	EGM
Philippines	Social Protection Support Program – Second Additional Financing	GEN
Philippines	EdTech Solutions for Last Mile Schools in COVID-19	EGM
Viet Nam	COVID-19 Relief for Women-led Small and Medium-Sized Enterprises (WSMEs) Project	GEN
Regional	Policy Advice for COVID-19 Economic Recovery in Southeast Asia	EGM
UNDER PROCESSING:		
Indonesia	Readying Effective COVID-19 Vaccines to Expedite Recovery	EGM
Philippines	Building Up Implementation and Local Level Drivers for UHC	EGM/GEN

SUMMARY OF SERD GENDER MAINSTREAMING IN COVID-19 SOCIAL PROTECTION PROGRAMMING

SUMMARY INTERVENTIONS / COUNTRY	CAM	INO	LAO	MYA	PHI	THA	TIM	VIE	REG
Food Security Explicitly Target Women Beneficiaries		X			X		X		
Social Security Programs Explicitly Target Women as Primary Beneficiaries	X	X			X				
Cash Transfers Explicitly Target Women	X			X	X	X			
Cash Transfers Explicitly Target Pregnant Women & Children as Primary Beneficiaries	X	X		X	X				
Cash Transfers Explicitly Target Informal Sector Workers					X	X			
Unemployment Benefits to Migrant Workers						X			

SUMMARY OF SERD GENDER MAINSTREAMING IN COVID-19 HEALTH PROGRAMMING

SUMMARY INTERVENTIONS / COUNTRY	CAM	INO	LAO	MYA	PHI	THA	TIM	VIE	REG
COVID-19 Testing Targets High-Risk Groups: women healthcare/garment/migrants	X	X			X	X			
Government Covers COVID-19 Medical Expenses	X	X			X	X			
Women, including Pregnant Women Healthcare Workers, Access Appropriately Sized PPE		X	X	X	X				
Gender-sensitive Infection Prevention & Control Guidelines / Protocols, incl. GBV, IPV, CP		X	X	X	X	X			X
Quarantine Centers / Isolation Wards Follow Gender-responsive Operational Guidelines		X		X	X				
Supplementary Compensation to Healthcare Workers (predominantly women)				X	X	X			
Community Health Outreach Workers Include Women				X					
Training Modules on Communication & Counselling, incl. psychosocial support				X	X				
Inclusive Vaccine Program		X							

SUMMARY OF SERD GENDER MAINSTREAMING IN COVID-19 ECONOMIC STABILITY & LIVELIHOODS SUPPORT

SUMMARY INTERVENTIONS / COUNTRY	CAM	INO	LAO	MYA	PHI	THA	TIM	VIE	REG
Support to Women-owned MSMEs (e.g. Working Capital)	X			X		X		X	
Tax Relief to MSMEs to Enable Employment Retention in Female-dominant sectors	X			X	X	X			
Tax Relief to Female Workers		X							
Wage Subsidies / Support / Protection to Female Workers / in Female-dominant Sectors	X			X	X				
Improved Capacity to Address Gender & Social Inclusion Issues in Use of Insurance Proceeds					X				

SUMMARY OF SERD GENDER MAINSTREAMING IN COVID-19 PUBLIC OUTREACH, GOVERNANCE AND MONITORING

SUMMARY INTERVENTIONS / COUNTRY	CAM	INO	LAO	MYA	PHI	THA	TIM	VIE	REG
National Plans Inclusive of Needs of Gender & other Vulnerable Groups	X	X		X	X	X			X
High Level COVID-19 Policy Dialogue Advisory Panel									X
Gender-responsive & Inclusive IEC Campaigns	X	X	X	X	X				
Local Structures e.g. Township Committees, Deliver Community-based GBV Campaigns				X					
Gender Budget Tagging for COVID-19 Response		X							
Government Monitoring Systems Disaggregate Data (by sex, age, PWD, etc)	X	X	X	X	X	X	X	X	
Hired Social / Gender Consultant to Support Monitoring and Implementation	X	X	X	X	X				
Establishment of Gender-Sensitive COVID-19 Implementation & Monitoring Mechanisms		X			X				
Expenditures to Enable Enhanced Gender-Responsive Disaster Preparedness		X			X				
Livelihood Assistance Program to Parents in Order to Eliminate Child Labor					X				

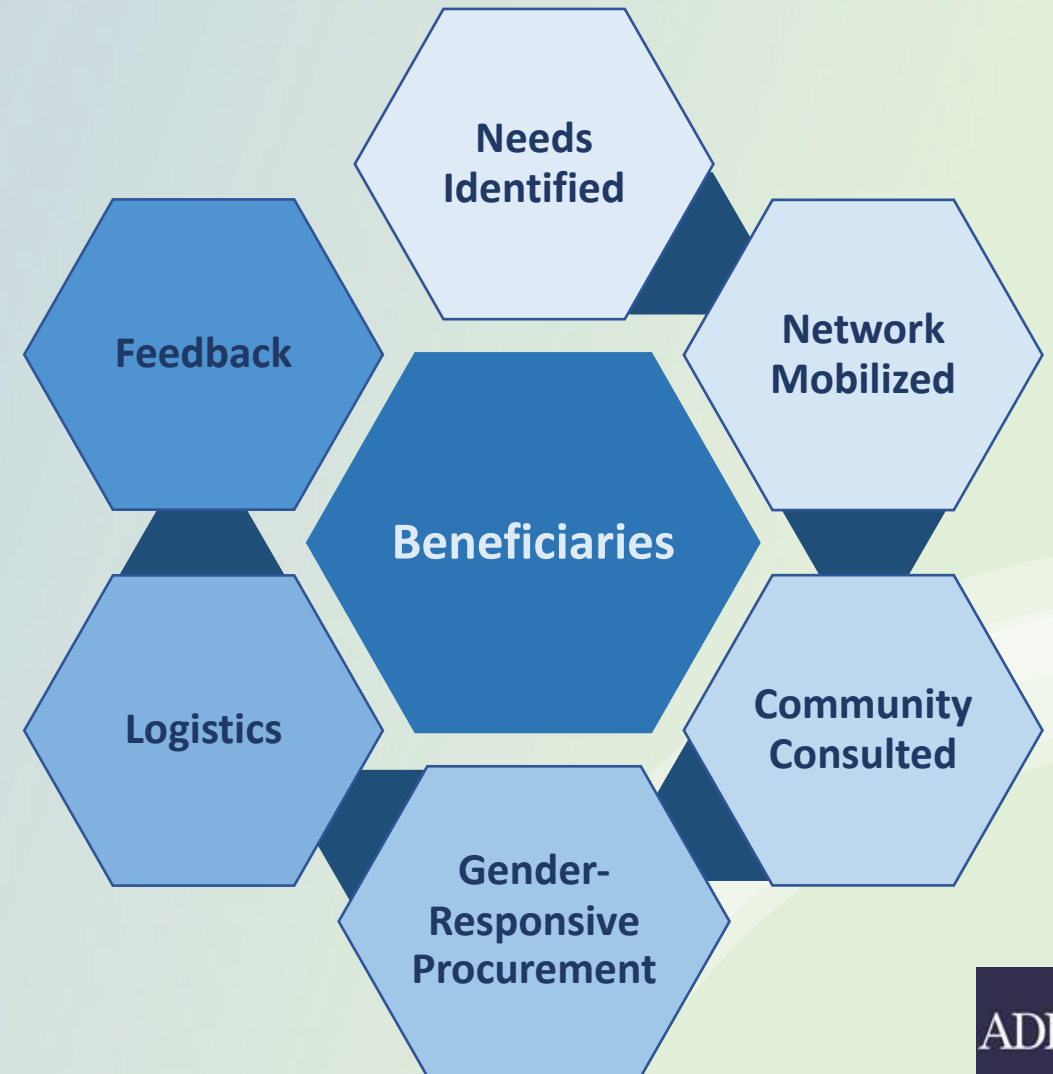


Lessons Learned & Opportunities

- Undertaking Gender-based Analysis During COVID-19
- ADB's Comparative Advantage:
 - Leadership, decision-making and information
 - Balancing paid and unpaid work
 - Whole health and well-being
- Forward Planning

COVID-19 Gender-Based Situational Analysis

1. Has the project taken into consideration the needs of all intended beneficiaries? How might COVID-19 have changed needs and opportunities?
2. What actors – CSO & NGO – are mobilized on the ground in the project area? Potential partnerships?
3. Plan community outreach in alignment with government COVID-19 regulations. Ensure the full participation & representation of all interest groups
4. Consider procuring supplies from local, women-led MSMEs e.g. PPEs, soap, food, signage, other
5. How might local supply chains and distributors support the efficient distribution of services, goods, or construction materials? New local partnerships?
6. Continuous feedback loop. What do project beneficiaries think of the proposed approach / service / infrastructure? Ensure effective GRM. Pulse check, adjust/realign, and validate



Leadership, Decision-Making & Information

BE BOLD! – ENSURE ALL BENEFICIARIES HAVE A VOICE:

- Design IEC campaigns that spread **new messages** on equity, equality and inclusion – by unpacking gender-based stereotypes, unconscious bias and other barriers to participation
- Reinforce the need to **improve data** collection – disaggregate, disaggregate, disaggregate!
- Challenge EA's and IA's to identify **female leaders** on projects – institutional and community level
- Ensure **equitable access** to information – consider means of dissemination & accessibility
- Deliver gender-sensitization, leadership and other capacity building to **unpack** gender-based **stereotypes** and tackle **unconscious bias**
- Develop on-the-job training and career pathways to **build human capital** by including women, people with disabilities, ethnic minorities and other vulnerable groups
- Set **minimum quotas** for women's participation in all outreach activities – consultations, focus groups, interviews and surveys
- Hold EA's and IA's **accountable** for Government commitments – both international and national – conventions, laws, policies, strategies, that advance equality and inclusion

Balancing Paid & Unpaid Work

THINK BIG! – STIMULATE EQUITABLE & INCLUSIVE HUMAN CAPITAL DEVELOPMENT

Women's formal labor force participation rates range from 46% Myanmar/Philippines, to 81.4% in Cambodia

Imagine the economic growth potential of a Southeast Asia with an inclusive, skilled and productively employed population...

- Commit to IEC messaging that **unpacks** the social **norms** and **behaviors** that disproportionately burden women and girls with unpaid care responsibilities – *Changing behaviors, attitudes and beliefs takes time!*
- Support policy level commitments and actions that “**level the playing field**” of the labor market
- Set **ambitious** employment **targets** for women, people with disabilities, ethnic minorities & others
- Incorporate **proactive** project activities to **stimulate** local employment, training and certification
- **Target** women-owned, home-grown businesses that adopt an **inclusive** business **philosophy**
- Explore **innovative** alternative financing options to improve the **competitiveness** of marginalized micro and small enterprises
- Consider **sourcing locally** and building local supply chains into project procurement activities

Whole Health & Well-Being

HEALTHY PEOPLE = HEALTHY COMMUNITIES = HEALTHY COUNTRIES

Lead by Example. COVID-19 has identified GAPS in the region's service delivery. **ADB can respond, ensuring women, girls, people with disabilities, ethnic minorities & other vulnerable groups access:**

Physical Health

- **Safe and secure** drinking water and sanitation facilities - in public spaces and at home
- **Reliable and balanced** supplies of nutritious foods for the whole family
- **Reliable** sexual and reproductive health products and services including menstrual hygiene, family planning, labor and delivery

Mental Health

- Healthcare services that **do not discriminate** – offering physical and mental health services to all
- **Affordable** technology and transportation that can enable **full participation** in society – in decision-making at all levels, regardless of sex, age or ability

Whole Health: Physical and Mental Well-Being

Lives that are free from (i) abuse and violence in all of its forms – psychological, physical, economic and sexual; (ii) where individuals are able to participate fully in equitable socio-economic growth

Forward Planning

UNOPS estimates that \$97 trillion in global infrastructure investment is needed by 2040 to support sustainable development, 2/3 of which will be required in developing countries

LAUNCH mass outreach campaigns to unpack gender-based stereotypes and secure the enrollment of women and girls in skills training and certification programs that **ENHANCE** resilience and **PRE-EMPT** the livelihood impacts of unforeseen disasters and/or pandemics

SHIFT AWAY FROM gender-blind investments and **MOVE TOWARDS** planning for the different needs of male/female beneficiaries of all ages and abilities, while designing, procuring, structuring, building and employing in a way that is both responsive and inclusive

INVEST in gender-responsive public/social infrastructure including water, sanitation, clean energy, transportation and care services to **LEAD** recovery and **BUILD** resilience

NOW is the time to **RENEW** our collective focus on gender-responsive best practices that build **HUMAN CAPITAL** and create long-term, equitable and sustainable growth and employment

ADB is well positioned to support DMC partners to achieve growth and prosperity that **BYPASSES** compounded discrimination and **ADVANCES** equitable and inclusive development

THANK YOU

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