

Terms of Reference
**Towards solutions to address the gender implications of COVID-19 &
Economic crisis in Sri Lanka**

This consultancy is requested by:

Unit:	RMNCAH
Division:	WCO SRL/RMNCAH

1. Background

Pandemics can have profound impacts on people, communities, and countries. All groups do not experience these impacts uniformly--some are more acutely affected than others and struggle more to recover. COVID 19 has had a profound impact on women and girls, exposing structural inequalities across every sphere, from health to the economy, security to social protection. Hard-fought gains for women's rights are also under threat.

Responding to the pandemic is not just about rectifying long-standing inequities, but also about building a resilient world in the interest of everyone with women at the centre of recovery. To effectively prevent and mitigate the differential effects for various disadvantaged population groups, it is crucial to consider how differences in social characteristics, such as gender, influence the experience of different groups to pandemics as well as the success of pandemic control and recovery efforts.

There are gender imbalances in the primary and secondary effects of pandemics. The differences in primary effects include disparities between, and among, women, men, and gender minorities in vulnerability to infection, exposure and health outcomes. Experience from previous outbreaks such as s Ebola and SARS shows that vulnerable groups, including women and gender minorities, fact disproportionate secondary impacts as well.¹

WHO's guidance on gender and COVID-19 recommends that countries should incorporate a focus on gender into their COVID-19 responses in order to ensure that public health policies and measures to curb the epidemic take account of gender and how it interacts with other areas of inequality.²

The proposed review seeks to examine how COVID 19 has affected women and girls in SEAR countries, as well as the nature of responses, solutions and promising approaches by governments and civil society organisations to effectively mitigate the negative gender-related implications of the pandemic and suggest possible policy measures to ensure more gender-responsive pandemic plans and policies in future.

¹ Gender and COVID-19 Working Group. 2021. [How to create a gender-responsive pandemic plan: addressing the secondary effects of COVID-19.](#)

² WHO. 2020. [Gender and COVID-19 Advocacy brief.](#)

2. Sri Lankan Situation

Women's Wellbeing survey conducted in pre pandemic era- shows that 1 in 5 (20.4%) women in Sri Lanka have experienced sexual and/or physical violence by an intimate partner in their lifetime; and 1 in 4 women (24.9%) in Sri Lanka have experienced sexual and/or physical violence since the age of 15 (UNFPA, 2019).

Since the onset of the pandemic in March 2020, there has been an increased demand for support services in regards to domestic violence to which stakeholders have been responding in various capacities. The Government revamped and operationalize the National Hotline 1938 for 24 hrs and tele counselling services were strengthened. Ministry of Health has taken to enhance GBV psychosocial support and emergency medical services with introducing a dedicated hotline to reach the MOH operated Mithuru Piyasa functional in 60 plus health facilities.

Local research also highlights good practices which shows that in spite of gendered expectations and challenges, employed women have been able to straddle both professional and domestic duties largely due to the unique resources available within the household. COVID-19 lockdown in Sri Lanka has opened up new spaces and practices that encourage both employers and employees to enable the better reconciliation of personal and professional spheres³.

The COVID-19 disease outbreak affected the country's overall sustainable development negatively, particularly the in socio-economic perspective. In addition, Sri Lanka is also experiencing an economic crisis which is crippling the access to basic services and needs such as health, education, child protection, and nutrition, across the island.

Unprecedented levels of inflation, near-depletion of foreign exchange reserves, shortages of medical supplies and an increase in prices of basic commodities has fuelled Sri Lanka's inflation soared to 54.6% in June from 39.1 % in May 2022 ⁴. Shortage of fuel has resulted in transport issues and power cuts across the island impacting access to Health, education, GBV services. The financial crisis as well as negative coping mechanisms, tend to increase the incidence of violence against women and children, raising protection concerns. UN has also expressed alarm about record high inflation, rising commodity prices, power shortages, crippling fuel crisis and the economic collapse in Sri Lanka, as the country grapples with unprecedented political turmoil. This crisis has had a serious impact on the enjoyment of human rights for the entire population⁵.

³ Meegaswatta TN, Department of Language Studies, The Open University of Sri Lanka, South Asian Survey 28(1) 157–171, 2021, in.sagepub.com/journals-permissions-india, DOI: 10.1177/0971523121993342 journals.sagepub.com/home/sas

⁴ Department of census and statistics (2022)

⁵ <https://news.un.org/en/story/2022/07/1122902>

3. Scope

The review will primarily cover the following issues:

- Health services:
 - Covid-19-related:
 - access to COVID-19 testing, treatment and vaccination
 - ability to practice public health and social measures to prevent COVID-19 such as masking, physical distancing or hand-washing
 - Non-Covid-related:
 - access to needed SRHR services
 - increases in violence against women and access to needed services
- Social determinants:
 - unpaid work burdens; gender-related economic implications
 - issues faced by migrant workers (especially women)
 - issues faced by health workers (especially women)
 - issues faced by LGBTQIA+ community
 - issues faced by those living with disability
- Solutions, innovations or promising practices to mitigate the negative gender-related implications of Covid-19, by governments and civil society organizations

Geographical scope:

- Sri Lanka – Should at least cover urban, rural, estate and North East geographical areas

4. Methodology

A mixed-method approach will be followed, combining analysis of secondary data and information sources with that of primary data obtained from key informant interviews (KIIs) and/or on-line consultations, depending on the COVID-19 situation and economic crisis. The findings will be analysed using a gender lens to understand how gender inequality affected health and well-being in interaction with the social determinants of health. In particular, the analysis will aim to capture mitigation measure put in place. Stakeholder consultations will supplement desk reviews to identify effective solutions, innovations and promising practices at the national and sub-national levels to mitigate adverse gender-related implications of Covid-19 & economic crisis.

1. **Desk review** of media reports, published literature and policy documents, including from websites of governments and development partners, to identify country-specific situation and experiences with regard to the issues mentioned under Scope above, as well as areas for further inquiry
2. **Key informant interviews**, through consent-based participation and using a standard questionnaire to elicit responses on the identified topics
3. **Online consultations** based on analysis of the responses obtained, to delve deeper into any promising practices identified and possible policy recommendations. Two consultations will be conducted per country – the first at the start and the second at the end of the draft report writing, to crystallise the policy recommendations

The results of the desk review, KIIs and online consultations will be synthesized into a final report containing policy recommendations to address key gender implications of the Covid-19 pandemic and current economic crisis separately

WHO interim guidance and tools including the following will comprise key aids and reference materials:

- Template for gender, equity and human rights inclusion analysis of Covid-19 plans (draft)
- Template for rapid assessment of barriers to health services during Covid-19 (draft)
- [WHO Gender and COVID-19 Advocacy brief](#)
- WHO [COVID-19 and violence against women: What the health sector / system can do](#)
- IASC [Interim Guidance on Public Health and Social Measures for COVID-19 Preparedness and Response Operations in Low Capacity and Humanitarian Settings](#)
- IASC note [COVID-19: How to include marginalized and vulnerable people in RCCE](#)
- [WHO / IFRC / Unicef guide to preventing and addressing social stigma during COVID-19](#)
- WHO: [Addressing human rights as key to the COVID-19 response](#)

5. Characteristics of the provider

Mandatory

- Lead consultant with minimum education of master's degree in Social Sciences/ Statistics, Gender, human rights, public health or other development-related fields
- At least 5 years of professional experience in relevant area (gender, equity and human rights mainstreaming; violence against women), including with specific reference to emergencies, in a developing country context
- Proven experience in analysing information and data and producing relevant reports with relevant recommendations

Desirable:

- Knowledge of national and local contexts and governance systems and legal and policy frameworks and previous experience engaging with UN agencies, donors and high-level government stakeholders, and CSOs.
- Prior experience of undertaking a similar project with a UN agency
- Prior experience of working with government

6. Deliverables and time frame

Report

- Full report - synthesizing findings from desk review, KIIs and online consultations and containing policy recommendations to address key gender implications of the Covid-19 pandemic & current Economic crisis as separate sections
- Two Policy briefs (2page each) highlighting the key findings and key recommendations on key gender implications of the Covid-19 pandemic & current Economic crisis
- Power point presentation on the above

The work is expected to be completed between 10 September and 15 December 2022.

Note: Intellectual property rights

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7. Budget

Interested partners/ organizations are requested to submit **separate** technical and financial proposals for evaluation.


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Activity Manager

Name: Dr. S. Dhargalkar

Designation : NPO BLM

Date: 23 / August / 2022

