



Guidance Note

Protecting the Rights of Women and Girls in Lao PDR in the COVID-19 context

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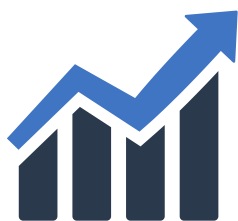
COVID-19 measures and restrictions compound existing gender inequalities, and increases the risk of gender-based violence (GBV). The protection and promotion of the rights of women and girls should therefore be prioritized.

Amid the initial outbreak of the Coronavirus disease (COVID-19) in Lao PDR, the government announced a nationwide lockdown in March 2020. For the second outbreak of community transmissions in April 2021, the Government of Laos enforced a series of measures to prevent the spread of the virus, including but not limited to: lockdowns, restrictions of movement, and 14-day quarantine for those in close contact with individuals who have tested positive for COVID-19, and those entering Laos from abroad.

The gendered impact of COVID-19 is well-established globally (i), and a similar pattern is observed in Lao PDR (ii). The imposition of restrictions for people to leave their homes can put women and girls at an increased risk of gender-based violence, sexual exploitation and other harmful practices, such as early marriage. It is also critical at this time to maintain continuity of primary healthcare, including maternal health and other sexual and reproductive health services for women and girls, as well as integrating a gender perspective in socioeconomic responses. Additional and differential attention and protection measures for women are necessary, and should be drawn from the lessons learned of 2020.

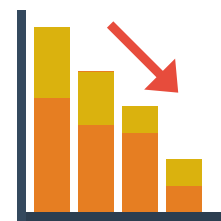
This Guidance Note provides practical recommendations and guidance for immediate, short term, as well as longer term implementation to ensure the **inclusion and protection of the rights of women and girls in all aspects related to COVID-19 restrictions and impact.**

It is relevant for Government and policy decision-makers, development organisations, GBV actors (health, social sector, justice, police and child protection), as well as health providers, in partnership with civil society and the private sector.



INCREASE IN LAO PDR IN:

- HOTLINE/HELPLINE CALLS ABOUT RAPE, CHILD SEXUAL ABUSE, INTIMATE PARTNER VIOLENCE AND SEXUAL EXPLOITATION
- COUNSELLING REQUESTS AND SAFE SHELTER REQUESTS
- UNEMPLOYMENT
- BURDEN OF CARE ON WOMEN AND UNPAID HOUSEHOLD WORK



DECREASE IN LAO PDR IN:

- SOURCES OF INCOME FOR WOMEN
- ACCESS TO BALANCED FOOD AND NUTRITION AS WOMEN STAY INDOORS AND AVOID GATHERING FOOD
- ACCESS TO ESSENTIAL LIFESAVING SERVICES, INCLUDING HEALTH AND GBV SERVICES
- SCHOOL ATTENDANCE FOR ADOLESCENT GIRLS

PREPARING FOR A POTENTIAL INCREASE IN GBV

Global trends indicate that the risk of Intimate Partner Violence (IPV), domestic violence, sexual exploitation and other harmful practices, such as early marriage, increases during lockdowns, quarantine and isolation. Data from Lao Women's Union relating to the first lockdown last year indicates an increase in domestic violence, child sexual abuse and psychological stress for women and girls. To ensure special attention is given to the increased risk of women and girls experiencing GBV before, during and after restriction measures, the following is recommended, and are aligned with global resources (iii) that reinforce similar recommendations (iv):

Immediate to short-term recommendations

- The Government and all relevant GBV service providers must ensure GBV services are not interrupted, are formally declared as “essential” for the COVID-19 response, and mobilise financial resources accordingly.
- UNFPA to lead/co-lead the activation of an inter-agency coordination mechanism for gender/GBV per global mandate, to support efficient harmonization, establish synergies and avoid duplication of services.
- Essential GBV services must establish alternative remote contact modalities available whilst restrictions are in place, such as 24/7 hotlines, Whatsapp, Facebook and email, whilst ensuring highest level of safety, confidentiality and privacy for both service seekers as well as service providers.
- Government and relevant GBV service providers develop communication material with an updated list of services that are available during COVID, and how they are available.
- To protect those already accommodated at protection shelters and safe accommodation, the Government and development organisations should:
 - provide masks, soap, sanitary pads to survivors, as well as digital thermometers and PPE to frontline staff
 - test new arrivals, and without discriminating ensure access to alternative shelter for those who have tested positive to COVID-19, whilst continuing to provide support, assistance and care.
- Government and development organisations (UN, donors, INGO, CSO) to generate risk communication regarding the potential increase of GBV, exploitation and harassment, including online harassment, due to restricted movement.
- Government and all relevant GBV service providers collect and analyse disaggregated data on GBV, including administrative data from hotlines, shelters, health, justice and social sectors, to identify gaps, assess service needs and strengthen programmatic responses.

Medium to long term recommendations

- Government and development organisations should sustain financing and capacity building for the provision of mental health and psychosocial support (MHPSS) for survivors of GBV, as well as ongoing essential supplies.
- Government and development organisations should invest in the improvement of the data information systems and capacity building of staff on data management based on global good practice, to identify gaps and strengthen programmatic responses.
- The government should integrate gender-sensitive measures into emergency preparedness and response plans at a national and sub-national level regarding the safety and protection of women and girls in facilities such as quarantine centres (see below).

Helpline/hotline numbers:

Call #1362 for concerns about violence, exploitation, trafficking

For young women and girls who have any issues around stress, anxiety, life, love and relationships, call #1554

For information and advice for young people on sexual and reproductive health, including contraception and maternal health, women can call #1361 and men can call #137

Young people can download the NoiYakhoo app for information on on reproductive health, sexual health, STIs and more

To ensure that quarantine centres and isolation facilities meet international minimum standards for women and girls' safety and protection and adequately prevent and respond to GBV, government and development partners should ensure quarantine and isolation facilities have:

- Separate sleeping quarters for women and men
- Separate secure well-lit toilet and shower facilities for women with hygiene supplies
- Adequate lighting at night to access women's toilets
- Complaint process and protocol established for any incidents of sexual exploitation, abuse or harassment, and a female focal point to escalate concerns or make a complaint
- Disseminated information available relating to national GBV and MHPSS hotlines eg. brochures, posters, loudspeaker
- Accurate collection of disaggregated data of occupants for strengthening programmatic responses and directing essential supplies

RECOMMENDATIONS TO ENSURE CONTINUITY OF ESSENTIAL HEALTH SERVICES

Previous public health emergencies have shown that in order for the health system to meet the needs of a crisis situation, resources are often diverted from regular services such as maternal healthcare and other sexual and reproductive health services. A similar pattern has been documented in Lao PDR (v). When restrictive measures such as lockdowns are also in place, this significantly impacts accessibility for women and girls to primary and essential healthcare.

The following is recommended to ensure universal access to life-saving quality health services are provided to women, girls and their family members in a safe and confidential manner during emergency measures and restrictions, and are aligned with global resources (vi) that reinforce similar recommendations:

Immediate to short term recommendations

- The Ministry of Health (MoH), along with other relevant government agencies and development organisations, must channel adequate resources to ensure that women and girls have access to the necessary health care during lockdown and quarantine, including the continued functioning of pre and post-natal care, family planning commodities, menstrual hygiene, obstetric and sexual and reproductive health care be available and accessible at health care facilities and pharmacies.
- MoH and health providers remain an active part of the GBV referral mechanism and coordinated systems for support to survivors of violence.
- Health providers should expand telehealth services to enable health workers to maintain contact with clients whilst reducing risks of contracting COVID-19, especially mothers, children and adolescents who require essential SRMNCAH services.
- The government must ensure the testing for COVID-19 is accessible for at-risk women, including women with disabilities, elderly women and women living remotely, and ensure treatment is provided to those testing positive.
- MoH, other relevant government agencies and development organisations must ensure pregnant women with suspected, probable, or confirmed COVID-19, including women who may need to spend time in isolation, have access to woman-centred, respectful skilled care, including obstetric maternal screening tests, fetal medicine and neonatal care, as well as MHPSS, with readiness to care for maternal and neonatal complications.
- Government and development organisations disseminate health education materials for pregnant women/families on basic hygiene practices including related to COVID-19.
- Women make up 59% of all health workers and 70% of doctors, nurses and midwives in Lao PDR—staff at the front lines of the COVID-19 response—exposing them to heightened risk of infection. Government and development organisations should ensure women health workers are provided with PPE, hygiene supplies, as well as MHPSS.
- Health facilities must ensure that:
 - pregnant women infected with COVID-19 at the time of delivery are attended at least in the second level of care, to ensure appropriate care if respiratory complications arise
 - pregnant and recently pregnant women who have recovered from COVID-19 are enabled and encouraged to access routine antenatal, deliver, and postpartum care
 - women and girls with HIV maintain an adequate supply of antiretroviral therapy and all other concomitant medication along with access to testing for CD4 and viral load.

Medium to long term recommendations

- Government and development organisations should sustain financing and capacity building for the provision of PPE, essential equipment and supplies, and MHPSS for frontline workers.
- Government and development organisations should invest in the improvement of the data information systems and capacity building of staff on data management based on global good practice.
- Government, with the support of development organisations, to strengthen the health system to ensure it can support survivors of violence, per global guidelines (vii).
- The government should integrate gender-sensitive measures into emergency preparedness and response plans at a national and sub-national level regarding accessible quality healthcare for women and girls at health, quarantine and isolation facilities (see below).

To ensure that quarantine and isolation facilities meet international minimum standards, government and development organisations should ensure that quarantine facilities:

- Have guaranteed access to basic needs, including adequate nutrition, running water, personal protective requirements, soap and hygiene requirements
- Provide adequate sanitary pads and contraception for women and girls
- If there are any pregnant women in quarantine – share information on COVID-19 prevention for pregnant women, and refer for access for routine maternal health care.

Examples: Information dissemination on COVID-19 and essential health services in Lao PDR

The Government of Laos, service providers and development organisations have disseminated accurate and comprehensive information on prevention, risks, symptoms, transmission and treatment of COVID-19, as well as continuity of primary healthcare, that target the specific needs and concerns of women and girls, especially pregnant women. Examples include:

- National SMS alerts from Ministry of Health
- Centre of Information and Education for Health has disseminated social media messaging about COVID-19 and SRHR and MHPSS, contraception, pregnancy and family planning, as well as GBV.
- Risk communication for pregnant women and COVID-19
- Television adverts
- Radio
- Village loudspeakers.

RECOMMENDATIONS TO SAFEGUARD LIVELIHOODS OF WOMEN AND GIRLS

Women workers in Lao PDR make up most of the informal workforce, such as garment, agriculture, street vendors and tourism industries, and therefore are at a far higher risk of sustaining job and economic losses because of the imposed COVID-19 restrictions, and are unlikely to receive sick leave, social welfare or have legal protections.

Further, the closure of schools significantly increases the burden of care and unpaid household work on women, intensifying traditional gender inequalities and roles. Disruption to education is far greater for adolescent girls, especially in secondary school - many girls never return to school as they assume domestic responsibilities, are married or become pregnant. Similar trends have been projected in Lao PDR (viii). The following is recommended, in alignment with global resources (ix) reinforcing similar recommendations:

Immediate to short term

- Government, financial institutions and development organisations should provide short-term financial assistance and economic incentives such as cash transfers or vouchers, expand unemployment benefits, or provide tax cuts for industries dominated by women, in particular for women who have experienced economic hardship because of their increased household or caring responsibilities.
 - Any financial assistance should directly target affected or at-risk women, rather than households, which are predominantly headed by men.
 - Consider using mobile services where safe and feasible to facilitate cash transfers to reduce associated security and safety risks.
- Invest in young adolescent girls' education, to avoid unintended pregnancies and child marriage:
 - Introduce 'special measures' to ensure girls stay in secondary school, such as online education and distance learning to avoid discontinuation and school drop-out, or financial assistance
 - Strengthen implementation of Comprehensive Sexuality Education (CSE).
- Engage men and boys on sharing the responsibility for caring roles, household chores and prevention of gender-based violence.

Medium to long term

- The government to integrate a gender perspective in economic and humanitarian plans and policies for

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