

Gender and COVID19 Response Checklist



Experience from past outbreaks shows the importance of incorporating gender analysis into all planning and response efforts, to improve the effectiveness of interventions and to strengthen gender and health equality goals. This is Casey’s opportunity to lead on this urgent piece of work at local government level in Australia. If we do nothing we perpetuate inequality and risk excluding the most vulnerable from our response efforts.

This checklist draws from the principles, evidence base and resources including the Convention on the Rights of Persons with Disabilities, Humanitarian Inclusion Standards, Australian Gender and Disaster Pod. For further support please contact tthomson@casey.vic.gov.au and knicholson@casey.vic.gov.au.

Good Practice	Yes	No	Follow Up Action	Responsible Teams
Principle 1: Identification				
Strategies are in place to ensure people at risk are identified and that ‘no one is left behind’				
Available data is disaggregated by gender, age, disability and Aboriginality to inform all stages of disaster management			<i>E.g. Identify and analyse available stats. Identify any gaps - who are we missing? Such as...mental health issues, family violence, employment status, mortgage and rent stress, facing communication barriers, single parent households, and indigenous groups and those already isolated etc.</i>	
Those at risk have been identified in collaboration with communities and CSOs to ensure those not already linked to Council services do not miss out			<i>E.g. Work with CSOs to identify ‘at risk’ groups not currently on Council radar</i>	
Principle 2: Participation and Voice				

Community members are encouraged to participate and be heard on decisions impacting their lives.

Strategies to strengthen the leadership and meaningful participation of women and girls in all decision-making processes in addressing the COVID-19 outbreak are in place			<i>E.g. Frontline health workers are in prime position to identify local trends and should be engaged in higher level decision making</i>	Direct service teams Aboriginal Engagement Team Inclusion and Wellbeing
Community leaders and CSOs have been engaged in planning and response, and include women with diverse experience and backgrounds e.g. Aboriginality, disability, CALD, age etc.				Aboriginal Engagement Team Inclusion and Wellbeing
Strategies for including and supporting people with care responsibilities so they can fully participate in consultations and activities are in place			<i>E.g. Working through our direct service teams to offer extra support where required.</i>	Community Engagement Direct service teams
Accessible feedback and complaints mechanisms are available and promoted to the Casey community in relation to Councils response to COVID19			<i>E.g. Develop community forum on Casey Conversations.</i>	Engagement team

Principle 3: Choice and Independence

Community members will be empowered to live independently while maintaining full access to their human rights.

Resources and support are made available to ensure continued access to sexual and reproductive health services including pre and post-natal care,				MCH Early childhood teams
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contraception and terminations				
Women and men with disabilities maintain their independence and are not institutionalised as a result of the virus			<p><i>E.g. Working with CSOs and Disabled People's Organisations</i></p> <p><i>E.g. Raise awareness amongst support workers/carers of the importance of passing on information not making substitute decisions on behalf of women and men with disabilities.</i></p>	<p>Direct care workers</p> <p>Inclusion and Wellbeing</p>
Strategies to address the limits to economic opportunity and financial independence for most at risk groups such as migrant women are in place			<p><i>E.g. Working with local businesses on broader implications on staffing including casual/cash employees</i></p>	<p>Growth and Investment team</p>

Principle 4: Safety and Accessibility

Community members can easily access information, make informed decisions about their physical and mental health, and have mechanisms to access support services.

All COVID19 information is available and promoted in a range of accessible formats e.g. easy read formats, Braille, Auslan interpreters for hotlines, non-digital formats				
The increased risk of family violence and child abuse during emergencies is addressed in planning and response actions			<p><i>E.g. Develop an online referral page for Council website.</i></p> <p><i>Communicating key messages</i></p> <p><i>Disseminate information about family violence in information about emergencies (for example:</i></p>	<p>Community Safety – Family Violence Prevention</p>

		<p><i>flyers, pamphlets, advertising, 1800RESPECT</i></p> <p><i>Training/guidance for front line workers on how to handle disclosures</i></p> <p><i>Awareness raising of child care workers of potential increase risk for children</i></p>	<p>Child Safe Team</p> <p>Early childhood/kin der teams</p>
<p>Strategies for addressing the mental health implications of COVID19 e.g. the impact of further social isolation/quarantine are in place</p>		<p><i>E.g. Equipping mental health staff with further resources relevant to emergencies.</i></p> <p><i>Consider online counselling or group services etc</i></p> <p><i>Developing online interest groups.</i></p> <p><i>Linking positive aging teams with early childhood/MCH/youth to combat social isolation of elderly by facilitating facetimes/drawing etc</i></p>	<p>Connected Communities</p> <p>Early Childhood</p> <p>Youth team</p>
<p>Relevant teams are aware of and sensitive to the safety implications social distancing for women who often seek safety in numbers and in public spaces</p>		<p><i>E.g. Awareness raising with Council teams of the impact of social distancing measures on homeless women and girls and other at risk groups.</i></p>	<p>Local Laws</p> <p>Parks and Gardens</p>
<p>Principle 5: Challenge Social Norms and Gender Roles</p> <p>Planning and response will be inclusive, non-discriminatory and will not perpetuate gender stereotypes.</p>			
<p>Communications (internal and external) encourage men and those with partners in health care to take on additional responsibilities at home</p>		<p><i>E.g. World War 2 -style propaganda/campaign encouraging men to pick up the load on 'the home front' as women are more likely on front line as health workers.</i></p>	<p>Communications</p>
<p>Communications encourage men to seek health care when needed, combating masculine stereotypes that</p>			<p>Communications</p>

may inhibit men from seeking health care)				
Response efforts are countering the stigma and discrimination faced by marginalised groups, such as people with disabilities and older persons			<i>E.g. Are communications careful not to reassure the general public on the basis that COVID19 'only' affects older people and people with chronic illnesses?</i> <i>Are communications careful not to stoke racist sentiments?</i>	Communications
Principle 6: Equitable Resourcing and Technical Capacity				
Our resources will be equitable and inclusive and our technical capability will be informed by experienced practitioners and community members.				
Budgets and resourcing consider gender impacts of reallocations and ensure continuity of existing services			<i>E.g. Allocation of resources to ensure continuity of services with adaptations as necessary - women's refuges, men's sheds etc.</i>	
Advice is sought from specialist agencies to develop, support or adapt a wide range of gender specific programs or groups in the emergency relief and recovery period				
Diverse people/organisations with gender expertise (LGBTI and women specific) are assisting with developing team-specific gender actions				