PROPOSED GENDER EQUALITY PROGRAMMING PLAN IN SUPPORT OF THE EBOLA RESPONSE/POST-EBOLA RECOVERY EFFORTS IN LIBERIA, January 2015

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CONTEXT ANALYSIS
The Ebola infection rate in Liberia is currently on a downward trend; as of January 27, WHO reports\(^1\) the cumulative number of Ebola cases (probable, confirmed and suspected) at 8,429 cases with 3,595 deaths and 5 confirmed cases currently under treatment. A gender disaggregation of the data so far, by UNWOMEN indicates that 47% of the victims are women as compared to 53% men. However, it should be noted that, irrespective of the male/female ratio of cumulative cases, any strategies to stem the epidemic require a gender nuanced approach that addresses the differing needs and vulnerabilities of the women, men, boys and girls of the affected population. The figures by themselves do not tell the whole story. The country demonstrates a gendered nature of social exclusion which overlaps with trends in poverty and other negative social indicators. A key driver is the entrenched cultural practices and attitudes, in part perpetuated through secret societies through the “bush schools”. In rural areas, it is estimated that approximately 72% of women belong to the Sande society\(^2\), where female genital mutilation is usually conducted as a part of a traditional rite of passage into adolescence.

Preliminary findings from the Joint UN, EU, World Bank Ebola Recovery Assessment\(^3\) highlights significant negative gender dimensions of the crisis, mainly affecting women and girls;

i. **Crippling impact on livelihoods and employment**: Restrictions on movement between Liberia, Sierra Leone and Guinea has significantly affected cross-border trade. Up to 70% of cross-border traders in the Manu River Union are women. It also estimated that between 200,000-300,000 women involved in artisanal and small scale mining (ASM), have been forced to abandon their work. This is a mainly female dominated enterprise. While on overall household incomes have suffered from substantial loss of wage jobs and self-employment activities; there is a disproportionate gender effect: of those working in the first half of 2014, 60 percent of women versus 40 percent of men had ceased to work by December\(^4\). Estimates also indicate that there was a loss of livelihood for estimated 95%\(^5\) of women who were engaged into small businesses, including the Village Savings and Loans Associations (VSLAs) due to slow down and halting of economic activities, and repayments which is further resulting into failure to pay back the loans that are accumulating steadily.

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\(^1\) WHO-Ebola Situation Report- 27 January 2015
\(^2\) ACAPS, Country profile- Liberia (February 2015)
\(^4\) World Bank’s cellphone survey 2014
Disruptions of routine livelihood activities and inadequate consumption of food during the community quarantines increased stress on the food situation resulting to nutritional risk on the young children and pregnant and lactating women.

ii. **Significant disruption in access to non-Ebola health services:** As a result of the crisis, the fragile health system has been overwhelmed and unable to adequately address the needs of women to access maternal health services including delivery and antenatal care. Due to stigma associated with Ebola and closure of health facilities, access to maternal and reproductive health services such as antenatal care, emergency obstetric and neonatal care, was greatly affected. This compounded the already high mortality rate of pregnant women in Liberia which stands at 90% compared to an overall mortality rate in the region of 75%. As a result, there have been reports of increase of pregnant women dying from preventable causes.

Further, the constraints on the health systems in the most affected areas also limited access to other sexual and reproductive health services for women and girls, outside of antenatal care and delivery. The Ebola outbreak affected the access to anti-retroviral drugs and treatment for HIV patients including women and girls living with HIV. Prior to the outbreak, more than 6,500 people living with HIV were on treatment via 47 HIV and AIDS comprehensive care centres scattered across the country; however, with the shortage of health workers and fear about Ebola transmission, more than 60 percent of these facilities were closed.

iii. **Increased risks of exposure to GBV:** With the deep entrenched cultural practices, and traditional beliefs, which are coupled with limited capacity of the security sector to address women protection issues including on GBV, consultations during the Ebola recover assessment, highlighted that the Ebola outbreak further reinforced gender inequities -particularly putting women and girls at risk of sexual and gender based violence (GBV), compromising their health, dignity, safety and autonomy. It was reported that women and girls, especially widows and orphans found themselves exposed to a heightened risk of GBV and sexual exploitation and abuse. Further, GBV and sexual exploitation programming were severely disrupted due to abandonment of health facilities and restrictions on movement in the most Ebola-affected areas. Since Ebola is spread through body fluids including sexual contact, the lack of GBV services and programming also suggests the possibility of additional unreported and untreated cases. The incidences of Gender Based Violence (GBV) - sexual violence, exploitation and abuse, continue to be very high, despite the fact that reporting has dropped significantly due to the closure of two One-Stop facilities at Redemption and James Davies Jr. Memorial hospitals. Statistics for April to June from 5 One-Stop Centers in Monrovia, the capital of Liberia, reports 334 recorded rape cases. It is reported that 401 of the 450 rape cases recorded in Liberia since the beginning of the outbreak were perpetrated against children between the ages of 0-17 years.

iv. **Stigma and social exclusion of survivors:** Ebola survivors are facing several psychosocial issues, ranging from stigma, isolation and trauma presenting in different forms. UNWOMEN’s preliminary assessment report on the psychosocial status of EVD survivors highlights the plight of women survivors who are facing exclusion and isolation from their families and communities due to fear and ignorance. Consultations during the Ebola Recovery Assessment highlighted that, more than 80% of Ebola survivors in Liberia were denied access to basic health services due to the fear of health workers being contracted by Ebola.

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6 UNFPA Country Assessments 2014
7 UNFPA, Dispatch: Liberia’s Ebola outbreak leaves pregnant women stranded, 26 August 2014
10 Joint UN Gender Strategy on Response and Management of the Ebola Outbreak in Liberia
11 ibid
are currently over 4100 orphans in all the 15 counties. Interventions of reintegrating survivors back to communities have been limited, coupled with the wide spread stigma surrounding this group within communities. In addition, the Ministry of Health has reported that survivors are showing some side effects of the EVD – including blindness, knee pain, dizziness, among others. Despite these effects, access to health facilities still remains a challenge for this group of people.

v. Impact on Education: The country has one of the lowest levels of education attainment; the Ebola crisis could significantly exacerbate this, especially with the closing of schools. Recent evidence suggests that when children’s school attendance is halted during an emergency or disaster girls are less likely than boys to return to school subsequently\(^{13}\). There are reports of increased early marriages and pregnancies i.e. 31 percent of women aged 15-19 reported having begun childbearing\(^{14}\) and reports from 2014 during the Ebola crisis indicate that teenage pregnancies are on the rise, likely because girls are no longer protected by being in school much of the day\(^{15}\). In addition, girls (as young as 15 years) have taken up responsibility of taking care of siblings in families where both parents have died due to Ebola\(^{16}\). In 2012, the net primary school attendance was estimated at 31.5% for boys and 28.4% for girls (UNICEF). In 2008, 11% of girls were married by age 15 and 38% by age 18. 20% of girls experience sex before the age of 15, one in seven, against their will (UNICEF). This directly translates into increased social exclusion which overlaps with trends in poverty. Liberia has one of the highest poverty rates in the world, ranking 174th of 157 countries in 2012 Human Development Index. It is estimated that 56% of the population live below the poverty line\(^{17}\).

vi. Impact on civic participation: In areas most affected by the outbreak, women’s role and participation in decision making was substituted to care giving for the infected persons at the household level. Women participation in the recently concluded election – as voters, and as candidates was severely affected by the outbreak - for instance, , only 20 women participated as candidates in the 2014 senator elections; as compared to 119 men; counting for 14% of female candidates, as compared to 86% of male candidates. As a result, only 1(one) woman was successful as compared to 14 men\(^{18}\). Also, there was a low turn up for this year’s elections i.e. 479,936 voters (25.2%) as compared to previous elections. In the informal interviews after with women after elections, they specifically reported the low turnout due to the caregiver’s role for the children, most often women, as well as fear to be exposed to Ebola when they turn out to voting centres.

PROPOSED STRATEGIC APPROACH
The current strategic focus of humanitarian actors is on the post-Ebola recovery phase. The transition takes into account the need for continued prevention and response efforts, considering the regional dimension of the crisis, with Guinea and Sierra Leone still recording fairly high prevalence rates; as well as the systemic weakness within the healthcare system that could cause a relapse and destroy the gains made so far. Consequently, the proposed gender mainstreaming plan will seek to promote\(^{19}\);

i. Support to the on-going response to meet the immediate and practical needs of the affected population. This will ensure humanitarian actors at a minimum take the following into consideration\(^{20}\);
   • Systematic collection and use of sex and age disaggregated data.

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http://becauseiamagirl.ca/2013report

\(^{14}\) 2013 LDHS data

\(^{15}\) UNDP Assessing the Socio-Economic Impacts of EVD in Guinea, Liberia and Sierra Leone, December 2014

\(^{16}\) UNMIL Rapid Assessment of the immediate impact of Ebola on women and Girls in selected counties – Liberia

\(^{17}\) UNDP, Human Development Report, 2013

\(^{18}\) National Electoral Commission of Liberia - 2014 Elections report

\(^{19}\) This is informed in part by recommendations of a UN Joint Brainstorming session on gender programming in Liberia (November 2014)

\(^{20}\) These are informed by the IASC adapted ADAPT and ACT Framework as well as the European Commission, Gender and Age Marker Tool
Ensuring needs assessments and programs are informed by agenda analysis: An analysis of the different gender and age groups in terms of their roles and control over resources, inequality/discrimination, including in the level of access to assistance; effects of the crisis, capacities for coping with, responding to, recovering from and preparing for crisis; and specific needs;

- Targeted actions specific to EVD survivors, particularly on mental health and psychosocial support, protection and legal support and other targeted actions.
- Ensuring assistance by humanitarian actors is adapted to the specific needs and capacities of different gender and age groups;
- Prevention or mitigation of potential negative effects on different gender and age groups, e.g. stigmatization, discrimination, violence or tensions between groups,
- Promotion of meaningful participation through the promotion of participatory approaches involving women and men, girls and boys,

ii. Long-term structural change, tapping into opportunities created by the Ebola crisis, conducive for social engagement to promote behavioral change and practices. This at a minimum will involve;

- Analysis of positive and destructive elements of cultural practices to inform long-term programming approaches
- Grass root community engagement as entry point to promote gender equality and promotion of women’s empowerment.
- Promoting girl child education as a tool in empowerment of women and reducing gender inequality.
- Institutional and capacity building on gender and gender mainstreaming to strengthen accountability for gender equality results by UN agencies, INGOs, national partners and government institutions.

The approach will feed into and support the existing coordination mechanisms and overall response and recovery frameworks currently in place. This will be in support of and complimentary to the Gender Theme Group chaired by UNWOMEN, the main gender coordination mechanism; as well as the Technical working Group on Mainstreaming, as part of the protection cluster chaired by UNMIL/OHCHR, supporting the systematic mainstreaming efforts of three cross-cutting issues: gender, HIV/AIDS and protection within the humanitarian response.

Technical support on gender mainstreaming will be targeted to all the technical clusters that have been activated namely; Food Security; Social Mobilization; Health; Protection; WASH; Early Recovery and Livelihood; Social Protection; and Communication. The plan also seeks to draw from the existing pool of gender expertise to support training and capacity building efforts.

The proposed approach directly links into the Joint UN Consolidated Ebola Response Strategy, building into the three core areas of the strategy/appeal; i) Stopping transmission of Ebola virus in the affected counties through scaling up effective, evidence-based outbreak control measures; ii) Preventing the spread of EVD to the neighboring at-risk countries through strengthening epidemic preparedness and response measures; and iii) Ensuring quick socio-economic recovery of affected households.

Objectives
Linking into the UN Joint Gender strategy on response and Management of the Ebola crisis in Liberia21, the proposed approach aims to:

i. Promote effective coordination and mainstreaming of gender equality within the overall Ebola response including tailored technical support to clusters within the UN system and to national partners who are responding to the outbreak

ii. Strengthen institutional and technical capacity for post-Ebola recovery efforts among humanitarian partners

iii. Provide gender resources and tools to support the immediate Ebola response efforts

iv. Identity opportunities for engagement with local communities and systems to promote structural change

v. To contribute to national initiatives focusing on halting, reversing and eradicating EVD in Liberia – including increased access and scaling up prevention, and essential service delivery to women and girls affected by the outbreak

vi. Foster recovery and livelihood opportunities for affected communities and families particularly female headed households in all the 15 counties of Liberia

RESPONSE TO THE IMMEDIATE PRACTICAL NEEDS

1. Strengthening sex and age disaggregated data collection and overall evidence base to inform a gender-sensitive response.

   Current data reporting mechanisms in place do not provide systematic disaggregation of data by sex and age on prevalence and severity of the Ebola virus. This is critical in supporting a meaningful gender analysis. There is little work done on the impact of the virus on the different population segments to inform a more a gender responsive approach to the crisis.

   **Action Points for Health Care:**
   - Advocate with WHO and UNMIL for the regular dissemination of gender disaggregated data to inform differential needs of women and girls in addressing the prevention and response to EVD;
   - Provide periodic gender analysis resources to inform the humanitarian response.

2. Application of Minimum gender standards in all cluster/agency response plans

   It’s important to ensure the different needs of women, girls, boys and men are taken into account as part of the Ebola containment strategy, ensuring at a minimum the following, as defined by the IASC ADAPT and ACT Framework:

   - Needs assessments and program design is informed by gender analysis.
   - Equal participation for women and men in activities, inclusive of training
   - Equal access to services
   - Collection and use of sex and age disaggregated data
   - Protection of women and girls from sexual violence and exploitation
   - Targeted actions for empowerment
   - Building partnerships through coordination

   **Action:**
   - Each cluster will agree on minimum response actions. Some suggestions are highlighted below as developed by the IASC Gender Reference group22.

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21 Developed by the Gender Taskforce of the Protection cluster, to support the mainstreaming of gender across all clusters within the Ebola response plan

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Relevant resources, inclusive of the IASC Gender Handbook, European Commission Gender Age Marker Tool, and GBV Guidelines will be provided.

**Action Points for Health Care:**
- In Ebola-affected communities and quarantined areas women should be prioritized in the provision of medical supplies, food, care, social protection measures and psychosocial services. Particular attention should be paid to pregnant and nursing women.
- The health care response must facilitate the development and dissemination of targeted messaging on preventive, protective and care seeking behaviors and available health resources responsive to the different contexts and concerns of women, men, boys and girls. It is important that any targeted programming does not exacerbate potential stigmatization or discrimination due to gender, age or any other population differential.
- With low levels of literacy in Liberia - especially amongst women and girls (as per UNESCO, female adult literacy figures are 27.0%) - it is important that messaging is relayed through appropriate materials and means that are accessible and understandable by all.
- The health care response must ensure that protective training, provision of Personal Protective Equipment (PPE) and medical care facilities for health-care workers must also be extended to the treatment facility support staff who are primarily women.
- The health care strategy must develop strategies to help mitigate the effects of stress for all of its health care workers (male and female), as well as develop strategies to counter potential stigmatization.
- The health care response must provide messaging that pregnant women and girls should continue with their natal care and seek out assisted deliveries. Such messaging should also advise them on precautionary measures they must take relating to their pregnancy. These messages should be conveyed by health care workers and social mobilizers.
- In addition, health workers performing and/or assisting deliveries should be trained in safe-delivery protective measures.
- The health care system must ensure the continuity of care for reproductive health services in the non-Ebola affected areas, where they have been affected, as some health care workers have been pulled into the Ebola response and many health services/facilities have been abandoned.
- The health care response must develop adequate guidance for precautionary measures for healthcare workers in non-Ebola treatment health facilities.

**NON-FOOD ITEMS (NFI) –**

**Action Points for Non-Food Items and Shelter:**
- The provision of NFI must include adequate supplies and dispersal of dignity kits, sanitary materials and other materials related to households affected by Ebola- survivors and their households, relatives taking care of orphans; quarantined communities and treatment centres.
- Distribution should be accompanied with sensitization on the safe disposal of sanitary materials to counter potential increased stigma around menstruation. It is also important to install safe disposal bins for used sanitary items.
- Dignity for patients attending treatment centers and isolation units must be maintained - particularly for women and girls with separate ablutions, toilets and privacy screens.

**FOOD SECURITY AND LIVELIHOODS**

**Action Points for Food Security and Livelihoods:**
- The food security and livelihood response must assess and target the specific needs and priorities of affected women, men girls and boys in rural areas.

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The food security response must ensure that female women and headed households – especially in quarantined locations - are specifically identified and targeted in all food distributions, cash for work, food for work etc. interventions.

The food security response and livelihood orientated agencies must ensure that women and female headed households are specifically targeted in post-crisis economic recovery efforts such as the distribution of agricultural seeds, livestock, tools, value-chain development etc.

Livelihood promotion agencies must that women and adolescent girls have equal opportunities to access entrepreneurial and skills development programmes.

The food security response must assess fuel needs in order to provide access to safe and sustainable sources of cooking fuel, to ensure food is cooked properly, meals are not skipped, women and children spend less time collecting fuel and that degradation of the surrounding environments, such as forests and woodlands, is minimized or avoided. Using a Safe Access to Fuel and Energy (SAFE) approach can help to ensure that these particular risks and challenges, faced primarily by women, are addressed.

The food security response must assess the local institutional set-up (eg. women’s and farmers’ associations) and strengthen the access of vulnerable men and women to existing services and information.

PROTECTION

The general idea of protection is to ensure that at risk and vulneralbe persons including women, men boys and girls are covered by the necessary social safety nets that will ensure the are free from harrassment, exploitation and abuse. It is increasingly clear that there are higher levels of vulnerabilities as a result of the Ebola crisis as arising from the lose a breadwinner spouse or a parent(s) or circumstantial changes that have altered the regular way of life of individuals and causing significant stress.

Action Points for Protection:

- The protection response must aim at reducing emerging protection threats and vulnerabilities associated with humanitarian assistance and the “do no harm” approach must be emphasised.
- The Protection response must identify gaps in GBV survivor-service provision and provide essential stop gap measures where feasible. This especially applies to quarantined areas.
- The protection response must endeavour to prevent family separation, including the provision of alternative care arrangements to preserve as much as possible family unity (e.g. keeping siblings together).
- The Protection response must develop community mobilisation to counter Ebola-survivor stigmatisation and to assist in their reintegration into their communities, households and schools.
- The Protection response must pay close attention to the protection needs of women and girls in quarantined communities.
- The Protection response must make special provision towards targeting traditions of FGM still being undertaken. Under the Ebola crisis the practice of FGM is potentially even more harmful, not only to those undergoing the procedure, but for those practicing it and those in attendance.
- Whilst high levels of distrust and misinformation prevail amongst the wider population, health workers and community mobilisers must be afforded security protection commensurate with the level of risk, whilst undertaking their work.

3. Advocacy for targeted support to Ebola survivors, specifically women and girls (i) Mental health and psychosocial support

The mental health and psychosocial well-being of Ebola victims and survivors is critical in enhancing their recovery and dignity. Findings from an assessment by UNWOMEN\(^2\) indicate that the success of treatment in some cases was attributed to the psychosocial support provided. Ebola survivors are facing several psychosocial issues, ranging from stigma, isolation and trauma presenting in different forms. UNWOMEN’s

\(^2\) UNWOMEN- Preliminary Assessment report on the psychosocial status of EVD survivors- Focus on Nimba county, Bong and Lofa (January 2015)
Report highlights the plight of women survivors who are facing exclusion and isolation from their families and communities due to fear and ignorance.

**Proposed Actions**

- Develop community mobilisation strategies to counter Ebola-survivor stigmatisation and to assist in their reintegration into their communities, households and schools.
- Engage with local community structures, especially women groups and civil society to establish support networks for survivors.
- Encourage the participation of survivors, especially women in community outreach and awareness campaigns as an effective tool in fighting stigma.
- Develop gender sensitive and targeted awareness materials, addressing the different vulnerabilities faced by Women, girls, boys and men Ebola survivors.
- Engage men to ensure effective support to their wives full recovery from the Ebola virus and avoid re-infection through intimate partner relations within the 90 days post recovery period.
- Provide specific trainings for social workers to reach out to neglected families and the communities;
- Provide breast feeding mothers with infant feeding formula to relieve the extra financial burden imposed on them, as a means of avoiding infection of their children.
- Provide women survivors with opportunities to access health services, through a designated and contracted network of hospitals and health facilities, considering the majority of the health facilities are fee-paying.
- Strengthen community engagement to limit stigmatisation and victimisation of survivors

(ii) **Legal support and protection**

Testimonies by women survivors indicate a sense of helplessness and despair in the face of evictions from rental or family homes, especially when a husband is deceased. Landlords feel uncomfortable living with Ebola survivors. In some instances, properties have been vacated and neighbours moved to different communities, out of fear. Many of the victims expressed a sense of helplessness with no immediate legal or other remedy.

**Proposed Actions**

- Explore opportunities for community dispute resolution and mediation.
- Setting up a legal and regulatory framework for the protection of survivors and their interests.
- Provide immediate legal aid and assistance to survivors to support their property and land rights.
- Ensure survivors understand their rights not to speak to the media, and participate in clinical trials, etc.
- Develop outreach mechanisms that target illiterate survivors.

(iii) **Addressing the increased vulnerability of child survivors, especially the girl child**

Reports indicate increased vulnerability of child survivors, especially the large number of orphans who are dependent on the goodwill of community members.

PROMOTING STRUCTURAL/SYSTEMIC CHANGES

i) **Sustained community engagement for targeted actions on improving the situation of the girl child and addressing harmful traditional practices.**

The post Ebola recovery phase provides an opportunity to address underlying structural issues. The response to Ebola crisis has demonstrated a willingness by communities to adapt behavioral change and practices.

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24 UNWOMEN, Preliminary assessment report on psychosocial status of EVD survivors, ibid
Communities were able to confront long held traditional rites such as the preparation and preservation of dead bodies for burial.

In the words of the Deputy SRSG and Resident Coordinator Liberia, Antonio Vigillante, ‘this could be a game changer, providing the opportunity to challenge negative cultural practices and norms.’ There a number of opportunities for meaningful gender equality and women empowerment efforts, inclusive of the existing political structures, specifically the existence of a female President and female Ministers and MPs who could be useful change agents for women empowerment; and the existence of the National Gender framework to guide the change. Other opportunities include a resilient community, willing to take action and participate in the development of their lives; trusted local tradition and religious leaders who can be agents of change; the imminent review of the Agenda for Transformation.

**Proposed Actions**

- Develop a joint program that integrates an incentive approach to address underlying issues such as child/under age marriage, negative cultural practices such as FGM
- Promote community outreach and engagement through established networks with women groups and civil society actors

**ii) Systematic institutional capacity building of government actors**

To ensure long term gender equality outcomes and structural changes that promote the empowerment of women and equitable access to resources and opportunities for all, there is need to integrate and strengthen gender mainstreaming approach into local institutions and systems, to empower national actors with the the appropriate tools and skills. A gender mainstreaming approach should seek to identify how organisational systems and structures cause indirect discrimination, with a view to altering or redesigning them as appropriate.

**Proposed Actions**

- Conduct a rapid systems and capacity analysis to identify gaps and opportunities for programing
- Support skills development and systems strengthening
- Skills development will ensure adoption of Minimum gender commitments by each sector/Government agency as well as training on core gender responsive approaches inclusive of a gender situation analysis, gender responsive work plans, gender budgeting, gender sensitivity and advocacy strategies, gender impact assessment, gender impact evaluation within the training curriculum and modules of the Liberia Institute of Public Administration (LIPA)
- Develop TOT for mass training and dissemination
- Development appropriate and targeted public information messages
- Develop the training component as part of the a joint program between UN agencies
- Strengthen systematic collection of sex and age disaggregated data.

**iii) Engagement with the private sector**

Transnational Corporations currently operating the country as well as the National Chamber of Commerce would be useful change agents and hence the need to target them with training and work place messages on prevention of sexual exploitation and abuse as well as an overall gender sensitive approach.

**FOR MORE INFORMATION AND TECHNICAL SUPPORT**, please contact Peter Ekayu,
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