



USAID
FROM THE AMERICAN PEOPLE



PHOTO OF BARRIO SIMÓN BOLÍVAR, SANTO DOMINGO
PHOTO CREDIT JENNY TORRES

USAID/DOMINICAN REPUBLIC COVID-SPECIFIC GENDER ANALYSIS REPORT

Preventing and Responding to COVID-19 in the Dominican Republic Activity

August 13, 2020

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	3
I. INTRODUCTION.....	6
1.1 BACKGROUND AND PURPOSE OF THE USAID/DOMINICAN REPUBLIC COVID-SPECIFIC GENDER ANALYSIS	6
1.2 LIMITATIONS OF THE COVID-SPECIFIC GENDER ANALYSIS.....	7
2. COVID-SPECIFIC SECTOR CONTEXT	7
2.1 COVID-SPECIFIC SECTOR DATA ON GENDER EQUALITY	7
2.2 COVID-SPECIFIC SECTOR CONTEXT ON GENDER EQUALITY	9
3. FINDINGS AND RECOMMENDATIONS ON GENDER EQUALITY AND COVID, BY ACTIVITY INTERMEDIATE RESULT	14
3.1 KEY FINDINGS AND RECOMMENDATIONS, BY ACTIVITY INTERMEDIATE RESULT 1	14
3.2 KEY FINDINGS AND RECOMMENDATIONS, BY ACTIVITY INTERMEDIATE RESULT 2	16
3.3 KEY FINDINGS AND RECOMMENDATIONS, BY ACTIVITY INTERMEDIATE RESULT 3	18
3.4 KEY FINDINGS AND RECOMMENDATIONS, BY ACTIVITY INTERMEDIATE RESULT 4	19
3.5 KEY FINDINGS AND RECOMMENDATIONS, BY ACTIVITY INTERMEDIATE RESULT 5	20
3.6 RISKS AND ASSUMPTIONS.....	22
4. USAID ACTIVITY GENDER ANALYSIS NEXT STEPS.....	22
ANNEX A: ACRONYMS.....	25
ANNEX B: SCOPE OF WORK.....	26
ANNEX C: METHODOLOGY.....	34
ANNEX D: REFERENCE LIST	36
ANNEX E: LIST OF KEY STAKEHOLDERS CONSULTED	38

EXECUTIVE SUMMARY

The United States Agency for International Development (USAID)/Dominican Republic contracted Banyan Global to carry out a COVID-specific activity-level gender analysis. This inquiry supports the Preventing and Responding to COVID-19 in the Dominican Republic Activity to integrate gender equality and women's empowerment, and also to do no harm (see Annex B for the scope of work). The report structures its findings around the activity's intermediate results (IRs), crosscutting themes, and key populations listed in the following table.

TABLE 1. STRUCTURE OF COVID-SPECIFIC GENDER ANALYSIS

ACTIVITY INTERMEDIATE RESULT	CROSSCUTTING THEMES	KEY POPULATIONS
IR 1: Improved protection of migrant populations, including women and children, at official border points with Haiti.	Gender-based violence (GBV) risk	Women, men, youth 10–29
IR 2: Psychosocial support and guidance provided to vulnerable populations in the areas of family and GBV, education, legal services, and disease prevention.	Women's economic empowerment	Lesbian, gay, bisexual, transgender, transsexual and intersex (LGBTI) persons
IR 3: Improved data collection and analysis to support the government of the Dominican Republic's (GODR) COVID-19 response.	Protection of migrant populations	Migrants (Venezuelan and Haitian)
IR 4: Enhanced capacity of the Ministry of Education (MINERD) to prepare children to return to school.	Social support to vulnerable groups (defined in the key populations column)	Dominicans of Haitian descent
IR 5: Increase knowledge and practices of key behaviors at the community level to address COVID-19; increase preparedness, mitigation, and responses in communities and districts to confront COVID-19.		People living with HIV

Banyan Global carried out this analysis over three weeks using secondary data and a limited number of stakeholder interviews (see Annex C for the detailed methodology, Annex D for a list of key documents, and Annex E for consulted stakeholders). The following section summarizes the gender analysis's key findings and recommendations. Recommendations related to women's economic empowerment and equality have a **WE3** tag to facilitate the mission's tracking of investments in that area, as the [Women's Entrepreneurship and Economic Empowerment Act of 2018](#) requires.

TABLE 2. COVID-SPECIFIC FINDINGS AND RECOMMENDATIONS ON GENDER EQUALITY, BY ACTIVITY INTERMEDIATE RESULT

FINDINGS	RECOMMENDATIONS
IR 1: Improved protection of migrant populations, including women and children, at official border points with Haiti.	
<ul style="list-style-type: none"> • Undocumented migrant populations have limited access to GODR's services to mitigate the COVID pandemic. • Haitian women, young women, adolescents, and children living in the DR experience high levels of gender and racial discrimination, as well as barriers to accessing gender- and COVID-specific services. Young women in particular are vulnerable to pregnancies. • Most migrants engage in informal work; with the onset of COVID-19, they no longer generate income. Others are forced to continue work and are at risk of infection. Women and girls are especially vulnerable. 	<ul style="list-style-type: none"> • Support non-governmental organizations to continue to fill service gaps for undocumented migrants. (WE3) • Continue to promote economic development activities targeting migrant populations, especially families most at risk, such as women-headed households. (WE3) • Deliver life-saving food and hygiene assistance to the most-marginalized and at-risk households. (WE3) Develop selection criteria and apply safeguards for distribution to ensure households led by women or LGBTI persons are not marginalized or subject to safety risks. • Consider implementing a cash-transfers program to meet the subsistence and health needs of remote and quarantined at-risk households. (WE3) • Strengthen communication to communities about accessing assistance programs, preventing COVID-19 transmission, and promoting positive gender roles. (WE3)
IR 2: Psychosocial support and guidance provided to vulnerable populations in the areas of family and gender-based violence, education, legal services, and disease prevention.	
<ul style="list-style-type: none"> • Incidences of GBV likely have increased due to stay-at-home measures. • Gendered roles related to family life prevent women and girls from accessing services and place them at risk of GBV, which in turn may cause psychosocial problems. • GBV helplines are underutilized. Many people are not aware of these services. • Persons from the most-marginalized groups (including those with health issues, such as people who suspect they have COVID-19) have difficulty accessing psychosocial support. • At the household level, caregivers—who are primarily women—are unsure about which COVID-19 prevention measures to take. 	<ul style="list-style-type: none"> • Support the development of a family helpline to provide mental-health monitoring, risk assessments, and referrals for integrated multisectoral specialized services. (WE3) • Establish a mechanism for the delivery of basic provisions (such as <i>kits de seguridad y alimentación</i>) for families most at risk. (WE3) • Support communication campaigns to improve awareness about GBV and how it can be prevented and addressed. Promote existing helplines and services. (WE3) • Support training programs and include interventions and messages in communications campaigns that promote positive gender roles and relationships. (WE3) • Improve services to GBV survivors by working with law enforcement and actors within the judicial system to provide responsive, effective, and integrated multisectoral GBV response services.

IR 3: Improved data collection and analysis to support the GODR's COVID-19 response.

- Much is still unknown about the impact of the COVID-19 pandemic on marginalized persons.
- Several pre-pandemic platforms collect data on households' access to employment and services for persons from the most-marginalized groups, but these systems do not apply a COVID-19 lens.
- Accessible, credible, and timely evidence is needed to guide investments and enable adaptive management across sectors and levels.
- Sensitive data related to gendered roles and violence are difficult to assess via survey and the existing data collection platforms.
- Continue to support information platforms to monitor and evaluate COVID-19's impact on the most-marginalized populations.
- Use existing studies to identify gaps in information and support COVID-specific analyses and pilot interventions to improve understanding and define better interventions. (WE3)
- Support the GODR to launch a mechanism to target and measure the impact of COVID-19 and social-assistance programs on population segments that are most at risk. (WE3)
- Better communicate information to a wider audience to improve understanding of the situation and response. (WE3)

IR 4: Enhanced capacity of MINERD to prepare children to return to school.

- If COVID-19 infection rates do not decrease, it is unlikely schools will reopen in August 2020.¹
 - Confinement and the inability to spend the day in school place some children and young people in harmful home environments at risk of violence.
 - Anecdotal evidence suggests participation in online learning is low, while the causes for that behavior are not well understood.²
 - Children and youth from food-insecure households are not able to access school feeding programs and go hungry.
 - With the closure of schools and the introduction of online learning, it is likely the quality of primary education will decline and desertion rates will increase.
 - Young people who drop out are at risk of being unemployable, and young women in particular are at risk of adolescent pregnancies or early unions.
 - Establish an early-warning system with MINERD to monitor, identify, and improve the understanding about the well-being of children and youth (especially young girls) in marginalized households.
 - Monitor and assess online education's effectiveness for girls and boys in marginalized households. Pilot and scale up effective interventions. Consider innovative programs that engage youth as tutors. (WE3)
 - Continue school feeding programs and provide meals to children from food-insecure homes for pick up or delivery. (WE3)
 - When schools reopen, consider establishing safe spaces in the building during school hours for those who are most at risk, such as adolescent girls. (WE3)
 - Work with MINERD to develop and implement COVID-19 protocols to prepare for when schools reopen.
-

IR 5: Increase knowledge and practices of key behaviors at the community level to address COVID-19; increase preparedness, mitigation, and responses in communities and districts to address COVID-19.

- Prevention, mitigation, and responses are not focused on reducing the harm from COVID-19 for those most at risk (including girls, women, LGBTI persons, people living with HIV, and migrants). Municipal governments and communities lack the support to implement coordinated multisectoral responses, including outreach to marginalized citizens.
 - Women, girls, and those from the most-marginalized groups are not represented in decision-making, and they are unable to influence COVID-19 interventions to meet their needs.
 - Individuals lack the information, guidance, and materials to protect themselves from COVID-19.
 - Many households lack access to water and sanitation facilities, making it difficult to comply with prevention measures. Women are responsible for maintaining household cleanliness, adding an extra time burden.³
 - Develop and implement a behavior-change communications campaign promoting individual and household COVID-19 prevention measures (including hygiene, handwashing, and social distancing), managing stress, and seeking assistance. Messages should target those most at-risk and be gender responsive. Distribute hygiene kits throughout the most-vulnerable communities.
 - If water or sanitation facilities are not easily accessible, consider helping with the transportation of water and prioritize these communities for water system and sanitation improvements. (WE3)
 - Support municipal governments to develop and implement multisectoral COVID-19 prevention, mitigation, and response plans. (WE3) Build the capacities of community associations to define and implement preventions that are gender-responsive. Decentralized planning and action must consider the differential circumstances and needs of persons from marginalized groups. These groups must be represented in leadership and decision-making and encouraged to engage in planning and implementation. (WE3)
-

I. INTRODUCTION

I.1 BACKGROUND AND PURPOSE OF THE USAID/DOMINICAN REPUBLIC COVID-SPECIFIC GENDER ANALYSIS

This gender analysis will support the United States Agency for International Development (USAID)/Dominican Republic's Preventing and Responding to COVID-19 in the Dominican Republic Activity to integrate gender equality and women's empowerment, and also to do no harm in its programming to prevent and mitigate COVID-19 (see Annex B for the scope of work). The gender analysis addresses and presents its findings and recommendations by the following activity intermediate results (IRs), crosscutting themes, and key populations.

TABLE 3. STRUCTURE OF COVID-SPECIFIC GENDER ANALYSIS

ACTIVITY INTERMEDIATE RESULT	CROSSCUTTING THEMES	KEY POPULATIONS
IR 1: Improved protection of migrant populations, including women and children, at official border points with Haiti.	Gender-based violence (GBV) risk	Women, men, youth 10–29
IR 2: Psychosocial support and guidance provided to vulnerable populations in the areas of family and GBV, education, legal services, and disease prevention.	Women’s economic empowerment	Lesbian, gay, bisexual, transgender, transsexual and intersex (LGBTI) persons
IR 3: Improved data collection and analysis to support the government of the Dominican Republic’s (GODR) COVID-19 response.	Protection of migrant populations	Migrants (Venezuelan and Haitian)
IR 4: Enhanced capacity of the Ministry of Education (MINERD) to prepare children to return to school.	Social support to vulnerable groups (defined in the key populations column)	Dominicans of Haitian descent
IR 5: Increase knowledge and practices of key behaviors at the community level to address COVID-19; increase preparedness, mitigation, and responses in communities and districts to confront COVID-19.		People living with HIV

1.2 LIMITATIONS OF THE COVID-SPECIFIC GENDER ANALYSIS

USAID/Dominican Republic’s support is urgently needed to prevent and mitigate the impacts of COVID-19 on the most vulnerable populations. For this reason, a Banyan Global research team carried out this COVID-specific gender analysis (CSGA) over two weeks. In this limited timeframe, the contractor applied the methodology in the USAID COVID-Specific Gender Analysis Job Aid Tool to collect secondary data and to carry out a limited number of key informant interviews with USAID partners to ensure recommendations were relevant and practical. It was challenging to obtain COVID-specific secondary data related to gender equality and gain an understanding of the individual and household impacts and dynamics, especially for sensitive issues such as GBV and racial discrimination. In addition to the dataset being limited, the pandemic is unfolding rapidly and in unpredictable ways, making it challenging to understand the situation and identify potential solutions. For example, little is known if people—particularly those who experienced bias prior to the pandemic—are facing heightened discrimination if they test positive to COVID-19, as well as how that diagnosis may influence their well-being. This CSGA presents a snapshot of a specific point in time using the best available information to which the research team had access.

2. COVID-SPECIFIC SECTOR CONTEXT

2.1 COVID-SPECIFIC SECTOR DATA ON GENDER EQUALITY

The following table summarizes gender-related COVID-specific data at the sector level that’s relevant for the Preventing and Responding to COVID-19 in the Dominican Republic Activity.

TABLE 4. SNAPSHOT OF COVID-SPECIFIC STATISTICS ON GENDER EQUALITY AT THE SECTOR LEVEL

COVID-19 Infection and Mortality Rates (as of August 6, 2020)⁴

- Infection data:** The incidence of positive COVID-19 cases (77,709) continues to trend upward. The total number of evaluations administered using the polymerase chain reaction test is 286,128. Due to limited access to testing, the number of confirmed cases likely is lower than the actual number of cases.⁵ The average age for all cases is 38 with most of the sick falling between 28 to 52 years. Males comprise 51.83 percent (40,278) of all cases, while females make up 48.17 percent (37,431). Two-hundred-sixty health workers have tested positive, 64.61 percent (168) are female. The rate of positivity at 34.92 percent continues to increase. While it is considered high globally, it is similar to other Latin American countries, such as Panama and Costa Rica. Most of the cases, close to 71 percent, are in the 12 municipalities as shown in the following map.



- Mortality data:** Through August 6, 2020, 1,259 deaths have been attributed to COVID-19, with a higher mortality rate among men (66.14 percent) and older people (64.7 percent older than 60 years of age). The fatality rate of 1.62 percent for total population (or 120.40 per million habitants), is higher than the global average of 90.58 per million, but it is lower than the regional average of 358.48. More than 73.8 percent of the fatalities have been in 12 municipalities, which is similar to the distribution of positive cases.

GODR Management of the COVID-19 Response

- The transition of presidential authority has complicated the GODR's response. The outgoing president, Danilo Medina, enacted decree 132-20 to create a high-level committee to coordinate and oversee the GODR's response to the pandemic. This government established five phases: initial phase (March 1–19), state of emergency (March 20–May 20), phase one (May 21–June 3), phase two June 4–July 7), and phase three (July 8 to the present). Confirmed positive cases have increased steadily across the phases. Testing also has increased over this period.⁶ Because of the continued increase in cases, the GODR instituted a new state of emergency on July 21, 2020 that mandates the use of masks, social distancing, and curfews.
- The president-elect, Luis Abinader, assumes office on August 16, and it is unclear how he will manage the COVID-19 response. He has formed the Health Committee, coordinated by the vice-president and consisting of health professionals, to address the pandemic, oversee the government transition, and supervise the implementation of a new national strategy. President Abinader announced an agreement with the World Health Organization for it to provide medicine, medical equipment, tests, and personal protective equipment (PPE). It will come into effect on August 16.

2.2 COVID-SPECIFIC SECTOR CONTEXT ON GENDER EQUALITY

The CSGA builds upon USAID’s standard processes for gender analysis. USAID’s Automated Directives System (ADS) 205⁷ provides guidance on how to carry out a gender analysis, with a focus on addressing several gender analysis domains. Each domain is described in the following table with an explanation of how it relates to COVID-19. ADS 205 requires referencing the domains in a gender analysis because they are useful for analyzing disparities and of their implications across multiple sectors of programming.

TABLE 5. COVID-SPECIFIC FINDINGS ON GENDER EQUALITY AT THE DOMAIN LEVEL

<p>Laws, policies, regulations, and institutional practices that influence the context in which men and women act and make decisions</p> <p>Addresses how COVID-19 may reinforce the application of existing gender-unequal laws, policies, and regulations—or create opportunities to make them fairer in areas such as land tenure, GBV, education, and health.</p>	<ul style="list-style-type: none"> • The GODR’s expenditures for women and youth has been low historically, making it unlikely that investments directed at these populations will improve during the pandemic. Prior to COVID, the GODR’s investments in addressing gender equality and improving the situation of youth ranked the lowest among all lines of its social investments. The 2019 investment in policies that promote gender equality comprised just 0.04 percent of the national budget and the investment in youth was even lower.⁸ • Weak preexisting policies and COVID-related stay-at-home measures likely are contributing to increases in the incidence of GBV. Although a comprehensive national law for the prevention of GBV, care of survivors, and punishment of offenders has been drafted, it has not been enacted.⁹ The GBV incidence data prior to the COVID outbreak was alarming: In 2019, 77,837 complaints were made related to gender-based and domestic violence;¹⁰ 6,914 complaints were made for sexual crimes; 19,908 protection orders were issued; and 152 femicides occurred that left 122 minors orphaned.¹¹ According to the Experimental Survey on the Situation of Women (<i>Encuesta Experimental sobre la Situación de las Mujeres</i>), before COVID, 77 percent of women reported experiencing an episode of violence in their lives and 67 percent reported encountering violence in just the last 12 months.¹² Little quantitative data is available on the impact of COVID on the prevalence or incidences of GBV. The <i>Observatorio Político Dominicano</i> reported that calls to the GBV helpline during the first state of emergency did not increase. The organization hypothesizes it was because women, as primary caregivers, were focused on keeping the household functioning and mitigating negative health and economic impacts of the virus; therefore they were tolerating and managing the impacts of abuse.¹³ There has been, however, a documented increase in women and children seeking shelter¹⁴ during March through June 2020.¹⁵ Experience from previous pandemics makes it likely that COVID-related stay-at-home measures are resulting in increased risks of GBV for women and young girls. This increase may be due to economic uncertainty that reinforces patriarchal masculinities; lockdowns trapping victims with abusers; women’s economic dependence on men, forcing GBV survivors to remain with perpetrators; and the disruption of GBV response services.¹⁶ • Marginalized persons also have limited access to protection in the GODR’s COVID-related policy measures. The GODR has enacted policies to mitigate the negative consequences of COVID-19. These services include subsidy cards (<i>tarjetas de subsidios</i>) to families living in extreme poverty, the Stay-at-Home (<i>Quédate en Casa</i>) program to supplement income and provide food security for poor families and those who do not have formal employment, and the Social Assistance to the Employee Program (<i>Fondo de Asistencia Solidaria al Empleado—FASE</i>) for those whose employment COVID has impaired. But marginalized persons (including women, youth, children, LGBTI persons, people living with HIV, people of Haitian descent, and migrants) have limited access to those benefits. Of the
--	---

vulnerable households that responded to the 2020 Red Actua Survey, only 13.86 percent had received assistance from Quédote en Casa and 2.62 percent from FASE, while 7.87 percent obtained food subsidies from the President's Social Plan (Plan Social de la Presidencia). Non-governmental organizations (NGOs), however, had provided 41.2 percent of respondents with food, medical assistance, and COVID prevention kits. Approximately 36 percent of the 4,134 households interviewed had not received any assistance.¹⁷ LGBTI people face discrimination in the DR, which hinders their access to services, including related to COVID. The failure to pass the draft No to Discrimination Law leaves LGBTI persons without legal recourse in cases of discrimination.¹⁸ Laws that protect children and young people are not applied effectively, and many young people are not documented, curtailing their access to protection. Limitations in access are due to several factors. Although some Haitian migrants have benefited from the Supreme Court Judgment 168-13, many still are deprived of Dominican nationality, hindering their access to COVID-related services.¹⁹ An estimated population of 76,200 remain undocumented, 53,000 of whom need humanitarian assistance during the COVID crisis. According to a recent COVID-19 study by the United Nations High Commissioner for Refugees (UNHCR), undocumented migrants have been left out of the government's COVID response and cannot access key services and life-saving assistance, including health and social-protection services.²⁰

Cultural norms and beliefs

Identifies how COVID-19 is impacting cultural norms and beliefs in areas related to the division of care responsibilities; the engagement of women in COVID-specific policy and planning; and food allocation, preparation, and consumption.

- **COVID-19 is further entrenching gendered norms and roles that put the burden of caregiving on women and girls, limiting their mobility and access to education, livelihoods, and resources and placing them at greater risk of GBV.** Gender norms, roles, and behaviors are rigid in the DR. Masculinity is associated with control, independence, no displays of emotion, wealth, and the provision of material goods. In contrast, femininity is associated with caregiving, submission, and aspirations for marriage and motherhood. Machismo is a significant barrier to gender equality and women's and girl's empowerment.²¹ Social norms frequently result in women and girls absorbing the majority of care responsibilities, impacting their time and putting them at greater risk of COVID-19 infection. GBV is prevalent throughout Dominican society. Several factors drive it, including negative gender roles that foster inequality and abuse of power, poverty, racism, and discrimination.
- **Discriminatory social norms increase the vulnerability of marginalized persons to COVID-19.** Discrimination against women, youth, LGBTI persons, people living with HIV, and people of Haitian descent is prevalent. For persons in these marginalized groups, multiple factors increase their vulnerability to COVID-19. They are discriminated against when seeking services; are overlooked by outreach efforts; and with limited employment opportunities, compromise their safety to generate income. Women, young women, adolescents, and children of Haitian descent experience high levels of gender and racial discrimination, as well as violence. The 2018 Gallup-Hoy survey measured perceptions of discrimination and found that women, homosexual and transsexual people, and people of Haitian descent were discriminated against the most at 65.3, 65.4, and 56.8 percent, respectively.²² LGBTI persons also experience high levels of violence and discrimination. Stigma against homosexuality and lack of awareness about gender identity is widespread.²³ LGBTI youth face harassment, discrimination, bullying, and family rejection.²⁴ This discrimination can intensify during the COVID pandemic, making it even more difficult for these groups to exercise their rights and access services.
- **Cultural norms and gender roles harm young women, as the high preexisting incidence of teenage pregnancies, early marriages, and unions with adult men demonstrate. Young women likely are experiencing**

greater abuse from their partners, limiting their ability to access resources to prevent and treat COVID-19 and other services. The DR has the highest adolescent fertility rate in the Latin American and Caribbean region, with 94 births per 1,000 women aged 15–19, and an early marriage rate (women married or in union before the age of 18) that exceeds 30 percent.²⁵ These rates are greatest in areas with high incidences of poverty and low levels of education.²⁶ The populations most vulnerable to teenage pregnancies are young women migrants and those of Haitian descent. There is a high tolerance for and social complicity in relationships between adolescent women and adult men.²⁷ Even though Law 136-03 defines sexual relations with people under the age of 18 as illegal, many females between the ages of 15 and 19 are in relationships with older men; 60 percent with men who are five years older and 23 percent with men who are 10 or more years older.²⁸ Undocumented Venezuelan women and adolescents are also vulnerable to being trafficked and victims of GBV, which may intensify during COVID.²⁹

Gender roles, responsibilities, and time use

Addresses how COVID-19 is exacerbating or changing gender roles and responsibilities and the time use of women and men with the aim of reducing women's time burdens, supporting more-equal distribution of household work and care roles, and further engaging women and men in COVID-specific policies and planning.

- **The pressure to maintain an income while conforming to gendered roles may exacerbate underlying problems during the pandemic, such as domestic violence, school absenteeism, teenage pregnancies, substance abuse, and mental-health challenges.** Most households have experienced a reduction in income, dipped into savings or borrowed money, and suffered food insecurity. Prior to the pandemic, the indicators demonstrated a high rate of unemployment and underemployment among women at 15 percent,³⁰ with 39.8 percent for women-headed households.³¹ And since the onset of the pandemic, the situation for vulnerable households has worsened. Of the 4,134 vulnerable households interviewed in the Red Actua Survey, close to half said their greatest concern since the onset of the pandemic was being able to provide for their household, followed by a concern that a household member would become infected and not be able to access medical care. Approximately 48 of these households are women-headed households, and in many of them, women are the principal wage earners. Among the principal wage earners, 14.33 percent are unemployed, 36.21 percent are self-employed, and 20.28 percent are retired. Close to 28 percent of the households have had to dip into savings and 37.12 percent have had to borrow money. A little more than 78 percent of the households are concerned about providing enough food and 42.95 percent have had to reduce food consumption, which reflects high levels of income and food insecurity.³² Households marginalized persons lead (those headed by women; living in poverty; or with members who are migrants, LGBTI persons, or people living with HIV) were socioeconomically vulnerable prior to the COVID pandemic. Now they are even more at risk and facing concerns about their survival, which may contribute to increased domestic violence, school absenteeism, teenage pregnancy, substance abuse, and mental-health challenges.
 - **Men are more active in the labor force than women. Women have less earning power, and most of their work is unpaid and in care roles. This caregiving responsibility puts women at greater risk of COVID-19 infection.** Cultural norms shape gender roles and responsibilities. As noted previously, a woman's ability to be a good wife and mother and care for and submit to others determines her social legitimacy. Men must be strong, be independent, and provide for those who depend on them.³³ These beliefs are one of the reasons for the large disparity in labor-force participation between men and women. Eighty percent of men are active in the labor force versus 50 percent of women.³⁴ And women are at a disadvantage in terms of their earning power. Much of women's work is unpaid labor: 3.25 times more than men. Most of this time is spent caring for others. For those women who are in the labor force, there is a significant wage gap: women on average are paid 44 percent of what men earn.³⁵ Most of the household caregiving,
-

including for the sick and COVID-19 infected, is women's responsibility and increases their risk of becoming infected.³⁶

- **Youth, especially females, struggle to enter the workforce. And in the face of the COVID pandemic it is more challenging.** Youth struggle to enter the workforce: the unemployment rate for young men (15–19) is 23 percent, and for young women it is 50 percent. Twenty-five percent of young women do not work or study, limiting their prospects for personal development. Many end up marrying young, caring for other family members, or bearing children as adolescents. Young men have the highest risk of dropping out of school as they strive to earn an income.³⁷ COVID-19 may exacerbate these trends.
- **Most of the migrant population is undocumented, engages in informal labor, and has no access to legal protections and services. And COVID restrictions, such as confinement, curtail work opportunities. Others, forced to work to survive, may be exposed to the virus.** Most of the migrant population earns a living through informal labor. And because most of them are undocumented, they have limited access to legal labor protections. COVID stay-at-home and social-distancing measures harm these populations by keeping them from engaging in the informal workforce.³⁸ Of the 209,664 Haitian migrants that have become legalized, most of the men work in agriculture and construction, while the women labor as domestic workers and vendors or are unemployed. With the onset of COVID-19, approximately 70 percent (144,413) are no longer generating income. Twenty-five percent of them work in food supply and domestic work, while the remaining are informally employed and do not have access to the GODR's social-assistance programs, including health and testing services. They are considered vulnerable.³⁹ Undocumented Haitian migrants are even more at risk and without access to any government services.

Access to and control over assets and resources

Considers how COVID-19 is exacerbating or creating issues with respect to gender-equal access to and control over material, human, intellectual, and financial resources at the household, community, and institutional levels.

- **Lack of access to quality health services for women, youth, children, migrants, people living with HIV, and LGBTI persons puts them at significant risk during the pandemic.** Prior to COVID-19, access to quality health care already was a problem for persons in these groups. Two-thirds of women without an education and 55 percent of the poorest women do not have access to health care. The maternal mortality rate is 50 percent more than the regional average (at 107.3 per 100,000 live births). Health risks for Dominican mothers during pregnancy and childbirth are high, and there is limited awareness of sex education and sexual and reproductive rights. For people living with HIV, there are gaps in equitable access to health care and health-related interventions. LGBTI persons experience discrimination when accessing facilities.⁴⁰ Undocumented migrants do not have access to services. Young Haitian women migrants, who face high levels of GBV, are in need of health services, yet they face multiple barriers to getting care.⁴¹ Seventy-seven percent of Venezuelan migrants, most of them women, have no access to health care.⁴² Many young people have limited access to health care. In 2018, 43 percent of the 0–19 population was not covered by any social-security health scheme, and 13 percent of the population under 5 did not have a birth registration.⁴³ Most of these children were from families in the poorest quintile and their mothers had lower education levels.⁴⁴ Since the onset of the COVID pandemic, access has become more difficult. As mentioned, 80.44 percent of the respondents to the Red Actua survey stated that their biggest worry was that a household member would become infected, and half expressed concerns that they would not be able to access medical care. Fifty-seven percent of the respondents who needed healthcare services were not able to access them. Just sixty-eight percent of the respondents knew they could call 911 to get assistance for addressing violence. Only 14 percent knew of the *línea de vida* and less than 1 percent were familiar with the Ministry of Women's helpline -

#*212.⁴⁵ Of the households with LGBTI persons, 45 percent were not able to access regular treatment.⁴⁶

- **Lack of access to quality education and economic opportunities also puts these vulnerable groups at greater risk during the COVID pandemic.** Prior to the COVID pandemic, youth, undocumented migrants, gay and transgender men, and women living with HIV already faced obstacles to education and economic opportunities. A high percentage of youth are not engaged in education, employment, or training: 18 percent of boys and 30 percent of girls.⁴⁷ The 16 percent unemployment rate for 15–24 year olds was almost three times higher than the general population, and young women were two times more likely than young men to be unemployed (9.7 percent for young men and 20 percent for young women).⁴⁸ Young undocumented migrants are not able to access government-provided education services, and without documentation, they face difficulties securing employment.⁴⁹ Gay men and transgender women on average earn approximately \$105.40 per month, which is inadequate as basic family needs are estimated to cost \$254.31.⁵⁰ Women living with HIV have the highest rates of unemployment, making them economically dependent on others.⁵¹ With the disruption of formal education during the pandemic, there is concern that more youth will be unemployable and desertion rates, teenage pregnancies, and GBV will increase.⁵²
- **The COVID pandemic likely will reduce the flow of remittances to the DR.** This reduction in monetary transfers will harm the socioeconomic well-being of all Dominicans, especially among the poorest households: 2.6 million Dominican families depend on overseas remittances.⁵³

Patterns of power and decision-making

Addresses how COVID-19 is exacerbating or improving gender inequalities in power and decision-making with respect to the engagement of women and men. Also considers the inclusion of COVID-specific needs for women and girls, and men and boys in governance mechanisms at the household, community, subnational, and national levels.

- **A woman vulnerable to intimate-partner violence may be deterred from seeking medical help and protection, putting her and her family at risk.** Women have some decision-making authority within households, but they often are not free to exercise their sexual and reproductive health rights.⁵⁴ These constraints make a woman vulnerable to abuse by her partner and may deter her from seeking medical help and protection, which would be particularly detrimental during the pandemic. She also may refrain from seeking those services so she can care for members of her household, as they depend on her as the primary caregiver to prevent and protect them from COVID-19 and care for them should they fall sick.
 - **Women and girls confined during the COVID pandemic have limited decision-making authority within their families and communities.** Focus-group discussions regarding public decision-making and leadership during the Zika outbreak noted that women and girls generally were confined to their homes during the outbreak and that there was a gender-gap in decision-making at the household and community levels. Women and girls had limited authority to make decisions affecting their own lives, as well as the well-being of their families and communities.⁵⁵ It is likely that women and girls confined during the COVID pandemic continue to be limited in terms of their decision-making authority.
 - **Women and marginalized groups' under-representation in public decision-making at the local, provincial, and national levels limits their ability to receive the services and support they need to survive the pandemic.** Women and marginalized persons are under-represented in the public sector despite recent legislation to enforce quotas for electing or appointing women officials and recruiting women into the civil service.⁵⁶ The combination of a woman's limited ability to influence decisions that may impact her and her family, especially at the household and community levels, and the under-representation of women in the public sector hinders access to the services and support needed to survive the pandemic.
-

3. FINDINGS AND RECOMMENDATIONS ON GENDER EQUALITY AND COVID, BY ACTIVITY INTERMEDIATE RESULT

3.1 KEY FINDINGS AND RECOMMENDATIONS, BY ACTIVITY INTERMEDIATE RESULT I

This section provides key findings and recommendations for activity IR I.

TABLE 6. KEY FINDINGS AND RECOMMENDATIONS FOR ACTIVITY INTERMEDIATE RESULT I: IMPROVED PROTECTION OF MIGRANT POPULATIONS, INCLUDING WOMEN AND CHILDREN, AT OFFICIAL BORDER POINTS WITH HAITI

KEY FINDINGS	RECOMMENDATIONS
<ul style="list-style-type: none"> • Migrant populations living along the border of the DR and Haiti are undocumented and have limited access to GODR services to mitigate the impact of the COVID pandemic. NGOs are filling some gaps. Services include food subsidies, PPE and hygiene supplies, health care, and education. • Haitian women, young women, adolescents, and children living in the DR experience high levels of gender and racial discrimination, as well as barriers to accessing gender- and COVID-specific services. Young women in particular are vulnerable to pregnancies. • Most Haitian migrants engage in informal jobs: men work in agriculture and construction, and women labor as domestic workers or vendors or are unemployed. Since the onset of COVID-19, many of these migrants no longer generate income, while others are forced to continue in food supply and domestic work, putting them at risk of infection. Haitian migrant women and girls are one of the groups most vulnerable to COVID-19 in the DR because they are forced to work out of economic necessity, exposing them to labor without social and health protections.⁵⁷ • Many households along the northwestern border of the DR, in the vicinity of Monte Cristi, are devastated economically because of drastic reductions in their incomes. The sluggish economy has harmed fisherfolk, salt harvesters, and small-scale farmers and ranchers. Since the beginning of the pandemic, more than 400 small and medium enterprises have closed.⁵⁸ This region is also susceptible to the impact of climate change, and it has some of the lowest ratings of 	<ul style="list-style-type: none"> • Support NGOs to continue to fill service gaps for undocumented migrants. (WE3) • Continue to promote economic development activities targeting migrant populations. These efforts could include improving access to employment opportunities, resources (such as credit, land, natural resources, and inputs), and technical assistance and training programs focused on business and productive skills. Improve access to childcare services for working women (including by encouraging men to take on more of the care burden) and assist men and women to implement COVID-19 prevention protocols. (WE3) • Deliver life-saving food (essential items) and hygiene assistance (PPE, disinfectants, soap, thermometers, and essential medicines such as fever suppressants) to the most marginalized, at-risk, migrant households. (WE3) Prevention measures should be communicated to the recipients along with how to use the provided items. Develop selection criteria for distributing this support to ensure households led by women or LGBTI persons are not marginalized or subject to safety risks. Create and enforce safeguards to ensure at-risk populations (that is, women, young girls, children, LGBTI persons, and migrants) are protected. Safeguard against the following: <ul style="list-style-type: none"> ○ Abuse of authority on the part of providers (such as favoritism in the selection of recipients or trading favors for goods) by implementing and monitoring an objective and transparent process for distribution. ○ Exposure to COVID-19 and additional demands on labor and time by implementing a distribution process that facilitates easy and safe physical access to the assistance (via PPE, hygiene, and social distancing). ○ Risk of GBV by transparently communicating to all household members the benefits to the family and how the provider will monitor its efforts. Implement

household well-being, which augments many households' vulnerabilities.⁵⁹

a simple and transparent process for monitoring the impact of the assistance.

- Cash transfers can play a critical role in recovery. Unemployed low-income workers need basic income and food distribution, especially in women-headed households. Consider implementing a program of cash transfers to meet the subsistence and health needs of remote and quarantined at-risk migrant households. As women's membership in cooperatives and farmers associations is low, avoid identifying recipients via those networks. Mobile money transfers may be preferred where they are accessible to women, as they keep with social-distancing rules and protect women's privacy (assuming they have access to mobile phones and accounts are in their name). If cash is transferred to women in male-headed households, jointly sensitize women and men on the purpose of transfers (to avoid women being a target of violence), and in selecting households. (WE3)
 - Strengthen communication to communities about assistance programs and how to prevent COVID-19 transmission through social media, radio, and mobile speakers in Spanish and Creole. Promote positive gender roles, such as men and youth participating in transporting water and maintaining personal and household cleanliness. (WE3)
 - Recommendations made under IR 2 also contribute to IR 1:
 - Support communications campaigns, interventions, and messages that promote nonviolent relationships, peaceful resolution of conflicts, understanding of the causes and consequences of racism and violence, healthier gender relations, positive (nonviolent) masculinities, and ways to prevent GBV. (WE3)
 - Support and promote integrated services and improve the capacity of health care professionals to deliver quality services to young women, people living with HIV, LGBTI persons, and migrants.
 - Make free legal assistance more available to undocumented migrants, targeting Haitians and Venezuelans, to assist them with their documentation and legalization. (WE3)
 - Support civil-society organizations that work with women migrants to improve outreach and the delivery of counseling and services to prevent, mitigate, and respond to COVID-19; assist survivors of GBV; and facilitate access to economic assistance (such as emergency food and security kits). (WE3)
-

3.2 KEY FINDINGS AND RECOMMENDATIONS, BY ACTIVITY INTERMEDIATE RESULT 2

This section provides key findings and recommendations for activity IR 2.

TABLE 7. KEY FINDINGS FOR ACTIVITY INTERMEDIATE RESULT 2: PSYCHOSOCIAL SUPPORT AND GUIDANCE PROVIDED TO VULNERABLE POPULATIONS IN THE AREAS OF FAMILY AND GENDER-BASED VIOLENCE, EDUCATION, LEGAL SERVICES, AND DISEASE PREVENTION

KEY FINDINGS	RECOMMENDATIONS
<ul style="list-style-type: none"> The incidence of GBV likely has increased, including among marginalized households due to stay-at-home measures. Heads of household, especially women-led ones, may be unable to generate income and provide for their families, leading to food insecurity and the inability to attend school; apply COVID protection measures; and seek medical advice. Gendered roles related to family life may prevent women and girls from accessing services and place them at risk of GBV. These pressures cause psychosocial problems. GBV survivors are confined at home, thus making it difficult to access services (including legal ones). GBV helplines are underutilized as many people are not aware of these services. Many women choose to ignore GBV and suppress their reaction to it. Men and women accept it as normal behavior.⁶⁰ This response impacts help-seeking. Young people feel the pressure to contribute and are prone to psychosocial problems, making them susceptible to abandoning their studies and putting themselves more at risk of harmful behaviors (such as violence or leaving their homes). People who face gender discrimination and racism (such as women, LGBTI persons, people living with HIV, and Haitian and Venezuelan migrants) find it even more difficult to access services like subsidies, health care, and legal protection. Lack of access to services may have an impact on psychological well-being. At the household level, caregivers, who are primarily women, are unsure about what 	<ul style="list-style-type: none"> Support development of the family helpline and make it accessible to children, adolescents, and their families in the DR. The helpline provides mental-health services for children, adolescents, and adults; advice on how to care for children and adolescents; and risk assessment and referrals for specialized services related to child abuse, domestic violence and other forms of GBV, suicide, and other psychiatric risks. (WE3) Strengthen helpline outreach (such as the family helpline, Línea de Vida, and the Ministry of Women's helpline - #*212) to marginalized populations including the poorest households, LGBTI persons, people living with HIV, and migrant households. Offer services in Spanish and Creole. Work through existing networks, such as those promoted by the United Nations Population Fund, Programa Alerta Joven, and Plan Internacional to promote and facilitate access to helplines. (WE3) Support existing integrated multisectoral survivor-centered referral pathways for GBV survivors (women and children). Train helpline staff to manage calls from GBV survivors (safeguard confidentiality and be sensitive and responsive). (WE3) Establish a mechanism for delivering basic provisions (such as <i>kits de seguridad y alimentación</i>) to families most at risk. This process could function through the family helpline, which could connect families in need of basic supplies with their local providers, such as pharmacies and supermarkets. (WE3) Support communication campaigns, using multiple channels (such as radio, television, and WhatsApp, in Spanish and Creole), to improve awareness about GBV and how it can be prevented and addressed, including within the context of COVID-19. Promote existing helplines (family helpline and the Ministry of Women's helpline, #*212) and services. (WE3) To enhance psychosocial support for LGBTI persons, continue to build the capacity of professionals, such as members of the Dominican Association of Psychology Professors (Asociación Dominicana de Profesionales de la Psicología), about how to understand and treat LGBTI persons, in particular in the COVID context. Widely

COVID preventions they should apply. Some caregivers have difficulty accessing PPE.

distribute the directory of mental-health and other services for the LGBTI population during the pandemic.⁶¹

- Support training programs (such as the National Education Pact Project for teachers to prevent school violence) and include within communications campaigns and interventions messages that promote nonviolent relationships, peaceful resolutions of conflicts, understanding the causes and consequences of violence, healthier gender relations, nonviolent masculinity, and ways to prevent violence against women. (WE3)
- Make free legal assistance more available to undocumented migrants, targeting Haitians and Venezuelans, to assist them with their documentation and legalization. The family helpline can link migrants with services to assist them with obtaining documentation and, if they are documented, enrollment in social-assistance programs. (WE3)
- Support civil-society organizations that work with women migrants to improve outreach and the delivery of counseling and services to prevent, mitigate, and respond to COVID-19; assist victims of GBV; and facilitate access to economic assistance (such as emergency food and security kits). (WE3)
- Work with law enforcement and key actors within the judicial system to improve services to GBV survivors by making them faster, more efficient and effective, and responsive. Support advocacy efforts to enact and implement the comprehensive law for the prevention, care, and punishment of GBV. (WE3)
- Advocate for the inclusion of people living with HIV and LGBTI persons in GODR social-assistance programs (FASE and Quédate en Casa).

3.3 KEY FINDINGS AND RECOMMENDATIONS, BY ACTIVITY INTERMEDIATE RESULT 3

This section provides key findings and recommendations for activity IR 3.

TABLE 8. KEY FINDINGS FOR ACTIVITY INTERMEDIATE RESULT 3: IMPROVED DATA COLLECTION AND ANALYSIS TO SUPPORT THE GOVERNMENT OF THE DOMINICAN COVID-19 RESPONSE

KEY FINDINGS	RECOMMENDATIONS
<ul style="list-style-type: none"> • Much is still unknown about the pandemic's impact on marginalized persons, including infection and mortality rates, and the differentiated effectiveness of prevention and treatment measures (such as by gender, age, ethnicity, and socioeconomic level). The situation is dynamic, rapidly evolving, and difficult to monitor. There is a lack of understanding about the relationships between factors, complicating the design and implementation of COVID-19 responses. For many marginalized persons and households', multiple factors (such as poverty, limited access to resources, GBV, discrimination, racism, and lack of citizenship) intersect to increase vulnerability to COVID. • Several information platforms provide ongoing data, such as the Red Actua Survey, and the observatories de la Zona Fronteriza, Politico Económico, and Igualdad de la Mujer. A network of NGOs implements the Red Actua Survey, which provides information on the well-being of vulnerable households throughout the DR during the pandemic. Some indicators (such as household demographics and access to employment and services) are informative; are disaggregated by social relevant variables (populations), including women, migrants, LGBTI persons, and people living with HIV; and should be monitored to flag problems and understand household dynamics and trends. The observatories were established prior to the pandemic so they do not apply a COVID lens. Sensitive data related to gendered roles and violence are difficult to assess via surveys and the observatories. To improve understanding of these dynamics, it may be necessary to cross-analyze with gender-differentiated health data and economic data supplemented with qualitative studies. • Accessible, credible, and timely evidence is needed to guide investments and enable adaptive management across sectors and levels. 	<ul style="list-style-type: none"> • Continue to support the Red Actua Survey and the observatories de la Zona Fronteriza, Politico Económico, and Igualdad de la Mujer to monitor and evaluate the ongoing impact of COVID on the most-marginalized populations. Disseminate and use the information to improve the response to the pandemic. Engage representatives from key sectors—governments (local and national), NGOs, and the private sector—to use the information to collaborate and define solutions. (WE3)xxx • Use information from the studies to identify gaps that need to be addressed to better understand the differentiated impacts and relationships between factors that affect marginalized groups. This recognition is critical to understanding and improving responses to GBV. Support additional rapid analyses and pilot interventions to improve understanding and define more-effective interventions. (WE3) • Support the GODR to establish a mechanism to target and measure the impact of COVID-19 and its social assistance programs (subsidy cards for the very poor, Quédate en Casa, and FASE) on segments of the population that are most at risk (including women, youth, children, LGBTI persons, people living with HIV, people of Haitian descent, and migrants with limited access to these benefits). (WE3) • Generate additional quantitative and qualitative evidence on violence against children and adolescents; economic impacts at the household level, including remittances; the problems of child marriage and early unions; and exclusion and violence against LGBTI persons, people living with HIV, and migrants. Use this information to improve COVID responses and long-term development programming. (WE3) • Communicate relevant information broadly and to improve understanding of the situation and responses. This approach includes communication and outreach at local levels in the appropriate manner (mode and language). Protect respondents' confidentiality. (WE3)

Institutional coordination, collaboration, and investment is critical. The urgent and dynamic nature of the situation has complicated institutional response. It was challenging for marginalized households to maintain a decent level of well-being prior to the COVID pandemic; it is much more difficult in the current situation.⁶²

3.4 KEY FINDINGS AND RECOMMENDATIONS, BY ACTIVITY INTERMEDIATE RESULT 4

This section provides key findings and recommendations for activity IR 4.

TABLE 9. KEY FINDINGS FOR ACTIVITY INTERMEDIATE RESULT 4: ENHANCED CAPACITY OF THE MINISTRY OF EDUCATION TO RETURN CHILDREN TO SCHOOL

KEY FINDINGS	RECOMMENDATIONS
<ul style="list-style-type: none"> The school year is scheduled to begin in mid-August 2020, and the GoDR has not confirmed whether children will return to school. The Minister of Education has stated that if the rate of COVID infections does not diminish, it is unlikely that schools will open.⁶³ Although little is known about the impact of COVID on school absenteeism or desertion in the DR, anecdotal evidence suggests that participation in online learning is low. The causes are not well understood but are speculated to include poor educational material; lack of teacher or adult support; lack of connectivity, equipment, or technical knowledge; poor home environment; and hunger.⁶⁴ Even if distance and digital learning is accessible, poorer households and girls are often disadvantaged in access to technologies and devices.⁶⁵ Confinement and the inability to spend the day in school places some children and young people in harmful home environments and at risk of violence. Out-of-school youth are at increased risk of engaging in harmful coping mechanisms (such as drugs and alcohol) and are vulnerable to physical and emotional abuse. Women and girls are vulnerable to GBV and many are confined to the home, unable to seek help. Children and youth from food-insecure households are not able to access school feeding programs and go hungry. 	<ul style="list-style-type: none"> Establish an early-warning system for monitoring, identifying, and improving the understanding of children's and adolescents' well-being, especially for young girls, in marginalized households. Consider adapting the Red Actua methodology or process to include indicators of child and adolescent welfare, such as participation in school or other training programs; access to necessities such as food, clothing, and medicine; perception of security and personal well-being; support networks; and health indicators. Engage stakeholders, such as MINERD, to use the information to target, develop, and implement more-effective education and training interventions. (WE3) Assess and monitor the effectiveness of online education in marginalized households. Identify barriers to participation, for girls and boys, and engage with MINERD, NGOs working to improve education for girls, parents, youth, and teachers' associations to develop strategies to overcome them. Pilot and monitor interventions. Scale up effective programs. (WE3) Consider innovative approaches to addressing barriers to online participation. For example, with so many at-risk young people confined to their homes without constructive activities to engage in, they may be able to provide assistance troubleshooting technological problems or tutoring neighbors, either virtually (using apps like WhatsApp) or taking social-distancing precautions. Ensure girls and young women are recruited and trained to strengthen outreach to girls. Collaborate with projects that support youth engagement and employment, such as New Employment and Opportunities for Youth, Alerta Joven, and Sirve Quisqueya Network. (WE3)

-
- With the closure of schools and the introduction of online learning, the United Nations Children’s Fund (UNICEF) and MINERD are concerned the quality of primary education will decline and desertion rates will increase. UNICEF supports MINERD to improve the quality of primary education, which has been low, and secondary school coverage to improve employability and deter early pregnancies and unions.⁶⁶
 - Due to gendered roles, household work (such as cooking, cleaning, and caring for younger siblings and the sick) for girls may increase, limiting their time to study. Due to loss of household income, young girls and boys may shift into paid work and out of education. When schools reopen, limited resources may cause families to prioritize sending boys back rather than girls.
 - School absenteeism and desertion jeopardizes young people’s futures. Youth risk being unemployable, and young women chance adolescent pregnancies and early unions, if they do not continue with their educations. Girls face a heightened risk of early marriage and sexual exploitation. Pregnant girls are less likely to return to schools once they reopen.
 - What happens in the household is confined to the household. Problems become invisible, preventing those who need help from seeking it.
 - Continue school feeding programs and provide meals to children from food-insecure homes for pick up or delivery. Feeding programs should monitor gender equality in household food consumption. (WE3)
 - Consider hybrid education programs. Students could alternate their schedules, studying at school one day and at home the next (the number of students in the school at one time would be reduced, allowing for social distancing).
 - Consider establishing safe spaces in the school during school hours (and in the case of a hybrid program, for students not scheduled to receive instruction) for students who are most at risk, such as adolescent girls. In this space, provide support time, physical activities, enrichment, art and crafts, and free meals. (WE3)
 - Work with MINERD to develop and implement COVID protocols in the schools in preparation for when schools open. Ensure that enough PPE, cleaning, and sanitation materials are in supply.
-

3.5 KEY FINDINGS AND RECOMMENDATIONS, BY ACTIVITY INTERMEDIATE RESULT 5

This section provides key findings and recommendations for activity IR 5.

TABLE 10. KEY FINDINGS FOR ACTIVITY INTERMEDIATE RESULT 5: INCREASE KNOWLEDGE AND PRACTICES OF KEY BEHAVIORS AT THE COMMUNITY LEVEL TO ADDRESS COVID-19; INCREASE PREPAREDNESS, MITIGATION, AND RESPONSE IN THE COMMUNITY AND DISTRICTS TO ADDRESS COVID-19

KEY FINDINGS	RECOMMENDATIONS
<ul style="list-style-type: none"> • An effective nationwide response to COVID-19 is needed urgently. Prevention, mitigation, and response strategies have not focused on reducing the damage for those most at risk, including girls, women, LGBTI persons, people living with HIV, and migrants. GODR leadership and coordination among response agencies needs to be strengthened, especially 	<ul style="list-style-type: none"> • Develop and implement a behavior-change communication campaign promoting individual and household COVID-19 prevention measures, including effective hygiene, handwashing, and social distancing, as well as how to manage stress and seek assistance. Communicate through the most-effective means to reach isolated households and vulnerable groups (youth, women and migrant populations), such as by using social

in communities to improve outcomes at the individual and household levels.

- Municipal governments and communities must respond decisively. But they lack the guidance and support to implement a coordinated multisectoral response that includes effective communications and outreach to citizens, especially those most at risk (including girls, women, LGBTI, people living with HIV, and migrants).
- Women, girls, and other marginalized groups are not represented in decision-making at the local level (in communities and municipalities). Therefore they are unable to influence preparedness, mitigation, and response actions to address their circumstances and needs.
- Institutions (governments and NGOs) find that the most-effective way to encourage citizen participation is through meetings. This more-dynamic form of engagement has been hindered during the COVID pandemic. It is particularly difficult for girls and women to dedicate time to meetings, virtual or in person, given their caregiving burden.⁶⁷
- Individuals and households are not prepared to respond to COVID-19. They lack the information, guidance, and materials needed to protect themselves. It is especially important that women, as primary caregivers, can guide the family to practice good hygiene and social distancing, especially if someone in the house is ill.
- Women and marginalized persons (including youth, LGBTI persons, people living with HIV, and migrants) are not well represented in local leadership and decision-making. This situation results in their inability to influence the inclusion of strategies or interventions that address COVID-19 within the context of their unique circumstances (such as by considering GBV, discrimination, racism, and health and hygiene needs).
- Many isolated and poorer communities and households do not have access to adequate water and sanitation facilities, making it difficult for them to comply with COVID prevention measures. Some households need to transport water from a communal source to their homes, which is often the role of women and youth.

media, radio, television, and communications in Spanish and Creole. Messages should be gender responsive:

- Promote positive gender roles, such as men and youth transporting water from wells to their homes and maintaining personal and household cleanliness. (WE3)
 - Promote positive gender and trans-generational relationships, such as adults assisting one another and youth with managing stress and sharing decision-making. (WE3)
 - Consider the different needs of men and women in hygiene interventions (for example, privacy, sufficient lighting, and safe access for women and girls).
 - Distribute hygiene kits throughout the most-vulnerable communities (poorest, women-headed, and migrant households). Contents should be appropriate for the needs of men, women, girls, and boys.
 - If water or sanitation facilities are not easily accessible, consider helping with the transportation of water. Prioritize these communities for water system and sanitation improvements. (WE3)
 - Under the new president, support measures to ensure that COVID coordination mechanisms engage and address the priorities of women, girls, men, and boys, including marginalized persons.
 - Support municipal governments to develop and implement multisectoral (involving health, education, economic development, and disaster response) COVID-19 prevention, mitigation, and response plans. Build on similar decentralized multisectoral planning models that have been implemented or are in the process of being enacted, such as the Strategy for Land Use Planning (Estrategia de Desarrollo Territorial) and climate change mitigation plans, which establish early-warning systems and address disaster risk reduction. (WE3)
 - Build community associations' capacities to define and implement prevention activities, including mitigation plans, development and communication of prevention messages, and publicizing where to seek assistance. Plans and messages should be gender responsive and targeted to mitigate the impact of COVID-19 on women and girls; define prevention messages tailored to women's and girl's situations and deliver them effectively to all members of the family and community; and facilitate access to a broad range of services available to all members of the community, including women and girls.
 - Decentralized planning and actions must consider the differential circumstances and needs of women, youth, LGBTI persons, people living with HIV, and migrants to
-

<ul style="list-style-type: none"> • Women oversee household cleanliness, so preventing COVID-19 is also their responsibility. Protecting their families from the pandemic adds to their existing time burden.⁶⁸ 	<p>ensure COVID-19 prevention, mitigation, and response measures address the multiple and complex factors these groups face. They must be represented in leadership and decision-making, and encouraged to engage in planning and implementation. Conduct a rapid assessment of their circumstances and needs and engage their representatives in the definition and implementation of solutions. (WE3)</p>
--	---

3.6 RISKS AND ASSUMPTIONS

The following risks and assumptions may affect the implementation of the recommendations.

- The COVID pandemic will exacerbate existing development challenges, such as inability to access resources and services, weak governance and institutional coordination, harmful cultural norms and social behaviors, and barriers to realizing human rights. These existing challenges are relevant and have been considered in this CSGA.
- Where there were information gaps regarding the actual and potential impacts of COVID-19 in the DR, global and regional information from similar scenarios were considered valid in determining what might be the situation in the DR.
- The COVID-19 situation is dynamic, evolving rapidly and in unpredictable ways. The research team assumed that trends noted during the first six months will continue to be relevant and that ongoing research will prove invaluable for furthering understanding of impacts and potential solutions. Because of this uncertainty, however, some early prevention and mitigation measures may not be effective and may even cause harm.
- It is assumed the GODR will continue its current level of COVID-19 response, thus enabling services and some economic activities to function. If the pandemic worsens and the DR is forced to impose stricter stay-at-home measures and further restrict economic activity, it may not be possible to implement some of these recommendations.
- It is also assumed that the change of government will not hamper its ability to function. If the transition slows down or cripples the GODR response, it may hinder the ability of implementing partners to improve government services. For example, UNICEF's education interventions require a collaborative relationship with MINERD.

4. USAID ACTIVITY GENDER ANALYSIS NEXT STEPS

This section is a roadmap for updating the gender analysis. It specifies when (key scenarios) and who will be responsible for changes and what needs to be revised.

TABLE 11. UPDATES TO THE COVID-SPECIFIC GENDER ANALYSIS: KEY SCENARIOS AND RESPONSIBILITIES

SCENARIO	WHAT TO UPDATE	PERSONS RESPONSIBLE FOR UPDATES
Scenario 1: The incidence of COVID-19 does not improve, and the GODR imposes additional restrictions. The provisions make it more difficult to implement communications and outreach activities, stress and other problems may increase within communities and households, and governments may be overburdened and have difficulties delivering services.	<p>Implementing partners (IPs) apply the monitoring, evaluation, and learning (MEL) plan to track the situation. If they encounter difficulty achieving the anticipated results or the activities place beneficiaries at risk, consult with the agreement officer's representative (AOR) to see if and when they need to take the following measures:</p> <ul style="list-style-type: none"> Adapt interventions in response to the more-restrictive environment and ensure harm is avoided. Revise and update implementation and MEL plans. <p>IPs document and share learning related to their abilities to adapt and the interventions' effectiveness.</p>	IP and USAID's AOR
Scenario 2: The incidence of COVID-19 demonstrates a strong downward trend, so the GODR gradually begins to lessen restrictions.	<p>IPs continue activities as planned.</p> <p>The IPs apply MEL to</p> <ul style="list-style-type: none"> track and ensure results are achieved and that safeguards to avoid harm are effective gather lessons-learned and improve understanding of impacts use this information to adaptively manage the program 	IPs
Scenario 3: An effective COVID-19 treatment (such as a vaccine or antiviral) is introduced.	<p>Analyze the feasibility of supporting the GODR with its prevention and treatment campaign to potentially assist in</p> <ul style="list-style-type: none"> prioritizing the most at-risk groups facilitating delivery of services to marginalized 	USAID and IPs

	groups through established communication and outreach mechanisms	
Scenario 4: COVID-19 is treated and contained. The situation returns to normal.	<p>Improve understanding of how to integrate gender considerations into COVID prevention and response activities, and use the information to guide future investments in gender equality and women's empowerment activities. As the situation returns to normal or when the activities end, whichever occurs first, update the CGSA:</p> <ul style="list-style-type: none"> • Measure activity-level progress in implementation of the initial CSGA recommendations. • Assess the impact of the recommendations. (To what extent were the IRs achieved? Did they improve gender equality and women's empowerment and also mitigate harm?) Compare with the original findings and use information from the data platforms supported under IR 3. • Capture lessons learned, including problems with implementation, outcomes, adaptive adjustments, and effective interventions. <p>Update the findings and recommendations to guide future investments in gender equality and women's empowerment.</p>	USAID and IPs

ANNEX A: ACRONYMS

ADS	Automated Directives System
AOR	Agreement officer's representative
CDCS	Country Development Cooperation Strategy
CGSA	COVID-specific gender analysis
COVID-19	Coronavirus disease of 2019
DR	Dominican Republic
ENHOGAR MICS	Encuesta Nacional de Hogares de Propósitos Múltiples: Multiple Indicator Cluster Survey
FASE	Fondo de Asistencia Solidaria al Empleado (Social Assistance to the Employee Program)
GBV	Gender-based violence
GenDev	Office of Gender Equality and Women's Empowerment
GODR	Government of the Dominican Republic
IP	Implementing partner
IR	Intermedia result
LAC	Latin America and the Caribbean
LGBTI	Lesbian, gay, bisexual, transgender, transsexual, and intersex
MEL	Monitoring, evaluation and learning
MINERD	Ministry of Education
NGO	Non-governmental organization
OIM	International Organization for Migration
OECD	Organization for Economic Co-operation and Development
ONUSIDA	Joint United Nations Program on HIV/AIDS (UNAIDS)
PAD	Project appraisal document
PPE	Personal protective equipment
SOW	Scope of work
STI	Sexually transmitted disease
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WE3	Women's economic empowerment and equality

ANNEX B: SCOPE OF WORK

I. PURPOSE

Under the Gender Integration Technical Assistance II Task Order, Banyan Global will carry out a COVID-specific activity-level gender analysis to analyze and identify opportunities for the United States Agency of International Development (USAID)/Dominican Republic to ensure that the Preventing and Responding to COVID-19 in the Dominican Republic Activity integrates gender equality and women's empowerment, and also does no harm.

2. BACKGROUND

Since the outbreak of COVID-19, the U.S. government has committed more than \$900 million in State Department and USAID emergency health, humanitarian, economic, and development assistance to 120 countries aimed at helping governments, international organizations, and non-governmental organizations (NGOs) fight the pandemic.⁶⁹

As of May 1, 2020, USAID-pledged assistance in the global fight against COVID-19 has included \$99 million in emergency health assistance from its Global Health Emergency Reserve Fund for Contagious Infectious-Disease Outbreaks; \$100 million in Global Health Programs account funds; nearly \$300 million in humanitarian assistance from USAID's International Disaster Assistance account; and almost \$153 million from the Economic Support Fund, which will help governments and NGOs in more than 100 countries. As part of the response, USAID's assistance is supporting rapid public-health information campaigns; water, sanitation, and hygiene activities; and infection prevention and control, including cleaning and disinfection protocols, educating staff on personal protective equipment use, establishing isolation areas, and implementing triage mechanisms. USAID assistance also is working to mitigate and respond to the social, economic, and governance-related impacts, including through assistance for families and small- and medium-sized businesses, support for free media and civil society, emergency services for survivors of gender-based violence (GBV), and support for distance learning.⁷⁰

The purpose of this activity is to mitigate and address the second-order economic, civilian-security, stabilization, and governance impacts of COVID-19 and to prevent development backsliding. These funds will address critical needs in the areas of social protection; child protection and psychosocial support; education; dissemination of prevention messages; and food security in vulnerable communities to include persons with disabilities, people living with HIV, women, children, Dominicans of Haitian descent, and Haitians and Venezuelan migrants.

3. OBJECTIVES AND PURPOSE

3.1 Objective and Purpose

Banyan Global will analyze and propose recommendations for USAID/DR to ensure that the Preventing and Responding to COVID-19 in the Dominican Republic Activity integrates gender equality and women's empowerment, and also does no harm. To those ends, the COVID-19 gender analysis will perform the following tasks:

- Identify gender-related COVID-19 advances, gaps, and opportunities pertaining to the activity's intermediate results (IRs), with an eye toward GBV risk; women's economic empowerment; inclusion of the lesbian, gay, bisexual, transgender, transsexual, and intersex (LGBTI) communities; youth; and other marginalized populations as priority crosscutting themes across all IRs.
- Address the priorities and needs of the following key populations: persons with disabilities, people living with HIV, LGBTI persons, women, children, Dominicans of Haitian descent, and Haitians and Venezuelan migrants.

ACTIVITY	CROSSCUTTING THEMES	KEY POPULATIONS
IR 1: Improved protection of migrant populations, including women and children, at official border points with Haiti. IR 2: Psychosocial support and guidance provided to vulnerable populations in the areas of family and GBV, education, legal services, and disease prevention. IR 3: Improved data collection and analysis to support the government of the Dominican Republic's COVID-19 response. IR 4: Enhanced capacity of the Ministry of Education to prepare children to return to school. IR 5: Increase knowledge and practices of key behaviors at the community level to address COVID-19; increase preparedness, mitigation, and responses in communities and districts to confront COVID-19.	GBV risk Women's economic empowerment Protection of migrant populations Social support to vulnerable groups (defined in the key populations column)	Women, men, youth 10–29 LGBTI persons Migrants (Venezuelan and Haitian) Dominicans of Haitian descent People living with HIV

4. METHODOLOGY

The COVID-specific gender analysis will include the following deliverables:

- in-briefing with USAID/DR
- draft COVID-specific activity gender analysis report
- workshop with mission staff to validate the draft COVID-specific activity gender analysis report (if time constrained, the mission may elect to forgo this activity and simply provide written feedback on the draft report instead)
- final COVID-specific activity gender analysis report, which incorporates the discussion in the validation workshop and written feedback on the draft report

This section provides more-detailed information on each deliverable.

1. In-briefing with USAID/DR: On the first day of the assignment, the Banyan Global research team will hold an in-briefing with the mission⁷¹

- to ensure agreement on the scope of work (SOW) and methodology for secondary data collection and analysis
- to review the structure and presentation of findings and recommendations in the COVID-19 gender analysis report

2. Draft COVID-specific gender analysis: The preparation of the draft COVID-specific gender analysis report will include an examination and interpretation of secondary data. This deliverable will be in line with USAID's global gender and social-inclusion strategies, policies, and regulations including

- The Automated Directives System (ADS) 201 and 205 (2019 and 2017 respectively)
- The 2012 Gender Equality and Female Empowerment Policy (2012)
- U.S. Strategy to Prevent and Respond to Gender-Based Violence Globally (2016)
- USAID Vision for Ending Child Marriage and Meeting the Needs of Married Children (2012)
- USAID Policy Framework (2019)
- U.S. government's 2018 Women's Entrepreneurship and Economic Empowerment Act
- U.S. Strategy to Empower Adolescent Girls (March 2016)
- Counter-Trafficking in Persons Policy (2012)
- USAID's Youth in Development Policy (2012)
- USAID Disability Policy Paper (1997)
- Advancing Disability-Inclusive Development
- LGBTI Vision for Action (2014)
- USAID Policy on Non-Discrimination (2011)
- Equal Employment Opportunity, Diversity, and Inclusion (2011)
- Presidential Memorandum on International Initiatives to Advance the Human Rights of LGBT Persons (2011)
- USAID and State COVID-19 Response Strategy Framework

- [USAID Policy on Promoting the Rights of Indigenous Peoples \(2020\)](#)
- [U.S. Government Action Plan on Children in Adversity A Framework for International Assistance: 2012–2017 \(2012\)](#)

The review of secondary data also will include an assessment of pertinent mission and activity-level reports or documentation, which the mission will make available. Documents may include

- Previous mission country development cooperation strategy (CDCS) gender analyses and assessments
- The mission’s current CDCS
- The mission’s current strategic results framework for the new CDCS
- Project appraisal documents (PADs) (and gender analyses) for the sector or area to which the activity pertains
- Activity gender and social-inclusion analysis and strategy
- Activity monitoring, evaluation, and learning (MEL) plan
- Activity 2019 annual report

The research team will gather, analyze, and interpret other reports and data related to the sector, activity, and COVID-19. These may include

- Studies, analyses, and assessments concerning gender equality conducted by donors, NGOs, national governments, regional organizations, and the academic community
- National statistics from the Demographic and Health Survey, the United Nations Development Programme’s Human Development Index reports, and the World Economic Forum’s Global Gender Gap Index
- Recent literature that addresses gender equality and women’s empowerment issues related to the activity and COVID-19

To support gathering secondary data, Banyan Global will create a Google Drive folder for the gender analysis to serve as a central repository for all key secondary documents and data for use by the USAID mission and research team.

An international consultant will analyze and interpret the secondary data in the initial draft of the report, and then a national gender expert will review and provide feedback on the report, which the international consultant will incorporate. The report will present sector-level COVID-19 findings on gender equality and women’s empowerment by the USAID ADS 205 domains, followed by findings and recommendations by activity IR, as defined in the SOW for each gender analysis (see Section 5.2 for more details on the report structure). The recommendations may include possible alternative or additional indicators to measure the progress against the activity’s IRs.

3. **Validation workshop—Draft COVID-specific gender analysis report:** The research team will submit a draft COVID-specific gender analysis report to the mission. The mission will have the option of participating in a one to two hour session to discuss and validate the findings and recommendations or just provide written feedback on the draft report. Both options will include building a consensus on how and when the mission will need to update the gender analysis based on country-level changes related to COVID and the country's phase of reopening.
4. **Final COVID-specific gender analysis report:** The research team will finalize the report by incorporating written feedback and discussions from the workshop into the draft.

Banyan Global's home-office technical staff will provide technical guidance to the research team to ensure all deliverables meet USAID's and internal Banyan Global quality standards.

5. DELIVERABLES AND GUIDELINES

5.1 Key Deliverables

The associated work will include the deliverables in the following table.

DELIVERABLE	CONTENT	PERIOD OF IMPLEMENTATION
In-briefing with USAID/DR mission staff	Inbriefing with designated mission staff to discuss the purpose of the COVID-specific gender analysis and the proposed research questions, methodology, and structure of the findings and recommendations	July 20, 2020
Draft COVID-specific gender analysis report	Research and prepare a draft COVID-specific gender analysis report, including national consultant's (virtual) review	July 20–August 3, 2020
Validation workshop for the draft COVID-specific gender analysis report	Workshop (one to two hours) with relevant mission staff to validate COVID-specific gender analysis report's findings and recommendations and to come to a consensus on next steps to update the analysis (at different stages of country's reopening)	August 6, 2020
Final COVID-Specific gender analysis report	Final gender analysis report that incorporates feedback from the validation workshop and that was otherwise provided on the draft report	August 12, 2020

5.2 Reporting Guidelines

The gender analysis report (25 pages excluding executive summary, table of contents, acronyms, and annexes) should follow this format and be submitted electronically in Microsoft Word and PDF versions:

- I. Executive summary (two pages)

2. Table of contents (one page)
3. Introduction (one page)
4. COVID-19 country context at the sector level, by ADS 205 gender analysis domain (two pages)
5. Findings and recommendations on gender equality regarding COVID-19 (up to 15 pages, 10 pages recommended)
6. USAID/DR *Preventing and Responding to COVID-19 in Dominican Republic Activity*—Next steps on updating the gender analysis (two pages)
7. Annexes
 - Acronyms (one page)
 - Gender analysis SOW
 - Methodology (0.5 pages)
 - List of key documents

The recommendations in section 5 will point to linkages with women’s economic empowerment and equality (using a **WE3** tag).

6. TEAM COMPOSITION

6.1 Team Leader (International)

This position seeks an international consultant with core experience working with and knowledge of USAID programs. This person must be an experienced social scientist with expert knowledge in conducting gender analyses, with preference given for relevant experience in DR. Other qualifications include

- Minimum of 10 years of experience in research, policy formulation, and program design in gender or social inclusion
- At least six years of experience carrying out gender analyses—including a focus on GBV risk assessment
- Familiarity with USAID strategic planning and program management strongly desired
- Excellent English-language speaking and writing skills
- Exceptional interpersonal and intercultural skills
- Excellent leadership skills
- Expertise in one or more of the priority gender analysis IRs

- Full professional fluency in Spanish
- Master's degree in sociology, anthropology, economics, or a relevant social science
- Experience with other donors highly desirable
- U.S. nationality

6.2 National Gender Expert (one)

The team must include one national gender expert with complementary skills to the team lead and core experience conducting evidence-based research on gender issues in DR. Qualifications include

- Minimum five years of experience in conducting evidence-based research and expert knowledge on gender and women's economic empowerment issues in DR
- Expertise in one or more of the activity's priority sectors
- In-depth knowledge of the government of the DR's gender-mainstreaming programs, development partner engagement in the gender space, and a sound working relationship with relevant national government ministries
- Excellent writing skills in native language
- English language writing fluency required

7. ANALYSIS MANAGEMENT

7.1 Scheduling

The expected period of performance will be approximately three weeks for an activity-level COVID-specific gender analysis, with one week of preparation required prior to beginning.

This work order includes a six-day work week. Level of effort and salaries are calculated on that basis.

7.2 Budget

The total estimated cost of this analysis is \$58,315, subject to the availability of funds. USAID's Office of Gender Equality and Women's Empowerment (GenDev) is fully funding this analysis.

7.3 Submission to the Development Experience Clearinghouse

The final approved report must be a public document, unless otherwise specified, to be submitted to the Development Experience Clearinghouse (dec.org) following the required GenDev. The contractor must make the final report publicly available through the clearinghouse within 30 calendar days of final approval of the formatted report.

7.4 TASK ORDER PACKAGING AND MARKING

Task order packaging and marking shall be performed in accordance with Section D of Gender Integration Technical Assistance II Task Order: 47QRAA18D00CM.

7.5 BRANDING AND MARKING

The contractor shall comply with the requirements of the policy directives. Required marking shall comply with USAID's Graphic Standards Manual, available at [usaid.gov/branding](https://www.usaid.gov/branding), or any successor branding policy.

7.6 WORK ORDER PREPARATION

The mission agrees to the following commitments to facilitate the research and preparation of the COVID-specific gender analysis report.

COMMITMENT	DUE DATE
Mission to designate at least two staff to coordinate with the research team on the analysis	One week before research begins
Mission to propose three national gender consultants	One week before research begins
Mission to hold a remote in-briefing with the research team	First day of work (select date three days before work start date)
Mission to schedule the validation workshop	Select date three days before work start date
Mission to upload all resource documents to a secured Google Drive, including <ul style="list-style-type: none">the mission's current or previous CDCSprevious CDCS gender analyses and assessmentsthe mission's current draft strategic results frameworkactivity-level gender and social-inclusion analyses and strategy, MEL plan, and annual and quarterly reportsPAD-level gender analysis corresponding to the activityany current COVID-sector analyses, in particular at the national and subnational levels	Three days before work start date

ANNEX C: METHODOLOGY

The COVID-specific gender analysis included the following key deliverables:

- in-briefing with the United States Agency of International Development (USAID)/Dominican Republic
- draft COVID-specific activity gender analysis report
- validation workshop with mission staff to confirm the draft COVID-specific activity gender analysis report
- final COVID-specific activity gender analysis report, which incorporates the discussion from the validation workshop and written feedback on the draft

This section provides more-detailed information on the methodology used for each deliverable.

1. In-briefing with USAID/Dominican Republic: On the first day of the assignment, the research team held an in-briefing with mission staff

- to ensure agreement on the scope of work and methodology for secondary data collection and analysis
- to review the structure and presentation of findings and recommendations in the COVID-19 gender analysis report

2. Draft COVID-specific gender analysis: The preparation of the draft COVID-specific gender analysis report included an examination and interpretation of secondary data. It was in line with USAID's global gender and social inclusion strategies, policies, and regulations including

- [the Automated Directives System \(ADS\) 201 \(2020\)](#)
- [ADS 205 \(2017\)](#)
- [the 2012 Gender Equality and Female Empowerment Policy \(2012\)](#)
- [U.S. Strategy to Prevent and Respond to Gender-Based Violence Globally \(2016\)](#)
- [USAID Vision for Ending Child Marriage and Meeting the Needs of Married Children \(2012\)](#)
- [USAID Policy Framework \(2019\)](#)
- [U.S. government's 2018 Women's Entrepreneurship and Economic Empowerment Act](#)
- [U.S. Strategy to Empower Adolescent Girls \(March 2016\)](#)
- [Counter-Trafficking in Persons Policy \(2012\)](#)
- [USAID's Youth in Development Policy \(2012\)](#)
- [USAID Disability Policy Paper \(1997\)](#)
- [Advancing Disability-Inclusive Development](#)
- [LGBTI Vision for Action \(2014\)](#)
- [USAID Policy on Non-Discrimination \(2011\)](#)
- [Equal Employment Opportunity, Diversity and Inclusion \(2011\)](#)
- [Presidential Memorandum on International Initiatives to Advance the Human Rights of LGBT Persons \(2011\)](#)
- [USAID and State COVID-19 Response Strategy Framework \(2020\)](#)
- [USAID Policy on Promoting the Rights of Indigenous Peoples \(2020\)](#)
- [United States Government Action Plan on Children in Adversity A Framework for International Assistance: 2012–2017 \(2012\)](#)

- Feed the Future. “Global Food Security Strategy Technical Guidance Advancing Gender Equality and Female Empowerment (2017)

The review of secondary data also included an assessment of mission or activity-level reports or documentation, including

- USAID/Dominican Republic Country Development Cooperation Strategy (CDCS) Gender Analysis/Assessment
- USAID/Dominican Republic CDCS
- USAID/Dominican Republic strategic results framework
- USAID/Dominican Republic Project Appraisal Document (and gender analysis) for the sector and area to which the activity pertains
- activity gender and social-inclusion analysis and strategy
- activity monitoring, evaluation, and learning plan
- activity 2019 annual report

The research team gathered, analyzed, and interpreted other reports and data related to the sector, activity, and COVID-19, including

- studies, analyses, and assessments concerning gender equality conducted by donors, non-governmental organizations, national governments, regional organizations, and the academic community
- national statistics from the Demographic and Health Survey, the United Nations Development Programme’s Human Development Index reports, and the World Economic Forum’s Global Gender Gap Index
- recent literature that addresses gender equality and women’s empowerment issues related to activity and COVID-19

3. **Validation workshop—Draft COVID-specific gender analysis report:** The mission held a workshop to discuss and validate the findings and recommendations. The mission also built consensus on how and when it will need to update the gender analysis based on country-level changes related to COVID and the country’s phase of reopening.
4. **Final COVID-specific gender analysis report:** The research team finalized the report by incorporating written feedback and discussions from the workshop with the mission staff.

ANNEX D: REFERENCE LIST

Banco Central República Dominicana. 2010. *Costo Canasta Familiar por Quintiles y Nacional, 2011–2020*, Banco Central de la República Dominicana. Enlace: ([Link](#))

Banco Central de la República Dominicana. 2020. *Encuesta Nacional Continua de Fuerza de Trabajo*. <https://www.bancentral.gov.do/a/d/2541-encuesta-continua-encft. July 2020>.

COVID-19 Respuesta. 2020. *Red Actua COVID-19: Valoracion y Monitoreo Continuo del Impacto Socioeconómico en Hogares Dashboard*. ([Link](#))

Doctors of the World and Oxfam. 2017. *Dominican Republic Gender Analysis: A Study of the Impact of the Zika Virus on Women, Girls, Boys and Men*. Oxfam GB.

Gabinete de Coordinación de Políticas Sociales. 2018. *Diagnóstico de Situación del Embarazo en Adolescentes en República Dominicana*. Gabinete de Coordinación de Políticas Sociales. Santo Domingo, República Dominicana.

Gallup-Hoy. 2018. “Todos los Resultados de la Primera Encuesta Gallup- HOY del 2018.” ([Link](#))

Global Health Data Exchange. ENHOGAR MICS. “Dominican Republic Multiple Indicator Cluster Survey 2014.” 2014. ([Link](#))

International Organization for Migration Dominican Republic. 2020. *Realidades y Desafíos de la Población Migrante en República Dominicana en el Contexto de las Medidas Frente al COVID-19*. ([Link](#))

Joint United Nations Program on HIV/AIDS Dominican Republic. 2020. *Informe Sobre el Impacto de la Pandemia Covid-19 en las Personas LGBTI en la República Dominicana*. ([Link](#))

Listin Diaro. 2020. *Educación Afirma Inicio del Año Escolar Dependerá la Evolución de COVID-19*. ([Link](#))

Malala Fund. 2020. *In the Poorest Countries, Women Were One Third Less likely to Use the Internet than Men, (Malala Fund, Girls’ Education and COVID: What Past Shocks Can Teach Us About Mitigating the Impact of Pandemics)*.

Marques-Garcia Ozemela, Luana. 2019. *Desigualdades de Género en República Dominicana 2018–2020*. Banco Interamericano de Desarrollo. ([Link](#))

Ministerio de Economía, Planificación y Desarrollo (MEPyD). 2020. *El Observatorio de la Zona Fronteriza*. ([Link](#))

Ministerio de la Mujer and el Observatorio de Igualdad de la Mujer. 2020. *Resumen de Datos Estadísticos en Periodo de Cuarentena*. Dominican Republic. ([Link](#))

Ministerio de Salud Pública. *Enfermedad por Coronavirus 2019 (COVID-19) (U07)*. 2020. Boletín Especial #127. ([Link](#))

Observatorio Politico Economico. 2020. *Violencia de Genero y Feminicidios en Tiempos de COVID-19 en la Republica Dominicana*. Santo Domingo, Dominican Republic.

Oficina Nacional de Estadisticas (ONE). 2019. *Informe de Resultados de la Encuesta Experimental sobre la Situación de las Mujeres (ENESIM-2018)*. Santo Domingo, Dominican Republic. ([Link](#))

Organization for Economic Co-operation and Development. 2020. *SIGI 2020 Regional Report for Latin America and the Caribbean*, Social Institutions and Gender Index, OECD Publishing, Paris. ([Link](#))

Our World in Data. 2020. Coronavirus (COVID-19) ([Link](#))

Procuraduría General de la República. 2020. Portal de Transparencia. ([Link](#))

Robyn Dayton, Betty Alvarez, Giuliana J. Morales, Josefina Rojas Almonte, Monica Faccini, Bayardo Gomes, R. Cameron Wolf & Rose Wilcher. 2020. *Assessing an Inclusive Model to Increase Access to Comprehensive Gender-Based Violence Response Services and Improve HIV outcomes in Puerto Plata, Dominican Republic, Culture, Health & Sexuality*, 22:9, 1001–1017.

Tineo Durán, Jeannette. 2014. *Imaginarios de Género en Juventudes Dominicanas: Aportes para el Debate desde la Colonialidad del Poder*. Instituto Tecnológico de Santo Domingo. Santo Domingo, República Dominicana.

United Nations Children’s Fund Dominican Republic. 2019. *El Matrimonio Infantil y las Uniones Tempranas: Estudio de Conocimientos, Actitudes y Prácticas en seis Municipios de la República Dominicana*. Santo Domingo, Dominican Republic.

United Nations Development Program Dominican Republic. 2020. *Directorio de Servicios de Salud Para Personas LGBTI en el Marco del COVID 19*. ([Link](#))

United Nations High Commission for Refugees Dominican Republic. 2020. *Protection & Solutions Strategy for UNHCR’s Population of Concern: COVID-19 Health Emergency*. Santo Domingo.

United States Agency for Development/Dominican Republic. 2020. *Dominican Republic Cross-Sectoral Youth Assessment Desk Review Report*.

United States Agency for Development/Dominican Republic. 2020. *Gender and Inclusive Development Analysis (GIDA) Dominican Republic*.

The World Bank. 2020. *Closing Gender Gaps in Latin America and the Caribbean*. Washington, DC. ([Link](#))

ANNEX E: LIST OF KEY STAKEHOLDERS CONSULTED

The research team conducted telephone interviews with three United States Agency of International Development implementing partners: the United Nations Children’s Fund (UNICEF), Fundación REDDOM (Rural Economic Development Dominicana), and Counterpart International. The interviews improved the consultant’s understanding of the proposed activities, COVID-related gender issues, and potential solutions. The questions used to guide the interview were the following:

- What are the primary gender-related issues (such as barriers and opportunities) your project had been addressing prior to the COVID-19 pandemic? How were you addressing them?
- Have these issues changed since the onset of the pandemic? How?
- Have new issues emerged? Please describe them briefly.
- What suggestions do you have for addressing them?

The following individuals participated in the interviews:

Fundación REDDOM

- Jesús Santos, executive vice president
- Pilar Ramírez, executive director
- Josefina Espaillat, development fund coordinator
- Jeffery Pérez, value chain specialist

Counterpart International

- Marlig Desirée Pérez, director for strategic alliances and chief of party for the Integrated Marine System Management in Northern Hispaniola project
- Frederich Payton, executive director for AgroFrontera

UNICEF

- Eduardo Gallardo, representante adjunto UNICEF
- Felipe Diaz Soto, oficial monitoreo y evaluación y punto focal de género

-
- ¹ Listin Diaro. 2020. *Educación Afirma Inicio del Año Escolar Dependerá la Evolución de COVID-19*. ([Link](#))
- ² Interview with UNICEF in the Dominican Republic, July 24, 2020.
- ³ Interview with REDDOM, July 27, 2020.
- ⁴ Ministerio de Salud Pública. Enfermedad por Coronavirus 2019 (COVID-19) (U07). Boletín Especial #141. August 6, 2020. ([Link](#))
- ⁵ Our World in Data. 2020. *Coronavirus (COVID-19)*. ([Link](#))
- ⁶ Ministerio de Salud Pública. Enfermedad por Coronavirus 2019 (COVID-19) (U07). Boletín Especial #127. July 23, 2020. ([Link](#))
- ⁷ United States Agency for International Development. *Gender Equality and Female Empowerment Policy (ADS 205)*. Retrieved at <https://www.usaid.gov/policy/gender-female-empowerment>. 2012.
- ⁸ United States Agency for Development Dominican Republic. April 2020. *Gender and Inclusive Development Analysis (GIDA) Dominican Republic*.
- ⁹ United States Agency for Development Dominican Republic. April 2020. *Gender and Inclusive Development Analysis (GIDA) Dominican Republic*.
- ¹⁰ Gender-based violence is defined broadly in the criminal code to include any violent action or behavior, public or private, against a women based on gender that causes physical, sexual, or psychological pain or suffering through the application of physical force or other forms of violence including psychological, verbal, intimidation, or prosecution. Claims are classified by gender-based violence and domestic violence (violence that happens in the home) but are not classified into specific categories such as intimate partner violence or violence against children.
- ¹¹ Procuraduría General de la Republica. July 29, 2020. Portal de Transparencia. ([Link](#))
- ¹² Oficina Nacional de Estadísticas (ONE). 2019. *Informe de Resultados de la Encuesta Experimental sobre la Situación de las Mujeres (ENESIM-2018)*. Santo Domingo, Dominican Republic. ([Link](#))
- ¹³ Observatorio Politico Economico. April 2020. *Violencia de Genero y Feminicidios en Tiempos de COVID-19 en la Republica Dominicana*. Santo Domingo, Dominican Republic..
- ¹⁴ These are shelters, run by the GODR, that temporarily protect and house women and their children under 14 years of age who are in danger of being victims of femicide or psychological, sexual, and physical aggression from their abuser. Currently, three shelters operate in the Dominican Republic.
- ¹⁵ Ministerio de la Mujer and el Observatorio de Igualdad de la Mujer. June 2020. *Resumen de Datos Estadísticos en Periodo de Cuarentena*. Dominican Republic. ([Link](#))
- ¹⁶ Organization for Economic Co-operation and Development. 2020. *SIGI 2020 Regional Report for Latin America and the Caribbean*, Social Institutions and Gender Index, OECD Publishing, Paris. ([Link](#))
- ¹⁷ COVID-19 Respuesta. July 2020. Red Actua COVID-19: Valoracion y Monitoreo Continuo del Impacto Socioeconómico en Hogares Dashboard. ([Link](#))
- ¹⁸ United States Agency for Development Dominican Republic. April 2020. *Gender and Inclusive Development Analysis (GIDA) Dominican Republic*..
- ¹⁹ United States Agency for Development Dominican Republic. April 2020. *Gender and Inclusive Development Analysis (GIDA) Dominican Republic*.
- ²⁰ United Nations High Commission for Refugees Dominican Republic. March 2020. *Protection & Solutions Strategy for UNHCR's Population of Concern: COVID-19 Health Emergency*. Santo Domingo.
- ²¹ United States Agency for Development Dominican Republic. July 2020. *Dominican Republic Cross-Sectoral Youth Assessment Desk Review Report*.
- ²² Gallup-Hoy. "Todos los Resultados de la Primera Encuesta Gallup- HOY del 2018" March 26 2018. ([Link](#))
- ²³ United States Agency for Development Dominican Republic. April 2020. *Gender and Inclusive Development Analysis (GIDA) Dominican Republic*.
- ²⁴ United States Agency for Development Dominican Republic. April 2020. *Gender and Inclusive Development Analysis (GIDA) Dominican Republic*.
- ²⁵ The World Bank. 2020. *Closing Gender Gaps in Latin America and the Caribbean*. Washington, DC. ([Link](#))

²⁶ United States Agency for Development Dominican Republic. April 2020. *Gender and Inclusive Development Analysis (GIDA) Dominican Republic*.

²⁷ Gabinete de Coordinación de Políticas Sociales. *Diagnóstico de Situación del Embarazo en Adolescentes en República Dominicana. 2018*. Gabinete de Coordinación de Políticas Sociales. Santo Domingo, República Dominicana..

²⁸ United Nations Children's Fund Dominican Republic. August 2019. *El Matrimonio Infantil y las Uniones Tempranas: Estudio de Conocimientos, Actitudes y Prácticas en Seis Municipios de la República Dominicana*. Santo Domingo, Dominican Republic.

²⁹ United States Agency for Development Dominican Republic. April 2020. *Gender and Inclusive Development Analysis (GIDA) Dominican Republic*..

³⁰ Banco Central de la República Dominicana. July 2020. "Encuesta Nacional Continua de Fuerza de Trabajo". <https://www.bancentral.gov.do/a/d/2541-encuesta-continua-encft>.

³¹ Oficina Nacional de Estadísticas (ONE). June 2019. *Informe de Resultados de la Encuesta Experimental sobre la Situación de las Mujeres (ENESIM-2018)*. Santo Domingo, Dominican Republic. ([Link](#))

³² COVID-19 Respuesta. Red Actua COVID-19: Valoración y Monitoreo Continuo del Impacto Socioeconómico en Hogares Dashboard. ([Link](#))

³³ United States Agency for Development Dominican Republic. July 2020. *Dominican Republic Cross-Sectoral Youth Assessment Desk Review Report*.

³⁴ The World Bank. 2020. *Closing Gender Gaps in Latin America and the Caribbean*. Washington, DC. ([Link](#))

³⁵ United States Agency for Development Dominican Republic. April 2020. *Gender and Inclusive Development Analysis (GIDA) Dominican Republic*..

³⁶ Organization for Economic Co-operation and Development. 2020. *SIGI 2020 Regional Report for Latin America and the Caribbean*, Social Institutions and Gender Index, OECD Publishing, Paris. ([Link](#))

³⁷ United States Agency for Development Dominican Republic. July 2020. *Dominican Republic Cross-Sectoral Youth Assessment Desk Review Report*.

³⁸ United Nations High Commission for Refugees Dominican Republic. 2020. *Protection & Solutions Strategy for UNHCR's Population of Concern. COVID-19 Health Emergency*. Santo Domingo.

³⁹ International Organization of Migration Dominican Republic. April 2020. *Realidades y Desafíos de la Población Migrante en República Dominicana en el Contexto de las Medidas Frente al COVID-19*. ([Link](#))

⁴⁰ United States Agency for Development Dominican Republic. April 2020. *Gender and Inclusive Development Analysis (GIDA) Dominican Republic*.

⁴¹ United States Agency for Development Dominican Republic. July 2020. *Dominican Republic Cross-Sectoral Youth Assessment Desk Review Report*.

⁴² International Organization of Migration Dominican Republic. April 2020. *Realidades y Desafíos de la Población Migrante en República Dominicana en el Contexto de las Medidas Frente al COVID-19*. ([Link](#))

⁴³ Global Health Data Exchange. ENHOGAR MICS. 2014. "Dominican Republic Multiple Indicator Cluster Survey 2014." ([Link](#))

⁴⁴ United States Agency for Development Dominican Republic. April 2020. *Gender and Inclusive Development Analysis (GIDA) Dominican Republic*.

⁴⁵ COVID-19 Respuesta. July 2020. Red Actua COVID-19: Valoración y Monitoreo Continuo del Impacto Socioeconómico en Hogares Dashboard. ([Link](#))

⁴⁶ Joint United Nations Program on HIV/AIDS Dominican Republic. 2020. *Informe Sobre el Impacto de la Pandemia Covid-19 en las Personas LGBTI en la República Dominicana*. ([Link](#))

⁴⁷ The World Bank. 2020. *Closing Gender Gaps in Latin America and the Caribbean*. Washington, DC. ([Link](#))

⁴⁸ United States Agency for Development Dominican Republic. July 2020. *Dominican Republic Cross-Sectoral Youth Assessment Desk Review Report*.

⁴⁹ United States Agency for Development Dominican Republic. July 2020. *Dominican Republic Cross-Sectoral Youth Assessment Desk Review Report*.

-
- ⁵⁰ Banco Central República Dominicana. Costo Canasta Familiar por Quintiles y Nacional, 2011–2020, Banco Central de la República Dominicana. Enlace: ([Link](#))
- ⁵¹ I Banco Central República Dominicana. Costo Canasta Familiar por Quintiles y Nacional, 2011–2020, Banco Central de la República Dominicana. Enlace: ([Link](#))
- ⁵² United Nations Children’s Fund Dominican Republic. Interview with Eduardo and Felipe. July 2020.
- ⁵³ International Organization for Migration Dominican Republic. 2020. *Realidades y Desafíos de la Población Migrante en República Dominicana en el Contexto de las Medidas Frente al COVID-19*. ([Link](#))
- ⁵⁴ Doctors of the World and Oxfam. 2017. *Dominican Republic Gender Analysis: A Study of the Impact of the Zika Virus on Women, Girls, Boys and Men*. Oxfam GB.
- ⁵⁵ Doctors of the World and Oxfam. 2017. *Dominican Republic Gender Analysis: A Study of the Impact of the Zika Virus on Women, Girls, Boys and Men*. Oxfam GB.
- ⁵⁶ Marques-Garcia Ozemela, Luana. June 2019. *Desigualdades de Género en República Dominicana 2018–2020*. Banco Interamericano de Desarrollo. ([Link](#))
- ⁵⁷ International Organization for Migration Dominican Republic. April 2020. *Realidades y Desafíos de la Población Migrante en República Dominicana en el Contexto de las Medidas Frente al COVID-19*. ([Link](#))
- ⁵⁸ Ministerio de Economía, Planificación y Desarrollo (MEPyD). July 2020. El Observatorio de la Zona Fronteriza. ([Link](#))
- ⁵⁹ Interview with AgroFrontera and Counterpart International, July 27, 2020.
- ⁶⁰ Oficina Nacional de Estadísticas (ONE). June 2019. Informe de Resultados de la Encuesta Experimental sobre la Situación de las Mujeres (ENESIM-2018). Santo Domingo, Dominican Republic. ([Link](#))
- ⁶¹ United Nations Development Program Dominican Republic. Directorio de Servicios de Salud Para Personas LGBTI en el Marco del COVID19. ([Link](#)) May 2020.
- ⁶² Interview with UNICEF in the Dominican Republic, July 24, 2020.
- ⁶³ Listin Diaro. 2020. *Educación Afirma Inicio del Año Escolar Dependerá la Evolución de COVID-19*. ([Link](#))
- ⁶⁴ Interview with UNICEF in the Dominican Republic, July 24, 2020.
- ⁶⁵ Malala Fund. 2020. *In the Poorest Countries, Women Were One Third Less likely to Use the Internet than Men, (Malala Fund, Girls’ Education and COVID: What Past Shocks Can Teach Us About Mitigating the Impact of Pandemics..*
- ⁶⁶ Interview with UNICEF in the Dominican Republic, July 24, 2020.
- ⁶⁷ Interview with REDDOM, July 27, 2020.
- ⁶⁸ Interview with REDDOM, July 27, 2020.
- ⁶⁹ USAID. May 20, 2020. State Department: Update: The United States Continues to Lead The Global Response to COVID-19.
- ⁷⁰ USAID. May 5, 2020. *USAID: COVID-19 Global Response—Fact Sheet #2 FY20*.
- ⁷¹ It will be at the mission’s discretion to determine the level of engagement of the implementing partner in each gender analysis, including the in-briefing, review of the draft CSGA report, validation workshop for the draft CSGA report, and the review of the final CSGA report.