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SORAYA, A NATIVE WOMAN, AND HER BABY AWAIT SERVICE IN AN UCAYALI HEALTH POST. PHOTO BY MARIA ROSA GARATÉ

# USAID/PERÚ COVID-SPECIFIC GENDER ANALYSIS

USAID Alliance for Social and Economic Recovery in the Peruvian Amazon Activity

SEPTEMBER 23, 2020

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## EXECUTIVE SUMMARY

The United States Agency for International Development (USAID) contracted Banyan Global to carry out a COVID-specific activity-level gender analysis to support USAID/Perú's Alliance for Social and Economic Recovery in the Peruvian Amazon Activity. The aim is to help the 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 report structures its findings and recommendations 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 IR	CROSSCUTTING THEMES	KEY POPULATIONS
IR 1: Healthy behaviors to prevent disease and COVID-19 improved in target communities	Gender-based violence (GBV) risk	Women
IR 2: Psychosocial effects of the pandemic mitigated in target communities	Women's entrepreneurship economic empowerment (WE3)	Men
IR 3: Economic recovery opportunities increased in target communities		Youth (10–29)
		Native peoples <sup>1</sup>
		Lesbian, gay, bisexual, transgender, and intersex (LGBTI)

A two-person Banyan Global research team (Maria Rosa Garaté and Mieka Brand Polanco) carried out this analysis over three weeks using secondary and primary data (see Annex C for a list of persons interviewed, and Annex D for key documents reviewed). The following table summarizes the gender analysis's key findings and recommendations.

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

FINDINGS	RECOMMENDATIONS
<b>Activity general recommendations</b>	
<ul style="list-style-type: none"> <li>*<sup>1</sup>The activity has the unique opportunity to understand the gender-differentiated experiences and risks associated with COVID-19, as well as ensure they are considered during implementation.</li> </ul>	<ul style="list-style-type: none"> <li>*Hire a full-time gender specialist to ensure recommendations in this analysis are included in the activity's gender strategy and implemented throughout the life of the activity.</li> <li>*Staff should receive training on integrating the information included in this analysis. This instruction should highlight the gendered dimensions of the pandemic (risk factors, challenges, and strengths) to improve outcomes.</li> </ul>

<sup>1</sup> \* Denotes priority findings and recommendations.

<ul style="list-style-type: none"> <li>*Centro de Información y Educación para la Prevención del Abuso de Drogas (CEDRO) has rich experience in community work in the Amazonian regions, but it is working with native communities for the first time. Good implementation relies on developing credibility and trust, and building rapport among participants, which takes time to establish.</li> </ul>	<ul style="list-style-type: none"> <li>*Draw on the insights, know-how, and credibility of local native persons organizations and implementers, such as the Rainforest Foundation, that have rapport with communities.</li> </ul>
<ul style="list-style-type: none"> <li>*GBV incidents are rising. Staff is likely to encounter evidence of GBV during implementation. Accurate reporting is difficult in the context of stay-at-home measures and isolated communities, but making information available on existing response services and providing psychological first aid to survivors is more important than ever.</li> </ul>	<ul style="list-style-type: none"> <li>*Seek and disseminate information about what COVID-safe GBV response services are available and operational. Ensure all staff are familiar with updated referral pathways and receive training on psychological first aid.</li> </ul>
<ul style="list-style-type: none"> <li>*Basic information about socioeconomic conditions in the region and COVID-19 trends will clarify the conditions under which the activities will start, how well interventions are working, and what modifications to make during the activity.</li> </ul>	<ul style="list-style-type: none"> <li>*Data collection should begin within three months, relying on creative means if traditional gathering is impossible. Data analysis will be essential for implementation.</li> </ul>
<ul style="list-style-type: none"> <li>*Worldview fundamentally determines how people make sense of the pandemic—and what responses are appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>*Deepen familiarity with different populations' worldviews—especially those of native communities—and develop culturally relevant responses. Consider carrying out a rapid anthropological assessment on social representations of COVID among native communities to increase this familiarity.</li> </ul>
<ul style="list-style-type: none"> <li>During public-health emergencies, it is common for resources to be syphoned away from existing activities that focus on women, girls, and gender inequalities—the very moment the emergency exacerbates those imbalances.</li> </ul>	<ul style="list-style-type: none"> <li>Collaborate with other area activities to ensure consistent messaging and strengthen efforts.</li> </ul>
<ul style="list-style-type: none"> <li>*Sexual abuse refers to “actual or attempted abuse by aid workers of a person in a position of relative vulnerability, for sexual purposes, including profiting monetarily, socially, or politically.” Sexual exploitation refers to “actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.”<sup>2</sup> All USAID-funded activities are required to develop measures to prevent, mitigate, and respond to incidents of sexual exploitation and abuse (SEA).</li> </ul>	<ul style="list-style-type: none"> <li>*Staff should receive training on USAID’s SEA policy, including what SEA is and the repercussions of committing it. Safe and confidential reporting and survivor-centered services should be available to anyone who seeks them. Participants should be made familiar with their rights, reporting mechanisms, and available services.</li> </ul>

#### **Activity IR 1: Healthy behaviors to prevent disease and COVID-19 improved in target communities**

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| <ul style="list-style-type: none"> <li>*Communication strategies should differentiate how women and men access information, who they consider trusted</li> </ul> | <ul style="list-style-type: none"> <li>*Messaging strategies should consider the unique risks each demographic group faces and what strengths they bring. Draw on input from community members to</li> </ul> |
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sources, and how they can contribute to strengthening the campaign.	ensure messaging reaches each group in an effective way.
<ul style="list-style-type: none"> <li>• *While all humans can contract the virus, women are at an elevated risk because of their social roles, forms of labor, power structures, and access to resources, including health care and clean water.</li> <li>• *Marginalized populations, including women and girls, face an added risk of exposure to GBV. They also are more likely to resort to negative coping mechanisms.</li> </ul>	<ul style="list-style-type: none"> <li>• *Acknowledge and respond to inequalities.</li> <li>• *Communication materials should identify the unique risks of exposure for women. Collaborate to develop an action plan to reduce exposure.</li> <li>• *Communication materials should make clear that GBV is unacceptable and illegal, no one should endure it, and reporting mechanisms and services are confidential and safe.</li> </ul>
<ul style="list-style-type: none"> <li>• *The rapidly changing environment may mean that existing GBV response services also are shifting. Staff may not be familiar with new GBV referral pathways and methods for supporting survivors.</li> <li>• The demographics (sex, age, and ethnicity) of the activity's community agents are unclear.</li> <li>• The activity emphasizes collaborating with local leaders and representatives of key institutions and organizations, but not using a gender-sensitive approach.</li> <li>• *Community members receive conflicting information about the origin of the virus, modes of transmission, and potential cures, contributing to confusion, fear, a diminished sense of security, and reduced compliance with guidelines.</li> <li>• In many communities in the activity, there are people—particularly men and young people living in urban and rural areas—who do not take the threat of the coronavirus seriously. As a result, they engage in risky behavior.</li> <li>• In the wake of the pandemic, women and girls have lost access to TeleCentros, an important site for knowledge sharing, community making, and accessing life-saving</li> </ul>	<ul style="list-style-type: none"> <li>• *Staff should be equipped to provide up-to-date information on available GBV services and be aware of their current limitations. Nearby GBV specialists should be tapped to ensure services are available and referral pathways are known, as well as to train activity staff on providing psychological first aid to survivors.</li> <li>• Staff should have the capacity to respond properly to reports of SEA and know that a response is mandatory.</li> <li>• Community agents should include women and men of different ages, social classes, ethnicities, and residence styles to ensure target communities are reached in culturally appropriate manners.</li> <li>• Collaborate with people who represent other members of the community, including women, LGBTI persons, and young people.</li> <li>• *Educate community members to distinguish between trusted and untrusted information sources. Follow formal and informal information-seeking channels (which may be different for women and men of different ages), and collaborate with trusted health providers to strengthen messaging. Messaging should not dismiss or undercut traditional knowledge, particularly from women..</li> <li>• The method and content of messages should consider that women and men of different ages engage in risky behaviors for different reasons, and make behavioral decisions based on different factors. Messages should contextualize the gravity of risky behavior within demographics' unique decision-making processes. To this end, consider carrying out a <b>knowledge, attitudes, behavior, and beliefs assessment, including a component on self- risk perception, as part of the communications for behavior change baseline study,</b></li> <li>• Redesign COVID-safe alternative spaces for women to safely gather (virtually or in person) to learn, exchange knowledge, and strengthen communal bonds. Investing in digital technologies (such as internet connectivity) or</li> </ul>



information and tools for coping with social stressors.

creating outdoor venues with ample room for social distancing could provide safe alternatives.

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### Activity IR 2: Psychosocial effects of the pandemic mitigated in target communities

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- \*CEDRO plans to strengthen resilient behaviors and develop family-friendly materials that will promote healthy coping mechanisms. These interventions do not consider how different family members experience anxiety and could unintentionally exacerbate workloads, anxieties, or vulnerability to GBV. The plan also leaves out vulnerable adults (such as LGBTI persons or unattached adults) who also may be experiencing anxiety and stress.
- At a time when face-to-face engagements are not advisable or possible, CEDRO takes an innovative approach to deliver psychological guidance and support. Yet it may leave out vulnerable persons who do not have digital access.
- \*CEDRO proposes taking a nuanced and holistic approach to mental health, honoring a collective understanding of well-being and social solidarity, and considering the unique characteristics of each community. In addition, persons with different genders also inhabit particularities that impact their mental health.
- \*The presence of outside helpers can increase, rather than reduce, anxiety and stress. Some native community members may harbor distrust toward outsiders, including development professionals. The presence of CEDRO's staff may increase anxiety and stress.
- \*Recognizing and responding to GBV-caused trauma is crucial for well-being. In addition to the acts of violence themselves, resulting pregnancies are a source of trauma, especially for adolescent girls. Even those who do not experience violence firsthand could suffer GBV-related trauma (including offspring, partners, and loved ones).
- \*Identify differentiated challenges and strengths of women and men within family units to develop gender-responsive training materials, including how certain recommendations would impact different family members. Make sure resilience plans pay attention to the unique challenges and strengths of LGBTI persons, unattached adults, and other vulnerable populations.
- Consider recruiting and training people who live in digitally unconnected communities, so they can provide in-person (socially distant) services in tandem with planned digital offerings. Make sure field staff canvass the entire community so marginalized members are not overlooked.
- \*Ensure that any guidance, capacity building, coordination, and other efforts are informed by the ways everyday practices—especially in the context of COVID-19—differently impact women and men's mental health. Culturally nuanced support measures should allow women and men to access services in spaces and contexts they consider safe, at appropriate times, and among people (including service providers) they trust.
- \*Hire women and men from target communities who will understand existing concerns, be familiar with gender dynamics, and provide a nuanced reading of the mental-health landscape. Train field staff not to reinforce gender-unequal norms. Hiring local staff will also inject income into communities and provide professional development.
- \*Assume GBV is occurring, and incorporate trauma-informed practices to this component to promote emotional healing for all those GBV impacts. Ensure national and local GBV specialists take part in such practices within the activity.

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### Activity IR 3: Economic recovery opportunities increased in target communities

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- \*It is unclear how IR 3 can be conducted safely during the pandemic. The current lines of action do not consider community closures or the need for social distancing, and they seem to conflict with the goals for health and well-being in IR 1 and IR 2.
- \*Clarify who will assume the health risks of providing goods or services, and ensure that plans balance time and risk burdens. Consider bringing connectivity to communities that do not have it. (WE3)

- \*The focus on families is culturally appropriate, but the proposal does not consider multigenerational households, households with non-kin cohabitants, overcrowding, or gender dynamics within families. Additionally, the family framework is likely to miss participants who do not fit neatly into a conventional family structure.
  - \*Global trade of licit and illicit cash crops (including coffee, cocoa, and coca) is experiencing price spikes, high volatility, and deep uncertainty. This situation leaves men, for whom cash crops are an important income-generating activity, financially vulnerable. And it exposes them to the virus through trade activities with outsiders.
  - Women's labor in and contributions to cocoa and coffee value chains are largely invisible. Women's economic contribution to the cocoa and coffee value chains is largely unknown because the tasks they perform. Because their contribution is not visible, women's opportunities to access training or income-generating opportunities are restricted.
  - \*Stereotypes and financial illiteracy keep women from participating in the private sector, both as employees and entrepreneurs. Furthermore, COVID-19 is likely to exacerbate gaps in women's access to and use of financial services.
  - Cocoa and coffee are primarily cash-based industries, making financial transactions a risk for transmitting COVID-19. For women and marginalized persons, the reliance on cash also heightens their risk of becoming victims of violence.
  - \*Develop separate financial education and training for women and men, and help families ensure equitable burden-sharing, risk assumption, and decision making. From native communities, learn effective ways to support women and men through business endeavors. Recruit participants who do not fit into conventional family units, including LGBTI persons, unattached adults, single-headed families, and non-kin cohabitants. (WE3)
  - \*Emphasize cultivating locally eaten food crops as value chains that could be traded with neighboring communities or consumed. Food crops also can contribute to economic recovery by encouraging local trade, allowing farmers to operate in a familiar and stable market, contributing to community food security, reducing the amount of cash required for meeting basic needs, and creating a culturally acceptable income-generating activity for women. Encourage nonagricultural income opportunities, including tourism, sale of prepared foods or drinks, and handcrafts that could be shipped and sold elsewhere. All of these activities can create income-generating opportunities for both women and men. (WE3)
  - Begin with a focus on cocoa cultivation, as it already may be considered an acceptable value chain for women, does not require significant physical effort, and can be done near the home. Record women's labor by tracking their activities and how much time is spent. Records also build a national account of the important roles women play in the economy, agriculture, and their community. (WE3)
  - \*Create financial-education curricula targeted to women.
  - \*Design activities that promote women entrepreneurs and help them acquire fiscal literacy and confidence. Provide women-only financial education, as well as a financial leadership curriculum. Offer classes and services when and where women are able to take advantage of them, and provide childcare. (WE3)
  - Consider the viability of facilitating digital payments in lieu of cash. They save travel time, can facilitate purchasing farm inputs, and provide access to digital services. Furthermore, digital payments can reduce exposure to COVID-19 and vulnerability to violence. (WE3)
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# I. INTRODUCTION

## I.1 BACKGROUND AND PURPOSE OF THE USAID/PERÚ COVID-SPECIFIC GENDER ANALYSIS

Activity-level gender analyses ensure integrating both women and men; respecting local gendered expectations and norms; contributing to gender equality and women's empowerment; and taking every measure to avoid harm, especially to persons who are marginalized or vulnerable. Designing an activity that understands local cultural norms is critical for success. Likewise, responding to the dynamics within a community—and especially gender dynamics that shape every aspect of people's lives—is fundamental to accomplishing an activity's goals. This gender analysis is a tool to support the United States Agency for International Development (USAID)/Perú Alliance for Social and Economic Recovery in the Peruvian Amazon Activity and to increase its ability to prevent and mitigate the impacts of COVID-19 (see Annex B for Scope of the Work). The findings and recommendations in this gender analysis follow each of the activity's intermediate results (IRs) and consider crosscutting themes and key populations (see Table 3). The recommendations are given in the spirit of collaboration and support, and with recognition of the challenges Centro de Información y Educación para la Prevención del Abuso de Drogas (CEDRO) is taking on by implementing this activity.

**TABLE 3. STRUCTURE OF COVID-SPECIFIC GENDER ANALYSIS**

ACTIVITY INTERMEDIATE RESULT	CROSSCUTTING THEMES	KEY POPULATIONS
IR 1: Healthy behaviors to prevent disease and COVID-19 improved in target communities	Gender-based violence (GBV) risk Women's entrepreneurship and economic empowerment (WE3)	Women
IR 2: Psychosocial effects of the pandemic mitigated in target communities		Men
IR 3: Economic recovery opportunities increased in target communities		Youth (10–29)
		Indigenous persons Lesbian, gay, bisexual, transgender, and intersex (LGBTI) persons

USAID's partner for this activity, Peruvian non-governmental organization (NGO) CEDRO, is taking a holistic approach to health and well-being in this activity, in keeping with local communities' collectivist worldview. This approach is commendable, as it offers a nuanced sensitivity to local cultures that will help ensure its success. That said, even within a cultural unit, gender, age, and other socially relevant variables shape people's everyday experiences, obligations, opportunities, and challenges.

The activity's proposal does not discuss the different ways the pandemic impacts women and men of different ages, social classes, ethnicities, and residence types (for example, urban zones, rural zones, and native communities), how their roles and obligations shape their risks of contracting COVID-19, or how interventions might impact existing dynamics or exacerbate vulnerabilities. The findings and recommendations in this document provide guidance to ensure this activity responds to women and men's differentiated strengths and challenges, and helps



overcome existing inequalities. Once travel to and from communities becomes possible, the most-insightful guidance throughout the life of the activity will come from close and continual engagement with community members themselves—leaders and local healers, but also “average” women and men who are the true “key stakeholders.”

Addressing the different dynamics that shape women’s and men’s lives also means understanding the political context in which the activity is being carried out. During a global pandemic, it is easy to focus on the biological cause and its impact on access to health care, well-being, education, food access, and economic recovery. The political and economic roots of these conditions, however, are equally important. COVID-19 is devastating to people in the activity area because the region already was politically and economically fragile. Ignoring the forces that continue to shape the population’s safety, security, economy, and livelihood options can lead to activity design that is ineffective—or harmful. Among the most-significant known stressors that shape the population’s everyday reality in the region are the petrol industry, tree logging, and narcotrafficking. For native communities, an additional dynamic has been social exclusion, mistreatment, and being disproportionately affected by violence.

The Ashaninka people, for example, “suffered during the internal armed conflict between 1980 and 2000 to an undue degree: 6,000 Ashaninka were murdered, 10,000 were forcibly displaced, 5,000 were kidnapped and held prisoner for years, and dozens of their communities disappeared.”<sup>3</sup> Military style eradication brigades (*Corah*) were deployed regularly in Huanuco, San Martín, and Ucayali in the 1980s and 1990s—but even today parts of Loreto have been “under a state of emergency on and off since mid-2018.”<sup>4</sup> Gas exploration takes place in Ashaninka territory in Junín without prior consultation, and Ashaninka communities “also have an ongoing legal struggle with the national government relating to construction of the Pakitzapango hydroelectric dam, which would flood much of the Ene River valley, thereby forcing the Ashaninka to migrate.”<sup>5</sup> Coca cultivators find it hard to rely on alternative livelihoods, even when it means being vulnerable to violence and exposed to the virus. “Given the harsh reality for those who survive at the lowest rungs of the cocaine trade, pandemic control, just like drug control, doesn’t stop this business.”<sup>6</sup>

The Ashaninka concept *Kametsa Asaika* (“living well together in this place”)<sup>7</sup> could be a useful framework for ensuring implementation of the Alliance for Social and Economic Recovery in the Peruvian Amazon Activity is aligned with local practices. In contrast with Western conceptions of health that define it as contained within an individual physiological body, *Kametsa Asaika* establishes well-being as inherently collective (that is, the health of a person is contingent on that of the collective) and deliberate (everyone must actively pursue it).<sup>8</sup> *Kametsa Asaika* is expressed through various practices<sup>9</sup> that are fundamental to Ashaninka identity. In the context of the COVID-19 pandemic, however, some practices may pose health challenges to the community as a whole—such as sharing food and close living spaces—while others may put women and girls at higher risks of contagion—for example collaborative gardening and caretaking responsibilities. CEDRO can support target communities by helping modify everyday behaviors so they remain in keeping with *Kametsa Asaika* and also reduce women and men’s differentiated vulnerabilities to the virus and its impacts.

## 1.2 LIMITATIONS OF THE COVID-SPECIFIC GENDER ANALYSIS

- This analysis relies on secondary data and remote interviews conducted with CEDRO staff and activity managers. On-site visits were impossible during this time; therefore the research team could not carry out interviews (in person or remotely) with activity participants or community members.
- There was limited quantitative and qualitative COVID-19 data from remote native communities, as most are currently closed to outsiders.
- Much of the national and subnational quantitative data is not disaggregated by sex, including other socially relevant categories.
- While national and subnational quantitative data exists, time limitations did not permit consulting and analyzing all of it, nor have existing databases been updated for conditions in the context of COVID-19. The research team encourages CEDRO to consult existing data, including the 2017 Census of Peasant Communities,<sup>10</sup> to become familiar with the characteristics of the target populations. This information will provide a key context for conditions encountered during implementation.
- The continually evolving pandemic (including shifting social, health, and economic contexts) makes most secondary data almost instantly outdated. As such, context data needs to be monitored and modified at least on a monthly basis.

## 2. COVID-SPECIFIC COUNTRY CONTEXT

### 2.1 COVID-SPECIFIC SECTOR DATA ON GENDER EQUALITY

The following table provides an overview of gender-related COVID-specific data at the sector level relevant for the USAID/Perú Alliance for Social and Economic Recovery of the Peruvian Amazon Activity.

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

- The first confirmed case of COVID-19 in Peru was declared on March 6, 2020, two days before the first death occurred. Several days later, the pandemic outbreak spread throughout the nation, with Ucayali being the last region to report its first positive case (on April 12, 2020). On March 16, 2020—only ten days after the first confirmed COVID-19 case was detected—the Government of Perú (GOP) declared a national emergency and imposed a strict quarantine. An exponential increase in confirmed cases, which began approximately in the third week of April, has rendered Peru the country with the second-highest number of confirmed cases of COVID-19 in Latin America and the fifth largest number of cases worldwide. As of August 14, 2020, Peru's Ministry of Health (MoH) reported that more than 500,000 people have tested positive for coronavirus (through serological or molecular testing)—78 percent more than in the last week of June—making the overall positivity rate 18.74 percent. The official death toll published by the MoH stands at 21,501. Peru's Death Information System, however, indicates that the actual number could exceed 47,000.
- Of the overall national statistics, 9.6 percent of confirmed deaths occurred in the regions where the project will intervene. Three regions CEDRO selected (Huánuco, Junín, and San Martín) have reinstated

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compulsory social isolation as a result of the high number of positive cases. (See Annex F for additional statistics.)

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- The ravages of the social and economic paralysis across the nation and the long confinement Peruvians have endured have revealed the precariousness of the national health system and key social sectors (such as labor and education), as well as the different ways the crisis affects men and women of all ages, ethnicities, and social classes. Apart from shifting interpersonal relationships, measures to slow the spread of COVID-19 are having a pernicious impact on the economy, work, health, and education. Yet perhaps the most-profound consequence of the pandemic has been the increased vulnerability of poor, native, indigenous, and rural women.
  - In Peru, as in much of Latin America, the informal labor market is considerable. Peru's National Statistics Institute (INEI)<sup>11</sup> estimates that as much as 72 percent of the overall economically active population (EAP) in Peru participates in the informal-labor market, including 75 percent of EAP women and 70 percent of EAP men. In Peru's Amazonian region, these numbers are even higher. There, nearly 85 percent of the entire EAP operates in informal labor conditions, with that figure rising to 96 percent in rural areas. The most-notable demographic groups that labor disproportionately within the informal market are youth ages 14 to 24 (86 percent) and people over 40 years of age (71 percent).<sup>12</sup> Among those who are the most vulnerable in terms of employability, a full 94 percent of the EAP with only a primary education—that is, those with fewest educational opportunities—and 97 percent of those in the lowest wealth quintile operate within the informal labor market. In terms of industries, the highest number of informal laborers can be found in the commerce and service industries—two areas where women tend to have greater participation and where laborers are at greater risk of contagion.
  - In the context of the COVID-19 pandemic, traditional gender roles exacerbate the unequal burdens of unpaid domestic work and unequal time burden that women bear, leaving them with less time to participate in income-generating activities. The temporary closure of educational centers and virtual classes in response to the pandemic have constituted an additional challenge for women who had been relying on these places for professional development and knowledge sharing. According to a survey on perceptions and attitudes towards social isolation due to COVID-19, INEI reports that the mandatory national lockdown “has become an opportunity for men to become actively involved in domestic and care tasks.”<sup>13</sup>
  - Evidence suggests the pandemic has harmed Peruvian women's incipient economic growth and autonomy. This trend is especially true for women living in the Amazonian region. Women also are experiencing a dramatic loss of physical autonomy under the current crisis. Even though the GOP imposed a national quarantine starting in mid-March, reports of GBV did not decrease compared to previous years. During the first four months of the pandemic, 70 cases of femicides were reported nationwide and at least 400 women under age 29 were reported to have been raped. In the same period, the Ministry of Women and Vulnerable Populations (MIMP)<sup>14</sup> received 13,250 calls to report violent acts against young women and adolescent girls.<sup>15</sup> By comparison, in all of 2019 Peru recorded 166 cases of femicide, and nearly 24,000 calls to report violence against women under 29. Likewise, between March 16 and June 30, 2020, while the nation was under mandatory lockdown, more than 900 women and girls were reported missing across Peru, of which 70 percent were adolescents.<sup>16</sup> Although the disappearance of women was a national problem even before the pandemic, figures indicate that the average number of complaints about disappearances increased from five to eight cases per day.<sup>17</sup>
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## 2.2 COVID-SPECIFIC SECTOR CONTEXT ON GENDER EQUALITY

This COVID-specific general analysis builds upon USAID's standard processes for gender analyses. USAID's Automated Directives System (ADS) 205<sup>18</sup> provides guidance on how to carry out a gender analysis, with a focus on addressing several 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 programming sectors. The following table analyzes key

gender equality considerations at the sector level for the USAID/Perú Alliance for Social and Economic Recovery of the Peruvian Amazon Activity.

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

Laws, policies, regulations, and institutional practices that influence the context in which men and women act and make decisions	<ul style="list-style-type: none"> <li>• <b>Policies addressing gender equality exist, but implementation is slow and uneven.</b> The GOP has enacted several policies that address structural discrimination against women, legislate women’s rights to a life free of violence, promote sexual and reproductive health, and provide access to and participation in decision-making. Peru is a signatory on several international accords that focus on gender equity and equality, including the Beijing Platform for Action (1995) and the Convention on the Elimination of All Forms of Discrimination Against Women (1981). But despite the broad regulatory framework, Peru still has a long way to go to achieve gender equity, and the reality on the ground does not yet reflect much change, especially among vulnerable populations.</li> <li>• <b>The pandemic has shifted regulatory resources, jeopardizing attention to gender inequities.</b> In Peru, as around the world, COVID-19 has shifted national priorities away from policies that focus on gender equity and toward human and economic resources to fight the pandemic. The GOP, however, also issued regulations to alleviate difficult financial and health circumstances in populations the pandemic impacted. It has dedicated at least one court to deal exclusively with family violence and published a decree to address violence against women. Nonetheless, services, including for sexual and reproductive health, have been neglected. Two technical guides—one that focuses on physical and mental health care, the other directed to community health—address sexual harassment and violations, and emergency kits were distributed. Additionally, a ministerial-resolution health directive was approved for the care of pregnant women and support for contraceptives delivery. Nonetheless, since the pandemic began, no services have been delivered to the poorest, most remote, or isolated populations.</li> <li>• <b>Multiple crises are affecting native communities, compounding the impact of the pandemic.</b> Native persons in the activity area have endured centuries of land grabbing by the national government and private corporations, as well as ongoing violence and discrimination. COVID-19 has infiltrated the Peruvian Amazon, even though many communities closed their borders in an attempt to stop the virus. Additionally, decades of marginalization mean that communities are already suffering from malnutrition, the climate crisis, poverty, oil spills, land trafficking, illegal logging, illegal mining, drug trafficking, human trafficking, dengue fever, malaria, and HIV. And the health regulations to face COVID-19 are written for urban or rural areas with some type of services, ignoring native communities.</li> <li>• <b>LGBTI persons generally lack visibility and protection in Peru.</b> The GOP does not have a specific regulatory framework to support LGBTI persons, leaving their rights to life, integrity, identity, health, work, and education precarious. Although LGBTI persons make up an estimated 10 percent of the population, no policies protect their rights or safety, and the GOP does not gather official data about this population. Impunity for violence against LGBTI persons further exacerbates the problem, as few complaints about such violence are ever reported.</li> </ul>
Cultural norms and beliefs	<ul style="list-style-type: none"> <li>• <b>Medicinal plants constitute an important resource for many native communities in the region—and in some areas, traditional medicine</b></li> </ul>

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**is the only health care system available.** Native communities are more likely to turn to local, traditional resources because they are familiar, freely available, and effective. Meanwhile the “occidental” health care systems is alien, expensive, and a place where native people likely face discrimination.<sup>19</sup>

- **Local perceptions of the virus lead to risky behaviors.** The notion of a deadly virus does not exist in the worldview of native Amazonian populations. The coronavirus is considered a “white people” disease, which comes from the cities. People generally believe that those infected were the ones who left their communities, going to the city to collect money from state-sponsored social programs, or came from the cities to bring “help.” Furthermore, native beliefs permeate the region, including urban communities, so beliefs that the virus is the problem of “others” leads to unsafe behaviors.<sup>20</sup>
- **Rituals around death and treatment of the deceased carry important meanings in the belief system of native communities.** National regulations for the treatment of COVID-19 victims are in contradiction to these rituals.

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Gender roles, responsibilities, and time use

- **Differences in culturally ascribed gender roles put an added burden on women.** As noted in USAID’s 2016 and 2019 Gender Analyses, women provide their households with important income that is often invisible within family dynamics. Assigned gender roles obstruct the development of both women and men, especially for women who are most deprived of opportunity. The pandemic has exacerbated these differences, placing additional domestic responsibilities on women (MIMP).<sup>21</sup>
- **Greater time burden for women.** In virtually all areas, COVID-19 seems to have worsened conditions for women, including increased domestic work, increased emotional burden due to uncertainty, and greater exposure to the risk of violence and death. Women between ages 25 and 39 report having less free time than men of the same age group because they are expected to carry out housework, including cooking, and caring for children and the elderly. A majority of women (66 percent) report feeling increased stress as a result of economic insecurity, fear of contagion, and an increased workload due to the pandemic. Only 47 percent of men reported a similar sentiment.<sup>22</sup>

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Access to and control over assets and resources

- **Educational gaps for native people—especially young women and girls—are widening.** Lack of formal education for native women is ten times greater than that of non-native men. But even children who attend school face deep cultural and linguistic barriers. Classes are taught without consideration for cultural differences and are delivered in Spanish—an imperfectly learned second language for native students. It is estimated that more than 70 percent of educational centers that should provide bilingual education do not. With school closings in response to the pandemic and as girls are less likely to have access to phones or digital devices for remote learning, an already deep educational gap is widening, and any advances in development objectives become exponentially more difficult to achieve.
- **Impact of adolescent pregnancies on life outcomes.** Native women have the highest rate of adolescent pregnancy (10.6 percent) compared to other demographic populations in Peru, including Afro-Peruvians (7.5 percent) and whites and mestizos (5.8 percent).<sup>23</sup> Pregnancy among teenagers frequently leads to abandoning education. In 2017, nearly 30 percent of all births to mothers under 15 were in Loreto, San Martin, and Ucayali. Understanding the dynamics around adolescent pregnancies in this region should inform CEDRO’s work on IRI.<sup>24</sup>



- **Women with disabilities experience disproportionate limitations in their access to and control over assets and resources.** Women with disabilities, especially in rural areas, are particularly disadvantaged with regard to rights to health, education, and labor participation. This situation is likely to exacerbate the proclivity to and ability to receive treatment for COVID-19.<sup>25</sup>
- **The digital divide impacts women more deeply.** Access to technology has advanced in the country. But gaps in internet access remain, especially among rural and native populations, particularly women.<sup>26</sup> At a time when social distancing is a critical instrument for public health, access to the internet and technology is an important lifesaving tool.
- **Access to close and culturally appropriate health services is a challenge for native communities.** Health posts can be several hours away on foot and most of them do not employ providers who speak local languages. It is often women's responsibility to accompany children or sick family members to seek health services. In emergencies, including COVID-19-related ones, it is neither advisable nor realistic to expect that they travel such distances to receive care—especially when it is ineffective because of linguistic and cultural barriers.

Patterns of power and decision-making

- **In Peru, men dominate politics; therefore political representation, laws, and regulations reflect a deep male bias.** The recent approval of Peru's Gender Parity Law may bode well for a different future in which women have meaningful access to formal decision-making.
- **While mostly absent in national-level politics, native women assume important roles within communities.** Women serve as midwives and plant keepers, they prepare medicinal remedies, and are considered representative and credible figures in their communities. In those domains they serve as role models.<sup>27</sup> Social and cultural barriers, however, prevent them from taking on more visible roles.

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

#### 3.0 KEY GENERAL FINDINGS AND RECOMMENDATIONS FOR THE ACTIVITY

**TABLE 6. GENERAL KEY FINDINGS FOR THE ACTIVITY**

KEY FINDINGS	KEY RECOMMENDATIONS
<ul style="list-style-type: none"> <li>• <b>*The activity has the unique opportunity to understand the gender-differentiated experiences and risks associated with COVID-19, and to ensure they are considered in implementation.</b> As the activity is still at the early stages of implementation, CEDRO has an excellent opportunity to make sure it addresses the unique COVID-related risks (including capacities and vulnerabilities) of women and men of different ages, social classes, ethnicities, and residence types in a</li> </ul>	<ul style="list-style-type: none"> <li>• <b>*Hire a full-time gender specialist</b> to help ensure recommendations in this analysis are included in the activity's gender strategy and implemented throughout the life of the activity.</li> <li>• <b>Develop a gender-responsive approach to improve outcomes.</b> Staff should receive training on how to implement the information included in this analysis—which highlights the gendered dimensions of the pandemic</li> </ul>

<p>meaningful and effective way. While field staff members are familiar with the communities in which they work, their abilities to implement the activity's components and achieve desired outcomes will be strengthened by applying a holistic gender lens to their work.</p>	<p>(differentiated risk factors, challenges, and strengths).</p>
<ul style="list-style-type: none"> <li>• <b>*CEDRO is working with native communities for the first time.</b> The CEDRO activity will mitigate the effects of COVID-19 from three lines of action: communication, psychosocial services, and economic recovery. All three areas represent priority needs the pandemic has aggravated that must be addressed. CEDRO has a vast and rich experience in community work in Amazonian regions, but this activity is the first time it will work so closely with native communities there. Thirty-six (38 percent) of the 95 target communities are in Ashánika, Nomatsiguenga, and Kichwa. These communities are culturally and linguistically distinct from the populations CEDRO has worked with previously. Aside from becoming familiar with local beliefs and practices, including age and gender dynamics, implementation relies on developing credibility and trust among community members, which takes time to establish.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>*Draw on the insights, know-how, and credibility of the Rainforest Foundation, CARE, Asociación Interétnica de Desarrollo de la Selva Peruana, Organización Regional de Pueblos Indígenas del Oriente, and other local organizations.</b> The Rainforest Foundation, CEDRO's implementation partner in Loreto, has deep experience working in native communities. CEDRO can build on that rapport to receive valuable input about working with native communities, including increased familiarity with local gender dynamics. For similar reasons, CEDRO should collaborate with the multitude of local organizations of native people. All staff—especially key personnel and zone managers—should draw on insights, know-how, and existing relationships with these organizations to strengthen the activity.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>*GBV incidents are rising.</b> GBV incidents have been increasing since the pandemic took hold. It is likely CEDRO staff will encounter survivors of GBV. Even with the purest intentions, activities can exacerbate vulnerabilities to GBV. It is more important than ever to understand where and how incidents are occurring, help prevent new incidents from happening, and provide survivors with appropriate psychosocial support and referrals to other services.</li> </ul> <p><b>Disclaimer:</b> If you are not a GBV specialist, please consult with national or regional GBV practitioners on survivor-centered approaches to providing support. And familiarize yourself with local GBV referral pathways to ensure safe and appropriate referrals can be made.</p>	<ul style="list-style-type: none"> <li>• <b>*CEDRO staff should be equipped to provide up-to-date information</b> on available GBV services to survivors and be aware of the current limitations of response services. CEDRO staff should receive training on how to provide culturally appropriate psychological first aid to survivors too.</li> <li>• <b>*Ensure all communication materials include information about GBV response services</b>—keeping in mind that the information will differ depending on whether the context is an urban, rural, or native community. Regional Women's Emergency Centers could serve as valuable resources for information, as they have been working over the last decade to strengthen the capacity of health personnel, justice operators, and the police.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>*No plans to gather baseline information.</b> Basic information about trends in the region (infection and mortality rates; social, health, and economic conditions; available resources; and gender dynamics) is important in any project, as it shows the conditions under which the activities will start, allows implementers to assess how well interventions are working, and know what modifications to make over. This information is especially important in working with native communities, as development organizations still know little about their perceptions of COVID-19.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>*Gather information as soon as possible.</b> Baseline data will offer the necessary framework to better understand the conditions of target communities. Data collection should begin within no more than three months, using creative means if traditional gathering is impossible (such as over the phone or from similar nearby communities). Analyzing baseline information will be essential for implementing activities under all three IRs.</li> <li>• <b>*Design and apply a knowledge, attitudes, and practices (KAP) survey.</b> The information</li> </ul>

a KAP can provide will allow critical messaging on COVID-19 to be tailored to different communities. A KAP survey should be administered in chosen locations as soon as travel is possible. (Information about KAP surveys can be found [here](#).)

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- **\*Worldview fundamentally determines how people make sense of the pandemic—and what are appropriate responses.** In every culture, specific ideas exist about what causes diseases and illnesses, who is likely to get sick, proper methods for diagnoses, and the correct actions necessary to restore health and well-being. For example, many Ashaninka, Awajun, Wampis, and Matsigenka people recognize that there is a finite amount of “vital life force” in the universe and that “all living beings are engaged in a fierce struggle to accumulate as much vital life force as possible to guarantee their survival and reproduction.”<sup>28</sup> Therefore, when a certain species (such as coronavirus) increases its life force, it inevitably comes at the expense of other species (humans). This worldview is different from that of mestizo and white people, who may perceive COVID-19 as a virus that randomly enters individual bodies who do not social distance. The process of restoring health in each context will require an approach congruous with the communities’ worldviews. Messaging or actions that are incongruous with fundamental beliefs will be ineffective and deepen distrust.
  - **\*Deepen familiarity with different populations’ worldviews—especially those of native communities—and develop culturally relevant responses.** While travel is not possible, CEDRO can draw on existing qualitative and quantitative studies that focus on the worldviews and medical systems of native communities in the region.<sup>29</sup> Consider carrying out a rapid anthropological assessment on social representations of COVID among native communities once it is possible and safe. Additionally, the National Institute of Health and the National Center for Intercultural Health are important resources that can be accessed remotely. Finally, close collaboration with field staff, particularly those who are members of the different communities, will help CEDRO build a differentiated response strategy.
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- **The pandemic may be diverting resources from activities that focus on women and girls.** During public-health emergencies, it is common for resources to be diverted from existing services and initiatives to respond to the crisis. Ongoing activities that focus on women, girls, or gender inequalities are sometimes abandoned at the moment the crisis amplifies those inequalities.
  - **Know the landscape, and overlay with existing activities.** CEDRO activities should be implemented in tandem with other efforts in the area that have a gender lens. Doing so will ensure messaging is consistent, efforts are not duplicated, and participants can reap multiplier effects.
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- **\*Quick onset shocks and reduced oversight increase vulnerability to sexual exploitation and abuse (SEA).** According to USAID’s Prevention from Sexual Exploitation and Abuse (PSEA) policy, sexual abuse refers to “actual or attempted abuse by aid workers of a person in a position of relative vulnerability, for sexual purposes, including profiting monetarily, socially, or politically.” Sexual exploitation refers to “actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.”<sup>30</sup> All USAID-funded activities are required to develop measures to prevent, mitigate, and respond to incidents of SEA by development workers. Social isolation as a result of the pandemic means community members, especially girls and women, may become more vulnerable to abuse or sexual exploitation, including by activity staff.
  - **\*Sensitize activity staff and communities to SEA.** All activity staff should receive training on USAID’s PSEA policy, including what is SEA and what are the repercussions of engaging in it. Safe, accessible, confidential, and anonymous reporting and culturally appropriate, survivor-centered services should be available to anyone who seeks them. All staff should be familiar with up-to-date reporting mechanisms and available services. CEDRO should ensure that activity participants understand their rights, and are familiar with reporting mechanisms and available services. Communication materials should include this information in clear and easy-to-understand messaging.
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### 3.1 KEY FINDINGS AND RECOMMENDATIONS, BY ACTIVITY INTERMEDIATE RESULT I

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

**TABLE 7. KEY FINDINGS FOR ACTIVITY IR I: HEALTHY BEHAVIORS TO PREVENT DISEASE AND COVID-19 IMPROVED IN TARGET COMMUNITIES**

KEY FINDINGS	KEY RECOMMENDATIONS
<ul style="list-style-type: none"> <li>• <b>*Communication strategies are sensitive to culture but not gender.</b> CEDRO is committed to developing effective communication strategies by consulting local leaders and organizations, developing culturally relevant messaging, relaying information in multiple languages, and communicating through a variety of media (such as radio, community speakers, electronic newsletters, instant messaging). Missing from this strategy though is a differentiation of how women and men of different ages, social classes, ethnicities, and residence types access information, whom they trust, and how they can strengthen the campaign. For example, women are more likely to rely on face-to-face networks at tech centers, community centers, or in the <i>chacras</i><sup>31</sup>; youth tend to turn to social media, including WhatsApp and Twitter; and men in native communities are likely to turn to radios, as there often is no phone signal.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>*Develop gender-sensitive communication.</b> The COVID-19 messaging strategy should be differentiated for women and men of different ages, social classes, ethnicities, and residence types, taking into account the unique risks each group faces—and what strengths they bring. CEDRO should draw on input from community members to understand these differences, learning where each group seeks information, what sources they consider trustworthy, and how to reach each one. All messaging should include information about where and how to report GBV and SEA, and where and how survivors can access response services.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>*Women and men face different risks of exposure.</b> CEDRO aims to raise awareness about the risk of COVID-19, promote positive habits, and encourage a preventative approach. While all humans can contract the virus, each gender group faces different risks based on biological and environmental factors, including the types of labor they perform, the power structures that shape their daily activities, their ability to meet their own and dependents' basic needs while social distancing, and their access to resources (such as health care and clean water). Through their livelihood activities, men's roles as breadwinners may put them at greater risk of exposure. Meanwhile, women's roles as caretakers, their diminished decision-making power, and their reliance on the informal economy for income may put them at a heightened risk of contracting the virus. Furthermore, women are less likely to have the autonomy or resources to quarantine or receive proper care if they get sick.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>*Acknowledge and respond to inequalities.</b> Communication materials should explain the different COVID-related risks women, girls, men, and boys face due to the specific work they perform (such as working with others in the <i>chacras</i>), their expected duties and obligations (like caretaking of the sick and vulnerable), their diminished social status (for example, not going against a husband's will, even if it means engaging in risky activities), and the need to address the family's needs (by going to the market to sell goods so there is enough food in the house). Communication should propose measures that women and men can take (such as burden sharing) to reduce women's vulnerabilities. CEDRO should engage community members to identify how everyday activities expose women and men to the virus differently, and collaboratively develop an action plan to reduce potential exposure.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>*Risk of GBV and SEA is heightened for vulnerable groups.</b> Beyond the biological risks stemming from the virus itself, women and girls face additional dangers. Examples include when lockdowns are imposed; when basic resources, such as food and safe shelter, become scarce; and when overall stress is heightened. GBV and especially intimate-partner violence—already at high levels in Peru—likely rise when people are living in tight</li> </ul>	<ul style="list-style-type: none"> <li>• <b>*Sensitize all participants and staff on GBV and SEA.</b> All communication materials should explain what GBV and SEA are and make clear that such behaviors are unacceptable and illegal and that no one—regardless of gender, marital status, age, ethnicity, or financial situation—should have to endure these forms of violence. CEDRO should provide clear and easy-to-follow information about protection services</li> </ul>

<p>quarters. And lockdown makes impunity more likely. Additionally, the most-marginalized populations, including women and girls, are more likely to resort to negative coping mechanisms. Examples include exchanging sex for food or medicine when conditions become dire or falling prey to SEA by service providers (including the implementers themselves) who believe they are more likely to “get away with it.”</p>	<p>for those who have been (or fear they may be) subjected to violence. Services must be safe, confidential, anonymous, and freely available to anyone who seeks them. Anyone can—and should—report incidents of GBV or SEA, even if they did not witness it themselves, were not directly involved in it, or believe it is “not their business.”</p> <ul style="list-style-type: none"> <li>• <b>*Activity staff should build capacity to respond to GBV and SEA.</b> Help relevant service providers (such as health workers and promoters, social workers, police, and members of the justice system) understand the phenomena of GBV and SEA, and learn how to respond and report it. For SEA only, staff should know that a full, proper response is mandatory, whether or not staff believe a report is credible. Reporting GBV is always at the sole discretion of the survivor.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>*Referral pathways are likely changing.</b> Given the rapidly changing environment resulting from the pandemic response (such as lockdowns and social distancing), any existing GBV-response services are likely to change their modality, be reduced, or operate differently. Even staff and community members who are sensitized to these issues may not be familiar with the new pathways.<sup>32</sup></li> </ul>	<ul style="list-style-type: none"> <li>• <b>*Ensure activity staff has up-to-date information.</b> Staff in all sectors of the activity should be equipped to provide accurate, up-to-date information on services available to GBV survivors and be aware of current limitations of response services. The activity may link up with a GBV specialist from another institution to ensure services are available and referral pathways are known to all.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>The demographics of community agents are unclear.</b> CEDRO plans to deploy 150 community agents in communication actions related to comprehensive health. But it does not discuss how it will ensure hiring both women and men of different ages, which is important as people may feel more comfortable and trusting speaking to an agent who is the same gender or age range. Hiring local women and men to serve as community agents is critical in native communities that have little trust in outside development workers.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Ensure a diverse field workforce.</b> For all the aforementioned reasons, community agents should be recruited from the communities themselves whenever possible. Community agents, as well as all health and field workforce staff, should include women and men of different ages, social classes, ethnicity, and residence styles to ensure they reach different members of the target communities effectively and in culturally appropriate manners.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>The activity emphasizes collaboration with local leaders.</b> CEDRO underscores the importance of working with local leaders and authorities, as well as with representatives of key institutions and organizations to reach the target population.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Consider also collaborating with women and members of marginalized groups.</b> As adult men frequently occupy leadership positions in local government and institutions, CEDRO also should collaborate with people who represent other community members, including women, LGBTI persons, and young people.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>*Community members are receiving conflicting information from multiple sources.</b> Community members are confronted by an abundance of information about COVID-19 coming from multiple sources.<sup>33</sup> Conflicting information about the origin of the virus, modes of transmission, and potential cures contribute to confusion, fear, and a diminished sense of security, often resulting in reduced compliance with guidelines. It is often difficult to distill what</li> </ul>	<ul style="list-style-type: none"> <li>• <b>*Help participants learn how to distinguish between reliable and unreliable information.</b> Communication materials should educate people to distinguish between trusted and untrusted information sources, be delivered in a manner that is congruous with the population’s worldview, and raise awareness of how fear mongering and mixed messages can lead to risky behavior. CEDRO should follow local formal and informal information-seeking</li> </ul>



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information can be trusted and what is false. CEDRO will be competing for people's trust in a crowded information landscape. In native communities, where explanatory models about the cause of COVID-19 differ fundamentally from those in urban and rural areas, messages designed for non-native populations may seem illogical and further contribute to the confusion.

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channels (which may be different for women and men of different ages) for its own messaging and collaborate with trusted health providers (such as promoters, shamans, and *curanderos*) to strengthen messaging. Do not dismiss or undercut traditional knowledge, particularly women's knowledge, but rather build upon and enhance it.

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- **Young people and adults, particularly in urban and rural communities, engage in risky behavior.** In many communities, there are people who do not take seriously the threat of sustaining or transmitting the coronavirus, believing it is not real or that they are immune to it. This situation is especially true for men and young adults in urban and rural communities, who are looking to “have fun” or consume alcoholic beverages. As a result, some people engage in risky behavior that puts them and those they are close to at higher risk of exposure and death.<sup>34</sup>
  - **Communication strategies should be tailored for each demographic group, particularly women and men of different ages.** Any communication strategy must consider the reasons women and men of different ages engage in risky behavior and the factors that drive decision-making. Both the method and content of the messages should be customized to the different groups to reach the population in a powerful way and ensure the gravity of risky behavior is contextualized within their unique decision-making processes. To this end, consider carrying out a knowledge, attitudes, behavior, and beliefs assessment, including a component on self-risk perception, as part of the communications for behavior change baseline study,
  - **Women lost an important site for knowledge sharing and making community.** In previous activities, CEDRO established TeleCentros and community centers, where—in addition to accessing technology and the internet, and building financial and technology literacy—women could engage in a safe shared space for knowledge sharing, making communities, and collective childcare.<sup>35</sup> In the wake of the pandemic, these centers are off-limits, but the need for the services they provided remains. Women and girls now have less access to potentially life-saving information (such as remote health services) or tools for coping with stressors (like being able to connect with loved ones from the safe distance of the internet). They may experience increased social isolation because the support they have come to expect at the centers is gone.
  - **Help ensure alternative COVID-safe sites are available.** In 2013 CEDRO published and distributed a manual for digital literacy that could help women unable to visit the TeleCentros.<sup>36</sup> In addition, CEDRO can design COVID-safe alternative spaces for women to gather (virtually or in person) to learn, exchange knowledge, and strengthen communal bonds. Investing in digital technologies (such as internet connectivity) may be one avenue for creating alternative spaces. Outdoor venues within communities, with ample room for social distancing, could be another.
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### 3.2 KEY FINDINGS AND RECOMMENDATIONS, BY ACTIVITY INTERMEDIATE RESULT 2

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

**TABLE 8. KEY FINDINGS FOR ACTIVITY IR 2: PSYCHOSOCIAL EFFECTS OF THE PANDEMIC MITIGATED IN TARGET COMMUNITIES**

KEY FINDINGS	KEY RECOMMENDATIONS
<ul style="list-style-type: none"> <li>• <b>*Psychosocial services do not identify differentiated challenges for women and men.</b> CEDRO plans to help strengthen and restore resilient behaviors and guide participants to reduce risky actions. CEDRO also intends to develop family-friendly training materials that will promote self-care and healthy coping mechanisms. These interventions are important, but they do not consider how different family members may experience anxieties. A well-intended plan could unintentionally exacerbate workload, anxiety, or vulnerability to GBV. Furthermore, a plan could leave out vulnerable adults who do not live in recognizable family units (for example LGBTI persons or unattached adults) but may be experiencing anxiety and stress.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>*Identify differentiated needs and devise a plan that takes this learning into account.</b> Discuss with participants each member's mental-health stressors and strengths, and understand the time and responsibility burdens of women and men in family units (and outside of them). Use this data to develop a gender-disaggregated reading of the psychosocial landscape. Also develop training materials that take these differentiated realities into account, including how certain recommendations might impact members of a family in different ways.</li> <li>• <b>*Make sure the plan considers LGBTI persons and other vulnerable populations.</b> Develop modified strength and resilience plans that address the unique mental-health stressors for vulnerable individuals who may not be part of traditional family units (including LGBTI persons, unattached adults, and other vulnerable populations).</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Digital services are innovative but could leave out remote communities and the elderly.</b> At a time when face-to-face engagements are not advisable or physically possible, CEDRO takes an innovative approach to deliver psychological guidance and support via telephone, email, Skype, and Zoom. This approach ensures services will be available while adhering to social-distancing guidelines. Because connectivity is minimal in some target communities and older people are less likely to have access to or be familiar with digital technologies, this workaround is likely to leave out vulnerable people who could benefit from CEDRO's services.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Train community members to provide mental-health services.</b> CEDRO already plans to train field staff to provide mental health services in target communities. Consider recruiting for these positions people who already live in remote and digitally unconnected communities, and train them so they can provide psychosocial services in tandem with the planned digital support services. Traditional methods can be modified so they provide in-person—but socially distant—support. Make sure field staff canvasses the entire community so that the most-marginalized members are not overlooked.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>*CEDRO has an excellent culturally nuanced approach, but it is missing a gender dimension to mitigate psychosocial impact.</b> CEDRO proposes taking an important, nuanced, and holistic approach to mental health, honoring a collective understanding of well-being, underscoring the importance of social solidarity, and taking into account the unique characteristics of each community. This approach is commendable, and at a time when stress and anxiety are elevated, it will undoubtedly contribute to the overall mental health and well-being of communities. That said, in addition to the cultural particularities of each community,</li> </ul>	<ul style="list-style-type: none"> <li>• <b>*Overlay a gender dimension to existing approaches.</b> In the same manner that CEDRO draws on local worldviews to develop culturally sensitive plans, it should ensure how everyday practices—especially in the context of COVID-19—impact the mental health of women, girls, men, and boys of different communities differently. This will inform any guidance, capacity building, coordination, and other effort. The stresses of caring for others, the tendency to shun self-care, the space to manage emotions, and the emotional flexibility to contend with the pandemic are all likely to</li> </ul>

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persons with different genders also inhabit particularities and should be attended to in the provision of mental health services.

present differently in women and men—and in young people, adults, and the elderly. Culturally nuanced support measures should allow women and men to access services in spaces and contexts they consider safe, at times that are appropriate, and among people (including service providers) they trust. Those places, times, people, and context will differ among women and men of different ages.

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- **\*The presence of outside “helpers” can increase, not reduce, anxiety and stress.** Native communities can recount a long and painful history of outsiders inflicting harm—including massacres, enslavement, stolen land, and disease—some of which continues to this day. As a result, some community members may distrust outsiders. Even development professionals who profess wanting to help the community can be seen as threats with ulterior motives, ill will, or intentions to harm. This situation means that the presence of CEDRO’s field-staff may increase, not diminish, anxiety and stress among community members.

- **\*Hire, and where necessary train, local women and men to provide gender-sensitive field support.** CEDRO’s proposal makes clear it honors local values, beliefs, and practices, and its implementation plans keep with existing cultural systems. Hiring field staff who are members of the communities where the activity is being implemented can underscore this commitment. Local women and men will understand existing fears and concerns, will be familiar with entrenched gender dynamics, and can provide CEDRO a nuanced reading of the mental-health landscape. Training such field staff, where necessary, on how not to reinforce gender-unequal norms and roles is equally important. As an added boon, hiring local staff will support IR3 by injecting much-needed income into communities, and provide professional development.

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- **\*Trauma from GBV harms the emotional well-being of all who are impacted.** GBV—and even the threat of violence—adds an important nuance to the mental-health landscape of communities. Because GBV is known to be widespread and there is evidence that incidents of violence are rising in the context of COVID-19, recognizing and responding to trauma that stems from GBV is crucial for well-being. In addition to the acts of violence themselves, resulting pregnancies are an added trauma, especially for adolescent girls who suffer from long-term loss of well-being. It is critical to understand and respond to the emotional impact of GBV on those most likely to experience it—women, girls, and the most marginalized persons—in each situation. Even people who do not experience GBV on their own bodies, however, but are emotionally connected to someone who has (such as offspring, partners, and other loved ones) are likely to experience GBV-related trauma.
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- **\*Add a line of action that addresses GBV-induced trauma.** CEDRO should assume that GBV incidents are occurring, even if there are no direct reports, and that survivors and their loved ones are experiencing trauma as a result. CEDRO should hire staff who can provide safe, trauma-informed, culturally sensitive, survivor-centered psychosocial support and can direct survivors to an array of other services (should they want to seek them).

### 3.3 KEY FINDINGS AND RECOMMENDATIONS, BY ACTIVITY INTERMEDIATE RESULT 3

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

**TABLE 9. KEY FINDINGS FOR ACTIVITY IR 3: ECONOMIC RECOVERY OPPORTUNITIES INCREASED IN TARGET COMMUNITIES**

KEY FINDINGS	KEY RECOMMENDATIONS
<ul style="list-style-type: none"> <li>• <b>*Business is not “as usual” during COVID-19.</b> CEDRO proposes supporting native communities through financial education, entrepreneurship incubators, and ensuring access to financial products. As part of this support, CEDRO will help entrepreneurs gain visibility, publicize their products, and promote a business fair with guaranteed clients. But as travel into and out of native communities is prohibited; social distancing is critical to protect people’s health, especially women and men overrepresented in the informal labor market; and CEDRO’s intention is to reduce stress and anxiety for participants, it is unclear how this component could be carried out safely in its current form. These lines of action do not appear to correspond to the reality of the pandemic, and the contradict goals for health and well-being in IRs 1 and 2.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>*Clarify how business will proceed safely, and who will assume risk.</b> CEDRO should clarify how native community members will be able to launch (or strengthen) businesses without risking their own health and wellbeing—or that of others—especially since most operate within the informal labor market. If a business offers products, who will assume the health risk of getting it into the hands of potential customers? If services are provided, how will they be rendered safely, given that many communities do not have internet connectivity? Once these points are clarified, CEDRO should work with small-business owners to ensure that business plans balance time and risk burdens among the business owners, does not impose undue risks for women, and does not expose participants—and by extension communities as a whole – to potentially contracting the virus.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>*Economic opportunities are focused on families.</b> IR 3 emphasizes support in creating and enhancing economic opportunities for families; helping them to launch or strengthen businesses; and providing financial education, training, and access to financial services. Given the communal worldview of native communities, the focus on families as a reference point is appropriate. The proposal, however, does not consider multigenerational households, households with non-kin cohabitants, overcrowding, or the gender dynamics within families. These oversights create blind spots for the uneven ways specific family members may benefit from (or be harmed by) a business venture. Are women, men, boys, and girls within a family unit assuming the same amount of risk? Are some required to invest more time or resources? Are some being pulled away from other responsibilities that may be equally or more important? Additionally, the family framework is likely to miss participants who do not fit neatly into a conventional family framework (such as LGBTI persons, unattached adults, single-headed families, and households where non-kin cohabitate).</li> </ul>	<ul style="list-style-type: none"> <li>• <b>*Understand dynamics within family units.</b> Develop separate financial education and training programs for women and men. Add instruction that will help families to determine who will take on which aspect of a business; ensure that burden-sharing, risk assumption, and decision-making are distributed equitably, and that each member’s needs are met and their other obligations still can be carried out. (WE3)</li> <li>• <b>*Learn from program participants.</b> The activity’s staff carrying out training should use these engagements to learn from native communities about gender and age dynamics within family units, what may be the most-effective ways to support business endeavors that benefit all members and do not harm anyone, and modify the activity as this understanding deepens. Feedback should be gathered by women and men, including designated community members, and via digital and in-person means to ensure women and men of different ages are engaged. (WE3)</li> <li>• <b>*Encourage participation from those not in traditional family units.</b> While CEDRO makes clear participation in training and activities is open to all, it should clarify that those who do not fit neatly into a family unit are welcome to join. CEDRO should consider recruiting individuals or small groups who are not family units (including LGBTI persons,</li> </ul>

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unattached adults, single-headed families, and non-kin cohabitants) but could benefit from participating in the economic recovery component. (WE3)

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- **\*The pandemic exponentially impacts farmers who rely on global commodity markets.** Under the Alternative Development model, CEDRO helps farmers transition away from coca cultivation and toward cash crops, like coffee and cocoa. In addition to financial education, CEDRO commits to connecting native entrepreneurs with organizations such as Alianza Cacao, Alianza Café, and DEVIDA (Peru's state drug control agency). These crops, however, do not give early harvests. Furthermore, recent market analyses of the global coffee and cocoa markets make clear that COVID-19 is wreaking havoc in supply and demand ("upstream" and "downstream") sides of the exchange, with price spikes, high volatility, and deep uncertainty.<sup>37,38,39</sup> Even the illicit coca market has seen plummeting prices as national borders close and trafficking is reduced to a trickle. "While much remains unknown about how COVID-19 will impact drug trafficking," notes policy expert Coletta Youngers, "we do know that disruptions in the supply chain will push these small farmers even deeper into poverty."<sup>40</sup> COVID-19 is hurting licit and illicit global markets, leaving men, for whom cash crops are an important income-generating activity, exposed both to volatility and the virus (through trade activities).
  - **\*Focus on food crops for local markets.** In lieu of cash crops that are traded in volatile international markets, CEDRO can emphasize cultivating locally eaten food crops as value chains, which could be traded with neighboring communities or consumed. The ability to grow and trade food crops as value chains can contribute to economic recovery on five fronts: it reduces exposure to outsiders, decreasing the chances of contracting COVID-19 while also strengthening the local economy; farmers are more likely to understand and be adept in the local (stable) food market than the global (unpredictable) commodity market; as the region is experiencing deepening food insecurity, shifting to food crops as value chains could address farmers' and their neighbors food insecurity; more-reliable access to food will reduce the amount of cash needed to meet basic needs; and as crop cultivation is traditionally part of women's domains, considering food crops as central value chains can create an important and culturally acceptable income-generating activity. (WE3)
  - **\*Encourage nonagricultural businesses.** In addition to agricultural activities, CEDRO can encourage community members to launch businesses in nonagricultural arenas, including tourism, selling prepared foods and drinks, or handcrafts that could be shipped and sold elsewhere. All of these opportunities are likely to provide income for both women and men.<sup>41</sup> (WE3)
- 
- **Women's labor in and contributions to cocoa and coffee value chains largely are invisible.** According to USAID/Peru's 2019 Country Development Cooperation Strategy's (CDCS) Gender Analysis, "women's economic contribution to the cocoa and coffee value chains is largely unknown because the tasks they perform in terms of input preparation, production, and harvesting are perceived as an extension of domestic work, despite the fact that they account for 38 and 31 percent, respectively, of the production labor cost... Additionally, because their contribution is not visible, women's opportunities to access training or income-generating opportunities are restricted."<sup>42</sup>
  - **Make women visible, starting with the cocoa value chain.** USAID/Peru's CDCS Gender Analysis cites a study that suggests that cocoa cultivation already is considered an acceptable value chain for women, because "it does not require significant physical efforts. Furthermore, cultivation has less strenuous work requirements throughout most of the year and many of the activities, such as nursery, grafting, and post-harvesting, can take place near the family home."<sup>43</sup> CEDRO can draw on the perceived legitimacy of cocoa cultivation to break gender barriers for women in agriculture. (WE3)
  - **Create a record of women's labor.** CEDRO staff and female participants can account for the labor women contribute to these value chains by recording the activities women participate in to support these crops and how long they spend on each activity. Aside from highlighting women's contributions to economic recovery and supporting their bid for income-generating opportunities, this record would help build a national record of the important role women play in the economy, agriculture, and their communities'. (WE3)
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- **\*Stereotypes and financial illiteracy keep women from contributing to the economy.** USAID/Peru's CDCS's Gender Analysis (2019) notes that gender stereotypes are ubiquitous and lead to a low participation of women in the private sector, both as employees and entrepreneurs. Furthermore, the analysis highlights an important gap in women's access to and use of financial services, which COVID-19 is likely to exacerbate.<sup>44</sup>
  - **\*Create financial education curricula for women.** CEDRO has an excellent opportunity to help overturn gender stereotypes and their deleterious effect by designing activities that promote women entrepreneurs and help them acquire the fiscal literacy and confidence to become successful business people. As CEDRO already plans to provide participants with financial education and facilitate access to financial services, it can add a financial-leadership curriculum and make sure that women can access resources with ease and comfort. (For example, create women-only classes where they do not feel scrutinized by men, offer classes and services when women are not otherwise obligated, and provide childcare). (WE3)
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- **Cocoa and coffee are primarily cash-based value chains.** Cocoa and coffee—the key cash crops cultivated in the region—are primarily traded using cash (that is, physical money is exchanged during a transaction). This situation makes the transaction a potential risk for contracting COVID-19. Moreover, for women and the most marginalized persons, carrying large sums of cash can put them at a heightened risk of violence.
  - **Consider shifting to digital payments (but note important caveats).** To strengthen local economic recovery without exacerbating the risks of disease and violence, CEDRO should consider the viability of facilitating digital payments in lieu of cash. Digital payments save the time that was spent travelling to make deposits, can facilitate purchasing seeds and other farm inputs, and provide access to digital services.<sup>45</sup> Furthermore, digital payments can reduce the risk of contracting COVID-19 by limiting the amount of physical contact between buyer and seller, and lessen the vulnerability to violence that results from travelling with cash. Digital payments, however, can limit where and how the funds can be spent, a challenge that should be resolved if transitioning to such a system. The Inter-Agency Standing Committee, Global Protection Cluster suggests that fewer large transactions are preferable to smaller, more-frequent ones, because it gives individuals more access to resources, and reduces reliance on risky coping strategies.<sup>46</sup> (WE3)
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### 3.4 RISKS AND ASSUMPTIONS

This section highlights risks and assumptions that will affect the implementation of the aforementioned recommendations for USAID/Perú's Alliance for Social and Economic Recovery in the Peruvian Amazon Activity.

- **Local explanatory models could hamper participation in the activity.** Local explanatory models about the cause of COVID-19, who is likely to become infected (and how), appropriate prevention measures, and proper remedies shape how willing people will be to participate in the activity. A recent (pre-pandemic) study recalls Ashaninka collaborators explaining, "the Earth is angry. Having suffered the violence of war and of extractivism, she is turning her back on humans. Crops do not grow, trees do not bear fruit, the rivers no longer fill with fish nor the forests with animals, and the spirits that help shamans heal and protect forest animals are gone."<sup>47</sup> CEDRO field managers confirmed this sentiment also is framing the current pandemic. Some remote community members are likely to respond to health communication and economic interventions with suspicion or hostility.

- **Development workers will have to overcome deep mistrust.** Many communities in the region have sealed themselves off to protect members from exposure to COVID-19—and yet community members report that the virus already has taken hold, possibly as a result of land-grabbing by nearby Andean communities and logging companies. The idea that COVID-19 is a “white’s illness,” compounded by a sordid history of poorly executed national inoculation campaigns and foreign-borne diseases, is likely to further hamper acceptance of external social, physical, or economic support. Communities may retreat further and become more isolated if field staff do not acknowledge the validity of fears of uninvited “helpers,” recognize the trauma women and men are operating with, and build trust with leadership and community members.
- **Regional closures and poor adoption of safety measures will taper the activity’s impact.** Three of the six regions where CEDRO plans to implement the activity (Junín, Huánuco, and San Martín) are under social isolation orders because of a surge in COVID-19 cases. Contagion rates depend, among other factors, on a widespread adoption of safety measures, including social distancing, mask wearing, and frequent handwashing. There has been no meaningful adoption of safety measures with the populations in the activity’s target regions, and the GOP has not yet found an effective strategy to encourage behavior change, even as health care facilities operate at full capacity. Continued social-isolation measures and poor adoption of preventative measures will affect CEDRO’s ability to implement the activity’s components, which will dilute the potential outcomes of the activity overall.
- **Sealed communities may increase residents’ risk of exposure or the severity of impact** if members do not have access to life-saving information about protection measures (such as social distancing, washing hands, and wearing masks), remedies, and best practices for the sick (social isolation).
- **Coca cultivation may be more appealing under current conditions.** As hunger deepens, people are likely to adopt unseemly measures to ensure they and their loved ones can eat. One likely scenario is a (re)turn to coca cultivation. Despite the threat of state-inflicted violence for coca growers, some may see it as the only viable pathway to food and cash to cover basic needs.
- **An urgent need for food and income could tamper IR 3 activities.** Poverty rates in the activity’s target regions are devastating, both in terms of employment rates and income levels. People’s living conditions and their access to even the most basic needs were already difficult, and they have only deteriorated since the pandemic began. IR 3 objectives are likely to be impacted as women and men go on urgent and ongoing searches for income and food. Their partners or other men are likely to dismiss women’s needs. Women themselves may be complicit in traditional gender roles, if they believe men must bring home money.

#### 4. ILLUSTRATIVE INDICATORS FOR THE ACTIVITY’S MONITORING, EVALUATION, AND LEARNING FRAMEWORK

The following USAID foreign-assistance indicators will support the activity to monitor, evaluate, and adapt its management to ensure it addresses gender equality and does no harm.

- Percentage of female participants in US government (USG)-assisted programs designed to increase access to productive economic resources (assets, credit, income, or employment)
- Percentage of participants reporting increased agreement with the concept that males and females should have equal access to social, economic, and political resources and opportunities
- Number of people a USG-funded intervention providing GBV services (such as health, legal, psychosocial counseling, shelters, and hotlines) reached
- Number of training and capacity-building activities conducted with USG assistance that are designed to promote the participation of women or the integration of gender perspectives in security-sector institutions or activities
- Number of training and capacity-building activities conducted with USG assistance designed to promote the participation of women or the integration of gender perspectives in security-sector institutions or activities
- Number of journalists by sex trained and supported
- Percent of audience who recall hearing or seeing a specific USG-supported family planning or reproductive health message by sex and age groups
- Percentage of households in target areas that practice good sanitary practices to protect themselves from COVID-19 by sex and age groups

## 5. USAID/COUNTRY (ACTIVITY) GENDER ANALYSIS NEXT STEPS

The following table is a roadmap for updating this gender analysis. It specifies when (key scenarios) and who will be responsible for updates and what needs to be updated.

**TABLE 10. UPDATES TO THE COVID-SPECIFIC GENDER ANALYSIS: KEY SCENARIOS AND RESPONSIBILITIES**

SCENARIO	WHAT TO UPDATE	PERSON(S) RESPONSIBLE FOR UPDATING GENDER ANALYSIS
Scenario 1 COVID-19 rates in target communities continue to rise. Mandatory social-isolation orders are kept in place or expanded to other regions.	Conduct baseline surveys remotely to determine infection and mortality rates, and hot spots. If necessary, collect data by phone or from nearby communities. Continue with implementation plans. The need for services only will become more acute as conditions deteriorate.	Suggested: Gender specialist; monitoring, evaluation, and learning (MEL) expert
Scenario 2	Conduct baseline surveys in person, gathering quantitative and qualitative data to determine	Suggested: Gender specialist, MEL expert

COVID-19 rates in target communities plateau or begin to fall. Mandatory social isolation orders are lifted.	infection and mortality rates; social, health, and financial needs; resources available; current gender dynamics; and GBV vulnerabilities. Recommendations should be revised based on updated information.	
<p>Scenario 3</p> <p>Social and economic conditions in target communities continue to deteriorate. National elections take place in 2021. Local political groups mobilize. Social unrest becomes widespread.</p> <p>Vulnerability to GBV, including impunity of perpetrators, is exacerbated. Implementation becomes more difficult. Food insecurity grows. Gender disparities deepen.</p>	Vulnerabilities in all three IRs will need to be updated based on conditions on the ground; recommendations should be adjusted to reflect conditions.	Suggested: IR directors together with gender specialist
<p>Scenario 5</p> <p>Borders reopen, narcotrafficking reignites. Alternative Development commodities compete unfavorably with rising prices for coca. Farmers turn to coca as a viable way to overcome hunger.</p>	CEDRO will need to devise viable pathways to economic security that can compete with coca. The gender dynamics of any income-generating activity should be updated and taken into account in IR 3.	Suggested: IR 3 director, gender specialist
<p>Scenario 6</p> <p>A reliable and consistent form of communication (physical or digital) is established with remote native communities.</p>	CEDRO no longer needs to rely on secondary data or remote triangulation. Baselines should be conducted, and dialogues should begin with community members to assess needs and allow them to define the types and level of support they require. Use this time to begin establishing trust.	Suggested: Field manager for each region, activity managers

## ANNEX A: ACRONYMS

ADS	Automated Directives System
CARE	Centrál Asháninka de Río Ene
CDCS	Country Development Cooperation Strategy
CEDRO	Centro de Información y Educación para la Prevención del Abuso de Drogas
CEM	Women's Emergency Centers
COVID-19	Coronavirus disease 2019
EAP	Economically active population
GBV	Gender-based violence
GITA	Gender Integration Technical Assistance
GOP	Government of Perú
INEI	National Statistics Institute
IR	Intermediate result
KAP	Knowledge, attitudes, and practices
LGBTI	Lesbian, gay, bisexual, transgender, and intersex
MEL	Monitoring, evaluation, and learning
MiMP	Ministry of Women and Vulnerable Populations
MoH	Ministry of Health
NGO	Non-governmental organization
PSEA	Prevention from Sexual Exploitation and Abuse
SEA	Sexual Exploitation and Abuse
USAID	United States Agency for International Development
USG	United States government
WE3	Women's Entrepreneurship and Economic Empowerment



## **ANNEX B: SCOPE OF WORK**

### **I. PURPOSE**

Under the Gender Integration Technical Assistance (GITA) II Task Order, Banyan Global will carry out a COVID-specific activity-level gender analysis to analyze and identify opportunities for U.S. Agency for International Development (USAID)/Peru to ensure that the Alliance for Social and Economic Recovery in the Peruvian Amazon activity appropriately 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 specifically aimed at helping governments, international organizations, and non-governmental organizations (NGOs) fight the pandemic.<sup>48</sup>

USAID-pledged assistance in the global fight against COVID-19 as of May 1, 2020, has included \$99 million in emergency health assistance from USAID's 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 nearly \$153 million from the Economic Support Fund, which will help governments and NGOs in more than 100 countries during this global pandemic. 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 is also 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, and support for distance learning.<sup>49</sup>

The Alliance for Social and Economic Recovery in the Peruvian Amazon Activity mitigates the adverse social and economic impacts of the COVID-19 pandemic on vulnerable populations in Peru, particularly within indigenous communities in the Peruvian Amazon. To this end, the activity will support the Government of Peru's capacity to respond to the COVID-19 crisis, particularly in under-resourced Amazon regions of Peru, where risk communication and social and economic services are insufficient. With an integrated focus on risk communication and community engagement, psychosocial services, and economic recovery in priority geographic areas, the activity will contribute to a reduction in the impact of the disease in those areas.

### **3. OBJECTIVES AND PURPOSE**

#### **3.1 OBJECTIVE AND PURPOSE**

Banyan Global will analyze and propose recommendations for USAID/Peru to ensure that the Alliance for Social and Economic Recovery in the Peruvian Amazon activity appropriately integrates gender equality and women’s empowerment, and does no harm. To this end, the COVID-19 gender analysis will

- identify gender-related COVID-19 advances, gaps, and opportunities related to the activity’s intermediate results, with an eye toward GBV risk and WE3 as priority crosscutting themes across all intermediate results
- address priorities and needs of the following key populations: women; men; indigenous populations; youth; and lesbian, gay, bisexual, transgender, and intersex (LBGTI)

TABLE 1. KEY ELEMENTS OF THE ACTIVITY-LEVEL COVID-SPECIFIC GENDER ANALYSIS		
ACTIVITY (PRELIMINARY)	CROSSCUTTING THEMES	KEY POPULATIONS
<b>Intermediate result 1:</b> Healthy behaviors to prevent diseases and COVID-19 improved in target communities  <b>Intermediate result 2:</b> Psychosocial effects of the pandemic mitigated in target communities  <b>Intermediate result 3:</b> Economic recovery opportunities increased in target communities	Gender-based violence risk  Women’s economic empowerment	Men, women, youth, indigenous populations, LGBTI

#### 4. METHODOLOGY

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

- In-briefing with USAID/Peru
- Draft COVID-specific activity gender analysis report
- Validation workshop with mission staff to validate the draft COVID-specific activity gender analysis report (if time constrained, the mission may elect to forgo this workshop and simply provide written feedback only on the draft report)
- Final COVID-specific activity gender analysis report, which incorporates the discussion in the validation workshop and/or written feedback on the draft report

The following section provides more-detailed information on each deliverable.

- I. In-briefing with USAID/Peru:** On the first day of the assignment, the Banyan Global research team will hold an in-briefing with the mission<sup>50</sup> with the following purposes:

- to ensure that there is agreement on the SOW and methodology for secondary (and any limited primary) 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 analysis and interpretation of secondary (and any limited primary) data, in line with USAID global gender and social inclusion strategies, policies, and regulations including, but not limited to:

- 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)
- USG 2018 Act on 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)
- United States Government Action Plan on Children in Adversity A Framework for International Assistance: 2012–2017 (2012)

The review of secondary will also include a review pertinent mission or activity-level reports or documentation that the mission will make available. Documents may include the following:

- Previous USAID/Peru CDCS Gender Analysis
- The mission's current CDCS
- The mission's current strategic results framework
- Project Appraisal Document (and gender analysis) for the sector/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 will gather, analyze, and interpret other relevant reports and data related to the activity 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
- Sector-specific data sets such as Demographic and Health Surveys; UNICEF/World Health Organization Joint Monitoring Programme for Water Supply, Sanitation and Hygiene, Women, Business and the Law Report, UNDP Global Gender Inequality Index, USAID IDEA Women's Economic Empowerment and Equality (WE3) Dashboard
- CARE Rapid Gender Analyses for COVID (by region and country)
- World Bank Gender and COVID analyses
- Center for Global Development COVID reports at the sector level
- International Food Policy Research Institute COVID-specific reports, by country
- Recent literature that addresses gender equality and women's empowerment issues related to activity and COVID-19

The research team may also carry out a maximum of 5-7 key stakeholder interviews or focus groups to support or nuance the findings and recommendations from the secondary data. To support the process of gathering second 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 the research team.

An international consultant will analyze and interpret the primary and 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 then incorporate. The report will present sector level COVID-19 findings on gender equality and women's empowerment by USAID ADS205 domain, followed by findings and recommendations by activity intermediate result, as defined in the SOW for each gender analysis (see Section 5.2 below for more details on the report structure). The recommendations may include possible alternative or additional indicators to measure the progress against the activity's intermediate results.

- 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 1-2 hour session to discuss and validate the findings and recommendations or only providing 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 from the mission on the draft report, as well as the discussions from the workshop with the mission.

For all deliverables, Banyan Global’s home-office technical staff will provide consistent and regular technical guidance to the research team to ensure that the deliverables meet USAID and internal Banyan Global quality standards.

## 5. DELIVERABLES AND GUIDELINES

### 5.1 KEY DELIVERABLES

The associated work will include the deliverables in Table 2.

**TABLE 2. KEY ELEMENTS OF THE GENDER ANALYSIS**

DELIVERABLE	CONTENT	PERIOD OF IMPLEMENTATION
In-briefing with USAID/Peru mission staff	In-briefing with designated mission staff to discuss: 1) the purpose of the COVID-Specific Gender Analysis; and 2) the proposed research questions; methodology, and structure of gender analysis report findings and recommendations	Week 1 July 29, 2020
Draft COVID-specific gender analysis report	Research and prepare Draft COVID-Specific Gender Analysis Report, including national consultant’s (virtual) review of the draft report	Week 1-3 August 19, 2020
Validation workshop for the draft COVID-specific gender analysis report	Workshop (1–2 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 needed to update the gender analysis (at different stages of country’s phase of reopening)	Week 4 August 26, 2020
Final COVID-specific gender analysis report	Final gender analysis report that incorporates feedback in writing and from the validation workshop from USAID on the draft report	Week 6 September 9, 2020

### 5.2 REPORTING GUIDELINES

The Gender Analysis report (25 pages excluding Executive Summary, Table of Contents, Acronyms and Annexes) should follow the format below and be submitted electronically in Microsoft word and PDF versions:

1. Executive Summary (2 pp.)
2. Table of Contents (1 p.)
3. Introduction (1 p.)



4. COVID-19 Country Context at the sector level, by ADS205 gender analysis domain (2 pp.)
5. Findings and Recommendations on Gender Equality COVID-19 (up to 15 pp., 10 pp recommended)
6. USAID/Peru Alliance for Social and Economic Recovery in the Peruvian Amazon Activity Next Steps on Updating the Gender Analysis (2 pp.)
7. Annexes
  - Acronyms (1 p.)
  - Gender Analysis SOW
  - Methodology (.5 p.)
  - List of Key Documents

Note: The recommendations in #5 above will point to linkages with women's economic empowerment (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 and must be an experienced social scientist with expert level knowledge in conducting gender analyses, with preference given for relevant experience in Peru. Other qualifications include:

- Minimum of 10 years of experience in research, policy formulation and program design in gender and/or social inclusion.
- At least 6 years of experience in carrying out gender analyses—including a focus on GBV risk assessment.
- Familiarity with USAID strategic planning and program management strongly desired.
- Excellent speaking and writing English language skills are required.
- Exceptional inter-personal and inter-cultural skills.
- Excellent leadership skills.
- Expertise in one or more of the priority gender analysis intermediate results.
- Full professional fluency in Spanish.
- Master's degree in sociology, anthropology, economics, or relevant social science field.
- Experience with other donors highly desirable.
- U.S. nationality.

### 6.2 NATIONAL GENDER EXPERT (1)

The team must include one national gender expert who exhibit complementary skills to the Team Lead and core experience conducting thorough evidence-based research gender issues in Peru. Qualifications include:

- Minimum of 5 years of experience in conducting evidence-based research and expert knowledge on gender and women's economic empowerment issues in Peru.
- Expertise in one or more of the activity's priority sectors.

- In-depth knowledge of the Government of Peru gender mainstreaming programs; development partner engagement in the gender space and a sound working relationship with any 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 for the analysis will be approximately 4 weeks for an activity-level COVID-specific gender analysis, with one week of preparation required prior to the beginning each analysis.

Note - this work order includes a six-day work week. LOE and salaries are calculated on that basis.

### **7.2 BUDGET**

The total estimated cost of this analysis is subject to the availability of funds. This analysis is fully funded by the USAID Office of Gender Equality and Women's Empowerment (GenDev).

### **7.3 SUBMISSION TO THE DEVELOPMENT EXPERIENCE CLEARINGHOUSE (DEC)**

The final approved report must be a public document, unless otherwise specified, to be submitted to the Development Experience Clearinghouse ([www.dec.org](http://www.dec.org)) (DEC) following the required Office of GenDev format (see Annex II). The contractor must make the final COVID-specific gender analysis report publicly available through the Development Experience 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 and required Marking shall comply with USAID "Graphic Standards Manual" available at [www.usaid.gov/branding](http://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.

**TABLE 3. WORK ORDER PREPARATION AND COMMITMENTS**

COMMITMENT	DUE DATE
Mission to designate at least 2 staff to coordinate with the research team on the analysis	1 week before research begins
Mission to propose 3 national gender expert candidates.	1 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 necessary resource documents (to a secured Google Drive, including the following: <ul style="list-style-type: none"><li>• The mission's current or previous CDCS</li><li>• Previous CDCS Gender Analyses/Assessments</li><li>• The mission's current draft strategic results framework</li><li>• Activity-level gender and social inclusion analyses and strategy, MELS plan, and annual and quarterly reports</li><li>• PAD-level gender analysis corresponding to the activity</li><li>• Any current COVID sector analyses, in particular at the national/sub-national level</li></ul>	Three days before the work start date

## ANNEX C: PERSONS INTERVIEWED

NAME	INSTITUTION	POSITION
Carla Queirolo	USAID Peru Mission	Project Management Specialist
Carmen Masías	CEDRO	Executive Director
Fabiola Céspedes	CEDRO	Coordinator of Economics Initiatives
Carmen Barco	CEDRO	Deputy Director—Alianza Cr3ce Project
Regina Aguirre	CEDRO	Specialist in Financial Education and Gender
Alejandro Moreno	CEDRO	Monitoring and evaluation Coordinator—COVID Project
Carlos Reynaga	CEDRO	Coordinator of the Communication Component
Milton Rojas	CEDRO	Psychosocial Care Coordinator
Arturo Mendoza	CEDRO	Psychosocial Response Specialist, Ucayali
Aparicio Gutierrez	CEDRO	Zone Coordinator, Satipo
Angélica Rengifo	CEDRO	Zone Communicator, Huánuco
Claudia Salgado	CEDRO	Zone Communicator, San Martín
Chiang Anzapama	CEDRO	Zone Communicator, Junín y Pasco
Junior Orrego	CEDRO	Zone Communicator, Ucayali

## ANNEX D: LIST OF KEY DOCUMENTS

Caruso Emily, and Juan Pablo Sarmiento Barletti. 2019. *Kametsa Asaike*. In *Pluriverse: A Post-Development Dictionary*. New Delhi: Tulika Books.

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Farthing, Linda and Thomas Grisaffi. 2020. *Corona Hits the Cocaine Supply Chain*. Latin America News Dispatch. ([Link](#)).

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Hernandez, Manuel A., Rebecca Pandolph, Christopher Sanger, and Rob Vos. 2020. *Volatile Coffee Prices: COVID-19 and Market Fundamentals*. International Coffee Organization and International Food Policy Research Institute. ([Link](#)).

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Ledebur, Kathryn, and Thomas Grisaffi. 2019. *Bullets in Lieu of Dialogue: Coca Eradication in Peru's Central Jungle*. Andean Information Network and University of Reading. ([Link](#)).

Luziatelli, Gaia, Marten Sorensen, Ida Theilade, and Per Moolgard. 2010. *Asháninka Medicinal Plants: A Case Study from The Native Community of Bajo Quimiriki, Junín, Perú*. *Journal of Ethnobiology and Ethnomedicine* 6(21). ([Link](#)).

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Sarmiento Barletti, Juan Pablo 2011. *Kametsa Asaiki: The Pursuite of 'The Good Life' in an Ashaninka Village (Peruvian Amazonia)*. A Thesis Submitted for the Degree of PhD at the University of St. Andrews. ([Link](#)).

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## ANNEX E: STATISTICS ON COVID-19

More-complete information on COVID testing, positivity, and mortality is provided in the following table:

TABLE 1: COVID-19—TESTING, POSITIVITY, AND DEATHS BY REGION <sup>(1)</sup>							
REGION	PCR (+)	Rapid test (+)	Total cases (+)	% positivity	Rt value <sup>(2)</sup>	Deceased	% lethality
PERÚ OVERALL	125,298	364,382	489,680	18.74		21,501	4.39
HUÁNUCO	1,048	7,281	8,329	17.4	1.47	227	2.73
JUNÍN	1,721	8,221	9,942	15.27	1.43	504	5.07
LORETO	3,094	9,507	12,601	30.58	1.28	597	4.74
PASCO	176	2,527	2,703	10.24	1.51	58	2.15
SAN MARTIN	2,060	8,337	10,397	19.14	1.36	432	4.16
UCAYALI	935	10,225	11,160	31.1	1.22	240	2.15

(1) Source: Peru Ministry of Health Sala Situacional (Situational Room). Retrieved 11 August 2020.

(2) Source: HuaynoData.com. Retrieved August 6, 2020.

Scientists have noted that the coronavirus is more lethal for men over 60. Statistics for Peru and the activity area confirm this trend, as can be seen in Peru's Ministry of Health Sala Situacional (Situation Room) figures. Of every 100 people who died from COVID-19 in the Amazonian region, approximately 70 were men and 30 were women.

TABLE 2: COVID-19—DEATH BY SEX AND AGE GROUPS IN SELECT REGIONS <sup>(1)</sup>								
REGION	MEN			Total deceased	WOMEN			Total deceased
	% under age 29	% ages 30 to 59	% 60 and older		% under age 29	% ages 30 to 59	% 60 and older	
HUÁNUCO	2.1	27.2	70.7	140	3.5	28.7	67.8	87
JUNÍN	1.1	36.1	62.8	365	2.2	31.7	66.1	139
LORETO	2.3	30.4	67.3	431	3.6	30.7	65.7	166
PASCO	2.9	37.1	60.0	35	4.3	17.4	78.3	23
SAN MARTIN	2.3	32.6	65.1	310	4.1	35.2	60.7	122
UCAYALI	2.7	33.0	64.3	185	5.5	41.8	52.7	55
TOTAL				1,466				592

(1) Source: Peru Ministry of Health Sala Situacional (situational room). Retrieved: 11 August, 2020

The following table identifies demographic and comorbidity indicators associated with the risks of greater contagion and death:

TABLE 3: DEMOGRAPHIC AND COMORBIDITY INDICATORS IN SELECTED REGIONS						
DEMOGRAPHIC INDICATORS	Huánuco	Junín	Loreto	Pasco	San Martín	Ucayali
Population over age 65	8.8	8.1	6.1	7.9	6.7	5.9
Living in overcrowding	14.9	9.0	22.9	12.8	13.9	18.6
With high or medium intergenerational risk	49.0	53.8	68.9	44.5	63.3	69.8
Live in single or non-family households	17.7	17.0	9.7	21.4	10.1	11.1

  

COMORBIDITY INDICATORS	Huánuco	Junín	Loreto	Pasco	San Martín	Ucayali
Population over 15 with at least one less comorbidity <sup>(1)</sup>	28.1	26.4	35.4	28.0	33.9	33.3
In urban areas	34.2	28.0	39.3	30.1	36.2	35.9
In rural areas	22.9	22.9	27.5	23.3	29.6	22.3
Over age 65 with some comorbidity	46.3	42.1	60.9	43.0	62.7	54.2
Women	31.3	28.8	37.4	30.5	39.2	37.5
Men	24.8	23.7	33.6	25.3	28.7	29.1

(1) Source: Factores de riesgo asociados a complicaciones por COVID-19, ENDES 2018-2019. INEI, 2020

## ENDNOTES

<sup>1</sup> In Peru, native refers to those who live in the Amazonian rainforest, who are the target population for this USAID activity. Indigenous refers to communities in the Andes.

<sup>2</sup> USAID. 2020. *U.S. Agency for International Development Protection from Sexual Exploitation and Abuse (PSEA) Policy*.

<sup>3</sup> Gianella, Camila, César Ugarte-Gil, Godofredo Caro, Rula Aylas, César Castro, and Claudia Lema. 2016. *TB in Vulnerable Populations: The Case of an Indigenous Community in the Peruvian Amazon*. Health and Human Rights Journal 8(1):55–68.

<sup>4</sup> Ledebur, Kathryn, and Thomas Grisaffi. 2019. *Bullets in Lieu of Dialogue: Coca Eradication in Peru's Central Jungle*. Andean Information Network and University of Reading.

<sup>5</sup> Gianella, Camila, César Ugarte-Gil, Godofredo Caro, Rula Aylas, César Castro, and Claudia Lema. 2016. *TB in Vulnerable Populations: The Case of an Indigenous Community in the Peruvian Amazon*. Health and Human Rights Journal 8(1):55–68.

<sup>6</sup> Farthing, Linda and Thomas Grisaffi. 2020. *Corona Hits the Cocaine Supply Chain*. Latin America News Dispatch.

<sup>7</sup> Central Asháninka de Río Ene (CARE). 2011. *Kametsa Asaiki: El Vivir Bien de los Asháninka del Río Ene*, Agenda Política de la CARE.

<sup>8</sup> Caruso Emily, and Juan Pablo Sarmiento Barletti. 2019. *Kametsa Asaiki*. In *Pluriverse: A Post-Development Dictionary*. New Delhi: Tulika Books.

<sup>9</sup> According to CARE, the key principals are live as Ashaninkasanori (“real kin people”); be free to eat familiar food; live safely and quietly on our ancestral land; live in peace and without having to endure terrorism; be able to produce and buy what we need; use our knowledge to be healthy, and our region and community are well cared-for; have access to an education that will help us improve and empower us as Asháninka; and be supported by an organization that listens to us and defends our rights.

<sup>10</sup> INEI. 2018. *Censo de Comunidades Nativas 2017. Resultados Definitivos*. Tomo I. Lima.

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- <sup>11</sup> INEI. 2019. *Perú: Evolución de los Indicadores de Empleo e Ingreso por Departamento 2007–2018*. Lima: Instituto Nacional de Estadística e Informática.
- <sup>12</sup> Defensoría del Pueblo. 2020. *Estado de Emergencia Sanitaria: El Problema de la Informalidad Laboral en una Economía Confinada. Serie Informes Especiales N° 02-2020-DP*. Defensoría del Pueblo.
- <sup>13</sup> Ministerio de la Mujer y Poblaciones Vulnerables. 2020. Encuesta Sobre Percepciones y Actitudes de Hombres y Mujeres Frente al Aislamiento Social Obligatorio a Consecuencia del COVID-19.
- <sup>14</sup> Women’s Emergency Centers (CEMs) are a mechanism of the Ministry of Women and Vulnerable Populations (MIMP) that offers free, specialized public services, and comprehensive and multidisciplinary care for victims of family and sexual violence. CEMs offer legal guidance, judicial defense, and psychological counseling. There are approximately 400 CEMs distributed across every regions of the country.
- <sup>15</sup> Defensoría del Pueblo. 2020. *Estado de Emergencia Sanitaria: El Problema de la Informalidad Laboral en una Economía Confinada. Serie Informes Especiales N° 02-2020-DP*. Defensoría del Pueblo.
- <sup>16</sup> Ministerio de la Mujer y Poblaciones Vulnerables. 2019. *Programa Nacional para la Prevención y Erradicación de la Violencia Contra las Mujeres e Integrantes del Grupo Familiar—Aurora: Boletín Estadístico*.
- <sup>17</sup> Deutsche Welle. 2020. *Perú Registra Más De 900 Mujeres Que Desaparecieron Durante La Cuarentena*.
- <sup>18</sup> United States Agency for International Development. 2012. *Gender Equality and Female Empowerment Policy (ADS 205)*.
- <sup>19</sup> Luziatelli, Gaia, Marten Sorensen, Ida Theilade, and Per Moolgard. 2010. *Asháninka Medicinal Plants: A Case Study from The Native Community of Bajo Quimiriki, Junín, Perú*. *Journal of Ethnobiology and Ethnomedicine* 6(21).
- <sup>20</sup> Key stakeholder interviews, August 2020.
- <sup>21</sup> Ministerio de la Mujer y Poblaciones Vulnerables. 2020. Encuesta Sobre Percepciones y Actitudes de Hombres y Mujeres Frente al Aislamiento Social Obligatorio a Consecuencia del COVID-19.
- <sup>22</sup> Ibid.
- <sup>23</sup> INEI. 2019. *Perú: Evolución de los Indicadores de Empleo e Ingreso por Departamento 2007–2018*. Lima: Instituto Nacional de Estadística e Informática.
- <sup>24</sup> Ibid.
- <sup>25</sup> USAID/Peru. 2019. *CDCS Gender Analysis*.
- <sup>26</sup> Key stakeholder interviews, August 2020.
- <sup>27</sup> Ibid.
- <sup>28</sup> Santos-Granero, Fernando and Frederica Barclay. 2011. *Bundles, Stampers, and Flying Gringos: Native Perceptions of Capitalist Violence in Peruvian Amazonia*. *The Journal of Latin American and Caribbean Anthropology* 16(1):143–167.
- <sup>29</sup> For example, CARE (2011), Caruso and Sarmiento (2019), Gianella et al. (2016), INEI (2019), Luziatelli et al. (2010), Santos-Granero and Barclay (2011), Sarmiento Barletti (2011), and Shepard (2002).
- <sup>30</sup> USAID. 2020. *Policy on Protection from Sexual Exploitation and Abuse (PSEA)*.
- <sup>31</sup> A chacra refers to an agricultural field that is owned by a family or community, and cultivated collectively by its owners. Many chacras are owned and cultivated by individual families, but in native communities chacras are agricultural commons that are owned and cultivated by the community as a whole.
- <sup>32</sup> IASC. 2020. *Identifying and Mitigating Gender-Based Violence Risks Within the COVID-19 Response*.
- <sup>33</sup> Key stakeholder interviews, August 2020.
- <sup>34</sup> Ibid.
- <sup>35</sup> Ibid.
- <sup>36</sup> CEDRO. 2013. *Manual de Alfabetización Digital: Dirigido a Participantes Nivel Básico*. USAID/Peru.
- <sup>37</sup> Hernandez, Manuel A., Rebecca Pandolph, Christopher Sanger, and Rob Vos. 2020. *Volatile Coffee Prices: COVID-19 and Market Fundamentals*. International Coffee Organization and International Food Policy Research Institute.
- <sup>38</sup> Corely, William. 2020. *COVID-19 and its Impact on Cacao Demand: A View from Peru*. Agrilinks.
- <sup>39</sup> Ledebur, Kathryn, and Thomas Grisaffi. 2019. *Bullets in Lieu of Dialogue: Coca Eradication in Peru’s Central Jungle*. Andean Information Network and University of Reading.
- <sup>40</sup> Farthing, Linda and Thomas Grisaffi. 2020. *Corona Hits the Cocaine Supply Chain*. *Latin America News Dispatch*.
- <sup>41</sup> USAID/Peru. 2019. *CDCS Gender Analysis*.
- <sup>42</sup> Ibid.
- <sup>43</sup> Ibid.
- <sup>44</sup> Ibid.
- <sup>45</sup> Cocoa Post. 2020. *Digital Payments Securing Financial Inclusion for Cocoa Farmers*.



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<sup>46</sup> Inter-Agency Standing Committee and Global Protection Cluster/GBV Protection and Response. 2020. *Identifying and Mitigating Gender-Based Violence Risks within the COVID-19 Response*.

<sup>47</sup> Caruso Emily, and Juan Pablo Sarmiento Barletti. 2019. *Kametsa Asaike*. In *Pluriverse: A Post-Development Dictionary*. New Delhi: Tulika Books.

<sup>48</sup> USAID. 2020. *State Department: Update: The United States Continues to Lead The Global Response to COVID-19*.

<sup>49</sup> USAID. 2020. *USAID: COVID-19 Global Response—Fact Sheet #2 FY20*.

<sup>50</sup> It will be at the mission's discretion to determine the level of engagement of the implementing partner in each gender analysis, including in the in-briefing, review of the draft CSGA report, validation workshop for the draft CSGA report, and the review of the final CSGA report.