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JASON HOUSTON FOR USAID

USAID'S GENDER AND COVID-19 GUIDANCE

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Implemented by:

Banyan Global

1120 20th Street NW, Suite 950

Washington, DC 20036

Phone: +1 202-684-9367

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TABLE OF CONTENTS

1. INTRODUCTION

OVERVIEW

The outbreak of COVID-19 has had—and will continue to have—a tremendous impact on countries worldwide until the pandemic is controlled through physical distancing, masking, frequent handwashing with soap and water, and equitable global distribution of COVID-19 vaccines.[1] The effect of the pandemic on global public health, and individual and communal social and economic well-being, particularly for those who are vulnerable or marginalized, has been devastating.[2] Since the start of the pandemic, impacts of COVID-19 have included reduced access to nutritious foods,[3] severe disruptions in food supply chains,[4] accelerated democratic backsliding,[5] widened economic inequalities, accelerated aggravation of the global education crisis,[6] and increased strain on water systems.[7] These challenges will likely continue in the short to medium term.[8] Also, COVID-19 will have long-term effects across a range of sectors in countries around the world, potentially countering development gains, including those related to gender equality, such as increasing women's vulnerability to food insecurity and malnutrition, widening gender poverty gaps, increasing incidence of gender-based violence, exacerbating burdens of unpaid work, increasing exposure and risk of COVID-19 for frontline workers,[9] hindering women's access to sexual and reproductive health services, and intensifying forms of violence and discrimination.[10]

Previous responses to global public health emergencies and pandemics (including Ebola, Zika, and severe acute respiratory syndrome [SARS]), along with the COVID-19 response to date, have made clear that integrating a commitment to gender equality and women's empowerment in activity design and implementation is vital to supporting affected communities and saving lives. Within this context, it is critical to adapt programming to respond to how COVID-19 is affecting women and girls, men and boys of different ages, disabilities, ethnicities, races, and socio-economic and demographic groups. Further, such programming is an opportunity not only to mitigate the risks of backsliding on gender equality gains, and associated health and economic backsliding, but also to advance women's leadership roles and opportunities.

HOW TO USE THIS TECHNICAL BRIEF

This technical brief is intended for use by staff and Implementing Partners of the United States Agency for International Development (USAID). It reiterates the gender analysis requirements laid out in the Women's Entrepreneurship and Economic Empowerment (WEEE) Act of 2018 and USAID's Automated Directives System (ADS) 205, and offers key considerations and recommendations to support gender-responsive COVID-19 response planning and implementation in line with USAID regulations and policies. Section 2 provides an overview of USAID's gender analysis requirements. Section 3 offers gender equality considerations and recommendations, including supporting evidence from the COVID-19 response to date and previous pandemics, relevant to all sectors. Section 4 presents considerations and recommendations related to gender-based violence (GBV) prevention and response, including sexual exploitation and abuse (SEA), that are relevant across sectors. Section 5 provides sector-level considerations and recommendations (see list below). Each sector-level recommendation includes additional **tags** to cross-reference other relevant sectors. Section 6 lists selected gender programming resources.

- All Sectors
- GBV, including SEA
- Agriculture, Food Security, and Nutrition (AFN)
- Child Protection

- Democracy, Rights, and Governance (DRG)
- Economic Stability, Growth, and Empowerment
- Education
- Environment and Natural Resources Management and Use (ENRM)
- Health
- Water, Sanitation, and Hygiene (WASH)

2. WHAT ARE USAID'S GENDER ANALYSIS REQUIREMENTS?

The Women's Entrepreneurship and Economic Empowerment (WEEE) Act of 2018 requires that all USAID strategies, projects, and activities *in all sectors* are shaped by a gender analysis; standard indicators are used to assess such strategies, projects, and activities; and gender equality and women's empowerment are integrated throughout the Agency's program cycle and related processes for purposes of strategic planning, project design and implementation, and monitoring and evaluation.

USAID's Automated Directives System (ADS) 205 provides operational guidance on gender analysis and gender integration for Agency personnel and Implementing Partners.

3. ISSUES AND RECOMMENDATIONS FOR ALL SECTORS

Specific needs, vulnerabilities, and strengths of women and men of different ages, ethnicities, races, disabilities, gender identities, sexual orientations, and socio-economic and demographic groups. The risk of exposure to COVID-19—and the likelihood of experiencing severe illness or death as a result of infection—is determined by the daily activities in which women and girls, men and boys of different ages, disabilities, ethnicities, races, gender identities, sexual orientations, migration statuses, and socio-economic and demographic groups participate, as well as structural inequalities they experience and unique strengths they possess.[11] These factors also shape their access to information and resources, and capacity to address their needs (both COVID-19–related and general).[12] The pandemic has had disproportionate immediate and long-term negative impacts on the economic well-being, health, education, human rights,[13] and security of women and girls, particularly those from marginalized groups. Gender-responsive activities can decrease exposure to, transmission of, and morbidity and mortality related to COVID-19. In short, they can save lives.[14]

Recommendations: (1) Conduct activity-level COVID-19–specific gender analysis drawing upon findings and recommendations from previous USAID country-, project design-, and activity-level gender analyses. (2) Design and implement USAID strategies and activities based on results of COVID-19–specific gender analyses that address the differential needs and capacities of women and girls, men and boys of various ages, disabilities, and groups (and particularly at-risk sub-groups) with specialized support, training, and messaging as COVID-19 shifts their duties and roles within and beyond the household. (3) Prioritize multi-sectoral responses in partnership with multiple stakeholders to ensure that the totality of needs are addressed for different sub-groups and to eliminate gaps in and/or duplication of services.[15] (4) Design and implement programming to incorporate principles of universal design to ensure accessibility to physical spaces, information, and communication at all stages of the program cycle.

Gender-responsive data collection, use, and monitoring. Globally, there have been gaps in collecting data disaggregated by sex, age, ethnicity, race, disability, income, and pregnancy status to inform COVID-19 response policy and planning.[16] Collecting such data is essential for designing COVID-19 response measures that address the gender differences in COVID-19 exposure and treatment for diverse populations.[17] **Recommendations:** (1) Collect and analyze disaggregated data when possible and safe to do so, and draw on similar data collected from other sources, including from national databases, The GlobalHealth5050 Sex, Gender and COVID-19 Project; and The United Nations Development Programme COVID-19 Global Gender Response Tracker. (2) Include USAID's standard F gender indicators, as well as standard sector-specific indicators, in monitoring, evaluation, and learning (MEL) plans and monitor change over time to understand the full impact of COVID-19 on gender equality. (3) Collaborate with national partners to verify and update pre-existing data on local intersectional gender dynamics and current conditions for different groups.

Unequal participation of women, especially from marginalized groups, in activity design and implementation. Women, especially women health workers and those from marginalized groups, have largely been absent from decision-making in the COVID-19 response, particularly at leadership levels.[18,19] This exclusion and lack of participation and leadership threaten the success of health interventions during the pandemic.[20] **Recommendations:** (1) Engage and strengthen women's leadership,[21] especially women from marginalized groups, through targeted outreach campaigns and multiple and flexible modalities to participate in COVID-19–related project design, implementation, and relevant task forces. (2) Support changes to informal practices that hinder certain groups' participation (e.g., inflexible work hours that disadvantage mothers). (3) Consult national partners about pursuing informal systems of communication, including in collaboration with women's networks.[22] (4) Deploy low-bandwidth communication systems (e.g., telephone calls, mobile phone texts, emails) in local languages and target women, girls, and marginalized populations.

Limited male engagement. Men face higher COVID-19 mortality rates, which appear to be linked to social norms and behaviors related to masculinity (e.g., lower rates of handwashing and mask-wearing, higher rates of smoking, and lower health-care-seeking behavior) and biological factors.[23,24] Men and boys have also seen their roles change during the pandemic, with some facing increased responsibility for care roles that women typically manage.[25] Men and boys may feel underequipped and overwhelmed by managing these new responsibilities and greater amounts of unpaid household care work, and they may experience discrimination for taking on traditionally female roles.[26] Their needs may be underreported because of the stigma associated with them serving as caregivers. **Recommendations:** (1) Target men and boys with specialized messaging, support, and training as they assume new duties and care responsibilities for family members with COVID-19.

"Infodemic" and misinformation. The onslaught of misinformation and inundation of conflicting information—often referred to as the "infodemic" and largely fueled by social media outlets—during the COVID-19 pandemic has resulted in unnecessary transmission, sickness, and death.[27] Women and girls, men and boys, especially those from marginalized groups (e.g., persons with disabilities, minority groups, the elderly) are especially vulnerable to getting misinformation and not receiving accurate, timely, culturally sensitive, age-appropriate, and language-specific information about COVID-19.[28,29,30] **Recommendations:** (1) Consult with national partners (including social media companies)[31] when developing COVID-19 risk communication and community engagement action plans (RCCEs) to ensure that messaging on preventive, protective, and care-seeking behaviors reaches and is understandable to

all populations. Ensure that messaging is clear and simple; produced in languages that affected populations speak; culturally sensitive; broadcast through a variety of media outlets, including forms that do not require literacy (visual graphics on billboards and community radio); and does not promote stigma or reinforce inequitable gender and power dynamics.[32,33,34] (2) Collaborate with governments and social media companies to battle misinformation on social media platforms and from other sources.[35] (3) Support a globally coordinated campaign of influencers that support science and public health related to COVID-19.[36]

Gender digital divide. The gap between women and men's access to technology and the Internet is deepest in the low-income countries.[37,38] At a time when physical distancing is key to combating COVID-19, lack of access to information and resources shared though digital technology can exacerbate women's and girls' susceptibility to contracting the virus, and experiencing GBV and social isolation. Basic access to technology and the Internet can link vulnerable populations to life-saving information, including access to resources such as cash transfers and remote health care services, and provide comfort in connecting with loved ones.[39,40] Having lower rates of digital access or digital literacy also means that women miss economic opportunities as a growing number of sectors move online (e.g., retail, services, health care).[41] **Recommendations:** (1) Invest in technology, Internet access, and digital literacy, including how to navigate the Internet safely, for women and girls, men and boys, especially those from marginalized groups, to enhance remote means of communication and knowledge exchange.[42] (2) Recognizing that women share cell phones, design inclusive products for phones that may be used by multiple people.[43] (3) Support the development of government policies that seek to redress the gender digital gap, including expanded Internet connectivity and electricity infrastructure, literacy and numeracy programs, and digital literacy education, and enhanced safety for women and girls online and measures to curb cyberbullying.[44,45,46]

Disruption to current activities that support women and girls. As resources and attention are redirected to the COVID-19 response, the capacity of and access to essential health (including sexual and reproductive health), water, social, and education services may decrease.[47] **Recommendations:** (1) Conduct an in-depth gender analysis on the impact of pausing or discontinuing any current programming to identify the impact on women, girls, and other groups facing marginalization and gender equality and social inclusion overall before making any programming changes. (2) Prioritize working through existing programs to respond to COVID-19 over halting or discontinuing programming to divert resources to the COVID-19 response.

4. ISSUES AND RECOMMENDATIONS ON GENDER-BASED VIOLENCE—INCLUDING SEXUAL EXPLOITATION AND ABUSE—PREVENTION AND RESPONSE

Disclaimer: If you are not a GBV specialist, please consult with local GBV practitioners on survivor-centered approaches to prevention and response, and familiarize yourself with local GBV referral pathways to ensure safe and appropriate referrals can be made in the proposed activity.

Globally, GBV has increased during the COVID-19 pandemic, following the same pattern as previous pandemics.[48,49] COVID-19 and past pandemics have led to increases in intimate partner violence (physical, verbal, economic, and psychological); digital harm, including online and offline sexual harassment and gender-based bullying and abuse; sexual exploitation and abuse, especially among women

and girls;[50,51,52] trafficking for commercial exploitation, especially of girls through online means;[53,54] child, early, and forced marriage (CEFM) to mitigate the loss of family income;[55] abuse and mistreatment of persons with disabilities and lesbian, gay, bisexual, transgender, queer/questioning, and intersex (LGBTQI+) persons;[56] female genital mutilation/cutting (FGM/C);[57] attacks against female health workers;[58] and trafficking in persons.[59] Several factors have triggered the increase during the current pandemic: curtailed movement from home because of stay-at-home measures and/or social isolation, increased use of the Internet, reduced access to support networks, and financial stress.[60,61] Some reported GBV incidence data indicate decreases in GBV, which are likely due to underreporting.[62]

GBV risk mitigation measures at the activity level. Evidence from previous pandemics, such as the Ebola virus, highlights that not putting in place GBV risk mitigation across sectors and activities may unintentionally create a risk of GBV. Not integrating support—such as measures to address economic and emotional stressors at the household level; to ensure the equal participation in distance learning and safe return to learning for girls; and to provide safe access to water, sanitation, and hygiene—could enhance these risks.[63] **Recommendations:** (1) Implement rapid assessments to identify context-specific GBV vulnerabilities during the COVID-19 pandemic and devise relevant strategies to mitigate and respond to those risks. (2) Include GBV prevention messaging in national or sub-national Risk Communication and Community Engagement (RCCE) strategies and action plans. (3) Implement targeted prevention programming that addresses triggers contributing to increases in GBV during the pandemic (e.g., economic support to families, respite care for childcare, counseling for women and men). (4) Make available safe and confidential in-person and remote GBV health, case management, social support response services.[64] (5) Provide spaces for and engage men and boys in social and behavior change activities across sectors to promote healthy masculinities, more gender-equitable relationships, and shared caregiving roles.[65] (6) Fund action-oriented research on "what works" to prevent and respond to GBV in the context of COVID-19 and pandemics in general.[66]
Related Sectors: AFN, Child Protection, DRG, Economic Growth, Education, ENRM, WASH

Limited access to GBV response services. COVID-19 stay-at-home measures and quarantines have forced some GBV survivors to remain confined with abusers and perpetrators, limiting their ability to access legal, health, and other frontline GBV services and informal support networks.[67] Health services for GBV survivors have also diminished in some contexts due to the diversion of health care supplies and facilities from GBV and sexual and reproductive health care services to the COVID-19 response.[68] GBV service providers face mobility challenges related to the lockdown measures in addition to resource constraints that limit their ability to meet the growing needs of GBV survivors.[69] **Recommendations:** (1) Allocate financial, planning, and human resources to GBV service providers to ensure availability of culturally appropriate GBV services that are operational during the pandemic response and remain accessible even during physical distancing. (2) Strengthen the capacity of existing GBV service providers to adapt case-management protocols, incorporate remote services, and ensure continued support for survivors, even during physical distancing.[70,71] (3) Integrate GBV prevention and response into health systems' response to COVID-19[72] (e.g., specialized training to health care workers, including how to respond compassionately and appropriately to disclosures of violence, and updated GBV referral pathways so that primary and secondary health care facilities can play more of a role in providing clinical management and refer cases to tertiary hospitals only when a more specialized level of care is needed).[73] (4) Provide USAID staff and partners working in all sectors with training on how to respond appropriately to disclosures of GBV in the context of COVID-19, including how and to whom to make referrals for further care, as well as whom they can bring into treatment centers to provide

care on the spot—if survivors should want to take this course of action. Related Sectors: AFN, Child Protection, DRG, Economic Growth, Education, ENRM, Health, WASH

Mental health and psychosocial support (MHPSS) needs of GBV survivors. GBV takes a significant toll on survivors' mental health and psychosocial well-being.[74] However, access to MHPSS resources, in general, has been limited during the COVID-19 pandemic due to increased demand, reduced budgets before the pandemic, and reduction in MHPSS services as resources have been diverted to the COVID-19 response.[75] Stay-at-home measures and women's lack of childcare may also limit GBV survivors' access to MHPSS services. **Recommendations:** (1) Update GBV referral pathways to include available MHPSS services for GBV survivors. (2) Increase the availability of virtual or localized MPHSS services, including phone, online, or remote ones. (3) Localize existing MPHSS services by establishing community focal points and working with existing networks to provide services. (4) Encourage informal (virtual) social support networks.[76] Related Sectors: DRG, Health

Economic support for women and GBV survivors. Women who have to miss work, do not have sick leave, become infected with COVID-19, or become unemployed due to closure of a job site may not be able to leave an abusive partner. At the same time, women, including GBV survivors, who receive targeted economic support may experience increases in violence. **Recommendations:** (1) Adapt livelihood activities to identify and mitigate challenges (such as increased violence) that female beneficiaries, including GBV survivors, might experience as a result of receiving economic relief and support (including cash transfers).[77] (2) Expand and reinforce economic safety nets for women and men.[78] (3) Expand shelter and temporary housing for GBV survivors.[79] (4) Provide targeted economic support (such as shelter, danger pay, and sick leave), along with case-management services, to GBV survivors, so they can safely leave abusive partners should they wish to do so. Related Sectors: DRG, Economic Growth

Sexual exploitation and abuse (SEA) of affected communities by aid workers during COVID-19. SEA is a form of GBV for which all aid workers are accountable. It is likely present in every aid context.[80] SEA can have serious emotional and physical health implications for those affected, particularly if it occurs alongside other traumatic events, such as losing a loved one to the virus or experiencing food or economic insecurity. At the same time, the impact of SEA goes beyond individuals, causing collective harm and trauma to entire communities and requiring large amounts of community resources to care for the survivors.[81] **Recommendations:** (1) Prioritize SEA prevention through ongoing efforts targeting USAID and its partners that tackle structural gender inequalities, patriarchy, and power imbalances while at the same time explicitly communicating to USAID partners and program participants that the Agency will not tolerate SEA. (2) Ensure that safeguarding practices to prevent, report, and respond to SEA are contextualized and responsive to the heightened vulnerability in the context of COVID-19 and specific contexts. (3) Develop culturally appropriate, context-sensitive, and survivor-centered approaches to prevent, mitigate, and respond to SEA allegations by focusing on needs, rights, insights, and wishes of survivors, families, loved ones, and communities.[82] (4) Place community members' knowledge and needs at the center of planning and implementation of measures to prevent and respond to SEA.[83] Related Sectors: AFN, Child Protection, DRG, Economic Growth, Education, ENRM, Health, WASH

5. ISSUES AND RECOMMENDATIONS BY SECTOR

AGRICULTURE, FOOD SECURITY, AND NUTRITION

Threatened supply of diverse and locally accessible food. During COVID-19, food prices have been steadily rising around the world[84] and restricted movement of food supplies, lack of workers to harvest crops, and closure of markets and processing plants have led to food shortages.[85] As the main procurers of food, women have borne the brunt of the additional time involved in obtaining food in these circumstances.[86] Demand for fruits and vegetables is highly elastic, so changes in affordability are likely to change dietary patterns as consumers favor cheaper staples and non-perishables.[87] Weak demand and disruption in 2020 will leave farmers less able to invest in production the following and potentially subsequent years.[88] **Recommendations:** (1) Ensure food supply accessibility for women, especially widows, those who are land insecure, female-headed households, refugees, and displaced persons, by repairing disrupted supply chains and engaging in direct food assistance.[89,90] (2) Support women input providers, traders, producers, and other small businesses with emergency financial assistance (grants, loans, and loans) to weather uncertainties and ensure the continuation of their workforces, food supplies, and simplified trade regimes for women cross-border traders to reduce transaction costs.[91] (3) Support the role women play in market systems and value chains to ensure continued access to nutrient-dense commodities.[92] Related Sectors: DRG, Economic Growth, Education, ENRM, Health

Differentiated impact of food and nutrition insecurity on women and girls, men and boys. Communities that are already food insecure will be the first to feel the brunt of food scarcity, including less available food, less diversity of options, and higher prices.[93] Poor households adopt coping strategies during times of crisis like COVID-19, such as buying less food, switching to less nutritious food, and reducing the number of meals eaten daily in response to reduced available income.[94] Within food-insecure communities, women and girls, especially those who live in rural areas or are pregnant and lactating; elderly persons; persons with disabilities; ethnic minorities; LGBTQI+ persons; and malnourished persons are particularly vulnerable. This is due to increased food insecurity and malnutrition[95] because of gender norms about prioritizing male family members in household food consumption,[96] having fewer financial resources, and other barriers.[97] Food insecurity may also lead some people to adopt negative coping strategies, such as transactional sex and child, early, and forced marriage, or to go into debt to purchase food.[98] However, there is evidence that COVID-19–related social protection programs can serve a protective role in shielding households from food insecurity and negative coping mechanisms.[99] **Recommendations:** (1) Provide direct food assistance without conditionalities while ensuring the amount of assistance is appropriate for the size of the household,[100] provide extra protection to nutritionally vulnerable households with pregnant women or young children and, where possible, ensure food assistance contains fresh produce.[101] (2) Integrate behavioral-change measures to address inequalities in food allocation and consumption at the household level (e.g., ensure household members have equal access to food, communicate social protection transfers as a family benefit). (3) Support decentralized community kitchens so that vulnerable groups can get access to nutritious meals close to their homes.[102] (4) Support the continuation of school feeding programs while schools are closed to prevent hunger and malnutrition, relieve women's stress in procuring food,[103] and avoid negative coping mechanisms. Related Sectors: Economic Growth, Health, GBV and SEA

Differentiated impact of access to markets and production inputs on men and women farmers. The closure of borders and imposition of stricter sanitary controls and curfews due to COVID-19 has caused trade disruptions and slowed down or halted the movement of agricultural goods.[104] During COVID-19 in Zimbabwe, for example, even as the economy reopened, informal traders (who are often women) were not allowed to return back to their vending sites and the products they were selling were confiscated.[105] Women may be particularly vulnerable to stay-at-home measures, as some countries have allowed only the head of household, male, to leave the home.[106] As markets close and cross-border trade declines, women may be priced out of the market for seeds, fertilizer, tools, and labor before men,[107] and unable to sell their produce (or sell at low prices).
Recommendations: (1) Target women farmers, traders, and vendors in programming activities related to market access and input procurement.[108] (2) Include a combination of inputs, cash, and access to credit in agricultural assistance programs and prioritize access for women producers.[109,110,111] Consider the use of digital payments where safety may be an issue for women.[112] (3) Support local and national partners to facilitate smallholder access to markets by addressing mobility constraints, transportation restrictions, and market disruptions: develop online markets to link small-scale producers to consumers, mobile farm gate markets and/or electronic transaction systems, and last-mile linkages between producers and consumers[113,114] for food and input delivery. (4) Support measures to ensure activities of small food producers are deemed "essential" so they may continue to operate.[115] Related Sectors: Economic Growth

Increased time burdens. Before COVID-19, women had generally weaker land tenure security and less access to productive resources than men, which combined with other factors, hindered women's participation in agricultural extension programs, access to credit, and other financial services.[116] COVID-19 has exacerbated such discrepancies, for example, by increasing women's caregiving burdens and making it more challenging to spend time on farming.[117] **Recommendation:** Support programming that engages men in helping women with caregiving work and other traditional roles for women so they have time for agricultural production activities.[118] Related Sectors: Economic Growth

Reduced access to information and extension services among women farmers. As agricultural extension services move to digital platforms to accommodate physical distancing, women can get left behind due to lower access to mobile phones (and money for airtime) and other means of receiving information and lower levels of digital literacy.[119] During the pandemic, public information campaigns frequently lack targeted outreach to women, especially those from the most marginalized groups.[120] However, using mobile technology for trainings and extension can be effective to address barriers that men and women farmers face. Video-enabled extension messaging and improved access to mobile technology can improve gender-equitable agricultural outcomes for farming households.[121]
Recommendations: (1) Undertake rapid assessments of current development activities to ask women specific questions about their needs related to extension and financial services. (2) Support programming that targets women for digital literacy training[122] and consider distributing mobile phones with airtime to women. (3) Work with local and national partners to ensure that public information campaigns include appropriate communication modes (e.g., radio, posters, social media, videos, WhatsApp) to reach marginalized groups to communicate important market and farming information; include messaging that is targeted to these groups.[123] (4) Leverage women's groups or other peer support groups as networks for more efficient communication and delivery of essential services where technology reach is low.[124] Related Sectors: Economic Growth, Education, ENRM

GBV related to agriculture, food security, and nutrition. Stay-at-home measures may increase the risk of GBV for women and children, both within the home as well as in public places, due to the need to take increased risks in agricultural production, processing, and marketing strategies. Stress over increased food insecurity and stay-at-home restrictions correlate to increases in domestic violence.[125] Pandemic restrictions may also exacerbate harmful traditional practices, such as women and girls eating "least and last," or disrupt exclusive breastfeeding. The threat of GBV limits women's interest and ability to participate in and take on leadership roles in groups and to make household decisions. It also limits their access to resources and services, including agricultural inputs and training.[126] **Recommendations:** (1) Incorporate messaging and activities to reduce the incidence of GBV and increase women's empowerment into AFN programming, such as: incorporate training on gender dynamics and GBV into extension and outreach programs (e.g., video, radio). (2) Work with national partners to establish gender role models within communities to advocate for women's inclusion in decision-making and leadership[127] and to collect data on women's decision-making.[128] Related Sectors: Economic Growth, GBV and SEA

CHILD PROTECTION AND CARE

Safety and security risks that girls and boys face in the context of COVID-19. COVID-19–related school closures combined with wage cuts, loss of income, increased debt, and overall declining livelihood opportunities are all triggers of gender-specific safety, security, and protection risks to girls and boys.[129] At the same time, schools are often the only place that girls and boys already facing violence, abuse, and exploitation can turn for support from competent and caring adults.[130] Out-of-school youth are at increased risk of engaging in harmful coping mechanisms (such as drugs and alcohol) and are vulnerable to physical or emotional abuse.[131] As regular access to safe and supervised environments declines while schools are closed, girls may be at greater risk of CEFM, child labor, sexual exploitation, and other forms of GBV[132] like FGM/C.[133,134,135] Girls are at particular risk of transactional sex to secure essentials like case, food, and sanitary products during the COVID-19 pandemic.[136] Boys may be at increased risk of harsh forms of punishment and child labor, including recruitment into armed groups, and in some countries, susceptible to trafficking.[137] Boys are also at risk of forced labor and recruitment by armed groups, while girls face a heightened risk of early pregnancy, sexual violence and exploitation, transactional sex, and trafficking. **Recommendations:** (1) Identify the differentiated and context-specific risks of extended school closures and family financial hardship for girls and boys.[138] (2) Provide social safety nets during the pandemic to counter the financial hardship faced by families that, in turn, often leads to gender-specific safety, security, and/or child protections risks related to school closures.[139] (3) Support continuation of existing child protection services and systems like hotlines, dependency/alternative care systems, and services offered by social workers during the pandemic. (4) Provide outreach to out-of-school girls and boys through texts, email, phone trees, and/or other means of communication about resources and how to reach out for support. (5) Provide girls and boys access to comprehensive, comprehensible, and age-appropriate information on reproductive health, in traditional and virtual formats, while they are not attending school. Make a plan to ensure these programs continue once schools reopen.[140,141,142] Related Sectors: AFN, Economic Growth, Education, Health, WASH, GBV and SEA

Separated and/or abandoned girls and boys and gender-specific vulnerabilities of these children. The COVID-19 pandemic has created an increased risk of children becoming separated or abandoned, due to increased hardship within families, or if their caregivers die, are quarantined, or

become unavailable for other reasons, such as inability to meet the basic needs of their children because of financial hardship.[143] The risk of separation is magnified if older relatives care for children, as elderly persons are most susceptible to severe complications from COVID-19. The erosion of care, social patterns, and safety nets and increases in violence within households put children at risk of exploitation, abuse, and psychosocial trauma.[144,145,146,147,148] Without adequate family-based alternative care, girls and boys are more vulnerable to being placed in inappropriate and possibly dangerous institutional settings[149,150] and exposed to gender-specific safety and security risks (see above).[151]
Recommendations: (1) Establish collaborative referral networks among health care providers and social service and child protection personnel to identify children who have an ill caregiver, have lost their caregiver, or are otherwise particularly vulnerable or at risk of losing care to ensure rapid referral and response.[152,153] (2) Increase the availability of high-quality family-based alternative care services[154] and provide support to child protection and alternative care providers to address extreme deprivation and violence within households as well as COVID-19–related cases of child separation and/or abandonment.[155] (3) Monitor the situation of separated girls and boys and/or other vulnerable children impacted by COVID-19 through a data collection system and create plans for ensuring family-based care in cases of separation. (4) Support policies, regulations, and programs that end institutionalization of children and prioritize family-based alternative care systems. (5) Facilitate the access of vulnerable and separated children to timely and relevant information and needed resources, such as food, safe shelter, and medical and psychosocial support services.[156,157,158] Related Sectors: AFN, Economic Growth, Education, Health, WASH, GBV and SEA

Digital safety risks to children, especially girls. Increased use of the Internet for remote learning has the potential to increase children's exposure to online risk that includes online sexual exploitation, harmful content (e.g., that is violent, misogynistic, xenophobic, promotes gender stereotypes), inappropriate data sharing, and cyberbullying.[159,160] Girls, children with disabilities, LGBTQI+ youth, indigenous persons, and those perceived as different or as being at greater risk of catching or spreading COVID-19 are at increased risk of online bullying and discrimination.[161] Online sexual exploitation and abuse as well as risk-taking behaviors, especially among girls, online (e.g., sending sexualized images over the Internet) are on the rise since the start of COVID-19.[162] **Recommendations**: (1) Provide support, including information and training, to parents, caregivers, and teachers on how to help girls and boys stay safe online.[163] (2) Empower children online through age-appropriate messages, information, and advice on safely navigating online.[164] (3) Encourage the creation of online platforms that are safe and accessible for children using safeguarding technology. (4) Strengthen national prevention, response, and support services that tackle online child protection issues.[165] Related Sectors: Education, GBV and SEA

DEMOCRACY, RIGHTS, AND GOVERNANCE

Human rights violations of women and men, gender and sexual minorities, and those who are at the intersections from marginalized groups. In the context of COVID-19, some government responses have led to human rights violations that include discrimination and unequal treatment in application of control measures; limits on freedom of movement, freedom of expression, right to assembly, and the right to information; absence of due process and rights of detainees (e.g., excessively long detainments for quarantine violations); and infringement on the privacy rights (e.g., forced tracking of people's movements to control COVID-19). These human rights violations have disproportionately impacted women, girls, and persons from marginalized groups[166] that include

indigenous groups, persons with disabilities, gender and sexual minorities (LGBTQI+ persons), persons facing discrimination and violence based on SOGIESC (sexual orientation, gender identity/expression, sex characteristics), migrants, and asylum seekers, Asian women and men stigmatized as potential carriers of COVID-19, and male and female health care workers.[167] **Recommendations:** (1) Address overreach of government powers by supporting activities focused on defending human rights, digital rights, and privacy; monitoring emergency decree implementation; and supporting those wrongfully arrested on alleged COVID-19–related charges.[168] (2) Engage national civil society organizations and government institutions to ensure governmental COVID-19 measures respect the human rights and respond to the needs of women and girls, men and boys, and individuals of other gender identities of different ages, disabilities, and socio-economic and demographic groups. (3) Conduct awareness-raising campaigns about mechanisms available to report human rights violations during the pandemic and hold governments accountable to ensure these mechanisms are fully functioning throughout the pandemic response. (4) Bolster civil society and activists, including women's rights organizations, in maintaining and expanding civic space, monitoring/exposing the curbing of rights, and advocating for democratic reforms.[169] Related Sectors: AFN, Child Protection, Education, Health, WASH, GBV and SEA

Access to justice for women and girls, including survivors of GBV. Pre-pandemic, women, especially those from the most marginalized groups, survivors of GBV, and LGBTQI+ persons, frequently experienced gender-specific barriers to accessing justice. These barriers include gender discriminatory legal frameworks, institutional and procedural obstacles (e.g., lack of training of some police and justice system actors to address reporting cases of GBV using survivor-centered approaches also affects access to justice), and attitudinal and social barriers (e.g., bias that manifests as negative or hostile attitudes toward survivors, trivialization of GBV, or further verbal or psychological abuse of survivors).[170] The COVID-19 pandemic has exacerbated the existing barriers and created new challenges that include decreased access to legal services as stay-at-home orders curtail their movement. Likewise, there is reduced access to services due to decreased functioning of the judicial system (including courts and police) during the COVID-19 pandemic.[171] **Recommendations:** (1) Support making court systems remote using digital solutions.[172] (2) Monitor and perform careful evaluation and impact assessments to ensure that the shift to online delivery of justice and legal services safeguards due process and is accessible to vulnerable and marginalized populations.[173] (3) Provide financial, technical, and human resource assistance to local legal aid organizations to develop virtual/remote strategies for providing legal services to women from the most marginalized groups, including GBV survivors.[174] (4) Provide specialized training to police and justice system staff on how to detect, conduct intake, and respond to GBV in the context of COVID-19 using survivor-centered approaches.[175] Related Sectors: GBV and SEA

Limited gender-responsive planning, budgeting, and resource allocation in COVID-19 response efforts. Gender-responsive national and decentralized planning, budgeting, and resource allocation ensure that COVID-19 response activities are effective and sustainable. However, most COVID-19 policies and planning are not gender-responsive.[176] If they do address the gendered impacts of COVID-19, they largely focus on preventing and responding to GBV, as highlighted in a recent study of 196 global economies. They lack, for example, an emphasis on the employment security of women working in the informal sector and unpaid care work among women.[177] **Recommendations:** (1) Allocate financial resources, human talent, time, technology, and other resources to ensure diverse voices contribute to activity designs and address the differentiated needs

of women and girls, men and boys. (2) Conduct ex-ante gender impact assessments to analyze gender impacts of proposed policies and programs related to COVID-19.[178] (3) Implement a real-time expenditure tracking system to monitor monetary disbursements and report on how far they are reaching women and marginalized groups and supporting gender equality.[179] Related Sectors: AFN, Child Protection, Economic Growth, Education, ENRM, Health, WASH, GBV and SEA

Deterioration of trust in governments. While stay-at-home measures are crucial to combat the spread of disease during pandemics, they can erode trust in government and subsequently limit compliance with control measures.[180] In the context of COVID-19, mistrust in government has led to underuse of masks and reluctance to get vaccinated against the virus.[181] While widespread, mistrust is especially present among groups that have been historically marginalized or injured by health care systems globally, such as racial and ethnic minorities[182] and women overall.[183] Furthermore, when international NGOs displace local governance structures by offering services that governments should provide, the conditions may be set for long-term political instability.[184] **Recommendations:** (1) Develop communications and outreach strategies in collaboration with formal and informal social organizations, particularly women's caucuses, influential (young) women's leaders and networks, traditional midwives' associations, agricultural cooperatives, care groups, savings and loan associations, parent-teacher associations, and similar groups, assuring the public of the temporality of mitigation measures and commitment to the well-being of all groups.[185] (2) Coordinate with and support national and regional governance structures, as well as local, tribal, traditional, and religious leaders, in planning and budgeting, and in dispelling misinformation about the risk of COVID-19.[186] (3) Support women leaders, especially those from underrepresented groups, to ensure that they can participate fully, and have access to the financial resources and services they require. (4) Ensure the COVID-19 response includes strong transparency, accountability, and oversight measures and provide support for civil society monitoring of these efforts.[187] Related Sectors: AFN, Child Protection, Economic Growth, Education, Health, WASH, GBV and SEA

Unequal representation of women in COVID-19 planning and decision-making bodies. Before the COVID-19 pandemic, women were underrepresented in decision-making bodies globally. During the pandemic, the gender-disproportionate composition of leadership and decision-making bodies related to COVID-19 has highlighted this disparity.[188] Women, especially those from the most marginalized groups such as women with disabilities and migrants, have largely been left out of COVID-19 planning, budgeting, and resource allocation.[189] The absence of gender-equal representation may likely be responsible for differential economic, social, health, and other negative impacts of the pandemic that have disadvantaged women.[190,191] At the same time, the pandemic risks exacerbating women's political exclusion through postponed elections that give them the opportunity to be elected;[192,193] departure from politics due to increases in childcare responsibilities; increased political system reliance on informal networking that reinforce male political dominance; gender inequities in access to online platforms to participate politically; decreased visibility of women in public; and women's rights being pushed off the political agenda.[194] **Recommendations:** (1) Prioritize proportionate representation of women and other underrepresented groups in COVID-19 decision-making and advisory bodies. (2) Ensure national COVID-19 response and recovery action plans and policies include targeted actions to increase equal participation of women, especially those from the marginalized groups in decision-making.[195] (3) Provide women candidates and elected officials with financial, technical, and human resource support to

strengthen their leadership, including on public financial management and crisis response management,[196] during and after the pandemic.[197] (4) Promote greater access to campaign finance, technical assistance, and security for female candidates.[198] (5) Advocate for gender-responsive electoral reforms (e.g., subsidized childcare for candidates and politicians), along with new laws sanctioning gendered disinformation and harassment online. (6) Promote transparent and inclusive decisions on election postponement/or cancellation.[199] Related Sectors: AFN, Economic Growth, Education, ENRM, Health, WASH, GBV and SEA

Participation of women in security and peace processes in areas of active conflict or crisis. Women and girls are especially vulnerable to the secondary impacts of COVID-19 in conflict settings.[200] For example, many women and girls have experienced increased intimate partner violence and severe restrictions to sexual and reproductive health care, other essential services, and means of livelihood. They have also expressed increased reluctance to access health care in these contexts as conflict actors exploit the uncertainty surrounding the pandemic through opportunistic terrorist attacks on hospitals, such as in Libya and Afghanistan.[201] Evidence shows that COVID-19 has restricted women's participation in peace processes because of quarantines that limit their ability to attend key peace and negotiation activities.[202] At the same time, the increased reliance on digital platforms for conflict negotiations advantages male participation because of the existing gender digital divide.[203,204] Women's participation in peacebuilding and peacekeeping processes can bring critical priorities, such as disparities in health and social welfare, to the forefront of response planning.[205] It also promotes peace and security and improves peacekeeping mission effectiveness. However, women are generally underrepresented,[206] and in the context of COVID-19, their role in security and peace processes is at high risk of further decline.[207] **Recommendations:** (1) Tackle culture and structural barriers (e.g., discriminatory laws, institutional obstacles, and social stereotypes) that prevent women's participation in conflict prevention and stabilization activities (including ceasefire agreements, peace processes, and negotiations).[208] (2) Provide mediation, peacebuilding, and negotiation training and education opportunities to women in crisis and conflict zones. (3) Increase women's participation in the security sector, local and national forces, and peacekeeping missions through quotas and gender-responsive budgeting.[209] Related Sectors: Economic Growth, Education, GBV and SEA

Challenges of women peacebuilders and human rights defenders. Women peacebuilders and human rights defenders are on the frontline of the COVID-19 response in many crisis- and conflict-affected countries. They are providing MHPSS services through traditional methods and playing a key role in gathering information on current COVID-19 situations in local communities and relaying it to local and national authorities. They are also providing critical "soft security" at a time when COVID-19 threatens to destabilize conflict zones and UN peacekeeping missions are limited. At the same time, these women have faced increased threats and insecurities during the pandemic as a result of backlashes toward respect for human rights.[210] **Recommendations:** (1) Support bottom-up conflict resolution and prevention through formal partnerships with women peacebuilder organizations. (2) Provide short- and long-term financial and technical support to women peacebuilders and women's rights organizations for their COVID-19 response work and post-pandemic agenda to develop the next generation of women peacebuilders.[211] (3) Advocate for implementing special protective measures for women peacebuilders and women human rights defenders (e.g., sanctions against perpetrators, support services for survivors of threats and harassment). Related Sectors: Economic Growth, Education, GBV and SEA

ECONOMIC STABILITY, GROWTH, AND EMPOWERMENT

Disproportionate impact on women's income. Though women make up 39 percent of global employment, they account for 54 percent of the overall job losses due to the pandemic, and female job loss rates are about 1.8 times higher than male job-loss rates globally.[212] Women work disproportionately in contexts hardest hit by COVID-19 (services sector, agriculture and horticulture, informal economy, part-time and temporary).[213,214] Evidence suggests many women previously employed in formal jobs have been pushed to find work in the informal sector.[215] Further, women in the informal sector have experienced significant losses in income,[216] with some turning to subsistence farming.[217] Absent other livelihood options, women have resorted to negative coping strategies that include distress sale of assets, predatory loans, child labor,[218] and/or transactional sex during the COVID-19 pandemic.[219] The loss of income for women in abusive situations makes it even harder for them to escape.[220]
Recommendations: (1) Support sectors that employ large numbers of women (e.g., textile), to pivot and adapt to making things that support the COVID-19 response, such as medical gowns or masks, to reduce or prevent job loss. (2) Support workers' associations, unions, and business associations that are women-led and/or support female-dominated industries and sectors to advocate for gender equality measures, such as setting quotas on female hiring[221] or making fiscal support for male-dominated industries conditional on increasing women's representation.[222] (3) Support workers associations, unions, and business associations to support women who want to work in health and paid domestic and care work sectors to find jobs, as labor demand is high in these industries during COVID-19.[223] (4) Support capacity-building training to address structural inequalities that women-led businesses and women workers face.[224] (5) Support measures to encourage increasingly equitable division of care responsibilities. (6) Encourage companies to allow for flexible remote work hours, where possible, to enable caregivers to carry out care work.[225] (7) Encourage companies to strengthen linkages with health systems to ensure women and girls have access to reproductive health services and can better manage their fertility while earning income. Related Sectors: AFN, DRG, Health, WASH, GBV and SEA

Gender-specific COVID-19 exposure among frontline workers. Women and men are working on the frontlines during the COVID-19 pandemic. However, existing sex segregation in many sectors means that women and men, especially those of specific races and ethnicities, face different risks.[226] Women comprise the majority of domestic workers,[227] teachers,[228] health care workers, and workers in the informal economy.[229] They also predominantly fill positions that involve extensive exposure to the public in retail stores and pharmacies. Globally, women are also the primary caregivers to those who become ill, including for COVID-19 and past pandemics, which puts them at higher risk of exposure and also increases their time spent on household tasks. Men predominantly occupy high-risk frontline jobs in sectors like security, manufacturing, and transportation of the sick where they are highly exposed to COVID-19.[230] **Recommendations:** (1) Facilitate risk-reducing measures against COVID-19 for all essential and frontline workers, ensuring that both male- and female-dominated sectors have infection prevention and control measures, such as water and soap for handwashing, in place. (2) Provide cash transfers to informal workers so they can afford to take time away from work to care for their families

when sick. (3) Encourage behavioral-change programming (including key messaging) to encourage male family members to take on larger roles in domestic tasks and care roles. Related Sectors: Child Protection, DRG, Economic Growth, Education, WASH

Social protection programs to serve the distinct needs, capacities, and vulnerabilities of women and girls, men and boys. Women, and members of multigenerational households, may miss out on benefits of COVID-19–related social protection measures that are directed only to the (male) head of household.[231,232,233] Only about 10 percent of social protection and job measures implemented during the first year of COVID-19 explicitly aimed to strengthen women's economic security.[234] Women who are informal workers and caregivers, as well as migrants, are often left out of social protection measures.[235,236] Effectively targeting women may be difficult in countries where a significant proportion of the population does not have a birth registration or national identification (ID) card and where gender gaps exist in access to bank and mobile money accounts.[237,238]
Recommendations: (1) Support delivery of emergency cash assistance specifically to women, where possible and safe to do so.[239] (2) Ensure informal (domestic, home-based, market trading, agriculture) female workers, caregivers, female-headed households, and unregistered and displaced workers returning from cities are not overlooked as eligible beneficiaries in social protection programs.[240] (3) Include community sensitization and awareness sessions—with women and men, separately and then together if appropriate—to facilitate understanding of why a social protection program is targeting some household or community members to ensure participants are not put at risk or harassed.[241] (4) Support expanding birth registrations and national ID cards and creating financial access for women, especially those from marginalized groups. Related Sectors: AFN, Economic Growth, GBV and SEA

Women and girls' increased time poverty and unpaid care-work obligations during COVID-19 and their impact on employment and/or livelihoods. Although unpaid care and domestic work have increased among women *and* men during COVID-19, women are responsible for more time-consuming tasks, including cleaning, cooking, and physical care for children.[242] As a result, some women have had to reduce their work hours in paid employment, female entrepreneurs have had less time to focus on their businesses;[243] women-owned businesses have been more likely to have closed than male-owned businesses;[244] and unemployed men have been hired over women when jobs are scarce.[245] Since women are paid less on average than men, they are more likely to leave their jobs to stay at home when childcare options become scarce.[246] Women who lose jobs have fewer opportunities than men in finding new work, in part because employers believe women have more limited flexibility due to greater home and care responsibilities compared to men.[247]
Recommendations: (1) Launch behavioral-change strategies to address community and male stereotypes regarding domestic responsibilities, introducing new attitudes to shared domestic workloads.[248] (2) Support flexible work arrangements and paid leave for primary caregivers to meet unpaid care responsibilities. (3) Explore approaches to support home-based businesses that can be managed alongside increased domestic work. (4) Support employer-provided childcare on work premises and public childcare services as part of an economic recovery plan.[249] (5) Support investments in care infrastructure, including quality childcare and long-term care services for the sick and elderly.[250]
Related Sectors: AFN, Child Protection, DRG, Education, ENRM, Health, WASH, GBV and SEA

Women's unequal access to resources, including ICT and financial services. Women face multiple financial and non-financial barriers to accessing finance,[251,252] which constrains their ability to

rebuild after a shock like the COVID-19 pandemic. Women-owned businesses tend to be more reliant on self-financing (e.g., taking a loan from friends or family), thus increasing their risk of closure during periods of low or no revenue .[253] The constriction of capital markets during COVID-19 has further reduced that amount of capital available to small- and medium-sized enterprises (SMEs).[254] Women who are poor, live in rural areas, lack digital skills or the ID cards required to open a mobile bank account, and cannot afford a device or data are at risk of remaining excluded from support made available online.[255] Women's lower digital literacy skills and access make women less likely to work in roles that use the Internet and reduce their ability to re-train or increase their skills through online training.[256] Women-owned SMEs were less likely to use digital business channels but were more likely to see increased sales when doing so.[257] **Recommendations:** (1) Develop grant pools to support SMEs that employ large numbers of women and/or are women-led to ensure they remain afloat. (2) Support savings and loan associations and cooperatives that serve women to educate and provide financial services to them.[258] (3) Advocate for organizations and partners to use digital credit systems to predict default risk better,[259] redefine/expand collateral (e.g., jewelry, crops, inventory and livestock), restructure or suspend loan payments, and reduce interest rates.[260,261] (4) Educate women about personal and business financial resilience.[262] (5) Advocate for organizations and partners to offer a remote provision that enables women to open a mobile bank account without travelling to a branch. [263] Related Sectors: AFN, DRG, Education, ENRM, GBV and SEA

Shifting demand for workers into different sectors and skill sets. COVID-19 has shifted the mix of jobs, skills, access to credit, and digital access and literacy required. Workers, especially young and older women, with limited infrastructure (such as smartphones and computers), less access to the Internet, less access to credit, and fewer digital skills have been or will be left behind if these gaps are not addressed.[264,265] **Recommendations:** (1) Conduct education and labor surveys to identify how the needs of the labor market have shifted (work hours, skill sets, location of work) and align national educational and workforce development training around those changes in a gender-responsive manner. (2) Support behavior change among junior and senior hiring managers to avoid preferential hiring of men or sex segregation in certain sectors or functions. (3) Support work-study in apprenticeship-type skills development to facilitate on-the-job learning.[266,267] (4) Enhance eLearning infrastructure to promote lifelong learning with the option of stacking credentials. This would help to keep learning in play for all during COVID-19 lockdowns.[268] (5) Provide support for digital literacy and digital access (phone or Wi-Fi credit) and enhance access to digital technology (phones and computers) for women and men, especially those from the most marginalized or affected groups.[269] Relevant Sectors: Education, Health

GBV and economic growth. Reduced incomes and increased household tensions due to COVID-19 may contribute to increased incidence of GBV. The economic impacts of COVID-19 are particularly detrimental to women and girls, especially survivors of GBV, who may already be economically disadvantaged or economically dependent on their abusers.[270] GBV negatively impacts individuals and national economies through lost earnings, missed promotions, absence from work, and negative impacts on health, well-being, and productivity due to emotional and physical distress.[271] GBV negatively impacts employers through lower productivity, greater absenteeism and employee turnover, and reduced employee engagement.[272] **Recommendations:** (1) Support development of national policy and programs that identify and address the impact of GBV on national economies and livelihoods of women (e.g., establishing national monitoring systems that adhere to strict privacy and security guidelines for safeguarding data and providing sick leave, health care, and other benefits to GBV survivors and their

children). (2) Build formal and informal coalitions with investors who are concerned with GBV in specific industries and/or regions.[273] (3) Promote the creation of industry-specific codes of practice, guidelines, and/or principles that govern how companies within that industry deal with gender-based violence[274] (e.g., availability of female ombudsperson for female employees who can ensure their privacy and anonymity if they report workplace harassment).[275] (4) Provide information and training on available GBV prevention and response resources, reporting, and referral pathways to staff of SMEs and other companies that USAID supports. Related Sectors: AFN, GBV and SEA

EDUCATION

Return to learning. At the peak of the pandemic, COVID-19 interrupted the education of over 1.5 billion learners, including over 767 million girls and young women, as over 190 countries faced nationwide school closures. According to one estimate, 11 million girls may not go back to school after the COVID-19 crisis.[276] The risk of not returning is especially high for those who experience multiple vulnerabilities based on background, disability, identity, etc.[277] USAID has developed the Returning to Learning during Crises Toolkit to support education planners, including USAID Mission staff, Ministries of Education/Higher Education, and Implementing Partners, to plan and make key decisions on the return to learning during and after crisis-caused education disruptions in a way that is equitable and inclusive, and also consistent with Universal Design for Learning principles. **Recommendations:** (1) Conduct gender analyses to understand the different risks and impacts the pandemic or social distance policies are having on different populations.[278] (2) Develop corresponding education reopening plans in a participatory manner (i.e., learner, educator, parent, and community-involved approach).[279] (3) Regularly update back-to-school plans as new information about gender dimensions of the crisis emerges and local and global policies, guidance, and practices are developed.[280] (4) Link short- and medium-term interventions to long-term goals and priorities to strengthen gender equality and resilience of education systems.[281] (5) Collaborate with communities to re(engage) all learners, including through creating equitable participation of women and men, girls and boys, and individuals with and without disabilities in return-to-learning decision-making.[282] (6) Ensure education information and monitoring systems are functioning and capable of tracking (re)enrollment of all learners, especially marginalized populations, in real time.[283] (7) Promote alternative pathways back to education.[284] (8) Allocate resources, including funding for specific initiatives, to make the return to learning more equitable and inclusive.[285] (9) Work with local civil society organizations led by marginalized populations (e.g., persons with disabilities, women, indigenous populations, LGBTQI+ individuals, and youth), to ensure policies and funding related to academic calendars, curriculum, teaching, infrastructure, exams, etc. are inclusive and equitable and do not intentionally or unintentionally exclude marginalized learners.[286] Related Sectors: Child Protection, Health, GBV and SEA

Gender dynamics in distance learning opportunities. In the wake of mass school closures and phased reopenings, many Ministries of Education are turning toward distance learning options, such as radio broadcasts, mp3 audio lessons, TV viewings, and/or webinars. In appropriate contexts, distance learning can provide innovative pathways for continuing education. When done well, it can also advance gender equality in education. Women and girls can gain confidence in digital literacy skills through creation and use of high-quality content; women and men can be featured as instructors in radio broadcasts and online STEM courses; and gender bias in instruction/pedagogy may be drastically reduced and lead to more equal gender participation by remote learners. Conversely, failure to recognize the gendered dynamics of distance learning will exacerbate existing inequalities in education. Because households have unequal access to technology (hardware), the Internet, and digital learning portals, prolonged school closures will widen the gap between those who can shift to remote learning and those who cannot.[287] Notably, girls are less likely than boys to have access to digital devices.[288] Within households, caregivers' attitudes and gendered values regarding education will be even more impactful during distance learning. Female teachers and students are also more likely to have additional caretaking responsibilities in the home that could minimize time for distance learning activities.[289] Learners facing compounded barriers with multiple identities such as gender, sexual orientation, disability, ethnicity, race, refugee status, and language are often further marginalized by distance learning programs that do not design opportunities for equitable and inclusive learning environments that also accommodate their needs. Likewise, boys face heightened risk of disengagement from learning when distance learning strategies do not specifically address boys' participation, motivation, and learning.[290]
Recommendations: (1) Promote equitable and inclusive access to education programming, through distance, hybrid, and in-person delivery modalities, so that girls and women can participate in learning activities and catch-up. (2) Consider cultural context and strategically schedule learning opportunities and adaptations to academic calendars so as not to further marginalize learners and educators based on gender; when possible, provide flexible scheduling and/or self-paced curriculum. (3) Reference existing gender analyses and new education data (as available) to gain insights into the gendered needs of different age groups, and design interventions accordingly.[291] (4) During distance learning and catch-up programs, select platforms and promote content that integrates the principles of Universal Design for Learning, and is designed to meet the context-specific needs of diverse learners. (5) Actively pursue opportunities to reform exclusionary policies or practices that prevent girls or boys from (re)enrolling in education, such as policies that limit enrollment of pregnant girls or young mothers.[292,293] (6) Design distance learning strategies that specifically address boys' motivation for participation and learning.[294] (7) Engage mothers and fathers remotely and offer guidance on how they can provide gender-equitable and inclusive academic support to their children, such as reading with their sons and daughters.[295] This should also emphasize the importance of equal education for boys and girls and address stereotypes held by parents on parental beliefs about female and male children's abilities, including aptitudes for different areas of learning. Related Sectors: Child Protection, DRG, Economic Growth

Impact of COVID-19 school closures on mental health and psychosocial well-being of girls and boys, men and women. School closures have affected the mental health and psychosocial well-being of girls and boys as well as male and female educators.[296,297] Mobility restrictions caused by stay-at-home orders have drastically altered learners' and educators' routines, educational access, and social networks.[298] Because of these changes, children, notably out-of-school youth and boys, are at increased risks of engaging in harmful coping mechanisms (such as drugs and alcohol).[299,300] These changes also

leave male and female youth more vulnerable to physical or emotional abuse,[301] increased online school-related GBV (SRGBV), and other gender-specific protection risks during the pandemic (CEFM, FGM/C, sexual exploitation and abuse, etc. for girls and child labor, recruitment into armed groups, etc. for boys) (see Child Protection) that are detrimental to children's psychosocial well-being.[302] Such disruptions and exposure to protection risks can significantly exacerbate the impact that crisis situations have on students' learning and well-being, leading to heightened feelings of sadness and anxiety, especially among youth.[303] **Recommendations:** (1) Monitor the mental health and well-being of girls and boys, male and female educators, throughout the COVID-19 response and devise an appropriate gender-sensitive response.[304] (2) Engage girls' and women's organizations and others that may specialize in gender-sensitive MHPSS working at the community level to identify, respond to, and address children and families in distress, and facilitate referrals to services.[305] (3) Make gender-sensitive MHPSS resources (i.e., those that address the specific MHPSS needs of girls and boys) widely available through digital and traditional formats to parents, teachers, and children/students and provide guidance on how to use these resources.[306] (4) Use helplines accessible through a variety of mediums, such as phone, WhatsApp, SMS, Messenger, and direct webpage chats, to support adolescents and caregivers in accessing gender-sensitive MHPSS support.[307] (5) Make available safe spaces for girls and boys that offer social and emotional learning online, psychosocial support, health information, and life-skills training, etc. and respect COVID-19 safety measures—such as holding meetings outdoors, practicing physical distancing, or putting some activities online.[308,309] (6) Incorporate social and emotional learning into distance-learning programs to strengthen children's resilience and ability to cope with the impact of COVID-19 on their MHPSS.[310] Related Sectors: Child Protection, Health, GBV and SEA

Learning loss during school closures. After prolonged school closures, children are at risk of significant learning loss.[311] This is especially true for those who are at greatest risk of not returning to learning (see above). **Recommendations:** (1) Adapt instructional time, curricula, and learning supports that take into account needs identified through a needs assessment and include options for "catch-up" learning support.[312] (2) Modify exams and learner promotion practices to meet the specific needs of marginalized girls and boys (e.g., exam fees waived for disadvantaged learners and childcare vouchers provided so teen mothers can sit exams; exams provided in accessible formats and reasonable accommodations provided for learners with disabilities).[313] (3) Adjust instructional time to meet the specific needs of different groups of learners, including those specific to girls and boys, teen mothers, learners with disabilities, etc.[314] (4) Offer teacher training that provides practical, actionable, and simple guidance on how to support learning catch-up for all learners.[315] (5) Monitor and evaluate catch-up learning, curricular, and pedagogical strategies closely to ensure they are inclusive and effective and to document evidence on best curricular and pedagogical strategies to accelerate learning for girls and boys of different ages, disabilities, and socio-economic and demographic groups.[316] Related Sectors: Child Protection, Health, GBV and SEA

School-related gender-based violence during the pandemic. Before the COVID-19 pandemic, SRGBV affected millions of female and male children and adolescents globally, with adolescent girls in secondary schools most at-risk.[317] In the context of COVID-19, school closures, and distance learning, online SRGBV has increased. Sexual harassment through social media (e.g., rewards in exchange for sexual favors, unwelcome sexual comments made to or about girls and boys, sharing of sexually explicit pictures, and/or being forced to do something sexual over the Internet),[318] gender-based cyberbullying, and sexual exploitation and abuse are all on the rise.[319] Girls, children with disabilities, those perceived as different or at greater risk of catching or spreading COVID-19, and those who do not conform to

gender norms, LGBTQI+ students, are most at risk of online SRGBV.[320,321] Girls who are not well prepared to shift to schooling online can also be at higher risk for online SRGBV. Furthermore, case workers may be absent due to illness or business closure, resulting in lack of access to services for victims of SRGBV and other types of GBV. The impact of SRGBV can include deterioration of mental health and psychosocial well-being and have a negative impact on learning and academic performance.[322] **Recommendations:** (1) Provide targeted training, ongoing coaching, and other support to teachers to identify and mitigate SRGBV through creating safe, equitable, and inclusive learning spaces online and at/around school.[323] (2) Establish sensitization campaigns on responsible and safe use of technology, particularly social media. (3) Provide child-friendly reporting mechanisms for online SRGBV and provide ongoing monitoring and awareness raising to ensure children and youth feel comfortable using these mechanisms.[324,325] (4) Offer training to children and youth on online abuse and safe Internet use.[326,327] (5) Incorporate social and emotional learning into distance-learning programs to strengthen children's resilience and ability to cope with SRGBV. (6) Devise and implement a SRGBV prevention and mitigation plan before reopening that involves a diverse representation of students, parents, teachers, school administrators, and community members. (7) Put in place counselors and special advisors so that girls and boys can report cases of GBV, including SRGBV and other sexual exploitation and/or abuse, that may have occurred during the lockdown and receive the support they need.[328] Related Sectors: Child Protection, Health, GBV and SEA

ENVIRONMENT AND NATURAL RESOURCES MANAGEMENT AND USE

Insecure land tenure rights for women. Less than 20 percent of landholders worldwide are women,[329] and COVID-19 makes women more susceptible to lose rights and access to land through several mechanisms. For example, in countries where women have insecure land tenure, widows risk disinheritance with the loss of a husband from COVID-19–related (or non-COVID-19–related) complications, as women's property rights are often conditional on marriage.[330,331] Women also risk losing access to land through changing household dynamics with the return of male migrants.[332,333] Women may also lose access to land as the crisis puts pressure on limited household resources.[334] Also, women's pre–COVID-19 gains on natural resource management may regress because of the return of male migrant workers due to COVID-19.[335] **Recommendations:** (1) Strengthen land-tenure rights, including through government-led allocation of plots to women or revision of inheritance laws and validation of such laws, in collaboration with rural communities, to ensure compliance.[336] (2) Support organizations working to protect the tenure rights of small producers and vulnerable groups, including widows, through providing legal aid services.[337,338] (3) Strengthen women's access to formal and traditional land-grievance systems. (4) Work with local land rights organizations to provide information to women and other vulnerable groups (e.g., tribal and indigenous people) through radio and other media so they can understand and advocate for their rights and resources available.[339] (5) Work to close the digital gender divide to enable women to use online land platforms that help them acquire and protect their land-tenure rights[340] Related Sectors: DRG, Economic Growth, Health, GBV and SEA

Disproportionate impact of increased time spent obtaining water and lack of access to clean, modern energy services on women and girls. Women and girls are often responsible for water and firewood collection. Due to limitations on long-distance travel imposed by stay-at-home and physical distancing measures, access to such resources may be a challenge and may result in depletion of

local forestry and water resources, as well as negative impacts for women who are often responsible for meeting these household needs.[341] These impacts may result in increased time poverty, unpaid care work burdens, and drudgery due to less secure access to nearby and reliable water sources and fuel collection areas. In India, for example, almost half of households reported that women were spending more time fetching water and, of households that use wood for fuel, half reported that women were spending more time collecting firewood than they did before the pandemic.[342] Women's unpaid roles as food preparers and resource collectors mean they may face disproportionate burdens when there is a lack of on- and off-grid energy and if there will be disruptions.[343] For example, government policies to prevent water shut-offs and protect essential workers have contributed to reduced revenue at water service providers at a time when demand has increased; this has disrupted water services and led to people reverting to surface water, increasing unpaid chore burden and exposing families to contaminants.[344] People exposed to air pollution are more likely to die from COVID-19 than people living in areas with cleaner air, which makes communities (and especially women) cooking with inefficient biomass, such as firewood, much more vulnerable to the health impacts of COVID-19.[345]

Recommendations: (1) Encourage the use of alternative fuel sources and support systems—including with subsidies as needed—to withstand shocks and stressors, and engage women and men in natural resource management and governance at the national and sub-national levels to mitigate the danger of water and firewood scarcity. (2) Take measures to ensure the safety and security of natural resource collection agents and community liaisons, who are often women. (3) Given women's central involvement in fuel collection and use, prioritize engagement of women for green jobs and adoption of climate smart practices,[346] particularly when they are time-saving for women and girls and promote economic empowerment. (4) Work directly with utilities to create gender-informed disaster management plans to ensure that needs of women and girls, and marginalized populations, are accounted for and met.

Related Sectors: DRG, Economic Growth, Health, GBV and SEA, WASH

GBV and the scarcity of natural resources and land rights. In general, access to and control over natural resources can be a source of GBV, including sexual harassment, exploitation, and abuse. For example, when women try to assert their land rights or have insecure tenure, authorities may suggest or demand sexual favors for land rights. Also, in the absence of government protection, women and youth may be pressured to relinquish their land rights.[347] Likewise, when men control and dominate management of natural resources vital to women's food security and livelihoods, such as in fisheries, men can demand sex in exchange for access to these resources, leaving women with little options. Increased scarcity of natural resources due to COVID-19 can exacerbate this danger.[348]

Recommendations: (1) Use preexisting, and carry out new, activity-level gender analyses to identify measures for mitigating the scarcity of natural resources for women and girls.[349] (2) Work with local GBV organizations to understand context-specific issues related to GBV in natural resource contexts and support organizations and local and national government partners to address them. (3) Integrate measures to protect land and natural resource rights of women and youth into agriculture and environment activities.[350] Related Sectors: Economic Growth, GBV and SEA

HEALTH

Representation of women in health-sector governance. Women are often unrepresented as decision-makers in health-sector governance.[351,352] This trend has also continued during the COVID-19 response.[353] Women are needed in decision-making roles to provide insights on nuanced and culturally appropriate health security surveillance, detection, and prevention and mitigation mechanisms.[354]

Recommendations: (1) Engage women health care workers formally and informally in designing and implementing COVID-19 prevention and response networks and strategies at the national and local levels (including through radio call-ins, mobile phone app discussions, remote focus group sessions, and workshops). (2) Require at least proportionate representation of women, especially those from the most marginalized groups, in COVID-19 response-related committees, advisory groups, and other decision-making bodies. (3) Facilitate women's participation in health governance through incentives such as childcare subsidies, additional pay, and flexible schedules. Related Sectors: DRG, Economic Growth

Representation of women in front-line health services. Globally, women comprise the majority of workers in the formal and informal health and social care sectors, as doctors, nurses, midwives, traditional birth attendants, and community health workers.[355] However, they are concentrated in lower-status positions, which has implications for their participation in decision-making and their risk for exposure to COVID-19. Women health care workers typically have less access to protective equipment in times of crisis compared to their male counterparts.[356] Studies show that women doctors also spend more time with patients including during COVID-19.[357] In some contexts, female health care workers are working more overtime than their male counterparts even when the overtime remuneration is not considerably more than regular pay.[358] The latter is likely linked to their lower wages compared with their male counterparts in similar positions[359] and filling roles in lower-wage positions.[360] These factors together increase female health workers' risk of contracting COVID-19. **Recommendations:** (1) Provide women working in formal and informal health services with training, accessible and up-to-date information, sanitary medical supplies, and properly fitted personal protective equipment. (2) Support measures for women working in health care, who are often lower-wage workers, to receive financial remuneration (such as danger and overtime pay) to enable them to meet their basic needs and manage traditional household and family tasks, which they likely still are expected to fulfill. (3) Support short-term pay raises for female health care workers to reach equity with male peers during the pandemic and long-term reform to pay structures that ensure equal pay for equal work in the longer-term. (4) Ensure safety and optimize use of available health workers, and strengthen health worker capacity to effectively respond and continue provision of essential services when health systems are overwhelmed. (5) Support the development of rapid feedback structures and systems for health workers to efficiently communicate needs, gaps, and facility reports up to management and relevant leadership. Related Sectors: DRG, Economic Growth

Disruption of routine health care services Evidence from past epidemics, including Ebola and Zika, and the current COVID-19 pandemic indicates that efforts to contain outbreaks often divert resources from routine health services, especially those typically accessed by women and girls such as pre- and post-natal health care and family planning, HIV prevention and treatment, and contraceptive services, exacerbating often already limited access to routine health care.[361,362] Such reallocations can have long-term consequential effects, such as increases in unintended pregnancies (including adolescent pregnancy); sexually transmitted infections, including HIV; unsafe abortions; and maternal morbidity and mortality, worse birth outcomes,[363] lower vaccine rates, higher maternal mortality, and greater malnutrition.[364] Diversions of health care personnel and facilities and disruptions to health supply chains are taking place to respond to the COVID-19 outbreak.[365,366] **Recommendations:** (1) Integrate access to routine health care services, including HIV prevention and treatment, family planning, and other sexual and reproductive health, in pandemic response plans and programs. (2) Allocate sufficient funding to ensure their continuation during the pandemic. (3) Support country systems to procure and deliver

essential supplies, and minimize gaps in the market to ensure that quality, safe medicines are available and accessible for all, and strengthen processes for future events. (4) Support the creation of telemedicine, digital platforms, and other mechanisms for women and girls, men and boys to access essential health care services and commodities while ensuring patient and health worker safety during the pandemic. (5) Implement recommendations from a rapid impact assessment to mitigate the potential negative effects of the reprogramming of health care funding in the sector, especially on women, girls, and persons from marginalized groups. Related Sectors: AFN, GBV and SEA

Risk factors that put men and key populations at greater risk of COVID-19–related deaths. Globally, men have higher COVID-19 morbidity rates, which is likely due to a variety of underlying health conditions[367] and masculine norms to be "tough" and "stoic." These factors lead to negative health behaviors, such as smoking, less frequent handwashing, limited care-seeking behaviors when sick, and lower adherence to physical distancing during the pandemic.[368] Men who are older, have disabilities and/or chronic health conditions, live on low incomes, or face ethnic or racial discrimination are most at risk of serious illness and/or death caused by COVID-19.[369]
Recommendations: (1) Within RCCE and other social and behavior change strategies that target men, address risky health-related behaviors associated with harmful masculinities and encourage couple communication and shared decision-making. (2) Encourage modeling preventative health measures by male political and community members.[370] (3) Co-finance efforts with local governments to design and implement culturally appropriate and gender-responsive support systems for men and women, including creative approaches to encourage physical distancing and hand washing. (4) Support long-term reform of public health from a gendered perspective to ensure gender and intersectionality are taken into account in all policy and program decisions during and post COVID-19. Related Sectors: Economic Growth, ENRM, WASH

Greatly reduced access to COVID-19 testing, vaccinations, and care among socially marginalized or stigmatized populations. Preexisting social stigma and discriminatory practices against women and men—especially LGBTQI+ women and men, as well as women and men with disabilities, indigenous women and men, and women and men living with HIV or tuberculosis—may prevent them from getting tested for COVID-19, accessing treatment, and receiving one of the COVID-19 vaccines. This situation, in turn, may increase their mortality and risk of spreading the virus.[371]
Recommendations: (1) When designing RCCE, integrate culturally sensitive messaging for socially marginalized or stigmatized populations in support of prevention behavior, testing, and obtaining health care.[372] (2) Raise health care providers' awareness of the need to provide nondiscriminatory COVID-19 services and support them in doing so. Related Sectors: DRG

Risks to pregnant women associated with COVID-19. Pregnancy requires regular monthly interactions with the health system for prenatal checkups and delivery, which can pose significant COVID-19 exposure.[373] Pregnant women who contract COVID-19 are at higher risk of complications before, during, and after birth while mother-to-infant transmission appears to be rare.[374] The practices of separating mother from baby at time of birth and forcing women to birth alone have occurred frequently, which has documented adverse impacts on mother and baby.[375,376] **Recommendations:** (1) Support measures to segregate prenatal and delivery care from COVID-19–related health services, provide access to telemedicine (videoconferences or phone consultations) during pregnancy, which would enable some pregnant women to stay home, and/or enhance in-home care when physical examination is needed. (2) Offer vaccines to willing pregnant and lactating women, especially those who

work in health care.[377] (3) Ensure all decisions about temporary separation between mother and baby are made in consultation with the mother.[378] (4) Provide mother- and baby-centered care during COVID-19 that respects a women's right to birth with the presence of support, assuming the support person follows COVID-19 control measures put in place.[379] (5) Consult the most up-to-date global recommendations and context-specific data on COVID-19–related risks before making decisions on COVID-19–related protocols and data (including on vaccines) for care to women before, during, and after birth.

Effects of COVID-19 on mental health and well-being. Before the COVID-19 outbreak, the MHPSS sector faced chronic underfunding globally, resulting in limited MHPSS services. COVID-19 and second-order impacts have resulted in increased stress for a wide range of individuals. Limited MHPSS resources as well as disruption of current resources due to the pandemic comes at a time when MHPSS caseloads have increased as the general population worldwide has experienced a decline in mental health and well-being since the onset of the pandemic.[380,381] In particular, the COVID-19 pandemic has had a greater impact on the mental health and well-being of women and girls with increased stress, anxiety, fear, and depression caused by increased partner and intimate partner violence, economic insecurity, teen pregnancy, and care responsibilities.[382] Men and boys may face increased stress and anxiety because obligatory stay-at-home orders prevent them from fulfilling the socially ascribed role of the primary breadwinner in many contexts, which can exacerbate existing household economic challenges. In the context of COVID-19, men are more likely than women to stay silent in the face of stress and anxiety for fear of being considered "unmanly," participating in risk-taking behaviors like alcohol and substance abuse to address mental health needs, and resorting to suicide.[383] These gender-specific vulnerabilities are magnified for women and men with preexisting mental health conditions, children, adolescents, older adults, persons with disabilities, LGBTQI+ persons, and black, indigenous, and people of color (BIPOC).[384,385] **Recommendations:** (1) Ensure MHPSS services are fully integrated into pandemic response plans and allocate continued funding to support continuity of existing MHPSS services. (2) Expand the availability of gender-specific and culturally relevant MHPSS services in the context of COVID-19 and beyond. (3) Create virtual MHPSS services to expand access to those most vulnerable. (4) Encourage gender-specific psychosocial care for women and men that tackles specific needs through such actions as creating mutual support networks. (5) Implement social and behavior change campaigns that encourage positive masculinities and couples communication related to men's health-seeking behaviors and promote mental health services outreach. Related Sectors: Child Protection, Education, GBV and SEA

Unequal access to COVID-19 vaccines. Vaccines are predominately available in high-income countries, leaving most middle- and low-income nations likely without widespread availability until 2022.[386] Despite availability in high-income countries, access disparities have emerged with BIPOC and persons with disabilities at a distinct disadvantage in the United States, for example.[387,388] Research also suggests that family members are less likely to be immunized when women have limited access to education or have low political and social status. Other factors, such as poverty and social marginalization related to religious affiliation, race, or ethnic identity, also present barriers to women and men securing vaccines for members of their household.[389] **Recommendations:** (1) Support early development of gender-responsive, socially inclusive, and culturally appropriate vaccine distribution plans in middle- and low-income countries to avoid potential inequities in vaccine distribution and provide ongoing monitoring to ensure the plan is followed. (2) Advocate for high-income countries' participation

in the global COVAX[390] initiative to ensure equitable access to vaccine supplies worldwide. (3) Provide specific outreach to women and girls, men and boys, especially from the most marginalized groups, that is culturally appropriate and addresses the specific obstacles each group faces in accessing vaccines. Related Sectors: Economic Growth

GBV and health. As described elsewhere, GBV, including intimate partner violence and sexual violence, increases during pandemics. Intimate partner violence, for example, may take the form of withholding items such as soap, hand sanitizer, or personal protective equipment; suppressing access to food; providing misinformation about COVID-19; and preventing women from seeking medical attention if they experience violence. In-person services may be compromised due to the diversion of health care supplies and facilities from GBV and reproductive health care to the COVID-19 response. **Recommendations:** (1) Incorporate GBV survivor-centered prevention and response into all COVID-19 public health responses. (2) Train international and national health partners' staff on how to handle disclosures of GBV,[391] using survivor-centered approaches. (3) update and disseminate information on GBV standard operating procedures, including referral pathway, to health and social service providers. (4) Increase the availability of remote GBV response services. Related Sectors: GBV and SEA

WATER, SANITATION, AND HYGIENE

Perceptions of COVID-19 risk and care work responsibilities. COVID-19 has increased the work burden globally for women and girls for water collection and hygiene and has created risk of COVID-19 transmission for women and girls who use shared water points or shared latrines, where physical distancing is difficult. Gender differences in attitudes toward risk of COVID-19 exposure may be influenced by the unique and strenuous care work responsibilities generated by the COVID-19 pandemic, which are borne primarily by women—and from which men are exempt.[392,393] **Recommendations:** (1) Avoid interventions that increase women's time burden related to WASH, and support existing water and sanitation service providers to maintain operations, given that women and girls tend to carry much of the burden of household chores and work already. (2) Carry out programming to address the attitudes of men and boys toward COVID-19 risk and to encourage more equal sharing of household and care work. Related Sectors: DRG, Health, GBV and SEA

Gender-inequitable access to water and supplies. The household responsibilities and biological needs of women and girls require different water and sanitation access than men and boys, and women and girls often face the brunt of water insecurity.[394] In the context of an infectious-disease pandemic, soap and safe water for drinking and washing are life-saving resources and are even more needed in communities with already overstretched health systems or with water systems that are vulnerable due to poor maintenance or low investment. The act of water collection, often relegated to women and girls, can expose them to COVID-19, due to high-density queues at water pumps and use of shared water facilities.[395] Where water resources are scarce, households may have to purchase water. If funds to do so are insufficient, households may be unable to meet their WASH needs, leading to negative coping mechanisms or sexual exploitation, and women and girls specifically may be unable to address menstrual hygiene and perinatal hygiene needs.[396,397,398] **Recommendations:** (1) Encourage measures to support physical distancing at water points without impeding the ability to secure water for all uses. (2) Make water points safe and accessible (including repairing dysfunctional water points, promoting rain-water harvesting, and encouraging people to store water of different quality within the home. (3) Support social and behavioral change measures to encourage more equitable redistribution

of water collection responsibilities across male and female family members.[399] (4) Enable female water and sanitation entrepreneurs to secure the financing they need to provide water services.[400] Related Sectors: DRG, Economic Growth, ENRM, Health, GBV and SEA

Diverse needs for hygiene and sanitation. Women and girls are more at risk of COVID-19 infection where there are shared (public) sanitation facilities, and also due to more frequent use of such facilities during menstruation. Gender norms that compel women and girls to take care of their family members' hygiene and sanitation needs also increase this risk.[401,402] Public and private sanitation facilities that do not cater to the accessibility and needs of male and female persons with disabilities create challenges for adherence to sanitation measures.[403] Sanitation facilities outside the home that lack lighting and locks, or that are poorly located in areas where people are circulating because of quarantine measures, may increase the risk of GBV.[404,405] Evidence during the COVID-19 pandemic has suggested that menstrual hygiene supplies are more difficult for some women to obtain, increasing risks of negative coping mechanisms, loss of self-efficacy, shame, anxiety, and negative reproductive health outcomes.[406] **Recommendations:** (1) For sanitation outside the household, engage all stakeholders for an area-wide assessment of public, communal, and institutional toilets, to assess whether they meet women's and girls' needs, and those of non-gender-binary individuals. (2) Support development of a multi-stakeholder plan of action for improving public or communal sanitation that is found to be lacking. (3) Facilitate participatory processes to understand the motivation, experiences, and perspectives of women and girls in adopting sanitation services, including their perceptions and experiences related to safety and dignity. Ensure that women's preferences are used to inform product design and sanitation marketing approaches. (4) Encourage female entrepreneurs to expand their businesses to develop and/or carry high-quality, low-cost products and services that meet the needs of women and girls. (5) Support menstruators to access the products and supplies they need to manage their menstruation with dignity.[407] Related Sectors: DRG, Economic Growth, Health, GBV and SEA

WASH in school reopening. Globally, only 66 percent of schools have access to basic sanitation, and about 407 million children lack access to any type of school toilets. Where toilets exist, they are not always well maintained or sufficiently safe and private and present a risk for learners, educators, and the entire school community.[408] With the return to school, the need will be greater for WASH facilities that are safe and accessible to all. **Recommendations:** (1) Ensure an adequate number of handwashing stations, as well as toilets/latrines for males and females that are clean, lockable, and accessible to persons with disabilities, and include ways to dispose of sanitary products.[409,410,411] (2) Consider menstrual hygiene materials as essential supplies for girls, women, and other workers in educational settings. Related Sectors: DRG, Education, Health, GBV and SEA

Menstrual health and hygiene (MHH). COVID-19 may affect the availability and affordability of water and menstrual hygiene supplies for women and girls.[412,413,414] This may be due to supply chain issues, or reduced access to funds to purchase the products or water. Poor water access may also affect the ability of women and girls to wash menstrual clothes with clean water and soap, and physical distancing measures may limit access to shared or public latrines.[415] Where menstrual stigma is already widespread and private toilets and water for cleaning and washing are scarce, COVID-19 will affect women's and girls' menstrual hygiene management.[416] **Recommendations:** (1) If sanitary product

supplies are limited, provide targeted distributions of culturally appropriate forms of MHH products. (2) Establish boxes of emergency MHH products in locations such as health centers, schools, workplaces, and markets.[417] (3) Add menstrual hygiene supplies to national lists of essential items and reduce or eliminate taxes and tariffs on these goods.[418] (4) Identify and address supply chain issues in the production and distribution of menstrual hygiene supplies and other WASH-related products, including but not limited to for female-led social enterprises and SMEs.[419] (5) Support menstrual hygiene entrepreneurs and SMEs to improve financial and operational management, access materials, and understand local market preferences and demand. (6) Provide protective and leakproof bags/cases for women and girls to safely and discreetly store their menstrual materials.[420] Related Sectors: Economic Growth, Health

GBV related to water, sanitation, and hygiene. In the context of COVID-19, women and girls are at greater risk of GBV while participating in water collection. First, they may have to travel longer distances or more often to secure water as demand increases for water for hygiene and cleaning purposes, and as household or community water supplies may be compromised due to added pressures on service providers in the context of the COVID-19 pandemic.[421] Lockdowns mean fewer people in public places, which also increase risk for women and girls who must travel long distances to secure water. Lockdowns may also exacerbate harmful traditional practices such as physical exclusion during menstruation Because lockdowns may prevent women and girls from leaving their home to secure water, they may be forced and/or coerced into transactional sex or other forms of sexual abuse and exploitation to secure water and/or other essential WASH-related supplies. Water insecurity may also trigger intimate partner violence due to competing water needs at home.[422] **Recommendations:** (1) Carry out an analysis to identify what the barriers are for women and girls, men and boys in accessing WASH services (restrictions on movement safety, suitability, cost, location/placement).[423,424] (2) Fund and support additional WASH facilities that implement GBV risk-mitigation measures, including facilities' location, effective locks, and gender segregation. (3) Include women and girls in WASH planning and management[425] in line with the *Inter-Agency Standing Committee GBV Guidelines* for WASH. (4) Pair programs and media campaigns on proper hygiene and handwashing with sensitization programs on gender-based violence.[426] (5) Train hygiene workers and water and sanitation providers to identify cases of GBV, to provide psychological first aid, and to provide referral information to qualified GBV service providers.[427] Related Sectors: Health, GBV and SEA

6. SELECTED GENDER AND COVID-19 PROGRAMMING RESOURCES

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For more information, please contact: gendevcomms@usaid.gov.

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