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JOB AID TOOL FOR USAID ACTIVITIES: CARRYING OUT A COVID-SPECIFIC GENDER ANALYSIS

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ACRONYMS

ADS	Automated Directives System
AFN	Agriculture, Food Security, and Nutrition
BIPOC	Black, indigenous, and people of color
CDCS	Country Development Cooperation Strategy
CEFM	Child, early, and forced marriage
CLA	Collaborating, learning, adapting
COVID-19	Coronavirus disease 2019
CSGA	COVID-specific gender analysis
CSO	Civil society organization
EVD	Ebola virus disease
FGM/C	Female genital mutilation/cutting
GBV	Gender-based violence
GenDev	Office of Gender Equality and Women's Empowerment
GITA	Gender Integration Technical Assistance
ICT	Information and communications technology
IPV	Intimate partner violence
LBTI	Lesbian, bisexual, transgender, and intersex
LGBTI+	Lesbian, gay, bisexual, transgender, and intersex
MEL	Monitoring, evaluation, and learning
MHH	Menstrual health and hygiene
MHPSS	Mental health and psychosocial support
MSE	Micro and small enterprises
NGO	Non-governmental organization
OU	Operating unit
PAD	Project appraisal document
PPE	Personal protective equipment
RCCE	Risk communication and community engagement
SEA	Sexual exploitation and abuse
SOW	Statement of work
SRGBV	School-related gender-based violence
STEM	Science, technology, engineering, and math
USAID	United States Agency for International Development
WASH	Water, sanitation, and hygiene

WEEE	Women's Entrepreneurship and Economic Empowerment

INTRODUCTION

WHY A COVID-SPECIFIC GENDER ANALYSIS?

Since the start of the pandemic, the impacts of COVID-19 have been many. They have included reduced access to nutritious foods,[1] severe disruptions in food supply chains,[2] accelerated democratic backsliding,[3] widened economic inequalities, accelerated aggravation of the global education crisis,[4] and increased strain on water systems.[5] COVID-19 has had short-term effects, and will continue to have long-term effects across a range of sectors in countries around the world. These effects may potentially counter 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,[6] hindering women's access to sexual and reproductive health services, and intensifying forms of violence and discrimination.[7] Not considering the potential gendered impacts in USAID's COVID-19 response will diminish the effectiveness of measures to control the spread of illness and mitigate its impacts similar to previous pandemics. Identifying key issues and implementing recommendations from a COVID-specific gender analysis (CSGA) provide an important opportunity for the United States Agency for International Development (USAID) to address these gender gaps in activities, regardless of where they are in the program cycle, as they respond to COVID-19.

WHAT IS THE PURPOSE OF THIS JOB AID TOOL?

Building upon USAID's requirements laid out in the Women's Entrepreneurship and Economic Empowerment (WEEE) Act of 2018 and the USAID Automated Directives System (ADS) 205: Integrating Gender Equality and Female Empowerment in USAID's Program Cycle, this guidance tool provides operating units with an overview of key considerations and programming recommendations for USAID activities to make simple and effective adaptations to their COVID-19 response and to address emerging and existing gender inequality gaps. It also offers guidance on how to avoid doing harm and mitigate the risk of gender-based violence (GBV), including sexual exploitation and abuse (SEA).

HOW TO USE THE JOB AID TOOL TO CARRY OUT A CSGA

Section 1—Methodology for a CSGA. Section 1 provides an overview of USAID's gender analysis requirements; a definition of a CSGA; the methodology and tools for carrying out a CSGA; a proposed structure for gender analysis data collection, analysis, and reporting; and an overview of the required human resources and timing of the analysis through the lens of a collaborating, learning, and adapting (CLA) approach.

Section 2—Crosscutting considerations, analysis questions, and programming recommendations for a CSGA. Section 2 focuses on key crosscutting considerations, analysis questions, and programming recommendations for key themes relevant to COVID-19 response, such as gender-responsive data collection, use, and monitoring; women's and girls' increased time poverty and unpaid care-work obligations; women's unequal access to resources, including information and communications technology (ICT) and financial services; and the gender digital divide.

Section 3—Considerations on GBV, including SEA, risk mitigation in a CSGA. Section 3 provides an overview of GBV, including SEA, risk-mitigation guiding principles, considerations, analysis questions, and programming recommendations, as a crosscutting priority across all sectors in a CSGA.

Section 4—Sector-level considerations, illustrative analysis questions, and programming recommendations on gender equality and women's empowerment for a CSGA. Section 4 provides an overview of considerations, illustrative questions, and programming recommendations on gender equality, by sector, for a CSGA, including for monitoring and evaluating activities. Depending on the nature of the USAID activity, multiple sectors may need to be analyzed, including:

- Agriculture, Food Security, and Nutrition
- Child Protection
- Democracy, Rights, and Governance, and Women, Peace, and Security
- Economic Stability, Growth, and Empowerment
- Education
- Environment and Natural Resources Management and Use
- Health
- Water, Sanitation, and Hygiene

Annex A: Additional resources for carrying out a CSGA, by sector and crosscutting theme. Annex A provides a list of additional resources on gender equality, by sector and crosscutting theme.

Annex B: CSGA report template (see attachment in a separate document). Annex B provides a template for a CSGA report. The template organizes findings and recommendations by USAID activity intermediate result, but it may be adjusted to focus on key themes or to address any additional custom needs.

1. METHODOLOGY FOR A COVID-SPECIFIC GENDER ANALYSIS

WHAT ARE USAID'S ACTIVITY-LEVEL GENDER ANALYSIS REQUIREMENTS?

The WEEE Act of 2018 requires that a gender analysis shape all USAID activities. The USAID ADS 205, serving as a programmatic guide, also requires that gender analyses be integrated in strategic planning, project design and approval, procurement processes, and monitoring and evaluation.

WHAT IS A GENDER ANALYSIS?

According to the WEEE Act of 2018 and the USAID ADS 205, a gender analysis is a socioeconomic examination of available or gathered quantitative and qualitative information to identify, understand, and explain gaps between women and girls, men and boys, in all of their diversity.[8] It typically involves examining the:

- Differences in the status of women and men and their access to and control over assets, resources, education, opportunities, and services
- Influence of gender roles, structural barriers, and norms on the division of time between paid employment, unpaid work (including subsistence production and care for family members), and volunteer activities
- Influence of gender roles, structural barriers, and norms on leadership positions and decision making, as well as constraints, opportunities, and entry points for narrowing gender gaps and empowering women
- Potential differential impacts of development policies and programs on women and girls, men and boys, including unintended and negative consequences

A gender analysis should include conclusions and recommendations to enable development policies and programs to narrow gender gaps and improve the lives of women and girls, men and boys.

USAID GUIDANCE ON HOW TO CARRY OUT A GENDER ANALYSIS

USAID's ADS 205 provides guidance on how to perform a gender analysis, with a specific focus on addressing several gender-analytical domains. A CSGA uses USAID's standard processes for gender analysis, which involves collecting quantitative and qualitative information on various sets of issues, called "domains" (see ADS 205.3.2). Each domain is described in the text box below, with suggestions for adding a COVID-19 focus. USAID's ADS 205 requires referencing the five domains in each gender analysis, to facilitate analyzing disparities and their implications across multiple programming sectors. The textbox below highlights some of the ways that the five domains can be applied to a gender analysis with a COVID-19 lens.

Addressing the USAID's ADS 205 Gender Analysis Domains with a COVID-19 Lens

Laws, policies, and regulations: Addresses how COVID-19 may reinforce or create opportunities to modify existing gender-unequal laws, policies, and regulations in areas such as land tenure, GBV, education, and health.

Cultural norms and beliefs: Identifies how cultural norms and beliefs impact COVID-19 response measures in areas such as the division of care responsibilities; the engagement of women and men in COVID-specific policy and planning; digital access and literacy; COVID-19 water, sanitation and hygiene prevention measures; and food allocation, preparation, and consumption.

Gender roles and responsibilities and time use: Addresses how COVID-19 affects gender roles and responsibilities and time use; the distribution of household work and care roles; and women's and men's participation and voice in COVID-specific policy and planning.

Access to and control over resources: Considers how COVID-19 exacerbates or improves gender-equal access to and control over material, human, intellectual, and financial resources at the household, community, and institutional levels.

Patterns of power and decision-making: Addresses how COVID-19, including policy and planning measures, exacerbates or improves gender inequalities in power and decision-making. Addresses the inclusion of COVID-specific needs of women and girls, men and boys, in short- and long-term planning and budgeting at the household, community, subnational, and national levels.

WHAT IS A CSGA?

A CSGA *builds upon, and nuances, existing activity and mission-level gender analyses* to collect and examine data on emerging gender equality issues as well as on pre-existing issues that COVID-19 is exacerbating. It also provides guidance on how to avoid doing harm and mitigate the risk of GBV, including SEA. Building upon USAID's aforementioned guidance on conducting a gender analysis and on rapid appraisal methodologies,[9] this CSGA job aid tool supports missions in carrying out an activity-level CSGA. It relies largely on secondary-data collection and analyses, comparing the pre-COVID-19 gender data with COVID-19–related figures drawn from missions' strategic, project, and activity documents; evaluations and reporting documents; government or country-level data; and national civil society organization or other donor reporting. (Table 1 provides additional guidance on data-collection methods, sources, and tools.)[10] The USAID Bureau for Policy, Planning, and Learning has compiled a list of Key Sources of International Data for Gender Analyses to inform secondary-data collection (see Annex A for additional resources). Time and resources permitting, it may also be possible to carry out primary-data collection through short surveys, rapid phone appraisals,[11] virtual key informant interviews, focus group discussions, and community interviews.[12]

TABLE 1. DATA-COLLECTION METHODS, SOURCES, AND TOOLS FOR CARRYING OUT A CSGA

DATA-COLLECTION METHOD	DATA SOURCES	TOOLS
Secondary data	• USAID country- and activity-level gender analyses • USAID activity-level documents, including gender strategies • Recent COVID-19 (or other pandemic-related) gender-sensitive sector analyses from national government and non-governmental organizations (NGOs) • CARE International's Rapid Gender Analyses for COVID-19 (by region and country) • World Bank's gender and COVID-19 research • International Food Policy Research Institute's COVID-specific reports, by country • The GlobalHealth5050 Sex, Gender and COVID-19 Project COVID-19 Sex-Disaggregated Data Tracker • The United Nations Development Programme COVID-19 Global Gender Response Tracker • USAID's International Data and Economic Analysis Women's Economic and Equality Dashboard • 2021 Women, Business and the Law Report • United Nations Development Programme's Global Gender Inequality Index data • National demographic and health surveys • Country- and sector-level reports on COVID-19 and gender equality prepared by other national and international organizations • Country-level reports on previous pandemics' or disasters' impact on gender equality (in particular if COVID-specific data and reports are not available)	• Google search, including Google Scholar • USAID Development Experience Clearinghouse • USAID missions' websites • USAID missions' internal databases
Primary data (surveys)	• USAID staff (such as leadership and program managers) • USAID implementing partners • Host-country government • Other donors • National NGOs • Women's leaders and organizations • Program beneficiaries (if possible)	• Google Forms or Survey Monkey • Email • Phones (rapid phone appraisal) • SMS and text messages (including short surveys) • WhatsApp
Primary data (interviews and focus groups)	• USAID staff (such as leadership and program managers) • USAID implementing partners • Host-country government • Other donors • National NGOs • Women's leaders and organizations • Program beneficiaries (if possible)	• Video: Adobe Connect (including use of the ranking feature), Zoom, Skype, WhatsApp (using the video function) • Voice: Phones, WhatsApp (audio) • SMS: Phones, WhatsApp

STRUCTURING A CSGA DATA COLLECTION, ANALYSIS, AND REPORT

The CSGA can structure lines of inquiry—both for the primary and secondary data collection and analysis and for the report (including findings and recommendations)—around the ***activity's intermediate results or other key themes*** (see Table 2). This will ensure that the analysis follows the activity's (new or existing) strategic framework and work plan. The analysis will address GBV risk mitigation as a crosscutting theme in the report's presentation of findings and recommendations, organized by the activity's intermediate results or key themes. (See Annex B in a separate attachment for the CSGA report template.) Within this context, review and select the appropriate sector-level considerations and illustrative questions in Sections 2, 3, and 4 of this tool to guide data collection.

TABLE 2. STRUCTURE OF COVID-SPECIFIC GENDER ANALYSIS FINDINGS AND RECOMMENDATIONS

Intermediate result/key theme	Intermediate result/key theme 1 Intermediate result/key theme 2 Intermediate result/key theme 3
Crosscutting themes/priorities	GBV risk mitigation Women's economic empowerment Migration
Other key variables/socially relevant categories	Variable/Category 1 Variable/Category 2 Variable/Category 3

While collecting secondary data, the analysis team may find a lack of secondary data or documentation on COVID-19's impact on gender equality as it relates to a specific activity or sector. For this reason, it is advisable to collect primary data as well (i.e., key stakeholder interviews or focus groups) with the USAID activity implementing partner, activity participants, other USAID in-country partners, donors, and national organizations, and also to consult reports on the impact on gender equality from previous pandemics and disasters, and how the country has responded to these impacts at the relevant sector level.

WHO SHOULD CARRY OUT A COVID-SPECIFIC GENDER ANALYSIS?

The analysis team should have two to four USAID staff (or consultants), including at least one gender specialist. The number of team members needed will depend on the size and breadth of the activity, the number of sectors that it addresses, and the availability of recent country and sector gender analyses. Gender-specialist qualifications should combine sector expertise (for example, in health, governance, and economic growth) with technical gender skills and programmatic knowledge and skills. Consult or collaborate with colleagues with experience working in humanitarian response and the health sector.

WHEN SHOULD A COVID-SPECIFIC GENDER ANALYSIS TAKE PLACE?

The CSGA should take about three to five weeks and about 35 total working days distributed among all members of the team carrying out the analysis. This abridged timeframe may require greater reliance on secondary data than primary sources.

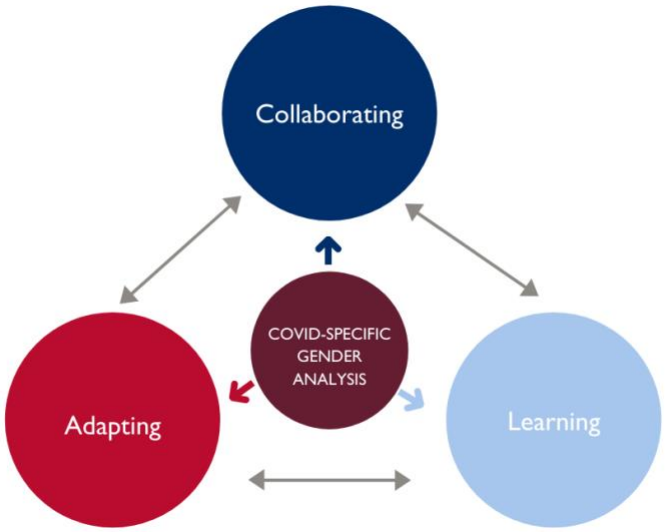
In line with USAID's Collaborating, Learning and Adapting Framework, a CSGA can be conducted, updated, and used to inform activities during various phases of the USAID program cycle through a local systems lens (see Figure 1 below):

- **Collaborating:** The CSGA will identify key internal and external stakeholders who may not have been included in earlier stakeholder mapping exercises but who can support gender-responsive activity design and implementation of COVID-19 response activities that engage and strengthen local systems. Such stakeholders might include national government and civil society organizations and target activity-level participants.

- **Learning:** The CSGA report is a robust learning product, designed to inform theory of change development and revision; scenario planning; and activity-level monitoring and evaluation during implementation. This learning will strengthen the ability of USAID and implementing partners to respond to emerging trends on COVID-19 and gender equality gaps. The CSGA also contributes to the technical evidence base, informing future interventions.

- **Adapting:** The CSGA findings provide specific insights to inform pause-and-reflect sessions and adaptive management. Such measures allow USAID and implementing partners to respond effectively to changes at the activity level or in the enabling environment—such as increases in the incidence of COVID-19, imposition of new stay-at-home measures, or political instability—that create new gender gaps or exacerbate existing ones.

Figure 1. COVID-Specific Gender Analysis and the USAID CLA Framework



2. KEY CROSSCUTTING CONSIDERATIONS, ILLUSTRATIVE ANALYSIS QUESTIONS, AND PROGRAMMING RECOMMENDATIONS FOR A COVID-SPECIFIC GENDER ANALYSIS

This section presents considerations, analysis questions, and programming recommendations for key crosscutting themes related to gender equality and women's empowerment for a COVID-specific gender analysis across multiple sectors.

KEY CONSIDERATIONS

Risk of exposure determined by daily activities. 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.[13] Gender-responsive activities can decrease exposure to, transmission of, and morbidity and mortality related to COVID-19.

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.[14] 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.[15]

Unequal participation of women, especially from marginalized groups, in activity design and implementation. Women, especially women health workers and/or those from marginalized groups, have largely been absent from decision-making in the COVID-19 response at leadership levels at the household, community, municipal, or national levels.[16,17] This exclusion and lack of participation and leadership threaten the success of health interventions during the pandemic.[18]

Limited male engagement. Men and boys have also seen their roles change during the pandemic, with some facing increased responsibility for care roles that women typically manage.[19] 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.[20] Their needs may be underreported because of the stigma associated with them serving as caregivers.

"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.[21] Women and girls, men and boys, especially those from marginalized groups (e.g., persons with disabilities, minority groups, the elderly) are especially vulnerable to receiving misinformation and not receiving accurate, timely, culturally sensitive, age-appropriate, and language-specific information about COVID-19.[22,23,24]

Gender digital divide. 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.[25,26] 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).[27]

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.[28]

ILLUSTRATIVE COVID-SPECIFIC GENDER ANALYSIS QUESTIONS

- Are data collection systems to collect COVID risk and impact data disaggregated by sex, race, ethnicity, migration status, sexual orientation, and gender identity?
- Do COVID-19 policies, action plans, and budgeting adequately respond to gender-specific risks and needs of women and girls, men and boys?
- What are informal practices that limit the participation of women or men in COVID-19 planning, budgeting, and decision-making?
- What are the best methods for reaching women and girls, men and boys with COVID-19 risk and treatment information?
- Have services to women and girls, men and boys been disrupted by COVID-19? What measures could be put in place to mitigate or address this risk?
- Are there lower rates of digital access and literacy that limit opportunities for women and girls, men and boys in services, learning, and information?
- How have the roles of men and boys changed during the pandemic? How can they change to minimize the time burden of women and girls?

PROGRAMMING RECOMMENDATIONS

Analyze and implement multi-sectoral strategies to address differential needs and capacities. Conduct an activity-level COVID-19–specific gender analysis drawing upon findings and recommendations from previous USAID country-, project design-, and activity-level gender analyses. Design and implement USAID multi-sectoral strategies and activities in partnership with multiple stakeholders based on the results of a COVID-19–specific gender analysis to 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).

Enhance gender-responsive data collection, use, and monitoring. Collect sex-disaggregated data when possible and safe to do so at the activity level, and draw on similar data collected from other sources, including from national databases such as The GlobalHealth5050 Sex, Gender and COVID-19 Project; and The United Nations Development Programme COVID-19 Global Gender Response Tracker. 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.

Bolster the participation of women, especially from marginalized groups, in activity design and implementation. Engage and strengthen women's leadership,[29] 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. Support changes to informal practices that hinder certain groups' participation (e.g., inflexible work hours that disadvantage mothers).

Address lack of access to COVID-19 risk and treatment information. Consult with national partners (including social media companies and women's networks)[30] when developing COVID-19 risk communication and community engagement (RCCE) action plans to ensure that messaging on preventive, protective, and care-seeking behaviors reaches and is understandable by all populations. Deploy low-bandwidth communication systems (e.g., telephone calls, mobile phone texts, emails) in local languages and target women, girls, and marginalized populations.

Address limited male engagement. Target men and boys with specialized messaging, support, and training as they assume new duties and care responsibilities for family members with COVID-19.

Mitigate the risk of COVID-19 disinformation. Ensure that COVID-19 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.[31,32,33] Collaborate with governments and social media companies to battle misinformation on social media platforms and from other sources.[34]

Facilitate access to technology and the Internet. Invest in technology, Internet access, and digital literacy, and provide information on how to navigate the Internet safely, to women and girls, men and boys, especially those from marginalized groups, to enhance remote means of communication and knowledge exchange.[35] Recognizing that women share cell phones, design inclusive products for phones that may be used by multiple people.[36]

Support the development of policies to redress gender digital gaps. 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.[37,38,39]

Limit disruption of services that support women and girls. 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. Prioritize working through existing programs to respond to COVID-19 over halting or discontinuing programming to divert resources to the COVID-19 response.

3. KEY CONSIDERATIONS ON GBV, INCLUDING SEA, RISK MITIGATION IN A CSGA

This section presents considerations, analysis questions, and programming recommendations related to GBV risk mitigation, prevention, and response in the context of COVID-19. Globally, GBV has increased during the COVID-19 pandemic, following the same pattern as previous pandemics.[40,41] COVID-19 and past pandemics have brought 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;[42,43,44]
- Trafficking for commercial exploitation, especially of girls through online means;[45,46]
- Child, early, and forced marriage (CEFM) to mitigate the loss of family income;[47]
- Abuse and mistreatment of persons with disabilities and lesbian, gay, bisexual, transgender, queer/questioning, and intersex (LGBTQI+) persons;[48]
- Female genital cutting/mutilation (FGC/M);[49]
- Attacks against female health workers;[50] and
- Trafficking in persons.[51]

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.[52,53] Some reported GBV incidence data indicate decreases in GBV, which are likely due to underreporting.[54]

Persons with disabilities of both sexes may face higher risks of GBV, as well as barriers in seeking assistance, if they are dependent on the perpetrator for mobility, communication, or access to medications and health care.[55] LGBTI+ persons are more likely to experience abuse at home, including GBV, due to social isolation and stigma from family and community members.

Experience from previous health emergencies has shown that the risk of SEA often increases.[56] The COVID-19–related economic crisis may further increase the risk for SEA for women and girls, especially for women and girls with disabilities and refugee or migrant women and girls. Travel restrictions may restrict oversight and monitoring of USAID partners and teams on the ground, increasing risks for SEA by aid workers while decreasing reporting (especially if the health and justice sectors cannot respond).

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 that safe and appropriate referrals can be made in the proposed activity.

GUIDING PRINCIPLES ON ADDRESSING GBV, INCLUDING SEA, IN USAID ACTIVITIES

The roles of USAID staff and implementing partners in addressing GBV, in activity design, implementation, and monitoring, include the following functions:

- Identify how and whether the activity design and implementation may increase GBV. This may involve consulting GBV service providers and women's organizations on any risks of GBV that your activity may pose, and identifying measures to mitigate it. ***It does not include*** consulting GBV survivors, or asking women or girls *directly* whether GBV is taking place or what type of GBV is occurring. It also does not require accessing or collecting data on GBV incidence or prevalence.[57]
- Put in place measures to mitigate the risk of GBV in activity design and implementation.
- Put in place measures for a limited number of designated staff to address cases of GBV that may emerge during implementation, using the following general guidelines:
    - Provide training on psychological first aid and survivor-centered approaches to GBV.
    - Maintain absolute confidentiality—do not discuss cases with families, colleagues, or officials.
    - Do not report cases on behalf of survivors—that action is the survivor's prerogative and decision only.
    - Do not direct or force survivors to report cases or seek services (survivors should choose their own best option).
    - Have up-to-date maps of GBV services that can be provided to survivors upon request.[58]
- Put in place safeguarding measures at the mission and activity level for SEA. This includes:
    - Reiterating to USAID partners and program participants that the agency does not tolerate SEA.
    - Including trainings on preventing SEA for all USAID staff and partners.
    - Developing complaint mechanisms for direct reporting of SEA from communities in which USAID works.
    - Developing culturally appropriate, context-sensitive, and survivor-centered approaches to prevent, mitigate, and respond to SEA.[59]

GBV RISK MITIGATION PREVENTION, AND RESPONSE

KEY CONSIDERATIONS

GBV risk mitigation measures at the activity level. Evidence from previous pandemics, such as the Ebola virus, as well as from the COVID-19 pandemic, 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.[60]

Identification of GBV risk factors. Evidence from the COVID-19 and other previous pandemics highlights the critical need to identify GBV risk factors to support GBV prevention and risk mitigation efforts. These factors include the ones listed above, as well as pre-pandemic unequal legal frameworks, gender norms, and practices, along with access to and control over resources, which may increase the risk of violence.[61]

Limited access to GBV health 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.[62] 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.[63] GBV service providers face mobility challenges related to the lockdown measures, control measures by abusive partners, lack of childcare, lack of (digital) literacy, and lack of access to technology, and resource constraints that limit their ability to meet the growing needs of GBV survivors.[64]

GBV survivors' limited access to access to justice. Formal and traditional justice systems and law enforcement can become overwhelmed during a pandemic, creating an atmosphere of impunity where GBV increases go unchecked. Movement restrictions and court closures can prevent or delay legal protection for GBV survivors.[65]

Mental health and psychosocial support (MHPSS) needs of GBV survivors. GBV takes a significant toll on survivors' mental health and psychosocial well-being.[66] 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 reduced MHPSS services as resources have been diverted to the COVID-19 response.[67] Stay-at-home measures and women's lack of childcare may also limit GBV survivors' access to MHPSS services.

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.

SEA can have serious impacts, including if it occurs alongside other traumatic COVID-19 events. 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.[68]

ILLUSTRATIVE COVID-SPECIFIC GENDER ANALYSIS QUESTIONS

Agriculture, food security, and nutrition

- Who is primarily responsible for purchasing and cooking food for the family and household? How has the crisis intensified food insecurity and related tensions and GBV in the household?[69]
- Are COVID-19 relief, recovery, planning, and implementation channeled through farmers' associations and cooperatives? If so, are women, especially those from the most marginalized groups, represented? Are their needs and concerns voiced and heard? Are meetings safe?
- Are women, girls, and boys experiencing increased violence in the home that affects their agricultural work?
- How has COVID-19–related food insecurity increased the risk of exposure to GBV outside the household? What new risks might the activity inadvertently create?

Democracy, rights, and governance

- Are women and girls consulted on COVID-19 response plans and interventions, including on economic, health, and water, sanitation, and hygiene measures to mitigate the risk of GBV? [70]
- Do communication strategies on COVID prevention and relief measures, especially those on the availability of GBV services, have women and girls at their core? Do they use appropriate and proven effective mechanisms and modalities to reach them? [71]

Economic stability, growth, and empowerment

- How has COVID-19 affected women, who generally have lower levels of education and fewer marketable skills? Has it created an increased risk of GBV, including negative coping strategies such as CEFM and sexual exploitation and abuse?[72]
- Do COVID-19 economic relief measures, including cash transfers, reinforce unequal power dynamics, create safety risks for women (since cash may put women in danger), or have the potential to exacerbate GBV (by shifting household power dynamics)? [73]
- How can the design and implementation of economic measures, including cash transfers, mitigate the risk of GBV (including negative coping strategies and intimate partner violence) for women whose households are experiencing increased economic and food insecurity? [74] Key design elements include selection criteria (target head of household and/or women in family), lump-sum versus monthly transfers, and staggered distribution.

Education

- Do distance learning measures include red flags for online exploitation as well as general tips for safe Internet use for girls and boys?[75]

- On local school and community COVID-19–related planning forums, are male and female adults and youth equally represented, especially those who are LGBTI+ persons, indigenous persons, or persons with disabilities? Are the needs and priorities of these individuals addressed in these planning forums, including for GBV prevention?

Environment and natural resources management and use

- How is increased need to collect water and fuel—including an increased number of trips and distance to search for biomass fuel and water—affecting the safety of women and adolescent girls? [76]

- Is there is an increased risk of CEFM and transactional sex, due to increased scarcity of natural resources and difficulty maintaining livelihoods and basic needs?

Health

- How have COVID-19 stay-at-home measures affected the access of GBV survivors to life-saving case management, medical, shelter, and mental health support and care? [77] Are frontline health responders trained on GBV psychological first aid and survivor-centered approaches to making referrals to available services? Are responders knowledgeable about functioning GBV services?

WASH

- What measures protect the safety and security of women, especially indigenous women and women with disabilities, in public WASH facilities? Are facilities lit? Are the paths to them illuminated? Do they have functioning inner locks? Are the facilities private for women and girls in particular? Are there sex-segregated facilities? Do women, girls, and boys, especially those who are LGBTI+ persons or persons with disabilities, feel safe in them?

- Have there been instances of GBV in WASH facilities? If so, why? Have best practices around safe facilities for reducing GBV been applied?

- Have new or additional facilities been built in response to COVID-19? Were women and girls—especially LBTI women and girls, as well as indigenous women and girls, women and girls with disabilities, and pregnant women and girls—consulted on the facilities' design or location? How has that approach affected the facility's use and safety?

PROGRAMMING RECOMMENDATIONS

Identify the risks of GBV at the activity level. Implement rapid assessments to identify context-specific GBV vulnerabilities at the activity and sector level during the COVID-19 pandemic and devise relevant strategies to mitigate and respond to those risks.[78]

Put in place GBV risk mitigation measures at the activity and sector levels. Implement targeted GBV risk mitigation measures at the activity level that address triggers contributing to increases in GBV during the pandemic (e.g., economic support to families, respite care for childcare, counseling for women and men).

Mitigate the risk of GBV by incorporating approaches to promote healthy and gender-equitable masculinities. Provide spaces for and engage men and boys in social and behavior change activities across activities and sectors to promote healthy and gender-equitable masculinities. These initiatives may include supporting men to practice self-care; transforming men's involvement in care work; putting in place evidence-based perpetrator programs and other initiatives to change the behavior of men who use violence; and engaging men holding senior positions in government, business, trade unions, non-governmental organizations, and beyond to provide high-profile and proactive support for gender equality measures.[79]

Integrate GBV response into COVID-19 response planning and budgeting. Allocate financial and human resources to GBV service providers in COVID-19 response planning and budgeting to ensure availability of culturally appropriate GBV services that are operational during the pandemic and remain accessible while physical distancing is in place, and after. Include economic and other measures to mitigate the risk of GBV (see above on GBV risk mitigation).

Adapt GBV case management and health services to respond to GBV. Support existing GBV service providers to adapt case-management protocols, incorporate remote services, and ensure continued support for survivors, even during physical distancing or other COVID-19–related measures.[80,81] Integrate GBV prevention and response into health systems' response to COVID-19[82] (e.g., specialized training to health care workers, including how to respond compassionately and appropriately to disclosures of violence, and updating 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).[83]

Train USAID staff and partners across all sectors and activities on how to respond to GBV disclosure. Provide USAID staff and partners working in all activities and 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.

Enhance the availability of mental health and psychosocial support services to GBV survivors. Update GBV referral pathways to include available MHPSS services for GBV survivors and increase the availability of virtual or localized MPHSS services, including phone, online, or remote ones. Localize existing MPHSS services by establishing community focal points and working with existing networks to provide services and encourage informal (virtual) social support networks.[84]

Enhance economic support for women and GBV survivors. Adapt livelihood activities to identify and mitigate challenges (such as increased violence) that female project participants, including GBV survivors, might experience as a result of receiving economic relief and support (including cash transfers).[85] Expand and reinforce economic safety nets for women and men.[86] Expand shelter and temporary housing for GBV survivors[87] and 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.

Integrate a CLA approach to adapt USAID activities' approach to GBV risk mitigation, prevention, and response. Using a CLA framework approach within and across USAID activities, carry out action-oriented research on what works to mitigate, as well as to prevent and respond to,

GBV in the context of COVID-19 and pandemics in general.[88] Adapt activity-level programming accordingly.

Put in place safeguarding measures and survivor-centered approaches to prevent, mitigate, and respond to SEA. 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. 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.[89]

Provide SEA training and messaging to USAID staff, partners, and project participants. During crises, reiterating to USAID staff, partners, and project participants that the Agency does not tolerate SEA is a critical imperative.[90] Increase trainings on preventing SEA for all staff, step up messaging to ground staff and volunteers, and consider developing complaint mechanisms for direct reporting from the community. Share with all teams by email the current systems for reporting within USAID. If not already in place, develop culturally appropriate, context-sensitive, and survivor-centered approaches to prevent, mitigate, and respond to SEA allegations.[91] Community and cultural sensitivity is particularly important in responding to reports of SEA.

4. KEY SECTOR-LEVEL CONSIDERATIONS, ILLUSTRATIVE ANALYSIS QUESTIONS, AND PROGRAMMING RECOMMENDATIONS FOR A COVID-SPECIFIC GENDER ANALYSIS

This section offers guidance on key considerations for a CSGA by sector—including USAID's ADS 205 gender analysis domains—to provide activities with insights into the differential effects of COVID-19 (including gender equality advances, constraints, and opportunities). It also provides analysis questions to assist with data collection and analysis in the sector. The considerations and questions, as well as programming recommendations, should be used as needed and adapted for the country context and for USAID's activities in the country or region.

AGRICULTURE, FOOD SECURITY, AND NUTRITION

KEY CONSIDERATIONS

Agriculture

COVID-19 transmission. Climate change exacerbates disease vectors and transmission rates, especially of zoonotic diseases like COVID-19. As women make up two-thirds of low-income livestock keepers, their risk of infections is greater. On the other hand, women's knowledge and experience in managing zoonotic disease risks may help curtail its spread.[92]

Access to inputs. COVID-19 has disrupted women farmers' and female-headed households' already constrained and unequal access to and control over crucial resources like land, labor, and inputs. As markets

close and cross-border trade declines, women may be priced out of the market for seeds, fertilizer, tools, and labor before men,[93] and unable to sell their produce (or sell at low prices).

Agricultural production, processing, and marketing. COVID-19–related stay-at-home orders may constrain agricultural production, processing, and marketing, in which women and men play different roles. 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.[94]

Agricultural marketing. COVID-19–related stay-at-home orders may require relying more heavily on online agricultural marketing strategies. This places women at a disadvantage in receiving updated market information through information and communications technology (ICT) because of the gap between women's and men's digital literacy, access to technology and the Internet, which is deepest in the low-income countries.[95,96]

Access to credit. Despite a major expansion in access to credit in recent years, formal financial markets still discriminate against women. Before COVID-19, women had weaker land tenure security and less access to productive resources than men, which combined with other factors, hindered women's access to credit and other financial services.[97] COVID-19 has exacerbated such discrepancies by increasing women's caregiving burdens, making it more challenging to spend time on farming,[98] and shrinking the supply of credit as a result of the economic downturn due to COVID-19.[99] Access to microfinance services or informal savings and loan mechanisms also may be affected.

Information and agricultural extension services. As agricultural extension services move to digital platforms to accommodate physical distancing, women can get left behind due to lower access to mobile phones, money for airtime, computers, and other means of receiving information in addition to lower levels of digital and reading literacy.[100] During the pandemic, public information campaigns have frequently lacked targeted outreach to women, especially those from the most marginalized groups.[101]

Ability to work. COVID-19 restrictions may prevent women wage laborers, such as planters and harvest workers, from going to work, thereby undermining their incomes, farm productivity, and food availability.

Employment. Women work disproportionately in sectors hardest hit by COVID-19–related job losses, which includes the agriculture, horticulture, food, and export processing industries.[102,103]

Cash transfers. Women's limited roles and voices within cooperatives and farmers' associations may affect their access to cash transfers or loans for COVID-19–related relief.

Women's time burdens. Women farmers' time burdens have increased as household work intensifies, making it more difficult for them to tend to fields, crops, and marketing in a timely manner.[104]

GBV risk. Stay-at-home measures may increase the risk of GBV for women and children, 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.[105] Pandemic restrictions may also exacerbate harmful traditional practices, such as women and girls eating "least and last," or disrupt exclusive breastfeeding.[106]

Food Security and Nutrition

Food production. Illnesses can limit women's and men's capacity to work, reducing their ability to produce and secure food for themselves and their families.

Food availability. During COVID-19, food prices have been steadily rising around the world[107] and restricted movement of food supplies, lack of workers to harvest crops, and closure of markets and processing plants have led to food shortages.[108] As the main procurers of food, women have borne the brunt of the additional time involved in obtaining food in these circumstances.[109]

Food consumption. 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 to food insecurity and adopting negative coping strategies, such as buying less food, switching to less nutritious food, and reducing the number of meals eaten daily in response to reduced available income, during times of crisis like COVID-19.[110] This is largely due to gender norms about prioritizing male family members in household food consumption, having fewer financial resources, and other barriers. [111,112] When food becomes scarce, these vulnerable groups—who already are more likely to be malnourished than men and boys in the general population—could face exacerbated malnutrition and additional health complications quickly, including increased susceptibility to COVID-19 infection.

Food preparation. Women generally prepare food in the household but they typically have limited voice and financial control over food purchases and allocations, putting them at greater risk.

Social-protection measures, including cash transfers. Where men are considered household heads and social protection programs are directed to them, women often miss out on their benefits.[113,114] Only about 10 percent of social protection and job measures implemented during the first year of COVID explicitly aimed to strengthen women's economic security.[115] Women could face more limited access to digital transfers, if they are illiterate or lack access to mobile phones or credit.

Negative coping mechanisms. Rising food prices combined with job and income losses have prompted adopting negative coping strategies, such as: transactional sex; CEFM; or incurring debt to purchase food. These strategies may have gender and socially unequal effects.[116]

ILLUSTRATIVE COVID-SPECIFIC GENDER ANALYSIS QUESTIONS

- What are women's and men's roles and responsibilities in agriculture?
  Consider: household paid and unpaid work in agriculture-related activities, as well as paid work in commercial agriculture—a major employer of women in production, harvesting, and processing. COVID-19 and the related recession will affect both paid and unpaid work.

- What are COVID-19's different effects on the employment and income of women and men in agriculture and rural areas, especially those from the most marginalized groups?
  Consider: job losses and furloughs.

- What relief and recovery interventions are planned or in place for rural people (for example, cash transfers, loans, and debt relief or restructuring)? What about organizations, such as farmers associations and cooperatives?
    - Are they targeted to women, especially to those who are heads of households or from the most marginalized groups, who likely will be most in need?
    - Do women have equal access to and control over cash transfers, vouchers, and loans?
    - Do women have mobile-accessible bank accounts in their own names?
    - Do women, especially those from the most marginalized groups, have access to mobile phones for information (especially regarding health and markets) and mobile money?
    - For organizations: are women, especially those from the most marginalized groups, represented? Are their needs and concerns voiced and heard? Are meetings safe?
- To what extent are agricultural programs delivering inputs (such as seeds, fertilizers, and credit) and updated market information equitably to women and men, especially those from the most marginalized groups? What barriers exist to gender equitable delivery of inputs and market information?
- What transportation considerations are needed for women, especially indigenous women and women with disabilities, to move to and from areas of work? To market their products?
- How do stay-at-home measures affect the distribution of household farm and care work? If care work increases, how is it distributed among household members? If additional work inside the home constrains women's time, how are their farm-related responsibilities met?
- Are COVID-19 relief, recovery, planning, and implementation channeled through farmers' associations and cooperatives? If so, are women represented—especially those from the most marginalized groups? Are their needs and concerns voiced and heard? Are meetings safe?
- To what extent are women, girls, and boys experiencing increased violence in the home that affects their agricultural work?
- How will COVID-19–related interventions be monitored? What are the gender indicators? How will data be collected, used, and reported? Who will collect the data?
- What proportion of the population is likely to become food insecure as a result of COVID-19?
    - Which households (in the activity area) are at risk of food insecurity? How many? Where are they located?
    - Which households have special nutritional needs—such as those with sick persons, older persons, or persons with disabilities?
- What causes food insecurity in the pandemic? Does it relate to food availability (that is, supply-chain disruption)? What about food accessibility (reflecting price increases, job and income losses, and mobility restrictions)? How has COVID-19 affected:

- Food availability in markets?
- Household incomes, specifically, households' ability to buy food? Whose incomes are affected the most (males or females)?
- The income and food security of female-headed households?

- Who is primarily responsible for purchasing and cooking food for the family and household? How has the crisis intensified its food insecurity? Or heightened tensions and GBV in the household?[117]
- How has COVID-19–related food insecurity increased the risk of exposure to GBV outside the home? What new risks might the activity inadvertently create?
- What food-security interventions are planned (such as cash transfers, food distribution, and food kitchens)? What are the different implications of each intervention?
  - If cash transfers are taking place, are they targeted to women, men, the head of household? Are they digital transfers? If so, do women, especially at-risk women, have mobile accessible bank accounts in their names? Do they have mobile phones?
  - What are food distribution mechanisms? If pick-up is involved, have activities adopted recommended safety precautions? Who in the household (by gender) will pick up distributed food? What are COVID-19– and gender-related safety precautions for doing so?
- To what extent are community planning and decision-making forums on COVID-19–-related food distribution inclusive? How are all people's needs heard equally? How safe are forums?
  - To what extent are women's groups involved in food distribution programs?
  - To what extent are women's businesses (such as vegetable producers) tapped to supply food distribution programs?
- To what extent does COVID-19 nutrition messaging incorporate gender equality and norm changes? Does it reach household members equally?
- How will COVID-19–related interventions be monitored? What are the gender indicators? How will data be collected, used, and reported? Who will collect the data?

PROGRAMMING RECOMMENDATIONS

Adapt programming for safety and prevention. Adjust and respond to women's and men's needs for support and recovery in line with existing and evolving differences in their roles and constraints. Catholic Relief Services' *Guidance on Agriculture and Livelihoods Programming During the COVID-19 Pandemic* outlines how to continue agricultural programming in line with safety and prevention measures, while also addressing gender equality, including a focus on the most marginalized groups.[118] Other adaptations include acquiring personal protective gear, creating physical-distancing guidelines,[119] and forming partnerships with local health-data collectors to include questions about food insecurity and agriculture.[120]

Provide emergency financial assistance and other targeted support to women input providers, traders, producers, and other small agriculture-based businesses. Offering emergency financial services like grants and loans to women working in the agriculture sector will help them weather uncertainties and ensure the continuation of their workforces and food supplies. Include a combination of inputs, cash, and access to credit in agricultural assistance programs and prioritize access for women producers.[121,122,123] Support the role women play in the agriculture market system to include creation of simplified trade regimes for women cross-border traders to reduce transaction costs.[124] 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[125,126] for food and input delivery. Support measures to ensure activities of small food producers are deemed "essential" so they may continue to operate.[127]

Promote private-sector financial support and access to credit for women and men. Support farmer credit (for both producers and traders), microinsurance, loan restructuring, and loan forgiveness, targeting women, especially those from the most marginalized groups. Consider using digital payments where safety may be an issue for women.[128]

Increase access to information and extension services through ICT and the deployment of agricultural technologies, especially for those from the most marginalized groups. Video-enabled extension messaging and improved access to mobile technology can improve gender-equitable agricultural outcomes for farming households.[129] Using mobile technology for trainings and extension can be effective in addressing barriers that men and women farmers face.[130] Shared mechanization services, such as Hello Tractor, can mitigate reductions in cropped areas caused by labor shortages, while increasing per-hectare productivity.[131] Work with local and national partners to ensure that public information campaigns include appropriate communication modes (e.g., radio, posters, social media, videos, WhatsApp) for reaching marginalized groups to communicate important market and farming information; include messaging that is targeted to these groups.[132] Support programming that targets women for digital literacy training[133] and consider distributing mobile phones with airtime to women. 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.[134]

Support behavior-change messaging through ICT platforms. Remote messaging is required, taking into account the gender and social inequities described in Section 1. There is an opportunity to integrate behavior-change messaging to address inequalities, promoting social-norm change in food allocation, preparation, and consumption.

Provide direct cash transfers, grants, in-kind transfers, or food vouchers. There is evidence that COVID-19–related social protection programs can serve in a protective role in shielding households from food insecurity. They can also help to avoid negative coping mechanisms,[135] build resilience for future shocks, and mitigate the overall negative impacts of COVID-19. Cash transfers may also ensure that women have basic income—including control over that income—and promote the recovery of local markets. Cash transfers are cost-effective and help people maintain flexibility. The evidence is mixed on the benefits of targeting cash transfers to women. In some cases, families derive greater benefits, but in other cases it fuel tensions and GBV. Where evidence suggests that targeting

women is not beneficial or feasible, consider naming joint male and female recipients and adapting messaging to reinforce joint decision-making and control.[136] Cash transfers bundled with the provision of mobile phones has added benefits for women.[137] Mobile payments can increase women's influence within the household and improve dietary diversity.[138] When providing direct food assistance, do so without conditionalities while ensuring the amount of assistance is appropriate for the size of the household,[139] provide extra protection to nutritionally vulnerable households with pregnant women or young children and, where possible, ensure food assistance contains fresh produce.[140]

Provide alternative means to access food during the crisis. Support decentralized community kitchens so that vulnerable groups can get access to nutritious meals close to their homes.[141] Continue school feeding programs while schools are closed to prevent hunger and malnutrition, relieve women's stress in procuring food,[142] and avoid negative coping mechanisms.

Tailor food distribution methods to the accessibility of different groups. For food and provision distribution, consider how activities can provide access to supplies for women, especially those from the most marginalized groups, who may have limited mobility due to social norms, social distancing, and curfews. If food is distributed through collection points, consider how to reach people who may be most at risk of hunger but are unable to get to collection points (such as older persons, persons with disabilities, and women in areas where their mobility is restricted). Consider how food can be delivered safely to them; explore options for involving women's groups in distribution.

Support programming that engages men in helping women with caregiving work and other traditional roles for women. Launch behavioral-change strategies to address community and male stereotypes regarding domestic responsibilities, introducing new attitudes to shared domestic workloads.[143,144]

Incorporate GBV and women's empowerment messaging and activities into agriculture, food security, and nutrition (AFN) programming. Targeted GBV and women's empowerment messaging and activities can help reduce the incidence of GBV and increase women's empowerment in AFN programming. Incorporate training on gender dynamics and GBV into extension and outreach programs (e.g., video, radio). Work with national partners to establish gender role models within communities to advocate for women's inclusion in decision-making and leadership[145] and to collect data on women's decision-making.[146]

CHILD PROTECTION

KEY CONSIDERATIONS

Safety and security risks for girls and boys. 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 and security risks to girls and boys.[147] Girls are at greater risk of CEFM, child labor, sexual exploitation, and other forms of GBV[148] like female genital mutilation/cutting (FGM/C),[149,150,151] and transactional sex to secure essentials like case, food, and sanitary products during the COVID-19 pandemic.[152] Boys may be at increased risk of harsh forms of punishment and child and forced labor, including recruitment into armed groups, and in some countries, susceptible to trafficking.[153]

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.[154] 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.[155,156,157,158,159] Without adequate family-based alternative care, girls and boys are more vulnerable to being placed in inappropriate and possibly dangerous institutional settings[160,161] and exposed to gender-specific safety and security risks (see above).[162]

Digital safety risks to children, especially girls. Increased use of the Internet for remote learning increases 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, and risk-taking online behaviors (e.g., sending sexualized images over the Internet), especially among girls.[163,164,165] 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 particularly vulnerable to these digital safety risks.[166]

ILLUSTRATIVE COVID-SPECIFIC GENDER ANALYSIS QUESTIONS

- What are the context-specific safety and security risks to girls and boys, respectively, related to extended school closures and family hardships faced during the COVID-19 pandemic?
- How do the context-specific safety and security risks to girls and boys, respectively, differ based on age, disability, ethnicity, socioeconomic status, gender identity, and sexual orientation?
- What are the negative coping strategies related to girls and boys, respectively, that families are currently employing in the context of COVID-19 (e.g., CEFM, child and forced labor)?
- What protective factors exist in families and communities to mitigate existing safety and security risks to girls and boys in the context of COVID-19, including negative coping strategies?
- What are local, national, and international partners doing to mitigate existing safety and security risks to girls and boys in the context of COVID-19, including negative coping strategies?
- To what extent have girls and boys become separated and/or abandoned during the COVID-19 pandemic, and in what types of care situations do children find themselves?
- What are the gender-specific needs, vulnerabilities, and strengths of separated and/or abandoned girls and boys in the COVID-19? How do these differ based on age, disability, ethnicity, race, socioeconomic status, gender identity, and sexual orientation?
- How are these gender-specific needs, vulnerabilities, and strengths of separated and/or abandoned girls and boys in the COVID-19 being addressed currently?

- What child protection systems, including family-based alternative care, currently exist? What challenges do they face?
- What resources are currently available to separated and/or abandoned girls and boys in the COVID-19 pandemic?
- What context- and gender-specific digital safety risks and/or concerns have emerged during the COVID-19 pandemic? How do these differ based on age, disability, ethnicity, socioeconomic status, gender identity, and sexual orientation?
- How are context- and gender-specific digital safety risks and/or concerns related to the COVID-19 pandemic being addressed currently?
- To what extent is a child rights–based approach to COVID-19 response programming being used?
- How will COVID-19–related interventions be monitored? What are the gender indicators? How will data be collected, used, and reported? Who will collect the data?

PROGRAMMING RECOMMENDATIONS

Provide social safety nets during the pandemic. Provide social safety nets as an important protective favor to counter the financial hardships faced by families that, in turn, often lead to gender-specific safety, security, and/or child protections risks in the context of COVID-19.[167]

Support the continuation and expansion of adapted forms of existing child protection services and systems. Support the continuation or creation of hotlines, family-based care systems for separated or abandoned children, and services offered by social workers during the pandemic. As possible, expand online/remote services to ensure accessibility in the context of COVID-19. 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.[168,169,170]

Strengthen systems to identify and support separated and/or abandoned children. 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.[171,172] Increase the availability of high-quality family-based alternative care services[173] 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.[174] 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. Support policies, regulations, and programs that end institutionalization of children and prioritize family-based alternative care systems.

Increase training, information, and awareness on digital safety risks and protection for parents, caregivers, teachers, and youth. Provide support, including information and training, to parents, caregivers, and teachers on how to help girls and boys stay safe online.[175] Empower children online through age-appropriate messages, information, and advice on safely navigating online.[176]

Facilitate improved digital child safety infrastructure and policy framework. Encourage the creation of online platforms that are safe and accessible for children using safeguarding technology. Strengthen national prevention, response, and support policies and services that tackle online child protection issues.[177]

Provide direct outreach and comprehensive reproductive health to school-age girls and boys. Provide outreach to girls and boys through texts, email, phone trees, and/or other means of communication about resources and how to reach out for support. 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.[178,179,180]

Integrate child protection and child rights into programming across sectors. Although stand-alone interventions that tackle context- and gender-specific child protection risks are necessary, child protection should be integrated into COVID-19 responses in all sectors as a crosscutting theme given the overlap with sectors that include GBV and SEA; agriculture, food security, and nutrition (e.g., negative coping strategies related to food insecurity); democracy, rights, and governance (e.g., child rights protection); education (e.g., digital safety risks in the context of online learning); economic stability, growth, and empowerment (e.g., negative coping strategies like forced labor related to COVID-19–related job loss); health (e.g., rise is early pregnancy related to increases in CEFM and sexual exploitation and abuse); and WASH (e.g., negative coping strategies like transactional sex among girls to secure menstrual hygiene supplies).

DEMOCRACY, RIGHTS, AND GOVERNANCE, AND WOMEN, PEACE, AND SECURITY

KEY CONSIDERATIONS

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. These human rights violations have disproportionately impacted women, girls, and persons from marginalized groups[181] including 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.[182]

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. 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) in some cases during the COVID-19 pandemic.[183]

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.[184] 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.[185]

Deterioration of trust in governments. In the context of COVID-19, mistrust in government has led to beliefs that the virus does not exist, underuse of masks, and reluctance to get vaccinated against the virus.[186] 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[187] and women overall.[188]

Unequal representation of women in COVID-19 planning and decision-making bodies. As was true before the pandemic, there is disproportionate representation of men in leadership and decision-making bodies related to COVID-19.[189] At the same time, the pandemic risks exacerbating women's political exclusion through postponed elections that give them the opportunity to be elected;[190,191] 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.[192]

Changes to online voting and sittings may affect women's participation in decision-making. The shift of decision-making bodies to remote sittings and voting has had a variable impact on women's participation in decision-making positions. Where there are digital gender gaps—such as in digital literacy and access to technology—women's participation may have decreased. However, if women have access to technology, their participation in remote voting and sittings may have increased due to reductions in travel time and more flexibility to care for their children.[193]

Participation of women in security and peace processes in areas of active conflict or crisis. 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.[194] At the same time, the increased reliance on digital platforms for conflict negotiations advantages male participation because of the existing gender digital divide.[195,196] 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.[197] It also promotes peace and security and improves peacekeeping mission effectiveness. However, women are generally underrepresented,[198] and in the context of COVID-19, their role in security and peace processes is at high risk of further decline.[199]

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 and have faced increased threats and insecurities during the pandemic as a result of backlashes toward respect for human rights.[200] 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.

ILLUSTRATIVE COVID-SPECIFIC GENDER ANALYSIS QUESTIONS

- Are COVID-19 restrictions applied fairly and in a nondiscriminatory way? Are restrictions fairly enforced? If not, what are the discrimination effects or injustices? How can they be corrected?

- How have parliamentary procedures due to pandemic-related restrictions impacted the ability of women, including members of parliament and marginalized groups, to participate in policy discussions?

- Are women, especially those from the most marginalized groups, engaged in decision-making about COVID-19 at all levels (international, national, regional, and local), in both government and civic bodies? Are they represented? Do they serve as leaders in decision-making bodies? Are their voices heard? If not, what can increase their representation and leadership to ensure that their needs and concerns are addressed?

- Are women in nominative or electoral positions supported in juggling their work and household or family duties, without undue burden related to gendered roles, including by allowing teleworking with flexible hours for men and women and granting paid leave to men and women staff who no longer have access to childcare?

- Are the needs and interests of women and girls—especially lesbian, bisexual, transgender, and intersex (LBTI) women, as well as indigenous women and women with disabilities—represented and addressed in planning for pandemic response and recovery?

- Are women and girls consulted on COVID-19 response plans and interventions, including on economic, health, and water, sanitation, and hygiene measures to mitigate the risk of GBV? [201]

- Is a gender lens applied to COVID-19 budgeting processes at the national, regional, and local levels? Is there a way to make the budgeting processes more equitable? Are critical resources reaching their intended recipients, such as women and girls, especially those from the most marginalized groups?

- Are critical COVID-19 resources targeted through planning and budgeting processes reaching their intended recipients, especially those from the most marginalized groups?

- Are measures in place to protect the political and civic rights of women, especially indigenous women and women from specific ethnic groups or races? (For example, has the pandemic-related economic downturn and job losses/resignations disproportionately impacted women's ability to mobilize the time and resources needed to run for office, campaign, and engage in civic activism?)

- Is accurate and clear information accessible to all regarding stay-at-home and health regulations? If this information is delivered by phone, do women, especially those from the most marginalized groups, have access? If delivered by other modalities, do women, especially those from the most marginalized groups, have access? What has been the role of the media and women's groups involved in disseminating accurate information on COVID-19 risks, impact, and support—everywhere, but especially in communities where women are secluded?

- Are communication strategies on COVID prevention and relief measures (and especially on the availability of GBV services) designed with women and girls at their core, using appropriate and proven effective mechanisms and modalities to reach them? [202]

- Do formal and informal justice systems ensure that women have access to alimony, housing payments, child visitation, and other critical judgements (such as land tenure)?[203]

- What measures protect the safety and security of women, especially LBTI women and indigenous women, as well as women with disabilities and those from specific ethnic groups or races, both at home and in public spaces, throughout the COVID-19 pandemic?

- Can civil society groups function, participate, and provide services, including services related to mitigating the risk of and responding to COVID-19?

- How will COVID-19–related interventions be monitored? What are the gender indicators? How will data be collected, used, and reported? Who will collect the data?

- Are women, especially those from the most marginalized groups, represented in all levels of security and peacekeeping bodies that address COVID-19?

- Are the interests of women and men, especially those from the most marginalized groups, addressed in COVID-19 decision-making, planning, and implementation? Can these cohorts engage with decision-making bodies, such as those planning and coordinating COVID-19 mitigation in conflict situations and displacement camps?

PROGRAMMING RECOMMENDATIONS

Support COVID-19–related government accountability measures. Address the 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.[204]

Engage civil society organizations and government institutions in government accountability. Ensure the COVID-19 response includes strong transparency, accountability, and oversight measures and provide support for civil society monitoring of these efforts.[205] 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. Engage the media in promoting transparency, accountability, and oversight to ensure that the stories, concerns, and priorities of women, girls, and gender non-conforming individuals receive balanced and accurate coverage.

Enhance gender-responsive access to justice. Support making court systems remote using digital solutions[206] and 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.[207] 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.[208] 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.[209]

Enhance gender-responsive communications about COVID-19 risks and measures. Develop COVID-19 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, community radio stations, associations of women journalists, women media professionals, agricultural cooperatives, care groups, and savings and loan associations.[210] Such strategies may target print and online publications geared to women. Coordinate with and support national and regional governance structures, as well as local, tribal, traditional, and religious leaders and women's organizations, in planning and budgeting, and in dispelling misinformation about the risk of COVID-19.[211]

Ensure the representation of women in COVID-19 decision-making bodies. Prioritize proportionate representation of women and other underrepresented groups in COVID-19 decision-making and advisory bodies. Provide women candidates and elected officials with financial, technical, human resource, and security support to strengthen their leadership, including on public financial management and crisis response management,[212] during and after the pandemic.[213] This may also include digital literacy support for women to engage in online voting or sittings and flexible voting hours to accommodate the enhanced care burden of women and men.

Support gender-responsive COVID-19 recovery activity plans. Ensure national COVID-19 response and recovery action plans and policies are gender-responsive and include targeted actions to increase equal participation of women, especially those from the marginalized groups in decision-making.[214] Such plans may be at the national, regional, or municipal level. Include measures to regularly monitor such plans to ensure that they address evolving long-term secondary effects of COVID-19.

Advocate for gender-responsive electoral reforms and governance. Advocate for gender-responsive electoral reforms (e.g., subsidized childcare for candidates and politicians), along with new laws sanctioning gendered disinformation and harassment online, and promote transparent and inclusive decisions on election postponement/or cancellation.[215] Support measures to create an enabling environment for women to carry out their functions once elected. This may include supporting national and regional legislature reform that makes it easier for women and men to balance work and caregiving responsibilities and to participate in COVID-19 response planning.

Enhance women's participation in conflict prevention and stabilization and COVID-19 risk mitigation measures. Tackle culture and structural barriers (e.g., discriminatory laws, institutional obstacles, social stereotypes, and lack of education/training) that prevent or limit women's participation in conflict prevention and stabilization activities (including ceasefire agreements, peace processes, and negotiations).[216] Increase women's participation in the security sector, local and national forces, and peacekeeping missions through quotas and gender-responsive budgeting.[217]

Support women peacebuilders and women's right organizations to play a role in COVID-19 response. 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, including in support of the next generation of women peacebuilders.[218] 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).

Enhance gender-responsive planning, budgeting, and resource allocation in COVID-19 response efforts. Conduct ex-ante gender impact assessments to analyze gender impacts of proposed policies and programs related to COVID-19.[219] Support the allocation of financial resources, human talent, time, technology, and other resources to ensure diverse voices contribute to USAID activity designs and address the differentiated needs of women and girls, men and boys. 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.[220]

ECONOMIC STABILITY, GROWTH, AND EMPOWERMENT

KEY CONSIDERATIONS

Disproportionate impact of COVID-19 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.[221] Women work disproportionately in contexts hardest hit by COVID-19 (services sector, agriculture and horticulture, informal economy, part-time and temporary).[222,223]

Women shifting from the formal to informal sector. Evidence suggests many women previously employed in formal jobs have been pushed to find work in the informal sector.[224] Further, women in the informal sector have experienced significant losses in income,[225] with some who work in agricultural turning to subsistence farming.[226]

Shifting to negative economic coping mechanisms. Absent other livelihood options, women have resorted to negative coping strategies that include distress sale of assets, predatory loans, child labor,[227] and/or transactional sex during the COVID-19 pandemic.[228] The loss of income for women in abusive situations makes it even harder for them to escape.[229]

Gender-specific COVID-19 exposure among frontline workers. Women and men are working on the frontlines during the COVID-19 pandemic. However, sex segregation in many sectors means that women and men, especially those of specific races and ethnicities, face different risks.[230] Women comprise the majority of domestic workers,[231] teachers,[232] health care workers, and workers in the informal economy.[233] They also predominantly fill positions that involve extensive exposure to the public in retail stores and pharmacies. 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.[234]

Gender-specific COVID-19 exposure due to role as caregivers. 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 at the sacrifice of participating in income-generating opportunities.

Social protection programs often do not meet the distinct needs, capacities, and vulnerabilities of women and girls, men and boys. Women, LBGTI persons, 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.[235,236,237] 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.[238] Women who are informal workers and caregivers, as well as migrants and LBGTI persons, are often left out of social protection measures.[239,240]

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.[241] 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;[242] women-owned businesses have been more likely to have closed than male-owned businesses;[243] and unemployed men have been hired over women when jobs are scarce.[244] 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.[245] 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.[246]

Women's unequal access to financial services. Women face multiple financial and non-financial barriers to accessing finance,[247,248] 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 .[249] The constriction of capital markets during COVID-19 has further reduced that amount of capital available to small- and medium-sized enterprises (SMEs).[250]

Gender digital gap. 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.[251] 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.[252] Women-owned SMEs were less likely to use digital business channels but were more likely to see increased sales when doing so.[253]

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.[254,255]

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.[256] 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.[257] GBV negatively impacts employers through lower productivity, greater absenteeism and employee turnover, and reduced employee engagement.[258]

ILLUSTRATIVE COVID-SPECIFIC GENDER ANALYSIS QUESTIONS

- How many women and men, especially from the most marginalized groups, have lost their jobs or been furloughed due to COVID-19? In which sectors have women and men been so affected?
- What proportion of essential workers are women, especially those from the most marginalized groups? Do they have access to childcare to support their abilities to work? Do they have proper protective equipment to stay safe?
- How is household care work distributed between women and men to support women's paid work?
- How has the pandemic affected employment and income in the informal sector, where most women are employed (for example, as informal health care workers, domestic workers, microentrepreneurs, and traders)?
- For economically displaced low-income workers, do safety nets exist, such as cash transfers, food banks, and health care? Do pandemic safety net measures target women, especially those from the most marginalized groups (such as female-headed households)?
- How do closures and recession affect micro and small enterprises (MSEs) and traders? Are MSEs owned by women differentially affected (especially those from the most marginalized groups), and in what ways?
- What measures exist (or are being considered) to support MSEs and traders and to compensate displaced workers in these enterprises? In each case, consider the different effects on women and men, especially those from the most marginalized groups.
- Are there compensatory cash transfers? If so, how are they delivered? Are transfer delivery mechanisms equitable? If not, are there provisions to expand access to women, especially those from marginalized groups, through mobile banking—providing mobile phones where necessary?
- What are financial policy responses to economic recession (such as providing debt forgiveness, restructuring existing loans, and issuing new loans for working capital or to start new businesses post-epidemic)? How do these responses address gender equality?
- Are COVID-19 business responses (for example, market and trade information) channeled through business associations and chambers of commerce? How do they address gender equality?
- Are women's business associations tapped for pandemic responses? How do they address equity?
- How are job-skills training programs for young men and women adapting? Are they considering demand shifts, to target growth sectors for training and job placement programs?
- How will COVID-19–related interventions be monitored? What are the gender indicators? How will data be collected, used, and reported? Who will collect the data?

- How has COVID-19 affected women, who generally have lower levels of education or fewer marketable skills? Has it created an increased risk of GBV, including through negative coping strategies such as CEFM, and sexual exploitation and abuse?[259]

- Do COVID-19 economic relief measures, including cash transfers, have the potential to reinforce unequal power dynamics, create safety risks for women (for example, when carrying or using cash), or exacerbate GBV (by shifting household power dynamics)?[260]

- How can the design and implementation of economic measures, including cash transfers, mitigate the risk of increased GBV (from negative coping strategies and intimate partner violence), particularly for women whose households are experiencing increased economic and food insecurity?[261] Key design elements may include selection criteria (targeting head of household and/or women in family), lump-sum versus monthly transfers, and staggered distribution.

PROGRAMMING RECOMMENDATIONS

Engage women—especially those from the most marginalized groups—as leaders and decision-makers in COVID-19 response and recovery in the public and private sectors, and at local, regional, and national levels. Their participation can help to:

- Guard against the possibility of increased informalization of women's work

- Ensure consideration of the needs and priorities of women, especially those from the most marginalized groups

- Expand opportunities for women in leadership and decision-making

Identify and address changes in employment needs and business models. USAID activities involved in short-term planning and economic recovery should consider the changed landscape: how the demand for workers has shifted between industries and sectors; how skills sets, work hours, and locations of work have changed; the gender-differentiated implications for workers seeking jobs; and how training and placement programs must adapt to meet changing needs and support equitable employment. Women micro- and small-business entrepreneurs and traders may need support to assess market changes, identify new opportunities, and retool their models (including adopting e-commerce). Conduct education and labor surveys to identify how the needs of the labor market have shifted (work hours, skill sets, location of work). Also:

- Enlist the private sector to provide emergency basic income or conduct trainings for women who may be out of work.[262] Make sure sectors where women are overrepresented and underpaid receive special attention.

- Work with financial institutions, business-development service providers, and entrepreneurs to access COVID-19–related relief measures, including deferred repayments, special lines of credit, and temporarily relaxed regulations. Sensitize financial institutions, businesses, and other market actors on how pandemics can especially affect female entrepreneurs (for example, due to increased care work at home). Identify and link female entrepreneurs to grants or concessional funding. Assist female business owners to explore changes in business models, scenarios, and cash flow planning.[263]

- Ensure grants and loans for micro and small businesses take into account activities in which women are concentrated. Target sectors such as manufacturing, tourism, and hospitality, and any other businesses where women, especially those from the most marginalized groups, are predominantly employed (often through precarious contracts).

Provide incentives for women-dominated sectors and business on COVID-19 personal protective equipment (PPE) production. Support sectors and business 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.

Enhance gender-based quotas and linkages to employment. 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[264] or making fiscal support for male-dominated industries conditional on increasing women's representation.[265] Collaborate with the same organizations 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.[266]

Encourage flexible work and access to health care. Encourage companies to allow for flexible remote work hours, where possible, to enable caregivers to carry out care work.[267] Pair this with support to companies to strengthen linkages with health systems to ensure women and girls have access to reproductive health services and can manage their fertility while earning income.

Reduce the risk of COVID-19 exposure among frontline workers. 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. Provide cash transfers to low-income and informal workers, especially women-headed households, so they can afford to take time away from work to care for their families when sick. Encourage behavioral-change programming (including key messaging) to encourage male family members to take on larger roles in domestic tasks and care roles.

Enhance the responsiveness of social protection programs to serve the distinct needs, capacities, and vulnerabilities of women and girls, men and boys. Support the delivery of emergency cash assistance specifically to women, where possible and safe to do so.[268] 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.[269] Related to this, support expanding birth registrations and national ID cards and creating financial access for women, especially those from marginalized groups.

Enhance the availability of childcare and other care services. To address girls' and women's disproportionate share of unpaid care and work, identify and develop models for accessible, affordable, and quality care services to meet the needs of families and households, as women and men return to work.[270]

- Support regional and national policies to guarantee dignified work and adequate pay to support a work-life balance and financial stability for all caregivers and their children.[271]

- Engage men and women about men's caregiving role, using approaches such as the MenCare training modules.[272]

- Provide alternate childcare options for health care and other essential workers.

- Seize programming opportunities to engage men in care work and to promote social-norms change. The private sector can encourage all employees, especially men, to share domestic care work through targeted engagement and creative initiatives, such as male managers setting examples.[273] USAID activities can message male household members on sharing responsibilities.

Mitigate the risk of GBV related to targeting of women in social protection programs. 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.[274]

Support gender-responsive work arrangements for women with care responsibilities. Support flexible work arrangements and paid leave for primary caregivers to meet unpaid care responsibilities. Support employer-provided childcare on work premises and public childcare services as part of an economic recovery plan,[275] and support investments in care infrastructure, including quality childcare and long-term care services for the sick and elderly.[276] Explore approaches to support home-based businesses that can be managed alongside increased domestic work.

Enhance women's access to resources, including financial services. Develop grant pools to support SMEs that employ large numbers of women and/or are women-led to ensure they remain afloat. Support savings and loan associations and cooperatives that serve women to educate and provide financial services to them.[277] Advocate for organizations and partners to use digital credit systems to predict default risk better,[278] redefine/expand collateral (e.g., jewelry, crops, inventory, and livestock), restructure or suspend loan payments, and reduce interest rates.[279,280] Advocate for organizations and partners to offer a remote provision that enables women to open a mobile bank account without travelling to a branch. [281]

Enhance the engagement of women in non-traditional sectors. Support behavior change among junior and senior hiring managers to avoid preferential hiring of men or sex segregation in certain sectors or functions. Also, support work-study in apprenticeship-type skills development to facilitate on-the-job learning.[282,283]

Bolster learning and digital literacy. 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.[284] 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 groups.[285]

Minimize the out-of-pocket cost to GBV survivors for response services. Support development of national policy and programs that collect data on the direct and indirect costs of GBV to national economies. Such costs may include those associated with establishing national monitoring systems that adhere to strict privacy and security guidelines for safeguarding data, and providing sick leave, and (remote) health care and other services to GBV survivors and their children. Support also the

collection of data on the costs to non-governmental GBV service providers, and to GBV survivors. Include measures in national planning and budgeting to shift the cost burden away from non-governmental GBV service providers and GBV survivors.

Enhance the creation of industry-specific codes of conduct on GBV, including sexual harassment. 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[286] (e.g., availability of female ombudsperson for female employees who can ensure their privacy and anonymity if they report workplace harassment).[287] Within this context, 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.

EDUCATION

KEY CONSIDERATIONS

Adolescent girls never in school. Globally, pre–COVID-19, one-third of adolescent girls from the poorest households were never in school.[288] According to one estimate, 10 million more secondary-school-aged girls may be out of school following the initial wave of COVID-19.[289]

Return to learning. When faced with limited resources, households may prioritize sending boys to school rather than girls—raising concerns about whether girls will return to school at all.[290] The risk of not returning to learning is especially high for those who experience multiple vulnerabilities based on age, background, disability, identity, etc.[291]

Learning loss. After prolonged school closures, children are at risk of significant learning loss.[292] This is especially true for those who are at greatest risk of not returning to learning (see above).

Access to distance learning. School closures have prompted shifts worldwide for in-home distance and digital learning. Pre-pandemic, however, just 25 percent of low-income countries, were using distance learning—with most of that instruction through television and radio.[293] Access to electricity, Internet connectivity, and digital devices may be limited, also restricting access to distance learning. 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.[294] Even when distance and digital learning is accessible, girls are especially disadvantaged within the household regarding access to technologies and devices.[295] Girls and boys with disabilities may also be at risk of exclusion from education if COVID-19–related remote or distance learning programs are not accessible or if they do not have assistive devices to accommodate learning needs.[296]

Gender dynamics in distance learning. 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 science, technology, engineering, and math (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. 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.[297]

Increased household work for women and girls. With families staying home, household work for women and girls increases due to pre-existing social norms that assign most or all caregiving tasks to them. Therefore, girls' share of care work may limit their time for study. Similarly, female teachers also are more likely to have additional caretaking responsibilities in the home that could minimize time for distance-learning activities.[298]

School-related gender-based violence (SRGBV) 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.[299] 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),[300] gender-based cyberbullying, and sexual exploitation and abuse are all on the rise.[301] 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.[302,303] Girls who are not well prepared to shift to schooling online can also be at higher risk for online SRGBV. The impact of SRGBV can include deterioration of mental health and psychosocial well-being and have a negative impact on learning and academic performance.[304] See also the Child Protection section.

Harmful coping mechanisms. Caregivers who become sick may not be able to care for children who depend on them. 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. Boys and young men may be at risk of forced labor and recruitment by armed groups, while girls and young women may face a heightened risk of CEFM, sexual exploitation, transactional sex, and trafficking. Pregnancies among adolescent girls increased 65 percent in Sierra Leone during the 2014 to 2016 EVD epidemic, and policies prevented them from returning when schools opened.[305] Girls forced into marriage may be taken out of school and/or unable to return to school. They may also shift their time toward purely income-generating activities to support their households and forego their education, as also seen in Sierra Leone during the EVD outbreak.[306] See also Child Protection.

Mental health and psychosocial well-being of female and male children, youth, and teachers. School closures have affected the mental health and psychosocial well-being of girls and boys as well as male and female educators.[307,308] Mobility restrictions caused by stay-at-home orders have drastically altered learners' and educators' routines, educational access, and social networks.[309] 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).[310,311] These changes also leave male and female youth more vulnerable to physical or emotional abuse,[312] increased online SRGBV, and other gender-specific protection risks during the pandemic (see also the Child Protection section) that are detrimental to children's psychosocial well-being.[313] 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.[314]

School feeding programs. Closures may restrict access to food normally delivered through school-feeding programs, which is a significant issue for poor households where adult job losses also may threaten food security.

Education budgets. Economic rollback has negative impacts on education budgets, as data show from the EVD epidemic (2014 to 2016), when governments redirected funds to meet the crisis. Declining education budgets have worse impacts on girls' educations, possibly compounding the effects of interrupted learning and early dropout that prevailed pre–COVID-19.

ILLUSTRATIVE COVID-SPECIFIC GENDER ANALYSIS QUESTIONS

- What girls and boys are most at-risk of dropping out of distance learning and/or not returning to learning when schools reopen? How does age, disability, ethnicity, socioeconomic status, gender identity, and sexual orientation impact vulnerability to dropping out of distance learning and/or not returning to learning?
- What are the gender-specific reasons for dropping out of distance learning and/or not returning to learning? Have early warning signs been observed? If yes, what are they for girls and boys in all their diversity?
- What measures have community, governmental, and/or international actors taken to address risks of dropping out or not returning to learning when schools reopen?
- Are alternatives to classroom learning offered? If so, what are they (for example, packaged books and writing materials, online instruction, TV, or radio)?
    - If so, do girls and boys have equal access to technology and devices?
    - If not, how can equal access be achieved (such as asynchronous lessons that can be accessed at convenient times)?
    - What are the provisions for students with disabilities?
    - What other groups of girls and boys face access challenges?
- How have increases in care responsibilities in the context of COVID-19 impacted male and female children's and youth's participation in learning differently? How has this increase in care responsibility impacted male and female educators' engagement in teaching and education differently?
- What are the gendered beliefs, perceptions, and practices related to girls' and boys' education and learning? To what extent has the COVID-19 pandemic changed or magnified these gender norms? How do these gendered beliefs, perceptions, and practices about girls' and boys' education and learning impact their respective learning and academic success?

- To what extent have digital safety risks emerged in the context of online distance learning during COVID-19?
    - Do distance learning measures include red flags for online abuse and exploitation, as well as general tips for safe Internet use for girls and boys?[315]
    - If yes, what are they and how effective are they in mitigating online safety risks?
- What does SRGBV look like in the context of online distance learning during COVID-19?
    - How has it changed or stayed similar to pre-COVID times?
    - What types and to what extent have new forms of SRGBV emerged?
    - Who is particularly at risk, and what differences emerge for girls and boys in all their diversity?
    - What measures are currently being taken to address SRGBV during COVID-19?
- To what extent have negative coping mechanisms (e.g., CEFM, child and forced labor) been employed by families to counter financial and other hardships experienced in the context of COVID-19?
    - What type of negative coping mechanisms are employed, and how do these differ in impact on girls' and boys' education?
    - What measures are being taken to mitigate use of negative coping mechanisms?
- How has the COVID-19 pandemic impacted the mental health and psychosocial well-being of girls and boys as well as male and female educators? How does the intersection of age, gender, disability, ethnicity, socioeconomic status, gender identity, and sexual orientation impact their vulnerability to mental health and psychosocial impacts of the COVID-19 pandemic?
- Are there safe spaces, such as girls' and boys' clubs, for out-of-school adolescents to receive psychosocial support, health information, and job and life-skills training? How accessible are these safe spaces to the diversity of female and male children and youth? Have they adopted COVID-19 safety measures—such as holding meetings outdoors, using social distancing, or putting some activities online?
- Was a school feeding program in place before the pandemic?
    - If yes, is it continuing, and how?
    - If not, do alternate programs exist, such as cash transfers, community kitchens, and food distribution? How well will these substitute?
    - Are measures in place for equitable access to the selected program type (see Food Security section)? If yes, what are these measures?

- To what extent are there means to ensure boys and girls are fed equitably?
- Is there messaging to reinforce gender-equitable feeding, in areas and regions known to have a cultural preference for sons?

- On local school and community COVID-19–related planning forums, is there equal representation of male and female adults and youth, especially lesbian, gay, bisexual, transgender, and intersex (LGBTI+) and indigenous adults and youth, as well as adults and youth with disabilities? To what extent are the needs and priorities of these individuals addressed in these planning forums, including regarding GBV prevention?
- How will COVID-19–related interventions be monitored? What are the gender indicators? How will data be collected, used, and reported? Who will collect the data?
- What have been the impacts of the COVID-19 pandemic on education budgets and on the education of girls and boys, respectively, especially those from marginalized groups?

PROGRAMMING RECOMMENDATIONS

Program for school reopening using guidance in the USAID Returning to Learning during Crises Toolkit. 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. The toolkit offers several key recommendations. First is to develop gender-responsive education reopening plans in a participatory manner and regularly update them. Second is to 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. Third is to work with local civil society organizations led by marginalized populations to ensure policies and funding related to academic calendars, curriculum, teaching, infrastructure, exams, etc. are inclusive and equitable.[316]

Support incentives to help girls return to school. When COVID-19 school closures ease, support strategies designed to relieve economic strain and increase girls' human capital: waiving standard examination fees, subsidizing secondary matriculation fees, and providing longer-term transfers for girls, conditional on their re-entry into school.[317]

Use flexible learning approaches. Support flexible learning approaches so that girls, especially pregnant girls, can return to school. These efforts may include providing catch-up courses and accelerated learning, and also addressing re-entry laws that prevent them from accessing education.[318]

Expand in-home distance and digital learning. Explore opportunities to expand distance learning more equitably, addressing issues such as the gender digital divide, gender-equal content, and online safety.

Incorporate alternative low-tech distance-learning and other modalities. Consider low-tech distance learning modalities such as radio and TV, with flexible scheduling to reach girls and boys. Implement hybrid and in-person delivery modalities when the public health context allows.

Promote equitable and inclusive access to education programming. 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. 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. 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.[319,320] Design distance learning strategies that specifically address boys' motivation for participation and learning.[321]

Mitigate learning loss from school closures and transition to distance learning with culturally contextualized, gender-sensitive, and inclusive approaches. 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.[322] Modify exams and learner promotion practices to meet the specific needs of marginalized girls and boys. Offer teacher training that provides practical, actionable, and simple guidance on how to support learning catch-up for all learners.[323] 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.[324]

Promote gender equality in and through education. Consider developing and broadcasting educational content and messages to promote gender-equal norms (such as boys and girls engaging equally in care work); STEM; violence prevention; and the value of keeping girls in school. 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.[325] 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.

Integrate educational programming for boys to take on new roles. Promote educational programming in the public education system to provide boys and men with the skills and knowledge needed to take on new roles in households, including school-based life-skills courses for boys.[326]

Enhance men's involvement with the schooling of children. Support school administrators, teachers, and other decision-makers to further encourage men's involvement with their children.[327]

Support the mental health and psychosocial well-being of male and female children, youth, and educators. 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.[328] 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.[329] Make gender-sensitive MHPSS resources widely available through digital and traditional formats to parents, teachers, and children/students and provide guidance on how to use these resources.[330] 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.[331] 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.[332,333]

Address SRGBV and digital safety in distance learning and upon school reopening. Devise and implement SRGBV prevention and mitigation plans applicable to distance learning and before reopening that involves a diverse representation of students, parents, teachers, school administrators, and community members. The plans should include training, awareness-raising, implementation of digital safety infrastructure, and provision of counseling to survivors of SRGBV. 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.[334,335] Incorporate social and emotional learning into distance-learning programs and provide trained counselors to strengthen children's resilience and ability to cope with SRGBV. See also the Child Protection section.

Support school feeding programs. Maintain school feeding activities, both to provide good nutrition and to prevent girls and boys from having to work for income. Feeding programming should provide complementary messages and should monitor gender equality of household food consumption. Consider the need and opportunities to continue these gender-equity measures post-pandemic.

Integrate cash transfers. Sixty countries are initiating or supplementing cash transfers to compensate for suspended school feeding programs.[336] Cash transfers are an option to consider also in communities experiencing increased food insecurity. Cash transfers have positive impacts on girls' education and well-being, whether made to women or men.[337] (See also the Food Security section.)

Maintain education budgets. Support and advocate for continued financing for education post-crisis. Back-to-school messages targeted to families and communities must emphasize the importance of girls returning to school; girls' return should be monitored.

ENVIRONMENT AND NATURAL RESOURCES MANAGEMENT AND USE

KEY CONSIDERATIONS

Insecure land tenure rights for women. Less than 20 percent of landholders worldwide are women,[338] 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, COVID-19 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.[339,340] Women also risk losing access to land through changing household dynamics with the return of male migrants.[341,342] Women may also lose access to land as the pandemic puts pressure on limited household resources.[343] 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.[344]

Health and cooking fuels. Women who cook indoors with fuelwood and other biomass fuels (such as dung and crop residues) already are at greater risk for respiratory diseases. Every year, on average more than 4 million people (mainly women and children) die of diseases related to indoor pollution.[345] COVID-19 is likely to

exacerbate these health risks for women, especially those from the most marginalized groups, due to social distancing and limited travel outside the home.

Disproportionate impact of increased time spent obtaining water and fuel. 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.[346] 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.

Disproportionate impact of increased time due to lack of access to clean, modern energy services on women and girls. 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.[347] 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.[348]

Impact of COVID-19 on persons exposed to air pollution. 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.[349]

Environmental governance. Women have long participated in conservation as individuals and in groups. Research shows that women's increased engagement in resource management results in improvements in governance and conservation. Diversion of attention to COVID-19 may reduce women's abilities to contribute to governance structures, due to their increased time burden and lack of access to technology.[350]

GBV and the scarcity of environmental and natural resources and land rights. In general, access to and control over environmental and 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.[351] 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.[352]

ILLUSTRATIVE COVID-SPECIFIC GENDER ANALYSIS QUESTIONS

- Are women, men, and children in households who have contracted COVID-19 experiencing difficulties with breathing, due to their use of biomass energy sources?
- What are the effects of additional household care work on women's and girls' physical and mental health? What are the impacts on their participation in paid work in natural resources management (such as MSEs selling solar lanterns)?

- How are increases in the need to collect water and fuel—including an increased number of trips and greater distance to search for biomass fuel and water—impacting the safety of women and adolescent girls, especially indigenous women and adolescent girls? [353]

- Is there an increased risk of CEFM and transactional sex due to increased scarcity of natural resources and difficulty maintaining livelihoods and basic needs?

- What are the compensation and relief measures (for example, cash transfers) for those most at risk of illness, income losses, and food insecurity (i.e., the landless, female-headed households, indigenous persons, and those from the most marginalized groups?)

    - Are compensation and relief targeted to those most in need?

    - Are delivery mechanisms safe?

    - Are delivery mechanisms accessible (for instance, if mobile cash transfers are used, do target populations have phones)?

- Are the needs and concerns of women, especially those from the most marginalized groups, heard and considered in pandemic-response planning and implementation?

- Are women's and indigenous people's environmental organizations included in response planning and implementation?

- What roles do women and men, especially indigenous women and men, play in natural resources management, and in climate change, alternate energy, and other sustainability programs?

    - How will COVID-19 affect their participation? What measures exist to continue their inclusion safely when work resumes?

    - What equity constraints hamper their involvement now? How are these constraints likely to change due to COVID-19?

- What are the provisions for supporting small- and medium-sized, women-owned, alternate-energy enterprises?

- What are the provisions for cash transfers, loan forgiveness, loan restructuring, and new loans?

- How will COVID-19–related interventions be monitored? What are the gender indicators? How will data be collected, used, and reported? Who will collect the data?

PROGRAMMING RECOMMENDATIONS

Strengthen insecure land tenure rights for women. 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.[354] Support organizations working to protect the tenure rights of small producers and vulnerable groups, including widows,

through the provision of legal aid services[355,356] and strengthening women's access to formal and traditional land-grievance systems.

Support relief measures for women who have lost household members with land tenure. In households where family members have died or become disabled due to illness, women may need emergency relief and other support—especially in the most marginalized groups (such as tribal and indigenous persons), where they may be unable to claim household rights to land or other resources. Relief can include targeted cash transfers, food packages, and debt forgiveness.

Enhance women's access to information about land tenure rights. Collaborate 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 land rights and resources available.[357] At the same time, support measures to close the digital gender divide to enable women to use online land platforms that help them acquire and protect their land-tenure rights [358]

Support the use of and access to alternative fuel sources. Encourage the use of alternative fuel sources and support systems—including with subsidies as needed—and engage women and men in natural resource management and governance at the national and sub-national levels to mitigate the risks of water and firewood scarcity; to reduce the likelihood of increased time burdens related to searching for water and fuel; and reduce the economic burden and opportunity costs of so doing.

Support gender-responsive COVID-19 planning in short- and long-term environment and natural resources management and use planning. Using a local systems approach, collaborate with government institutions, public and private utilities, and national land tenure and women's organizations to create gender-informed disaster management plans to ensure that women and girls, those from the most marginalized groups, are accounted for and met. In recovery planning, intensify women's involvement in clean grid and off-grid electricity and the use of alternate energy sources (like wind and solar energy). These activities could respond to climate change, improve women's access to and use of clean energy products, reduce women's time burdens, and support women's livelihoods and employment throughout the alternate-energy value chain[359] (where women are currently mostly absent).

Engage women in green jobs and climate smart practices. Given women's central involvement in fuel collection and use, prioritize the engagement of women for green jobs and adoption of climate smart practices,[360] particularly when they are time-saving for women and girls and promote economic empowerment.

Mitigate the risk of GBV due to the scarcity of natural resources and land rights. Use preexisting, and carry out new, activity-level gender analyses with national GBV services providers to identify measures for mitigating the scarcity of natural resources for women and girls.[361] Integrate measures to protect land and natural resource rights of women and youth into agriculture and environment activities as GBV prevention measures.[362] Collaborate with national organizations and government partners in these efforts. Take measures to ensure the safety and security of natural resource collection agents and community liaisons, who are often women.

HEALTH

KEY CONSIDERATIONS

Representation of women in health-sector governance. Women are often unrepresented as decision-makers in health-sector governance.[363,364] This trend has also continued during the COVID-19 response.[365] Women are needed in decision-making roles to provide insights on nuanced and culturally appropriate health security surveillance, detection, and prevention and mitigation mechanisms.[366]

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.[367] 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.[368] 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.[369] The latter is likely linked to their lower wages compared with their male counterparts in similar positions[370] and filling roles in lower-wage positions.[371]

Disruption of routine health care services. Evidence from the current COVID-19 pandemic indicates that efforts to contain outbreaks often divert health care personnel, facilities, and commodities from routine health services, including preventative care and services typically accessed by women and girls, such as pre- and post-natal health care, HIV prevention and treatment, and family planning and reproductive health.[372] Such diversions of resources 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,[373] lower vaccine rates, higher maternal mortality, and greater malnutrition.[374]

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[375] 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.[376] 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.[377]

Lower access to COVID-19 testing, vaccinations, and care among women, socially marginalized or stigmatized populations. Individuals whose identities intersect based on sex, gender, race, ethnicity, disability, and religion may face compounding discrimination, which puts them at greater risk of contracting and dying from the virus, and from accessing treatment and receiving one of the COVID-19 vaccines.[378]

Gender digital divide and literacy and medical care. The move toward telemedicine may marginalize those who do not have access to phones or the internet, as well as people who are not literate.[379] This limitation may especially impact prenatal visits to doctors for pregnant women, resulting in expectant parents receiving insufficient care and support.[380]

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.[381] 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.[382] 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.[383,384]

Gender-specific effects of COVID-19 on mental health and well-being on women and girls, men and boys. Pre-existing limited MHPSS resources paired with the 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.[385,386] The pandemic has had a large 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.[387] 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.[388]

Unequal access to COVID-19 vaccines. Despite the availability of vaccines in high-income countries, access disparities have emerged with BIPOC and persons with disabilities at a distinct disadvantage in the United States, for example.[389,390] 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.[391]

Enhanced incidence of GBV and reduced access to response services. 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.

Female genital mutilation/cutting and CEFM. Increases in harmful traditional practices, such as FGM/C, have been reported in COVID-19 quarantines.[392] Stay-at-home measures may increase this practice because there is more time for girls to recover. Cutters' needs to earn income, in the global economic downturn, also may increase its prevalence.[393] CEFM may rise where household livelihoods are impacted and may also result in more young girls becoming pregnant.[394]

ILLUSTRATIVE COVID-SPECIFIC GENDER ANALYSIS QUESTIONS

- Are COVID-19 patients treated equally regardless of gender, socioeconomic class, race, ethnicity, HIV status, pregnancy, or legal status? If not, what discrimination do they experience? How can this be addressed?

- Are critical health resources being reallocated from reproductive health care needs? If so, how does this affect access to sexual and reproductive health and maternal and child health services? How can reproductive health care be supported and made accessible during the pandemic?

- Is accurate and clear information about health and stay-at-home measures accessible to all? If this information is delivered by phone, do women, especially those from the most marginalized groups, have access? If it is provided by other modalities, do they have access? Are women and women's groups involved in disseminating health information (particularly important in communities where women are secluded)?

- What measures do health facilities have in place to mitigate the exposure of women and girls to COVID-19, especially pregnant women and girls, as well as LBTI women and girls, indigenous women and girls, and women and girls with disabilities?

- What measures meet the health care needs of informal and formal health care workers (including mental health) and their resource needs (including personal protective equipment)?

- Is a gender lens being applied to health budgeting processes at the national, regional, and local levels? Do health plans reflect the interests of all groups? Are there ways to increase funding and budgeting for the health needs of all groups, especially women and girls?

- Are women, especially those from the most marginalized groups, engaged in the decision-making about COVID-19 health care response plans, including regarding female health workers? If not, what measures can increase their representation and leadership within the health care system and national health care plans?

- How have COVID-19 stay-at-home measures affected the access of GBV survivors to life-saving case management, medical, shelter, and mental health support and care?[395] Are frontline health responders trained on GBV psychological first aid and on survivor-centered approaches to making referrals to available services? Are responders knowledgeable about functioning GBV services?

- How will COVID-19–related interventions be monitored? What are the gender indicators? How will data be collected, used, and reported? Who will collect the data?

PROGRAMMING RECOMMENDATIONS

Ensure that COVID-19 health messaging aligns with literacy levels and access to technology. Design health messaging on preventive, protective, and care-seeking behaviors to reach all populations through simple, clear, and concise messaging (including visuals). Messaging should be accessible and affordable, using communications tools such as mobile phones and apps, radio, and billboards. It should also engage modalities that women and girls, men and boys trust, including religious leaders, leaders of agricultural cooperatives, credit and savings groups, women's organizations, youth groups, and community radio stations.

Build data collection, data analysis, and mitigation of detected inequalities into COVID-19 emergency measures. Collect data (disaggregated by sex, age, ethnicity, income, and geography) to identify how different population segments access services; analyze outcomes (morbidity and mortality)

to identify vulnerabilities. Analyze data to identify how and where health inequalities exist, are created, or are exacerbated, as well as the possible impacts of emergency measures on health equality. Create systems that allow flexibility to adjust health response measures to respond to the data analysis.

Enhance the representation of women in health-sector governance. 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). 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. Facilitate this engagement through incentives such as childcare subsidies, additional pay, and flexible schedules.

Mitigate the risk of exposure and burnout of women in front-line health services. 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. Ensure safety and optimized use of available health workers, and strengthen health worker capacity to effectively respond and continue provision of essential services when health systems are overwhelmed. 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.

Enhance pay equity and put in place social protection measures for female health care workers. Bolster 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. Support short-term pay raises for female health care workers to reach equity with male peers during the pandemic and long-term reforms to pay structures that ensure equal pay for equal work in the longer term.

Mitigate the disruption of routine health care services. Collect data and implement recommendations from health assessments 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. Integrate access to routine health care services, including HIV prevention and treatment, family planning, and other sexual and reproductive health services, in pandemic response plans and programs. Support processes to allocate sufficient funding to ensure their continuation during the pandemic.

Ensure the availability of essential commodities. 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 to all, and strengthen processes for future events. Such supplies include those for sexual and reproductive health, and GBV response services.

Enhance access to health services. 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.

Mitigate risk factors that put men and key populations at greater risk of COVID-19–related deaths. 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. Encourage modeling of preventative health measures by male political and community members.[396] 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 handwashing.

Increase access to COVID-19 testing, vaccinations, and care among socially marginalized or stigmatized populations. When designing RCCE, integrate culturally sensitive messaging for socially marginalized or stigmatized populations in support of prevention behavior, testing, and obtaining health care.[397] Raise health care providers' awareness of the need to provide nondiscriminatory COVID-19 services and support them in doing so.

Mitigate the risks to pregnant women associated with COVID-19. 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. Make available vaccines to willing pregnant and lactating women, especially those who work in health care.[398]

Provide mother- and baby-centered care post childbirth. Ensure all decisions about temporary separation between mother and baby are made in consultation with the mother.[399] 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.[400] 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.

Address the effects of COVID-19 on mental health and well-being. Support measures to ensure MHPSS services are fully integrated into pandemic response plans and allocate continued funding to support continuity of existing MHPSS services. Expand the availability of gender-specific and culturally relevant MHPSS services in the context of COVID-19 and beyond, including virtual MHPSS services. Encourage gender-specific psychosocial care for women and men that tackles specific needs through such actions as creating mutual support networks.

Integrate a focus on healthy and gender-equitable masculinities in health services. Implement social and behavior change campaigns that encourage healthy and gender-equitable masculinities and couples communication related to men's health-seeking behaviors and promote mental health services outreach across all health activities.

Mitigate unequal access to COVID-19 vaccines. 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. Carry out 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.

Make long-term public health sector reform gender-responsive. 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.

Enhance existing survivor-centered GBV prevention and response services. Incorporate GBV survivor-centered prevention and response into all COVID-19 public health responses. Support training for international and national health partners' staff on how to handle disclosures of GBV,[401] using survivor-centered approaches. Update and disseminate information on GBV standard operating procedures, including referral pathways, to health and social service providers and increase the availability of remote GBV response services.

WATER, SANITATION, AND HYGIENE

KEY CONSIDERATIONS

Time burden. 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 latrines, where physical distancing is difficult.

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.[402] 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.[403] 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.[404,405,406]

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.[407,408] Public and private sanitation facilities that do not cater to the accessibility and needs of male and female persons with disabilities and LGBTI+ persons create challenges for adherence to sanitation measures.[409]

Menstrual hygiene and health. COVID-19 may affect the availability and affordability of water and menstrual hygiene supplies for women and girls, including LBTI women and girls.[410,411,412] 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.[413] 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.[414] Further, LBTI women and girls might be left behind in the provision of menstruation and other needs.

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.[415] With the return to school, the need will be greater for WASH facilities that are safe and accessible to all.

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 due to increased travel distances, more frequent water collection, and fewer people in public places due to stay-at-home measures.[416] Stay-at-home measures may also exacerbate harmful traditional practices such as physical exclusion during menstruation; increase the risk of violence against LGBTI+ persons; and increase the risk of 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.

Lack of access to public health information. Persons with disabilities, in particular women and girls, face greater risks of contracting COVID-19 because of a lack of access to public health information, in accessible formats; lack of access to WASH facilities; and challenges with following social distancing and self-isolation measures, due to their reliance on caregivers.[417]

ILLUSTRATIVE COVID-SPECIFIC GENDER ANALYSIS QUESTIONS

- Are WASH facilities more or less crowded since COVID-19? Has access changed for women and girls, or men and boys, including LGBTI+ persons and persons with disabilities?
- Is accurate and clear information about WASH accessible to all? If this information is delivered by phone, do women have access? What about speakers of various languages, and people with lower levels of literacy? If delivered by other modalities, do women, especially those from the most marginalized groups, have access? Are women and women's groups involved in disseminating hygiene information (especially important in communities where women are secluded)?
- Have new or additional facilities been built in response to COVID-19? Were women and girls—especially LBTI women and girls, as well as indigenous women and girls, women and girls with disabilities, and pregnant women and girls—consulted on the facilities' design or location? How has that approach affected the facilities' use and safety?
- Are there groups of people, or certain genders, who are prevented from accessing WASH facilities? Who? Why? Was this already an issue pre–COVID-19?
- Have stay-at-home measures affected access to water? Who collects water now? Men, boys, women, girls? Do they travel in groups or alone for water? Are collection sites overcrowded?
- Are water-delivering systems still in place during COVID-19? If so, have they changed in frequency? How have they affected women and girls?
- Are women and girls able to access menstruation health and hygiene and sanitation products (including soaps, shampoos, and cleaning products)?

- Have there been instances of GBV in WASH facilities? If so, why? Have best practices for reducing GBV around facilities been applied?

- Which measures exist to protect the safety and security of women and girls, especially indigenous women and girls and women and girls with disabilities, in public WASH facilities? Are facilities lit? Are the paths to them illuminated? Do they have functioning inner locks? Are the facilities private for women and girls in particular? Are there sex-segregated facilities? Do women, girls, and boys feel safe in them—especially LGBTI+ women, girls, and boys, as well as women, girls, and boys with disabilities?

- How will COVID-19–related interventions be monitored? What are the gender indicators? How will data be collected, used, and reported? Who will collect the data?

PROGRAMMING RECOMMENDATIONS

Counterbalance structural power inequalities in WASH planning, budgeting, and response. Fund and support women, especially those from the most marginalized groups, to participate in WASH planning, budgeting, and facility maintenance, including for contact-free handwashing stations.

Reduce women's time burden related to WASH. 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. 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.

Enhance entrepreneurship related to WASH services and products. Enable female water and sanitation entrepreneurs to secure the financing they need to provide water services. Support menstrual hygiene entrepreneurs and SMEs to improve financial and operational management, access materials, and understand local market preferences and demand.

Support safe and equitable access to water. Encourage measures to support physical distancing at water points without impeding the ability to secure water for all uses. Also, contribute to efforts to make water points safe and accessible, including repairing dysfunctional water points, promoting rainwater harvesting, and encouraging people to store water of different quality within the home. Support social and behavioral change measures to encourage more equitable redistribution of water collection responsibilities across male and female family members to complement these efforts.[418]

Support safe access to hygiene services. Support measures to 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.[419,420,421] Consider menstrual hygiene materials as essential hygiene supplies for girls, women, and other workers in educational settings. In hygiene promotion activities, target women, girls, men, and boys, while considering differences in literacy, language, and access to mobile phones, computers, and radios.

Ensure the availability of culturally-appropriate menstrual health and hygiene (MHH) management products. If sanitary product supplies are limited, provide targeted distributions of

culturally appropriate forms of MHH product. Additional measures may include establishing boxes of emergency MHH products in locations such as health centers, schools, workplaces, and markets[422] and adding menstrual hygiene supplies to national lists of essential items and reducing or eliminating taxes and tariffs on these goods.[423] Provide protective and leakproof bags/cases for women and girls to safely and discreetly store their menstrual materials.[424] As a complement, identify and address supply chain issues in producing and distributing MHH supplies and other WASH-related products, including but not limited to female-led social enterprises and SMEs.[425]

Meet the needs of males, females, and non-binary and gender non-conforming individuals for hygiene and sanitation services. For sanitation outside the household, engage community stakeholders in area-wide assessments and planning on the location, availability, and type of public, communal, and institutional toilets, to ensure that they meet the needs of women and girls, and non-binary and gender non-conforming individuals.

Put in place measures to mitigate the risk of GBV. 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).[426,427] and fund and support additional WASH facilities that implement GBV risk-mitigation measures, including facilities' location, effective locks, and gender segregation. Include women and girls in WASH planning and management[428] in line with the *Inter-Agency Standing Committee GBV Guidelines* for WASH and 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.[429]

ANNEX A: ADDITIONAL RESOURCES FOR CARRYING OUT A CSGA, BY SECTOR AND CROSSCUTTING THEME

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