# USAID'S GENDER AND COVID-19 GUIDANCE

The outbreak of COVID-19 has had—and will continue to have—a tremendous impact on countries worldwide until the pandemic is controlled.  COVID-19 will have long-term effects across a range of sectors in countries around the world, potentially countering development gains, including those related to gender equality.  Responses to previous global public health emergencies and pandemics and COVID-19 to date clearly show that integrating a commitment to gender equality and women's empowerment in activity design and implementation is vital to supporting affected communities and saving lives.  Within this context, it is critical to adapt programming to respond to how COVID-19 is affecting women and girls, men and boys of different ages, disabilities, ethnicities, races, gender identities, sexual orientations, migrations statuses, and socio-economic and demographic groups.  The following summarizes a more in-depth technical brief, *USAID's Gender and COVID-19 Guidance*.

## ISSUES AND RECOMMENDATIONS FOR ALL SECTORS

**Women and girls, men and boys of different ages, disabilities, ethnicities, races, gender identities, sexual orientations, migration statuses, and socio-economic and demographic groups have different levels of COVID-19 risk based on their daily activities, structural inequalities, and unique strengths.**  **Recommendations:** (1) Conduct activity-level COVID-19–specific gender analysis drawing upon previous USAID and other donor gender analyses. (2) Design and implement USAID strategies and activities based on the results of COVID-19–specific gender analyses. (3) Prioritize multi-sectoral responses in partnership with diverse stakeholders.

**Women, especially health workers and those from marginalized groups, have largely been absent from decision-making and leadership roles in the COVID-19 response.  Their absence threatens the success of health interventions during the pandemic. Recommendations:** (1) Engage and strengthen women's leadership, especially women from marginalized groups, through targeted outreach campaigns and multiple and flexible modalities to participate in COVID-19–related project design, implementation, and relevant task forces. (2) Support changes to informal practices that hinder certain groups' participation. (3) Consult national partners about pursuing informal systems of communication, including in collaboration with women's networks.

**Men face higher COVID-19 mortality rates than women linked to social norms and behaviors around masculinity and biological factors. Many men and boys have also faced increased responsibility for care roles that women and girls typically manage, leading to discrimination and stigma.  Recommendation:** Target men and boys with specialized messaging, support, and training as they assume new duties and care responsibilities for family members with COVID-19.

**Women and girls, men and boys, especially those from marginalized groups, are especially vulnerable to receiving COVID-19–related misinformation and/or conflicting information largely fueled by social media outlets.  Recommendations:** (1) Consult with national partners 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 to all populations; produced in languages that affected populations speak; culturally sensitive; broadcast through a variety of media outlets, including forms that do not require literacy; and does not promote stigma or reinforce inequitable gender and power dynamics. (2) Collaborate with governments and social media companies to battle misinformation.

**The digital gender gap exacerbates the susceptibility of women and girls, especially those from the marginalized groups, to contracting COVID-19, increases the risk of exposure to gender-based violence (GBV) and social isolation during lockdowns, decreases access to potentially life-saving resources, and leads to missed economic opportunities.  Recommendations:** (1) Invest in technology, Internet access, and digital literacy, including how to navigate the Internet safely, for women and girls, men and boys, especially those from marginalized groups, to enhance remote means of communication and knowledge exchange. (2) Support the development of government policies that seek to address the gender digital gap.

## ISSUES AND RECOMMENDATIONS ON GENDER-BASED VIOLENCE—INCLUDING SEXUAL EXPLOITATION AND ABUSE—PREVENTION, MITIGATION, AND RESPONSE

**Not putting in place GBV risk mitigation measures and failing to integrate equitable and accessible economic, psychosocial, education, and water, sanitation and hygiene (WASH)-related support as part of the COVID-19 response may unintentionally increase the risks of GBV for women and girls.  Recommendations:** (1) Include GBV prevention messaging in national or sub-national RCCE strategies and action plans. (2) Implement targeted prevention programming— including engagement of men and boys in social and behavior change communication activities across

sectors to promote healthy masculinities, more gender-equitable relationships, and shared caregiving roles—that addresses triggers contributing to increases in GBV during the pandemic. (3) Make available safe and confidential in-person and remote GBV health, case management, and social support response services.

**COVID-19 stay-at-home measures 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 at the same time that many GBV services have diminished. Recommendations:** (1) Allocate financial, planning, and human resources to GBV service providers to ensure the availability of culturally appropriate GBV services that are operational during the pandemic response and remain accessible even during physical distancing. (2) Strengthen the capacity of existing GBV service providers to adapt case-management protocols, incorporate remote services, and ensure continued support for survivors, even during physical distancing. (3) Integrate GBV prevention and response into health systems' response to COVID-19.

**Sexual exploitation and abuse (SEA) is a form of GBV for which all aid workers are accountable and is likely present in every aid context, including in COVID-19 responses. It can have serious psychological and physical health implications for those directly affected while causing collective harm and trauma to entire communities. Recommendations:** (1) Prioritize SEA prevention through ongoing efforts targeting USAID and its partners that tackle structural gender inequalities and power imbalances while at the same time explicitly communicating to USAID partners and program participants that the Agency will not tolerate SEA. (2) Develop culturally appropriate, context-sensitive, COVID-19–specific, and survivor-centered approaches to prevent, mitigate, and respond to SEA allegations by focusing on the needs, rights, insights, and wishes of survivors, families, loved ones, and communities. (3) Place community members' knowledge and needs at the center of planning and implementation of measures to prevent and respond to SEA.

## ISSUES AND RECOMMENDATIONS BY SECTOR

### AGRICULTURE, FOOD SECURITY, AND NUTRITION

**In the context of COVID-19, women and girls, especially those who live in rural areas or are pregnant and lactating; elderly persons; persons with disabilities; ethnic minorities; lesbian, gay, bisexual, transgender, queer/questioning, and intersex (LGBTQI+) persons; and malnourished persons are particularly vulnerable to increased food insecurity and malnutrition due to discriminatory gender norms and because they have fewer financial resources. Recommendations:** (1) Provide direct food assistance without conditionalities and extra protection to nutritionally vulnerable households with pregnant women or young children. (2) Integrate behavioral-change measures to address inequalities in food allocation and consumption at the household level. (3) Support the continuation of school feeding programs while schools are closed.

**Women may experience reduced access or be priced out of markets for seeds, fertilizer, tools, labor, and other productive inputs before men due to stay-at-home measures (including those that allow only a head of household, male, to leave the home), closures in**

**markets, and declines in cross-border trade. Recommendations:** (1) Target women farmers, traders, and vendors in programming activities related to market access, including simplified trade regimes for women cross-border traders to reduce transaction costs, and input procurement. (2) Include a combination of digital and traditional inputs, cash, and access to credit in agricultural assistance programs and prioritize access for women producers. (3) Support local and national partners to facilitate smallholder access to markets by addressing mobility constraints, transportation restrictions, and market disruptions.

**Stress over increased food insecurity and stay-at-home restrictions correlate to increases in intimate partner violence. COVID-19 restrictions may also exacerbate harmful traditional practices, such as women and girls eating "least and last," or disrupt exclusive breastfeeding. Recommendation:** Incorporate messaging and activities to reduce the incidence of GBV and enhance women's empowerment in agriculture, food security, and nutrition programming, such as by including training on gender dynamics and GBV in extension and outreach programs.

## CHILD PROTECTION AND CARE

**COVID-19–related school closures combined with economic hardship caused by the pandemic have led to increased gender-specific safety, security, and protection risks to girls (e.g., child, early, and forced marriage; early pregnancy; child labor; SEA; human trafficking; transactional sex; and female genital mutilation/cutting) and boys (e.g., harsh forms of punishment and child labor, including recruitment into armed groups, and trafficking). Recommendations:** (1) Provide social safety nets during the pandemic. (2) Support the continuation of existing child protection services and systems. (3) Provide outreach to out-of-school girls and boys through texts, email, phone trees, and/or other means of communication about resources and how to reach out for support.

**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. Recommendations**: (1) Establish collaborative referral networks among health care providers and social service and child protection personnel to identify children who are particularly vulnerable or at risk of losing care. (2) Increase the availability of high-quality family-based alternative care services and provide support to child protection and alternative care providers. (3) Support policies, regulations, and programs that end institutionalization of children and prioritize family-based alternative care systems.

**Increased use of the Internet for remote learning increases the exposure of children— especially girls, children with disabilities, LGBTQI+ youth, indigenous children, and those perceived as different or as being at greater risk of catching or spreading COVID-19—to digital safety risks that include online SEA, harmful content, inappropriate data sharing, risk-taking behaviors, and cyberbullying. Recommendations**: (1) Provide support, including information and training, to parents, caregivers, and teachers on how to help girls and boys stay safe online. (2) Empower children online through age-appropriate messages, information, and advice on online safety. (3) Strengthen national prevention, response, and support services that tackle online child protection issues.

## DEMOCRACY, RIGHTS, AND GOVERNANCE

**Human rights violations of women and men, gender and sexual minorities, and those from other marginalized groups have increased in the context of COVID-19**. **Recommendations:** (1) Address the overreach of government powers. (2) Engage national civil society organizations, including women's rights organizations, and government institutions to ensure governmental COVID-19 measures respect human rights and respond to the needs of women and girls, men and boys, and individuals of other gender identities, different ages, disabilities, and socio-economic and demographic groups. (3) Conduct awareness-raising campaigns about mechanisms to report human rights violations during the pandemic and to hold governments accountable.

**The COVID-19 pandemic has exacerbated the existing barriers to access to justice for women, especially those from the most marginalized groups, survivors of GBV, and LGBTQI+ persons, and created new challenges that include decreased access to legal services as stay-at-home orders curtail their movement.** **Recommendations:** (1) Support making court systems remote using digital solutions and monitor and evaluate their accessibility to vulnerable and marginalized populations. (2) 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. (3) 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.

**Women peacebuilders and human rights defenders are on the frontline of the COVID-19 response in many crisis- and conflict-affected countries, yet they face increased threats and insecurities during the pandemic.** **Recommendations:** (1) Support bottom-up conflict resolution and prevention through formal partnerships with women peacebuilder organizations. (2) Provide financial and technical support to women peacebuilders and women's rights organizations for their COVID-19 response work and post-pandemic agenda to develop the next generation of women peacebuilders. (3) Advocate for implementing special protective measures for women peacebuilders and women human rights defenders.

## ECONOMIC STABILITY, GROWTH, AND EMPOWERMENT

**COVID-19 has had a disproportionate negative impact on women's income because of factors that include dropout from the labor force to manage increased care responsibilities and a high number of job losses in women-dominated sectors.** **Recommendations:** (1) Support sectors that employ large numbers of women to pivot and adapt to producing things that support the COVID-19 response. (2) Support workers' associations, unions, and business associations that are women-led and/or support female-dominated industries and sectors to advocate for gender equality measures. (3) Contribute to measures to encourage increasingly equitable division of care responsibilities and flexible remote work hours.

**Women and men are working on the frontlines during the COVID-19 pandemic. However, existing sex segregation in many sectors means that women and men, especially those of specific races and ethnicities, face different risks. Recommendations:** (1) Facilitate risk-reducing measures against COVID-19 for all essential and frontline workers, ensuring that both male- and

female-dominated sectors have infection prevention and control measures. (2) Provide cash transfers to informal workers so they can afford to take time away from work to care for their families when sick.

**Reduced incomes and increased household tensions due to COVID-19 may contribute to increased incidence of GBV. At the same time, GBV negatively impacts individuals, employers, and national economies through lost earnings, missed promotions, absence from work, and negative impacts on health, well-being, and productivity.** **Recommendations:** (1) Support the development of national policy and programs that identify and address the impact of GBV on national economies and the livelihoods of women. (2) Build formal and informal coalitions with investors who are concerned with GBV in specific industries and/or regions. (3) Promote the creation of industry-specific codes of practice, guidelines, and/or principles that govern how companies within that industry deal with GBV.

## EDUCATION

**COVID-19 interrupted the education of over 1.5 billion learners, including over 767 million girls and young women. The risk of not returning to learning is especially high for those who experience multiple vulnerabilities based on gender, background, disability, gender identity, etc.[1] Recommendations:** (1) Develop gender-responsive education reopening plans in a participatory manner and regularly update them. (2) 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. (3) 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.

**A number of gender dynamics in distance learning have emerged in the context of COVID-19 such as girls being less likely than boys to have access to digital devices; caregivers' attitudes and gendered values limiting access to distance learning; and female teachers and students having additional caretaking responsibilities in the home. Recommendations:** (1) Promote equitable, inclusive, and culturally contextualized access to education programming, through distance, hybrid, and in-person delivery modalities. (2) During distance learning and catch-up programs, select platforms and promote content that integrates the principles of Universal Design for Learning and meets the context-specific needs of diverse learners. (3) 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.

**Online school-related gender-based violence (SRGBV)—such as sexual harassment through social media, gender-based cyberbullying, and SEA—are on the rise in the context of COVID-19, school closures, and distance learning. 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. Recommendations:** (1) Devise and implement SRGBV prevention and mitigation plans applicable to distance learning and before reopening that involve a diverse representation of students, parents, teachers, school administrators, and community members. (2) 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. (3)

Incorporate social and emotional learning into distance-learning programs and provide trained counselors to strengthen children's resilience and ability to cope with SRGBV.

## ENVIRONMENT AND NATURAL RESOURCES MANAGEMENT AND USE

**COVID-19 has exacerbated existing insecure land tenure rights for women globally, including related to disinheritance due to the loss of a husband from COVID-19–related complications and to changing household dynamics when male migrants return home during the global lockdown.  Recommendations:** (1) Strengthen land tenure rights, including through government-led allocation of plots to women or revision of inheritance laws and validation of such laws, in collaboration with rural communities, to ensure compliance. (2) Support organizations working to protect the tenure rights of small producers and vulnerable groups, including widows, by providing legal aid services. (3) Work with local land rights organizations to provide information to women and members of marginalized groups through radio and other media so they can advocate for their rights and know which resources are available.

**In the context of COVID-19, women and girls are spending more time obtaining water and experiencing increased challenges in accessing clean, modern energy services. Recommendations:** (1) Encourage the use of alternative fuel sources and support systems—including with subsidies as needed. (2) Engage women and men in natural resource management and governance at the national and sub-national levels to mitigate the danger of water and firewood scarcity. (3) Given women's central involvement in fuel collection and use, prioritize the engagement of women in green jobs and the adoption of climate smart practices, particularly when they are timesaving for women and girls and promote economic empowerment.

**Lack of access to and control over natural resources for women and girls can increase the risks of GBV, including SEA.  Increased scarcity of natural resources due to COVID-19 can exacerbate these risks.  Recommendations:** (1) Identify measures for mitigating the scarcity of natural resources for women and girls. (2) Work with national GBV organizations to understand context-specific issues related to GBV in natural resource contexts and support organizations and local and national government partners to address them. (3) Integrate measures to protect land and natural resource rights of women and youth into agriculture and environment activities.

## HEALTH

**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. They face disproportionate risk of contracting COVID-19. Recommendations:** (1) Provide women working in formal and informal health services with training, accessible and up-to-date information, sanitary medical supplies, and properly fitted personal protective equipment. (2) Support measures for women working in health care, who are often lower-wage workers, to receive additional financial remuneration and reach pay equity with male peers during the pandemic and in the longer-term. (3) Support the development of rapid feedback structures and systems for health workers, especially those who are female, to efficiently communicate needs and gaps to facility management and relevant leadership.

**Preexisting social stigma and discriminatory practices against women and men and lack of digital literacy—especially LGBTQI+ women and men, as well as women and men with disabilities, indigenous women and men, and women and men living with HIV or tuberculosis—may prevent them from getting tested for COVID-19, accessing treatment, and receiving one of the COVID-19 vaccines. Recommendations:** (1) When designing RCCE, integrate culturally sensitive messaging for socially marginalized or stigmatized populations in support of prevention behavior, testing, and obtaining health care. (2) Raise health care providers' awareness of the need to provide nondiscriminatory COVID-19 services and support them in doing so. (3) Support the early development of user-friendly and low-technology, 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.

**COVID-19 and second-order impacts have greatly affected the mental health and psychosocial well-being of women, girls, boys, and men in gender-specific ways with women, girls, and individuals facing multiple forms of marginalization the most at risk. Recommendations:** (1) Ensure that gender-specific and culturally relevant mental health and psychosocial support (MHPSS) services are fully integrated into pandemic response plans and allocate continued funding to support the continuity of existing MHPSS services. (2) Create and scale up existing virtual MHPSS services. (3) Implement social and behavior change campaigns that encourage positive masculinities and couples' communication related to men's health-seeking behaviors and promote mental health services outreach.

### WATER, SANITATION, AND HYGIENE

**COVID-19 has increased the work burden globally for women and girls for securing and collecting water and WASH supplies and ensuring household hygiene, leading to an increased risk of COVID-19 transmission at shared water points or latrines. Recommendations:** (1) Avoid interventions that increase women's time burden related to WASH and support existing water and sanitation service providers in maintaining operations. (2) Encourage measures to support physical distancing at water points without impeding the ability to secure water for all uses. (3) 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).

**In the context of COVID-19, women and girls and persons with disabilities have specific safety, accessibility, and gender-specific needs for hygiene and sanitation. Recommendations:** (1) Support the development of a multi-stakeholder plan of action for improving public or communal sanitation that is found to be lacking. (2) Facilitate participatory processes to understand the motivation, experiences, and perspectives of women and girls in adopting sanitation services and products, including related to safety and dignity. (3) Encourage female entrepreneurs to expand their businesses to develop and/or carry high-quality, low-cost products and services that meet the needs of women and girls.

**In the context of COVID-19, women and girls are at greater risk of GBV related to their participation in WASH activities. Recommendations:** (1) Fund and support additional WASH

facilities that implement GBV risk-mitigation measures, including selecting safe locations for such facilities, installing effective locks, and gender segregating such facilities where appropriate. (2) Include women and girls in WASH planning and management in line with the *Inter-Agency Standing Committee GBV Guidelines* on WASH. (3) Pair programs and media campaigns on proper hygiene and handwashing with sensitization programs on GBV.

## CONTACT

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[1] 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.