

GENDER EQUALITY GUIDE FOR COVID-19 RELATED PROJECTS

This guide is to be used by GAC staff and project partners in conjunction with [Global Affairs Canada's \(GAC\) Feminist International Assistance Gender Equality Toolkit for Projects](#) and [GAC's Women, Peace, and Security Toolkit](#). It demonstrates how to integrate gender equality principles into COVID-19 projects to ensure that the projects adhere to the [Feminist International Assistance Policy \(FIAP\)](#), the [National Action Plan on Women, Peace, and Security \(WPS\)](#) and [GAC's Policy on Gender Equality](#).

COVID-19 IMPACTS GENDER DIFFERENTLY

A health crisis like COVID-19 poses specific risks related to entrenched unequal gender roles of women and girls, the disease itself and broader gender-related risks arising from the social and economic upheaval. Women's traditional roles as care-givers both within the family and as health-care workers increases their risk of contracting the disease, while at the same time increasing their burden of unpaid care work. COVID-19 is not only a public health crisis but also an economic and societal crisis that has a particular impact on the most marginalized populations and exacerbates social exclusions and discrimination experienced by marginalized groups such as persons with disabilities and those living in extreme poverty. This is especially acute for women and girls living in these marginalized and impoverished contexts. Center for Global Development. [How Will COVID-19 Affect Women and Girls in Low-and Middle-Income Countries?](#)

The broader gender-related risks during a health crisis include exclusion of women and girls' participation in decision-making roles; increased sexual harassment and violence against women and girls; intimate partner violence (IPV); lack of access to sexual and reproductive health and rights (SRHR); a reduction in overall health, education and basic services; reduced income; increased food insecurity, and increased rights violations. During crises, the importance of advancing gender equality issues and activities are often dismissed due to what some practitioners call, "the tyranny of the urgent". A differential gender impact analysis is therefore important for effective response to this crisis, taking into consideration the essential role women play in peace building, unpaid care workers and in the informal economy.

GENDER EQUALITY AND COVID-19: CONSIDERATIONS AND GUIDING QUESTIONS

The following Considerations and Guiding Questions are intended to ensure that - rather than be left aside – the importance of gender-responsive programming in crisis and that gender equality considerations remain sufficiently integrated.

HEALTH	Considerations <p>The societal expectation that women should act as caregivers both at home and in the wider community means that women are at a higher risk of contracting the COVID-19 virus. Women comprise more than 70 percent of the health care workforce in many countries, which increases the likelihood that they will be exposed to infectious diseases. The pandemic underscores the urgent need to better resource and support the healthcare workforce – particularly in the Global South. With the diversion of health resources to the COVID-19 outbreak health services targeting women and girls, particularly those related to sexual health, family planning and pregnancy can be under-resourced. The demand for both paid and unpaid care expands, creating more obstacles for women in this sector who may already be experiencing time poverty. Women working in the health care industry often occupy lower level positions and have little say in decision-making. They are key actors in this system and care should be taken to engage women health care workers in any COVID-19 response strategy.</p>
	Guiding Questions <ul style="list-style-type: none">• Have you consulted female health care workers and local women leaders in decision making to ensure that responses to COVID-19 outbreaks adequately address the needs of women and

girls in each community?

- Which local partners are best suited to ensure that women's participation in decision making does, in fact, take place?
- How do gender roles affect the prevention efforts, treatment, and care of women and girls and men and boys? How can this be addressed?
- Is there gender bias with regard to COVID-19 testing?
- How will information distribution and sensitisation campaigns reach illiterate and more marginalized groups, particularly women and girls?
- How will resources and essential information regarding COVID-19 reach women and girls in informal settlements, particularly refugee camps? How can you prioritize the safety and security of women and girls in this distribution?
- What health services have been reduced due to the redirection of resources within the health systems? Has there been a reduction of mental health and psychosocial support services (MHPSS)? How is this reduction affecting women versus men?
- Is it likely that redirecting health resources to COVID-19 response result in higher rates of maternal mortality? How can a program response consider the needs of pregnant women and prevent additional maternal deaths?
- Is there enough menstrual hygiene, obstetric, reproductive, and other primary health care supplies available at health care facilities?
- Have you considered the disparate effects of quarantine or social distancing measures on women and girls?
- Will this project generate health data that are disaggregated by gender/sex, age and other relevant factors in the context of the pandemic?
- Do economic relief interventions and technical assistance focus on sectors most impacted by COVID-19 and employing the most women (sectors with increasing demand such as health-care/pharmaceutical and service industries that employ far more women and are being decimated due to reduced demand and imposed social distancing measures)?

Considerations

During outbreaks women and girls have even less decision making power around issues related to reproductive and sexual health. SRHR resources are often diverted to the emergency response which contributes to a rise in maternal mortality and other SRHR related challenges such as Sexually Transmitted Infections (STI) treatment, access to contraception and clinical responses to GBV.

Guiding Questions

- Does the diversion of resources to emergency activities mean that there are reductions in STI treatment, reduced access to safe contraceptives safe abortion care and clinical responses to GBV?
- Do women have less autonomy over their sexual and reproductive lives since COVID-19?
- Do measures taken to relieve the burden on primary healthcare structures prioritize access to sexual and reproductive health services?
- Do women have access to a range of contraceptive methods and information and counselling? Does the level of access differ from the pre-COVID-19 period?

SRHR

- Do women have access to clean and safe delivery environments, essential newborn care and lifesaving emergency and newborn care services? Does the level of access differ from the pre-COVID-19 period?
- Are there enough skilled birth attendants for vaginal births and basic obstetrics?
- Has the community been informed about continuation and availability of SRHR services?
- Have clean delivery kits been provided to visibly pregnant women and birth attendants?
- Have provisions been made to ensure that women are able to find transport to healthcare facilities?
- Do women have access to abortion and post-abortion care in hospitals?
- How do quarantine and social distancing measures affect access to SRHR services?
- What health policies are in place to ensure diverse groups of women and girls have the necessary resources to access to SRHR services?
- Have communication strategies been put into place to target pregnant and lactating mothers in order to increase awareness of the impact (or not) of the pandemic on their specific conditions?

Considerations

Women living in development or humanitarian settings are often employed in informal, low-wage activities that are highly prone to disruption during public health emergencies. Women comprise much of the smallholder farming sector and are affected by trade and travel restrictions. Similarly, women are often involved in cross-border trade with a higher risk of being victims of gender-based violence. Delay in delivery of goods owing to travel restrictions, and increases in transport fares, adversely affected the businesses of these women and their economic security. Female migrant workers, particularly those engaged in care and domestic work, are also likely to experience grave economic consequences. The burden of unpaid care work may increase at the expense of paid work – household provisioning maybe more complex and time-consuming as proper cleaning sanitation and clothes-washing requires more time and effort, if school are closed more time is spent on child care and home schooling, etc.

Guiding Questions

- Does your project address the issue of unpaid work as it relates to the COVID-19 outbreak?
- List the roles, responsibilities, and time breakdown for women, girls, men and boys. Is there a fair (paid and unpaid) workload distribution? How does the distribution impact their respective rights and opportunities? Who makes decisions about the use of resources? Are needs met equitably?
- Are there mechanisms in place to ensure that women have equal access and control over cash payments or vouchers meant to support women's unemployment?
- What processes are in place to ensure women have equal access to local markets?
- Have you considered the level of safety women regarding transportation as they move to and from areas of work? Do severe restrictions on movement and day-to-day activities or "lock down" associated with COVID affect women's ability to work? What safety strategies have been put in place for frontline healthcare workers so that they can reach their jobs each day and reduce risks to themselves and their families?
- If schools and child care centres are closed due to COVID-19, are there alternatives provisions in place for women in paid employment, or do they have to leave their jobs or reduce their hours? Is there compensation available?
- Have guidelines been put into place to address workplace harassment and violence in various sectors dealing with COVID-19?

- What policies and mechanisms are in place to address the economic vulnerability of women in formal and informal/precarious employment who lose their job due to the COVID-19 crisis?
- Are there ways to provide incentives for women re paid care and to share the load?
- What are the risks of austerity and its impacts on social programs/funding, what steps has the government taken to bolster the economy, who benefits from these, and will they endure beyond the crisis? Which economic sectors are women mostly engaged in (since some sectors will be hit much harder than others by the economic fallout of country-wide shut down)?
- Is there loan support or loan forgiveness from financial service providers for women owned businesses?
- Do austerity policies and their impacts on social programs/funding, disproportionately affect women?
- What steps has the government taken to bolster the economy, who benefits from these?
- Which economic sectors are women mostly engaged in? Are these sectors being supported equally to those sectors dominated by men?

<https://www.womensworldbanking.org/insights-and-impact/>

Considerations

Crises exacerbate pre-existing gender inequalities and place women, girls, and other vulnerable populations at increased risk of gender-based violence (GBV) and intimate partner violence (IPV). Early evidence suggests that in COVID-19 outbreaks IPV incidents surge, particularly when movement restrictions or quarantine measures are put in place. Conversely, at the time when many women and girls have a heightened need of GBV and IPV services, access and availability of these services are likely to decrease as resources are diverted to dealing with the health crisis. Similarly, during an outbreak, law enforcement systems are weakened or diverted to crisis related activities. The economic impact of public health emergencies may force families to take their children, particularly their daughters, out of school to work, potentially leading to transactional sex or child, early, or forced marriages.

As essential businesses close and schools may opt for online-training, the increase use of technology will increase the risk of online violence and abuse against all persons, particularly against women and girls. Approaches to online solutions and dialogue must address the different impacts women and girls may experience to access safe technology.

Guiding Questions

- Are GBV prevention plans in place? What plan is in place to respond to increased incidents of GBV during a health crisis? Are GBV services considered essential services in an emergency?
- Are health care workers trained to properly identify GBV and IPV risks and cases; to handle disclosures in a compassionate, non-judgmental way; and know to whom they can refer patients for additional care?
- Is clinical care and referral to other supportive services available for survivors of sexual violence?
- Are the hotlines/ helplines available and functional 24/7 in the respective regions/ areas? Is there any record maintained to see increase/ decreased and type of calls received on these helplines?
- Are shelters for women survivors of GBV and other protection services equipped with biosafety supplies?
- Have safe spaces been put into place within health facilities to receive survivors of GBV?

- Are victims of GBV and IPV aware of the type of services and interventions available to them?
- Have you considered the possibility that drastic changes may disrupt the normal protections afforded in typical daily life--such as the presence of other people, well-lit transport routes, variety of options for travel times, etc.— and leave women vulnerable to violence, including sexual violence?
- Has there been an increase in the incidence of FGM while girls are out of school during the pandemic?
- Are local leaders- including men – speaking out against GBV and promoting reporting channels?
- How/can we best engage men as facilitators, supporters, catalyzers, champions etc?

<https://www.unwomen.org/en/digital-library/multimedia/2020/4/infographic-covid19-violence-against-women-and-girls>

<https://www.hrw.org/news/2020/04/03/uganda-lgbt-shelter-residents-arrested-covid-19-pretext>

Considerations

The recent spread of the Coronavirus has shown that schools in almost all COVID-19 affected countries close for an indefinite period to mitigate the spread of the outbreak, impeding children’s access to education. Girls in development and humanitarian contexts are particularly affected. Even when their schools are not closed, girls find it increasingly difficult to balance their caregiving burdens with education, which leads to increased absenteeism or to them leaving school completely. Evidence from the Ebola crisis has shown that marginalized girls are more at risk than boys of dropping out of school altogether following school closures. This has a long-term impact on girls’ educational, economic, and health outcomes.

Guiding Questions

Crisis Related

- What barriers do girls face in accessing education (e.g. gender-based violence and other safety risks; gender norms that prioritize education of boys over girls; gender-discriminatory attitudes towards girls in education settings; child and/or forced marriage; domestic responsibilities; etc.) and are at risk of being exacerbated during the pandemic?
- What are the differential impacts of school closure on diverse groups of girls and boys?
- How can the project help to support culturally appropriate, locally driven safety precautions for girls?
- How are education authorities maintaining contact with girl-child learners? Are they communicating back to school plans and remote learning processes?
- Do the Ministries of Education have specific budget lines in their COVID-19 response plans that target girls?
- How are the Ministries of Education integrating gender equality, equity, and inclusion into the Covid-19 education sector response plans and operational plans (emergency, recovery and stabilization)?
- How are the Ministries of Education coordinating and promoting gender equality with other line Ministries such as health, social development, finance?
- How are development partners promoting gender equality in the education sector response plans (humanitarian and development) at the country level?

During School Closures

- What are the differential impacts of school closure on girls and boys? Are women and girls involved in decisions about the location of safe alternative learning environments?
- Is there any plan to support the access to distance learning for all children with a special attention being paid to girls, including disabled girls and girls in other vulnerable groups? Are there measures taken to foster girls' return to school after the crisis?
- Are women and girls involved in decisions about the location of safe alternative learning environments?
- How is gender equality, and positive images and messages of girls and boys, integrated into on-line (radio, TV, e-platforms) and off-line (printed materials) curricula, learning resources and assessment?
- Have the different needs of disabled girls and boys been considered in developing these learning platforms?
- How are the parents or caregivers being supported to ensure that their girls and boys are not behind in their learning due to school closure?
- Are there women para-professionals or other women in the community who could be involved in teaching, mentoring or other ways of supporting girls—especially young women—in schools or remotely during closures?
- How are TVET programs (on-line and off-line) being delivered to adolescent girls and young women during the closures? Is there flexibility that recognizes that household responsibilities may have increased making time to continue learning difficult? Do female TVET learners have the tools they need at home to continue learning?

Stay in School/Back to School Efforts

- Are teachers and administrators trained to address specific COVID-19 topics related to girls' health? Are they trained to ensure safety within the classroom through sanitation practice and health monitoring (i.e. understanding symptoms, fever monitoring)?
- Do schools have girl-friendly sanitation facilities and supplies including safe and accessible latrines, hand-washing facilities and soap?
- Do schools and school administrators have sanitation and safety measures in place including handwashing and sanitization protocols?
- Do schools have referral mechanisms in place that can link students, and particularly girls, with health and psycho-social support resources?
- What opportunities exist to integrate previously out-of-school children in learning as education restarts (i.e. those engaged in remote learning)?
- What safety measures are put in place to protect girls when attending or travelling to school? Are there any violence related risks that boys face when going to school (whether gender-based or not)?
- What are the differential impacts of school closure on girls and boys? Are women and girls involved in decisions about the location of safe alternative learning environments?
- What obstacles do girls face in accessing digital learning platforms?
- How are the parents or caregivers being supported to ensure that their girls and boys are not behind in their learning due to school closure?

<https://en.unesco.org/news/covid-19-school-closures-around-world-will-hit-girls-hardest>

Considerations

In many countries WASH infrastructure, is insufficient to meet increased demand during public health emergencies. WASH staff are often transferred to different parts of the country in order to respond to the health emergency, thereby reducing populations' access to safe water for cleaning or drinking at a time when good hygiene and sanitation practices are most critical. Women and girls often find that their access to hygiene and sanitary materials are reduced due to decreased household income. This impedes their ability to conduct household-level disease prevention efforts or to attend to their own hygienic needs. Women and girls who are reliant on humanitarian agencies for their sanitary supplies—including menstrual hygiene goods, soap, and water treatment tabs—may find those services interrupted.

Guiding Questions

- Have you contacted community leaders, including women and young women on health promotion and community-based WASH facilities? How to ensure that the most vulnerable women and girls have access to health promotion programs as well as WASH facilities?
- Are the wash facilities situated in a way that allows people, especially women and girls to use the facilities and continue to exercise social distancing?
- Do women and girls people have easy access to soap and other hygiene products, including menstrual hygiene products?
- How do you ensure women and girls have access to these facilities in a security and equitable manner?
- Is there enough water available so that people, especially women and girls, can frequently wash their hands? If not, which temporary alternatives are available in local markets such as wipes and hand sanitizer?
- If women are mainly responsible for collecting water, what safety considerations are being put in place to address the extra burden and their safety?
- How does gender stereotyping negatively affects delivery of sanitation programs?

<https://www.wsscc.org/2020/03/29/covid-19-how-gender-stereotyping-negatively-impact-delivery-of-sanitation-and-hygiene-programmes/>

Considerations

Single female-headed households with children are more likely to have inadequate shelter than households with two adults. Inadequate shelter increases the risk of illness and disease by 25 percent over the course of a person's lifetime, while overcrowded shelter conditions can greatly increase the spread of infectious diseases, sexual harassment and gender-based violence. These factors mean that internally displaced persons (IDPs) and refugees, especially members of female-headed households, are at particular risk should a COVID-19 outbreak occur in these settings. In addition, orphaned children and, in particular children-headed households, are particularly vulnerable in public health crises as they may become homeless and at greater risk of being exposed to infection.

Guiding Questions

- What is the average number of people living in one household? How does this affect the ability of people to perform social distancing practices?
- What cultural or legal barriers are there related to women's and girls' access to shelter? Are women able to rent/own homes or land? Are there policies in place to protect the domicile of women-

	<p>headed households if a male member is sick or dies?</p> <ul style="list-style-type: none"> • If shelter-at-home orders are given, what provisions have been put in place for homeless people, particularly women and girls? • In densely populated areas, how are women and girls able to access essential goods and maintain physical distancing protocols? • What provisions have been put in place to ensure children-headed households and orphaned children are provided equal access to services and financial supports? <p>https://www.hrw.org/news/2020/04/03/uganda-lgbt-shelter-residents-arrested-covid-19-pretext</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">FOOD SECURITY</p>	<p>Considerations</p> <p>Movement restrictions and quarantine measures have resulted in reduced food production, trade, and less accessibility to food, sending prices higher at the same time that populations find themselves unemployed or less able to engage in economic activities. Some households have been forced to use negative coping mechanisms, such as reducing food consumption, engaging in transactional sex, or borrowing money. The risk of heightened food insecurity and malnourishment during public health emergencies is particularly grave for women and girls because social norms in some contexts dictate that they eat last and least. When food becomes scarce, women and girls—who are already more likely to be malnourished than men and boys could face additional health complications quickly, including increased susceptibility to COVID-19 infection. Furthermore, illness can also limit women’s capacity to work, reducing their ability to produce and secure food for themselves and their families.</p> <p>Guiding Questions</p> <ul style="list-style-type: none"> • Are women, girls and other at-risk groups actively involved in community-based activities related to food security? Are they in leadership roles? • What are the social gender norms about food use and access within the household? Do women and girls have equal access to food in the household? • How is the pandemic affecting the different roles of women and men in agricultural production, fisheries, forestry, etc.? • Are the distances and routes to be travelled to food distribution sites, work sites, and agriculture or livestock activities safe for women, girls and other at-risk groups? • How does the increased burden of unpaid care work impact women and girls in this sector? • Are there mechanisms in place to facilitate inputs, technical assistance etc. to support women agricultural producers? Are agricultural women participating in policy dialogue to develop agricultural and food security plans?
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">HUMANITARIAN</p>	<p>Considerations</p> <p>COVID-19 outbreaks are devastating in any context, particularly for women and girls. However, the dangers of such outbreaks are magnified for the nearly 168 million vulnerable people around the world who are in need of humanitarian assistance and protection. Many of the displaced are sheltering in countries with weak WASH infrastructure and lack access to health services. Refugee and Internally Displaced People (IDP) populations in camps and informal settlements are acutely vulnerable, as overcrowding or exposure can exacerbate infection rates and increase incidence of sexual harassment and violence against women and girls. Those who remain in conflict-affected areas also face dire circumstances. Conflict often interrupts health services, results in damaged health infrastructure, impedes the ability of health care workers to conduct disease surveillance, violates rights, and further stigmatize and exclude vulnerable groups from accessing food and services.</p>

Guiding Questions

- Are women and other at-risk groups actively involved in community-based camp governance structures? Are women in leadership roles?
- Have non-virus safety issues been considered when selecting site locations so that camps do not exacerbate GBV vulnerabilities?
- Have women, adolescent, and child-friendly spaces been considered at the camp planning and set-up stage as a way of facilitating access to child care while parents are in isolation?
- Do women, girls and other at-risk groups face risks of harassment, sexual assault, kidnapping or other forms of violence when accessing prevention, treatment and care facilities?
- Are diverse groups of women and girls meaningfully engaged in the development of camp policies, that address their rights and needs during the crisis? In what ways are they engaged?
- What shelters have been designed to afford both shelter and the possibility of quarantine?
- Are toilets, bathing facilities and water points placed at appropriate distances so that people can use the facilities without being in close contact with each other?
- Is there enough space in the camp to allow people to exercise without risking COVID-19 infection?

<https://reliefweb.int/report/world/statement-women-s-refugee-commission-executive-director-sarah-costa-covid-19-pandemic>

Considerations

In GAC's efforts to respond rapidly to COVID-19, there are some new flexibilities in the programming processes. Gender equality continues to be important in new projects and in revisions/additions to operational projects.

Guiding Questions

- Has the implementing partner conducted a rapid gender equality assessment that provides gender and age disaggregated data to inform their proposed COVID-19 response?
- How has the project logic model and PMF been modified to respond to GE within COVID-19 crisis?
- Have GE dimensions and related mitigation strategies been considered in the risk assessment of the proposed COVID-19 intervention?
- Have protocols been developed to ensure staff are trained to respond effectively to the needs of diverse groups of women and girls?
- Has the GE specialist been consulted in informing the project response to COVID-19?
- Have budget lines been revised to compensate for COVID-19 response and what provisions have been made to respond to the needs of women and girls in particular?
- Has the existing project's GE strategy been revised to adjust to the COVID-19 response?

WOMEN'S RIGHTS ORGANIZATIONS	<p>Considerations</p> <p>In response to the COVID-19 crisis, women's rights organizations (WROs) are playing a dual role. They are first responders, providing needed information and health, social and economic services that are tailored to women and girls in all their diversity. Simultaneously, they continue to advocate for women's rights within and beyond crisis response. Early reports of partners from GAC's Women's Voice and Leadership Program reveal while WROs work in isolation and manage resource scarcity, they are facing increased demand for support from the women and girls they serve. Within this context, WROs remain key partners in aid delivery, but to sustain their critical functions they require flexible support.</p> <p>Guiding Questions</p> <ul style="list-style-type: none"> • Can you use local relationships, prior mapping studies or information from the national women's ministry to identify and include national and local WROs in COVID-19 response projects? • Has the project informed project consortia with WROs as full partners where possible? Include WROs as sub-grantees to reduce administrative burdens or if they still need to build a track record. • Have you taken the time to include WROs as active partners during project design activities? Have WROs been asked to describe the characteristics and needs of their beneficiary groups, and co-create project activities in order to meet the needs of women and girls in all their diversity? • Has a rapid capacity-building component been built into the project so that WROs can quickly skill up on financial reporting, technical service delivery or other areas if necessary? • Have coordination activities been built into the project? Does the project create space so that WROs can coordinate with each other? Does the project build linkages between WROs and health, economic or social service ministries to enhance information flow and continuity of care? • Does the project use creative approaches to budget for transportation, meeting attendance and other costs so as to not overburden WRO operating budgets?
RESOURCES	<p>Resources</p> <p>IASC GBV Guidelines COVID-19 resources to address gender-based violence risks</p> <p>UN Women https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response</p> <p>Women's Empowerment Principles https://www.weeps.org/sites/default/files/2020-04/WEPS%20COVID-19_Final_%2013%20April_PDF.pdf</p> <p>CARE https://care.ca/2020/04/new-covid-19-global-rapid-gender-analysis-addresses-concerns-of-women-and-girls-in-pandemic/</p> <p>Plan International https://plan-international.org/emergencies/covid-19-faqs-girls-women</p> <p>Gender and Economy https://www.gendereconomy.org/primer-on-the-gendered-impacts-of-covid-19/</p> <p>Global Rapid Gender Analysis https://www.rescue.org/press-release/new-covid-19-global-rapid-gender-analysis-addresses-concerns-women-and-girls-0</p>

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Annex A: Sample Menus of GE Outcomes and Activities

Sample Menu of Intermediate outcomes:

- Improved resilience and gender-responsiveness of communities to equitably recover from the lockdowns associated with Covid-19.
- Improved resilience of women and girls to recover from the lockdowns associated with Covid-19.
- Increased equitable coverage of health care, livelihood, food security and basic services for people affected by the response to Covid-19 that particularly addresses the rights of women and girls.

Sample Menu of Immediate outcomes:

- Improved ability of local health authorities to work with women health workers to control, diagnose & treat Covid-19 infection in a manner that directly responds to the rights of women & girls and prevents SGBV.
- Improved ability of local health authorities to work directly with women health workers and women's rights organizations, to control, diagnose and treat Covid-19 that responds to the rights of women and girls.
- Increased awareness of rights-based Covid-19 measures by people and communities, especially women and girls.
- Increased ability to response to Covid-19 measures by people and communities that takes into consideration the rights of women & girls, including SRHR and SGBV.
- Increased public awareness of Covid-19 measures that respond to the health rights of women & girls, including SRHR and SGBV.
- Increased ability of governments to work with key stakeholders such as WROs to make decisions on Covid-19 measures.
- Increased ability of governments to work with WROs to directly address the health and the socioeconomic rights of women & girls during Covid-19 measures.
- Increased ability of governments to work with key stakeholders such as WROs to implement gender-responsive Covid-19 measures that protect the rights of women and girls.

Sample menu of activities:

- Develop evidence-based Covid-19 materials in collaboration with WROs and women health workers for health care workers that directly responds to the rights of women & girls and prevents and treats cases of SGBV.
- Develop and implement Covid-19 strategies informed by WROs and women health workers that effectively respond to the rights and choice of women & girls.
- Implement strategies developed by women's rights leaders to reach marginalized women's groups and to reduce the negative impact of lockdown on women and girls.
- Design Covid-19 independent social media campaigns that communicate the health needs and rights of women and girls
- Design Covid-19 independent social media campaigns that communicate positive attitudes and behaviors to adopt in responding to the specific health rights of women & girls, including messages on sexual health and rights, maternal death prevention and reducing SGBV.
- Design Covid-19 social media campaigns, informed by women, girls and WROs, that communicate the specific health rights of women and girls during the epidemic in an interactive format that

engages with men and boys on sexual health and rights, maternal death prevention and reducing and preventing gender-based violence.

- Economic response to and recovery plans for Covid-19 developed by governments or key stakeholders in consultation with WROs
- Social protection response to Covid-19 developed by governments or key stakeholders in consultation with WROs
- Social protection response to Covid-19 developed by governments or key stakeholders in direct collaboration with women and women's rights organizations (WROs)
- Economic response to and recovery plans for Covid-19 developed by governments or key stakeholders in direct collaboration with women and women's rights organizations.
- Economic recovery response and social protection response to Covid-19 developed by governments and key stakeholders in direct collaboration with WROs to reduce systemic gender inequalities.
- Gender strategies implemented to empower women and girls in WASH, food security, education and livelihood/employment programs.