** **

# COVID-19 GENDER AND SOCIAL PROTECTION GUIDANCE NOTE:

# Violence Against Women and Girls- and Gender-sensitive Social Protection programming

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# Introduction

## Who is this guidance for?

This guidance note is intended for DFAT staff working on social protection in the context of COVID-19. It aims to support staff to make informed policy choices which adhere to DFAT’s strategies on [social protection](https://www.dfat.gov.au/about-us/publications/Pages/strategy-for-australias-aid-investments-in-social-protection) and [integrating gender equality](https://www.dfat.gov.au/about-us/publications/Pages/gender-equality-and-womens-empowerment-strategy). It provides a snapshot of issues that should be considered across the program cycle of designing, implementing, monitoring and evaluating a social protection COVID-19 response program.

This is a living document and open to discussion and input – we are all learning through this process of response and recovery in the context of COVID- 19. The document will be updated regularly to reflect feedback, new thinking and evidence, including case studies from the Indo-Pacific region.

## Social Protection and COVID-19

The COVID−19 pandemic has demonstrated the critical importance of robust social protection (social security) systems in the face of crisis. Social protection systems help individuals and societies manage risk and volatility and protect them from poverty and destitution.

To date, 200 governments, including Australia, have rapidly established and expanded social protection instruments to protect families, businesses and the economy from the impacts of the pandemic. Globally, cash transfers and food distribution are the most common social protection measures implemented by governments in response to COVID 19. As we move into the recovery phase, cash for work programs are likely to become a common safety net to provide temporary wages for work, normally on labour intensive infrastructure projects.

The Australian Government’s [Partnerships for Recovery: Australia’s COVID-19 Development Response](https://www.dfat.gov.au/publications/aid/partnerships-recovery-australias-covid-19-development-response) identifies social protection as a key area for support to help our neighbours weather the crisis, return to prosperity and enhance resilience over the long term. It sets out objectives to improve gender equality and reduce violence against women and girls (VAWG) in all aspects of our support.

## How to use this guidance:

**Short on time? For a quick overview of key issues and actions to ensure COVID-19 safeguards and gender is integrated into your work on social protection, skip straight to the summary matrix in Part 3.**

This guidance is divided into three parts:

1. **Part 1** provides a brief overview of the effects of the crisis on women and girls, along with an overview of definitions and key terms for social protection and gender equality.
2. **Part 2** provides practical recommendations for achieving, at minimum, social protection that is gender-sensitive and follows do-no-harm principles. Where possible, social protection programs can foster more ambitious gender transformational approaches and outcomes. VAWG risks must also be mitigated.
3. **Part 3** presents a matrix for users with limited time, providing key messages and sense-checking questions covered in Part 2.
4. **Annex 1** provides further resources on gender analysis in social protection and links to relevant literature.

This guidance seeks to facilitate DFAT programs to broaden and deepen the impacts of social protection on gender equality where feasible. However, it also recognises officers are engaging with partner social protection systems at different stages and levels of maturity. Some suggested interventions will be more appropriate than others, depending on context and the effects of the pandemic on these contexts.

The focus of the guidance note is specifically on considerations relating to women and girls. We acknowledge that there are broader issues of intersectionality – including disability inclusion and social vulnerabilities based on ethnicity, race, religion etc. To address this, we point to relevant further resources and guidance on intersectional risks across the guidance note.

Useful DFAT guidance to read this document alongside are:

* [DFAT Guidance on Managing Safeguarding Risks](file:///%5C%5CTITAN.SATIN.LO%5CCHCH%5CDesktop%5Ctconnoll%5CDesktop%5CSP%5CGESI%20Checklist%5CFinal%20versions%5C%E2%80%A2%09http%3A%5Cdfatintranet.titan.satin.lo%5Cmanaging-aid%5Ccovid%5CPages%5Crisks-safeguarding.aspx)
* [DFAT Guidance to Gender Responsive and Inclusive COVID Responses](http://collaboration.titan.satin.lo/kmu/gender/Pages/default.aspx)
* [DFAT Guide to Gender Responsive, Disability and Socially Inclusive COVID-19 Planning and Response](http://collaboration.titan.satin.lo/kmu/gender/Pages/default.aspx)

## Key terms used in this guidance

**Mitigating Violence against Women and Girls (VAWG):** Approaches to mitigating and responding to safeguarding risks of VAWG. These are not comprehensive but outline a minimum standard approach to VAWG - at a minimum ensuring an intervention does not cause additional harm.

This guidance does not cover the full remit of safety and prevention of sexual exploitation, harassment and abuse mitigation measures.[[1]](#footnote-1)

**Gender Sensitive:** Gender equality issues are addressed and specific solutions to address the needs and concerns of women and girls are identified in the design, activities and outcomes. The response is more likely to focus on women’s and girls’ practical needs[[2]](#footnote-2).

**Gender Transformative:** Unequal gender roles and stereotypes are challenged and social protection explicitly seeks to transform unequal power relations between men and women through changes in roles and status, and redistribution of resources. This approach challenges the root causes of inequalities.

## What will you be able to do by the end of reading this guidance?

* Understand some of the differential effects of the crisis on women and girls and why this is important for tailoring social protection responses;
* Have at hand programming options to effectively integrate COVID safe and gender-sensitive features into social protection programming and support transformative development outcomes;
* Understand the risks of VAWG at each stage of the program cycle and know the essential safeguarding features required to mitigate VAWG and protection risks. This should be read in conjunction with the [DFAT Guidance on Managing Safeguarding Risks](file:///%5C%5CTITAN.SATIN.LO%5CCHCH%5CDesktop%5Ctconnoll%5CDesktop%5CSP%5CGESI%20Checklist%5CFinal%20versions%5C%E2%80%A2%09http%3A%5Cdfatintranet.titan.satin.lo%5Cmanaging-aid%5Ccovid%5CPages%5Crisks-safeguarding.aspx); and
* Access relevant resources if you require further information and country examples.

# PART 1: What are the differential impacts of covid-19 on women and girls?

[Emerging evidence](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2820%2930526-2/fulltext) on the impact of COVID-19 shows that the pandemic is affecting men and women differently. Biological differences as well as socially ascribed roles and responsibilities all influence the direct and indirect impacts of the pandemic on women and girls. Intersecting risks and inequalities – such as ethnicity, disability, age and location – all influence the impacts of COVID. As the pandemic unfolds, more evidence and data on the impacts of the pandemic are being captured and made available.

## Key impacts of COVID-19 on women and girls

* **High health risks:** [elderly women](https://data.unwomen.org/resources/covid-19-emerging-gender-data-and-why-it-matters) and men are at a higher health risk from direct COVID-19 infection. Men, and [racial and ethnic minorities](https://www.brookings.edu/blog/the-avenue/2020/04/16/mapping-racial-inequity-amid-the-spread-of-covid-19/) account for a disproportionate share of COVID-19 mortality, and [people with disabilities](http://www.sddirect.org.uk/media/1910/covid-19-and-disability-impact-blog.pdf) may be at greater risk of developing serious illness or dying from COVID-19. The gendered nature of work however, means that women are more likely to be exposed to and contract the virus, given they are disproportionately represented in the health care workforce, and in other service jobs that have high levels of interaction with others. The crisis may also divert funding away from and disrupt service provision for [maternity](file:///C%3A/Users/rebeccaholmes/Dropbox/Work%20Backup/2020%20SPACE%20covid-19%20response/Framing%20documents/o%09https%3A/www.theatlantic.com/international/archive/2020/03/feminism-womens-rights-coronavirus-covid19/608302) and [sexual and reproductive health needs](http://www.equalityinstitute.org/blog/2020/4/9/on-being-pregnant-during-a-pandemic), such as access to contraceptives..
* **Deepening poverty and food insecurity:** the crisis is exacerbating poverty and inequality. More [women live in poverty](https://data.unwomen.org/resources/covid-19-emerging-gender-data-and-why-it-matters) than men and the poverty gap between women and men with [disabilities](http://www.sddirect.org.uk/media/1910/covid-19-and-disability-impact-blog.pdf) is substantial. These groups are facing significant economic, health and social impacts in the short and long-term. Pregnant and lactating women and children are facing heightened risks of food insecurity and malnutrition. Women and children[, including those with disabilities](http://www.sddirect.org.uk/media/1909/disability-inclusion-helpdesk-query-35-covid-19-rapid-evidence-review.pdf), may reduce food consumption due to intra-household inequalities and coping strategies.
* **Loss of jobs and livelihoods:** Informal workers will be hit hard, and [women informal workers](https://www.wiego.org/sites/default/files/resources/file/Impact_on_livelihoods_COVID-19_final_EN.pdf) and people with disabilities are especially vulnerable, as they are overrepresented in low-paid work, more likely to work part-time, earn less, work in non-standard employment and have less access to social security and savings. While female headed households may not be poorer, [they face challenges due to marital status, economies of scale, higher time poverty and reduced access to services](https://www.cgdev.org/publication/headship-and-poverty-africa) which can put them at a disadvantage during COVID-19.
* **Increases in unpaid and care responsibilities:** The pandemic is likely to increase women’s time on [unpaid and care activities](https://www.subrei.gob.cl/wp-content/uploads/2020/04/Women-at-the-core-of-the-fight-against-COVID-19-crisis.pdf) due to school closures, family members falling ill, and [increased time spent on household tasks such as cooking and cleaning while families stay at home during quarantine](https://blogs.unicef.org/evidence-for-action/caring-in-the-time-of-covid-19-gender-unpaid-care-work-and-social-protection/). These are also likely to exacerbated for women looking after the elderly, sick and children with disabilities.
* **Risks of increased violence, abuse and exploitation:** increases in the frequency and severity of [violence against women and children](https://www.cgdev.org/publication/pandemics-and-violence-against-women-and-children) is becoming well documented as households endure weeks of quarantine and isolation, and women are [unable or unwilling to access support services.](https://blogs.unicef.org/evidence-for-action/five-ways-governments-are-responding-to-violence-against-women-and-children-during-covid-19/) [Refugees, undocumented migrants and asylum seekers](https://www.developmentpathways.co.uk/blog/covid-19s-total-burden-of-disease-extends-beyond-those-who-get-sick-and-this-has-potentially-deadly-consequences-for-women-and-girls/) may also face violence and protection risks, and people with disability may face increased stigma, discrimination and abuse.
* Economic decline also increases the **risks of negative coping strategies**, [such as early marriage, school drop-outs and pregnancy amongst adolescent girls](http://www.endchildhoodpoverty.org/news-and-updates-1/2020/3/26/coronavirus-is-a-devastating-blow-to-children-in-poverty). The [impacts of school closures](https://en.unesco.org/news/covid-19-school-closures-around-world-will-hit-girls-hardest) may leave children at risk of malnutrition, child labour, [sexual exploitation](https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital), and the [high risk of not returning to school, especially for girls](http://collaboration.titan.satin.lo/kmu/educollab/Pages/COVID-19-Resources.aspx).

## Social protection and gender equality: definition of key terms

Social protection refers to programs that address risk, vulnerability, inequality and poverty through a system of transfers to people in cash or in kind. The transfers can be funded by contributions from recipients (social insurance) or by government (social assistance). The Australian Government primarily supports work on social assistance, focusing on the poor and vulnerable, through transfers such as financial grants, food transfers, cash-for-work, and school-feeding (see definitions below).

Social protection has three core functions: 1) protection of the poor from the worst impacts of poverty, 2) prevention against income shocks and drops in well-being, 3) promotion of opportunities and livelihoods ([DFAT, 2015: 2](https://www.dfat.gov.au/sites/default/files/strategy-for-australias-investments-in-social-protection.pdf)).

| **Social protection**  |
| --- |
|  | **Type of Social Protection Programs** |
| **Conditional cash transfers** | Cash distributed to individuals or households on condition that they undertake specified activities. |
| **Unconditional cash transfers** | Cash transfers paid to beneficiaries without the beneficiary having to do anything specific to receive the benefit. |
| **Cash plus** | Cash Plus refers to complementary programming where cash transfers are combined with other modalities or activities. They may be implemented by the same agency providing cash transfers, or by other agencies working in collaboration. |
| **In-kind transfers** | Distribution of food, vouchers, or other in-kind transfers without any form of conditionality or co-responsibility. |
| **Public works (cash for work, food for work)** | Public works programs generally defined as public labour‐intensive infrastructure development initiatives which provide cash or food‐based payments in exchange for work. |
|  | **Social Protection Programming and Systems Definitions** |
| **Targeting** | The criteria to select beneficiaries for a program. |
| **Coverage** | The population reached by a program. |
| **Grievance redress mechanisms (GRM)** | Also known as ‘feedback and complaints mechanisms’. Formal institutions and channels that capture beneficiary complaints or grievances related to the program. |
|  | **Gender Equality** |
| **Gender** | Gender refers to the roles, behaviours, activities, and attributes that a given society at a given time considers appropriate for men and women. |
| **Social inclusion / exclusion**  | A multi-dimensional concept, involving economic, social, political, cultural, and special aspects of disadvantage and deprivation.  |
| **Intersectionality** | The ways in which sex and gender intersect with other characteristics/identities, and how these intersections contribute to unique experiences of discrimination and exclusion. |
| **Unpaid labour and care burden (the care economy)** | The term unpaid care work encompasses all the daily activities that sustain our lives and health, such as house work (food preparation, cleaning, laundry) and personal care (especially of children, the elderly, people who are sick or have a disability). These activities are most commonly performed by women in the household for free. |
| **Violence Against Women and Girls** | Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women or girls. |
| **Programmatic safeguards** | Institutional safeguarding: is a process to prevent harm being perpetrated by individuals employed or contracted by an organisation. This can include both protection of beneficiaries and staff (DFID, 2018: 1)Programmatic safeguards is a process aimed at avoiding, minimising and mitigating the environmental and social consequences of development, including protecting the rights of those who are likely to be affected or marginalised by the development process (DFID, 2018: 1). |
| **Do No Harm** | Avoid exposing people to additional risks through an intervention or process. At a minimum, it means not making beneficiaries worse off. It requires careful design and planning, based on analysis and attention to potential negative unintended consequences. |

# PART 2: GESI considerations and social protection response options

## 2.1 Pre-design and situation assessment

Men and women face different risks to, and impacts of, COVID-19 due to underlying vulnerabilities, inequalities and discrimination (see Part 1). Crises can exacerbate existing inequalities and discrimination, but they can also open new opportunities for positive change. Before designing any social protection strategy or program, it is critical first to have a solid understanding of the key vulnerabilities – both economic and social – for women and girls due to COVID-19.

| **Pre-Design and situation assessment—Key considerations** |
| --- |
| **Gender sensitive and gender transformative*** **Conduct a** [**GESI analysis**](https://interagencystandingcommittee.org/system/files/2018-iasc_gender_handbook_for_humanitarian_action_eng_0.pdf) **to understand:** (i) the existing patterns of poverty and vulnerability of women and girls across the lifecycle and other intersecting risks (such as disability, ethnicity, location, religion); (ii) how the crisis is further exacerbating, creating and shaping risks and vulnerabilities. This is vital information for scaling up, targeting and adapting social protection programs.
* **Carefully consider how programs can be designed to meet women and girls’ immediate needs** and **plan for the long term as to how programs can strategically promote equality and empowerment** to meet transformational objectives. Examples of **key areas of analysis are provided in Annex 1**. For example, pre-design and design situation analysis can be used to identify and understand: the poverty, food and nutrition security needs of the most at risk groups; information on women’s access to bank accounts/mobile phones, payments systems; labour market opportunities and barriers; how care needs can be met; opportunities to promote more equitable division of labour and caring responsibilities in the household; socio-cultural preferences, women’s voice and agency over income and decision-making; levels of financial literacy; and gender-based violence and community/household dynamics; and how cash transfer support may complement other programs.
* **Use existing GESI poverty and vulnerability analyses** from other sectors in DFAT, country GESI analyses such as Multiple Indicator Cluster Survey ([MICS](http://mics.unicef.org/)), or Demographic Health Surveys (DHS) or UN Women Data Hub, contact local organisations representing marginalised communities (for example, women’s organisations), and use up-to-date COVID tracking resources to identify immediate impacts and to track changes in the medium-term, including monitoring for unintended consequences.
* **Involve beneficiary women in planning and prioritising appropriate responses**, including advising on the types of work to be carried out in public works/cash-for-work programs and how barriers to their participation can be addressed.
 |
| **Mitigating Violence Against Women and Girls*** **Comply with VAWG safeguarding requirements by collecting and analysing data on** [**VAWG and protection risks**](https://evaw-global-database.unwomen.org/en)**.** Where possible, draw on participatory data and consult with local women’s and disabled people’s civil society organisations to inform social protection responses.
* **Ensure institutional policies and codes of conduct are in place** for all staff.
* **Develop a safety or safeguarding strategy**, establishing clear protocols for the protection of women and children, and for referrals to appropriate service providers.
 |

## 2.2 Program design

Marginalised and vulnerable women and girls are likely to be severely impacted by COVID-19 and may not be covered by pre-existing social protection schemes. Globally, governments have created new programs to reach groups that might otherwise have missed out, expanded coverage of existing programs so that they reach more people, increased benefit sizes (‘top-ups’) for existing recipients, and adapted targeting and administrative criteria.

| **Program Design—Key considerations** |
| --- |
| **Targeting**  |
| **Gender sensitive and gender transformative*** Existing social protection programs may use complex targeting criteria to determine eligibility. **Look for opportunities to simplify targeting criteria and use more universal approaches to reduce exclusion**. Use existing data beyond the social protection sector, such as other government databases.
* **Assess the appropriateness of naming women as recipients of social protection programs.** Many social protection programs name women as recipients of benefits for families and households. Targeting women with resources in this way can support equality and empowerment objectives**.** However, in some contexts, where men have more control over household income for example, there are risks of exacerbating household violence and tensions that need to be considered.
* Where possible **reduce the need for in person gatherings** – establish and staff additional registration offices that are safe and accessible, consider doorstep services or local community-based registration options, ensure social distancing and hygiene stations are in place.
* **Ensure accessible grievance and redress processes** to ensure complaints are heard and will be actioned.

**Mitigating Violence Against Women and Girls*** Risk mitigation strategies whentargeting women or naming women as recipients include:
* **Assess existing prevalence data on GBV** and previous effectiveness of targeting/naming women as recipients;
* Authorise multiple people in a household to receive transfers or ask households to nominate the named recipient;
* Target multiple beneficiaries (e.g. co-wives) in contexts of diversity;
* Clearly communicate targeting rationale and criteria; and
* **Work with women’s rights organisations and service providers to provide messaging on equitable gender relations and family well-being**.
 |
| **Type , adequacy and duration** |
| **Gender sensitive and gender transformative*** Existing social protection programs may require beneficiaries to meet conditions in order to continue to receive payments (for example, attendance at health clinics or school). Women/mothers typically bear the burden of meeting these conditions. **Where possible remove or relax conditionalities from cash transfers or the work requirement from public works programs** to reduce social contact, alleviate time pressures on women and reduce demands on staff to monitor compliance.
* **Increased size and duration of benefits** during the COVID-19 period may have important benefits for households, and for women’s empowerment.
* **Additional gender and diversity considerations in the calculation of transfers could include:**
* Top-ups to support care work carried out by women (e.g. caring for sick members, people with disability, children). Consider labelling these transfers to ensure care work is visible and valued;
* Support for additional costs due to disability or underlying health issues (such as HIV/AIDS and the cost of assistive devices – such as reading glasses or mobility devices for example); and
* Household headship, size and composition (e.g. the needs of larger households, households with children, female-headed households who are likely to face additional disadvantages).
* **Consider the feasibility of electronic and manual cash and/or voucher options.** Take into consideration the characteristics of the community and population; ensure solutions are appropriate for beneficiaries, take into account COVID-19 risks and the local market context. Manual payments may still be appropriate for example in some contexts. Vouchers may be preferred but can also restrict beneficiary spending choices. Consider risks associated with the collection of cash or vouchers, such as women’s time burden, health and security risks.
* With the increasing use of electronic payments and mobile money, **consider complementary financial skills training and support** (including remote financial training/support options).
* Public works programs are likely to be adapted in the short-term and in recovery stages to provide guaranteed work, wages and stimulate local economies. Key gender considerations include:
* **Ensure all work activities can pivot to support COVID-19 social distancing requirements** and that masks and PPE are available if required.
* Establish sanitation stations and consider work options to support the health response – such as setting up and staffing COVID testing stations etc.
* **Allow for increased flexibility in work hours for women with increased care responsibilities and consider childcare arrangements**; offer differentiated tasks; remove work requirements but continue payments for those with greater health risks (e.g. elderly, pregnant women, people with disability or underlying health conditions); consider death in service payments to support bereaved worker’s families; provide equal wages;
* **Consider the types of public works activities which address women’s immediate and longer-term needs** for response and recovery, such as work which improves primary healthcare, access to WASH, reduces women’s time doing household chores, and supports women’s and girls’ economic recovery and resilience through income generation, skills development and climate-smart activities.
* Consider the provision of childcare services.
* Assess what other types of social protection may support women and girls’ immediate needs as well as support empowerment and transformational objectives. For example:
* Health fee waivers or automatic enrolments in health insurance schemes; school fee waivers or cash for education costs when schools re-open;
* In-kind transfers, such as food or food vouchers, hygiene supplies or menstrual products, distribution of radios to support distance learning, protective equipment for informal workers considered essential workers (e.g. food vendors, many of whom are women); and
* Productive assets to support women farmers and urban informal workers, including digital extension services.
 |
| **Comprehensiveness** |
| **Gender sensitive and gender transformative*** Even when interventions are short-term immediate responses, use them to **contribute to longer-term objectives and empowerment through the use of messaging and complementary programs**. For example:
* **Provide links and referrals to maternal health**, **sexual and reproductive health** information and services, to support knowledge and access to vital health services and family planning. Remove financial barriers to paying for remote or online services;
* While schools are closed, **parents may need extra support for home education, and messaging can emphasise the importance of girls’ education;**
* **Provide referrals to mental health and psychosocial** support where available, given the effects of isolation or loss of employment/income from COVID-19;
* **Promote equitable social relations through messaging about sharing childcare and domestic responsibilities,** engaging men/fathers in childrearing and domestic chores and not overburdening girls with care responsibilities; and
* **Provide economic and financial skills training,** and access to financial or extension services.

**Mitigating Violence Against Women and Girls*** **Given heightened GBV and protection risks in the context of COVID-19, ensure programs provide information or refer beneficiaries to helplines, credible and specialist local GBV services wherever possible**, and in ways that does not increase GBV risks to women.Provide information onother violence-related and child protection services where available, as well as messaging on conflict resolution, preventing the risk of sexual abuse and child marriage.
* **Support existing frontline organisations/networks** to help deliver these messages and services.
 |

Further resources on program design are provided at **Annex 1**.

## 2.3 Delivery systems

Women and people with disability face multiple barriers to accessing and enrolling in social protection, which need to be addressed to enable the rapid expansion of social protection in COVID-19 response. New technology-based delivery mechanisms are advocated but may risk excluding women who have communication difficulties, low literacy levels and lack access to e-banking or mobile phones. Because systems for registering and enrolling beneficiaries, channeling payments, and handling grievance and redress are likely to be under increased strain due to COVID-19, there is a risk of losing sight of gender-sensitive and gender-transformative delivery modalities.

| **Delivery Systems—Key considerations** |
| --- |
| **Enrolment and Registration** |
| **Gender sensitive and gender transformative*** Where possible, **simplify enrolment and registration procedures** by resolving or removing physical barriers (for example barriers to mobility, or accessing transport to get to collection points) and communication and administrative barriers (including lack of identification and other documentation).
* Consider beneficiary needs and constraints, and where possible seek beneficiary input on which delivery system and type or transfer works best for them.
* **Provide relevant program information in local languages, using communication channels known to reach women, people with disability and marginalised communities**. For example, local media, television, radio, text messaging, voice messages, community postings where possible, utilising local leaders and groups such as women’s collectives and member-based organisations. **Consider the best time of day for women to receive messages, given women’s time constraints.**
* **Consider gender quotas** to promote women’s participation in public works, if appropriate in a given context.
* **Promote automatic enrolment and exemptions** for health and other insurance schemes;
* **Coordinate and work with existing local women’s rights and disabled people’s civil society organisations** to identify and extend coverage to harder-to-reach groups.
* **Coordinate with other actors** and sectors to map out gender-responsive activities that will raise awareness about the diversity of needs and help inform and leverage interventions in other sectors.
* **Consider how temporary beneficiaries can be transitioned into national social protection programs in the longer-term**.
* **Adopt COVID safe strategies including social distancing at registration points, avoiding the need for crowds.** Ensure adequate sanitary protocols such as hand sanitiser and hand washing points. Provide masks/PPE if available.

**Mitigating Violence Against Women and Girls*** **Provide clear information on targeting, criteria and entitlements** to reduce risk of GBV.
* **Triangulate sources of data to reduce exclusion errors of the most vulnerable**, through safe community forums/listening sessions through mobile phones, grievance mechanisms and other data collection activities.
 |
| **Payments** |
| **Gender sensitive and gender transformative*** Payment of benefits via electronic payment systems has increasingly taken the place of manual cash distribution to support social distancing during COVID-19. However, manual cash may still be the most appropriate option in some contexts. Women and people with disabilities tend to have less access to and ownership of mobile phones and bank accounts and may be less familiar these technologies. **Where possible provide access to appropriate technology and set up bank accounts, for those without access to these, and provide remote financial skills training to beneficiary households**.
* **Adopt COVID safe strategies including social distancing at payment/voucher pickup points,** avoid the need for crowds to gather (i.e. stagger pick up times for benefits and vouchers, or increase number of pick up points). Ensure adequate sanitary protocols such as hand sanitiser and hand washing points. Provide masks/PPE if available.
* **Ensure adequate sanitary protocols and social distancing measures are in place**.
* **Invest in local women’s organisations if appropriate and other networks to augment delivery capacity,** especially for people in high-risk categories such as persons with a disability the elderly and sick, who may be unable to go to delivery points or receive transfers electronically – this will support gender transformative objectives.
* **Consider providing appropriate health and safety messages to accompany payments** (for example messages reinforcing need for handwashing and social distancing measures).

**Mitigating Violence Against Women and Girls*** **Support national governments and implementing organisations to communicate information and expectations about delivery, entitlements, behaviour and protection risks**, to ensure common understanding of what constitutes abuse or ethical violation of rights.
 |
| **Capacity and skills** |
| **Gender sensitive and gender transformative*** **Ensure that staff have the capacity, skills and resources** to deliver COVID safe and gender-sensitive and transformative social protection:
* **Involve gender advisors and where possible, GBV risk specialists throughout the program cycle**, **identify a gender focal point or gender coordinator**. Provide access to gender resources and mainstreaming tools;
* **Develop a network and learning platform between actors** working on gender, social protection, humanitarian response and protection issues to share knowledge and data on gender and inclusion; and
* **Identify training needs** for program staff on sanitation and social distancing requirements. Provide training for staff and partners if required
* Identify gender and diversity training needs.
* **Provide opportunities for beneficiary women (including young women) to be involved in program governance**, to join supervisor schemes (e.g. in public works programs) and program leadership positions.

**Mitigating Violence Against Women and Girls*** **Ensure that staff** have the capacity, skills and resources to mitigate GBV and protection risks, and have been adequately trained and vetted on GBV protection risks; and
* Ensure program staff and partners know where to find specialist expert advice and this is pre-identified and budgeted for.
 |
| **Grievance and Redress Mechanisms (GRM)** |
| **Gender sensitive and gender transformative*** **Grievance and redress mechanisms provide avenues for people to seek redress if they feel they have missed out, or if aspects of the program have not been carried out correctly** or COVID health and safety protocols were lacking. Ensure all community members and beneficiaries, especially the most marginalised, are aware of GRM and how to use them.
* GRM should provide accessible, easy and anonymous reporting of complaints. In the context of COVID-19, there may be more reliance on GRM through phone calls and text messages. **There should also be other ways to access GRM if mobile phone usage is low. This needs to be appropriately communicated (see above for communication methods)**.
* GRM should provide feedback to individuals on how their complaint is being processed and how it was dealt with.

**Mitigating Violence Against Women and Girls*** Beneficiary and community members need to be able to raise issues of abuse, neglect, exploitation and violence. To enable this, **GRM should include:**
* **Awareness about what constitutes abuse, neglect, exploitation and violence;**
* **A ‘referral pathway’** that is regularly updated and explains who to contact and the required response. Ensure that referral agencies are women and child-friendly; and
* **Anonymous recording systems to keep account of complaints, investigation protocols and contingency budgets** for following up any protection cases that are identified during programming.
 |
| Suggested **resources and guidance on gender and social protection delivery systems** and implementation:* COVID-19 specific: [SPACE guidance 2020](https://socialprotection.org/node/33315/publications?page=1)
* GSMA [The Mobile Gender Gap Report 2019](file:///C%3A%5CUsers%5Ctconnoll%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5C9CPQ4L3V%5C-%09https%3A%5Cwww.gsma.com%5Cmobilefordevelopment%5Cwp-content%5Cuploads%5C2019%5C02%5CGSMA-The-Mobile-Gender-Gap-Report-2019.pdf)
* HelpAge International [Safely collecting pensions](https://www.helpage.org/what-we-do/covid-19-pensions/)
* Interagency Social Protection Tools: [Practical tools: Improving Social Protection for all](https://ispatools.org/)
* FAO (2018) [Integrating gender into implementation and monitoring and evaluation of cash transfer and public works programmes](http://www.fao.org/3/CA2035EN/ca2035en.pdf)
* Development Pathways - [Social Accountability in the Delivery of Social Protection](https://www.developmentpathways.co.uk/wp-content/uploads/2018/05/DFID-Social-Accountability-in-the-Delivery-of-Social-Protection-Technical-Guidance-Note.pdf)
 |

## 2.4 Monitoring, evaluation and learning (MEL)

MEL indicators need to capture differences in women and men’s experiences of social protection as well as allowing for an analysis of changes in gender relations and empowerment. MEL should capture unintended program effects. Further resources on MEL are provided below.

| **Monitoring and evaluation—Key considerations** |
| --- |
| **Gender sensitive and gender transformative*** **MEL indicators should be appropriately designed to capture differences in women and men’s experience and outcomes.** Measure gender outcomes irrespective of whether gender equality is an explicit objective or not. At a minimum, all data should be disaggregated by sex, age and disability.
* Measuring an increase in the number of women participants is not the same as demonstrating gender equality impact. **Use a combination of quantitative and qualitative measures and data to show not just ‘if’ a social protection policy or intervention is working** (the outcome), **but ‘how well’** (the process of reaching that outcome).
* **Where possible indicators should capture individual-level, not only household level, information.** Example indicators include:
* Time spent on program-related activities (conditionalities, collections);
* Reported exposure to messaging among target audience; and
* Reported take-up of complementary interventions/services.
* To capture transformative outcomes, **indicators need to monitor changes in relations between men and women, and girls and boys, and intersectional risks.** Where possible, make use of existing longitudinal research. Example indicators include:
* Control over social protection benefit;
* Changes in women’s decision-making since the beginning of the program; and
* Changes in attitudes towards women (gender division of labor, respect for women’s roles and responsibilities) since beginning of the program.
* **Data collection must adhere to ethical standards, and COVID-19 related regulations on distance and contact**. The safety of researchers, program beneficiaries and research respondents is paramount in line with Do No Harm principles.
* Recognise that this is a new and emerging area which is ripe for research and learning, so **capture learnings and share with the social protection community**.'

**Mitigating Violence Against Women and Girls*** **Programs must capture, monitor and address any GBV or protection issues that arise in the program.** Example indicators include:
* Reported unintended consequences around coercive and disempowering design and implementation practices;
* Reported cases of GBV or violence/abuse against children; and
* Rates of early marriage, rates of adolescent pregnancy.
* Institutional accountability mechanisms should be established and spot-checks carried out.
* **Actively monitor for unintended consequences** in line with a Do No Harm approach.'
 |
| Suggested **resources and guidance on gender and social protection monitoring and evaluation** * COVID-19 specific: [SPACE guidance 2020](https://socialprotection.org/node/33315/publications?page=1)
* GAGE: [Doing Long-Distance Research With Vulnerable Adolescents Under COVID-19 Lockdown](https://www.gage.odi.org/multimedia/doing-long-distance-research-with-vulnerable-adolescents-under-covid-19-lockdown/)
* UNICEF Evidence for Action: [Ethical collection of data from children during the COVID-19 pandemic](https://blogs.unicef.org/evidence-for-action/ethical-collection-of-data-from-children-during-the-covid-19-pandemic/)
* LSE: [Carrying out qualitative research under lockdown – Practical and ethical considerations](https://blogs.lse.ac.uk/impactofsocialsciences/2020/04/20/carrying-out-qualitative-research-under-lockdown-practical-and-ethical-considerations/)
* DFID (2020): VAWG Helpdesk Safeguarding
 |

# PART 3: GESI and VAWG considerations and program response options at a glance

Refer to **Annex 1** for further resources. Colour schema: 1) Gender sensitive and gender transformative approaches and

2) Minimum approaches to VAWG safeguarding.

| **Key gender and VAWG considerations** | **Key actionable recommendations**  | **Key questions for sense-checking** |
| --- | --- | --- |
| **Pre-design situation assessment** |
| * Women and girls face differential and exacerbated risks and vulnerabilities in the context of COVID-19.
* Understanding how COVID-19 affects women and girls is necessary to ensure social protection adequately responds to women and girls’ needs.

Women and girls face heightened risks of GBV and protection risks that need to inform programming.  | * Conduct a GESI analysis on i) existing patterns of poverty and vulnerability of women and girls across lifecycle and other intersecting risks, and ii) how the crisis shapes and creates risks and vulnerabilities.
* Identify what information is needed to meet women and girls’ immediate needs, during the COVID crisis and plan for the long term on how to promote equality and empowerment to meet transformational objectives.
* Include women in planning and prioritising appropriate public works activities
* Use existing GESI poverty and vulnerability analyses – see Annex 1.

Comply with VAWG safeguarding requirements by collecting and analysing data on gender-based violence and protection risks.Ensure institutional policies, codes of conduct and safety or safeguarding strategy are in place.  | Has a GESI analysis to inform social protection programming been undertaken?Have consultations with local women’s rights disabled people’s organisations and other civil society organisations been undertaken?Has a GBV and protection risks assessment to inform SP programming been completed? |
| **Program design** |
| * Marginalised and vulnerable women and girls face multiple risks and needs, they are likely to be severely and negatively impacted by COVID-19.
* New social protection programs may be established, or existing programs revised and scaled up. Gender needs to be considered in these program adaptations.

Even immediate short-term responses can contribute to long-term empowerment and transformation. | **Targeting*** Prioritise targeting SP to groups who are most vulnerable and impacted by COVID-19.
* Simplify targeting criteria, using more universal approaches where possible.
* Assess the appropriateness of targeting women or identifying women as the named recipients of the transfer within the household.
* Reduce need for in person gatherings – otherwise ensure appropriate social distancing and sanitation protocols are in place.

Mitigate the risk of GBV when targeting women or naming women as recipients through assessment, multiple or nominated authorisations, clear communication strategies and working with local women’s rights organisations. **Type, adequacy and duration of social protection** * Remove or relax conditionalities.
* Consider beneficiary needs and constraints, and where possible seek beneficiary input on preferred benefit type, who will receive it, and how they will use it.
* Larger transfers given for longer durations may have important benefits, including for women’s empowerment.
* Consider additional needs when calculating transfer values, including supporting care work, support for disability related costs or health needs, household headship, size and composition.
* Assess what different types of social protection support may be appropriate to meet women and girls’ practical needs and support empowerment and transformational objectives, such as health and school fee waivers, in-kind transfers, productive inputs.
* Adapt public works programs to respond appropriately to address COVID concerns around social distancing, hygiene etc. and also to women’s immediate needs supporting longer-term recovery objectives including through providing skills and training activities.

**Comprehensiveness** * To support more transformative outcomes, provide program linkages and put beneficiary referrals in place to meet the many practical and immediate needs of women and girls. Types of programs may include: WASH; maternal health, sexual and reproductive health services; parenting and learning support; mental health and psychosocial support; promotion of equitable social relations, and economic and financial skills.

Provide support or linkages to GBV and protection resources and services.Support existing frontline organisations/networks to deliver additional services.  | Have you prioritised targeting the most vulnerable and simplified targeting procedures to avoid exclusion?Have you considered and assessed the risks of targeting women in the household and/or naming women as recipients?Have COVID-19 protocols been established?Are there context specific mitigation strategies in place to avoid exacerbating or creating GBV?Have you considered the additional needs of women and girls in calculating the benefit amount and selecting the most appropriate social protection instrument?What additional information, services or support do women and girls need? Have linkages been established and referrals to VAWG programs been established? Are there mechanisms to provide women and girls with information on, or access to, relevant GBV services?  |
| **Delivery Systems** |
| * Women face specific barriers to accessing social protection schemes, even if they are eligible.
* New technology-based delivery mechanisms may risk excluding women who have less access to e-banking or mobile phones.
* As delivery systems are under increased strain from COVID-19, there is a risk of losing sight of gender-sensitive and gender-transformative delivery modalities
 | **Enrolment and Registration*** Simplify enrolment and registration procedures by resolving or removing communication, physical, administrative, registration and enrolment barriers to social protection.
* Reduce the need for in person services – ensure adequate sanitation and social distancing protocols are in place.
* Stagger benefit pickup times or increase pick up points to avoid crowds gathering.
* Consider options for vulnerable populations such as community level pickup points, proxy pick up or household level servicing if available.
* Consider automatic enrolment into other relevant schemes.
* Provide relevant program information in local languages, using communication channels known to reach women and utilising local leaders, disabled peoples representative organisations and women’s groups to disseminate information.
* Coordinate and work with existing local organisations to identify and extend coverage to hard-to-reach groups.
* Coordinate with other actors to inform and shape transformative interventions across other sectors.
* Reduce risks of GBV and protection by consulting widely with beneficiaries on appropriate and context specific delivery modalities. Provide clear information on targeting, criteria and entitlements.

Triangulate sources of data to reduce exclusion errors of the most vulnerable. **Payments*** Where possible provide mobile phones or set up bank accounts, for those without access to these, provide remote financial skills training to beneficiary households.
* Adopt COVID safe strategies including social distancing at payment/voucher pickup points, avoid the need for crowds (i.e. stagger pick up times for benefits and vouchers, increase number of pickup points).
* Ensure adequate sanitary protocols such as hand sanitiser and hand washing points. Provide masks/PPE if available.
* Invest in women’s organisations and networks to augment delivery capacity.

Mitigate against GBV and protection risks by communicating information about delivery, entitlements and protection risks.**Capacity and skills** * Involve gender advisors and GBV risk specialist input throughout the program cycle.
* Develop a network and information sharing/learning platform between actors working on gender, social protection, humanitarian response and protection.
* Identify training needs for program staff on gender, disability and social inclusion and the impacts of COVID-19 on these groups, provide training where needed.
* Provide opportunities for beneficiary women (be inclusive of all women) to participate in program governance, supervisor schemes.
* Ensure that staff have the capacity, skills and resources to mitigate GBV and protection risks, and have been adequately trained an vetted on GBV.
* Ensure program staff and partners know where to find specialist expert advice (in-house or externally), and that this is pre-identified and budgeted for.

**Grievance and redress mechanisms** * Ensure GRM provide easy, anonymous reporting of complaints.
* Ensure alternative access to GRM if mobile phone usage is low, particularly amongst women and people with disability.
* GRM should provide feedback to individuals on how their complaint is being processed and how it was dealt with.

To mitigate GBV and protection risks, ensure processes are in place for beneficiary and community members can raise complaints or provide feedback on any abuse, neglect, exploitation and violence that they may experience. | What are the key barriers to accessing social protection amongst women, and have steps been taken to reduce or remove these? Have COVID-19 protocols been established?Is there the option to work with local organisations to extend coverage to hard-to-reach groups, or to augment delivery capacity?Do women have access to the chosen delivery mechanism? If not, offer alternative transfer modalities. Is there adequate knowledge, skills and resources amongst program and partner staff to support a gender-sensitive and transformative approach?Is there a robust and accessible GRM in place? What strategies can ensure that women and marginalised groups access it?Have steps been taken to reduce GBV and protection risks:* + 1. Clear communication on program activities, entitlements and protection risks
		2. Adequate staff capacity, skills and resources on GBV and protection
		3. Robust and accessible GRM in place
 |
| **Monitoring and Evaluation** |
| * MEL indicators need to capture differences in women and men’s experiences of social protection.
* MEL indicators also need to analyse changes in gender relations and empowerment over the longer term.
* Monitor for unintended consequences.
 | * Measure gender outcomes irrespective of whether gender equality is an explicit objective or not. At a minimum, collect all data disaggregated by sex, age, [disability](http://www.washingtongroup-disability.com/washington-group-blog/sdgs/), ethnicity, and capture individual-level, not only household level, information.
* Use a combination of quantitative and qualitative measures.
* To capture transformative outcomes, indicators need to monitor changes in relations between men and women, and girls and boys, and intersectional risks. Where possible, make use of existing longitudinal research.
* Data collection must adhere to ethical standards, and COVID-related regulations on distance and contact.

Programs must capture, monitor and address any GBV or protection issues that arise in the program. | Are indicators disaggregated by sex, age, disability, ethnicity?Are quantitative and qualitative measures used?Do indicators monitor changes in relations, and intersectional risks?Does your MEL strategy adhere to ethical standards and changes in data collection because of COVID-19?Does the program MEL strategy monitor GBV and protection issues? |

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# References

1. DFID/GIZ (2020) Social Protection Approaches to COVID-19: Expert advice helpline: Guidance and checklists. Accessed [here](https://socialprotection.org/node/33315/publications?page=1).
2. DFID (2018) VAWG Helpdesk Safeguarding – Checklist for Cash Transfer Programmes.
3. Hidrobo, M., Kumar, N., Palermo, T., Peterman, S. and Roy, S. (2020) Gender-sensitive social protection: A critical component of the COVID-19 response in low- and middle-income countries IFPRI. Accessed [here.](http://ebrary.ifpri.org/cdm/ref/collection/p15738coll2/id/133701)
4. Holmes, R. (2019) Promoting gender equality and women’s empowerment in shock-sensitive social protection. ODI Working Paper 549
5. Interagency Social Protection Assessments: Core Diagnostic Instrument (CODI). Accessed [here](https://ispatools.org/core-diagnostic-instrument/).
6. Jolly, M., Lee, H. Lepani, K., Naupa, A. and Rooney, M. (2015) Falling through the net? Gender and Social Protection in the Pacific. Discussion Paper No. 6, for Progress of the World’s Women 2015-16.
7. UNICEF (2020) Gender-Responsive Social Protection during COVID19: Technical note. Accessed [here](https://www.unicef.org/media/68631/file/Gender-responsive-social-protection-during-covid-19-ENG.pdf).
8. UNICEF Office of Research – Innocenti (2020 forthcoming) ‘A mapping and gender analysis of social protection programmes in low- and middle-income countries’. Innocenti Research Report TBC.
9. International Rescue Committee (2019), Safer Cash Toolkit: Collecting and using data to make cash programs safer, August 2019. Accessed [here](https://reliefweb.int/sites/reliefweb.int/files/resources/1568162295.Safer%20Cash%20Toolkit.pdf).
10. World Bank (2020) Gender dimensions of the COVID-19 pandemic. Policy Note. Accessed [here](http://documents.worldbank.org/curated/en/618731587147227244/pdf/Gender-Dimensions-of-the-COVID-19-Pandemic.pdf)

# Annex 1: Gender analysis

**Gender data and analysis for Social Protection Programming**

| **Areas of data analysis (across age, disability, ethnicity, location etc.)** | **Why is this important for social protection programming?**  |
| --- | --- |
| **Rates and levels of multidimensional poverty for women, children and youth, people with disability, single-headed households (e.g. income, food and nutrition, literacy, access to services, education, sexual and reproductive health etc)** | Ensure appropriate targeting, identifying most vulnerable and at risk groups (e.g. in relation to poverty, food and nutrition security); identify what other types of appropriate social protection response may be required (e.g. food security, education or health fee waivers); identify additional support needed – e.g. through cash plus, additional / complementary programs. |
| **Identification of most vulnerable groups (women, orphans, street children, adolescents, people living with HIV/AIDS, people with disability etc)** | Ensure appropriate targeting and coverage; identify and understand the needs of the most vulnerable groups; take these needs into consideration when designing household level social protection support. |
| **Work and livelihoods**  | Identify vulnerable workers for targeting; identify mechanisms to support livelihoods, skills and job opportunities through social protection (such as cash for work programs) especially in recovery stages.  |
| **The care economy: time use of women and girls (gender division of labour in the household, caring responsibilities etc.); childcare arrangements in place (formal and informal)** | Ensure programs do not exacerbate women’s time poverty (e.g. receiving payments, in meeting conditionalities); identify how care needs can be addressed; identify opportunities to promote more equitable division of labour and caring responsibilities within the household. |
| **Socio-cultural practices and norms (attitudes to women and girls, mobility, status, child marriage, FGM, adolescent pregnancy rates, stigma associated with disability )** | Ensure risks are not exacerbated in program design, and that norms or stigma do not prevent access to programs for women, people with disability or those living with HIV/AIDS; identify opportunities for promoting empowerment and transformation objectives by tackling discriminatory norms, practices and behaviours; tailor the communication of information and delivery modalities appropriately.  |
| **Socio-cultural preferences, languages spoken, prevalence of informal safety nets etc.**  | Ensure socio-cultural norms are respected, informal safety nets are not undermined; information is communicated appropriately across languages and methods. |
| **Women’s voice and agency at household and community level, including control over income and decision-making** | Important for designing targeting criteria and identifying who in the household will receive transfers; identify what additional measures may need to be in place to support equitable intra-household decision-making and resource allocation (e.g. use of coping strategies such as reducing food intake); identify opportunities to promote women’s empowerment and control over resources; ensure women feel confident in raising complaints and feedback through GRM. |
| **Access to and ownership of bank accounts, mobile phones, internet** | Ensure that delivery modalities are equally accessible to women, people with disability who are less likely to have access to newer technology.  |
| **Levels of financial literacy**  | Identify what additional skills are needed to support delivery modality choices, and promote empowerment / transformation objectives by supporting skills training.  |
| **Gender-based violence and community dynamics** | Identify VAWG risks (e.g. from prevalence data). Ensure programs meet protection needs and do not exacerbate or create risks of violence in the household or community.  |

# Further resources on data and analysis, including impacts of COVID-19

## Gender Equality

UN Women (2020) [COVID-19: Emerging gender data and why it matters](https://data.unwomen.org/resources/covid-19-emerging-gender-data-and-why-it-matters)

UN Women (2020) [The First 100 Days of the COVID-19 Outbreak in Asia and the Pacific: A Gender Lens](https://asiapacific.unwomen.org/en/digital-library/publications/2020/04/the-first-100-days-of-the-covid-19-outbreak-in-asia-and-the-pacific)

Gender and COVID-19 Working Group (2020) [List of Resources](https://docs.google.com/document/d/1_QfLS6Z90w_1rPM-jdeKC_lQXTcwA8Z4kF8Z5CerZrk/edit) (living document)

Gender and Development Network (GADN) [List of resources: Feminist Responses to COVID-19.](https://gadnetwork.org/gadn-resources/feminist-responses-to-covid-19)

World Bank (2020) [Gender dimensions of the COVID-19 pandemic](https://openknowledge.worldbank.org/bitstream/handle/10986/33622/Gender-Dimensions-of-the-COVID-19-Pandemic.pdf?sequence=1&isAllowed=y) (policy note)

UNFPA (2020) [COVID-19: A Gender Lens](https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_A_Gender_Lens_Guidance_Note.pdf)

WIEGO [Impact of public health measures on informal workers livelihoods and health](https://www.wiego.org/sites/default/files/resources/file/Impact_on_livelihoods_COVID-19_final_EN.pdf)

IASC [Gender Handbook for Humanitarian Action](https://interagencystandingcommittee.org/iasc-reference-group-gender-and-humanitarian-action/iasc-gender-handbook-humanitarian-action-2017)

UN Women’s [Global Database on Violence Against Women](https://evaw-global-database.unwomen.org/en) (includes prevalence data and policy responses)

## Disability

International Labour Organization (2020) [Disability Inclusive Social Protection Response to the COVID-19 Crisis](https://www.social-protection.org/gimi/gess/ShowRessource.action;jsessionid=dd5vZXh8uPFDr9jr9AF0cWyLyVe__X3Q98ZUnjnkP0mkMYrSRmJT!-1463413688?id=56029)

WHO (2020) [Disability considerations during the COVID-19 outbreak](https://www.who.int/who-documents-detail/disability-considerations-during-the-covid-19-outbreak)

The Lancet (2020) [The COVID-19 response must be disability inclusive](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667%2820%2930076-1/fulltext)

## Intersectionality/cross-cutting

INCLUDE (2020) [How COVID-19 affects inequality in Africa](https://includeplatform.net/news/how-covid-19-affects-inequality-in-africa/?utm_source=Newsletter+INCLUDE%3A+Knowledge+Platform+on+Inclusive+Development+Policies&utm_campaign=d63c353620-EMAIL_CAMPAIGN_2020_04_01_07_42&utm_medium=email&utm_term=0_fe2205aa6a-d63c353620-276753753)

SDDirect (2020) [COVID-19 Blog Series](http://www.sddirect.org.uk/our-work/covid-19-blog-series/) (covering issues of gender, disability and LGBTIQ)

Socialprotection.org [Social protection response to COVID-18 initiative](https://socialprotection.org/social-protection-responses-covid-19-task-force/1-how-can-i-support-covid-19)

## Gender and Social Protection Program Design

### Technical notes on gender and social protection program design and implementation in the context of COVID.

IFPRI (2020) [Gender-sensitive social protection: A critical component of the COVID-19 response in low- and middle-income countries](http://ebrary.ifpri.org/cdm/ref/collection/p15738coll2/id/133701) IFPRI

UNICEF (2020) [Gender-Responsive Social Protection during COVID19: Technical note](https://www.unicef.org/media/68631/file/Gender-responsive-social-protection-during-covid-19-ENG.pdf).

World Bank (2020) [Gender dimensions of the COVID-19 pandemic. Policy Note](http://documents.worldbank.org/curated/en/618731587147227244/pdf/Gender-Dimensions-of-the-COVID-19-Pandemic.pdf).

GBV Guidelines [COVID-19: Resources to address gender-based violence risks](https://gbvguidelines.org/cctopic/covid-19/)

### Resources and guidance on gender and disability in social protection design and implementation (not COVID specific)

FAO (2018) [Integrating gender into the design of cash transfer and public works programmes](http://www.fao.org/3/CA2038EN/ca2038en.pdf)

ODI (2010) [How to design and implement gender-sensitive social protection programmes](http://www.odi.org/sites/odi.org.uk/%20files/odi-assets/publications-opinion-files/6262.pdf).

ILO (2015) [Illustrated Guidelines for Gender-responsive employment intensive investment programmes](https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---emp_policy/---invest/documents/publication/wcms_459976.pdf)

CBM (2017) [Disability Inclusive Development Toolkit](https://www.cbm.org/fileadmin/user_upload/Publications/CBM-DID-TOOLKIT-accessible.pdf)

Cash transfers and gender-based violence: [Buller et al., 2018](https://www.unicef-irc.org/publications/938-a-mixed-method-review-of-cash-transfers-and-intimate-partner-violence-in-low-and.html); [Bastagli et al. 2016](https://www.odi.org/publications/10505-cash-transfers-what-does-evidence-say-rigorous-review-impacts-and-role-design-and-implementation)

TPC (2019) [Evidence Brief: Cash transfers and intimate partner violence,](https://socialprotection.org/discover/publications/cash-transfers-and-intimate-partner-violence) TPC

1. Fuller guidance can be found in the references and resources at the end of this document. [↑](#footnote-ref-1)
2. Gender-sensitive and gender-transformative cited in UN-INSTRAW (now part of UN Women), Glossary of Gender-related Terms and Concepts (in UNICEF Innocenti, forthcoming). [↑](#footnote-ref-2)