PLAN INTERNATIONAL CANADA'S GUIDANCE FOR ADAPTING EDUCATION INTERVENTIONS IN COVID-19 RESPONSE

Recommendations for keeping children protected, safe and learning during and after the COVID-19 crisis

INTRODUCTION

According to UNESCO, as of 20 April 2020, 191 countries have declared school closures as part of overall measures to contain the spread of the novel coronavirus. School closures are disrupting the learning of over 1.5 billion students, representing 91.3% of the world's student population. Suddenly we are seeing a radically different world of learning where education is delivered remotely or ***not at all***.

Many of the countries around the world have stepped up and found solutions to ensure children continue learning even with schools closed. However, their capacity to deliver inclusive, gender-responsive quality learning especially for most disadvantaged population - vary enormously. Brooking Institute's report indicates that government's responses to provide remote learning to continue basic education (K-12) vary widely. "Less than 25 per cent of low-income countries currently provide any type of remote learning, and of these, the majority are using TV and radio. In contrast, close to 90 per cent of high-income countries are providing remote learning opportunities, mostly through online platforms." This implies that the COVID-19 crisis is causing enormous set back in achieving SDG 4 and widening inequalities in access to quality education, with the most disadvantaged children, especially girls and those who live in rural, remote communities, conflict affected areas losing out the most. As it is girls access, retention, performance and school completion in many parts of the world is impeded by prevailing gender inequalities; the COVID-19 reality poses further barriers as adolescent girls, particularly take on more of the household chores as well as care responsibilities and supporting household hygiene management tasks that add to their burden of work, that can lead to a de-prioritization of their education, which may be difficult to monitor in remote education settings.

School closures not only interrupt learning, but also exacerbate undernutrition among children who rely on school feeding for daily nourishment. Moreover, children miss out on social interaction that is essential to learning and development, especially in these times when they may be feeling anxious, fearful and/or dealing with illness or death of family and friends. Protracted school closures also increase incidence of dropout as children are less likely to go back to school due to decreased interest in schooling and/or increased responsibilities at home and work, especially among girls and adolescents. At-risk children who rely on school-based interventions and referrals for child protection services are at greater risk of harm due to school closures. Economic

consequence of crisis can also lead parents/caregivers to force their children to marry early or send them to work.

Lessons from Ebola outbreak indicate that women and girls are exposed to most harmful risk for SGBV during home quarantine. Women and girls have increased burden of looking after the sick and the elderly making them more vulnerable to COVID-19 infection.[1] Moreover, frequent handwashing for COVID-19 prevention can mean that women and girls have to fetch water more often which exposes them to protection and GBV risks. Finally, school closures limit access of adolescent girls and boys to SRHR information and services which can lead to increased risky behavior, unintended and early pregnancy and early marriages.

PLAN'S RESPONSE

Plan International is dedicated to advancing children's rights and equality for girls. Across all its programs, girls are front center. "The impact of COVID-19 crisis on girls must remain our focus as we adjust to the new programmatic environment. Plan's focus should be on adapting current programs, incorporating additional actions to existing activities where possible to strengthen communities' resilience to COVID-19."[2]

This guidance note is a supplement to the (1) Global Programme Guidance COVID-19 and Annexes 2.1: COVID-19 considerations for education and Annex 2.2: COVID-19 considerations for early childhood development programming; and (2) COVID-19 Gender Equality Global Adaptation & Response Framework. Furthermore, it should be applied in consonance with Plan International Canada's Gender Equality Guidance for COVID-19 Response Programming (Annex 1). It aims to *support country and project teams implementing education projects to adapt interventions, as needed*, in order to help ensure children and their families are safe and secure, and children continue learning in a gender-responsive way during and after the COVID-19 crisis. It can also be used to guide discussions and program influencing with government and education partners as they design their own COVID-19 responses.

PLANNING FOR CRISIS RESPONSE

It is important that during times of crisis and emergency we retain the highest standards on the quality, relevance, and value of our education programming. The usual challenges we face may be amplified by COVID-19. However, by following the international development and humanitarian principles as well as our gender equality and inclusion commitments, we can mitigate these challenges.

As articulated in the Foundational Standards of the Inter-Agency Network for Education in Emergency (INEE) Minimum Standards, it is vital that interventions are grounded in the assessment and analysis of the gendered needs of the individuals and communities in question, that they have participated in the process of identifying those needs and developing solutions, and that all proposed activities are coordinated and accountable.

By applying these principles **(participation, coordination, needs assessment)** the activities and projects developed in response to the crisis will be contextually informed, including with a gender lens, able to manage risks, and will be valued by the communities and the education stakeholders.

[1] Plan International (2020). COVID-19 Gender Equality Global Adaptation and Response Framework.
[2] Plan International (2020). Global Programme Guidance COVID-19.

The most effective way to ensure that these principles have been adhered to is to develop key questions in order to inform the decision-making process.

This can include broad questions that can then lead to more specific follow up. Some examples might include:

- With schools closed, are children taking on new responsibilities at home? If yes, what are boys doing and what are girls doing?
- Has the local economy contracted, leading to reduced family income?
- Are there additional, or compounding, barriers, including gender-related barriers to learning beyond the closure of schools?
- Is education in demand at the moment?
- What are the entry points for learning (mobiles/radio/TV/internet)? Who has access to and control over these technologies i.e. can girls readily use them compared to boys?
- Are there other community mechanisms that are responding, and can they support education services?
- Is there a national response plan in place? Has the education community and sector prioritized need?
- What are the risks of acting now? What are the risks of not acting? Including gender equality risks.
- What phase of the crisis are we responding to – prevention, short term response, or long-term recovery?

There are many more questions that can follow this (see Annex 1), but they will all identify the information needed and guide us towards answers we need to make sure any activity has the greatest benefit.

We know each context will be different, therefore having as much information about the context in question is vital in order to adapt any of the following possible responses to local needs. These three principles **(participation, coordination, needs assessment)** will ground any activity in the local context and can help develop responses that support the vital components of education delivery, which the INEE Minimum Standards also defines.

SOME EXAMPLES OF INTERVENTIONS THAT CAN BE CONSIDERED IN ADAPTING EXISTING PROGRAMS

Aligning with Plan's COVID-19 Gender Equality Global Adaptation and Response Framework, Annex 2.1: COVID-19 considerations for Education and Annex 2.2: COVID-19 consideration for ECD programming and the Learning must go on, and Plan International Canada's Gender Equality Guide for COVID-19 Programming, a set of key recommendations for keeping children safe and learning, the following examples of interventions may be considered in adapting existing projects. As indicated above, interventions must be based on a sound analysis of needs and resources available in country. Project staff are advised to consider interventions that align with national responses, capitalize on Plan's comparative advantage, and build on existing interventions and platforms.

Help ensure children and their families are safe and protected: For COVID-19 prevention and control, there is a need for communities and households to have accurate and up-to-date information about the risks and what they can do to avoid the risks. Actions under this include:

1) Together with relevant local authorities, develop and disseminate gender integrated messages to households on COVID-19 prevention and control and avoiding stigmatization of those exposed to the virus. Messages should include risks posed to children, symptoms, modes of transmission and mitigation strategies such as proper handwashing, physical distancing, self-quarantine and accessing health services when sick. Make sure:
   a) IEC materials mainstream gender equality messaging including on shared decision-making; equal right to healthcare; equal distribution of resources, food, nutrition in homes; and equal distribution of tasks.
   b) Use as many images, illustrations and pictorials as possible. Images must not reinforce gender stereotypes specially relating to hygiene management (i.e. women and girls fetching water, washing clothes and dishes)
   c) Messages highlight the importance of inter-generational dialogues, family discussions and creating spaces within the home to discuss COVID-19, gender equality, child protection and other topics.
2) Disseminate COVID-19 child-friendly messages on protection and SGBV risks during home quarantine. Include information on helplines for those experiencing SGBV, or hotlines for parents/families to provide support to their children and elderly
3) Engage network of community teachers, volunteers, fathers' and mothers' groups to provide COVID-19 prevention and control messages to remote, vulnerable families and to communicate key messages on staying safe to vulnerable women and girls, in line with SGBV coordination mechanisms and lead actors
4) Consult communities to rapidly assess WASH needs. Where other sectors are not providing WASH support to out of school children and families, consider distributing personal hygiene kits to children and families and menstrual hygiene management kits to adolescent girls along with guidance and IEC materials.

Help ensure children continue learning, especially girls: In the event of continued school closures or when children are not able to enroll in traditional education delivery modes, work with education sector (ministry, education cluster/education group) to identify and support context-relevant and gender-responsive distance learning programs using diverse delivery mechanisms and tools (i.e. paper and pencil, radio, TV, mobile phone, online platforms). Decisions should be based on strong gender analysis that sheds light on gender inequalities. Advocate for flexible scheduling in order to allow girls with increasing domestic responsibilities to participate.

1) Where there is no technology available:
   a) Print and distribute learning materials to students ensuring content and visual do not promote/reinforce gender stereotypes and inequalities (contactless house-to-house delivery or caregivers can safely pick up material from schools)
   b) School management committees and community leaders, including women, facilitate the lending of textbooks from schools to families.
   c) Support the distribution of self-instructional modules (i.e. Plan Philippines, see below)
2) Where government is broadcasting education programming over radio/TV or where there is existing radio-education program content or pre-recorded lessons
   a) Use loudspeakers to play pre-recorded radio education materials
   b) Provide radio operated/solar powered radio sets to poorest households
   c) Provide USBs of pre-recorded lessons to children in remote areas not reached by radio broadcasts

d) Where feasible, support government in developing and recording gender-responsive content, (i.e. Plan Ghana example - see below)

3) Where supporting mobile-based learning or online platforms is feasible
   a) Use WhatsApp to send gender-responsive lessons and audio/visual files (i.e. Plan Jordan example – see below)
   b) Provide downloadable gender-responsive content to mobile phones for those with no access to data or internet
   c) Use free mobile learning apps accessible on any hardware (i.e. mobile phones, tablets, personal computers) – in some countries mobile apps have been created for students to access content, participate in assessments.
4) Mainstream gender equality, SGBV prevention, and mental health-promotion messaging in distance learning programs
5) Ensure that both parents are involved in children's distance learning being mindful of the burden of work on women and girls.
6) Disseminate messaging regarding the equal rights of girls in education so they are not left out as distance learning programs are rolled out via different mechanisms and tools. Advocate for equal sharing of domestic chores and care duties amongst girls and boys so both can participate in education programs

Support teachers and caregivers

1) Provide teachers with training to support distance learning of students as well as socio-emotional learning and psychosocial support. Sensitize them on increased risk of SGBV/SEA for children and on tools for children to prevent and report it. Integrate health and nutrition education, as well as age-appropriate and gender-sensitive messages.
2) Train and equip facilitators of parenting education programs to integrate COVID-19 prevention and control into ongoing activities and highlight that in any crisis, young children will need consistent, loving, responsive care from fathers/mothers/caregivers for their well-being, health and development. Include guidance for parents on what to look out for and how to respond when it comes to their children's psychosocial needs. Integrate specific messages relation to gender equality and the rights of girls and women as well as SGBV prevention.
3) Where resources are available (radio, mobile phones, loudspeakers), support remote gender-responsive parent education classes which include a focus on the psychosocial needs of their children as well as gender equality messaging.

Support the safe reopening of schools

1) Support back to school campaigns and school safety measures
   a) Develop and disseminate messages on importance of returning to school, especially among vulnerable children, with focus on girls
   b) Procure and distribute cleaning/disinfecting and hygiene kits to schools/early learning centers and personal hygiene kits to children, especially girls, along with guidance and IEC materials about proper handwashing and hygienic practices when sick
   c) Provide handwashing stations, soap and water and sex-separated latrines in schools/early learning centers
2) Support schools and teachers to monitor enrolment and attendance (collecting sex, age and disability disaggregated data) as well as the health and well-being of children, particularly children with disabilities and other vulnerable groups

3) Support schools/early learning centers to follow-up with children who are absent for long periods of time and alert local education and health authorities when there are large increases in student and teachers' absenteeism due to respiratory diseases.
4) Provide teaching-learning materials, and replace textbooks lost/damaged during school closures
5) Train teachers on inclusive, gender-responsive teaching-learning pedagogy; teaching socio-emotional skills; providing mental health and psychosocial support to students; knowing where to refer students who needs additional services; COVID-19 prevention and control in schools and early learning centers and to avoid stigmatization of those who are exposed to the virus and who are unwell.
6) Support remedial classes to make up for missed lessons, targeting girls
7) Support accredited/recognized alternative education programs, accelerated education programs and distance learning programs to accommodate out of school children who are not able to enroll in formal schools

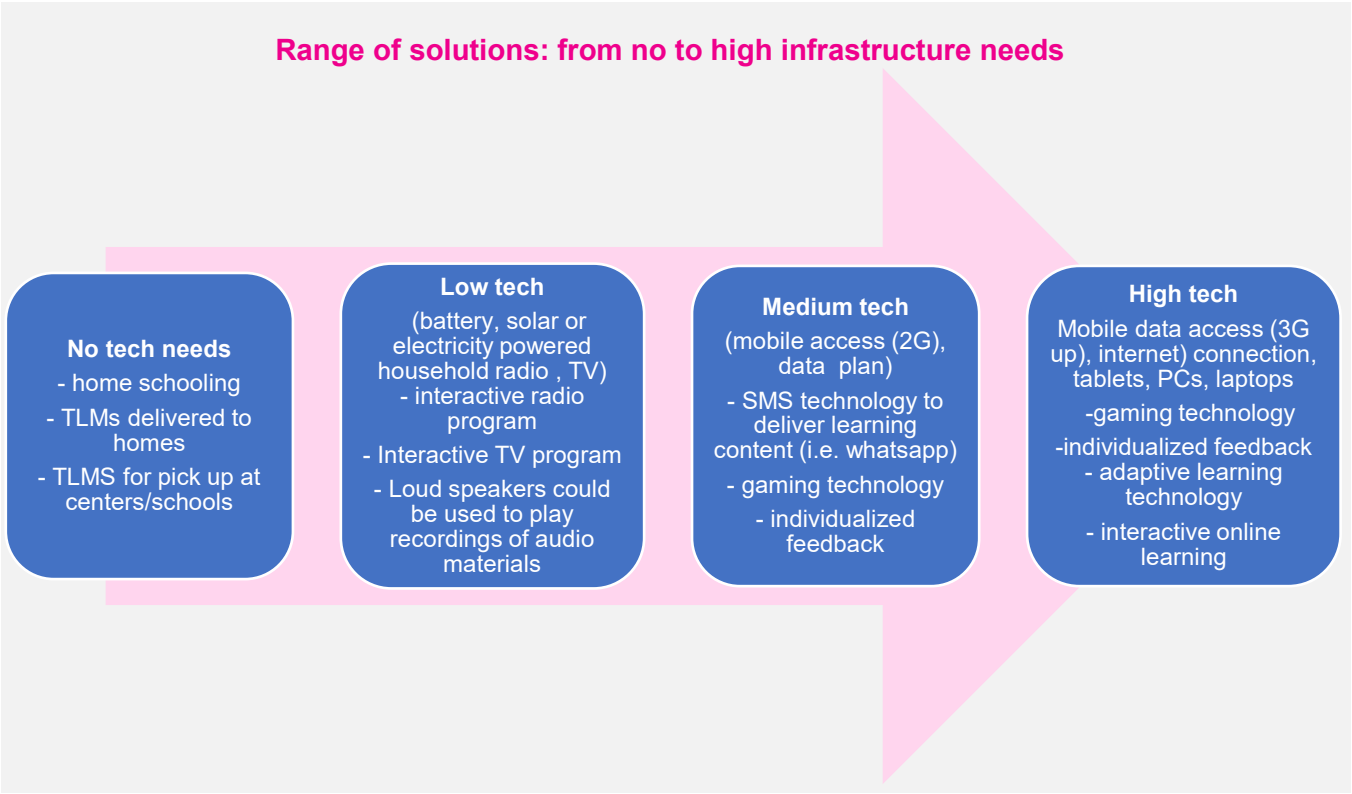
Support the strengthening of education systems

1) Support Ministry of Education, local education group (LEG), education cluster, local education officials, and community education committees to conduct online education rapid assessment needs, develop and implement gender-responsive COVID-19 response plans or post COVID-19 contingency plans and to mobilize funding from bilateral and multilateral donors, private sector, foundations and global funds (i.e. Global Partnership for Education- COVID-19 Education Response Fund, Education Cannot Wait)
2) Support education ministries in integrating gender equality and child protection messaging in distance learning programs. Leverage partnerships with schools and ministries to disseminate IEC messaging on COVID-19 prevention and response for school management structures, teachers and students
3) Support the Ministry of Education in developing/strengthening gender-responsive distance learning, alternative and accelerated education programs that can be readily deployed in future crises and can be used to support children not reached by traditional education delivery modalities
4) Work through education sector to advocate with education authorities for:
    a) Inclusion of out-of-school children, especially girls and those with disability in distance learning programs and other education response initiatives
    b) Equipping all schools/early learning centers with adequate and reliable water supply, sufficient number of handwashing facilities or stations and sex-segregated latrines
5) Support the Ministry of Education and key education actors in backstopping monitoring and evaluation during the crisis
    a) Strengthening timely tracking and analysis of school closure and re-openings, teacher and student absenteeism, and other priority data and indicators that decision makers and other stakeholders need (handwashing stations, etc)
    b) Ensure all data is disaggregated by sex, age and other variables as relevant
    c) Support rapid assessments and monitoring of messaging, innovative learning programs and education response initiatives to determine what works or doesn't work, and any unintended consequences
    d) Adapt existing monitoring, documentation and evaluative tools in light of social distancing requirements (WHO recommends keeping a distancing of at least 1 meter between individuals) and consider non-contact methods and digital methods of data collection, such as observation, SMS based tools, remote phone interviews, and digital platforms

EXPLORING INNOVATIONS AND SOLUTIONS

The COVID-19 crisis has demonstrated the inability of most education systems to readily support the continued learning of children. Of 191 countries that imposed school closures, not one was able to roll out national distance learning programs within the first 2 weeks of school closures. Several countries, mostly high-income, were able to roll out distance learning solutions on the third week of school closures. According to Brookings Institute, less than 25 per cent of low-income countries, about 70 per cent of middle income and less than 90 per cent of high-income countries have been able to roll out distance learning options. While low to middle income countries have relied solely on low-medium technology options, high income countries have shifted to online learning. Gaps in access and quality of learning between countries, and between regions and districts within countries will continue to widen during and after the COVID-19 crisis. Refugee/internally displaced children, girls, those with disabilities and living in remote rural areas, will likely be severely affected. Recognizing Plan's mandate, country offices may consider supporting context-appropriate distance learning programs that ensure equitable access especially among vulnerable children, girls in particular.

Distance learning programs, alternatively called remote learning, virtual learning or connected education are education programs typically delivered outside of the school setting and characterized by limited face-to-face interaction between teachers and students and students to students. It has diverse models: facility-based, home-based, blended, differentiated, self-guided, to name a few; and uses diverse tools from no technology/infrastructure (paper and pencil) to low technology (loud speaker, radio, television) to medium technology (mobile phones, tablets) to high technology (online digital platforms). However, whatever the medium, an analysis of access of girls to technologies, timing and other gender related barriers is critical to adapt programs accordingly for optimal benefit. Please see the Rapid Gender Assessment section of the CNO Gender Equality Guide for COVID-19 Programming.



The following are important considerations in exploring solutions:

1. **Aligning with national response:** knowing what the national priority is and how the distance learning response can contribute to achieving this priority ensures that the response will complement rather than duplicate efforts and will be recognized by government.
2. **Reaching all learners:** Children who are marginalized or have no access to existing education programs are likely to be missed by distance learning opportunities. For this reason, it is important to consider what resources are available to most children and their families, with a gender lens and leveraging these resources to deliver distance learning to ensure that all children, will have the chance to participate in distance learning
3. **Sequencing response:** The COVID-19 crisis demands that we incorporate distance learning in our response as physical distancing measures limit face-to-face interaction and gathering of a group of people. What will the immediate, medium and long-term response will be? Will distance learning be used only when schools are closed due to COVID-19 or will the response be used as entry point for strengthening the capacity of education systems to be able to provide distance learning as an option to those who are not able to participate in traditional delivery modes of education, in crisis and non-crisis situation?
4. **Investment cost:** Are the costs reasonable? Will the investments made today link to programming in future? Will it have long-term outcomes
5. **Protection and security of students, parents and teachers:** Will the distance learning program not violate student's, parents' and teachers' data privacy and not expose them to cybercrime, online exploitation and bullying (especially girls)? Will it not expose children to longer screen time that will impact their health and involvement in other activities?

EXAMPLES OF INNOVATIONS/SOLUTIONS

DL program	Examples, link to resources	Advantages	Disadvantages
Take home learning materials, self-instructional modules distributed or loaning books to children	In collaboration with partners, develop or print/reproduce learning materials and worksheets for distribution to students (distribute in conjunction with food and non-food item scheduled distributions of local governments). Any new material developed must ensure no gender stereotypes are reinforced and gender equality messaging/learning modules are included. In Philippines, distance learning programs using self-instructional modules are available. Plan Philippines can support government to expand this service to reach more children affected by school closures	Feasible in most contexts as it does not require technology	Labor intensive Paper/books are high-touch surfaces, must be disinfected prior to distribution Staff exposed to too many people
loudspeakers and public address systems	In collaboration with village officials or community leaders; broadcast educational content to reach a cluster of households with no access to technology. Such means	Community reach; requires low technology	Might create community disturbance

	must include additional gender equality educational content.		with constant broadcast
Broadcast radio	Quickest option to continue schooling for many education systems as most countries have state owned radio stations which can be used to broadcast educational content. Where Ministries of Education are rolling out radio broadcast, Plan offices can support marginalized/poorest households by providing radio sets or loudspeakers so broadcast from a community-owned radio set can be amplified to reach more households. Where feasible, Plan offices can also support governments develop, record educational content. *Example:* Plan Ghana is supporting the Ministry of Education in developing and recording educational content of the national distance learning program in Plan Ghana's Accra studios. The program will be broadcast via state-owned television and radio stations For more information: please contact Country Director, Plan Ghana. This also presents an opportunity to build in additional learning content on gender equality and the rights of girls and women.	Support and amplify government efforts Wide reach; Per UNESCO, 75% of households have access to radio globally; in Africa, 80-90% Low cost, requires little training to use	Might create household or community disturbance with constant broadcast
Interactive radio instruction – focuses on broadcast of material from a radio station; either pre-recorded or live	Where government is not implementing national radio programs but encourages distance learning through various modalities and where there is previous experience or resources available (i.e. pre-recorded lessons that align with national curriculum; national curriculum that can be transformed into radio scripts), IRI can be used. IRI is an instructional approach that uses one-way radio to reach students and teachers via pre-recorded, interactive lessons. These too present an exceptional opportunity to bolster existing curricula with material on gender equality and the rights of girls and women. Examples exist in Plan countries, namely Honduras, Nicaragua, Guinea, Liberia, Mozambique, Guinea-Bissau, Mali, India, Nigeria, DRC) Examples: http://idd.edc.org/our_work/english-second-language-esl https://vimeo.com/29620689	Wide reach interactive instruction engages children	Low frequencies; scheduling might create disturbances in communities

	Please see this guide: https://www.unhcr.org/innovation/radio/		
Television	Where national governments are implementing distance learning programs via television, Plan can support by ensuring marginalized children, especially girls have access. Plan can provide solar panels or TV sets for mass viewing adhering to distance learning protocols (i.e. children seated far apart). Plan can also mobilize and encourage community members and families to tune in and watch the educational shows. Furthermore, in collaboration with governments, Plan can also support the integration of education on gender equality and the rights of girls and women with additional content.	Wide reach Provides an engaging visual medium that engages children	Poor reception; too much screen time; exposure to inappropriate content
Mobile phones	Mobile phone ownership across the globe is high, including in Africa. It is transforming the lives of people around the world, but data suggests this isn't happening equally. A global study of girls' access and usage of mobile conducted by Girl Effect and Vodafone Foundation found that women and girls have less ownership of devices and their usage are often controlled. Therefore, any intervention that entails the use of mobile phones must address the disparity in girls' mobile access and usage. Measures must be made to ensure that girls are prioritized and engaged in the creation, use and distribution of digital content. Mobile phones can be used as an educational tool to deliver gender integrated content in the following ways: 1. Access to content, curriculum, language instruction Example: https://m4lit.wordpress.com/about-the-project/ 2. Mobile learning apps provides access to thousands of digital contents that can be downloaded and viewed on mobile phone for free. Examples: a) Ustadmobile b) Eneza c) Rumie	Wide reach Engaging to students, especially youth Highly interactive and allows students to consume and create content; powerful tool to amplify children's voice	Exposure to unlimited screen time and inappropriate content; online exploitation and cyber bullying Girls may have less access to ICTs compared to boys and the use of these technologies may be controlled and curtailed. Data privacy and security concerns (loss/damage)

	3. Use WhatsApp and Facebook to send lessons and audio/visual files for free Examples: a) Plan Jordan is using WhatsApp to send videos of lessons and pictures of worksheets to parents of young children who are enrolled in community-based kindergarten. Videos teach parents how to teach letters and numbers in Arabic and English; and socio-emotional skills such as empathy and self-regulation. b) Plan Philippines is using social media to deliver messages to students on COVID-19 prevention, socio-emotional skills (i.e. empathy for people infected by COVID-19) as well as SGBV prevention		
Online learning	Where governments are encouraging online learning and where digital content are available for free; online learning can be supported. Plan offices can provide mobile phones or tablets to vulnerable children, especially girls or personal computers that can be kept and maintained in community centers. Children's access to PCs and internet will be scheduled following social distancing protocols Examples: a) Khan Academy b) Kolibri	Highly engaging; fosters self-learning, growth mindset and creativity as children can learn at their pace and create content	Theft or damage to tools Exposure to inappropriate content; online exploitation and cyber bullying Girls' access may be curtailed/controlled compared to boys. Requires high technology; internet access; limited reach

REFERENCES:

Distance Learning Solutions. UNESCO (2020). https://en.unesco.org/COVID-19/educationresponse/solutions

School, interrupted: 4 options for distance education to continue teaching during COVID-19. GPE (2020)

https://www.globalpartnership.org/blog/school-interrupted-4-options-distance-education-continue-teaching-during-COVID-19

Considerations and option for connected education: COVID-19 response. UNHCR (2020)

https://www.unhcr.org/5e81cf1d7

ANNEX 1: CNO GUIDANCE FOR MAINSTREAMING GENDER EQUALITY ACTIONS IN COVID-19 RESPONSE

APRIL 17, 2020

As noted in our COVID-19 special edition newsletter released on 02 April, 2020, this pandemic has often invisible and egregious consequences specifically on women and girls both in the short and long term with far-reaching and wide-ranging devastating impacts with the potential to derail and indeed reverse the tenuous global gains made towards gender equality and the rights of women and girls – if not addressed head-on through gender-responsive and increasingly gender transformative approaches.

Every pandemic, disease outbreak or crisis of any kind affects women, men, boys, girls and individuals of diverse gender identities differently. These effects are further compounded with several intersectional factors of exclusion such as disability or ethnicity. Gender norms, values and practices affect everyone, at all times and in every walk of life. COVID-19 is no different. It will intensify gender issues and considerations but is also an opportunity to improve gender power relationships (such as male engagement as everyone is at home!). A quick glimpse of the known and expected socio-economic, health and gender specific impacts of COVID-19. Are given below

COVID-19 and the gendered distribution of work: Women and girls already do most of the world's unpaid care work. According to the International Labour Organization (ILO), globally, women perform 76% of total hours of unpaid care work, more than three-times as much as men. The existing gender roles and responsibilities of women and girls as primary caregivers responsible for cleaning, cooking and caring for children, elders, or the sick, will undoubtedly impact women and girls further across the globe as schools and childcare services have closed indefinitely and as family members become ill. This will not only increase their existing burden of work, especially those also working from home, but also expose them greatly to contracting the virus. Women in essential services, especially healthcare workers face increased time poverty and mental distress as their care work burden remains the same.

Gender barriers and access to healthcare: Around the world, often due to the lower literacy or educational status of women and girls relative to men and boys, their access to critical health information is limited. In addition, women and girls often have limited decision-making power due to unequal power relationships in homes and communities, are financially dependent and face mobility restrictions to autonomously seek health care. As the pandemic progresses, this existing lack of access to resources will be further compounded when further impoverished families need to make critical decisions about who receives healthcare, and too often, due to prevailing patriarchal norms, male preference, and the lower social status and value of women and girls can prevent them from accessing care. This is further complicated by the invariable stigma families and communities face dealing with any outbreak where more often than not ill women and girls are hidden by families compared to men and boys. Furthermore, as health systems become overwhelmed with COVID-19 cases, the expected knock-on effects for women and adolescent

girls' reduced access to critical SRHR services will place them at greater risk of unwanted pregnancies, untreated STIs, and other risks.

Gender based violence: Incontrovertible evidence points to an escalation of all forms of gender-based violence (GBV) during crises, including domestic violence, intimate partner violence, sexual violence and violence against children, particularly girls. Lessons from Ebola as well as reporting from the Chinese and European outbreak of COVID-19 indicate the most harmful risk for women and girls for sexual and gender-based violence (SGBV) and Intimate Partner Violence is during self or home quarantine. Confinement in the home along with other stressors related to the COVID-19 pandemic increases tensions that can promote violence and harm to many women and girls who are already at risk. In addition to this, as the need for households to maintain hygiene and preventative measures against COVID-19 increases, women and girls will face greater demand and walk further distances to fetch water, thereby putting them at heightened risks related to protection, SGBV as well as exposure to COVID-19. Furthermore, in any crisis, and COVID-19 is no different, the risk of child early and forced marriage (CEFM) increases for girls. It is highly likely that girls now out of school will probably not return to school once communities normalize, and will likely be married earlier than expected; as is the risk of girls, young women and women engaging in survival sex and other forms of exploitation and abuse.

COVID-19 and economic impacts on women: The economic crisis as the result of national lockdowns, closures of markets and physical distancing measures will have a pronounced impact on those already living in poverty, but with far greater effects on women who are already employed in informal, unprotected, precarious work or self-employed. During the Ebola outbreak, the social and economic impacts disproportionately affected women, because of various overlapping socio-economic vulnerabilities and pre-existing gender inequalities. Self-employment was the most important source of livelihood for female-headed households. The breakdown in small businesses because of the Ebola crisis meant that many women lost an important source of income. Additionally, the loss of cross-border trade had serious impacts on women's livelihoods. With many governments imposing border closures and movement restrictions, the COVID-19 pandemic is likely to cause very similar consequences to women's livelihoods. Furthermore, as deepening poverty, income and food insecurity threatens overall family health, wellness and nutrition and when household resources such as food become scarce, their distribution amongst families can be heavily gender biased resulting in an elevation of the already poorer nutrition status of women and girls as they eat last and leftover food.

Frontline healthcare workers are predominantly women: Around the world, women make up the majority of frontline health care workers, almost 70 percent according to WHO, at the helm of efforts to combat and contain outbreaks of the pandemic. COVID -19 threatens to further strain already understaffed, poorly equipped and poorly resourced health systems in many developing countries. The insufficient quantity of essential equipment and supplies, including Personal Protective Equipment (PPE) for health workers and support staff, and other infection prevention and control (IPC) measures in many health facilities could lead to significant morbidity and mortality amongst the population and the already strained health workforce, that are predominantly women. In addition, gender related norms and expectations further add stresses for women health workers, as they work long shifts with little recourse to childcare for their children, additional domestic care work and family and community stigma they may face in relation to their exposure to the disease.

Chronic data and accountability deficit: While globally age and sex disaggregated data is emerging in some parts of the world, it is by and large incomplete. We don't know who is tested and who is brought to health facilities for care. These are very much gendered questions. What

we do know is that COVID-19 poses greater risks for people over the age 60, and those with underlying medical conditions. From the insufficient sex-disaggregated data available, it appears that men comprise a slightly greater proportion of those infected and are at a slightly higher risk of morbidity and mortality than women.

However, flow of accurate, complete and timely health information to and from community and health facilities and the ability of health planners and managers at various levels to collect gendered data and act on the information is limited. Furthermore, most national COVID-19 responses lack the voices of women and girls or any gender expertise to ensure relevant and gender-responsive responses.

This short guidance note sets out minimal and practical standards to be applied through all our programming to mitigate and address those gendered impacts. As we repurpose existing programs and develop new ones regardless of thematic or programming channel. For us, the key lies in continuing to amplify the agency of women and girls in this pandemic; foster equitable social environments; and ensure COVID-19 health, education, WASH and other ancillary responses are gender-responsive, all premised on contextual evidence, generated on an ongoing basis.

The programmatic framework is reproduced below with guidance.

<table>
<tr><td colspan="3">RAPID GENDER ASSESSMENT FOCUSING ON GENDER BARRIERS TO COVID-19 PREVENTION AND CARE
Access and control of COVID -19 resources; roles and responsibilities-burden of work, in households/communities, decision-making power, social norms, service responsiveness</td></tr>
<tr><td>↓</td><td>↓</td><td>↓</td></tr>
<tr><td>Enhancing the inherent individual and collective agency of women and girls</td><td>Building an enabling social environment for gender responsive COVID-19 response</td><td>Gender-responsive, child and adolescent friendly COVID-19 service delivery and response</td></tr>
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CNOS GENDER SPECIFIC RESPONSE TO COVID-19

1) RAPID GENDER ASSESSMENT

It is critical that we have the evidence base to be able to carry out effective and relevant programming to avoid making assumptions and ensure our “do no harm” principles are applied. To this end a rapid gender assessment is mandatory; whether questions are embedded in a broader rapid assessment, or the data is collected through a separate exercise. This does not have to be a massive endeavor and it is not meant to be perfect from the beginning or to cover all the questions altogether. Rapid Gender Assessments are built over time using primary (if possible to collect) and secondary data. Key considerations are provided below that should be investigated as far as possible and as early as possible:

1.1: What do we have to know within the gender equality domains of access and control; roles and responsibilities; decision-making patterns; social norms and systemic responsiveness. Minimal content required within the COVID-19 context includes:

Access and control over resources – key questions

- What are the differences between women/girls, men/boys in access to accurate information about the pandemic, hygiene, myths, symptoms, social/physical distancing, availability of health care services and how to access these?
    - How is that information received?
    - Who has and controls the technological means such as ICTs, FM Radio, local public announcement?
    - Who conveys information in the home and community?
- What are the barriers to accessing information for women/girls, men/boys? Personal barriers (e.g. literacy, disability, time-constraints); external barriers (means of communication, ICT barriers including signal, internet access, data, low literacy, permission to use ICTs and surveillance by a partner/elder member of the family), Is the information provided through any electronic/print/cultural media accessible? i.e. easy to understand formats, timing etc.
- Who gets what in terms of nutrition, money to purchase goods, medicine, PPE, health care, who decides how resources will be distributed in the home?
    - Who eats first, what and why?
    - Who gets to go to a health facility if ill? Who decides?
    - Who is able to access contraceptives and SRH services?
    - Who determines hygiene norms at home?
    - Who controls and decides how to use household finances?
- How has mobility been impacted for girls, boys, women and men?
    - Who is enforcing lockdowns in communities and within homes?
    - Who decides who will/can go out and for what?
- Are there any local women's rights organizations (WRO), youth groups (YG), CBOs working on the rights of the disabled, and minority groups as relevant to the local context?
    - What services/initiatives do they carry out?
    - What are their ideas on response strategies using safe and appropriate methods?
    - What is the nature/possibility of WRO/YG collaboration with national, local state actors and UN System providing emergency services (food, health, cash, information etc.) to women/men, and girls/boys?
    - Are there any groups who are at particular disadvantage, for example migrant women workers (urban based women daily wage earners, women domestic workers away from their support systems at home)?

Distribution of roles and responsibilities post-pandemic – key questions

- How have gender roles shifted in response to the pandemic or lockdown?
    - Who is more or less active and what new responsibilities are they taking on?
    - How has scarcity of resources impacted roles and responsibilities? (e.g. women and children spending more time searching for water)
- Who does the household chores-cooking, washing etc.?
- Who is responsible for water and sanitation? Specific question
- Who takes care of children?
- Who takes care of the sick?
- Who takes care of elders?
- Who takes care of disabled?
- Who goes out to purchase goods (food, medicine, PPE, dignity kits etc.)

- Who goes out or does home-based work to earn money?

Norms and practices – key questions

- SGBV - Please note a detailed SGBV Risk Assessment must be done in all cases covering existing SGBV and potential risks-additional programmatic questions:
    - How have SGBV patterns been impacted by social distancing directives?
        - How is social distancing impacting women and girls' support networks?
        - What has lockdown meant for living arrangements and daily activities and what kinds of risks are being introduced or elevated and for whom?
    - In the community do you know if SGBV is prevalent? What types?
        - Intimate partner violence/domestic violence
        - Physical abuse
        - Verbal abuse
        - Violence against children
        - Rape or sexual abuse
        - Harassment/threat of violence
        - Neglect
        - Harmful Traditional Practices (HTP) such as CEFM, FGM
    - Who is it directed at mostly?
    - If cash transfers or goods distribution are part of program directed at women, do you think it can create conflict and/or SGBV risks?
        - If yes, what types?
        - What is a safe way to transfer these commodities?
    - What key messages and modalities are being promoted by SGBV cluster leads to prevent SGBV escalation in communities and households under social distancing or lockdown orders?
- If men/boys and women/girls and elderly man/woman, or person with disability fall ill because of COVID-19, how is it dealt with?
    - Is anyone hidden? If yes, who? Why?
    - Is there community censure? If yes, what type?
    - Do they face stigmatization? Does the type of stigmatization differ based on the sex, age, and ability of the infected person?

Systemic responsiveness – key questions or observations

- Does the facility keep sex and age disaggregated data of COVID-19 patients and deaths?
- Do you see/are facilities noting sex-age balance in in-coming patients seeking care?
- Are all patients treated equally?
    - Given the same priority (based on case severity and individual risk assessment)
    - Respect/behavior of service providers?
    - If and how is privacy ensured?
    - How are ethical decisions made on who gets critical care/ICU given limited provisions?
    - Who gets referred to higher facilities?
    - Are health facility and community staff sensitized/trained on gender equality or gender responsive health service delivery?
    - Are health facility and community staff sensitized/trained on child safeguarding or child friendly health service delivery?

- Is there government advice to give preference to priority groups for COVID-19 treatment? (Probe: pregnant and lactating women and girls, children (0-5 years), elderly, people with underlying medical conditions, any discrimination if at all)
- Human resources for health:
    - What is the sex ratio of health services providers? (e.g. almost same sex ratio, more women, more men)
    - Are all frontline (community and facility) well equipped with PPE and trained in self-care?
    - Are any special measures in place for healthcare workers such as mental health resources, childcare? Can male and female health workers access these resources equally?
- Are staff (community and facility) aware of SGBV risks, identification and referral pathways? Have they received training on supporting SGBV survivors?
- Alignment with national response and SGBV and Health cluster/coordination bodies:
    - What SGBV referral services are functioning?
        - Have they been adequately adapted with infection prevention and control (IPC) measures?
        - Is access to emergency health services facilitated for SGBV survivors in line with IPC protocols, and how can access to basic services (e.g. rape kits) continue if services become remote?
    - What safety precautions are being advised for women, girls and boys and vulnerable individuals for whom lockdown is not safe?
    - What are the ways that women and adolescent girls can confidentially communicate and seek help if they do not feel safe or for survivors who require urgent health support? (Contextualized according to ICT, access and control, and cultural considerations and preferences of women and girls).
- Are community-based health, education, child protection committees in place and functioning?
    - What is the representation and leadership of women in these structures? Has COVID-19 impacted the level of representation and leadership of women in these structures? If yes, how?
    - Has COVID-19 caused any adaptation in the working procedures of these committees? If yes, what are the adaptations?

1.2: How do we carry out an RGA on-ground? Understanding completely that a fulsome exercise may not be possible in all contexts, a flexible and graduated approach is suggested, over time as follows:

- Desk review, secondary information, sector/cluster group data/information to get a fuller picture including SGBV mappings etc.
- Get the information that you are able to get and build it up over time keeping in mind the imperfection principle.
- Make use of phone calls or have small FGDs and KIIs with women/girls, men/boys with physical distancing if not in lockdown in compliance with local government rules.
- Contact local health and relief service providers (both government and non-government actors, private sector) to determine who is seeking/not seeking, and getting/not getting health and relief services and why?

- Connect and confer with local women's rights organizations (WROs), youth groups (YGs), CBOs and other organizations such as disability focused, LGBTIQ focused to get their expert opinions
- Look at demographic and health surveys
- Education data, census data
- MICs data
- GBV IMS data, if CO has access
- Look at CEDAW and CRC shadow reports from NGOs and Concluding Observations of committees
- Ensure as many questions as possible are integrated in the broad rapid assessment that the UN System or others are carrying out, if possible.
- Share information with other actors on the ground on a regular basis

2) PROGRAMMING

2.1: Enhancing the inherent individual and collective agency of women and girls with accurate, empowering and lifesaving COVID-19 knowledge and information; decision-making skills and financial support **in the immediate term**. Further actions will be delineated for longer-term recovery. NOTE: Flexibility, adaptation to outbreak evolvement/stages, contextualization, innovative thinking is absolutely critical, without exception.

Information on COVID-19 prevention and care developed in simple and accessible language and formats. Too often, IEC material developed can be complex and text heavy or the imagery used can be gender stereotypical, which can, not only be inaccessible especially when literacy is a challenge and particularly from a child-friendliness perspective but can inadvertently reinforce gender stereotypes. Make sure:

- As many images, illustrations and pictorials as possible are used
- Absolutely no image portrays or reinforces gender stereotypes especially relating to hygiene management (e.g. women and girls washing, cleaning etc.). Use images of women and men equally carrying out non-traditional roles
- All IEC mainstreams gender equality messaging including on:
    - Time poverty and redistributing equal unpaid care and household responsibilities
    - Shared decision-making
    - Equal right to access healthcare
    - Equal distribution of resources, food, nutrition in homes
    - Positive masculine behaviors in nurturing/caring roles
    - SGBV prevention including CEFM and other contextually relevant HTP
- Distribute IEC materials in health centres, put in food parcels, include in hygiene kits, leave by food shop checkouts, etc.

Channels of information dissemination – (radio/TV/ICT) and media products most used/viewed by women and girls and messaging with appropriate timing for maximum reach. Too often, ICTs are controlled by men in households limiting women's and girls' access to them or men and boys by and large have greater access to these resources. Therefore, it is critical to know these limitations and program accordingly as suggested below:

- Create and/or leverage separate radio/TV programming timing for women and girls based on the burden of work they face and their media products preference

- Identify women/girls leaders that have cell phones and data so they can relay information directly (see group action below)
- Public service announcements (radio, TV, print, cultural PA practices etc.) highlight the importance of inter-generational dialogues, family discussions, and creating safe spaces within the home to discuss COVID-19, gender equality, child protection, and other topics
- Utilize technology platforms where accessible to help girls and women to establish and moderate information sharing groups, such as the PII Girls Out Loud platform (secured Facebook).
    - Girls and women may not individually own phones but may share access and information with each other; IPC measures should therefore be part of messaging in setting up networks
    - Household/community buy-in must be generated for girls to have safe access
    - Groups can facilitate information sharing via video or text on infection prevention and control, symptoms and actions to keep everyone safe, as well as on the practicalities of social distancing, and managing the social and mental health impacts of the pandemic and response, including coping with increased mental, emotional, physical loads.
    - Platforms can be moderated to provide a confidential place for SGBV survivors to seek help, to receive emotional support and to be linked to referral services.

Identify actions to mitigate SGBV risks to women and girls and measures to respond to SGBV protection concerns that support the individual and collective agency of women and girls, and that are locally contextualized (ITC environment, to level of female access and control, to cultural context, to female preference).

- GBV risk mitigation measures:
    - Establish WhatsApp groups for social connectivity and support (see group action below) and to promote individual and collective agency among women and girls
    - Engage young influencers using social media (e.g. TikTok (popular video sharing service), Facebook, Instagram etc.) to develop and disseminate content promoting abhorrence among youth against SGBV
    - Outline helplines for those experiencing SGBV, or hotlines for parents/families to provide support to their children or elderly
    - Identify WROs & trusted women and girls to act as resource people for survivors (to listen confidentially, to provide emotional support and possibly to be stewards of SRH and SGBV materials in line with agreed IPC protocols).
- Support girls and women to access secure communication channels for confidential signaling SGBV protection concerns and requests for help
    - Agree pathways for confidential communication with women and girls in lockdown, in line with ICT capabilities/low-tech settings
    - Communicate key messages on staying safe to vulnerable women and girls, in line with SGBV coordination mechanisms and lead actors
    - Support girls and women in establishing their own secret distress signals and responses that can be used through ICT-based messaging by text message or through social media groups. Sending agreed questions and answers or sending specific images can be understood to signal that someone is feeling safe or unsafe, or to signal a request for emotional support or intervention. (e.g. taking a picture of the top of one's hand to signal the situation is under control, or the open palm to

signal a request for help; requesting a hair appointment and a specific style; placing an order for an item that requires sending an address where help is needed)
    - Creating direct communication linkages between health sector actors in the referral system and trusted girls and women who can send and receive messages (with protocols to ensure confidentiality)
    - Utilizing MHM distributions as a vehicle to confidentially share safety information and materials (hotline numbers, phone credit, emergency whistle), or for female staff to assess protection concerns among women and girls as a pretext for private and confidential conversations. Conversations can be adapted for social distancing and privacy, for example using visual cards focused on menstrual health and hygiene to elicit yes and no responses, inserting images to assess feelings of safety or requests for intervention).

Large group activities avoided for safe physical distancing or organized as allowed by governments.

- Members of existing women's and girls' groups established under projects e.g. Women's Support Groups, adolescent girls' groups, grannies clubs provided guidance and data on continuing collective action through WhatsApp groups, social networks, ICT technologies.
- Where and if only possible, new groups are formed, identify key female leaders in communities to establish them via social media
- Provide these groups with all IEC materials for dissemination in groups
- Provide these groups with SGBV including CEFM specific information
- Create linkages between these groups and local women's right organization (see below) for support.

Local women's rights organizations (WROs) supported for SGBV, WASH, SBCC and other COVID-19 response work.

- Identify and engage with local WROs and youth led organizations to:
    - Form social networks with project women's/girls' groups (see above) and provide remote advice and support for SGBV and other resilience building supports
    - Engage WROs in COVID-19 clusters and coordination groups
    - Develop and implement (provide funding) projects and initiatives building on their existing programs or adding new ones
    - Carry out advocacy/influencing with health and relief service providers (government, non-government, private sector) for gender responsive adolescent friendly and inclusive service delivery.

Cash and or other resources transfers (e.g. food distribution, or WASH kits) to women in households for preparedness for COVID-19 isolation, costs for transportation to clinics and other contingencies.

- To mitigate risks associated with cash and resource transfers:
    - Establish means of transfer based on rapid gender assessment in terms of timing, method, venue, e-transfers of cash etc.
    - Raise broader community awareness through social and behavioural change communication (SBCC).

- Value of cash transfers established by recommended Minimum Expenditure Basket (MEB) value and coordinated with governments and other agencies to ensure consistency and avoid negative social consequences.

Remote Education programs for continuing education for children are to:

- Ensure that both parents are involved in children's remote education being mindful of the burden of work on women and girls
- Disseminate messaging regarding the equal rights of girls in education so they are not left out as programs are rolled out via ICTs. Particularly:
  - Advocate for equal sharing of domestic chores and care duties amongst male and female siblings/household members, so each has time to participate in alternative education initiatives
  - Mainstream gender equality messaging in remote education programs including communicating how to prevent/avoid SGBV/SEA
  - Support teachers in ensuring girls' classwork/homework is especially solicited from parents through phone and sensitize teachers on increased risk of SGBV/SEA for children and on tools for children to prevent and report it.

WASH programs are to:

- Ensure all IEC materials and SBCC activities are devoid of gender stereotypes and mainstream gender equality messaging (see IEC above in 2.1)
- Women and men are equally targeted for any direct messaging/activities
- Ensure men and boys are encouraged to share hygiene management responsibilities
- The gender specific needs of women and girls especially MHM are addressed in distribution activities adequately and include age-appropriate information for adolescent girls
- Use inputs and feedback from women, girls, men and boys in a participatory manner to increase hygiene and encourage measures such as hand-washing in ways that resonate with the community
- Consider the distance and the route that women and girls have to cover to collect water if distributing water. This has implications in terms of a time burden and potential protection risks if it becomes known that they regularly take that route unaccompanied

Further information can be found in Table in Annex 1 of the COVID-19 Gender Equality Global Adaptation and Response Framework which describes suggested key activities for cross cutting issues (including on gender and inclusion) and for each of the Intervention Pillars across the four phases of the crisis (Preparedness, Initial Response, Mitigation and Recovery).

2.2: Building an enabling social environment for gender equality and gender responsive COVID-19 response

Additional or integrated SBCC with age and gender-specific messaging relating to the impacts of COVID-19 on women and girls (see 2.1 above) including: the disproportionate workloads of women and girls focusing on shared household and care responsibilities, decision-making relating to COVID-19, women's and girls' increased risks for contracting the virus, opportunities for women's and girls' empowerment, SGBV prevention. Messaging to be delivered through:

- Radio, ICTs, Public Address Systems
- Pre cash, food or WASH resources distribution
- Door to door visits by community health workers/volunteers (where this is happening)

Identify messages and social actions to mitigate SGBV risks to women and girls and to promote response to SGBV incidents.

- Develop sex and age-adapted strategies to sensitize women, men, adolescent girls and boys about the risks to girls and women of escalating violence, including sexual exploitation, during lockdown/quarantine, and the responsibility to take action to prevent or intervene
- Develop and carry out ICT based, radio/TV based PSAs on SGBV including CEFM prevention
- Use educational radio programs and sex and age-targeted PSS activities to sensitize women, men, girls and boys about stress responses to the pandemic and quarantine measures and share coping techniques for grounding and mindfulness, discharging difficult emotions, de-escalation and non-violent communication as part of SGBV risk awareness and mitigation
- Promote bystander intervention. In areas where there are no or limited connectivity consider the “ring the bell” approach to alert an SGBV incident (CNO GEA to facilitate the delineation of this approach where feasible and contextually relevant) (e.g. banging a pot, beating a drum).
- Integrate messaging on how to access hotlines and key SGBV services in radio and IEC messaging across all sectors for broad public awareness

Male engagement messages integrated in SBCC for positive masculinities, SGBV prevention, positive parenting, equitable distribution of resources, equitable distribution of unpaid care and household responsibilities, shared decision-making and gender equality.

- Discussion of the impact of the pandemic, lockdown measures and knock-on effects upon stress levels, feelings of fear, powerlessness, and trends of increased male violence towards women and children; share stress management techniques tied to positive masculinities
- Specific and targeted messaging through WhatsApp and other ICT channels such as radio/TV, PSA

Community religious, traditional and other leaders/influencers such as artists, journalists, teachers etc. provided with messaging for SGBV prevention and gender equality promotion.

- Targeted through WhatsApp and create WhatsApp groups
- Engage leaders for radio/TV, PSA messaging
- Engage influencers (singers, celebrities, etc.) to develop messaging on COVID-19 prevention and response (where relationships already exist)
- Engage young social influencers (e.g TikTok stars!) by developing and disseminating gender equality messaging using infotainment approach

Group work with men and boys in ongoing programs re-oriented to COVID-19 response through group leaders provided with guidance to continue discussions on gender equality and its relevance in COVID-19 using ICT outreach and smaller groups as allowed by governments.

- If new groups established, where possible, provide them with remote male engagement training and resources applying CNO’s Fathers Clubs manual

Family-based intergenerational dialogue for gender equality noting that while COVID-19 poses serious challenges, it provides opportunities also as families are at home. As relevant, ensuring "do no harm" leverage:

- Leaders of men's groups (see above) to promote intergenerational dialogues and gender equality messaging sharing in families
- Leaders of adolescent boys' and girls' groups to facilitate dialogue and share messaging (making sure that no harm is done or risks accrue)
- Members of women's groups to promote intergenerational dialogue and gender equality messaging
- Community religious, traditional and other leaders/influencers promote intergenerational dialogue on COVID-19 prevention and response and the importance of creating safe spaces at home

2.3: Gender-responsive, child and adolescent friendly COVID-19 service delivery and response:

- Align SGBV risk mitigation and response protocols with the CO and national response
    - Ensure local multi-sector referral pathways (for children, adolescent girls and women) are frequently updated in accordance with SGBV, Health, CP and MHPSS clusters or coordination bodies to reflect currently available services (with IPC adaptations), including remote services such as hotlines.
        - Explore ways of ensuring continuity of access to critical SGBV and SRH services and materials if regular service provision is no longer possible (e.g. with the assistance of WROs, community- based protection systems (if active) or women and girls acting as community focal points that can be linked up to hotlines with health staff)
    - Sensitize all frontline workers on existing and expected protection risks including SGBV and elder abuse and train them to respond to disclosures of SGBV, including IPV and elder abuse, as well as to guide individuals through the existing referral mechanisms using survivor-centered care
    - Secure training (e.g. through SGBV Cluster) for focal points who can operate at community level to be able to provide psychological first aid and confidential survivor-centered support, linking to appropriate services in accordance with SGBV and CP referral protocols and infection prevention and control protocols
- Engagement in cluster system/coordinating mechanisms to further action on the gendered implications of COVID-19 especially access to care, disease related stigma, SGBV services, nutrition, SRHR, economic recovery and engaging women and girls in response plans.
- Community and facility health workers sensitized and provided resources on the gendered implications of COVID-19 – SGBV, child protection and gender equality messaging.
- Community Health Committees, education, protection and WASH structures oriented on the gendered implications of COVID-19, links to SGBV supports and the continued participation and leadership of women in these structures.
- Governments/health systems supported in collecting sex and age disaggregated data for COVID-19 incidence, morbidity and mortality rates.
- Education ministries supported in integrating gender equality and child protection messaging in online education continuation programs. Utilize partnerships with schools/Ministry of Education and disseminate IEC messaging on COVID-19 prevention and response for

school management, teachers, and students through educational structures or e-learning initiatives.

- Governments supported in carrying out gender analysis of data and project learnings for gender responsive action.
- Collaborating with local/national advocacy and influencing groups, particularly Women Rights Organization and Youth Lead Organizations, to create opportunities to address gender equality and SGBV in press conferences and other actions.
- Support Women Rights Organization and Youth Lead Organizations to influence government and private sector led relief programs to respond to unique needs of women and adolescent girls.
- Regularly inform communities in inclusive, gender and age friendly formats about changes to Plan International's programming, adaptations and how they can access information or contact Plan. Ensure methods take into account differences in literacy levels and access to information
- Adapt feedback response mechanisms to function with remote strategies and limit direct contact while ensuring they remain accessible to different age and gender and vulnerable groups, particularly adolescent girls.
- Maintain closing off the feedback loop with adapted remote strategies and using feedback to inform programming in collaboration with Plan sector teams

3) ONGOING GENDER SPECIFIC LEARNING DOCUMENTATION, DISSEMINATION AND FEEDING BACK INTO PROGRAMS

- All programs are to set sex and age disaggregated targets
- All indicators to gather sex and age disaggregated data, and other variables as relevant
- Key gender equality indicators from CNO's Women and Girls' Empowerment Index-WGEI to assess:
    - Access and control (Percentage of women/girls with adequate access and control over resources (to be customized by sector of the COVID Response program)
    - Gender roles and responsibilities (Average time women/girls spend in unpaid work (productive, reproductive and community)
    - Women's/girls' participation and decision making (Level of involvement in HH decision making (to be customized by sector and/or Level of community/public engagement of women/girls in COVID-19 response)
- Ongoing learning documentation to be carried out mid-intervention and at the end regarding:
    - What works, doesn't work across the three programming streams
    - Impacts including spin-off and unintended consequences