Checklist for Gender Equality and Social Inclusion in Disaster/Emergency Preparedness in the COVID-19 Context

(as of 5 May 2020)

Updated by UN Women drawing on inputs from the Gender and Humanitarian Task Team and the IASC Gender Alert for COVID-19 Outbreak[3]

Why gender equality and social inclusion is important for disaster preparedness?

- Disasters or emergencies do not affect everyone in the same way. In every humanitarian crisis, we know that women and girls are affected differently than men and boys, and that vulnerabilities are often exacerbated by other factors such as age, disability, sexual orientation and gender identity, caste, ethnicity or religion.

- Pre-existing societal structures, social norms, discriminatory and harmful practices as well as gender roles create or contribute to heightened risks for some members of the community[4]-such as children, persons with disabilities, sexual and gender minorities, people living with HIV/AIDS, adolescent girls, single women, members of female headed households, pregnant women and lactating mothers, senior citizens, Dalit women, women from religious and ethnic minorities and indigenous women.

[3] IASC GENDER ALERT FOR COVID-19 OUTBREAK: March 2020

[4] Inter-Agency Standing Committee Policy on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action, 3 Nov 2017.

- Gender inequalities and discrimination can also undermine the ability of women, girls and gender minorities to fully participate in or lead preparedness efforts. It can also block their access to basic services, information, economic livelihoods and meaningful representation in planning and decision making. Further, they are often at increased risk of sexual and gender-based violence (SGBV)[5].

- It is crucial to take into consideration multiple forms of discrimination that particular individuals may be subjected to, in order to recognize their different and specific needs, capacities and priorities. This understanding should be integrated throughout the preparedness cycle. The active participation and leadership of women and girls and other excluded and vulnerable groups in humanitarian decisions should be facilitated and thereby promoting transformative individual and societal change.

- To be most effective, disaster preparedness plans must be developed with, agreed to, and understood by everyone.

- Gender equality and social inclusion perspectives should be incorporated into all preparedness activities, including gender balance and diversity in stakeholders' meetings, emergency simulations, and training of staff on gender equality and social inclusion in humanitarian action.[6]

In the COVID-19 health emergency, a number of gendered impacts have emerged, including[7]:

- Women are more likely to be front-line health workers (globally, 70% of workers in the health sector are women2) or health facility service-staff (e.g. cleaners, laundry), and as such they are more likely to be exposed to the virus and dealing with enormous stress balancing paid and unpaid work roles.

- Women may have limited access to accurate, official information and public service announcements, due to limited access to public spaces, and group gatherings (e.g. through safe spaces) and outreach activities. This can contribute to increased risk of infection, as well as increased stress and protection risks.

- In most locations, social norms dictate that women and girls are the main caretakers of the household. This can mean giving up work to care for children out of school and/or sick household members, impacting their levels of income as well as a heightening exposure to the virus.

- Women are also more likely to be engaged in short-term, part-time and other precarious employments/contracts which offer poorer social insurance, pension, and health insurance schemes, and are particularly at risk in an economic downturn. This can lead to women engaging in risky coping strategies, such as child labour, transactional sex and/or heighten their exposure to risks of sexual exploitation and abuse. Evidence

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[5] *Gender in Humanitarian Action-Asia and the Pacific Working Group*
[6] IASC (2017), The Gender Handbook for Humanitarian Action, page 75
[7] IASC GENDER ALERT FOR COVID-19 OUTBREAK: March 2020

from humanitarian contexts show that families who lose their livelihoods are more likely to marry their daughters to alleviate economic hardship and generating extra income[8].

- Overwhelmed health services, reduced mobility and diverted funding will likely hamper women and girl's access to health services, including sexual and reproductive health, Gender Based Violence (GBV) survivor care, HIV/AIDS treatment and attended childbirth and other natal services. The lack of services exacerbate preventable maternal deaths, 507 of which occur every day from complications of pregnancy and childbirth in emergencies.

- Given that pregnant women are more likely to have contact with health services (antenatal care and delivery), they experience greater exposure to infections in health facilities which may discourage attendance. This also applies to older women and men who will continue to access health facilities for their pre-existing conditions, adding to their virus exposure risk.

- Furthermore, overwhelmed health services may limit access to family planning services and to modern contraceptives, potentially leading to a rise in unwanted pregnancies and the socio-economic impact that they have on individuals, households and communities.

- During the COVID-19 outbreak, strategies such as 'shelter-in-place' and other movement restrictions, combined with fear, tension and stress, may place women and girls facing violence at heightened risk as they are confined with their abusers.

- School closures, social distancing and containment strategies will impact girls and boys differently, especially adolescent girls who due to gender roles may be expected to take on care duties, limiting their access to remote learning programmes. As such, the provision of remote learning must be designed to meet the needs of all children and youth.

- Livelihood concerns will also present new, gendered risks of exploitation, abuse and violence for women and children

[8] Girls not Brides (April,2020) *COVID-19 and Child, Early and Forced Marriage: An Agenda for Action*, page 5

Emerging gender related issues in COVID-19 in Nepal

Emerging gender related issues in COVID-19 in Nepal	
	**Health and Wellbeing:** Concerns about pre-existing health complications, access to health services in particular sexual and reproductive health services (including pre- and post-natal healthcare) and maintaining hygiene. Psychosocial support should be available for women and girls who may be affected by the outbreak and are also survivors of violence. Elderly people, particularly women, lack access to information and are unable to stay connected with their families due to the digital divide. Their access to regular health services and medication is also restricted. Lack of transportation to facilitate the movement of people requiring critical health services, including pregnant women and new mothers, is a growing concern.
	**GBV, including domestic violence:** Food insecurity, loss of livelihoods especially for daily wage workers, reduction in remittances, economic pressure and return of migrant workers places women at heightened risk of physical and emotional abuse. Negative coping mechanisms like transactional sex can lead to violence. With perpetrators at home, access to support is also limited.
	**Care burden:** The closure of schools has exacerbated the unpaid care burden on women and girls. Sharing of parental responsibilities must be actively promoted.
	**Labour:** The lockdown has further increased the vulnerability of women's livelihoods, as women often depend on daily wages and lack sufficient savings. Governments and employers support in providing social security measures or paid leave is crucial. The socio-economic impacts experienced by rural women farmers as a result of the lockdown are multifold. Loss of harvests and inability to sell produce are placing a serious strain on women's incomes and livelihoods. The financial insecurity affecting women is further compounded by difficulties in securing - or repaying - credit and loans, and accessing Government's compensation schemes, which remain unavailable to many due to the informality of their work. Women entrepreneurs, particularly in the tourism and agriculture sectors, face significant economic losses given that the lockdown coincides with harvest and tourism seasons. This has led to difficulties in paying staff, taxes, rent and loan instalments. Other critical interruptions to business operations, including cancellation of orders, spoilage of perishable goods, and psychological distress, are becoming more widespread. Targeted women's economic empowerment strategies, or cash transfer programming, to mitigate the impact of the outbreak and its containment measures would support in recovering and building resilience for future shocks.

	**Information sharing:** Messages and information on COVID-19 prevention are yet to reach the most excluded (female headed households) who do not have access to a phone, radio and television in rural areas and urban slums. There is a need for targeted information and sharing in different languages, through different mediums. The use of isolation measures may also limit access to information on Protection from Sexual Exploitation and Abuse (PSEA) and restrict the access of victims to reporting channels and services.[9]
	**Shelter Homes/Schools/Quarantine Centres:** Civil Society Organisations (CSO) facilities, hotels, schools and health facilities have been identified as quarantine sites. Protection measures (separate rooms and toilets, female guards, disability access) and security concerns must be put in place for these centres to prevent discrimination and violence, including monitoring by women's groups.
	**Migrant workers:** Many migrant workers, including women, are unable to return to their families. Targeted support is required for women domestic workers abroad who may not have access to information and are often unrecognized as they are undocumented migrants who immigrated through unofficial channels.
	**Legal identity and lack of documentation:** Legal identity and lack of documentation is preventing many from accessing relief. LGBTIQ persons and sex workers are facing increased stigma and discrimination. Sex workers also struggle to access essential health services including ARV's and relief due to mobility restrictions, stigma and lack of legal identity documentation.
	**People returning from India:** Many Nepalis, including from excluded groups, are stranded at the Indian border. Essential supplies and services are needed to enable them to return home.

[9] Inter-Agency Standing Committee (March 2020) *Interim Technical Note Protection from Sexual Exploitation and Abuse during COVID-19 Response*

CLUSTERS	GENDER EQUALITY CHECKLIST: PREPARING FOR AN EMERGENCY	CLUSTER PROGRAMME PRIORITIES FOR A GENDER-INTEGRATED RESPONSE COVID-19[10]: KEY ACTION POINTS
 **Shelter including Non-food relief items (NFRIs)**	• Ensure gender balance and diversity in the shelter/quarantine management structures. Nominate women, including from excluded and vulnerable groups, as camp focal points. • Ensure women, girls and representatives from excluded and vulnerable groups are represented in shelter-related decision-making and consultation forums, as well as in leadership positions. • Ensure shelters have provisions for women, in particular for pregnant and lactating women, women with disabilities, adolescent girls, as well as gender minorities in line with social distance guidelines. Provide for additional privacy and security measures in shelters, including during menstruation. • Appoint staff and volunteers (ensuring gender parity) for routine spot checks and community consultations as part of efforts to prevent SGBV and provide them with adequate training on SGBV prevention and response. Provide staff with information of available services including hotline numbers of the National Women's Commission (1145) for reporting of SGBV. • Make special provisions to ensure that persons with disabilities have access to shelters and that shelters provide for their specific needs. • Ensure that women, adolescent girls and gender minorities are included in the planning, preparation and distribution of	• All coordination and planning efforts by the government and local authorities to prepare and respond to COVID-19 must include representation of women and excluded groups. • Community mobilization, risk communication and surveillance mechanisms should be localized with women and excluded groups taking a leadership role in the design and implementation. • Any communication or information sharing initiatives must take into consideration appropriate means of communication to reach all community members, reflecting literacy levels and language requirements. Initiatives utilizing technology, including mobile phones, must consider those who do not have access to such resources, including women and older people. Mixed methods that utilize multiple media options such as radio and visual graphics should be used. • Specific focus on the protection of female-headed households, older people and those with pre-existing conditions from sexual exploitation and abuse must be included in all housing rights and tenure security initiatives. Where appropriate, a moratorium on eviction and rental support interventions should be considered. • Installation of additional WASH resources in densely populated areas must consider safety and protection concerns for women and girls. Locks, lighting, accessibility, and sex-segregation must be integral to their design.

[10] IASC GENDER ALERT FOR COVID-19 OUTBREAK: March 2020

	emergency/dignity kits. Note that dignity kits may be required also by trans-persons. These should include reusable sanitary pads (including instructions on proper disposal in local language), masks, underwear, two sets of clothing in accordance with the local context, toiletries, water purifier tablets, umbrella, mosquito net, batteries, shampoo, nail cutter, five meters of fabric, sewing kit, soap for bathing and washing, towel, whistle, as well as a flashlight/solar lantern and solar radio. • Additional items should be added into the kits for specific groups: visually impaired persons: a white cane. Pregnant women: razor blade or scissors to cut an umbilical cord, string to tie it, plastic gloves, sheeting for hygiene, and brief with photo-based instructions for how to safely deliver a baby.Women with infants: five meters of fabric. Women with disabilities: other assistive devices as required. • Keep in mind discriminatory and harmful practices which may inhibit access and use of facilities (e.g. caste-based discrimination, and menstrual restrictions). • Deploy women police to patrol shelters to promote safety and security of women in the post-lockdown context. • Ensure availability of condoms to men and women.	
Health	• Recognize and address the specific health needs of women and excluded groups, including the unique reproductive and sexual health needs of pregnant women, adolescent girls, transgender persons and persons with disabilities. • Ensure women, adolescent girls and sexual and gender minorities are represented in health-related decision-making and consultation forums, as well as in leadership positions.	• The health response should ensure that all data gathered is sex, age, and disability disaggregated, including pregnancy status. • Preparedness actions should be taken before disruption of services — including distribution of dignity kits, condoms, and increased supplies of contraception for clients/patients.

	• Prepare hygiene and wash kits, including water purification tablets to ensure access to safe drinking water, and prioritize distribution to women and girls, including sexual and gender minorities, persons with disabilities and other excluded or vulnerable groups. • Provide for the specific needs of persons with disabilities, those suffering from chronic illnesses and elderly persons. •Organize mobile health camps and ensuring gender parity and diversity amongst volunteers and health workers, as well as providing them with first aid training prior to disaster. • Ensure clinical services for SGBV victims/survivors and the availability of rape kits in health posts, hospitals, and public health offices. • Ensure distribution of electrolyte-rehydration salts, anti-diarrhea, and snake bite medicine. • Ensure that supplies reach affected areas through local-level support, including through women's groups and organisations representing excluded and vulnerable groups. • Ensure distribution of reproductive health kits, including clean delivery kits, essential drugs for post-partum hemorrhaging, post-rape treatment kits, contraceptives, drugs for the management of sexually transmitted infections, birthing supplies, intrauterine devices, drugs for miscarriage management and other equipment. • Ensure distribution of iron supplements for pregnant women, razor blades or scissors to cut an umbilical cord, string to tie it,	• In COVID-19 affected communities and quarantined areas, women from marginalized groups, including female-headed households, older persons, widows, older women, women with disabilities, and pregnant and nursing women should be prioritized in the provision of medical supplies, food, care, social protection measures and psychosocial services. • When access to health care is negotiated (specifically in negotiations with countries hosting refugees), ensure that referral pathways and access also meet the specific needs and priorities of women and girls. • Health care response must facilitate the development and dissemination of targeted messaging on preventive, protective and care-seeking behaviors and on available health resources responsive to the different contexts and concerns of women, men, boys and girls. It is important that any targeted programming does not exacerbate potential stigmatization or discrimination due to gender, age, citizenship status, disability, sexual orientation and identity, and other factors. In particular, LGBTIQ individuals often face higher rates of physical and mental health concerns, thus programming must take into consideration their needs to order to increase access to health services. • With low levels of literacy - especially amongst women and girls - it is important that messaging is relayed through appropriate materials and means that are accessible and understandable by all. If mobile phones and other devices are used for awareness-raising, ensure that women and girls who have less access to mobile phones and the internet are not excluded. Mixed methods that utilize multiple media options such as radio and visual graphics should be used. • The health care response must ensure that protective training, provision of women friendly Personal Protective Equipment (PPE) and medical care facilities for health-care workers must also be extended to the treatment facility support staff who are primarily women.

	plastic gloves, sheeting for hygiene purposes, and briefs with photo-based instructions for how to safely deliver a baby. This is helpful when other services are physically unreachable. • Ensure provision of mobile health clinics.	• All healthcare workers should be trained to safely handle disclosures of GBV and the abuse of older people, and be familiar with existing support mechanisms to be able to refer those in need to the right pathway for psychosocial support, health and legal assistance, and case management. • Given the heightened vulnerability of female frontline workers, clear measures should be in place to prevent and mitigate harassment, abuse or other forms of GBV towards them. • The health care response must develop strategies to help mitigate the effects of stress for all its health care workers (male and female), as well as develop strategies to counter potential stigmatization and discrimination. • The health care response must provide messaging that pregnant women and girls should continue with their natal care and seek out assisted deliveries. Such messaging should also advise them on precautionary measures they must take relating to their pregnancy. These messages should be conveyed by health care workers and social mobilizers. • All health workers performing and/or assisting deliveries should be trained in safe-delivery protective measures. • The health care system must ensure the continuity of care for reproductive health services as well as clinical management care for GBV survivors in both COVID-19 affected areas and non-affected areas, where most health care workers have been pulled into the COVID-19 response and many health services/facilities have been abandoned. • Provision of the MISP service package7 should be adhered to as the minimum standard for sexual reproductive health provision.

		• The health care response must develop adequate guidance for precautionary measures for healthcare workers in non-COVID-19 treatment health facilities. • The health response should ensure the delivery of adolescent-friendly and elder-friendly health information and services.
 **Food security**	• Consult with women, girls and representatives from excluded and vulnerable groups during the need's assessments and service delivery. • Ensure women, including from excluded and vulnerable groups, are represented in food security-related decision-making and consultation forums, as well as in leadership positions. • Develop guidelines on food distribution prioritizing women and girls. Involve women's groups and nutrition professionals in the development of these guidelines and the dissemination of these packages. •Prepare safety messaging (including on storing of food and essential non-food items) directed to women, girls and excluded groups. • Incorporate special food items in food relief packages for pregnant and lactating mothers, infants, children and elderly people giving priority to the use of local food items. • Where applicable, recommend families to collect assistance together, according to physical abilities. Men and boys predominantly collect assistance, putting them at higher risk of carrying heavy packages.	• The food security response must ensure that women and child-headed households – especially in quarantined, locked-down locations or self-isolation - are identified and targeted for food assistance, including in-kind distribution and cash-based transfers. • Women and girls, including older women, pregnant and nursing women and girls, in all household types should be targeted by malnutrition prevention and response initiatives. • Food assistance should be designed, delivered and monitored with the engagement of the affected populations. • Food security and nutrition-related responses should understand and address the unpaid care and domestic work of women and girls. • Food distributions should not put women and girls at additional risks, including long journeys to and from distribution points. • Regulate and timetable food distributions to avoid large groups congregating to avoid viral spread. • All employment made available through food distributions should, where feasible, should be made available on a gender parity basis. • Establish alternatives to communal cooking areas in camp/settlement settings, such as increased distribution of cooking stoves, cooking fuel and utensils.
	• Different groups are more vulnerable to disease and malnutrition, such as small children, pregnant and lactating women, elderly people, persons with disabilities, and people	

 **Nutrition**	with chronic illnesses. Elderly people and women may forego eating in order to prioritise providing food for their children, placing them at risk of malnutrition. This dynamic should be considered in nutrition interventions. • Ensure women, including from excluded and vulnerable groups are represented in nutrition-related decision-making and consultation forums and in leadership positions. • Recognize the special nutrition needs for women and girls and other excluded and vulnerable groups. These include small children, pregnant and lactating women, elderly people, HIV/AIDS-affected people, persons living with disabilities or people with chronic illnesses. These special needs can include for iron, vitamins and other micronutrients • Develop guidelines on food distribution prioritizing women, girls and other excluded and vulnerable groups. Involve women in the development and dissemination of these guidelines. • Use the most recent data collected, including on the number of pregnant women, women having given birth recently, or any other data to determine the amount of food to distribute. • Establish a mobile team to address the special needs of women and other excluded and vulnerable groups. Multi-sector mobile teams should include nutrition actors to address the needs of women, girls and other excluded and vulnerable groups. • Provide special and additional food and drinking water allocation for pregnant and lactating women, since they need additional nourishment.	

 **Protection**	• Prepare, adopt and disseminate gender-sensitive guidelines on behaviour and actions to take, as well as a code of conduct on SGBV for volunteers and staff working on disaster response. • Ensure that female army and police personnel are deployed for search, rescue, and rebuilding efforts. • Ensure women, gender minorities and other excluded and vulnerable groups are represented in protection-related decision-making and consultation forums and in leadership positions. • Develop referral mechanisms on legal matters, information support, SGBV, internal displacement, human trafficking, child marriage and other relevant risks for women and girls, and ensure their availability, accessibility and dissemination to the whole community. • Ensure that psycho-social support as well as first aid and trauma counselling is available for survivors of violence, women separated from families and children, and children separated from parents. • Ensure families have bags or other means to secure their documentation, including identity documents. • Prepare dignity kits for women, girls and gender minorities (refer to specific points about dignity kits from above). • Establish safe spaces for children and adolescent girls, as well as women-friendly spaces. • Establish teams to regularly monitor distribution and shelter sites to ensure protection against SGBV.	•A do-no-harm approach and GBV risk analysis must be adopted in all aspects of the response and protection priorities should be mainstreamed into all preparedness and response activities. This requires every sector to prioritize risk mitigation. • It is of utmost importance that any and all surveillance systems established to detect COVID-19 cases should not inadvertently expose women and girls to additional harm in line with human rights. • All frontline workers should be sensitized to existing and expected protection risks including GBV and elder abuse and be trained to respond to disclosures of GBV, including IPV and elder abuse, as well as to guide individuals through the existing referral mechanisms. • Assume increases in GBV and plan and resource the overall response accordingly. Include strategies on IPV information sharing, neighborhood/community support for families at risk. • The Protection response must prepare for an increase in need for GBV response and support, identify gaps in GBV survivor-service provision, prepare to provide essential stopgap measures where feasible. This especially applies to quarantined and/or locked down areas. • The Protection response must endeavour to prevent household separation, including the provision of alternative care arrangements to preserve as much as possible household unity (e.g. keeping siblings together, keeping elderly relatives with the family unit). However, there should also be planning and implementation measures taken for gender-segregated areas for instance when individual women or girls may need to be placed in isolation. • The Protection response must develop community mobilisation to counter stigmatisation and xenophobia, and to assist in the reintegration/acceptance of persons of concern into their

	• Provide separate toilets on-site for women, with adequate lighting and privacy, includinfg locks. In consultation with gender minorities, discuss the need for separate toilet facilities. • Expand and strengthen existing SGBV Watch Groups and related women's organizations, community-based groups, adolescent groups, child and youth clubs, and LGBTIQ groups in the area and engage them in relief, recovery, reconstruction and preparedness activities. • Establish information desks/centres to provide information on relief and referral services. • Ensure preparation and dissemination of informative messages focusing on SGBV prevention and response services. • Mobilize additional financial resources, especially for SGBV response, through UN coordination response plans.	communities/host communities, households and schools. Any such community mobilisation efforts should include women and women's groups. • Assess safe distribution of dignity/hygiene kits so that homebound/quarantined women can access essential items for their health and dignity as well as updated COVID-19 risk mitigation information and GBV referral information, especially hotline/remote support options (including for remote psychosocial support) • The protection and safety of healthcare workers, specifically frontline workers who are predominantly women, should be included in the Protection cluster's response, and preventive and mitigation measures should be implemented against abuse or violence. • Ensure survivor response services are maintained as life-saving interventions (including telephone support where feasible). • All PSEA protocols must be in place, including training and code of conduct for responders and complaint mechanisms and services for survivors. • Working closely with the Education cluster, take preventive measures to ensure that if educational activities/schools are suspended, that this does not expose girls to GBV risks including early marriage, sexual abuse or exploitation. Prepare for possible alternate modes of learning where feasible (e.g. radio) and strengthen community mobilisation and advocacy as part of preventive efforts. • Undertake protection risk analysis for marginalised groups, in particular LGBTIQ individuals, who may not present for testing or health services due to stigma and protection concerns.
	• Ensure women including from excluded and vulnerable groups are represented in water, sanitation and hygiene-related	• Creation of any new facilities to promote hygiene in the community should be developed in consultation with women, girls, men and boys in

 **Water, Sanitation & Hygiene**	decision-making and consultation forums and in leadership positions. • Construct separate toilets as well as bathing and changing facilities for women, with adequate privacy, locks, lights, and dustbins to dispose of menstrual pads or cloth in a safe and dignified way. In consultation with gender minorities discuss the need for separate toilet and shower facilities. • Construct separate private space with enough sunlight and water facilities for the washing and drying of reusable pads. • Design and construct accessible water supply and sanitation facilities (e.g. hand pumps and accessible toilets). • Keep in mind discriminatory practices which may inhibit access and use of WASH facilities (e.g. menstrual restrictions and caste-based discrimination).	the community. Locations should be accessible to all especially to older women, women and girls with disabilities, to reduce risk of GBV in accessing these facilities. • Ensure women and girls understand what COVID-19 is, how it is transmitted, the likely symptoms and how to protect themselves and their dependents. Also, equip them with the knowledge and resources to wash hands and engage in good hygiene practices. • Distribute soap and sanitizer products through community mobilization initiatives. Ensure women are included as recipients and in the distribution process. • Understanding the respective needs of women, girls, men and boys helps promote access to, and the appropriate use of, facilities. For example, WASH facilities that are adequately designed with privacy and safety measures (including segregation, locks, adequate lighting) increase the acceptability of the facilities for women and girls to use them. Facilities specifically designed for younger girls and boys, i.e. with a smaller toilet bowl and lower washbasin, also encourage use. • Use inputs and feedback from women, girls, men and boys in a participatory manner to increase hygiene and encourage measures such as handwashing in ways that resonate with the community. Utilize women and girls' potential in community mobilization and hygiene promotion. • 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. • Regulate and timetable water distributions to avoid large groups congregating to prevent viral spread.

		• Provide menstrual hygiene supplies/materials and age-appropriate information for adolescent girls.
 **Livelihoods and Cash Based Intervention (CBIs)**	• Ensure development of feedback mechanisms for women, girls, men, and boys of diverse groups as part of CBI programmes. • Develop CBIs to contribute to gender equality and social inclusion focusing on increased participation of women and persons from excluded and vulnerable groups. Include them as transfer recipients and decision makers • Develop CBI programmes to prevent and respond to SGBV.	• Targeted women's economic empowerment strategies should be developed, and/or cash transfer programming explored to mitigate the impact of the outbreak and its containment measures, including supporting them to recover and build resilience for future shocks. • Use of cash-based-programming should consider women's ability to safely access markets so that they can spend the money on items they need. • Women – especially those in female-headed households – must be specifically identified and included in all cash and other livelihood interventions, in ways that are safe for them to access. • Cash and Voucher Assistance (CVA) must take into account gender and protection considerations. • Care facilities for dependents will need to be made available to allow women and men to work and/or household friendly policies that allow for flexible work arrangements should be considered. • Livelihood interventions must ensure that women and female headed households are specifically targeted in all post-crisis economic recovery efforts – rural and urban. • Recruitment of staff by implementing humanitarian agencies for COVID-19 related response should ensure gender parity and recruitment of women in all sectors. • Given the economic impacts of COVID-19 on both formal and informal markets, livelihood interventions should be informed by gender-based livelihoods and risk analyses.

 **Education**	• Secure books and educational materials—for both girls and boys—in watertight folders/bags. • Awareness materials and communication strategies should target and reach everyone equally. For example, girls and women may have lower levels of literacy than boys and men, may prefer to receive the information orally rather than in written form. • Learning centres should teach girls and boys how they can prepare for the monsoon seasons at the household level. Early warning messaging should be explained to them. • Prepare child-sensitive behavior guidelines for volunteers and staff working on the disaster response. • Ensure that when learning facilities have been closed due to disasters, steps are taken upon re-opening to offer education to both boys and girls. • Make provisions for psychosocial counselling for young children and adolescent girls after disasters and ensure female teachers have received first aid counselling. • Create/review/revise confidential access to sexual exploitation and abuse (SEA) reporting mechanisms.	• It is vital that appropriate preventative measures are in place to minimize the risk of students dropping out of school permanently, especially amongst girls who are often at higher risk due to the increase in their care responsibilities in the household and other factors. • Promote equal participation of girls and boys during school closures when alternative, remote learning initiatives are implemented. Careful focus should be placed on monitoring the participation of girls in these initiatives. • 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. • In collaboration with the Protection cluster, take preventive measures to ensure that if educational activities/schools are suspended, that this does not expose girls to protection risks due to being out of the supervision of the school system. Communicate zero tolerance for SEA, strengthen community mobilization and advocacy as part of preventive efforts. • Alternative/temporary educational facilities must have separate WASH facilities for girls and boys. Remote learning strategies (radio, television, digital delivery) should reinforce good hygiene practices. • Where schools are not suspended, include sanitation, hygiene and protection information tailored to both girls and boys as needed. • If utilizing technology alternatives to classroom teaching, consider the potential tech-access differential between girls and boys or for female-headed households. • If the location, times of schools, or alternate educational activities are changed in light of social distancing efforts, it must be ensured that boys and girls are not placed at additional risk while commuting to school (due

		to check-points or other accessibility challenges) and that these changes do not inadvertently cause a drop in attendance for girls (due to distance or care responsibilities which may be expected at a certain time of day). • Sensitize teachers, staff and relevant community members on increased risk of GBV and SEA.
 **Communicating with communities**	• Early warning messaging should be tailored to the needs of women, girls, boys and men, including from excluded and vulnerable groups, to ensure gender sensitivity and inclusion. • Provide information in a variety of ways to ensure greater and more inclusive outreach. Men are more likely to have access to phones and radio information, while women tend to rely to a great extent upon other information pathways. Sectors must keep this in mind and engage with a broad range of relevant stakeholders to provide information. • Coordinate with National Women Commission to receive gender monitoring reports. • Distribute radios to women and youth groups to disseminate information widely. • Where multiple modes of communication are impossible, work with different gender groups (e.g. women's groups, mother's group, LGBTIQ groups) in advance to ensure they all understand the trustworthiness and value of the mode of communication to be used.	• Ensure risk communication and community engagement plans are informed by gender analysis and sex, age, pregnancy status, and disability disaggregated data where available.[11] • Design plans with input from women's networks and organizations of persons with disabilities. • Ensure rapid community engagement assessments collect sex and age disaggregated data to allow for targeted RCCE activities for vulnerable populations. • Put data privacy and protection guidelines in place for assessments and healthcare documentation. • Assessment teams should represent the communities they serve. They should be gender-balanced and include representatives of marginalized populations, such as persons with disabilities. • Map existing community groups to be engaged in RCCE including women's groups and disability networks. Identify specific platforms to engage with marginalized groups such as migrant workers and people living with HIV.

[11] All community engagement recommendations: https://reliefweb.int/sites/reliefweb.int/files/resources/COVID-19_CommunityEngagement_130320.pdf?fbclid=IwAR0IfDryoPyF_nWwMBMQ2GYghwwTtqbMYSNpanZ-_LRWgikgn8nEgqj4GuQ

	• Create youth volunteer groups that are gender balanced and inclusive to dissaminate messaging on emergency issues. • Prepare communication messages to recognize, reduce and redistribute the unpaid care and household responsibilities assigned to women and girls that safeguard their dignity and facilitates their access to innovative technology. • Integrate and highlight the right to information of women and excluded groups in all reports and communications. • Share community monitoring reports on response and gender analysis of previous disasters. • Ensure the use of simple and local languages in all communication documents and messages. • Refer to the Common Charter of Demands prepared by the Women Forum for Disaster Management Group for guidance.	• Disseminate information tailored to different needs based on community data: Visual, hearing, intellectual and physical impairment. • Establish targeted forums to communicate with excluded and vulnerable groups. • Consider factors such as their literacy and technology requirements. Ensure radio shows and communication materials do not reinforce gender or other stereotypes. For example, do not only depict women in childcare or domestic work contexts. • Ensure all lessons learnt exercises and after-action reviews include targeted questions. Base these on the Inter-Agency Standing Committee Gender Accountability Framework, Inter-Agency GBV Accountability Framework, including GBV risk mitigations measures, and Inter-Agency Standing Committee Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action.
 **Logistics**	• Dispatch women logisticians, where available, to perform their functions in situations which require exploring and meeting women's needs. • Consider the most appropriate time and location for the distribution of relief items to ensure no beneficiary is inhibited from attending a distribution event. • Ensure separate lines for women and men as well as the elderly for goods distribution. Provide specific priority to people with extreme vulnerabilities (persons with disabilities, single women, elderly, children-headed households, women-headed households, pregnant women).	

	• Ensure logistics staff are trained in zero tolerance on SGBV, particularly in line with the UN Guidelines on Prevention of Sexual Exploitation and Abuse and monitor behaviour of humanitarian actors during the distribution of relief material. • Ensure compensation is included in the porter system to be used across sectors for the elderly, and children or women-headed households.	
 **Assessment**	• Prepare to carry out gender assessment of disaster impacts. • Use the gender equality glossary to ensure familiarity with key concepts and definitions: https://trainingcentre.unwomen.org/mod/glossary/view.php?id=36&mode=&hook=ALL&sortkey=&sortorder=&fullsearch=0&page=3) • A gender analysis should be integrated into the needs assessment and in all sector assessments or situational analyses to ensure that gender-based injustices and inequalities are not exacerbated by humanitarian interventions and that, where possible, greater equality and justice in gender relations are promoted. • Take into consideration multiple forms of discrimination that may be faced by individuals and recognize their differing and specific needs, capacities and priorities in all assessments. • Ensure establishment of mechanisms for the collection, analysis, use and dissemination of data disaggregated by sex, age and diversity • Use gender with age marker (https://iascgenderwithagemarker.com/en/home/) to analyze if the programming is relevant, effective and based on analysis	

	and that the programming is at a minimum gender-and age-sensitive and responsive, transformative and intersectional. • Use information from updated gender profile and province level factsheet on women, (https://un.org.np/resources/reports). Ensure use of gender analysis and preparedness data and/or IASC Gender Gender with Age Marker to guide the design and monitoring of all preparedness and response activities.	
 **Advocacy & Key messages**	• Collect, analyse and use disaggregated data and analysis on sex, age and diversity. Equally consult with women, girls and excluded and vulnerable groups, including during assessments and in the overall response monitoring. Use both gender mainstreaming and targeted actions on Gender Equality and Women's Empowerment in preparedness, response, and recovery activities. These should be rights-based and gender transformative, and meet the specific needs and priorities of women, girls, men and boys of all diversities. • Support women's economic empowerment through livelihoods and skills development interventions (including cash-based programs) which are accessible and minimize risk to women and girls. Adopt strategies that recognize, reduce and redistribute the unpaid care and household responsibilities assigned to women and girls. • Ensure the leadership and meaningful equal representation and participation of women and excluded and vulnerable groups in the overall response. • Prevent, mitigate and respond to SGBV and sexual exploitation and abuse, through systematic gender mainstreaming that addresses harmful societal and institutional gender norms and practices. To this end, work with men and	

	boys in achieving the goal of gender equality and the empowerment of women and girls in humanitarian action, and in promoting positive masculinities. Establish effective and transparent complaint mechanisms for SEA and ensure affected populations of all genders, age and diversities are aware of the mechanism. • Collaborate and engage with the Ministry of Women, Children and Senior Citizen, Ministry of Social Development, Women Development Units at provincial and ward levels, women's human rights organizations and organizations working on LGBTIQ rights, locally elected women representatives and other vulnerable and excluded groups. Invest in their capacities to prevent, prepare for, and respond to crises and disasters of all types, resource them financially, and protect the spaces in which they can operate. • Ensure gender balance and adequate numbers of trained women staff in the overall response and ensure they are provided with necessary safety and security measures. Ensure gender parity and diversity in distribution teams, social mobilisers, trainers, and enumerators and provide adequate training and capacity strengthening including gender sensitization. • Apply Gender-Responsive Budgeting Principles to increase support targeting women and excluded and vulnerable group in preparedness, response, recovery and DRR activities. • Leverage the right to information in support of effective monitoring and accountability.	