



Gender & COVID-19 Programme Guidance

Gender and COVID-19 Programme Guidance is designed to help countries prioritise, adapt and maintain gender programming and organizational work during the COVID-19 pandemic. Priorities are based on the findings of the Global Rapid Gender Analysis (RGA) on COVID-19. Links to resources will be updated as they become available.

Prioritise, Adapt and Maintain CARE's Gender Focus

Prioritise	Rapid Gender Analysis; Gender-Based Violence; Women's Leadership; Gender Marker
Adapt	Gender mainstream across programming including Minimum Commitments for Gender, Sexual and Reproductive Health and Rights (SRHR), and Cash ; Village Savings and Loans; Girls Education.
Maintain	Gender specialist staffing; Support systems for vulnerable staff; Gender Equity & Diversity

1. **Understand how COVID-19 is affecting women, men, boys and girls in the programmes and locations where you work.** This can be done as part of preparedness or response using an adapted [Rapid Gender Analysis](#).
 - a. Read the Global [RGA on COVID-19](#) and relevant Regional RGAs (e.g. [Pacific](#)).
 - b. Use the *Rapid Gender Analysis COVID-19 Guidance Note* to develop National RGAs on COVID-19. This can be done remotely. Share your findings internally and externally. Plan to update the RGA on COVID-19 as the situation changes.
2. **Gender-Based Violence (GBV) is increasing because of COVID-19. Programming addressing GBV, especially domestic violence (DV), is lifesaving.** GBV prevention, mitigation and response programming must be prioritized as part of your COVID-19 response work.
 - a. Use the global and national [GBV AoR Gender-Based Violence Guidance on COVID-19](#) to prioritise, adapt and maintain prevention, risk mitigation and response work
 - b. Maintain CARE's commitment to [zero-tolerance towards Sexual Exploitation and Abuse](#); brief staff, share DV service provider contacts, and review/adapt community-based and internal reporting mechanisms.
3. **Women's leadership is missing in COVID-19 decision-making and women's unpaid care roles are increasing.** CARE can address this through programmes and through its organizational response.
 - a. Prioritise programming like [Women Lead in Emergencies](#), social norms changes, engagement of men and boys and women's and partnerships with women-led organisations that support women's decision-making.
 - b. Include women in internal and external COVID-19 decision-making; ensure a gender specialist is part of regional and national task-teams; adopt flexible working practices for all staff; use Information Education & Communication to promote men's equal responsibility for unpaid care roles.
4. **Learn lessons from previous crises and use the CARE Gender Marker right from the start.** The [CARE Gender Marker tool](#) will help you to make sure gender is not missed out. Online training is [available](#).
 - a. Use the CARE Gender Marker to review and improve your COVID-19 Response Strategy and your proposals, including for Emergency Response Funding.
 - b. Use the data from the CARE Gender Marker in PIIRS to review how your programming is including gender equality.

Contact: Isadora Quay Global GiE Coordinator quay@careinternational.org for more information