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

<table>
<thead>
<tr>
<th>Prioritise</th>
<th>Rapid Gender Analysis; Gender-Based Violence; Women’s Leadership; Gender Marker</th>
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<tbody>
<tr>
<td>Adapt</td>
<td>Gender mainstream across programming including Minimum Commitments for Gender, Sexual and Reproductive Health and Rights (SRHR), and Cash; Village Savings and Loans; Girls Education.</td>
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<tr>
<td>Maintain</td>
<td>Gender specialist staffing; Support systems for vulnerable staff; Gender Equity &amp; Diversity</td>
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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.

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