



# GENDER EQUALITY UPDATE 35

PREPAREDNESS AND  
RESPONSE FOR THE THIRD  
WAVE OF COVID-19

APRIL 2022



# OVERVIEW

As the COVID-19 pandemic enters its third year, it has become clear that a response strategy for the virus needs to be dynamic in nature. The ever-changing nature of the virus and its numerous variants, each of them unique in severity and transmission, make it clear that working toward preparedness is more challenging than previously thought. When the Omicron variant was discovered in November 2021, there was a sudden and significant spike in infection rates globally. This was because the Omicron variant has much higher transmission rates. The rate of hospitalization and fatalities due to this variant, however, ended up being lower due to the strain being less severe and the population having high vaccination rates. Even so, the pandemic continues to affect the world. It not only has an impact on the people infected but also has wide-reaching repercussions on people's mental health and psychosocial health.

The best and most effective strategies that Nepal's general public can take to avoid contracting COVID-19 include wearing masks, avoiding large crowds and getting vaccinated. According to the Ministry of Health and Population, during the third wave of COVID-19 in Nepal, which is defined as the period between 1 January and 21 February 2022, the country saw 147,128 people test positive for the virus. The infection rate was higher in the male population (male: 82,754 and female: 64,374). The transmission rate was also high in people between the ages of 20 and 40 (male: 46,440 and female: 38,898). There was a drop in infection rates during the last week of February and the overall rate of people who recovered was 98 per cent. The recovery rates and overall low infection rates are linked to Nepal's success in reaching its goal of fully vaccinating 40 per cent of the population, a goal set in late 2021. This break in the surge of

The spread of COVID-19 left world leaders and experts struggling for answers to an exceptionally aggressive and fast-spreading virus. The first two waves have had devastating impacts, with people staying indoors due to restrictions placed on their mobility. Key data collected during this period highlight the many challenges the pandemic has had on women and girls, a few of which are outlined below.

- The pandemic widened gender and economic inequalities, leading to increased incidences of gender-based violence and a wider poverty gap.<sup>1</sup>
- Although men had a larger fatality rate from COVID-19,<sup>2</sup> women were greatly affected by the economic and social fallout of the pandemic.<sup>3</sup>
- The COVID-19 global crisis has made starkly visible the fact that the world's formal economies and the maintenance of our daily lives are built on the invisible and unpaid labor of women and girls.<sup>4</sup>
- Cases of violence against women increased globally, with lockdowns causing women to be trapped at home with their abusers. With people forced to stay home, women and girls bore the burden of unpaid labor and were particularly exposed to the secondary impacts of the pandemic.<sup>5</sup>
- The challenges that people faced in accessing medical care for health conditions unrelated to COVID-19 highlights the importance of ensuring that the reproductive and maternal health needs of women and girls are met. With women comprising 70 per cent of the health and social care workforce, they faced a larger risk of infection compared to men.<sup>6</sup>

<sup>1</sup> "So Gurol, G. Y. & Luchsinger, G. (2021). Overview: In South Asia, COVID-19 deepens gender disparities. Retrieved March 15, 2022, from <https://asiapacific.unwomen.org/en/news-and-events/stories/2021/07/covid-19-deepens-gender-disparities>

<sup>2</sup> The Lancet. (2020). Sex differences in COVID-19 case fatality: do we know enough? Retrieved March 15, 2022, from [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30464-2/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30464-2/fulltext)

<sup>3</sup> UN Women (2020). Addressing the economic fallout of COVID-19: Pathways and Policy Options for a Gender-Responsive Recovery. Retrieved March 15, 2022, from <https://www.unwomen.org/sites/default/files/Headquarters/4/Attachments/Sections/Library/Publications/2020/Policy-brief-Addressing-the-economic-fallout-of-COVID-19-en.pdf>

<sup>4</sup> UN Women (2020). Policy Brief: The Impact of COVID-19 on Women. Retrieved March 15, 2022, from <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/06/report/policy-brief-the-impact-of-covid-19-on-women/policy-brief-the-impact-of-covid-19-on-women-en-1.pdf>

<sup>5</sup> ibid

<sup>6</sup> WHO (2022). Nursing and midwifery. Retrieved March 19, 2022, from <https://www.who.int/news-room/fact-sheets/detail/nursing-and-midwifery>

COVID-19 cases offers an opportunity to focus on reassessing the response efforts so that better preparations can be made for potential infection spikes in the future.

On 13 January 2022, the 26th Gender in Humanitarian Action Task Team Meeting was organized to assess the preparedness and response for the third wave of COVID-19 and to look broadly at Nepal's health-related response, including psychosocial health and mental well-being, especially among women and excluded groups. This Gender Equality Update highlights the impact of COVID-19 on women and excluded groups, preparedness measures implemented by different bodies of the Government of Nepal (GoN), challenges faced while responding to the pandemic and recommendations to be considered for future planning.

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**ANTÓNIO GUTERRES,**  
UN SECRETARY-GENERAL

**“The best insurance for resilient economies and communities, as well as pandemic preparedness for the future, is strengthening health systems before a crisis arrives.”**



UN Photo/Mark Garten

## THE DISPROPORTIONATE IMPACT OF COVID-19 ON THE MENTAL HEALTH OF MARGINALISED GROUPS

### THE IMPACT OF COVID-19 ON MENTAL HEALTH



**Direct effects on mental well-being:** Increased rates of depression, anxiety, stress, and separation anxiety in the general population are direct effects of COVID-19. Women, children, and the elderly experienced higher rates of mental anguish, which manifested in anxiety, stress and fear.



**Greater impact on lower-income families:** People with a lower socio-economic status suffered from job insecurity, housing instability and food insecurity. These factors caused a decline in their mental health.

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**MALEENA MAHARJAN,**  
PROJECT TEAM LEADER, KOSHISH  
NEPAL

**“Mental health and basic needs are two sides of the same coin. Basic needs can promote mental health, but this is most effective when other factors are considered as well.”**



Photo: Maleena Maharjan



**Increase in cases of gender-based violence:** With COVID-19 mobility restrictions imposed on the population, many found themselves locked inside their homes with abusers. Violence against women increased during the lockdowns and cases of psychological and emotional abuse were reported at higher rates. The abuse was compounded by an increase in alcohol consumption as a way to manage the depression, stress and anxiety caused by the loss of employment and disruption in academics.



**Neuropsychiatric symptoms:** The impact of COVID-19 on mental well-being also exhibited through neuropsychiatric symptoms, such as panic attacks, psycho-motor excitement, suicidal ideation, and a general decline in overall well-being. It was observed that cases of death by suicide also increased during the third wave of COVID-19 in comparison to the first and second wave.

## KOSHISH: PREPAREDNESS FOR THE IMPACT OF THE THIRD WAVE ON MENTAL HEALTH



**Orientation for stakeholders:** Local-level stakeholders and mental health service providers were informed about the effects of the pandemic on people's behavior, which had gone unnoticed during the earlier waves of COVID-19.



**Community awareness programs:** The general public, especially women and excluded groups, were made aware about the impacts of COVID-19 on mental well-being and were given information about effective ways to handle these situations. These awareness programmes also advised people to be on the lookout for specific behavioural changes in family and friends, which empowered them to identify any looming mental health crisis. KOSHISH collaborated with municipalities, local police authorities and schools to reach the local population and taught them about the indicators and warning signs of declining mental health. These awareness programmes also sought to reduce the stigma associated with speaking about issues related to mental health.



**Awareness programmes for resources to manage gender-based violence:** With the rise in cases of gender-based violence, a focus was directed at raising awareness about government and other helpline services.



**Psychological First Aid for LGBTIQ+ community:** People belonging to the LGBTIQ+ community found themselves further marginalized during the pandemic, with a loss in employment opportunities and a lack of support from their family and community. The LGBTIQ+ community was thus provided with psychological first aid counselling services and specialized care.

# COVID-19 CHALLENGES, SOLUTIONS AND PREPAREDNESS AT THE LOCAL LEVEL

Photo: Salma Khatun



**SALMA KHATUN,**  
DEPUTY MAYOR, POKHARIYA MUNICIPALITY, PARSA DISTRICT (MADHESH PROVINCE)

“Through my experience of working at different levels of the government, I found that local-level governments faced the biggest challenges due to the COVID-19 pandemic. We were not prepared for the pandemic. However, we implemented several important measures in our municipality to address these challenges.”

## CHALLENGES AND SOLUTIONS

- **Added burden of lockdowns on lower-income families:** Middle-income families were able to sustain their standard of living during the lockdowns. However, lower-income families were unable to do so. The distribution of relief materials only granted a temporary respite to these families; they required a reliable source of regular income.
- **Lack of health workers:** Since there are limited health facilities at the district level, there were fewer health workers available. Further, health workers themselves were infected with COVID-19, resulting in a high turnover rate during the pandemic and a shortage of health workers in local areas. Many hospitals had to hire health personnel from outside their local area.
- **Collaboration with local institutions:** Awareness was raised in collaboration with local media outlets, many of which published and broadcasted information in the local language of the area. Informational posters that emphasized the importance of sanitation in public places, hospitals and offices were created. Awareness programmes in collaboration with local health facilities, the police, schools, and NGOs helped tailor information to the local population.
- **Community awareness and relief programmes for vulnerable groups:** Women were disproportionately vulnerable to the challenges brought about by the lockdowns, especially pregnant women. In coordination with the provincial government and organizations working at the local level, relief materials in the form of nutritious food were distributed to children and baby formula and sanitary pads were distributed to women.
- **Women's economic empowerment:** Aligning with the Prime Minister's Employment Program (PMEP), women were given priority in terms of finding employment, since it was observed that men had easier access to jobs. The employment of women was ensured through training programmes and employment at the local level, with an objective to give them regular income to sustain their households.

## PRACTICAL ACTIONS TO STRENGTHEN PREPAREDNESS AT THE LOCAL LEVEL

- **Programmes for women and children:** There are two key programmes that can help ensure preparedness among marginalized populations. The first are nutritional programmes that address the nutritional needs of children and pregnant and lactating women. The second are sanitation distribution programmes, which involve distributing sanitation items to households that have pregnant women and sanitary pads to schools.
- **Support from local authorities and organizations:** The continued support provided by local governments, the police, schools, local media outlets

and NGO/INGOs working at the local level is vital for the success of relief measures and awareness programmes.

- **Emergency health services:** Free ambulances and a quick-response team to respond to medical emergencies, especially with regard to pregnant women, is needed. A disaster management programme that focuses on women and children, including excluded groups, is also crucial to address the most affected groups of the pandemic.

## COVID-19 LESSONS LEARNT FROM THE FIRST TWO WAVES AND PREPAREDNESS AT THE FEDERAL LEVEL

### LESSONS FROM THE FIRST TWO WAVES

- **Governmental participation:** To contain the pandemic, all tiers of the government, from the local to the national, need to participate and collaborate for the implementation of COVID-19 protocols, such as testing, surveillance, etc.
- **Community participation is key:** Investigating the needs of the excluded and marginalized groups in any given community is essential to identifying vulnerable groups and their needs. Moreover, COVID-19 vaccination is crucial to preventing hospitalization and deaths and controlling the spread of the virus. There is a need for communities to participate and avail government-provided vaccinations.
- **Health workers are essential to combat COVID-19:** Health workers are crucial for vaccination, testing, preventing the spread of the disease and providing healthcare to those infected and adversely affected by lockdowns. Medical researchers exploring new treatments are also essential to discovering novel approaches for containing the virus through reliable vaccines.



**DR. KRISHNA PRASAD PAUDEL,**  
CHIEF CONSULTANT PAEDIATRICIAN & DIRECTOR  
EPIDEMIOLOGY & DISEASE CONTROL DIVISION,  
MINISTRY OF HEALTH, AND POPULATION

**“An Incident Command System (ICS) was formed by the Ministry in response to the COVID-19 pandemic. Under the leadership of the Secretary, the response was managed through coordination, monitoring, planning, supply management, finance and communication.”**



Photo: Krishna Prasad Paudel



## PREPAREDNESS AND RESPONSE

- **Guidelines and protocols:** After the first outbreak of COVID-19, several guidelines and protocols were developed for doctors, health workers and people in quarantine. They were produced under different themes and include: COVID-19 clinical management, Infection Prevention and Control (IPC) for COVID-19, a national testing guideline, a patient profile for COVID-19 patients admitted in hospitals, a guideline on repurposing existing health facilities into COVID-19 isolation ward, a home isolation follow-up form for COVID-19 positive patients, an IPC assessment, COVID-19 death defining criteria, a protocol for community antigen testing, a pocket book for cases staying in home isolation, a risk communication and community engagement guideline, criteria for imposing and uplifting lockdown, a holding centre Standard Operating Procedures (SOP) and a SOP for Point of Entry.
- **Preparedness for the third wave:** In terms of preparedness, the GoN was responsive to daily projections and the unique nature of every strain of the virus. As the third wave saw significantly fewer cases involving hospitalization, resources have accordingly been provided for Intensive Care Units, including but not limited to ventilators, oxygen cylinders and isolation beds.
- **Establishment of an Incident Command System (ICS):** An Incident Command System (ICS) was formed by the GoN to respond to the pandemic. The Epidemiology Division worked on capacity building, guidelines, SOPs, and policy level decisions. The focus of the Division has been on points of entry in Nepal, especially on the open border where testing and contact tracing were conducted.
- **Information dissemination:** An Early Warning and Reporting System (EWARS) broadcasted to the public through bulletins on a weekly and biweekly basis. Additionally, a COVID-19 dashboard was developed to capture all relevant information of COVID-19 in Nepal. Hamro Swasthya hotlines (1115 and 1133) were established to respond to COVID-19 queries, with daily calls averaging 500. A hotline was made available for suicide prevention as well.

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## CONTAINING THE SPREAD OF COVID-19 THROUGH VIGILANCE AT THE POINTS OF ENTRIES

### HELP DESKS

- **Rationale:** Nepal's open border with India means it has numerous points of entry, spanning over 1,808 kilometres, including one with an international airport. During the first COVID-19 wave, when the borders between Nepal and India were opened and Nepalese citizens were returning to the country, there was a major spike in COVID-19 cases. This led to help desks being set up at different points of entry, where travellers to Nepal were screened, antigen tests were conducted, vaccination documents were verified and those suspected of being infected by the virus were transferred to hospitals. This required cooperation between local governments and border authorities.
- **Challenges:** There was no regular financing mechanism for salary, incentives, compensation, and hazard allowances for operating the help desks. Infrastructure to operate the help desks was not provided, with some desks operating under tents. These structures were not equally accessible for all, especially women and people with disabilities. Moreover, there was a lack of personnel, and most employees were overworked during peak hours. Issues with regard to Information Technology, servers, Internet access and a lack of basic hygiene services for travellers were also reported. Since there was no fixed infrastructure, there were also several security threats, including stolen personal items among employees and security issues among female employees.



**DR. AMRIT POKHREL**, SENIOR MEDICAL SUPERINTENDENT, SECTION CHIEF OF EPIDEMIOLOGY AND OUTBREAK MANAGEMENT SECTION, EPIDEMIOLOGY AND DISEASE CONTROL DIVISION (EDCD)

“Land borders have official crossings, including informal and unofficial crossing points. With India, since we have an open border, it is very easy to cross borders. But the same factor has turned out to be very dangerous during this pandemic.”

## MAPPING THE ROAD FORWARD FOR POINTS OF ENTRY

- **Gender sensitization at points of entry:** Training and orientation programmes for employees at the help desks will include training related to Gender Equality and Social Inclusion (GESI). A manual will be developed by the Ministry of Health and Population's Epidemiology and Disease Control Division (EDCD) to establish gender-sensitive practices that can be taken during the traveller's time at the help desks while being screened.
- **Accessible infrastructure and services:** The infrastructure of the help desks will be made accessible for women and people with disabilities. A separate space for pregnant and lactating women with babies will be allocated.
- **Counselling services for mental well-being:** Human resources will be allocated, and a training will be provided for the help desk personnel to provide counselling, especially for survivors of gender-based violence.


### COVID-19: KEYS TO COPING WITH STRESS


1. *Calm yourself: Slowly breathe in for four seconds, hold it for four seconds, and then breathe out for six seconds. Repeat 10 times.*
2. *Focus on yourself: Slow your racing thoughts by counting backwards by three, starting with 100 (100, 97, 94, etc.).*
3. *Relax yourself One by one, tense up each muscle in your body for 10 seconds and then release. Notice how it feels to let your muscles relax and have the tension leave your body.*
4. *Ground yourself: Do a quick scan of your body and notice the air around you and any surfaces you are touching. If possible, close your eyes and focus on sensations, textures, and temperatures.*
5. *Celebrate yourself: You are dealing with huge challenges. Think about three things that went well today. If they involve another person, recognize, and thank them whenever possible.*
6. *Rest: Try to get at least eight hours of sleep each night. A full night's rest is very important during stressful times.”*




# CHECKLIST OF "MINIMUM REQUIREMENTS" FOR INTEGRATING GENDER EQUALITY INTO A RESPONSE FOR THE THIRD WAVE OF COVID-19


Source: Minimum Requirements Checklist for Integrating Gender Equality in the Implementation of the UN Framework for the Socio-Economic Response to COVID-19.

UN FRAMEWORK RESPONSE PILLAR	✓	GENDER INTEGRATION "MINIMUM REQUIREMENTS"
 <p><b>1. HEALTH FIRST: PROTECTING HEALTH SERVICES AND SYSTEMS DURING THE CRISIS</b></p>	<input type="checkbox"/>	Ensure that frontline health and care sector workers have access to appropriate, adequate and women-friendly personal protective equipment, COVID-19 testing, menstrual hygiene management facilities and products, and flexible working arrangements, with specific arrangements for those caring for the elderly and/or sick at institutions or at home, and midwives.
	<input type="checkbox"/>	Ensure that all women and girls have safe and reliable access to soap, water, menstrual hygiene products and facilities.
	<input type="checkbox"/>	Support the full and meaningful participation and leadership of a diversity of women and women's organizations, including national women's machineries, in health sector responses at all levels and stages. <sup>7</sup>
	<input type="checkbox"/>	Ensure decent working conditions such as occupational health and safety, equal remuneration and adequate support, including transport, childcare, health services and insurance, and other social support and protections, for all responders, particularly women frontline workers who are often most at risk.
	<input type="checkbox"/>	Ensure that health systems continue to provide services that are acceptable, accessible, available and of quality level (AAAQ), to meet the holistic needs of diverse women and girls without any form of discrimination including due to sex, age, sexual orientation, gender identity, disability, ethnicity, colour, civil status, socio-economic status, or migration status.
	<input type="checkbox"/>	Maintain essential health services for women and girls in vulnerable situations during the COVID-19 response, including the provision of sexual and reproductive health (SRH) information and services including the supply of contraceptives and safe abortion services, to the fullest extent of the law.
	<input type="checkbox"/>	Provide safe and confidential access to culturally appropriate and gender-sensitive COVID-19 related accurate information and health services, including testing and treatment.
	<input type="checkbox"/>	Encourage all partners and UN teams to adopt zero tolerance measures against sexual harassment/sexual exploitation and abuse, including in recruitment, and ensure a gender-sensitive grievance mechanism is in place.


UN FRAMEWORK RESPONSE PILLAR	✓	GENDER INTEGRATION "MINIMUM REQUIREMENTS"
 <p><b>2. PROTECTING PEOPLE: SOCIAL PROTECTION AND BASIC SERVICES</b></p>	<input type="checkbox"/>	Provide gender-responsive social protection programmes – such as unconditional cash transfers, public work programmes and asset transfers – for women and girls from all economic sectors across the age continuum to mitigate the impact of the pandemic, foster recovery, and build resilience for future shocks. These should be married with holistic empowerment programmes that engage both men and women in addressing harmful social norms that negate economic empowerment or could result in backlash. For detailed guidance on gender-responsive social protection, please refer to additional resources in the IANWGE compendium.
	<input type="checkbox"/>	Ensure that social protection programmes under COVID-19 do not increase women's unpaid work.
	<input type="checkbox"/>	Extend social protection measures to cover informal workers, and facilitate processes to formalize informal work.
	<input type="checkbox"/>	Engage civil society organizations, particularly grassroots women's rights organizations and traditional and religious leaders, to support and deliver basic essential services, social protection measures and GBV responses, including flexible funding to respond to increased GBV during COVID-19.


<sup>7</sup> Women make up 70% of the health workforce. WHO (2019) Gender equity in the health workforce: Analysis of 104 countries

UN FRAMEWORK RESPONSE PILLAR	✓	GENDER INTEGRATION “MINIMUM REQUIREMENTS”
 <p><b>2. PROTECTING PEOPLE: SOCIAL PROTECTION AND BASIC SERVICES</b></p>	<input type="checkbox"/>	Develop national policies with associated budgets to address the increased prevalence of GBV during the pandemic, including violence prevention, protection of women and girls, and response services.
	<input type="checkbox"/>	Expand capacities of shelters and hotlines, and amplify communications on the availability of GBV hotlines and other support mechanisms; also explore how technology can support those in quarantine to access GBV services, being mindful of accessibility, confidentiality and privacy matters that arise with such technology.
	<input type="checkbox"/>	Ensure the availability and accessibility of legal aid, judicial protection and other essential police and justice services for women subject to violence during the COVID-19 pandemic, including through electronic or other remote means, the continuation of existing measures and through special duty shifts, and potentially associated training for handling GBV cases virtually, for lawyers, prosecutors and judges.
	<input type="checkbox"/>	Support caregivers through parents' groups, mental health support, cash-based subsidies etc. and encourage equal sharing of child care work.
	<input type="checkbox"/>	Ensure the continuation of education for children and young people, particularly girls and young women, through remote learning and other innovative approaches in ways that do not overburden unpaid care givers and taking into account the gender digital divide.
	<input type="checkbox"/>	Require that all COVID-19-related funding includes gender-analyses with an intersectional lens and, at the minimum, sex, age and ethnicity -disaggregated data. When possible, disaggregate data to give visibility to LGBTI groups.
	<input type="checkbox"/>	Include GBV risks and risk mitigation strategies in risk assessments and project monitoring and evaluation.

UN FRAMEWORK RESPONSE PILLAR	✓	GENDER INTEGRATION “MINIMUM REQUIREMENTS”
 <p><b>3. ECONOMIC RESPONSE AND RECOVERY: PROTECTING JOBS, SMALL AND MEDIUM-SIZED ENTERPRISES, AND INFORMAL SECTOR WORKERS<sup>8</sup></b></p>	<input type="checkbox"/>	Support women's access to economic and financial resources, including public and private credit, bank accounts, saving schemes, loans and grants from both informal and formal sources.
	<input type="checkbox"/>	Ensure the protection of women in the agricultural sector, through cash transfers, decent working conditions and occupational health and safety.
	<input type="checkbox"/>	Ensure the provision of financial services and support mechanisms targeting women's economic activities as producers, processors, traders and entrepreneurs, especially for micro, small and medium enterprises.
	<input type="checkbox"/>	Facilitate women's access to markets by addressing mobility constraints, transportation restrictions and market disruptions.
	<input type="checkbox"/>	Provide digital solutions to support women micro-and small entrepreneurs, including through unconditional cash distributions, expansion of networks and markets.
	<input type="checkbox"/>	Ensure family-friendly workplace policies, including within UN entities, to protect employees, reduce stress, and support improved child and family well-being, including paid parental leave schemes.
	<input type="checkbox"/>	For women in vulnerable employment in the frontline of the COVID-19 response, undertake measures to ensure occupational health and safety, hygiene and decent working conditions in line with WHO guidance and ensure a workplace free of violence and harassment in line with the ILO Convention No.190.
	<input type="checkbox"/>	Support the elimination of the gender pay gap among the COVID-19 related workforce.

<sup>8</sup> All of these measures should be married with holistic empowerment programmes that engage both men and women in addressing harmful social norms that negate economic empowerment or could result in backlash.

UN FRAMEWORK RESPONSE PILLAR	✓	GENDER INTEGRATION “MINIMUM REQUIREMENTS”
 <p><b>4. MACROECONOMIC RESPONSE AND MULTILATERAL COLLABORATION</b></p>	<input type="checkbox"/>	Assess, inform and monitor gender equality in the context of fiscal stimulus packages with a focused attention on the size of fiscal stimulus and available funding to meet the needs of women and girls; how the fiscal stimulus is being financed, including an assessment of whether financing mechanisms are biased or not towards women; and the design of the fiscal stimulus package to determine whether policy measures account for and prioritize the needs of women and girls.
	<input type="checkbox"/>	Integrate gender considerations in all national economic crisis recovery initiatives including in planning, budgeting and monitoring, post COVID-19. This includes adopting a Do No Harm approach, by ensuring that interventions do not reinforce existing power imbalances which not only underpin GBV, but also undermine broader social cohesion and sustainable recovery.
	<input type="checkbox"/>	Include, at a minimum, sex, and age disaggregated data in the planning, implementation, monitoring, and evaluation of COVID-19 recovery plans, as well as reporting, and encourage disaggregation by other stratifiers, such as ethnicity and disability dependent on context.
	<input type="checkbox"/>	Promote gender-transformative changes through COVID-19 response plans, including by challenging gender-stereotypes, empowering adolescent girls, and engaging men and boys.
	<input type="checkbox"/>	Promote gender-responsive budgeting as the norm in the post COVID-19 environment.
	<input type="checkbox"/>	Support progressive and gender-responsive taxation to secure fiscal space to invest in social protection and basic services.

UN FRAMEWORK RESPONSE PILLAR	✓	GENDER INTEGRATION “MINIMUM REQUIREMENTS”
 <p><b>5. SOCIAL COHESION AND COMMUNITY RESILIENCE</b></p>	<input type="checkbox"/>	Ensure that COVID-19 related quality, reliable information is accessible to diverse groups of women and girls, bearing in mind cultural contexts, local languages (for e.g. for indigenous peoples, migrant and refugee women etc.), disabilities, and gaps in access to information and communication technologies (ICTs). Be mindful of the increased care duties borne disproportionately by women and girls that may impede their ability to participate and address such impediments.
	<input type="checkbox"/>	Consult with, engage and promote organizations working for the rights of diverse groups of women and girls to lead and participate in and meaningfully influence COVID-19 responses.
	<input type="checkbox"/>	Ensure that COVID-19 related information is accessible to those with no access to televisions, phones or the internet.
	<input type="checkbox"/>	Take measures to increase accessibility, affordability and safety of internet access for women and girls, including through measures to combat online bullying and harassment.
	<input type="checkbox"/>	Undertake digital skills training with specific focus on women and girls.
	<input type="checkbox"/>	Support governments in promoting and protecting human rights throughout their COVID-19 response, including efforts to ensure emergency COVID-19 related legislation upholds international human rights standards and that civic spaces for civil society, including human rights defenders, are protected.



