

# CRS Recommendations

## GUIDANCE ON GENDER CONSIDERATIONS IN PROGRAMMING DURING THE COVID-19 CRISIS

This document is intended to provide guidance to partners on the gendered impacts of COVID-19, and recommendations for how these implications may be addressed in programs and operations.

### PRINCIPLES FOR COVID-19 RELATED GUIDANCE

In undertaking programming activities, CRS partners should consider:

- **Assess risk of transmission:** At this stage in the pandemic, testing remains limited. This means that data on positive cases is unreliable. CRS recommends that teams assume wide community spread and adjust programming accordingly. Keep in mind that CRS programs should operate under the assumption that anyone they encounter is a suspected COVID-19 case.
- **Ask ourselves how critical it is** to carry out the activity against risk to staff, and participants, and weigh the risk to project participants of not carrying out the activity. Life-saving (e.g., emergency food distributions, clinical care for emergency conditions) and life-sustaining (e.g., malaria prevention and treatment, vaccinations) activities should be prioritized.
- **Adopt a “Do No Harm” approach:** CRS and partners should understand how COVID-19 is transmitted and implement general basic preventative measures to both protect themselves and reduce the risk of spreading the virus during program implementation (See guidance at [WHO - COVID 19](#)). These measures include the following for all people with whom we work, including staff, volunteers, program participants and community members, service providers, vendors, etc. For more details on each of the following, please refer to **CRS’ Guidance on Preventive Measures (including PPE)** - links in: [English, French, and Spanish](#)
  - **Do not participate in program activities when feeling unwell;** stay home and seek medical advice
  - **Maintain physical distancing**
  - **Follow recommended hygiene practices**
  - Wear **nonmedical masks** (cloth masks or face cloth covering) when in line with host country government and/or WHO guidance
  - Make special considerations for **populations who are most at-risk** of developing severe illness (e.g., elderly, immunocompromised, those with existing health conditions, pregnant women)Those who have come into contact with someone exhibiting or reporting COVID-19 symptoms should **self-quarantine** and monitor for onset of symptoms. Those experiencing symptoms should **self-isolate** and seek medical support/advice as per Ministry of Health (MoH) protocols (e.g., calling before seeking medical care).
- Consider **protection of the most vulnerable and include safeguarding measures**

- Maintain constant and transparent **communication with communities** about activities, changes, and the community’s comfort level and needs related to the health implications of continued programming
- **Keep up-to-date on and follow WHO and Government/MoH protocols and messaging around COVID-19:**
  - Follow government restrictions and request authorization for carrying out essential services/activities, as needed.
  - Work with local health actors/cluster to ensure health messaging related to COVID-19 is consistent and contextualised.
  - Stay updated and inform staff and volunteers how to refer to appropriate national or local COVID response services or hotlines.
- **Adapt programming guidance to your context and be ready to further adjust as the situation evolves:** Elements of the guidance may need to be modified based upon community risk levels, types of programming activities undertaken, social norms and perceptions, local capacities, operating environment, new WHO guidance, and feedback from donors in each country we work in. For assistance, please contact the COVID-19 focal points in your Region and/or on HRD or the relevant programming technical advisor.

This document provides additional recommendations from CRS, to be used in conjunction with and to supplement guidance provided by Inter-Agency Standing Committee (IASC), WHO and MoH as relevant.

**Disclaimer:** CRS COVID-19 program resources and guidance are developed after consideration of international guidance from relevant international organizations such as the World Health Organization (WHO), Inter-Agency Standing Committee (IASC), and other humanitarian bodies. CRS COVID-19 program resources and guidelines are updated regularly as new information becomes available. Partner and peer organizations wishing to refer to and use CRS resources and guidance should ensure that they are also referring to the latest information available from WHO and IASC.

This document provides guidance on gender integration into COVID-19 responses in the **Health & Social Services, WASH, Education and Shelter & Humanitarian Response** sectors. CRS’ **Humanitarian Response Department (HRD)** has developed guidance on addressing protection and mental health and psychosocial support (MHPSS) risks in the context of COVID-19. Please consult the “Safe and Dignified Programming” folder. The **Agriculture & Livelihoods sector** has developed guidance on the livelihoods implications of COVID-19. You can find this guidance in the Agriculture and Livelihoods folder.

## MINIMUM STANDARDS FOR GENDER INTEGRATION INTO COVID-19 PREPAREDNESS AND RESPONSE

- **Screen new hires for gender sensitive knowledge and behaviors**, e.g., by integrating gender-related questions into all interview questionnaires and tests during recruitment processes.
- **Ensure all staff members are trained on core gender principles and appropriate conduct** through scenario-based training relevant to their context. Ensure all staff members are aware of their responsibility to report suspicions of harassment, abuse and exploitation by humanitarian or development actors, including our organization and our affiliates. CRS can provide support with basic training materials.
- **Ensure all staff members understand what gender-based violence is and what to do if they encounter it.** Guidance in this area is provided on page 4 of this guidance document under “Protection—Immediate Recommendations.”
- Include and **budget for gender-specific human resources** (either part-time or full-time).
- **Ensure equal (male and female) representation** in all COVID-19 response planning and decision making.

## GENDER-RELATED DATA COLLECTION, ANALYSES, AND LEARNING (MEAL)

- **Ensure all data collected is disaggregated** by gender, age, disability and other vulnerability factors such as pregnancy status.
- Before the design of new projects or adaptation of existing projects **conduct/update gender analyses or integrate questions on gender and gender-based violence (GBV) into sectoral assessments**. Gender analysis questions could include:
  - What are men's, women's, boys' and girls' prioritized needs?
  - What are men's and women's roles and responsibilities and how have they changed in the face of this pandemic?
  - What are the implications of these roles and responsibility on vulnerability to contracting COVID-19?
  - How are males and females of different ages engaged in decisions related to COVID-19 response?
  - Are rates of GBV changing in the face of the pandemic, and if so, how?
- **Food security-related gender analysis** questions may include:
  - How has food consumption changed, in the face of the pandemic, for male and female adults and children?
  - How has male and female's income generating activities changed?
  - Has male and female's access to and control of income changed?
- **Health-related gender analysis** questions may include:
  - What is the sex ratio of health workers (female vs male)? What are the implications of contracting the disease? Do decisions related to health care workers take gender needs into account?
  - What are the roles and responsibilities in providing informal household and community healthcare by sex and age?
  - What are the social and gender norms that could constrain access to formal and informal health care services for men, women, boys and girls?
  - What are men's, women's, boys' and girls' sphere of influence and decision-making power related to healthcare, including what health-related decisions women/men can take about care at home versus care seeking outside the home (which likely requires mobility and financial resources)?
  - What are the differences in health and hygiene practices by age and sex?
- **WASH-related gender analysis** questions:
  - What are the roles and responsibilities in water provision (gathering, cleaning, storing) and hygiene and sanitation practices in households and communities by sex and age?
  - What are the social and gender norms related to WASH roles and responsibilities, including who is responsible for WASH-related purchases and who actually makes WASH-related purchases?
  - What are the patterns of influence and decision-making power in WASH-related decisions (e.g., money for soap, latrines, water treatment products, water point location, and others)?
  - What are the differences in sanitation and hygiene practices by age and sex?
- When collecting information on GBV **avoid directly interviewing GBV survivors unless conducted by highly trained professionals**. Consult [WHO Ethical and Safety Recommendations for Researching & Documenting Sexual Violence in Emergencies](#).

- **Ensure that all feedback and response mechanisms are gender-responsive** (e.g., technology preferred by and/or accessible to women and girls, confidential, and publicized in ways that reach all community members).
- **Include learning questions in MEAL plans on the gendered impacts of the COVID-19 crisis and CRS' response.** Learning from this experience can inform future pandemic response efforts.
- **Budget resources for regular reflection on the gendered impact of COVID-19 programming,** focusing on how projects are impacting males and females differently.

## PROGRAM IMPLICATIONS AND RECOMMENDATIONS BY SECTOR

### Protection and Gender-based Violence

- The fear, economic stress and long periods of confinement caused by the spread of COVID-19 and restricted movement from shelter-in-place can put **women, children (especially girls) and other vulnerable groups at risk of violence** (gender-based, intimate partner and violence against children).<sup>i</sup>
  - Women and girls with disabilities face particularly high risk of Intimate Partner Violence (IPV) and greater challenges in accessing GBV services.<sup>ii</sup>
  - With massive school closures, some children may face additional protection risks such as losing access to health services and protection messaging, increased work burdens (particularly girls), and less access to hygiene supplies (e.g., menstrual kits).
  - Parents are under increased stress from the health and economic uncertainties and school closures, which could lead to increased violence against children.
  - Sexual exploitation and abuse (SEA) of women and children increases during emergencies.
  - Humanitarian responses can contribute to SEA increase if safeguards are not put in place.
- Even as these risks increase and GBV services are needed more than ever, survivors may be unable to have access due to movement restrictions, lack of privacy or access to a means of reporting or, as evidence from other emergencies suggest, these **services are likely to be disrupted as resources are diverted to responding to the emergency.**

### Immediate Recommendations

- **Train or orient staff**, especially field staff, on identifying GBV and IPV risks, cases and referral options. The [“IASC Pocket Guide How to Support Survivors of Gender-based Violence when a GBV Actor is not in your Area”](#) provides guidance on orienting field staff on how to respond appropriately when they encounter cases of GBV. The guide also includes a template on page 5 that can be used to map GBV and other services in your operating area.
- **Explore what messaging on GBV already exists in your context, either from the Ministry of Health or local resources and adapt as needed.**
- If COVID-related GBV messaging is not available, consider **developing prevention messaging** with a particular focus on IPV and violence against children.<sup>iii</sup>
  - **Use remote forms of communication** such as radio, television, SMS and Viamo 3-2-1 messages, prominently displayed poster boards, “talking cars” that use megaphones to spread messages, and flyers that can be distributed with cash disbursements, food and non-food items (e.g., with hygiene and dignity kits).
  - **Advocate with government officials for inclusion of GBV prevention messages** in social safety net programs.

- **Target various segments of the community (men, women, community leaders, influencers)** to call attention to gender disparities accentuated under COVID-19 circumstances. Messages can encourage shared household and care work between men and women and boys and girls, and other forms of mutual support during the crisis. Specific messages should also be developed around mental health and stress management techniques to reduce risk of violence as a negative coping mechanism and encourage healthy ways of responding to the economic and other stresses caused by COVID-19.
- Advocate with donors to **prioritize funding of protection mainstreaming and GBV prevention** and response.
- Work with government, inter-agency, and civil society stakeholders to **ensure referral mechanisms are functional** throughout the COVID-19 crisis, and that systems are put in place to ensure that referrals can be made using remote mechanisms.
- Use **GBV hotlines and services**:
  - Advocate with government/ partners to keep GBV services open and develop innovations that keep them accessible to survivors in more restricted situations (i.e., inability to travel, lack of privacy)
  - Sensitize law enforcement to be responsive to calls from survivors
  - Identify, assess capacity, and fund mobile hotlines and services

### Medium- to Long-Term Recommendations

- **Consider including couples or family strengthening curricula** such as the [The Faithful House](#) and/or parenting approaches such as [Better Parenting](#) and [Parenting for Lifelong Health](#) when designing medium-term sectoral responses to address the rise in household and gender-based violence.
- **Consider alternative ways of disseminating curricula** such as **SMART couples** or other social and behavior change methods using radio, television dramas, or SMS messages.

### Health and Social Services

Experience from previous health emergencies, and emerging evidence from the COVID-19 pandemic, suggest that a combination of **biological differences and social and gender norms mean that men and women's health will be impacted differently**. Statistics suggest that though men and women contract COVID-19 at roughly the same rates, men have a higher rate of mortality, possibly due to differences in immunology, higher rates of cardiovascular disease and lifestyle choices.<sup>iv</sup> Older women are also at high risk as they are more likely to suffer from underlying conditions, greater economic vulnerability, isolation and less access to health services.

- **Women make up 70% of health care staff globally,**<sup>v</sup> primarily at the grassroots level (i.e. community health workers, staff of clinics, nurses). These workers are more likely to be exposed to COVID-19 and experience greater stress from working longer hours, including time for extra precautions to avoid transmission and fear for their and their family's safety.<sup>vi</sup>
- Women's and girls' access to health services may be reduced from the supply-side as well as the demand-side. Experience from previous health emergencies suggests that **as the spread of the virus intensifies, resources may be reallocated from primary health care services, such as pre- and post-natal care, to fight the pandemic**. During the 2014 Ebola outbreak, it was found that maternal mortality increased 75% in 3 of the affected countries because of diversion of resources from primary health care and women's reduced attendance at health clinics.<sup>vii</sup> In Sierra Leone, from 2013 to 2016, more women died of obstetric complications than from Ebola itself.<sup>viii</sup>
- On the demand-side, **women and girls may delay visiting a health clinic** to seek needed services **due to fear of contracting COVID-19**, leading to worsening health conditions and delays in COVID-19 diagnoses. Social norms that limit women's mobility and their decision-making power over resource allocation may mean that women and

girls are the last in the household to receive medical attention when they are sick. Given the recent arrival of the virus **there is virtually no information on the effect of COVID-19 on pregnant and lactating women.** Pregnant women who require antenatal care may be unsure whether it is safe to go to the clinic. Transport to clinics may also be unsafe, and government restrictions may make it difficult to travel, further limiting access to essential pre- and post-natal care.

- **Women’s and girls’ work burdens will also likely increase** due to social and gender norms that relegate domestic tasks and care of the family to women and girls. If men in the household lose their source of income due to the economic or health effects of COVID-19 lead this will also increase women’s work burdens and responsibility to provide for the family. Balancing increased economic and domestic responsibilities, heightened household hygiene needs (water for handwashing) and care for sick relatives may leave women and girls less time for other activities and self-care, and expose them to increased risk of infection and higher levels of stress. **Women and girls also typically face more barriers than males to accessing accurate sources of information**, public spaces where information may be shared, safe spaces and outreach activities.
- As households try to cope with the COVID-19 crisis, increased stress, household conflict and violence may mean that **women need increased access to mental health and psycho-social services (MHPSS)** just as closures, travel restrictions and diversion of resources and personnel to the health emergency make those services less available.

### Immediate Recommendations

- **Consult the “Gender-related Data Collection, Analyses, and Learning” section on pages 2–3** of this guidance for suggested types of gender-related health data should be collected to help inform health responses to COVID-19.
- **Support gender-responsive health services:**
  - Maintain support to essential health care services, including mental health and psychosocial support services. The [IASC briefing note on MHPSS](#) aspects of COVID-19 offers further guidance.
  - Advocate that donors continue funding essential health care services at pre-pandemic levels (at a minimum).
  - Use remote service provision options (i.e., telemedicine).
  - Advocate with health partners for dedicated facility areas and entrances to limits contact with COVID-19 patients.
  - Encourage and support institutional health partners to ensure that women healthcare workers who need it have flexible work arrangements to manage their household care responsibilities and access to personal protective equipment (PPE) and menstrual hygiene products.<sup>ix</sup>
  - Ensure female health workers, particularly at the community level, receive training on self-protection.
- **SBC approaches and messaging:**
  - Promote SBC approaches that increase women’s participation in health-related decisions, address norms that constrain women’s access to health care services and increase males’ roles in care work to alleviate women’s workloads.
  - **Counter potential harassment and threats** that healthcare workers, women in particular, may face **with messages** for the general public **highlighting the critical role that these professionals and volunteers play in combating the spread of COVID-19.**
  - While COVID-19 messaging should reach all household and community members, **particular attention should be paid to ensure that the information is delivered, through appropriate channels, to specific groups such as:**
    - **Women**, who often cannot avoid close contact with sick relatives, with



messages on basic hygiene practices, infection precautions, and how and where to seek care.

- **Pregnant women and fathers-to-be** should receive messages encouraging continued pre- and post-natal care, a hospital delivery and COVID-19 protection measures while seeking medical care.
- **Older adults**, particularly men, should receive messages encouraging health seeking and hygiene behaviors
- **Persons living with HIV**, up-to date information on where and how to access ARVs and other specific needs based on their feedback
- **Female healthcare workers** on self-protection while doing their work and referrals should they encounter violence.
- **Children** should receive child-friendly, age appropriate messaging including information on what children need to do to stay safe.
- o Ensure quarantined or homebound women and girls can access essential COVID-19 related messages, health and GBV-related information as well as food and health supplies such as hygiene or dignity kits. One option could be to deliver essential health and GBV/domestic violence messages at the same time as distributions of food and non-food items.

### Medium- to Long-term Recommendations

- Use new program opportunities to **support learning and research on the gendered implications of COVID-19**, particularly for vulnerable groups such as pregnant and lactating women, groups with underlying conditions – women, men living with HIV, older women etc.
- **Encourage government partners to involve female health care workers and local women leaders in senior-level decision making**, and support women's voice in those decision-making processes, to ensure that COVID-19 responses adequately address women's and girls' needs.

### WASH

Previous experience from public health emergencies, such as the Ebola outbreak in West Africa, found that public services such as WASH can be disrupted and even suspended as attention focuses on the immediate health emergency<sup>x</sup> **Reductions in WASH services**, scarcer water resources, heightened need for water and/ or lower household income **may mean reduced access to hygiene and sanitary materials** (e.g., soap and sanitary pads) **and increased work burdens for women and girls** who are traditionally responsible for water collection and now must travel further to complete the task. Greater distances may increase risk of gender-based violence. Women and girls who travel to water points in groups also risk COVID-19 virus exposure.

### Recommendations

- **Specifically design messaging and outreach to reach various age and gender groups** of the community, particularly women and girls, who often have more restrictions or less access to communication resources.
- **In emergency distributions, prioritize** menstrual hygiene supplies/materials (dignity kits) and age-appropriate information for **adolescent girls and women**.
- **Develop hygiene and sanitation facilities in consultation with women, girls, men and boys** to ensure that the facilities meet their respective needs (privacy, safety, accessible to all, including younger girls and boys, older women and people with disabilities)<sup>xi</sup>.
- **Consult women and girls on the location of water supply facilities (such as handwashing stations)**. Consider the distance and routes to minimize protection risks (including those for children) and time burdens. Consult women and girls when deciding on water distribution timetables to avoid viral spread from large groups congregating.

## Education

COVID-19 has led to widespread school closures, restricting access to education for children. **School closings will likely increase the work burdens of women, the main family caregivers as well as girls** who often support with traditionally “female” tasks. This work burden, combined with less access to technology and communication media, will likely limit their access to remote learning opportunities. School closings may also mean that children have less access to food (if school feeding programs are suspended) and girls in particular may miss health, hygiene, and protection messaging that would have been available in a school setting.

Even before the wave of closings, girls in vulnerable households have often had to balance schoolwork with care giving responsibilities with resulting high levels of absenteeism and school dropout for millions of girls. The current public health crisis risks exacerbating this situation. **If the economic impacts of COVID-19 are prolonged and severe, vulnerable households may be unable to send their children back to school when they re-open**, especially if girls have married during the closure, become pregnant or aged out of school years. Evidence has shown that **girls are more likely than boys to be kept out of school**, leaving them at risk of early/ forced marriage, teen pregnancy, HIV infection, increased risk of violence and engagement in risky employment.

## Recommendations

- Messaging should:
  - Use a variety of remote communication methods (e.g., radio, SMS, posters) to **promote continued education of adolescent girls through distance learning options wherever possible, and to sensitize parents to resist marrying their daughters early** because schools are closed.
  - Depending on the context, specific messaging should **address protection of girls from entry into transactional sex** due to (COVID-related or not) economic pressures.
  - **Encourage sharing of household tasks** between males and females to ease work burdens.
  - **Sensitize children, parents and community members on increased protection risks faced by out-of-school students, primarily girls.**
- If distance learning is offered, consider that **girls may have less access than boys to online technology or SMART phones.**
- Given the risks of online exploitation, and the unfamiliarity many communities and households may have with internet technology, **parents, caregivers and girls and boys should be educated about the risks of the internet and how to protect themselves from predators.**
- Work with communities to **encourage parents to re-enroll their daughters once schools are open**, using a combination of SBC messaging, girls’ empowerment measures and conditional incentives. A large-scale randomized evaluation conducted by the Institute for Policy Action of a girls’ empowerment program in rural Bangladesh found that conditional incentives for families of adolescent girls led to substantial reductions in child marriage and teenage childbearing in a setting with high rates of underage marriage.<sup>xii</sup>
- Consider ways of **adapting school feeding programs** to another delivery model.
- Work with Ministry of Education to **provide grants or in-kind support to reduce student costs to return to school.**



## Shelter and Humanitarian Response

In 2018 over 70.8 million people were displaced worldwide as a result of conflict, violence and human rights abuses. Refugees and internally displaced persons accounted for 26 million and 41 million of these groups respectively. IDPs are particularly vulnerable as they often fall within the cracks in terms of the attention they receive from donor governments. In addition to refugees and IDPs large numbers of people are impacted by conflict and/or natural disasters in their home communities, often while also hosting significant numbers of IDPs and refugees. Many of these groups live in densely populated settlements, with sub-standard housing, weak health infrastructures and limited WASH facilities, fertile grounds for the spread of COVID-19. This situation, combined with restrictive gender norms in effect in most countries around the world, place women and girls at particular risk of infection and other negative impacts. With COVID-19 increasingly impacting the developing world, preparedness and planning for prevention and response activities are particularly critical.<sup>xiii</sup>

In humanitarian contexts, female-headed households are more likely to have inadequate shelter than male-headed households<sup>xiv</sup> increasing their vulnerability to COVID-19. As the economic impact of movement restrictions and loss of income become protracted, the most vulnerable may be unable to meet housing and rent payments placing women and girls at risk of exploitation, including sexual exploitation.

### Recommendations

- **Ensure women and girls are prominent contributors** to COVID-19 related community mobilization, risk communications and surveillance mechanisms to address the spread of the virus.
- **Ensure that communication and information sharing use appropriate means of communication that reach all member of the community**, considering access to technology, literacy levels and language proficiency, particular concerns for reaching women and older residents.
- **Ensure that female-headed households and the elderly are not at risk of abuse** of their property and land tenure rights as COVID-related economic pressures increase. Consider specific interventions to ensure that these groups are not evicted from their places of residence.

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- <sup>i</sup> See Marina Fang, The Huffington Post, “UN Chief Condemns ‘Horrible Global Surge’ in Domestic Violence Amid Pandemic”, April, 6, 2020, [https://www.huffpost.com/entry/coronavirus-covid-19-domestic-violence-surge\\_n\\_5e8b137fc5b6e7d76c672a4c](https://www.huffpost.com/entry/coronavirus-covid-19-domestic-violence-surge_n_5e8b137fc5b6e7d76c672a4c); Melissa Godin, “As Cities Around the World Go on Lockdown, Victims of Domestic Violence Look for a Way Out”, Time, March 18, 2020, <https://time.com/5803887/coronavirus-domestic-violence-victims/>; and Zhang, Wanqing, “Domestic Violence Cases Surge During COVID-19 Epidemic,” Sixth Tone, March 2, 2020, <http://www.sixthtone.com/news/1005253/domestic-violence-cases-surge-during-covid-19-epidemic>
- <sup>ii</sup> Peace, Emma. GBV AOR Help Desk: Disability Considerations in GBV Programming during the COVID-19 Pandemic. March 2020
- <sup>iii</sup> For guidance on parenting, including violence prevention messages, in 70+ languages, please reference <https://www.covid19parenting.com/>
- <sup>iv</sup> Wenham et al., COVID-19: the gendered impacts of the outbreak, The Lancet, March 6, 2020
- <sup>v</sup> IASC, March 2020 and Bonior M, Mclsaac M, Xu L, Wuliji T, Diallo K, Campbell J. “Gender Equity in Health Work”, WHO, 2019 <https://apps.who.int/iris/bitstream/handle/10665/311314/WHO-HIS-HWF-Gender-WPI-2019.1-eng.pdf?ua=1>
- <sup>vi</sup> Ibid
- <sup>vii</sup> CARE, March 2020. Original citation: ACAPS, “Beyond A Public Health Emergency,” ACAPS, February 2016, <https://reliefweb.int/sites/reliefweb.int/files/resources/a-potential-secondary-humanitarian-impacts-of-a-large-scale-ebola-outbreak.pdf>
- <sup>viii</sup> Helen Lewis. “Coronavirus is a Disaster for Feminism.” The Atlantic. March 19, 2020. From an interview with Clare Wenham, an assistant professor of global-health policy at the London School of Economics. <https://www.theatlantic.com/international/archive/2020/03/feminism-womens-rights-coronavirus-covid19/608302/>
- <sup>ix</sup> ‘COVID-19: Women front and center’. Statement by Phumzile Mlambo-Ngcuka, UN Under-Secretary-General and UN Women Executive Director . March 20, 2020. <https://www.unwomen.org/en/news/stories/2020/3/statement-ed-phumzile-covid-19-women-front-and-centre>
- <sup>x</sup> ACAPS, February 2016
- <sup>xi</sup> ISAC Reference Group for Gender in Humanitarian Action. “Interim Guidance: Gender Alert for Covid-19 Outbreak”, March 2020.
- <sup>xii</sup> Nina Buchmann, Erica Field, Rachel Glennerster, Shahana Nazneen, Svetlana Pimkina, Iman Sen. “The effect of conditional incentives and a girls’ empowerment curriculum on adolescent marriage, childbearing and education in rural Bangladesh: a community clustered randomized controlled trial.” Working Paper, Innovations for Poverty Action, 28, 2016. <https://www.poverty-action.org/sites/default/files/publications/Conditional-incentives-girls-empowerment-bangladesh-Dec2016.pdf>
- <sup>xiii</sup> UNHCR, “Global Trends: Forced Displacement in 2018.” June 20, 2019. <https://www.unhcr.org/5d08d7ee7.pdf> and UNHCR, “UN Refugee Agency steps up COVID-19 preparedness, prevention and response measures”, March 10, 2020. <https://www.unhcr.org/en-us/news/press/2020/3/5e677f634/un-refugee-agency-steps-covid-19-preparedness-prevention-response-measures.html>
- <sup>xiv</sup> InterAction, “The Wider Impacts of Humanitarian Shelter and Settlements Assistance,” InterAction, accessed March 14, 2020, <https://www.interaction.org/wp-content/uploads/2020/03/2.-Annex-A-Detailed-findings-and-bibliography-Final1.pdf>