STRENGTHENING GENDER EQUALITY AND SOCIAL INCLUSION (GESI) DURING THE IMPLEMENTATION OF SOCIAL PROTECTION RESPONSES TO COVID-19

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September 2020

This note was developed alongside others – most importantly a Strategy Decision Matrix and a Delivery System Decision Matrix – as a technical tool used to structure an independent and unbiased analysis of COVID-19 response options. It does not necessarily represent FCDO or GIZ own views or policies.

1 OVERVIEW

Gender inequality, social exclusion and discriminatory social norms and practices affect how individuals can access and receive social protection benefits in crisis. Discrimination and inequalities may affect particular groups more than others (for example, women and girls, people living with disabilities, migrants and refugees, older persons, members of the LGBTI (lesbian, gay, bisexual, transgender, intersex) community which lead to increased vulnerability to risks such as violence, exploitation, abuse, and neglect, as well as impacting livelihoods and economic opportunities. The impacts of COVID-19, for example, are clearly showing a deepening of pre-existing inequalities and vulnerabilities: increasing levels of poverty, loss of jobs and livelihoods particularly impacting women and people with disabilities who are overrepresented in low-paid, part-time work with less access to social security; adverse effects on health care for women through the reallocation of funding including sexual and reproductive health services and changes in health-seeking behavior; increased time spent on unpaid domestic and care work by women; significant increase in gender-based violence; and increased risks of early marriage, staying out of school and early pregnancy for adolescent girls (UN Women, 2020).

Whilst these impacts disproportionately affect women and girls, people with disability and other minority groups, the potential for mobilising and supporting the skills, knowledge, resources and agency of individuals and communities within and representative of these groups, are often overlooked in social protection and humanitarian responses to the detriment of effective interventions (UNISDR, 2017, Oxfam Canada, 2018, see also COVID-19 and the disability movement).

IMPLEMENTING PARTNERS

Social protection – and cash transfers in particular - have been widely used as a policy response to COVID-19. The aim of this document is to highlight the key gender equality and social inclusion (GESI) considerations to be considered in the *implementation* of social protection, with a specific focus on cash transfers, in response to COVID-19. It provides guidance on how to ensure that the delivery of programmes are gender-sensitive, equitable, inclusive, and where possible, transformative[1]. This document can also be read alongside the SPACE Gender and Inclusion in social protection paper which focuses on the key considerations to be taken into account in the *design* of social protection responses during COVID-19.

2 KEY GESI CONSIDERATIONS IN THE IMPLEMENTATION OF SOCIAL PROTECTION RESPONSES TO COVID-19

These are briefly discussed in the paragraphs below, along the social protection 'delivery chain', while further resources and considerations can be found in Table 1 at the end of this document.

2.1 Pre-implementation needs assessment

A gender-sensitive and inclusive poverty and vulnerability analysis is a central pillar of understanding how to practically address gender and inclusion needs in a particular setting. Needs assessments should consider specific priorities and perspectives of women and girls as well as men and boys, people with disabilities and other populations, to help inform how gender, norms, stigma and discrimination interplay with poverty and wellbeing in a particular setting. Doing so will support the identification of the eligible population and their needs to inform the design of appropriate social protection measures (SPACE, 2020), preview possible programme impacts, challenges in implementation, and aid the development of risk-mitigation and inclusive operations (FAO 2018). In the context of COVID-19, time and resources may be limited to conduct a full needs assessment and gender analysis during the formulation stage of the programme. However, at a minimum, operational teams can draw on previous gender analyses undertaken in a particular setting (from both development and humanitarian perspectives), involve gender experts, and solicit feedback from women's organisations, disabled person's organisations and local civil

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[1] See UNICEF Innocenti (2020) for definitions of a continuum of integrating gender into social protection systems. For instance, "social protection systems should strive to 'do no harm' and employ a basic level of gender sensitivity (even where gender equality is not a primary objective). Gender-sensitive programmes may opt to conform to existing gender norms in order to enhance specific programme outcomes. However, the ultimate
goal of the social protection system should be to gradually move towards more gender-responsive (whereby programmes explicitly respond to women's and men's needs) and transformative (whereby programmes seek to tackle the root causes of gender inequality and transform harmful gender norms) programming" (UNICEF Innocenti, 2020: 11)

society organisations. This will help ensure that GESI is at the forefront of discussions within implementation planning and execution.

2.2 Determining eligibility, enrolment and registration

GESI analysis is required to inform the most appropriate choice of instrument and the targeting criteria. However, even when individuals or households are eligible for interventions, there are often numerous barriers to enrolling, registering and receiving social protection benefits, risking exclusion of certain population groups. In the context of COVID-19, many social protection systems have adapted their programmes including relaxing rules and regulations for enrolment, registration and adherence to conditions, as well as expanding their coverage, bringing in additional eligible recipients, or establishing new programmes to reach new populations.

Determining who is eligible for a new or expanded social protection programme in the context of COVID-19 requires a GESI analysis to identify who has been affected and the potential impacts of the crisis on them, and to take into consideration whether targeting a household or individual is required to meet their needs. Another consideration is whether to name women as recipients of the transfer, which can have advantageous outcomes on women's empowerment and household well-being, but the appropriateness of this approach needs to be carefully assessed ([SPACE, 2020](#)). For programmes which are adapting their existing programming approach, it is also important to understand the existing levels of exclusions within a programme, identifying who the excluded are, and why exclusion exists.

Common mechanisms adopted to rapidly register, enroll, and pay programme participants during the COVID-19 crisis have included ([SPACE, 2020](#)):

I.   Using existing data from social protection programmes in creative ways for emergency expansion/payments via new or existing programme, including using disaggregated data collection and analysis to inform inclusive responses

II.   Using existing data sources beyond the social protection sector, including third party sources in creative ways for emergency registration (e.g. civil registration, social registry, vital statistics or ID data, mobile account data, NGO membership) which can support the identification of groups who may be at risk of exclusion

III. On-demand emergency registration via accessible online platforms and helplines

IV.   On-demand emergency registration via permanent local offices/capacity

V.   Ongoing/periodic pro-active outreach to the eligible population to register and enroll

The restrictions imposed by the crisis have made access to information, enrolment processes and receipt of social protection benefits challenging, and in many contexts have also resulted in changes to technology-based processes. The barriers to enrolling and registering for existing and new programmes, even for the eligible population, can be exacerbated for certain people, such as women, people living with disabilities and minority groups. These barriers are often a result of constraints such as lower levels of literacy, language and communication barriers, mobility constraints, inadequate infrastructure for persons with disabilities, reduced access to information, barriers to accessing and using new technologies or social stigma and discrimination.

These challenges are more likely to occur when there are documentation requirements such as birth or citizenship certificates, when administration processes are complex or solely reliant on one mechanism (e.g. reliant on access to internet or mobile phones (Chabra, 2020)), when information and communication strategies do not clearly outline eligibility criteria, and when enrolment and registration sites are not conveniently located or accessible (e.g. at appropriate times due to work and care responsibilities (SPACE, 2020), or adequately accessible for persons with disabilities). As such, where there have been changes in administrative processes, such as waiving requirements for multiple forms of ID, providing payments in advance and waiving conditionalities, these have been important for ensuring that those most at risk of exclusion can be more easily identified and enrolled.

2.3 Delivery/payment modalities

Payment modalities take various forms and modalities should be tailored to specific contexts, allow recipients to choose their preferred method of delivery, and targeted to ensure equal access to benefits. Different payment modalities are increasingly being used in the delivery of social protection and COVID-response mechanisms, with varying advantages and disadvantages depending on context.

Technology-based delivery modalities (such as online banking and mobile money) have been increasingly used in COVID-19-response interventions. These mechanisms can have important transformative benefits promoting the financial inclusion of women but inequalities in ownership, access and knowledge of new technologies can risk excluding some population groups.

Where manual payments or distributions are being used (including cash, voucher or cheque distribution), COVID-19 management protocols have been put in place to minimize the spread of the illness[2]. These adaptations also should consider the differential needs of programme participants collecting payments and avoiding long queues, long waiting times and crowds. For example, these should consider the ability of participants to access pay point locations, or shops to spend vouchers (e.g. physical access and infrastructure as well as time required, considering financial opportunity costs and caring responsibilities), including safety en route to and at distribution points.

Delivery modalities also should consider recipients' preferences for the mode of delivery, as well as addressing who in a household can collect the payment and consider whether children and dependents will need to accompany these individuals.

Finally, other aspects of delivering programme interventions, such as conditions to use health care services, children's attendance at school, or work requirements, also need to be assessed and most likely be relaxed during COVID-19. On-going assessments on the safety and efficacy of putting these measures back in place, as well as assessments on women's time, will be needed (e.g. given that women are often responsible for meeting conditions and COVID has increased the time women spend on domestic and care responsibilities).

2.4 Protection and safeguarding

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[2] For example, including physical and social distancing, voluntary self-isolation and shielding, mandatory quarantines, border closures, lockdowns etc.

Measures should be put in place to reduce the risk of harm to programme participants, communities, and programme staff. Evidence suggests that cash transfers have potential to decrease forms of gender-based violence (GBV), including intimate partner violence (Buller et al., 2018). However, during and in the aftermath of a crisis, including COVID-19, there is increased risk of many forms of GBV, including sexual exploitation and abuse (SEA) and sexual harassment (SPACE, 2020 and www.safeguardingsupporthub.org).

Risk mitigation measures should be taken in all stages of a social protection intervention and use available guidance and access expertise in the design and delivery of programming.

In addition to robust grievance redress mechanisms (GRMs) that can appropriately receive and address reports of protection concerns (see below), measures should be put in place to prevent GBV, and to monitor possible unintended effects or ongoing risks faced by programme participants, including corruption, solicitation of bribes, exclusion errors, jealousy and community conflict, GBV, and SEA.

2.5 Grievance redress/complaints & appeals mechanisms[3]

Additional support may be needed to ensure that these mechanisms are fully accessible to all programme participants and community members and that they provide multiple channels to make complaints or provide feedback. The quality of GRMs in existing social protection programmes and humanitarian response varies significantly. Particularly in situations of weak state-led accountability, these mechanisms are often the only systems available to hold services to account and report and monitor issues, such as safeguarding and exclusion[4] (Ayliffe, Aslam and Schjødt, 2017). Such systems are critical especially in the context of COVID-19 response where programmes have been adapted, and there is a need to ensure a suite of context-specific individual and community accountability mechanisms. This is especially important for individuals who may not be used to, or confident in, making formal legal complaints or providing feedback (or have the means to do so, for example through phones or written forms).

Specific mechanisms are required for safe and confidential reporting of GBV and SEA by programme participants and community members. Such systems should have trained staff who can receive disclosures with empathy and professionalism, referral networks that can make referrals for case management and other specialised services (i.e. healthcare, psychosocial support, and voluntary reporting to law enforcement) as well as trigger any mandatory reporting procedures (i.e. child neglect or violence against children), in a timely and safe manner. Reporting systems should have the capacity to investigate or refer investigations to the relevant body and investigations that find misconduct should lead to disciplinary action against perpetrators and strengthening of systems to prevent future occurrences. Reporting systems should include the participation and support of all actors involved in social protection programming. Where information needs to be shared, for instance when a report has been made against the staff of a social protection actor and an internal investigation must be instigated or where referrals to

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[3] Grievance redress mechanisms may also be referred to as complaints and feedback mechanisms, refer to the formal institutions and mechanisms that are designed to receive programme recipient and community complaints or grievances related to a programme – for example, targeting and exclusion concerns, corruption, late or incomplete payments, and importantly, reports of violence, exploitation, and abuse and other safeguarding concerns.

[4] Recent efforts have been made to establish interagency SEA reporting systems in humanitarian contexts, for example, in northern Iraq.

specialised services are made for survivors, data sharing protocols should be in place to ensure confidentiality, privacy, and prevent backlash against survivors, as well as those involved in investigations (Robinette, 2020).

Reporting systems should be accompanied by efforts to communicate with communities and build awareness and understanding among recipients, communities, and programme staff about what constitutes violence, exploitation, and abuse and other forms of misconduct as well as how to access existing reporting systems (AoR, 2020).

2.6 Monitoring and evaluation

Monitoring and evaluation indicators should capture the different programme experiences and outcomes for women and men, as well as measuring changes in gender relations and empowerment. This means collecting data from individuals, not just the household (or the household head). For example, gender equality and social inclusion indicators are required to monitor or evaluate programme impacts on:

I.   differences in programme experiences and outcomes between sexes, ages, and abilities, usually collected and analysed through disaggregated indicators at the individual level

II. changes in gender relations, equality and empowerment, collected and analysed through GESI-indicators to capture these changes, and

III. protection issues, including violence against women and children, that arise in the implementation of the programme (where ethical and safety considerations can be met), monitored by trained specialists.

Gender-responsive monitoring and evaluation of social protection should be designed and implemented by specialized staff drawing on both international best practice as well as local expertise (FAO, 2020b). The process of data collection is important, ensuring that data collection adheres to ethical standards as well as COVID-19 related regulations on distance and contact. A large body of literature documents best practice in COVID-19 primary data collection (e.g. ODI repository). These include resources on doing remote participatory research and large-scale data collection as well as methodological and ethical considerations. Important for GESI considerations, data collection should consider the limitations regarding generalizability that occur if sampling frames systematically exclude voices from women and other groups with lower access to mobile technology. Current guidance cautions against collecting direct measures of violence against women and children, except in situations where standard ethical protocol, including privacy and referral considerations can be assured (Peterman et al. 2020; Bhatia et al. 2020; Namy & Dartnall 2020).

2.7 Actors, capacities and skills

Engaging local actors and ensuring adequate staff capacity on GESI as well as gender balance of social protection staff are necessary for the effective implementation of equitable and inclusive

social protection responses to COVID–19. Diverse local actors, and particularly women's organisations,[5] have a key role to play in the planning, design and delivery of COVID–19 response interventions. This role is critical during COVID–19, where movement restrictions and health considerations are forcing a strong reliance on networks of local representatives to support the implementation of programmes across numerous points of delivery, such as identifying the changing needs of the population, providing last mile support to minimize risks of exclusion, advising on delivery modalities and grievance cases to best support particular groups including women and people with disability, and monitoring key constraints faced during the delivery of programmes (see, for example, WIEGO's tracking system of government response to the needs of informal workers).

Staff capacity on GESI programming is also important, however levels of knowledge and confidence on GESI is often variable. Staff members may not be clear about what empowerment means or what aspects of gender equality and social inclusion should be promoted through programmes. This can be the case even in programmes that have strong gender design features and can also be a particular risk when new staff are brought in at short notice (e.g. as surge capacity) to respond to COVID–19 and deliver a social protection intervention at scale.

3 GUIDING PRINCIPLES FOR IMPLEMENTING EQUITABLE AND INCLUSIVE COVID–RESPONSE INTERVENTIONS

Taking the above considerations into account, the following guiding principles can be applied to promote the implementation of inclusive and transformative social protection in the context of COVID–19 response:

- **Plan and assess**: Put in place a costed GESI strategy based on analysis of available data and information and with participation of affected populations to ensure that the diverse and intersecting inequalities and risks that programme participants face are identified, understood, and addressed throughout the programme cycle.
- **Inform**: Provide accessible information in various formats to ensure that all programme participants and communities are equally aware of the programme, its objectives, rationale, enrolment and delivery processes, including GESI concerns, and expected conduct of programme staff. Work with and through networks of local organizations to sensitize communities.
- **Adapt and include**: Adapt the programme's implementation processes to address the GESI barriers that recipients may face in enrolment or payment – this may include providing

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[5] Local NGOs, local government agencies, women's networks and groups, organisations representing youth, older people, people with disabilities, indigenous groups, faiths, and trade unions and informal worker organisations etc.

multiple options or tailoring implementation to the diverse needs of programme participants.

- – **Protect**: At all stages of the implementation process ensure that there are protection risk mitigation and safeguarding measures in place, including referral mechanisms for participants who request additional services, and that the delivery of the programme is transparent and accountable to affected people.
- – **Invest in gender-responsive programming and competent teams**: i) Ensure that GESI considerations in planning and design, implementation, complementary activities, and monitoring are included in budgets and are adequately resourced; ii) Put in place teams with diverse staff profiles and expertise in GESI and invest in the capacity of coalitions of local organizations and affected people to co-design and implement across all relevant components of implementation.
- – **Transform**: Look for opportunities to empower recipients and support longer-term work that can transform negative social norms that underpin exclusion and inequality, including through linkages to complementary programmes and services.

Table 1. Actions for strengthening GESI in the implementation of social protection responses to COVID

Key Actions	Programme implementation and guidance examples
Pre-implementation needs assessment	
Conduct needs assessment (and draw on existing data analysis and knowledge) to understand: • Risks and vulnerabilities that all genders face and how these vary with respect to age, disability and ethnicity; how gender and social norms reinforce and modify these risks • GESI factors that may limit the participation in the programme, including access to enrolment, receipt of, control over or use of benefits, including community level safety and security of operational locations • The likely effects of the programme on GESI, both positive and negative • Other potential GESI barriers and opportunities throughout the programme implementation cycle • Opportunities to address and promote transformative outcomes through complementary interventions across the life-course Needs assessments should be integrated into other pre-program analysis (e.g. market analysis, poverty analysis, risk analysis etc.), including gender and disability experts, and in consultation with local GESI actors. Needs assessments should involve the participation of all genders, especially women and girls, to ensure the needs of all community members are captured. Special efforts should be made for groups that are typically excluded from assessments, including people living with disabilities, migrants and refugees, and older people.	FAO Technical Guide 2 – Integrating gender into the design of cash transfer and public works programmes (toolkit) (FAO, 2020) CVA in COVID-19 contexts: guidance from the CaLP network (CaLP, 2020) Rapid Assessment in the context of COVID-19 Gender Handbook for Humanitarian Action (IASC, 2017) Disability Inclusive Social Protection Response to COVID-19 Crisis (UNPRPD, 2020) Standard disability assessment modules – Washington Group Short sets (Washington Group, 2016)

Determining eligibility, enrolment and registration	
Determining eligibility GESI analysis is needed to identify the risks and vulnerabilities of the population in each context and the potential impacts of the crisis. Consideration needs to be taken on whether household or individual targeting is required to meet their needs: • Draw on GESI needs assessment (above); • Focus on minimising exclusion errors; and • Engage local organisations to help with the design of targeting and coverage. If household level transfers are used, assess the appropriateness of naming women as recipients. Also consider the following strategies to ensure women's access to and control over transfers: • Authorising multiple people in a household to carry out transactions; • If explicitly targeting women is deemed not to be feasible, ask households to nominate a named recipient rather than assigning a household head; • Provide relevant information to both men and women on the programme, eligibility, purpose, transfer modality, access, use etc. • Provide accompanying messaging on importance of equitable gender relations, emphasising the benefit is for the entire family, and meant to increase household harmony and wellbeing; • Consider targeting multiple recipients (e.g. co-wives) in diverse household structures such as polygamous households, which may be at increased need for resources. **Enrolling and registering all eligible individuals and households** Ensure that all eligible individuals and households are able to access enrolment and registration processes to reduce the risk of excluding those most in need. Consider levels of literacy, language, mobility, timing, access to technology. • Ensure safety/reduced risk of contagion during enrolment and registration procedures, to reduce the spread of disease for programme participants and staff. • Simplify enrolment and registration procedures by resolving or removing physical and administrative (including documentation) barriers to social protection.	Gender and Inclusion in social protection responses during COVID-19 (SPACE, 2020) FAO Technical Guide 2 – Integrating gender into the design of cash transfer and public works programmes (toolkit) (FAO, 2020) Advancing Women's Digital Financial Inclusion (GPFI, 2020) Sourcebook on the Foundations of Social Protection Delivery Systems (Lindert et al. 2020) Women's groups and COVID-19: Challenges, Engagement and Opportunities (de Hoop et al. 2020) Building an integrated and digital social protection information system (Chirchir and Barca, 2020) Pakistan's Kafaalat cash transfer programme started in February 2020 used door-to-door digital surveys to identify women recipients, and automatically opens bank accounts for women to increase financial inclusion (Bourgault & O'Donnell 2020) To simplify identification and enrolment of recipients, Tlaxcala state in Mexico added a new component of the "Superate" programme called "Superate Mujeres" where female heads of household previously in the recently eliminated "Prospera" program, but not recipients of the national benefit were automatically enrolled and deemed eligible for a monthly grant (UN Women LAC, 2020) Leveraging an existing programmatic data base, the Indian government sent emergency cash to accounts of a financial inclusion scheme (Pradhan Mantri Jan-Dhoan Yojana) which were registered to women (Bourgault & O'Donnell 2020)

○ Provide simplified forms, eligibility criteria and documentation / identification / authentication requirements (e.g. the importance of 'pay now, verify later') ideally leveraging ID and civil registration systems where possible; ○ Set up and staff additional, temporary offices in locations that are safe and accessible for the target group; where appropriate employ women (or other group) enumerators to share information and register eligible recipients; ○ Take registration activities to communities through addition of registration places or doorstep services; ○ Cover transport costs for applicants to travel to social welfare offices elsewhere; ○ Cater to different language/comprehension/ communication needs (see bullet below); ○ Leverage the capacity and networks of workers' organisations (including informal workers), women's groups, disabled persons organisations etc. to support enrolment and registration processes for their members. • Identify the most appropriate communication channels to reach women, child-headed households, people with disabilities and minority communities. For example, provide relevant programme information in local languages, utilise local media, television, radio, text messaging, community postings where possible, infographics and visual representations, utilise local leaders and groups such as women's collectives and member-based organisations. Identify the best time of day for women to receive messages, given pressures of unpaid work and caring responsibilities on women's time. • Triangulate and disaggregate sources of data to identify and reduce exclusion errors of the eligible population who may face the highest barriers to enroll and register, e.g. safe community forums/listening sessions through mobile phones, grievance mechanisms • Consider how temporary recipients can be transitioned into national social protection programmes and systems in the longer-term when setting up / adjusting social protection databased and management information systems (Linking Humanitarian & Social Protection Information Systems in the COVID-19 Response and Beyond)	In El Salvador, eligibility for additional benefits were determined by examining household electrical use – under the assumption that the most vulnerable families would be those that used the least electricity (UN Women LAC, 2020) Organizations of informal workers such as the Self Employed Women's Association (SEWA) in India and the Union de Trabajadores de la Economia Popular (UTEP) in Argentina have worked closely with governments to provide lists and contact details of their members, to support the government in reaching workers, in educating and informing their members about government programmes, and acting as a last mile bridge between the government and intended recipients (see WIEGO).
Delivery modalities	
Ensure that all eligible programme participants are able to receive benefits through the programme's chosen delivery modality. Consider differences in access to information and understanding on how and when to receive benefits, the accessibility and timing of paypoints, access to banking	Sourcebook on the Foundations of Social Protection Delivery Systems (Lindert et al., 2020) Digital transfers in the time of COVID-19: Opportunities and consideration for

systems or mobile phones for digital payments etc. Combining and tailoring multiple strategies may be most appropriate:

- Give choice to recipients on how they receive and use the benefits: recipients will know the best delivery options for their circumstances, so the more choices they can be offered better responds to their needs
- Tailor the delivery mechanism according to the diverse profiles and needs of programme participants;
- Provide timely support and build on what is already in place; and
- Strive to accommodate individuals and groups with unequal access to payment mechanisms, particularly paying attention to the needs of women, elderly, refugees and people with disabilities.

Pre-distribution and advanced planning

Identify potential barriers to accessing and using new technologies:

- Some groups of individuals may have lower ownership of and less access to mobile phones and banking; consider literacy rates, financial skills and familiarity with technology that can affect confidence and ability to use mobile technology for money transfers:
  - o Identify groups and areas where mobile ownership is low and employ multiple strategies to respond to this – e.g. combining digital payments with other mechanisms and working through networks of local trusted affiliates to provide last mile registration support.
  - o Provide mobile phones, SIM cards, and credit to recipients with no ownership or access to phones, who may be women, older persons, people living with disabilities, and provide training on how to use mobile money transfers as well as offer access to remote helpdesks.
  - o Ensure simple registration and verification processes. Some recipients may not meet Know Your Customer (KYC) requirements, ID cards or other required documentation. Consider various verification options (including linking SIM cards to bio data), ensuring compliance with data protection.
  - o Put in place procedures with frontline payment service providers to deal with immediate payment problems.

women's inclusion and empowerment (Zimmerman et al., 2020)

The Future of G2P Payments: Expanding Customer Choice (Baur-Yazbeck, 2019)

Options for rapid delivery (payment) of cash transfers for COVID-19 responses and beyond (SPACE, 2020)
Protocols for the prevention and control of infections in the face of the COVID19 pandemic for teams in the field during Cash Distributions (CaLP, 2020)

Guidance for Cash-Based Transfers in the Context of The Covid-19 Outbreak (WFP, 2020).

How to administer pension payments during the COVID-19 pandemic (HelpAge International, 2020)

How older people can safely collect pension payments during the COVID-19 pandemic (HelpAge International, 2020)

COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement (UN Women, 2020)

Jordan's Hajati programme has three channels of communication with participants: i) one-way SMS, ii) RapidPro for two-way SMS at no cost to recipients and a helpline for direct communication. These allowed the programme staff to communicate about emergency relief operations and inform recipients of safety measures to avoid COVID-19 exposure while collecting cash (de Hoop et al. 2020).

Guatemala's Bono Familia emergency cash-grant of GTQ 1,000 (US$ 130) to

Provide clear information and communication suitable to meeting the needs of women, people with disabilities, older people, child-headed households:

- Consider the type of information required, for example:
    - Redefine who is eligible to receive payments;
    - Re-confirm collection date and time, and specify if there are different times of the day or on different days for groups picking up payments;
    - Reiterate adherence to the distancing regulations to help crowd control, and also provide reassurances to allay people's fears about shortages;
    - When receiving cash transfers, advise recipients not to leave children with people more vulnerable to COVID-19, including older persons and those who have been recommended to self-isolate or shield; and
    - Mitigate the risks of GBV and SEA by communicating information and expectations of programme staff, including what constitutes misconduct, the payment amount, eligibility requirements, and the rights and entitlements of programme participants
- Use local media, television, radio, text messaging, voice messages, community postings where possible, utilising local leaders and groups such as women's collectives and member-based organisations. Consider the best time of day for women to receive messages, given pressures of unpaid work and caring responsibilities on women's time.

Minimise the risk of large groups of people congregating, long queues or delayed payments. For example:

- Pre-arrange staggered payments or assign allocated times. For example, payments could be staggered using birth dates or national identification card numbers. Women could be prioritised and paid first, along with older people and people living with disabilities or who otherwise would experience barriers to collecting payments
- Consider increasing the payment amount and reducing the number and frequency of payments
- Increase the number of retrieval points and contract additional service providers to increase barrier-free locations to collect payments. Consider expanding agent networks through trusted local community organisations by relaxing regulations to allow for temporary agents and providing easier access to liquidity
- Advocate with service providers on the opportunities of employing women mobile money agents, who could be more effective in reaching out to other women

informal and self-employed workers, participants had a choice of how to cash out their benefits received through a mobile phone card. They could either use the code to withdraw from an ATM, or cash out at their nearest supermarket. The option for cashing out benefits at supermarkets has also reportedly worked well in South Africa. (WIEGO)

Albania's Council of Ministers Decision No 236 (March 2020) stated that additional measures were needed to provide "home assistance" to particularly vulnerable groups in terms of food, medical products and other services during Covid-19. Programme participants from this decision are people under the economic aid scheme, people with disabilities, retired persons and those who homeless due to the earthquake which happened last November. Women compose a considerable number of this programme participant's category. (Gentilini et al., 2020)

- Allow for participants to nominate a 'delegate' individual to collect benefits (if distribution is not digital), particularly for women who may not be able to travel due to pregnancy or caring responsibilities, people with disabilities, older people or illness.

For cashing out e-payments:

- Assess the agent network in terms of the operating environment/ gender norms. Consider the capacity of payment service providers to deliver payments efficiently and in a location convenient to recipients. Ensure that pay points are convenient and safe, especially for women and people with limited mobility, sensory and learning impairments or facing protection risks

Data protection:

- Ensure confidentiality and protection of personal data, particularly as individuals may face additional risks if they are known to be receiving benefits. Review data protection protocols to ensure disaggregated data is collected in an ethical and consensual manner and can be used for analysis and learning without compromising the identity of participants.

During distribution

- Establish priority queues for women with children, older people, people with disabilities, or those who are part of a group particularly vulnerable to COVID-19.
- Distancing measures should be clearly communicated and demonstrated by programme staff. Where possible, soap and water and/or hand sanitizer and masks should be accessible and provided to all those arriving for collection.
- Upon arrival, recipients should be screened using simple questions about COVID-19 symptoms, exposure, and temperature checks. All those who are screened out of collection due to COVID-19 symptoms or possible contact with COVID-19 should be provided with an alternative collection arrangement and provided information on relevant protocols for self-isolation, quarantine, or access to medical advice.
- Provide seating and shelter for people with mobility needs, women with young children, pregnant and breastfeeding women and older women and men. Consider creating child-friendly spaces at distribution locations that adhere to COVID-19 management protocols and regulations.
- Provide information on other specialised services that are available, including psychosocial support, child

protection and GBV services, sexual and reproductive healthcare and how programme participants can access them through visual and audio communications using simple messaging and graphics for those that are unable to read the language.	
• Identify specific times when vendors can come to sell water and food to programme participants in the queue. Vendors must follow all relevant COVID-19 management protocols and regulations, which might include wearing masks or altering their typical selling techniques, and the total number of vendors allowed to sell at the distribution point should be capped to avoid crowding. Priority should be given to women vendors to sell goods to programme participants waiting in the queue.	
Post-distribution	
• Hold regular debriefing and lessons learning sessions with local provider teams and cash agents to ensure that issues are identified and addressed for continued improvement of processes and procedures	
Protection and safeguarding	
• Wherever possible, provide information to programme participants on specialised services for GBV, including SEA, case management services, psychosocial support, safe housing and shelter, access to justice etc. If referrals and links to services are available via social protection GRMs, this should be advertised so participants are aware of the resource. Information and outreach on a) relevant services and / or b) messaging to programme recipients on prevention of GBV could be done at programme touch-points, or via broader community messaging via social media, radio, TV and flyers in commonly visited locations (health facilities, markets, etc.).	Cash & Voucher Assistance and Gender-based violence Compendium (Friedman, 2019).
• Ensure that staff have basic skills and resources to identify and mitigate risks of GBV. Programme staff should undergo police record and reference checks, especially for those in direct contact with programme participants and the community. Ensure programme staff and partners know where to find specialist expert advice and this is pre-identified and budgeted for (either through linking to existing dedicated GBV services, or in the case where none exist, via onboarding of a protection expert).	Child Safeguarding in Cash Transfer Programming (Thompson, 2012)

Guide for Protection in Cash-based Interventions (UNHCR et al. 2016)

Toolkit for Optimizing Cash-based interventions for Protection from Gender-based Violence: Mainstreaming GBV Considerations in CBIs and Utilizing Cash in GBV Response (IRC et al. 2018)

GBV Case Management and COVID-19 Pandemic (Yaker & Erskine, 2020)

VAWG Helpdesk for DFID staff (repository of resources) |
| • Carry out regular checks if partner institutional safeguards are working effectively (e.g. through spot checks and assessing if partner staff are adequately briefed and knowledgeable on relevant safeguarding and whistle-blowing policies); clauses in contracts or MoUs should state that violations in these policies can result in termination of contracts and legal action (DFID, 2018 VAWG Helpdesk Safeguarding – Checklist for Cash Transfer Programmes). | GBV Area of Responsibilities Helpdesk (repository of resources)

CaLP resources on gender and inclusion

In Iraq, GBV actors developed a set of prevention messages which could be adapted and disseminated on different platforms, including social media, TV, |

	radio and at distribution points. Messages could also be printed and displayed at health facilities or public spaces (Protection cluster et al. 2020). In Palestine, GBV actors developed a set of messages for risk communication and community engagement, aimed at different actors to raise awareness and prevent domestic violence and sexual exploitation (GBV sub-cluster Palestine, 2020)
Grievance and redress mechanisms	
- Ensure all community members and programme participants are aware of GRM and how to use it - GRM should provide easy, anonymous reporting of complaints. In the context of COVID-19, there may be more reliance on GRM through phone calls and text messages (although note that text messages are not always suitable for communication related to intimate partner violence, as perpetrators may have access to mobile devices and this may increase risk to survivor if messages are seen). There should also be other ways to access GRM if mobile phone usage is low. This needs to be appropriately communicated (see above). - GRM should provide feedback to individuals on how their complaint is being processed and how it was dealt with. - GRM should be equipped to receive complaints about all forms of GBV, including SEA, and take appropriate action to instigate investigations of programme staff misconduct and provide information and referrals to specialised services to survivors. GRM should include: - Information on what constitutes GBV, SEA, and neglect - An up-to-date referral pathway to specialised services, including case management services, that includes a directory of contacts and protocols in place for information sharing and referrals - Consider establishing an anonymous recording system to keep account of complaints - GRM should be resourced and empowered to carry out or delegate investigations into complaints. Where programme staff misconduct is found through investigations, disciplinary and legal action should be taken, and survivors should only participate voluntarily. GRM should make mandatory reports, particularly in the case of violence and neglect of children, to appropriate mechanisms for follow up. - Budgetary support should be made available to support the cost of service delivery of specialised service providing agencies, particularly local organizations.	Hotline in a box (toolkit) (IFRC, 2020) Social Accountability in the Delivery of Social Protection (Ayliffe et al. 2017) Interim Technical Note: Grievance Mechanisms for Sexual Exploitation and Abuse & Sexual Harassment in World Bank-funded Projects (World Bank, 2020) Accountability, Feedback & Complaints Mechanisms in Humanitarian Responses to Migration (START Network, 2020) Checklist to Protect from Sexual Exploitation and Abuse During COVID-19 (Interim Guidance) (ISAC, 2020)
Monitoring and evaluation	

• Measure gender outcomes irrespective of whether gender equality is an explicit objective or not. At a minimum, all data should be disaggregated by sex, age and disability.
• Measurements should go beyond capturing the number of female-headed (versus male-headed) households covered in a programme. Where possible, use a combination of quantitative and qualitative measures and data. The development of indicators needs to capture individual-level, not only household level, information. Example indicators include:
    o How benefits were used by individuals or female-headed households and male-headed households
    o The type of constraints recipients face in accessing benefits (in enrolment, registration, and receiving payments)
    o Percentage of females receiving payments digitally (disaggregated by age and disability)
    o Percentage of grievances, complaints and inquiries addressed with time-frame outlined in project operations manual (disaggregated by sex, age and disability)
    o Percentage of programme participants who expressed satisfaction with the project interventions, including on delivery and communication modalities (disaggregated by sex, age and disability)
    o Reported time and expenditures related to programme- activities (such as training on digital payments, process of receiving payments), disaggregated by sex, age, disability status
    o Reported exposure to messaging among target audience
    o Reported take-up of complementary interventions / services
• To capture transformative outcomes, indicators should monitor changes in social norms and relations between genders and be designed with the input of a specialist with knowledge of the context. Example indicators include:
    o Who controls / makes decisions over the use of the social protection benefit in the household (disaggregated by sex, age, disability)
    o Changes in women's self-reported decision-making, autonomy, confidence, self-efficacy and life satisfaction since the beginning of the programme (further disaggregated by age and disability)
    o Changes in attitudes about women's roles in the community and household, including gendered division of labour since beginning of the programme
	CVA in COVID-19 contexts: guidance from the CaLP network (CaLP, 2020).
	
	FAO Technical Guide 3 – Integrating gender into implementation and monitoring and evaluation of cash transfer and public work programs (toolkit) (FAO, 2020b)
	
	Tips for collecting primary data in a COVID-19 era (Samuels, 2020)
	
	SVRI Knowledge Exchange: Pivoting to remote research on violence against women during COVID-19 (Namy & Dartnall, 2020)
	
	Remote data collection on violence against women during COVID-19: A conversation with experts on ethics, measurement & research priorities (Part 1) (Peterman et al. 2020)
	
	Remote data collection on violence against children during COVID-19: A conversation with experts on ethics, measurement & research priorities (Part 2) (Bhartia et al. 2020)
	
	Gender-Based Violence Monitoring and Mitigation within Non-GBV Focused Sectoral Programming (Bloom et al. 2014)
	
	Post-distribution Monitoring (PDM) Module: Adapting CBIs to Mitigate GBV Risks (WRC 2018)
	WHO Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies (WHO, 2007)
	
	The World Food Programme undertook a six-country study using a combination of case studies, practitioner surveys and learning workshops to investigate how cash-based interventions promote gender-equality and women's empowerment (pre-COVID-19). The study took place in Bangladesh, Egypt, El Salvador, Jordan, Mali and Rwanda (WFP, 2020)

○ Level of confidence and knowledge around using digital payment mechanism, disaggregated by sex, age, disability
    ○ Narratives around individual challenges and lived experiences around important life choices and experiences and how the social protection programme, including different components (e.g. cash benefit, information, services, knowledge) have affected the lives of women, men, children, families and communities.
• Data collection and research must adhere to ethical standards and COVID-19 management protocols and regulations and if necessary, have the approval of institutional reviews boards. The safety of researchers and programme participants and research respondents is paramount and should be carried out with a "Do No Harm" approach.
• GBV prevalence monitoring requires trained enumerators and should only be done if participant safety can be ensured, services and referrals are available to respondents disclosing GBV and if subsequent data is actionable (e.g. will directly address the future risks of GBV for programme participants). Programmes should aim to capture, monitor and address any unintended protection issues that arise in the programme in a way that protects survivors from additional risk and harm and with the support of GBV specialists with knowledge of the context. Example lines of inquiry include:
    ○ Perceptions and reports of GBV or SEA
    ○ Perceptions and reports of early, forced, or child marriage
    ○ Perceptions and reports of harmful and exploitative child labor, including exposure to hazards
	The Women's Refugee Commission and Save the Children partnered to undertake case studies using focus group discussion guides from the WRC toolkit in <u>Niger</u>, <u>Jordan</u> and <u>Somalia</u>. The case studies focus on mainstreaming gender-based violence considerations into cash-based interventions (WRC, 2018)

Actors, capacity and skills	

• Engage local organizations and networks representing a range of diverse groups to be engaged throughout all of the following components of the response, including:
    ○ Identifying needs of affected populations both before and during implementation, particularly as needs are changing, as well as after implementation as part of monitoring and evaluation
    ○ Identifying excluded people and assisting with inclusion and last mile support to ensure that vulnerable groups are not excluded, for example by supporting households to access SIM cards or identify trustees for transfers
    ○ Advising on delivery modalities and ensuring that they are designed for the needs with of the most vulnerable
	<u>Programming Guidance: Embedding Localisation in the Response to COVID-19</u> (SPACE, 2020)
	
	<u>A Feminist Approach to Localisation</u> (Oxfam Canada, 2018)
	
	<u>COVID-19 and the disability movement</u> (International Disability Alliance)
	
	<u>COVID-19, Informal Workers and WIEGO's Work</u> (WIEGO)
	
	How to support survivors of gender-based violence when a GBV actor is not available in your area (<u>Pocket Guide version 2.0</u>)

o Identifying, advising and potentially delivering programmes to promote empowerment and transformation for recipients and their families across the life course
o Both identifying those at protection risk as well as providing risk mitigation and case management services to those who are affected
o Advising on grievance cases, particularly where local networks can leverage their proximity to community members to rapidly identify and help to mitigate risks at an early stage; supporting communities to hold service providers to account
o Engaging in policy discussions and programme governance structures
• Ensure that staff have the capacity, skills and resources to deliver gender and disability -sensitive and transformative social protection:
  o Involve gender, disability and protection specialists throughout the programme cycle. Provide access to gender resources and mainstreaming tools
  o Aim for gender and diversity balance within programme staff and leadership
  o Project staff could develop a network and learning platform between actors working on gender, disability, social protection, humanitarian response and protection issues to share knowledge and data on GESI
• Identify capacity gaps of programme staff on gender equality, and social and disability inclusion and provide or identify training for staff and partners. Identify capacity gaps of local organizations that are GESI-led or –focused and provide capacity building funding and training to improve their capacity and work alongside other actors.
• Provide opportunities for female recipients and persons with disabilities to be involved in programme design, delivery, and governance, to promote their leadership and decision-making
• Enable and support the coordination and collaboration between programmes implementing interventions on gender equality, inclusion, empowerment and transformation across the life course (for example, linkages to adolescents and safe spaces, tailored skills training and job opportunities, community networks etc.).
• Ensure that staff have the capacity, skills and resources to identify and mitigate GBV risk. Ensure programme staff and partners know where to find specialist advice.
	Gender-Based Violence Monitoring and Mitigation within Non-GBV Focused Sectoral Programming (Bloom et al. 2014)
	
	Security the Safety and Wellbeing of Women Frontline Healthcare Workers in the COVID-19 Response (Yaker, 2020)