

Age, Gender and Diversity Considerations – COVID-19

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This guidance on Age, Gender and Diversity (AGD) Considerations in relation to the COVID-19 pandemic is intended as a quick reference tool to support colleagues in the field who are working directly with populations of concern and/or engaged in protection advocacy. It has been developed in response to requests for further guidance on how the evolving COVID-19 pandemic may disproportionately impact specific ADG groups.

Why

Women, older persons, survivors of gender-based violence (GBV), children, youth, person with disabilities and LGBTI persons are often socio-economically marginalised and have specific vulnerabilities that need to be addressed. In addition, being a member of a refugee, asylum-seeker, IDP or stateless community often increases these risks and reduces access to key services. In line with the [2018 Age, Gender and Diversity Policy](#), in the context of the COVID-19 epidemic, it is essential that UNHCR operations maintain contact, either directly or through partners or community members with these specific groups to analyse the impact of intersecting personal characteristics to inform protection risk mitigation approaches and assistance.

This Guidance will provide overarching tips to be considered when applying an AGD approach and provide additional key considerations and tips for the following community groups: [children](#), [women and girls](#) (considering gender elements and GBV risks), [persons with disabilities](#), [older persons](#), [LGBTI persons](#) and [youth](#). At the end of the documents is a list of resources to support efforts.

Key Overarching Tips

As indicated below, many of the identified AGD groups will have specific protection issues related to their background and individual needs. However, there are measures, steps or considerations that should be followed for each group:

1. Collect and analyse **sex, age and disability** aggregated data to monitor and respond to implications of COVID-19 on different community groups;
2. Ensure [risk communication and community engagement](#):
 - Share regular, accurate information that is understandable, accessible and adapted to needs and priorities of different members of communities;
 - Ensure meaningful participation of specific groups when engaging the community and in decision-making fora;
 - Identify and use preferred communication channels of the specific community group;
 - Ensure trusted and secured channels for specific target group to provide feedback or complaints; and
 - Analyse feedback, responding and adapting messages to address concerns of the specific community group or rumours or misinformation.
3. Adapt response to address the **needs and priorities** as identified by the specific community group;
4. Identify and try to address barriers to access to services for the specific community group (key messages, awareness raising, advocacy, etc.) and adapt services to respond to the risks of the COVID-19. Ensure all service providers respect safety advice for COVID 19, identify core services, scale up online services and provide protective equipment for essential service providers;
5. If protection measures are put in place by the authorities to stop the transmission of COVID-19 (i.e., quarantine, self-isolation), consider the specific physical, cultural, security, mental health, psychosocial, sanitary and/or special needs of the specific community group. Advocate with authorities that these measures address specific vulnerabilities and needs, such as care for the elderly or children, and procedures are in place for reuniting families separated as a result of the measures and/or enabling contact to be maintained;
6. Assess how protection measures or the COVID-19 pandemic affect UNHCR regular programme and targeted activities (assistance, distribution, services, counselling) for the specific community group and adapt to effectively meet the critical needs of the specific community group (see also: *Maintaining Critical Protection Services in the COVID-19 Pandemic*); and
7. Coordinate with partners and relevant inter-agency mechanisms on communication and targeted interventions.

Women and Girls (gender considerations and GBV risks)

Women and girls of concern to UNHCR are likely to experience distinct challenges and risks associated with the COVID-19 outbreak, exacerbating already existing gender inequalities.¹

Increased responsibility related to caregiving and within the household may limit women and girls' access to information, services, including critical health services, education and livelihood activities.

During an outbreak, where women have less power in decision making than men, their needs may largely be unmet and life-saving resources for reproductive and sexual health may be diverted to the emergency response. In addition, live-saving care and support to GBV survivors may be disrupted.

Women and girls could be at heightened risk of intimate partner and other forms of domestic violence as a result of increased food insecurity and heightened tensions in the household.

Negative economic impacts may increase the likelihood of survival sex, transactional sex and risk of sexual exploitation and abuse in the community and within projects, all of which greatly enhance exposure to the COVID-19 virus as well as sexually transmitted diseases.

Tips for Mitigating Risks faced by Women and Girls, including GBV

1. Possible barriers for access to services: traditional gender roles and responsibilities, social norms and practices, mobility constraints, opening hours, presence and access to female staff and service providers, safety concerns, childcare responsibilities, social distancing restrictions, etc;
2. Focus on maintaining availability of other essential health services, including menstrual hygiene supplies, reproductive health services and support to GBV survivors; and
3. To the extent possible, provide special social protection programs to support women who are single parents, heads of households or are the main breadwinners.

Persons with Disabilities

People with disabilities are at higher risk of contracting COVID-19 due to barriers in accessing preventive information and hygiene, reliance on physical contact with the environment or support persons, as well as pre-existing respiratory conditions that they may be caused by certain impairments.²

Tips for Mitigating Risks faced by Persons with Disabilities

1. Information must be shared in different **accessible formats using accessible technologies** (i.e., captioning, sign language for mass media; plain language; alternative phone lines for blind persons or email addresses for deaf or hard of hearing) [see below for [further tools and guidance](#)];
2. Possible barriers to access to services: mobility constraints, physical and communication accessibility etc.; and
3. To the extent possible, support persons should be accommodated and/or considered.

Children

While there are cases of children with COVID-19, children are currently appearing to be much less at risk of becoming ill as a result of COVID-19 than adults. However, hundreds of millions of children are out of school

¹ Based on extensive research and evidence from other disease outbreaks such as ebola, zika and cholera. See for example: Julia Smith, *Gender matters in responding to major disease outbreaks like Ebola*, 22 July 2019; Dala T. Korkoyah, Jr. and Francis F. Wreh, *Ebola Impact Revealed: An Assessment of the Differing Impact of the Outbreak on Women and Men in Liberia*, July 2015 or Nidhi Kapur, 'Gender analysis: Prevention and response to Ebola Virus Disease in the Democratic Republic of Congo', *Reliefweb*, 31 January 2020.

² *International Disability Alliance, Toward a Disability-Inclusive COVID19 Response: 10 recommendations*, 19 March 2020

and confined to their homes, which for many IDP, refugee and stateless children means confinement to cramped living conditions with limited access to WASH. Disruptions to families, friendships and daily routines can have negative consequences for children's well-being and development. Confinement to homes and additional restrictions on movement increase risks of children being exposed to violence in the home and limit their ability to seek help. Increased numbers of children may be separated from their families and parents or caregivers due to restrictions on travel and movement.

Tips for Mitigating Risks faced by Children

1. Family separation: Work with authorities to ensure that measures to control access to territory and restrict movement allow for reunification of parents/caregivers and children and help families remain together. Provide family-based alternative care for children who become separated from parents/caregivers or whose parents become ill.
2. Access to core child protection services: Child protection service providers should put contingency plans in place to maintain access to critical child protection services, either remotely or in person. Establish or scale up protection hotlines or child helplines and ensure staff are trained in child protection. Where in persons services are required, ensure staff follow advise to minimise risk, and wherever possible have access to protective equipment.
3. Impact on education: Support remote learning for children and innovative ways to continue education. Provide schools with information to help them prepare for and support remote learning and resources to inform children and staff of how to protect themselves (see resources below)
4. Access to recreational activities: Limit recreational activities as needed according to national guidelines. Where activities are held, ensure guidance to limit risk of transmitting the disease is followed, and adapt activities accordingly.
5. Impact of confinement: Disseminate online resources for children and families to help them cope, manage confinement and keep their children and adults occupied (see below). Adapt existing guidance to the realities of living in overcrowded settings and settings with limited access to WASH.

LGBTI persons

In the context of the COVID-19 pandemic, members of the LGBTI community are highly likely to experience disproportionately adverse impacts, in terms of the medical impact for those with pre-existing immunosuppressed conditions, as well as in terms of intensified protection challenges, such as heightened risk of isolation, stigmatization, violence, abuse, discrimination and exploitation.

Negative economic impacts may increase the likelihood of survival sex, transactional sex and risk of sexual exploitation and abuse in the community and within projects, greatly enhancing exposure to the COVID-19 virus as well as sexually transmitted diseases.

Tips for Mitigating Risks faced by LGBTI persons

1. Use trusted, confidential communication channels to ensure persons of concern that may have suppressed immune systems due to HIV or other factors have updated, regular information about specific health concerns, referral pathways and possible prioritization for treatment if they present symptoms of COVID-19;
2. Possible barriers for LGBTI persons to access to services: consider pre-existing mental health and psychosocial issues, homo- or transphobic discrimination and abuse, other stigma and/or discrimination, threat to physical safety, etc.;
3. Consider establishing LGBTI-sensitive communication channels that can also be used for possible mental health and psychosocial support and for members of the LGBTI community to safely report concerns, harassment, discrimination or other sensitive complaints; and

4. Work with LGBTI persons of concern to educate counterparts among national public health and security services, camp or shelter administrators, humanitarian and LGBTI support partners of the rights of LGBTI persons, including access to health.

Older persons

COVID-19 encompasses very specific risks for older persons. WHO has classified older persons³ and, in particular, those with underlying health problems like high blood pressure, heart problems or diabetes, as being more at risk of becoming seriously unwell with COVID-19 (WHO, [Q&A on Coronavirus](#)). Older people are also more likely to have ongoing health needs that require medication and assistance. Older people can often be more socially isolated and the restrictions on movement may disproportionately affect them. Older people can also be reliant on others for their basic needs and can also be particularly economically vulnerable.

Tips for Mitigating Risks faced by Older people

1. Advocate with authorities that special provisions are made to ensure older people have access to support and basic services in any restrictions on movement or travel.
2. Identify older persons of concern that may have underlying health issues and where possible, ensure that older POCs have updated, regular information about health concerns, referral pathways and possible prioritization for treatment if they present symptoms of COVID-19 and that such information is made available in ways that is accessible and takes account of the specific needs of older persons; and
3. Identify core services for older persons and ensure that they are maintained and support older persons who may need access to ongoing medical assistance.
4. Help older people access the support they need from families, friends and neighbours, while respecting social distancing. Support community monitoring of the situation of older people to identify any particularly vulnerable persons and ensure access to support.
5. Possible barriers for older persons to access to services: consider pre-existing health issues, mobility constraints.

Youth

While in the context of the COVID-19 pandemic young people currently appear to be less at risk of becoming seriously ill than older people, many young people contracted COVID-19 and have become seriously ill. Other young people who show no signs can still contract the virus and transmit it to others. The economic impact on young people, who often already have the highest rates of unemployment are particularly concerning, especially for refugees or IDPs who are often employed in the informal sector with limited access to social protection schemes or worker rights. Young women and men face gender specific risks, and young refugees or IDPs may be at particular risk of stigmatisation and violence in their communities and by their peers. However, youth are also a huge resource in the response to the crisis, and their expertise, commitment and familiarity with social media make them a huge asset in the response.

Tips for Mitigating Risks faced by Youth

1. Young people need to take same precautions as anyone else. Young people are not immune from COVID-19 and should follow basic precautions including social distances;

³ The concept of age can vary by culture: UN classifies an older person as some over the age of 60, in other contexts it is 65 and over and in others it begins at 50 or 55 (see: WHO, [Proposed working definition of an older person in Africa for the MDS Project](#)).

2. Disseminate youth friendly Risk Communication and Community Engagement for information and stigma reduction. Sensitize young people about their special responsibility to keep themselves and others safe from the virus;
3. Identify young persons of concern that may have underlying health issues that make them particularly vulnerable to the disease and ensure that they have updated, regular information about health concerns;
4. Ensure young people who volunteer and support their communities follow basic measures for protecting themselves and others from the virus;
5. Engage youth as critical partners in COVID-19 response. Encourage young people to confront and prevent stigma and discrimination, engage youth to spread key messages about protection from the virus. Activate youth leaders, influencers and bloggers to speak up in support of the COVID-19 response measures and creatively propose new ways to protect communities from the virus; and
6. Encourage young people to confront and prevent stigma and discrimination against members of their community and other communities

Useful References Documents / Websites

Overarching / Cross-cutting

Reference Documents

The Regional Risk Communication and Community Engagement Working Group (Asia and the Pacific), [COVID-19: how to include marginalized and vulnerable people in risk communication and community engagement](#)

Sharon Begley, 'Who is getting sick, and how sick? A breakdown of coronavirus risk by demographic factors', *STAT*, 3 March 2020

[Interagency guidance note on Mental Health and Psychosocial Support](#)

Children

The Alliance for Child Protection in Humanitarian Action

[Technical Note: Protection of Children during the Coronavirus Pandemic \(v.1\)](#)

[Guidance Note: Protection of children during infectious disease outbreaks \(English, Arabic\)](#)

[Webinar and transcripts on Guidance Note: Protection of Children During Infectious Disease Outbreaks](#)

[Study Guide: Protection of children during infectious disease outbreaks](#)

UNICEF, WHO and IFRC, [Key Messages and Actions for COVID-19 Prevention and Control in Schools \(English, French, Arabic\)](#)

UNICEF, [IEC Tools](#)

WHO, [Helping children cope with stress during the 2019-nCoV outbreak](#)

National Association of School Psychologists (NASP), [Talking to Children About COVID-19 \(Coronavirus\): A Parent Resource](#)

UNICEF Lebanon, [Awareness videos for children](#)

Inter-agency Network for Education in Emergencies, [Coronavirus](#) [list of resources collected to support the provision of education in places affected by COVID-19, with particular focus on distance learning, alternative education, e-learning, and psychosocial support]

Women and Girls (Gender + GBV)

CARE, [Gender Implications of COVID-19 Outbreaks](#)

Asia-Pacific Gender in Humanitarian Action Working Group, [COVID-19 Outbreak and Gender](#)

GBV AoR

Webinar: Impacts of COVID-19 on Women & Girls (English, French)

Tools & Resources for Thematic Areas (COVID-19)

COVID-19 Community of Practice Dropbox

COVID-19 Contingency Planning: Guidance for GBV Coordination Groups, 18 March 2020

Robyn Yaker and Dorcas Erskine, 'GBV Case Management and the COVID-19 Pandemic', *GBV AoR Helpdesk*

Wenham et al., 'COVID-19: the gendered impacts of the outbreak', *The Lancet*, 6 March 2020

GBV Sub-Sector Myanmar, *Guidance Note on GBV Service Provision during the time of COVID-19*

Dr Erika Fraser, 'Impact of COVID-19 Pandemic on Violence against Women and Girls', *UKAid*, 16 March 2020

GBV Guidelines, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action* [website repository of resources]

IRC, *Rapid assessment on gender and violence against women and girls in the Ebola outbreak in Beni, DRC*, March 2019

Anjali Manivannan, 'Gender Inequalities in Access to Information about Ebola as Gender-Based Violence', *Harvard Human Rights Journal*, 22 June 2015

Girls' Education Challenge, *Safeguarding and COVID-19: Guidance Notes for Projects*, 19 March 2020

Persons with Disabilities

International Disability Alliance, *Toward a Disability-Inclusive COVID19 Response: 10 recommendations from the International Disability Alliance*

Inclusion Europe, *Easy-to-read information about Coronavirus in many languages*

European Disability Forum, *Open Letter to leaders at the EU and EU Countries: COVID-19 – Disability Inclusive Response*

WHO, *Disability considerations during the COVID-19 outbreak* [link to be added when published]

LGBTI

Asia-Pacific Gender in Humanitarian Action Working Group, *Integrating Gender into Humanitarian Action: Good Practices from Asia-Pacific 6*

Older people

HelpAge

COVID-19 Guidance and advice for older persons

Protecting older people during the COVID-19 pandemic

Youth

UNICEF, *How teenagers can protect their mental health during coronavirus (COVID-19)*

United Nations Major Group for Children and Youth, *Statement on COVID-19*