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UNDP BRIEF

GENDER-BASED VIOLENCE AND COVID-19

THE COVID-19 OUTBREAK HAS INTENSIFIED DOMESTIC AND GENDER-BASED VIOLENCE (GBV) GLOBALLY.

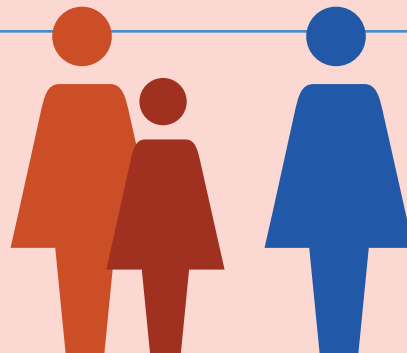
GBV increases during every type of emergency – whether economic crises, conflict or disease outbreaks.

Pre-existing toxic social norms and gender inequalities, economic and social stress caused by the pandemic, coupled with restricted movement and social isolation measures, have led to an exponential increase in GBV¹. Many women are in 'lockdown' at home with their abusers while being cut off from normal support services.

To prevent and address GBV, we must work on dedicated actions and strategies, which are outlined in section 1 of this briefing note. UNDP Country Offices, UN sister agencies and other partners can also contribute to addressing GBV by ensuring that their broader interventions to cope with the COVID-19 crisis – even when they do not explicitly address GBV – can help enhance the protective factors to prevent GBV (see section 2). This briefing note also provides cross-cutting considerations to be mainstreamed across every intervention (see section 3).

GLOBALLY

243
MILLION



**WOMEN AND GIRLS
AGED 15-49 HAVE BEEN
SUBJECTED TO SEXUAL
AND/OR PHYSICAL
VIOLENCE PERPETRATED BY
AN INTIMATE PARTNER IN
THE PREVIOUS 12 MONTHS.**

The number is likely to **INCREASE** as security, health, and money worries heighten tensions and strains and are accentuated by cramped and confined living conditions.

¹ In France, for example, cases of domestic violence have increased by 30 per cent since the lockdown on March 17. Helplines in Cyprus and Singapore have registered an increase in calls by 30 per cent and 33 per cent, respectively. In Argentina, emergency calls for domestic violence cases have increased by 25 per cent since the lockdown started.

COVER IMAGE: Angelina Bambina/Shutterstock

INFOGRAPHICS: UN Women (2020). *The Shadow Pandemic: Violence Against Women and Girls and COVID-19*, New York. <https://www.unwomen.org/en/digital-library/multimedia/2020/4/infographic-covid19-violence-against-women-and-girls>

01

DEDICATED ACTIONS AND STRATEGIES TO PREVENT AND ADDRESS GBV

Integrate GBV in national and sub-national COVID-19 response plans

In our work with governments, UN agencies and our partners play a critical role in ensuring not only business continuity of existing GBV response and prevention services, but also to support governments in preparing for the increased demand for such services in the context of COVID-19.

- Ensure that GBV response services, including justice services, are designated as essential and remain open and accessible, including through online and digital platforms.
- Support budgeting to, at minimum, ensure human and financial resources are not diverted from essential GBV services and essential maternal health services. Data from Ebola-affected Sierra Leone indicates a spike in maternal mortality due to resources being diverted elsewhere². In anticipation of increased demand for essential GBV services, advocate for additional human and financial resources for essential GBV services to the extent possible.
- Conduct a rapid GBV and COVID-19 assessment to understand the changing context and any gaps in capacity or services.
- Promote the inclusion of women's organizations in COVID-19 plan development, implementation and monitoring.
- Support governments in promoting and protecting human rights throughout COVID-19 response. This may include efforts to ensure emergency COVID-related policies and legislation uphold international human rights standards and that civic spaces for civil society, including human rights defenders, are protected.
In Bangladesh, UNDP is supporting the National Human Rights Commission to establish a hotline to receive human rights complaints³.

Provide coordination support and advice

Working closely with UN Country Teams and Resident Coordinators on the ground, UNDP and other partners can support governments in coordinating multi-sectoral action.

- **In Paraguay**, UNDP is working with partners to activate and expand a national roundtable which brings together law enforcement and justice, GBV and child protection officials. UNDP Paraguay is also working with partners to equip the Ministry of Women with a "situation room" that will track the evolution of GBV and coordinate the response and the prevention of GBV during the COVID-19 crisis.
- **UNDP Mexico** is working with UN Women to develop a "sorority network" among municipalities, safe spaces for women and girls, and other institutional programs delivered by the Centers of Justice for Women.

2 Sochas L, Channon AA, and Nam S. (2017) *Counting indirect crisis-related deaths in the context of a low-resilience health system: the case of maternal and neonatal health during the Ebola epidemic in Sierra Leone*. Health Policy Plan 2017; 32 (suppl 3): iii32–39.

3 This is part of a broader effort - though the Global Programmes Tripartite Partnership with the Global Alliance for National Human Rights Institutions (GANHRI) and the United Nations Office of the High Commissioner for Human Rights (OHCHR) - to support National Human Rights Institutions.



Adapt and expand services such as shelters, safe spaces and essential housing, along with psycho-social support and advice for individuals experiencing or at risk of GBV

- Ensure that individuals can safely prepare to break free of abusive situations, by providing accessible support, advice and reporting mechanisms. **UNDP Mexico** is working with UN Women and other partners to support the LUNA centers (safe spaces for women and girls) to develop new protocols and provide support via phone and a virtual platform. In **Paraguay**, helplines will be strengthened by the provision of key equipment and COVID-19 specific training, including on how to address cases of children whose caregivers are ill or in quarantine elsewhere. In **Fiji**, through the Global Programme on Rule of Law and Human Rights, UNDP is supporting civil society organisations that have responded to the crisis and opened counseling helplines, where expert counsellors are responding to calls 24 hours a day, seven days a week. In **Chile**, UNDP and UN Women are strengthening the capacities of the Women’s Centers to provide remote care.
- Expand capacities of shelters and guarantee that survivors have somewhere safe to go to, as demand for GBV safe spaces will very likely increase. For example, **France** has made 20,000 hotel room nights available to women needing shelter from abusive situations.

HELPLINE TIP

Lockdown situations add an additional challenge for women accessing helplines, as they may fear being overheard by their abuser, which specific measures such as code words, code numbers and ‘no-dial or chat’ options can help mitigate. If you are initiating a new helpline, two key elements are: training of staff and referral pathway partners, and widely disseminating information about the service.

Support police and justice actors to provide adapted services

Periods of confinement or lockdown do not lessen the need for access to justice or rule of law. On the contrary, the needs are even greater as some rights and freedoms can be rolled-back or threatened in the context of COVID-19 response (such as the implementation of discriminatory measures targeted against LGBTI and vulnerable populations and reduced access to sexual and reproductive health services). GBV strategies need to be integrated into operational plans of the justice and security sectors throughout COVID-19 preparedness, response and recovery. When courts are not operating, advocate for the inclusion of GBV services in the skeletal services provided and ensure that necessary safeguards exist for GBV survivors.

- Update GBV protocol and Standard Operating Procedures (SOPs) in the context of COVID-19. In **Spain**, for example, women are exempt from the lockdown if they are leaving a situation of domestic violence. In **Italy**, prosecutors have ruled that the perpetrator – rather than the survivor – must leave the family home, in situations of domestic violence. In **Argentina**, dispatched police are instructed to remove the perpetrator from the scene and receive complaints and statements at home or remotely. The government has extended protection orders for survivors to 60 days. Statutes of limitations on offenses, particularly sexual violence offenses, should also be suspended.
- Support partnerships and coordination between police and non-justice sectors that women and girls may have safe access to. In the **Canary Islands, Spain**, women can use the code message “Mask-19” to alert pharmacies about a situation of domestic violence that brings the police in to support. In **Cumbria, UK**, police have enlisted postal workers and delivery drivers to look out for signs of abuse.
- Ensure civil cases, such as protection orders in the case of domestic violence, are classified as urgent cases by courts that have restricted operations due to emergency COVID-19 measures. Where hearings cannot be held in the short term, support to access alternative dispute resolution mechanisms should be facilitated.

- Provide justice services virtually, including legal advice, psychosocial advice, police and justice services including hearings, as is the case in **Colombia**. Courts in places such as **Beijing, New York City and Canada** have also instituted phone, teleconference and online hearings.
- Provide increased capacity strengthening, to keep pace with the adapted services. **UNDP Uganda** is working with government and UN partners to adapt e-learning modules for police, public prosecution, judiciary and prison officers.
- **In Chile**, UNDP and UN Women have been working with the National Prosecutor's Office to increase the number of survivors that pursue legal proceeding against their aggressors. The intervention, developed with the support of the Behavioral Insights Team and funding from the Innovation Facility, offers remote accompaniment and information to women throughout the legal proceedings.
- Explore other ways to address accessibility challenges during lockdown, such as: legal aid helplines for survivors; the possibility to admit testimony and evidence electronically; and mobile justice units.

Assess and update GBV referral pathways to reflect any changes in formal or informal services or access points as a result of the COVID-19 pandemic

Coordinate with partners from UN agencies, civil society and government, including women's machineries and national human rights commissions, and disseminate rapidly. Continue to monitor the situation and update the referral pathway regularly.

- Each referral listed should contain: the name of the institution/organization, type of service(s) provided, how it can be reached during the COVID crisis (phone number, physical location, etc.), contact person, cost of service(s) and hours of operation.
- Create referral booklets. This resource list should be small enough to be hidden and should include a range of other non-GBV services (e.g., social welfare, healthcare, social grants, community centers, and others relevant to the broader project activities such as weather services) so as not to alert a potential perpetrator about the nature of the information supplied.

Emerging data shows that since the outbreak of COVID-19, violence against women and girls, and particularly domestic violence has **INTENSIFIED**.

30%

IN **FRANCE**, REPORTS OF DOMESTIC VIOLENCE HAVE INCREASED BY **30%** SINCE THE LOCKDOWN ON MARCH 17.

25%

IN **ARGENTINA** EMERGENCY CALLS FOR DOMESTIC VIOLENCE CASES HAVE INCREASED BY **25%** SINCE THE LOCKDOWN ON MARCH 20.



30 & 33%

IN **CYPRUS** AND **SINGAPORE** HELPLINES HAVE REGISTERED AN INCREASE IN CALLS OF **30%** AND **33%** RESPECTIVELY.

INCREASED CASES OF DOMESTIC VIOLENCE AND DEMAND FOR EMERGENCY SHELTER HAVE ALSO BEEN REPORTED IN **CANADA, GERMANY, SPAIN, THE UNITED KINGDOM** AND **THE UNITED STATES**.

Engage government⁴, private sector and civil society actors, including community, traditional and faith-based leaders, to send a strong message that violence will not be tolerated

In addition to sending a strong message that violence will not be tolerated, government and civil society actors should also emphasize: perpetrators will be punished; services for survivors, such as the ones listed above, are available; and everyone has a role to play.

- Be inclusive. To reach as many people as possible, including hard-to-reach, remote and vulnerable groups, use multiple channels (such as TV, radio, SMS, etc., as electricity, internet, and mobile network access may vary significantly), and if applicable, multiple languages. Text captioning or signed videos for hearing impaired and online materials for people who use assistive technology should be employed to reach persons with disabilities⁵. The public outreach campaign **in Paraguay**, for example, will use community radio stations and SMS messages in Spanish and Guarani. **UNDP Peru** is developing a podcast to raise awareness of the risks of GBV and the rights of survivors.
- Collaborate with civil society organizations, including local women's organizations, as they can help disseminate information to those who need it most. Partner with disability organizations and caregiver groups, to help reach women and girls with disabilities, and ensure their needs and interests are integrated into GBV services and delivery⁶.

Provide direct and indirect support to civil society organisation service providers

Many civil society organisations (CSOs) will be under increased pressure to provide essential services, while staff may have fallen ill or have significant care responsibilities as a result of the COVID-19 crisis.

- Provide additional funding and capacity support, particularly to those CSOs that provide services to hard-to-reach communities or groups facing intersecting forms of discrimination. **In South Africa**, support is being allocated to accelerate community-level service delivery for survivors of GBV, with dedicated focus on women in the informal economy, as well as young girls and women affected by HIV and AIDS.

Enable community-led solutions, including empowering "good bystanders"

- Create spaces for communities to lead GBV prevention and response. For instance, **UNDP Sudan** supports community-based paralegals in camps for internally displaced people to provide basic legal advice and employ dispute resolution techniques to prevent or mitigate violence. **In Somalia**, UNDP is working with partners to develop "neighborhood watch" systems, whereby elected men and women will receive training to regularly patrol their neighborhood to prevent or mitigate incidents of violence.⁷ **In the UK**, the network '[Vaccines Against Domestic Violence](#)' has over 2,500 volunteers who support families to resolve conflicts without violence.

4 Messages should come from the highest level of government, and be reinforced across relevant ministries (Justice, Health, Finance, Social Welfare, etc.).

5 For more guidance on inclusion of women and girls with disability, please see this brief from the GBV Area of Responsibility Helpdesk (2020). Disability Considerations in GBV Programming during the COVID-19 Pandemic. https://gbvaor.net/sites/default/files/2020-03/Disability%20Considerations%20in%20GBV%20programming%20during%20COVID_Helpdesk.pdf.

6 Ibid.

7 Those patrolling will apply the safety regulations of operating under COVID (keeping a distance of 1,5m – do not touch individuals – cough in the inside of your elbows – use hand sanitizers or wash your hands with soap at regular intervals).



- Promote dialogue across sectors at national and sub-national levels. **In Botswana**, Local Emergency Operating Centres will raise awareness and engage the community in addressing GBV. These community structures – made up of a school principal, a farmer, a veterinarian, a social worker, a nurse, a Councilor, a tribal chief, and a member of civil society – will advise government on the needs of the village. **UNDP Uganda** and Spotlight Initiative partners are working with faith-based organisations, traditional and cultural institutions, and CSOs to develop innovative approaches to disseminate real time COVID-19 messages, including those that promote social cohesion.

Mitigate the economic impact of COVID-19 on survivors of GBV

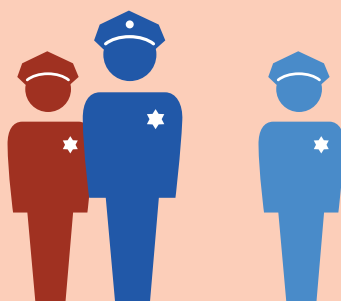
Economic impacts of COVID-19 will be felt most egregiously by women and girls, particularly survivors of GBV, who may already be economically disadvantaged or economically dependent on their abusers.

- Support survivors' economic resiliency and independence by putting funds directly into their hands. Several countries already have plans to do this, for example:
 - **In Bogotá, Colombia**, authorities are guaranteeing survivors of domestic violence full access to cash transfers during the COVID-19 crisis⁸.
 - **Paraguay** is incorporating a gender perspective in its recently launched cash-transfer programme, "Ñangareko", in order to ensure the most vulnerable women and their families have access.
 - **Australia, France and the UK** have each allocated additional, dedicated funding to support women experiencing violence.

NATIONAL RESPONSE TO COVID-19 MUST INCLUDE:



SERVICES TO ADDRESS VIOLENCE AGAINST WOMEN AND GIRLS. This includes increased resources to support shelters, hotlines and online counselling. These essential services should be expanded and adapted to the crisis context to ensure survivors have access to support.



A STRONG MESSAGE FROM LAW ENFORCEMENT THAT IMPUNITY WILL NOT BE TOLERATED. Police and justice actors must ensure that incidents of GBV are given high priority and care must be taken to address the manifestations of violence emerging in the context of COVID-19.



PSYCHOSOCIAL SUPPORT for women and girls affected by the outbreak, GBV survivors, frontline health workers and other frontline social support staff must be prioritized.

8 OECD (2020). [Women at the core of the fight against the covid-19 crisis](#).

02

STRATEGIES AND ACTIONS TO MAINSTREAM GBV PREVENTION AND RESPONSE IN 'NON-GBV' INTERVENTIONS

Address GBV risk factors in socio-economic assessment and response

The social and economic impacts of COVID-19 will be different for women and men, boys and girls. Increased economic insecurity may increase stress within the household, along with a GBV survivor's economic dependence on their abuser, making it more challenging to leave. The risk of child, forced or early marriage may also increase as a coping strategy to financial and food insecurity. Conversely, increases in women's economic autonomy may disrupt power dynamics within the household, potentially resulting in male backlash.

- Integrate GBV prevention into women's economic empowerment initiatives, including cash transfers, fiscal relief and stimulus for businesses, and skills programmes. In Ebola-affected **Sierra Leone**, a cash transfer programme that integrated GBV and sexual exploitation training to mobile money agents and other distribution partners offers a promising example⁹.
- Use gender-responsive budgeting to assess the gender differentiated impact of recovery programmes, as is the case in **Malawi**.
- Ensure impact assessments and responses leave no one behind. **Peru** is supporting Amazonian indigenous peoples, indigenous women in particular, improve their immediate access to social protection. Its socioeconomic impact assessment of COVID-19 on the indigenous peoples' economy and livelihoods will be gender- and interculturally-sensitive.
- See this briefing note on [The Economic Impacts of COVID-19 and Gender Inequality: Recommendations for Policymakers](#) for detailed advice on gender-responsive socio-economic impact assessments.

Do No Harm

All COVID-19 interventions must, at minimum, do no harm, by ensuring that they do not reinforce or reproduce the existing power imbalances and patriarchal norms which not only underpin GBV, but also undermine broader social cohesion and sustainable recovery.

- Incorporate sexual exploitation and abuse (SEA)/sexual harassment (SH)/GBV screening into all recruitment and procurement processes. Where available, use the Clear Check Database as a screening tool¹⁰. Ensure partners have been made aware of and are compliant with SEA prevention policies.
- Identify GBV-related risks as part of any risk assessment. Include GBV risk mitigation and protection outcomes in project monitoring and evaluation. This [Guidance for Gender Based Violence \(GBV\) Monitoring and Mitigation within Non-GBV Focused Sectoral Programming](#) from CARE International provides very useful guidance on how to assess and mitigate risks.
- Monitor GBV risks via a simple, anonymous and confidential GBV tracking system. These should document any GBV events that project staff, project partners, and project volunteers or other representatives hear about and/or observe. One example is community check-ins, which may be single-sex groups, or potentially separate groups for influential community members vs regular community members (to

9 For more information, see: Welcome Radice, H (2017). *Cash Transfers for Food Security in Epidemics: A Review of the USAID Food for Peace Response to the Ebola Crisis in Liberia and Sierra Leone*. <http://www.cashlearning.org/downloads/calp-ebola-documentation-report-web.pdf>.

10 For more information about Clear Check: <https://www.unsystem.org/content/screening-database-clearcheck>

ensure that influential people and leaders' voices and opinions do not dominate over other community members). Community check-ins should never directly ask about personal experiences of GBV; if participants raise this, give them the opportunity to share their story in private with a trained individual who can make appropriate referrals.

- Establish a gender-sensitive grievance mechanism which all constituents are aware of and can assess, per [UNDP SECU guidelines](#).
- Create spaces for multisectoral dialogue, including engaging with interagency mechanisms such as protection cluster, sectoral working groups (such as health, livelihoods and education). Encourage interaction through the appropriate and available means dictated by the context, including through digital platforms.

Integrate GBV prevention into COVID-19 interventions

GBV prevention is a goal in of itself, and it also can intensify progress across multiple development goals (as it improves health outcomes, economic productivity and educational attainment). There are opportunities to integrate evidence-based GBV prevention programmes, such as [Indashyikirwa](#) and [SASA!](#), throughout COVID-19 response and recovery initiatives.

- UNDP's [GBV Programming Portal](#)¹¹ outlines opportunities and entry points for integrating GBV prevention into the following thematic areas: economic empowerment; environment and climate change; HIV, health and development; crisis response and recovery; rule of law, justice, security and human rights.
- UNDP's "[Ending GBV and Achieving the SDGs](#)" project is focused on integrating evidence-based GBV prevention models into broader sectoral programmes, such as livelihoods, [local governance](#) and [climate change](#).
- For more information on how to integrate GBV prevention into an intervention, get in touch with your Regional Gender Advisor¹², or HQ-based GBV Focal Point (diego.antonio@undp.org).

As stay-at-home orders expand to contain the spread of the virus, women with violent partners increasingly find themselves **ISOLATED** from the people and resources that can help them.

<40%

LESS THAN 40% OF WOMEN WHO EXPERIENCE VIOLENCE REPORT THESE CRIMES OR SEEK HELP OF ANY SORT.

Violence against women and girls is pervasive but at the same time widely under-reported.

87,000

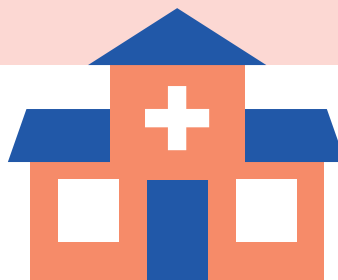
WOMEN INTENTIONALLY KILLED IN 2017. The majority of these killings were committed by an intimate partner or family member of the victim.

1.5 TRILLION

THE GLOBAL COST OF VIOLENCE AGAINST WOMEN HAS BEEN ESTIMATED AT APPROXIMATELY US\$1.5 TRILLION.

That figure can only be rising as violence increases now, and continues in the aftermath of the pandemic.

THE SURGE IN COVID-19 CASES IS STRAINING EVEN THE MOST ADVANCED AND BEST-RESOURCED HEALTH SYSTEMS TO THEIR BREAKING POINTS, INCLUDING THOSE AT THE FRONTLINES OF VIOLENCE RESPONSE.



Domestic violence shelters are reaching capacity, or unable to take new victims due to lockdown and social distancing measures. In other cases they are being re-purposed to serve as health centers.

¹¹ This website is currently accessible to UNDP personnel only. To request access to the website, please email: jessica.zimmerman@undp.org

¹² Gender advisor for Africa: Odette Kabaya. odette.kabaya@undp.org; Gender advisor for Arab States: Frances Guy. frances.guy@undp.org; Gender advisor for Asia Pacific: Koh Miyaoi. koh.miyaoi@undp.org; Gender advisor for Europe and Central Asia: Bharati Sadasivam. Bharati.sadasivam@undp.org; Gender advisor for Latin America and the Caribbean: Eugenia Piza Lopez. Eugenia.piza-lopez@undp.org

03

OTHER CONSIDERATIONS

Put women at the center

Put women at the center of all preparedness, response and recovery efforts, to mitigate disproportionately negative impacts on women and girls and to ensure sustainable recovery.

- Develop targeted strategies for women's leadership and participation in decision making in COVID-19 response, including response to GBV.
- Foster or develop women's networks including women's CSOs, GBV survivors' organizations, LGTBI associations, etc. and engage with them throughout any intervention.
- Acknowledge the increased caregiving responsibilities within the household and identify the timing and duration women may be more likely to be able to participate.

Utilize data to the fullest

Data is a crucial tool for understanding how and why pandemics such as COVID-19 may result in an increase in GBV. Data can help identify: GBV risk factors; the impact of COVID-19 on the availability of services for women survivors of violence; how women's access to such services and help-seeking from formal and informal sources is affected; new short and medium-term needs. These data are critical to designing evidence-based policy and programmes that respond to women's needs, reduce risks, and mitigate adverse effects during and after the pandemic¹³. Explore existing data and identify any gaps. It may not be possible to collect data on GBV prevalence (as such surveys need to take proactive measures to ensure the safety, confidentiality and privacy of respondents), so it is important to identify alternative options¹⁴.

- Qualitative data from women's organizations can provide rich, context-specific and timely information.
- Citizen-generated data, such as electronic and social media data, may also be a source of timely data. When no other data is available, "data mining" of social media can be a useful tool.
- At a minimum, all data should be disaggregated by sex, age and disability. When possible, disaggregate data to give visibility to LGBTI groups.

Engage men and boys

Engage men and boys by tailoring messages to challenge gender stereotypes and unequal gender roles.

- As part of the [Spotlight Initiative](#), in **Guyana**, COVID-19 information has been included in programmes addressing violent masculinities and linked to alcohol abuse.
- UN Women is supporting **Antigua and Barbuda, Malawi, Morocco, Sudan, Tanzania, Uganda and Zimbabwe** in promoting positive masculinities, including shared caregiving duties.
- **In Chile**, UNDP and UN Women are developing a communications campaign to raise awareness and disseminate information on available support services. This campaign includes specific messages targeting men that will be disseminated on the radio, particularly in more marginalized neighborhoods where social media is less accessible.

¹³ UN Women & WHO (2020). *Violence Against Women and Girls: Data Collection during COVID-19*. <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/vaw>.

¹⁴ There are specific safety and ethical guidelines for conducting GBV research, such as [Ethical and safety recommendations for research on domestic violence against women](#). If it is not possible to adhere to such guidelines - which may be the case in rapid response situations - such research must not take place, as it could exposing survivors to greater risk or revictimization. For more guidance, please see: <https://www.unwomen.org/en/digital-library/publications/2020/04/issue-brief-violence-against-women-and-girls-data-collection-during-covid-19>.

- Men and boys also experience GBV and gender-biased challenges to accessing services (e.g. stigma, perceptions that ‘real men’ don’t need support, etc). Ensure that services are also made accessible to men and boys.

Explore technology-based solutions

Social distancing and quarantine measures necessitate innovative and safe ways to connect¹⁵. Smartphone apps, SMS, and online platforms can disseminate information, provide services, generate and collect data, and share experiences. When there is a proliferation of such tools, UNDP can work with trusted organizations with expertise on GBV to assess their safety.

- Bright Sky, a **UK-based app**, can be used to help survivors prepare to safely leave abusive situations. It can be disguised for people worried about partners checking their phones. It can also log incidents of domestic abuse, without any content being saved on the device itself, building a secure body of evidence so police can intervene and secure a prosecution.
- **In Brazil**, apps such as SOS Mulher are being developed by the police and civil society with the dual function to report incidents of domestic violence during social isolation, as well as incidents of non-compliance with emergency protective measures imposed on the offender.
- As part of its partnership with Jumia Food, **UNDP Uganda** is exploring how to incorporate GBV messaging in an e-commerce platform which connects small and medium-sized enterprises and informal market vendors to customers, as part of its COVID-19 response.
- **Safety Net Australia** provides mobile phones and \$30 pre-credit in addition to providing survivors with the means to connect with support.
- Engage the private sector as partners in addressing GBV. Telecommunications companies in particular can play a positive role in helping to disseminate information on services or deliver support to survivors. For example, two firms in **Antigua and Barbuda** are offering free calls to helplines.

Adopt an intersectional approach

Adopt an intersectional approach that recognizes the differentiated impacts of COVID-19 on groups that face multiple forms of discrimination, such as indigenous peoples, LGBTI communities, migrant and domestic workers, people living with HIV, and persons with disabilities.

- **UNDP Paraguay**, for example, is working with local governments and UN partners to tailor its public campaign to reach indigenous communities. It is also working with partners to train helpline workers to respond to the specific needs of women domestic workers.
- Consider that during lockdowns, LGBTI groups, gender non-conforming people and those with other identities may be forced to stay in communities and family situations that heighten their risk of violence.

Foster a culture of gender equality, including zero-tolerance of sexual harassment and SEA

Epidemics can increase the exposure of women and girls to SEA. In Ebola-affected Sierra Leone for example, community members responsible for enforcing quarantine were accused of sexually assaulting girls¹⁶.

- **In Fiji**, a code of conduct designed by UN Women is in place to do no harm in working with community representatives and village leaders.
- Prioritize the physical and mental well-being of personnel¹⁷. Ensure psychosocial support is available to staff and partners, including frontline health and social support workers.
- See Section on “Do No Harm” for more details.

¹⁵ Digital platforms may not be accessible in all contexts, as 327 million fewer women than men have a smartphone and can access mobile internet (according to the [Mobile Gender Gap Report 2018](#)). In addition to accessibility, it is important to look at data safety and security when exploring digital solutions, as breaches in confidentiality can put women at greater risk.

¹⁶ The Alliance for Child Protection in Humanitarian Emergencies (2018). The Guidance Note on the Protection of Children During Infectious Disease Outbreak. <https://alliancecpha.org/en/child-protection-online-library/guidance-note-protection-children-during-infectious-disease>

¹⁷ Please see this guidance note from Raising Voices for detailed advice: [Guidance Note 3: How can we amplify self and collective care?](#)

ANNEX 1

UNDP's commitments to prevent and address GBV

- The [UNDP Gender Equality Strategy \(2018 – 2021\)](#) reaffirms UNDP's commitment to promoting and mainstreaming gender equality and women's empowerment in all that it does, including two priority areas of: preventing and responding to gender-based violence; and strengthening gender-responsive strategies in crisis (conflict and disaster) prevention, preparedness and recovery.
- In line with UNDP's Social and Environment Safeguards (SES), COVID-19 RRF funding proposals must include an assessment and allocate funds to address possible unintended consequences related to GBV.
- [UNDP Strategy and Action Plan on Response to Sexual Harassment and Sexual Exploitation and Abuse 2019-2020](#) reaffirms a zero-tolerance policy, along with several measures such as integrating safeguards throughout its portfolio.

ANNEX 2

Gender-based violence and COVID-19 – Annotated Programming Matrix

The COVID-19 outbreak has intensified gender-based violence (GBV) globally. The matrix below summarizes some of the key recommendations and entry points to prevent and address GBV throughout COVID-19 response and recovery.

KEY RECOMMENDATION	SPECIFIC ACTIONS AND EXAMPLES
<p>Provide policy advice to governments on integrating GBV in national and sub-national COVID-19 response plans and budgets</p>	<ul style="list-style-type: none"> • Support budgeting processes to, at minimum, ensure human and financial resources are not diverted from essential GBV services and maternal health services, and that they remain open and accessible.¹⁸ • Provide coordination support and advice. In Paraguay, UNDP is working with partners to activate and expand a national roundtable which brings together law enforcement and justice, GBV and child protection officials. • Support governments in promoting and protecting human rights throughout their COVID-19 response, including efforts to ensure emergency COVID-19 related legislation upholds international human rights standards and that civic spaces for civil society, including human rights defenders, are protected. • Coordinate with partners to conduct rapid GBV and COVID-19 assessments, and update the referral pathway. • Develop targeted strategies for women's leadership and participation in COVID-19 plan development, implementation and monitoring.
<p>Support police and justice actors to provide adapted services during periods of confinement or lockdown</p>	<ul style="list-style-type: none"> • Update police services GBV protocol and Standard Operating Procedures (SOPs). In Spain, women are exempt from the lockdown if they are leaving a situation of domestic violence. In Italy, prosecutors have ruled that the perpetrator – rather than the survivor – must leave the family home, in situations of domestic violence. • Provide comprehensive justice services virtually and allow for the possibility to admit testimony and evidence electronically. Courts in Beijing, New York City and Canada have instituted phone, teleconference and online hearings. • Provide remote training for judges, prosecutors and legal aid providers on protocols for handling GBV cases, including virtually. • Support partnerships and coordination between police and non-justice sectors that women and girls may have safe access to. In the Canary Islands, Spain, women can use the code message "Mask-19" to alert pharmacies about a situation of domestic violence that brings the police in to support. In Cumbria, UK, police have enlisted postal workers and delivery drivers to look out for signs of abuse.

¹⁸ Data from Ebola-affected Sierra Leone indicates a spike in maternal mortality due to resources diverted elsewhere, per Sochas L, Channon AA, and Nam S. (2017) *Counting indirect crisis-related deaths in the context of a low-resilience health system: the case of maternal and neonatal health during the Ebola epidemic in Sierra Leone*. Health Policy Plan 2017; 32 (suppl 3): iii32–39.

Adapt and expand services such as shelters, safe spaces and essential housing along with psycho-social support and advice for individuals experiencing or at risk of GBV

- Expand capacities of shelters and other essential housing. **France** has made 20,000 hotel rooms available to women needing shelter from abusive situations.
- Provide accessible support, advice and reporting mechanisms, including helplines. Code words or code numbers can help women in lockdown, as they may fear being overheard by their abuser.
- Explore technology-based solutions, where women's digital access is high. Bright Sky, a **UK-based app**, can be used to help survivors prepare to safely leave abusive situations and log incidents. It can be disguised for people worried about partners checking their phones.
- Provide direct and indirect support to CSO GBV service providers, particularly those that provide services to hard-to-reach communities, human rights defenders or groups facing intersecting forms of discrimination.

Promote GBV-responsive health systems strengthening

- Train health service providers on how to handle disclosures of GBV. **Tanzania** is mainstreaming violence against women and children into the SOPs and protocols of service providers, so that they are able to conduct VAWC screening in reported cases of COVID-19.
- Express zero tolerance of sexual harassment, as previous epidemics indicate increased risks among female health workers.

Address GBV risk factors in socio-economic assessment and response¹⁹

- Disaggregate all data by sex, age and disability. When possible, disaggregate data to give visibility to LGBTI groups.
- Engage with women's organizations for rich, context-specific, timely qualitative data.
- Use gender-responsive budgeting to assess the gender differentiated impact of recovery programmes, as is the case in **Malawi**.

Build the economic resilience of GBV survivors

- Mitigate the direct economic impact of COVID-19 on survivors of GBV. **In Bogotá, Colombia**, authorities are guaranteeing survivors of domestic violence full access to cash transfers during the COVID-19 crisis.
- Integrate GBV prevention into women's economic empowerment initiatives to prevent the likelihood of "backlash" within the household.

Engage and empower partners²⁰ to send a strong message that: violence will not be tolerated; perpetrators will be punished; services for survivors are available; and everyone has a role to play

- Use multiple channels (such as TV, radio, SMS, etc.), multiple languages, text captioning or signed videos for hearing impaired, and online materials for people who use assistive technology. The public outreach campaign **in Paraguay**, for example, will use community radio stations and SMS messages in Spanish and Guarani.
- Collaborate with civil society organizations, including disability organizations, as they can help disseminate information.
- Enable community-led solutions. **In Somalia**, UNDP is working with partners to develop "neighborhood watch" systems, whereby men and women will be prevent, mitigate or resolve conflict.²¹ **UNDP Sudan** supports community-based paralegals in camps for internally displaced people to provide basic legal advice and employ dispute resolution techniques to prevent or mitigate violence.

Do No Harm, by ensuring that interventions do not reinforce existing power imbalances which not only underpin GBV, but also undermine broader social cohesion and sustainable recovery

- Adopt an intersectional approach that recognizes the differentiated impacts of COVID-19 on groups that face multiple forms of discrimination, such as indigenous peoples, LGBTI communities, migrant and domestic workers, people living with HIV, victims of trafficking and persons with disabilities.
- Incorporate SEA, SH and GBV screening into all recruitment and procurement processes.
- Include GBV risks and risk mitigation strategies in risk assessments and project M&E.
- Establish a gender-sensitive grievance mechanism which all constituents are aware of and can assess, per UNDP SECU guidelines.

19 See the briefing note on *The Economic Impacts of COVID-19 and Gender Inequality: Recommendations for Policymakers* for detailed advice on gender-responsive socio-economic impact assessments.

20 Including government, private sector and civil society actors, including community, traditional and faith-based leaders.

21 Those patrolling will apply the safety regulations of operating under COVID (keeping a distance of 1,5m – do not touch individuals – cough in the inside of your elbows – use hand sanitizers or wash your hands with soap at regular intervals).

ANNEX 3

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