

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.¹ ● 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.
<p>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</p>	<ul style="list-style-type: none"> ● 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.

¹ 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.

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 response²

- 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 partners³ 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.⁴ **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.
-

² 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.

³ Including government, private sector and civil society actors, including community, traditional and faith-based leaders.

⁴ 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).