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.

Provide policy advice to governments on integrating GBV in national and sub-national COVID-19 response plans and budgets

KEY RECOMMENDATION

SPECIFIC ACTIONS AND EXAMPLES

- 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.

Support police and justice actors to provide adapted services during periods of confinement or lockdown

- 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.

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.

¹ Data from Ebola-a ected 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 GBVresponsive 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 socioeconomic 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
 "neighorhood watch" systems, whereby men and women will be prevent, mitigate or resolve
 conflict. 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 socioeconomic 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).