

## Coronavirus Disease (COVID-19) Preparedness and Response UNFPA Interim Technical Brief

For the latest evidence, see the World Health Organization COVID-19 site:  
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

### Gender Equality and Addressing Gender-based Violence (GBV) and Coronavirus Disease (COVID-19) Prevention, Protection and Response.

#### *Key Messages*

#### **Core Message**

The pandemic will compound existing gender inequalities, and increase risks of gender-based violence. The protection and promotion of the rights of women and girls should be prioritized.

- Disease outbreaks affect women and men differently, and epidemics make existing inequalities for women and girls and discrimination of other marginalized groups such as persons with disabilities and those in extreme poverty, worse.
- Women represent nearly 70 percent of the healthcare workforce globally and not enough attention is given to how their work environment may be discriminatory, as well as what their sexual and reproductive health and psychosocial needs are as frontline health workers.
- Women can be less likely than men to have power in decision making around the outbreak, and consequently, their general needs and health, including sexual and reproductive health, may go largely unmet.
- Men may exhibit less health-seeking behavior because of rigid gender norms, wanting to be viewed as tough rather than weak, implying a delay in detection and access to treatment for the virus. Men may also feel pressure in the face of economic hardship resulting from the outbreak and the inability to work, causing tensions and conflict in the household, and possibly leading to violence.
- The COVID-19 pandemic may increase women's domestic burden, making their share of household responsibilities even heavier.
- Women are more likely than men to work in precarious, informal jobs while shouldering a greater burden of unpaid care, and can face interruptions to their work as a result of COVID-19 making them more vulnerable to shocks. Social protection systems that do not address gender inequalities during COVID-19 can exacerbate the multiple and intersecting forms of discrimination women and girls face.

- During this COVID-19 pandemic, where movement is restricted, people are confined, and protection systems weaken, women and girls are at greater risk of experiencing gender-based violence, and the threat of harmful practices including female genital mutilation and child, early, and forced marriages, especially for girls in disadvantaged and hard-to-reach areas.
- Gender, age and disability inequalities compound placing women, girls and vulnerable populations at greater risk of GBV and harmful practices and in need of prevention, risk mitigation and response services, at the same time that the very services they require are reduced as resources are diverted to respond to the overall health crisis.
- Different groups of women and men, particularly those most excluded such as those living in poverty, homeless persons, displaced persons, refugees, migrants, asylum seekers, persons with disabilities, indigenous people, internally displaced persons or refugees, LGBTIQ Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex individuals, and others who face intersecting and multiple forms of discrimination will face a higher risk of being left behind in access to outbreak response including testing, treatment, social protection, care, and within the quarantine experience.

## **UNFPA Response Interventions**

### *Addressing gender-based discrimination in outbreak response*

#### *Coordination, participation and consultation*

- Convene briefings with implementing partners, key interlocutors such as women's right groups and other organizations representing most marginalized communities, to ensure that the response to COVID-19 does not reproduce or perpetuate harmful gender norms, discriminatory practices and inequalities, including within the quarantine experience.
- Given the stark absence of women in many epidemic/pandemic planning and implementation, including in the COVID-19 experience thus far, advocate with national and local authorities to ensure that women's participation, including as health workers, is prioritized as their roles within communities typically place them in a good position to positively influence the design and implementation of prevention activities, and help with surveillance.
- In partnership with research institutions and academia, support research and strengthen the availability of evidence on the gender implications of health emergencies to inform advocacy and programmatic interventions that are gender-sensitive and responsive.
- Using already established UNFPA community networks, partners, and social mobilization, draw on its extensive networks of youth and women's organizations and religious and traditional leaders to cultivate compassion, raise awareness of and protection from the virus, promote healthy behaviour and social norm change, reduce stigma and discrimination while supporting the building of safer more resilient communities, taking care not to convene large crowds where this may increase the risk of transmission especially for women's groups and community networks who are among the most vulnerable as their movement may also be restricted and they may have less access to personal protective gear.

### *Outreach, social protection, and services for most marginalized women and girls*

- Apply gender analysis when developing outreach messages to the general public on public health measures including tailored messaging directed to men and women, as specificity will be needed to resonate with the right intended audience.
- Ensure that social protection systems and measures put into place by governments to address gendered risks over the course of the outbreak, as they play a vital role in protecting women from poverty and insecurity, helping them and their families cope from the outbreak, and recover from other economic and social shocks and ultimately promote and protect their rights.
- Extend paid parental leave and promote shared responsibility for care for those who need health care including those affected by COVID-19, the elderly, as well as care of children and family members during such crises.
- Advocate for surveillance and response systems that include disaggregated health-related data by age, sex, pregnancy status and disability to ensure that the most at risk have equal access to resources and opportunities.
- Be systematic in ensuring that excluded women and girls, including women and girls with disabilities, have critical information about how to prevent and contain the COVID-19 so that public advice campaigns and information from national health authorities are accessible to the entire public, for example, in sign language and accessible means, modes and formats, including accessible digital technology, captioning, relay services, text messages, easy-to-read and plain language.

### *Addressing gender-based violence (GBV) and harmful practices in all settings*

#### *Prevention, protection, response and coordination*

- Promote and maintain coordination of the UNFPA response with relevant gender and GBV coordination bodies and agencies. Facilitate and support these groups to strengthen inter-agency advocacy on key issues in the COVID-19 response that impact gender equality and GBV.
- Ensure staff and partners remain aware of Protection from Sexual Exploitation and Abuse (PSEA) measures and requirements <https://www.un.org/preventing-sexual-exploitation-and-abuse/content/training> and implement PSEA measures throughout UNFPA programmatic response. <https://www.unfpa.org/protection-sexual-exploitation-sexual-abuse-and-sexual-harassment>
- Undertake an analysis of the implications of COVID-19 on current UNFPA GBV and harmful practices programmes, including the Spotlight Initiative (a global, multi-year partnership between European Union and United Nations to eliminate all forms of violence against women and girls by 2030), the UNFPA-UNICEF Joint Programme to Eliminate Female Genital Mutilation and the UNFPA-UNICEF Global Programme to End Child Marriage, among others. Such analysis could include how these programmes can integrate advocacy, protection and response mechanisms to ensure that violence against women and girls are prevented and that access to services are ensured. Also refer to the UN-wide Violence Against Women and Girls (VAWG) Prevention Guidelines: <https://www.who.int/reproductivehealth/publications/preventing-vaw-framework-policy-makers/en/>

- In addition to working with humanitarian organizations, utilize UNFPA remote surge capacity to provide gender and GBV expertise who can ensure that GBV and appropriate coordination, planning and actions can be adequately integrated into emergency response.
- Ensure that community-based protection systems are still effective to protect women and girls from GBV and girls at risk of female genital mutilation and child, early and forced marriage especially in conflict-affected areas where health and education services have been interrupted and health and other infrastructure damaged.
- Provide technical support to integrate GBV risk mitigation into all aspects of the epidemic response and ensure it is included in national contingency/preparedness and humanitarian response plans, including providing tools and methodologies for risk mitigation and prevention of GBV in any cash and voucher (CVA) based programming, especially related to food security; conducting safety audits; health and water, sanitation and hygiene (WASH) responses.

#### *Services and response*

- Review the modalities of UNFPA programming to provide services for GBV survivors and those at high risk to ensure that the Do No Harm principle is respected. Consider adapting standard UNFPA interventions such as Women and Girl Safe Spaces to decrease the risk of coronavirus exposure. Scale-up remote modalities for service delivery, including for case management and psychosocial support, with accompanying training, staff support and quality of care.
- Provide technical support to ensure that GBV prevention and clinical management care and GBV referral systems are functioning according to national guidelines.
- Prioritize strengthening the response capacity of national hotlines; thus, increasing remote access to mental health and psychosocial support (MHPSS) and safety planning opportunities with trained service providers.
- Ensure that clinical management of GBV such as forensic kits, sutural of cervical and vaginal tears kit, post-rape treatment kits and dignity kits are available.
- Ensure GBV referral pathways and information are updated and disseminated regularly to UNFPA's relevant partners to facilitate access to GBV services throughout the health crisis.
- Promote and protect the ethical, safe collection and use of gender and GBV related data throughout UNFPA's programmatic responses, which may include reviewing and improving the functionality of pre-existing data protection mechanisms for the COVID-19 response.

#### *Capacity development for adequate response*

- Strengthen health services and provider competencies to render a comprehensive response to sexual violence and its consequences, including counselling, shelters, hotlines, prevention and treatment of sexually transmitted infections, human immuno-deficiency virus (HIV), post-exposure prophylaxis (PEP), emergency contraception, treatment and care for women with traumatic fistulas and pregnancy-related care. Specifically refer to the Health and Social Services Guidelines of the Essential Services Package: <https://www.unfpa.org/essential-services-package-women-and-girls-subject-violence>

- Ensure that health workers have the necessary skills and resources to deal with sensitive gender-based violence-related information, that any disclosure of gender-based violence be met with respect, sympathy and confidentiality and that services are provided with a survivor-centred approach.
- Ensure the well-being and care for agency staff and UNFPA's implementing partners of the response. Information on support mechanisms and briefings should be provided on a regular basis.
- Ensure that most excluded women and girls including those from indigenous communities, disabled, LGBTQI (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex), displaced persons, migrants, refugees, and others have equal access to GBV prevention and response during the outbreak. Use of existing guidelines such as the Guidelines for providing rights-based and gender-responsive SRH and GBV services for women and young persons with disabilities can be helpful: <https://www.unfpa.org/featured-publication/women-and-young-persons-disabilities>