**CONTINGENCY PLANNING FOR COVID-19 OUTBREAK**

**GENDER-BASED VIOLENCE SUB-CLUSTER/WORKING GROUP**

**As of 18 March 2020**

**Proposed template**

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| **Activities** | **Indicators and Targets** | **Responsible Agencies** | **Challenges/Gaps** | **Proposed Actions to Address Gaps** |
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**Menu of prospective preparedness activities and indicators (for contextualization at national and sub-national levels)**

WHO has defined four transmission scenarios for COVID-19:[[1]](#footnote-1)

1. Countries with no cases (No Cases);

2. Countries with 1 or more cases, imported or locally detected (Sporadic Cases);

3. Countries experiencing cases clusters in time, geographic location and/or common exposure (Clusters of cases);

4. Countries experiencing larger outbreaks of local transmission (Community transmission).

| **Activities** | **Preparedness Indicators and Targets** | **Responsible Agencies** | **Challenges/Gaps** | **Proposed Actions to Address Gaps** |
| --- | --- | --- | --- | --- |
| **GBV REFERRAL PATHWAY**  Life-saving care and support to GBV survivors (i.e. clinical management of rape and mental health and psycho-social support) may be disrupted in one-stop crisis centers in tertiary level hospitals when health service providers are overburdened and preoccupied with handling COVID-19 cases.  Legal/security services may be disrupted as police and other security actors mobilize for COVID response. Courts may be working with limited resources or restricted access.  Primary and secondary health care facilities may be requested to take on the caseload of GBV survivors and only refer to tertiary hospitals when a higher level of care is needed.  ACTION: Update GBV referral pathways to reflect primary and secondary health care facilities (or other relevant facilities). Update any changes related to provision of legal/security services.  Ensure dissemination of the pathways to key communities and service providers. Where feasible and safe may integrate IEC materials on updated referral information / hotline information into COVID-19 screening facilities / desks.  In IDP/camp settings, health service may be overloaded and other entry points identified or restructured, including mobile services. Update pathways to reflect any changes to entry points or service delivery modalities.  Train frontline workers, particularly at health or screening facilities, on safe referrals (may include remote training). | Service mapping and / or standard operating procedures established.  # or % of Referral pathways in place and regularly updated.  # or % of relevant locations (such as health facilities) with staff trained on safe referrals.  % of GBV frontline service providers with personal protective equipment (PPE) supplies such as gloves, medical masks, respirators, goggles, face shields, gowns, and aprons.[[2]](#footnote-2) |  |  |  |
| **PROVIDE MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT**.[[3]](#footnote-3)  Fear of losing livelihoods, not being able to work during isolation, and of being dismissed from work may increase household tensions, which in turn, may contribute to increased risks of intimate partner violence and other forms of GBV which requires referral and immediate PSS, among other services.  ACTION: Explore alternative modes of delivery further to implementation of mitigation strategies to slow the spread of the virus ranging from restrictions of movements, school closure, events cancellations and social distancing.  Alternative modes of delivery:   * Telephone hotlines (accessible by both landline and mobile phones; free of charge or toll free) * Social networking apps like WhatsApp, Viber   Determine the hours of operation and anticipate volume of calls to inform staffing requirements.  It is important to ensure that hotline staff/volunteers are trained and supervised in MHPSS (e.g. Psychological First Aid) and have current information about the COVID-19 outbreak and up-to-date information on available services for GBV survivors to avoid undue harm to callers. | Mapping or assessment of remote programme delivery options in place and incorporated into referral pathways or programmatic interventions (Y/N or in # or percent of affected locations)  # of staff available and / or trained for remote GBV programme delivery  Number or percentage of women and girls/women and children (disaggregated by age, sex, disability) who have access to MHPSS in COVID-19 affected areas | Ministry of Health | Lack of human resources | Engage universities with departments of psychology, social work, and related fields that can tap their faculty members and students.  Collaborate with faith-based organizations that have existing community-based networks and initiatives |
| **STATIC WOMEN AND GIRLS SAFE SPACES**  ACTIONS: For existing WGFS, put in place physical distancing measures (e.g. 1 metre WHO guidelines)  Incorporate COVID-19 prevention/mitigation messages into WGSS awareness raising.  Implement COVID-19 hygiene/mitigation measures for staff and participants in WGFS programming (i.e. masks, alcohol/sanitizer, increased cleaning/disinfection regimes)  Go through a self-assessment of programme adjustment or closure measures, further to the government or humanitarian guidelines related to community quarantine and mitigation.  Assess commodity stocks and needs for Dignity kits or other key items for women and girls. Update contents inside the dignity kits to include additional hygiene and disinfection items such as soap and 70% isopropyl/ethyl alcohol. | % of WGSS with COVID-19 mitigation measures and guidance in place for beneficiaries and staff  # of available dignity kits in COVID locations |  |  |  |
| **SET-UP MOBILE WOMEN AND GIRLS SAFE SPACES (WGSS)[[4]](#footnote-4)**  ACTION: Explore the possibility of a mobile delivery model for WGSS to be able to provide information, activities and services while minimizing risk of infection.  The mobile WGSS approach consists of WFSS teams moving on a rotational basis to reach women and girls. | Number and percentage of women and girls consulted to inform WGSS design, disaggregated by age and disability.  Number of women and girls using WGSS to meet their needs. |  |  |  |
| **SUPPORT SAFE HAVENS TO DEVELOP PROCEDURES TO MINIMIZE RISK OF INFECTION**  ACTION: Safe havens and residential facilities for GBV survivors need to develop procedures to minimize risk of infection of COVID-19 and protocols for responding to individuals who may have become infected. | % of safe haven services with COVID risk mitigation measures in place for staff and beneficiaries | Ministry of Health with Ministry of Social Welfare and national/local organizations that are managing safe havens/residential facilities |  |  |
| **CASH AND VOUCHER ASSISTANCE (CVA)**[[5]](#footnote-5)  ACTION: Evaluate CVA for community volunteers/staff in GBV programming to determine if targeting or amounts need to be adjusted based on vulnerability to COVID  Monitor populations most at risk, those that have limited capacities to cope with the COVID-19 crisis, for GBV risks and targeted GBV mitigation or prevention outreach in coordination with any CVA related activities in GBV or other sectors.  Separate focus group conducted with  women about their preference for the  household recipient of a cash transfer or voucher, asking if targeting women might cause tensions in the family or any safety concerns.  Consider providing cash and/or voucher assistance to women and girls so they can stock up on items such as sanitary pads, mobile phone cards, internet data cards, and shelf-stable foods. If these items are in scarcity or are no longer available due to panic buying, then explore procuring these items and distributing them to target beneficiaries. |  |  |  |  |
| **CHILD CARE ARRANGEMENTS**  Caregivers may feel increasingly worried for their children being at home alone (due to school closures) without appropriate care and support.    ACTION: Consult and assess how changes in child care arrangements among GBV programme staff and beneficiaries may affect programmatic delivery.    Flag changes to child care needs and protection-related risks to Child Protection/Protection actors. | % of organizations with planning in place to address child care needs of GBV programme staff, beneficiaries and related programmatic delivery. |  |  | Liaise with Child Protection Sub-Cluster/Working Group. |
| **STAFF WELL-BEING / DUTY OF CARE**  ACTION: Organizations assess what psycho-social support resources/options are available to staff and the organization’s implementing partners who are providing the staffing for programmatic interventions.  Develop Staff Care/Well-being IEC materials.  Support dissemination of the MHPSS WG guidelines for COVID-19.[[6]](#footnote-6) | % of GBV programmatic staff or organizations with access to staff well-being / MHPSS  Sub-cluster guidance on Staff well-being shared to all sub-cluster members / partners (Y/N) |  |  |  |
| **PROGRAMME CALIBRATION**  ACTION: Assess staffing needs and modalities if some staff are required to work remotely.  Assess if more regular staff rotation needs to occur, or operating hours need to be adjusted to deliver with reduced staffing or increased demand on services.  Consider revising targets for programming, such as outreach (i.e. number of women/girls attending WGSS awareness-raising sessions), to reflect any changes to programme modalities or reduction. | # or % of GBV programming interventions calibrated for COVID |  |  |  |
| **ADVOCACY**  ACTION: Conduct advocacy and outreach to donors on how COVID-19 may affect GBV, including access to services and programmatic needs and timelines.  Conduct advocacy with other Sectors/HCT on GBV risk mitigation in COVID-19 response to other sectors. May include advocacy on hygiene and sanitation, MHPSS and GBV risk mitigation guidelines for quarantine or evacuation processes (guidance to be developed)  Liaise with PSEA Task Force to identify any service-related advocacy or referral needs | Donor outreach conducted by GBV sub-cluster / coordination group to explain programmatic implications of COVID-19 on GBV prevention, mitigation and response (Y/N)  Outreach on GBV integration with other sectors conducted / developed (Y/N)  PSEA Task Force updated on GBV referral pathway/service changes and advocacy points (Y/N) |  |  |  |

Persons with disabilities

* 1. Accessible communication messages need to be developed, including considerations for people with disabilities (including sensory, intellectual, cognitive and psychosocial disabilities). Examples might include: Accessible websites and factsheets ensuring that people with visual disabilities can read key information about the outbreak. News and press conferences about the outbreak include certified sign language interpreters validated by people with deafness.

1. World Health Organization. (7 March 2020). *Critical preparedness, readiness and response actions for COVID-19*. Retrieved from <https://www.who.int/docs/default-source/coronaviruse/20200307-cccc-guidance-table-covid-19-final.pdf?sfvrsn=1c8ee193_10> [↑](#footnote-ref-1)
2. World Health Organization. (February 2020). *Rational use of personal protective equipment for coronavirus disease 2019 (COVID-19) - Interim Guidance as of 27 February 2020.* Retrieved from <https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE_use-2020.1-eng.pdf> [↑](#footnote-ref-2)
3. The composite term ‘mental health and psychosocial support’ (MHPSS) is used in the Inter Agency Standing Committee (IASC) Guidelines for MHPSS in Emergency Settings to describe ‘any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental health condition’. [↑](#footnote-ref-3)
4. International Rescue Committee (IRC) and International Medical Corps (IMC). (2020). *Women and girls safe spaces: A toolkit for advancing women’s and girls’ empowerment in humanitarian settings.* Retrieved from <https://gbvaor.net/sites/default/files/2020-02/IRC-WGSS-Toolkit-Eng.pdf> [↑](#footnote-ref-4)
5. CARE. (2019). *Cash and voucher assistance and gender-based violence compendium: Practical guidance for humanitarian practitioners (A companion guide to the IASC GBV Guidelines).* Retrieved from <https://gbvguidelines.org/wp/wp-content/uploads/2019/07/CVA_GBV-guidelines_compendium.FINAL_.pdf> [↑](#footnote-ref-5)
6. IASC Reference group for Mental Health and Psychosocial Support in Emergency Settings. (2020). *Briefing note on addressing mental health and psychosocial aspects of COVID-19 OutbreakVersion 1.1.* Retrieved from <https://app.mhpss.net/?get=354/mhpss-covid19-briefing-note-2-march-2020-english.pdf-version-1.1.pdf> [↑](#footnote-ref-6)