Guidance Note on GBV Service Provision in Relation to COVID-19

For the GBV Sub-Sector partners in Libya

(as of 22/03/2020)

Introduction:

This Guidance Note aims to provide certain key points to be considered by the front-line GBV service providers for ensuring timely, dignified and safe GBV service provision in the time of COVID-19 with its heightened risks. **The document is a living document to reflect the evolving situation, and will be continuously updated based on partner's feedback and best practices shared.**

GBV risks are already rising due to restricted movements; increased demand and limited access to public services and basic commodities; and an increase in the gendered demand for women to act as caregivers while still performing other domestic and income-earning roles. It is essential for humanitarian actors to ensure that gender equality and protection of women and girls are at the heart of the planning process and response plans.

GBV Sub- Sector partners are strongly advised to regularly monitor the following websites for timely updates on the current situation:

⇒ WHO Coronavirus disease (COVID-2019) situation reports:
https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/

⇒ National Centre for Disease Control, Libya (the information is available in Arabic):
https://www.facebook.com/NCDC.LY/.

Background:

- ***Gender is a key factor in affecting health outcomes and patterns of exposure during infectious disease epidemics***

As primary caretakers of the sick and elderly, women are more exposed to diseases, increasing their vulnerability to infection. Feeding and washing persons infected with the virus increase the risk they face of contracting the disease. Gender roles are also such that health care workers and health facility service staff (eg. cleaners, cooks), particularly at a community level, tend to be predominantly female, a factor that contributes to higher exposure and possible infection rates for females than males in most countries.[1] In fact, women represent 70 percent of the health and social sector workforce

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[1] Coronavirus (COVID-19) Guidance Document, Prepared by: UNFPA Asia-Pacific Regional (10th March 2020).

globally[2]. Although there is almost complete lack of sex disaggregated data despite commitments to understand gendered impacts of infectious diseases.

- ***Epidemics compound existing gender inequalities, increasing risks of gender-based violence and sexual exploitation and abuse***

Confinement and self-isolation as mitigating measure against spread of virus, leads to societies shutting down, when schools, sports, social activities and places of worship are closed down, and when people can no longer leave their homes to seek support from friends and families, that previously tempered violent situations and offered safety networks for survivors living with perpetrators, we all have to critically considered what the detrimental consequences are for GBV survivors.

At the same time, confinement at home or other measures obliging women and girls to stay home in unprotected situations increase the risk of GBV, including sexual harassment, abuse and domestic/intimate partner violence. Experiences have demonstrated that where women are primarily responsible for preparing food for the family, increasing food insecurity as a result of the crises may place them at heightened risk, of intimate partner violence and other forms of domestic violence due to heightened tensions in the household.

Experience from other public health crisis found that women and girls faced increased exposure to sexual exploitation and abuse. Increase in persons responding to crisis (maybe non-traditional humanitarian responders) and high demand and unequal supply of food and health supplies increase risks of sexual exploitation. **As such, COVID-19 may have compounding impacts on already vulnerable populations in humanitarian crisis.**

- ***COVID-19 impacts on women's economic empowerment***

As noted for the Ebola outbreak, crises pose a serious threat to women's engagement in economic activities, especially in informal sectors, and can increase gender gaps in livelihoods.[3]

- ***Restrictions of movements and confinement will impede GBV survivors' access to services***

With limitation on people's movement due to high alert, women and young people may not be able to access necessary assistance. Already in Libya, mobility and barriers to access health services persists. Further reduction on movement, may jeopardize immediate health and physical safety of survivors, and result leave health sectors unable to adequately respond. In setting up response services, impacts on gender must be considered, as well as existing barriers to access health services for women and girls and persons with disabilities that may prevent help-seeking behaviour to detect and offer treatment.

- ***Restrictions of movements and confinement will impede important efforts of GBV case workers and psychologists***

Restrictions of movements and confinement will also impede organizations ability to implement activities. As GBV case management actors begin implementing activities remotely, they may become

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[2] UNFPA 2020: COVID-19: A gender lens: Protecting sexual and reproductive health and rights, and promoting gender equality (March 2020)

[3] The COVID-19 Outbreak and Gender: Key Advocacy Points from Asia and the Pacific

unable to meet and assist new survivors and will need to adopt new modalities to follow-up with survivors. However, telephonic counselling is not appropriate or available for all survivors and will impede their access to assistance. Moreover, provision of psychosocial support, including case management is a critical part of the response, due to amounted stress and deterioration of social networks due during the COVID-19 outbreak. Already schools, community day centers and youth centers have closed, and survivors have lost access to social networks, safe spaces and support systems, which negatively impacting their ability to cope with stressful situation. If confinement also restricts the work of professional psychosocial support mechanisms throughout the emergency, this may have serious consequences for those who rely on this support.

- ***High demands on public health services may disrupt or significantly shift GBV-related services previously available in health and other sectors***

In humanitarian emergencies, the risk of violence is heightened. At the same time, the national systems in Libya, including the health, legal, social support services, as well as community networks have become fragmented. Across the country essential GBV services are very limited, thus leaving pressing needs of survivors, vulnerable and at risk groups of women and girls of all target populations largely unmet. Should the humanitarian emergency in Libya, become combined with the potential public health crisis, there are serious risks that existing life-saving care and support to GBV survivors (i.e. clinical management of rape, other health responses consequences to violence and mental health and psycho-social support) will become disrupted, as health service providers become overburdened and preoccupied with responding to COVID-19.

Furthermore, constraints to already limited SRH services, including for adolescent girls is expected to be impacted. It is imperative to mention that adolescents and women of reproductive age have particular needs in the event of COVID-19, including access to clean and safe delivery, particularly for treatment in complications in pregnancy. In event of COVID-19, this will exacerbate often already limited access to SRH services.[4]

- ***Delay in ensuring timely delivery of assistance***

Access to large volumes of external/imported commodities such as dignity kits, medicines, sanitizers, masks, and other personal protective equipment (PPE) may be significantly delayed or unavailable due to disruptions in and high demand on supply chains and restrictions of movement.

Special considerations:

In addition to the compounding GBV risks and constraints to service delivery, it is essential to pay attention the following at risk groups:

1. Specific protection risks for ***children[5]***: increase caregiving burdens; risks to girls' education; risks of transactional sex or child, early, or forced marriages; separation from or loss of caregivers exposing children to greater risks of exploitation and abuse, and psychosocial trauma. Although evidence is scant, children may be further exposed to risks of violence and exploitation following; death; hospitalisation of caregiver for treatment; caregivers becoming preoccupied with caring for sick relatives or finding ways to meet basic needs, leaving children

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[4] Coronavirus (COVID-19) Guidance Document, UNFPA
[5] Useful resources: Quick Tips on COVID-19 and Migrant, Refugee and Internally Displaced Children (Children on the Move) https://unicef.sharepoint.com/_forms/default.aspx

with lack of supervision and care. Moreover, school closures and restrictions on public gathering and movement lead to increased obstacles to reporting incidents of sexual violence. School closures also result in reduced access to sexual and reproduction health information and services that can lead to increased risky behaviour.[6]

2. **Women and girls who face intersecting inequalities** including women and girls with disabilities, adolescent girls, older women, women and girls with diverse sexual orientation and gender identities, those living with HIV and AIDS and those from ethnic and religious minorities or migrant women and girls maybe even more vulnerable to various forms of discrimination, violence, exploitation and abuse.[7]

3. Due to travel restrictions, economic instability and unequal power dynamics can expose **migrant and refugees** to heightened risks from the current outbreak of COVID-19. Please consider the following points:

   • Language barriers to understanding and accessing health care, and reporting on health conditions;
   • Undocumented status, which may create formal barriers to accessing care, or lead to reluctance to access care due to fear or arrest or deportation;
   • Migrants and displaced populations may be de-prioritised in healthcare efforts;
   • Social, religious and cultural barriers to accessing heath care;
   • Limited social and support networks;
   • Lack of familiarity and awareness of health procedures and available support;
   • Poor living and working conditions, including overcrowded conditions with poor sanitation and hygiene,
   • Financial barriers to accessing health systems and support, including lack of health insurance;[8]

Considerations for the implementation of GBV response and prevention activities in relation to COVID-19

A separate Guidance Note for the GBV Sub-Sector partners on how to develop Contingency Planning has been developed as a reference document in the likelihood of COVID-19 outbreak in Libya. The following sections offers key technical guidance and considerations to help GBV partner's auxiliary role for pandemic preparedness and response, including readjustment of activities.

Ensure Duty of Care:
In principle, life-saving GBV interventions should continue to ensure critical GBV response services are available all the time for those who are in need, while non-life-saving activities with a large number of people (e.g., community sensitization/outreach, group education/information sessions) can be temporarily held off, or redesigned in a way to minimize the risks of infection (e.g. shifting to remote modalities/online sessions where possible).

Followings are key points to be considered (and must be read in combination with relevant resources and guidance produced by NCDC and relevant sectors:

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[6] Guidance Note: Protection of Children During Infectious Disease Outbreaks, the Alliance for Child Protection in Humanitarian Action
[7] Coronavirus (COVID-19) Guidance Document, UNFPA
[8] COVID-19 Including Migrants and Displaced People in Preparedness and Response Activities, IFRC

$\Rightarrow$ Immediately put in place Infection, Prevention and Control (IPC) measures in accordance with standards at all service delivery points. Coordinate with Ministry of Health, WHO and other relevant teams.

$\Rightarrow$ Share information shared/approved by NCDC on the containment, prevention and response to COVID-19, and ensure that staff are properly trained by health actors to communicate correct messaging about how to prevent and respond to the virus in ways they can understand.

$\Rightarrow$ Promote and disseminate information on regular hand washing and positive hygiene behaviors, for example, by placing IEC materials and key messages on COVID-19 at Women and Girls Centers. (For key messages and IEC materials, please refer to NCDC materials).

$\Rightarrow$ Communicate that participants with symptoms, such as, cough, fever, or respiratory problem should not attend the activity and inform those participants of the contact information of health care providers.

$\Rightarrow$ Communicate also to the staff that the staff with symptoms, such as, cough, fever, or respiratory problem should seek medical attention and stop providing GBV services.

$\Rightarrow$ When conducting activities, avoid crowded conditions and limit the number of participants for one activity, define an appropriate number of participant for each activity. Encourage participants in activities to maintain at least recommended distance between each other.

$\Rightarrow$ Equip Women and Girls Centers or mobile team with hand-washing stations or hand sanitizers.

$\Rightarrow$ Clean and disinfect meeting/activity spaces regularly, particularly surfaces that are touched by many people.

$\Rightarrow$ Increase air flow and ventilation where climate allows (open windows, use fans when available, etc.)

$\Rightarrow$ Regularly and supportively monitor GBV staff for their well-being, stress management and address any health concern that they may have for themselves, colleagues or clients.

$\Rightarrow$ Creating space to ask staff about their concerns, their needs, and their ideas for moving forward. Give time to talk freely, whether about work, or the situation more generally. Do this at every stage of the outbreak, whether in-person or continuing remotely.

Preparing for Sudden Changes, Including "Lockdown" or "Quarantine."

Government responses to COVID-19 are changing rapidly and dramatically, perhaps more so than any other outbreak. Therefore, even countries which currently don't have confirmed cases or only a few, should consider the following:

1. **Begin safety planning with current clients for situations of quarantine, lockdown, or "shelter-in-place".** Help your clients to prepare for the possibilities. Help them to feel a sense of control in a chaotic moment:
   a. Do they have someplace safe to stay that is not with the abuser?
   b. If not, are there any steps they can take to help minimize harm at home?
   c. Provide them with phone numbers of caseworkers, hotline, or other support providers that they can keep safely. If they have phones, they may store the number under a code name, or you may print tiny cards that can easily be hidden.
   d. Brainstorm ways that they can safely call for help and access support.
   e. Explore ways that they can plan with their neighbours to signal that they need support.

2. **Ensure continued safe storage of sensitive documentation**. In the event that your offices shut, consider the safest ways to store documentation without putting anyone at risk. Primero/GBVIMS+ for case management offer options for digital storage, including on mobile

phones. Ensure that organizations have developed and implemented data protection protocols with paper and electronic files evaluation provisions[9]. Some considerations include:

- a. If leaving your office, will that documentation be locked and safely stored? Is it likely that someone might access it unauthorized?
- b. If moving to remote support, how will you document cases? Is it safe to store information on phones, tablets, or paper?

3. **Develop quick and clear new case management protocols with staff.** If you move to remote support, how will it work? For example:

- a. Which phones and phone numbers will be used for case management?
- b. How often will staff contact current clients? How will staff be reachable to clients?
- c. Will you be accepting new calls/clients in addition to following up with current clients?
- d. How will calls be documented and followed upon?
- e. Will there be a staff rotation to ensure coverage?
- f. Will this be safe for staff?

4. **Consider modalities for remote supervision**. This refers to supervision of case management. This may include remote individual supervision and peer-to-peer or group supervision through online platforms and/or phones. Case file review can be enabled for remote supervision through rollout of digital case management tool, such as Primero/GBVIMS+ that includes functionality such as flags, case plan/closure approval, remote case file review and automated production of key performance indicators (KPIs). Remember: supervision is not the same as support. Supporting the overall wellbeing, health, and stress management of staff is of utmost first priority. This must be ongoing before you can emphasize new forms of staff supervision.

5. **Strengthen capacity and confidence to provide for remote and/or support:**

- a. **Review guidelines on supporting survivors through digital and remote support.** There are various types of guidance around using technology to communicate with survivors during a public health crisis, including text messaging, calls, online support, to ensure safe and ethical connection.

- b. **Conduct rapid training/skills-building for staff on any new technology to be used for support.** Teams may need to get acquainted with systems used for hotlines, online service provision, apps (e.g. Primero/GBVIMS+). Reach out for support to relevant actors who are managing or have experience with the platforms being used e.g. GBVIMS global team, etc.

6. **Prepare for possible closure (temporary or long-term) of physical locations for case management.** It may be necessary to close Women and Girls' Centers or other physical spaces where you are providing case management services. This may be temporary or for an indefinite term. You may need to take steps similar to program exit in this case (resource

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[9] See template of the GBVIMS Data Protection Protocol: http://www.gbvims.com/wp-content/uploads/DATA-PROTECTION-PROTOCOL.pdf

around exit strategies can be found in the Resources section below). Consider questions such as:

    a. Are there any outstanding payments that need to be made for the space?
    b. Can items be left there safely, or is it necessary to remove them?
    c. Will anyone access the space for any reason during closure?
    d. Are there any risks involved to closing the space? How can you mitigate these?

7. **Coordinate with other services providers.** Solidarity is critical in adapting to the new situation. Information is also crucial on what will be available to survivors and how to ensure coordinated and safe access to services and assistance.

8. **Inform communities of possible changes ahead.** Be sure to communicate possible changes and in advance of any shutdowns of activities with clients as well as communities, in order to maintain trust.

Please be informed that the National Center for Disease Control (NCDC) is tasked to lead all COVID-19 response in Libya including different sectors response. As such, all awareness raising materials must be approved by NCDC, including from protection partners before disseminating.

- Existing awareness materials is attached in email. Please also note that the CWC WG will be (re)established in order to coordinate messaging with sectors, partners and authorities.

9. **Communicate with donors about changing needs.** Begin communicating with donors immediately about changes in case management programming and funding needs, including preparations for worst-case scenarios. Request greater flexibility of resources and rapid mechanisms for ensuring you have the resources you need.

Re-adapt key activities:

Women and Girls Safe Spaces
Create common guidelines specific to COVID-19 to ensure that Women and Girls' Safe Spaces where caseworkers operate are not crowded and are able to adhere to distancing measures and other recommendations mentioned above.

- Equip Women and Girls Centers with dignity kits to ensure menstrual health of women and girls is not compromised
- Set up handwashing stations at all WGSS (soap and hand sanitizer if available).
- Ensure clear IEC materials prepared/approved by NCDC is in place.
- Define depending on capacity and size of space, on the number of participants in the location at one given time.

Case management:

Meet with your team to discuss best options for *remote support to survivors* and *remote support to staff*. It is possible to maintain some level of support for survivors and staff alike, even under extremely

restricted circumstances. It is important that staff are engaged actively in decision-making so that they feel a sense of ownership, control, and connectivity during the rapidly changing crisis.

- **Case management** support should be maintained for existing caseload and also be provided to new cases, to the extent of partners' abilities in the current situation.
- If access to beneficiaries and capacities of case management actors are further limited, only high risk cases should be prioritized for case management follow up. Prioritization to be clearly defined.
- If case management in person is not feasible or advisable in the current circumstances alternative modalities may be explored to ensure continued support, such as follow up by phone.
    - Always consider the safety of making and receiving calls for staff, as well as safety of making and receiving calls for clients. There is a risk that conversations might be overheard and confidentiality breached.
    - How is data collected? We want to avoid caseworkers storing paper forms at home or in locations that are unsafe. Strengthen roll-out of Primero/GBVIMS+.
- Discuss with case workers how to support GBV survivors in reviewing safety planning as relevant and needed. This is because "social distancing" may lead to increased safety risks for survivors, especially in the case of intimate partner violence.
- Raise awareness of case workers on the direct and in-direct risks linked to Covid-19.
- Ensure older women and at risk groups (with underlying health conditions) have access to food, NFI (including hygiene supplies), and if necessary set up community network to support with food delivery/supplies if needed.
- If case management services are provided at Women and Girl's safe spaces or Community Day Centers, prevention and mitigation measures should be put in place, notably:

Immediately put in place Infection, Prevention and Control (IPC) measures in accordance with standards at all service delivery points. Coordinate with WASH and other relevant teams.

- Any places where you are currently serving clients face-to-face, set up hand-washing stations upon entering and/or make hand sanitizer accessible immediately available upon entrance.
- Ensure adequate distancing in activities so that women and girls can access services without being closer than 2 meters apart, and without large crowds (follow the guidance in your area for limiting numbers).
- Put in place measures to ensure that Women and Girls' Centers or other spaces where caseworkers operate are not crowded and are able to adhere to distancing guidance. This may include putting a cap on the number of women and girls, marking spaces for mats on the floor/ chairs on the ground, etc.

Services referrals:

Referral to specialized services is essential for cases which are identified through protection monitoring, at community day centers or through other forms of outreach activities. It is also an integral part of case management and is therefore critical despite potential limited availability of services. It is essential that referral pathways and services mapping information are regularly updated at local level to facilitate referrals and related activities. Referrals to specialized services might contribute to the containment, prevention and response to COVID-19, in particular with regards for medical services or PSS activities.

- **All GBV actors should contribute to efforts to update GBV referral pathways and coordinate with local primary and secondary healthcare facilities to ensure services are correctly reflected, as services may no longer be available due to emergency response to COVID-19.**

- For referrals kindly refer to the inter-agency referral SOPs for guidance on inter-agency referral form and the Red Flag Form.

GBV Support Hotlines:

Hotlines provide a remote means for survivors to access services confidentially, and as such they are an important entry point for case management and can be used as part of a mobile response or on their own.[10]

- Organizations should ensure that support GBV hotlines are operational and review extending the working hours.
- GBV service providers should increase efforts to ensure community networks are aware of the number and working hours. Work with community focal points on GBV knowledge, guiding principles and referrals.
- It is recommended to have dedicated hotline staff rather than rely on task-shifting among other caseworkers.
- Ensure safe and confidential management of information in hotline logs are in place, which GBV supervisors can monitor and provide support and ensure quality.
- If organizations have general helplines, it is very important that non-GBV staff are also trained in PFA and GBV Referrals (Red Flag Form). It is important that operators have a document accessible that outlines existing hotline numbers.
- Should people call and ask questions regarding COVID-19, operators (normally case workers) may share information on the containment, prevention and response to COVID-19 if staff are properly trained by health actors and if information material prepared in coordination with WHO and National Center for Disease Control (NCDC) are available.
- GBV specialists should work to reinforce staff capacity as entry points shift to telephone.
- Ensure that the hotline numbers are reflected in Referral Pathways.

Psychosocial support:

Psychosocial Support caseloads are already high in humanitarian settings and are likely to increase during COVID-19 outbreaks. Epidemics, particularly of unknown diseases, can cause significant stress and anxiety. PSS activities in both affected and at-risk communities can help to reduce this burden. PSS can alleviate the stress and anxiety produced by the outbreak and also be used to share information on the containment, prevention and response to COVID-19 if staff are properly trained by health actors and if information material are available and approved by NCDC. PSS should be available for women and girls who may be affected by the outbreak and are also GBV survivors.

- If psychosocial support in person is not feasible or advisable in the current circumstances alternative modalities may be explored to ensure continued support, such as follow up by phone.
- Group-based activities are not advisable in the current circumstances and should only be conducted if they comply with government directives and if prevention and mitigation measures are put in place.
- If you have PSS groups or engage with community groups in CSO/WGSS, discuss the setting up whatsapp/viber PSS chat groups, where positive messages and accurate information can

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[10] For further guidance, refer to: Guidelines for Mobile and Remote GBV Service Delivery, IRC

be shared, especially where women are isolated. <u>Include women only if she has been consulted and given consent.</u>

Dignity kits:

The provision of dignity kits is essential to the physical and psychological well-being of women and girls and should therefore continue. When distributing dignity kits by GBV case workers and sharing information about hygiene, reproductive health, GBV related issues, and services, information on the containment, prevention and response to COVID-19 can be incorporated, if staff are properly trained by health actors and if approved information material are available.

- The provision of dignity-kits is done at the individual level should continue. If possible and safe, staff can organize drop-offs at home *if* the women or girl has been consulted/consented and safety considerations have been taken into consideration.
- Due to the socio-economic impact of COVID-19, dignity kits offers an important budget substitution for families to purchase important items such as food. Distribution for group should continue place if they comply with directives from authorities and if all required prevention and mitigation measures are put in place in order to ensure duty of care.

<u>The following measures should be considered to ensure safety of staff and beneficiaries:</u>
- Distribution sites are in large open areas to be able to ensure social distancing requirements.
- Distribution should be limited to a specific amount of HH per day to prevent overcrowding.
- Communicate and ensure approval by relevant local authorities.
- Location: make assessment with field staff/partners to identify the most appropriate this may include schools, WGSS.
- Ensure adequate time for staff and beneficiaries to safely return home in light of curfews.

Specific Guidelines for adjusting Dignity Kit distributions in the context of Covid-19 is forthcoming.

Cash and in kind assistance for mitigating or addressing protection incidents, including GBV:
Cash for protection and Individual Protection Assistance modalities are essential as it can contribute to the protection of the persons, and helps address/mitigate protection incidents. This is particularly relevant with regards to the heightened risk of negative coping mechanisms that may result from reduced access to assistance and services, as well as reduced economic opportunities due to COVID-19 situation. Cash and in kind assistance is done through targeted assessment and distribution at the individual or HH level and therefore does not require large social gathering should continue.

Awareness-raising
GBV Partners are advised to comply with the government directives in terms of avoiding grouping people and adjust their group-based activities plans accordingly. Nevertheless, awareness-raising can be done individually or through different modalities like Social Media channels, Radio/TV. Partners are advised to not expose the safety of their beneficiaries and staff and ensure duty of care by ensuring that the recommended precautionary measures to prevent and mitigate the spread of COVID-19 are considered during all activities.

- Promote integration of GBV risk mitigation actions (as outlined in the Inter-Agency Standing Committee GBV Guidelines) in the communication related to COVID-19 implemented by other sectors/clusters.

Promote integration of GBV risk mitigation actions in the interventions related to COVID-19 implemented by other sectors

Violence against women and girls has significant and long-lasting impacts on the health and psychosocial and economic well-being of women and girls and their families and communities. **Placing the protection and health needs of women and girls must be at the center of response efforts during epidemics, ensuring equitable access to quality multisectoral service provision, reporting mechanisms and outreach efforts.**

GBV-sub sector plays a key role in sensitizing partners and national stakeholders to understand the intersections of GBV with their sector specific mandate. Importantly all actors should consider how to safely, ethically and effectively address GBV within the scope of their work.

GBV sub-sector commit to support the leadership of NCDC and WHO and other relevant line ministries at national and local levels to support response efforts. This includes any technical or coordinating programmatic support provided to contribute towards emergency response. Importantly all efforts will be made to reach the most vulnerable groups that will may face the direct and indirect effects of the COVID-19 epidemic.

Moreover, the responsibility for preventing and mitigating the risks of GBV is a shared one amongst all humanitarian actors. 'All humanitarian actors must be aware of the risks of GBV and acting collectively to ensure a comprehensive response—prevent and mitigate these risks as quickly as possible within their sectors' specific areas of operation.

The preparedness planning should ensure:
● *Apply a human rights-based approach in the planning of the GBV response throughout the cycle of the COVID-19 response.*
● *As other sectors develop contingency planning documents; these may require technical advice or support to integrate GBV risk mitigation.*

The following are some preliminary **considerations for prevention and risk mitigation for other humanitarian sectors:**

Health
To coordinate to understand how the coronavirus is affecting essential health services, and particularly regards to provision of SRHR and GBV services, especially in the event that existing health service providers and maternity facilitates become overstretched or unable to continue services. Step up training to ensure health actors are trained, especially concerning the possible increase in GBV incidents.

All health providers must ensure a coordinated, survivor-centered approach to the health/medical response to GBV, which follows the principles of safety, confidentiality, respect and non-discrimination is crucial.

• Health providers should be trained and understand GBV Guiding Principles and core concepts, and understand and inform GBV survivors on the important and relevant services such as psycho-social support. *This may include linking GBV protection actors with health actors in the local area to support with training and capacity building, or conduct remote trainings for staff on PFA and GBV referrals.*

• All medical staff providing care to survivors must provide services and referrals based on the informed consent from the survivor, confidentiality, safety, non-discrimination and respect that adheres to survivor-centered care. *Health actors must be aware of the local GBV hotline numbers and how to make referrals. Also consider possibility of integrating protection staff into COVID-19 health response teams.*

• Ensure quarantine facilities or spaces adhere to IASC GBV guidelines/risk mitigation measures.
• For more information, please refer to: *Health cluster guide: A practical handbook, Chapter 8, Integrated programming for better health outcomes: a multisectoral approach*

Wash
• Analyse physical safety of and access to WASH facilities to identify associated risks of GBV (e.g. travel to/from WASH facilities; sex-segregated toilets; adequate lighting and privacy; accessibility features for persons with disabilities; etc.)

• Consult with GBV specialists to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors, and ensure WASH staff have the basic skills to provide them with information on where they can obtain support.)
• Coordinate with health and WASH actors to ensure that women and girls are able to access distribution points as they me be additional barriers due to gender norms that prevent women and girl's mobility.

Cash
What are the potential advantages/risks of Cash and Voucher Assistance for GBV and other programming during a COVID-19 response?

Number or availability of CVA related to GBV or other sectors?

GBV, Child Protection and Education

Restrictions of movement and on gatherings, as well as quarantine policies, limit or change the operations of these services. As the national guidelines and policies to respond to COVID-19, it is not clear under what parameters WGSS will remain operational. It is essential that actors running or supporting WGSS are supported and made aware of what health and prevention measures need to be put into place in these locations. This may include:

• Create common guidelines on safe operations and management of women and girl's safe spaces, child-friendly spaces, schools and informal educational centers and other collective safe spaces specific to COVID-19.

• Put in place measures to ensure that Women and Girls' Centers, Child Friendly Spaces or other spaces where caseworkers operate are not crowded and are able to adhere to distancing guidance. This may include putting a cap on the number of women and girls, marking spaces for mats on the floor/ chairs on the ground, etc.

• Develop communication materials and strategy.

References:

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2. Protection Cluster Recommendations/Observations on the Criticality of Humanitarian Response Plan 2020 Activities in Relation to the COVID-19 Situation in Iraq (13 March 2020)

3. Coronavirus (COVID-19) Guidance Document, UNFPA

4. COVID-19 Contingency Planning Guidance for GBV Coordination Groups (version as of 18 March 2020)

5. The COVID-19 Outbreak and Gender: Key Advocacy Points from Asia and the Pacific

6. Coronavirus (COVID-19) Guidance Document, Prepared by: UNFPA Asia-Pacific Regional (10th March 2020).

7. UNFPA 2020: COVID-19: A gender lens: Protecting sexual and reproductive health and rights, and promoting gender equality (March 2020)

8. Guidelines for Mobile and Remote GBV Service Delivery, IRC

9. Quick Tips on COVID-19 and Migrant, Refugee and Internally Displaced Children (Children on the Move) https://unicef.sharepoint.com/_forms/default.aspx

10. COVID-19 Including Migrants and Displaced People in Preparedness and Response Activities, IFRC

11. Health cluster guide: A practical handbook, Chapter 8, Integrated programming for better health outcomes: a multisectoral approach