**GENDER-BASED VIOLENCE AREA OF RESPONSIBILITY (GBV AOR)**
**"Proposed Actions vis-à-vis Emerging GBV Risks in relation to the deployment and vaccination plan for COVID-19 vaccines"**
**As of 22 February 2021**

Since the World Health Organization has made the assessment that COVID-19 can be characterized as a pandemic[1], the virus has swept across the globe and severely impacted entire communities and economies including areas that are already in crisis due to natural disasters, climate change and conflicts.[2] The pandemic is exacerbating pre-existing inequalities and women and girls with multiple or intersecting vulnerabilities are disproportionately affected. Moreover, gender-based violence (GBV) is increasing exponentially while lifesaving and essential services for survivors are significantly reduced.[3]

The matrix below provides an example of a framework that can be used by humanitarian actors to identify and analyze gender-based violence (GBV) risks, consequences and mitigating actions in relation to the COVID-19 vaccination roll-out.

The matrix can be used by GBV coordinators or other coordination actors to facilitate an exercise with key actors that identifies both risks and mitigation actions, which can then be integrated into individual plans for humanitarian sectors as well as into Humanitarian Country Team (HCT) planning and planning with health and national authorities.

Some examples are provided in the matrix, but the specific risks and actions to be taken should be analyzed for each humanitarian context in consultation with women and girls and with other relevant stakeholders, including national health and disaster management authorities where feasible and in line with humanitarian principles. Health care visits may be one of the rare opportunities, especially with lockdown measures and travel restrictions, that women and girls living in abusive situations have to interact with people without their abusers present. This interaction then becomes a critical occasion for health personnel to offer compassionate and empathic support and referrals to lifesaving services where available.[4]

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[1] WHO. (2020, March). Coronavirus disease 2019 (COVID-19) Situation Report – 51. Retrieved from https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200311-sitrep-51-covid-19.pdf?sfvrsn=1ba62e57_10

[2] Globally, as of 9:56am CET, 21 February 2021, there have been 110,609,979 confirmed cases of COVID-19, including 2,452,510 deaths, reported to WHO. Source: https://covid19.who.int/

[3] United Nations. (2020). Policy brief: The impact of COVID-19 on women. Retrieved from https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/06/report/policy-brief-the-impact-of-covid-19-on-women/policy-brief-the-impact-of-covid-19-on-women-en-1.pdf

[4] WHO. (2019). Caring for women subjected to violence: A WHO curriculum for training health-care providers. Retrieved from https://www.who.int/reproductivehealth/publications/caring-for-women-subject-to-violence/en/

| Gender or GBV-related risk factors (i.e., changes in environment, gender and power dynamics, access) | Consequences | Actions to be taken |
|---|---|---|
| Women healthcare workers comprise the majority of healthcare workers and will be heavily involved in vaccination access and campaigns. | Potential for attacks and exploitation against women healthcare workers (particularly in insecure environments) to gain access to vaccines | • Ensure women vaccinators/health care workers are consulted as part of the vaccination plan design and implementation process.<br>• Ensure safety/security plans are funded and accommodate specific needs of women healthcare workers during vaccination campaigns.<br>• Address gender-specific workplace needs. For instance, for menstruating health workers, feminine hygiene products should be provided, together with workload and shift flexibility to allow reconciling appropriate PPE use with menstrual hygiene needs. In addition, consider providing support as well in relation to family caregiving, childcare and transportation.[5]<br>• Ensure services and updated GBV referral pathways are available. |
| In many humanitarian contexts cultural barriers require women to get permission from a male family member to attend health facilities. There is potential for escalation of tensions in families over prioritization for vaccines of family members based on gender norms. The disinformation that COVID-19 vaccines might cause infertility in women may | IPV, denial of resources, sexual exploitation and abuse | • Implement community-based outreach campaigns on prioritization criteria and timelines.<br>• Create accessible means for women to access with minimum travel (i.e., temporary/mobile clinics or outreach sites).<br>• Consider gender-sensitive vaccination spaces. |

[5] WHO. (2020, December). Health workforce policy and management in the context of the COVID-19 pandemic response: Interim guidance. Retrieved from https://apps.who.int/iris/rest/bitstreams/1320071/retrieve

| Gender or GBV-related risk factors (i.e., changes in environment, gender and power dynamics, access) | Consequences | Actions to be taken |
|---|---|---|
| also be a source of tension between intimate partners.[6]<br><br>Unequal power dynamics in communities may impact the prioritization of COVID-19 vaccines' target recipients. | | |
| Mass vaccine sites may pose gender-related security risks, particularly if there is a lack of gender balance in the vaccination team (e.g., vaccinators, recorders, supervisors and monitors), lack of security in sites | Sexual and physical assault and harassment | • Require GBV risk mitigation analysis and plan for sites.<br>• Conduct participatory safety walk[7] with women-led organizations and organizations of persons with disabilities when feasible.<br>• Ensure security measures are in place for vaccination sites (including for latrines, etc.).<br>• Strive for the inclusion of female staff in the vaccination team/ensure that there are female vaccinators. |
| Competition and corruption to gain access to vaccines (e.g., "jumping the queue" to gain access to lifesaving medicine) | Sexual exploitation and abuse | • Ensure that all members of vaccination teams sign Code of Conduct<br>• Make available in accessible formats information about inter-agency community-based complaint mechanisms (CBCM).<br>• Integrate Protection from Sexual Exploitation and Abuse (PSEA) messaging in Risk Communication and Community Engagement (RCCE) and other communication efforts on vaccines. |

[6] Thornton, C. & Rees, A. (2021). COVID-19 vaccines do not make women infertile. Retrieved from https://theconversation.com/covid-19-vaccines-do-not-make-women-infertile-153550

[7] Nutrition Cluster. Participatory Safety Walk Guide. Retrieved from https://www.google.com/url?q=https://www.nutritioncluster.net/sites/nutritioncluster.com/files/2020-01/Participatory-Safety-Walk-Guide.docx&sa=D&source=editors&ust=1613707015774000&usg=AOvVaw1KZNNkogiX21LwG7ktqp6_

| Gender or GBV-related risk factors (i.e., changes in environment, gender and power dynamics, access) | Consequences | Actions to be taken |
|---|---|---|
| In some contexts, women and other key groups who do not have civil documents could be invisible in the system. Female refugees and IDPs face these problems more than men as in some contexts they need men to do registration or regain the civil documents. Those women may not receive vaccination as they don't exist officially. | Deprivation of vaccination opportunities | • Work with local women-led/women's rights organizations, Protection and GBV actors to identify those who are likely to be excluded in the vaccination plan. |
| In some settings, the Ministry of Health/ national immunization technical advisory group may create an electronic appointment system to register/schedule vaccination. Consider that women, elderly, persons with disabilities and other marginalized groups may lack access to mobile phones, computers and internet connection. | Sexual exploitation and abuse<br><br>Deprivation of vaccination opportunities | • Work with women-led/women's rights organizations, community-based support groups for elderly, organizations of persons with disabilities to facilitate access to digital registration platforms. |

Relevant resources

Feletto, M., & Sharkey, A. (2019). The influence of gender on immunisation: using an ecological framework to examine intersecting inequities and pathways to change. Retrieved from https://gh.bmj.com/content/bmjgh/4/5/e001711.full.pdf

GAVI, the Vaccine Alliance (2021, January). Gavi guidance to address gender-related barriers to maintain, restore and strengthen immunization in COVID-19. Retrieved from https://www.gavi.org/sites/default/files/about/Strategy/Gavi_Guidance-to-address-gender-barriers-in-MRS-immunisation_ENG.pdf

Holloway, M. (2020, April). Why a gender lens is needed for the COVID-19 response. Retrieved from https://www.gavi.org/vaccineswork/why-gender-lens-needed-covid19-response

Inter-agency Standing Committee (2021, January). Advocacy for COVID-19 vaccination for the most vulnerable. Retrieved from https://interagencystandingcommittee.org/other/advocacy-covid-19-vaccination-most-vulnerable-commitment-essentials-humanitarian-action-and-more

Plan International. (2020, December). Calling for Fair Distribution of COVID-19 Vaccines to Avoid Gender Setback. Retrieved from https://reliefweb.int/report/world/calling-fair-distribution-covid-19-vaccines-avoid-gender-setback

UNICEF Regional Office for South Asia. (2019, July). Immunisation and Gender: Practical Guide to Integrate a Gender Lens into Immunization Programmes. Retrieved from https://www.unicef.org/rosa/media/12346/file

WHO. (2020, November). WHO SAGE Roadmap for prioritizing uses of COVID-19 vaccines in the context of limited supply. Retrieved from https://www.who.int/publications/m/item/who-sage-roadmap-for-prioritizing-uses-of-covid-19-vaccines-in-the-context-of-limited-supply

WHO and UNICEF. (2020, November). Guidance on developing a national deployment and vaccination plan for COVID-19 vaccines. Retrieved from https://www.who.int/publications/i/item/WHO-2019-nCoV-Vaccine_deployment-2020.1