

Identifying & Mitigating Gender-based Violence Risks within the COVID-19 Response

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Camp Coordination
and Camp Management



Child
Protection



Education



Food Security
and Agriculture



Health



Livelihoods



Nutrition



Protection



Risk Communications and
Community Engagement



Shelter/Non Food Items



Water, Sanitation
and Hygiene

INTRODUCTORY NOTE FROM THE GBV GUIDELINES TEAM

The COVID-19 pandemic continues to present an array of challenges, forcing nearly all types of basic service delivery – including, but not limited to, humanitarian response – to drastically adapt. Given how quickly the outbreak continues to evolve; the variation across contexts in the impact of the disease and the measures being implemented to control its spread; and the lack of documented good practice for delivering aid and services under such conditions, to a large extent the entire international system is learning as we go.

As such, this document presents an initial summary of potential GBV risk mitigation actions, based on established good practice, that are starting points to address GBV risks in this unprecedented situation. The GBV risk mitigation actions summarized below are presented in the spirit of collective and iterative problem-solving.

This document is intended to support non-GBV specialist humanitarian actors to identify COVID-19, GBV-specific risks in their sectors, and take actions to mitigate those risks.

This document does not claim to be an exhaustive set of guidance, nor should the content be treated as static. Instead, it contains an initial summary of potential options for adapting established good practice to this unprecedented situation. It will be treated as a working document that will be further refined as the situation and the response continues to evolve.

In addition, we want to work together to try to better understand and document what is working or showing promise in addressing GBV-related risks. So, please feel free to contact Erin Patrick gbvguidelines@gmail.com and/or Christine Heckman heckman@unicef.org with questions, if you need help thinking through any of the recommendations below, or if you have good practice to share.

Background

Gender-based violence (GBV) exists in every society worldwide and is exacerbated in emergencies. There is already an unsettling amount of information on GBV occurring against the backdrop of the COVID-19 outbreak¹. It is also becoming increasingly clear that many of the measures deemed necessary to control the spread of the disease (e.g. restriction of movement, reduction in community interaction, closure of businesses and services, etc.) are not only increasing GBV-related risks and violence against women and girls, but also limiting survivors' ability to distance themselves from their abusers as well as reducing their ability to access external support². In addition, it is clear from previous epidemics that during health crises, women typically take on additional physical, psychological and time burdens as caregivers.

As such, it is critical that all actors involved in efforts to respond to COVID-19 – across all sectors – take GBV into account within their programme planning and implementation.

¹ For example, see

<https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence>

<https://www.nytimes.com/2020/03/24/us/coronavirus-lockdown-domestic-violence.html>

² https://www.carefrance.org/ressources/themas/1/93a8e81-8640-Global-RGA_COVID_RDM_3.31.2.pdf

CARE FOR FRONTLINE WORKERS

- Ensure that there are support systems in place for all frontline workers, including psychosocial support, regular debriefings, regular paid time off, etc.
- Consider that women are likely to make up the majority of the workforce - staff and volunteers - for some response sectors (i.e. child protection, education, health and nutrition). These women are likely to have increased workloads at home as well. Special considerations of their need to balance their responsibilities at work and home is important.

GENERAL GOOD PRACTICE FOR ALL SECTORS

- It is critical to collect sex, age and disability disaggregated data (SADD) and analyse the differential impacts, barriers and risks being faced by different groups within an affected population.
- In tandem with SADD, consultations - even if they can only be done using remote modalities - with women, girls and other at-risk populations,³ as well as safety audits, are key to understanding the different challenges being faced by diverse groups. Local women's organizations are a good source of information on the safest and most appropriate options for interacting/communicating with women and girls when in-person gatherings are not possible.
- Assess potential barriers to accessing services and accurate information, particularly for women, girls and other at-risk groups.
 - The [AAAQ framework](#) provides a set of guiding questions to help identify potential barriers that can be adapted to any sector and to the specifics of government-mandated measures to control the spread of the virus in a given location.
 - In situations where community consultations cannot take place due to quarantine/lockdown policies,⁴ the AAAQ framework can act as a starting point for humanitarian actors to think through potential barriers that women, girls and other at-risk populations are likely to face.
- All humanitarian workers, no matter their contract type or duration, must be aware that sexual exploitation and abuse (SEA) of affected populations is serious misconduct. Each sector/agency should remind all their personnel that SEA is strictly prohibited and how to report SEA by humanitarian workers. Additional guidance on PSEA specific to the Covid response is available [here](#).

REFERRAL PATHWAYS ARE LIKELY TO BE IN FLUX

Given the rapidly changing environment, options for GBV service provision are likely to change their modality, be reduced and/or operate differently than under normal circumstances. It is important to ensure staff and volunteers in all sectors are equipped to provide accurate, up-to-date information on available GBV services and to be aware of current limitations of response services (i.e. do not over-promise). Liaise with GBV specialists to be aware of what is available; what the current limitations of response services are; and key messages to raise awareness on available GBV services.

Within the plan for implementing programming in any sector, it is recommended to incorporate regular check-ins with the GBV coordinator and/or GBV focal point(s) to remain informed of the latest developments on referral procedures/recommendations.

³ These can include but are not limited to, for example: adolescent girls, elderly women, widows, persons living with a disability, and individuals of non-conforming sexual and gender identities. These vulnerabilities may also intersect. This document is not meant to provide an exhaustive list of potential at-risk groups in each context. For additional information please refer to the "Key Considerations for At-risk Groups" table on pages 11-13 of the [IASC GBV Guidelines](#).

⁴ Consultations with communities are ALWAYS preferred. However, in extreme situations such as mandatory quarantines, standard consultation processes will need to be adapted.

IDENTIFYING ENTRY POINTS FOR CONNECTING SURVIVORS WITH GBV SERVICES

In situations where there are extreme and sudden movement restrictions or quarantines, there may be only a very few points where a survivor is able to have any interaction with anyone other than their abuser. Work with GBV specialists to identify what these might be in your location (for example, food and/or cash distributions, markets, pharmacies, health or nutrition services) and consider if/how information on available GBV services can be safely relayed at or through those entry points. Options may include equipping staff and volunteers working in those sectors with pocket cards containing relevant contact information, posting visual representations of the GBV referral pathways and/or hotline numbers in select safe locations and so on (see more information under the specific sectors, below).

SECTORS COVERED



GENERAL GOOD PRACTICE ON GBV DISCLOSURES AND REFERRALS

- Ensure frontline staff and volunteers are trained on psychological first aid (PFA) and how to relay information on available GBV services, including remote modalities, such as hotlines, if necessary.
 - If there are no GBV response services available in your area, follow guidance outlined in the [GBV Pocket Guide](#) (available in PDF and as a smartphone application).
- All humanitarian response sectors should coordinate with the GBV coordination mechanism and/or GBV service providers in their setting to map available services and referral pathways, including for GBV survivors, reflecting any changes in light of COVID-19 service disruptions.
- Ensure that all staff and volunteers are aware of GBV referral pathways and are trained on how to safely and ethically support a survivor in the event of a disclosure⁵.
- Regularly connect with GBV specialists to receive up-to-date information on referral pathways that reflect changes in availability and/or modality of services (i.e., services that have moved to remote modalities).
- Ensure that all staff and volunteers have updated copies of the referral pathway for their locations.

⁵ For additional guidance, please see:

[GBV Constant Companion](#)

[Video: Responding to a Disclosure of a GBV Incident](#)



CCCM

Women, girls and vulnerable or marginalized populations often have less access to information and are more likely to receive inaccurate information either inadvertently or deliberately in order to uphold existing unequal power dynamics and/or create opportunities for exploitation. This can affect women's and girls' ability to obtain objective and reliable information about COVID-19 infection prevention control measures as well as key information about the availability of and any changes in the delivery of essential assistance, including GBV support services.

- Plan for adaptations to communication and information sharing mechanisms for situations where large gatherings, access to communal buildings and community meetings may be restricted or suspended. Particular care should be taken to ensure that timely, reliable and objective information about COVID-19 and any changes in the availability or delivery of essential services reaches women and girls, so their access is not compromised and they are not at increased risk of marginalization. Suggested adaptations can include SMS/text messages, radio messages, and/or announcements in the site. Messages can be shared through mechanisms including but not limited to camp committees, women's groups and informal networks, adolescent youth and women with disabilities groups, etc.
- Involve women and girls in the development of Information, Communication and Education (ICE) materials on COVID-19 to ensure they are effective, appropriate and proactively address misinformation and disease-related stigma. Support women's groups, camp committees and community leaders to effectively disseminate messaging, engage in awareness raising and hygiene promotion activities.
- Continue to promote women's participation in camp governance structures and decision-making processes, including on COVID-19 response measures. Guidance forthcoming.
- In coordination with GBV actors, identify contingency measures to provide support to survivors in case access to services outside the displacement site is restricted. Ensure all staff are aware of the most up to date [referral pathways](#) and [SEA policies](#).
- For those at increased risk of intimate partner violence or domestic violence, work in close collaboration with GBV actors to identify alternative shelter options, wherever possible.



Key additional resource:

[Interim Guidance on Scaling-up COVID-19 Outbreak in Readiness and Response Operations in Camps and Camp-like Settings \(jointly developed by IRFC, IOM, UNHCR and WHO\)](#)



CHILD PROTECTION

COVID-19 can quickly change the context in which children live. Quarantine measures such as school closures and restrictions on movements disrupt children's routine and social support while also placing new stressors on parents and caregivers who may have to find new childcare options or forgo work. Particularly for children living in households where intimate partner violence and/or child abuse is occurring, the risks are acute. In addition, young and adolescent girls are more likely to have to take on additional caring burdens within the household and are more at risk of domestic violence and forced marriage.

- Work with GBV service providers to adapt regular procedures to allow for remote service provision modalities, if/as safe, appropriate and feasible.
- Support GBV service providers to ensure response services are child-friendly.
- Refer to available guidance on [safety planning for domestic violence](#)⁶ that includes specific tips for including children in the process.
- Understand who can legally consent to medical or other treatment for a child when the child's caregiver is not available (for example due to quarantine, medical treatment, etc.).
- Ensure that any alternative care arrangements for children whose caregivers are quarantined, ill or deceased are safe and sensitive to the specific needs of girls.
- Work with GBV specialists to integrate age-appropriate awareness raising messages on GBV risks and referrals into remote psychosocial support resources (for example videos, animations, TV or radio messages) that target psychosocial support workers, children and/or their caregivers.
- In settings where internet-based education has been introduced (or is being considered), work with Education colleagues to promote and build capacity on safe internet use.



Key additional resource:

[Child Protection Alliance Technical Note: Protection of Children during the Coronavirus Pandemic](#)

⁶ Note: some of the specific suggestions included in this link may not be feasible in all settings.



EDUCATION

School closures can increase and exacerbate inequities and vulnerabilities for children and can increase the likelihood of early/forced marriage, SEA or other forms of GBV and adolescent pregnancies. Online learning modalities – particularly for children and families who are less familiar with internet safety measures – can introduce new or increased risk of various forms of online exploitation, including sexual exploitation and “grooming” that leads to future sexual abuse. Certain children within the household may be prioritized for online or remote learning preventing other children from partaking in education activities; girls, for example may be excluded and required to take on multiple caregiving roles and (additional) domestic care work. Prolonged school closures, therefore, increase the risk of girls dropping out as they may not return to school, the longer they stay at home.

- In locations where normal education services are still proceeding, develop and/or maintain a system to track truancy and drop-outs and regularly analyze trends in sex, age and disability. For example, the quantitative data could flag situations where girls are being kept out of school to perform caring responsibilities or other issues.
- In locations where education services are being provided remotely, develop a system to track trends in participation (including “drop-out”) and regularly analyze trends in sex, age and disability. When schools reopen, it is important to monitor trends in return to school by sex, age and disability to determine those at risk of dropout and take immediate actions to follow up and get them back to schools.
- When concerns arise in truancy/drop-out data, work with Child Protection and GBV experts to identify potential options for following up with families, offering other forms of support, etc.
- In contexts with digital distance learning, consider the gender digital divide and ensure girls are trained with the necessary digital skills and knowledge and skills to stay safe online.
- Provide information for children and parents on “red flags” for online exploitation, and general tips for safe internet use for children (for example, only using computers, tablets, etc. in common areas of the home).
- If new online learning materials are being developed, consider including – for both boys and girls, as appropriate - messaging and information on sexual and reproductive health, menstrual hygiene management, gender and GBV risks.
- In locations where schools reopen, ensure flexible learning approaches and processes and protections against stigma and abuse so that girls and young mothers are not deterred from returning. Catch-up courses and accelerated learning may be necessary.

Key additional resources:

[Girls' Education Challenge: Safeguarding and Covid-19](#)

[International Network on Education in Emergencies, Coronavirus resource collection](#)



FOOD SECURITY

Restrictions on movement decrease overall access to food supplies/markets and increase prices and competition for food, with disproportionate negative effects on and increased risk of malnutrition for women and girls, who typically “eat less and last.” In times of food scarcity, women and girls are more likely to reduce their meal intake, are at increased risk of exploitation and/or are pushed to engage in risky coping mechanisms including transactional sex. Shorter windows for food distributions that are being put in place as an infection control measure can exacerbate existing GBV-related risks/burdens including SEA.

- Where possible, monitor food consumption habits including any changes resulting from changes in food prices, availability and/or distributions due to pandemic response and consider options for cash and voucher or in-kind food assistance where needed, recognizing potential safety concerns associated with cash distributions (see Livelihoods, below).
- Consider dedicated food distribution times or locations that are open only for the most at risk.
- Consult with women and girls, as feasible, to determine their preferred time windows, locations and modalities for food distribution.
- Consider smaller group distributions that are closer to or easier for households to access.



Food distributions can be used as an entry point for proactively disseminating information on available GBV services.

Key additional resources:

Global Food Security Cluster, [COVID-19: Gender Equality for Food Security](#)

Global Food Security Cluster, [Gender and COVID-19](#)



HEALTH

During the COVID-19 outbreak, there has already been a sharp increase in the risk of domestic violence (DV)/ intimate partner violence (IPV) due to restrictions on movement. In locations with severe restrictions on movement, health facilities are some of the only services/communal spaces that are operating. Sexual and reproductive health (SRH) services may be diverted to pandemic response, leading to increased maternal mortality and deterioration in SRH outcomes (as has been seen in previous epidemics).⁷

- Include essential services for GBV in COVID-19 preparedness and response plans.
- Ensure that all health practitioners are aware of GBV risks and health consequences and are able to help survivors who disclose by offering first-line support and relevant medical treatment.
- Ensure health facilities have updated referral systems and services available, and that health providers know about them and are trained on the [GBV Pocket Guide](#).
- Post visual representations of up-to-date referral pathways in clear locations throughout health facilities.
- Where it can be done safely, encourage health staff to proactively make information on GBV services/hotlines available at all operational health facilities, including those providing COVID-19-related testing/treatment.
- Ensure operational health facilities are safe, accessible and acceptable (for example, separation of male and female patients, ensuring female health care providers, identifying barriers to access, etc.). For specific guiding questions on this recommendation, see the [AAAQ framework](#).
- Work with female frontline workers to ensure facilities, procedures and available supplies meet their needs, including for menstrual hygiene management and accommodations for lactating mothers, as well as flexibility in working arrangements, considering their own caregiving responsibilities.
- Recognizing the strains that the pandemic response has put on existing primary and sexual and reproductive health services (SRH) care resources, take all possible steps:
 - NOT to divert resources from comprehensive SRH and/or to ensure continuation of life-saving services in line with the [Minimum Initial Service Package for SRH in crisis-settings](#)
 - NOT to convert safe shelters for domestic violence into additional capacity for COVID-19 health response.

Key additional resources:

WHO: [COVID-19 and Violence against women: what the health sector/system can do](#)

WHO: [COVID-19: Operational guidance for maintaining essential health services during an outbreak](#)

IAWG: [Programmatic Guidance for SRH in Humanitarian and Fragile Settings during COVID-19 Pandemic](#)

CARE: [Health/SRHR Guidance - Prioritise, Adapt, Maintain](#)

WHO: [Getting your workplace ready for Covid-19](#)

⁷ In 2014 in West Africa, many health staff were diverted and deployed to the Ebola response, which left other services in health care unsupported. This meant more maternal deaths, insufficient childhood immunisations leading to disease outbreaks in the following year and no continuous care for patients with non-communicable diseases. The number of deaths from abandoned health centres and regions was significant. (“SPHERE Standards and the Coronavirus response”, 2020).



LIVELIHOODS

The economic fallout from business closures and job/livelihood loss can: 1). lead to increased household stress which can increase the risk for DV/IPV; and 2). lead to risky coping strategies including survival sex, early/forced marriage, etc.; and 3). increase the risk of SEA.

- Conduct a gender/age/diversity analysis of key markets (ie: labor and for goods and services relevant for COVID-19 response, including health, nutrition and protection). Pay particular attention to the needs and risks of women and girls and other at-risk groups in high-risk employment situations: those in the informal labor market, those who are dependent on their work for immigration/residency status, and those who live with their employer, among others.
- Consider longer-duration cash transfers to meet multi-sectoral needs over a longer period of time to reduce reliance on risky coping strategies.
- Consider using mobile services where safe and feasible to facilitate cash transfers to reduce associated security and safety risks.
- Recognizing that cash transfers may sometimes reinforce existing unequal power dynamics within households and can exacerbate GBV, conduct consultations with women, girls and other at risk groups (or with local women's organizations if direct consultations with affected communities is not possible) to determine the risks and benefits of transferring cash and which cash transfer delivery mechanism is safest and most appropriate to meet needs. Consider the pros and cons of cash vs. other modalities and different mechanisms (e.g. cash in envelopes vs mobile money).

In general, women are more likely than men to work in the informal economy (for example as domestic workers) where they have few to no protections and are dependent on their employers for information. [see also Protection, below]

- Ensure that programmes, policies or legislation aimed at providing economic relief are based on needs/vulnerabilities rather than immigration or legal status, proof of physical address, etc. (see Protection section below).
- In situations where cash disbursements are enacted as an economic support/protection measure, use vulnerability criteria rather than criteria related to employment/immigration or legal status, address, etc. to determine need and eligibility.
- Ensure that information on available economic support services is widely accessible in a variety of languages and formats.

Livelihoods/cash programming can be an important entry point for both information dissemination on GBV response services, and feedback on safe and accessible assistance. Note that dissemination of GBV messaging via cash transfer programs should only occur in locations where GBV response services have been established and the messaging/plan for dissemination is designed in collaboration with GBV specialists.

Key additional resources:

CARE and the GBV Guidelines Reference Group: [GBV and CVA Cash Compendium](#) [note, additional languages are available [here](#)]

CARE: [Cash and Voucher Assistance During Covid-19](#)



NUTRITION

Community-level screening may be stopped or restricted for reasons of infection control and, in some cases, could shift to household-level screening. Home visits can increase risks of GBV (particularly SEA) but also provide an entry point for connecting survivors with GBV response services.

- In locations where nutrition programmes are proceeding in group settings, nutrition facilities can act as a valuable entry point for disseminating information about available GBV services and collecting feedback from women and girls about their needs/safety concerns.
- Where nutrition volunteers are going door to door, ensure they are trained (via virtual platforms if needed) on how to safely respond to a disclosure and that they have the most up-to-date referral pathway.
- With support from GBV specialists, consider using household nutrition screenings as a modality to proactively disseminate information on available GBV services, including hotlines.



Key additional resources:

[Global Nutrition Cluster COVID-19 resource page](#)



PROTECTION

The COVID-19 outbreak – and measures put in place by authorities to control spread of the disease – may increase GBV-related risks for individuals who do not fall under pre-existing vulnerability criteria (sometimes referred to as “persons with specific needs” (PSN)).

- Consider reviewing (and adapting, as necessary) the vulnerability/PSN criteria in light of the COVID-19 outbreak and control measures. Pay particular attention to groups such as undocumented immigrants, temporary workers whose immigration status/right to public services is dependent on their employment status, individuals working in informal sectors, women and children whose immigration status is dependent on their husband/partner/father, and women/girls who live in someone else’s home (domestic workers, etc.).

Women, girls and other at-risk groups who are asylum-seekers and refugees may experience barriers in accessing services, including health services, due to lack of particular documentation. Informal barriers to services may also include language barriers, increased xenophobia or a lack of knowledge of available services.

- The [AAAQ framework](#) can be used to help identify barriers that particular groups (i.e. female- or child-headed households) may face seeking services.
- Advocate that eligibility for relief packages, economic assistance programmes, etc. be contingent on vulnerability criteria, not immigration or legal status, proof of physical address/previous employment, etc.

As resources become increasingly stretched, protection services and other social services for women and children may be closed – or, in some cases, repurposed to meet the need for additional space/beds to treat COVID-19 patients – placing those who depend on these services at higher risk of GBV.

- Advocate that existing protection facilities such as domestic violence shelters or institutional care centres for children to remain open.
- Ensure regular check-ins with GBV service providers/local women’s groups to understand trends in safety risks for vulnerable populations and utilize the information to inform programming adaptations and possible advocacy with local/national governments as needed.

Key additional resources:

Global Protection Cluster (GPC): [COVID 19 Response and Preparedness Related Measures](#)

GPC: [COVID 19 Response and Preparedness Related Measures, Annex 1, Protection Programming](#)

GPC: [COVID 19 Response and Preparedness Related Measures Annex 2, Specific Protection Issues](#) (TBC)



Risk Communications and Community Engagement (RCCE)

Women, girls and other at-risk populations often have less access to information, including critical information related to COVID-19 transmission and prevention, available services, etc. They are also more likely to receive inaccurate information, whether deliberately (to uphold existing unequal power structures and/or to create opportunities for exploitation) or inadvertently.

- Establishment and management of communication strategies (including RCCE) must have women and girls at their core. All messaging and information on COVID 19 must be appropriate, understandable and relayed through appropriate and proven effective mechanisms, such as women's groups, adolescent youth and people living with disabilities, etc.
- Include women and local women's groups in planning and conducting outbreak surveillance.
- Proactively address potential misinformation, disease-related stigma, etc. by mobilizing and empowering women's and disabled persons groups, including through formal and informal communication channels.
- If informational mailers, text message campaigns, radio, or other mass communication modalities are being used, consider including information on GBV response services (such as hotline numbers), if they exist.



Key additional resource:

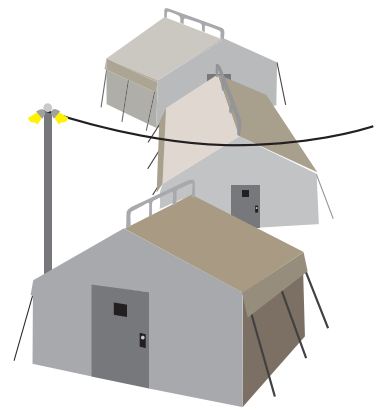
UN Women and the Risk Communication and Community Engagement Working Group on COVID-19 Preparedness and Response in Asia and the Pacific: [Covid-19: How to include marginalized and vulnerable people in risk communication and community engagement](#)



SHELTER/NON FOOD ITEMS (NFI)

Mobility restrictions can impact the provision of shelter and NFI assistance to populations affected by humanitarian crises, which can potentially exacerbate risks of exclusion and increase the vulnerability of specific groups and individuals, including to GBV. Shelter and NFI actors can take steps to mitigate GBV risks associated with Shelter and NFI needs within their COVID-19 response operations. Teams should follow [normal practices for good distributions](#); review changes due to COVID-19 infection prevention control measures and adjust implementation modalities to mitigate potential GBV risks.

- Ensure that any changes in modalities for shelter/NFI distributions integrate measures that maintain effective access for at risk groups/individuals, particularly those at increased risk of COVID-19 complications or those facing specific mobility issues such as older persons, persons with disabilities, single/child-headed households, pregnant/lactating women or unaccompanied children. Also consider that women and girls may face increased burden of domestic chores or caring for HH members in case schools/community centers, etc. are closed, and they may not be able to wait for a long time in distribution lines. Consider establishing a priority lane to reduce wait times. Provide clear communication to the affected population on prioritization criteria. See [Distribution Shelter Materials, NFI and Cash: Guidance to Reduce the Risk of Gender-Based Violence](#)
- Strive for the inclusion of female staff in shelter/NFI teams. If there is no gender balance in the team, consider collaborating with other sectors or organizations to ensure that female staff are present, particularly during distributions or other activities involving direct contact with the affected population.
- Consider how to adapt modalities for consulting with women and girls on their shelter/NFI needs in light of COVID-19 infection prevention control measures. Explore if trusted shelter/NFI female staff can use Whatsapp/text messages or other remote means of communication to seek input from women and girls on adaptations to shelter/NFI programming and feedback on assistance, including any safety concerns, to make sure their needs are met.
- Ensure all staff are aware of the most up to date [referral pathways](#) and [SEA policies](#).



Key additional resources:

Global Shelter Cluster: [Distribution Shelter Materials, NFI and Cash: Guidance to Reduce the Risk of Gender-Based Violence](#)

Global Shelter Cluster: [GBV Constant Companion](#)

Global Shelter Cluster: [Video: Responding to a Disclosure of a GBV Incident](#)



WASH

Privacy may be reduced due to restrictions on movement, increasing the risks for GBV. The safety and accessibility of physical WASH infrastructure may be negatively impacted by social distancing measures. Additional WASH facilities may need to be constructed to enable physical distancing and/or WASH facilities in new structures created to address the health crisis may be inadequate or insufficient. In addition, queuing for water may take longer if people are trying to limit exposure by collecting a larger quantity at a time, disproportionately impacting women, girls and those with disabilities.

- Working with Shelter/NFI teams, pre-position/distribute dignity kits including additional items to support privacy and distance (i.e. extra menstrual hygiene management (MHM) materials, cloths/tarps that can be used to screen off portions of shelters, etc.)
- Ensure the safety, dignity and accessibility of adapted existing WASH facilities and WASH facilities in all new structures, whether temporary or permanent (i.e., health facilities, shelters, schools, etc.). This includes adherence to recommendations in the [GBV Guidelines WASH Thematic Guide](#) for gender segregation, privacy, appropriate lighting, lockable doors, appropriate disposal receptacles for menstrual hygiene materials, etc. to mitigate GBV risks.
- For collective settlements and/or shelters where expansion is required to reduce the threat of COVID-19 transmission, consult with women and girls about placement and design of additional WASH and laundry facilities.
- If long water queues are a concern and/or if people are collecting larger quantities of water at a time, consider setting aside certain hours at water points (and/or certain water points or additional water points) that are only for women, girls and persons with disabilities.

Vulnerable groups may not have access to supplies for cleaning/hygiene, putting them at increased risk of infection as well as exploitation.

- Where feasible, stockpile and distribute additional cleaning and MHM/sanitary materials (reusable if water and laundry soap is available for washing) and adapt distribution as necessary to ensure supplies reach vulnerable groups (NOTE: vulnerability criteria may need to be reassessed in the context of COVID-19 – see Protection section above).
- Ensure hygiene promoters and other community outreach workers have up-to-date information on psychological first aid and GBV referral pathways.
- With support from GBV specialists, consider taking advantage of communal hand washing stations (in markets, transportation centres, etc.) and/or female latrines to post information about available GBV response services.



Key additional resource:

WaterAid: [Violence, Gender and WASH: A Practitioner's Toolkit](#)

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This document was prepared by the inter-agency GBV Guidelines Implementation Support Team with the inputs of the GBV Guidelines Reference Group.

Additional information on mitigating GBV risks within the COVID-19 response can be found in the [GBV Guidelines Knowledge Hub Covid-19 resource page](#)

Additional information on GBV risk mitigation in emergencies more broadly can be found at www.gbvguidelines.org

