



UNITED NATIONS
BANGLADESH

RECOMMENDATIONS FROM CIVIL SOCIETY ORGANIZATIONS ON GBV PROGRAMMING OF THE UN IN RESPONSE TO COVID-19

Under the United Nations Immediate Socio-Economic Response Plan (iSERP)

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The first paragraph will have the following text: The United Nations in Bangladesh has developed an Immediate Socio-Economic Response Plan (iSERP) in line with the United Nations Response to COVID-19 with the National Response Plan. The iSERP has five pillars of work, one of which is the Social Cohesion and the Community Resilience (Pillar 5). As part of the iSERP formulation, the GBV sub-group led by UN Women and United Nations Population Fund (UNFPA) organized a consultation with 22 civil society organizations on key challenges and recommendations for UN programming on GBV, in the context of the COVID-19 pandemic.

Highlights of the safety and security assessment of COVID impact presented by the UN

- A total of 49.2 per cent of women and girls in households feel safety and security is an issue due to the lockdown and loss of livelihoods.
- A 40 per cent increase in child helpline calls indicates a potential increase in child abuse and online exploitation as children are not attending school and staying home, thereby losing the necessary social/ peer support network.
- The impact of COVID-19 on interventions will delay the reduction of child marriage and place adolescent girls at an elevated health risk due to insufficient access to sexual and reproductive health management.
- The loss of daily earnings is further marginalizing and stigmatizing the third gender group and female sex workers, the majority of whom have no official social protection.
- Groups facing high risks of GBV – women, children (girls/boys), adolescents and youth with disabilities, elderly women, women employed as informal workers domestic workers, as ready-made garment workers and as workers at other factories, migrant and returnee women.

Key issues identified for iSERP interventions:

- The absence of a survivor-centred approach relating to safety and ethical protocols and dignity of survivors.
- GBV risk-mitigation measures are not integrated in key economic development sectors, for example in migration and transportation.
- Lack of an evidence-based approach for prevention programming.
- Domestic violence/intimate partner violence, perceived as a private/personal/family matter, remains unaddressed.
- The capacity and effectiveness of national and other helpline services – e.g. 109, 1098, 999.
- Capacity in case management, psychological support services (PSS)/psychological first aid (PFA) of GBV and other front-line workers.
- GBV referral systems are not fully functioning as police, health social/services are diverted to the COVID response or having difficulty operating, which points to the urgent need of a skilled workforce.
- Limited shelters so that survivors are locked down with the perpetrators and have difficulty accessing telephones/mobiles to connect to service points.
- Limited support to marginalized groups – Lesbian, Gay, Bisexual, Transvestite and Queer/Questioning (LGBTQ) and sex workers.
- The need for strengthened accountability and a grievance redress mechanism.
- The need for a transformative approach among the judicial actors and service providers to deal with GBV issues through ensuring accountability.

Recommendations from Civil Society Organizations

1. Recommendations on GBV-Response Services:

- Advocate for an increasing space/number of **shelter homes and/or temporary accommodations for survivors of gender-based violence, and, in particular, emphasizing the distinction between shelter homes for GBV survivors and senior homes. The GBV shelters** require specific capacities, including the provision of effective protection and of all necessary health safety measures, including **social distancing**.
- **Improve coordination among various referral services**, such as, inter alia, the One-Stop Crisis Centres/victim support centres, Nari Nirjatan Protirodh Committees, Victim Support Centres and women help-desks at police stations and courts, to ensure effective support to the survivors.
- **Integration of GBV referral mechanisms in key services**, such as emergency hotlines and across all health and social services of government and non-government actors.
- Address challenges of “remote case management”, particularly when survivors are without access to mobile/telephone and living with the perpetrators, for in such cases an alternate modality of reaching the GBV survivors becomes critical.
- Ensure the “**required infection prevention control measures, including social distancing**”, are in place for in-person service delivery for health and others services and for case management during the pandemic.
- Social distancing should not equate to the loss of a social/community/peer network. Invest in supporting the social network, particularly for risks groups.

2. Recommendations towards “Legal Aid and Justice”:

- Advocate for the strengthened and coordinated role of legal aid committees at the subnational level (e.g. district/upazilas/union legal aid committees).
- Bring GBV cases under a **virtual court mechanism** through collaboration among the judiciary, and through specific GBV protocols to facilitate access to justice and legal aid for all GBV survivors.
- Ensure **collaboration between village courts, local police, legal aid officers** to follow up on GBV cases.
- Emphasis on a survivor-centred approach and ensure more attention in maintaining a **“survivor’s rights, confidentiality and dignity”** during data collection and service delivery.
- Advocate for **“Gender Responsive Budgeting”** that ensures **budget allocations** for necessary interventions for GBV prevention.
- Ensure the digital safety and protection of survivors from cyber harassment through the revision of a relevant legal framework.

3. Recommendations on Child Marriage:

- Continue advocacy with policy-makers and government on preventing the occurrence of child marriage during the pandemic.
- Take the necessary steps for implementing the **“National Plan of Action”** for child marriage prevention and advocate for an increase in government investment.

4. Recommendations for Marginalized and Vulnerable Groups:

- Invest to understand the social dynamics of the marginalized groups (e.g. gender diverse groups, sex workers and victims of trafficking) to ensure their protection rights, including their livelihood vulnerabilities, health and legal service provisions.
- Advocate for the inclusion of the floating sex worker population in the social protection coverage and ensure expansion of services.
- Adopt relevant approaches to address the needs of the COVID-19 affected **middle-income groups**, particularly in urban areas, who are not usually mainstreamed targets of development or humanitarian programmes.
- Focus on **innovative/alternative and sustainable means of protection services** for women, children and vulnerable groups in hard to reach areas (e.g. Bhasan Char), where road transport and telecommunications services are poorly developed.
- Focus on **women safety at work, both in the formal and informal sectors**, and strengthen prevention and redressal of sexual exploitation and abuse by service providers.

Annex:

Serial No	Name of the Organization
01.	Action Aid Bangladesh
02.	Ain O Salish Kendra (ASK)
03.	Association For Alternative Development AFAD
04.	Awaj Foundation
05.	Bangladesh Mahila Parishad
06.	Bangladesh National Women Lawyers' Association (BNWLA)
07.	BASE Jamalpur
08.	Centre for Disability in Development (CDD)
09.	Christian Aid
10.	Light House Bangladesh
11.	Mahideb Jubo Somaj Kallayan Somity (MJSKS)

Serial No	Name of the Organization
12.	Manusher Jonno Foundation (MJF)
13.	Naripokkho
14.	Plan International, Bangladesh
15.	Protttoy Unnayan Sangstha Comilla
16.	SKS Foundation
17.	ILO
18.	IOM
19.	UNDP
20.	UNFPA
21.	UNDP
22.	UNHCR
23.	UN RCO
24.	UN Women

