



## **COVID-19 vaccination and implications for gender-based violence (GBV) prevention and response in humanitarian settings As of 22 February 2021**

### **Key messages for all actors**

1. Meaningful representation and engagement of women in COVID-19 vaccine deployment, implementation and monitoring will produce better vaccination outcomes for all.
2. Ensure that policies and inter-agency community-based complaint mechanisms are in place for Protection from Sexual Exploitation and Abuse (PSEA) in every deployment and vaccination plan for COVID-19 vaccines.
3. GBV services must remain open with sufficient staffing and funding to provide essential and lifesaving services throughout vaccination processes.

### **Considerations for Planning and Advocacy**

- Prevent social norms and barriers from blocking access to vaccinations for women and girls.
- Determine ways to engage with women and girls in consultations and in decision-making as part of vaccination planning and advocacy.
- Consider intersectionality and how vaccine campaigns will reach the most vulnerable, who may also face higher risk factors for GBV (including women with disabilities, migrant or undocumented women workers, etc.).
- Make vaccination sites accessible (located within a reasonable distance, route to and from the site is safe to travel, transportation costs, information disseminated in various languages and modalities) to women, girls, elderly, persons with disability, and other marginalized groups.
- Provide care support for children to enable women to travel to vaccination sites.
- Provide support to female health workers such as childcare arrangements, menstrual hygiene products and good quality and well-fitted personal protective equipment (PPE).
- Require that all persons involved in humanitarian vaccination campaigns sign a Code of Conduct on PSEA.
- Understand the community-based complaint mechanisms available where vaccinations will take place, and how they can be accessed by communities.
- Include messages on PSEA as part of humanitarian vaccination information campaigns, which clearly inform communities that vaccinations are free.
- Provide up-to-date awareness information on GBV and services for vaccination sites.

- Advocate for frontline GBV service providers to be included in the list of priority groups for vaccination.
- Ensure the availability of lifesaving GBV services. Human resources for life-saving GBV interventions should not be diverted for COVID-19 response or vaccination efforts.

#### **Action points for GBV Sub-cluster/ sector Coordinators**

- Inform senior management of key issues to raise through their participation in the Humanitarian Country Team (HCT). Key entry points for GBV sub-cluster/sector coordinators are through the Health Cluster and Inter-Cluster Coordination Group (ICCG).
- Engage with development colleagues. Liaise with the United Nations Country Team (UNCT), where applicable, for advocacy with government-led coordination structures, including country-level COVID-19 national coordinating committee and/or national immunization technical advisory groups (NITAG).
- Update referral pathways and outreach information to ensure health actors and communities know how to safely link people to GBV prevention and response services.

#### **Quotes**

“We are committed to making sure that vaccines are seen as global public goods — people’s vaccines.” – UN Secretary-General António Guterres

<https://www.un.org/en/coronavirus/our-world-can-only-get-ahead-virus-one-way-together>

“We need to take action to ensure vaccines reach the most vulnerable people in the world.” - Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator Mark Lowcock

<https://reliefweb.int/report/world/statement-under-secretary-general-humanitarian-affairs-and-emergency-relief-coordinator>