

Prevention+ Program

Joint Submission to the report of the Special Rapporteur on Violence Against Women regarding rise of Domestic Violence during COVID-19

Chapter set-up Submission:

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1. Introduction

<u>Prevention+</u> is a five-year multi-country programme that envisions a world where healthy, respectful, and equal relationships are the norm. To contribute to making this a reality, the programme addresses the root causes of gender-based violence (GBV) – the social, economic, political, religious, and cultural contexts that shape attitudes and behaviour that lead to violence – by:

- 1. Taking a multi-level approach and using a <u>Gender-Transformative Approach</u>. Prevention+ intervenes at four levels of society individual, community, institutional, and government to ensure long-lasting impact, and to transform the mutually reinforcing social and structural factors that support gender-based violence and allow it to persist.
- 2. Actively engaging young and adult men as part of the solution. Because gender-based violence occurs most often in the context of relationships, its prevention is a collaborative effort. Prevention+ engages young and adult men as partners and advocates for change alongside young and adult women to challenge and transform harmful gender norms and practices.

Rutgers (lead agent), Promundo Global, and Sonke Gender Justice, along with local partners, carry out programmes with men and women across Indonesia, Pakistan, Uganda, Rwanda and MENA (Lebanon). In Prevention+ programme countries, the following organizations are involved: Rutgers Indonesia, Rifka Annisa, Damar, Sahabat Kapas and Yabima and Rahima (Indonesia); Rwanda Men's Resource Center (RWAMREC), and the Health Development Initiative (HDI) (Rwanda); Salama and Abaad (MENA/Lebanon); and the Reproductive Health Uganda (RHU) (Uganda). The Program is supported through the Dutch Ministry of Foreign Affairs's FLOW Fund. MenEngage Alliance is a technical partner to the program and works through joint policy advocacy, knowledge production and through the promotion of accountable practices for engaging men and boys in eliminating VAWG, the Prevention+ program's work with that of the broader field of engaging men and boys.



2. Theory of Change and evidence

Rigid gender norms and harmful practices play a pivotal role in influencing individuals' attitudes and behavior from youth, and drive GBV and gender injustice. These are both created by and reinforced by social norms within the community, civil society and institutions alike. National governments often fail to understand how norms or policies influence or create the conditions for gbv and fail to formulate and/or implement laws, policies and programmes that address the root causes of GBV and gender injustice. Very few programmes are taken to scale. Transforming harmful social norms to prevent GBV and promote gender justice can only be realised if programmes intervene at the individual/relationship, community, civil society, institutional and governmental levels simultaneously, and in a mutually reinforcing manner: as captured theoretically in socio-ecological models.¹ Research shows that well-designed gender-transformative programmes with men and boys that change underlying destructive gender norms are effective for reducing GBV.² These programmes reshape gender relations to be more gender-equitable, largely through approaches that "free both women and men from the impact of destructive gender and sexual norms".³ If programmes solely empower women outside the context of relationships, this can lead to increased risk of exposure to GBV.⁴

Prevention+ partners with women's rights organizations to engage men in GBV prevention. This partnership is built on three basic <u>accountability principles</u> to ensure women's safety; that gender-transformative interventions are developed and implemented in collaboration with women's rights groups, and that programmes are continuously held accountable to these organizations.

The Prevention+ programme **strategy** seeks to scale-up evidence-based gender-transformative interventions working in concert with key public sectors and CSOs. Data from IMAGES and P4P⁵, reveal the context-specific drivers of GBV, identify specific groups of men most at risk of carrying out GBV, and offer select appropriate interventions. At the **individual** and **relationship** level, the programme provides (young) men and women access to information and education concerning relationships, gender (including

¹ Bronfenbrenner, U. / The Ecology of Human Development: Experiments by Nature and Design. Cambridge, MA: Harvard University Press, 1979.

CDC / The Social-Ecological Model: A Framework for Prevention. - Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention, March 2015.

² WHO / Engaging men and boys in changing gender-based inequity in health: evidence from programme interventions. Washington: World Health Organisation, 2007.

³ Dworkin, S. et al / The promises and limitations of gender-transformative health programming with men: critical reflections from the field. – Cape Town: Culture, Health & Sexuality: An International Journal for Research, Intervention and Care, 2015.

⁴ Slegh et al / 'I can do women's work': reflections on engaging men as allies in women's economic empowerment in Rwanda. – In: Gender & Development, 21:1, 15:30, 2013

⁵ Coordinated and created by Promundo and the International Center for Research on Women, IMAGES is a multi-country study on men's and women's attitudes and practices related to gender, including GBV. It has been carried out to date in more than 13 countries with more than 30,000 women and men and is the most comprehensive study globally on men's attitudes and practices. Learn more: https://promundoglobal.org/programs/international-men-and-gender-equality-survey-images/



positive forms of masculinities), sexuality, parenting, and gender justice interventions (*Program H/M*⁶, *The World Starts with Me*⁷, *One Man Can*⁸). Survivors and men using violence are

offered individual, couple and group counselling ([Youth] Living Peace⁹, Toolkit for Men¹⁰). Men are engaged as caring fathers (Program P¹¹, MenCare, and MenCare+), and as partners of women in WEE programmes (Journeys of Transformation¹²). High-quality, evidence-based mass & social media and communications strategies that engage men and boys using positive male role models (One Man Can, Program H/M, MenEngage Alliance¹³ movement building) and bystander approaches (Living Peace, Program H/M, One Man Can) are deployed to change social norms and create individual and community accountability. Through institutionalisation and capacity building, the consortium works with CSOs, and relevant public services to incorporate gender transformative approaches and gender justice in their programmes and activities. A more enabling policy and legislative environment for GBV prevention is critical. A precondition to realise this, are strong international and national coalitions that undertake joint advocacy.

3. Prevention+, COVID-19 and Gender Justice

Research shows that during major crises the risk of sexual and gender based violence increases as a result of exacerbating or enhancing the key drivers of violence. These include but are not limited to:

- Economic stress and instability (specifically as it pertains to men's role in within the household
- Patriarchal/harmful gender norms
- Weakened health and prevention systems
- Isolation and/or trauma
- Use of alcohol and/or other substances

⁶ Launched in 2002 by Promundo and partners and now used in more than 22 countries, Program H (and later Program M) encourages critical reflection about rigid norms related to manhood and encourages transformation of stereotypical roles associated with gender. Learn more: https://promundoglobal.org/programs/program-h/

⁷ The Worlds Starts With Me (WSWM), developed and led by Rutgers, combines sexuality education with learning IT skills. This comprehensive programme used in 10 countries in Africa and Asia helps young people to address sensitive issues around love, sexuality and relations. Learn more: https://www.rutgers.international/what-we-do/comprehensive-sexuality-education/depth-world-starts-me

⁸ The One Man Can (OMC) Campaign, led by Sonke Gender Justice as part of Prevention+, encourages men to become actively involved in advocating for gender equality, preventing gender-based violence (GBV), and responding to HIV and AIDS. Learn more: http://www.genderjustice.org.za/community-education-mobilisation/one-man-can/

⁹ Living Peace, led by Promundo as part of Prevention+, provides psychosocial support and group education to men and their partners in post-conflict settings to address the effects of trauma and develop positive, nonviolent coping strategies. Learn more: https://promundoglobal.org/programs/living-peace/

¹⁰ The Toolkit for Men, developed by Rutgers as part of Prevention+, can be used for counselling men who want to stop intimate partner violence and become a more respectful partner. Learn more: https://www.rutgers.international/our-products/tools/toolkit-men-male-counselling-context-intimate-partner-violence

¹¹ Program P, led by Promundo as part of Prevention+, provides concrete strategies and activities to engage men globally in active fatherhood from their partner's pregnancies through their children's early years. Learn more: https://promundoglobal.org/programs/program-p/

¹² Journeys of Transformation, led by Promundo as part of Prevention+, promotes women's economic empowerment by engaging men as allies in transforming harmful gender attitudes and behaviours that impact progress. Learn more: https://promundoglobal.org/programs/journeys-of-transformation/

¹³ MenEngage is a global alliance made up of dozens of country networks spread across many regions of the world, hundreds of non-governmental organizations, as well as UN partners seeking to provide a collective voice on the need to engage men and boys in gender equality, to build and improve the field of practice around engaging men in achieving gender justice, and advocating before policymakers at the local, national, regional and international levels. Learn more: www.menengage.org



The COVID-19 pandemic is no exception and in the countries where Prevention+ is implemented we see its consequences. This notion is taken into account in revising in country activities and makes the work done under Prevention+ even more crucial and relevant in times of social distancing

As a program we have responded to this crisis in many ways. At country level, many face-to-face group education meetings, counselling and training sessions planned for 2020 have had to be canceled. Where possible these kinds of meetings are shifted to online platforms and budget is used for supporting these online meetings for instance by *covering internet/phone credits for beneficiaries/participants* and producing guidelines and toolkits that participants can use to strengthen the learnings from online training. To reach the target groups budget is also reallocated towards developing and *disseminating (awareness) messages around GBV prevention* and response through tv, radio, infographics, social media and printed media.

In several countries where Prevention+ is implemented, partners have introduced **(online) GBV counselling services** as a response to the immediate effect of COVID-19 on GBV. In some Prevention+ **countries staff of government institutions including health workers and the police will be trained** on GBV in relation to COVID-19

4. Rwanda

Context analysis:

Due to COVID-19, containment measures have included shelter in place mandates to make social distance effective and as results:

- Family members have been confined together at home and those whose employment contracts
 were still valid had to work from home. Analysing this situation would result either positive effects
 in strengthening families tie or in complicating relationships as result of spending many hours
 together
- The confinement has caused an increase in unemployment and increased financial stress within the household which can and may fuel GBV.
- When the majority of the countries including Rwanda were confined at home, there was a huge dissemination of gender stereotypical messaging which had the ability to misinform and influence a rise in GBV.
 - An example: "The Coronavirus must be a woman: imagine a virus that prohibits men from entering bars and watching football match".

Enabling Environment:

- Presence of Community focal persons (Parents Evening Dialogues Committees, Teachers and School head teachers, community activists, Gender Focal Point Persons, Bandebereho-Role models) reduces the level of social isolation by building a sense of shared and communal responsibility as well as support for rapid and timely information dissemination
- Empowering focal points in the community by direct phone calls to them has resulted in more gender-transformative messages from them to their communities.
- In Rwanda there is a wide coverage of the internet (availability of smartphones (79.8%) and many people listen to community radios.



Challenges:

- The dissemination of the stereotyping messages that were heavily exchanged and consumed by a great number of people whose exposure to social media was high consuming such gender harmful messages.
- During the COVID-19 pandemic, multisectoral efforts, such as resources and health care workers
 and support, were channelled to COVID-19 emergency response and there was a possibility of
 losing a focus on other societal challenges such as GBV issues.
- Services for GBV victims were also challenged by lockdown which prevented movement for help from local trained volunteers and it was hard for victims of violence to seek services without the provision of alternative facilities to provide that kind of care to the GBV victims.

Opportunities:

- The use of social media to deconstruct stereotypical messages about roles and differences among men and women has been effective but raised resistance on Twitter.
- There are multiple messages spread by both government and Non-Governmental institutions to remind GBV victims to seek services through particular toll free numbers.
- The key was holistic engagement through many channels (social media, TV and radios) and authority's speeches to maintain safe and healthy cohabitation between men and women. This was done by inviting both the government and civil society organizations representatives to share their expertise in GBV prevention focusing especially on GBV during COVID-19 times.

Accountability to women and girls and working alongside feminist, WROs and LGBTQIA+ organizations

As far as being accountable to women and girls as well as working alongside feminst, WROs and LGBTQIA organisations, RWAMREC has been able to actively participate in different national meetings using online meeting softwares. Some of these meetings include one with women's Organisation (Member of Profemmes, in charge of ensuring gender transformative approaches among an umbrella of 14 organisations implementing an NPA funded project, GBV policy review, Rwanda MenEngage Network Meetings: 21 organisations most of them being women's organization). Some have been consultative meetings to learn about the situation of girls and women and how we can support while other meetings were about sharing the situation and proposing kinds of remedies to challenges.

5. Indonesia

Context analysis:

A survey conducted by the Indonesian National Commission on Violence Against Women during April – May 2020 reported a significant increase of domestic violence during the COVID-19 pandemic, with the most cases being physical violence, psychological intimidation, and economic abuse. An increase of household and carework burden were also reported, further intensifying the stress and vulnerability of women. The pandemic period also saw an increase in online gender-based violence, a majority of it being revenge porn and illicit sharing of intimate pictures as a tool to threaten victims.

The Indonesian central government has provided a protocol especially on GBV case handling during COVID-19 to be implemented by all local governments, as well as a hotline for case reporting. The National Commission and Twitter has also created a notification directed towards users that types GBV-related



keywords on the social media platform, which would automatically show a prompt to their hotline that provides information and services on GBV.

Promising Practices:

- Adapting to social distancing: Shifting from in-person to remote/online approaches through video
 platforms and text messaging apps to conduct community discussions. Advocacy work with the
 police and prosecutors' offices to integrate perpetrator counselling in the legal framework to
 handle domestic violence were also continued through online platforms.
- Expanding audience and beneficiaries: as more interactions are taking place through the internet.
 Partners observed that there is a great opportunity to expand the reach of their interactions, digital presence, as well as access to strategic stakeholders. A webinar hosted by a partner in Yogyakarta successfully invited the Queen of the Region, garnering her interest on issues of gender equality and engagement of boys and men.
- Online/remote counselling: Group counselling with juvenile inmates that were charged with sexual
 offences were halted due to the early release of select inmates to avoid prison overcrowding and
 preventing the spread of COVID-19. Counselling for these inmates was shifted to remote methods
 (with telephone or text messaging), widening the participants from young sex offenders to a more
 broad group of young inmates, or those that has been recently released and assimilating into
 society.
- *Providing space for flexibility in reprogramming*: flexibility has been key to enable partners and the field office to continue the work, and think creatively despite the mobility limitations

Challenges:

- An increase in online-based violence and cyber crimes. A decrease in community activity and its participants, due to social distancing protocols and limitations in access to online services.
- Adapting the content to fit the COVID-19 context (e.g. how lockdown restrictions are affecting GBV, how loss of income due to COVID-19 might increase stress and trigger violence, ways to share household responsibilities at home) and making sure knowledge products can still be disseminated with limited bandwidth (e.g. infographics instead of videos).
- In person counselling is still the preferred method by both clients and counsellors, decreasing the number of online counselling participants.
- the closure of most services for domestic violence and crisis centres. Even though online services
 are offered they are difficult to access for victims who are living in close spaces with their
 perpetrators.

Accountability to women and girls and working alongside feminist, WROs and LGBTQIA+ organizations:

Most of Indonesia's Prevention+ partners are women organizations working on the empowerment of women and girls. Rifka, Damar are women crisis centers, while Rahima is a well known among women religious leaders network. Engaging boys and men is integrated within their platforms as a way to empower women and girls. Prevention+ Indonesia also applies data and reports on GBV cases during the pandemic from women organizations as a reference.

6. Uganda

Context analysis:



- In Uganda, domestic violence cases have been on the increase since the advent of COVID-19 with several reported cases of deaths. The media continues to highlight these cases, although many remain unreported.
- The economic stress due to COVID-19 has exacerbated domestic violence against women and increased the vulnerability for female-headed households.
- While the government has done well in addressing the COVID-19 pandemic, domestic violence is not at the centre of its efforts. Although funds have been allocated to legislators and the COVID-19 taskforce, the Ministry of Gender, Labour and Social Development has not received any financial support.
- COVID-19 meant the closure of all educational institutions and a ban on public and private transport, including the suspension of meetings and workshops of more than 5 people. Curfew (7PM-6:30AM), lockdown has affected businesses. Other health conditions (HIV, cancer, malaria, ANC and PNCs) are overshadowed.

Promising Practices:

- Opportunities in this crisis for the Prevention+ program are that couples are at home and there is high radio listenership and TV viewership.
- Radio- and talk shows: The program has increased the frequency of radio talk shows and. We
 increased the frequency from bi-monthly to weekly talk shows in addition to activity-based radio
 programmes at the implementing sites. In some of these programs champions/role models who
 include religious and cultural leaders have been invited. The project team also worked closely with
 district technical staff (e.g. health and gender) to produce relevant and appropriate messages.
 The messages were translated in both English and local languages
 - O Working with cultural and religious leaders to disseminate GBV and COVID- 19 messages. The lockdown in Uganda affected our work with cultural and religious leaders especially when all places of worship were closed and all meetings of more than 5 people were suspended. Because of their key role in disseminating messages to the community, we worked with them through radio programmes which has proved very effective.
- Use drama on radio (skits) scenarios: Innovatively, we have worked with music dance and drama teams and recorded short drama skits both video and audio of between 7 to 12 minutes that we played out during radio talk shows and had 2 to 3 persons on radio to discuss and engage the public. Each project site produced at least 6 drama skits linking different themes on GBV prevention to COVID-19 and the general SRHR.
- SGBV counselling by Village Health Teams (VHTs): In Uganda, the Village Health Team is the first
 level in the health system. At the time of COVID-19, the project had already trained some of the
 VHTs in Gender Equal Parenting which they integrate in their daily work e.g. counselling survivors
 of GBV. We therefore worked with them in areas of case identification, counselling and referral
 for cases they could not manage.
- Working with service providers: such as the police, prisons staff, community development officers
 and health workers where the program has built the capacity of these professionals on GTA. When
 COVID-19 started, service providers were nominated on the district task force.

Challenges:

- Closure of all educational institutions challenged continuity of project activities. One-on-one and group dialogues with school going children has not since taken place.
- The suspension of all meetings and workshops that involve more than **5** people resulted in postponement of planned community dialogues or engagement meetings. As such, we had to rely



- on other communication channels like radio, TV and social media platforms e.g. Twitter, Whatsapp which are not widely used, especially in rural communities.
- A challenge is the limited access to social justice for victims of domestic violence. Quite a number
 of cases have not been reported and those reported not heard or processed due to the lockdown.
 The courts were closed and judicial officers not allowed to operate until later when a small section
 was allowed.
 - o In one of the President's addresses to the nation on COVID-19, while responding to the question of increase in domestic violence due to the preventive measures he said that the priority is to prevent COVID-19 and such issues should wait or people should find a way of resolving their family disagreements.
- Limited access to health services: the disruption and inaccessibility of support services during COVID-19 has caused a gap in the response to domestic violence cases. Due to overwhelming numbers of domestic violence the available shelters are getting full and may soon not have enough space to provide safe spaces for survivors of domestic violence.
- Additionally, attention to social issues, including domestic violence, is obscured by COVID-19 rather than its social related impact. For instance, health workers and security officials are more focused on COVID-19 patients and enforcing the presidential directives on curfews rather than protecting communities, especially women and girls. Ironically, those entrusted with protecting communities are the very perpetrators of violence against women and girls, all in the name of "reinforcing curfew". Examples are the recent reports of security officers beating up women on the streets, or outside their homes as they struggle for a living.

Accountability to women and girls and working alongside feminist, WROs and LGBTQIA+ organizations

- Targeting women movements as key informants in the evaluation of project interventions that have been adapted due to COVID-19.
- Development and pretesting of the messages on GBV and COVID-19 for the radio shows with women's rights organizations

7. Lebanon

Context analysis:

- In reaction to Covid-19, the Lebanese government carried out a strict lockdown including social distancing measures, closing of public institutions and schools, suspending social gatherings and a curfew.
- Studies from The Inter-agency SGBV Task Force Assessment and The Gender-Based Violence
 Information Management System (GBVIMS) both report that since lockdown measures
 under Covid-19, there is an increase of several forms of GBV in Lebanon including intimate
 partner violence. During lockdown, tensions can easily mount within the household as
 families are confined to their homes and the dire economic situation of many families
 causes more stress and anxiety, leading to the increase of the risk of violence.
- In addition to that 57% of female interviewees report feeling less safe in their communities, and 44% state feeling less safe in their homes, since the start of COVID 19.
- Abaad's hotline for victims of violence has received over double the amount of calls compared to the first quarter of 2019.



Helplines for survivors of violence received double amounts of calls in comparison to 2019. At the same time there is an indication that the actual number of GBV cases is vastly underreported. Lebanon is facing an unprecedented economic and financial crisis which is further impairing the capacities of already vulnerable Lebanese and refugees to cope (even without the threat of COVID-19). They are expressing concern over the increase in prices and of debt, the loss or inability to access livelihood opportunities, the risk of eviction as a result of their inability to pay rent, and refugees fear arrest or deportation. Many seek employment in the informal economy in which adequate protections for safe work do not exist and in a lockdown scenario risk losing their wages.

Promising Practices:

- Awareness raising on Covid-19 in relation to GBV: production and dissemination of information (through flyers and social media) about the higher risk of intimate partner violence in times of social distancing and information about helplines and counselling services.
- In addition Abaad is providing flyers specially targeting men about how to address their emotional and economic stress without resorting to means of violence.
- Development of food assistance to support families who have been financially hurt by the lockdowns. These food kits will be distributed through Abaad's centers around the country and provide family with essential pantry items, basics and hygiene necessities.
- Adaptation to online activities: shifting face to face meetings and workshops to online platforms.
 Producing and dissemination of infographic videos.
- Providing space for flexibility in reprogramming: flexibility for partners involved has been key to be able to continue the important work, think creatively despite the mobility limitations and adapt programme components to the new realities we face.

Challenges:

- It is known that women and girls experience difficulties in reporting SGBV incidents or accessing SGBV services, due to social distancing and movement restrictions, limited access to communication devices such as mobile phones and internet, lack of privacy and/or the presence of perpetrators within the same household.
- Health systems that were already quite limited and strained have experienced additional levels of burden and services are redirected to mitigate the spread of COVID-19. One-stop centers in tertiary hospitals that had provided life saving support to victims of violence are unable to meet the needs of survivors during this time.

Accountability to women and girls and working alongside feminist, WROs and LGBTQIA+ organizations

- The lack of privacy and access to services puts many women and girls in a vulnerable position. Therefore our first priority is the do no harm principle. This means acting in a careful way in supporting (possible) survivors of GBV to prevent making their situation worse
- Abaad, a main country partner working on Prevention+ is a Women's Rights Organization
 that works to provide women with support and services to live a life free of violence. With
 the spread of the virus, Prevention+ partners were able to immediately reallocate funds and
 support to address the growing humanitarian crisis as a result of the emergency response
 measures



8. Global/Prevention Plus Program

At the global level, Prevention+ has worked to articulate spaces for shared experiences among national partners in order to better inform responses to rising domestic violence through the sharing of promising practices from across the world.

Promising Practices:

- As a program we organised a joint webinar called "Engaging Men And Boys to Prevent and Respond to GBV: Practical Lessons During Pandemics" on the 28th of May with around 250 participants from all over the world. We shared experiences from Uganda, Rwanda, Lebanon and Indonesia on how COVID-19 influenced their work and shared promising practices and lessons learned that are mentioned in this submission. After the webinar we sent an email to all the participants with useful tools and resources [see below in Annex 1]. Lastly, a short section in the webinar focused on mental health for advocates and activists.
- As program partners reported the need to adjust programmatic and advocacy interventions to meet the current pandemic crisis and the movement restrictions that have been put in place, the program has worked to open up opportunities for innovative problem solving by partners during this time, in order to ensure ongoing services, programs and advocacy to eliminate and respond to rising GBV/DV/IPV and VAC. We have seen that flexibility is key for our international program. Budgets will be reallocated towards setting up online platforms and methods for supporting and hosting dynamic virtual meetings from global to national.

Challenges:

- The closure of various UN policy processes and global mobilizing opportunities (B+25 processes and Generation Equality Forums have been postponed).
- Need to adjust advocacy/program to virtual means with less time and ability to meet inperson and strategize.
- Internet failure or unequal distribution of access to the internet across our country's programs has resulted in the limitation of participation by some of our advocates/people who want to engage.
- Compiling data to quantify the impacts of COVID-19 upon women, girls and LGBTQIA+ individuals has been extremely challenging during this time.
- The need to focus our work not on advocacy but crisis-management and making sure survivors are at the centre of our efforts due to COVID-19.

Accountability to women and girls and working alongside feminist, WROs and LGBTQIA+ organizations

- Staying in articulation with global feminist COVID-19 mobilizing and organizing
- Following COVID-19 advocacy efforts by femininst movements



9. Conclusion

The path to transforming structures and systems to create a world free from gender-based violence is long and complex. If nothing else, the COVID-19 pandemic has exposed how the 'shadow pandemic' of violence against women and girls continues to be one of the worst human rights violations of our times. However, Prevention+ partners believe that the long-term realisation of healthier and happier societies is possible. The Prevention+ programme continues to apply gender-transformative approaches to engage young and adult men as allies for gender equality throughout all intervention levels. Evidence and practice from our Prevention+ country partners, show promising practices for how this work can be effectively carried out to support women's rights, feminist, SRHR and LGBTQIA+ efforts to eliminate and respond to increases of DV, IPV, GBV and VAC during the pandemic and beyond.

Declaration: The information provided can be made available on the OHCHR website.



10. Annex 1

Resources from our Webinar: "Engaging Men And Boys to Prevent and Respond to GBV: Practical Lessons During Pandemics"

- WebinarPowerpoint: https://docs.google.com/presentation/d/1WwXnxzd1oD1X6bW-nfXb5rdlU NArh5lBYM-ntbikYo/edit?usp=sharing
- Webinar Recording: https://youtu.be/0l4R8a-emcc
- MenEngage Alliance Webinars and Online Workshops: https://www.youtube.com/playlist?list=PLZEc8nrtg9eW6gtifU-icgUaN7dJKubFz

ABAAD

- ABAAD Campaign #Lockdown not Lock up (Video 1): https://www.youtube.com/watch?v=wOAvLRt5-9c&feature=youtu.be
- ABAAD Campaign #Lockdown not Lock up (Video 2): https://www.youtube.com/watch?v=TbntVBrnyzk&feature=youtu.be
- Article from Al Jazeera: https://www.aljazeera.com/news/2020/04/domestic-abuse-cases-soar-lebanon-coronavirus-lockdown-200416233054044.html

Reproductive Health Uganda (RHU): https://www.rhu.or.ug/

RWAMREC: https://www.rwamrec.org/

- PREVENTION+ TV SPOT: https://www.youtube.com/watch?v=sUNYknh7oGA
- DOCUMENTARY ON PARENTS EVENING DIALOGUE 2019: https://www.youtube.com/watch?v=J6diPrG9Uj4
- DOCUMENTARY PREVENTION + YOUTH FOR CHANGE: https://www.youtube.com/watch?v=vzVOXluxfE8&t=41s
- RWAMREC with partners at the Dutch Ministry of Foreign Affairs and Cooperation presenting its achievements via the MenCare+ Bandebereho project: https://www.youtube.com/watch?v=VjP8pT9M5E0
- Young students performing at a campaign show at Twimpala: https://www.youtube.com/watch?v=fZ5 vTq8H68
- Testimony of a father of twins from Nyaruguru https://www.youtube.com/watch?v=mF2QuLM3hh4
- Short role play of 'boys4change' club of Groupe Scolaire Runyombyi 2 https://www.youtube.com/watch?v=6H0N70EwsMY

Rutgers Indonesia: https://rutgers.id/

COVID-19 Awareness Campaign: https://www.youtube.com/watch?v=6WmM3DjSACg



Rutgers

Rutgers Prevention+ Program Page:
 https://www.rutgers.international/programmes/prevention

• Resources page: https://www.rutgers.international/programmes/prevention/prevention-case-studies

Promundo: https://promundoglobal.org/

Sonke Gender Justice: https://genderjustice.org.za/

MenEngage Alliance: http://menengage.org/

- New webpage: <u>Digital Activism for Engaging Men during Covid-19</u>: examples of digital activism efforts by MenEngage Alliance members from around the world
- New webpage: <u>COVID-19 resources page</u>: compile analyses, reports, research, resources and tools that you may find useful for work to transform masculinities and engage men and boys during COVID-19.
- Webinar 1 in series Patriarchy, Masculinities and COVID-19: <u>Practical approaches to engaging</u> men and boys in gender-based violence prevention during COVD-19
- Webinar 2 in series Patriarchy, Masculinities and COVID-19: <u>COVID-19</u>, <u>gender-based violence</u>, and masculinities: An online dialogue