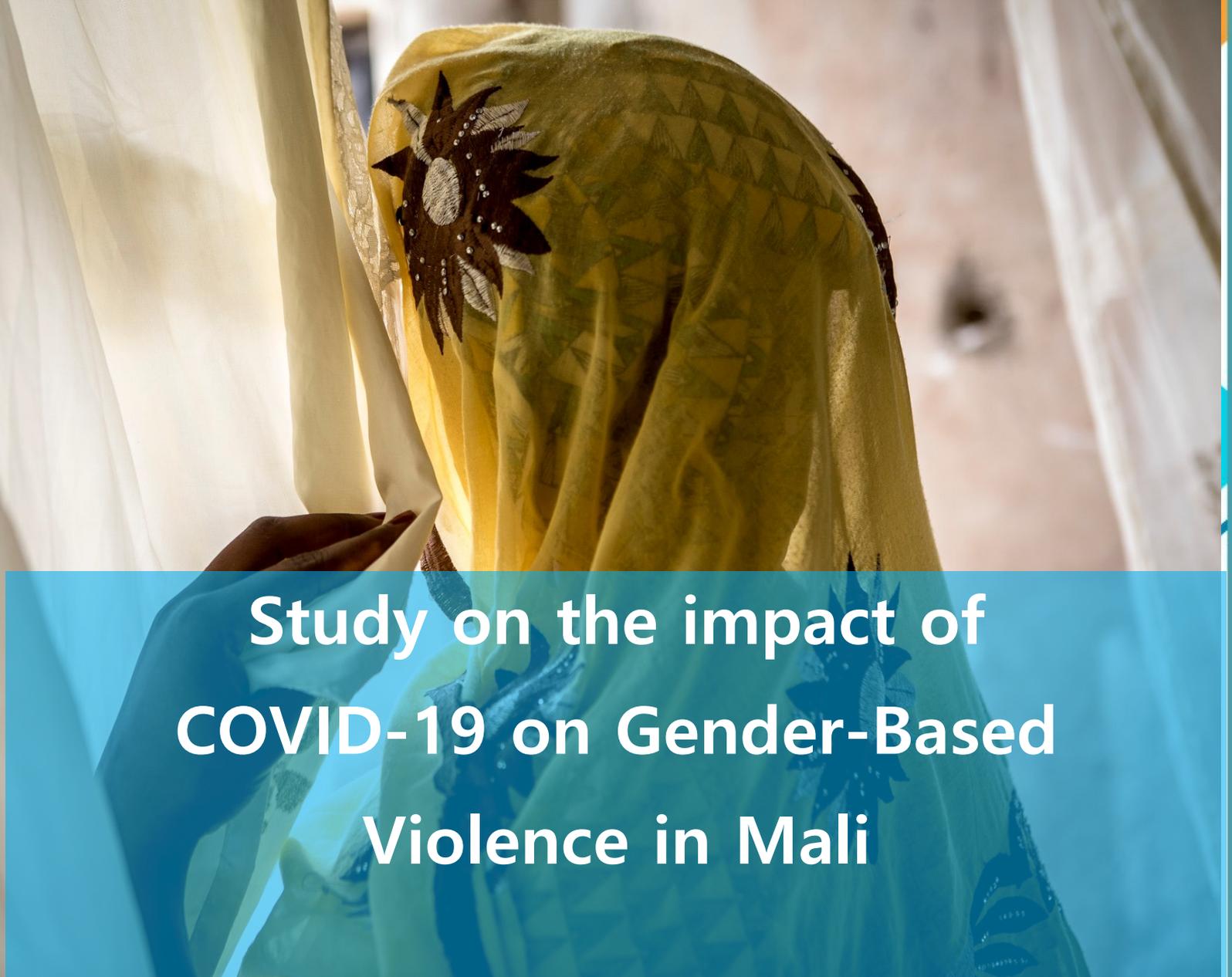




**UNITED NATIONS**  
**MALI**

A photograph of a woman wearing a yellow headscarf with a dark floral pattern. Her hands are visible, and she appears to be adjusting the scarf. The background is slightly blurred, showing another person's face.

**Study on the impact of  
COVID-19 on Gender-Based  
Violence in Mali**

(Version 2)

*United Nations System*



**UNITED NATIONS**  
**MALI**



# **Study on the impact of COVID-19 on gender-based violence in Mali**

**May 2020**  
(Version 2)

*United Nations System in Mali  
Coordinated by UNFPA  
Incorporating the study on women's economic  
activities (UN Women)*



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## PART ONE

### 1. National context of gender-based violence (GBV) and COVID-19

#### 1.1 GBV and socio-cultural context in Mali:

Gender-based violence (GBV) is widespread, systemic and culturally entrenched in Mali. According to the 2018 Mali Demographic and Health Survey (EDSM-VI 2018), half of married or separated women (49 per cent) aged 15–49 have experienced emotional, psychological, physical or sexual violence at some point in their lives. Of the women who have experienced physical or sexual violence, 68 per cent have never sought help and never told anyone about it. The same study shows a worrying rate of early marriage, with 18 per cent of women aged 25–49 married before the age of 15 and 53 per cent married before the age of 18. The EDSM-VI 2018 also reported that 89 per cent of women aged 15–49 and 73 per cent of girls aged 0–14 have undergone female genital mutilation.

#### 1.2 Measures taken by the Government of Mali in preparation for and in response to COVID-19

The COVID-19 epidemic is a major public health issue that poses health, socio-economic, psychological and behavioural challenges. The Ministry of Health and Social Affairs has developed a COVID-19 response plan, which is currently supported by the United Nations System (UNS) and other technical and financial partners of the Government of Mali. The Government of Mali has put in place preventive containment measures since mid-March 2020, including:

- The closure of land borders,
- A curfew from 9 p.m. to 5 a.m.,
- The suspension of all public gatherings,
- The prohibition of social, sporting, cultural and political gatherings of more than 50 people,
- The closure of nightclubs and bars,
- The closure of schools,
- The reorganization of working hours for the public administration (until 2.30 p.m.) and markets (6 a.m. to 4 p.m.).

### 2. Rationale for the study:

#### 2.1 Purpose of the study

The measures taken by the Government of Mali in response to COVID-19 have consequences for gender inequalities and GBV, access to and continuity of reproductive health services, provision for access to and free choice of contraceptive products and methods, and judicial, police and essential social services for women and girls who have experienced or are at risk of violence. Despite the efforts of the Malian Government and its partners to combat and prevent GBV, socio-cultural practices and behaviours harmful to health persist and may be further exacerbated against the backdrop of the current health crisis. It should be noted that, due to the non-adoption of the law on GBV, there are still shortcomings in the legislation, further contributing to the vulnerability of women and girls in crisis situations.

The objectives of this study are: 1- To produce evidence of the possible impacts of COVID-19 on GBV in Mali in order to inform decision-making and advocacy work; and 2- To formulate risk mitigation measures and recommendations for mitigating the health and social consequences of COVID-19 on GBV, in order to ensure the continuity of reproductive health services and services for GBV survivors. This study will be incorporated into the global study on the socio-economic impact of COVID-19 in Mali (World Bank, UNDP, UNICEF).

## ***2.2 Production of evidence for decision-making and advocacy work***

The COVID-19 epidemic exacerbates existing gender inequalities. In Mali, women are overrepresented in sectors heavily affected by the crisis, such as small businesses, cleaning and paid domestic services. In this regard, women in poverty and in highly vulnerable situations will be affected not only by the increased burden of care and the loss of income for those in informal employment, but also by the material conditions and infrastructure of their homes, neighbourhoods and communities.

Although it is too soon for complete data to be available, there is already a great deal of very worrying information about increased violence against women worldwide resulting from the socio-economic impacts of COVID-19. Experience in other countries and during other global health crises (such as Ebola) shows that there is a correlation between restrictions on movement, including quarantine and self-isolation, combined with fear, stress and negative impacts on household incomes, and an increase in the rate of GBV.

## **3. Methodology of the study**

### ***3.1 Central research question***

The central question that the study addresses is "What are the possible links between COVID-19, the restriction and response measures taken by the Government of Mali in regard to COVID-19, and the exacerbation of GBV?" This includes, in particular, physical, sexual and economic violence linked directly, to a lesser or greater extent, to COVID-19. It should be noted that although most violence is perpetrated within households, for reasons of resources and time this study was designed to gather the views of key informants.

### ***3.2 Methodology***

The methodology followed is qualitative, paired with GBVIMS quantitative data. Based on our knowledge of the situation in Mali, explanatory factors for GBV, and past experience, a questionnaire was sent to 10 experts (key informants) from recognized organizations involved in combating GBV in Mali (see list in the annex). The conclusions of this study will be entirely based on the opinions and perceptions of GBV experts working in Mali, supported by a systematic review of evidence from other epidemics (in particular Ebola) and on the consequences of COVID-19 in relation to the increase of GBV in other countries, as well as GBVIMS data from January to April 2020. The GBVIMS database was rolled out in Mali in 2015. It aims to standardize the quantitative and qualitative data generated by the services provided to survivors of gender-based violence. Data are collected directly from victims of gender-based violence (or their guardians for child survivors) who are seeking services and who have given their informed consent for their information to be collected by service providers using GBVIMS tools. A systematic review of the evidence will provide an overview of existing findings and dominant trends regarding the link between COVID-19 and GBV at the global level. The qualitative analysis will be done by completing a key informant questionnaire (Annex 1: Questionnaire; Annex 2: list of key informants). Due to the restrictions imposed by the Government of Mali in response to COVID-19, this study was primarily carried out in the Bamako area, ensuring that the organizations interviewed are represented in the regions of Mali and that their opinions and perceptions concern these areas as well.

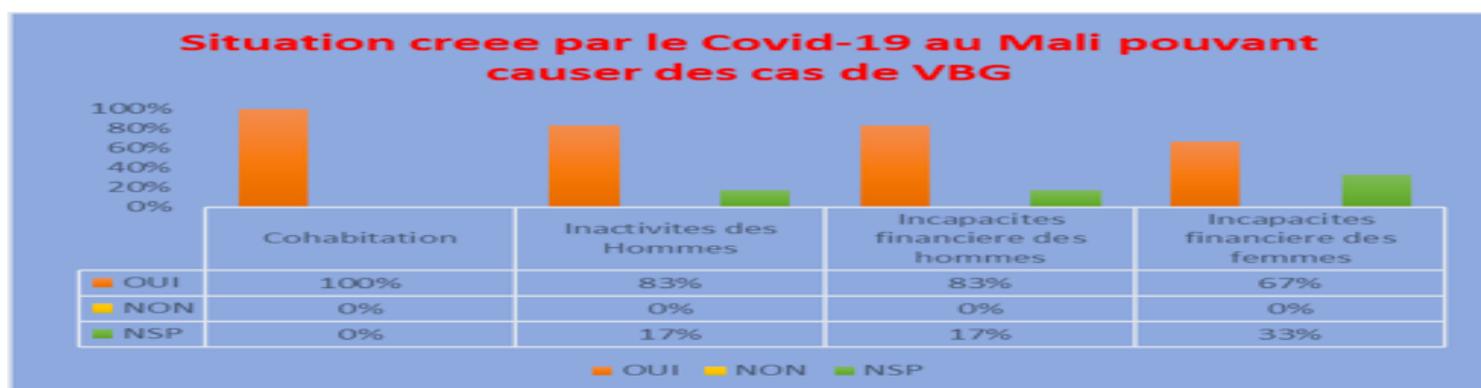
## PART TWO

### 4. Impact of COVID-19 on GBV and RH:

#### 4.1. Analysis of qualitative data from key informants

According to the results of the qualitative analysis, experts from the participating organizations unanimously stated that there is a link between GBV and COVID-19 (100 per cent of respondents). In relation to Mali's socio-cultural situation and based on an of the prevalence of GBV under normal circumstances, key informants believe that the initial GBV prevalence rate could increase by another 49 per cent. An analysis of some of the specific facts resulting from the collateral damage caused by the COVID-19 crisis are presented in Figure 1 below. Although the study is qualitative, i.e. created by compiling perceptions, it has been possible to identify quantified trends from these opinions.

Thus, Figure 1 indicates a consensus among all key informants that cohabitation could lead to acts of violence within households. Inactivity or lack of income is also identified as contributory factors towards GBV in the Malian context. It is important to note that men's dominant position in the household, due to their financial situations, could be affected and cause stress and anger.



The closing of schools was mentioned as potentially having a strong correlation with GBV. One of the main reasons cited by key informants is girls leaving school to work in small businesses, which could expose them to rape and assault. In addition, the closure of schools, leading to idleness among children, reportedly encourages child marriage (school can be a pretext for some mothers to keep girls from marrying). Children and parents permanently living in the same confined space could increase tensions and thus domestic violence against children.

The closure of bars and nightclubs and curfews restricting access to hotels (places conducive to prostitution) prevent men from being able to go out at night, increasing the risk of them targeting girls in their immediate environment (risk of incest, sexual violence).

Families' difficult financial situations due to COVID-19 could encourage sexual exploitation. The decrease in awareness-raising activities and monitoring of harmful practices on the part of NGOs and other organizations could create an enabling environment for the perpetrators of these practices.

According to experts, the impact of COVID-19 on GBV survivors will be very harmful, as reported by 100 per cent of the respondents, because of the risk of IGAs (Income Generating Activities) collapsing and of survivors going to work for companies, the impossibility of respecting the 72-hour principle (timeframe for care after rape), the cessation of several care services, and the impossibility of accessing care services due to restrictions on movement and curfews.

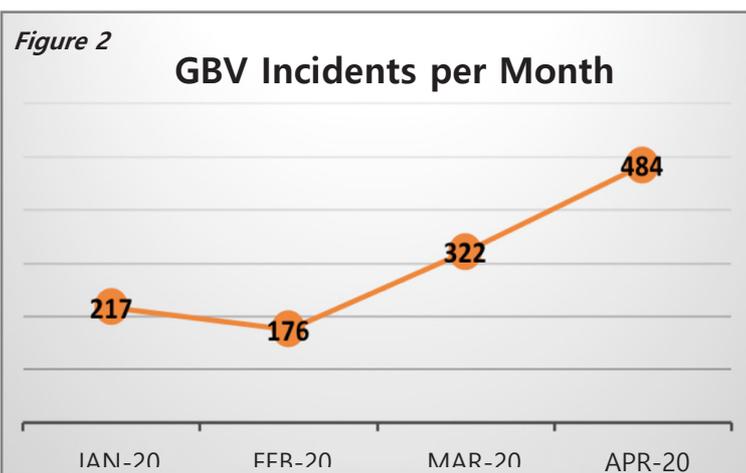
As for Reproductive Health, 66 per cent of the informants clearly establish a link between COVID-19 and Reproductive Health (RH), due to:

- ✓ Women’s inability to make decisions regarding their RH due to new financial situations and possible tensions within their households;
- ✓ The possible disruption to RH services offered due to contraceptive products being out of stock; The increase in "unassisted births" due to breakdowns in transport to maternity hospitals;
- ✓ The inability to access health centres to use Family Planning (FP) services.

#### 4.2. Analysis of GBVIMS quantitative data

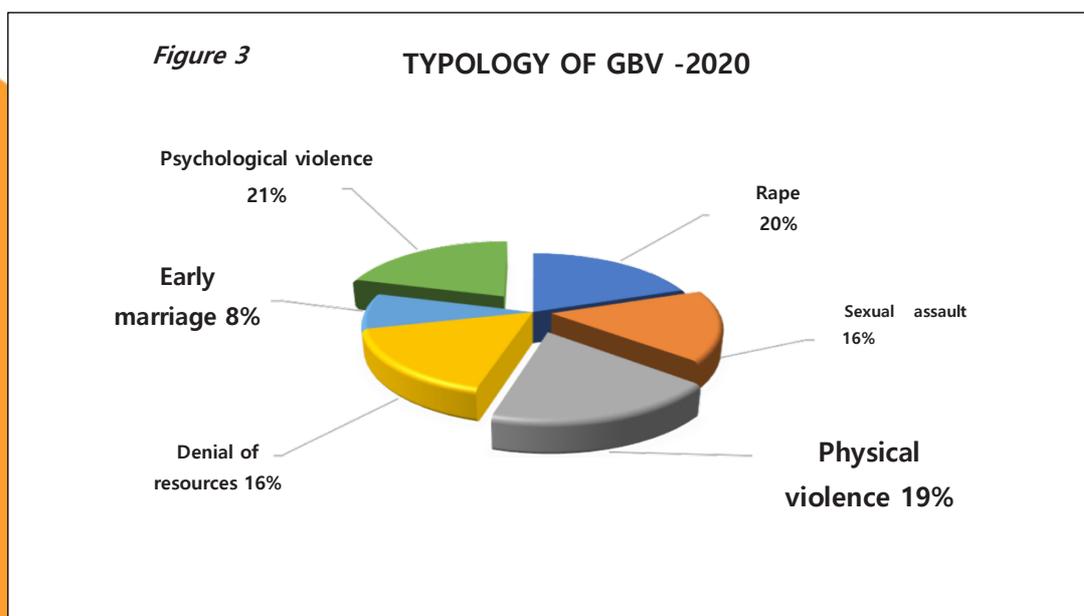
According to GBVIMS data from January to April 2020, 1,199 cases of GBV were reported on the GBVIMS in Mali (Figure 1), compared with 1,071 cases reported during the same period in 2019, which constitutes an increase of 11 per cent. There was also a 35 per cent increase in GBV cases between April 2019 and April 2020. These data indicate a correlation between the onset of a humanitarian crisis and the increase in GBV. These results also support the key informants’ supposition of a rising trend (49 per cent increase in GBV cases in Mali during the COVID-19 health crisis period).

Out of the 1,199 cases of GBV, 36 per cent were cases of sexual violence (of which 20 per cent were cases of rape by penetration), 19 per cent physical assault, 16 per cent denial of resources, 21 per cent psychological violence and 8 per cent early marriages (Figure 2). These incidents were reported mainly by women (97 per cent), 48 per cent of whom were girls under 18 years of age. The security situation in Mali, coupled with the COVID-19 epidemic, means there are fewer visitors to GBV care centres. In addition, there has been a decrease in the range of essential services available to GBV survivors: the mapping of GBV services showed that many partners have closed their doors due to the economic and health impacts of COVID-19. In humanitarian zones such as Timbuktu, Mopti and Gao, despite the low number of people seeking services, women and girls continue to be the most affected, due in part to the current COVID-19 situation, combined with the activities of armed groups and anti-terrorist military operations.



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### **4.3. Systematic review of the evidence**

#### **4.3.1. Impact of epidemics on GBV and international data**

Epidemics exacerbate existing inequalities for women and girls. Women are less likely than men to have power in decision-making in matters relating to the epidemic (Wenham, Smith, Morgan, 2020). Therefore their general needs and health needs, including reproductive health, may not be met (WHO, 2020). In addition, violence against women can lead to trauma and serious physical, mental, sexual and reproductive health issues, including sexually transmitted infections, HIV and unwanted pregnancies (WHO, 2020).

Despite the scarcity of available data, China, the United Kingdom, the United States of America and other countries have reported an increase in cases of domestic violence since the outbreak of COVID-19, with many cases increasing by more than 25 per cent in countries where reporting systems are in place. In some countries, reported cases of domestic violence have doubled (Godin, 2020; Women's Aid UK, 2020). In China, the number of reported cases of domestic violence in Jingzhou, Hubei Province, tripled in February 2020, compared with the same period the previous year (Allen-Ebrahimian, 2020).

In France, a 30 per cent increase in complaints of domestic violence was reported. In Iraq, there were multiple reports during COVID-19 of rape, domestic violence that lead to immolation, self-immolation, self-inflicted injuries and even suicide. In addition to this, cases of sexual harassment of minors have also been reported (UN Iraq, 2020). According to the CARE 2020 review, domestic violence is the most common type of violence that women and girls experience during emergencies. In the event of an outbreak of COVID-19 in development and humanitarian areas, incidents of domestic violence may increase if restrictions on movement or quarantine measures are put in place. Several countries have already put measures in place to mitigate the risks of GBV during the COVID-19 crisis. In Canada, the Government's COVID-19 programme includes 50 million Canadian dollars to support shelters for women who are victims of GBV. In Australia, 150 million Australian dollars of the national response budget has been earmarked for combating family violence. In Mexico, a law is being debated involving the transfer of 405 million Mexican pesos to the National Network of Shelters (Policy Brief: The Impact of COVID-19 on Women, UN). Domestic violence shelters are considered essential services in several countries and are required to remain open during lockdown.

#### **4.3.2 Impact on GBV and risk factors**

According to the Policy Brief: The Impact of COVID-19 on Women (UN), GBV is increasing exponentially during the COVID-19 pandemic due to economic and social stress, coupled with measures for restricted movement and social isolation. Many women are forced to "stay in lockdown" at home with their abusers while survivor support services are disrupted or made inaccessible. The various risk factors for GBV are:

Tensions due to prolonged cohabitation in the domestic space, combined with the uncertainty and anxiety caused by the outbreak of COVID-19, may increase the number of cases of violence against women and girls in the home.

An overload of domestic work, in addition to restrictions on movement in the economic and family sphere, can increase tensions and violent behaviour towards women, who are on the front line when it comes to taking care of the home.

The collapse of the economic fabric (economic loss, unemployment), which has weakened the economic power of heads of household (men in Mali), could lead to increased exposure to spousal abuse among intimate partners due to tensions within the household in the face of diminishing family resources. The affirmation of masculinity in Mali depends on a man's ability to provide for his family.

The decrease in work and responsibilities, coupled with the stress men are experiencing, could increase their sexual desire and lead to sexual violence between couples, incest and sexual assault outside the home.

In some situations, violence experienced in the home may also affect women's reintegration into the labour market and/or informal work after COVID-19 and limit their economic autonomy.

The decline in livelihoods and the highly precarious economic situation of women in Mali will be exacerbated by the decline in economic activities, diminishing their empowerment and potentially leading to additional economic violence (denial of resources, strict control of resources and expenditures). These economic factors can put women and girls at greater risk of sexual violence and exploitation.

The increase in the burden of care for women, due among other things to the closing of schools, also leads to an increase in domestic work for women and girls. This could force families to take their children, especially their daughters, to work and lead to transactional sex, sexual exploitation and early or forced marriage and early pregnancy (Girls Not Brides, 2020).

Girls and adolescent girls are also affected by the burden of care due to COVID-19. Recent data show that adolescent girls spend significantly more hours on domestic chores than their male counterparts (UNICEF, 2020).

The closing of schools means that girls take on more chores at home, which could also lead to girls dropping out of school before completing their education. Evidence from past epidemics shows that adolescent girls are at particular risk of dropping out and not returning to school even after the crisis is over (UNICEF).

Reduced access to basic essential services, including sexual and reproductive health services.

The reduction in specialized services for GBV survivors. Most cases of GBV will not be reported because of the pre-existing lack of available and good-quality response services, as well as the fact that health services are already overburdened due to the COVID-19 epidemic. In addition, the restriction on movement, as well as the fear of stigmatization, reprisals and lack of access to appropriate information on seeking help, could also hinder the reporting of GBV cases.

As the number of GBV cases increases, violence against women takes on a new complexity: social distancing and self-isolation, as well as exposure to COVID-19, are used by abusers to threaten their partners and exert power and control over them. Abusers exploit women's inability to seek help or escape, while GBV survivor support services experience financial difficulties and difficulties of access during this crisis. Judicial, police and health services, which are the primary interveners for women, are overwhelmed, have shifted priorities or are unable to help (National Domestic Violence Hotline). This further reduces access to services, assistance and psychosocial support. Others may also limit women's access to necessary products such as soap or hand sanitizer (National Domestic Violence Hotline, 2020).

### **4.3.3 The economic impact of COVID-19 on GBV**

During an epidemic, as resources become scarcer, women are at increased risk of abuse related to their economic dependence on their partners (Gupta, 2020). The International Labour Organization (ILO, 2020) suggests that the economic and productive lives of women will be affected disproportionately and differently by COVID-19 to those of men. A survey conducted by UN Women Mali (UNW, 2020) on the socio-economic effects of COVID-19 revealed that the economic impacts of COVID-19 on women include: "Turnover reduced by 50 to 100 per cent", "Disruption to income", "No customers", "Cessation of revenue-generating activities", "Losses", "Reduced markets". This situation has put members and employees of cooperatives, food-processing businesses, dyeing businesses and other enterprises requiring people to work in groups, as well as those dependent on foreign orders, out of work without social benefits.

In Mali, women are earning less, saving less, working in less secure jobs and 78 per cent of their activities are in the informal sector (INSTAT, February 2018). To earn a living, women often depend on public spaces and social interactions, which are now restricted to contain the spread of the virus. Thus, they have reduced access to social protection, leaving them less able than men to absorb economic shocks. While women's unpaid care work has long been recognized as a factor for inequality, it is directly related to wage inequality, low incomes, low educational achievement and stressors related to women's physical and mental health. This unpaid and invisible work in many sectors could increase exponentially due to the COVID-19 pandemic. This will limit the ability of women and girls to support themselves and their families (ILO, 2020). The Ebola virus has shown that quarantines can significantly reduce women's economic activities and livelihoods, increase poverty rates and exacerbate food insecurity (MoSW Sierra Leone, 2014). In Liberia, where about 85 per cent of daily traders are women, Ebola prevention measures (which included travel restrictions) have severely affected women's livelihoods and economic security (UN WOMEN, 2014). Moreover, while men's economic activity returned to pre-crisis levels shortly after the preventive measures were brought to an end, the impacts on women's economic security and livelihoods lasted much longer.

### **4.3.4 Sexual Exploitation and Abuse (SEA)**

Sexual exploitation and abuse of women and girls by humanitarian and development workers remains a serious concern in times of health crisis. In most emergencies, as the humanitarian response increases, the risk of SEA also increases. Statistics on the prevalence of SEA are often lacking and vary depending on the circumstances, but SEA can lead to serious emotional and physical health complications for those affected (CARE, 2020). Data on the 2014–2016 Ebola epidemic in West Africa and the Democratic Republic of Congo suggest that incidents of SEA increase during public health emergencies (CARE, 2020).

### **4.3.5 Impact on Reproductive Health (RH)**

The health system will be heavily impacted, in terms of continuity, availability and access to sexual and reproductive health services, by the measures taken by the Government in its response to COVID-19. During the Ebola epidemic in West Africa in 2014–2016, fear of contracting the disease led to a decrease in the number of women attending health centres. Combined with the diversion of resources from primary health-care services and prevailing social norms, this has led to a decrease in immunization coverage and a 75 per cent increase in maternal mortality in some of the affected countries (CARE, 2020).

**The impact on the continuity and availability of services:** COVID-19 prevention and control measures, as well as the impact on health workers (infected, reassigned or requisitioned for monitoring and managing the disease) can undermine the continuity and quality of RH/FP services by channeling resources and reorganizing hospital services to the detriment of RH/FP. The absence of protective equipment increases the risk of contagion for the provider and the pregnant woman, which can hinder the continuity of services by reducing the number of healthy providers because they are infected. Promotional activities, including pro-FP and anti-obstetric fistula campaigns, may no longer be the priority and thus may be neglected, hence increasing the incidence of unwanted pregnancies and induced abortions.

At the international level, pressure to produce equipment and materials for COVID-19 has led to some contraceptive manufacturing plants no longer being able to meet demand. This could lead to certain products in the supply chain being out of stock, which will have an impact on the supply of services.

**The impact on access to services:** Due to its estimated impact on women's economic stability and on households, and in the face of a lack of free access, this pandemic may reduce financial access to RH/FP services, especially for the poorest populations. The lack of certain means of transport to get to health centres and the closure of some centres due to illness or lack of human resources will also negatively impact access to services.

**The impact on demand and use:** The demand for family planning services, antenatal consultations and assisted deliveries in health facilities could decrease. There will be an increase in home births and a disruption to the continued use of FP methods owing to a lack of stock at the individual level (lack of resources, change in priorities, etc.). The consequences will be an increase in cases of maternal morbidity and mortality, such as obstetric fistulas, maternal and neonatal deaths, iatrogenic infections in women and their children due to insufficient preventive measures, forced unprotected sex leading to an increase in STIs/HIV, and unwanted pregnancies with risks of induced abortion and complications.

## PART THREE

### 5. Risk Mitigation and Study Recommendations:

As stated in the Policy Brief: The Impact of COVID-19 on Women (UN), it is crucial for women and girls to be part of the main focus of all national responses in order for these to have the necessary impact. This is in the interest not only of women and girls, but also of boys and men. Women are the hardest hit by this pandemic, but they will also be the backbone of recovery in their communities. It is therefore essential to target women and girls in efforts to respond to the socio-economic impact of COVID-19, as active participants in and beneficiaries of response implementation. Mitigation measures must include economic recovery for at-risk groups as well, not just survivors. The following mitigating measures align with those of the Coronavirus Disease (COVID-19) Preparedness and Response UNFPA Interim Technical Brief and the UN Women (WCAR) Advocacy Brief on Three Emergency Social Protection Measures to Support Women in the Informal Economy in the COVID-19 Crisis.

## **Advocacy, Partnership and Resource Mobilization**

- ✓ Call upon national and local authorities to ensure the participation of women, girls and youth, as well as women's and youth organizations, in the COVID-19 response: in decision-making bodies, with health workers, in communities, in the implementation of prevention activities and assisting in monitoring.
- ✓ Call upon governments to ensure that services to prevent and respond to gender-based violence, including judicial and police services and safe spaces, are designated as essential and remain open and accessible, including through online and digital platforms.

- ✓ Call upon governments and the UN system to support budgeting and ensure that human and financial resources are not diverted from essential RH/FP and GBV services.
- ✓ Call upon governments to include measures to protect women and girls from violence as a standard element of their immediate response to the COVID-19 pandemic, and in longer-term recovery plans.
- ✓ Call upon the UN system and its funding and implementing partners to work with governments to scale up their activities in response to the impact of COVID-19 on GBV and RH/FP and to use their existing programmes to prevent and respond to violence against women and girls in a coordinated manner.
- ✓ Support the Government in putting in place robust measures to prevent and mitigate sexual and gender-based violence associated with quarantining and social distancing, ensuring that health workers have the appropriate information and skills to respond to reported situations or to refer GBV cases to specialized services.

## **Coordination of responses**

- ✓ Organize information sessions with implementing partners to ensure that the response to COVID-19 does not reproduce or perpetuate harmful gender norms, discriminatory practices and inequalities.
- ✓ Provide technical support to ensure that GBV prevention, clinical management care for rape and referral systems for GBV and RH/FP services function according to national guidelines.
- ✓ Ensure that clinical management of GBV, such as forensic kits, cervical and vaginal tear kits, post-rape treatment kits and dignity kits are available.
- ✓ Ensure that health workers have the necessary skills and resources to handle sensitive information related to GBV, RH/FP. Make them aware of the risks of an increase in GBV during this period.
- ✓ Designate safe spaces for women and girls where they can report abuse without alerting the perpetrators (shops, pharmacies) and intensify advocacy and awareness campaigns, including targeting men in the home.
- ✓ Ensure that United Nations System staff and partners remain informed about measures and requirements for protection from sexual exploitation and abuse.

## **Risk communication and community engagement**

- ✓ Involve the Government, the private sector and civil society actors, including traditional and faith-based community leaders, to send a strong message that violence will no longer be tolerated.
- ✓ Ensure that women, girls and youth have access to COVID-19 messages on public health and on the impact of COVID-19 on GBV and access to RH/FP services. These messages will need to address their needs according to their different roles, particularly with regards to protection, prevention, mitigation and hygiene.
- ✓ Continue to use community networks, partners and social mobilization already established through youth, women, girls and religious and traditional leaders to improve prevention, raise awareness and protect against the virus, promote healthy behaviour and a change in social norms, as well as reduce stigma and discrimination.
- ✓ Carry out a gender analysis when developing public health awareness messages for the general public.
- ✓ Ensure that community-based protection systems remain effective in protecting women and girls from gender-based violence and girls at risk of female genital mutilation and of early and forced marriage.
- ✓ Support the Government in the development of data disaggregated by sex, age and gender analysis, including infection rates differentiated by sex and age.

## **Post-COVID-19 Recommendations**

- ✓ Support the Ministry for the Advancement of Women, Children and Families (MPFEF) to assess the impact of this pandemic on the increase of GBV and the lack of access to RH/FP services, particularly in conflict areas where national structures are weakened or non-existent.
- ✓ Continue to use community and social networks to convey messages of healing and awareness, in order to promote healthy behaviour and reduce stigma and discrimination.
- ✓ Support communities that have been affected by this pandemic in terms of their socio-economic resilience.
- ✓ Adapt and capitalize on current programmes, taking into account the post-crisis economic impacts on women and girls and the impacts on maternal health.

## **Economic empowerment as part of the response**

- ✓ Extend the coverage of unconditional cash transfers to informal workers.
- ✓ Encourage public works programmes for the production of equipment/tools and the provision of personal protection services under the leadership of women (for example, the manufacturing of masks).
- ✓ Prioritize the purchase of essential supplies from women for in-kind transfers, while strengthening production capacities, and take into account the gender dimension in distribution.

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## ANNEX 1: QUESTIONNAIRE

<p><b>QUESTIONNAIRE ON THE IMPACT OF COVID-19 ON GBV IN MALI</b></p> <p><b>UNFPA, April 2020</b></p>
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DATE: ...../...../.....	INTERVIEWER : .....
NAME OF INTERVIEWEE : .....	ORGANIZATION REPRESENTED: .....
Sex:	.....
Age:	.....
POSITION: .....	TELEPHONE: ..... Email: .....

*Good morning, Sir/Madam, I work for the United Nations Population Fund (UNFPA). UNFPA is conducting a study to better understand the links between COVID-19 and gender-based violence (GBV) and access to reproductive health (RH) services. The objective is to enable UNFPA to better adapt its response to the current situation with regard to COVID-19, in support of the Government of Mali.*

*You have been identified as a contact person whose opinion and expertise is important in Mali regarding GBV and RH. Therefore, we would like to ask your opinion on the matter via the series of questions below.*

<b>MODULE 1:</b>	<b>CORONAVIRUS AND GENDER-BASED VIOLENCE</b>
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No.	QUESTION	SPACE FOR NOTE-TAKING	SPECIFIC COMMENTS
01	In your opinion, what could be the possible links between the outbreak of COVID-19 in Mali and GBV?	Answer:	
02	Can acts of violence within households in Mali be aggravated by the circumstances listed in column two, Yes/No?	- Unusual/extended cohabitation of men and women, due to lockdown, in the same household: Yes/No   ____   Explain why .....  - Inactivity of men due to lockdown/restrictions:	

		<p>Yes/No   ____    Explain why .....</p> <p>- Men's inability to support their family due to lockdown/restrictions (lack of resources):  Yes/No   ____    Explain why .....</p> <p>- Women's inability to support themselves due to the socio-economic crisis resulting from COVID-19:  Yes/No   ____    Explain why .....</p>
03	Could the current situation of general economic pressure (closure of businesses, lack of resources) and in particular, pressure on women, lead to acts of gender-based violence?	<p>Yes/No   ____    Explain why .....</p>
04	More specifically, could the current situation of general economic pressure have an impact on economic violence (denial of resources, opportunities, etc.)?	<p>Yes/No   ____    Explain why .....</p>
05	More specifically, can measures taken by the Government, such as the closure of schools, have an impact on harmful traditional practices (FGM, forced marriage, early marriage, etc.)?	<p>Yes/No   ____    Explain why .....</p>
06	More specifically, can measures taken by the Government, such as the closing of schools and small businesses, have an impact on sexual exploitation and prostitution?	<p>Yes/No   ____    Explain why .....</p>
07	More specifically, can Government measures such as curfews and quarantine have an impact on domestic violence (psychological, domestic, spousal violence)?	<p>Yes/No   ____    Explain why .....</p>
08	More specifically, can measures taken by the Government have an impact on sexual violence (sexual assault, rape, etc.)?	<p>Yes/No   ____    Explain why .....</p>
09	In your opinion, what is the impact of COVID-19 on GBV survivors and those using GBV services in Mali?	
10	In your opinion, and based on your knowledge of the situation, to what extent could COVID-19 increase the number of GBV cases in Mali?	..... %
11	What could be the possible implications of COVID-19 for women's sexual and reproductive health?	Explain: .....
12	Are there any risks of COVID-19 impacting the health aspects listed in column two?	- Opportunity for women to decide on their reproductive health (e.g. choice of FP options, etc.): YES/NO   ____   Explain why: .....
		- Access to health services (ANC, assisted childbirth, etc.): YES/NO   ____   Explain why: .....
		- Disruption to the supply of contraceptive services: YES/NO   ____   Explain why: .....
		- Disruption to range of care services: YES/NO   ____   Explain why: .....
		Other – please specify: ..... .....

13	How could UNFPA do better to improve GBV prevention and response services in the context of COVID-19, in support of the Government of Mali?		
14	How could UNFPA do better to improve RH services in the context of COVID-19, in support of the Government of Mali?		
15	In general, what measures are being taken to mitigate the risks of the impact of COVID-19 on GBV?		
16	In general, what measures are being taken to mitigate the risks of the impact of COVID-19 on RH?		

## **ANNEX 2: ORGANIZATIONS/KEY INFORMANTS SURVEYED**

<b>ORGANIZATION</b>	<b>TYPE OF ORGANIZATION</b>	<b>CONTACT PERSON</b>
APDF	NGO	DIRECTOR
PNVVG	GOVERNMENTAL	DIRECTOR
UN WOMEN	UNS	GENDER EXPERT
UNICEF	UNS	
UNFPA	UNS	
OTHER	NGO	

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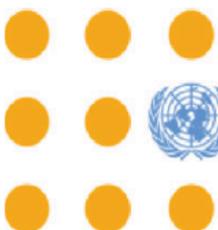
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