



THE ESSENTIALS FOR RESPONDING TO VIOLENCE AGAINST WOMEN AND GIRLS DURING AND AFTER COVID-19

Risk of Gender-Based Violence (GBV) has increased due to the COVID-19 pandemic, exacerbating the already pandemic levels of violence women and girls face. It is critical that GBV services continue to be available to women and girls, even as the world changes to try to control transmission.

SUMMARY

KEY FINDINGS AND RECOMMENDATIONS

- **Data shows that in some humanitarian settings, there has been a drastic increase in online searches and requests for help due to gender-based violence (GBV) since the onset of the COVID-19 pandemic.** In Lebanon, after the implementation of a hotline, IRC saw the number of women and girls seeking support more than double between March and April compared to the first two months of the year.
- **Data also shows that restrictions on mobility, lack of information, increased isolation and fear have led to dramatic decreases in the ability of women and girls to report incidents of violence and seek services.** In Cox's Bazar, Bangladesh, where at least 25% of women experienced violence before COVID-19 struck, IRC reported a 50% decrease in reports of GBV between February and March 2020.
- **GBV prevention and response is lifesaving and it is possible to adapt GBV programs to safely deliver these essential services during COVID-19.** A number of tactics can be adopted: "going remote"; adopting protocols to comply with social distancing measures that allow Safe Spaces to remain open, GBV case management and psychosocial support to continue, and Dignity Kits to be distributed. Engaging with and through women-led networks is also critical to ensure GBV response services stay open and real-time information on risks reaches women and girls.
- **Less than 1% of the funding request for COVID-19 responses in humanitarian contexts was specified for GBV prevention and response,** despite high-level attention to the "shadow pandemic" of violence against women and girls.
- Urgent action is needed:
 - > Implementing organizations and UN entities must **listen and directly respond to what women and girls say they need.**
 - > Donors and UN entities must insist, and implementing organizations must ensure, every COVID-19 response is informed by a **gender analysis.**
 - > All actors must recognize that the protection crisis is exacerbated by COVID-19 and **make GBV a specific objective of every COVID-19 response plan.**
 - > Donors must **protect existing funds and provide additional flexible and long-term funding** for the protection and empowerment of women and girls.
 - > Donors should plan to **address GBV in recovery and immediate responses.**

This policy brief is part of a series of papers by the International Rescue Committee that are putting a spotlight on the realities of COVID-19 in humanitarian settings. The series explores the knock-on effects of the virus on people in fragile and conflict-affected contexts and how the international community and national governments can meet evolving needs.

As the knock-on effects of the COVID-19 pandemic continue to be felt around the world, the suspension of essential protection services for women and girls, compounded by restrictions on mobility, lack of information, and increased isolation and fear, have resulted in increased challenges for women and girls accessing life-saving gender-based violence (GBV) services. Experts warn that an additional 15 million cases of gender-based violence (GBV) will occur every three months that the lockdown continues, and the UN Secretary General has called for the “shadow pandemic” of GBV to be prioritized in the COVID-19 response. Despite this, less than 1% of the 6.71 billion USD requested through the Global Humanitarian Response Plan in May 2020 was requested for GBV-specific programming. As of 22 June 2020, a mere 8% of the request for GBV programming had been met.

Despite new challenges, it is still possible to deliver quality GBV services during the COVID-19 pandemic. GBV response services must be recognized and funded as essential in all preparedness and response plans as part of lifesaving care and support.

International and national actors must recognize COVID-19 is not just a health crisis, but also a protection crisis. It impacts women’s and girls’ physical safety and security as well as the ability to control their own lives and futures. As public spaces are closed and people are asked to stay in their homes to prevent the spread of the virus, governments must account for how lockdown and closure policies put women and girls at increased risk of violence. Policy decisions must also carefully consider how COVID-19 may set back progress towards the Global Goals for gender equality. For instance, experts warn that the COVID-19 pandemic could result in 13 million additional child marriages between now and 2030.

To ensure COVID-19 mitigation efforts are safe and appropriate, women should be consulted with and included as decision-makers in all response plans and activities, and gender analysis should be included across all sector planning. Women must have a seat at the table to ensure communication about the pandemic and personal safety measures reach women and girls; that women and girls can still access all services, from food distributions to healthcare, and how program adaptation measures can continue to provide lifesaving GBV response services.

INCREASED RISKS, DIFFERENT REALITIES IN HUMANITARIAN CONTEXTS

In some humanitarian contexts where there are fewer pre-existing barriers to freedom of movement and where some lifelines are still accessible to women and girls, the IRC is seeing an increase in those seeking services. In El Salvador, IRC partners have reported a 70% increase among women seeking services, at the same time that 95% of local and government response services are closed. In Lebanon, after the implementation of a hotline, IRC saw the number of women and girls seeking support more than double between March and April compared to the first two months of the year. In Chihuahua State, Mexico, where the IRC operates in 17 shelters, there was a reported 65% increase in femicides between March and April 2020.

However, there are also worrying trends which show that access to services remains a major concern. In Cox’s Bazar, Bangladesh, where at least 25% of women experienced violence before COVID-19 struck, IRC reported a 50% decrease in reports of GBV between February and March 2020. In Tanzania, there was a 30% decrease. Given lockdowns, many have turned to technology-based solutions. However, women and girls’ access to technology in many humanitarian contexts is limited, with phone or digital use often controlled by male relatives. Likewise, women and girl’s opportunity to safely use phones or other forms of digital communication to seek help is severely compromised, particularly in cases of intimate partner violence and child sexual abuse where the perpetrator is present in the same household.

KEEPING THE ESSENTIALS: ADAPTING PROGRAMS AND MAINTAINING QUALITY SERVICES TO KEEP WOMEN AND GIRLS SAFE

GBV programs are essential, life-saving and life-affirming for women, girls and communities during times of crisis. In many contexts, national responses to mitigate the spread of COVID-19 will continue to require humanitarians adapt their programs to ensure that access to critical services—and the quality of those services—remains intact. Drawing on IRC’s experience, the following adaptations can effectively allow essential GBV services to continue during the health crisis.

Going remote: case management and psychosocial support

Caseworkers are often lifelines for survivors and help them develop lifesaving safety plans, a necessary step for some, especially as they are quarantined with perpetrators. Caseworkers provide survivors with individualized psychosocial support and help them gain access to medical, legal and safety services by facilitating confidential and coordinated referrals across key service providers. However, COVID-19 mitigation policies that restrict movement or in-person sessions have up-ended how these services are traditionally delivered. In some cases, program adaptations are needed to make in-person support safe, such as identifying venues that allow for physical distancing and procuring personal protective equipment (PPE) and hygiene supplies for staff and clients.

In some contexts, such as those with widespread transmission, remote service delivery, which are services provided over a technology platform such as a hotline, chat or SMS, should be explored as a means of ensuring continuity of essential services while reducing physical proximity between aid workers and clients. “Going remote” by using innovative service delivery can help provide safe case management, psychosocial support, and information to women and girls. Humanitarians can develop hotlines and crisis response protocols that keep women and girls safe from harm in their own homes. For example, in Uganda, IRC partner Karamoja Women Umbrella Organization has worked with survivors to establish “verbal passwords” at the beginning of every GBV case management call. If a caseworker hears the password, they know it is not a safe time to talk and re-directs the conversation to COVID-19 prevention measures. Another example is IRC’s multi-platform information hub CuentaNos, used across some of Latin America. CuentaNos has helped provide two-way communication on WhatsApp with the technology Twilio to reach out to trained IRC platform moderators for support. In March 2020, only one user reached out for GBV support; in May, 121 people requested the service, signaling a clear demand for access to services.

MEXICO IN FOCUS

Migrants and asylum seekers in Mexico, frequently having fled high levels of violence as well as experienced violence on their journey, now face a triple burden: increased violence, radical reduction of the informal employment sector and COVID-19. To respond, the IRC launched, together with local authorities and civil society partners, a public health awareness and psychosocial support campaign for shelters at the Mexico-US border in Ciudad Juárez, benefiting 17 shelters and nearly 10,000 people.

However, COVID-19 has been confirmed in shelters along the Mexico-US border, adding even more urgency to the needs of women and girls fleeing violence throughout the region. The IRC has worked with local partners, government actors and health authorities, to set up a triage and quarantine hotel for asylum seekers in Ciudad Juarez. The hotel, which can hold 108 people, allows clients to be tested for COVID-19 and quarantine for 14 days before moving into shelters and provides a place for women to stay safe while in quarantine and receive virtual case management. This is particularly critical as reports of femicide have risen dramatically during the pandemic. From mid-March to mid-May, at least 210 women in Mexico were killed—approximately three times higher than the monthly average of femicides.

Policy and funding barriers need to be overcome to allow for program adaptations and continuation of remote work. GBV services need to be declared as essential in humanitarian response so that GBV responders can access clients. Declaring GBV services as essential can also support the scale-up of flexible funding that can be used to procure PPE and maintain or increase staff support as needed. And although a potentially very useful avenue for continued service delivery, providers that “go remote” need to keep women’s and girls’ safety paramount and use gender analysis to understand the implications of the digital gender gap. For instance, in a study led by the IRC in Lebanon, only one-third of female respondents reported device ownership, with most women and girls reporting that they borrow or share devices with intimate partners, parents or in-laws. For adolescent girls, only 17% reported ownership of their own device, meaning that the majority of women and girls had to use devices that can be monitored or controlled by others, potentially putting their safety at risk. Gender analysis can help to understand what women and girls’ access to technology – and other services – is like in a given context.

Keeping women and girls’ Safe Spaces open

Safe Spaces provide survivors with access to lifesaving services while strengthening social networks and psychosocial support for at-risk women and girls; they do not necessarily need to close because of COVID-19. Rather, activities should be adjusted to the risk realities of the different contexts and utilize Safe Spaces as key centers for preparedness actions and information sharing with women and girls as it relates to COVID-19. In Tanzania, IRC Safe Spaces remain open by reducing the number of women within the space at one time from 50 participants to four, while increasing the number of empowerment sessions held in the space, to adhere to new physical distancing protocols. Importantly, women participants helped determine new session schedules, thereby helping to ensure compliance with the protocols and encouraging continued use of the safe space. These spaces are often a lifeline for women and girls, and should be kept open, with adaptations, physical distancing, appropriate personal protective equipment (PPE) and additional hygiene measures, when possible.

“The Women and Girls’ Wellness Centres remain our only hope in this fight! We as women are at the core of the fight against COVID-19 disease in our camp and we will work hard to stop the spread of the virus to reduce the burden on our shoulders.”

– Tailoring group leader,
Women’s Safe Space supported by
IRC in South Sudan

Continuing clinical care for sexual assault survivors

Clinical care for sexual assault survivors (CCSAS) must continue to be provided as part of a broader emergency response package. In addition to following recommended risk mitigation measures for health facilities, information on what local medical care is available to survivors should be made available through hotlines, Information, Education and Communication (IEC) materials and women’s networks. In previous outbreak responses, IRC has seen health facilities become overwhelmed and even stigmatized. For example, during the Ebola outbreak in the Democratic Republic of Congo, some sexual assault survivors were reluctant to go to a clinic for post-rape care for fear of being labeled a suspect case, as a result of bleeding, and transferred to an Ebola Treatment Center. Ensuring information on what care is available and the importance of accessing medical care in a timely manner through other non-health facility fora is critical to promoting utilization. It may be appropriate to transition CCSAS to women and girls’ safe spaces that remain open and can safely deliver services to reduce health facility visits. Survivors can also be provided with information about possible care options and rights without going to health facilities by making this information available in safe spaces.

Distributing Dignity Kits

Dignity Kits, which supply women and girls with essential household and personal hygiene supplies, such as soap and sanitary products, are a vital tool for both preparedness and response to COVID-19. Hygiene supplies can help reduce the risk of transmission within the household, while also ensuring women and girls can access needed sanitary products. IRC staff in Zimbabwe report that women and girls who require menstrual hygiene management commodities have not been able to access them through government assistance due to lockdown measures and affordability. The IRC has responded by distributing the products to 1,500 adolescent girls in three districts, by ensuring PPE for staff.

Communicating with and through women-led networks

Modalities of information sharing need to be adapted to reduce risk of transmission and maximize reach and influence of women-led networks. At all stages of the COVID-19 crisis, women-led networks can and should be supported as these networks often prove vital to the real-time dissemination of both preparedness as well as response information to not only to women and girls but the community at-large. These networks often hold the trust of the community and insights into the types of technologies through which communications work best in a particular setting. Women-led networks and organizations should be trained on COVID-19 risk communications and supported to carry out these activities.

RECOMMENDATIONS

When responding to COVID-19 in humanitarian contexts, donor and national government policymakers and humanitarian decision-makers, including UN agencies and leadership and non-governmental organizations, should take the following five actions.

1 ENGAGE

Implementing organizations and UN entities must listen and directly respond to what women and girls are calling for, promoting the voice and agency of women and girls in decision making at all levels and recognizing the expertise of local women's organizations.

- > This is particularly critical when considering how to ensure compliance with new protocols like physical distancing and understanding how the digital gender gap will impact up-take and access to new technology-based solutions. It can be achieved by including women and girls in protection monitoring efforts and consulting women and girls directly as program adaptations are made

2 ANALYZE

Donors and UN entities must insist, and implementing organizations must ensure, that every COVID-19 response is informed by a gender analysis to ensure that actions are adaptive and responsive to affected women and girls and that their diversities are taken into account.

- > Understanding how GBV response services have been impacted by COVID-19 is critical and requires data on how many services remain open, adapted and accessed by women and girls throughout the crisis, through international coordination mechanisms like the Global Humanitarian Response Plan and within bilaterally-funded programs.

3 PRIORITIZE

All actors must recognize that violence against women and girls is exacerbated by COVID-19 and make GBV a specific objective of every COVID-19 response plan.

- > **UN OCHA** should ensure a specific objective on GBV in the Global Humanitarian Response Plan, thereby recognizing that the shadow pandemic of violence against women and girls requires explicit prioritization while responding to COVID-19.
- > **Donors and implementing organizations** should work together to scale-up programming given surging rates of GBV.
- > **Host governments** must ensure GBV response is categorized as “essential” in COVID-19 plans and lift restrictions on humanitarian personnel and supplies.
- > **Implementing actors** must, at a minimum, prioritize GBV risk mitigation measures and, where possible and feasible, ensure dedicated GBV interventions.

4 FUND

Donors must protect existing funds for the protection and empowerment of women and girls and provide additional flexible and long-term funding to meet the increased need.

- > **Donors** should prioritize bilateral funding, within global and country-level humanitarian response plans, and should go as directly as possible to implementing organizations, including local women’s rights and women-focused organizations.
- > **Donors** should scale-up long-term flexible funding; multiyear flexible financing has been shown to be more efficient and effective and to specifically support gender equality programming.

5 PLAN AHEAD

Donors should plan to address GBV in recovery efforts, as well as in immediate COVID-19 response.

- > The **COVID-19 Global Humanitarian Response Plan** should include a stand-alone GBV objective and specific GBV indicators to keep track of GBV-sensitive response interventions. Without an explicit focus on addressing GBV vulnerabilities in the COVID-19 response, the humanitarian community will not be able to adequately address this shadow pandemic.
- > COVID-19 will have long-term and immediate impacts on women and girls’ safety. An increase in protection services will be needed after the pandemic, as access to services decreased and risks increased during the pandemic.