# Gender-based violence prevention, risk mitigation and response during COVID-19

This briefing note aims at giving an overview of risks of gender-based violence (GBV) in the context of COVID-19 pandemic. It also includes recommendations to mitigate risks and ensure access to lifesaving GBV services. The last section contains a list of useful resources.

Women and girls of concern to UNHCR are likely to experience distinct challenges and risks associated with the COVID-19 pandemic, and as such the outbreak might exacerbate already existing risks of GBV. Confinement is expected to increase risks of intimate partner violence for displaced women and girls, while worsened socio-economic situation will expose refugee women and girls in particular to increased risks of sexual exploitation by community members as well as humanitarian workers. In parallel, access to regular GBV services is likely to become challenging for survivors.

## GBV risks

During previous outbreaks of virus and disease, women were less likely than men to have power in decision making around the outbreaks, and their needs therefore were largely unmet. For example, during the Ebola outbreak, resources for reproductive and sexual health were diverted to the emergency response, contributing to a rise in maternal mortality in a region with one of the highest rates in the world[1]. Implications of the COVID-19 outbreak for women and girls might include increased caregiving and household responsibilities such as having to care for sick family members and handle additional childcare demands. This can in turn limit women and girls' access to services, including critical health services. Increased caregiving responsibilities might also limit access to and time available for education and livelihood activities and as such increase vulnerability. Inadequate living conditions of vulnerable female-headed households might increase the risk of infection.

Women, girls and vulnerable groups are at increased risk of GBV during such epidemics due to limited involvement and control in decision-making on a household's response, and shifts in social safety nets, mobility and access to information/services.[2] School closures and quarantines further contribute to exacerbate these risks.[3]

Experiences have demonstrated that where women are primarily responsible for procuring and cooking food for the family, increasing food insecurity as a result of the crises may place them at heightened risk, for example, of intimate partner and other forms of domestic violence due to heightened tensions in the household.

As the socio-economic situation of displaced persons worsens, risks of intimate partner violence (IPV), survival sex, transactional sex and sexual exploitation and abuse by community members and humanitarian workers are heightened. Increased risks of IPV are already emerging from trends reported

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[1] https://gbvguidelines.org/wp/wp-content/uploads/2020/03/Girls-Education-Challenge-Safeguarding_and_COVID-19_Partner_Guidance.pdf
[2] Ibid.
[3] Gender-Based Violence Among Adolescent Girls and Young Women: A Neglected Consequence of the West African Ebola Outbreak: Medical, Anthropological, and Public Health Perspectives

in China during the outbreak, with NGO staff reporting that numbers of complaints to local police station tripled.[4] With an increase in the need to collect water and fuel, which is often a role performed by women and adolescent girls, there is likely to be an increase in the number of trips made and the distance travelled in search of fuel. This puts women and girls at increased risk of sexual violence.[5] Adolescent girls will face heightened risks of forced and early marriage.[6]

Reduced access of women and girls to GBV services due to quarantines and closures of services might impact immediate safety and health of survivors. Life-saving care and support to GBV survivors (i.e. clinical management of rape and mental health and psycho-social support) may be disrupted in one-stop crisis centers in tertiary level hospitals when health service providers are overburdened and preoccupied with handling COVID-19 cases.

While the infection of Ebola reported more cases among males, females have been disproportionally affected by the social and economic consequences as women have generally lower levels of education and more limited marketable skills, and their income-generating activities were more vulnerable to Ebola-related economic shocks. Similar impact on women is expected in the context of COVID-19 epidemic.

## Recommendations

To mitigate the risks faced by women and girls as a result of COVID-19, it is important to consider the following points [please note that this is not an exhaustive list and it will be important to tailor the response according to the specific context]:

• As outlined in UNHCR's Age, Gender and Diversity Policy, gender equality and the empowerment of women and girls must guide all aspects of our work and therefore it is important from the outset to consider the gendered impacts of COVID-19 and respond accordingly. To the extent possible and appropriate collect and analyze sex, age and disability disaggregated data to monitor and respond to the implications of COVID-19 for women and girls. It is important to enable meaningful participation of women in community structures and decision-making fora related to COVID-19 to ensure decisions reflect the needs, priorities and capacities of women. Implement targeted actions that address the needs and priorities of women and girls in relation to COVID-19, as defined and prioritized by women and girls themselves.

• Focus on addressing barriers impeding women and girls' access to services, including health services, by considering mobility constraints, opening hours, presence and access to female staff and service providers, safety concerns, childcare responsibilities, social distancing restrictions etc. If quarantine is implemented, the different physical, cultural, security and sanitary needs of women, men, boys and girls should be considered. Assess changes in patterns/time allocation for women and girls for

[4] Owen, L. (2020, March 8). Coronavirus: Five ways virus upheaval is hitting women in Asia. BBC News. Retrieved from https://www.bbc.com/news/world-asia-51705199 and https://www.axios.com/china-domestic-violence-coronavirus-quarantine-7b00c3ba-35bc-4d16-afdd-b76ecfb28882.html
[5] https://gbvguidelines.org/wp/wp-content/uploads/2020/03/Girls-Education-Challenge-Safeguarding_and_COVID-19_Partner_Guidance.pdf
[6] Girls Not Brides, "Sierra Leone," Girls Not Brides, accessed March 14, 2020, https://www.girlsnotbrides.org/childmarriage/sierra-leone/.

childcare and schooling due to the movement restrictions due to COVID-19. This may have an implication on the schedules/modalities for activities at Women and Girls Centers or by mobile team.[7]

• Equip Women and Girls Centers with dignity kits to ensure menstrual health of women and girls is not compromised. In order not to increase burden on women and girls as caregivers, include messages to equally share responsibilities of providing care to sick persons in the information/sensitization sessions.[8] To the extent possible, provide special social protection programs to support women who are single parents or are the main breadwinners if needed. Work with businesses and advocate for issuing policies on paid dependency leaves for caregivers. When implementing cash transfers, ensure that women-headed households are prioritized.[9]

• Ensure women and girls (and other groups at heightened risks of GBV) are consulted on preparedness plans and interventions. Consultation methods would need to be adapted to current situation and therefore aligned with public health measures (online, phone consultations).

• GBV coordinators would need to contribute to contingency planning thus defining roles and responsibilities of different sub-cluster/working group members to achieve sector-specific objectives within the COVID-19 response. This includes identifying gaps in preparedness and ways to address them as well as engaging on resources mobilization.[10]

• Adapt modalities of interventions for GBV case management programs as per guidance provided in GBV AoR Helpdesk guidance GBV Case Management and the COVID-19 Pandemic (including through remote assistance). Reinforce staffing for GBV hotlines[11] (female staff in particular) as well as within national system (safety and security sectors)[12]. Consider integrating urgent cash assistance interventions for women at risk and GBV survivors into case management programs (if there are safe and accessible cash delivery modalities in your context).

• Ensure that data protection protocols are adapted to fit new modalities of GBV case management. These protocols should offer modified guidance on the appropriateness of information collection and

## CURRENT PRACTICE
## CAMEROON

In North West and South West Regions of Cameroon, remote services provision, including GBV case management, is provided based on an existing network of 110 community focal points and trained social workers. Both groups received GBV training, including GBV case management for the social workers. A 24/7 Protection/GBV Hotline is the main communication tool to link the community focal points with the social workers and to ensure safe disclosure and referral of the survivor to the social worker, who provide remote case management. To also ensure 24/7 access to information, a whatsapp group was established as main communication tool to share key messages on Covid-19 related issues. All community focal points, including from the host community, are members of this group and disseminate key messages to the communities. Key considerations that helped to establish modalities ensuring access to remote services and information are:

• Use and expansion of already existing community structures where trust has already been built;
• Community focal points received basic training on GBV (based on the GBV Pocket Guide), to ensure understanding of their roles and responsibilities; and on protection monitoring;
• All community focal points were provided with communication means (mobile phone, mobile money).

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[7] *https://gbvguidelines.org/wp/wp-content/uploads/2020/03/Girls-Education-Challenge-Safeguarding_and_COVID-19_Partner_Guidance.pdf*
[8] *Ibid*
[9] *https://asia.oxfam.org/latest/blogs/ideas-pro-poor-and-pro-women-approach-covid-19?fbclid=IwAR3qc0HAPonqDE5pjSWg-nK9tA-lzvmK_4hIpfVy6n4Ni8aep48IZBJFcIs*

[10] GBV AoR COVID-19 contingency planning: guidance for GBV coordination groups, 18th of March 2020
[11] *GBV AoR Webinar, Remote GBV Assessments and Transitioning to Remote Service Delivery, 26.03.2020*
[12] *RCCE, COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement, https://gbvguidelines.org/en/knowledgehub/covid-19/*

documentation based upon safe storage options. The safety of survivors and service providers must be foremost in the decision-making process. Information-sharing protocol agreements might also need to be modified to reflect the changed context, including if sharing continues, and by what methods and at which frequency and with whom. These decisions must be made collaboratively with partners and interagency coordination groups.

- Update GBV referral pathways (including with accessible CMR service providers) and disseminate to all sectors.

- Based on context, consider deploying GBV case managers within medical teams to ensure survivors who wish to disclose can have direct access to needed support.

- Develop prevention messages for displaced communities focusing on intimate partner violence, sexual exploitation and other GBV risks relevant for your context. Share updated information on available GBV services with communities. Ensure that regular, contextualized and updated information is shared in a manner that is accessible to women and girls, and that information addresses the needs, priorities and concerns of women and girls in relation to COVID-19. This should also include accessible and safe two-way communication as well as safe, accessible and responsive feedback and complaint mechanisms.

- Promote integration of GBV risk mitigation actions (as outlined in the Inter-Agency Standing Committee GBV Guidelines) in the interventions related to COVID-19 implemented by other sectors/clusters.[13] In particular, it is important to "ensure that GBV risk-mitigation measures are in place in quarantine facilities and evacuation processes".[14]

- Prioritize programming through women-led organizations whenever feasible.

## Resources on COVID-19 and/or other epidemics and GBV

- UNHCR SGBV toolkit
- GBV AoR COVID-19 thematic page
- GBV AoR Community of practice dropbox folder COVID-19
- GBV AoR COVID-19 contingency planning: guidance for GBV coordination groups, 18th of March 2020

### CURRENT PRACTICE
### ASIA REGION

In the face of the COVID-19 outbreak, the operation took important preparedness measures to ensure as much continuity as possible in case management.

In particular, they procured phones and laptops for caseworkers who did not already have them, and issued phones to psychosocial counselling providers.

As a result, the operation has been able to continue case intake through the UNHCR hotline, and case assessment by UNHCR caseworkers over the phone.

Caseworkers provide updated information on referral pathways, including COVID-19 related referral pathways, and make referrals for over-the-phone legal and psychosocial support provided by partners. Referrals for cash transfers are made in proGres and executed using a paperless system. Referrals to safe shelters, for which limited options existed even prior to the crisis, continue on a case by case basis.

All interventions and referrals are documented in proGres. Weekly case management coordination meetings are conducted via the Teams platform, supported by the analytical functions in proGres which produce up-to-date information on the number of cases, incidents, assessments and interventions/referrals.

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[13] Ibid

[14] RCCE, COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement, https://gbvguidelines.org/en/knowledgehub/covid-19/

- GBV AoR Helpdesk, GBV Case Management and the COVID-19 Pandemic
- GBV Guidelines, COVID-19 resources to address gender-based violence risks
- Rapid Assessment Remote Service Mapping Template
- IRC, Guidelines for Mobile and Remote Gender-Based Violence (GBV) Service Delivery
- WAVE, Covid-19 Resources for Women's Specialist Support Services & Women's Organisations
- Who is getting sick, and how sick? A breakdown of coronavirus risk by demographic factors
- Girls' Education Challenge: Safeguarding and COVID-19, GBV Guidelines 2020
- Guidance Note on GBV Service Provision during the time of COVID-19 Myanmar GBV Sub-Sector
- Impact of COVID-19 Pandemic on Violence against Women and Girls, UK Aid 2020
- Ideas for a Pro-Poor and Pro-Women Approach to COVID-19, Oxfam 2020
- RCCE, COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement
- COVID-19: the gendered impacts of the outbreak
- CARE, Gender Implications of COVID-19 Outbreaks
- Asia-Pacific Gender in Humanitarian Action Working Group, COVID-19 Outbreak and Gender
- GBV AoR, Webinar: Impacts of COVID-19 on Women & Girls (English, French)
- Wenham et al., 'COVID-19: the gendered impacts of the outbreak', The Lancet, 6 March 2020
- GBV Sub-Sector Myanmar, Guidance Note on GBV Service Provision during the time of COVID-19
- Dr Erika Fraser, 'Impact of COVID-19 Pandemic on Violence against Women and Girls', UKAid, 16 March 2020
- The COVID-19 Outbreak and Gender: Key Advocacy Points from Asia and the Pacific
- GBV Guidelines, Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action [website repository of resources]
- IRC, Rapid assessment on gender and violence against women and girls in the Ebola outbreak in Beni, DRC, March 2019
- Anjali Manivannan, 'Gender Inequalities in Access to Information about Ebola as Gender-Based Violence', Havard Human Rights Journal, 22 June 2015
- Gender and GBV findings during EVD response in DRC
- Gender matters in responding to major disease outbreaks like Ebola
- Gender Inequalities in Access to Information about Ebola as Gender-Based Violence
- Gender-Based Violence Among Adolescent Girls and Young Women: A Neglected Consequence of the West African Ebola Outbreak: Medical, Anthropological, and Public Health Perspectives
- Ebola impact revealed: An Assessment of the Differing Impact of the Outbreak on Women and Men in Liberia
- Ebola, Gender, and Conspicuously Invisible Women in Global Health Governance
- Recent UNHCR webinar on MHPSS and COVID-19
- Ebola crisis: the unequal impact on women and children's health
- Strategy for Integrating a Gendered Response in Haiti's Cholera Epidemic, UNICRF 2010

# Resources on Mental Health and Psychosocial Support (MHPPS)

- IASC briefing note on addressing mental health and psychosocial aspects of COVID-19 outbreak
- The Right to Health, WHO and OHCHR
- UN torture prevention body advice on compulsory quarantine for Coronavirus
- Briefing note on addressing mental health and psychosocial aspects of COVID-19 Outbreak, IASC
- Speaking of Psychology: Coronavirus Anxiety
- Five Ways to View Coverage of the Coronavirus

- Coping with stress during the 2019-nCOV outbreak
- Social stigma associated with COVID-19
- What can we say to children about Coronavirus (COVID-19)?

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