

POLICY BRIEF



COVID-19: ENDING VIOLENCE AGAINST WOMEN AND GIRLS

KEY PRIORITIES AND INTERVENTIONS

FOR EFFECTIVE RESPONSE AND RECOVERY



I. INTRODUCTION

Like in many disaster settings, women's health, livelihoods and bodily integrity are particularly at jeopardy during the Corona Virus Disease-2019 (COVID-19) pandemic. There are reports of increased domestic violence, sexual violence, femicide, harmful practices, sex trafficking including sexual harassment, and in some instances coercion by landlords to vacate the houses,¹ denial of access to Gender Based Violence (GBV) and reproductive health services, stigma and attacks on health care workers who comprise 70% women² and other longstanding gender inequalities and forms of violence against women and girls.

Violence against women is a life-threatening human rights issue that violates international, regional and national human rights law and principles of gender equality. It is also a threat to mutual peaceful coexistence of families, communities and hinders the prevention of COVID-19 pandemic and national, regional and global recovery efforts.

"Social distancing" is one of the recommended strategies to contain the virus. Economic and social stress coupled with restricted movement and social isolation measures will likely increase the risk of Gender Based Violence (GBV), as it may be used as a mechanism to isolate the victim from her family, friends, social networks and service providers, as a part of emotional/psychological violence and controlling behavior. Reports indicate that the spike in domestic violence and sexual exploitation increase due to the increased strains that come from security, health and money worries, negative social norms and cramped and confined living conditions. As the pandemic takes a foothold, there is a strong likelihood of increased rates of gender-based violence in public spaces in addition to domestic violence.

Adding to this, with schools closed, girls out of schools are now exposed to Gender-based violence, early/forced marriage, female genital mutilation, unwanted pregnancies, HIV infections among other harmful practices. Limited economic opportunities are likely to increase child labor and exploitation of women and girls including sexual exploitation and abuse.

Socio-economic impact assessments of COVID-19 are underway in a number of countries aimed at determining the socio-economic impact of COVID-19. While efforts are made at the country level to avoid duplication, there are parallel assessments taking place due to the urgency, thematic significance and often due to limited coordination. It is important to include key government structures to advise on the immediate, medium and long term gendered COVID-19 response and recovery.

II. SITUATION ANALYSIS

UN Women rapid mapping and analysis of the impact of COVID-19 on women and girls in East and Southern Africa region (ESAR) reveal that it is likely to drive a similar trend as of Ebola. Since steady emergence of COVID-19 in ESAR countries in March 2020, efforts are ongoing in undertaking rapid assessments and putting in place systems and strengthening for effective EVAW response during COVID-19. The available data and evidence gathered during the last few weeks highlight the increased vulnerability of women and girls to sexual and gender based violence in the wake of COVID-19 as reported in Kenya,³ Rwanda,⁴ Tanzania,⁵ Uganda,⁶ South Africa⁷ and other countries in East & Southern Africa Region.

Experts globally and in Africa warn that the potential for tension to arise in homes as a result of limited movements, in order to suppress the virus coupled with economic and social stress is bound to increase. This might lead to an increase in the number of sexual and gender based violence incidents. Women who are displaced, refugees, those living in conflict-affected areas and women with disabilities are particularly vulnerable to sexual and gender based violence. Women and children who live with domestic violence have no escape from their abusers during quarantine.

As per the rapid assessments and reports, some of the forms of violence against women escalated during COVID-19 include, sexual violence including rape of elderly women and infant girls, marital rape, sexual slavery, trafficking, early marriage, sexual harassment, exploitation and

abuse, domestic violence mostly intimate partner violence (IPV) among other harmful practices. Additionally, there are incidents of denial of access to services, excessive use of force by police on women defying the lockdown, attacks on health care workers who comprise 70% of women, excessive economic sanctions and forced confinement in expensive hotels at the expense of women returning home from other countries, limited health, psycho-social and support services to women and girls including fears of being inflicted with COVID-19 due to overcrowding and limited adherence to prevention guidelines in shelters.

According to the Kenya National Council on Administration of Justice, there is a significant spike in sexual offences in many parts of the country. Sexual offences such as rape and defilement have constituted more than 35% of all reported cases.⁸ Similarly, the GBV Command Centre in South Africa recorded a spike in gender based violence cases reported during the lockdown during 27th March to 16th April with a total of 10,660 through phone calls, 1503 through unstructured supplementary services data (USSD) and 616 SMSs. On 16th April alone the Centre has received 674 cases.⁹ In Uganda, in February 2020, a total of 2344 GBV cases were registered and the numbers increased to 2808 in March 2020.¹⁰ Countries in the region also reported increase in cases of trafficking in women and children in which one of the countries has reported trafficking of 27 women and girls aged between 12-16 years. However, these girls were rescued and resettled with the intervention of the law enforcement agencies. It is anticipated that there will be an increase in sex trafficking as a result of the pandemic and massive loss in jobs and livelihoods.

Additionally, there are also incidents of denial of access to services, police excesses on women for defying the lockdown, excessive economic sanctions and forced confinement in expensive hotels at the expense of women workers returning home from other countries or those found defiant of lockdown, challenges faced by women migrants, refugees in host countries with issues related to immigration, limited health, psycho-social support, livelihood services including fears of being inflicted with COVID-19 due to overcrowding and limited adherence to prevention guidelines in shelters and quarantine centres.

III. KEY RECOMMENDATIONS

The following recommendations for immediate response and long term recovery interventions for Prevention and Response to Violence against Women in ESAR are developed based on the rapid mapping exercise undertaken by the regional office/EVAW unit with the resourceful Regional EVAW Community of Practice (COP) comprising EVAW practitioners from UN Women Multi and Country Offices (M/COs) in ESAR. It also benefited from inputs from the Regional EVAW Reference Group.¹¹ The mapping highlighted the availability of GBV emergency response services, gaps and areas for strengthening.

Some of the gaps and issues identified in ESAR countries have existed prior to the COVID-19 pandemic. The pandemic is only exacerbating and highlighting the structural inequalities and lack of access to resources faced by women and girls. This Policy Brief epitomizes a living and evolving agenda for a gendered COVID-19 response and recovery focusing on EVAW and therefore is not exhaustive or conclusive but highlights the important and emerging principles and recommendations.

Accordingly, the following 12 interventions are recommended for effective VAW prevention, response and a Gender and Socially-Responsive Recovery:

1. Advocacy on Survivor Centred Approach in Emergency GBV/COVID-19 Services: The survivor-centred approach will help to ensure effective access to information and GBV services in the areas of health, legal, psychological, and livelihoods services, including basic exposure to economic opportunities for women and girls.

The survivor-centred approach applies the human rights-based approach to designing, developing and implementing programmes that ensure women survivors' rights, needs, and wishes are first and foremost during the COVID-19 Prevention and Response Process. This ensures that the governments put women and girls at the centre of their efforts to response and recovery from COVID-19 pandemic planning and decision making. It is also important to ensure that the response and recovery plans go beyond policy and aim at bringing deep cultural change repairing intergenerational violence and inequality perpetrated due to negative social and cultural norms.

The survivor-centered approach can guide professionals—regardless of their role—in their engagement with persons who have experienced GBV. It aims to create a supportive environment in which a GBV survivor's rights are respected, safety is ensured, and the survivor is treated with dignity and respect. The approach helps to promote a survivor's recovery and strengthen her or his ability to identify and express needs and wishes; it also reinforces the person's capacity to make decisions about possible interventions.

(Inter-Agency Standing Committee (IASC).¹²

2. Rapid Socio-Economic and GBV Assessments and Gendered Response and Recovery Plans:

In the wake of COVID-19, vulnerable women will require emergency life-saving violence prevention and response services. The Rapid Gender/GBV focused Socio-Economic COVID-19 assessments and corresponding response and recovery plans therefore should not only speak about response and recovery, but also of repair and revival: repair of historic and intergenerational tribulations through gender inclusive policy frameworks addressing social norms and promoting women's rights. Recovery stimulus plans and funds from the very inception should ensure women and youth participation and leadership in planning and implementation. It should address the issue of exclusion and ensure that all responses to COVID-19 are gender inclusive and integrates the most vulnerable women and girls' victims/survivors of gender based violence and discrimination.

3. Strengthening Multi-Sectoral Response Mechanisms and Access to GBV Services through adopting a 'survivor centred approach': Advocate for establishing and strengthening "multi-sectoral responses" for providing quality information and access to GBV services by various stakeholders specifically in the areas of health, psychosocial support, law enforcement (police, prosecutors and justice departments) and social services including shelter and livelihoods support. With low levels of literacy—especially amongst women and girls in rural setting, it is significant for ensuring efficient and timely life-saving care and support for women survivors of sexual and gender based violence. The four principles to care for GBV survivors and the related skills are considered essential for a survivor centered GBV humanitarian intervention. Service delivery informed by the principles of safety, confidentiality, dignity and non-discrimination fosters empowerment and control for survivors, and promotes a survivor's safety, wellbeing and recovery.¹³ It is important that service providers caring for child survivors of sexual abuse should adhere to a common set of additional principles to ensure quality of care and 'best interest of the children'.

4. Access to information and 24x7 GBV Services through HOTLINE/CHAT/SMS Services: This will help to overcome in situations where a spouse who is also a victim and the perpetrator are both at home and lack the privacy to reach the voice hotline for seeking support. It is recommended that service providers need to ensure access to “SMS” and “Chat Services” for effective reporting, prevention and counseling services. Accordingly, upscale and upgrade the 24x7 GBV hotlines with chat and messaging facilities.

Support the outreach, community awareness and advocacy in addressing GBV and harmful practices through engaging the Government, CSOs, CBOs, Faith based and community leaders and youth to ensure that access to essential services for women is a priority and cannot be compromised during COVID-19 response and recovery. Make available free ICT technologies and data plans for poor families to be able to access educational and new economic opportunities, GBV prevention services including online applications for other public assistance. Develop referral pathways and provide onsite and online training and support to organizations operating multi-sectoral services, one stop centres, 24x7 hotline, helpline, shelters, safe houses, quarantine facilities, psycho-social support and livelihoods support services specifically on measures to prevent COVID-19 within shelters and provision of referral and other services using innovation and technology.

5. Focus on violence at community level: With reported community infections, it is imperative that stakeholders may focus their efforts at community-based mitigation of gender based violence cases. Amid COVID-19 priorities the government and other stakeholders need to ensure that reporting, enforcement and accountability mechanisms related to S/GBV are effective and offer meaningful solutions to women at community level. Strengthen the community based structures including Civil Society Organizations (CSOs), Community Based Organizations (CBOs), traditional, faith based and community leaders and youth to ensure that access to essential services for women is a priority and bringing perpetrators to justice cannot be compromised during COVID-19 response and recovery. Provide smartphones and unlimited smartphone data and text/talk plans for community workers to assist reporting and rescue of domestic violence victims and sex trafficking survivors.

Leverage on HeForShe,¹⁴ MeToo,¹⁵ Generation Equality¹⁶ and other campaigns and ongoing global programs of Spotlight¹⁷, Women Count¹⁸, Global Programs on Access to Justice, Ending Child Marriage and FGM and other initiatives in promoting grass-root advocacy and impactful programming on EVAW.

6. Prioritize Support to Women with Disabilities, Migrants, Rural Women, Refugees and other Vulnerable Women and Girls: These groups often face double discrimination and challenges including lack of access to information, services and increased risk of GBV during the COVID-19 pandemic. Due to the travel restrictions the care workers find it difficult to reach to women with disabilities and other women requiring care. Besides, the fear that the care/support workers could potentially bring the virus into the home due to their contact with other vulnerable persons, the family members discourage or discontinue such services leaving the women with disabilities at greater risks. Advocacy on putting in place support mechanisms to protect and regulate the status of migrants, immigrants, women in cross-border trade and provision of livelihoods to safeguard them from trafficking, violence, forced labour and forced confinement due to fears of legal action and regrittal. This is also aligned to the principle of leaving no one behind during the COVID-19 response and recovery efforts.

7. Access to Protection & Legal Services: Safety and security of the GBV survivors/victims and family members should not be compromised in any circumstances. The prosecution of GBV offenders is an essential step towards GBV prevention and response. Thus, the law enforcement and justice sectors should prioritize on victim/survivor protection and encourage initiatives towards bringing the perpetrators to justice through innovation and introduction of online court hearings using technology to ensure the perpetrators are brought to justice and access to essential services for women is a priority and cannot be compromised during COVID-19.

8. Access to Health & Psycho-social Services for GBV survivors/victims: These are extremely important and essential for saving lives. The social determinants of health mean that women in low-income and rural communities are more likely to live and work in areas that have been targeted for toxic industries and lack access to healthcare. A multi-pronged approach needs to be adopted in provision of health and psycho-social services to women through virtual and in cases requiring emergency through physical access including facilitation of transport, safety and timely support adopting a survivor centred approach. Globally women constitute 75% of the care work. For example, women in Kenya provide most of the nursing care in health facilities accounting for 75% of staff. Encourage men and boys to share domestic and childcare work with women, including with children's education during the period of confinement at home. Take legislative initiatives to protect care givers including medical and non-medical staff who go through stress added by stigma and fear of violence for being a COVID-19 care workers.¹⁹

9. Ensure Shelter and Economic Support/ Livelihoods: Provision of shelter, safe houses and rescue centres and creation of economic opportunities in coordination and support of government, development partners and other actors will help provide greater confidence and speedy recovery. To overcome the challenges faced by women who are mandated to 'self-quarantine' and facing "Stigma, discrimination, destitution and violence," it is essential to provide access to free emergency shelter, recovery and reintegration support. Hotel rooms for unsheltered women and victims of domestic violence, sexual abuse and sex trafficking, those facing multiple forms of discrimination, violence and others who are not able to access safe spaces and where shelters exceeded the capacity. Community workers and para medics to track and support women victims infected with COVID-19 who require hospitalization and medical care.

10. Promote Livelihood and Economic Opportunities for GBV Survivors: Integration of survivors in vocational interventions, training and livelihood programmes run by shelters, home based work and other accessible institutions/ online helps immensely in addressing the immediate needs of the population through manufacture of sanitizers, masks, gloves, aprons and other products as well as contribute to

economic recovery. Women working in the private, informal sector, migrants and producers are especially vulnerable and advocacy with the respective managements and families to pay wages during the COVID-19 lockdown will help immensely in reducing tensions and corresponding GBV. Advocate for establishing special emergency funds for marginalized groups, including undocumented immigrant women, domestic workers, women with disabilities and sex-trafficking survivors as part of GBV prevention and recovery plan.

11. Engage and advocate with private sector in supporting the provision of quality life-saving care for effective COVID-19 response and prevention: These include making available free and at subsidized prices the protective equipment such as sanitizers, gloves, masks etc. Private sector agencies especially the organizations that have endorsed the Women Empowerment Principles (WEPs) could be a good source of funding and resources for affected women and girls. Effective lobbying and engagement of telecom companies directly and through the government and CSOs in making available TOLLFREE HOTLINE numbers, and with hotel owners on making available the premises to be used as a quarantine and shelter facility for GBV and COVID-19 survivors etc.

12. Partnerships and Resource Mobilization: An effective GBV Prevention and Response to COVID-19 requires strengthened partnerships with the Government, Development Partners, CSOs, Private Sector, Traditional, Faith Based and Community Leaders, CBOs, and Youth. UN Women advocates with its offices and the partner agencies to revisit the Annual Plans to identify activities that can be done virtually and activities that will be cancelled or postponed leading to the need to revise and re-allocate budgets to respond to COVID-19 priorities. Based on the rapid assessment findings, undertake Advocacy and support to resource mobilization efforts for an effective GBV Response to COVID-19 with focus on provision of emergency services. Reach out and advocate with private sector including the Women Empowerment Principles (WEPs) signatories for partnerships and commitments to promote women's livelihoods and economic support including provision of essential medical, sanitary, hygiene and food supplies and making available premises for establishing temporary shelters, safe houses and quarantine facilities for women.

V. CONCLUSIONS

Overall, it is pertinent to note that there are efforts ongoing in at least 90% of countries in the region for establishing and strengthening specific Helplines for COVID-19, Hotlines for GBV, national multi-sectoral response systems to prevent and respond to COVID-19 and S/GBV. However, these services require strengthening and upscaling to meet the COVID-19 demands and protocols. With generous support of donors including the EU funded Spotlight Initiative, Global Programs on Women Count, Ending Child Marriage, Ending FGM and Harmful Practices, Rule of Law, Peace and Security, the UN Women multi and country offices in partnerships with the government, civil society and other stakeholders are undertaking socio-economic and gender impact of COVID-19 to develop evidence based and impactful programming and policy responses. Community outreach on COVID-19 and violence prevention are a priority.

With low levels of literacy-especially amongst women and girls and reports of widespread rumors, COVID-19 myths and exploitation in various forms, UN Women Offices in partnerships with relevant stakeholders are developing messages, which will be relayed through appropriate materials and means that are accessible and understandable (local language) by all.

The establishment and strengthening of multi-sectoral response services at the national and community level continues to be a priority. Collective advocacy and support by development partners, government and private sector in ensuring the access to essential GBV survivors including, health, psycho-social, legal, social services including shelter and livelihoods remain a priority. Partnerships among the Government, Development Partners, Private Sector, CSOs, Traditional, Faith Based Leaders, Community-Based Organizations and Youth are important and essential. In conclusion, responding to COVID-19 requires adaptation to the restrictions caused by social distancing, and meeting the emerging needs created by escalation of violence against women and girls.



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