

Protecting Forcibly Displaced Women and Girls during the COVID-19 Pandemic

Examples of UNHCR gender responsive and gender-based violence (GBV) prevention, risk mitigation and response interventions

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The COVID-19 pandemic has significant gendered impacts and affects people differently depending on age, gender, disability and other personal diversity characteristics. Several factors put forcibly displaced women and girls especially at risk during the pandemic.

Women are highly exposed to the virus given their high proportion among frontline health workers and through burdensome unpaid caregiving responsibilities, including caring for sick family members. Refugee and internally displaced women are more likely to hold precarious jobs in the informal sector and face disruptions in livelihoods and income generating activities as a result of the pandemic. Forcibly displaced adolescent girls are facing increased risk of disrupted education and school drop-out as well as an extra caregiving burden during the pandemic.

The outbreak and subsequent movement restrictions have exacerbated existing risks of GBV, in particular intimate partner violence, as well as risks of sexual exploitation and abuse (SEA) while also hampering access to life-saving services for survivors and other essential health services. Furthermore, limited access to information and decision-making spaces related to the COVID-19 response place women and girls at risk.

Despite these challenges, forcibly displaced women and girls are showing extreme resilience and are playing an important role in responding to the pandemic. Across the globe, UNHCR operations are innovating to enhance support to refugee, returnee and internally displaced women and girls, while promoting their leadership throughout the response. This brief provides a snapshot of GBV and gender responsive interventions during the outbreak.

Displaced women's leadership in the response

Building on the resilience, strength, capacities and priorities of displaced women themselves

In Malaysia, UNHCR is working closely with partners and refugee [women-led groups](#) to establish community focal point systems and expand the availability of hotline services, remote case management services, and mental health and psychosocial support. In addition, together with health partners, UNHCR is financially assisting young mothers with safe and clean delivery at hospitals.

In Pakistan, UNHCR collaborates with [female Outreach Volunteers \(OVs\)](#), community mobilisers and gender support groups to enhance outreach and communication on COVID-19 preventive measures, including addressing social stigma and psychosocial support.

In Syria, UNHCR partners are working with [Women Committees](#) to share information on

COVID-19 prevention measures, including information on hotline services and legal and medical services.

In Ethiopia, a WhatsApp group was established to connect service providers, social workers and [women's group leaders](#) to share information on gaps and assess ongoing needs.

In India, [refugee-women-run enterprises](#) are producing cloth masks based on an order placed by UNHCR under the campaign "Give As You Take This Time". This campaign enhances access to livelihood for UNHCR's persons of concern while contributing to address the shortage of masks and to support vulnerable refugees and host communities during COVID-19.

Ensuring women and girls' access to essential services and information

Women and girls of concern to UNHCR are supported with access to essential services and receive information on COVID-19 related risks, including risks of sexual exploitation and abuse.

Many operations are providing access to much needed [menstrual hygiene products](#). In Iraq, UNHCR has distributed over 36,740 sanitary kits to women and girls of reproductive age. The kits contain items especially tailored to the needs of women and girls and are designed in partnership with affected communities to ensure the most appropriate items are included.

In Jordan, refugee women receive [counselling services](#) over the telephone, and UNHCR and partners are providing cash to women both in camps and in urban areas based on vulnerability and specific needs criteria. During COVID, this cash is being provided through mobile wallet to

those who cannot access the ATMs due to movement restrictions

UNHCR and partners in Sri Lanka continue to seek ways to provide [psychosocial support](#) utilizing online tools, incl. through [women's support groups](#).

In Morocco, UNHCR is setting-up a [protection hotline specifically dedicated to women](#), to enable greater access and communication. The operation is also conducting remote focus group discussions on access to services and information, impact of COVID-19, and specific needs of refugees.

In Israel, UNHCR is working closely with women community members to coordinate [support to vulnerable single mothers](#) across the country and is conducting remote activities for prevention and awareness raising regarding intimate partner violence. In addition, UNHCR Israel has begun implementing a [Multi-Purpose Cash Assistance](#) project for the most vulnerable persons of concern, including GBV survivors.

In Lebanon, [digital content](#) with informative awareness raising materials about COVID-19 and emerging protection risks for women and girls is shared with refugee and host-communities (including access to services and new hotlines). Some of the materials also target men and boys with information on managing stress and angry behaviour under quarantine with key messages on gender equality.

In DRC, UNHCR and partners have conducted multipurpose [cash distributions](#) targeting women at different displacement sites while ensuring that appropriate health and safety measures were in place, such as limited access to the distribution site, installation of handwashing stations and temperature checks of everybody accessing the site.

In Hungary, UNHCR community and group activities were organized to reach out to refugees

with specific needs, such as women's clubs and yoga classes for women, youth club for individuals without families and a [club for adolescent girls](#).

In Ivory Coast, Niger and Cameroon, a [WhatsApp group](#) has also been established to ensure 24/7 access to information, which all community focal points, whether refugee or host community members, use to disseminate key messages to communities, alongside with phone calls and SMS for the population lacking digital access, especially women and girls.

In the Central African Republic, a [radio communication strategy](#) was developed with returnee community leaders to conduct community sensitization on COVID-19. This also includes information about GBV risks (including SEA) and services as well as gender equality.

[Focus Group Discussions with refugees and migrant women with diverse sexual orientation and gender identity](#) in the context of COVID-19 were conducted in Colombia, Ecuador, Peru, Brazil, Chile and Argentina to assess the challenges and bottlenecks to access services. In Kenya and Malawi LGBTI focal points maintain regular phone/email contact providing daily updates on the impact of Covid-19.

Strengthening GBV prevention, risk mitigation and response

Women and girls of concern to UNHCR are supported with quality prevention and response programs while GBV risk are mitigated throughout all sectors.

In collaboration with the Division of International Protection at UNHCR HQs, UNHCR Regional Bureaux for East and Horn of Africa and the Great Lakes Region and for Southern Africa organized [webinars on GBV and Covid-19](#) (focusing on remote GBV case management and GBV risk mitigation), which reached more than 150 UNHCR staff. Technical guidance was provided

while peer learning was promoted through exchange of current field practices.

In Uganda, a [helpline](#) is operated by a call centre with agents speaking 15 different languages. GBV survivors who call the helpline are provided with counselling by trained protection staff. In Nigeria, UNHCR has set up

remote case management systems for Cameroonian refugees in southern Nigeria. [Hotlines](#) have been shared with refugees and GBV survivors are assisted remotely.

In Rwanda and Kenya, UNHCR uses community radio to sensitize the community on prevention and response to GBV. In April for example, the messages focused on risks of intimate partner violence, denial of resources, psychological abuse, FGM and forced marriage for child survivors during [radio shows](#) conducted in Kenya. After the shows, refugee women and girls reported an increased confidence to approach GBV service providers. Empirical data shows that numbers of survivors reaching out for support increases after radio shows.

An existing network of 110 community focal points are supporting social workers who provide [remote GBV case management](#) in Cameroon. A Protection/GBV free toll hotline is the main communication tool linking the community focal points with the social workers, to ensure safe disclosure and referral of the survivor. This line is also used to provide information on COVID-19.

Targeted [campaigns](#) on Instagram, Facebook, and rural radios in Nigeria, Niger, Burkina Faso, Senegal, Ivory Coast helped disseminate information on GBV services and PSEA complaints mechanisms within internally displaced, stateless and refugee communities.

UNHCR Zambia implemented [GBV risk mitigation interventions](#) within WASH and Health services. Hygiene promoters and community health workers were trained on GBV safe disclosure and referrals as well as psychological first aid; in addition, information about GBV response services was posted at Health and WASH facilities.

In Malawi for instance, 14 refugee-led [community-based organizations](#) (CBOs) serve as focal points within the community for referral to GBV services. 1,000 child friendly information material providing information on health recommendations in the context of COVID-19 as well as on how to seek help through CBO volunteers were also distributed.

In Ecuador, several [hotlines](#) have been activated by UNHCR partners to support people at risk or survivors of GBV. [Humanitarian assistance](#) is also being expanded to ensure women meet their basic needs while also aiming to help diminish tensions within the household.

In Mexico, an [information campaign](#) on GBV risks has been developed and disseminated through WhatsApp, online platforms and printed materials. Humanitarian assistance has been expanded to help asylum-seekers and refugees during the emergency, many of them single women or female-headed households. From 23rd March to 31st May, over 1,700 women have received [cash-based assistance](#) from UNHCR. Additionally, 3,000 [dignity kits](#) to ensure access to menstrual hygiene materials were distributed to women and girls in 50 shelters throughout the country.

In Colombia, UNHCR-funded [safe shelters](#) for GBV survivors continue to provide comprehensive care in compliance with health recommendations. UNHCR provides case management by phone through 29 information kiosks and GBV focal points throughout the country. In addition, UNHCR is ensuring ongoing support to psycho-social and legal teams (“duplas”) of the Women and Gender Delegates of the Ombudsman’s Office in key border locations. Duplas provide orientation, case accompaniment, and psychosocial and legal support for GBV survivors by phone and through email.

In Mauritania, UNHCR has maintained [GBV case management services](#) in urban areas and the camp while enhancing the role of the [community-based structures](#) to inform communities about services and safely handle disclosures and referrals. In Iraq, UNHCR continues protection services including [remote case management](#) for survivors of GBV and the provision of emergency protection [cash assistance](#). In Egypt, UNHCR continues to provide [remote case management services](#) to GBV survivors and to operate [24/7 emergency hotlines](#), as well as providing emergency and interim cash support for GBV survivors and those at high risk. Virtual prevention and awareness sessions are ongoing.

In Algeria, UNHCR reached out by [SMS](#) to all female refugees and asylum seekers to provide information about GBV services, including support available through a UNHCR helpline. The most vulnerable female asylum seekers are provided with [cash and housing assistance](#).

In Lebanon, GBV risk mitigation measures are [mainstreamed across Health, Shelter, WASH, and Basic Assistance sectors](#). Sectorial partners are trained on safe disclosure and referral of survivors. UNHCR also provides emergency cash assistance, remote individual case management and psycho-social counselling over the phone for women and girls as well as LGBTI individuals and other persons with specific needs during the pandemic. Remote modalities also include [GBV prevention group sessions for women via digital platforms](#) used by local community networks. A [coaching program](#) for GBV case managers is conducted through tailored online sessions adapted to the context of the pandemic.

While outreach activities and face-to-face training were not possible, GBV partners such as LiLA and Medu in Italy instead facilitated [webinars and online trainings](#) and provided services such as information sharing and [psychological support over the phone](#).

In Serbia, UNHCR sensitized a group of [unaccompanied children](#) who had assumed the role of peer educators on GBV core concepts and services, to enable them to share safety messages with other children. In Greece, UNHCR established a [support network for GBV survivors](#) who are now engaged in helping other survivors to access GBV services. With the reduction of in-person counselling sessions, UNHCR and partners have ensured increased phone and helpline capacity to provide support.

In Bangladesh, BRAC, with UNHCR's support, has developed materials on [GBV prevention](#) and response targeting men and boys, thus highlighting [positive male role models](#), collaborative responsibilities at home, stress-reduction, and promoting non-violent behavior. The messaging was sourced from the Gender in Humanitarian Action working group, which is co-chaired by UNHCR, and the Health Sector.

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