

SGBV-SWG
Impact of COVID 19 on
Women and Girls:
mitigating SGBV risks

March 2020



SGBV
Sub-Working Group



Impact of COVID 19 on women and girls



- **Key SRHR results:**
- Maternal mortality ; Teen pregnancy ; Reproductive health services ; Menstruation. Other secondary impact
- **Health care workers- formal and informal:**
- 70% are women
- **Social norms and Care burden- formal and informal.** Although men, the elderly, and persons with compromised immune systems may at be greatest risk of fatality from COVID-19, the greater caregiving role that women and girls are expected to perform may expose them to other consequences.



Impact of COVID 19 on women and girls



Violence against women- self isolations risks

- Some evidence from China early trend analysis
- Risks- increase pressure over family, limited resources
- No distance and safety plan with perpetrator
- Male dominated environment/quarantine
- Online sexual harassment and abuse
- Reduced access to services: GBV, SRH and others PSS
- PSEA
- CEFM as secondary consequences of economic impact of crisis



Impact of COVID 19 on women and girls



- **Presence, inclusion funding and policy**
- **What is going to happen to WEE?** Women living in development or humanitarian settings may be employed in informal, low-wage activities that are highly prone to disruption during public health emergencies.
Migrant workers situation
- **Communication and technology** – what are the best ways to reach women and looking at intersectionality? What basics tool are accessible? How can IT keep women safe when in isolation



Reccomendations

- Strengthen self care for health and PSS providers
- Continue provision of life saving GBV services with other modalities
- Consult ask women at all level!
- Training of frontline workers
- Advocacy





How to mitigate GBV risks



- **Remote programming/ service provision:**
- **Shift from direct delivery modality to remote modality** such as; online counselling, telephone counselling, online or radio campaigns and online chats/ peer support groups .. Etc.
- **Revise GBV Referral Pathway:** reflect any changes in service provision like operation hours or access points.
- **Providing dignity kit pre-position**, including incorporating COVID – 19IEC materials and hotline information kit.
- **Localizing commodity and IEC production**



How to mitigate GBV risks



- Ensure quarantine facilities or spaces adhere to IASC GBV guidelines/ risk mitigation results.
- Delivery of assistance may shift to cash or voucher. Ensure GBV risk mitigation by analyzing the impact. Engaging with GBV specialists.
- Ensure MHPSS and health services are available and staff are trained
- Create guidelines on safe operations and management WFS, CFS, safe shelters and spaces specific to COVID -19



How to mitigate GBV risks



- **Communication and community engagement:**
- **Domestic violence:** check if hotline are still operational.
- **Communication should be adapted to women and girls.** Language, trust.
- **Community engagement** with messages including DV, IPV, PSEA and life saving GBV messages in coordination with other sectors
- **IEC material** related to GBV prevention and services at COVID screening desks and incorporate protection trained staff.
- **Two – was communication channels** to get feedback



How to mitigate GBV risks



- **Assessment and coordination with overall COVID – 19 response**
- **Integrate protection staff** into COVID – 19 health response team
- **Integrate GBV risk questions** into COVID – 19 needs assessment
- **Advocate on behalf of women and girls** in the COVID – 19 response.
- **Assess the risks** in crowded places such as camps, ensure women engagement and coordinate with organization to mitigate risks.
- **Prioritization:** identify vulnerable groups.



How to mitigate GBV risks



- **Capacity building and staff wellbeing**
- Remote trainings on PFA and GBV safe referral.
- Train frontline health staff on safe referral.
- Train GBV staff on responding to GBV
- Increase the availability of remote staff wellbeing services.



GBV Case Management and the COVID-19 Pandemic



The note provides practical support to Gender-Based Violence (GBV) practitioners to adapt GBV case management service delivery models quickly and ethically during the current COVID-19 pandemic.



Recourses:



- **GBV AOR:**
<https://gbvaor.net/about-us>
- **GBV Guidelines:**
<https://gbvguidelines.org/en/>
- **GBV AOR on Case Management:**
<file:///C:/Users/ZATARI/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/4GM5UAQH/guidance-on-gbv-case-management-in-the-face-of-covid-19-outbreak-final-draft.pdf>



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فيم أوقات الأزمات
بتزيد فرصة التعرض
لللعنف الأسري،

فالممثل ليس بالضرورة المكان الآمن لكل الأشخاص. عندما
يُضطر الناجين للبقاء في المنزل أو إلى جانب مرتكبي العنف،
ممكن انه يخلق ظروف تهدد سلامتهم و تعرضهم للخطر.

نحن هنا لمساعدتك

يمكنك أن تتواصل معنا لتتلقى الاستشارات الفردية النفسية
والاجتماعية علم إخدم الأرقام التالية:

خدم المرأة العربية
06 567 5729
ما بين الساعة 8:30 صباحا وحتى 4:30 مساء يوم
إثنين إلى أيام مسائية للرجال فقط

معرض المرأة وحدة الأسرة
079 881 2594 / 079 703 7396
ما بين الساعة 8:00 صباحا وحتى 10:00 مساء

لخدمه المرأة العربية
06 581 5738
للإبواب عن حالات العنف داخل منزل الساعة.

انت لست لوحدك
*ستتم المحافظة على الهوية الخاصة في التواصل مع جميع الحالات



SGBV interventions are life saving

Thanks for your support

Pamela Di Camillo, GBV Specialist (UNFPA):

dicamillo@unfpa.org

Mays Zatari, Assistant Protection Officer (UNHCR)

zatari@unhcr.org