



## Guidance Note on GBV Service Provision during the Time of COVID-19 March 2020

### Background:

On 31 December 2019, the World Health Organization (WHO) reported the outbreak of coronavirus (COVID-19). Since its outbreak, hundreds of thousands of people across the world have been infected. On 11 March 2020, the Director of WHO declared COVID-19 a global pandemic. In Iraq, the first confirmed case of COVID-19 was recorded on 24 February 2020, in the city of Najaf. More cases started to be reported in other governorates. As of 17 March 2020, 154 confirmed cases of COVID-19 were reported in Iraq, 11 fatalities confirmed due to COVID-19, and 41 patients have recovered from the virus.<sup>1</sup> The Iraqi government, as a mitigation measure to prevent the spread of the virus, has imposed restrictions/lockdown of movements. These measures led to a range of impacts on humanitarian operations and response. Consequently, the COVID-19 Humanitarian Operations Cell (HOC) was established on 5 March 2020 to lead the strategic management of the humanitarian response to the COVID-19 situation, including coordination and engagement with government authorities.

The COVID-19 HOC, with the support from all Clusters in Iraq, conducted a prioritization exercise of the Humanitarian Response Plan (HRP) 2020 activities including the categorization of activities directly relating to COVID-19 containment, prevention or response. On 9 March 2020, the list of activities was endorsed by the HOC and they were shared with the government authorities for their assistance in guaranteeing humanitarian transit and access. The humanitarian leadership continues to advocate with the government authorities that all prioritized activities continue if practicable, under current health protocols. The GBV sub-cluster contributed to developing key messages to GBV partners in Iraq to demonstrate the outcomes of prioritization exercise in relation to GBV priority activities. The document can be accessed here <https://drive.google.com/open?id=1EuOxrYgZ8V7NnnT-d4jA3P-8VDF9joJH>

Women and girls in Iraq are disproportionately affected by GBV due to gender inequality, social norms, harmful traditional practices and unequal education opportunities. According to Iraq GBV IMS data, 98 per cent of GBV survivors who reported GBV are women or girls. Domestic violence is the main gender-based violence context for over half of the reported incidents, followed by forced/child marriage. Disease outbreaks affect women, girls, boys and men differently, and may exacerbate the already existing inequalities based on age, gender and disability. Out of 4.1 people in need in 2020, 46% are children, 27% are women and 15% are people living with disabilities.<sup>2</sup> The protection of women and girls should be a priority, in order to prevent/mitigate the risks that may expose women and girls to GBV and infection. The specific needs of the vulnerable persons, including the elderly, women and child-headed households and persons living with disabilities, must be considered in the tailored response interventions. This Guidance Note highlights the impact of COVID-19 on GBV in Iraq, and provides key messages and recommendations to be considered in order to prevent/mitigate the GBV risks during the time of COVID-19.

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<sup>1</sup> COVID19 SitRep No. 6 in <https://www.unocha.org/iraq>.

<sup>2</sup> 2020 Iraq Humanitarian Needs Overview, pg. 7.

## Impact of COVID-19 on gender based violence in Iraq:

- GBV survivors may experience challenges accessing services due to movement and access constraints, or resources may be diverted to the health interventions.
- The potential low or loss of household income may have a long term economic impact on women compared to men<sup>3</sup> and may increase the risk of exploitation and sexual violence. Financial challenges due to limited livelihood opportunities during the lockdown may increase tensions in households, which may fuel domestic violence and other forms of GBV.<sup>4</sup>
- The crisis may pose additional burdens on women and girls as caregivers to the children, the sick and the elderly with chronic diseases in the family, and may increase their risks of COVID-19 infection. The overcrowded housing conditions in the camps may also exacerbate the risks of women and girls' caregivers to COVID-19 infection.
- The closure of schools may expose girls to additional caregiving roles, which may also expose them to COVID-19 infection. Children separated from their caregivers may be exposed to exploitation and abuse.
- Family separation during the COVID-19 outbreak may lead to an increase in the number of female-headed household if their male breadwinners are quarantined and may add a financial burden on them.
- Life-saving services for GBV survivors like clinical management of rape may be suspended or interrupted as the service providers may be overwhelmed with the response for the COVID-19 cases or due to movement restrictions.
- Pregnant women and girls may face more challenges in accessing health care services, especially for those who are locked down at camps.
- Access to safe shelters may be challenging for survivors that require the service, due to the lockdown and movement restrictions.
- Quarantine/self-isolation should consider the specific needs of women, children, people living with disabilities and minority groups such as LGBTI and ensure that GBV risks prevention and mitigation measures are in place especially among the displaced population.
- Women migrant workers who support their families at home may experience financial constraints during the lockdown and travel-related challenges due to the bans.
- Women and girls may not be able to access health care services if infected, as it is culturally unacceptable to put women and girls in mixed-gender spaces without their relatives. In addition, if female health workers are not available, this might mean that women and girls may not be allowed by their families to receive help and medical checks by male health workers, and leaving them without medical care.

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<sup>3</sup> World Bank (2018), Women Economic Empowerment Study, pg. 18

<sup>4</sup> IASC (2015), Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Food Security and Agriculture, pg. 142.

## Recommendations:

- To continue and prioritize the life-saving GBV activities to GBV survivors, including GBV case management, individual structure psychosocial support (PSS), distribution of dignity kits/IEC materials and referrals.
- Ensure follow-up is in place for the existing and emergency GBV cases.
- Non-life-saving group-based activities may be temporality suspended or reviewed (to have fewer participants) in order to minimize the risk of infection.
- Ensure that the recommended precautionary measures to prevent and mitigate the spread of COVID-19 are in place in all activities.
- Consider remote case management and psychosocial support services with limited or no face-to-face case management services.
- Update the referral pathways regularly and disseminate to the relevant actors for timely referral for services.
- The provision of dignity kits is essential to the physical and psychological well-being of women and girls of reproductive age and should continue if feasible. The provision of dignity-kits can be done at the individual level in a way to mitigate the risk of infection. Consider including COVID-19 prevention IEC materials and GBV hotline information in the kits.
- Produce adjusted dignity kits with locally sourced and available items; and engage women and girls in making masks or COVID-19 prevention IEC materials.
- Health facilities can be utilized further (when possible) as entry points to identify new GBV cases and provide life-saving GBV services. Establishing referral mechanisms with health actors and other frontline workers is crucial to respond in safe and timely manner.
- Support in providing in-person/remote trainings for frontline workers on Psychological First Aid (PFA), basic skills to manage disclosure of information and GBV referrals in safe and timely manner.
- Provide technical support and advocacy for quarantine and lockdowns to be carried out in adherence to the human rights,<sup>5</sup> and the IASC GBV guidelines and risk prevention/mitigation measures.
- Enhance the participation of women in the decision-making processes for the COVID-19. Keep a two-way channel with the community through the women committees to get a clear picture of women's needs and challenges in order to adapt programming accordingly and to deliver messages to women and girls after identifying the best method of communication.
- Prioritize the wellbeing of staff working with the survivors.
- Enhance coordination with other actors to address multi-sectoral needs of GBV survivors especially from the health sector, law enforcement women's organizations, Mental Health and Psychosocial Support and Cash Working Group.
- Disseminate information on GBV hotlines for reporting incidents with communities and other actors.

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<sup>5</sup> Cf. OHCHR, Coronavirus: Human rights need to be front and centre in response in <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25668&LangID=E>.



- Analyze the potential impact of the cash and voucher assistance on women and girls and mitigate the GBV risks.
- Enhance the safety measures at the Women Community Centers like handwashing facilities, avoid overcrowding and limit to individual case management.
- Health and prevention measures need to be put into place in safe spaces/shelters.
- All partners are encouraged to use the information materials produced by WHO in relation to the containment, prevention and response to COVID-19 when sharing information with the affected population. Partners who wish to engage in information dissemination should request the technical guidance and support of the Health Cluster prior to conducting awareness-raising activities. The WHO information documents are available <https://drive.google.com/drive/folders/1PB90ELMH0aQmDYRY8rcUvtNIOOeA78sU>.
- Make sure you include information on your services in your governorate service-mapping database. Contact your governorate-working group for further assistance. Contact details is available here [https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/gbv\\_sc\\_coordination\\_structure.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/gbv_sc_coordination_structure.pdf).
- GBV partners and other actors can consult with GBV Referral Help Desk at their governorate level to explore GBV services provision options and address encountered challenges. Contact information will be available soon here <https://drive.google.com/open?id=16N5ytjys7RSeANCORAIX-da3ZloK946t>

## Useful Resources and Links:

- Protection Cluster Recommendations/Observations on the Criticality of Humanitarian Response Plan 2020 <https://drive.google.com/file/d/1EuOxrYgZ8V7NnnT-d4jA3P-8VDF9joJH/view>
- Activities in Relation to the COVID-19 Situation in Iraq (13 March 2020) Information materials produced by WHO in relation to the containment, prevention and response to COVID-19 when sharing information with the affected population. The documents are available in the three languages; English, Arabic, and Kurdish here <https://drive.google.com/drive/folders/1PB90ELMHOaQmDYRY8rcUvtNIOOeA78sU>
- The humanitarian community recommends several measures for humanitarian actors that must be taken in Camps. The key messages for camps are available in English, Arabic, and Kurdish here [https://drive.google.com/drive/u/0/folders/1jk\\_0CDA3O-bBTGaCeV9RnG8ZeeADt\\_8F](https://drive.google.com/drive/u/0/folders/1jk_0CDA3O-bBTGaCeV9RnG8ZeeADt_8F)
- List of designated referral hospitals in affected governorates was shared [https://drive.google.com/open?id=1-5bM2\\_aOQleW32bhluQ-MPL-bwzc0SJQ](https://drive.google.com/open?id=1-5bM2_aOQleW32bhluQ-MPL-bwzc0SJQ)
- Interim Guidance on Scaling-up COVID-19 Outbreak in Readiness and Response Operations in Camps and Camp-like Settings (jointly developed by IFRC, IOM, UNHCR and WHO) <https://drive.google.com/open?id=1-KZpcnVfW4opsMgfO2kG0PytXA5s9ZXq>
- Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak (developed by the IASC's Reference Group on Mental Health and Psychosocial Support) can be found <https://drive.google.com/drive/u/0/folders/10hHe1zxlqL8DH0TIY8BkvnZnMEvILhKD>
- COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement The guidance note highlights the needs of key vulnerable and marginalized groups (including women and girls) and gives advice on communicating risks as well as practical actions to include them <https://reliefweb.int/report/world/covid-19-how-include-marginalized-and-vulnerable-people-risk-communication-and>
- GBV AOR COVID-19 materials are available in [https://gbvaor.net/thematic-areas?term\\_node\\_tid\\_depth\\_1%5B121%5D=121](https://gbvaor.net/thematic-areas?term_node_tid_depth_1%5B121%5D=121) Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak (developed by the IASC's Reference Group on Mental Health and Psychosocial Support) in <https://interagencystandingcommittee.org/covid-19-outbreak-readiness-and-response>
- Interim Guidance on Scaling-up COVID-19 Outbreak in Readiness and Response Operations in Camps and Camp-like Settings (jointly developed by IFRC, IOM, UNHCR and WHO) in <https://interagencystandingcommittee.org/covid-19-outbreak-readiness-and-response> COVID-19 resources to address gender-based violence risks in <https://gbvguidelines.org/en/knowledgehub/covid-19/>
- SITREPS in <https://www.unocha.org/iraq>
- You can find all resources in GBV SC COVID-19 folder here <https://drive.google.com/drive/u/0/folders/1OeG-Vqem6cbBubTxJPFgWrLeJwPOSNOF>