



# Sudan GBV Sub Sector Guidance on Covid-19

## 1<sup>st</sup> Bulletin – 22<sup>nd</sup> March 2020

### Background on Covid-19

On 13 March 2020, Sudan reported the first fatal case of COVID-19 with travel history to UAE. By the time of drafting this note, Sudan has 2 cases confirmed. The Government of Sudan (GoS) has taken measures aimed at controlling the spread of the infection as communicated through the different channels. WHO is leading the support to GoS from the HCT side and has published the below response plan.

[Sudan COVID-19 Preparedness and Response Plan.pdf](#)

### Expected Impacts on Women and Girls

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. Other forms of GBV are also exacerbated in crisis contexts. For example, the economic impacts of the 2013-2016 Ebola outbreak in West Africa, placed women and children at greater risk of exploitation and sexual violence. Where healthcare systems are stretched by efforts to contain outbreaks, care responsibilities are frequently “downloaded” onto women and girls, who usually bear responsibility for caring for ill family members and the elderly. The closure of schools further exacerbates the burden of unpaid care work on women and girls, who absorb the additional work of caring for children. As noted for the Ebola outbreak, crises pose a serious threat to women’s engagement in economic activities, especially in informal sectors, and can increase gender gaps in livelihoods.

Across Sudan, there is a big number of women involved in the informal sector as a means of livelihood e.g. tea sellers, vegetable sellers as well as women selling firewood and thus they are likely to be affected by the current situation. Sudan also has a high population of irregular migrants especially in Khartoum who already face protection risks which might be exacerbated by the situation. The closure of borders may heighten trafficking and human smuggling in border areas and which will increase risks for asylum seekers.

### Impact on Service Delivery

In the event of a worsening situation, and limitation of movement, direct service delivery for GBV survivors maybe affected. This would exacerbate an already fragile service delivery system leaving survivors without much needed services. 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 major hospitals when health service providers are overburdened and preoccupied with handling COVID-19 cases.



## Recommendations

### Ensuring continuity of GBV Response

As we focus on responding to any Covid-19 outbreak in the country, we shouldn't lose sight of the fact that GBV exists and is likely to be exacerbated. With this in mind we should ensure that;

- Service delivery for GBV survivors continues and GBV cases continue to be treated with the urgency and care they deserve. All GBV programming actions will follow the GoS directives as well as WHO and other guidance issued to prevent the spread of the virus. This is especially in regard to activities involving gathering of persons. Ensure the smooth running of other program activities that not affected directly by the emergency. Nonlife-saving/non-essential activities with a large number of people (e.g., community sensitization/outreach, group education/information sessions) should be held off. Other means of information dissemination such as radio programs should be explored.
- Women centers should remain accessible for women and girls seeking GBV services. The number of women and girls visiting the center should be limited to ensure social distancing. All other measures on prevention including sanitizing surfaces should be in place and prevention control messaging displayed on posters or disseminated orally.
- Resources for suspended GBV activities aren't diverted but rather they are still used for GBV activities which are re-designed to align to the situation.
- Referral mechanisms are updated and contact details should be cross-checked. This includes ensuring availability of CMR treatment in the health facilities. Rapid service mapping is conducted to map up health, PSS, security and legal service providers; and regularly revise/update and monitor GBV referral pathways to reflect any changes in service operation hours or access points or availability of staff.
- At locality level and where applicable, one agency/ center is identified in each location to be case management provision point; (the focal point's contact information to be shared and included in the referral pathways/ in localities where GBV confidential corners are established, the corners should be the case management provision point.
- GBV confidential corners at the hospital should be equipped with hand washing facilities, are well sanitized and clear guidelines to prevent spread of Covid-19 disseminated.
- Dignity kits are available for vulnerable quarantined or isolated women and girls including women and girls in correction facilities (prison or police cells). Vulnerable women and girls those quarantined or isolated will receive dignity and hygiene kits. COVID-19 IEC materials and remote support information should be incorporated into kits.
- Ensure that women are able to get information about how to prevent and respond to the epidemic in ways they can understand. Women play a major role as conduits of information in their communities. They have typically less access to information than men. Thus, reaching women and girls and educating them on the disease is crucial to tackling the spread.
- Innovative measures are taken to respond to cases in the event of quarantines or lockdowns. This includes any other measures which will enhance your organization's continuity of service provision without risking staff or beneficiaries and in line with laid out guidelines from GoS and WHO.



- GBV Sub sector coordination will continue to update on the current emergency and use different mean of communication including creating and disseminating lifesaving GBV messages in coordination with other sectors including more media presence on GBV response during Covid-19 emergency
- Ensure that all workforce (including implementing partners), and community networks are updated on COVID19 prevention and response
- Integrate GBV staff into COVID-19 response task-forces/WGs to advocate on behalf of women and girls in the COVID-19 response and to promote the integration of GBV risk mitigation actions in the interventions related to COVID-19 implemented by other sectors/clusters
- GBV Sub sector partners to communicate any disruption of programming or services provision at locality level to the Sub Sector coordinator.
- Start development of targeted women's economic empowerment strategies to mitigate the impact of the outbreak and its containment measures including supporting them to recover. This will be crucial especially for women in the informal sector.

### Preparedness in case of Worsening Situation

Currently, the situation in Sudan hasn't changed much (access to services is possible and movement is not restricted) with the current measures taken by GoS. However, this might change if the spread of the virus isn't contained and GoS intensifies measures to control the spread. This thus calls for preparedness to continue offering services to GBV survivors as well as vulnerable women and girls through;

- Clear communication mechanisms and means are in place to facilitate survivors of GBV's access to health, PSS, security and legal services (like agreeing to use phones to communicate with PSS service providers); and increased online/radio communication campaigns and online peer support after assessing whether women and girls have safe access to internet, phones or other communication methods. Explore possibilities of remote service provision through mobile phones (referral & Psychosocial support) CVAW looking at re-activating hotline for GBV reporting using same lines used in June 2019
- Ensuring front line service providers (Case workers, social workers, psychologists, health personnel and police) are well sensitized on Covid-19 for their own protection as well as that of GBV survivors.
- Sensitizing social workers and Community based protection networks (CBPNs) on the updated referral pathway and equipping them with mobile airtime for ease in referrals especially in the event of quarantine or lockdown
- Ensuring health workers who are part of an outbreak response are sensitized to respond to disclosures of GBV that could be associated with or exacerbated by the epidemic, in a compassionate and non-judgmental manner and know to respond including on referrals.
- Pre-positioning of enough dignity kits for support to vulnerable women and girls either in quarantine or isolation centers.

CVAW and MoSD are working on establishing a committee to coordinate GBV response during this emergency. Meanwhile, the GBV Sub Sector SAG will work on ensuring there is clear guidance and that members are updated as regularly as possible.



## Resources

Some more readings on Covid-19 can be found in the below links. More materials and updates will be shared as they come by;

1. [Webinar: Impacts of COVID-19 on Women & Girls - GBV AoR](#)
2. [As pandemic rages, women and girls face intensified risks](#)
3. [Briefing Note: Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak](#)
4. [Scaling-Up Covid-19 Outbreak Readiness and Response Operations in Humanitarian Situations, Including Camps and Camp-Like Settings](#)
5. [Gender implications of COVID-19 outbreaks in development and humanitarian settings](#)
6. [Mental Health and Psychosocial Considerations During COVID-19 Outbreak](#)
7. [Coronavirus disease \(COVID-19\) advice for the public](#)
8. [Q&A on coronavirus \(COVID-19\)](#)