GENDER-BASED VIOLENCE

DONOR ADVOCACY BRIEF ON CRITICAL SERVICES DURING COVID-19
SYRIA CRISIS REGION / APRIL 2020

There is increasing evidence from the countries most affected by COVID-19 that gender-based violence (GBV), and intimate partner violence (IPV) in particular, are increasing in both prevalence and intensity. Extended quarantines, curfews and other movement restriction measures have led to increased reports of domestic violence due to forced coexistence in confined living spaces, undoubtedly exacerbated by the additional anxieties arising from the pandemic, including those related to the economic and health consequences.1

Among refugee populations and other at-risk groups, those risks are further amplified given existing vulnerabilities; with loss of livelihoods and cash opportunities increasing the risks of sexual exploitation and abuse. Reports also indicate an increase in online sexual harassment as people spend more time on social media and other online platforms. Additionally, restriction of movement, lockdowns, and forced quarantine measures inevitably increase the impunity already harboured by perpetrators, in addition to impeding access to services by GBV survivors, thus impacting their individual safety plans.

UN Secretary General António Guterres has reiterated the global call for women to be protected from violence during the COVID-19 crisis and beyond, urging the international community to: enact measures to address the “horrendous global surge in domestic violence” directed towards women and girls, linked to lockdowns imposed by governments responding to the pandemic. The Secretary General clearly stated that “local support groups are paralyzed or short of funds,” which signals the need for greater investments in online services and civil society organizations.

In the Syria crisis region,2 as in the rest of the world, GBV risk mitigation, prevention and response remain a shared responsibility of different stakeholders, with GBV specialists leading on the provision of technical support and critical GBV services. GBV services remain part of the essential service package in health emergencies. In this respect, donors have a critical role to play towards ensuring that GBV services remain available to and accessible by women and girls, in complementarity with the efforts of individual governments.

Below are some recommendations that may help donors deliver more holistic, informed and far-reaching services amid these exceptional circumstances.

FUNDING MUST REMAIN CONSISTENT, AND PREFERABLY INCREASED.

Donors must not decrease GBV funding levels at a time when there is an increase in need. Funding to GBV only represents 0.12% of all global appeals.3 In 2019 alone, 1.3 million women and girls were reached through UNFPA supported GBV programmes in the region.

ALL GBV INTERVENTIONS ARE CRITICAL AND LIFE-SAVING, ESPECIALLY DURING A PANDEMIC.

Donors must continue to fund all GBV interventions, including prevention and response, Women and Girls Safe Spaces (WGSS), field case management, counselling and legal support, dignity kits distribution, awareness raising, and prevention and response. Donors should also be in a unique position of strength to further empower GBV actors by consistently lending their voices to advocacy efforts.

CRITICAL GBV SERVICES, INCLUDING WOMEN AND GIRLS SAFE SPACES, SHOULD BE CONSIDERED ESSENTIAL IN ANY NEW OR UPDATED PREPAREDNESS AND RESPONSE PLANS RELATED TO COVID-19.

Women and Girls’ Safe Spaces not only help women and girls in accessing lifesaving GBV response services but can also be used as venues for other types of support, such as sexual and reproductive health services, particularly as health facilities become overstretched.

DONORS SHOULD SUPPORT THE COSTS ASSOCIATED WITH COVID-19 TO MAKE GBV INTERVENTIONS SAFER.

Costs related to the COVID-19 response should be increasingly supported by donors, as this will allow actors to deliver infection prevention and control (IPC) measures to allow for safer implementation of GBV activities, both within WGSS and through outreach activities. This will help ensure a more harmonious response than includes preparedness, readiness and response actions.

DONORS SHOULD SUPPORT INNOVATIVE APPROACHES TO PROVIDE GBV SERVICES DURING LOCKDOWNS.

The unprecedented nature of the COVID-19 crisis and the resultant restrictions of movement have signalled a necessary shift towards new and innovative approaches to service delivery,4 particularly those that leverage the power of online platforms. This will not only require mobilizing additional resources and expertise, but will necessitate articulating a flexible funding approach to support these innovative approaches.

DONORS SHOULD CONTINUE SUPPORTING COORDINATION MECHANISMS.

Coordination mechanisms continue to play a critical role in delivering a harmonious GBV response to communities in need throughout the region by creating and disseminating effective referral pathways. Supporting coordination mechanisms also results in a more efficient response by helping actors avoid redundancies and duplications, thereby ensuring that limited resources are channelled towards as effectively as possible.

DONORS SHOULD LEND THEIR POWERFUL VOICES TO ADVOCACY EFFORTS.

Together with governments and other key stakeholders, donors are in a unique position of strength to further empower GBV actors by consistently lending their voices to advocacy efforts. This will help ensure that GBV interventions are rightly perceived as critical throughout the course of this crisis, particularly given the alarming increase in the risks of violence towards women and girls.

3. UNFPA produced disability friendly IEC material on the availability of GBV support services. UNFPA and UNHCR are providing online learning sessions for GBV service providers on how to adapt services during the crisis, such as safety planning and IPV.
4. Some examples of innovative approaches include establishing remote case management capabilities, setting up hotlines that are accessible 24/7 through mobile phones and other means of communication; providingGBV services and information on how to access remote individual support; adapting the content of dignity kits to include hand sanitizers and face masks; enabling women and girls to use mobile phones to seek help; communicating GBV-related information in local languages; providing help through social media and text messaging. These efforts have included the dissemination of key messages through online platforms.

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COUNTRY HIGHLIGHTS
EXAMPLES OF INNOVATIVE APPROACHES TO GBV INTERVENTIONS DURING COVID-19.

IRAQ

A GBV Referral Help Desk was established at the governorate level to guide and support non-GBV frontline workers on how to refer GBV cases to the appropriate and available GBV case management service providers in a safe and timely manner, particularly when there is limited to no access.

JORDAN

Case management, counselling and legal support are available through a dedicated helpline and the Amali App. The GBV risks associated with the Syrian refugee crisis were also updated. In Jordan, health and service providing staff have been equipped with information in the form of training and learning sessions for GBV service providers on how to adapt services during the crisis, such as safety planning and IPV.

TURKEY CROSS-BORDER

UNFPA’s partners have continued outreach activities including messaging focused on prevention and response to both COVID-19 and GBV. GBV Subcluster members are using different communication forums to continue engaging with beneficiaries, including social media and text messaging. These efforts have included the dissemination of key messages through online platforms.

FOR MORE INFORMATION
Jennifer Miquel
Head of the UNFPA Regional Syria Response Hub

3. International Rescue Committee, Women is the Middle: How the humanitarian system is failing in its commitments to end violence against women and girls, accessed at: https://bit.ly/3bffVDD.
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