

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 that affect people differently depending on their age, gender, disability and other intersectional and diverse characteristics.

Women and girls are at heightened risk of being exposed to the virus due to the following intrinsic aspects:

- 1) The **high proportion of women and girls among frontline health workers** and through burdensome unpaid caregiving responsibilities, including caring for sick family members.
- 2) 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 because of the pandemic.

- 3) Forcibly displaced adolescent girls are facing increased risks of **disrupted education and school drop-out** as well as an **extra caregiving burden**.

The outbreak and subsequent movement restrictions have exacerbated existing risks of GBV, in particular intimate partner violence, as well as risks of sexual exploitation while also hampering access to life-saving GBV 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.

GBV TRENDS DURING THE PANDEMIC

Gender-based violence, which is rooted in gender inequality, has increased in numerous countries throughout 2020, a year marked by Covid-19. As this pandemic continues, confinement measures and restrictions of movement, deepened poverty levels and worsened socio-economic vulnerabilities have led to a renewed wave of violence against refugee, displaced and stateless women and girls. Intersecting forms of discrimination further increase risks of violence for displaced women and girls with disabilities, those living in poverty as well as other individuals with diverse sex characteristics, sexual orientation and gender identities.

Evidence is pointing at a sharp increase in intimate partner violence against women and girls, as well as increasing risks of sexual violence. Adolescent girls are particularly at risk of child marriage and early pregnancy. Reports also underlined heightened risks of GBV (in particular violence by family members) faced by LGBTIQ+ refugees and internally displaced persons during the pandemic.

Experts projected at the end of April 2020 that **for every three months of lockdown measures around the world, an additional 15 million women and girls would be exposed to gender-based violenceⁱ.**

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By the end of 2020, a total of 27 operations reported an increase in Gender-based Violence through their humanitarian coordination platforms. 96% of these coordination platforms reported gender-based violence as a moderate to extreme risk and 89% described the risk as severe or extreme (extreme risks reported in Afghanistan, Guatemala, Nigeria, the Pacific, and Yemen)ⁱⁱ.

In many countries, women subjected to intimate partner violence and LGBTIQ+ people living within non-accepting households are now confined with their abusers and may experience life-threatening risks compounded with a reduced ability to seek help. An assessment conducted in East Africa, West Africa and

the Great Lakes region indicated that 73% of **forcibly displaced women interviewed reported an increase in intimate partner violenceⁱⁱⁱ**, similar findings were shared in Jordan (69%)^{iv} and Afghanistan (97%)^v. In Zimbabwe, calls to GBV



hotlines have increased by 70% since the beginning of the lockdown; 90% of calls relate to intimate partner violence, 94% of callers are women^{vi}. Calls to the Colombian

national helpline for domestic violence increased by 153% between 25 March and 11 June 2020^{vii}. In eastern Ukraine, the calls received since the quarantine was imposed increased by 239%.

Risks of sexual violence and sexual exploitation have also been reported to be exacerbated during the current crisis. **78% of operations reported through their GBV sub-cluster that sale or exchange of sex as a coping mechanism is occurring^{viii}**. Some assessment indicated that 51% of women interviewed cited sexual violence^{ix}, while other reports indicated that 32% of respondents had observed an increase in sexual violence^x. In Cox's Bazar, Bangladesh, a recent survey conducted by the Inter-Sector Coordination Group (ISCG) found that safety had deteriorated for women and girls since the onset of the COVID-19 crisis. Key informants described an increase in GBV, in particular intimate partner violence, resulting from tensions over containment measures, movement restrictions and financial difficulties. In Malawi, the annual GBV assessment revealed that the Covid-19 pandemic has worsened GBV risks as a result of school closure, inadequate food supply and livelihood losses^{xi}.

UNHCR is particularly concerned by the increasing risks of child marriage, early pregnancy and exploitation for forcibly displaced adolescent girls. **Assessments indicated that 32% of women interviewed observed a growth in the levels of early and forced marriage^{xii}, while UNFPA estimates that an additional 13 million girls will be subjected to child marriage by 2030^{xiii}.**

Disruptions and significant challenges in terms of access to GBV services, such as healthcare services and safe shelters, have also been

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reported. For example, presenting a negative Covid-19 test is needed to access the medical examinations required in order to enter a safe shelter in Greece. Many shelters have reached their maximum capacity and/or do not receive additional survivors due to Covid-19 precautionary measures, as reported in Mexico, Greece, Colombia, Bangladesh and Somalia, among other operations.

Adaptability of programming to respond to the Covid-19 challenges and its GBV impacts implies the need of innovative and remote modalities, online tools,

updated guidance and reliance on existing and expanded community mechanisms. Many operations have created or expanded the capacity of 24/7 emergency hotlines (e.g. Kenya, South Sudan, Pakistan, Zambia) and other communication channels for survivors. **Lifesaving GBV case management services are provided remotely in many operations while emergency cash assistance is being used to support survivors and women at-risk of GBV.** Operations also broadened their engagement with trained community outreach volunteers, especially women, who serve as a safe and trusted means for information sharing and to refer survivors to GBV services when requested.

The following field practices provide a snapshot of GBV and gender responsive interventions during the outbreak, implemented by UNHCR operations and partners.

UNHCR INTERVENTIONS TO PROTECT WOMEN AND GIRLS IN THE CONTEXT OF COVID-19

Forcibly displaced women's leadership in the response

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 a network of 91 women committees across 12 governorates. Women Committees share information on COVID-19 prevention measures, including information on legal and medical services. They work closely with GBV community prevention focal points in Community Centers. In **Malawi**, 14 refugee-led community-based organizations (CBOs) serve as focal points within the community for referral to GBV services.

As part of **India's GBV/Child protection response**, 173 female refugee volunteers have been provided with mobile phones to spread awareness on GBV, child protection and sexual exploitation and abuse (SEA), to act as psychosocial first aid service providers and to facilitate access to services and complaint mechanisms.

In **Zambia**, 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 **Yemen**, UNHCR's partners engaged refugee and internally displaced women in the production of non-medical fabric facemasks, which were later distributed among persons of concern, host communities and staff. This activity provides an opportunity for refugee women to safely earn an income to support themselves and their families.

In **Kenya**, UNHCR supported a refugee led organization to develop communication materials on GBV with the support of the National Council of Persons with Disabilities (NCPWD), undertake mass printing and production in Braille of 450 posters and produce six animations videos (three in English and three in Kiswahili) on GBV and support services available.

Remote and innovative service delivery modalities

In the **Central African Republic**, a radio communication strategy was developed with returnee community leaders to conduct community sensitization on COVID-19, including GBV risks and services as well as gender equality.

With the suspension of activities in Tongogara refugee camp, **Zimbabwe**, food distribution sites have been used as a venue to share information with refugees and asylum-seekers on Covid-19. Three facilitators shared information on GBV services to 120 individuals during general food distributions.

In the **Czech Republic**, the 'iVolunteer' self-help group established in the context of Covid-19, held a series of meetings for refugee women, volunteers, NGO workers and psychologists to discuss emotions, feelings and fears, as well as how to handle isolation during confinement measures

In **South Sudan**, the radio programme 'Conversation on PSEA (Protection of Sexual Exploitation and Abuse)' is aired on local FM twice a week. Information on GBV risks and services is regularly disseminated to the community through house-to-house awareness-raising activities and radio programmes.

UNHCR partners in **Jordan** strengthened access to the helpline and remote case management during the COVID-19 crisis. A project enabling the reception of text, audio messages and calls, made it easier for out-of-camp women to seek help for GBV services through pharmacies.

In **Lebanon**, while urgent high-risk cases continue to receive services in-person, 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.

Targeted campaigns on Instagram, Facebook, and rural radios in **Nigeria, Niger, Burkina Faso, Senegal and Ivory Coast** helped disseminate information on GBV services and PSEA complaints mechanisms within internally displaced, stateless and refugee communities. In partnership with the Women's Rights Foundation (WRF), a free-phone GBV helpline was established for asylum-seekers and beneficiaries of protection in **Malta**, with interpretation services in the main languages of communication (Arabic, English, French and Maltese). Visibility materials were translated and designed in a child-friendly manner, to enable access for unaccompanied children.

In **Mexico**, an information campaign on GBV risks has been developed and disseminated through WhatsApp, online platforms and printed materials. In **Colombia**, UNHCR continues to provide case management remotely (by phone) through 29 information kiosks and through GBV focal points throughout the country.

Strengthening GBV prevention, risk mitigation and response

To prevent violence against women and girls in **Zimbabwe** and in consultation with them, dialogues with men were conducted as part of GBV transformative behavioural change interventions.

In **Egypt**, UNFPA-UNHCR cash assistance project has benefitted GBV survivors and those at high risk of GBV through the disbursement of either 3 or 6 months interim cash and, in other instances, one-time emergency cash assistance, as part of a holistic GBV case management response.

In **Colombia**, UNHCR funded safe shelters for GBV survivors in the border departments of La Guajira and North Santander continue to function and provide comprehensive care in compliance with the quarantine regulations and all health recommendations to contain the spread of COVID-19.

As part of the 16 days of activism against GBV in **Syria**, a total of 865 activities targeting more than 200,000 women and girls, men and boys, older persons and persons with specific needs were conducted remotely and in person, inside schools,

child-friendly spaces, community centers, and public spaces. These activities contributed to highlight particular risks of GBV, which have been exacerbated during the pandemic and helped disseminate information on GBV services.

In **Iraq**, UNHCR continues delivering protection services, including remote and in-person case management for survivors of GBV and the provision of emergency protection cash assistance.

In **South Africa**, refugees and asylum seekers who contact the UNHCR hotline are being referred to the Gender-Based Violence Command Centre (GBVCC) which operates under the Department of Social Development and runs a national, 24hr/7days-a-

week call centre facility. The facility employs social workers who are responsible for call-taking and call referrals and has represented an additional resource for women refugees and asylum seekers during the lockdown months in South Africa.

Thank you because you have always shown our pain as women and provided a helping hand. Even if the response is slow, I am confident that gradually our lives and our men will change for the best."

Comment made by a participant of 16 Days against GBV closing event in Syria.

KEY ASKS ON GBV AND COVID-19

The crisis is expected to have severe long-term impacts on the protection of refugee and internally displaced women and girls. UNHCR stands ready to support States in their efforts to prevent and respond to GBV. Concerted efforts are required to mitigate the gendered impacts of COVID-19 and address GBV, we therefore urge **States** to:

- Ensure and support the full participation of forcibly displaced and stateless women and girls in all the pandemic response and recovery plans.
- Ensure refugee, IDP and stateless women and girls have access to sexual and reproductive health services and social protection systems.
- Maintain GBV services and designate them as essential during COVID-19 lockdowns (e.g. psycho-social support, specialized health services, safe shelters).
- Ensure continued and safe access to legal

protection responses, including GBV prevention and response programs remain severely and chronically underfunded. We therefore urge **donors** to:

- Ensure GBV sub-sectors in humanitarian appeals are at least funded proportionally to the funding level of the appeal. Funding for GBV prevention and response programs must be prioritized to ensure GBV survivors have access to quality assistance and services in line with GBV Minimum Standards.
- Prioritize funding to Women-led organizations, including those led by refugee women and girls.

Private citizens' support is equally critical, here are ways citizens can help prevent GBV:

- Help raise awareness about the risks of GBV faced by women, including forcibly displaced women and girls, and help amplify their voices and

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