GENDER-BASED VIOLENCE AREA OF RESPONSIBILITY (GBV AoR) WEBINAR SERIES
WEBINAR #3: GBV & COVID-19 - Ensuring continuity of essential health services for GBV survivors during the COVID-19 crisis

Please note
• Keep your microphone on « mute »
• Write down any questions/comments in the chat box.
• Our team will be monitoring the chat. They will try and respond to your questions immediately or reserve it for a presenter to respond to during the plenary at the end.

The recording of this webinar and all resources can be found on:
https://gbvaor.net/search?search_api_fulltext=covid-19
Every Thursday starting on 19 March 2020
ENGLISH: 10.30 CET / 11.30 EAT
FRENCH: 14.30 CET / 15.30 EAT

Webinar Topics
• COVID-19 and gender
• COVID-19 and remote assessments/programming
• COVID-19 and health sector response to GBV
• GBV Case management: Supervision
• GBV and drought

All webinars will be recorded

Questions or comments?
Contact the Regional Emergency GBV Advisor (REGA) Team in your region:
https://gbvaor.net/about-us
Outline of today’s webinar

Resource Person #1

“Ensuring continuity of essential health services for GBV survivors during the COVID-19 crisis”
Anna Rita Ronzoni
WHO GBV Advisor

Resource Person #2

“GBV and COVID-19: Considerations for GBV Sub-Sector”
Teresa Zakaria
WHO Health Emergencies Advisor

Q&A

Also with:
Emma Fitzpatrick
Global Health Cluster
COVID-19 Global Update

**SITUATION IN NUMBERS**

**total (new) cases in last 24 hours**

**Globally**
- 823,626 confirmed (72,736)
- 40,598 deaths (4,193)

**Western Pacific Region**
- 106,422 confirmed (15,554)
- 3,701 deaths (30)

**European Region**
- 464,212 confirmed (40,266)
- 30,089 deaths (3,395)

**South-East Asia Region**
- 51,75 confirmed (960)
- 195 deaths (29)

**Eastern Mediterranean Region**
- 54,281 confirmed (3,932)
- 3,115 deaths (161)

**Region of the Americas**
- 188,751 confirmed (25,737)
- 3,400 deaths (564)

**African Region**
- 40,73 confirmed (287)
- 91 deaths (14)

**WHO RISK ASSESSMENT**
- Global Level: Very High

**Humanitarian settings increasingly affected**

Only 2 of the 27 Health Cluster/Sector country & 2 regional hubs DO NOT have reports of confirmed COVID-19 cases: South Sudan and Yemen.
COVID-19: Who is most at risk?

- Elderly and people with chronic medical conditions such as diabetes, hypertension, heart diseases and diseases weakening the immune system have a higher risk of dying.

- Severe symptoms can affect people of all ages. So far it seems less likely to be fatal in young people and children.

- The health impacts related to COVID-19 extend beyond the disease itself, as COVID-19 affects the entire health system and the economy.
COVID-19 and Gender-Based Violence

Gender inequalities are compounded by the pandemic, including risk of gender-based violence. We know that GBV tends to increase during every type of emergency, *including epidemics*. Stress, disruption of social and protective networks, decreased access to services, family separation can exacerbate the risk of violence for women and adolescent girls.

In the case of COVID-19, isolation, restricted movement, and *stay-at-home measures* to contain the spread of the infection, have a particularly acute impact on women experiencing situation of domestic violence and abuse and children experiencing or at risk of violence especially adolescent girls.

Data are still scarce, but reports from China, Italy, UK, and other countries suggest an increase in domestic violence cases since the COVID-19 outbreak. In Jingzhou, a city in Hubei Province, domestic violence complain tripled in February 2020, compared to the same period the previous year. Increase of 30% was also reported in France.
Pathways of Risk

- Family members spend more time in close contact and families cope with additional stress and women may have less contact with supportive family members and friends.
- Women bear the brunt of increased care and domestic work during this pandemic.
- Perpetrators may use restrictions due to COVID-19 to exercise power and control over their partners and further reduce access to services, help and psychosocial support from both formal and informal networks.
- Potential economic or job losses for both partners. As resources become more scarce, women may be at greater risk for experiencing economic abuse.
- Access to vital sexual and reproductive health services, including for women and children subjected to violence, will likely become more limited.
- Other services, such as hotlines, crisis centers, shelters, legal aid, and protection services may also be scaled back, further reducing access to the few sources of help that women in abusive relationships might have.
- Family separation as a result of isolation or quarantine of parents may expose children to abuse and exploitation.
- Parents may resort to early marriage as negative coping mechanism to meet the family needs.
Health systems are or will be overstretched. HOWEVER they can still play an important role in ensuring services for survivors remain safe and accessible during the COVID-19 outbreak.

1. Support health facilities to update the referral pathways of services available locally, to include information on psychosocial support and counseling services, protection services, hotlines, shelters;

2. Ensure health providers are aware of the risks for increased VAW/girls during this time, so that when survivors reach out to the health facilities (whether positive to COVID-19 or not) they can receive appropriate and compassionate health care, following regular COVID-19 protocols to reduce the risk of infection. They can help women who disclose by offering first-line support and relevant medical treatment;

3. Include services for women subjected to violence and their children in their COVID-19 response plans, including within the health sector, and collect data.

4. Ensure community outreach and communication includes information on the risk of increased domestic violence, risk of sexual exploitation against children, child marriage and what services are available.
**GBV and COVID-19: Considerations for GBV Sub-Sector**

**Question: How is the new coronavirus transmitted?**

**Answer:**
There are two main routes of transmission of the COVID-19 virus: respiratory and contact. Respiratory droplets are generated when an infected person coughs or sneezes. Any person who is in close contact with someone who has respiratory symptoms (sneezing, coughing) is at risk of being exposed to potentially infective respiratory droplets. Droplets may also land on surfaces where the virus could remain viable; thus, the immediate environment of an infected individual can serve as a source of transmission (contact transmission).

- **Droplets are produced when an infected person coughs or sneezes.**

- **These droplets can contain virus. People who breath in droplets of someone who is coughing and sneezing can catch the virus.**

- **Droplet transmission is like taking a spray bottle of water and squirting it into the air. Some of the droplets may land on and be breathed in by others. Some may land on surfaces and serve as a source of transmission.**
GBV and COVID-19: Considerations for GBV Sub-Sector

Question: What planning considerations do GBV service providers need to make with regards to COVID-19?

- GBV services are essential and their continuation should be ensured in COVID-19 preparedness and response planning and operations.
- Context specific risk assessment needs to be carried out to decide what essential GBV services will be maintained, and how and where these services will be delivered.
- GBV service providers may need to adapt mode of service delivery, e.g., outreach, group interventions, remote services, telemedicine (see reference: https://www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak)
- All community GBV service providers should develop a plan for the workplace (see reference: https://www.who.int/docs/default-source/coronaviruse/advice-for-workplace-clean-19-03-2020.pdf)

There is no one-size-fits all approach. Each organization/agency needs to adapt and innovate their approach based on risk assessments, health regulations, and available COVID-19 guidance.
**GBV and COVID-19: Considerations for GBV Sub-Sector**

Question: What adaptations need to be made to reduce the risk of infection when providing in-person services to survivors, such as women’s and Girls’ safe spaces or one-stop centers?

<table>
<thead>
<tr>
<th>Plan for COVID-19 cases</th>
<th>Have a plan to triage, detect and isolate potential cases of COVID-19</th>
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<tbody>
<tr>
<td>Safe distance</td>
<td>Have sufficient space to observe a safe distance (of at least 1m) in areas where women and survivors may gather (e.g. waiting areas, registration, common spaces). Establish one-way flow.</td>
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<tr>
<td>Hand hygiene</td>
<td>Set up sufficient hand hygiene materials and equipment and covered waste bins</td>
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<tr>
<td>Respiratory hygiene</td>
<td>If someone has respiratory symptoms, but is not suspected of COVID-19, they should wear a mask. Others should be informed of respiratory hygiene (cough/sneeze into elbow or disposable tissue). Use PPE according to risks.</td>
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<td>Clean workplace</td>
<td>Ensure safe waste management, environmental cleaning and disinfection of items/equipment used by women and survivors.</td>
</tr>
<tr>
<td>Risk communication</td>
<td>Take advantage of opportunities with women and survivors to communicate about COVID-19 risks, collect feedback and address concerns.</td>
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***If adjusting service delivery modality (mobile services, in-house services, community outreach) uphold standards on hand and respiratory hygiene and safe distance. Provide consultations in clean, well-ventilated area/room.***
Reinforcing linkages between Health and GBV Sectors

• GBV response remains an objective: “To ensure continuity and safety from risks of infection of essential services, including health (immunization, HIV and tuberculosis care, reproductive health, psychosocial and mental health, gender-based violence services), for the population groups most exposed and vulnerable to the pandemic” (SP 2 HRP COVID-19)

• Given demands on the health system, joint action from multiple service providers is the only way to ensure GBV survivors continue to receive support
Reinforcing linkages between Health and GBV Sectors

Immediate priorities for Joint Action:

● Prioritize essential GBV life-saving services to be maintained for survivors.

● Ensure referral pathways are updated to address service closures or adjusted service modalities.

● Recognize need to adapt & innovate usual program approach.

● Share technical guidance and resources.

● Mobilize trainings and resources as needed, also through integration of GBV-related topics into COVID-19 capacity building activities.
Resources

Health Sector Resources on GBV

• COVID-19 and Violence Against Women Information Sheet: https://www.who.int/reproductivehealth/publications/emergencies/COVID-19-VAW-full-text.pdf?ua=1

• Clinical management of rape and intimate partner violence survivors: https://www.who.int/reproductivehealth/publications/rape-survivors-humanitarian-settings/en/

• Strengthening health systems for women subjected to intimate partner violence or sexual violence: https://www.who.int/reproductivehealth/publications/violence/vaw-health-systems-manual/en/

WHO resources on COVID-19

• Situation reports: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/

• Country & technical guidance: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance. This includes information on infection prevention and control and guidance for workplaces.
Put in place Infection Prevention and Control (IPC) measures

For service providers/staff

- Do they have personal protective equipment?
- Can they report for work? (quarantine, lockdown, curfew, travel restrictions) - free shuttle service, free dormitories (Indonesia, Philippines)

Set up or identify existing hotlines in preparation for possible interruption of service provision

SCENARIO A: STATIC FACE-TO-FACE HEALTH SERVICE DELIVERY CAN CONTINUE
What should GBV Coordinators/Specialists take into consideration?

**SCENARIO A: STATIC FACE-TO-FACE HEALTH SERVICE DELIVERY CAN CONTINUE**

For GBV survivors

- Can they reach the health facility? (quarantine, lockdown, curfew, border closures, travel restrictions)
  - transportation support
  - referral to a mobile service delivery
  - trained doctor on clinical management of rape (CMR) part of a COVID-19 outreach team
What should GBV Coordinators/Specialists take into consideration?

SCENARIO B: STATIC FACE-TO-FACE HEALTH SERVICE DELIVERY DISRUPTED / REMOTE CASE MANAGEMENT

- Inform survivors about the service shutdown by phone if they obtained consent to contact them by phone and it is assessed safe.
- Caseworkers shift to emergency case management and focus on safety planning, especially for intimate partner violence (IPV) survivors.
- Caseworkers refer survivors, upon their informed consent, to services that are still operational.
- Put in place staff care support that can be implemented remotely (regular check-in, WhatsApp groups to monitor daily wellbeing of all staff)

Source: Guidance Note on GBV Case Management (GBVIMS)
GBVIMS Steering Committee (UNICEF, UNFPA, IRC, IMC and UNHCR)
This Briefing Note summarizes key mental health and psychosocial support (MHPSS) considerations for staff working on GBV prevention, mitigation and response in relation to the coronavirus disease (COVID-19) outbreak.
Examples from the field

- Updating GBV referral pathway at national and sub-national level (Myanmar)
- Uttar Pradesh Domestic Violence Hotline for Women During COVID-19 - “Suppress Corona, Not Your Voice” (India)
- VAWC Hotline (Philippines)
- Safe QUARANTINE spaces for women (Pakistan)
Linkages and collaboration between Health Cluster and GBV Sub-Cluster

- GBV integration into COVID-19 capacity building activities
- GBV integration into Health Cluster-led assessments
- GBV specific indicators in Health Cluster COVID-19 response plans
Questions?
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POST-WEBINAR SURVEY
bit.ly/GBVAoRWebinarSurvey
French version of this webinar is today at 14.30 CET / 15.30 EAT

Next week’s webinar on: “Ensuring an efficient integration of GBV in emergency in the humanitarian architecture COVID-19 response”

Need technical support on GBViE response? Contact the GBViE Helpdesk by emailing to: enquiries@gbviehelpdesk.org.uk

Keep checking the GBV AoR news & events & COVID-19 resources page: https://gbvaor.net

Keep informed on the GBV Community of Practice https://gbvaor.net/support

... and share with us any best practice/lessons learned!