

# 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.<sup>1</sup>

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 on-line 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 “horrifying 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,<sup>2</sup> 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 needs. Funding to GBV only represents 0.12% of all global appeals.<sup>3</sup> 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), case management, dignity kits distribution, awareness raising, and others, all of which are considered essential to the broader COVID-19 response. Donors should also endeavour to support partners to scale-up or adapt to the changing operational context. Moreover, GBV Mobile outreach teams, awareness raising, and dignity kits distributions remain as important as case management, particularly as main entry points for individual support. In the context of COVID-19 and its resultant movement restrictions, they also represent entry points for life-saving sensitization on important public health messages on infection prevention.

### 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,<sup>4</sup> particularly those that leverage the power of online platforms. This will not only require mobilizing additional resources and expertise, but will necessitate additional flexibility in funding, including re-allocation of funds 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.

1. VAWG Helpdesk report, March 2020.

2. Syria crisis countries span Whole of Syria, Jordan, Lebanon, Iraq, Turkey and Egypt.

3. International Rescue Committee, Where is the Money? How the humanitarian system is failing in its commitments to end violence against women and girls, accessed at: <https://bit.ly/3bfVDds>.

4. Some examples of innovative approaches include establishing remote case management capabilities; setting up hotlines; sharing information through dignity kits distributions (including COVID-19 related messages and information on how to access remote individual support); adapting the contents of dignity kits to include hand sanitizers and surface cleaning solutions; engaging women to develop innovative income generating activities, such as those geared toward producing face masks and other hygiene-related equipment; among others.

## 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 federal pathway was updated indicating which GBV services are available and where. 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.

#### 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 and explanatory videos on helpful activities that women can safely perform at home. Some GBV actors allow a small and specific number of women and girls — a maximum of three to four at a time — to access WGSS to practice different skillsets, such as the sewing of face masks, language courses to expand reach under current conditions, among others.

#### FOR MORE INFORMATION

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**After the lockdown was announced, I honestly did not know if I would survive till the end. I was not afraid of the virus; I was afraid of being locked in with the men of my family and to endure the same abuse without the chance of escape.**

— JANA, an adolescent girl living in Jordan