

IN BRIEF

# COVID-19 AND THE IMPACT ON CIVIL SOCIETY ORGANIZATIONS (CSOs) WORKING TO END VIOLENCE AGAINST WOMEN AND GIRLS

Beneficiary women from Living in Dignity have increased levels of education and mobility outside the family home, helping them to gain financial stability, be part of decision-making processes in the house and seen as a valuable member of the family. Photo courtesy of International Alert (Tajikistan).

## Through the lens of CSOs funded by the UN Trust Fund to End Violence against Women – six months after the global pandemic was declared

### 1. Introduction

This brief is intended to inform United Nations Member States, United Nations organizations, policymakers, donors and all other partners working on preventing and ending violence against women and girls (VAW/G) about the urgent need to address surging rates of violence in the context of COVID-19. The brief provides a second assessment, following a baseline assessment in March 2020, (Box 1), and is intended to highlight the immediate need for resources to support women and girl survivors.

Information has been collected through reports received from 144 civil society organizations (CSOs) funded by the UN Trust Fund to End Violence against Women (UN Trust Fund) in 69 countries and territories. Data show that due to an increase in VAW/G in the past six months, all surveyed CSOs have been resiliently adapting existing operations and

programmes to meet escalating demand and sustain vital services.

Based on the reports, the UN Trust Fund recommends recognizing CSOs as essential specialist service providers

#### BOX 1

##### Our baseline assessment

**In March 2020, the UN Trust Fund conducted a rapid assessment of 144 CSOs receiving grants to assess the impact of the pandemic.** Responses from 122 CSOs (85 per cent of the global portfolio) confirmed a rapid rise in VAW/G, and reported challenges and uncertainty around how to respond. The assessment also revealed how quickly and nimbly CSOs were adapting their work while protecting the safety of beneficiaries and staff. As was the case even before the COVID-19 pandemic, civil society-led support systems are acting as first responders and filling gaps where governments are unable or unwilling to provide services.

in preventing and ending VAW/G. Their participation, leadership and adequate funding will be crucial in realizing national COVID-19 response plans.

This briefing note is a living document that will be updated as impacts of COVID-19 and VAW/G continue to unfold.

## 2. Summary of Findings

The latest information from UN Trust Fund grantees shows a continued and significant increase in rates of VAW/G with a subsequent impact on the ability of CSOs to prevent and respond to this crisis. The overall impact is strongly localized and complex, but *overwhelmingly, the most significant drivers of VAW/G remain the lethal combination of economic insecurity and physical mobility restrictions due to lockdowns, which make it more difficult for women to escape violence or seek support and justice.*

According to CSO reports, marginalized women and girls and those most often left behind are disproportionately affected. The pandemic has revealed the lack of sustainable, structural and societal support to ending VAW/G. It stretched referral systems, which resulted in CSOs rapidly adapting their prevention programming and service delivery to fill gaps. At a time when national statistical capacity and administrative methods are completely overwhelmed, CSOs are also playing an important role in monitoring VAW/G by listening to survivors, documenting their experiences and making service data available so that local and national response efforts can be informed by realities on the ground.

The uncertainty of the situation makes it difficult for CSOs to plan and deliver their services and programmes. They are proving resilient, but reported an urgent need for financial and advocacy support, in order to continue essential service provision, maintain prevention programming, protect their staff and beneficiaries, avoid the risk of burnout and prevent closures of their organizations due to the economic crisis.

## 3. The impact of the Pandemic on VAW/G

CSO grantees of the UN Trust Fund reported six key impacts related to VAW/G since March 2020.

- (i) Increasing reports of violence and worsening safety of women and girls;
- (ii) Specific forms of violence notably on the rise are sexual violence, online harassment and harmful traditional practices;
- (iii) Severe impact on marginalized communities and those most often left behind;
- (iv) Measures to curb COVID-19 are exacerbating existing vulnerabilities and increasing the risk of VAW/G;
- (v) Economic impacts are the most significant drivers of VAW/G; and
- (vi) The pandemic has revealed the lack of sustainable, structural and societal support for the work on ending VAW/G; CSOs continue to fill the gap.

### BOX 2

#### Our response to COVID-19

**In April 2020, the UN Trust Fund announced a five-point action plan to immediately support grantees during the crisis.** This included: (i) acknowledging and approving delays in grantee reporting, including final and evaluation reports; (ii) exercising flexibility to enable grantees to modify or delay project activities; (iii) sharing resources and guidance to help grantees navigate the public health crisis; (iv) accepting budget reallocation requests to meet core costs to ensure business continuity and minimize the negative impacts of COVID-19; and (iv) approving no-cost extension requests for projects.

### BOX 3

#### About us

**The UN Trust Fund, managed by UN Women on behalf of the UN system, is the only global grant-making mechanism dedicated to eradicating all forms of violence against women and girls.** Since its establishment in 1996 by UN General Assembly resolution 50/166, the UN Trust Fund has awarded USD 175 million to 572 initiatives in 140 countries and territories. In 2020, it is supporting 144 projects aimed at preventing and addressing violence against women and girls in 69 countries and territories, across five regions, with grants totalling USD 61 million. Grant recipients are primarily CSOs; the majority (58 per cent) are women's rights organizations.

#### BOX 4

##### Context

**This brief supports the UN Secretary-General in urging Member States to recognize the role of CSOs (especially women's organizations) in community responses to COVID-19<sup>2</sup> and declare an immediate domestic violence ceasefire.<sup>3</sup> The Secretary-General's call was answered in a statement by 146 Member States and Observers on 24 April 2020 that paid tribute to "social and health workers, civil society organisations...for their efforts to tackle the crisis".<sup>4</sup> In a follow-up, United Nations organizations requested Member States to increase funding for "women's rights organizations that are first responders during this and every crisis, including through mechanisms such as the UN Trust Fund".<sup>5</sup>**

### 3.1 Increasing reports of violence and worsening safety of women and girls.

In the UN Trust Fund's first assessment from March 2020, CSOs across five regions where the UN Trust Fund operates (Africa, the Americas and the Caribbean, the Arab States and North Africa, Asia and the Pacific, and Europe and Central Asia) reported an alarming increase in some forms of VAW/G. Of 144 CSOs, 85 per cent indicated some fallout or uncertainty about the situation. By the end of August, all 144 grantees described impacts.

The majority of CSOs reported an increased severity and frequency of some forms of VAW/G. For example, grantees operating shelters to protect women escaping violence in Ethiopia, India, Iraq, Liberia, Mongolia and Tunisia are all seeing a rapid increase in intake since the pandemic, leading to an unprecedented strain on their capacity. Where cases are not known to be increasing, CSOs expressed concerns that VAW/G is being underreported, as lockdowns have curtailed options to report and refer cases.

CSOs providing services said that women and girl survivors are seeking support more frequently than six months ago, moving from one-time consultations to multiple requests for assistance, with a greater number of cases concerning immediate threats to life. For instance, the Women's Centre for Legal Aid and Counselling in the State of Palestine and the Women's Rights Centre in Armenia both noted significantly higher numbers of cases with increasingly severe violence.

In Argentina, the Fundación Andhes stated that VAW/G increased over 200 per cent in the province where it operates, including more cases of femicide. In Colombia, reports logged as emergencies increased by 553 per cent according to the Corporación Con-Vivamos. These country reports align with a number of others by media and human rights organizations about the rise in femicide and other forms of VAW/G across Latin America.<sup>7</sup>

### 3.2 Specific forms of violence notably on the rise are sexual violence, online harassment and harmful traditional practices

In the previous assessment in March, the most common form of VAW/G was intimate partner violence, fuelled by rising economic insecurity within the household and quarantine measures. Now, reports of sexual violence (both by intimate partners and other perpetrators) are on the rise in some communities, together with other forms of VAW/G such as online harassment and harmful practices. In Cameroon, three CSOs described an increase in violence experienced by girls (under 18 years old), including child marriage. Two CSOs, the Cameroon Association for the Protection and Education of the Child and the International Federation of Women Lawyers, reported increasing cases of online sexual harassment of adolescent girls. In Somaliland, the International Solidarity Foundation and its partner, the Network for FGM Eradication in Somaliland, described a higher risk of female genital mutilation. These reports echo the stark warnings issued by United Nations organizations early in the pandemic. In April 2020, the United Nations Population Fund (UNFPA) estimated that 2 million additional cases of female genital mutilation could take place over the next decade that otherwise would have been averted.<sup>8</sup>

### 3.3 Severe impact on marginalized communities and those most often left behind

All 20 grantees working on VAW/G and disability reported that women and girls with disabilities continue to be disproportionately affected in the context of COVID-19. The true scope of the impacts on them is not yet known, given that they are among the hardest to reach due to lockdowns. For example, in Côte d'Ivoire, Dignité et Droits pour les Enfants' special education centre for girls with disabilities had to be closed during the lockdown, taking away a safe environment where cases of VAW/G could be identified and referred to the authorities. The Rwandan Organization of Women with Disabilities (UNABU) conducted a rapid assessment with beneficiaries; 44 per cent of respondents

confirmed that COVID-19 stay-at-home orders have exacerbated violence for women and girls with disabilities.

CSOs providing protection and services to other marginalized groups, such as self-identified sex workers, have found that lockdown orders are worsening already precarious situations. For example, in Nepal and Côte d'Ivoire, CSOs said that self-identified sex workers have to resort to risky behaviours to stay alive, including breaking quarantine/lockdown orders to find money and food. Grantees from Argentina (Fundación Andhes) and Zimbabwe (the Family AIDS Caring Trust) reported that self-identified sex workers, especially those who identify as transgender, suffer from the double blow of needing to take risks to survive, and encountering police brutality and violence when they do so.

### 3.4 Measures to curb COVID-19 are exacerbating existing vulnerabilities and increasing the risk of VAW/G

Six months ago, CSOs were presenting multiple and interconnected reasons for why the pandemic has introduced uncertainty and exacerbated the risk of VAW/G. These reasons included lockdowns and quarantines that caused pressure in homes, food shortages, unemployment, economic insecurity, school closures, public transport shutdowns, migration flows, and in some contexts, civil unrest and political turmoil. While some countries are now easing restrictions, others are still imposing lockdowns or being forced back into restrictive measures. This uncertainty heightens the likelihood of VAW/G. As risk factors fluctuate, the forms and severity of violence become unpredictable, help-seeking behaviours constantly evolve, and service providers struggle to reach and support those in need. Physical mobility restrictions such as in access to public transport make it more difficult for women to escape violence, and to seek help, support and justice.

### 3.5 Economic impacts are the most significant drivers of VAW/G

The toll taken by COVID-19 is heavily localized and complex. But reports from 69 countries and territories stressed that the most significant drivers of VAW/G relate to economic impacts. For example, in Bangladesh, Badabon Sangho, stated that economic insecurity in rural areas has forced women farmers to sell their land, often their only asset, making them more vulnerable to violence. For those already in economic constraints, women, girls and their families are resorting to negative coping mechanisms. In South Sudan, the Strategic Initiative for Women in the Horn of Africa

reports that women are resorting to survival sex to obtain goods or services. In Cameroon, where thousands of families have been plunged into poverty, the International Federation of Women Lawyers described how girls are being forced into street trading, putting them at risk of human traffickers and other abusers. Other CSOs reported that forced and child marriages have increased because families are seeking a bride price to make ends meet.

### 3.6 The pandemic has revealed the lack of sustainable, structural and societal support for ending VAW/G

**Increasingly, CSOs have to provide basic life-saving care and support to women and girls experiencing VAW/G.** In Kenya, clinical management of rape and mental health and psychosocial support have been disrupted with health service providers preoccupied with handling COVID-19 cases. In Peru, Caribe para la defensa de los derechos de las Mujeres reported limited access to sexual and reproductive rights for at-risk women. In Zimbabwe, Bethany Project noted that survivors are being turned away at security service facilities. In India, hospitals are not treating burn survivors because burn wards now hold COVID-19 patients. In Chad and Tunisia, the Public Interest Law Centre and Association Femme et Citoyenneté, respectively, stated that perpetrators are aware that hearings are suspended or that women are being turned away by the police. This gives them a sense of impunity and freedom to commit acts of violence without fear of consequences.

## 4. The Impact of the Pandemic on CSOs working on ending VAW/G

CSOs described five impacts they face as organizations.

- (i) They are operating under great uncertainty and significant stress;
- (ii) Delivery remains hampered by a lack of recognition that CSOs are essential service providers;
- (iii) Project delivery remains delayed or stalled due to quarantine and lockdown measures, and moving online is not possible in all contexts due to the digital divide;
- (iv) Urgent funding is needed to help CSOs adjust and improve organizational resilience to the crisis; and

- (v) These challenges threaten women's movements as the operational survival of some CSOs is in question

#### 4.1 CSOs are operating under great uncertainty and significant stress

The uncertainty of the situation is making it difficult for CSOs to plan and deliver their services and programmes. Whereas at the start of the crisis, not all grantees requested support from the UN Trust Fund, by August, all 144 grantees needed to adjust their project plans for programmatic and operational reasons. In some contexts, they needed to shift delivery to handle overwhelmingly high demand for assistance or to work on different forms of violence. At the same time, they had to enhance staff capacities to work from home and deliver services through different methods. Some CSOs reported feeling overwhelmed and burned out. For example, in Malaysia, Persatuan Kesedaran Komuniti Selangor (EMPOWER) described how *"the stress, anxiety, and uncertainty brought on by COVID-19 and [the] political situation...has caused heightened anxiety and a sense of hopelessness among staff members"*.

Many CSOs already work in uncertain situations, including humanitarian and disaster-risk settings, which are becoming more complex. In Afghanistan, Women for Afghan Women noted that social distancing measures have further exacerbated VAW/G in communities of internally displaced people and returnees, with higher reported rates of intimate partner violence. In the Democratic Republic of the Congo, the Fund for Congolese Women, already managing in a complex humanitarian setting involving conflict, the Ebola epidemic and economic crisis, must now adjust to COVID-19.

#### 4.2 Delivery remains hampered by a lack of recognition that CSOs are essential service providers

As national resources are diverted into COVID-19 health recovery and response, programmes and services to end VAW/G have fallen as a priority in some countries. This leaves CSOs to fill gaps and provide essential services. For example, the Cameroon Association for the Protection and Education of the Child reported that front-line health personnel previously trained as VAW/G focal points have now been deployed to bigger hospitals and health facilities to be part of the COVID-19 response. Several grantees highlighted how case management and referral systems have been severely hampered by the crisis, leaving CSOs to pick up the backlog.

Many governments do not treat CSO support as an essential service, which becomes a barrier to sustaining assistance for survivors. For example, the International Foundation for Crime Prevention and Victim Care (PCVC) in India found that calls to its hotline and requests for services dropped because beneficiaries did not realize services would remain available. The Government announced a lockdown for all but essential services but it wasn't very clear whether CSOs providing such services to VAW/G survivors would remain open as one of the essential services.

CSOs are also stepping in to fill gaps in State-provided services and social protection programmes. For example, the Refugee Consortium of Kenya stated that cash stipends from the Government to help families in need are unlikely to reach refugees who lack Kenyan identity cards. Several CSOs have requested funds to provide cash-based interventions to help survivors buy essential items, including food and medicine, which are not being provided through government assistance, especially to those most often left behind. Some groups focused on ending VAW/G are now reorienting their work towards sanitation, hygiene and other areas, which presents opportunities and risks.

#### 4.3 CSOs are struggling to deliver programming due to physical restrictions; some experience challenges moving online

The inability of CSOs to reach beneficiaries and vice versa due to quarantine measures and restrictions to movement, including public transport, was flagged as one of the most serious risks to project implementation. The face-to-face, group-based, participatory programming and direct service provision that was possible before COVID-19 is now severely restricted. Even where lockdowns are easing, there are still specific rules and guidelines to follow to prevent transmission. Moving to virtual programming may not be possible for all communities (e.g., Fundación Centro de Derechos Sociales de la Persona Migrante "Cenderos", working with Nicaraguan refugees on the Costa Rican border, and Swaziland Action Group Against Abuse "SWAGAA" working with women with disabilities in refugee camps in Eswatini). CSOs are seeking support to innovatively adjust, and provide safer spaces or personal protective equipment for staff and beneficiaries – contingency items not previously included in the CSO toolbox.

#### 4.4 CSOs need urgent funding to improve organizational resilience to the crisis – from upgrading information and communication

### technology (ICT) to work online, to improved health and safety measures in offices

Overall, the majority of CSOs are concerned about their operational survival in the face of a global emergency diverting funding<sup>9</sup> from VAW/G-related services. In a sample of 44 organizations in sub-Saharan Africa funded by the UN Trust Fund, in partnership with the Spotlight Initiative and the European Union, all 44 requested additional financial support, primarily for programmatic adaptations, ICT and additional expertise to help the organization become more resilient to COVID-19 and future crises. Most CSOs funded by the UN Trust Fund currently report a diversion of donor funds from existing projects to COVID-19 initiatives. Others urgently need to upgrade health and safety measures in their offices to enable staff to return to work. And very importantly, CSO staff are personally impacted and need support to work from home, and/or personal protective equipment and additional training or assistance to adapt projects if working in the field.

### 4.5 CSOs express serious concerns about sustaining progress on ending VAW/G, which threatens the capacity and reach of women’s movements

Even as they work to adjust their projects, CSOs highlighted serious concerns about sustaining progress in ending VAW/G. In Haiti, Beyond Borders noted that limited community reach as well as long breaks in community mobilization around social norms change will reduce momentum. To ensure that perpetrators do not escape justice, access to justice and proper implementation of legislation, protocols and policies need sustained government action that cannot be replaced by CSOs. Combined, and without urgent redress, these pressures could radically set back women’s movements and efforts to end VAW/G.

Food packets and ration distribution to the community. Photo courtesy of Samiti Banaras/SAHAYOG (India).



## 5. THE CSO RESPONSE TO THE PANDEMIC AND VAW/G

Despite the challenges listed above, CSOs are resiliently adapting programming and strengthening organizational capability to tackle the crisis. Six months from the first assessment, they indicated six main areas of focus:

- (i) Adaptation of service provision, including to meet current demand;
- (ii) Providing economic support to mitigate financial impacts that escalate VAW/G;
- (iii) Adapting prevention programming (e.g., online);
- (iv) Engaging with communities most left behind;
- (v) Collecting data and amplifying the voices of survivors to inform responses to COVID-19 and VAW/G; and
- (vi) Integrating measures to improve organizational resilience, and protect staff and programmes from the continued impacts of COVID-19.

### 5.1 CSOs are rapidly adapting service provision related to ending VAW/G

To manage the surge in demand for VAW/G services, in some contexts, CSOs are putting in place additional services with COVID-19 preventative measures. For example, in Chad, the Public Interest Law Center has created a temporary shelter, beyond its permanent counselling centres, to provide additional support for women in need. In the State of Palestine, the Women's Centre for Legal Aid and Counselling, in collaboration with the Ministry of Social Development, advocated for transitional shelters, where women can be quarantined before entering shelters to adhere to current COVID-19 regulations.

CSOs are stepping in and complementing services provided by governments. In Kenya, the Refugee Consortium of Kenya found that police stations in Nairobi and Garissa were overwhelmed with an increase in cases of VAW/G. It provided the police with mattresses, child play items and dignity kits as well as forms to document cases that are essential for the legal process. In the Solomon Islands, the Pacific Regional Rights Resource Team is providing phone credits for authorized judges, court clerks and magistrates to issue and review protection orders. The credit enables

them to return calls from survivors and get information to issue orders.

Where services for survivors cannot be delivered face-to-face, CSOs are quickly moving services to phones or online. CSOs in the Democratic Republic of the Congo, Kenya, Rwanda and Zimbabwe are setting up new helplines or expanding the reach of existing ones to respond to increased caseloads. CSOs such as Swaziland Action Group Against Abuse in Eswatini that already operate helplines are seeking to upgrade them to enable staff to receive calls when working at home. CSOs providing legal aid and psychosocial services are moving online to ensure there is no break in service, and to maintain trust and communication with survivors. Rozan in Pakistan has moved psychological counselling online, and the Women Forum Tetovo in Macedonia now offers online legal counselling. For women who cannot safely make phone calls, CSOs have created alternatives – email, SMS, WhatsApp, social media messenger apps, etc. – with the necessary data protections, safety precautions and staff training.

In communities where immediate referrals and specialist services are unavailable, or physical access to specialist services is limited, CSOs are strengthening community pathways to provide legal aid and psychological counselling. In the Philippines, the Institute of Politics and Governance, Inc. is training community volunteers as paralegals to provide legal aid to survivors. In informal settlements in Kenya, the Refugee Consortium Kenya aims to build the capacity of community-based counsellors to act as referral points to help survivors and provide emergency response. CSOs also make consistent information available to communities through these focal points. Given the high risks of this approach, several CSOs are bolstering related ethics and safety protocols.

### 5.2 CSOs are providing more economic support and empowerment

In some contexts, the economic impact of the pandemic is hitting hardest. CSOs find they must respond to the basic needs of women and girls at risk of VAW/G by pivoting programmes to immediate relief efforts. CSOs have been the first actors conducting rapid needs assessments among beneficiaries, as was the case with the Fundación Centro de Derechos Sociales de la Persona Migrante in Costa Rica, the Asian-Pacific Resource and Research Centre for Women in Bangladesh and Coordinadora por los derechos de la infancia y la adolescencia in Paraguay. Based on initial assessments, CSOs are providing food (e.g., Society for

Life Changers and Good Parental Care in Nigeria, Friends of Women Organisation, Selangor in Malaysia and Hagar International in Viet Nam), and dignity and hygiene kits (e.g., Al Shehab Institution for Comprehensive Development in Egypt, and African Indigenous Women Organisation Central African Network in Cameroon, and Rural Women Center for Education and Development in Cameroon), particularly to marginalized women and girls. CSOs are also implementing cash-based interventions (e.g., National Union of Women with Disabilities of Uganda, Centre for Women Studies and Intervention in Nigeria, and Forum For Women in Development and Democracy and Justice and Centre for Rights Education and Awareness in Kenya). In most cases, these are being provided as stand-alone support, but some grantees are using them as entry points for sensitization on VAW/G and COVID-19.

Some CSOs have also worked towards building economic resilience as a protective factor in preventing VAW/G, including by providing community-based organizations with funds for grassroots-identified needs. For instance, in the Philippines, the Institute of Politics and Governance, Inc. is modifying its project to allocate a block fund to community-based organizations for emergency assistance for victims, which can be used for shelter/housing, legal support, health, transportation allowance, dignity kits, food or nutrition, among other forms of support.

CSOs quickly recognized that the economic impact of the pandemic could fuel VAW/G, and that existing economic empowerment programmes need to be re-designed to help women and girls survive. For example, the Strategic Initiative for Women in the Horn of Africa in South Sudan assists women and girls to recover economically by training them in the production of masks and reusable sanitary pads – thereby meeting local demand for both products and generating income. CSOs have shown resilience by helping survivors salvage existing businesses on the brink of closing, including by reviving them through partnerships with the private sector. NGO ATINA in Serbia has successfully run a food business led by survivors and has managed to keep it afloat through such a partnership.

The economic impact of the pandemic is expected to last<sup>10</sup>, and CSOs are proactively mitigating against negative coping strategies that are emerging or likely to emerge as a consequence. Badabon Sangho in Bangladesh is working with women farmers to ensure that they are not forced to sell their land, often their only asset. Other CSOs are working

directly to tackle negative coping mechanisms, such as by ramping up advocacy to prevent forced and child marriage.

### 5.3 CSOs are adapting prevention programming, including by moving online

CSOs are rapidly moving prevention of VAW/G programming online, when possible, or to other formats that can mitigate the risk of COVID-19 infection. For instance, in Ukraine, in order to address the increased risks of VAW/G, NGO “Club Eney” adapted their prevention intervention, called WINGS (Women Initiating New Goals of Safety), to an online format. The project raises awareness among women about different types of VAW/G, and helps them to assess their own risks and create personal safety plans online. Another example is from Haiti, where Beyond Borders, with support from its partner organization Pazapa, is creating new resources to promote the prevention of violence against girls and women with disabilities, from a distance. Tools will include videos with sign language interpretation, an SMS campaign and radio programmes, all of which are being designed to supplement in-person activities in the future during other emergencies. And in Somalia, the International Solidarity Foundation is raising awareness on female genital mutilation through SMS and interactive voice response systems.

Where going virtual is not possible, CSOs are adapting their approach. They are seeking resources to implement in-person interventions more safely and find new entry points to spread awareness of VAW/G while mitigating the risk of COVID-19. For example, in South Sudan, the Strategic Initiative for Women in the Horn of Africa plans to travel to hard-to-reach communities in a vehicle with a public address system to share key information on COVID-19 and VAW/G, where to obtain assistance, and how to address and prevent violence in families and the community. Rozan in Pakistan and Women Challenged to Challenge in Kenya are using community radio stations to transmit messages on VAW/G along with COVID-19 for those without access to the Internet.

With schools, community centres and other venues closed, CSOs like Sonke Gender Justice in South Africa, along with its implementing partners Swaziland Action Group Against Abuse and MOSAIC Training Services and Healing Centre for Women, are identifying alternative locations for their programmes, such as soup kitchens. In informal settlements in Kenya, Refugee Consortium of Kenya aims to build the capacity of community-based counsellors to act as referral points for women at risk, and in Cameroon, the Cameroon Association for the Protection and Education of the Child



aims to train local health workers to monitor and raise awareness of the risk of VAW/G in their neighbourhoods.

#### 5.4 CSOs are adapting programmes to reach those most left behind in the pandemic

Women and girls with disabilities have often experienced a lack of prioritization in services and justice responses, even before the pandemic. The estimated 1 billion persons with disabilities in the world are expected to be among the hardest hit by COVID-19.<sup>11</sup> CSOs, especially disabled people's organizations such as the Stars of Hope Society in the State of Palestine, are investing heavily in ensuring that services continue to be accessible during the pandemic. Society for Life Changers and Good Parental Care in Nigeria, Beyond Borders in Haiti and Rozan in Pakistan are focusing on prevention of violence by producing materials on COVID-19 and VAW/G risks in multiple, accessible formats. According to the Asociación para el Desarrollo Legislativo y la Democracia in Guatemala, "*the pandemic has highlighted the invisibility of women and girls with disabilities*". They, as well as several others grantees in the UN Trust Fund's window on ending violence against women and girls with disabilities, are doing all they can, through advocacy, services and outreach, to make women and girls with disabilities a priority, given their heightened risk of VAW/G.

CSOs are also ensuring protection against violence for those who identify as lesbian, gay, bisexual, transgender and intersex (LGBTI),<sup>12</sup> who are also particularly vulnerable during the COVID-19 pandemic. In Albania, a project run by the Shelter for Abused Women and Girls in partnership with Streha, a shelter for lesbian, bisexual and transgender women survivors of domestic violence, is rapidly adjusting its work to maintain services. The project is providing safe accommodations in shelters and rented apartments, food, hygiene materials and psychological support. In Argentina, the Fundación Andhes has opened a new LGBT shelter to respond to violence and vulnerability. It has identified a lack of inclusion in the state emergency response to the health crisis and is seeking to fill gaps to reach those left behind. The national Government has offered a fund of 10,000 pesos in emergency income for unemployed people and informal workers, for instance. But access is difficult for transgender women, indigenous women, rural workers and migrants due to their lack of formal/state assigned documentation and resources to use the Internet. This highlights the digital divide and its isolating consequences.

CSOs working with at-risk women and girls who are internally displaced, refugees or asylum seekers are finding alternative means to ensure their safety. In Somalia, the International Solidarity Foundation is working with a local partner experienced in food security programmes to deliver one month of food and non-food items to the most vulnerable households in target internally displaced communities. This helps families overcome the loss of daily income and serves as an entry point for project messages on ending female genital mutilation and VAW/G. Instead of the group gatherings and rallies used in the past, awareness-raising will be conducted through mobile theatres attached to a vehicle showing short videos outdoors. In Mexico, the Instituto para las Mujeres en la Migración, A.C. is providing immediate relief to at-risk women and girls among asylum seekers and populations in transit, ensuring access to food, and physical and emotional health support.

#### 5.5 CSOs are collecting data and amplifying the voices of survivors to inform responses

Civil society assessments of service capacity for survivors of violence and qualitative insights provide powerful data. These are informing local responses and constitute a critical body of practitioner-based knowledge that should guide global responses.

CSOs are listening to survivors and collecting data on cases of VAW/G to ensure local and national response efforts reflect realities on the ground. For example, the International Foundation for Crime Prevention and Victim Care (PCVC) in India investigated why more cases of violence had not been reported to their helpline at the start of the pandemic. They found that fewer women were calling as stay-at-home orders prevented them from speaking on the phone in private. Furthermore, some women at risk assumed the service was closed. In response, PCVC decided to republicize the hotline number, move to online methods of communication, and advocate that the Government declare that VAW/G-related services were essential and open.

CSOs play an important role in monitoring VAW/G at a time when national statistical capacity and administrative methods are hampered. In the State of Palestine, the Women's Centre for Legal Aid and Counselling has been systematically recording violations reported to their services every week since the lockdown. The number of cases concerning a threat to a woman's life was significantly higher in the weeks of May than an average week pre-pandemic. Moreover, even as the proportion of first-time callers to total number of callers

has increased, so has the number of long-term (unresolved) cases at 72 per cent compared to 24 per cent pre-pandemic. As the country re-entered a lockdown in July 2020, the centre used this data to call for urgent action to protect women and girls.

## 6. RECOMMENDATIONS

Based on the lessons learned from the CSO responses to the COVID-19 pandemic, and their key roles in ending VAW/G at all times, during crises and otherwise, the UN Trust Fund makes the following recommendations for immediate action.

### 6.1 Recognize CSOs as essential and specialist service providers, and include them in the development and funding of national COVID-19 response plans.

**CSOs have played crucial roles in providing essential and specialist support services as well as prevention programmes during the immediate and ongoing response to rising rates of VAW/G.** Information received strongly suggests that most state crisis responses have prioritized health. Already fragile and underfunded systems to respond to VAW/G have relied heavily on CSOs stepping in to fill gaps. While this has evidently been an enormous challenge, it also provides an opportunity for governments to recognize CSOs as essential and specialist service providers, and to include them in the development and funding of national COVID-19 response plans.

### 6.2 Recognize that CSOs need flexible funding to adapt quickly and build resilience, and improve the response to VAW/G and the crisis.

There is a clear need to invest in civil society and women's organizations as the bedrock of efforts to end VAW/G. The UN Trust Fund analysis shows that CSOs need more flexible funding for programming and organizational resilience, including essential support for staff well-being and self-care. Enabling CSOs to cross the digital divide and find innovative ways to leave no one behind requires flexible funding and investment in CSO operational costs. By having resources that can support organizations in withstanding COVID-19 and therefore any potential future crises, the women's movement and organizations working to end VAW/G will build resilience and sustainability.

### 6.3 Recognize the economic empowerment of women as essential to global recovery and prevention of VAW/G.

The economic crisis in countries globally, irrespective of their number of COVID-19 cases, underscores the need to integrate women's economic empowerment components in pandemic responses and fiscal stimulus packages. **CSOs have quickly identified and targeted economic support as a key requirement to assist women and prevent worsening rates of VAW/G.** Organizations experienced in these areas should be consulted and identified for investment opportunities.

### 6.4 Ensure that national COVID-19 response plans include partnerships and networks of CSOs in a manner that supports and sustains women's movements.

**CSOs report that new partnerships and networks are emerging, to improve service provision for women at risk and contribute to the women's movement.** The examples provided in this brief illustrate an opportunity for national COVID-19 response plans to include networks of CSOs and encourage partnerships that support the women's movement beyond the crisis response.

### 6.5 Support adaptation of programme delivery, which provides an opportunity for innovation that could improve support for survivors, reach those left behind and tackle the digital divide.

**Adaptation of service delivery requires innovation in mitigating risks and seizing opportunities to improve support to survivors.** CSOs report that the pandemic has been the reason for complaint processes to be digitized, for instance, *"but it is a circuit that must be perfected with women from bottom to top"* in the words of Fundación Andhes in Argentina. Moving more case management and service delivery online could lead to benefits through automation, improved tracking and follow-up with greater reach for those with internet access. Several grantees reported that going online has created opportunities to reach a wider network of



Awareness-raising session on COVID-19 prevention measures with women living with disabilities followed by distribution of hygienic kits in Gonaives. Photo courtesy of IDEH (Haiti).

government stakeholders, especially in non-capital regions (and vice versa). Making the most of such opportunities calls for partnerships with the private-sector to invest in innovation and capacity-building in the use of technology.

**Reliance on online delivery methods spotlights the digital divide and the need to leave no one behind.** Several grantees stressed that moving prevention online would be entirely inapplicable in the largely rural settings where they work. CSOs also emphasized the need for investment in both face-to-face methods and online, to reach beneficiaries and make links with community support mechanisms, and to obtain necessary equipment or materials such as vehicles and public announcement systems; community radio systems; and information, education and communication materials. Tried and tested methods of awareness-raising, and the integration of messaging on COVID-19 and ending VAW/G (learning from other public health crises) in fully accessible formats remain essential tools. But several CSOs stressed the need to update these and adjust the content to make it more suitable to current risks.

### 6.6 Invest in targeted programming in underresourced areas that need sustainable funding and could have the most significant impacts on ending VAW/G.

**The need to focus on primary and secondary prevention tactics (and underlying risk factors for VAW/G), at a time when services are hampered, is also an opportunity to invest in an underresourced area.** The pandemic has revealed fundamental inequalities and persistent harmful social norms that need critical attention. CSOs are repeating calls for sustained funding for social norms change, as long breaks in community mobilization will curtail momentum in ending

VAW/G. The crisis has also brought scrutiny to how mental health issues, alcohol and drug abuse, and other risk factors propel the cycle of violence.<sup>13</sup> National zero tolerance policies and behaviour change and social mobilization campaigns to shift negative social norms must be informed by CSO experiences. Investment should be prioritized for existing CSO projects adapted to the COVID-19 context and with a strong promise for ethical scale up or replication.

### 6.7 Recognize and use data collected and reported by CSOs, including qualitative data, for improvement of GBV services and programmes, always ensuring survivor-centred and ethical safety standards.

**At a time when surveys and administrative data collection are risky, and responses to VAW/G have to be extremely localized and grounded in the lived experience of survivors, data from CSOs can fill a very important gap.** On the front lines of responding to the crisis, they are constantly engaging with their own service data in dynamic ways and triangulating them with community-level responses to adapt according to current needs of at-risk women and girls. Even *how* they are adapting is a form of data in and of itself, indicating how women's needs, help-seeking behaviours, and certain risk and protective factors are rapidly evolving. CSOs also play an important role in monitoring by listening to survivors, documenting their experiences and making service data available to inform local and national response efforts. Such experiences and practitioner-based knowledge must be recognized and valued, especially when the forms, risk factors and patterns of violence fueled by the pandemic can look deceptively similar from a global point of view, but manifest very differently in the lives of women and girls in every community.

## Acknowledgements

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Most of all, we are grateful for the time and generosity of UN Trust Fund grantees that have provided valuable insights in such testing times to produce this briefing.

**CITATION:** G. Wood and S. Majumdar, 2020, *COVID-19 and the impact on civil society organizations working to end violence against women and girls: through the lens of CSOs funded by the UN Trust Fund to End Violence against Women – six months after the global pandemic was declared*, New York: UN Trust Fund to End Violence against Women, September 2020.

## Endnotes

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