

UN TRUST FUND TO END
VIOLENCE AGAINST WOMEN

**IMPACT OF COVID-19
ON VIOLENCE AGAINST
WOMEN AND GIRLS**
*THROUGH THE LENS OF CIVIL
SOCIETY AND WOMEN'S
RIGHTS ORGANIZATIONS*



This briefing aims to provide qualitative data on the initial impact of COVID-19 on violence against women and girls, as reported through the lens of civil society organizations around the globe funded by the United Nations Trust Fund to End Violence against Women (UNTF EAW). We are grateful for the time and generosity of UNTF EAW grantees who have provided their valuable insights and information in these challenging times, which has guided our analysis in this briefing. We thank our civil society and women's organizations partners who, even in these unprecedented circumstances, remain on the front line of the response to the ongoing pandemic of violence against women and girls.

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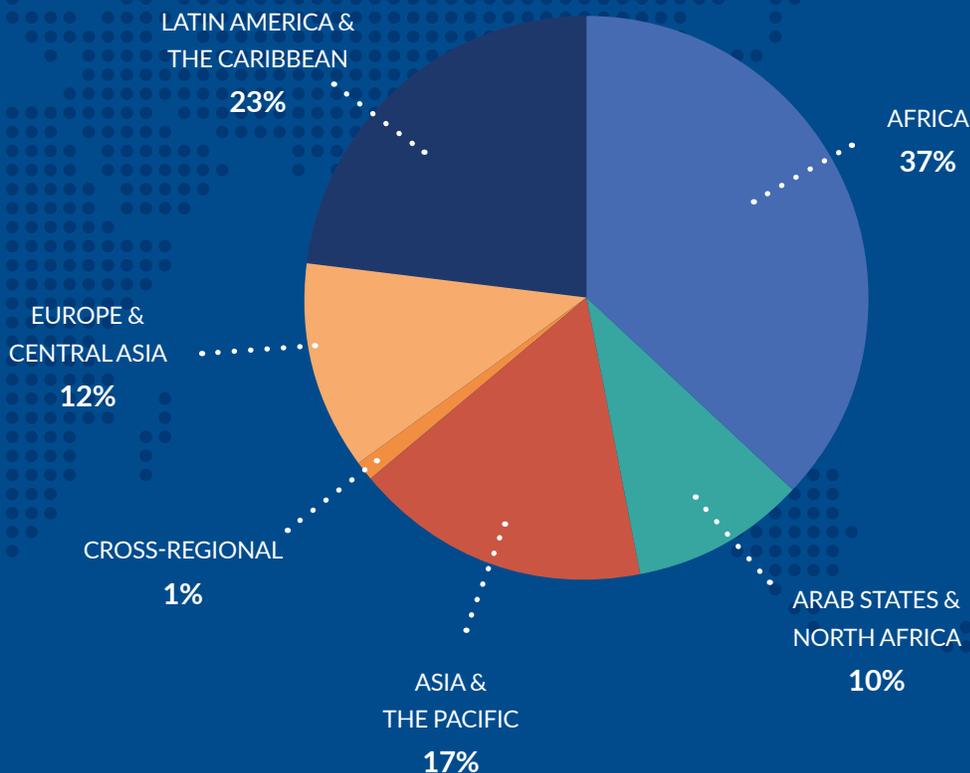
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Most of all we are grateful for the time and generosity of UNTF EAW grantees that have provided valuable insights in such testing times to produce this analysis.

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The UNTF EAW, which is 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 UNTF EAW has awarded USD175 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 USD61 million. Grant recipients are primarily civil society organizations (CSOs), the majority (58 per cent) of which are women's rights organizations (WROs).

REGIONAL DISTRIBUTION





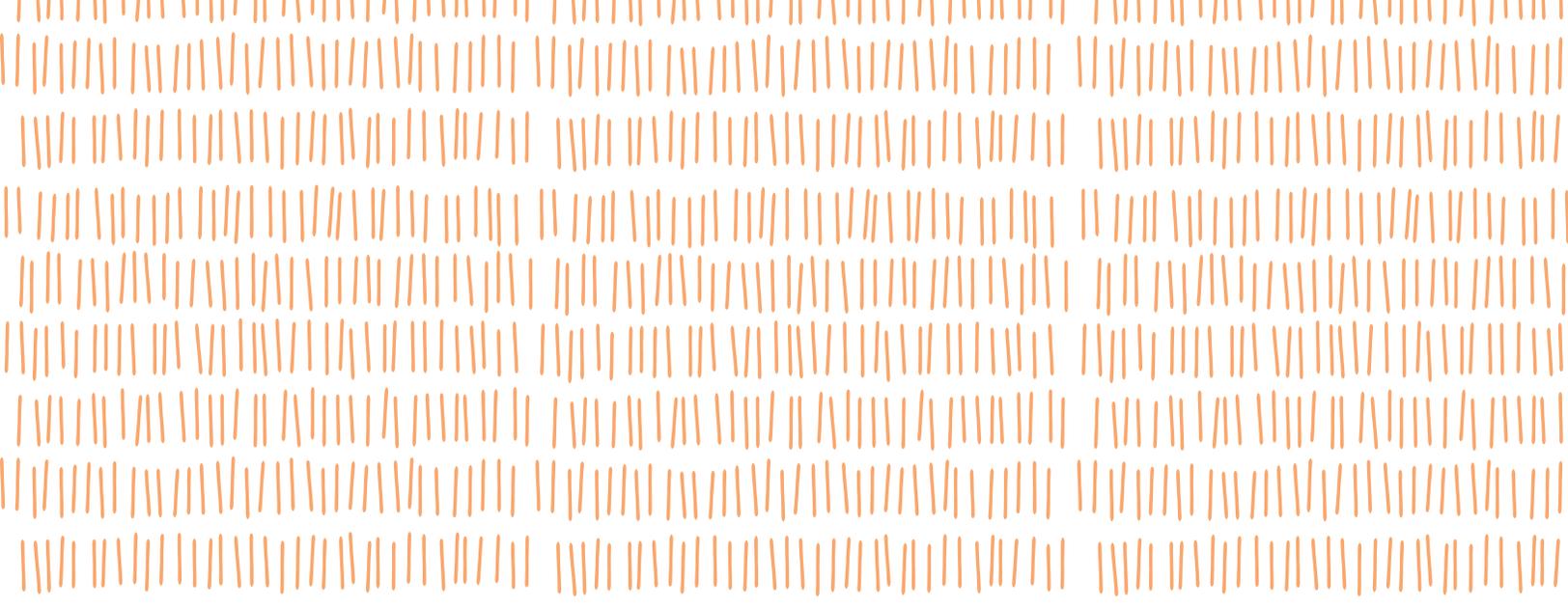
INTRODUCTION

The COVID-19 pandemic and ensuing social isolation measures have impacted every part of the world, with over 90 countries in lockdown. Billions of people are now sheltering at home as a protective measure and this has given rise to unprecedented levels of violence against women. Widespread underreporting of all forms of violence against women and girls has always made gathering robust data and responding to it a challenge. The lockdown measures adopted during this ongoing pandemic are likely to increase this invisibility and underreporting.

As part of its initial response to the COVID-19 crisis, the UNTF EAW conducted a rapid assessment of the global impact of the outbreak on the CSOs and WROs working to end violence against women and girls that it funds.

The methodology used included 10 open-ended questions to 144 grantees. We received 122 responses, 300+ pages of qualitative data from 69 countries in four languages in four weeks. These were then translated, analysed and the findings organized into four areas: a) the impact of the COVID-19 pandemic on violence against women and girls; b) the impact of the pandemic on the work of CSOs on the front line; c) the rapid adaptations made by CSOs in response to the crisis; and d) the resources necessary in order to sustain these adaptations and responses. The findings were tested and supplemented by further examples provided by grantees at two virtual meetings with English-speaking grantees and French-speaking grantees.

These responses were complemented with an online meeting of more than 250 participants that included all current UNTF EAW grantees, donors, UN representatives and private sector partners. Combined, these exchanges contain a critical source of practitioner-led evidence and represent the voice of organizations on the front line of the work to prevent and end violence against women and girls in the context of the COVID-19 crisis. This briefing describes our initial findings and is intended as a living document that will be updated regularly with additional evidence gathered, including through an upcoming virtual meeting with Spanish-speaking grantees.



SUMMARY OF THE MAIN FINDINGS

CSOs are reporting an alarming increase in violence against women and girls as a direct result of social isolation measures, across all five regions that the UNTF EAW operates in, and this is occurring in multiple forms. In addition, there are multiple pathways through which risk factors for VAW/G have exacerbated, and will increase the likelihood of violence, and CSOs have drawn our attention to the compounded effect of these pathways because none of the following are occurring in isolation, these are *co-occurring* risk factors. There is evidence that CSOs in the front line are providing an early warning system and making every effort to adapt EAW service provision and integrate violence against women and girls into COVID-19 response plans as the situation continues to evolve. However, they are stretched and adapting with minimal resources and need more sustained support, as well as urgent and increased investment.

Our analysis fully supports the assessment of the UN Secretary-General's report, *Shared responsibility, global solidarity: Responding to socio-economic impacts of COVID-19*¹ and the appeal for measures to address the surge in sexual and gender-based violence during COVID-19¹¹; namely that *women's organizations are operating on the front line of community responses, often with meagre resources, and need more sustained support and increased investment.*

Feedback from civil society shows that the focus of many CSOs/WROs is simply survival, both institutionally and of the women and girls they serve, and that the curtailment of civic space adds additional risks. In the face of these challenges the global response needs to be immediate, appropriate, effective and ethical, to ensure the call for CSOs/WROs to maintain their role on the front line does not jeopardize the very foundation that sustains the women's movement – women's organizations and women's rights defenders themselves.

IMPACT OF COVID-19 ON SURVIVORS AND VICTIMS OF VIOLENCE AGAINST WOMEN AND GIRLS AS REPORTED BY 122 UNTF EVAW GRANTEES

📍 An alarming increase in violence against women and girls globally

Across all five regions where the UNTF EVAW operates, grantees report an alarming increase in violence against women and girls in their communities as a direct result of social isolation measures in their countries.

Multiple forms of violence are occurring simultaneously, with the most common form reported to date being **intimate partner violence**, fuelled by economic insecurity within the household due to quarantine measures. For instance, from the State of Palestine, Stars of Hope Society and Women's Centre for Legal Aid and Counseling report an increase in IPV since social isolation measures have been put in place.

Several grantees, including Alliance for Africa in Nigeria, report an increase in child abuse and exploitation as a direct result of the stay-at-home orders. The Fund for Congolese Women also points to an increase

in girls being sent to beg for money on the streets and in survival sex as a means of subsistence for households. Sexual abuse is rapidly increasing as well, as reported by our grantees that operate shelters. For instance, in Mongolia, the National Center against Violence reports a rapid increase in intake via their hotlines and shelters and the Association Femme et Citoyenneté (AFC) in Tunisia, which operates a support centre on the Algerian border, reports that calls to the national hotline for gender-based violence has increased fivefold during lockdown.

Violence in humanitarian settings is on the rise as well. The Organization of Women's Freedom in Iraq (OWFI) reports a doubling of intake requests since the lockdown, especially from young women. In the State of Palestine, the Women's Centre for Legal Aid and Counselling reports a 75 per cent increase in social and legal consultations, primarily from urban areas, but also from the rural areas and refugee camps. Emotional, psychological and economic violence, as a direct result of food shortages and unemployment, is rising. An analysis by the Ennakhil Listening Centre in Morocco of calls received before and after confinement showed a 60 per cent increase in economic violence and a 55 per cent increase in psychological violence. And finally femicides have increased. For example Honduras has seen an increase in femicides and the militarization of daily life to enforce the lockdown and curfew has led to repression by law enforcement, particularly of women and girls who are leaving homes to collect firewood and water for their families.

Not only are new forms of violence emerging but the frequency and intensity of the violence is also rapidly increasing. For instance, the Center for Women's Rights in Bosnia and Herzegovina and the International Foundation for Crime Prevention and Victim Care in India, which runs a burns survivors ward, report how rates of physical violence against survivors who are now in lockdown with their perpetrators are now rapidly increasing and are on a par with rates of psychological violence.

As the capacity of shelters for women is very limited, the ban on travelling between towns prevents women from joining shelters in other towns thus finding themselves exposed and subjected to violence in front of their children... Young victims of rape who are now pregnant under lockdown experience severe depression linked to the inability to access abortion. They are redirecting to very risky traditional abortion and suicide attempts.

Association Ennakhil, Morocco

Across the board, all CSOs point to the disproportionate impact of the crisis on survivors and women and girls with disabilities because of their increased dependence on perpetrators and because they are denied access to basic necessities within the household. UNABU (Rwandan Organization of Women with Disability) in Rwanda, and Action on Disability and Development (ADD) International in Cambodia, in particular, have brought these challenges to the fore, pointing to the additional risks they face.

Survivors are reporting not only through formal channels but also through informal community-based referral mechanisms set up by CSOs

These instances of violence are being reported not only through formal channels (shelters and services), but also via informal community-based referral paths consisting of individuals trained by grantees.

It is evident that relying on administrative data alone is not enough; listening to CSOs and practitioner-based evidence grounded in the voices of survivors is critical.



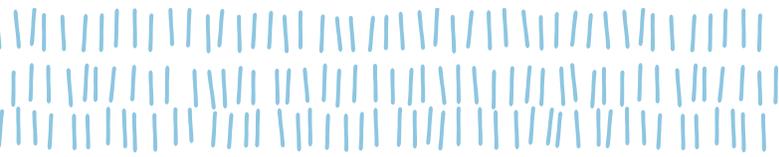
In Nigeria, reports of increased violence against women and girls are coming through community champions on gender-based violence in the community trained by Alliance for Africa, while in Liberia, youth leaders trained by Episcopal Relief and Development are acting as informal referral pathways.

In Mongolia, a rapid rise in cases of intimate partner violence and sexual abuse are coming through helplines of the National Centre against Violence.

In Iraq, women (especially younger women) are reaching out to OWFI through social media requesting to come into the shelter, and the number of requests received has doubled since the lockdown.



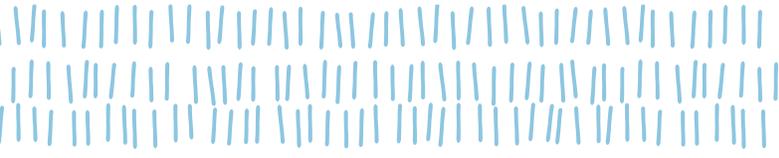
Because, as CSOs report, in most contexts, the issue of violence has not been prioritized in the COVID-19 response and is likely to remain invisible in many cases, violence will be underreported and CSOs will struggle to operate in a data-constrained environment. The International Foundation for Crime Prevention and Victim Care (PCVC) in India for instance, notes how their initial reliance on hotline data alone was misleading. The number of calls dropped drastically,



In Haiti, Beyond Borders reports that food and supply shortages are likely to lead to increased violence against women and girls, especially those living with disabilities.

In Malawi, Art & Global Health Center Africa grantee reports that school closures will put girls at greater risk of violence, including child marriage.

In Nepal, Raksha reports that their primary beneficiaries, self-identified sex workers, have lost their source of income as the tourism sector is shutting down and are forced to return to their villages or operate underground, with higher risks of discrimination and violence.



but when they investigated further, they learned that multiple factors led to the underreporting: women assumed that the closure of essential services meant that PCVC was closed too and being on lockdown with their perpetrators did not make them feel safe to make a phone call regarding their situation.

 Risk factors have been exacerbated in multiple ways and escape routes from

violence jeopardized, serving as an early warning system for increased violence against women and girls

UNTF EVAW grantees have provided multiple examples of how the COVID-19 pandemic exacerbates key risk factors – such as, food shortages, unemployment, economic insecurity, school closures, public transport shutdowns, massive migration flows and the threat of civil unrest – all of which increase the likelihood of violence against women and girls.

In this context, CSOs are serving as an early warning system and drawing attention to the compound effect of these pathways because none of the above is occurring in isolation; these are co-occurring risk factors. For instance, food shortages within a lockdown situation are a lethal combination increasing the risk of intimate partner violence and economic abuse, as pointed out by CSOs in Pakistan (CBM International); school closures within a lockdown situation are making girls more vulnerable to sexual exploitation, harassment and child marriage and children are more likely to be exposed to violence within the household. Alcohol abuse was pointed out as a risk factor, but in countries where alcohol is either inaccessible due to the lockdown or now banned, CSOs also point to alcohol withdrawal symptoms triggering a high degree of abuse and humiliation within households by perpetrators.

A complete cut off or restricted access to institutions in which CSOs have beneficiaries – for instance, hospitals (reported by CELS (Centro de Estudios Legales y Sociales) in Argentina), custodial institutions (reported by the Mental Disability Rights Initiative in Serbia) and quarantine centres (reported by Mujeres Transformando el Mundo in El Salvador) – heighten the risk of violence against women from male beneficiaries and staff in these institutions. Most CSOs also report that their direct beneficiaries are losing their livelihoods; survivors and at-risk women and girls from female domestic workers in

Egypt to women small business owners in Liberia and Kenya are experiencing greater dependence on perpetrators and an increased likelihood of violence.

Lack of access to community support systems within a lockdown situation is also reported by CSOs as a particular risk factor exacerbating violence for multiple reasons. For instance access points and escape routes such as access to community spaces (for example, dispensaries in rural Tunisia, where women would often come together and which acted as an informal mechanism for learning about cases of domestic violence) or access to neighbours (for example, in rural Rwanda, neighbours would often be the first to help in cases of violence against women and girls with disabilities) are now severed due to social isolation measures. And finally suspended public transport within a lockdown means that survivors are unable to get to essential services. For example, Leonard Cheshire Disability Zimbabwe assists survivors of sexual gender-based violence with logistical support to travel from their homes to different service providers and survivors with disabilities in particular use public transport, which is now discouraged.

Justice, health and social services are disrupted, leading to serious risks for survivors and vulnerable women and girls, constituting a form of violence in itself.

Lack of access to essential services such as justice, health care and social protection for victims and survivors puts them at considerable risk.

In several countries, closed courts or arbitration only in urgent cases, impedes immediate judicial protection for survivors (for example, getting restraining orders is difficult for legal aid centres working with survivors) and law enforcement agencies are now diverted towards enforcing curfew hours and the COVID-19 response, thereby responding to “serious” violence only.

Access to essential medical needs, sexual and reproductive health services, and drugs is also severed. For instance, in Tunisia, survivors are having difficulties accessing health facilities for initial medical certificates and forensic reports. Even in situations where there are hospitals, women are being denied access by their families. For instance, OWFI reports that in Iraq patriarchal families are reluctant to allow women from the household to be admitted to hospital under the lockdown.

Shelters and centres for psychosocial support are stretched or closed. For example, in Morocco, 99 per cent of listening centres are now closed. In India, the International Foundation for Crime Prevention and Victim Care reports that even where they are open, women are no longer able to talk and report safely while under lockdown with perpetrators. Under the current conditions, a lack of access to social protection is particularly dangerous. From Peru to Pakistan, grantees report concerns that women and girls already outside the system (such as those without national ID cards) will be prevented from enrolling in social protection schemes, which are vital resources at this time. And finally, lack of access to cell phones and technology, especially

Courts are not working; jurisdiction of many centers for social work has been redirected to provide social aid packages; police structures are primarily engaged on monitoring of persons in isolation and violation of the curfew; there is only one prosecutor on duty; none of them are enforcing restriction orders and other protective measures and there are no on-duty service officers to turn to for help.... That means women have to stay at home with their violent perpetrator and violence happens, and in many cases it happens in front of children...

*Centre for Women's Rights,
Bosnia and Herzegovina*

for women and girls in humanitarian or rural settings or living with disabilities, exacerbates the situation and implies a complete cut off from any essential services to address gender-based violence globally.

In Egypt, the Al-Shehab Foundation working with survivors and people living with HIV, reports decreased access to antiretroviral drugs and several CSOs report declining health supplies within their shelters due to closed borders.

In Serbia, the Mental Disability Rights Initiative reports that women and girls living with disabilities in custodial institutions are at increased risk of infections due to the risk of (forced) over-medication during lockdown.

AFC in Tunisia reports that even when the government is providing financial aid, it is in the name of the husband and survivors who are separated or in the process of getting divorced do not have the right to obtain this aid.

THE IMPACT (OPERATIONAL AND PROGRAMMATIC) OF COVID-19 ON FRONT-LINE CSOs

📍 CSOs are focused on the survival and immediate needs of beneficiaries

CSOs are now focused on supporting their primary beneficiaries to reduce the impact of COVID-19, which in some cases may not be immediately recognized as EAW-related work.

In Rwanda (UNABU) and Cambodia (ADD International), grantees indicate that food prices have increased and the poorest households are unable to afford food. Women and girls with disabilities are likely to be most affected as they are more vulnerable to the infection itself and cannot self-isolate as they need regular hands-on help from caregivers, which also has an impact on their families. Some grantees report that families tend to deprioritize women and girls with disabilities in household food distribution, which puts their very survival under threat. It is more challenging to reach women and girls with disabilities with accurate and accessible information; in Uganda, the government is using radio, which is not accessible to those with hearing impairments.

CSOs are also struggling to ensure that their beneficiaries have access to water and basic sanitation in order to reduce the

risk of infection and of violence. A particularly sobering example is that of the Fund for Congolese Women in the Democratic Republic of the Congo which is now facing the same challenges as during the Ebola crisis and ranks water as the main priority in order to end and prevent violence against women; water is scarce in rural areas, even more so with the fear of infection, and there is increased violence around water sources. Women leaving their homes to collect water between 2 and 11 a.m. have been kidnapped, raped and killed. The Fund for Congolese Women raises the concern that given the lack of an effective reporting mechanism in rural areas these cases will be underreported.

CSOs are struggling to maintain a presence and service delivery

The pandemic and ensuing lockdown measures are putting a strain on organizations that provide essential services. Our grantees are reporting that premises and staff are being diverted for COVID-19 screening and testing purposes.

Limited or disrupted communications between staff and communities is already affecting service provision. For example, in Malawi the Women's Legal Resources Centre (WOLREC) is finding that newly established community structures for tackling violence against women and girls are now being disrupted by COVID-19 preparedness. CSOs have reported that organizations operating safe houses and shelters are struggling to procure food, maintain hygiene and health care, take new cases and maintain support for existing cases. In There is disrupted communications between staff and communities, so they are no longer able to ensure the safety of their front-line workers and beneficiaries. Front-line staff and women's rights defenders are stretched and overwhelmed, both due to COVID-19 preparedness, but also due to the increased burden of care work within their own households.

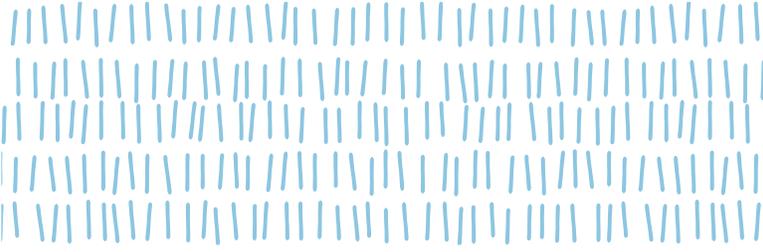
In some countries, limited bank operations are affecting budgets (for example, in the Democratic Republic of the Congo, as reported by the Dynamique des Femmes Juristes) and there are constraints on fundraising as well. For instance our grantee in Malawi, Art & Global Health Center Africa, points out that local CSOs that rely on community contributions are struggling. Moreover, philanthropists that seek to help locally are unable to physically reach places that need help the most. And finally, there are serious concerns about maintaining staff, consultant and front-line workers, especially if the crisis continues for some time.

The work of CSOs/WROs on access to services, prevention and legislation or policy change is on hold

UNTF EAWW grantees typically work in one of three areas: prevention of violence, access to services

Because of this current situation (isolation).... all project activities have stopped...the main focus of our disabled people's organizations, NGO partners, project volunteers, women and girls with disabilities and other vulnerable people at this moment is their own survival... we would like to spend these 4 months focusing on providing basic emergency support to keep them alive, otherwise, we fear we will potentially lose our target groups and the work we have already done with them so far.

ADD International, Cambodia



The Palestinian Counseling Center is now used by the municipality as a COVID-19 screening point. Safe houses and shelters are severely impacted as they struggle to take new cases and maintain support for existing cases.

In India, the International Foundation for Crime Prevention and Victim Care reports that the burn victims ward has now been turned into a COVID-19 ward, leading to a decline in the number of cases that the hospital is able to support and consequently a decline in reporting itself.

In Iraq, OWFI is continuing to run a shelter but intake is slower due to the extra precautions which must be put in place to prevent COVID-19 transmission.

and promoting legislation and policy change. Due to the pandemic and lockdown measures, work in all three areas is currently suspended or stalled. The prioritization of responding to COVID-19 has led to a suspension of work in training essential service providers, such as health-care workers and law enforcement officials, in survivor-centred approaches and coordinating referral pathways. For example, in the Philippines, Solidarity of Oppressed Filipino People Inc (SOFP) is not able to hold any activities with local government units who are now providing food packs, sanitation kits and implementing curfew hours. In Argentina, a grantee who trains health-care workers in responding to violence against women and girls is struggling to readjust and find alternative ways to achieve this.

In addition, when it comes to prevention and households, schools, women's economic empowerment and communities are often used as entry points for tackling the underlying causes of violence. Such advocacy, awareness raising and norm change interventions are suspended or have to restart. On economic empowerment, in Nepal, where Raksha works with self-identified sex workers to provide alternative livelihoods, the closing of the tourism sector has resulted in women either going back to their villages or going underground. This not only increases the risk of violence and stigmatization, but it also means that the project has lost its primary beneficiaries overnight. Many projects have experienced a similar loss of beneficiaries and reversal of gains. Another example of economic empowerment is that of Atina (Citizens' Association for Combating Trafficking of Human Beings and All Forms of Gender-based Violence) in Serbia, which has for several years been working to set up a small food business for survivors of trafficking. Now that

several enterprises are no longer trading, Atina predicts that within two months survivors will no longer have salaries, leading to a serious reversal of gains made so far.

Several CSOs implementing community norm change interventions are impacted. They include International Alert in Tajikistan (postponing Zindagii Shoista), the Centre for Human Rights and Democracy in Africa (CHRDA) in Cameroon (postponing SASA!) and Episcopal Relief and Development which is cancelling faith leaders' trainings because of a lack of access to communities and the implementation of social isolation measures. On school-based interventions, due to school closures, several programmes are now suspended with CSOs concerned about the well-being of girls, in particular, because of lack of communication.

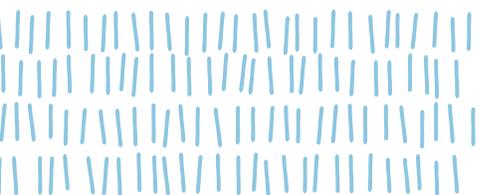
Finally, pushing for progressive legislation is temporarily on hold. The Friends of Women Organization (Persatuan Sahabat Wanita) in Selangor, Malaysia, has been pushing for promised new legislation on gender equality and sexual harassment and amendments to the labour laws, but parliament sittings are now postponed until mid-May and this could lead to considerable loss of momentum. And while some grantees have been able to adapt their programmes to the virtual space, as evidenced in the next section, most cannot be moved online, either because the very design of their methodologies thrives on face-to-face interaction and trust at the community level or because grantees operate in remote, rural communities with no internet or electricity.

IMMEDIATE RESPONSES AND ADAPTATIONS TO THE IMPACT OF COVID-19 BY CSOs

📍 CSOs are prioritizing staff and beneficiary safety and health

CSOs on the front line have shown an incredible resilience in responding to the crisis in the past four weeks.

First and foremost, they are prioritizing adjustments to internal operations, with a focus on the safety and health of their staff and beneficiaries. Organizations that can afford to do so are taking care of the immediate needs of staff by moving to operate from home, in accordance with national guidelines. They are undertaking surveys of staff needs, including internet access, space, furniture, childcare and social-psychological needs (for example, Gender Links in South Africa); prioritizing and reorganizing work to focus on what is most important or can be done virtually; developing contingency plans and revising workplans within a framework of feminist care (for example, CISCSA, Argentina); and providing early payroll for staff to pre-purchase supplies and food and purchase internet devices to work from home (for example, Beyond Borders in Haiti).



📍 CSOs are acting as a crucial nexus between survivors and national governments

Through advocacy, by operating as an early warning system on violence against women and girls for their national governments and acting as a source of accessible information on COVID-19 for survivors and marginalized women and girls, CSOs are providing a crucial nexus between the two. For instance, the Centre for Rights Education and Awareness Kenya (CREAW), while continuing its work on prevention on the ground, has also galvanized support with other WROs to call for

increased funding for women’s organizations, who are ultimately doing much of the heavy lifting on the front line. Stars of Hope in the State of Palestine has issued a position paper to highlight the worsening situation of women and girls with disabilities during the emergency. And Beyond Borders in Haiti has been working at the community level to ensure dialogues on violence prevention and COVID-19 are both contextualized and continue within safe communication chains, especially for women and girls living with disabilities, and at a state level are linked to the UN-level coordination mechanisms that support the national Haitian government to provide a coherent response. Other examples from across the globe are detailed below.

Ways in which CSOs are acting as a nexus between Government and Survivors



In the State of Palestine, Women's Centre for Legal Aid and Counselling (WCLAC), in collaboration with the Ministry of Social Development, is highlighting the need for transitional shelters, where women can be quarantined before entering shelters, in order to adhere to the current regulations prohibiting women from entering shelters without first being quarantined for 14 days.

📍 CSOs are maintaining shelters and opening new ones to manage the surge

Many CSOs are maintaining their service provision, for example by opening new shelters and keeping existing shelters open and supplying them, against all odds, with food, hygiene, health care and education, including providing support to state shelters.

📍 CSOs are expanding the reach of their services and prevention programming on violence against women and girls

CSOs providing services to end violence against women are adding hotlines to their existing services in order to expand their

In Ethiopia, Ethiopaid and the Association for Women's Sanctuary and Development (AWSAD) established a new shelter in the centre of Addis Ababa for 30 additional women and girls who were previously in emergency accommodation at a police station, where they were held together with prisoners. In their existing shelters, they are providing on-site classrooms for girls' education.

OWFI in Iraq has assigned three members of staff to screen new beneficiaries for COVID-19 before admission.

In Serbia, the state shelters ran out of food and Atina activated its Reserve Fund to support them.

In Liberia and Iraq, CSOs are keeping their safe houses and shelters open while ensuring health protocols are followed.

reach. For instance, in Egypt, Al-Shehab maintains its essential services through establishing hotlines for psychological counseling and legal support for direct beneficiaries and in Serbia, Fenomena has started the 24/7 SOS chat-based and e-mail support service with 7 consultants. They are also mobilizing psychologists and lawyers trained in providing virtual consultations and, where relevant, they are hiring experts to develop safety and ethics protocols for virtual consultations in order to take into account the personal safety, privacy and confidentiality risks of survivors and children under lockdown. CSOs working on violence prevention programming have moved to radio or the virtual space, where feasible. In Cote D'Ivoire, Conscience et vie (COVIE) intends to continue working with peer educators through WhatsApp; in South Africa, Sonke continues its violence prevention work through community radio and social media platforms; and in Serbia, Fenomena has begun an initiative #SOSprotivnasiljauizolaciji (#SOSagainstviolenceinisolation) and gathered women's NGOs to provide services together during the emergency state and to advocate together online through social media. Several grantees are also bringing in public health experts to advise on linkages between COVID-19 and EAW. In Nigeria, for instance, the Centre for Women Studies and Intervention (CSWI) invited a public health specialist to their radio programme to emphasize the needs of women and girls in such outbreaks.

CSOs REPORT NEEDING ADDITIONAL RESOURCES, SUPPORT, FLEXIBILITY AND TIME

📍 Funding is required for emergency needs: personal protective equipment (PPE), food, sanitation and hygiene kits

Organizations are seeking resources and help to urgently purchase or connect beneficiaries to organizations that provide PPE, food and hygiene supplies (hand sanitizer, gloves and masks) for staff and the most affected beneficiaries to reduce their vulnerability to COVID-19 and address the economic shocks experienced. These essentials are being requested as part of EAW interventions, but they also often stand alone as emergency activities that must be completed before EAW interventions can continue. Several grantees operate in impoverished communities where beneficiaries are unable to purchase basic hygiene and sanitation products. Resources are urgently needed to assist project communities in meeting these basic needs as well as guidance on how to adhere to health protocols and new government policies. Effective

information, education and communication materials with sign language on prevention measures for COVID-19 targeting women and girls with disabilities need funding.

📍 Funding is needed for staff salaries, health insurance, self-care and communication

Resources are needed to retain project staff by providing salaries and health insurance, including for consultants that are vital for project continuation. One grantee is paying staff salaries early to allow staff to stock up on food and other necessities, in anticipation of a potential closure of markets. Moving online also means increased communication budgets and grantees need to provide staff, beneficiaries and implementing partners with basic communication tools to stay connected. Organizations are seeking to divert their self-care budgets to supplement these core costs, but in this context it is even more essential that these budgets are available and flexible for use by CSOs/WROs as needed to start or sustain self-care practices and coping mechanisms.

📍 Flexibility is needed to adjust project activities, timelines and budgets

Most grantees are seeking to adjust their project plans to the context of this crisis. It is likely that ERAW activities will have to be integrated into emergency response and COVID-19 preparedness plans, which will need to be done rapidly, but requires careful planning. Budgets will have to be adjusted to match the higher cost of living, increased communication and adjusted transportation costs, the latter particularly for projects that work with survivors and with women and girls with disabilities, given the lack of public transport (for example, the need to use private

vehicles). Projects closing this year are seeking extensions and sustained funding to ensure work can continue with the most vulnerable groups so that gains are not lost. For prevention projects, once the lockdown is lifted there will be a heavy workload to restart activities while those providing services expect to see a surge in reporting, referrals and intakes. Diversion of resources to COVID-19 response will mean much longer project timeframes.

📍 Support is needed to build internal capacity and access essential knowledge

Organizations seek urgent investment to build their skills to conduct rapid assessments and develop safety and ethical protocols and security plans tailored to the current crisis. For example, they seek to develop capacity to monitor and conduct risk assessments in their communities in an emergency context; to develop guidelines to build the capacity of field staff to effectively address issues of gender and human rights during a health pandemic; and to apply a gender lens and child safeguarding approaches to disaster preparedness and response. Several grantees have expressed an urgent need for knowledge exchange and learning from other grantees across the world that are grappling with similar issues at the exact same time. For example, a number of grantees are seeking peer-to-peer knowledge transfers regarding safety and ethics protocols when providing legal and psychological care through video call and phone call applications, or to learn from other grantees on moving trainings for women and girls with disabilities to online platforms.



CONCLUSION

It is clear that the work of civil society and women's organizations to prevent and end violence against women and girls is more critical than ever. In many cities and communities, the emergency services and institutional responses are overwhelmed by the COVID-19 health crisis and service providers have rapidly lost the capacity to respond to the needs of women and girl survivors of violence. CSOs are reporting that their beneficiaries are exposed to an increased risk of domestic violence during the pandemic, while services are experiencing increased workloads in response to the public health crisis. The very tactics adopted to protect individuals from COVID-19, including social distancing, mandatory lockdowns and isolation in the home, intensify the risks of violence against women and girls. The COVID-19 pandemic has seriously exposed societies' lack of preparedness to respond to and deal with an existing, ongoing and persistent global pandemic – violence against women and girls.

Civil society organizations are playing a critical role at the community level and their sustained operations are vital to a comprehensive and successful pandemic response, not least as an early warning system about the impact of COVID-19 on violence against women and girls. Women's organizations and their staff are essential workers and first responders in this field, providing much needed specialist services to survivors of violence where these services would not have been otherwise available. Ensuring the

institutional sustainability of women's organizations through investing in their core resources is key to maintaining the fundamental infrastructure that drives the agenda of EAW locally and globally. And listening to the voices of those on the front line becomes ever more important to ensure these resources get to where they are most needed.

IMMEDIATE RESPONSE BY THE UNTF EAW TO THE NEGATIVE IMPACTS OF COVID-19

1. The UNTF EAW announced a Five Point Action Plan^{III} to immediately support grantees during the crisis. In line with the Plan, we will:

- Exercise utmost flexibility to enable grantees to modify or delay their project activities;
- Accept budget reallocation requests to meet core costs of our grantees' organizations to ensure business continuity and minimize the negative impact of COVID-19;
- Acknowledge and approve delays in grantee reporting, including final and evaluation reports;
- Share resources and guidance to help grantees navigate the public health crisis; and
- Approve no-cost extension requests for grantee projects.

2. In light of the overall analysis of the information received and in partnership with European Union and United Nations Spotlight Initiative, the UNTF EAW will announce a new allocation of USD9 million for immediate support to the work of all of our existing grantees (44) in sub-Saharan Africa – with a primary focus on institutional responses, risk mitigation and recovery in the context of the COVID-19 pandemic.

3. Subject to increased resources, the UNTF EAW will launch a global call for proposals for the new *COVID-19 Crisis Response Window* to fund projects specifically designed to support long-term

interventions for women and girl survivors that are specific to the context of the pandemic.

The UN Secretary-General sees women’s organizations, such as those funded by the UNTF EAW, as essential first responders to the COVID-19 pandemic and is calling for increased funding for women’s organizations during the crisis through the

“expansion and capitalization” of mechanisms such as the UNTF EAW^{IV}.

The evidence presented in this paper is a clear call for action to support CSOs working on the front line of EAW and COVID-19. Rates of violence against women and girls and risk factors are clearly accelerating at an alarming rate. To address these, the UNTF EAW makes the following recommendations:

1

RECOGNIZE CIVIL SOCIETY AND PARTICULARLY WOMEN’S ORGANIZATIONS WORKING TO ADDRESS VIOLENCE AGAINST WOMEN AND GIRLS IN THE CONTEXT OF COVID-19 AS FIRST RESPONDERS.

2

INCLUDE CIVIL SOCIETY AND PARTICULARLY WOMEN’S ORGANIZATIONS WORKING TO ADDRESS VIOLENCE AGAINST WOMEN AND GIRLS IN THE CONTEXT OF COVID-19 IN DISCUSSIONS AND THE DEVELOPMENT OF NATIONAL RESPONSE AND RECOVERY PLANS.

3

MAKE IMMEDIATELY AVAILABLE FLEXIBLE FUNDING FROM NATIONAL AND INTERNATIONAL AID BUDGETS FOR CIVIL SOCIETY, ESPECIALLY WOMEN’S RIGHTS ORGANIZATIONS.

ENDNOTES

I. UN Secretary-General report, Shared responsibility, global solidarity: Responding to socio-economic impacts of COVID-19, March 2020, available at https://www.un.org/sites/un2.un.org/files/sg_report_socio-economic_impact_of_covid19.pdf

II. UN News, “UN chief calls for domestic violence ‘ceasefire’ amid ‘horrifying global surge’”, 6 April 2020, available at <https://news.un.org/en/story/2020/04/1061052>

III. Women’s organizations on the front line: UN Trust Fund Stakeholder Virtual Meeting on Impact of COVID-19 on ending violence against women, 17 April 2020, available at <https://untf.unwomen.org/en/news-and-events/in-focus-covid-19#U6>

IV. Shared responsibility, global solidarity: Responding to socio-economic impacts of COVID-19, op. cit., p. 21.

