Tithetse Nkhanza!

Malawi Violence Against Women and Girls Prevention and Response Programme

COVID-19 Policy Position

April 2020

Tithetse Nkhanza: Covid-19 and GBV Statement

Experience from past public health emergencies, and emerging evidence from the Covid-19 outbreak in China and Europe, shows that the COVID-19 pandemic is likely to have a significant impact on violence against women and girls and on the health, wellbeing and status of women and girls more broadly, which is sustained beyond the duration of the outbreak.

A Covid-19 outbreak in Malawi brings **increased risk of domestic violence, even as barriers to accessing support rise**. Children will face particular protection risks, including that of being separated from their caregivers. An outbreak will exacerbate known drivers of intimate partner violence and domestic violence such as increased stress at the household level, as well as social distancing or self-isolation making it harder for women and girls to access support. Evidence from elsewhere suggests women and girls with disabilities are likely to face a double impact; firstly, they may be at higher risk of contracting Covid-19 and experiencing poorer health outcomes as a result, whilst they are also at greater risk of experiencing violence, both at home and in healthcare settings.

Just as there is expected to be an increase in Gender Based Violence (GBV) as a result of Covid-19, there is a risk that **safeguarding incidents** – violence, abuse, exploitation and harassment against both children and adults perpetrated by staff, contractors and volunteers working on the Covid-19 response and existing programmes - may increase. This is due to the increased vulnerability of women and girls as a result of the changing context, changing modalities for programme delivery, and an increase in emergency programming.

Economic shocks as a result of Covid-19 will also put vulnerable women and girls at **increased risk of abuse and exploitation** as public health emergencies can have a tremendous, sustained impact on livelihoods, especially for women and girls who are most marginalised due to disabilities, women or child-headed households, and sex workers. Increased deprivation can leave vulnerable women and girls exposed to exploitation and abuse, including by duty bearers, especially where security and justice services have an increased role in society during the context of an emergency. Child marriage may also rise as a coping mechanism.

Responding to an epidemic can **divert resources away from GBV and Sexual and Reproductive Heath Rights (SRHR) services**, if these are seen as 'non-essential' leading to increased morbidity and mortality from GBV and, for example, rising maternal mortality rates. In addition, social norms that put a heavy caregiving burden on women and girls are likely to cause their physical and mental health to suffer and impede their access to education, livelihoods, and other critical support.

There is **increased risk of workplace violence in the health sector** due to the serious stress that a pandemic places on patients, their relatives and other healthcare workers. There is not yet data on the gendered nature of violence in Covid-19, but research before the epidemic found that most violence is targeted at female nurses in emergency departments with long waiting times, in isolated places at patients' homes, or in geriatric or psychiatric departments. There is a risk that frontline staff working on GBV prevention and response might face violence.

Recommendations:

1. Prepare for possible surges in violence against women, girls, and other vulnerable populations, particularly domestic violence and sexual exploitation and abuse, by **scaling up response services,** including mobile hotlines and online/telephone counselling**:**
    - Support the development and implementation of safe strategies to mitigate and respond to the increased risks of GBV, which protect women's rights including to a life free from violence

- Work with security and justice duty bearers to ensure women and girls are protected from GBV
- Support national and local organisations delivering specialist GBV services helping women and girls escape domestic violence, making sure they can continue and adapt to the changing circumstances (e.g. through more phone and online support where possible). Provide advice on strengthening accessibility and inclusion in response services to ensure that those most at risk of violence can access these.
- Work with these specialist services to ensure government guidance on social distancing and self-isolation includes safeguarding advice for women and girls at risk of GBV, and how to access support.

2. In the context of the public health response to Covid-19, **designate GBV services as essential and integrate GBV response into the public health response**, ensuring that this is understood as life-saving:
    - Integrate GBV experts in COVID-19 response.
    - Key workers should include life-saving GBV workers supporting survivors of violence, e.g. workers in specialist services, domestic violence organisations social workers and child protection agencies.
    - Train health care workers to properly identify GBV risks and cases, including increased child protection risks; to handle disclosures in a compassionate, non-judgmental way; and know to whom they can referr~~al~~ patients for additional care or who needs immediate medical care.
    - Ensure support for female healthcare workers who may be at greater risk of workplace violence during and after an outbreak.
    - Ensure menstrual hygiene, obstetric, reproductive, and other primary health care commodities are well-stocked and available at health care facilities.

3. **Ensure diverse women's and girls' needs are understood and addressed.** Work with local communities, particularly women's groups (including disabled women's groups) and female health care workers, before, during, and after public health emergencies to ensure continued trust, access, and to provide the best possible services as safely as possible, including for GBV.
    - Make sure communications around the pandemic are cognisant of the fact that homes are not always safe for women. Be clear that physical distancing does <u>not</u> mean that women and girls have to tolerate any form of violence, that they cannot ask for help, or that they have to stay with abusers.

4. Meaningfully **involve diverse women in leadership positions and decision-making around the COVID-19 pandemic response**, including creating accountability mechanisms involving women's groups are calling for more equal representation in Covid-19 responses and political decision-making.

5. Ensure that safeguarding, including **preventing sexual exploitation abuse and harassment and all forms of violence against children perpetrated by development and humanitarian actors, continues to be a priority** for the Covid-19 response. Safeguarding risk assessments should ensure that programming as part of the response has taken all possible steps to prevent and mitigate the risk of SEAH and other forms of violence. This includes not compromising on staff, contractor or volunteer safe recruitment practices, mandatory training or reporting and response mechanisms.

6. **Increase the allocation of humanitarian funding for GBV** programming, and **provide flexible funding** so that organisations on the frontline can respond to changing circumstances and needs, particularly women's rights organisations.

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