



COVID-19 AND ESSENTIAL SERVICES PROVISION FOR SURVIVORS OF VIOLENCE AGAINST WOMEN AND GIRLS - A SNAPSHOT FROM THE ARAB STATES

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INTRODUCTION

This policy brief highlights emerging trends of violence against women and girls (VAWG) in the context of the COVID-19 pandemic, and implications for the provision of essential services (health, police and justice, social services and the coordination of these services) for women and girls experiencing violence. As countries have taken steps to respond to the pandemic such as enforcing curfews and lockdowns, reports of VAWG, and particularly domestic violence, have increased in several countries, leading the United Nations (UN) Secretary General to call for “peace at home- and in homes- around the world” in April 2020.

The increase in violence has also been coupled with a disruption of services for women and girls survivors of violence. This policy brief highlights actions taken at the country level by service providers, including governments and civil society organizations to counter the disruption of services for women survivors of violence. These include promising practices from pilot and self-starter countries participating in the UN Joint Global Program on Essential Services for Women and Girls Subject to Violence and the rollout of its main guidance, the Essential Services Package.

The United Nations Joint Global Program on Essential Services is a partnership by UN Women, UNFPA, WHO, UNDP and UNODC, and aims to provide greater access to a coordinated set of essential and quality multi-sectoral services for all women and girls who have experienced gender based violence. The Program identifies the essential services to be provided by the health, social services, police and justice sectors as well as guidelines for the coordination of essential services and the governance of coordination processes and mechanisms.

This brief draws upon best practices, knowledge and experience shared by various stakeholders from seven countries¹ during a workshop organized on 11 June 2020 by UN Agencies part of the Essential Services Packages in the Arab States Region, as well as on other experiences shared by UN Women country offices in the Arab States. It provides concrete solutions created by a range of diverse actors, and that can be replicated and adapted to different contexts to end the spread of intimate partner violence and other forms of violence against women and girls, during the pandemic, as well as in the context of other crisis and emergency situations.

TRENDS AND ISSUES: COVID-19 AND VIOLENCE AGAINST WOMEN

Globally, the prevalence of VAWG is very high, with over 1 in 3 women having experienced physical or sexual violence at some point in their lives and almost six out of every ten women that are intentionally killed, worldwide, are killed by an intimate partner or other family member.² In the Arab States, 37% of Arab women say that they have experienced some form of violence in their lifetime, and some indicators show that this percentage might even be higher.³

Before the pandemic, many women and girls in the Arab States already did not have access to free essential services for their safety, protection and recovery, such as emergency helplines, police and justice response, health care, safe accommodation, shelter and psychosocial counselling. Where these services existed, they have typically been underfunded, understaffed, uncoordinated or of poor quality. Evidence also shows that only 40 per cent of women who experience violence seek help of any sort⁴ and many do not report their experiences to formal mechanisms due to shame, fear of reprisals or a lack of knowledge on how to access available help.

In the context of COVID-19, countries in the Arab States have seen an increase in cases of VAWG, coupled with challenges in ensuring the continuation of essential services. Security, health and financial worries and anxiety have created tensions and strains within households, accentuated by the

cramped and confined living conditions of lockdown. Women and girls often become the shock absorbers of this tension. The breakdown of protection mechanisms also creates an impunity for perpetrators, which increases many women and girls risk of being exposed to violence. It has been reported, for example that in Tunisia, the number of calls to the Government assistance hotline has increased 8-fold following the implementation of movement restrictions and confinement measures. In Lebanon, cases reported increased by 60% in March 2020 compared to previous months.

But the economic fallout caused by the pandemic and lack of income-generating opportunities has also increased the vulnerability of populations that were already at risk of violence: such as women refugees, Internally displaced women, women migrants, women with disabilities or LBT women and girls. This situation has deepened the impact of violence on women and girls which was already severe in emergency settings and conflict-affected countries in the region. A rapid assessment conducted by UN Women in Libya indicated that nearly half of the women surveyed feared escalation of violence at home. In Jordan, according to a UN Women assessment on the impact of COVID-19, 62% of already vulnerable women, including Syrian refugees, indicated they felt at increased risk of suffering physical or psychological violence as a result of the crisis.⁵

IMPACT OF COVID-19 ON SERVICE DELIVERY IN THE ARAB STATES

Due to the COVID-19 pandemic and related government measures put in place, the increase in violence cases and rising calls for help have also been coupled with a disruption of support services for women survivors of violence. In the

context of lockdowns and social distancing, social, judicial, police and health services that are the first responders for women, have been sometimes unable to reach out to survivors to provide the needed help. With the health crisis, providers have

also been overwhelmed and often had to shift priorities, while civil society organizations have also been affected by the reallocation of resources: for example, a number of domestic violence centers have had to close or have been repurposed as health centres.

With health resources and medical supplies being diverted to the pandemic, access to GBV lifesaving services, such as Clinical Management of Rape, as well as sexual and reproductive health services, have become more limited.

In addition, in a number of countries, accessing justice has proven challenging in the context of the current COVID-19 measures, as legal hearings have been postponed, and courts closed or have only addressed emergency cases. This is the case in Morocco where hearings were only available in emergency cases, and in Palestine where Sharia Courts have been forced to close and standard courts were operating only to address emergency cases. In Lebanon, some GBV survivors have reported being unable to seek legal redress from their perpetrators due to court closures.⁶ In Libya, the judicial system has also been suspended, worsening preexisting difficulties in law enforcement due to the armed conflict.⁷

In response to the crisis and to protect shelters from health risks, some Governments in the region have taken the decision to quarantine newly arriving women victims and survivors of Gender-Based Violence (GBV) for 14 days, before allowing them to be admitted to the shelters. This has been the case in Palestine and Iraq, for example, but has not always been coupled with alternatives and safe options to ensure space was available for newly arriving women in need of protection. In Palestine, this decision has also forced the police to resort to clan-based solutions, where survivors are returned to their families, and sometimes abusers, under the guarantee of one of the family or community leaders, and where the safety of the victim/survivor cannot be

guaranteed.⁸

In Lebanon, some shelters have asked women survivors in need of sheltering services to produce proof that they do not have the disease, though testing at designated hospitals was only possible under certain criteria, meaning that these shelters were, de facto, not accessible during the crisis.

In addition, several women's shelters were at full capacity due to the conditions created by the pandemic, and have reported no longer being able to host new survivors, this was the case in Morocco where very few shelters remained open. In Jordan, while the shelters were open, women organizations faced challenges in getting around town and were thus not able to reach at risk women or survivors.

Moreover, availability of services does not always equal accessibility for all women. While online platforms have been set up for at risk women and survivors, new challenges have arisen as women live 24/7 with their abusers and may not have safe access to services due to lack of privacy to make phone calls, or may have their access to the internet restrained by their perpetrators. New safety challenges also emerged while shifting to online platforms, putting women at higher risk of violence: indeed, ICT-based platforms have led service providers to deal with sensitive information and the need to protect data has become critical when managing cases of violence. This has further emphasized the need for service providers to be trained on the specific risks related to the use of virtual platforms.

Moreover, not all women have access to the internet or own a smartphone, and thus are not able to easily report violence or seek help remotely. In addition to these challenges, women may also not be aware of updated referral pathways and of which services are available to them, adding more barriers for them to access support.

THE RESPONSE: HOW HAVE SERVICE PROVIDERS ADAPTED TO ENSURE THE CONTINUATION OF SERVICE DELIVERY?

While accessing services has proven to be challenging in times of COVID-19, initiatives have been taken to address the discontinuation of services and reach out to women and girls in need of support. Both government institutions and civil society organizations have shifted their service delivery onto online platforms and many innovative approaches have been tested to guarantee that women are protected and assisted. This brief aims to highlight some of the initiatives that have been put in place across the four sectors of essential services, and their coordination:

HEALTH SECTOR

With health services facing challenges to cope with the impact of the pandemic, healthcare workers have been overburdened and priorities have shifted to respond to COVID-19 cases.

Urgent medical support for women survivors has thus been more difficult to provide, while medical services had to adapt in order to be administered remotely when possible. Health services have also observed an increase in their utilization from GBV survivors, with more related disclosures of intimate partner violence, sexual exploitation and abuse, harassment, and other forms of GBV than prior to the COVID19 outbreak. For example, an initial rapid assessment exercises conducted by the Health Cluster in Iraq indicates an increase in health service utilization by GBV survivors by 40%, particularly women enduring intimate partner violence.⁹

- In **Iraq**, guidance was produced by WHO for both remote and face to face services for the health care of women who may have been subjected to violence. This included the development of an updated referral pathway for each governorate.¹⁰ Online training was also undertaken for frontline workers from the Ministry of Interior and the Ministry of Defense on GBV and COVID-19.

- In **Lebanon**, face-to-face support continued for high risk cases during the lockdown, observing all COVID-19 related precautions. Remote case management was also put in place, aiming at establishing safe, strong and flexible communication lines with survivors living in confinement with their aggressors. This included supporting mobile phone and internet costs, ensuring the survivor's consent was given for information to be shared and ensuring survivors' data privacy when conducting calls online and via social networks such as WhatsApp and Facebook.

SOCIAL SERVICES

The social sector has been disproportionately impacted by the crisis due to the closure of shelters and the, at times, the impossibility of admitting new women survivors to avoid the risk of infection of their staff and other women. Governments and service providers have however found solutions to counter new risks created by the pandemic.

- In **Tunisia**, a temporary shelter for survivors of GBV was established fifteen days after the lockdown measures came into force. As of June 2020, 29 individuals had been assisted by this shelter (sixteen women and thirteen children). During the pandemic, the shelter enabled women to have a place to stay for fourteen days, while undergoing all necessary medical tests. After this quarantine period, a new shelter would be found for the women and girls survivors to go to. The creation of the shelter was possible thanks to strong coordination between the Ministry of Women Affairs and the Ministry of Health.
- In **Egypt**, existing crisis centers were redesigned to accommodate a dedicated room for quarantining, thus enabling women survivors to reach out for help and come to the shelters.

Personal Protective Equipment (PPE) was also provided by the government in partnership with UN agencies to enable shelter staff to adopt sanitary and protective measures.

- Existing hotlines for women to report cases of violence were also reinforced in **Egypt** and **Tunisia**, and enhanced to cover the entirety of the country and to provide advice 24 hours a day.
- In **Morocco**, a mobile application was set up for women at risk of violence. Operated by the Union Nationale des Femmes Marocaines (National Union of Moroccan Women - UNFM), the application provides a solution for women who are locked in with their perpetrators, by linking them, through the application, to one of twelve (12) regional centers across the country,¹¹ without having to discuss on the phone. Remote psychological support has also been made available by the Regional Council of the College of Physicians and the Moroccan Society of Psychiatry.
- In **Jordan**, survivors could directly call the emergency number, 911, for the duration of the lockdown.
- With the pandemic, new forms of violence against women are also emerging and need to be responded to. For example, in **Egypt**, a media campaign was launched by the Government to raise awareness on how to avoid cyber violence and online blackmailing.



POLICE SECTOR

In the context of the pandemic, the police has been overwhelmed in numerous countries, with priorities shifting towards enforcing quarantines, monitoring social distancing or responding to public unrest and other crimes that have increased in the region as a result of the economic and social consequences of the pandemic and the responses to it. Despite arising challenges, State security forces in countries around the region have continued to respond to cases of domestic violence.

- In **Lebanon**, security forces have continued

to conduct home visits to women survivors of violence, despite the curfew in place, and have been receiving cases of domestic violence at police stations.¹²

- In **Jordan**, innovative approaches were used by the Public Security Directorate to reach survivors and ensure the continuation of services during the pandemic. PPE (masks, hygienic products, gloves, etc.) was distributed to law enforcement officers and professionals involved in VAWG service provision.

An emergency response team, with female officers at its core, was formed and trained to respond during the crisis, including by reaching out to the VAWG survivors directly and accompanying survivors to the police station or to the court. This mechanism ensured the safety of the victim whilst travelling to and from the police station or the court whilst movement restrictions were in place.

- Coordination and close work with civil society and the media has also proven essential for security forces: in **Jordan**, the Public Security Directorate communicated and coordinated with NGOs for referrals, especially of the most severe and urgent cases of violence. In collaboration with the media, the Public Security Directorate also launched an awareness campaign on VAWG during the pandemic.



JUSTICE SECTOR

During the pandemic, access to justice has been limited in the Arab States, with courts closed and hearings postponed, resulting in a backlog of cases. In the region, only a minority of cases of violence against women is ever reported to the police and an even smaller percentage of reported cases result in charges being brought against a perpetrator, with fewer still leading to convictions.¹³ With the COVID-19 pandemic, the justice gap for women grew disproportionately due to movement restrictions and other response measures. In many countries, courts have been closed or are limited to dealing with emergency cases. As in person justice services were being scaled back, service providers in some countries have worked to digitalize access to justice.

- In **Morocco** for instance, digital services are being provided by the Ministry of Justice via a website,¹⁴ which includes the possibility to file a complaint via email. A system was also developed, linking telephone hotlines to all courts, complemented by the use of a mobile app that allows victims to submit complaints urgently and online without having to present themselves in person at a court or at a police station. Free-to-use phone numbers have been disseminated through the media and social media and complaints are forwarded directly to the court which has jurisdiction over the complaint. Through this system, follow-up measures are taken either by the police or by helping victims in accessing a shelter or by providing information about social services for less serious or urgent cases.

- In **Lebanon**, following the confinement measures, some judges used remote listening techniques to issue protection orders for women at risk of and surviving GBV and have issued protection orders.¹⁵ Some judges have also ordered forensic doctors to document physical abuse of survivors at police stations.¹⁶ In **Morocco**, hotlines have been setup to allow lawyers and litigants to request information on ongoing cases.

COORDINATION OF THE RESPONSE

The fact that some services are halted or down-sized, also means that the coordinated response between different sectors (health, police, justice, social services) has been impacted. In a number of countries in the region, even where the police has continued its work and been able to assist survivors, most of the shelters have closed or are providing limited services, making referrals challenging.

- In **Palestine**, the Ministry of Social Development coordinated the response which involved the Office of the Prosecutor, the Ministerial Council and the UN. This included providing the Ministerial Council with a 15-point plan, which was adopted, and which included providing guidance on the handling of cases of VAWG during the pandemic.

The coordination also entailed collaborating with the Ministry of Health, whose representatives tested women survivors for COVID-19 before their admission into shelters.

RECOMMENDATIONS

Service providers across countries in the Arab States region have responded to the crisis by designing and implementing innovative solutions and have displayed impressive efforts to ensure women and girls survivors of VAWG could access essential services. Many of these actions are showcased in the COVID-19 Global Gender Response Tracker. Nevertheless, efforts need to be sustained to ensure services remain available and accessible, and that they are acceptable and of quality, as the economic fall out of the pandemic is already taking its toll on women and girls in a context where the virus is still spreading across the Arab States:



FOR ALL SECTORS

- Continue to ensure that essential services

providers from all sectors, including civil society organizations, have the necessary level of personal protective equipment and protocols in place to protect themselves and others from the spread of COVID-19, without compromising the level of service accessibility, availability and responsiveness.

- Issue public service announcements with the message that violence against women and girls will not be tolerated during the pandemic and its aftermath, and that perpetrators will face severe consequences.
- Continue advocacy efforts to sensitize service providers and communities about the need to support survivors during and in the aftermath of COVID-19

- Make urgent and flexible funding available for support services operated by State and especially civil society and women's rights organizations.
- Keep conducting rapid assessments and scoping studies to inform planning, programming and implementation of responses

HEALTH SECTOR:

- Continue advocating with countries to ensure inclusion of GBV live-saving health care among the list of essential health services
- Continue disseminating information about services available locally (e.g. hotlines, shelters, rape crisis centers, counselling) for survivors, including opening hours, contact details and whether these can be offered remotely, and establish referral linkages.
- Keep raising awareness of health providers of the risks and health consequences of VAWG
- Offer first line support and relevant medical treatment to women survivors of VAWG.

SOCIAL SERVICES

- Raise awareness that, to the extent possible, shelters and crisis centres operated by State and civil society organizations should remain open during any crisis, while adhering to necessary safety precautions.
- Continue offering remote services where possible, e.g., speaking to a trained counsellor

on the phone, by SMS or linking to a safe 'chat' online at specified times.

- Update referral networks regularly, to reflect changes in available care facilities, informing civil society service providers and key communities about these new pathways.



POLICE SECTOR

- In line with operational needs, consider deploying police, including female officers, from other crime units to work on cases of violence against women and girls.
- Ensure that women who have experienced violence can leave their house to escape abuse without being subject to any type of sanctions and limitations for breaching COVID-19 lockdown measures.



JUSTICE SECTOR

- Ensure judicial protection measures remain available and accessible, e.g., through allowing remote applications for administering and ensuring compliance with protection orders; admitting testimony and evidence through electronic means; or by introducing special duty shifts for lawyers, prosecutors and judges.
- Consider the use of integrated mobile justice units, administered by justice sector officials, adapted to the social distancing measures, to support holistic responses in cases involving violence against women and girls and to reach those in more remote areas.

ENDNOTES

- 1 | Countries represented included: Egypt, Iraq, Jordan, Lebanon, Morocco, Palestine, Tunisia
- 2 | <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures>
- 3 | <https://arabstates.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures>
- 4 | <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures>
- 5 | <https://jordan.unwomen.org/en/digital-library/publications/rapid-assessment-of-the-impact-of-covid19-on-vulnerable-women-in-jordan>
- 6 | Gender Alert on COVID-19 in Lebanon, April 10, issue nr1, available at <https://arabstates.unwomen.org/en/digital-library/publications/2020/04/gender-alert-on-covid-19-lebanon>
- 7 | On women's access to justice in Libya see The Economic and Social Impact of Conflict on Libyan Women Recommendations for Economic Recovery, Legal Reform and Governance for Gender-Responsive Peacebuilding, UN Women and Altai Consulting <https://www2.unwomen.org/-/media/field%20office%20arab%20states/attachments/publications/2020/04/covid-19%20in%20libya/libya%20report%20english.pdf?la=en&vs=908>
- 8 | UN Women and GBV Sub-Cluster Palestine, Brief on Sheltering Services, 3 April 2020
- 9 | Global Humanitarian Response Plan Covid-19, GHRP July 2020 update, available at <https://reliefweb.int/report/world/global-humanitarian-response-plan-covid-19-april-december-2020-ghrp-july-update-enar>
- 10 | Flow chart Health services GBV COVID-19 April 2020 [EN], available at <https://www.humanitarianresponse.info/en/operations/iraq/document/flow-chart-health-services-gbv-covid-19-april-2020-en>
- 11 | More information available at: <http://www.2m.ma/fr/news/maroc-covid-19-mobilisation-active-de-lunfm-via-la-plateforme-kolonamaak-20200330/>
- 12 | Gender Alert on COVID-19 in Lebanon, April 10, issue nr1, available at <https://arabstates.unwomen.org/en/digital-library/publications/ss2020/04/gender-alert-on-covid-19-lebanon>
- 13 | <https://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence>
- 14 | See www.mahakim.ma
- 15 | Reported by KAFA, April 2020.
- 16 | "March monthly report on domestic violence," KAFA, March 2020, <https://www.kafa.org.lb/ar/node/407>.

