



UNITED NATIONS



VIOLENCE AGAINST WOMEN AND GIRLS AND COVID-19 IN THE ARAB REGION



COVID-19
RESPONSE

INTRODUCTION

In April 2020, the United Nations Secretary-General urged all governments to make the prevention and redress of violence against women a key part of their national response plans for COVID-19, including increasing the investment in remote services and civil society organizations (CSOs), ensuring that judicial systems continue to prosecute abusers, setting up emergency warning systems in pharmacies and grocery stores, declaring shelters as essential services, and creating safe ways for women and girls to seek out support services.ⁱ This call was in response to the growing ‘shadow Pandemic’ – the increasing evidence that the measures taken to restrict movement and ensure social isolation were also contributing to increased violence against women and girls (VAWG). More recently, and in view of the growing urgency of addressing VAWG in the context of COVID-19, considering the context of escalating reports globally, the UN Executive Committee highlighted the necessity of scaling up the efforts, specifically to:

Devise a political engagement strategy to engage influencers at all levels, and mobilize the social and cultural shift necessary to tackle gender-based violence.

Ensure that advocacy on VAWG is evidence-based through greater engagement of big data and rapid assessment surveys.

Strengthen women’s CSOs, faith-based organizations and non-governmental organizations (NGOs) as full partners in COVID-19 response and recovery work, including monitoring and tracking of progress and investments.

In response, this brief serves as an opportunity to review recent qualitative and quantitative data, the availability of support systems and identify good and emerging practices to address VAWG in the Arab Region in light of COVID-19. By doing so, we aim to seize the moment to ensure a more comprehensive and survivor-centered response to VAWG in the Region, both in the short and mid-term response, to the Pandemic and also in the long term, as States work to eliminate VAWG. This is in line with guidance emerging from the Essential Services Packages for Women and Girls Subject to Violence (ESP)ⁱⁱ, as well as the report of the Secretary-General on the intensification of efforts to eliminate all forms of violence against womenⁱⁱⁱ.

To discuss the pernicious impacts of COVID-19 and the subsequent lockdowns’ impacts on VAWG, while also shedding light on how governments and CSOs have responded, UN ESCWA and UN Women led the preparation of this brief. Several UN agencies contributed to its development including FAO, OHCHR, UNAIDS, UNDP, UNFPA, UNICEF, UNODC, WHO, and WFP.^{iv} A unified multi-agency, multi-sectoral and intersectional approach means that, based on each agency’s mandate and audience, a greater expanse and diversity of beneficiaries will be reached. The message that we aim to convey is that VAWG increases during emergencies,^v including health emergencies and that, all too often, necessary services are not available, overwhelmed or deemed non-essential.



This document builds upon a previous multi-agency brief that explored the anticipated impacts of the Pandemic on gender equality in the Arab Region, addressing health care, poverty and economic opportunities, food insecurity and malnutrition, access to information, gender-based violence, and the impacts on humanitarian settings. The brief called for member States in the Arab Region to address the gender dimensions of the Pandemic to stem its tide, and protect women's health, livelihoods, and overall wellbeing, so as to leave no one behind.^{vi}

THE SITUATION: INCREASED VIOLENCE AGAINST WOMEN AND GIRLS IN THE ARAB REGION DURING THE COVID-19 PANDMIC

Prior to the COVID-19 crisis, 37 per cent of all partnered women in the Eastern Mediterranean Region said they had experienced physical and/or sexual intimate partner violence in their lifetime, and some indicators imply that this percentage might be even higher.^{vii} Other forms of violence persist; for example, 1 in 5 girls in the Arab Region marry under the age of 18,^{viii} and the Region accounts for a quarter of all female genital mutilation cases worldwide. In addition, rates of domestic and gender-based violence in the Region are alarmingly underreported.

The crisis tends to compound vulnerabilities, and the COVID-19 Pandemic is no exception in the Arab Region. Since the emergence of the Pandemic, VAWG has increased in severity and scale. This increase is partly due to the many measures deemed necessary to control the spread of COVID-19 that have limited survivors' ability to distance themselves from abusers when living together, and reduced their ability to access external support. During the early phases of the lockdown, reports from different stakeholders highlighted the rise in reported cases or, in some contexts, warned about the decrease in received calls, indicating the inability of women to reach out for help.

In addition to the difficulties faced by women and girls when seeking services, VAWG services such as health, social and justice and policing services have also been disrupted. In the State of Palestine, for example, a UN Women assessment revealed that services that require gatherings, face-to-face engagement, and field visits such as medical or legal assistance in shelters have stopped completely.^x In Lebanon, women reportedly faced challenges when seeking legal redress against their perpetrators, with court services closed or operating at reduced capacity.^{xi} The fact that some services were halted or reduced also meant that coordinated responses between different sectors (health, police, justice and social) were impacted. In the State of Palestine, for instance, although the police continued to work, in the early days of the lockdown, most of the shelters were closed or provided limited services, notably due to the public health risks related to communal living, leaving women survivors no recourse.

INCREASE IN INSTANCES OF VAWG, IN ALL ITS FORMS

According to an assessment conducted by UN Women among the general public in nine countries in the Region,^{xii} about half of the respondents from all surveyed countries agreed that women faced an increased risk of violence from their husbands because of COVID-19 lockdowns, with slightly more women agreeing to this statement than men. The majority of respondents also agreed that addressing the shadow Pandemic should be prioritized. Nevertheless, the acceptance of VAWG remains high in the Region as it is still perceived as a private matter; nearly 1 in 3 respondents at least across the surveyed countries agreed that women should tolerate violence to keep the family together, especially during difficult times. Such stance highlights a culture of silence in the Region that normalizes violence.^{xiii}

Due to prolonged confinement, increased instances of domestic violence, broadly defined, were reported throughout the Arab Region. Since the spread of COVID-19 in Lebanon, 57 per cent of women and girls have reported feeling less safe in their communities and 44 per cent of women and girls have reported feeling less safe in their homes.^{xiv} The most prevalent types of violence observed by women and girls were emotional abuse (79 per cent), physical violence (55 per cent), and denial of resources (53 per cent), followed by sexual violence (32 per cent), discrimination (31 per cent), threat of deportation or eviction (15 per cent), and child marriage (4 per cent).^{xv}

An assessment in Jordan of more than 400 girls, adolescents and adults in the refugee and host communities found that 69 per cent of all respondents agreed that violence had increased since the beginning of the Pandemic.^{xvi} Emotional and physical abuses—often perpetrated by an intimate partner or member of the family—were named as the most common types of violence. In Iraq, 65 per cent of surveyed service providers reported an increase in one or more types of violence in their areas of intervention.^{xvii} An initial rapid assessment conducted by the Health Cluster indicated an increase in health service utilization by survivors, particularly women enduring intimate partner violence. Nearly 40 per cent of health facilities, hospitals, and mobile medical clinics responding to the assessment indicated an increase in women survivors from the host, refugee and internally displaced communities seeking assistance during the COVID-19 outbreak.^{xviii} Food insecurity and loss of livelihoods have contributed to intrahousehold tensions and increased violence.

Similarly, in Tunisia, in the first weeks following the lockdown, calls to the toll-free numbers run by the Ministry of Women from families, children and seniors were nine times higher than usual. Out of 9,800 calls, 2,700 were violence cases, and included the following: 90 per cent of the calls concerned verbal abuse; 80 per cent emotional abuse; 76 per cent physical violence; 37 per cent economic violence; 17 per cent sexual violence; and 22 per cent concerned violence against children.^{xx}



Organizations within the State of Palestine noted perceptions that violence increased, while several women were unable to access justice services. Furthermore, 19.5 per cent of respondents to an assessment believed that domestic violence increased during the lockdown and 70.8 per cent believed it would further increase with the extension of the lockdown.^{xxi}

Additional forms of violence were also exacerbated due to the Pandemic. This includes femicide; some countries in the Region showed increased numbers of murders of women during the Pandemic. In Algeria, several cases of femicide have committed since the beginning of the year. The incidents increased in the context of the confinement, with a murder occurring every three to four days.^{xxiii} Girls were also more at risk of child, early and forced marriage, as well as female genital mutilation (FGM), with the closure of schools and the suspension of programming due to COVID-19. Service providers in Yemen expressed concern that child marriage would increase during the Pandemic because, for poor families, it was now more affordable to marry off young girls because of a ban on large and expensive social gatherings (i.e., weddings).^{xxiv} In Jordan, rates of child marriage were reportedly increasing in Azraq and Zaatari camps due to a loss of informal labor opportunities and increased food insecurity.^{xxv} UNFPA estimates that two million additional cases of FGM globally could take place over the next decade that otherwise would have been avoided if the Pandemic had not occurred.^{xxvi} In Somalia, survey findings indicated an upsurge of FGM with 31 per cent of community members who noted that there had been an increase in FGM incidents compared to the pre-COVID-19 period.^{xxvii}

“IN THE LAST THREE MONTHS, WE HAVE SEEN AN INCREASE OF FGM. DISRUPTION OF SERVICES MAY LEAD TO THE UPSURGE OF FGM, WHICH IS IN MOST CASES ALSO LINKED WITH DOMESTIC VIOLENCE”

HEALTH PROVIDER FROM JOWHAR DISTRICT, SOMALIA^{xxii}

Instances of online and ICT-based VAWG significantly increased in the Region following the outbreak of COVID-19. Indeed, lockdowns and movement restrictions have led to an even greater reliance on the internet, particularly social media, and cell phones for connection and communication, thus amplifying the likelihood that women and girls may be exposed to online sexual abuse and harassment.

According to a Regional survey by UN Women with inputs from over 220 organizations working in 15 Arab countries, women were highly exposed to online harassment, either directly or through the production or circulation of dark humor or misogynistic posts on social media.^{xxviii} A complementary survey of men and women in the Region found that 42 per cent of those surveyed in Egypt reported knowing or witnessing online harassment against a woman, while in Lebanon it was 24 per cent.^{xxix} Furthermore, Lebanese authorities reported that online sexual harassment and blackmailing increased by 184 per cent during the lockdown: 41 per cent were aged 12-26 years old, while 27 per cent were 26 years or older.^{xxx} An online study in Tunisia among 1508 persons aged 18 and above found that 35 per cent of respondents reported witnessing and/or knowing a woman who had experienced cyber-harassment.^{xxxi} In Jordan, online sexual harassment was the second most reported form of violence after domestic violence.

COMPOUNDED RISKS FOR VULNERABLE POPULATIONS

Vulnerable populations in the Region have been at increased risk of violence during the COVID-19 Pandemic according to rapid assessments and data from several countries in the Region.

Women and girls with disabilities have been facing additional challenges due to a lack of power within their communities, their potential lack of access to resources and, in some contexts, increased levels of social isolation. In several countries in the Arab Region, the closure of special care centers resulted in women with disabilities being stigmatized as “dependents” and as representing an additional burden for households.^{xxxiv} In Somalia, persons living with disabilities affirmed the difficulties faced by women and girls with disabilities during the Pandemic lockdown due to restrictions in movement and disruptions in livelihood options and transportation systems made it more difficult to access services.

DISABILITY RESPONSE IN JORDAN

IN JORDAN, THE FAMILY OF A WOMAN WITH A PHYSICAL/MOBILITY DISABILITY THAT WAS SUSPECTED OF HAVING CONTRACTED COVID-19 DID NOT ALLOW HER INTO THE HOUSE AFTER SHE SUBSEQUENTLY TESTED POSITIVE. SHE WAS UNABLE TO FIND AN ALTERNATIVE PLACE TO STAY UNTIL THE FAMILY PROTECTION DEPARTMENT, THE MINISTRY OF SOCIAL DEVELOPMENT AND THE HIGHER COUNCIL FOR PEOPLE WITH DISABILITIES COLLECTIVELY WORKED TO FIND A SOLUTION. ^{xxxiii}

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Moreover, the challenges that female migrant workers, particularly domestic workers, face in the Arab Region in accessing services have become even more considerable due to COVID-19 and curbs on movement. Female migrant workers, as well as women working in the informal sector, were at risk of losing their source of income or were under pressure to perform tasks that put them at an increased risk to contract COVID-19. This may especially be the case of women employed under the sponsorship (kafala) system^{xxxvi} who remain at a greater risk of heightened exploitation and abuse. In Lebanon, as a result of the economic situation that has been compounded by the lockdowns, many employers have stopped paying workers, turning many of them onto the streets often without access to their identity documents.^{xxxvii} Similarly, in the Gulf States Region, migrant domestic workers and other irregular female workers have been subjected to work termination and other detrimental measures.^{xxxviii}

Women refugees and internally displaced

persons were particularly vulnerable prior to COVID-19 as they were already at an increased risk of experiencing violence. Their access to services was further limited due to the Pandemic while the risk of contracting COVID-19 increased due to the environment that they were placed in, including overcrowded and unhygienic accommodations. In Lebanon, the CSO KAFA reported a reduction in phone calls to their hotline from Syrian women refugees in some areas.^{xxxix} In Jordan, 62 per cent of Syrian refugees and Jordanian women respondents of a rapid assessment indicated that they felt at increased risk of suffering physical or psychological violence as a result of either increased tensions in the household or food insecurity, both of which have been caused by the crisis.^{xi}

Women in prisons and detention centers, including migrant women held in detention centers prior to deportation, were also exposed to an increased threat of sexual violence during the Pandemic due to decreased security in prisons.^{xli} In the United Arab Emirates, female migrant workers have been imprisoned with their children for having sex outside of marriage (in some cases, as they were victims of rape). Due to the Pandemic, they have not been incarcerated, but are not allowed to return to their home countries until they serve their sentences.^{xlii}

Women sex workers and women living

with HIV are also at an increased risk of violence. In Lebanon, a rapid gender analysis highlighted the compounding effects of the Pandemic and the Beirut Port explosion on sex workers who were exposed to a higher risk of violence due to a loss of housing and the economic decline, leaving them susceptible to abuse by controllers or clients.^{xliii} In Algeria, 36 per cent of women living with HIV and 50 per cent of sex workers reported experiencing violence from their partners, family or society.^{xliv}

In response, a dedicated gender-based violence/HIV/COVID-19 listening unit was created to provide psychological, social, and legal services to survivors and build their resilience. Since June, 179 women living with HIV and sex workers have received much needed support from the unit.^{xlv} Generally, women living with HIV in the Region are particularly vulnerable to violence, and the high levels of stigma and discrimination resulting in limited access to HIV services including testing and vital HIV prevention, treatment and care as well as support services. In Egypt, a rapid gender assessment among people living with HIV found that 53 per cent could not access psycho-social support due to the interruption of services provided by CSOs. Only 14 per cent of women were able to access psycho-social support, in comparison to 40 per cent of men. 67 per cent of surveyed women living with HIV said they have lost their jobs because of COVID-19, versus 46.6 per cent of men. Forty-three per cent of women living with HIV were part of the irregular workforce before the Pandemic and working from home was not an option for most.^{xlvi}

THE IMPACTS OF THE LOCKDOWNS ON VAWG SERVICES, PROGRAMMING AND RAISING AWARENESS

The lockdowns, intended to protect from the Pandemic, not only impacted rates and types of VAWG, but have meant that the availability of and access to services, programming and raising awareness have suffered exponentially.

Locked up at home with their abusers and subject to restrictions in movement, women survivors were often unable to reach out for help and, thus, access the necessary services during the Pandemic. In addition, women and girls across the Region continued to experience difficulties in reporting incidents or accessing services due to limited access to communication devices, a lack of privacy, or the presence of perpetrators within the same household. A WHO Regional Office for the Eastern Mediterranean (EMRO) rapid assessment found that most countries reported a general reduction in health services seeking at all levels due to people's fear of infection and restrictions on movements. Some countries reported limitations and difficulties in the access of women to vital sexual and reproductive health services, including for women subjected to violence, as health resources and medical supplies were diverted to respond to the Pandemic, thus leaving other essential services heavily under-resourced and dysfunctional.^{xlvii}

In most countries of the Region, VAWG services were not considered as "essential" during the Pandemic, preventing an adequate response by service providers to the surge in VAWG. Mental health and psycho-social support services (MHPSS), shelters and other safe spaces, reproductive health services, and policing and justice services were temporarily suspended or severely curbed, further amplifying the harms against

women and girls during the Pandemic. Surveys in different countries revealed that the management of the health crisis had taken precedence over other activities, and that the response provided for VAWG survivors was limited. In Egypt, for instance, services provided by shelters were discontinued and social workers were only able to provide core services such as case management. Similarly, FGM raising awareness has been discontinued during the lockdown, leading many to believe that this will lead to a negative impact on the reduction of FGM in the country. At the start of the lockdowns, Morocco reported that some shelters stopped taking new cases, and Iraq reported that the only shelter in the Central Baghdad Region was overwhelmed, as were four shelters in the Kurdistan Region.^{xlviii} In the State of Palestine, VAWG services and all other activities that usually required face-to-face contact, such as court appearances, legal counselling, couple and group therapy, economic initiatives for survivors, were scaled back, suspended or provided remotely, greatly impacting access to justice for women.^{xlix}

A survey by UN Women of over 220 CSOs from 15 countries¹ across the Arab Region found that 84 per cent were either negatively or very negatively affected by the Pandemic, and 67 per cent indicated that if their organization did not receive the necessary funding in 2020 and 2021, they would remain only partially operational, while another 6 per cent noted that they would have to close down. Linked to the discontinuation of police and justice services, the access to justice was further complicated. Several national surveys bear this out. For example, in the State of Palestine, a majority of respondents believed parents are the main source of help for survivors of violence. Sources of help mentioned least by all participants were family protection services and helplines.¹¹

Thirty-five per cent of women's CSOs participating in a UN Women Regional survey explained that community mediation or alternative dispute resolution through the family or traditional leaders have gained greater prominence. The same survey found that policing and justice services have also been impacted. In Gaza, many cases that gained adjudication could not be executed due to the closure of the courts. For example, there were reports of some women who had gained child custody adjudication but were not able to host their children as their ex-spouses used COVID-19 as a justification to forbid the mothers from doing so.^{liii} Decreased protection services by the police as well as reduced capacities of the justice sector due to the COVID-crisis can also lead to increased (actual or perceived) impunity of perpetrators and therefore increased violence. To respond to the shadow Pandemic in the context of curfew and lockdowns, service providers have adapted their activities to be able to pursue their support to women survivors.

According to a UN Women survey, 71 per cent of women's organizations have switched to providing remote support for women and 86 per cent of women's organizations surveyed mention having changed how they reach out to communities and women and girls by using more technology-based platforms. Countries such as Tunisia, Morocco, Lebanon, Jordan, Egypt and Sudan provided remote VAWG services from the early days of the lockdown (through phone or online platforms).^{liiii}

Providers leveraged social media platforms such as Facebook and WhatsApp groups for timely and accurate information sharing related to COVID-19, and to allow the provision of remote services. However, the shift to providing remote services, as needed as it may be in times of social distancing and restrained movements, has also brought to light additional challenges.

In some contexts, survivors' access to phones, network coverage and/or the perpetrator's relationship with the survivor were factors that may have constrained access. The high cost of the Internet and the lack of access by the most marginalized populations were also constraining aspects. Women sometimes lacked access to mobile phones or other technology, could not afford an internet connection, faced connectivity issues, or did not know how to use certain applications (some beneficiaries are illiterate). With the greater use of social media, the need to ensure the safety of information online has also arisen, when dealing with cases of VAWG. In fact, privacy and security when working on online platforms were among service-providers' greatest concerns. Finally, providing similar services remotely has proven challenging, as service providers were not always trained to do so and thus faced difficulties in providing remote quality services.

In humanitarian contexts, the Pandemic has constrained the access of service and humanitarian providers, in contexts where the space to provide services was already restrained. In Yemen, the COVID-19 Pandemic and lockdown challenged the response as well as the prevention of VAWG from March to May when specific services for VAWG survivors were lacking. Trainings and activities involving gatherings were suspended. The lockdown also affected the livelihoods of a wide range of the Yemeni population, including internally displaced women.^{liiv} Similarly, centers for survivors in Syria were closed but individual services were maintained to be provided in the facilities (case management, psycho-social support, individual counselling, and health individual consultations). Providers had to adapt their activities to respond to the crisis: in Libya, women and girls beneficiaries of the safe spaces in three Regions (Tripoli, Benghazi and Sabha) have worked in producing face masks and distributing them to vulnerable groups in targeted areas.

A MULTI-SECTORAL RESPONSE TO ADDRESS VIOLENCE AGAINST WOMEN AND GIRLS IN THE ARAB REGION DURING THE COVID-19 PANDEMIC

The increase in VAWG has gone hand-in-hand with a decrease in the availability of services and an increase in the difficulty for service providers to reach survivors, particularly at-risk populations, in a timely and efficient manner. However, service providers have proven resilient and have become more flexible and creative in reaching out to survivors despite the circumstances, with many relying on remote mechanisms. In response, the Region saw a significant uptick in survivors accessing hotlines or social media platforms to access services and service providers. Impressive efforts were seen in the Region, across the various sectors of the ESP.

SOCIAL SERVICE SECTOR

During the lockdowns, many services providers documented marked increases in survivors reaching out to hotlines, when shelters and in-person services were not immediately available. With curbs on in-person contact and services, providers throughout the Region increased hotline availability and adopted remote and online services, utilizing landlines and telephony services, texting services (SMS), and social media platforms to communicate with survivors. Notably, in some instances, Governments began instituting hotlines and other remote responses and support services for the first time, as was the case in Sudan and Egypt. Those providing case management and psycho-social services indicated increased reports of women and girls calling hotlines as they were not able to seek other services due to family imposed movement restrictions, limitations in health services, or government-imposed movement restrictions.

In Sudan, the availability, accessibility, and quality of anti-violence services were challenged prior to the Pandemic. To counter this gap, the Unit for Combating Violence against Women at the Ministry of Social Development launched the country's first ever anti-violence hotline in April 2020, available throughout Sudan.^{lv} The hotline offered psychological first aid services and referrals, including psycho-social, legal and health support. Calls were received by trained social workers who aimed to empower and help the survivor define her priorities and needed support. While the line is not toll free, survivors may send the hotline workers a text message to call them back to absorb the cost.

The number of hotlines in the State of Palestine increased to 28 after the national State of Emergency and lockdown. This included two new police helplines and a mobile application, which are exclusively for VAWG survivors.^{lvi} Legal aid, MHPSS and case management were also provided by lawyers, social and health workers via landlines and mobile phones. In Jordan, the human rights organization Mizan for Law created a Facebook page and a WhatsApp number for complaints; while the Sisterhood Is Global Institute in Jordan implemented a 24/7 phone and online service to support survivors and the organization also shared available helpline numbers on social media.^{lvii} The Supreme Council for Women in Bahrain provided family and legal advice and consultations by developing communication channels for the Women Support Center through a special program called "Your Remote Advisor." The program conducted video sessions and instant conversations via the Council's website to respond to inquiries, requests for support, and remote guidance.^{lviii}

The National Union of Women of Morocco initiated the platform Kolona Maak, providing 24/7 support and guidance nationwide for women survivors. The platform is linked to the Ministry of Solidarity, Social Development, Equality and Family, the Office of the Public Prosecutor, police authorities, the Ministry of Health, and other relevant stakeholders.^{lix}

Several feminist associations set up VAWG hotlines in Tunisia, while the Ministry of Women, Family, Children and the Elderly made the 1899 green line operational for 24 hours.^{lix} This effort was augmented by efforts from the Ministry and CSOs to set up a new shelter for women survivors of domestic violence in April 2020.^{lix} The new shelter was established as both a protective and preventive measure over the spread of COVID-19 and the increase of VAWG. To ensure survivors' health upon arrival to the shelter and throughout their stay, a health assessment questionnaire is provided and temperatures taken; all new clients quarantine in a reception center, which is supported by volunteers from the Association of Tunisian Women for Research and Development, before formally entering the shelter.

"I WAS A VICTIM OF DISCRIMINATION AND DOMESTIC VIOLENCE; I CONTACTED THE AIDS ALGERIE LISTENING UNIT WHICH PROVIDED ME WITH LEGAL AID THROUGH A LAWYER."

HOUDA, WOMAN LIVING WITH HIV, 32 YEARS ^{lixii}

"I WAS A VICTIM OF DOMESTIC VIOLENCE, MY BROTHER CHASED ME OUT OF THE HOUSE, AIDS ALGERIE LISTENING UNIT IN CLOSE COLLABORATION WITH WASSILA NETWORK OF ASSISTANCE TO WOMEN VICTIMS OF VIOLENCE PROVIDED ME WITH PSYCHOLOGICAL AND LEGAL SUPPORT, I WAS EVEN ACCOMMODATED IN THE WASSILA NETWORK CENTER. I HOPE THERE WILL BE MORE STRUCTURES TO ENSURE THE PROTECTION OF WOMEN VICTIMS OF VIOLENCE AND SAFE HAVEN TO PREVENT THESE WOMEN FROM ENDING UP IN THE STREETS."

FATIMA, SEX WORKER, 40 YEARS ^{lixiii}

HEALTH SERVICES SECTOR

Health services were deemed essential during lockdowns, however, a focus on health concerns related to the COVID-19 Pandemic meant that anti-violence response mechanisms were sidelined throughout globally. However, regionally, an assessment conducted by UNFPA examined the impacts of the Pandemic on the provision of clinical care services for survivors of rape within the Arab Region, as well as specialized services (forensic medicine/referrals to other services), and found that 75 per cent of health facilities surveyed were able to maintain essential clinical management of rape services (including clinical examination, specialist medical staff during COVID-19, following the protection and infection control measures to prevent the spread of the COVID-19 Pandemic). Some disruption was observed with reference to the drug supply chains, and more challenges were noted in the availability of updated pathways for referrals of rape survivors, including information on counseling services, psychosocial support, protection services, hotlines and accommodation.^{lixiv} Yet, providers managed to reach out to survivors and ensure that health services reached survivors as well.

An initial rapid assessment conducted by WHO and the Health Cluster in Iraq indicated an increase in health service utilization by survivors, particularly women enduring intimate partner violence. Nearly 40 per cent of health facilities, hospitals, and mobile medical clinics responding to the assessment indicated an increase in women survivors from the host, refugee and internally displaced communities seeking assistance during the COVID-19 outbreak.^{lixv}



A hotline focusing on sexual and reproductive health services was established jointly with UN agencies and the Ministry of Health in Oman. A referral system was part of the joint hotline, so women were also referred to the psychological support hotline of the Ministry of Health, in case they needed further support. In Morocco, to reach out to survivors, the staff at a large city hospital made a short video raising awareness on VAWG, publicizing their services and contact information.^{lxvi}

In Sudan, the diversion of resources to the COVID-19 response occurred in conjunction with the fear of exposure to COVID-19 in healthcare settings. This led to the decreased utilization of reproductive, maternal, newborn, child and adolescent health (RMNCAH) services in the country. Nevertheless, measures have been taken to support the continuity of RMNCAH services including the clinical management of rape. For example, in Khartoum State, which was the state most affected by the Pandemic, 65 selected primary health centers (PHCs) were prioritized to provide all essential services at the beginning of the lockdown. This number was later increased to 104, based on available resources. The 104 PHCs were providing all essential services (with consideration to COVID-19 preventive measures), given that no single PHC was modified to exclusively provide COVID-19 services.^{lxvii}

POLICING AND JUSTICE SERVICES SECTOR

Generally, resources have been diverted away from the criminal justice system towards more immediate public health measures to deal with the COVID-19 Pandemic.

This means that police and other law enforcement agencies have less time and human resources to respond to incidents of VAWG, may lack specific plans on how to respond to such incidents during the emergency and are likely to shift priorities towards enforcing quarantine, monitoring social distancing and other related measures. In some contexts, judicial proceedings were suspended and/or postponed, impeding immediate judicial protection (e.g., issuance of emergency or interim measures like protection orders) and creating a backlog of cases that affected the effectiveness and quality of criminal justice responses to VAWG in the long run. In response, justice and policing providers in the Arab Region have made use of the growing number of hotlines and online platforms that link survivors to life saving services that were either temporarily inaccessible or curbed during the lockdowns.

Morocco^{lxviii} developed a system of telephone hotlines linked to all courts that were complemented by the use of a mobile app that allowed survivors to submit complaints urgently and online without having to present themselves in person at a court or a police station. The toll-free phone numbers were disseminated through traditional and social media, and complaints were forwarded to the court in the jurisdiction of the complainant. Through this system, follow up measures were taken through the police or through help provided to the survivor to access a shelter, or information about social services in less serious or urgent cases. These mobile applications are set up in line with the existing protection laws and the required certification. The Public Prosecution recorded a 60 per cent increase in the number of complaints received over a one-month period, compared to the same time the previous year. Half of all the complaints involved intimate partners violence.

Innovative approaches were used by the Public Security Directorate in Jordan to reach survivors and ensure the continuation of services during the Pandemic.^{lxix} Cases reported included physical and verbal violence, with a drop in reporting of sexual assault and abuse. Personal Protective Equipment (masks, hygiene products, gloves) were distributed to law enforcement officers and service providers to sustain the continuation of service provision. An emergency response team that included female officers was formed and trained to respond during the crisis. This included reaching out to survivors directly and accompanying them to the police station or the court to ensure the safety of the survivor to and from the police station/court in the context of movement restrictions. The Public Security Directorate also closely communicated and coordinated with CSOs for referrals, particularly for the most severe and urgent cases of violence. The Family Protection Department within the Directorate also launched an awareness campaign that was aired on television, and brochures were shared across social media platforms, in collaboration with the media.

COORDINATION AND RAISING AWARENESS ON VAWG

The coordination of various sectors is essential in situations of crises, due to the interdependency of the various services to VAWG survivors. Communication and multi-sectorial organization are keys to ensure a survivor-oriented approach. In Lebanon, a multi-pronged response to VAWG was initiated using different types of technologies for survivors to access services while also observing safety protocols linked to the Pandemic lockdowns. Across the country, 24/7 hotlines were opened by CSO, in addition to the national hotline run by the Internal Security Forces. Case management, psychosocial support, and information counseling were made available via phone or various social media platforms.

In the early days of the lockdown, CSOs such as KAFA reported that survivors were providing written reports through text messaging and social media, particularly Facebook. The CSO ABAAD developed internal case management guidelines on best practices for remote support^{lxx} and, in April 2020, ABAAD also launched a nationwide awareness campaign under the hashtag #LockdownNotLockup, calling upon those in lockdown to share their hotline number from their balconies for survivors in need. According to the SGBV Task Force's Impact Assessment, of those who accessed services, 86 per cent said that remote services were 'as helpful as' or 'more helpful than' in person services. Justice providers also adopted remote listening to issue domestic violence protection orders. On 21 April, Generalization Number 77/2020 issued by the President of the Supreme Judicial Council formalized an online mechanism to accept and rule on urgent complaints presented to judges by email.

Subsequently, the first online protection order was issued on 23 April, in coordination with social services. Similarly, Generalization Number 68/2020, issued on April 16, allowed survivors to testify via video call in domestic violence cases while judicial officers take statements remotely. In Jordan^{lxxi}, similarly, due to the difficulties for government social services to operate, women's CSOs providing hotlines and shelters support worked directly with the Family Protection Department to refer the cases and bring women survivors to safety.

Due to the lockdown, awareness raising activities on VAWG and its prevention also became more difficult to organize. Service providers shifted to virtual film screenings, learning activities and games for households in Egypt. The Y-Peer program, through UNFPA, has further contributed to raising awareness with several episodes of Peer Cast, aimed to discuss sexual and reproductive health and gender-based violence and harmful practices. Similar activities occurred in Jordan.^{lxxi}

It is critical that service providers across all sectors develop protocols to respond to VAWG, as well as means to connect survivors with needed services, in line with ESP guidelines. While much remains to be done in terms of crisis preparedness, good practices from the Region have shown the adaptability and resilience of service providers during the COVID-19 Pandemic.

CONCLUSION AND RECOMMENDATIONS

There is no gender-neutral Pandemic and the COVID-19 Pandemic is no exception. It has exposed VAWG as a parallel emergency requiring urgent action. The confinement and social isolation measures taken to curb the spread of the virus have combined with widespread economic insecurity and lost livelihoods to create new risks for women and girls in respect of exposure to violence. The current circumstances limit the availability of social support and make reporting difficult. The Pandemic has shed light on the failure of efforts undertaken so far to effectively prevent and respond to VAWG, but has also brought to the surface the systemic nature of violence perpetrated by men against women and girls and the deeply rooted patriarchal norms defining and fueling it in the Region.

The cost of inaction for addressing the surge of violence cases during the lockdown is significant for survivors, families and society at large. The impacts of the Pandemic in fragile, conflict-affected and emergency situations, like in many countries in the Region and where institutional capacity and services are limited, have been even greater, putting women and girls at higher risk of violence and limiting the likelihood of receiving appropriate and timely support.

The Pandemic resulted in the exacerbation of all forms of violence in the Region and led to the accentuation of others, including ICT-facilitated and online violence, causing women and girls to face additional challenges compounded with a lack of digital knowledge and awareness of the existing support channels.

The researches conducted in the Region highlight that services operated by CSOs and women's organizations, such as helplines, shelters and safe spaces, have been scaled back or subjected to funding cuts, which has reduced the already meagre number of sources of support available to women in abusive situations. Many women's organizations are struggling to maintain their presence and deliver services. While women's organizations were in the past underfunded, since the onset of the COVID-19 Pandemic, they have been operating in a context of lost fundraising income, additional technological costs from remote working, increasingly complex caseloads and staff shortages, exacerbating prior shortages. Women's organizations are a crucial nexus between survivors and Governments and play a vital role in informing national responses. In the Region, the financial impacts of COVID-19, however, will also affect the capacity of women's organizations to advocate policy reforms on VAWG and, in the long term, to provide services to survivors of violence.

In recent years, a momentum has grown in the Arab Region, and public attention has increasingly been paid to VAWG in both the public and private spheres, including new demands for accountability and action. However, in view of the current context and beyond its immediate consequences, the COVID-19 Pandemic is jeopardizing the progress achieved so far and will slow the progress being made on the targets of Agenda 2030 and the Sustainable Development Goals related to gender equality and violence against women. Furthermore, 2020 marks the 25th anniversary of the Beijing Platform for Action and the 20th anniversary of the Women, Peace and Security agenda, and was intended to be ground-breaking for gender equality. Instead, with the spread of the COVID-19 Pandemic even the limited gains made in past decades are now at risk of rollback.

Ensuring the continuity of services is a key to prevent and respond to violence. Efforts to support and adapt such services in general were insufficient to match the scale of the problem in the context of the Pandemic. Even before the COVID-19 Pandemic, many women and girls lacked access to basic free essential services for their safety, protection and recovery, such as emergency helplines, police and justice sector services, health care, safe accommodation, shelter and psychosocial counselling.

While online and remote services have managed to mitigate some of the burden posed by the lockdowns, concerns on the accessibility to such services, the safety and privacy considerations or digital literacy, reveal that Arab States must do more to respond to and counter such violence, drawing from and building upon the lessons learned in the Region.

The responses highlighted in this brief are a sample of the possibilities; however, more needs to be done in terms of policy and provision. While they highlight the resilience and creativity of providers, measures in the social services, health services, policing and justice services sectors, as well as coordination and governance, must be more highly developed and institutionalized to better ensure service delivery. These measures must also be deemed essential services and must be part of future emergency plans on the level of the Region and nationwide. Therefore, the UN agencies that have contributed to this brief and in line with the Secretary-General's political engagement strategy to address violence against women, recommend the following:

TO GOVERNMENTS AND POLICY MAKERS:

- 1.** To ensure the prioritization of the prevention and response to violence against women and girls in national action plans for COVID-19 response and recovery, along with effective monitoring and accountability mechanisms.
- 2.** To include prevention and response to violence against women and girls in the fiscal stimulus packages.
- 3.** To support civil society organizations through availing the necessary resources for them to continue operating and delivering prevention and response services to female survivors of violence.
- 4.** To engage with all stakeholders in the COVID-19 response and put resources to build the capacities required to address violence against women and girls as a key priority.
- 5.** To ensure all efforts are continued to address and challenge the social norms, stereotypes and attitudes that normalize and accept violence.

- 6.** To engage with the media to address stereotypes and prevent violence against women and girls.
- 7.** To prioritize working with men and boys, religious leaders and civil society organizations to make them allies in eliminating violence against women and girls.
- 8.** To adopt a gender-sensitive approach while introducing new COVID-19 related lockdown/reopening measures by taking into consideration the specific needs of pregnant women, women in labor and female caregivers.
- 9.** To support national campaigns to raise awareness about the increased potential for domestic violence and to inform potential survivors on available services and emergency numbers. Such campaigns should be made available via multiple channels (e.g. TV, radio, internet, social media and leaflets in supermarkets) in all major languages spoken in the community.
- 10.** To recognize that children who witness domestic violence are themselves victims of violence, for whom a full range of protective measures should be made available. Such measures include:
 - A.** child-sensitive counselling and psycho-social support
 - B.** free access to legal assistance
 - C.** legal recognition as victims of violence (including being listed on restraining/protection orders)
- 11.** To continue strengthening laws addressing violence against women and girls and enact comprehensive laws that recognize sexual harassment as a form of discrimination against women and human rights violation, and ensure that such legislation addresses multiple spheres, including the world of work, educational institutions, and public and online spaces.
- 12.** To consider services for all women, including shelters, health services and psychosocial support, as essential services and ensure that no one is left behind, so that women who are disadvantaged or who live in remote areas can also have access to services.
- 13.** To enable women to have access to courts and to establish an accurate, up-to-date database to track and monitor registered offenders effectively.
- 14.** To encourage all actors, including the private sector, to support women and girls who experience violence, using survivor-based approaches in partnership with women's organizations, with such efforts further strengthened in the context of COVID-19.
- 15.** To ensure access to safe and affordable ICT for women and girls, and work with technology providers to eliminate online violence and harassment, in particular in the context of COVID-19, ensuring access to fast and effective remedies for women who experience such violence and harassment.
- 16.** To strengthen efforts to improve data collection on violence against women and girls, including the online space.
- 17.** To strengthen administrative data collection across different service points, and ensure the utilization of such data to improve service delivery.

TO HUMANITARIAN RESPONSE ORGANIZATIONS:

- 1.** To include services for women subjected to violence and their children in their COVID-19 response plans and gather data on reported cases of VAWG.^{lxxii}
- 2.** To prioritize and maintain the provision of multi-sectoral, multi-level and survivor-centered prevention and response protection as well as assistance.
- 3.** To adopt a survivor-centered approach across the COVID-19 programs, including risk prevention and mitigation.
- 4.** To consider violence as a key threat for women and girls facing food insecurity and loss of livelihoods and to include prevention and response to violence in food assistance programming.
- 5.** To ensure that data collected on VAWG is disaggregated by sex, age, and diversity to better inform programming that addresses the needs of different vulnerable groups.
- 6.** To advocate, along with UN agencies, among relevant stakeholders, including governmental departments, service providers and others, around the “leave no one behind” principle to include in their response plans the most vulnerable groups including domestic workers, women, refugees, displaced, stateless and girls of minority groups.

TO UN AGENCIES:

- 1.** To keep violence against women and girls at the center of their agenda and programming and mainstreaming it among the different sectors.
- 2.** To adopt a survivor-centered approach in all COVID-19 related interventions.
- 3.** To encourage joint programs to address survivors’ diverse needs.

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