



UN Trust Fund to End Violence against Women  
**Dialogue on Impact of COVID-19**

16 April 2020



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# Statement on Consent

Please note that this meeting will be recorded and potentially publicly shared. If you are presenter, asking a question or making a statement during the meeting, please inform us before your intervention if you do not want to give consent. All information shared during the meeting may be used for the UN Trust Fund's communications purposes (website, social media etc.)

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# Code of Conduct for this Meeting

- Be respectful, even when you disagree
- Listen actively
- Speak slowly and clearly
- Be aware of language diversity
- Keep to time
- Recognize diversity
- Respect privacy of participants (consent)
- Handle disagreement constructively
- Act fairly, honestly, and in good faith with other participants

# Moderation and Questions



Microphones will be **MUTED** until participants' interventions



Moderators for each session will **keep time** & may intervene to keep on track



The session will be in **English** language only



Questions are welcome in **French** and **Spanish**

Questions & discussion at the end of the presentations



(around 09:50am EST)



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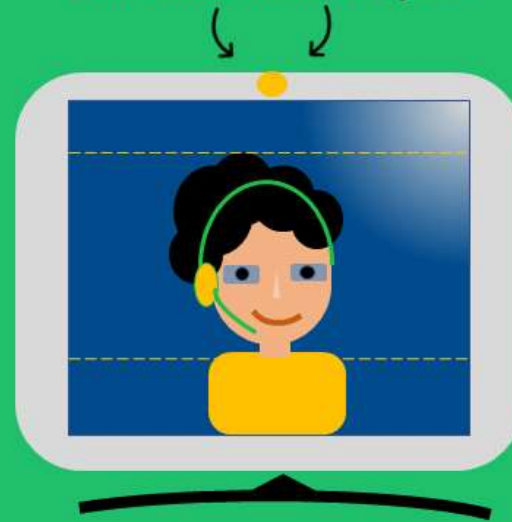
# Tips for Presenters / Interventions

## VIRTUAL MEETING TIPS

- ✓ Sit straight
- ✓ Use front, soft lighting
- ✓ Simple, clean background with depth
- ✓ Avoid white wall background



- ✓ Keep your eyes on the lens of your device when you speak



- ✓ Raise your device so your figure is centered
- ✓ Put your figure in the medium close-up

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# Welcome and Introduction

*Aldijana Sisic*

*Chief*

*UN Trust Fund to End Violence  
against Women*



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## At the Front Lines:

Learning how three UNTF EVAW partners are navigating EVAW programming amidst the current public health crisis

*Moderated by Tanya Ghani  
Grants and Programme Manager*

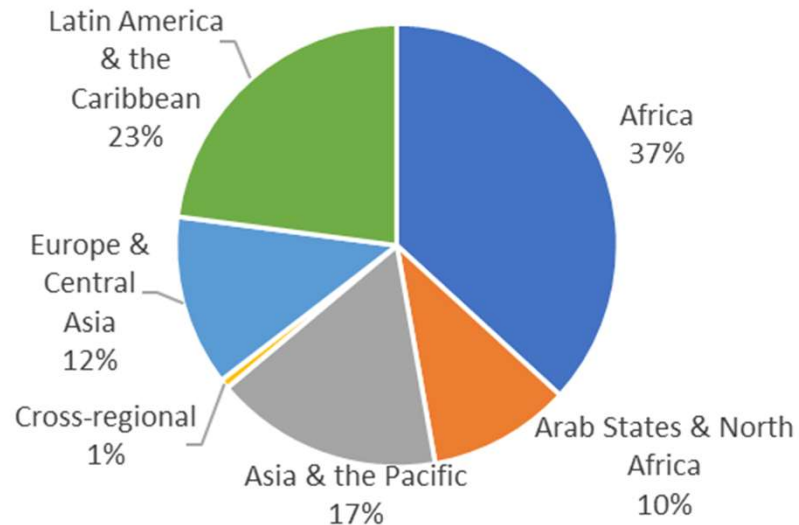




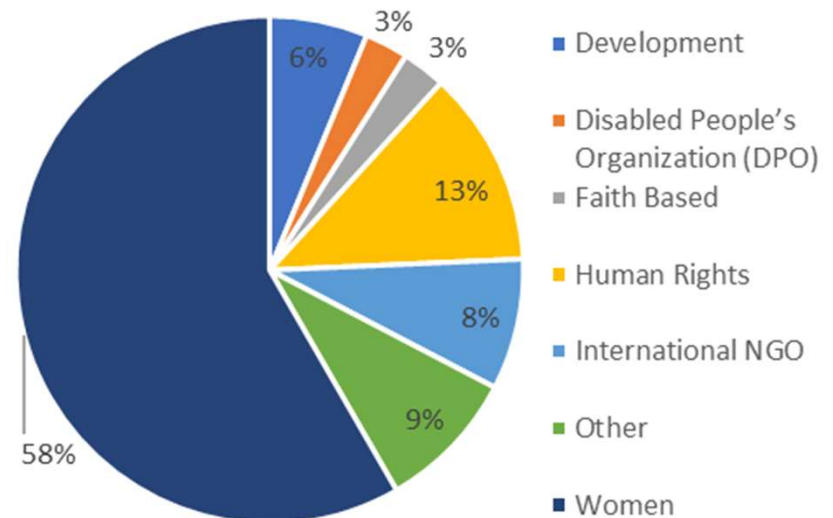
# UNTF EVAW Grants Portfolio:

**144 grants in 69 countries & territories**

## Regional Distribution



## Organization Type



# UNTF EAW Grantees Guest Speakers



MELIHA SENDIC  
President  
Center of Women's Rights  
Bosnia Herzegovina

*Selma Badzic,  
Programme Assistant will read  
the brief in English on behalf  
of Meliha*



RASHMI SINGH  
Programme Director  
PCVC  
India



GAUDENCE MUSHIMIYIMANA  
Executive Director  
UNABU  
Rwanda

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COVID-19 Impact on Civil Society  
Organizations working to end violence  
against women and girls  
***A Rapid Assessment***

*Presented by Shruti Majumdar*  
*Monitoring and Evaluation Specialist*



# Objectives, Sample and Methodology

- 1 To assess the **global impact of COVID-19 outbreak** on violence against women and girls
- 2 To assess the **global impact of COVID-19 outbreak** on CSO operations
- 3 To assess **CSO response and adaptations** in the frontlines
- 4 To assess the **needs of CSOs** working to end violence against women and girls

## WHAT WE DID



**10 Open-ended questions** to 144 grantees



**Translated, analyzed, thematic clustering**

## WHAT YOU DID

**122** responses from CSOs/WROs

**300** pages of qualitative data

**69** Countries across all 5 regions

**4** Languages: English, Spanish, French and Russian

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## **COVID-19 Impacts on Violence against Women and Girls**

# 1 Alarming increase in violence against women and girls as a direct result of social isolation measures

Across all five regions that the Trust Fund operates in, violence is occurring, and its occurring in multiple forms

## Intimate Partner Violence

e.g. from **Palestine**, Stars of Hope Society and Women's Centre for Legal Aid and Counseling report an increase in IPV due to the increasing stress and unemployment caused by isolation / quarantine measures

## Child abuse and exploitation

e.g. from **Nigeria**, Alliance for Africa reports that stay-at-home order has increased reports of child sexual abuse and exploitation

## Sexual Abuse

e.g. in **Mongolia**, the National Centre against Violence (NCAV) working on sexual abuse reports that their intake via hotlines and shelters have increased

## VAW/G in humanitarian settings

e.g. in **Iraq**, Organization of Women's Freedom (OWFI) operating shelters and providing counseling to survivors of ISIS violence reports doubling of intake requests since the lockdown esp. young women

## Emotional and economic abuse

e.g. in **Cambodia**, ADD International reports that due to food shortages, women and girls with disabilities in economically vulnerable families are de-prioritized and denied access to basic necessities

## Assault by law enforcement and femicide




e.g. from **Honduras** social isolation has led to femicide and sexual violence. Plus militarization of daily life to enforce the curfew has led to repression of women by law enforcement, women who leave their homes to fend for their families

2

CSOs report multiple pathways through which risk factors for VAW/G have exacerbated: **early warning**

Country	Pathways	Form of Violence
<b>Pakistan, Haiti</b> (CBM International, Beyond Borders)	<b>Food shortage <i>and</i> lockdown</b>	... lethal combination that increasing risk of <b>IPV, economic abuse</b> and <b>starvation</b> esp for WGWD
<b>Malawi</b> (WOLREC)	<b>School closure <i>and</i> lockdown</b>	...are making girls more vulnerable to sexual harassment, exploitation, and <b>child marriage</b>
<b>Serbia, Argentina</b> (Mental Disability Rights Initiative, CELS)	<b>Restricted access to institutions</b>	...increases likelihood of violence against women within custodial institutions or hospitals and at a higher <b>risk of violence from male beneficiaries and staff</b>
<b>El Salvador</b> (Mujeres Transformando)	<b>Unsupervised quarantine</b>	...raises risk of <b>violence against women within the quarantine centers</b>
<b>Zimbabwe</b> (Leonard Cheshire)	<b>Lack of public transport <i>and</i> lockdown</b>	...survivors are unable to get to essential services and it <b>delays access to justice and healthcare</b>

### 3 Disrupted or lack of access to essential services for survivors and at-risk women and girls: **a form of violence in itself**

 <p><b>Lack of access to health care</b></p>	 <p><b>Lack of access to justice</b></p>	 <p><b>Lack of access to social protection</b></p>
<p>For e.g. in <b>Egypt</b>, Al-Shehab report that women and survivors living with HIV are struggling to access essential medical services and antiretroviral drugs</p>	<p>For e.g. in <b>Zimbabwe</b>, (Leonard Cheshire and VSO) and <b>Chad</b> (PILC) grantees report that closing courts and arbitrating over urgent cases only impedes immediate judicial protection (e.g. protection, restraining orders)</p>	<p>For e.g. in <b>Pakistan</b>, CBM reports that Social Welfare and National Database and Registration Authority (NADRA) have been closed for, which inhibits women/girls with disabilities from enrolling in social protection schemes</p>



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## 4

**Violence is being reported not only through formal channels (shelters and services), but also via informal community-based structures referral paths**

- Relying on administrative data will not be enough
- Listening to CSOs and this practitioner-based evidence will be critical

*“..the **issue of violence within the context of the pandemic has not been prioritized**, no measures have been implemented to counter this situation; therefore, **it is likely that many cases will remain invisible...**”*

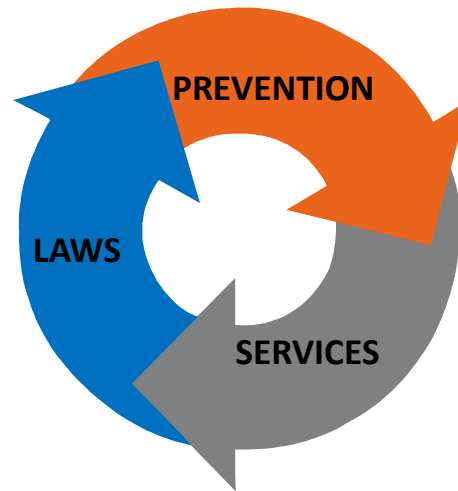
*--- Grantee from Peru*

**COVID-19 Impacts on CSOs  
in the frontline of ending  
Violence against Women  
and Girls**



## 5 All three areas of work – prevention, services, legislation – are impacted

CSOs pushing for progressive legislation are temporarily on hold



Prevention programming through schools, economic empowerment, and communities suspended / may have to re-start / lost beneficiaries

CSOs training essential service providers and coordination of referral pathways are affected

**Most activities simply cannot be moved online:**  
operating in remote, rural communities with no internet or even electricity

## 6 The pandemic and lockdown measures are putting considerable strain on organizations



- Efforts are focused on **survival** of beneficiaries, which may not be immediately recognized as VAW related
- CSO **premises** being diverted for COVID-19 testing by local government (e.g. Palestinian Counseling Center)
- Shelters and safe houses struggling to **procure food, maintain hygiene and healthcare** (e.g. OWFI Iraq)
- Frontline staff and women rights defenders are **stretched** and overwhelmed (e.g. ALL projects)
- There is limited or **disrupted communications between staff and with communities** (e.g. CDM, Honduras)
- Loss of beneficiaries, momentum and reversal of gains (e.g. Ohana, Indonesia)
- Limited bank operations (e.g. DRC) and constraints on fundraising (e.g. Malawi, ArtGlo)
- Concerns about maintaining staff and frontline workers especially if the crisis continues for longer

# **COVID-19 Responses and Adaptations by CSOs in the frontlines**



## 7

### CSOs prioritizing safety and health of staff and beneficiaries

→ In **South Africa**, Gender Links undertook a survey of staff needs including internet access, space, furniture, childcare and social-psych needs. Prioritisation and reorganising of work into what is most important and can be done virtually

→ In **Argentina**, CISCSA are developing contingency plans and revising workplans within a framework of feminist care: only realistic and achievable goals must be set in the context of isolation.

→ In **Haiti**, Beyond Borders is providing early payroll for staff to pre-purchase supplies, food and internet devices to work from home.

## 8

### CSOs maintaining existing shelters + opening new shelters

→ In **Liberia** and **Iraq**, ECLRD and OWFI keep their safe houses and shelters open while ensuring health protocols

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

→ In **Ethiopia**, Ethiopaid's / AWSAD established a new shelter in the center of Addis Ababa for 30 new women and girls, who were previously in emergency accommodation at a police station with prisoners.

## 9

### CSOs expanding reach of their services

→ Al-Shehab in **Egypt**, Fenomena in **Serbia** and MIMP in **Peru** have added hotlines to expand their services.

→ Several grantees are mobilizing psychologists and lawyers to provide consultations through Skype or mobile phones and hiring experts to develop protocols for virtual and phone consultations.

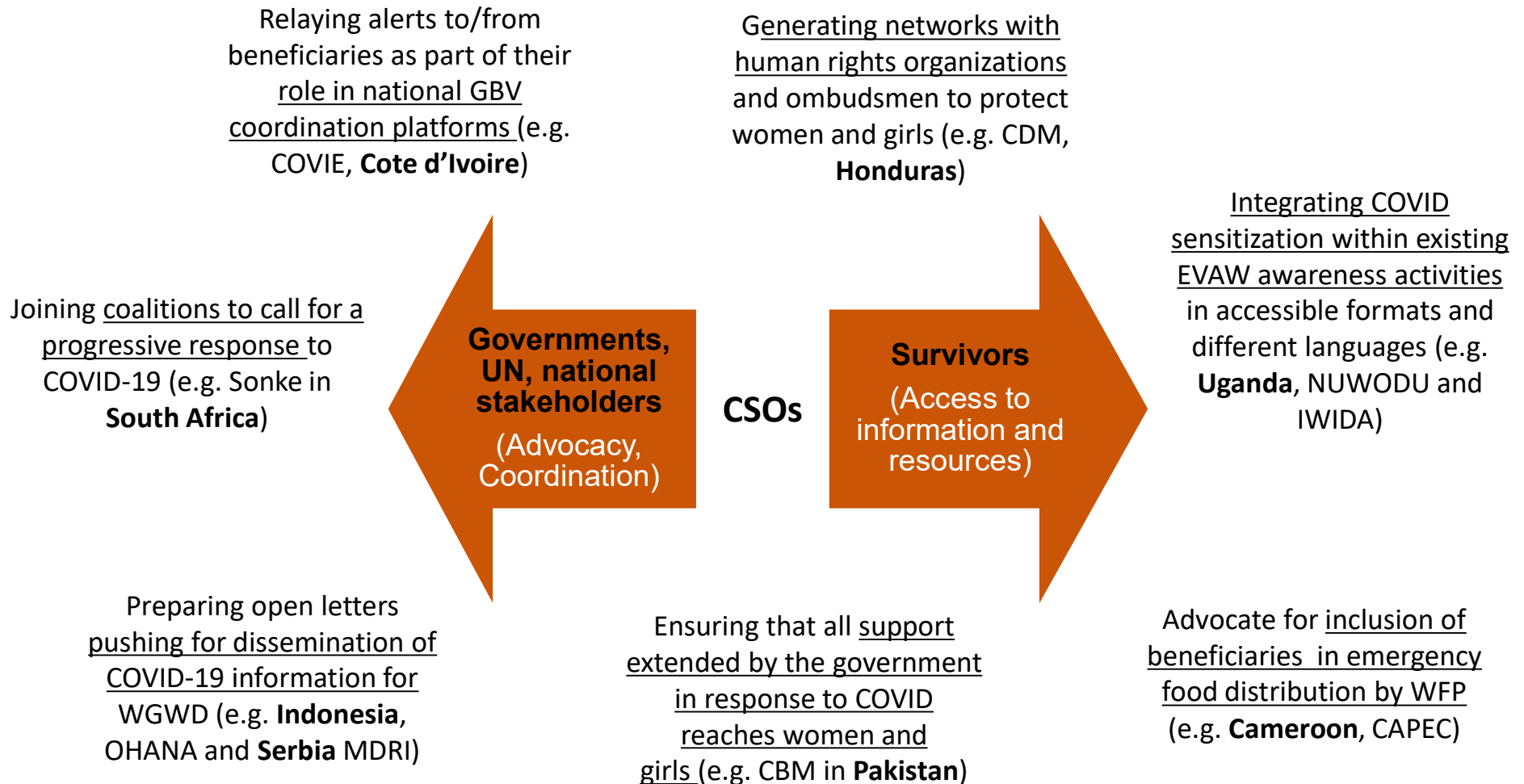
## 10

### CSOs adapting prevention measures to the current context

→ In **Cote D'Ivoire**, the grantee COVIE intends to continue with online peer educators and continue awareness activities through Whatsapp

→ In **Cameroon**, CAPEC is adapting its income generating activities to teach women how to sew protective masks and produce locally made hand sanitizers; for training health care workers, they are building their local capacity to incorporate a GBV lens to their COVID-19 response.

## CSOs acting as a crucial nexus between survivors and governments during the pandemic





**Way Forward: Need for  
additional resources,  
flexibility and time**



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## **11 CSOs seek funding for emergency needs – PPE, food, sanitation and hygiene**

→ Being requested as part of EAW interventions but also often standalone (i.e. emergency needs must be met before VAW/G interventions)

## **12 CSOs seek funding for staff salaries, health insurance, communication, self care**

→ Being requested to allow staff salaries to be paid early in anticipation of market closure.

→ Grantees are seeking to divert self-care budgets to provide these core, but resources are needed to sustain self-care practices and coping mechanisms

## **13 CSOs seek flexibility to adjust project activities, timelines and budgets**

→ Project activities will have to be modified considerably

→ Budgets must be adjusted to match the increased cost of living, increased communication and transportation costs (esp without public transport, and for projects with WGWD)

→ Closing projects seek extensions to continue with the most vulnerable groups (e.g. elderly women) so gains are not lost.

→ Once lockdown is lifted, prevention projects expect heavier workload to refresh or re-start, for services, they expect a surge in referrals and intakes

## **14 CSOs seek support to build internal capacity and access essential knowledge**

→ Urgent investment in the skills to conduct rapid assessments, develop ethics and safety protocols, apply a gender lens and child safeguarding approaches to disaster preparedness and response

→ Urgent need for knowledge exchange

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## Conclusion

- Key takeaways:
  - Increase in VAW/G in multiple forms
  - CSOs / WROs are sending early warning signals
  - First responders to the daily changing nature of the work in their national contexts
  - Stretched, often with minimal resources and need more sustained support and increased investment
  
- Practitioner-led evidence
  - Thank you for your time!

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# UNTF EVAW Immediate Response:

Responding to emerging needs

*Mildred Garcia*

*a.i. Operations Manager*



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The following outlines some of the immediate actions the UNTF EAW is taking to support grantees during these unprecedented times:

1. **We will acknowledge and approve delays in submission of grantee reporting, including final evaluation reports.** We will make necessary adjustments to our own workplans and delivery accordingly.
2. **We will exercise utmost flexibility in enabling grantees to modify or delay project activities** while ensuring that grantees prioritize the safety, security and well-being of their staff and beneficiaries. We will adjust our work plan and staffing accordingly to provide required support to grantees.
3. **We will share resources and guidance to help grantees navigate this public health crisis.** We will loop back information gleaned from grantees experiences into broader EAW programming and policy work.
4. **We will accept for grantee organizations to reallocate their funds between the budgets lines to be able to meet certain core costs to ensure business continuity and minimize the negative impact of COVID-19 on projects and institutional stability.**
5. **We will approve no-cost extension (NCE) requests for grantees to provide adequate time** to wrap up or modify project activities disrupted as a result of the current crisis.



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# Resourcing EAW work in COVID-19 context:

## Challenges and Opportunities

*Vesna Jaric*

*Resource Mobilization and Advocacy  
Manager*



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# Resourcing EAW work in COVID-19 context:

*Hakima Abbas*

*Co-Executive Director*

*Association for Women's Rights in  
Development (AWID)*



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# Resourcing EAW work in COVID-19 context:

*Chloe Pratt*

*Programme Manager, Violence against  
Women and Girls Team*

*Department for International Development,  
United Kingdom*





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# Resourcing ERAW work in COVID-19 context:

*Lisa Mossberg*

*Strategy Coordinator, Global Gender  
Equality and Women and Girls' Rights  
Sida, Sweden*



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# Resourcing EAW work in COVID-19 context:

*Kathleen Flynn-Dapaah*

*Director, Education and Gender-Based*

*Violence and Child Protection*

*Global Affairs Canada*



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# Resourcing EAW work in COVID-19 context:

*Dr. Annemarie Reerink*

*Senior Sector Specialist and Director, Gender  
Equality Branch*

*Department for Foreign Affairs and Trade,  
Australia*



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# Resourcing EAW work in COVID-19 context:

*Ciarán Breen*

*Third Secretary, UN and International  
Financial Institutions Unit*

*Department for Foreign Affairs and Trade,  
Ireland*



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# Open Discussion

*Moderated by Gemma Wood*

*Monitoring, Evaluation and Knowledge  
Manager*



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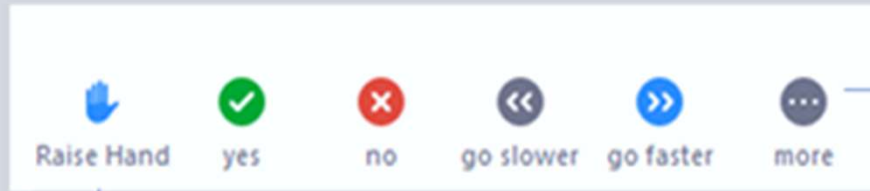
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- TYPE**



On mobile



**RAISE HAND** to flag your questions and interventions

Click to find **CHAT BOX**

**CHAT BOX** to raise questions or interventions

On computer



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# Discussion Questions

1. Are you doing or adding activities related to COVID19 - that you normally would not do ? What are some examples?
2. Do you feel you are prepared to adapt your activities with the current situation? What practical steps are you following to adapt? What kind of support do you need the most?
3. Are you able to connect or work with local organizations where you are who have knowledge of working on epidemics, etc. (WHO, hospitals, UN, INGOs, etc.)
4. What do you think could have helped you to be more prepared to face such a pandemic? Is there a way to prepare your organization for such an epidemic?
5. Do you think the effect of the pandemic will be short term for your organization? Long term? How and why? Your beneficiaries?



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# Closing and Next Steps

*Aldijana Sisic*

*Chief*

*UN Trust Fund to End Violence  
against Women*



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# Thank you!