



GBV Sub-Sector, Nigeria

Guidance Note: GBV Service Provision in the Context of COVID-19, March 2020

Introduction

This Guidance Note aims to provide actions to be considered for ensuring GBV service provision in the time of COVID-19 with its heightened risks. While GBV partners will be receiving updates on a regular basis through the sector email, GBV partners are strongly recommended to regularly check <https://www.who.int/emergencies/diseases/novel-coronavirus-2019> and <https://ncdc.gov.ng/news/237/update-on-covid-19-in-nigeria> for timely updates on the situation.

Background: COVID-19 and GBV

As in any other emergency situation, it is expected that vulnerabilities of women and girls, as well as survivors would increase with the outbreak of COVID-19, which would further lead to the increased GBV risks.

- GBV survivors may experience challenges accessing services due to movement and access constraints, or resources may be diverted for the health interventions.
- The potential low or loss of household income may have a long term economic impact on women compared to men¹ and may increase the risk of exploitation and sexual violence. Financial challenges due to limited livelihood opportunities during the lockdown may increase tensions in households, which may fuel domestic violence and other forms of GBV².
- The crisis may pose additional burdens on women and girls as caregivers to the children, the sick and the elderly with chronic diseases in the family, and may increase their risks of COVID-19 infection. The overcrowded housing conditions in the camps may also exacerbate the risks of women and girls' caregivers to COVID-19 infection.
- The closure of schools may expose girls to additional caregiving roles, which may also expose them to COVID-19 infection. Children separated from their caregivers may be exposed to exploitation and abuse.
- Family separation during the COVID-19 outbreak may lead to an increase in the number of female-headed household and may add a financial burden on them.
- Life-saving services for GBV survivors like clinical management of rape may be suspended or interrupted as the service providers may be overwhelmed with the response for the COVID-19 cases or due to movement restrictions.
- Pregnant women and girls may face more challenges in accessing health care services, especially for those who are locked down at camps.
- Access to safe shelters may be challenging for survivors that require the service, due to the lockdown and movement restrictions. Women and Girls Friendly Spaces and/or safe spaces may also be converted into isolation centres.

¹ World Bank (2018), Women Economic Empowerment Study, pg. 18

² IASC (2015), Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Food Security and Agriculture, pg. 142.



Guidance for GBV Service Providers and GBV SS Partners

In principle, life-saving GBV interventions should continue during this period to ensure critical GBV response services are available all the time for those who are in need. There should be change in modalities of accessing and interacting with survivors and women and girls during service provision.

- None life-saving activities with large number of people can be temporally held off or redesigned in a way that would minimize risks of infections e.g. scheduling different times for smaller groups of people.
- Disseminate authentic IEC materials on COVID-19. Information on COVID-19 should be shared with all staff, partners and community on symptoms such as, cough, fever, or respiratory problems to help them seek medical attention. In order not to increase burden on women and girls as caregivers, include messages to equally share responsibilities of providing care to sick persons in the information/sensitization sessions
- Activities at WGFS (Women and Girls Friendly Spaces), integrated facilities, one stop centres and other facilities should limit the number of people and reschedule different times for smaller groups to avoid overcrowding.
- WGFS, integrated facilities, one stop centres and other facilities should be equipped with Hand Washing facilities with enough water and soap and surfaces should be cleaned and disinfected with soap and water. Clean and disinfect meeting/activity spaces and facilities at least once a day, particularly surfaces that are touched by many people.
- Equip WGFS, integrated facilities, one stop centres and other service provision facilities with dignity kits to ensure menstrual health of women and girls is not compromised. Step up the local production for standardised dignity kits and PPE.
- Consider remote case management and psychosocial support services with limited or no face-to-face case management services. Continue to supportively monitor GBV staff to ensure their well-being and address any health concern that they may have for themselves, colleagues or clients.
- Review and update GBV referral pathways to reflect any change in the available services. Undertake continuous assessments on availability and capacity of services and evolving GBV protection risks with a focus on trends not incidents.
- Ensure that psychosocial support is available for women and girls who may be affected by the outbreak and are also GBV survivors.
- Discuss with case workers how to support GBV survivors in reviewing safety planning as relevant and needed. This is because “social distancing” may lead to increased safety risks for survivors, especially in the case of intimate partner violence.
- Assess changes in patterns/time allocation for women and girls for child care and schooling due to the movement restrictions due to COVID-19. This may have an implication on the schedules/modalities for activities at Women and Girls Centres or by mobile team.
- Health facilities can be utilized further (when possible) as entry points to identify new GBV cases and provide life-saving GBV services. Establishing referral mechanisms with health actors and other frontline workers is crucial to respond in safe and timely manner.



Guidance for Other Sectors

- Promote integration of GBV risk mitigation actions (as outlined in the Inter-Agency Standing Committee GBV Guidelines) in the interventions related to COVID-19 implemented by your sector.
- Support in providing in-person/remote trainings for frontline workers on Psychological First Aid (PFA), basic skills to manage disclosure of information and GBV referrals in safe and timely manner.
- Pay attention to gendered impacts of COVID-19 and advocate on behalf of vulnerable women and girls.
- Look at patterns or time allocation for women and girls for child care and schooling due to the movement restrictions due to COVID-19. This may have an implication on the schedules/modalities for activities implemented by your sector.
- Monitor the trends of GBV and protection risks and take mitigation actions as soon as possible
- Avail phone or other types of remote outreach to any vulnerable person (e.g. elderly, people with chronic diseases, persons with disabilities, etc.) on essential information on COVID-19 and available services as they are likely to be further marginalized
- Share key factual messages and promote accurate understanding on COVID-19, not based on fears, rumours and misinformation, which could lead to social stigma and discrimination. In order not to increase burden on women and girls as caregivers, include messages to equally share responsibilities of providing care to sick persons in the information/sensitization sessions.
- Ensure mechanisms are in place to proactively detect, report and address any cases of Sexual Exploitation and Abuse by humanitarian workers and other relevant stakeholders.