T

INCREASED RISKS, DIFFERENT REALITIES IN HUMANITARIAN CONTEXTS

In some humanitarian contexts where there are fewer pre-existing barriers to freedom of movement and where some lifelines are still accessible to women and girls, the IRC is seeing an increase in those seeking services. In El Salvador, IRC partners have reported a 70% increase among women seeking services, at the same time that 95% of local and government response services are closed. In Lebanon, after the implementation of a hotline, IRC saw the number of women and girls seeking support more than double between March and April compared to the first two months of the year. In Chihuahua State, Mexico, where the IRC operates in 17 shelters, there was a reported 65% increase in femicides between March and April 2020.

However, there are also worrying trends which show that access to services remains a major concern. In Cox's Bazar, Bangladesh, where at least 25% of women experienced violence before COVID-19 struck, IRC reported a 50% decrease

Policy and funding barriers need to be overcome to allow for program adaptations and continuation of remote work. GBV services need to be declared as essential in humanitarian response so that GBV responders can access clients. Declaring GBV services as essential can also support the scale-up of flexible funding that can be used to procure PPE and maintain or increase staff support as needed. And although a potentially very useful avenue for continued service delivery, providers that "go remote" need to keep women's and girls' safety paramount and use gender analysis to understand the implications of the digital gender gap. For instance, in a study led by the IRC in Lebanon, only one-third of female respondents reported device ownership, with most women and girls reporting that they borrow or share devices with intimate partners, parents or in-laws. For adolescent girls, only 17% reported ownership of their own device, meaning that the majority of women and girls had to use devices that can be monitored or controlled by others, potentially putting their safety at risk. Gender analysis can help to understand what women and girls' access to technology – and other services – is like in a given context.

Keeping women and girls' Safe Spaces open

Safe Spaces provide survivors with access to lifesaving services while strengthening social networks and psychosocial support for at-risk women and girls; they do not necessarily need to close because of COVID-19. Rather, activities should be adjusted to the risk realities of the different contexts and utilize Safe Spaces as key centers for preparedness actions and information sharing with women and girls as it relates to COVID-19. In Tanzania, IRC Safe Spaces remain open by reducing the number of women within the space at one time from 50 participants to four, while increasing the number of empowerment sessions held in the space, to adhere to new physical distancing protocols. Importantly, women participants helped determine new session schedules, thereby helping to ensure compliance with the protocols and encouraging continued use of the safe space. These spaces are often a lifeline for women and girls, and should be kept open, with adaptations, physical distancing, appropriate personal protective equipment (PPE) and additional hygiene measures, when possible.

Continuing clinical care for sexual assault survivors

Clinical care for sexual assault survivors (CCSAS) must continue to be provided as part of a broader emergency response package. In addition to following recommended risk mitigation measures for health facilities, information on what local medical care is available to survivors should be made available through hotlines, Information, Education and Communication (IEC) materials and women's networks. In previous outbreak responses, IRC has seen health facilities become overwhelmed and even stigmatized. For example, during the Ebola outbreak in the Democratic Republic of Congo, some sexual assault survivors were reluctant to go to a clinic for post-rape care for fear of being labeled a suspect case, as a result of bleeding, and transferred to an Ebola Treatment Center. Ensuring information on what care is available and the importance of accessing medical care in a timely manner through other non-health facility fora is critical to promoting utilization. It may be appropriate to transition CCSAS to women and girls' safe spaces that remain open and can safely deliver services to reduce health facility visits. Survivors can also be provided with information about possible care options and rights without going to health facilities by making this information available in safe spaces.

Distributing Dignity Kits

Dignity Kits, which supply women and girls with essential household and personal hygiene supplies, such as soap and sanitary products, are a vital tool for both preparedness and response to COVID-19. Hygiene supplies can help reduce the risk of transmission within the household, while also ensuring women and girls can access needed sanitary products. IRC staff in Zimbabwe report that women and girls who require menstrual hygiene management

3 PRIORITIZE

All actors must recognize that violence against women and girls is exacerbated by COVID-19 and make GBV a specific objective of every COVID-19 response plan.

UN OCHA should ensure a specific objective on GBV in the Global Humanitarian Response Plan, thereby recognizing that the shadow pandemic of violence against women and girls requires explicit prioritization while responding to COVID-19.

Donors and implementing organizations should work together to scale-up programming given