



Guidance Note on GBV Service Provision during the time of COVID-19

Mozambique GBV Sub-Cluster

Introduction

This guidance note aims to provide points to be considered for ensuring GBV service provision in the time of COVID-19 with its heightened risks.

GBV partners are strongly recommended to regularly check the following websites for timely updates on the current situation:

WHO: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>

MISAU: <http://www.misau.gov.mz/index.php/96-covid-19-actualizacao-ate-o-dia-20-de-marco-de-2020>

Background: COVID-19 and GBV

Novel coronavirus disease 2019 (COVID-19) announced as a pandemic by WHO on March 11 2020 is a new strain of coronavirus first reported on 31 December 2019 and can cause respiratory illness, ranging from the common cold to more severe disease that can result in death. As of March 18th, COVID-19 has been reported in 157 country/regions resulting in more than 200.000 confirmed cases and more than 8000 deaths¹. With 1 case confirmed as of March 22nd, Mozambique is in full speed preparing to respond to the first cases and possible outbreak. Many are preparing to work from home, self-quarantine and reassess daily activities in order to minimize impact of the disease.

In times of crisis such as an outbreak, women and girls may be at higher risk of intimate partner violence and other forms of domestic violence due to increased tensions in the household. As systems that protect women and girls, including community structures, may weaken or break down, specific measures should be implemented to protect women and girls from the risk of intimate partner violence with the changing dynamics of risk imposed by COVID-19.

Lessons learnt from the Ebola outbreak in West Africa, showed great economic impact on women, including reports of sexual exploitation and sexual violence and increase levels of teenage pregnancy due to socio-economic factors imposed by the outbreak. Evidence from past epidemic responses, shows that efforts to contain the outbreak diverts resources from routine health services and it is also expected that life-saving care and support for GBV survivors may be disrupted as a result of an overloaded response to COVID-19 cases.

Guidance for Action:

¹ For number of tracking/mapping dashboards, follow [Global Dashboard](#).

In principle, life-saving GBV interventions should continue to ensure critical GBV response services are available all the time for those who are in need, while non-life-saving activities with a large number of people (Community sensitization/outreach, group education/information sessions) can be temporarily held off or redesigned to minimize risks of infection (shifting to remote modalities of accessing and interacting with women and girls, such as phone, online and radio campaigns, where possible).

Following are key actions to be considered:

- All activities with large number of people can be temporarily held off or redesigned in a way that would minimize risks of infections e.g. scheduling different times for smaller groups of people.
- Communicate that participants with symptoms, such as, cough, fever, or respiratory problem should not attend the activity and inform those participants of the contact information of health care providers.
- Information on symptoms and referral systems for COVID-19 should be shared with all staff, partners and community to help them seek medical attention. Same applies to all staff.
- Activities at WFS (Women Girls Friendly Spaces) should be done outside the WFS where possible and number of people limited to avoid overcrowding. Encourage participants in activities to maintain at least an arm length distance between each other.
- WFS and Protection Desks should be equipped with Hand Washing facilities with enough water and soap and surfaces should be cleaned and disinfected with soap and water.
- Manage rumours, share key factual messages and promote accurate understanding on COVID-19, as this could lead to misinformation, anxiety, social stigma and discrimination. Position IEC materials in screening areas and other strategic points.
- Ensure women and girls are able to receive information about how to prevent and respond to the epidemic in ways they can understand. Promote and disseminate information on regular hand washing and positive hygiene behaviours, by placing IEC materials and key messages on COVID-19 at WFS and health centers, for instance.
- GBV referral pathways should be reviewed and updated to reflect any changes in services available.
- While social distancing is key to reduce contamination risks, it can be an increased protection risk for survivors, especially for Intimate partner violence survivors. Discuss with social workers, GBV focal points, and activists how to support GBV survivors.
- Where possible equip WFS with dignity kits with locally sourced items to ensure menstrual health of women and girls is not compromised and include COVID-19 IEC materials.
- Engage, when possible, women and girls in making masks, soap, or other COVID-19 prevention materials.
- Continue to supportively monitor GBV staff and partners to ensure their well-being and address any health concern that may arise for themselves, colleagues or beneficiaries.
- Pay attention to gendered impacts of COVID 19 and advocate on behalf of vulnerable women and girls.
- Monitor the trends of GBV and protection risks and take mitigation actions as soon as possible

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- Ensure remote outreach activities 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
- 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 other sectors/clusters.
- Ensure quarantine facilities or spaces adhere to IASC GBV guidelines/risk mitigation measures.

Maputo, March 22nd 2020

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