



GENDER ALERT ON COVID-19 | AFGHANISTAN

April 30, 2020

Issue II: Ensuring Access to Services for Survivors of Violence Against Women and Girls

Following the first Gender Alert on COVID-19, on [Ensuring a Gender Sensitive Humanitarian Response](#), UN Women issues this second alert to continue to highlight the gender specific impacts of COVID-19 in Afghanistan. This second alert focuses on the trends and implications for the provision of services (health, police and justice, social services and coordination of these services) during the COVID-19 pandemic for women and girls who experience violence. It highlights the need to prioritize access to quality and coordinated services for survivors of violence. Future alerts will analyze gender specific considerations of COVID-19 in areas including Women, Peace and Security and the economy, and provide regular updates on the impact of COVID-19 on women and girls in Afghanistan. This alert concludes with a set of preliminary recommendations for consideration by national and international stakeholders to prevent and respond to violence against women and girls (VAWG). UN Women Afghanistan is committed to advancing the rights of, and meeting the needs of women and girls, including through the COVID-19 crisis. This alert serves to advance this aim, by providing a basis for an informed discussion on impact of COVID-19 on VAWG and service provision. Assessing, coordinating, and responding to the trends identified and presented in these alerts provides an opportunity for stakeholders to come together and integrate VAWG prevention and response,

for the benefit of women and girls survivors of violence, and entire communities.

CONTEXT & EMERGING GENDER IMPACTS

Crises exacerbate age, gender, and disability inequalities and place women, girls, and vulnerable populations at increased risk of violence. Reports indicate that violence within their homes may be the most common type of violence that women and girls experience during emergencies,¹ resulting in profound physical and psychosocial harm. Violence experienced by women and girls within their homes includes intimate partner violence and family violence, for instance violence by in-laws. Experience in other settings has demonstrated that multiple forms of violence are exacerbated within crisis contexts, including trafficking, child marriage, and harmful practices. During all crises, women and girls are at particular risk of sexual exploitation and abuse.² From China to Italy, Brazil to Lebanon, there are increasing reports of an alarming rise in domestic abuse.³ For example, in Hubei province, the heart of the initial coronavirus outbreak, domestic violence reports to police more than tripled during the lockdown in February.⁴ The Catalan regional government noted that calls to its domestic violence helpline had risen by 20% in

¹<https://www.rescue.org/sites/default/files/document/564/ircpvpcfinalen.pdf>

²UN Women (2020). COVID-19 and ending violence against women and girls.

³<https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence>

⁴<https://www.sixthtone.com/news/1005253/domestic-violence-cases-surge-during-covid-19-epidemic>

the first few days of the confinement period. In Cyprus, calls to a similar hotline rose 30% in the week after 9 March, when the island had its first confirmed case of coronavirus.⁵ These figures log only cases where women can seek help. Many women and girls cannot seek help, for reasons including that they fear being heard by their abuser when they call, or they are not able to leave their homes. These trends are particularly concerning for Afghanistan. In 2019, Afghanistan ranked 170 out of 189 on the Gender Development Index, an index designed to measure gender equality.⁶ Women have limited access to education, financial independence, and political participation, all of which heavily constrain their lives. Women and girls in Afghanistan continue to face persistent discrimination, violence, street harassment, forced and child marriage, severe restrictions on working and studying outside the home, and limited access to justice. Even before COVID-19, VAWG was endemic. Reports indicate that approximately 87% of women have experienced at least one form of intimate partner violence.⁷

VAWG has serious negative consequences for women and girls, including immediate to long-term physical, sexual and psychological impacts, which prevent them from fully participating in society. VAWG carries tremendous economic costs for survivors, their families, communities and society. It is a major impediment to the eradication of poverty and the promotion of inclusive, sustainable development and peace. The impact of violence on women and girls will be amplified in this context, where rate, severity and frequency of violence is increasing.

The COVID-19 pandemic will further limit women's access to critical services and resources. Before the pandemic, many survivors already lacked access to basic services for their safety, protection and recovery, such as emergency helplines, police and justice sector response, health care, safe accommodation and counselling. VAWG services are mostly available in urban areas only, have limited community coverage, and are often underfunded, understaffed, undertrained and may lack coordination with other services. In Afghanistan, only 20 per cent of women who experience violence have sought help.⁸ The majority of women and girls do not report their experiences due to shame, fear of reprisals, lack of knowledge on how to access available help, or lack of available assistance. A comprehensive response to COVID-19 must include interventions to prevent and respond to violence against women and girls, across all sectors. Women and girls are at increased risk of violence in conflict, humanitarian and health crises due to displacement, the breakdown of social structures, a lack of law enforcement, the further entrenchment of harmful gender norms, and the loss of livelihood opportunities. In Afghanistan, the COVID-19 pandemic will compound other crisis, and particularly the crisis of violence against women and girls. Where movement is restricted, people are confined, poverty and unemploy-

ment are increasing, and protection and health systems are weak, women and girls are at greater risk of experiencing violence in their homes. At the same time, life-saving care and support to women is likely to be further compromised.⁹ As Afghanistan experiences restrictions in movement related to COVID-19, violence worsens for many women trapped at home with an abusive partner or family members, at a moment when service providers are less available than usual. At a time when many women and girls need access to services more than ever, evidence suggests that those services are likely to decrease as resources are diverted to dealing with the health crisis. The funding gaps that existed before the pandemic may be even wider now.

To mitigate the devastating impact of violence, women and girls who survive violence need access to services that respond to their multiple needs: health care systems and justice, police and social support services. Investing in the provision and coordination of services is critical to respond to the needs of survivors of violence during the COVID-19 crisis, to mitigate the impact of violence on survivors' health, well-being, agency and empowerment and to prevent the reoccurrence of violence. This investment will not only respond to a survivor's individual needs, but will also promote gender equality, sustainable development and peace.

SPECIFIC AREAS FOR ATTENTION

Increasing VAWG:

Emerging evidence shows that, across Afghanistan, VAWG has increased. Hotlines are documenting significant increases in calls related to VAWG. Non-government organizations (NGOs) and civil society organizations (CSOs) are reporting an overall similar increase in the number of cases they receive.

Comprehensive services for survivors of violence:

At the same time that VAWG is increasing, services for survivors, including healthcare, police, justice and social services are particularly impacted by the crisis. The collapse in a coordinated response between the different sectors, social distancing and movement restrictions is challenging the different sectors to provide support to women and girls who survive violence. **Providing services for survivors of violence during this COVID-19 crisis is critical.** Emerging information shows the impact of the COVID-19 crisis on the different sectors providing support to VAWG survivors:

- **Coordination:** The coordination of services for survivors has been affected by the lockdown and remote working modalities, which impacts the timely referral of survivors across sectors, particularly the referral to shelters.

⁵<https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence>

⁶United Nations Development Programme (2019). Gender Development Index (GDI), Human Development Reports.

⁷Global Rights (2008). Living with violence: A national report on domestic abuse in Afghanistan.

⁸Central Statistics Organization/Afghanistan, Ministry of Public Health/Afghanistan, and ICF (2017). Afghanistan Demographic and Health Survey 2015.

⁹UN Women (2020). COVID-19 and ending violence against women and girls.

- **Health services:** As the health system becomes overburdened and prioritizes COVID-19 prevention and response, health care for survivors is disrupted¹⁰. Overwhelmed health services and fear of contracting the virus limit survivors' access to health services. Access to sexual and reproductive health services, including for women who have experienced violence, will likely become more limited.¹¹ Quarantine centers and isolation spaces, when there are no security and gender-responsive measures in place, put women and girls at risk of experiencing harassment and violence.
- **Justice:** Since court proceedings have been halted, the crisis is preventing women from submitting and moving forward with their cases. In provinces under lockdown, informal justice mechanisms have become impractical during the COVID-19 response.
- **Police:** Global evidence suggests that police, already stretched by the security situation, risk decreased attention to responses to VAWG, as priorities shift towards responding to the COVID-19 crisis, enforcement of the lockdown and other measures.¹²
- **Social services:** Some social services have managed to transition to the new modalities imposed by COVID-19, for instance Family Protection Centers and Family Guidance Centers have been able to continue to safely operate and to provide support to survivors of violence. However, shelters are struggling to find ways and space to safely manage the crisis. Due to a lack of space and testing capacity, some shelters have not been able to admit new cases. There is currently no specific hotline for violence against women and girls, due to lack of funding, the only VAWG specialized hotline had to stop operating on 24 March.

Access to services:

Where services exist, many women and girls surviving violence are often currently unable to seek support due to the movement restrictions, disruptions of services, and lack of opportunity to seek help. This is particularly true for women and girls living in rural and remote areas where services are not available or accessible. In provinces under lockdown, some EAWGs NGOs and CSOs are reporting a decrease in the number of contacts from survivors they receive, and cases referred to them. This is a worrying indication that perhaps women and girls' survivors cannot access support. The strict measures put in place to curb the spread of the virus have raised hurdles and increased risks for people seeking help.¹³ Concerns are that in the COVID-19 lockdown, women have now very limited opportunities to find privacy away from their abusers and seek help from friends, family, service providers or women's organisations.

Women and girls, especially those who face multiple forms of discrimination (such as internally displaced women,

women living in conflict-affected areas, women of ethnic minorities, older women, women living with physical or intellectual disabilities or those living in rural and remote areas), may not have access to a mobile phone, computer, or internet to access services or be able to safely use these at home as they may be closely monitored by their abuser/s and abuse-enablers. In the context of Afghanistan, where women's access to mobile phones and internet is limited, the provision of remote services through for example phone calls is particularly challenging, even pre-COVID. This further reduces women's ability to access support services and for service providers to continue to provide services. NGOs and CSOs have been reporting that they have lost contact with survivors they were supporting, because they were no longer able to reach them, due to the movement restrictions and limited safe access to phone for survivors, for whom it can be very dangerous to call or receive calls in front of their abusers.¹⁴

Social distancing also means that most non-critical activities have been impacted or halted, affecting the provision of support to women and girls who are experiencing violence, including counselling, legal aid, mediation, and vocational trainings. The COVID-19 crisis and the focus on the health response has also put a stop to a range of development activities, including community outreach and VAWG prevention efforts, which may further delay the slow rate of progress toward gender equality and ending violence against women in Afghanistan.

Services for marginalized groups:

The COVID-19 crisis is likely to increase inequalities and make the situation worse for marginalized groups. Women and girls who face multiple forms of discrimination, such as internally displaced women, women living in conflict-affected areas, women of ethnic minorities, older women, women living with physical or intellectual disabilities or those living in rural and remote areas, are at increased risk of experiencing violence and less likely to receive the support they need.¹⁵ The COVID-19 crisis aggravates pre-existing vulnerability to violence and further limits access to services. VAWG services, particularly health services, need to respond to the needs of all women who experience violence, including survivors who experience intersectional marginalization. VAWG and COVID-19 risk mitigation, response plans and service provisions need to be informed by the voices and experiences of all women and girls. Understanding the impact of intersectional identities on women's and girls' experiences with violence and access to services is important during the COVID-19 pandemic to identify and close gaps in service provision, and leave no one behind.

¹⁰UN Women, UNFPA, WHO, UNDOC and UNDP (2020). COVID-19 and Essential Services Provision for Survivors of Violence Against Women and Girls.

¹¹WHO (2020). COVID-19 and violence against women - What the health sector/system can do.

¹²UN Women, UNFPA, WHO, UNDOC and UNDP (2020). COVID-19 and Essential Services Provision for Survivors of Violence Against Women and Girls.

¹³<https://www.theguardian.com/global-development/2020/apr/21/domestic-abuse-women-in-herat-afghanistan-may-survive-coronavirus-but-not-lockdown>

¹⁴Ibid.

¹⁵UN Women, UNFPA, WHO, UNDOC and UNDP (2020). COVID-19 and Essential Services Provision for Survivors of Violence Against Women and Girls.

RECOMMENDATIONS

All Actors:

- Include VAWG protection measures in all COVID-19 preparedness and response plans and allocate additional resources to implement them.
- Prioritize funding, technical support and personal protective equipment for VAWG services providers, including civil society organizations, to ensure the continued and safe access to healthcare, police and justice, other social services for survivors of violence, either in person or remotely. Ensure support for organisations that provide support to hard-to-reach, remote and vulnerable populations, particularly women and girls who face multiple forms of discrimination.
- Develop and implement protocols for women's right organisations to prevent and respond to COVID-19 and continue to operate safely and provide services to survivors, in particular for Women Protection Centers, Family Protection Centers, Family Guidance Centers, and Women and Girls Safe Spaces.
- Train front-line service providers on how to recognize, respond, protect and refer survivors to appropriate services, as well as training in basic psychosocial counselling and safety planning.
- Communicate with local leaders, communities, partners and media about the increased risks of VAWG, and where to seek help.
- Continue to consult, engage and support civil society organisations to inform VAWG prevention and response plans, as well as COVID-19 preparedness and response plans.
- Update service directories and referral pathways, to reflect changes in available services, informing civil society service providers and key communities about these new pathways.
- Promote the safe collection and use of sex-disaggregated data on the incidence of VAWG and capacity of services to respond in order to understand the impact of COVID-19 on VAWG and service provision.
- Provide financial and technical support for the re-activation of the VAWG hotline, to provide quality support to survivors of violence, including referrals, legal aid, psychosocial counselling and safety planning.
- Support the training and utilization of health community volunteers to prevent and respond to VAWG, through prevention efforts, promotion of bystander approaches, provision of basic support and referral to available services.

Health actors:

- Follow Afghanistan Gender-Based Violence Sub-Cluster GBV Guidance Note for COVID-19 Response guidelines.
- Train frontline health care workers on how to recognize, respond, protect and refer survivors to appropriate services, as basic psychosocial counselling and safety planning.
- Provide safe spaces for survivors of violence to self-isolate and receive health care within hospitals, clinics, quarantine centers and re-purposed spaces, and ensure that they receive all the necessary VAWG services, either in person or remotely, and more particularly psychosocial counselling.
- Establish Women and Girls Desks in all health facilities (clinics, hospitals and quarantine centers), where a trained VAWG case worker can safely and confidentially provide information about COVID-19, counselling and safety planning, and referral to appropriate services.