
UN Trust Fund to End Violence against Women

Impact of COVID-19 on CSOs and VAW/G and Funding Needs

Shruti Majumdar

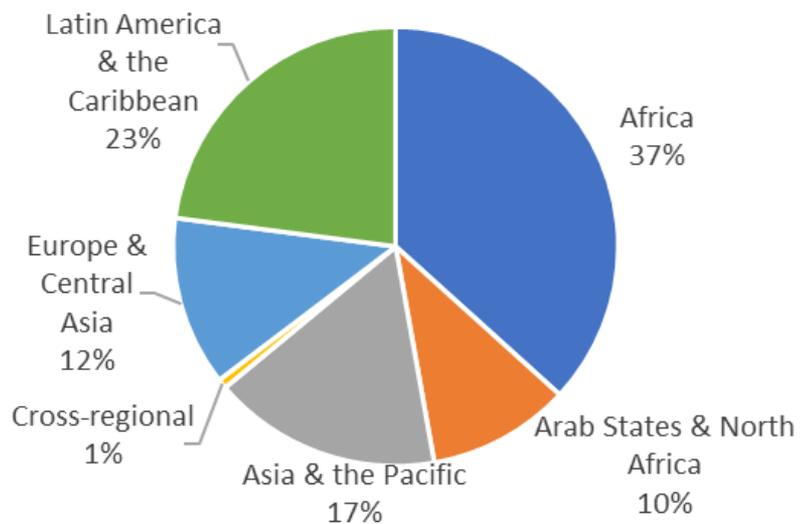
Monitoring and Evaluation Specialist



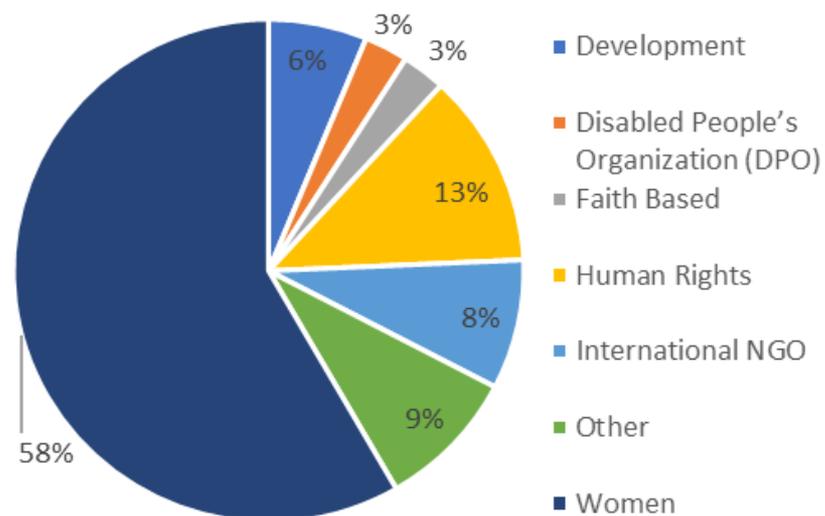
Active Portfolio

144 grants in 69 countries & territories

Regional Distribution



Organization Type



Rapid Assessment

- 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 and programming
- 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



10 Open-ended questions to 144 grantees

All Grantees responded + multiple updates

600 pages of qualitative data

69 Countries across all 5 regions

4 Languages: English, Spanish, French and Russian



Translated, analyzed, thematic clustering

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 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

3

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

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

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

 <p>Lack of access to health care</p>	 <p>Lack of access to justice</p>	 <p>Lack of access to social protection</p>
<p>For e.g. in Egypt, 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 Zimbabwe, (Leonard Cheshire and VSO) and Chad (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 Pakistan, CBM reports that Social Welfare and National Database and Registration Authority (NADRA) have been closed, which inhibits women/girls with disabilities from enrolling in social protection schemes</p>

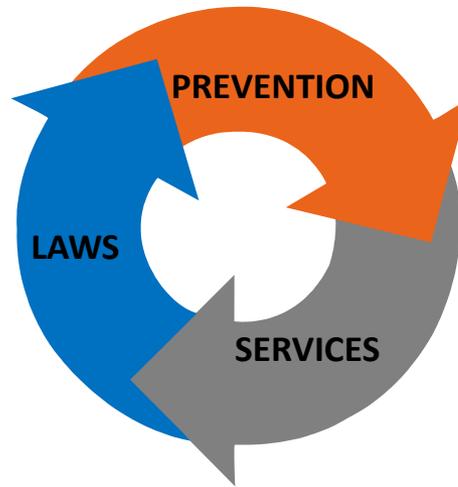
5 Violence is being reported not only through formal channels (shelters and services), but also via informal community-based structures referral

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

6

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

7 Considerable strain on organizational capacity



- Efforts are focused on **survival** of beneficiaries (e.g. Cambodia, ADD International)
- 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

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

14 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)

15 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

16 CSOs seek support to build adaptive capacity and access essential knowledge

→ Urgent investment in the skills to conduct rapid assessments, develop ethics and safety protocols

→ Urgent need for knowledge exchange

17 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