



POLICY PAPER

GENDER-BASED VIOLENCE IN AFRICA DURING THE COVID-19 PANDEMIC



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Introduction

Since the outbreak of the Corona Virus Disease (COVID-19), emerging data and reports from those on the front lines have shown that all types of violence against women and girls (VAWG) have intensified in countries affected by the pandemic. Before the pandemic, it was estimated that one in three women will experience violence during their lifetimes. Globally, 18% of ever-partnered women and girls aged 15–49 have experienced physical and/or sexual violence at the hands of a current or previous partner in the previous 12 months.¹ Further, with COVID-19 there are reports of surges in violence against women (VAW) around the world being reported in many cases of upwards of 25% in countries with reporting systems in place.²

For every 3 months the lockdown continues, an additional 15 million additional cases of gender-based violence are expected.³

- A study⁴ conducted in six Sahelian countries showed that domestic violence, whether physical or verbal, increased from 40.6% before the COVID-19 crisis to 52.2% during the pandemic crisis, a rate of increase of 12%. Chad, Senegal and Mali recorded increases of 30%, 14% and 10% respectively. While Burkina Faso, Mauritania and Niger having less than 10% increase.

As stay-at-home orders expand to contain the spread of the virus, women with violent partners increasingly find themselves isolated from the people and resources that can help them. Globally, there have been reports of abuse such as intimate partner violence, sexual harassment, domestic and sexual abuse of women and girls in many cases by family members, which are exacerbated particularly under lockdowns, restricted movements and school closures.

Correspondingly, the pandemic has far-reaching impact on harmful practices against women and girls, including the elimination of Child marriage and female genital mutilation.

- Due to pandemic-related disruptions in prevention programmes, it is estimated that globally 2 million FGM cases could occur over the next decade that would otherwise have been averted.⁵
- Efforts to end child marriage can be disrupted by the COVID-19 Pandemic. Which could result in an additional total 13 million child marriages taking place that otherwise would not have occurred between 2020 and 2030.⁶

Moreover, it is reported that gender-based violence survivors have experienced limited access to legal protection services as most civil hearings and case-file reception at courts are suspended; issuances of court orders are significantly delayed; and most legal aid centers are closed including limited access to help lines for girls and women.

Additionally, the pandemic and subsequent measures to address the pandemic have disrupted the availability and accessibility of services for survivors of violence. Service providers from all sectors, governmental and non-governmental, are over-stretched to maintain services to violence survivors, given

1 Laura Turquet and Sandrine Koissy-Kpein (2020) COVID-19: Emerging gender data and why it matters. <https://data.unwomen.org/resources/COVID-19-emerging-gender-data-and-why-it-matters#vaw>

2 United Nations (2020) POLICY BRIEF: THE IMPACT OF COVID-19 ON WOMEN. Page 17-18. <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-COVID-19-on-women-en.pdf?la=en&vs=1406>

3 UNFPA, "Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage", Technical Note, 27 April 2020, page 2

4 Justice and Dignity for the Women of Sahel (JDWS), (July 2020) "Sahel: outbreak of GBV cases under Covid-19, according to an NGO" <https://www.jdwsahel.org/2020/08/07/sahel-flambee-de-cas-de-vbg-sous-la-covid-19-selon-une-ong/>

5 UNFPA, "Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage", Technical Note, 27 April 2020,

6 UNFPA, Ibid.

constraints posed by the pandemic.⁷ For example, health services that are the first responders for women are overwhelmed, have shifted priorities, or are otherwise unable to help.⁸ Access to services could be further restricted for survivors with unclear immigration status, sex workers, and/or homeless and street-entrenched populations;⁹ as well as persons with disabilities, older persons, refugees, internally displaced persons and people living with HIV. This highlights that some categories of women and girls in Africa are among the most vulnerable groups exposed to the negative impacts of the coronavirus pandemic.

Although, the COVID-19 pandemic is claiming the lives of many across the globe, the pandemic's disproportionate impact on women and girls' lives is threatening to reverse the hard-won gains in advancing women and girls' rights and gender equality.

This briefing report summarises published, grey literature and media reports on the rise of GBV as an aspect of the COVID-19 pandemic and lockdowns in Africa. The brief documents the sharp increases in GBV outlining consequences, emerging priorities, promising practices and highlight their potential to effectively support and protect women and girls from gender-based violence as a standard part of response to the COVID-19 pandemic in the Africa region. Understanding the dynamics between GBV and COVID-19 is important for crafting appropriate policy and programme responses.

Sharp increases in the risk of Gender Based Violence in Africa

Overview of the prevalence

Across Africa gender data is beginning to show the exacerbated gender inequalities under COVID-19 placing women and girls at greater risk of GBV.¹⁰ For example;

East Africa

The East African Community (EAC) Partner States have reported a sharp increase in the number of Gender-Based Violence (GBV) cases. Ministries responsible for Gender across the region have reported a 48% increase in the Gender-Based Violence cases reported to the Police or through the GBV Toll-Free lines.¹¹

- **Kenya**, according to the Kenya National Council on Administration of Justice, there is a significant spike in sexual offences in many parts of the country. Sexual offences such as rape and defilement have constituted more than 35% of all reported cases.¹²

Central Africa

- **Cameroon**, a survey on the Covid-19 gender impact carried out in May 2020 found that; almost 4 out of 10 (35.8%) respondents state that they have noticed an increase in violence in their respective households. This increase is noticed both by men (35.2%) and women (36%). Movement restrictions, a reduction in financial resources and population anxiety

7 UN Women, (2020) Impact of COVID-19 on violence against women and girls and service provision: UN Women rapid assessment and findings. <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/impact-of-covid-19-on-violence-against-women-and-girls-and-service-provision-en.pdf?la=en&vs=0>

8 Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N., Oertelt-Prigione, S. and van Gelder, N. (2020). "Pandemics and Violence Against Women and Children." Center for Global Development, Working Paper 528. Washington, DC: Center for Global Development. <https://www.cgdev.org/sites/default/files/pandemics-and-vawg-april2.pdf>

9 CARE (2020) Global Rapid Gender Analysis on COVID-19 <https://www.rescue.org/sites/default/files/document/4676/globalrgacovidrdm3312ofinal.pdf>

10 Laura Turquet and Sandrine Koissy-Kpein (2020) COVID-19: Emerging gender data and why it matters. <https://data.unwomen.org/resources/COVID-19-emerging-gender-data-and-why-it-matters#vaw>

11 The East African Community "Gender-Based Violence and COVID-19 in the EAC" <https://www.eac.int/gender/gbv/gbv-and-covid-19>

12 "Sexual Violence Cases Rise amid Virus Curfew." Daily Nation. <https://www.nation.co.ke/news/Sexualviolence-cases-rise-amid-virus-curfew/1056-5522346-4687a4z/index.html> (April 27, 2020). Source: UN Women. <https://www2.unwomen.org/-/media/field%20office%20africa/attachments/publications/2020/ending%20violence%20against%20women%20and%20girls%20in%20covid-19%20response.pdf?la=en&vs=4255>

could be the cause of the said increase. Men as well as women declare that there is an increase in psychological violence (16.4%).¹³

- **Central African Republic** is seeing a surge in gender-based violence (GBV) since the COVID-19 virus pandemic and measures to control it began, with reported injuries to women and children spiking by 69 percent. Since April, GBV has increased by an estimated 10 percent, while reported injuries to women and children have increased 69 percent, rape by 27 percent, and other assaults by 45 percent, according to a June 2020 report by crime analysts with the UN stabilization mission in CAR (MINUSCA).¹⁴

North Africa

- **Algeria**, several cases of femicide have been committed since the beginning of the year. The incidents increased in the context of the confinement, with a murder occurring every three to four days.¹⁵
- **Egypt**, there was a 19% increase of violence against family members linked to strict measures being implemented to limit the spread of COVID-19, according to a [UN Women Egypt and Baseera survey](#). Amongst women surveyed from 04 to 14 April 2020, 11% of women had been exposed to violence the week before the survey.
- A [rapid assessment](#) conducted by UN Women in Libya at the onset of the pandemic indicated that nearly half of the women surveyed feared escalation of violence at

home at the beginning of the lockdown period.

- **Tunisia**, VAWG has increased 9-fold during COVID-19. During the lockdown period (from March to June 2020), the helpline from the Ministry of Women Affairs received a number of 11,361 calls. 87% of them were reported physical violence against women and girls.

Southern Africa

- **South Africa**: Official reports show that within the first week of level 5 lockdown, South African Police Services (SAPS) received 2,320 complaints of gender-based violence, with only 148 related charges made. These statistics represent a 37% increase from the weekly average of South African GBV cases reported for 2019.¹⁶ Additionally, the GBV Command Centre in South Africa recorded a spike in gender based violence cases reported during the lockdown during 27th March to 16th April with a total of 10,660 through phone calls, 1503 through unstructured supplementary services data (USSD) and 616 SMSs. On 16th April alone, the Centre has received 674 cases.¹⁷

West Africa

- **Liberia** recorded a 50% increase in gender-based violence in the first half of 2020. Between January and June, there were more than 600 reported rape cases.¹⁸
- **Nigeria**: reporting from 24 states across the country shows that the number of reported

13 ONUFEMMES-BUCREP (2020). COVID-19 Gender Impact Rapid Assessment Survey (Covid-19 GIRAS), Rapport d'enquête, 32p. http://www.minproff.cm/wp-content/uploads/2015/05/COVID_final_ENG.pdf

14 United Nations Development Fund (UNDP). July 2020. "In CAR, violence against women is surging amid COVID-19 pandemic, study finds", https://www.undp.org/content/undp/en/home/news-centre/news/2020/In_CAR_violence_against_women_surging_amid_COVID19.html

15 Justice and Dignity for the Women of Sahel (JDWS), (July 2020) "Sahel: outbreak of GBV cases under Covid-19, according to an NGO" <https://www.jdwsahel.org/2020/08/07/sahel-flambee-de-cas-de-vbg-sous-la-covid-19-selon-une-ong/>

16 Research by the UN Gender Theme Group led by UN Women South Africa Multi-Country Office.

17 Smith, Elliot. 2020. "South Africa's Ramaphosa Blasts 'despicable' Crime Wave during Coronavirus Lockdown." CNBC. <https://www.cnn.com/2020/04/13/south-africa-ramaphosa-blasts-despicable-crime-wave-during-coronavirus-lockdown.html> (April 27, 2020). Source: UN Women. <https://www2.unwomen.org/-/media/field%20office%20africa/attachments/publications/2020/ending%20violence%20against%20women%20and%20girls%20in%20covid-19%20response.pdf?la=en&vs=4255>

18 UNFPA. West and Central Africa Region COVID-19 Situation Report No. 8, https://wcaro.unfpa.org/sites/default/files/pub-pdf/wcaro_covid-19_unfpa_sitrep8-01_30sept.pdf

incidents of domestic violence spiked by 56 percent during the first two weeks of April compared with the same period in March, after lockdown measures were enacted on 31 March. In Lagos State, cases of domestic violence have surged by over 100 percent during the lockdown period (as of 14 April) compared with the number of cases reported for the entire month of March.¹⁹

School closures drive GBV

School closures intensify gender inequalities, especially for the poorest girls and adolescents who face a greater risk of early and forced marriage, sexual abuse and unintended pregnancy during emergencies.²⁰ Further, across Africa demand for school re-openings have been uneven or there has not been a consistent re-opening of schools across all grades.

Moreover, in areas where social norms lead to greater disparities between girls and boys in enrollment and retention in school, temporary disruption as a result of a crisis such as COVID-19 can lead to permanent removal from school. Families being unable to pay school fees resulting from loss of income during the crisis, negative coping mechanisms such as child marriage, or the loss of educational infrastructure such as girls' peer networks and teachers are prominent concerns.²¹ This has long-term negative impacts on girls' access to opportunities and resources to improve their lives and ultimately, on their educational, economic, and health outcomes.²² For example,

- **Kenya**, some preliminary data from the International Rescue Committee suggests that in the far northern town of Lodwar, teenage pregnancies among clients of the International Rescue Committee aid group nearly tripled to 625 in June-August this year, compared with 226 in the same period a year earlier. In the nearby refugee camp of Kakuma, adolescent pregnancies among clients jumped to 51 in the March-August 2020 period, compared with 15 in the same period in 2019.²³
- **Malawi**, the Civil Society Coalition on Education organization reported at least 5,000 cases of teenage pregnancies in Phalombe district in the nation's south, and more than 500 girls had been married off following the pandemic. Meanwhile, in the eastern district of Mangochi, the area had recorded a 16 percent increase in teenage pregnancies. The area had recorded 6,235 cases between January and June last year compared to 7,274 cases in a similar period in 2020.²⁴
- **Uganda**, at least 4,300 teenage pregnancies were registered in the first four months of the COVID-19 lockdown by the Ministry of Gender, Labour and Social Development.²⁵

The Data gap

Data collection on the types of violence against women and girls, is essential to prioritize addressing violence against women in the response to COVID-19 and recovery efforts.

19 UN Women (April 2020) "The private sector's role in mitigating the impact of covid-19 on vulnerable women and girls in Nigeria." UN Women Nigeria.

20 <https://www.weforum.org/agenda/2020/05/covid19-gender-equality-women-deliver>

21 CARE and the International Rescue Committee. Global Rapid Gender Analysis for COVID-19. March 2020. https://www.careinternational.org/files/files/Global_RGA_COVID_RDM_3_31_20_FINAL.pdf

22 Coalition for Women's Economic Empowerment and Equality (April 2020) COVID-19 and Women's Economic Empowerment https://www.icrw.org/wp-content/uploads/2020/04/cweee_covid_and_wee_brief_final.pdf

23 Ayenat Mersie, (November 2020) Teenage pregnancies rise in parts of Kenya as lockdown shuts schools. <https://www.reuters.com/article/us-health-coronavirus-teenage-pregnancies/teenage-pregnancies-rise-in-parts-of-kenya-as-lockdown-shuts-schools-idINKBN27W11H>

24 David Ochieng Mbewa (July, 2020) Concern in Malawi as early marriages, teen pregnancies rise amid school closures. <https://africa.cgtn.com/2020/07/28/concern-in-malawi-as-early-marriages-teen-pregnancies-rise-amid-school-closures/>

25 Shabibah Nakirigya (October 2020) "Uganda: 4,300 Teenage Pregnancies Reported in 4 Months". The Monitor. <https://allafrica.com/stories/202010260408.html#:~:text=pregnancy.&text=At%20least%204%2C300%20teenage%20pregnancies,Gender%2C%20Labour%20and%20Social%20Development>

The emerging data of the impact of COVID-19 on women and girls highlighted in this briefing may currently likely only be reflecting the worst cases. Without access to private spaces, many women will struggle to make a call or to seek help online. Moreover, the potential loss of income due to self-isolation, potential lack of information regarding which GBV services remain available, and fears of contracting the virus at service points has created multiple barriers whereby survivors of GBV may find themselves in a near impossible situation: unable to seek support, unable to access services, unable to leave their abusers²⁶ and with nowhere to go. Thus understanding the scale and diverse experiences of sexual and gender based violence (SGBV) for women and girls during the COVID-19 pandemic remains paramount for all African countries. Cameroon, Kenya, Malawi, South Africa, Uganda and Zimbabwe,²⁷ provide example of taking steps to **improve the collection and use of violence against women data** in the COVID-19 context.

The African Union and Continental Efforts

During the webinar session of African Union Ministers in Charge of Gender and Women's Affairs on "COVID-19 Response and Recovery" - a gendered Framework held on 12 May 2020, in his opening statement, H.E. Moussa Faki Mahamat, Chairperson, AUC highlighted the need for mainstreaming gender into all COVID-19 responses. "We must, therefore, together ensure that this situation does not become the breeding ground for the propensity of violence against women. The fight against impunity, respect for dignity, equality

and solidarity must be the cardinal values in the gender approach against COVID-19." In this regard, the AUC has developed a Continental Strategy and established a Fund in Response to COVID-19 to support a sustainable medical response, to the pandemic, with the expertise of Africa CDC, and mitigate its socio-economic consequences in its Member States.

Further, AU Guidelines on Gender-Responsive Responses to COVID-19 were developed to assist Member States in integrating gender equality in all COVID-19 responses in the continent in line with the AU Constitutive Act. The guidelines are meant to complement existing response at a continental level led by AUC through the Africa CDC, at a regional level by RECs and at national levels by Member States. The guidelines encapsulate key gender mainstreaming concepts and strategies including sex disaggregated data, gender budgeting, scalable and high impact programs owned at all levels, strategic partnership and multisectoral approaches, effective full inclusion of women, enforcement of existing commitment to gender equality, women's empowerment and documentation and sharing of experiences.²⁸

In addition, the AUC-Women, Gender and Development Directorate (WGDD) in collaboration with OHCHR jointly developed a guidance on the possible actions African States could take, in accordance with their human rights obligations, to prevent discrimination against women and girls in their responses to COVID-19. The guidance contextualizes the issue to the lived experiences of African women, focusing on the specificities and groups of women in Africa.²⁹

²⁶ CARE International and The International Rescue Committee (2020). Global Rapid Gender Analysis for COVID-19. Washington, D.C. and London: CARE International and International Rescue Committee. <https://www.rescue.org/sites/default/files/document/4676/globalrgacovidrdm-3312ofinal.pdf>

²⁷ UNDP-UN Women COVID-19 GLOBAL GENDER RESPONSE TRACKER. Factsheet: Sub-Saharan Africa <https://www.undp.org/content/dam/undp/library/km-qap/UNDP-UNWwomen-COVID19-SSA-Regional-Factsheet-2020.pdf.pdf>

²⁸ AU, UNECA and UNW (May 2020) "COVID-19 Response and Recovery": A Gendered Framework. Report of the meeting of the African Union Ministers in Charge of Gender and Women's Affairs. https://au.int/sites/default/files/documents/38617-doc-gewe_and_covid_19_eng.pdf

²⁹ <https://www.ohchr.org/Documents/Issues/Women/7ActionsFinal.pdf>

Notable Measures in the Africa Region^{30 31 32 33 34}

Three main responses and recovery strategies have been evident to date:

1. Strengthening services for women survivors.
2. Awareness-raising and campaigns.
3. Improving the collection and use of violence against women data in the COVID-19 context.

Overall, innovative, gender responsive measures continue to be implemented in a range of contexts.

East Africa

Ethiopia: In Hawassa City, Ethiopia, Safe City messages on prevention and response to domestic and sexual violence have been shared with religious authorities for community outreach.

Kenya: The President ordered an investigation into rising reports of violence against women and girls – including rape, domestic violence, female genital mutilation and child marriage – as a result of COVID-19 restrictions.

Madagascar: Has adopted a Social Emergency Plan whose beneficiaries include street merchants, washerwomen and sex workers.³⁵

South Sudan: National helplines have been launched to assist gender-based violence survivors 24/7 by providing information and linking them to the nearest service-providers, including Family Protection Centres (VAWG one-stop centres).

Tanzania: UN Women is supporting the Government to mainstream violence-against-women-and-children specific information in standard operating procedures and protocols that will facilitate service providers to conduct violence against women and children screening in reported cases of COVID-19.³⁶

Uganda: The COVID-19 Essential Services Committee of the Ministry of Health developed, with the support of UNFPA, Standard Operating Procedures (SOPs) to ensure continuity of gender-based violence, sexual and reproductive health and HIV services during the pandemic. The SOPs will enable the Ministry of Health to prioritize integrated services as part of the essential service package in COVID-19 case management.

Central Africa

Cameroon: A survey was launched by the National Bureau of Censuses and Population Studies and the Ministry of Women's Empowerment and Family, with the support of UN Women, to assess the impact of COVID-19 and governmental measures on daily life. The survey included a focus on GBV, as well as on household and care work distribution between men and women.

30 UNDP-UN Women COVID-19 GLOBAL GENDER RESPONSE TRACKER. Factsheet: Sub-Saharan Africa <https://www.undp.org/content/dam/undp/library/km-qap/UNDP-UNWwomen-COVID19-SSA-Regional-Factsheet-2020.pdf.pdf>

31 UNDP-UN Women COVID-19 GLOBAL GENDER RESPONSE TRACKER. Factsheet: Northern Africa and Western Asia <https://www.undp.org/content/dam/undp/library/kmqap/UNDP-UNWwomen-COVID19-SSA-Regional-Factsheet-2020.pdf.pdf>

32 United Nations Population Fund (UNFPA). November 2020. West and Central Africa Region COVID-19 Situation Report No. 9, https://wcaro.unfpa.org/sites/default/files/pub-pdf/wcaro_covid-19_unfpa_sitrep9-01_31oct.pptx_.pdf

33 UNFPA. West and Central Africa Region COVID-19 Situation Report No. 8, https://wcaro.unfpa.org/sites/default/files/pub-pdf/wcaro_covid-19_unfpa_sitrep8-01_30sept.pdf

34 UNDP-UN Women COVID-19 GLOBAL GENDER RESPONSE TRACKER. Factsheet: Sub-Saharan Africa <https://www.undp.org/content/dam/undp/library/km-qap/UNDP-UNWwomen-COVID19-SSA-Regional-Factsheet-2020.pdf.pdf>

35 OHCHR guidance note on COVID and Women's Rights https://www.ohchr.org/Documents/Issues/Women/COVID-19_and_Womens_Human_Rights.pdf

36 UN Women, UNFPA, WHO, UNDP and UNODC. UN Joint Global Programme on Essential Services for Women and Girls Subject to Violence (2020) "COVID-19 and Essential Services Provision for Survivors of Violence Against Women and Girls" <https://www.unwomen.org/en/digital-library/publications/2020/04/brief-covid-19-and-essential-services-provision-for-survivors-of-violence-against-women-and-girls>

The survey was conducted online using social media platforms (WhatsApp and Facebook).³⁷

Central African Republic: The prefectural GBV control committees of the Lobaye and Ombella M'poko were set up in October 2020, followed by capacity building training for the members of these committees on their roles, the basic concepts of GBV, and referral pathways. Training of national stakeholders on the holistic management of GBV cases was conducted, along with the evaluation of 35 health facilities on their capacities to conduct clinical GBV case management.

North Africa

Egypt: The country adopted broad ranging measures to tackle violence against women during the pandemic. In consultation with UN Women, UNFPA, the World Bank and other actors, the National Council for Women in Egypt produced a policy paper titled "Egypt's Rapid Response to Women's Situation during the COVID-19 Outbreak". Egypt is currently updating the referral pathway for survivors of violence, to include hotlines and newly introduced response and reporting mechanisms. A hotline for women survivors of violence was established at the Human Rights Department of the Ministry of Interior. The Ministry of Social Solidarity kept eight women's shelters open for women and their children, providing a range of services such as consultation, legal and psychosocial support, including free of charge online therapy for women. The Ministry of Justice has proceeded with family court cases (such as on alimony payments, child custody and residence) to support women custodians during the pandemic. Courts are attended with sanitary and precautionary measures in place.

Morocco: government institutions and civil society organizations have encouraged women to call "8350", or to communicate via the "we are

all with you" platform, to report any form of violence.³⁸ Additionally, digital services are being provided by the Ministry of Justice via a website, which includes the option to file a complaint via email. A system was also developed to link telephone hotlines to all courts, complemented by the use of a mobile app that allows victims to submit urgent complaints without having to present themselves in person at a court or at a police station.

In addition, a mobile application was set up for women at risk of violence. Operated by the Union Nationale des Femmes Marocaines (National Union of Moroccan Women - UNFM), the application provides a solution for women who are locked in with their perpetrators, by linking them, through the application, to one of twelve (12) regional centers across the country,³⁹ without having to discuss on the phone. Remote psychological support has also been made available by the Regional Council of the College of Physicians and the Moroccan Society of Psychiatry.

Tunisia: A hotline was established at the Human Rights Department of the Ministry of Interior to support survivors of violence. In Tunisia, a temporary shelter for survivors of GBV was established fifteen days after the lockdown measures came into force. As of June 2020, 29 individuals had been assisted by this shelter (sixteen women and thirteen children). During the pandemic, the shelter enabled women to have a place to stay for fourteen days, while undergoing all necessary medical tests. After this quarantine period, a new shelter would be found for the women and girls survivors to go to.

Southern Africa

Angola: The Ministry of Social Action, Family and Women's Promotion created a helpline

37 ONUFEMMES-BUCREP (2020). COVID-19 Gender Impact Rapid Assessment Survey (Covid-19 GIRAS), Rapport d'enquête, 32p. http://www.minproff.cm/wp-content/uploads/2015/05/COVID_final_ENG.pdf

38 OHCHR guidance note on COVID and Women's Rights https://www.ohchr.org/Documents/Issues/Women/COVID-19_and_Womens_Human_Rights.pdf

39 More information available at: <http://www.2m.ma/fr/news/maroc-covid-19-mobilisation-active-de-lunfm-via-la-plate-forme-kolonamaak-20200330/>

whereby trained counsellors provide psychosocial assistance.

Malawi: Guidelines were developed to assist mapping of referral pathways, and community complaint mechanisms have been established. Furthermore, the Ministry of Gender, Child Development and Community Development received 940 bicycles and 60 motorcycles from the UN's Spotlight Initiative for use by VAWG service-providers in communities. They are expected to ease mobility challenges for service-providers in their efforts to reach out to marginalized groups in hard-to-reach areas.

Mozambique: The Ministries of Interior and Health made national helplines available 24/7, partnering with telecommunications companies, as a means for women and girls to report safely, offering remote services where possible.

South Africa: For Level 4 of the lockdown, the courts prioritized cases involving corruption, sexual offences, gender-based violence and femicide, serious violent crimes, robbery, murder and the violation of COVID-19 regulations.

Zimbabwe: UN Women Zimbabwe country office is supporting CSOs embracing Digital Platforms for Action Towards Ending Violence & Harmful Practices Against Women & Girls in Zimbabwe. Assistance was provided to obtain toll-free hotlines to provide psychosocial and legal aid support services to women and girls' survivors of GBV remotely. UN Women also continues to support CSOs to empower communities to fight and address GBV through campaigns, radio programs, capacity building sessions for CBOs and ministries at grassroots level on GBV and referral pathway and establishment of peace huts to serve justice to women at grassroots level and obtain some reparation as well as support provision of legal aid support for survivors of violence to access formal justice systems. Continuous support was also provided to strengthening and building the agency and voices of survivors and the vulnerable by putting them at the center of the GBV response through awareness raising using edutainment

models. UN Women is further supporting the Ministry of Health and Child Care to coordinate a multisectoral stakeholders' response platform for the Covid-19 response linked especially with prevention and response to VAWG/GBV. Support is also provided to the CSO, ROOTS to provide shelter to survivors of SGBV and GBV.⁴⁰

West Africa

Burkina Faso: Actions continued in four regions, namely the East, the Sahel, the North Center and the Boucle du Mouhoun, particularly in the fight against child marriages and FGM, through the animation of safe spaces for adolescent girls to strengthen their life skills and knowledge on SRH and GBV. A total of 338 safe spaces, (194 in the East, 34 in the Sahel, 100 in the Boucle du Mouhoun, and 10 in the Center North), were opened to benefit 8,725 adolescents (6,797 girls and 1,928 boys). A total of 22 actors (social workers, frontline health workers, security agents and justice agents) in the Center-North region were trained on gender-based violence, the referral mechanism, management services, guiding principles, frontline psychological support and coordination between the different actors involved in the management of GBV cases and the WSPs in the context of COVID-19. 32 spaces were established within the framework of the CERF/COVID project for women and girls that continued to function to ensure the sustainability of the project's achievements.

Cape Verde: In a campaign to sensitise society on gender equality and the prevention of GBV during confinement, the toll-free SMS 110 line operating 24 hours a day 7 days a week, was created in partnership with the regulator and telecommunication operators to facilitate contact between GBV survivors/victims and CAV (victim support center) technicians. The Cape Verde Institute for Gender Equality and Equity (ICIEG) also set up an email service for GBV survivors to ask questions and request psycho social support: violencia.covid@icieg.

⁴⁰ UN Women ESARO (August 2020) "Regional Updates on COVID-19 Response," Zimbabwe Country Office.

gov.cv. With the support of UNFPA and UNDP, ICIEG produced and published the spot “Bu ka sta bo so!” (You are not alone) during the emergency period in the prime time of public and private television. In addition, an international campaign was adapted to national context with the launch of “Maskara 19”, supported by UNFPA and UNDP. The campaign aims to encourage women to seek help from a situation of violence and abuse in a trusted pharmacy.

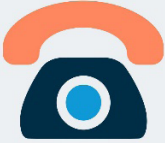
Cote d'Ivoire: The Government has reactivated the transit and reception centre for survivors set up by the Ministry of Women.

Gambia: To support the national GBV response the government in partnership with Partners, UNFPA, and the National GBV helpline aims to protect women and girls, providing increased access to information and services, including psychological first aid services. During the month of October, 1723 calls were received through the GBV helpline. Out of these, 126 received support and services and 524 received online remote psychological first aid services.


Liberia: the President H.E George Manneh Weah President of George M. Weah, declared rape as a national emergency and called for

the development of a National Roadmap by multi-stakeholders to end SGBV in Liberia upon noticing the increase in the number of SGBV cases in Liberia. This has been made possible through the ongoing programming under EU/ UN Spotlight Initiative and the GoL/UN SGBV Joint Programme in which UN Women holds the technical leadership role and as the lead on the Prevention Pillars on both Programmes in collaboration with other RUNOs and Government key line Ministries.


Similarly, in a bid to end female genital mutilation and its increased during COVID-19, traditional practitioners were economically empowered to be self-reliant and gradually abandoning the practice of FGM. A total of 300 traditional practitioners were empowered. Those who embarked on climate smart Agriculture programs recently harvested their first produce of rice in Sunkey Town, Todee Monteserrado County. In his remarks during the harvest, the Head of the National Traditional Council of Chiefs and Elders, Chief Zarnza Korwar said thus; “We have come to tell our people that the culture in Liberia is not going to be destroyed but rather, it will be modernized”



Services to address violence against women and girls, including increased resources to support shelters, hotlines and online counselling. These essential services should be expanded and adapted to the crisis context to ensure survivors' access to support.



A strong message from law enforcement that impunity will not be tolerated. Police and Justice actors must ensure that incidents of VAWG are given high priority and care must be taken to address the manifestations of violence emerging in the context of COVID 19.



Psychosocial support for women and girls affected by the outbreak, gender-based violence survivors, frontline health workers and other frontline social support staff must be prioritized.

Source: UN Women (2020)

Niger: With the support of UN Women and UNFPA, the Federal Ministry of Women's Affairs produced jingles to be played during radio programmes promoting COVID-19 safety and hygiene directives, as well as reporting channels for survivors of sexual and gender-based violence.

Sierra Leone: In October, UNFPA Sierra Leone renewed a messaging campaign targeting more than 31,200 mobile phone users across the country with text messages on ending gender-based violence. With the support of Irish Aid and the Government of China, together with UN Women, UNFPA Sierra Leone is supporting seven government one-stop centers providing services to GBV survivors nationwide. In Quarter 3, the centers provided assistance to survivors in 111 cases of sexual penetration (minors), four cases of rape, and four instances of domestic violence.

Togo: Within the framework of the Assistance Project for Survivors of Violence through the Digital Solution: Automated WhatsApps Chatbot, UNFPA Togo supported the Groupe de Réflexion Femme Démocratie et Développement building the capacity of the managers of thirteen listening centers, paralegals, members of the community platform and other actors involved in the fight against GBV to strengthen resilience of women and girls. At least 200 actors involved in the promotion and protection of women's rights were trained on sexual abuse and exploitation, GBV and crises.

Continental Level Priorities to Addressing GBV during COVID-19

In some African Union (AU) Member States, COVID-19 cases have begun to rise again, signaling that a second wave is starting. As a first priority, it is crucial for Member States, UN System, donors, policymakers, and implementing organizations to coordinate and prioritize GBV prevention, response, and risk mitigation approaches as essential parts of COVID-19-related programming. The high GBV levels are at odds with GEWE commitments at national

and continental levels including the aspiration under Agenda 2063 to realise “human security and a sharp reduction in violent crime”.

The African Union Guidelines for gender-responsive interventions to COVID-19 and Gender mainstreaming and integration are at the heart of its COVID-19 responses.⁴¹ Recognizing that the rights of women and girls to physical and psychological integrity are often compromised when women are subjected to violence and violation; the AU has outlined clear guidance for moving forward. The African Union Guidelines for gender-responsive interventions to COVID-19 in the continent will demand continued efforts to support leadership and effective participation of local women and girls, and persons with disabilities in all decision-making processes in addressing COVID-19.^{42 43}

The Guidelines have prioritized:

- Increased budgetary allocation from the various special Funds set up at national or continental levels and mobilize more resources from international development partners and other sources to be dedicated specifically for national rapid-responses to protect women and girls from GBV.
- Setting up free hotlines to report domestic violence and strengthen services for all survivors of domestic violence.
- Vigilantly disseminate information and develop awareness-raising campaigns

⁴¹ African Union (May 2020) “Framework Document on the Impact of Covid-19 on Gender Equality and Women's Empowerment: African Union Guidelines on Gender Responsive Responses to Covid-19”, https://au.int/sites/default/files/documents/38617-doc-gewe_and_covid_19_eng.pdf

⁴² Ibid

⁴³ OHCHR and AU WGDD jointly developed a guidance on the possible actions African States could take, in accordance with their human rights obligations, to avoid discrimination against women and girls in their responses to COVID-19. The guidance contextualizes the issue to the lived experiences of African women, focusing on the specificities and groups of women in Africa. OHCHR and African Union “Possible Actions and Women's Rights and Covid-19. <https://www.ohchr.org/Documents/Issues/Women/7ActionsFinal.pdf>

to combat domestic violence during the lockdowns.

- Establish or strengthen existing emergency shelters, safe houses and one stop centres for survivors of GBV.
- Provide psychosocial support for women who experience GBV, this may include online counselling services.
- Establish or strengthen existing special units within the police to deal with domestic violence during this period of COVID-19;
- Enhance the awareness and capacity of police and judiciary to recognise and respond to violence against women.
- Create special mechanisms to ensure that perpetrators of violence are speedily prosecuted and convicted.

In 2020, answering the UN Secretary General's global call on GBV and COVID-19, [30 African UN Member States agreed](#) to make ending violence against women and girls a key part of their response plans for COVID-19. Several have followed through with essential services, such as shelters, helplines and other reporting mechanisms. Yet, much remains to be done to ensure that violence against women and girls-related services become an integral part of their national and local COVID-19 response plans. However, there remains need to adequately fund and sustain these measures overtime.^{44 45}

Recommendations

In light of the above AU guidelines, policy priorities, response and recovery efforts to address GBV during COVID-19 will need to include

the following measures that have proven to be effective.^{46 47}

These recommendations are inspired by key priorities of action identified in diverse reports and studies developed by AU, UN and partners.

Member States need to ensure that institutional mechanisms are fully responsive to the rights and needs of women and girls during this COVID-19 period.

- Enhance awareness for authorities to understand the increased risk of sexual and gender-based violence (SGBV) and other forms of violence and abuse during the pandemic as well as the gendered impact of the crisis.
- Ensure that national COVID-19 cells/ taskforces have trained SGBV focal points working on integration of SGBV into national response plans to COVID-19.
- Short and long-term SGBV services should be prioritized and categorized as life-saving due to the negative and often life-threatening impacts of SGBV on individuals, their families, social cohesion and economic stability.
- Take measures to address the interlinkages between GBV and HIV, recognizing GBV is not only a driver of vulnerability that increases risk to HIV, but also as a risk factor that can undermine the optimal effectiveness and impact of HIV services and investments made in Africa's AIDS response.
- Offer trainings (with modifications to be attended remotely or online) on risks of SGBV

44 UN Women (November, 2020) "Press Release: As impact of COVID-19 intensifies, UN Women calls for concrete actions to respond to the concurrent shadow pandemic". [Press Release: As impact of COVID-19 intensifies, UN Women calls for concrete actions to respond to the concurrent shadow pandemic | UN Women – Headquarters](#)

45 UN Women (September, 2020) "COVID-19: Only one in eight countries worldwide have measures in place to protect women against social and economic impacts, new data shows" [COVID-19: Only one in eight countries worldwide have measures in place to protect women against social and economic impacts, new data shows | UN Women – Headquarters](#)

46 United Nations (April 2020) "Policy Brief: The Impact of COVID-19 on Women" Page 17-18. <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/06/report-policy-brief-the-impact-of-covid-19-on-women/policy-brief-the-impact-of-covid-19-on-women-en-1.pdf>

47 UN Women, UNFPA, WHO, UNDP and UNODC. UN Joint Global Programme on Essential Services for Women and Girls Subject to Violence (June 2020) "COVID-19 and Essential Services Provision for Survivors of Violence Against Women and Girls" <https://www.unwomen.org/en/digital-library/publications/2020/04/brief-covid-19-and-essential-services-provision-for-survivors-of-violence-against-women-and-girls>

and how to handle disclosures and share the services available in a survivor-centred way.

- Ensure that those at risk/survivors of SGBV are engaged in the design/selection of quarantine/isolation centres and that centres preserve the Dignity, Access, Participation and Safety of all. The centres should also follow all standards outlined in The International Federation of Red Cross and Red Crescent Societies (IFRC) Minimum Standards.
- In contexts where curfews are or will be implemented, persons at risk/survivors of SGBV fleeing their homes during curfew times should be supported and not put at further risk. Clear guidance for security forces can be developed (such as sharing of SGBV referral pathways). There is a need to work with government authorities and local organizations to develop and disseminate a revised referral pathway.
- Ensure that health workers have the necessary skills and resources to deal with sensitive sexual and gender-based violence-related information, that any disclosure of SGBV be met with respect, sympathy and confidentiality and that services are provided with a survivor-centred approach.
- Integrate SGBV risk mitigation into all aspects of the epidemic response and ensure it is included in national contingency/preparedness and humanitarian response plans, including providing tools and methodologies for risk mitigation and prevention of SGBV in any cash and voucher (CVA) based programming, especially related to food security; conducting safety audits; health and water, sanitation, and hygiene (WASH) responses.
- Put in place multi-sectoral and multi-stakeholders, robust, vulnerability tailored, efficient, transparent and well-coordinated adaptive social protection policies and programs that address social and economic

risks specific to women and girls that result in SGBV.

- Strengthen the integration of prevention efforts and services to respond to violence against women into COVID-19 response plans; including services to those living in displacement settings.
- Designate domestic violence shelters as essential services and increasing resources to all providers including civil society groups on the front line of response.
- Expand the capacity of shelters for victims of violence by re-purposing other spaces, such as empty hotels, or education institutions, to accommodate quarantine needs, and integrating considerations of accessibility for all.
- Designate safe spaces for women where they can report abuse without fear or harm.
- Ensure continuity of essential services such as access to safe birth, antenatal and post-natal care and immunization programmes, continued access to sexual and reproductive health services, women's access to family planning, child and adolescent health services and other critical services as these provide opportunity to report abuse.

Stakeholders need to step up advocacy and awareness campaigns, including targeting men and boys.

- Engage men and boys as well as traditional and religious leaders in GBV prevention, response and coordination initiatives
- Media (Visual, Audio, Print, Online) in the current context have a larger audience than ever before, as one of the main mediums for information, connection and exchange during this pandemic. It is critical for media outlets to continue raising the visibility of violence against women and children, to ensure that messages are framed to include SGBV and COVID-19 with a clear

understanding that violence against women is not a new phenomenon. 48

- Organize gender-sensitive media training for journalists and media to strengthen their capacity to apply a gender lens in their reporting, language use, representation and addressing of GBV.
- Disseminate messages on sexual and gender-based violence in the context of COVID-19 through social media, radio and/or TV programmes; establishing remote social/psychosocial support such as virtual chat groups. The messaging should cater to the specific needs of persons with disabilities (particularly women and girls) for example through sign language, accessible digital technology, captioning, relay services, text messages, easy-to-read and plain language.
- Step up Continental advocacy utilising the proposed African Union led continent wide Campaign and the African Women's Decade as advocacy platforms for Zero Tolerance to SGBV in Africa.

AU, Member States and development partners need to support the strengthening of data and evidence.

- The impact of measures to curb COVID-19 is bound to disproportionately affect certain groups, including victims and survivors of domestic violence, homeless women, older women, women and girls with disabilities, and women and girls living with HIV. Women and girls who are deprived of their liberty, displaced, refugees, asylum seekers, migrants and those living in conflict

affected areas are particularly at risk during the COVID-19 emergency.⁴⁹

- Given the limited documented evidence regarding the scale and dimensions of GBV within the context of COVID-19, as well how best to respond through programmatic action, there is a need for additional research, monitoring and evaluation activities. 50
- Enhance capacity of GBV data collection, including through common reporting tools, capacity building programs at state and community levels and multi-sector collaboration including with universities and research institutions.
- Ensure that data from Ministry of Health and key line Ministries responding to COVID-19 is disaggregated by sex, age and disability.
- Ensure that emergency preparedness and response plans are based on thorough gender analyses, considering gendered roles, risks, responsibilities, and social norms, and accounting for the unique capabilities and needs of other vulnerable populations. This includes ensuring that prevention and response measures address women's and girls' caregiving burdens and heightened sexual and gender-based violence (SGBV) risks.
- Surveillance and response systems that include disaggregated health-related data by age, sex, pregnancy status and disability to ensure that those at most risk of sexual and gender-based violence are identified and have equal access to services, resources and opportunities.
- Strengthen monitoring of the implementation of the key continental commitments to

48 UN Women (May 2020) Brief: *Prevention: Violence against women and girls and COVID-19*. <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/brief-prevention-violence-against-women-and-girls-and-COVID-19-en.pdf?la=en&vs=3049>

49 United Nations Office on Drugs and Crime (UNODC) Coronavirus Disease (COVID-19) response – UNODC Thematic Brief on gender-based violence against women and girls. https://www.unodc.org/documents/Advocacy-Section/GBVAW_and_UNODC_in_COVID19_final_7Apr2020.pdf

50 CARE (2020) Gender-Based Violence (GBV) And Covid-19: The Complexities of Responding To “The Shadow Pandemic” https://www.care-international.org/files/files/GBV_and_COVID_19_Policy_Brief_FINAL.pdf

end GBV at national, regional and global levels through consistent reporting under the Maputo Protocol, the Solemn Declaration on Gender Equality in Africa (SDGEA) and other relevant frameworks.

Member States and development partners need to sustain commitment to adequately fund strategies for ending GBV in COVID-19.

- Ensure earmarked budgets are in place in sector ministries – including human and technical resources – to fund the priorities over the short, mid and long-terms. The integration of prevention of violence against women and girls into all policy and funding frameworks can sustain resources for relevant national and community level initiatives.
- Support and funding of community-based education and training campaigns is critical to raise awareness about violence against women as a violation of women's enjoyment of their human rights.
- Mainstream gender in all private sector engagement and ensure that it is proactively built into its thought leadership and advocacy functions
- Ensure that gender dimensions are embedded within existing private sector funding programs.
- Ensure that allocations of funding during and in the wake of the pandemic support programmes to prevent and respond to violence against women and girls and promote women's human rights.

Since the outbreak of COVID-19, emerging reports from those on the front lines have shown that several types of violence against women and girls have intensified. Although COVID 19 pandemic is claiming the lives of many, the pandemic's disproportionate impact on women and girls' socio-economic welfare is threatening to reverse the hard-won gains in advancing gender equality and women's empowerment. In Africa too, there have been reports of abuse such as intimate partner violence, sexual harassment, child marriage, female genital mutilation (FGM), domestic and sexual abuse of women and girls in many cases by family members, which are exacerbated particularly under lockdowns. In addition, with online learning, cases of online abuse, harassment and exploitation of children have been in the increase. However, the dearth of well documented gender data remains a key challenge towards the roll out of comprehensive and systematic GBV and COVID 19 response and recovery efforts in AU Member States.

Against this backdrop, the policy paper summarises published, grey literature and media reports on the rise of GBV as an aspect of the COVID-19 pandemic and lock downs in Africa. The paper documents the sharp increases in GBV outlining the consequences, emerging priorities, promising practices and highlight their potential to effectively support and protect women and girls from gender based violence as a standard part of response to the COVID-19 pandemic in the Africa region. The paper also outlines some practical evidence-based recommendations to AU Member States and other stakeholders to ensure actions against GBV are mainstreamed in their COVID 19 response and recovery activities.