



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

Myanmar GBV Sub-Sector

<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 Coronavirus disease (COVID-2019) situation reports:
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>
- Myanmar Ministry of Health and Sports COVID-19 Surveillance Dashboard:
<http://mohs.gov.mm/Main/content/publication/2019-ncov>
- Myanmar Information Management Unit (MIMU) COVID-19 site:
<https://themimu.info/emergencies/coronavirus-disease-2019-covid-19>

<Background: COVID-19 and GBV>

As in any other emergency situation, it is expected that vulnerabilities of women and girls would increase with the outbreak of COVID-19, which would further lead to the increased GBV risks.

Experiences have demonstrated that where women are primarily responsible for procuring and cooking food for the family, increasing food insecurity as a result of the crises may place them at heightened risk, for example, of intimate partner and other forms of domestic violence due to heightened tensions in the household. Women generally play a role of care-giver in the family and in the communities, and there may be additional burdens on them during the crisis period. Because of their role as care-giver, vulnerabilities of women and girls may further exacerbate in terms of the risk of COVID-19 infection.

Other forms of GBV are also exacerbated in crisis contexts. For example, the economic impacts of the 2013-2016 Ebola outbreak in West Africa, placed women and children at greater risk of exploitation and sexual violence. In addition, life-saving care and support to GBV survivors (i.e. clinical management of rape and mental health and psycho-social support) may be disrupted when health service providers are overburdened and preoccupied with handling COVID-19 cases.

Evidence from past epidemics, including Ebola and Zika, indicate that efforts to contain outbreaks often divert resources from routine health services including pre- and post-natal health care and contraceptives, and exacerbate often already limited access to sexual and reproductive health



services. Adolescents have particular needs in this regard. Furthermore, critical needs include access to clean and safe delivery, particularly for treatment in complications in pregnancy, treatment of STIs, availability of contraception, and provisions for clinical management of rape.

<Points to be Considered>

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 (e.g., community sensitization/outreach, group education/information sessions) can be temporarily held off, or redesigned in a way to minimize the risks of infection (e.g. shifting to remote modalities/online sessions where possible). Followings are key points to be considered:

- ✓ 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.
- ✓ Communicate also to the staff that the staff with symptoms, such as, cough, fever, or respiratory problem should seek medical attention and stop providing GBV services.
- ✓ When conducting activities, avoid crowded conditions and limit the number of participants for one activity (agreeing on the maximum number of participants for respective Women and Girls Center/safe space would be helpful). Encourage participants in activities to maintain at least an arm length distance between each other.
- ✓ Equip Women and Girls Centers or mobile team with hand-washing stations or hand sanitizers as well as with thermometers.
- ✓ Clean and disinfect meeting/activity spaces, Women and Girls Centers, etc. at least once a day, particularly surfaces that are touched by many people.
- ✓ Increase air flow and ventilation where climate allows (open windows, use fans when available, etc.)
- ✓ Ensure that 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 behaviors, for example, by placing IEC materials and key messages on COVID-19 at Women and Girls Centers. (For key messages and IEC materials, please refer to the websites indicated above)
- ✓ Review and update GBV referral pathways to reflect any change in the available services.
- ✓ Ensure that psychosocial support is available for women and girls who may be affected by the outbreak and are also GBV survivors. If necessary, consider an option of remote service provision (via phone, etc.).



- ✓ Discuss with case workers how to support GBV survivors in reviewing safety planning as relevant and needed. This is because “social distancing” may lead to increased safety risks for survivors, especially in the case of intimate partner violence.
- ✓ Regularly and supportively monitor GBV staff for their well-being and address any health concern that they may have for themselves, colleagues or clients.

Please also consider the followings:

- ✓ Pay attention to the gendered impacts of COVID-19 and advocate on behalf of vulnerable women and girls
- ✓ Assess changes in patterns/time allocation for women and girls for child care and schooling due to the movement restrictions due to COVID-19. This may have an implication on the schedules/modalities for activities at Women and Girls Centers or by mobile team.
- ✓ Monitor closely the trends of GBV and protection risks and take mitigation actions as soon as possible
- ✓ Share key factual messages and promote accurate understanding on COVID-19, not based on fears, rumors and misinformation, which could lead to social stigma and discrimination
- ✓ Equip Women and Girls Centers with dignity kits to ensure menstrual health of women and girls is not compromised
- ✓ In order not to increase burden on women and girls as caregivers, include messages to equally share responsibilities of providing care to sick persons in the information/sensitization sessions
- ✓ Avail phone or other types of remote outreach 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