



A GLOBAL NGO NETWORK  
FOR PRINCIPLED AND EFFECTIVE  
HUMANITARIAN ACTION

## UNHCR's twentieth meeting with NGOs partners on preparedness and response to COVID-19 in refugee situations

Theme: Challenges and responses to SGBV in the context of COVID-19.

02 November 2020

Online

### Panel:

- Jérôme Elie, Head - Forced migration, ICVA (Moderator)
- Grainne O'Hara, Director of the Division of International Protection, UNHCR
- June Munala, Senior Advisor on SGBV, UNHCR
- Manisha Thomas, Geneva Representative, Women's Refugee Commission
- Hamida Jahamah, Technical Team Lead & Senior Child Protection Specialist, Plan International Jordan

### Participants:

- About 75+, mostly NGOs.

### **Jérôme Elie, ICVA**

- UNHCR and ICVA organized a series of UNHCR-NGO meetings related to challenges and responses to COVID-19 when the first wave hit. Now in many parts of the world, we are facing a second wave and hopefully, this time, we are a better equipped and prepared. We may also reflect on this.
- Today's theme is based on requests received early on by NGOs given the specific and worrying SGBV trends during the pandemic. A topic that has also feature prominently in [NGO statements](#) at ExCom.
- There is a lot of resonance with the discussions we had a month ago at the [UNHCR-NGO Annual Consultations](#) too. In a way, this is a continuation of the consultations and I recommend looking at the set of [recommendations](#) that resulted from the consultations.
- The objective of this meeting is to look at specific SGBV challenges that emerged as a result of COVID-19 but also to reflect on how those have been addressed, how services have been adapted and also at how communities have been enabled and engaged in this context.

### **Grainne O'Hara, UNHCR**

- Brief remarks with 6 main points and 2 questions to participants. 1) Consensus that GBV was already a very high priority and under-attended protection issue before COVID-19 in refugee, IDPs and displacement situations. 2) Impacts on PoCs but also on host communities. 3) A big issue under-resourced before COVID-19 and we feel double under-resourced now. 4) GBV as a consequence of COVID-19 realities has risen to the level of what many are calling a "shadow pandemic". 5) We regret that our collective advocacy to get GBV better prioritized in the Global Humanitarian Response Plan (GHRP) did not work. It shows that there is still a disconnect even within the UN and NGO community: We do talk about GBV, but somehow the money for proper program is not following the rhetoric. 6) During ExCom, UNHCR launched its first-ever [UNHCR policy on GBV](#). We had toolkits, strategies, guidance but never a formal policy. At UNHCR, policy means obligatory: there is then a hook to program funding. Many of you were involved in the consultations that led to the drafting of the policy and we want NGOs to be equally involved in the rollout and partnerships on GBV.
- Questions for NGOs: 1) How NGO partners are going to incorporate what you have learned through COVID-19 and what needs to be improved in programmatic terms for next year? 2) How do you feel – as partners – about prioritizing actions that identify and mitigate risks related to sexual exploitation and abuse and sexual harassment (SEA/SH)?



- GBV programming and SEA/SH response are 2 distinct things. There is a concern that sometimes those are getting conflated by donors and SEA/SH get maybe too much attention. We can never say that there is too much attention on humanitarians stamping out SEA/SH, but there is the feeling that a lot of money going into frameworks and reporting mechanisms on that side are to the detriment of GBV programming, which is needed to help GBV survivors and those who may fall victim to SEA/SH.
- We have an all-women panel today but this should not hide the fact that we need a whole of community approach to GBV issues. we need, men, women, boys, girls working together on GBV. It is a sensitive topic, with cultural taboos but it does not mean this is the exclusive domain of female humanitarian workers.

### June Munala, UNHCR

- GBV has increased with COVID-19. Research and data indicates that, each time there is an emergency – economic crisis, conflict, disease outbreak – GBV increases.
- Slide 2 & highlight some actions and strategies: We considered the voices of displaced, specifically women and girls. Making sure that these voices are reflected in the national and subnational COVID-19 response plans developed in different locations.
- We also worked on response services expansion. E.g. adapting to remote case management services; training caseworkers in different locations, making sure they get the tools and information needed for the new way of conducting case management with survivors. We continued to adapt and expand our communication and information channels and made sure we updated our GBV referral pathways.
- One of the key approaches was to continue ensuring communities took charge of their responses to addressing GBV needs.
- Slide 3: we support activities to address the needs of survivors so that they are able to go on with their lives given the economic impact of COVID-19. E.g. scale-up cash assistance, creation of masks with income-generating activities in India.
- Slide 4 on challenges: we observed increasing pregnancies and child marriages. Pushed us to start better addressing needs of children and adolescents. We worked on ensuring access to justice in an adaptable manner and providing mental health for survivors and care providers.
- Slide 5 on some lessons learned: we must strengthen our community-based structures, making sure front liners, local women-led organizations can step up immediately.
- We must work on integrated risk mitigation measures in various sectors (Health, WASH, Shelters). Access to information is key in a pandemic. We still explore how to do better.

### Manisha Thomas, Women's Refugee Commission

- Echo the comment on our collective failure to get GBV into the GHRP. Particularly shocking given that Humanitarian Country Team's terms of reference include a mandatory responsibility to have a collective approach to addressing SGBV.
- Talking today about women and girls with disabilities and the impact of COVID-19<sup>1</sup>. Persons with disabilities are already 3 times more likely to experience physical, sexual and emotional violence than other persons. Women with disabilities are up to 10 times more likely to experience GBV. As observed by local partners in Uganda and Afghanistan, women and girls with disabilities are already the most negatively impacted by lockdowns and restrictions.

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<sup>1</sup> Women's Refugee Commission, *In Their Own Words: COVID-19 Update on Displaced Persons with Disabilities*, August 2020: <https://www.womensrefugeecommission.org/research-resources/in-their-own-words-covid-19-update-on-displaced-persons-with-disabilities/> and additional readings: GBV AoR and COVID-19 Resources: [https://gbvaor.net/thematic-areas?term\\_node\\_tid\\_depth\\_1%5B121%5D=121](https://gbvaor.net/thematic-areas?term_node_tid_depth_1%5B121%5D=121). GBV AoR Disability Considerations in GBV Programming during the COVID-19 Pandemic: [https://gbvaor.net/sites/default/files/2020-03/Disability%20Considerations%20in%20GBV%20programming%20during%20COVID\\_Helpdesk.pdf](https://gbvaor.net/sites/default/files/2020-03/Disability%20Considerations%20in%20GBV%20programming%20during%20COVID_Helpdesk.pdf)



- We have also seen a failure to prioritize disability inclusion in COVID-19 humanitarian and national responses. E.g. women and girls with disabilities and other persons with disabilities lack access to services, to public health information regarding COVID-19 prevention during lockdowns, they are separated from caregivers, support staff assistance or physiotherapists. Those are often the ones providing critical support including GBV information.
- We have done a series of webinars with IASC on the inclusion of persons with disabilities. Already evidence that elderly, women and girls refugees face additional barriers around affordability, accessibility to technology and gaps in technological experience, skills and literacy. Humanitarian actors need to look at how we are going to prioritize it<sup>2</sup>.
- Need to look at the funding aspect. Women-led organizations or local actors tried to respond to COVID-19 but struggled to get access to resources.
- Question to the audience: how much funding NGOs have received during COVID-19 has been passed to local actors, in particular women-led organizations and organizations focused on disabilities?
- Need an AGD approach in all program areas for service delivery and ensure under-represented groups are also participating in the design and delivery of COVID-19 responses.
- Need to implement [UNHCR's Age, Gender and Diversity Policy](#) and the expanded 5 commitments to refugee women and girls because, fundamentally we need to address gender equality if we are going to ever end GBV. It requires all of us to do that together.
- Question to UNHCR: given the 5 commitments to refugee women and girls, how is UNHCR going to ensure it also gives adequate and equal attention to gender equality given that the Senior Advisor position on gender equality has not been appointed since the departure of the previous incumbent?

#### Hamida Jahamah, Plan International

- Slide 2: Perspectives from Plan's work in refugee camps in Jordan, particularly Azraq camp.
- Slide 3: First question: What are the SGBV impacts on the ground in the COVID-19 context?
- In late March, Plan collaborated with UNFPA to do a rapid assessment covering host communities and refugees in Azraq to see what are the trends and refugees' views, particularly women and youth.
- The main GBV risks mentioned by respondents were verbal and physical abuses perpetrated by others, intimate partners or family members. Exacerbated due to the lockdown and the restriction of movement. Another finding is the shame of stigma and social pressure: reporting GBV decreased during the COVID-19 situation. We have regular analysis with GBVIMS showing that 70% of women are less likely to report and seek help due to the higher levels of contact with potential perpetrators. MHPSS analysis showed a rise of stress and anxiety reported by 78% of women and adolescent girls. 35% of adolescent girls are not able to reach out to their peers anymore, to chat with their friends and that has a huge impact on their overall well-being. On the lack of income-generating activities, 55% of women reported that they are unable to meet their family basic needs.
- Second question: What are the main resources that we have – as Plan International and NGOs working together – in the field to consider the existing and foreseen challenges?
- First resource we have is investing and working closely with community volunteers. E.g. in Azraq camp, we have seen adaptation of the material done by the Syrian community volunteers, in particular by women, with limited resources.
- Looking at the second key resource: we channel resources widely to frontline workers.
- Continuous capacity building was a top priority.
- Keeping gender equality was also a priority in the pandemic response, jointly with partners.

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<sup>2</sup> GSMA, *The Digital Lives of Refugees*, July 2019: <https://www.gsma.com/mobilefordevelopment/resources/the-digital-lives-of-refugees/>



- Third question: What are the materials, the remote modalities that work well and that we can capitalize on? We found that digital equality created was positive in a way – even though also echoing WRC’s remarks on the topic.
- Slide 4 & main recommendations: best practices need to be documented regarding how to mainstream AGD lens to all COVID-19 related efforts.
- The inclusion of the needs of person with disabilities should be addressed and mainstreamed across all NGOs and humanitarian agencies.
- Advocating for gender equality mainstreaming with new and current projects to ensure a minimum of gender awareness.
- Investing in capacity building.
- How meaningful is our inclusion, consultations, participation with local communities and partners?
- Adopting a dedicated space for learning because there is no one size fits all.
- Find a balance between inclusion and exclusion as well as separation and integration.
- Governments, donors, NGOs, civil society need to understand the key linkages with protective rights, freedom from GBV and GBV long-term empowerment. All are interlinked and we must provide proper mitigation measures, prevention, and response to SGBV.

## Q&A

### International Rescue Committee

- IRC released in October the report [What happened? How the humanitarian response to COVID-19 failed to protect women and girls](#).
- IRC interviewed over 850 refugee women and the report confirms today’s panelists’ observations: SGBV increased during the pandemic and access to services is harder than ever. 73% of women interviewed reported an increase in intimate partner violence, 51% cited increased sexual violence, 32% observed growth in levels of early and forced marriage.
- It has become more difficult for women and girls to access services, e.g. 74% of women mentioned that new checkpoints set up by military and police forces to enforce COVID-19 movement restrictions, which creates risk for SEA/SH. It also increased the fear of survivors seeking response services to be identified as such and comes with a lot of stigmas as well.
- COVID-19 reconfirms the necessity for a feminist intersectional response to violence against women and girls. We will only end GBV through tackling gender inequality and the immediate impact and risks of GBV.
- One key takeaway: women and girls’ safe spaces should be prioritized during COVID-19. Now more than ever, women and girls need dedicated safe spaces in their communities when vital lifelines are removed. Donors and humanitarian actors can support discussions with governments and local authorities to ensure access to services for women and girls.
- The crisis also reconfirms that women-led organizations are critical to frontline response. When it comes to the localization debate in the humanitarian programming sector, we need to ensure that we meaningfully promote women and girls led organizations.
- The third key takeaway is: multiyear flexible funding is key to sustainable and lasting change and we recommend that in the recent reform process, UNHCR should ensure to attach multiyear funding to the multiyear agreements with its partners.
- Finally, frontline GBV responders work harder than ever, at personal risk and danger, to try to meet increased demands for services. Right now, they need physical and psychological support. This is an important aspect of the GBV minimum standards which also still remains critical during the pandemic.

### HIAS

- How can the inclusion of gender and sexual orientation diversity, e.g. LGBTQI, protection concerns be better addressed during COVID-19?



### **Grainne O'Hara**

- When we talk about GBV, many challenges are linked to cultural concerns and how we approach it. When we talk about individual experiences from the LGBTQI community, it comes to a level of taboo because we are facing an environment, unfortunately, in many locations, where arguments around cultural standards essentially in the most extreme cases say that such people do not exist.

### **June Munala**

- To incorporate LGBTQI needs, we must make sure that we consult them, that their priorities are incorporated in the design of our response frameworks.
- We can explore increasing our partnerships with some women-led organizations and other organizations. Important to see where we can link up and partner with such organizations.
- See how to strengthen our prevention activities led by these groups including LGBTQI.

### **Manisha Thomas**

- Important to have an AGD approach that would involve persons from LGBTQI community or those with diverse sexual orientation & gender identity. It is about involving them through all stages of responses and working with organizations that have worked with local partners.
- We need much more consistent funding into the hands of local organizations because they know best what the needs are, they know who has the capacities to respond. We need to start moving much more towards that localization of responses, important for us to be thinking empowerment, making sure that they are involved in all aspects of response.
- In advanced questions, RET asked whether or not there is a known trend of GBV against men being exacerbated by COVID-19? WRC [Report on Sexual Violence against Men and Boys in Conflict and Displacement: Findings from a Qualitative Study in Bangladesh, Italy, and Kenya](#), published before the pandemic (2019) provides examples of SGBV against men and boys in conflict and displacement settings. Risks that there is probably much more violence occurring against men and boys now.

### **Good Neighbors International**

- Do you have or can you share data on the increase of negative coping mechanisms related to SGBV during the pandemic among PoCs?

### **Save the Children**

- How do we engage with governments to strengthen access to justice for survivors of SGBV and ensure no impunity for perpetrators?

### **Grainne O'Hara**

- Linked with HIAS question, everything to do with GBV comes with its own taboos and when we talk about GBV against men and boys, it is a specific of taboos, which makes it difficult to gather information. COVID-19 not only increased GBV risks but came within a broader context of restricted movements, collapsing economic markets. We need to remain alert to risks faced by men and boys.

### **Manisha Thomas**

- UNFPA already [highlighted](#) the increased number of child marriages as a negative coping mechanism.



- We are seeing a lot of cases where girls are not in school, leading to risks of teenage pregnancies due to limited access to sexual reproductive health and rights. Not having access to SRH care is another area where we need to be cautious.
- Working with governments to end impunity is not necessarily a COVID-19 particular issue, but something we generally need to work on with governments and human rights organizations, pushing for legislative changes allowing access to justice. Not sure it is the task of humanitarian organizations but we can work with other actors to make sure we push for the right legislation and protection, for access to services, including SRH care.

#### **Grainne O'Hara**

- Agree with WRC, that it is not an issue created by COVID-19, but aggravated by the pandemic. Many of us offer legal advice and aid and we have to look possible adaptive measures. This is all context-specific, there is no one size fits all response. E.g. in some countries, the court capacity switched quickly to work remotely, in others the court system has simply not been able to do it. The risk of impunity rises even higher as court systems become less functional. We need to keep that in mind.

#### **Jérôme Elie**

- There should be an ExCom conclusion on MHPSS next year, an opportunity for advocacy.

#### **Grainne O'Hara**

- Thanks for the reminder of States commitment to include MHPSS in their Conclusions workplan. There is a clear avenue for leverage because a strong conclusion would give us a stronger base from which to lobby States to put the funds behind their commitments.

#### **June Munala**

- There is an urgent need to make sure we prioritize MHPSS, especially in these times. We need to see how we can ensure access to mental health for survivors and service providers.
- Around access to justice, there is a lack of focus on programming in several contexts but this highlights how important it is to engage with the access to justice actors, including law enforcement. Important to emphasize compliance with survivor centered approach within law-enforcement because in many cases it is overlooked. See how we can work more closely with the authorities to help them collect evidence virtually or conduct proceedings virtually.
- There is a need to explore how to engage more with local actors including local women-led organizations, refugee-led organizations, promote these and see how we can provide space, so we get to hear from them directly.

#### **International Rescue Committee**

- In some regions, we experienced deprioritization of some GBV interventions and redirecting of funds to providing health response services. This is itself contributed to increases in GBV and IPV incidences. Borrowing from the Ebola response, where again GBV response was not at the center of prioritized service delivery, this is seemingly a recurrent fact that needs to change in future health-related responses. With the GBV minimum standards and specifically its foundational standards, what lessons do we draw from COVID-19 that can better inform advocacy efforts with donors, and other decision-makers in prioritizing and resourcing for GBV programs?

#### **Manisha Thomas**

- We still do not have humanitarian organizations generally prioritizing GBV risks mitigation or responses and services, so advocacy, especially with agencies and NGOs, is needed.



- Each HCT ToRs include a collective response to SGBV, so relevant to hold them accountable.
- In the [Call to Action on the protection from GBV in emergencies](#) partners signed up to GBV commitments, which should be reminded, encouraging not to deprioritize GBV in responses.
- Working with women's organizations that are on the ground to understand where and what the needs are is also key. When necessary, we should encourage donors, UN agencies and INGOs to give money to women-led organizations.
- We have seen an emphasis from donors on PSEA. We need to find a way by working with donors through advocacy to make sure that there is the correct balance because GBV is affecting many more people than SEA/SH. We need to make sure that we are prioritizing, mitigating, preventing and responding to GBV while also addressing SEA/SH.
- Thanks to UNHCR for additional information on prioritizing gender equality. It is a fundamental element for prevention and response to SGBV. We need to collectively look at gender equality, which means implementing an AGD approach across the board and putting into practice the 5 commitments to refugee women and girls. Ensuring that we listen, include, and fund local partners, women-led organizations, and those focused on disabilities.

#### **Grainne O'Hara**

- Not saying that it is a simple act and we are not meaning to take money that is available for PSEA and shifting it to GBV. We have to be clear in the narrative. Donors have to understand that it is extremely important to scale up investigation capacity and ensure culprits are fired and blocked from getting a job in the humanitarian sector again. Donors sometimes miss the point that the survivors remain within the community and as part of the holistic response, we need to step up the quality of GBV programming and that is the message we need to send to donors. Not a question of either/or in our focus on PSEA or on SGBV in operational settings. We have to focus on both. Donors must understand stepping up GBV programming will equally address the needs of survivors of SEA/SH.

#### **Hamida Jahamah**

- The global pandemic started suddenly and will continue. We need to keep in mind that an even much worse impact might be happening with youth, adolescents, children.
- The main negative coping mechanism is for them doing nothing, being engaged in nothing useful so that could lead to devastating consequences. We need to engage together to work more collaboratively, look for strategic partnerships so we can complement each other's work rather than competing with each other.
- We have the culture of engagement with other stakeholders and need to invest in strategic partnerships, bring different funding for the best of the communities we work with.

#### **Jérôme Elie**

##### To follow-up on:

- Picking up on opening comments, in collaboration with UNHCR Partnership section, ICVA is interested in organizing an exchange on the new UNHCR GBV Policy's roll out.
- Also supporting a suggestion from the chat box to have a discussion with donors around the topic and about GBV/PSEA programming. Important to find the right forum for this.
- Including and engaging local actors, local organizations particularly women-led organizations is important. They need to have funding as well as funding mechanisms adapted to them.
- Save the date: 7 December, next monthly meeting (more information to follow).
- In 2021, we will continue those meetings on a monthly basis and going beyond preparedness and response to COVID-19, with the objective of concrete, useful conversations, e.g. feeding into the processes of policies being developed and reviewed.