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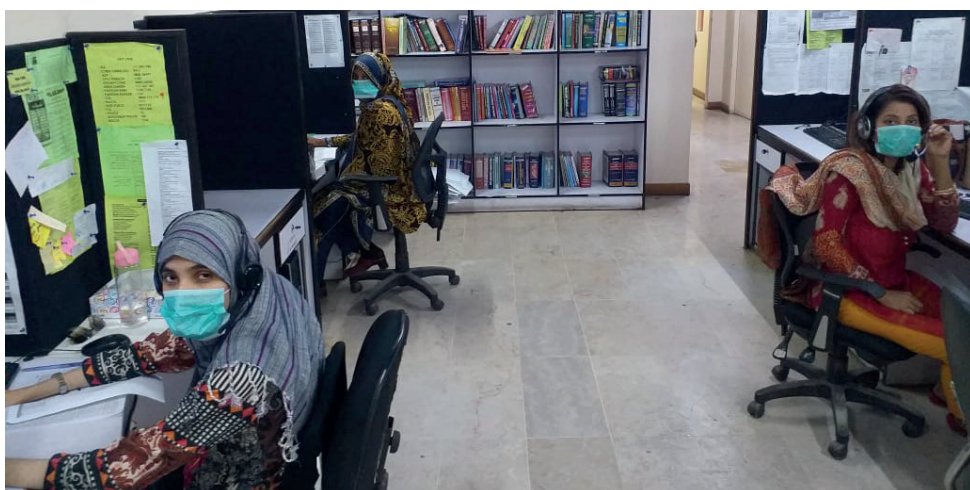
Gender and Pandemic PROTECTING WOMEN IN TIMES OF COVID-19





“I urge governments to put women’s safety first as they respond to the pandemic.”

UN Secretary-General Antonio Guterres (5 April 2020)



Zero tolerance for domestic violence



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1. Overview

The COVID-19 illness has infected 1,316,988 people across the world with 74,066 fatalities being reported as of 7th April, 2020¹. Governments the world over are struggling to contain the pandemic with limited discussion on gender concerns even though women are in many ways being affected the most. Pakistan now has a reported 4,004 cases² with numbers spiraling as testing capacity expands.

Pakistan has transitioned from the first and second stages of COVID-19 in which case types change from those who have travelled from abroad to local transmissions. However, the province of Sindh in particular, appears to be at stage three of the cycle - the community transmission stage, where those who have not been exposed to infected persons or those with a travel history to affected countries are testing positive. At present, especially while the Federal Government imposed lock down persists³ and as Pakistan continues to teeter over more disaster with the fast spread of COVID-19, the access of survivors and victims of Sexual and Gender Based Violence (SGBV) to support and services like policing, shelter, legal aid, counselling remains adversely impacted.

Pakistan ranks as the sixth most risky country in the world for women⁴, with rampant cases of sexual and domestic violence. The situation calls for a gender-responsive emergency measures to mitigate the harmful impacts of COVID-19 on protection of women. Evidence shows that national emergencies and global crisis situations exacerbate cases of violence against women, particularly domestic violence and sexual abuse. Hence, it is imperative for the state to develop and implement time-sensitive mitigation measures to prevent and control VAW, particularly against vulnerable groups of women and girls.

The **Essential Services Package** developed by the United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence⁵ provides standards and guidelines for governments for essential services to be provided to women and girls in the sectors of health, police, justice, social services and provides guidance on coordination and governance for provision of these services⁶.

As the pandemic of COVID-19 continues to spread, it is necessary to recognize the gender dimensions of the impact from the outbreak and for the Governments, both Federal and Provincial, to respond to the immediate and intermediate needs of women and children. It is critical for countries to have plans in place to achieve prescribed standards and quality in provision of services in a manner that is responsive women and child friendly and accountable to victims and survivors.

Women are not “just victims” in the crisis; they also play a major role in COVID-19 response.

1 <https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases> as on 7th April, 2020

2 <https://www.dawn.com> as on 7th April, 2020.

3 <https://www.thenews.com.pk/print/638213-govt-extends-lockdown-to-april-14-to-fight-coronavirus>

4 <https://bigthink.com/strange-maps/worst-countries-for-women?rebelltitem=1#rebelltitem1>

5 Launched by UNFPA and UN Women in December 2013 with support from the Government of Spain, Australian Government and UN agencies including UNFPA, UN WOMEN, WHO, UNDP and UNODC.

6 <https://www.unodc.org/documents/justice-and-prison-reform/EN-Modules-AllInOne.pdf>;

<https://www.unodc.org/documents/justice-and-prison-reform/Gender/Essential-Services-Package-Module-6-en.pdf>

2. Global State of Gender Inequality and COVID-19

Global sex-disaggregated data for COVID-19 shows a near equal number of cases affecting men and women ⁷ yet there are discernable differences in impact in terms of mortality and vulnerability to the disease. Women may appear to be less likely to die due to sex-based immunological variances and differences in prevalence of smoking but other bearings of the virus affect women adversely.⁸ This differentiation is critical for deconstructing primary and secondary effects of a health emergency for diverse individuals and communities and will ensure how policies and response measures yield effective and equitable health care and justice outcomes.

With respect to SDG on Gender Equality, women's economic gains are at immense risk with increased levels of violence against women. Women also account for majority of health and social care workers who are more exposed to COVID-19.

Fundamental gender inequalities during health emergencies are outlined as follows:

- i. **More Female Healthcare Workers at the Frontline:** Women comprise the bulk of the world's frontline health force ⁹ and are shouldering the burden of the response work whilst increasing their own risk of infection.
- ii. **Male Dominated Decision-Making Task Forces:** Crisis and response taskforces are dominated by men who make crucial decisions around the outbreak resulting in the needs of women being largely sidelined. This results in resources for reproductive and sexual health rights and essential services being diverted to the emergency response.
- iii. **Redundancies in Women-Dominated Professions:** The closure of certain businesses disproportionately affects women in professions which they have traditionally dominated such as flight attendants, sales assistants, hairdressers. Jobs of domestic workers and others in the informal sector remain in a precarious situation as most are laid off with no social safety net.
- iv. **Upsurge in Unpaid Care Work:** Caring responsibilities primarily fall on women and increase in times of lockdown and curfews. The closures of schools and workplaces and additional responsibility of caring for the sick and the elderly add to their domestic workload. The situation for single mothers and female-headed households is more difficult when options for informal childcare such as relying on relatives and neighbours is no longer possible.
- v. **Rise in Domestic Violence and SGBV¹⁰:** For women and children experiencing domestic abuse, sexual violence, 'honour-based' violence, and other forms of violence, the home is not always a place of safety. In times of social isolation, domestic abusers can operate with impunity. Women are wedged at home and exposed to the abusers for longer periods of time with limited options to access essential services. In addition, measures to decrease social contact have significant mental health impacts which could be acute for survivors coping and recovering from trauma.

7 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30526-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30526-2/fulltext)

8 <https://www.preventionweb.net/news/view/70948>

9 <https://www.weforum.org/agenda/2020/04/women-female-leadership-gender-coronavirus-covid19-response/>

10 Sexual and Gender Based Violence

- vi. **Shortages in Service Delivery for Essential Services:** With the worsening of the situation and limitations placed on movement, fragile service delivery systems in developing countries for SGBV are disrupted further. Life-saving care and support for rape victims such as clinical management and psycho-social support are harder to access and service providers are overburdened or preoccupied with COVID-19 cases.
- vii. **Impact of violent adolescent behaviour at home¹¹:** The risks to women's safety are likely to be greatly increased by a context in which a violent adolescent child is in enforced lockdown at home. Women (mothers) are disproportionately targeted by this violence. Despite the prevalence of this form of violence it is not always recognised by the criminal justice system.

3. Need for a Gender-responsive National Plan for COVID-19

The extent of risks posed by COVID-19 on gender inequality calls for a multidimensional, coordinated and a whole of government mechanism. The National Action Plan on COVID-19¹² lays out guiding principles for outbreak preparedness and containment yet its objectives and approach appear to miss the gender perspectives. Experience from past outbreaks such as Ebola and Zika¹³ shows the importance of incorporating a gender analysis into preparedness and response efforts to improve gender and equity goals in health interventions.

Pakistan currently ranks at 151 out of 153 countries on the gender inequality index of the World Economic Forum's Global Gap Report of 2020¹⁴. The current system is one of dichotomous social values, where one gender has rights over the other but not vice versa and existing structural barriers and gender inequalities are maintained by a host of interlocking and reciprocally reinforcing factors¹⁵. This is the primary reason for the prevailing inequitable patterns of social, economic and political disadvantage¹⁶ of women in the country. **In emergency situations this state of affairs is further compounded as WHO reports levels of sexual or Intimate Partner Violence (IPV) faced by women and other forms of Gender-Based Violence (GBV) tend to grow more acute due to factors such as broken social and protective networks and lack of essential services¹⁷.**

Women also shoulder a disproportionate share of unpaid care work. We must ensure they are included in all response and recovery decisions.

11 UNODC Thematic Brief on gender-based violence against women and girls

12 Passed on 13th March, 2020
<https://www.nih.org.pk/wp-content/uploads/2020/03/COVID-19-NAP-V2-13-March-2020.pdf>

13 <https://academic.oup.com/ia/article/92/5/1041/2688120>

14 http://www3.weforum.org/docs/WEF_GGGR_2020.pdf

15 "Voices of Resistance: Seeking Shelter Services in Pakistan", Filomena M. Critelli, Violence Against Women April 2012 vol. 18 no. 4 437-458, Sage Journals

16 "Gender Violence and Poverty amongst Pakistani Women: A Social Work Inquiry", Maliha Gull Tarar, Venkat Pulla, International Journal of Social Work and Human Services Practice Vol.2. No.2 Apr, 2014, pp. 56-63 Patriarchy,

17 World Health Organization, "Gender Based Violence in Health Emergencies", World Health Organisation, <https://www.who.int/health-cluster/about/work/other-collaborations/gender-based-violence/en/>

Pakistan became a party to the Beijing Platform for Action¹⁸ in 1995, thereby committing to a range of policy measures to end all forms of discrimination against women. The existing gender blindness in policy making during the healthcare crisis has been flagged recently by the Women's Action Forum¹⁹ through a letter addressed to the Chief Minister of Sindh which highlights:

*"...the impact of humanitarian crisis is not neutral but in fact, human precarity depends on social and economic positioning based on class, gender, ethnicity, caste, race, age and geographical location. These factors determine people's vulnerabilities and risks to disasters. That is why invariably and globally, it is the poor, women, children, elderly, migrants and sick people who suffer the most from natural calamities and human-led disasters."*²⁰

4. Implementation Challenges on GBV in Sindh

Despite several women-friendly laws and policies, challenges in implementation continue to mar the prospects for women and children in Sindh. Majority of vulnerable women continue to lack access to free or affordable essential services in health, police, justice and social support.

Essential services for survivors and victims of GBV remain ad-hoc and scanty in the province of Sindh. The Women Development Department (WDD), Human Rights Department and the Social Welfare Department are amongst the 25 administrative departments which have remained closed since 19th March 2020 as part of precautionary measures of the Government of Sindh in pursuance of the Sindh Epidemic Disease Act of 2014. Staff remains available on call, however the crisis centres and complaint cells of the WDD have been rendered non-functional at a time when women need these social and protection networks the most.

The shelter homes have not been provided with any safety equipment or protective gear though they have suspended visitation rights for all residents as precautionary measures. The three state-run shelter homes for women in Larkana, Hyderabad and Sukkur are accepting new admissions, though only through the direct orders of courts and after medical screening is conducted in coordination with the district health departments.

5. Existing Protection Initiatives and Services for Women in Sindh

Despite challenges, there are a string of available protection measures and services in Sindh that can help to address the immediate needs of COVID-sensitive gender responsive planning. A few of the available initiatives and services are:

- i. **Progressive legislation:** Sindh boasts having some of the most progressive legislation on protecting women and punishing perpetrators of SGBV across Pakistan. Key legislation includes the Domestic Violence (Prevention and Protection) Act 2013, the Sindh Child Marriages Restraint Act 2013 and the Sindh Commission on the Status of Women Act 2015.

¹⁸ <https://beijing20.unwomen.org/en/about>

¹⁹ The Women's Action Forum (WAF) came into being in September 1981, as a pressure group to struggle for women's rights, at a point in time they were being severely compromised. WAF also stands with other civil society organisations to ensure gender equality for women and equal rights for all.

²⁰ WAF letter addressed to Chief Minister of Sindh dated April 2, 2020.

Yet despite having an apparently enriched legal normative framework, violence against women and gender-based discrimination remains widespread. This is in part due to a lack of awareness of laws and administrative forums along with non-implementation of basic safeguarding mechanisms.

- ii. **Dedicated Women’s Development Department (WDD):** A small wing in the Planning Department of the Government of Sindh is dedicated for the cause of women’s development. This wing was later merged with the Social Welfare Department and after 2003 developed as a separate department with a strong mandate focused on women’s empowerment and gender equality under its present-day form of the Women’s Development Department (WDD) ²¹. The WDD manages a series of women crisis centres, women complaint cells and a toll-free helpline for women.
- iii. **National Commission on the Status of Women:** The National Commission on the Status of Women was set up in 2000 to monitor the state’s response on the progress of women. The provincial chapter; the Sindh Commission on the Status of Women (SCSW)²² ; was set up in 2017 for promoting social, economic, political and legal rights of women in Sindh. The SCSW primarily operates as a watch dog body and provides input on legislative and policy matters.
- iv. **Shelter Homes:** There are at present eight functioning shelter homes²³ in Sindh which are run either by the Government’s Social Welfare Department or local NGOs. Of these, four are located in Karachi and there is one Dar ul Aman (shelter home) each in Sukkur, Larkana and Hyderabad, and a private shelter home in Hyderabad²⁴.
- v. **Women Crisis Centres:** There are four Women Crisis Centres run by the WDD in Karachi, Hyderabad, Shaheed Benazirabad and Jacobabad. The crisis centres provide relief to women in the form of legal, medical and counselling support and were envisioned to provide shelter to women for a brief period of 24 to 72 hours.
- vi. **Child Protection Units & Children Shelters:** There are 29 child protection units across Sindh which facilitate child victims. There are several children shelter homes being run by the Social Welfare Department and private civil society organisations, including SOS and Sweet Homes.
- vii. **Women and Human Rights Help Desks:** Women and Human Rights Help Desks with different levels of functionality exist in different police stations across Sindh. The Sindh Police is in the process of expanding these to make them more effective and efficient and be able to better cater to female victims of violence.
- viii. **WhatsApp Group and Online Help:** A WhatsApp group comprising of senior police officials and members of civil society also focuses on SGBV cases and provides prompts to the police for quick action in critical cases cutting through reporting and procedural red tape.

Victims may assume there is nowhere to turn to for help with most of the province being shut down, however, various helplines are also open and accessible, though with reduced hours of operation.

Protection and response service systems available online are summarised below:

- **Sindh Police:** The **15 helpline** which operates on a 24/7 basis allows victims to quickly report a crime.
- **Inspector General Police’s Complaint Cell:** The **9110 helpline** and **e-complaints**

²¹ <https://sindh.gov.pk/dpt/WDD/index.html>

²² <https://scsw.sindh.gov.pk>

²³ Shelter homes are supposed to provide protection, security and rehabilitation services to the affected women.

²⁴ Run by Abad.

service established by the Inspector-General of the Sindh Police registers complaints regarding non-registration of FIRs, faulty investigations, illegal detentions, arrests of innocent persons, registration of false FIR, slackness in duty and demand of illegal gratification.

- **Sindh Chief Minister Public Complaint Cell:** The **080091915 helpline** functions on a 24/7 basis.
 - **Citizen Police Liaison Committee (CPLC):** The **111 222 345 helpline** functions for citizens to help in liaising with the police on matters which includes assistance in registering FIRs and in tracing kidnapping cases.
 - **Sindh Human Rights Department:** The **0800-00011 helpline** runs a 24/7-hour complaint cell for any human rights violation.
 - **Sindh Legal Advisory Call Centre:** The **080070806 helpline** is run by Legal Aid Society in collaboration with the Law Department, Government of Sindh.
 - **Child Helpline: 1121 Child Helpline** of the Sindh Social Welfare Department is functional and operates on a 24/7 basis to provide social safety for children.
 - **Women Development Department helpline:** The **1094 helpline** is available to facilitate and support women.
- ix. **Provision of Legal Aid for Protection:** There are provisions for legal aid in different Government departments including the Women Development Department (which provides legal aid for female prisoners²⁵), Social Welfare Department and the Human Rights Department. Quasi Government bodies such as the SCSW and Sindh Commission on Human Rights also provide legal aid services. NGOs such as Lawyers for Human Rights and Legal Aid (LHRLA), Legal Aid Society (LAS) and War Against Rape (WAR) also provide legal aid to different groups of people. Private and civil society has played a critical role in augmenting the range of protection and essential services provided by the state. The SCSW is in the process of developing a prototype for a seamless protections system which works towards more effective, integrated and streamlined service delivery.

“When women and girls are ‘locked down’ in their homes [...], they are at a much greater risk than ever before.”

Amina Mohammed, UN Deputy Secretary General

6. Key Recommendations

“Gender equality and women’s rights are essential for getting through this pandemic together, to recovering faster, and to building a better future for everyone.”

UN Secretary-General Antonio Guterres (9 April 2020)

Women’s personal and economic safety is at a heightened risk during the current pandemic. The very conditions that are needed to battle the disease— isolation, social distancing, restrictions on freedom of movement—are, perversely, the conditions that feed into the hands of abusers who now find state-sanctioned circumstances that potentially provide an environment for increased abuse²⁶. The following are some immediate and intermediate recommendations:

Immediate Actions

- The state’s role is critical to issue a statement on the impacts of response measures on women and men and women’s equality in the present context. The Government needs to rapidly communicate and assure that women and children have protection and support from the state during these challenging times.
- Data collection must be disaggregated by sex in clinical and non-clinical settings so that decision and policymaking measures can address women’s needs more effectively.
- The crisis response planning teams and task forces should include gender competence within their skills-set so that critical differences between men and women’s lives are factored into all decision-making.
- Women and other vulnerable groups need to be prioritised for relief and distribution of resources. The distribution methodology and measures of the Government must be inclusive giving special consideration to female agriculture, domestic, home-based and union council workers. This must also include indigenous women, landless women, single-mothers, older women, health and sanitary workers and those with disabilities and women from religious minority backgrounds.²⁷
- Services to protect women and children from domestic violence and other forms of violence should be deemed essential services to be provided on immediate basis whilst the lockdown or mandatory social distancing is in force.
- VAWG professionals must be specified as key workers and their services must be included within planning for the essential sectors which should continue during the pandemic.
- Essential and protection services which can be offered remotely or online or with reduced hours should be fully supported and funded and made operational such as the helpline of the Women Development Department.
- **The** government should deliver a clear and targeted public communication and awareness campaign on why forms of SGBV are considered as crimes and why is there an immediate need to protect women and girls with no excuse for perpetrators who commit such abuse. The police should be tasked with ensuring swift action in cases of such reporting.

²⁶ <https://reliefweb.int/report/world/women-and-covid-19-five-things-governments-can-do-now>

²⁷ WAF letter 3 April 2020.

- An information campaign to aggressively promote available protection measures and how to access them, particularly help lines must be launched on immediate basis through mainstream and social media.
- Mobilize civil society platforms for sensitization of communities in rural and peri-urban areas, particularly men and influential leaders to protect rights of women during the pandemic to safeguard respect, honour and dignity of women and girls
- Sensitize health extension workers e.g. Lady Health Workers and Lady Health Visitors to deliver information on protection and safety of women and available services (e.g. sensitization on how to access helplines) as part of their regular visits to the households.
- Nurses in the private and public sector must be given adequate protective gear to reduce the risks they face and their hygiene and sanitation needs should be included as essential measures to ensuring they are able to function well.

Intermediate Actions

- The UN's Essential Services Guidelines, though not focused on interventions in crisis or humanitarian settings, provide complementary guidance in such settings and may be used to create a comprehensive and integrated roadmap for service delivery for survivors of SGBV.²⁸
- The realities of social distancing and isolation require added investment in technology and remote working methods to ensure that survivors can access the support they need on the phone or online.
- Special efforts should be made to deliver compensatory payments to female workers in the informal sector such as domestic workers, factory workers etc. It is recommended that the Government starts developing targeted women's economic empowerment strategies to mitigate the aftermath of the outbreak.
- Reproductive and maternity services should be provided with the necessary staffing resources to keep women safe and well-supported. Priority in testing must be given to pregnant women with COVID-19 symptoms and there must be isolation of pregnancy wards from confirmed COVID-19 cases.
- Policymakers should leverage the capacities of women's organisations and provide additional funding for organisations working on VAW, which will enable them to explore new ways of providing support both during and after the immediate crisis.
- Women's mental health must be a priority matter as part of the emergency and post-emergency work under the national and provincial mental health strategy, including but not only limited to maternal mental health.
- Female inmates, especially those with children residing with them in prisons, should be released, where they are not held as a result of violent offences to manage the health of all and mitigate unguarded spread of the virus.
- Adequate safety measures and resources need to be deployed across shelter homes and orphanages.
- Criminal justice procedures need to be overhauled to become more gender-responsive in justice planning and capacity building²⁹. There is a need to explore innovative options³⁰ to

28 <https://www.unodc.org/documents/justice-and-prison-reform/EN-Modules-AllInOne.pdf>

29 https://www.unodc.org/pdf/criminal_justice/WA2J_Consolidated.pdf

30 Some innovative approaches to service delivery identified in the A Practitioner's Toolkit on Women's Access to Justice Programming (https://www.unodc.org/pdf/criminal_justice/WA2J_Consolidated.pdf) are: The establishment of mobile sexual violence courts and legal aid clinics, "one-stop" centres, remote or settlement-based help desks and free or subsidized hotlines including mobile phone devices that are appropriate to the local context. These can extend justice services to remote areas, improve crime reporting among women, enhance legal aid delivery and lead to the reduction of attrition.

protect women's access to justice, including notifying safe spaces for recording testimonies and conducting virtual hearings.

- Assess the likelihood and magnitude of the existing and expected backlog in GBVAW cases in light of the COVID-19 emergency³¹ and devise relevant measures.
- The Government should provide support services for survivors of SGBV through One Stop Centers, which include shelter, medical examination, legal consultation, psychosocial support and police protection.
- There should be continued and uninterrupted access to family planning care, bolstering supply chains at a time of closed borders and weakened productivity along with targeted information campaigns about the transmission of COVID-19.
- Women play a major role as conduits of information thus educating them on the disease is crucial to stopping the spread through radio shows and other sensitization methods to ensure stay well-informed.

Annexure 1: Examples of responses from Governments and Civil Society Organizations³²

- In **Canada**, domestic violence shelters are to remain open during the lockdown. A Canadian aid package was recently announced to include \$50 million to support shelters for those facing sexual violence and other forms of gender-based violence. In Quebec and Ontario, domestic violence shelters are deemed as essential services and must remain open during the lockdown.
- In **Italy**, instead of the survivor having to leave the house of an abuser, prosecutors have ruled that in situations of domestic violence the perpetrator must leave the family home.
- In **France**, as shelters exceed capacity, alternative accommodation is being provided for domestic violence survivors by hotels, and other countries including the Caribbean are also exploring alternative accommodations.
- In **China** the hashtag **#AntiDomesticViolenceDuringEpidemic** has taken off as part of advocacy with links to online resources - helping to break the silence and expose violence as a risk during lockdown.
- In the **Eastern Cape, South Africa**, support is being allocated to accelerate community-level service delivery for survivors of GBV, with dedicated focus on women in the informal economy, as well as young girls and women affected by HIV and AIDS.
- In **Australia, France** and the **UK** allocated additional dedicated funding to support women experiencing violence and to organisations providing services.

Innovative Solutions:

- Many online and mobile technology service providers are taking steps to deliver support to survivors during this period of limited mobility and increased demand, such as free calls to helplines in **Antigua** and **Barbuda** agreed by two telecommunications firms.
- In **Madrid, Spain**, an instant messaging service with a geolocation function offers an online chat room that provides immediate psychological support to survivors of violence.
- In the **Canary Islands, Spain**, women can alert pharmacies about a domestic violence situation with a code message "Mask-19" that brings the police in to support.
- In **Cumbria, UK**, police have enlisted postal workers and delivery drivers in looking out for signs of abuse. A popular app called '**Bright Sky**' provides support and information to survivors, but can be disguised for people worried about partners checking their phones.

Virtual Justice Systems

- Strategies and tools to address the slowdowns in the justice system because of institutional closures are important to avoid impunity. In **Kazakhstan**, lockdown has caused cancellation of planned court sessions and cases of violence are being adjourned.
- **Argentina** has taken steps to address delays in the judicial processes and has extended protection orders for survivors to 60 days.
- In **Colombia** the government has issued a decree to guarantee continued access to services virtually, including legal advice, psychosocial advice, police and justice services including hearings. Other countries are using virtual means to keep the justice system operating, such as having a domestic violence survivor teleconference into a court proceeding.

³² Source: COVID-19 and Ending Violence Against Women and Girls by UN Women

Annexure 2: Excerpts from WHO's Fact Sheet on COVID-19 and VAW

What can be done to address VAW during the COVID-19 response

While recognizing that COVID-19 has placed an immense burden on health systems including frontline health workers, there are things that can help mitigate the impacts of violence on women & children during this pandemic.

- **Governments and policy makers** must include essential services to address VAW in preparedness and response plans for COVID-19, resource them, and identify ways to make them accessible in the context of social distancing measures.
- **Health facilities** should identify information about services available locally (e.g. hotlines, shelters, rape crisis centers, counselling) for survivors, including opening hours, contact details and whether these can be offered remotely, and establish referral linkages.
- **Health providers** need to be aware of the risks and health consequences of VAW. They can help women who disclose by offering first-line support and relevant medical treatment. First line support includes: listening empathetically and without judgment, inquiring about needs and concerns, validating survivors' experiences and feelings, enhancing safety, and connecting survivors to support.
- **Humanitarian response organizations** need to include services for women subjected to violence and their children in their COVID-19 response plans and gather data on reported cases of VAW.
- **Community members** should be made aware of the increased risk of violence against women during this pandemic and the need to keep in touch and support women subjected to violence, and to have information about where help for survivors is available. It is important to ensure that it is safe to connect with women when the abuser is present in the home.
- **Women who are experiencing violence** may find it helpful to reach out to supportive family and friends, seek support from a hotline, or seek out local services for survivors. They may also find it useful to have a safety plan in case the violence escalates. This includes having a neighbor, friend or relative or shelter identified to go to in the event they need to leave the house immediately for safety.



This advocacy brief is prepared by the UNODC's Criminal Justice and Legal Reforms Sub-Programme-II (SP-II).

The Criminal Justice and Legal Reforms Sub-Programme-II (SP-II) works as a strategic partner and advisor to the Government of Pakistan, delivering reforms across the criminal justice chain of institutions. The objective is to promote evidence-based programming to enhance the effectiveness, coordination and capacity of the criminal justice institutions towards administering fair, efficient and transparent access to justice and rule of law for the citizens. The SP-II also promotes robust and preventive measures to foster effective AML/CFT regimes in Pakistan to disrupt and prosecute financial crimes. A gender-sensitive approach cuts across the criminal justice reforms led by SP-II to empower the vulnerable and the less privileged groups through awareness of legal rights and access to justice.

The comprehensive approach of UNODC is aligned with Pakistan's vision 2025. Striving to achieve the Sustainable Development Goal (SDG) 16 on Peace, Justice and Institutions: *"Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels."* Also contributing to the SDG Goals 3, 5, 8, 11, 15 and 17.



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