



## POLICY BRIEF

# COVID-19 and Ending Violence Against Women and Girls in Ethiopia

First reported in December 2019 in Wuhan Province, China, the novel coronavirus (COVID-19) is highly contagious and spreads through respiratory droplets. So far, there are no specific treatments, approved vaccines or available cures against this highly contagious disease. Thus, on 11 March 2020, the World Health Organization (WHO) declared COVID-19 a 'global pandemic', which is the highest-level classification that the organization can give when a virus has caused sustained community level outbreaks across countries and regions. The declaration of COVID-19 as a global pandemic set national authorities in motion to implement preparedness plans, identify cases as efficiently as possible, and minimize serious illness and deaths with proper treatment.

We are facing a global health crisis unlike any in the 75-year history of the United Nations – one that is killing people, spreading suffering and upending people's lives.<sup>1</sup> As highlighted by the UN Secretary General, the global pandemic is not only a health crisis, but also a human, economic and social crisis. <sup>2</sup>Indeed, as the outbreak rapidly escalates, the focus is on framing national and international coordination plans, preparedness and response plans, and efforts to prevent the spread of COVID-19, while reducing the impact of the pandemic on societies.

Across every sphere, from health to the economy, security to social protection, the impacts of COVID-19 are exacerbated for women and girls by virtue of their sex:<sup>3</sup>

- Compounded economic impacts are felt especially by women who generally earn less, save less, hold less secure jobs, and are more likely to be employed in the informal sector. Women also have less access to social protections and are the majority of single-parent households. Women's capacity to absorb economic shocks is less than that of men.
- The health of women is adversely impacted through the reallocation of resources and priorities, including sexual and reproductive health services. Pregnant women are not getting the prenatal, perinatal and postpartum health care they need.
- Unpaid care work has increased for women with children out-of-school, heightened care needs of older persons and overwhelmed health services. Many women may end up putting the needs of their families above their own, which effects their mental health and physical well-being.

- Gender-based violence is increasing exponentially as COVID-19 deepens economic and social stress for families, coupled with restricted movement and social isolation measures. Many women are being forced to 'lockdown' at home with their abusers, at the same time that essential services to support survivors of gender-based violence are being disrupted or made inaccessible.
- All of these impacts are further amplified in contexts of fragility, conflict and emergencies where social cohesion is already undermined, and institutional capacity and services are limited.

The COVID-19 global pandemic amplifies and heightens all existing inequalities. These inequalities are likely to intensify as the COVID-19 outbreak continues to affect all segments of the population, but is particularly detrimental to members of social groups in the most vulnerable situations, including people living in poverty, older persons, persons with disabilities, indigenous people, and migrants, refugees and displaced

persons. Women and girls are represented in large proportions across each of these social groups. Thus, women and girls experience multiple or intersecting inequalities because of their gender status, compounding their vulnerable situations. COVID-19 preparedness and response plans need to have a gender lens and recognize the specific and intersectional needs of the most vulnerable populations of women and girls. Accordingly, in April 2020, UN Women launched a policy brief that highlights the impact of COVID-19 on women and outlines suggested priority measures to accompany both the immediate response and longer-term recovery efforts.

*The COVID-19 pandemic could reverse the limited progress and gains that have been made on gender equality and women's rights; therefore, UN Women is recommending ways to promote and ensure women's leadership and participation are at the heart of COVID-19 response and recovery plans.<sup>4</sup>*



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

Statement by the UN Secretary-General António Guterres

Source: <https://www.un.org/en/un-coronavirus-communications-team/put-women-and-girls-centre-efforts-recover-covid-19>

## IMPACT OF COVID-19 ON WOMEN AND GIRLS

Undeniably, women and girls experience violence in a variety of contexts, including in the family and home, at work and in the community, both during times of peace and conflict. Prior to the COVID-19 pandemic, violence against women and girls (VAWG) was recognized as a pervasive violation of human rights, a global health problem and a challenge for sustainable human development. The 2030 Agenda for Sustainable Development identifies the elimination of VAWG as a crucial priority for achieving gender equality and sustainable development.<sup>5</sup>

While it is too early for comprehensive data, there are deeply concerning reports of increased VAWG around the world during the COVID-19 global pandemic.<sup>6</sup> In many cases, surges being reported are upwards of 25 per cent in countries with reporting systems in place. In some countries, reported cases of VAWG have doubled. These numbers are likely to reflect the worst cases of VAWG.<sup>7</sup>

Alongside the increase in numbers, VAWG is taking on new complexities: exposure to COVID-19 is being used as a threat; abusers are exploiting the inability of women to call for help or escape the violence; women are being sexually harassed by landlords and property managers who have control over their housing; and women risk being thrown out on the street with nowhere to go.<sup>8</sup> Women working in the informal sector and low-paying jobs are at increased financial dependence on abusive partners and employers.

Police, health workers and judicial officials who are typically first responders to VAWG are overwhelmed and have shifted priorities to handling COVID-19 cases. In addition, civil society service providers are negatively affected by lockdowns and reallocation of resources, limiting their capacities to provide essential services to women and girls. In some countries, domestic violence shelters are full, and others have had to close or have been repurposed as health centres to care for COVID-19 patients.<sup>9</sup>

In Ethiopia, one-stop crisis centers and shelters are unable to support VAWG survivors due to

a lack of isolation rooms for newcomers and insufficient human resources and personal protective equipment. Also, the only toll-free hotline in Ethiopia, called Alegnta Hotline, that offers counselling support to VAWG survivors was suspended indefinitely on 1 April 2020, to ensure the safety and security of their hotline counsellors. Alegnta Hotline, operated by the Setaweet, was launched at the end of 2019.

Increased VAWG is closely connected to national measures taken to contain and prevent the spread of COVID-19, including declarations of states of emergency that restrict mobility and include mandatory lockdown and stay-at-home orders, requirements for quarantine and self-isolation, closing of schools and workplaces, and reductions in public transportation routes. Many women are now trapped in their homes with their abusers, leaving them without the vital support and protection that they need. Without access to private spaces, many women struggle to make a call or seek help online.<sup>10</sup>

### Impact of Movement Restrictions

In Ethiopia, the first case of COVID-19 was detected on 13 March 2020. Since 16 March 2020, the Government of Ethiopia implemented border closures and mandatory 14-days of quarantine for people entering the country, as well as closed schools and civil services for non-essential staff and banned all public gatherings. On 8 April 2020, the Government of Ethiopia imposed a five-month state of emergency to contain the spread of COVID-19. This includes prohibition of all religious and political meetings, community gatherings and assembly of more than four persons, as well as orders for physical distancing of at least two meters.<sup>11</sup>

Evidence shows that measures being introduced to prevent the spread of COVID-19 are inadvertently putting women and girls at increased risk of violence, including domestic violence, intimate partner violence, sexual assault/rape, sexual exploitation and harassment, and abuse from male-dominated security forces and other state/community officials tasked with

enforcing movement restrictions and quarantine measures.<sup>12</sup> Girls who are out-of-school as a result of COVID-19 are at increased risk of being illegally forced into underage unions/marriages in some regions of Ethiopia.

It is important for the national response to COVID-19 to include specific communications to the public that justice and the rule of law are not suspended during periods of lockdown and confinement.<sup>13</sup> In keeping, Ethiopia's Chief Justice emphasized that Federal Courts will prioritize domestic violence cases arising from stay-at-home orders. Chief Justice Meaza Ashenafi posted a tweet on Twitter 8 April 2020 that read: "Considering the possibility of an increase

in domestic violence during the #StayAtHome period, a decision is made for federal courts to entertain charges of domestic violence as an urgent type of case."

As of 25 May 2020, there were a total of 655 confirmed cases of COVID-19 and five deaths<sup>14</sup>, with more than 6,810 contacts identified in Addis Ababa, Dire Dawa Oromia, Amhara and Afar.

Even once the state of emergency ends and restrictions of movement are lifted, lasting social and economic impact can expose women and girls to increased violence, abuse and exploitation, as experienced during the 2013-2016 Ebola outbreak.<sup>15</sup>

## RECOMMENDATIONS FOR ACTIONS

The crisis caused by the COVID-19 pandemic must be viewed with a gendered lens to protect women and girls and address the increase in VAWG during this pandemic. In Ethiopia, this can be accomplished with accelerated and concerted efforts of the Government and the United Nations, in partnership with other development agencies and national civil society organizations. The key is to prioritize the many needs of women and girls who face multiple forms of discrimination, violence and exploitation. There are measures that have been proven to be effective and can be implemented, including: strengthening essential services for women and girls and ensuring they are available during the COVID-19 pandemic;

ensuring women's leadership and participation in COVID-19 response and recovery plans; and ensuring VAWG data is readily available to policy makers and practitioners for evidence-based planning and response

### **Strengthen essential services for women and girls, and ensuring they are available during the COVID-19 pandemic**

- Recognize the importance of keeping operational the provision of essential services for VAWG survivors. Essential services are provided by health, social services, police and



***Federal courts have been mandated to listen to and entertain charges of domestic violence as urgent types of cases.***

Ethiopia's Chief Justice Meaza Ashenafi



justice sectors, including both governmental and nongovernmental organizations.<sup>16</sup>

- Strengthen essential services for VAWG survivors, including shelters and one-stop centers in Ethiopia, as well as the capacity of service providers to conduct risk and needs assessments, safety planning and case management to support VAWG survivors and their children during times of crisis, such as a global pandemic.
- Provide training to increase police awareness and understanding of increasing rates of VAWG during the COVID-19 pandemic and provide guidance on how police can and should respond to incidents of gender-based violence, protect survivors of violence, and where to refer VAWG survivors for protection and support.
- Provide support to the Federal Attorney General as it relates to COVID-19 and VAWG and use the police TV station to handle disclosures of incidents of VAWG that are exacerbated by the pandemic, and to make referrals for further care and support.
- Ensure psychosocial support for women and girls who experienced violence, as well as for frontline health workers and social service providers who are working to protect and support VAWG survivors during the COVID-19 pandemic.
- Expand the capacity of shelters, including opening transitional shelters to accommodate quarantine needs for women seeking shelter from violence, including violent households and intimate partner violence, and sexual exploitation and abuse.
- Provide cash assistance to VAWG survivors to leave abusive relationships.
- Ensure free legal aid, such as legal aid provided by the Ethiopia Women Lawyers Association (EWLA) to support VAWG survivors to access protection and justice.

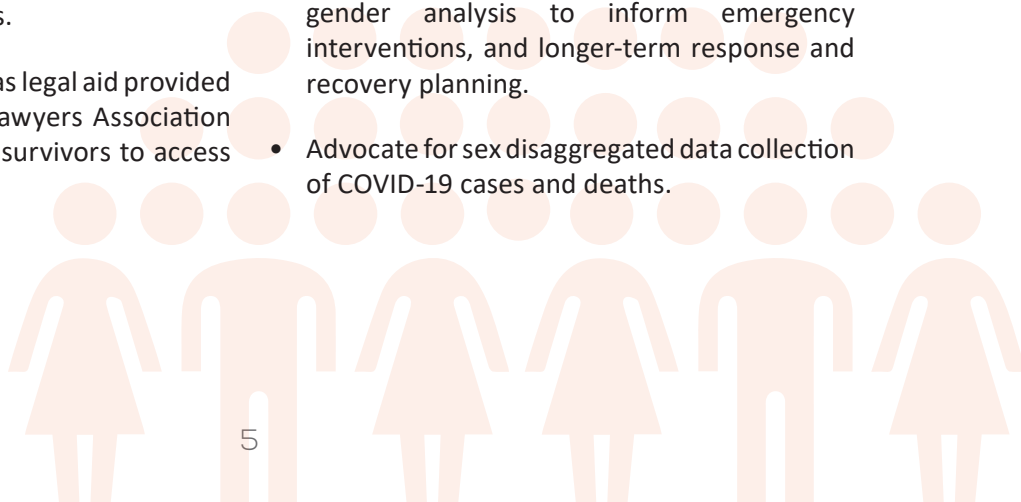
- Reactivate Alegnta Hotline and expand the hotline services to include online counselling services.
- Provide personal protection equipment for all essential service providers to ensure that they can continue to provide services to VAWG survivors during the COVID-19 pandemic.

### **Ensure women's leadership and participation in COVID-19 response and recovery plans**

- Ensure women's organizations, such as Setaweet, EWLA and the Network of Ethiopian Women Association (NEWA) participate in COVID-19 decision-making and planning processes to ensure that the needs and concerns of women and girls (including VAWG survivors) are incorporated into COVID-19 response and recovery plans.
- Consider the role of women's organizations in longer-term solutions to address the increase in VAWG during crises such as global pandemics.
- Ensure support for grassroots women's rights organizations, especially those providing essential services to hard-to-reach, vulnerable and marginalized populations, including populations in rural and remote areas, slum areas, displacement sites and collective centres, and refugee camps.

### **Ensure VAWG Data is Available to Policymakers and Practitioners for Evidence-Based Planning and Response**

- Conduct GBV rapid assessments to ensure availability of sex disaggregated data and gender analysis to inform emergency interventions, and longer-term response and recovery planning.
- Advocate for sex disaggregated data collection of COVID-19 cases and deaths.



## RECOMMENDED ACTIONS FOR CIVIL SOCIETY ORGANIZATIONS

- Strengthen advocacy and engagement of different actors, such as the Ministry of Health, the Federal Attorney General, and the Ministry of Women, Children and Youth to improve their awareness and understanding of VAWG during the COVID-19 pandemic, and their willingness to prioritize responses to VAWG during the pandemic.
- Engage the Federal Police Commission to assign designated police officers to provide mobile home-to-home support to improve their response to VAWG during the COVID-19 pandemic and improve their abilities to refer VAWG survivors to essential services that remain open and are operating during the pandemic.
- Strengthen coordinated, multi-sectoral response mechanisms to support the expansion of essential services to VAWG survivors, including shelters, health care (including prenatal and postpartum care), services for migrant women workers and returnees, and hotline advocacy services.
- Build a strong online and offline advocacy and awareness campaign about the impact of COVID-19 on women and girls.
- Engage with community and religious leaders to deliver targeted messages to men and boys to encourage healthy ways of coping with stressors and strains, and to develop skills for conflict resolution in intimate relationships that do not involve using violence.
- Engage with media outlets to address issues of the impact of COVID-19 on women and girls, including increases in VAWG, risk factors for VAWG, and where VAWG survivors can access essential services and protection.
- Ensure that local and regional authorities make sure that public spaces and public transportation are safe for women and girls throughout different stages of the pandemic.
- Mobilize religious leaders, women organizations, youth movements and media to disseminate messages on accessible services.

## UN WOMEN'S PARTNERSHIPS IN ACTION

### Provision of quality essential services adapted to the current pandemic

- UN Women in partnership with the Ethiopia Network of Women Shelters (ENWS) established a transitional safe house in Addis Ababa on 7 April 2020. The shelter ensures VAWG survivors access to essential services, including health care and legal and psychosocial support and counseling.
- In partnership with Setaweet, UN Women will to reactivate and expand the scope of Alegnta Hotline for VAWG survivors.
- Together with ENWS, UN Women will provide VAWG survivors and those at-risk of violence with access to information and services to ensure they are able to access and benefit from the Alegnta Hotline, health care services, legal and psychological support services, and referrals mechanisms.
- UN Women established a partnership with EWLA to provide free legal aid and access to justice to VAWG survivors.
- Further initiatives will be undertaken to cooperate with local coordination mechanisms and support volunteer groups, social workers, marriage counsellors and outreach services, such as Marie Stopes to prevent COVID-19 and VAWG.

## Increase knowledge, awareness and support for community mobilization

- UN Women is supporting the Ministry of Health with the development of messages on VAWG for both the public and policymakers.
- UN Women is working in collaboration with relevant ministries and civil society organizations to expand and strengthen women and girls' access to information on COVID-19.
- UN Women will continue its work on media advocacy and mobilization of religious and community leaders to create dialogue on the impact of COVID-19 on women and girls, as well as women with disabilities and women health care providers, and advocate to end VAWG both during and after the COVID-19 outbreak.
- UN Women is strengthening women of faith initiatives (such as faith women desks) and including youth groups in gender responsive COVID-19 prevention initiatives, such as using technology and social media for message dissemination and follow-up.
- UN Women is developing education and information materials on prevention and control of COVID-19 in shelters and providing training to shelter staff on COVID-19.
- Gender-responsive and locally relevant responses to COVID-19 and VAWG, with women in key decision-making roles
- UN Women, in coordination with the Ministry of Health, the Federal Attorney General and the Ministry of Women, Children and Youth is responding to the needs of women and girls during the COVID-19 pandemic. As a result of this collaboration, the Ministry of Health supported the screening of VAWG survivors who were relocated to the temporary shelter, and provided an orientation training for shelter staff on how to screen new VAWG survivors and put in place measures to prevent the spread of COVID-19 in the temporary shelter.

## ENDNOTES

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