

INNOVATIVE PRACTICES TO ADDRESS GENDER BASED VIOLENCE

The Asia Pacific Region in the Pandemic Context



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GENDER-BASED VIOLENCE (GBV) IN THE PANDEMIC CONTEXT

The pandemic has exacerbated GBV globally. According to a survey covering 13 countries spanning all regions, one in two women reported that they, or a woman they know, experienced violence since the Covid-19 pandemic.¹ Further, three in five women thought that sexual harassment in public places had worsened since the pandemic, while two in five women said that their overall mental and emotional health had worsened.²

The lockdowns and stay at home orders led to reduced economic activity, loss of jobs, increase in care responsibilities for women, limited access to courts, and reduced access to sexual and reproductive health right (SRHR) services. Reduced access to services compounded GBV as survivors had limited options for support and redress. Moreover, the already poor availability and quality of services for survivors further deteriorated during the pandemic. Online or information and communication technology (ICT) facilitated violence increased during the pandemic; the pre-existing gendered digital divide and the lack of access to knowledge to mitigate the risks of such violence put girls and women at greater risk.³ The true extent and experience of GBV is slowly emerging and may never be completely known due to the several barriers to reporting.

INNOVATIVE PRACTICES DURING THE PANDEMIC TO ADDRESS GENDER-BASED VIOLENCE (GBV) IN THE ASIA PACIFIC REGION

Given the above-mentioned context, non-government, and to some extent, government actors were compelled to innovate to address GBV. These innovative practices to navigate the challenges and barriers posed by the pandemic and the exacerbation of GBV were reported across regions, including in the Asia Pacific region. The innovative practices include services for the prevention of GBV as well as support services and care for survivors, as well as policy, legal interventions and processes.

A review of innovative practices to address GBV during the pandemic in the Asia Pacific region was carried out during the period of November 2021 –

February 2022. The primary strategy used was internet searches, using key search words. Publications, information resources that were referred to were compiled and published only after the onset of the pandemic, i.e., they were not developed prior to 2020. This was supplemented with information from organisations compiled through interaction or interviews with them.

The review was limited to information available in the public domain, or information that the respondents who were interviewed were willing to share. In this regard, information on practices that has not been placed on the internet, or innovative practices that were not mentioned in the interviews, have been missed out on while compiling this report. This is limited to innovative practices followed in countries of the Asia Pacific and hence innovative practices in other regions were not included. The organisations Sama reached out to for information and interviews were selective, based on existing relations with them and those that were willing to give time; this was challenging given that organisations were overwhelmed by the pandemic and responses to it. Information if available online and in languages other than English may have also been missed by the review. Information from several countries was limited to violence against women (VAW) and children, excluding experiences of GBV by gender non-conforming persons.

This issue brief **“Innovative Practices To Address Gender Based Violence: The Asia Pacific Region in the Pandemic Context”** based on the review, summarises the innovative practices in the region. It seeks to contribute to their wider dissemination, and their adaptation to address GBV in diverse contexts, during and beyond health and humanitarian crises.

Innovative practices summarised here do not imply a recommendation of the services, nor an opinion on their functionality, outreach, effectiveness, limitations and challenges. Since most of these practices have merely found mention in online and other publications, a follow up assessment and analysis to ascertain their impact, determining factors for sustainability, would be useful.

UNDERSTANDING INNOVATIVE PRACTICES

“Innovative Practices” is defined “as a new solution with the transformative ability to accelerate impact. Innovation can be fuelled by science and technology, can entail improved ways of working with new and diverse partners, or can involve new social and business models or policy, creative financing mechanisms, or path-breaking improvements in delivering essential services and products. Innovation has been and will be pivotal for reaching sustained, scalable solutions to the world’s complex problems.”⁴

The International Development Innovation Alliance

For the purpose of the review and issue brief, “Innovative Practices” refers to practices addressing GBV that are:

- New, original, that is, they have emerged following the onset of the pandemic and are new to a particular region or country.
- Innovative practices include adaptation from a previous practice or location in order to meet the needs of another location; here, the specific context of the pandemic.
- The innovation may or may not require the use of technology.
- The innovative practices contribute to improved outreach, quality, accessibility of services.
- The innovative practices are potentially scalable, sustainable.

INNOVATIVE PRACTICES

Helplines to Address GBV

Helplines are phone services for information, counselling and other support to GBV survivors. As mobility reduced during the pandemic (and ongoing risk perceptions coupled with greater use of digital platforms), helplines and digital solutions to GBV were more prevalent and practical ways to support GBV survivors.

The Innovations

- Enabled flexibility and increased accessibility for survivors
- Facilitated communication of safety and privacy by survivors
- Reduced the burden of costs on survivors
- Set up by government agencies, commissions for the first time
- Facilitated access for survivors from marginalised communities

Examples from the region

LAO PDR

BY: LAO WOMEN'S UNION (LWU) (SUPPORTED BY UNFPA)

- Expansion of GBV hotlines/helplines to operate 24/7 with national scope;
- Comprehensive training in helpline counselling and responding to COVID-19 related stressors.⁵

PAKISTAN

BY: ROZAN WITH (SUPPORT FROM UNFPA)

- Upscaled telephone counselling services to 7 days a week; increased number of counsellors, phone lines, days and hours of coverage;
- New telephone numbers for psychosocial support (PSS);
- Referrals in collaboration with government departments and civil society partners.⁶

INDIA

BY: CONCERN FOR ALL (ICALL), TATA INSTITUTE OF SOCIAL SCIENCES, MUMBAI

A helpline/email and chat-based counselling service for free counselling to anyone in need of emotional support, irrespective of age, gender, sexual orientation or race, and location. Supplemented with information on the website for dealing with anxiety and depression.⁷

BY: NATIONAL COMMISSION FOR WOMEN (NCW); STATE GOVERNMENT OF KERALA

The NCW initiated a WhatsApp Number (7217735372) to enable women survivors to send text messages to report domestic violence when they are unable to make a call. Kerala launched a 24-hour WhatsApp number (9400080292). These services were announced during the lockdown period.⁸

Alerts to Discreetly Report GBV & To Seek Support

In addition to the lockdowns, restrictions on mobility, the loss of livelihoods, remote work formats also caused situations of increased surveillance, control within households. The fear of Covid 19 and the physical distancing norms also posed barriers to accessing alternative safe spaces and privacy. To facilitate reporting by survivors without fear of repercussions by perpetrators, alerts were used; for example, code words, placing certain objects outside homes, communicating using symbols, and objects. To ensure that safety of the survivor, such alerts were available only to a few trusted service providers, community contacts apart from the survivors. Such alerts necessitate a support network, a system that can respond to the alerts by the survivor.

Innovative Practices

- Alerted about the violence in situations where survivors could not verbally communicate due to fear, surveillance, or did not speak the local language
- Addressed the lack of access to ICT or situations of high surveillance
- Established support networks locally that remained accessible during the pandemic

Examples from the region

INDIA

BY: WOMEN ENTREPRENEURS FOR TRANSFORMATION (WEFT) FOUNDATION

The Red Dot Initiative asks women to stick a *bindi* on the palms of their hands as a distress signal to neighbors, well-wishers, pharmacist or grocers.⁹

GLOBAL

BY: CANADIAN WOMEN'S FOUNDATION

A hand signal that begins with holding the palm open and then closing the thumb and other fingers (popularised on Tik Tok) indicates the user is in danger due to domestic violence. The signal can be used both online and offline.¹⁰

Shelter for GBV Survivors

Shelters provide a safe space, protection for survivors escaping from GBV. They are also important spaces to provide counselling, legal and other services for survivors. During the pandemic, access to shelters was limited across all countries as several shelters reached full capacity, stay at home orders made it difficult to reach the shelter, or there were requirements for Covid 19 negative test reports as a pre-condition to be admitted to shelters. Some shelters also became inaccessible when survivors and care staff were infected with the coronavirus causing them to restrict admission.

Innovative Practices

- Facilitated a coordinated system for survivors' access to shelters
- Established more proximal and accessible shelters
- Prevented denial of admission to shelters

Examples from the region

SRI LANKA

BY: MINISTRY OF WOMEN AND CHILDREN AND SOCIAL SERVICES

The Ministry of Women and Children and Social Services in collaboration with the Police and helpline services facilitated curfew passes to ensure safe transportation of survivors to shelters during curfew periods.¹¹

JAPAN

BY: ALL-JAPAN WOMEN'S SHELTER NETWORK

A group of private shelters responded to domestic violence, petitioning the Japanese government for services. As a result, a host of services including alliance with private shelters, was initiated. Other services included setting up of public counselling services, expansion of services to include telephone, web-based, and social networking service-based counselling, counselling services for non-Japanese residents, and individual receipts of Special Cash Payments.¹²

INDIA

BY: HIGH COURT OF JAMMU AND KASHMIR, JAMMU

The High Court took cognizance of the increase in domestic violence during the pandemic. In its order (dd 16 April 2020), directed immediate designation of safe spaces, for example empty hotels or education institutions, as shelters for women compelled to leave.¹³

BY: JUGNU CLUBS (ASSAM STATE) WITH SUPPORT FROM UN WOMEN

Provide temporary shelter for survivors in homes of club members from the local community and facilitate access to police and other referrals. Jugnu (fireflies) clubs are self-empowerment groups formed by women tea pluckers and factory workers on tea estates.¹⁴

Collaborations, Partnerships, Volunteers to Expand Support to Address GBV

During the pandemic, multiple situations required support. There was an immediate need to expand services and their outreach. However, the limited support architecture prior to the pandemic for GBV, along with the expanded need for information, counselling and other services, necessitated collaborations, partnerships as well as working with volunteers. These collaborations with relevant institutions, organisations and networks and the use of volunteers were a way of ensuring that support structures were adequately staffed, functional and accessible. The use of networks to support survivors facilitated a wide range of support.

Innovative Practices

- Enhanced provision of support services due to expertise, location, language skills, etc.
- Addressed the gap in human resources in provision of support

Examples from the region

BHUTAN

BY: ONE STOP CENTRES

One stop centres supported by UNFPA worked with community network volunteers due to the increase in need coupled with lack of counsellors, to sustain the psycho-social support network.¹⁵

BY: MINISTRY OF HEALTH

The Ministry of Health established a dedicated helpline led by senior psychiatrists, which was free of charge to respond to those in crisis.¹⁶

INDONESIA

BY: LEMBAGA PEMBERDAYAAN PEREMPUAN DAN ANAK (LAPPAN)

LAPPAN, an NGO, collaborated with the University of Indonesia (UI) Faculty of Psychology Indonesia in strengthening the capacity of online psychosocial services.¹⁷

BANGLADESH

BY: WE CAN

We Can enlisted the help of its network of Changemakers to support women when it received feedback realised that the support offered by the State agencies were inadequate to meet the needs of the women.¹⁸

INDIA

BY: OXFAM INDIA

Oxfam India engaged women's rights organisations (WROs) in humanitarian relief work. Such a collaboration can enhance sensitive ways of working with women, providing them services, identifying women headed households and single and marginalised women to prioritise their needs.¹⁹

Integrated Services to Address GBV: Provision of Information & Support for GBV Survivors

The need for support for survivors kept escalating, whereas access to information and support was restricted in its outreach. Integration of services, i.e. services for GBV survivors through other service pathways sought to mitigate some of the barriers. The understanding of the inter-relationship between marginalisation, GBV and relief material (food, sanitary commodities and other household material) access is also critical. On the one hand GBV has been a barrier to accessing relief material, and on the other, GBV has been the consequence in contexts where access to relief material is inadequate or absent, especially as women are perceived as responsible for their provision in households.

Innovative Practices

- Integrated services for GBV with other services such as distribution of food, vaccination programmes, dissemination of information on Covid 19
- Integrated with local service providers such as pharmacies, grocers at proximal locations that were accessible and non- threatening to survivors

Examples from the region

SINGAPORE

BY: MINISTRY OF SOCIAL AND FAMILY DEVELOPMENT AND EDUCATION WITH UNITY PHARMACIES

The Ministry trained the staff of the Pharmacies to detect signs and symptoms of domestic abuse.²⁰

PHILIPPINES

BY: LOCAL ORGANISATIONS

Following an earthquake in the North Cotabato province, local organisations established evacuation centres that included timely and quality care for survivors, which extended into the pandemic.

KAZAKHSTAN

Shop owners are to inform the police immediately if they hear a code phrase, which signals the incidence of domestic violence.²¹

INDIA

BY: AALI (ASSOCIATION FOR ADVOCACY AND LEGAL INITIATIVES TRUST, UTTAR PRADESH AND JHARKHAND)

Through relief/food distribution processes, information about support services, contact numbers for GBV were shared.

Building Capacities, Coping Skills & Resilience of Frontline Health & Psychosocial Care Workers

During the pandemic, the frontline workers were at higher risk of both contracting the virus and of GBV, specifically, sexual harassment or abuse at work or sexual violence in public spaces. According to the World Health Organisation (WHO), women make up roughly 70% of the global health workforce. The frontline workers also had to work in difficult conditions for long hours, unrelenting targets, and often without protective equipment, with deleterious impact on their physical and psychosocial health. In many countries in the region, frontline workers continue their struggle for fair remuneration, safe and decent working conditions. Ensuring their safety, just working conditions, their physical and psychosocial wellbeing is a priority.

Innovative Practices

- Served frontline health workers to address their psychosocial wellbeing
- Supported frontline health workers in their engagement and roles in the provision of care

Examples from the region

NEPAL

BY: GOVERNMENT OF NEPAL

Additional air time on mobile phones was provided to community psychosocial workers in Nepal working in remote rural areas.²²

SRI LANKA

BY: UNFPA

Three-day training for the 1938 GBV helpline staff including their wellbeing and self-care, specific techniques for stress management and coping skills.²³

INDIA

BY: ICALL IN COLLABORATION WITH UNFPA

Swaasthi, a psychosocial helpline dedicated to the concerns of counsellors and healthcare professionals working during the Covid-19 Pandemic. This helpline is operated by professional counsellors aimed at providing emotional support and referral linkages to healthcare professionals in multiple languages.²⁴

Access to Sexual and Reproductive Health & Rights (SRHR) Services

GBV has tremendous consequences for health, including for sexual and reproductive health (SRH), including access to SRH information and care. The lack of SRH services compounds the problem of violence; for example, in cases where a woman becomes pregnant due to rape (including marital rape), or is unable to negotiate safe sex with the partner. Or, for example, young girls access to menstrual care products. Moreover, in a number of countries in the region SRH services such as menstrual care material, maternal health care, abortion services, contraceptives, cancers, etc. were minimally available and often inaccessible.

Innovative Practices

- Facilitated access to SRH care despite lockdowns, restrictions that is proximal and accessible or at home, especially for those who have restricted mobility, physical, financial resources to access.
- Facilitated access to SRH commodities through skilling local communities

Examples from the region

NEPAL

BY: VOLUNTARY SERVICES OVERSEAS (VSO)

VSO trained rural women in Nepal to make re-usable sanitary napkins which are both sustainable and reduce dependence on mass produced sanitary napkins.²⁵

BY: FAMILY PLANNING ASSOCIATION OF NEPAL (FPAN)

FPAN along with other CSOs advocated with the Government of Nepal to allow home use of medical abortion drugs under self-care approach.²⁶

BY: MARIE STOPES INTERNATIONAL (MSI)

MSI worked with ambulance services and other NGOs to transport medical abortion products to local pharmacies.²⁷

BANGLADESH

BY: FAMILY PLANNING ASSOCIATION OF BANGLADESH (FPAB)

Intensified outreach services through reproductive health providers who made calls connecting those needing abortions with the trained service providers of FPAB clinics. 60 mobile teams visited about 1200 remote locations monthly to provide MCH including contraceptive service.²⁸

PAKISTAN

BY: FAMILY PLANNING ASSOCIATION PAKISTAN (FPAP)

FPAP worked closely with the Government of Pakistan to advocate that facilities providing SRH services remain open and continue to provide outpatient safe abortion, post-abortion care, post abortion counselling and contraception as essential care.²⁹

Support Services for the Marginalised

The pandemic exacerbated existing inequities, deepening poverty, loss of livelihoods and incomes, breaks in education, health care including to Covid 19 information, vaccination and care, hunger as well as discrimination, stigmatisation. This aggravated vulnerability to GBV and barriers to access GBV support and care for the marginalised—refugees, undocumented migrants, impoverished, sex workers, LGBTQI persons, persons with disabilities and children.

Children were badly impacted upon by the pandemic – not in terms of health consequences due to contracting the virus – but in terms of their well-being due to closure of schools, increase in GBV, and growing impoverishment of families. The lockdown and movement restrictions presented an opportunity for child abusers to further abuse children without fear of being caught. Children’s growing exposure to online platforms has increased their vulnerability to online abuse.

Innovative Practices

- Facilitated access to information, care and support for persons with disability, HIV positive persons, sex workers, women and girls in refugee shelters, regardless of citizenship status, etc.
- Enabled integrated response for GBV along with other services
- Enabled non-stigmatising and supportive environments for child survivors
- Facilitated capacity building of parents, care-givers in mitigating child abuse and forming affirmative relationships

Examples from the region

CAMBODIA

BY: LOCAL NGOS

Trainings were provided on parenting skills during the pandemic.³⁰ During the training, parents and caregivers learnt about the damage caused by different forms of violence, including physical and emotional violence. They were also introduced to various methods to create positive and nurturing relationships with children.

PHILIPPINES

BY: REGIONAL ASEAN LGBTQI NETWORK

The network changed its programme interventions towards integrating a crisis repose in ongoing programmes; creating new programmes responding to the Covid crisis, such as supporting leadership within LGBTQI activists to respond specifically to Covid 19. This included investing in communication allowance so that participants without stable internet access could participate as well.³¹

THAILAND

BY: SWING

HIV counselling by phone, followed by postal delivery of a free-of-charge HIV testing kit, was provided. In addition, social media platforms were used to provide information about COVID-19 to sex workers, to perform risk assessments and to arrange consultations and referrals.³²

BY: UN WOMEN

At least 10,000 vulnerable women throughout the country were reached out to provide sanitation supplies, raise awareness of gender-based violence (GBV), and COVID-19. Informational materials were disseminated or broadcasted through community radio or community outreach by women leaders in local dialects.³³

JAPAN

BY: UNICHARM CORPORATION

Unicharm Corporation launched transparent face masks created particularly to enable better communication with deaf people during the coronavirus pandemic.³⁴

BANGLADESH

BY: GOVERNMENT OF BANGLADESH

Services for the Rohingya refugees residing in Cox's Bazaar by midwives, psycho-social counsellors, and support in cases of DV/GBV were expanded.³⁵

INDONESIA

BY: KOMNAS PEREMPUAN (NATIONAL COMMISSION ON VIOLENCE AGAINST WOMEN)

In cases of child sexual abuse and unplanned pregnancies, advocacy to send the girl back to school and not blame the victims was undertaken.³⁶

INDIA

BY: UNFPA WITH SAMA RESOURCE GROUP FOR WOMEN AND HEALTH

Training for hostel wardens and other care-givers associated with boarding schools for tribal adolescent girls in Odisha state. The training sought to build capacities to respond empathetically, respectfully and support situations of pregnancy, GBV, abortion, mental distress, etc. as adolescent girls returned to boarding schools.

NEPAL

BY: UN WOMEN & OTHERS

Provision of comprehensive relief package in Nepal in four of the seven provinces regardless of citizenship status.³⁷

Policies, Guidelines & Court Orders

A few examples of guidelines, policies and court orders have been highlighted already. While most countries issued such guidelines, policies and court orders largely in the context of Covid 19 and the pandemic, some of them were specific or relevant to addressing GBV.

Examples of good practices in this context from the region:

REGIONAL COOPERATION BETWEEN GOVERNMENTS

The ASEAN Commission on the Promotion and Protection of the Rights of Women and Children (ACWC) held a virtual meeting on 12 October 2021 and endorsed the workplan of 2021-2025 for improving the lives of women and children in ASEAN and towards an inclusive Covid recovery.³⁸

MALAYSIA

Increase in Government Budget allocation for GBV programmes: In the Malaysian 2022 Budget, RM 13 million has been allocated towards helping the police combat VAW/children.³⁹ In addition, community level awareness programmes on VAW/children and increase in number of shelters for women is planned. RM11 million will be provided for the women's health segment to subsidise mammogram tests and cervical cancer screening tests for women in high-risk groups.⁴⁰

INDIA

ADVISORY ON HUMAN RIGHTS IN THE COVID 19 CONTEXT

The National Human Rights Commission (NHRC) carried out a process for the development of Advisories on Human Rights on varied dimensions during the pandemic. Advisory on Rights of Women in the context of Covid 19, Advisory for the Protection and Rights of LGBTQI+ Community in the context of Covid 19, as well as advisories on the human rights of other marginalised communities, groups, such as prisoners, persons with disabilities, etc. were developed and recommendations shared with the relevant government departments. The Advisory on women's rights also included some recommendations on addressing GBV.

Practices in Courts in the Region

China: Court systems issued personal safety protection orders (restraining orders) through online platforms.⁴¹ In China, legal aid was also provided virtually.⁴²

Philippines: Prosecutors resorted to emails, phone calls, or even social media messaging applications to reach out to survivors and ensure their attendance in the hearings.⁴³

India: Towards the end of April 2020 that the Delhi High Court directed the central and Delhi governments to effectively implement the law for the Protection of Women from Domestic Violence (PWDVA)

and ensure that Protection Officers continued to provide their services.⁴⁴ Transit passes were thereafter issued to Protection Officers.

Nepal: the Supreme Court issued a press release on 20 March 2020 indicating that “issues related to individual rights and serious cases related to pandemic” shall be heard by the Court even during the lockdown period.⁴⁵ The Supreme Court issued an interim order requiring authorities to take special care of women, children, and older persons in the quarantine facilities. It also required the setting up of a helpline for collecting information and complaints of VAW.

THE WAY FORWARD

The full impact of the Covid 19 pandemic on GBV may take more years to be fully understood; insights and experiences in the public domain are gradually emerging. Nevertheless, there is substantial evidence globally that indicates aggravation of newer forms of GBV, such as online or ICT related violence, intensification of gender-based violence – including domestic violence, child abuse and violence against marginalised groups/communities, violence against women frontline workers. The experience of GBV in contexts of lockdown, movement restrictions, and other social-economic and political deprivations are determined by pre-existing power and inequalities and fractures in public systems for education, health and other services.


Innovative practices in the following areas enabled improved access to services to prevent GBV and support GBV survivors:

- Helplines
- Alerts
- Shelter
- Collaborations
- Integration of services
- Capacity building
- Access to sexual & reproductive health care
- Support for the marginalised
- Policies, guidelines and court orders

Innovative practices that are presented in this brief are critical attempts to address GBV and its determinants in a pandemic specific context.

They are innovative as they have used creative thinking to develop new practices & adapted previous strategies or practices to enable navigation of barriers & challenges that the situation posed for survivors as well as those who were trying to provide support and care.

Currently, the sources of information and data especially in the context of innovative or good practices from the Asia Pacific region during the pandemic that the review sought to assess, are limited. Despite these limitations, they present important insights, experiences and opportunities for adapting them to diverse contexts, upscaling and sustaining them.



Towards this, key steps and suggestions follow:

NON-GOVERNMENTAL ORGANISATIONS, CIVIL SOCIETY ORGANISATIONS & NETWORKS:

- Disseminate the issue brief to partner organisations, networks to amplify the urgent need to address GBV and the innovative practices.
- Collaborate to document and analyse various innovative practices at the country and regional level.
- Facilitate dissemination of the practices, contexts, experiences and challenges for informed adaptation by CSOs, NGOs.
- Advocate with governments and regional platforms towards their adaptation and commitment to requisite resources – financial, human and infrastructural.

GOVERNMENTS IN THE REGION AS WELL AS REGIONAL GOVERNANCE PLATFORMS:

- Recognise gender-based violence as a human rights and public health issue.
- Commit to take immediate steps to address GBV in the context of the pandemic and beyond.
- Initiate reporting and consultative processes to collate innovative practices at the country and regional level.
- Examine and analyse adaptation of innovative practices to address GBV.
- Ensure financial, infrastructural and human resources towards adapting, upscaling and sustaining the practices.



Information Resources

- [COVID-19 Guidance on Remote GBV Services Focusing on Phone-based Case Management and Hotlines](#)
- [Innovating to Address GBV](#)
- [Not Just Hotlines and Mobile Phones: Gender-based violence service provision during COVID-19](#)
- [Gender-based Violence and COVID-19](#)
- [Guidelines for Establishing Hotlines to Support Survivors of Gender Based Violence](#)



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