



Lesotho Council of NGOs

POLICY BRIEF

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GBV RESPONSE IN TIMES OF COVID-19

Key Messages

- *The purpose of NFE therefore is to ensure that no one is left behind.*
- *Lesotho's Non- formal Education Policy defines NFE as "any structured and organized learning activity which has identifiable objectives and which takes place outside the regular school system" (MoET, 2018: 3).*
- *The Education sector has consistently received the lion's share of Lesotho's national budget, receiving roughly 17% of the budget (World Bank, 2020). An investment in education is an investment in a nation's human capital.*

GENDER-BASED VIOLENCE (GBV) DURING TIMES OF CRISIS

violence (GBV). Although GBV is known to be pervasive in all settings, emergencies disrupting existing protective structures and creating multiple circumstances can lead to various forms of violence, abuse, and exploitation. In spite of increased global awareness and the transformative nature of response to GBV, its prevalence is difficult to determine, considering the large number of cases that go unreported, as well as the absence of, or limited resources often in place for gathering this type of evidence. Experiencing GBV has been associated with a host of negative health, psychosocial, and developmental outcomes in the lives of survivors. It strains the households and increases the burdens of care givers pushing them to a Kairos moment.

While there are multiple drivers that contribute to GBV, it is rooted in gender inequalities at the societal level, as well as harmful social norms that discriminate against women and girls. These inequalities are often exacerbated by emergencies, exposing women and girls to unique risks and vulnerabilities. As a result of these issues, it is crucial for prevention and response interventions to address the gendered dimensions of crises, and seek to promote gender equality and transformation. We also need to be cognisant of a number of issues. Our Policies and National budget should be gender sensitive and cater for all. When dealing with Covid-19 or any Pandemic we should consider the following about Women and Children:

- *Are they involved in the planning of the response towards the pandemic?*
- *If not, who is doing it on their behalf?*
- *How transformative is the response?*
- *Is the response relying on the voices of Women and Children, LGBTQI, People living with disabilities?*

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UNIQUE DIMENSIONS OF GBV AND COVID-19

While all crisis-affected settings are associated with an increased risk of GBV, there are unique factors about COVID-19 that make it particularly alarming. In light of the physical distancing and movement restrictions that have been put in place across the world to curb the pandemic, women and girls face an increased risk of experiencing violence at the hands of family members, intimate partners or others living within their homes. In all emergency-affected settings, the majority of cases of GBV are perpetrated by known individuals as opposed to strangers. The risks of experiencing household violence during times of crisis are often exacerbated by factors such as emotional stress, economic strain, and shifting roles and responsibilities among family members. This is proof enough that patriarchy, under Covid-19 affected men and boys socially, emotionally and economically due to the widespread job loss, economic challenges, disruption of normal routines, and ongoing stress associated with inability to provide for their households and the actual or potential illness that affect the society at large resulting even to death.

Lockdown and other movement restrictions have turned homes into risk factors of GBV. It didn't provide alternatives for men to provide for their households and this led to their manhood being challenged as their identity has always been tied to their ability to cater for their families. This leaves those at risk more restricted than ever as they are not able to seek safety or other necessary forms of support. They are exposed to an increased risk of being infected and abused at the hands of the perpetrators. The economic uncertainty has also increased the risk of exposure to sexual exploitation and abuse, as women, girls and their households are more likely to face shortages of necessary resources, and fall prey to perpetrators who will sexually violate them in exchange for food, essential supplies, or other types of humanitarian assistance.

In settings where schools have been closed as a result of the pandemic, girls missed out of the protective elements associated with formal education such as life skills, access to essential

information, and connections with existing referral pathways and forms of support. Without the daily routine of education, girls got exposed to various forms of violence at the hands of relatives, neighbours, or those within their communities. Girls not in school were more at risk of resorting to harmful work or falling prey to various forms of exploitation. Families facing limited financial resources placed girls in situations of early and forced child marriage as a possible coping mechanism, an issue itself considered to be a form of GBV, and one that is widely associated with increased rates of violence, restricted access to education, and negative health and developmental outcomes for a girl child.

The Complexities of Programmatic Action

Movement restrictions put in place to curb the spread of COVID-19 interfered with the ability of survivors of GBV to seek assistance as the potential risk of infection forced certain GBV prevention and response services to be suspended. While the need to address the issue of GBV within the context of the COVID-19 pandemic is abundantly clear, the capacity of our Government, social service providers, and other actors to respond was much more complex. Funds for GBV programming were also limited, and GBV not prioritized by decision-makers as an essential component of preparedness and response initiatives. In countries affected by COVID-19, health systems and national social services have become significantly over-stretched, with available resources often diverted to responding to COVID-19 cases, making fewer resources available for addressing GBV. Women's shelters, safe spaces, and other existing GBV program sites were not accessible due to the Covid-19 regulations, further eliminating the availability of essential GBV services. Access to sexual and reproductive health care and other forms of essential assistance for survivors of GBV were interrupted. This became an eye opener that it is critical that stakeholders across all sectors are aware of existing protocols for responding to GBV cases as well as how to connect survivors with needed services.

What Can Be Done

It is essential and fundamental for donors, policy-makers, and implementing organizations to prioritize GBV prevention, response, and risk mitigation approaches as essential parts of COVID-19-related programming. Without adequate funding and political will, it will not be possible for GBV interventions to be carried out effectively. Second, when it comes to service provision, it is necessary for providers to develop a plan across three primary domains:

1. **GBV RISK MITIGATION:** It is crucial for all relevant stakeholders, regardless of sector or modality, to identify new and/ or changed GBV-related risks within the context of their COVID-19 response, and incorporate GBV risk mitigation strategies throughout program implementation. Regardless of program type, approaches must be adapted to both mitigate potential harm and ensure that reported cases of GBV can be appropriately referred for specialized support.

2. **RESPONSE SERVICES:** It is also crucial to ensure that GBV survivors are able to access essential response services— such as case management, temporary shelter, urgent medical care, and other forms of support that meet critical needs of survivors. The nature of these response mechanisms and potential adaptations will vary according to context, as well as the existing referral pathways and inter-agency protocols that are in place, although it is the responsibility of GBV actors to determine how these activities can be safely continued, and in keeping with existing guidance. In thinking through potential program adaptations, providers should carefully assess the degree to which women and girls in affected areas have access to cell phones, the internet, or other forms of technology, and determine which approaches are most appropriate to promote service utilization (like using the Nokaneng App to prevent GBV). Providers should also carefully determine ways to reach survivors who may be restricted from accessing forms of support as a result of being in abusive living arrangement, and where feasible and appropriate, mechanisms should also be put in place and adapted as needed for the provision of

cash and voucher assistance to support access to necessary assistance for GBV survivors.

3. **PREVENTION SERVICES:** In light of the gendered dimensions of the COVID-19 pandemic, it is also necessary for providers to engage in GBV prevention approaches, in order to address the root causes of violence and discrimination. Possible approaches may include engaging with men and boys' initiatives to promote women's economic empowerment, as well as other efforts to change harmful social norms, although providers should carefully determine how to adapt these interventions using remote means or other strategies to ensure that they can be safely conducted.

RECCOMENDATIONS

The Government Officials and Policy Makers should prioritize and officially recognize GBV services as an essential and lifesaving component of the humanitarian response to COVID-19, including ensuring that necessary services remain open, and that adequate funding is provided in order to enable targeted, safe, appropriate, and high quality GBV interventions to take place. They should ensure that GBV prevention, response and risk mitigation activities are included as a specific objective in all current and future funding appeals and response plans for COVID-19 as well as country-based and regional Humanitarian Response Plans. All stakeholders should ensure that women and girls are provided with meaningful opportunities to participate in leadership and decision-making around all areas of program/policy design and implementation, in order to ensure that GBV prevention, response, and coordination approaches can be carried out in a way that is context-specific, sustainable, and adapted to the gendered dimensions of the COVID-19 pandemic. As part of the financial support provided to respond to the covid-19 pandemic, donors should allocate direct funding to women's organizations working to address GBV and advance gender equality, in order to ensure the responsiveness of programming to the needs and priorities of women and girls, promote the localization of humanitarian assistance, and support women's and girls' leadership and participation.