



COVID-19 IPPF Innovation and best practice: Responding to gendered violence in a pandemic

“In the Covid situation, initially government and non-government hospitals were mostly busy serving COVID patients. Our clients received full maternal health services. A free ambulance service is also provided to the extremely poor, or pregnant SGBV survivors.”

Hosneara Khanom, Counselor,
FPA Bangladesh

One in three women worldwide experience physical or sexual violence during their lives, usually by an intimate partner or family member. Since the outbreak of COVID-19, emerging data and reports from those on the front lines have shown that all sexual and gender-based violence (SGBV), particularly domestic violence, has intensified. UN Women defines SGBV as the shadow pandemic, which must be tackled collectively and globally.

As COVID-19 cases continue to strain health services, essential services, such as domestic violence shelters and helplines, have reached capacity. More must be done to prioritize addressing violence against women and girls in COVID-19 response and recovery efforts. Responding to the pandemic is about rectifying long-standing inequalities and building a resilient world in everyone's interest, with women and girls at the centre of recovery.

The initial findings of IPPF's COVID-19 impact survey in March 2020 indicated for Bangladesh that within the first few months of the pandemic, a sharp increase in sexual and gender-based violence (SGBV) cases were reported. IPPF's Member Association -Family Planning Association of Bangladesh (FPAB) promptly adjusted their delivery to support women and girls needing critical sexual and reproductive health (SRH) and SGBV care through hotline support and 'door-to-door' services across the country.

This Learning Brief highlights innovations through the Family Planning Association of Bangladesh (FPAB) COVID-19 enhanced managing SGBV implementation plan during the pandemic.

COVID-19 impact

Gender inequalities and economic impacts triggered by COVID-19 alongside government restrictions have led to a steep rise in gender-based violence in Bangladesh. In the first ten months of 2020, 25,607 complaints of gender-based violence were received by BRAC's 410 Human Rights and Legal Aid Clinics across the country¹. A survey by local human rights organization, Manusher Jonno Foundation (MJF)², in May 2020, indicated 53,340 women were physically, mentally, and sexually abused, with nearly 4,000 faced with financial constraints imposed by their husbands. FPAB integrated their SGBV hotline strategy with support through outreach door-to-door care due to the high demand for services.

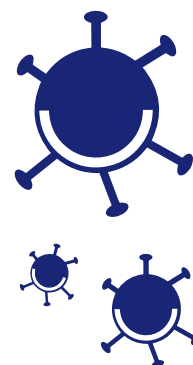
Enhancing services in the pandemic

During the COVID-19 pandemic period, FPAB initiated their hotline service. Medical officers and counsellors from 21 FPAB branches provided support for both sexual and reproductive health and specialized assistance for SGBV issues for women and girls. The FPAB service design is decentralized, with eight divisional hotline numbers integrated with 21 FPAB branches with a medical officer and counsellor in each. The Telecounselling through FPAB hotlines, medical officers and counsellors provide SGBV support and SRH telemedicine during the pandemic. FPAB also works through the government helpline for managing SGBV cases when needed. All 21 FPAB branches use the Ministry of Women and Children Affairs (MOWCA) hotline for extra support due to the high numbers of reported cases.

The hotline is integrated with specialized assistance through the door-to-door service. FPAB, Reproductive Health Promoters (RHPs) provide door-to-door services to clients observing COVID-19 measures to collect SGBV case information during their visits. Survivors and their in-laws are counselled immediately where possible. During situations where at-home counselling or assistance is impossible, due to confidentiality or sensitivities, a checklist is made. The survivor is brought to the clinic, where a specialized FPAB counsellor will report the case. An assessment is made whether to counsel the survivor and their in-laws and for FPAB medical staff to treat physical violence properly. For cases of sexual violence, survivors are sent to government hospitals for collecting samples and testing. Survivors requiring legal assistance are referred to NGOs to ensure there is protective justice for cases.



Protecting women with dignity



Integrated SGBV care is vital for women and girls. Efforts must be multi-faceted to ensure survivors get the essential care they need. FPAB has implemented mass awareness campaigns to build local level advocacy. Through the door-to-door service and individual counselling with clients and in-laws, comprehensive outreach screens potential SGBV survivors by both RHPs and at clinics by counsellors. This approach enables easy access to emergency SGBV services with legal, financial and other referral services where appropriate. FPAB has trained and built capacity for local advocates and gatekeepers and staff and partners. The hotline services are enabled by an effective and user-friendly e-platform to report SGBV and trigger the emergency support system. FPAB has a specialized screening for mothers experiencing violence during pregnancy, providing those most vulnerable with financial assistance and nutritional care.

Key challenges

- Limited access to emergency SGBV services during lockdown.
- The government support helpline slowed during the lockdown time with a lengthy procedure for those who reported sexual violence at the district level.
- There was limited knowledge of what services were available and where to access services immediately.
- Inadequate funding support from SGBV programmes.
- Survivors seeking immediate support could not be referred for laboratory investigations.
- High demands of people needing services, and doctors were answering calls at home.
- Call connectivity issues.
- Call costs are to the client.

Lessons

- Need to allocate funds for and raise awareness of hotlines through radio messaging, sound systems for community engagement drives, TV and national newspaper advertisements with a phone number.
- A dedicated national Toll-free number/free call is critical for SGBV care.
- 24-hour service availability.
- Assign one service provider for hotline management.

Next steps

- SGBV care is already an existing and permanent feature of FPAB through clinical services, including screening, counselling, hotline support and referral. This work will be enhanced by increasing awareness and local level advocacy and capacity building activities with communities on SGBV.
- FPAB will build the SGBV strategy with adequate financing and human resource support and capacity building.
- Liaise with the partners and donors to continue to mobilize resources for the sustainability of the hotline services.
- Develop a feedback and quality assurance protocol for the telemedicine/ DHIS mode.

Recommendations for SRH services, governments, and civil society organizations (CSOs)

- SRH service provision must include innovative approaches to prevent and respond to SGBV and other health needs arising during pandemics, such as online consultations, support and counselling, digital self-assessment via smartphone applications, information hotlines, and remote provision of medications and contraceptive commodities. Services must be expanded to provide a holistic continuum of care and protection with access to safe spaces, shelters, and essential housing alongside psycho-social support for those at risk experiencing SGBV.
- Governments should put women's safety first and protect them if at risk of violence. National emergency preparedness plans must include access to essential SRH services with SGBV care and prevention that is resourced and available when needed. Strong referral mechanisms and services must protect survivors in lockdown without alerting their abusers and provide options to access alternative housing and shelters when needed. All SGBV services must focus on innovative approaches to increase access safely and include self-care protocols and SRH related telehealth interventions and online resources.
- Governments and other service implementers, including CSOs, must collect sex, age, and disability disaggregated data to understand the differential impacts, barriers and risks faced by different groups within an affected population and take appropriate action to ensure better SGBV care and protection.
- CSOs must continue to advocate for increased funding to organizations that support SGBV survivors and must call for the police and judicial systems to protect women in crisis and beyond.

"In the pandemic, when all the health services in the Rangamati hilly district were almost closed, FPAB continued its operations by keeping the clinics open 24 hours a day. I am happy to serve people, especially to address their SRH needs and support SGBV survivors during the pandemic."

Mr. Md. Sohedul Islam,
Reproductive Health Promoter
(RHP), FPA, Bangladesh.



Endnotes

[1] BRAC December 2020 [accessed March 25 2021]

[30 ways BRAC prevents violence against women and children in Bangladesh - The Good Feed](#)

[2] Manusher Jonno Foundation (MJF, 2020b) telephone survey May 2020 [accessed March 25 2021]

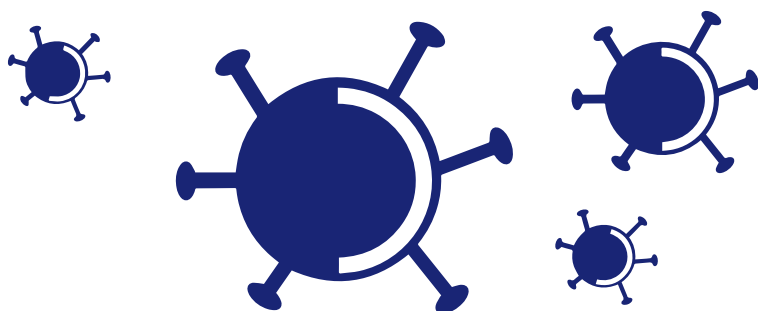
[Final Report of Telephone Survey on VAW May 2020 - 9 June.docx \(manusherjonno.org\)](#)

IPPF COVID-19 Impact Surveys

IPPF COVID-19 Impact survey 1 March 2020: COVID-19 Survey Results | IPPF (ippf-covid19.org)

IPPF COVID-19 Impact survey 2 June 2020: COVID-19 Round 2 Survey Results | IPPF (ippf-covid19.org)

IPPF COVID-19 Impact survey 3 November 2020: COVID-19 Round 3 Survey Results | IPPF (ippf-covid19.org)



About FPAB

The Family Planning Association of Bangladesh (FPAB) operates a dynamic network throughout the country with permanent clinics, mobile facilities, and community-based distributors/services (CBDs/CBSs). FPAB's works through peer educators, community leaders and partners on family planning, population and SRH issues.



Who we are

The International Planned Parenthood Federation (IPPF) delivers sexual and reproductive health services that let people make their own choices. We fight for everyone to exercise their right to make those choices. We are local, through our members and volunteers, and global, through our network. We meet need, wherever it is, whoever requires it, for as long as they want it.

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Image 1: Bangladesh/ FPAB

Image 2: Bangladesh/ FPAB

Image 3: Bangladesh/ FPAB

Image 4: Bangladesh/ FPAB

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