

Resource kit for Women and Girls subject to violence, Service Providers in One-Stop Centres (OSCs), and Health Providers, during COVID-19

Integrating response to Violence against Women and Girls (VAWG) within efforts to address COVID-19

In times of crisis such as the COVID-19 pandemic, women and girls may face higher risk of violence.

Reduced mobility, confinement within the household and lack of social connectivity during the outbreak and the ensuing lockdown, could compound the situation for women who experience or are at risk of violence, within relationships. Women from marginalized groups including migrant communities may be at heightened risk of violence, as they face sudden economic uncertainties, and food and health insecurity, as the full impact of this crisis unfolds over time.ⁱ

On the response front, as the pressure mounts for addressing COVID-19 cases, it may adversely affect access to and availability of essential health services, including life-saving care and support to women survivors of violence in OSCs and health facilities.ⁱ

Specific measures will therefore need to be implemented to ensure continuity of care, including psychosocial support services, for women and girls who are subject to, or at risk of violence, with the changing risk implications of COVID-19.ⁱⁱ

This Resource Kit includes some **important messages and resources for women and girls subject to violence, service providers in one-stop centres, and health providers**, to enable an effective response to VAWG within efforts to address COVID-19.

This compilation of resources, has been developed for interim guidance, in a rapidly-evolving context. It provides suggestions and guidelines to enable women and girls who experience violence, and service providers, in building strong coping mechanisms. It is intended as a 'living document' and will be updated on a periodic basis.

This resource kit needs to be adapted locally at the state and district level, based on availability of resources and linkages between one stop centres, health facilities and allied services, in the changing situation.

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Information and resources for women and girls subject to violence

Please follow the necessary precautions for reducing your chances of being infected or spreading COVID-19ⁱⁱⁱ

- Regularly and thoroughly clean your hands with soap and water
- Maintain at least a metre's distance between yourself and anyone who is coughing or sneezing
- Avoid touching your eyes, nose and mouth
- Make sure you cover your mouth and nose with your bent elbow or a tissue when you cough or sneeze. Dispose the tissue carefully in a covered dustbin
- If you have a fever, cough and difficulty breathing, seek medical attention

If you are facing violence at home, please remember

- Help is available, you are not alone
- The violence perpetrated against you, is not your fault
- It is your right to live your life free of violence

Have a safety plan in place

- If confinement at home implies increased risk of violence for you, please consider reaching out to family, neighbours, friends or any frontline and community based workers such as ASHAs, who could come to your rescue if there is an emergency
- Consider and plan for alternate locations with friends or family, where it may be safe for you to stay, away from the perpetrator, if necessary
- Equip yourself with important phone numbers and helplines that you may reach during an emergency and think about ways in which you may safely place a call and seek necessary support
- If you do not have access to a phone, think about other ways in which you may be able to communicate with a neighbor or a friend, that you need help
- In the event that you need to leave your home very quickly, try to safely store important documents, any items you consider essential, and some cash, that you can take with you in an emergency
- Remember this is a period for **physical distancing with social solidarity**, so do not disengage. Consider remaining connected with your well-wishers through phone or other means

During this crisis, you may access help through any of the following services:

Key helplines operated by the Government that are currently operational

1. **All India Women's Helpline (for women in distress)**
1091
 - Connects the caller to the police control room
2. **Emergency Response Support System**
112
 - Single number based response for any emergency assistance from Police, Health, Fire and Rescue and other services
 - Includes a special feature for a panic call- after dialing 112, press power button on your smart phone 3 times quickly to activate panic call. In case of feature phone, after dialing 112, long press '5' or '9' key to activate panic call
 - Women and children, can use 112 India mobile App to activate SHOUT feature, which alerts registered volunteers in vicinity for immediate assistance apart from activating the emergency response centre (ERC)
3. **Police Emergency Service**
100
 - Connects the caller to the police control room
4. **Women's Helpline for addressing Domestic Abuse**
181
 - Provides immediate and 24 hour emergency response to women affected by violence across the country
 - Women can also call the helpline in medical emergencies as well as to find information about a variety of government services and schemes
5. **National Commission for Women Helpline**
011 26944880
 - Provides access to trained social workers and counselors**011 26944515**
 - Facilitates access to a range of services including linkage to police, legal support, shelter services and information on laws and rights**011 26944890**

*For a complete list of helpline services please visit <http://www.nari.nic.in/women-helplines-across-state>



Few helplines operated by civil society organizations that are currently operational

1. iCALL-Initiating Concern for All (Pan India)

- 9372048501
- 9920241248
- 8369799513
- Email: icall@tiss.edu
- CHAT: nULTA app
- Operated by the School of Human Ecology, Tata Institute of Social Sciences (TISS)
- iCALL specializes in providing mental health and psychosocial support services
- Provides professional and free counseling through telephone, email and chat to anyone in need of emotional support while ensuring confidentiality
- These numbers have been specially activated during the lockdown; service available from Mondays to Saturdays from 10 am to 08 pm

2. Jagori Counselling and Support Services for Women (Delhi)

- 011 2669 2700
- 8800 9966 40
- Operated by the NGO Jagori based in Delhi
- Has trained counselors for providing survivor-centered, psychosocial counseling and support services while ensuring confidentiality
- These numbers are operational during the lockdown and otherwise

3. Crisis Helpline Sneha (Mumbai)

- 9833 0526 84
- 9167 5357 65
- Operated by the NGO Sneha based in Mumbai
- Has trained counselors and is designed to provide survivor-centered services, while ensuring confidentiality
- These numbers are operational during the lockdown and otherwise

4. Swayam Helpline (Kolkata)

- 9830 7728 14
- Operated by the NGO Swayam based in Kolkata
- Has trained mental health counselors/therapists to provide survivor-centered services, while ensuring confidentiality
- This number has been specially activated during the lockdown (from March 24-April 15, 2020); service available from Mondays to Fridays from 10 am to 2 pm

5. Gramya Resource Centre for Women (Hyderabad)

- 9440 8602 71
- Operated by the NGO Gramya Resource Centre
- Provides linkage to the one stop centre operated by Gramya and enables access to trained mental health counsellors
- This number is operational during the lockdown and otherwise

*Please note this is not a comprehensive list. It was compiled to support immediate response to VAWG, based on a rapid assessment of functional helplines in the days immediately following the lockdown for COVID-19. Service providers may contextualize and adapt this list, based on assessment of local capacities and operational status, as the context changes

Information and resources for service providers in OSCs and health providers

Equip yourself with the necessary information and resources

In order to ensure continuity of essential services and to meet the needs of survivors of violence in the midst of COVID-19. Here are some key resources for your attention and compliance

- [Ministry of Health and Family Welfare's \(MOHFW\) guidelines for infection prevention and control in health care facilities](#) (MOHFW, 2020)
- [Ministry of Health and Family Welfare's guidelines on clinical management of COVID-19](#) (MOHFW, 2020)

Prepare the OSC and health facilities for preventing COVID-19

- Ensure compliance with MOHFW's guidelines on clinical management of COVID-19 and routinely apply the recommended standard precautions for infection prevention and control
- Equip OSCs and health facilities with adequate Personal Protective Equipment (PPEs), hand-washing supplies including soap, hand sanitizers and non-contact thermometers such as thermal scanners
- Strictly implement and promote hand hygiene, respiratory hygiene and cough etiquette in the OSC and health facilities. Ensure that staff are trained and reminded to ensure compliance on these aspects
- Ensure that IEC including posters on 'steps of hand washing' and 'steps of hand rubbing' are available in local languages and displayed in prominent locations in OSCs and in the hospital to educate staff as well as clients visiting these facilities
- Monitor and assess, on a regular basis, compliance with hand hygiene, cleaning, decontamination, and disinfection of equipment and cleaning of the environment
- Ensure that women and girls receive information about how to prevent and respond to the epidemic in a language that they understand
- In the event that temporary shelter services need to be provided to women survivors of violence within the OSC, please ensure that all necessary precautions for infection prevention and control including physical distancing, are followed in the OSC shelter facilities
- As women who need shelter services during this crisis, may arrive at the facility without adequate preparation, please consider ensuring availability of dignity kits for women and girls. These kits usually include hygiene and sanitary items such as dental hygiene kits, sanitary pads, soap and multiple pairs of underclothes
- Staff with symptoms such as, cough, fever, or respiratory problems should seek immediate medical attention and cease attending to VAWG survivors and other patients

Be responsive to the needs of violence survivors during this crisis

- **Be aware of the increased risks and vulnerabilities:** Consider the impact of the restrictions and social distancing on women survivors of violence. Recognize that the home may not be a safe place for some women and may indeed increase exposure to intimate partner violence for those already experiencing violence in relationshipsⁱⁱ
- **Safety plans:** As an **OSC service provider**, prepare safety plans with current clients to ensure continuity of care during the lockdown or in situations of quarantine.^{iv} Share phone numbers

of case workers, helplines and local shelter providers, and messages on enhancing safety, with clients through online platforms or phone networks

- **Referral pathways:** Update the gender based violence (GBV) referral pathways to reflect any changes in available services.^v Do refer to the suggested referral services in Annexure X of the [Implementation Guidelines for State Governments/UT Administrations on One Stop Centre Scheme](#) (Ministry of Women and Child Development (MWCD), 2017)
Inform relevant stakeholders in the district, about the updated pathways, including the District Collectors, Superintendent of Police, Chief Medical Officer, Protection Officer and other officials designated at the district level, who are to be informed when a complaint is registered in the OSC.^{vi}
- Ensure that the referral pathway includes services that can be provided remotely, such as tele-counseling and remote-mental health support facilities^{iv}
- **First line of support: OSC service providers and health providers** must offer survivors of violence first-line of support. This involves five simple elements summarized below^{vii}
 - **L:** Listen to the woman closely, with empathy, and without judging
 - **I:** Inquire about her various needs and concerns- emotional, physical, social and practical
 - **V:** Validate the woman's experience. Show her that you understand and believe her. Assure her that she is not to blame
 - **E:** Enhance her safety. Discuss a plan to protect herself from further harm if violence occurs again
 - **S:** Support her by helping her to access information, services and social support
- **Survivor-centred care:** In caring for survivors of violence, follow the guiding principles for offering survivor-centred care^{viii}: ensure privacy and confidentiality, treat the survivor with dignity and respect and without discrimination, provide information, and respect the right of the survivor to make decisions about examination, treatment and legal course of action
- **Psychosocial support:** Ensure that psychosocial support is available for women and girls who may be affected by the outbreak and who are violence survivors. Provide the necessary referral and counseling support, and where possible consider options for remote support
- **Addressing sexual violence:** In attending to women and girls who have experienced sexual violence, compliance with the [Guidelines and Protocols for Medico-legal care for survivors/victims of Sexual Violence](#) (MoHFW, 2014) must be ensured by all **health providers and OSC staff** (including the centre administrator/manager, case worker, police facilitation officer, paramedical personnel, paralegal personnel/lawyer and counselors)
- In instances of sexual violence, **health providers** must take a complete history, to determine what interventions are appropriate for the survivor's mental, physical, and sexual and reproductive health (SRH)
- **Linkage to SRH services:** After taking the history of the patient, and based on the assessment, **health providers** must provide counseling and timely access to SRH services including emergency contraception, safe abortion, and post exposure prophylaxis (PEP) for HIV and other sexually transmitted infections
- Supply chains of modern contraceptives, and essential medicines may be affected by the COVID-19 outbreak. This would impede access to essential SRH services for women survivors of sexual violence. **Hospital managers** must therefore take necessary measures, to regularly

monitor and ensure adequate availability of supplies and medications for clinical management of rape and intimate partner violence

- **Shelter preparedness: OSC administrators/managers**, must ensure that linkages to local shelter facilities are available and functional. **Health providers and OSC administrators/managers**, must proactively connect with local shelter homes to share relevant information and guidance on infection prevention and control in shelter facilities
- Discuss and develop a plan of action, on what shelter home providers should do if a resident in the shelter home develops symptoms of COVID-19, if there is confirmation of COVID-19 in a resident, or if a woman survivor of violence who was being treated for COVID-19, is now recovering and needs to be housed in a shelter^{viii}
- Plan with shelter homes to prepare for the possibility of higher usage and longer stays, as a result of the crisis. Shelter homes must ensure availability of extra supplies, including food and provisions, soaps, hand sanitizers, and disposable face masks. Furthermore, it will be useful for shelter homes to ensure availability of dignity kits for women and girls who arrive at the facility without their belongings and without adequate preparation, in the midst of this crisis

Health and psychosocial wellbeing of OSC staff and health providers

- **As an OSC administrator/manager and a hospital manager**, take appropriate steps to manage stress levels and promote psychosocial wellbeing among staff members through regular communication and supportive supervision
- Address any health concern that staff may have for themselves, colleagues or clients, and create awareness about COVID-19 to allay fear and prevent panic
- Ensure that staff know where and how to access mental and psychosocial support and enable access to such services^{ix}
- The following resources may be particularly useful for understanding and addressing the mental health and psychosocial aspects of COVID-19:
 - [Briefing note on addressing mental health and psychosocial aspects of COVID-19 Outbreak- Version 1.5](#) (IASC, 2020)
 - [Mental Health and Psychosocial Considerations During COVID-19 Outbreak](#) (WHO, 2020)
- **As an OSC service provider and a health provider** addressing VAWG, remember that it is natural to experience increased stress, as you attend to the needs of VAWG survivors during the COVID-19 outbreak
- You can adopt some simple techniques to manage your stress levels by developing a daily routine and focusing on basic needs: take adequate rest, eat nutritious meals on a regular schedule, exercise regularly, practice deep breathing, and remain connected with family and well wishers^x

Remember that as OSC service providers and health providers, you play an invaluable role in protecting and advancing the safety, dignity and rights of women and girls. In attending to the needs of VAWG survivors during this crisis, take care of your health, stay safe and stay protected from COVID-19.

ⁱ The COVID-19 Outbreak and Gender: Key Advocacy Points from Asia and the Pacific, Gender in Humanitarian Action, 2020 <https://gbvguidelines.org/wp/wp-content/uploads/2020/03/GiHA-WG-advocacy-brief-final.pdf>

ⁱⁱ Technical Brief- COVID-19: A Gender Lens- Protecting Sexual and Reproductive Health and Rights, and Promoting Gender Equality, UNFPA, 2020 https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_A_Gender_Lens_Guidance_Note.pdf

ⁱⁱⁱ Q&A on COVID-19, WHO, 2020 <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>

^{iv} GBV Case Management and the COVID-19 Pandemic, GBV AoR Helpdesk, 2020 <https://gbvguidelines.org/wp/wp-content/uploads/2020/03/guidance-on-gbv-case-management-in-the-face-of-covid-19-outbreak-final-draft.pdf>

^v COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement, UN Women and RCCE, 2020 <https://interagencystandingcommittee.org/system/files/2020-03/COVID-19%20-%20How%20to%20include%20marginalized%20and%20vulnerable%20people%20in%20risk%20communication%20and%20community%20engagement.pdf>

^{vi} Annex II, Standard Operating Procedure for Day to Day Administration and Operation of the One Stop Centre, Ministry of Women and Child Development, Government of India, 2017 https://wcd.nic.in/sites/default/files/OSC_G.pdf

^{vii} Clinical management of rape and intimate partner violence survivors: developing protocols for use in humanitarian settings. WHO, UNFPA and UNHCR. Geneva: WHO, 2019. <https://apps.who.int/iris/bitstream/handle/10665/331535/9789240001411-eng.pdf?ua=1>

^{viii} Interim guidance for homeless service providers to plan and respond to COVID-19, Centers for Disease Control and Prevention (CDC), 2020 https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19_Homeless-H.pdf

^{ix} Mental health and psychosocial considerations during the COVID-19 outbreak. WHO, 2020 <https://www.who.int/publications-detail/mental-health-and-psychosocial-considerations-during-the-covid-19-outbreak>

^x COVID-19 and violence against women: What the health sector/system can do. WHO, 2020 <https://www.who.int/reproductivehealth/publications/emergencies/COVID-19-VAW-full-text.pdf>

