SEXUAL AND GENDER-BASED VIOLENCE IN COVID-19 QUARANTINE CENTRES

Governments around the world are quickly implementing measures to contain the spread of COVID-19 and protect their citizens. Many governments are setting up quarantine centres and their armed forces are often being mobilized to manage them. Some countries are building emergency camps on islands, while others are using existing infrastructure, such as military bases, hotels and schools.

Without a doubt, isolating people is crucial to contain the virus, but this can also expose quarantined people to other risks. Sexual and gender-based violence (SGBV) is one such risk; and we know from other crises that restricted movement and confinement in a camp with limited resources exacerbate the risk and prevalence of violence.

The ICRC is already involved in discussions with State armed forces and this existing communication channel offers an opportunity to mitigate the risks in quarantine centres. The recommendations below are based on international standards, good practice and lessons learned from ICRC operations, such as the Ebola response. The recommendations can help the people in charge of COVID-19 quarantine centres manage them effectively without increasing the risks and consequences of sexual and gender-based violence.
RECOMMENDATION 1: INTEGRATE SGBV INTO CENTRE DESIGN AND MANAGEMENT

- Camp managers or unit commanders must set the tone and standards for how camps are to be run. Quarantined people are not criminals; they are people in need of health care and support.

- Ensure the units deployed to manage camps comprise male and female soldiers, so that male and female victims of harassment and violence (and others) feel more comfortable reaching out to someone.

- Ensure camp managers (or designated soldiers) are trained to respond to sexual and gender-based violence and in preventing sexual exploitation and abuse (also known as SEA). They should be provided with practical guidance, guidelines and standard operating procedures that give them ownership and responsibility.

- The camp infrastructure should be designed to take the following into consideration:
  - Lighting should be installed in all of the camp’s communal areas and especially in the access to and inside sanitation facilities.
  - Lone women and unaccompanied children should be allocated safe spaces that are monitored by female staff, including women and children who are in isolation for COVID-19.
  - Women and children together should have separate water, sanitation and hygiene facilities from men. If that is not possible, they should be allocated separate times. There should be an appropriate ratio of the number of facilities and the time allocated to use them (including for people with disabilities or reduced mobility). Facilities should be safe (fitted with locks) and private.
  - Nutrition facilities and nutrition schedules should include people who are at higher risk of malnourishment, with a focus on private support to women who are breastfeeding or lactating. They may have higher nutritional needs and may need to maintain their supply of milk while separated from their children.

- Whenever possible, families should be accommodated together as a family unit, with the caveat that people who report domestic violence must be moved to a safe place or protected in some other way (for example, by staying with another family). With the victim’s consent, offenders may be informed that the authorities have been notified of their actions in order to avoid retaliation or further harm.

- If possible, provide a separate reception and/or triage area for women and children, and ensure female staff members are present for families.

- Provide safe spaces and accommodation for women, adolescent girls, adolescent boys and for younger children. Special care should be given to separated and unaccompanied children, child-headed households, child mothers, single women and single mothers who face a greater risk of sexual violence.

- Ensure that the needs of men, women, boys and girls are considered equally when making decisions that affect their well-being and safety – and seek their input when doing so.

- Run periodic safety audits with different groups of people to identify and address the risks and issues that affect them.¹

¹ See example tools and questions to run a camp safety audit at: https://www.refworld.org/pdfid/5c3465c64.pdf, pp. 14–22.
RECOMMENDATION 2: PREVENT SGBV FROM OCCURRING WITHIN THE QUARANTINE CENTRES

- Make sure all parties involved in the running of the camp understand the need to protect civilians from any form of harassment and violence, including sexual harassment and violence. This can be achieved by:
  - passing clear messages through the chain of command about the prevention of sexual exploitation and abuse, including information about reporting mechanisms, procedures and the sanction system
  - passing clear messages through the chain of command about respect, confidentiality and procedures to respond to cases of sexual violence affecting people in camps.

- Place communications materials in local languages aimed at the people in the quarantine centre about how to report harassment and violence, including sexual violence, and to whom.

- Educate people in the quarantine centre on the issue of harassment and violence, what they should do and what help is available.

- Implement an appropriate education programme for children of different ages.

- Put in place male and female focal points who are trained and equipped to handle cases and are trained in the respect, confidentiality, safety and the non-discrimination of victims according to gender and age.

- Make external means of communication available to vulnerable people, regardless of their age and gender, such as a phone with an outside line, internet access, mobile phone, radio etc.

- Encourage and enable people in quarantine to anonymously report any incidents or concerns to the camp authorities.

- Monitor safety at relief distribution sites and identify situations in which vulnerable people are at risk of violence or exploitation. Place information at distribution sites in local languages about how to report violence and exploitation.

- Carry out hygiene promotion activities about COVID−19 that include messages about sexual violence (e.g. how to get information or report concerns that are not related to COVID−19).

- Ensure women and girls are able to maintain their menstrual health with dignity, with access to private spaces to maintain their dignity, and include dignity kits in any relief distributions related to COVID−19.
RECOMMENDATION 3: PROVIDE AN EFFECTIVE AND PROMPT RESPONSE TO SGBV IN QUARANTINE CENTRES

- Camp managers should take a proactive approach in identifying victims of harassment and violence.
- Adopt a survivor-led approach: this means listening, reporting (with the victim’s consent) and long-term support inside and outside the quarantine centre.
- Tap into informal peer-support structures to monitor any issues and provide support.
- Integrate the quarantine centre with existing national guidelines and referral pathways for victims of violence.
- Health sector partners can implement the Minimum Initial Service Package (MISP) to be ready to respond to any emergency.2
- Ensure that post-rape kits are made available within a maximum of 72 hours of the incident, ideally within 48 hours.
- Train health staff (both male and female) on how to respond to sexual violence and on the clinical management of rape (CMR). Also carry out training in the confidentiality, respect, safety and the non-discrimination of victims.
- Use the COVID-19 triage as an opportunity to identify vulnerable people, using trained members of staff to identify signs of existing sexual or gender-based violence or people who may be at risk.
- Medical or non-medical chaperones should be made available during physical examinations.

2 https://www.unfpa.org/resources/what-minimum-initial-service-package