**Call for submissions: COVID-19 and the increase of domestic violence against women**

The United Nations Special Rapporteur on violence against women, its causes and consequences, Ms. Dubravka Šimonović, is following closely the impacts of the COVID-19 pandemic on women’s right to a life free from violence. As she warned in a recent [statement](https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25749&LangID=E) in 27 March 2020, the efforts to deal with the current health crisis may lead to an increase in domestic violence against women.

As initial police and hotline reports suggest, domestic violence has already surged in many countries, as measures imposing isolation compel a number of women to be kept at home under the same roof with perpetrators, thus exacerbating women’s vulnerability to domestic violence, including femicides. The risk is aggravated by fewer police interventions; the closure of courts and limited access to justice; the closure of shelters and services for victims, and reduced access to reproductive health services.

The Special Rapporteur on violence against women wishes to receive all relevant information on the increase of gender-based violence against women and domestic violence in the context of the COVID-19 pandemic from civil society, States, National Human Rights Institutions, international organizations, academia and other stakeholders on the following issues:

1. To what extent has there been an increase of violence against women, especially domestic violence in the context of the COVID-19 pandemic lockdowns? Please provide all available data on the increase of violence against women, including domestic violence and femicides, registered since the beginning of the COVID-19 crisis.

Musasa has a number of platforms where survivors report violence in non pandemic times. These include face to face interactions with survivors through one stop centers as well as online platforms such as Text, WhatsApp and social media pages. Even with the inability of women to travel to Musasa One Stop Centres and almost all cases being channeled through the online platforms, Musasa has experienced an increase in demand for services. Musasa did an analysis of the April to May data for 2019 and 2020 and it is evident that there has been a spike in cases of violence against women. In 2019 Musasa recorded 3756 cases between April and May across all platforms and in 2020 over the same period 5877 cases were recorded. This reflects an increase in the number of cases recorded over the periods. This reflects a 64% increase in violence against women between 2019 and 2020 same periods.

1. Are helplines run by Government and/or civil society available? Has there been an increase in the number of calls in the context of the COVID-19 pandemic?

The Musasa helpline has been operational during the COVID 19 pandemic. During the lockdown period from 30 March 2020 to 31 May, the Musasa helpline received 2227 cases nationally compared to 507 cases in the same period last year.

1. Can women victims of domestic violence be exempted from restrictive measures to stay at home in isolation if they face domestic violence?

Women victims of domestic violence may be exempted from restrictive measures to stay at home in isolation in cases of emergency or where there is a threat to life. This exemption is applied for through police officers in most cases. This also applies to minors and this is done through the Department of Social Welfare. The decision on whether it is a matter of urgency is at the discretion of the duty bearer receiving the request for exemption. However, the application of survivor centered approaches with particular focus on the safety of the survivor can vary depending on the individual handling the case.

1. Are shelters open and available? Are there any alternatives to shelters available if they are closed or without sufficient capacity?

Shelters have remained opened during the period with caution being exercised on new admissions of survivors due to unavailability of PPE such as isolation centers for new survivors to maintain social distancing between new and old survivors in the shelters especially in the early months of the lockdown. Whilst safe shelter is crucial, there was need for caution to be exercised in the interest of safe-guarding existing clients and staff well-being. However, limited alternatives were readily available as survivors were assisted in relocation with support of transport and occasional food hampers.

Other options are to open temporary safe centers for women for new survivors which safeguard old admissions in shelters and also promote safe distancing. In this regard, institutions will be ensuring safeguarding of both old clients already in the shelters and new survivors coming through.

1. Are protection orders available and accessible in the context of the COVID-19 pandemic?

The Domestic Violence Act provides a legal remedy to survivors of Sexual Gender Based Violence (SGBV) in the form of Protection Orders issued by local courts. In the context of Covid-19, government enforced lockdown, restricted civilian movements and consequently institutions responsible for issuing protection orders were closed and entertained cases on an urgent basis only. As a result, availability and accessibility of protection orders have been severely hampered as cases are granted based on the nature and the gravity of the case and not based on need. Furthermore, the restrictions on movements have made it difficult to travel to courts in order for survivors to make applications. Thus, whilst protection orders are critical, availability and accessibility have been hampered by restrictions in movements and the court’s basis for granting such orders.

1. What are the impacts on women’s access to justice? Are courts open and providing protection and decisions in cases of domestic violence?

The Covid-19 pandemic has seriously impacted women’s access to justice by severely limiting women’s movement to courts to seek redress and by restrictions on the cases being heard by the courts and since the courts’ have discretion on cases given audience. Whilst courts are open, only a few cases are being presided over and fewer decision in cases of domestic violence as fewer people are actually able to travel to courts. Domestic violence Cases have been postponed by the courts except for rape cases due to the lockdown and dates moved a bit further creating anxiety among survivors. Even with the reopening of the courts, there is still a slow movement of cases within the system. Some women end up withdrawing cases from police due to influence and length of time taken for the case to be handled in court

1. What are the impacts of the current restrictive measures and lockdowns on women’s access to health services? Please specify whether services are closed or suspended, particularly those focusing on reproductive health.

Women’s access to health services has also been disrupted by the current restrictive measures and lockdown. Women were unable to travel to their health service providers as their movement were restricted. This hampered their access to sexual reproductive health services. In addition, the services at health centers were initially suspended as the health professionals did not have the pre-requisite PPE and numerous protocols before receiving health services e.g. Covid -19 tests. Some health centers were closed due to the pandemic which left women with nowhere to access sexual reproductive health services

1. Please provide examples of obstacles encountered to prevent and combat domestic violence during the COVID-19 lockdowns.
2. Failure to classify GBV services as essential services by the government precluded outreach programs in communities whereby women could access GBV services including psycho-social support
3. Requirement of travel clearance letters required for movement prevented women from access domestic violence services at health centers, courts and One stop centers.
4. Exclusion of gender mainstreaming and impact of the pandemic on gender in emergency preparedness plans resulted in the Civil Protection Unit being unprepared to handle high cases of GBV.
5. Suspensions of services at health service centers
6. Erratic public transportation hampered movement for relocation
7. No standard operating procedures by government to guide the national response to GBV therefore prevention was haphazard and access by GBV partners to provide prevention and response programs in certain districts was a challenge
8. Please provide examples of good practices to prevent and combat violence against women and domestic violence and to combat other gendered impacts of the COVID-19 pandemic by Governments.

Development of SOPs on handling survivors for government departments in periods of pandemics. There are no existing measures on how survivors are to be handled and there are no safeguarding policies present.

Ensuring availability of alternative referral systems for survivors of GBV in times of pandemics are available and disseminated widely

Ensuring availability of funds on GBV response and prevention in the national budgeting process during pandemic and non pandemic periods

Active engagement and participation of gender experts in the public and CSOs on taskforces set up to respond to pandemics to ensure incorporation of strategies to address gendered impacts of COVID 19 pandemic (including GBV) by government

1. Please provide examples of good practices to prevent and combat violence against women and domestic violence and to combat other gendered impacts of the COVID-19 pandemic by NGOs and NHRIs or equality bodies.

The fact that shelters and safe places for women are still available though with limitations has been a good practice as in other countries some shelters for GBV survivors have completely shut down. Ensuring that messaging is made available through different media platforms such as radio and television has meant that women and girls across the country remain aware of GBV services and where and how to access them.

1. Please send any additional information on the impacts of the COVID-19 crisis on domestic violence against women not covered by the questions above.

All submissions should be sent to vaw@ohchr.org as soon as possible, and will be received until **30 June** **2020**. You are kindly requested to provide your submissions in English, French or Spanish. Kindly indicate if you **do not** wish your submission to be made publicly available.