

Adapting standard operating procedures for addressing gender-based violence during COVID-19

THE CASE OF BHUTAN

COUNTRY/COUNTRIES:

Bhutan

PARTNERS:

The National Commission for Women and Children (NCWC) - a government agency responsible for child protection (CP) and gender-based violence (GBV), the Ministry of Health (MoH), the Royal Bhutan Police and UNICEF.

THEMATIC AREAS:

Violence against children (VAC), GBV

COVERAGE OF SYSTEMS CHANGE:

Nationwide

KEY RESULTS:

Before COVID-19, the Government of Bhutan was already addressing GBV. In 2019, the Government began a process to roll out Standard Operating Procedures (SOPs) for prevention and response to GBV, with support from UNICEF, in collaboration with other UN agencies such as UNFPA and UNDP. The results from this effort include:

- 1) National SOPs implemented in 10 of the 20 districts of Bhutan, reaching half of the population in the country;
- 2) Implementation of a comprehensive training programme for service providers and frontline responders including civil society organisations;
- 3) All four municipalities and 20 districts in Bhutan carrying out a mapping exercise on services and referral information, which allowed them to make information available for frontline responders as well as for women and girls who needed confidential information on nationwide services for referrals during COVID-19; and
- 4) SOPs formalising the role of civil society organisations by delineating their roles clearly and coordinating their work with other service providers for safe and effective responses to GBV.

COVID-19 CONTEXT

The impact of COVID-19 goes far beyond the immediate health risks and burden on the health system. Indirect impacts such as loss of livelihoods, school closures and disruptions in social networks, heightened the existing vulnerabilities of children, placing them at greater risk of suffering violence.

Evidence from a nationally representative survey in Bhutan suggests that, before the pandemic, 12.5 per cent of women experienced physical violence from persons other than their intimate partner from the age of 15 (NCWC & UNDP, 2019). Young women also report the highest rates of physical violence by non-partners with about 20 per cent of women aged 15-24 years having experienced this in their lifetime (NCWC & UNDP, 2019). Almost one in ten women also reported being sexually abused as a child (NCWC & UNDP, 2019).

Reports from helplines and media in the country shows that the pandemic is exacerbating this type of violence with an increase in violence against women and girls, as well as violence within the home (UNFPA, 2020). RENEW, a civil society organisation working on gender-based violence (GBV), recorded 407 GBV cases from March-August 2020. This represents an increase of 289 more cases compared with the previous year (2019).

Given this situation, the Government of Bhutan, with support from UNICEF, made adaptations to the ongoing strategies to protect children from GBV in times of COVID-19. This case study focuses on the significant adaptations that allowed the Government of Bhutan to support child survivors of GBV.

DETAILS OF PROMISING PRACTICE/ CRITICAL POINT OF CHANGE

Before the COVID-19 crisis, the Government of Bhutan was already addressing GBV. In 2019 the Government began a process to roll out Standard Operating Procedures (SOPs) with contributions from UNICEF and in collaboration with other UN agencies such as UNFPA and UNDP. As a result of this process, the Government already had in place clear guidance to facilitate a national multisectoral response to address GBV when the pandemic started. A training programme was also designed to inform and train personnel on the roles, responsibilities and guiding principles that coordinate their responses to GBV according to the SOPs. The national SOPs have now been implemented across half the districts of Bhutan. It is expected that by the end of 2020, all 20 districts in the country will be following the national GBV SOPs.

To respond to the emerging needs resulting from the pandemic, the National Commission for Women and Children (NCWC) with the support of UNICEF and other partner organisations, also included a component on addressing GBV during emergencies. This component allowed the NCWC to support child survivors of GBV and to mitigate the increased risk for them specifically during the COVID-19 pandemic.

LESSONS LEARNED FOR CHILD PROTECTION SYSTEMS

- **The SOPs contributed to the ease with which adaptations could be made to respond to the pandemic.** The SOPs helped to standardise procedures and harmonise the responses of existing and new stakeholders. For instance, in response to the pandemic, many volunteers from civil society organisations started case management and the SOPs helped to delineate their roles clearly and coordinate their work with other service providers.
- **The inclusion of comprehensive training programmes on prevention of and response to violence was critical to ensure an effective GBV intervention.** A training package on the SOPs covered preventive measures, case management, and legal aspects, among other areas. This contributed to frontline responders using the GBV SOPs to provide a holistic response and facilitate cases for referral when necessary.
- **Mapping the existing GBV services and making this list publicly available facilitated the referral of GBV cases.** All four municipalities and 20 districts in Bhutan carried out a mapping exercise, which allowed them to make information available for frontline responders as well as for women and girls who needed confidential information on services for referrals.

LESSONS LEARNED FOR PARTNERSHIPS: COOPERATION, COORDINATION AND COLLABORATION

- **Strong coordination among UN agencies, civil society organisations and government offices like the NCWC, contributed to**

enhancing the SOPs. These alliances and partnerships were a crucial aspect of leveraging and strengthening human resources in Bhutan to address GBV.

- **Partnerships with civil society contributed to building the capacity of GBV frontline responders and helped strengthen the workforce.** The existing network of volunteers from civil society, which was formalised through the training programme and associated SOPs, helped to improve the capacity of service providers, the reach of interventions and ensure safe and effective referrals to services.
- **The co-ownership of resources by the Government is important for continuing and enhancing interventions.** During the pandemic, UNICEF and other UN agencies' partnership with the NCWC built capacity not only of the MoH but also of the Police and other ministries. All the guidance, procedures and education materials developed are co-owned by the Government, which allowed them to continue enhancing their interventions.

KEY CONSIDERATIONS AND QUESTIONS FOR IMPLEMENTATION AND FUTURE ADAPTATION

- **The good practices of Bhutan in mainstreaming GBV prior to the pandemic serve as a lesson for how GBV can be incorporated into UNICEF's development programming.**
- **Ensure additional resources are leveraged to guarantee the sustainability of SOPs,** particularly of those adaptations made to address the needs resulting from the pandemic.
- **Continual monitoring and learning are critical for future adaptations of the SOPs, which were developed based on the current dynamic situation introduced by COVID-19.** This will also enhance the validity of the SOPs during future pandemics.

- **Explore institutionalisation of the now formalised community-based volunteer roles.** Given the vital role of the volunteers in addressing GBV during the pandemic, exploring mechanisms to institutionalise their contributions to GBV prevention and response is recommended.
- **Expand the training programme based on the SOPs to also include pre-service and in-service training** of service providers to allow for future adaptations based on lessons learned.

KEY CONTACTS AND FURTHER RESOURCES:

For more information visit:
UNICEF Bhutan Country Office website at
<https://www.unicef.org/bhutan/>

REFERENCES:

National Commission for Women and Children (NCWC) and United Nations Development Programme (UNDP), *National Study on Women's Health and Life Experiences, 2017*, National Commission for Women and Children, Thimphu, 2019.

UNFPA (2020). Pandemic and rising tide of violence increase demand for mental health, psychosocial care. <https://reliefweb.int/report/bhutan/pandemic-and-rising-tide-violence-increase-demand-mental-health-psychosocial-care>

SUGGESTED CITATION:

Fry, D. and K. Padilla (2021). 'Appendix B4. Adapting Standard Operating Procedures for Addressing Gender-Based Violence during COVID-19: The Case of Bhutan'. In Fry, D., Padilla, K., Neelakantan, L., & Ivatury, S., *A gendered analysis of child protection (CP) systems responses in COVID-19 programming in South Asia*, UNICEF, Kathmandu, 2021.



THE UNIVERSITY
of EDINBURGH

unicef 
for every child