File No. J-11060/37/2017-RL-Part(1) (369933)

To,
The State Mission Directors/CEOs of all SRLMs

Subject: Advisory on provisions made under DAY-NRLM to address the consequences of COVID-19 lockdown

In view of Corona Virus pandemic, DAY-NRLM promoted Community Institutions and their cadres have been responding to the requirements of needy people and to ensure the supply of essential services such as production of masks, sanitizers, Personal Protective Equipment’s (PPEs), managing community kitchens, supply of dry ration, food items and vegetables, providing basic banking service and supporting health care frontline workers at field level etc.

2. Considering the need to mitigate these risks rose by the current COVID-19 situation without violating lockdown measures issued by the Government, first instalment of DAY-NRLM funds has been released to most of the states. It is suggested that the SRLMs may take necessary measures to ensure liquidity at the SHG level to enable them to access loans easily for meeting their consumption need as well as for any investments in livelihoods activities. In addition, it is also suggested that the community cadres as well as other SHG members engaged in works related to addressing the COVID 19 situation may be adequately compensated and in a timely manner. This may also require making payments for a temporary period to community cadres being paid by the CLFs themselves, in view of the economic crisis at present. If required additional VRF may be released to needy VO's, especially in remote and vulnerable areas to enable the community to tide over this period of crisis. An ex-gratia of Rs. 10 lakh to CRPs, community professionals, community cadres and others who are engaged to work to address the COVID 19 situation and are deceased as a result of the disease, may also be considered. Further details are attached at Annexure I to this letter.

3. I would urge that the threat posed in the current situation may be converted into an opportunity by aligning the needs emerging at local levels.

Yours faithfully,

(Alka Upadhyaya)
Additional Secretary

Copy to:
1. Ms. Leena Johri, JS-RL, M/o RD
2. All SPMs of SRLMs
3. IB, CB, SI, SD, HR, Farm, Non-farm, FI, M&E and Finance Units of NMMU
Annexure I

1. SRLMs are advised to prioritize the release of Revolving Fund (RF) and Community Investment Fund (CIF) to SHG Federations to ensure the availability of funds for disbursement of loans to SHG members during lockdown and post lockdown period.

2. The idle fund (cash at bank and cash at hand) available at any level of the institution (SHG-VO-CLF) must be used to extend the loans to the members for meeting their requirements.

3. If any SHG member/VO requires capital for purchase of raw material, production and distribution of sanitizers, soaps, masks and gloves, loans can be disbursed either from Bank loan, or funds available with the community institutions.

(Please refer the letter No. S-11057/08/2019/SVEP (369821) dated 23rd March 2020)

4. The suspension of VO/CLF meetings as a precautionary measure to contain the spread the COVID-19 may be extended till 17th May 2020 or further in all hotspot districts and containment zones after proper planning and following all protocols of social distancing, wearing of masks and repeated hand wash. A note on Safety and protective measures for staff, cadres and frontline workers is attached as annexure-II.

5. SRLMs are advised to pursue the matter with SLBC to allow the withdrawal of cash/transfer from CLF/VO/SHG bank account to SHG Member account with or without submission of meeting resolution of these institutions for the period of lockdown.

6. SRLMs are advised that during lockdown period, needy members/SHGs/VOs may be permitted to submit the loan request to the office bearers either through mobile or phone. After the approval of SHG/VO Executive Committee (EC) and CLF EC members through mobile or phone, the SHG/VO/CLF office bearers can extend the loan to the borrowers through on-line transfer/cheque or cash and should write the details in their notebook/diary. These decisions will have to be ratified in the regular meetings of the institutions and the transactions should be recorded in the Books of Accounts.

7. SHGs may be advised to provide an interest free loan or with low interest to the needy members equivalent to their individual members savings in the SHG and the loan repayment schedule can be decided based on the members family cash flows. This facility should be restricted to 2020-21 financial year only.

8. Special focus may be given on VRF release (1.5 lakh per VO in one instalment) to all needy VO s particularly in hotspot COVID-19 areas and far off remote areas with vulnerable populations. An additional sum of Rs. 1.5 lakh per VO from CIF may also be converted into VRF in the above mentioned priority areas, which may be extended
as interest free or low interest loans to the needy SHG and vulnerable non-SHG members, especially those not having ration cards and various other such vulnerabilities, as per the decision of VOs. This provision shall be applicable only for 2020-21 financial year. A detailed note on VRF is attached as Annexure-II.

9. Understanding the wage loss of Community cadres/Community Professionals/CRPs community staff at VO/CLF level (including those who are being paid by CLFs own income) – Book keeper/Accountants, PRPs-Managers, MIS assistant, community mobilizers, CRPs, CSPs, Bank Sakhi, Bank Mitra etc.), SRLMs are advised to pay their honorarium from the mission funds for a period of 3 months at least.

10. SHG members who are not among the current cadres but are giving their services regularly in community kitchens and other such relief measures under NRLM can also be provided honorarium to compensate their work.

11. To ensure the safety of SHG members, Community cadres and Community professionals that are involved in field work and in activities related to containment of COVID-19 activities and relief measures, SRLMs are advised to provide necessary safety kits (gloves, Soaps, sanitizers, masks, COVID-19 Pocket book circulated by MoHFW etc.) to all of them.

12. SRLMs are also advised to consider an ex-gratia of Rs. 10 lakh to deceased CRPs, community professionals, community cadres and others who are engaged to work to address the COVID 19 situation and are deceased as a result of the disease. This expenditure may be booked under B2 component of the capacity building.

13. With support of Krishi Sakhis, Social Action Committee members and Poshan Sakhis, SRLMs are advised to facilitate Kitchen Gardens/Nutri gardens and backyard poultry in all SHGs members Households.

14. The findings from recent studies and evidences from the field clearly shows that there is huge rise in the domestic violence and Child sexual abuse cases. SRLMs may provide women and child helpline numbers, phone numbers of police stations and NGOs that are working on gender issues to all VO and CLF Social Action Committee members and SHG members for addressing the issues. A detail note is attached as Annexure-III and resource material developed by UNWOMEN, UNFPA and World Health Organisation (WHO) in Annexure - IV.

These activities may be performed without violating the basic lockdown norms.
Vulnerability Reduction Fund

In the wake of the crisis caused by the pandemic Covid-19, the lock-down, lack of employment and wages, regular availability of food provisioning from Anganwadi Centres, Schools and Social Welfare hostels, especially for SC/ST children and other deprived communities, paucity of supplementary provisions, difficulty in accessing health services in the villages, the vulnerabilities of several communities and families would have deepened.

In this situation, the vulnerability reduction fund should be made available to the Village Organization to tide over the vulnerabilities. Presently, VRF may not have been disbursed to all VOs. Hence, SRLMs needs to focus on release of VRF to all eligible VOs and priority has to be given to the COVID-19 hotspots areas. In the absence of sufficient funds, SRLMs needs to encourage CLFs to disburse loans to VOs to use as VRF to needy VOs from the existing idle funds.

Size of VRF Fund:

1. Rs. 1.5 lakhs shall be given to all eligible VOs in a single instalment as VRF.
2. Rs. 3 lakhs shall be given to the VOs based on the following criteria:
   a. Districts identified as COVID-19 hotspots by Ministry of Family and health welfare
   b. Communities with extreme vulnerabilities like villages with large number of migrant labourers, child labour, trafficking, PVTGs, etc.
3. The VOs that have received VRF from CLF, they need to repay it to CLFs within two or three years, in monthly instalments, without interest.

Target group for VRF disbursement:

- Pregnant women, lactating mothers, infants, children
- Single women, deserted women, widowed, women facing violence, ostracism, e.g. witch hunting, women engaged in sex work, unwed mothers, transgender, survivors of human trafficking
- Bonded labour, people in distress migration, child labour, people in hazardous occupations like manual scavenging
- People with disabilities, elderly, destitute, orphans
- Particularly vulnerable tribal communities, de notified tribes and criminal tribes
- Households facing critical health crisis like HIV/AIDS, unabated infant mortality deaths or maternal mortality deaths, severe malnourishment, disease outbreak, accidents, hospitalization, chronic illness
- Emergencies like sudden hospitalization, accidents, natural calamities
- Households having food insecurity
- Any other as specified by the VO

The fund may be used for –

- Food provisions for most vulnerable individual and families
- Access to health services, medicines, health care with special reference to pregnant women, lactating mothers, critically ill, bedridden patients, senior citizens
- Any exigency like wounds, accidents, deaths, legal aid, etc.

VRF may be provided as loan with interest, with low interest and as a grant depending on the vulnerabilities. For the most vulnerable, an amount up to Rs. 3000/- may be provided as grant irrespective of the status of being in the SHG or not.

The VO executive committee may take decisions on the loan disbursement amount to vulnerable families for food, health care and other exigencies as mentioned above. The office bearers of the VO may take the decisions through telephonic calls amongst themselves and also consult SHG leaders specially to support non-SHG members in extreme vulnerabilities. The resolution can be recorded in the minutes and register after the lock down is over. At present, the amount can be recorded by the Secretary /Book keeper of the VO. This provision is applicable only for financial year 2020-21.
Addressing domestic violence and Child sexual abuse

Instances of Domestic violence and Child sexual abuse are observed to be rising in the present context according to studies and evidences from the field. The issues could be aggravated due to alcohol consumption, drug abuse but additionally due to loss of employment, wages, reduced cash in hand to purchase essential provisions, stress and anxiety caused due to the inability to provide for family, distress migration, restricted mobility, lack of leisure activities usually indulged in and an adverse impact on masculinity.

This often manifests in indulgence in violence and abuse of the most powerless and vulnerable in inherently hierarchical relationships of power and inequity within the family. Child sexual abuse is committed on children in extremely vulnerable situations especially within the family and in intimate relationships leaving severe wound and scar in the psyche and physique of children and adolescents.

It is inevitable to address this issue through the network of SHGs and its federation in these moments of crisis as this is the sole space of solidarity and solace in proximity. The information to support in prevention of domestic violence and child sexual abuse to be disseminated by SRLMs to the CLFs, VOs and SHGs.

The awareness to report and inform the leaders of SHG, VO and CLF while encountering issues of violence within homes and child sexual abuse by women members to be disseminated. Similarly, the direction that the SHG leaders, gender point person, VO EC and SAC and CLF EC and SAC may support and intervene for addressing issues may be given. They may approach the family in numbers of two or three and counsel the family especially instruct the perpetrator to stop the behaviour. They may also provide telephonic counselling to the survivor.

With respect to instances of child sexual abuse, case to be referred to police station for registering under Protection of children from Sexual Offences Act. No counselling to be undertaken of the accused. Child to be extended emotional and mental support and immediate referral to hospital through police station.

The SHG leaders, VO EC, SAC, CLF EC and SAC to be provided helplines and the numbers of police stations and NGOs in the vicinity. The VO EC and SAC to seek police, helpline support and NGOs support for addressing the issues. In cases of wound or hospitalization with respect to child sexual abuse and domestic violence and immediate legal support, VRF may be utilized.
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.¹

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.¹

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-19.²

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.

Version 1.0: April, 2020
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-19:

- 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](http://www.nari.nic.in/women-helplines-across-state)
### Few helplines operated by civil society organizations that are currently operational

<table>
<thead>
<tr>
<th>Helpline Number</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. iCALL-Initiating Concern for All (Pan India)</strong></td>
<td></td>
</tr>
<tr>
<td>9372048501</td>
<td>Operated by the School of Human Ecology, Tata Institute of Social Sciences (TISS)</td>
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<tr>
<td>9920241248</td>
<td>iCALL specializes in providing mental health and psychosocial support services</td>
</tr>
<tr>
<td>8369799513</td>
<td>Provides professional and free counseling through telephone, email and chat to anyone in need of emotional support while ensuring confidentiality</td>
</tr>
<tr>
<td>Email: <a href="mailto:icall@tiss.edu">icall@tiss.edu</a></td>
<td>These numbers have been specially activated during the lockdown; service available from Mondays to Saturdays from 10 am to 08 pm</td>
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<tr>
<td><strong>2. Jagori Counselling and Support Services for Women (Delhi)</strong></td>
<td></td>
</tr>
<tr>
<td>011 2669 2700</td>
<td>Operated by the NGO Jagori based in Delhi</td>
</tr>
<tr>
<td>8800 9966 40</td>
<td>Has trained counselors for providing survivor-centered, psychosocial counseling and support services while ensuring confidentiality</td>
</tr>
<tr>
<td><strong>3. Crisis Helpline Sneha (Mumbai)</strong></td>
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<tr>
<td>9833 0526 84</td>
<td>Operated by the NGO Sneha based in Mumbai</td>
</tr>
<tr>
<td>9167 5357 65</td>
<td>Has trained counselors and is designed to provide survivor-centered services, while ensuring confidentiality</td>
</tr>
<tr>
<td><strong>4. Swayam Helpline (Kolkata)</strong></td>
<td></td>
</tr>
<tr>
<td>9830 7728 14</td>
<td>Operated by the NGO Swayam based in Kolkata</td>
</tr>
<tr>
<td></td>
<td>Has trained mental health counselors/therapists to provide survivor-centered services, while ensuring confidentiality</td>
</tr>
<tr>
<td></td>
<td>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</td>
</tr>
<tr>
<td><strong>5. Gramya Resource Centre for Women (Hyderabad)</strong></td>
<td></td>
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<tr>
<td>9440 8602 71</td>
<td>Operated by the NGO Gramya Resource Centre</td>
</tr>
<tr>
<td></td>
<td>Provides linkage to the one stop centre operated by Gramya and enables access to trained mental health counsellors</td>
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<tr>
<td></td>
<td>This number is operational during the lockdown and otherwise</td>
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*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)

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 relationships.

- **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. 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. 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.

- **Ensure that the referral pathway includes services that can be provided remotely, such as tele-counseling and remote-mental health support facilities**

- **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:
  - **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: 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

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.

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.

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.

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