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# USAID'S COLLECTIVE ACTION TO REDUCE GENDER-BASED VIOLENCE (CARE-GBV)

## How to Prevent, Mitigate, and Respond to Gender-Based Violence during the COVID-19 Pandemic

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# How to Prevent, Mitigate, and Respond to Gender-Based Violence during the COVID-19 Pandemic

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## Overview

This how-to note provides guidance on adapting gender-based violence (GBV) programming in light of the ongoing COVID-19 crisis. First, it identifies key arguments for why organizations addressing GBV must continue to adjust to the shifting landscape. Second, it describes how organizations can adapt by providing a curated and synthesized list of 15 core resources for navigating, identifying, and applying those most relevant for their work. These resources are organized in four groups: adherence to core principles, prevention and risk mitigation, response, and research and learning. Next, the document discusses implications for funders who have an important role given that many of the recommendations require financial support. It concludes with considerations for mitigating GBV risks during future infectious disease epidemics.

The 15 core resources aim to support organizations with existing expertise in GBV programming. Organizations new to GBV programming require more foundational training and support prior to

implementation, which is beyond the scope of this how-to note. The resources provide practical guidance and highlight practice-based learning from organizations that have demonstrated resilience and innovation during COVID-19. The resources are not exhaustive nor intended to endorse any specific publication over another. Annex 1 provides a list of complementary USAID resources addressing gender, GBV, and COVID-19.

## Why adapt?

Organizations engaged in GBV programming—and funders that support GBV work—are pivoting to address the global increase in GBV and rapidly shifting dynamics as the COVID-19 pandemic continues. Three reasons organizations must continue to adapt are discussed here. These may be useful for requesting new or additional funding, justifying changes to work plans and, more broadly, gaining appreciation for the importance of agility and flexibility at this time.



## #1: The need to respond to the surge in GBV in communities worldwide is urgent.

GBV has risen sharply since the start of the pandemic, and it has been described by Phumzile Mlambo-Ngcuka, Executive Director of UN Women, as “the shadow pandemic.”<sup>1</sup> This includes global surges in intimate partner violence (IPV), child, early, and forced marriage and unions (CEFMU), sexual exploitation, and technology-facilitated gender-based violence (TFGBV).

Data on the increase in GBV are summarized in Box I. Deliberate action to address this shadow pandemic of violence is critical, and organizations with existing expertise in GBV are best placed to respond. Agility and flexibility are key as organizations adjust to the heightened urgency and scale of the issue, including in the provision of direct support to survivors, mobilization of community-level prevention efforts, and advocacy for a gendered policy response.

### Box I. Evidence Overview: The Shadow Pandemic

Historically and currently, GBV is most often perpetrated against women and girls. Reputable data sources worldwide indicate a substantial increase in GBV during COVID-19, an alarming trend given that global estimates prior to COVID-19 indicated one in three women would experience physical or sexual violence by an intimate partner or sexual violence from a non-partner in their lifetime.<sup>2</sup> The intersecting nature of patriarchal oppression puts women and girls belonging to marginalized identities—based on gender, sexuality, race, ethnicity, ability, economic status, etc.—at the highest risk of experiencing GBV.

During the first year of the pandemic, UN Women conducted rapid gender assessments (RGAs) in more than 54 countries.<sup>3</sup> This research confirmed significant gender differences—disproportionately and negatively affecting women—in pandemic experiences. It also confirmed that COVID-19 has intensified violence against women. The UN Women RGA website serves as a hub for country-level and aggregate reports, with ongoing updates. Below is a snapshot of key findings (from 13 countries):

- One in two women reported direct or indirect experiences of violence since the start of the pandemic.
- Seven (7) in ten women believed domestic violence has increased since the start of the pandemic.
- Three in five women believed sexual harassment in public spaces has increased since the start of the pandemic.
- Violence during the pandemic has been linked to mental health symptoms (women who report feeling unsafe at home or in public, or who report direct or indirect experiences of violence are more likely to say that COVID-19 has worsened their feelings of stress and anxiety).

The [COVID-19 Global Gender Response Tracker](#)<sup>4</sup> is another helpful source. An initiative of the Gender Security Project, this website synthesizes data and information documenting the rise in GBV during the COVID-19 pandemic, including reports by communities, organizations, news sources, and governments.

## #2: Effectively addressing COVID-19-specific GBV risks requires organizations to explore new ways to deliver programs and to rapidly learn from these efforts.

Many organizations engaged in GBV prevention and response have been focusing on addressing the specific pathways between COVID-19 and GBV (see Box 2). However, doing so effectively requires rapid learning and innovation. For example, previous program and service delivery modalities may no longer be viable given COVID-19 regulations, or containment measures may shift swiftly making it difficult to justify resource-intensive changes (such as building an online infrastructure for virtual programs). The reduced availability (due to closure, suspended hours, or inability to meet demand) of essential services including psychosocial support, clinical management of rape, and shelter services requires organizations to find new avenues for supporting survivors of GBV. Moreover, efforts to promote safety in the home are complicated by social isolation, reduced mobility, school closures, economic insecurity, and rising unemployment. While these challenges are serious, they are not insurmountable. With dedicated time and energy, many organizations have been able to pivot and find creative solutions.

## Box 2. Exploring the Pathways between COVID-19 and GBV

A working paper developed by the Center for Global Development<sup>5</sup> identified pathways linking pandemics to increased violence against women and children (VAW/C) (drawing on COVID-19 and lessons from the Ebola and Zika epidemics). Conditions most relevant to increases in GBV include:

- Quarantines, confinement, and social isolation that may increase household tension and stress, in addition to placing women, girls, and others at risk of violence in close proximity to potential perpetrators
- Pandemic-related economic insecurity contributing to poor coping strategies (e.g., substance abuse), correlating with increased IPV against women
- Breakdown of social infrastructure compounding exposure of women and children to unsafe conditions (e.g., the risk of sexual violence and harassment as they seek to obtain basic goods including food, firewood, and water)
- Family structure change due to death, separation, or poverty, combined with school closures and financial stress that may lead to increased risk of sexual exploitation, especially of children and youth
- Inability of survivors to access essential services due to closures, restricted hours, lack of online connectivity, or fear of contracting the virus
- Challenges that limit women's ability to safely escape abusive partners (e.g., constrained mobility, social distancing, economic vulnerability, and reduced services)

The paper concludes with promising policy and program responses, including strengthening first-response systems by increasing staff and support resources; expanding and reinforcing social safety nets; and integrating VAW/C into longer term pandemic preparedness.

### #3: COVID-19 impacts may require internal organizational adjustments.

In addition to exacerbating the risk factors for GBV, COVID-19 has resulted in structural and social changes, including rapidly changing public health policies, new working-from-home and distance-learning situations, redirected funding flows, de-prioritization or closure of many public services, an increase in generalized anxiety and uncertainty, and elevated risk of personal trauma including violence, sickness, and loss of life.

Organizations engaged in GBV work must confront these emerging realities, which carry important implications for their organizational approach to staff well-being, team cohesion, and maintaining the core principles for ethical GBV programming (see Section A: Core Principles). As reliance on social media and other online platforms increases, the prevention of TFGBV is essential. Organizations with limited expertise in this area may require accelerated development of new skills (see Box 3).

### Box 3. A Closer Look at TFGBV

TFGBV is defined as: “an action by one or more people that harms others based on their sexual or gender identity or by enforcing harmful gender norms. This action is carried out using the internet and/or information and communications technology and includes stalking, bullying, sexual harassment, defamation, hate speech and exploitation.”<sup>6</sup> TFGBV, a newly recognized form of violence, has become much more prevalent since the start of the pandemic as more aspects of people’s lives shift online. Many organizations have also been pivoting to technology-based platforms (including for GBV programming and services). As such, it is crucial to gain a deeper understanding of TFGBV and how it can be prevented.

The Centre for International Governance Innovation’s (CIGI’s) *Technology-Facilitated Gender-Based Violence: An Overview*<sup>7</sup> provides a basic orientation. First and foremost, it emphasizes that TFGBV is rooted in the same structural gender inequality underlying all forms of GBV, which intersects with other forms of oppression (racism, homophobia, transphobia, ableism, and other discriminatory systems). As such, women, girls, and others with marginalized social identities are at greater risk of experiencing TFGBV. Other highlights include:

- Perpetrators adopt technology to enact different forms of violence including IPV, online gender-based harassment, hate or gendered misinformation campaigns, stalking, and other forms that are enabled by technology (e.g., non-consensual creation of sexual images of women through artificial intelligence). Women human rights defenders and women in politics, including parliamentarians and journalists, are frequently targeted.
- Online and offline GBV exist in a continuum; interacting and reinforcing one another in ways that amplify and create new structures for violence. For example, technology can be used to exacerbate physical violence through monitoring social media posts or tracking locations. Unlike physical violence, TFGBV can happen across geographical locations; perpetrators can enact abuse even when not in physical proximity. The enduring nature and ease of replication due to digital records puts anyone experiencing TFGBV at risk of future and recurring abuse.
- Research has consistently documented the severe and long-lasting impact of TFGBV, including psychological harm, privacy violations, safety concerns, limitations on speech, and economic harm.

## How to adapt

**A robust and growing collection of resources provides COVID-19-specific learning and guidance for GBV programming.** This section provides a curated and synthesized list of 15 core resources to support organizations in navigating, identifying, and applying those most relevant for their work. A complete list of United States Agency for International Development (USAID) publications is also included in the Annex.

### A) Core principles

USAID's *Foundational Elements for Gender-based Violence Programming in Development* identify eight core principles to guide all aspects of GBV program design and implementation: do no harm, survivor centered, rights based, accountability, gender transformative, intersectional, accessible, and led by women's rights organizations and other groups working on GBV and human rights. Organizations must be cognizant of—and prepare for—ways in which the pandemic may complicate adherence to these principles in practice.

**To do no harm**, all organizations have an ongoing duty of care for survivors, staff, program participants, and community members. To maintain this principle during the pandemic, organizations must adapt, beginning with **internal adjustments to their workplace and structure, for example:**

- **COVID-19 prevention:** Organizations must comply with all COVID-19 public health measures in their communities, with attention to rapid changes and clear communication strategies. It may also be necessary to adopt low-cost measures to minimize risk of the virus within the workplace, for example, by increasing frequency of cleaning, adding or promoting hand-washing stations, upgrading ventilation systems to improve air quality, procuring face masks and sanitizers, and conducting additional safety checks before approving in-person processes and staff travel.<sup>8</sup> For organizations providing essential services that remain open, additional precautions are necessary to keep staff safe.<sup>9</sup>

- **Rapid policy development:** Many organizations require rapid development and enactment of policies to ensure equity and transparency for COVID-19-related decision-making. For instance, flexible work hours and additional leave options are paramount to ensure caretakers, particularly women, are not penalized for inequitable gender norms when domestic responsibilities increase. As multiple waves occur, organizations may need to revisit remote work and hybrid options, office capacity, and sustained provision of internet infrastructure and financial support to ensure inclusive online engagement ([Core Resource 1](#)).
- **Staff care and mental health promotion:** GBV staff experience a heightened risk of trauma, burnout, and other mental health challenges.<sup>10</sup> The pandemic is exacerbating stressors across personal and professional domains, and organizations may need to revisit their referral protocols, insurance plans, or other structures to support staff (including contractors, interns, and volunteers) experiencing mental health difficulties. Self- and collective care are essential components of ethical GBV programming, and such practices must be ramped up as the COVID-19 crisis persists ([Core Resource 2](#)).<sup>a</sup>
- **Digital safety:** As many processes, services, and program activities shift to virtual platforms, organizations must identify and mitigate all potential risks for the safety of users and data records. This is particularly relevant for data security of survivor case records as services may shift to mobile and online platforms ([Core Resource 3](#)).

Adhering to a **survivor-centered** approach rests on an understanding that survivors' experiences of violence and recovery are shaped by their intersecting identities. COVID-19 is exacerbating existing inequalities, making it more important than ever to promote inclusivity for all survivors—including having access to information, goods, and services ([Core Resource 4](#)). Specific groups and communities are noted below, along with links to resources for data analyzing emerging risks due to COVID-19 for groups already at risk for GBV:

<sup>a</sup> For more guidance on mental health and psychosocial support in the context of GBV programming, see CARE-GBV's [how-to note on integrating mental health and psychosocial interventions in GBV programs in low-resource settings](#). For more guidance on self- and collective care in the context of GBV programming, see CARE-GBV's [how-to note on embedding self- and collective care in organizational practice](#).



- People with diverse sexual orientation, gender identity, gender expression, and sex characteristics (SOGIESC) are at increased risk of GBV during COVID-19 and face systemic barriers to accessing services, particularly in places where they are directly or indirectly criminalized. For instance, the advocacy report, *COVID-19 and the Human Rights of LGBTI People* describes the overall impacts of the pandemic, including on levels of stigmatization, discrimination, hate speech, domestic violence, and other forms of abuse.<sup>11</sup>
- People who are not able to access mobile technology and other online spaces may be excluded from access to GBV services, as well as social support, lifesaving information, and professional and other learning opportunities. *Justice for Women Amidst COVID-19* includes an analysis of global and regional gender gaps in mobile phone ownership and highlights how women and girls are systematically excluded from digital services.<sup>12</sup>
- People with disabilities are at increased risk of violence, experiencing severe illness upon contracting COVID-19, and frequently face barriers to accessing COVID-19 information and GBV services. *A Global Assessment and Case Studies on Sexual and Reproductive Health and Rights, Gender-Based Violence, and Related Rights* synthesizes findings from 20 virtual consultations worldwide (engaging 173 women, girls, and gender nonconforming individuals, and organizations

that advocate on their behalf) with 137 survey responses. The report provides both quantitative and qualitative findings indicating increased prevalence of GBV and ways in which disability can heighten preexisting risk factors.<sup>13</sup>

- Human Rights Watch submission to the United Nations Special Rapporteur on violence against women regarding COVID-19 highlights several other communities at increased risk of GBV during the pandemic, including domestic workers, older women, women who have shifted to remote work (including work from home), and women experiencing overlapping forms of discrimination particularly Black, Indigenous, people of color, and women experiencing housing precarity.<sup>14</sup>

The core principle that GBV work must be **led by women's rights organizations** has also been elevated during the pandemic. These groups, including ones led by women with diverse sexual orientation, have been meeting an urgent gap in reaching survivors, providing essential services and, more broadly, standing in solidarity with marginalized communities since the pandemic began. Funders are well positioned to support this work and promote sustainability of women's rights organizations by providing flexible, recurring funding and core support (see Implications section below). For inspiring accounts grounded in the experiences of activist organizations, see the Raising Voices infographic<sup>15</sup> and the United Nations Trust Fund to End Violence against Women report.<sup>16</sup>

**Table 1. Core resources for adhering to core principles of GBV programming**

<b>No.</b>	<b>Core resource</b> <i>Title, organization, link</i>	<b>What is it?</b> <i>Brief summary</i>	<b>Who is it for?</b> <i>Intended audience and use</i>
1	RaisingVoices. 2020. <a href="#">Series on Preventing Violence against Women during the COVID-19 Pandemic.</a>	<i>Guidance Note 2: How can activist organizations adapt?</i> focuses on how organizations can restructure their workplace and demonstrate forward-thinking leadership to create a more favorable environment for sustaining violence prevention work. <i>Guidance Note 3: How can we amplify self- and collective care?</i> explores strategies to increase care and well-being.	Brief and accessible guidance note (two to four pages) is intended for activist organizations with expertise in preventing violence against women that are exploring possibilities for safely continuing work during COVID-19.
2	Gender-Based Violence Area of Responsibility (GBV AoR). 2020. <a href="#">Staff Care and Support during the COVID-19 Crisis.</a>	Summarizes key considerations for supporting mental health and well-being of staff working on GBV prevention and response. Describes key stressors (risk factors) and promising practices that help prioritize staff safety and care.	Brief and accessible (three pages), directed at GBV staff to deepen understanding of why care and support are critical, and steps they can take. Especially useful for managers who can institute practices within their team.
3	UN Women. 2020. <a href="#">Online and ICT-Facilitated Violence against Women and Girls during COVID-19.</a>	Highlights emerging trends related to TFGBV and COVID-19, including increased incidence and far-reaching impacts, particularly for women and girls. Describes 16 strategies being used to prevent and respond to TFGBV (with links for further information) and provides explicit recommendations for governments, women’s rights organizations, other civil society organizations (CSOs), and internet intermediaries.	Brief resource (eight pages), for stakeholders seeking to increase the safety of online spaces. Particularly useful for identifying organizations already engaged in this space, including those providing services for survivors, offering awareness-raising and training activities, and promoting privacy and safety of users.





**Table 1.** *continued*

No.	Core resource <i>Title, organization, link</i>	What is it? <i>Brief summary</i>	Who is it for? <i>Intended audience and use</i>
4	United Nations Population Fund (UNFPA), Women Enabled International, UN Women. 2021. <a href="#">Checklist for Preventing and Addressing Gender-Based Violence against Women and Girls with Disabilities during the COVID-19 Pandemic.</a>	Part of a larger <a href="#">Resource Pack</a> , this Checklist provides guidance on how to prevent and respond to GBV against women, girls, and gender nonconforming people with disabilities, and how to safeguard their rights. Organized in three sections, each with a set of “key actions” for state actors and GBV providers: (1) addressing root causes and preventing violence, (2) ensuring continued access to comprehensive GBV services, and (3) preventing and addressing GBV during and in the recovery from COVID-19.	Comprehensive document (20 pages), intended to guide state officials, GBV service providers, and other stakeholders involved in the pandemic response. Users can evaluate the extent to which recommendations are being implemented for prevention, access to services, and addressing GBV during COVID-19. The full resource includes the “ <a href="#">Know Your Rights</a> ” and other “Easy Read” guides intended for people with disabilities.

## B) Adapting GBV prevention and risk-mitigation programming

In addition to rethinking how to best uphold the core principles of GBV programming, organizations engaged in prevention and risk mitigation require additional adaptations ([Core Resource 5](#)). For instance, strategies to change social norms to prevent violence rely on critical reflection about inequitable gender beliefs and practices. These efforts aim to transform how patriarchal power is held and used—sensitive work that requires personal and intensive engagement. This work can increase the demand for services as women, girls, and gender-diverse individuals experiencing violence may be more likely to share their experiences and seek help after participating in prevention activities. In addition, social change work can trigger backlash, particularly in the initial stages of change. During acute stages of the pandemic when mobility and access to survivor services are most constrained,

programs may benefit from focusing on pathways of GBV prevention least likely to provoke tension and backlash (Core Resources [6](#), [7](#), [8](#)), including:

- Building skills to enhance couple communication, mutual support, and collaboration
- Raising awareness of emerging domestic and caregiving work and encouraging shared distribution of these responsibilities
- Sharing stress-reduction techniques
- Facilitating or promoting self- and collective-care practices
- Engaging community leaders to support survivors and sustain antiviolence messaging
- Implementing targeted activities to address elevated risk factors during the pandemic
- Engaging in efforts to encourage help-seeking behaviors for survivors and those at-risk of violence

**Table 2. Core resources for adapting GBV prevention and risk-mitigation programming**

No.	Core resource <i>Title, organization, link</i>	What is it? <i>Brief summary</i>	Who is it for? <i>Intended audience and use</i>
5	USAID. 2021. <a href="#">Issues and Recommendations on Gender-Based Violence Prevention and Response in COVID-19 Programming.</a>	Excerpted from USAID gender and COVID-19 guidance, it includes sector-level considerations to strengthen GBV prevention and response activities with specific recommendations to address: GBV risk mitigation, limited access to GBV services, mental health and social support needs, economic support for survivors, and preventing sexual exploitation and abuse by aid workers.	This excerpt (two pages) is intended for USAID staff and implementing partners; highlights emerging issues and gives sector-specific recommendations.
6	United Nations Population Fund (UNFPA), United Nations Children’s Fund (UNICEF). 2020. <a href="#">Child Marriage in COVID-19 Contexts: Disruptions, Alternative Approaches and Building Programme Resilience.</a>	Developed by regional offices in Eastern and Southern Africa, it provides an overview of child marriage during COVID-19, an analysis of possible disruptions to programming, and alternatives/ potential adaptations to enable continuation of programming during COVID-19 response and recovery. Recommendations are provided for health, education, child protection sectors, and community-based programming.	This resource (12 pages) was developed to strengthen the Global Programme to End Child Marriage during COVID-19. Recommendations and content are oriented to the international community of international nongovernmental organizations (INGOs), policymakers, UN actors, and other influential stakeholders.
7	MADRE, Media Matters for Women, MenEngage Alliance, OutRight Action International, et al. 2020. <a href="#">From Global Coordination to Local Strategies: A Practical Approach to Prevent, Address, and Document Domestic Violence under COVID-19 Toolkit.</a>	Coalition of leading organizations working on intersecting gender issues analyzed successful interventions and made recommendations for preventing, addressing, and documenting GBV. Includes practical materials for engaging leaders (e.g., sample scripts), radio content, interactive social media messaging, do’s and don’ts for mobilizing community-level response to support survivors, and more.	This practical toolkit (55 pages) is designed for grassroots organizations working on the intersection of gender, violence, and COVID-19. Includes facilitation tips, sample materials, considerations for inclusivity—all can be adapted for localized efforts worldwide. The last section (recommendations for governments, UN agencies, and international organizations) addresses key stakeholders from the international community.



**Table 2.** *continued*

No.	Core resource <i>Title, organization, link</i>	What is it? <i>Brief summary</i>	Who is it for? <i>Intended audience and use</i>
8	Raising Voices. 2020. <a href="#">Community Mobilization Activities for VAW Prevention during COVID-19</a> .	These practical materials are designed to facilitate safe and appropriate community mobilization to prevent violence against women. The series includes six community conversation guides (for single or mixed-sex groups), two information sheets (promoting women’s support and safety and stress relief for men), and three posters for display in public spaces or to prompt reflective conversations. Materials have images and questions to spark reflection and discussion. Tips for facilitating and enhancing safety are also included.	These materials are designed for organizations with expertise and experience facilitating community-level violence prevention activities. Materials can be freely downloaded and used in community programming. Organizations are encouraged to translate and adapt as needed for their prevention programming.

### Box 4. Cross-Sectoral Considerations for GBV Prevention and Risk Mitigation

All sectors need to apply a gender analysis that includes a GBV risk assessment to keep women, girls, and members of other populations at higher risk of experiencing GBV safe during the pandemic. The assessment must include the identification of action steps to mitigate any potential risks that emerge. A comprehensive review of cross-sectoral considerations is beyond the scope of this how-to note; however, the following resources are a useful starting point.

- [USAID’s COVID-19-Specific Gender Analysis: Gender-Based Violence Prevention, Mitigation, and Response Guide](#)<sup>17</sup> includes key issues and recommendations to support gender-responsive COVID-19 planning and implementation across sectors: agriculture, food security, and nutrition; child protection and care; democracy, rights, and governance; economic stability, growth, and empowerment; education; environment and natural resource management; health; and water, sanitation, and hygiene.
- [IASC’s Identifying and Mitigating Gender-Based Violence Risks within the COVID-19 Response](#)<sup>18</sup> presents a summary of potential actions to support non-GBV specialist humanitarian actors to identify risks in their sectors and mitigate them.

### C) Adapting GBV response programming

Organizations that provide services for survivors of GBV, including those working in humanitarian or emergency contexts, may need to make further adaptations. All referral pathways must be reviewed and continually updated (at least once every 6 months) to ensure survivors have accurate information about what survivor-centered services are available, hours of operation, and virtual options ([Core Resource 9](#)).

For many organizations, a major decision may be to decide whether or not to shift to remote services and, if so, how to do it safely and inclusively. This shift is resource intensive, with cost implications related to information technology and online infrastructure, training, maintaining safety of staff, and ensuring data security. In many parts of the world, large gender gaps in access to digital platforms may

rule out this option completely. Organizations that are unable to offer remote services or operate in person given policy mandates face serious challenges, but can still support survivors in other ways such as through phone calls, and working with women’s networks, other rights-based groups, and faith communities ([Core Resource 10](#)).

Even in circumstances where in-person services are sustained, organizations may need to adjust protocols or provide new training to staff. For instance, different specifications are required for safety planning under lockdown situations ([Core Resources 9, 10](#)), legal empowerment groups may have to adapt to fill gaps in justice sector institutions ([Core Resource 11](#)), and services delivered in humanitarian settings will have additional dynamics to consider ([Core Resource 12](#)).

**Table 3. Core resources for adapting GBV response programming**

No.	Core resource <i>Title, organization, link</i>	What is it? <i>Brief summary</i>	Who is it for? <i>Intended audience and use</i>
9	Gender-Based Violence Information Management System, International Medical Corps, Trócaire, et al. 2021. <a href="#">COVID-19 Guidance on Remote GBV Services Focusing on Phone-based Case Management and Hotlines</a> .	Organized through the GBV Area of Responsibility (AoR) Help Desk, this resource synthesizes emerging good practices in providing remote GBV services. Includes guidance on how to establish and deliver phone-based GBV case management services and hotline services, and other critical aspects such as safety planning, updating referral pathways, documentation and data security, supervision, and staff care.	Comprehensive resource (71 pages), intended for GBV response organizations seeking to adapt to remote services to ensure survivors have safe and confidential access. This document is for organizations that want to establish phone-based case management and/or hotline services.
10	Erskine D, United Children’s Fund (UNICEF). 2020. <a href="#">Not Just Hotlines and Mobile Phones: GBV Service Provision during COVID-19</a> .	A complement to Core Resource 9, this document describes entry points for providing survivors with non-phone, low- or no-technology options including descriptions, examples, and potential challenges. Options include how survivors can use silent/nonverbal alerts to seek help.	Short, practical resource (eight pages), for GBV specialists unable to transition to online/ technology-facilitated service delivery and/or would like to explore low-technology ways to reach and support survivors.

**Table 3.** *continued*

<b>No.</b>	<b>Core resource</b> <i>Title, organization, link</i>	<b>What is it?</b> <i>Brief summary</i>	<b>Who is it for?</b> <i>Intended audience and use</i>
11	<p>The Legal Empowerment Network, Namati, and Themis-Gender, Justice and Human Rights. 2021.</p> <p><a href="#">Gender Justice during and beyond the COVID-19 Crisis: Institutional Responses to Gender-Based Violence and the Role of Legal Empowerment Groups.</a></p>	<p>Based on in-depth participatory research, this document highlights the role of grassroots legal empowerment groups in filling justice gaps, reducing violence, improving service provision, and demanding accountability during the pandemic. It documents the harmful consequences of many institutional response measures (closures of courts and enforcement of curfews) and describes how legal empowerment groups have adapted (including challenges, pivots, and innovations). Includes seven recommendations to address the emerging “justice crisis.”</p>	<p>In-depth (71 pages) resource that will interest many in the GBV field, including any organization looking learn from grassroots experiences in diverse settings; international organizations seeking to bridge global programming with local priorities and realities; and policy and government actors who can influence justice sector institutions to better serve survivors of GBV in the current (and any future) pandemic.</p>
12	<p>International Rescue Committee (IRC). n.d. <a href="#">The Essentials for Responding to Violence against Women and Girls during and after COVID-19.</a></p>	<p>Policy brief (part of a series spotlighting the realities of COVID-19 in humanitarian settings and exploring cumulative effects on people in fragile and conflict-affected contexts) that outlines tactics and adaptations to ensure continuation of services during the pandemic including “going remote;” adopting protocols to comply with public health measures that allow safe spaces to remain open; continuing GBV case management and psychosocial support (including through coordination with women-led networks); and distributing dignity kits.</p>	<p>This resource (six pages) is intended as an advocacy tool to galvanize the international community to acknowledge and address the emerging needs in humanitarian settings. Other humanitarian organizations may also benefit from adopting or adapting the protocols.</p>

## Box 5. Cross-Sectoral Considerations for GBV Response

To better support survivors during COVID-19, an area of innovation and promise that has emerged is integrating considerations across sectors and COVID-19 response policies. For example:

- **Private sector (or public-private collaborations):** Activating alarm chains in pharmacies, grocery stores, and vaccination sites. For example, in France, Italy, Spain, and parts of the United States, survivors of GBV can use the code word “mask-19” in pharmacies to discreetly indicate they require GBV-related support.<sup>19</sup>
- **Health sector:** Ensuring health care workers can provide first-line support (e.g., compassionate listening, validation of survivor experiences, inquiring about needs, or making referrals.) in the context of routine service delivery.<sup>20</sup>
- **COVID-19 response policy:** Incorporating inclusive and accessible public health messaging about GBV and COVID-19, ensuring GBV services remain open and designated as “essential,” and prioritizing GBV response within police and justice institutions.<sup>21</sup>

### D) Adapting approaches to research and learning

Programming during the COVID-19 pandemic requires grounded analysis, creative innovation, and agility. Documenting and sharing practice-based learning is essential to “learn while doing” and identify adaptations that are safe and effective, and any that may cause harm. Rapid assessments and other research methods ensure programs and policies are responding to emerging risks and priorities and helping to galvanize actions by documenting the extent to which GBV and its consequences are increasing. At the same time, the ethics and feasibility of learning and research activities are more complicated than ever. For instance, and particularly during the COVID-19 pandemic:

- Relying on service-use data to assess incidence of GBV may result in gross underestimates, which can have dangerous implications for women and other communities at increased risk ([Core Resource 13](#)). See this article describing why police statistics, call numbers to hotlines, and counts of women

accessing services in South Africa during the COVID-19 lockdown were not reliable indicators of actual violence women were experiencing, and erroneously created the impression that COVID-19 mitigation policies reduced violence against women.<sup>22</sup>

- Ensuring data security is more challenging, yet of utmost importance as mobile phones and other technology-mediated platforms have become the norm for data collection ([Core Resource 14](#)).
- Requesting participation in research and learning activities, which may be lengthy or sensitive, may not be appropriate or desirable in light of the urgent priorities and challenges many community members are experiencing. As for all studies, no data collection should move forward when the expected benefits do not clearly outweigh the risks and burden of participating in the research or learning activity ([Core Resources 13, 15](#)).



**Table 4. Select resources for adapting approaches to research and learning**

No.	Core resource <i>Title, organization, link</i>	What is it? <i>Brief summary</i>	Who is it for? <i>Intended audience and use</i>
13	<p>Namy S, Dartnall E. 2020. <a href="#">Sexual Violence Research Initiative (SVRI) Knowledge Exchange: Pivoting to Remote Research on Violence against Women during COVID-19.</a></p>	<p>Part of SVRI Knowledge Exchange series, discusses when—and how—to safely proceed with remote data collection on violence against women during COVID-19. Outlines how COVID-19 is magnifying preexisting challenges in safely and reliably collecting GBV-related data. A checklist helps to decide whether or not to ethically move forward, followed by practical steps on how to proceed with remote data collection.</p>	<p>This resource (10 pages) is designed for to a wide range of researchers and practitioners working to address violence against women and girls. May also be useful to funders and international agencies responsible for providing technical support and oversight to partner organizations.</p>
14	<p>Ziegler J, Mason P. (for Overseas Development Institute [ODI]). 2020. <a href="#">Adapting Data Collection and Utilisation to a Covid-19 Reality: Monitoring, Evaluation and Learning Approaches for Adaptive Management.</a></p>	<p>While not specific to GBV, this document provides a detailed framework for carrying out monitoring, evaluation, and learning (MEL) approaches organized by three key considerations: (1) What information do you really need right now, and what is ‘sufficient’ or ‘good enough’ to inform your decision-making? (2) Who has the information and how can you safely get it?, and (3) How do you use the information you obtain to adapt programming?</p>	<p>This briefing note (11 pages) was originally intended for Global Learning for Adaptive Management (GLAM) initiative’s program donors: USAID and UK Foreign, Commonwealth &amp; Development Office (FCDO). Funders and organizations planning to carry out MEL for GBV activities can adapt and apply this guidance.</p>
15	<p>UN Women, World Health Organization (WHO). 2020. <a href="#">Violence against Women and Girls Data Collection during COVID-19.</a></p>	<p>Summarizes the methodological, safety, and ethical difficulties of data collection, particularly in the context of physical distancing and stay-at-home measures. Provides guiding principles and recommendations to ensure adherence to research ethics despite challenges described.</p>	<p>Brief paper (five pages) is intended for organizations or individuals planning to collect data on the impact of COVID-19 on violence against women and girls. Available in Arabic, French, Russian, Turkish, Spanish, and English.</p>

## Implications

### A) What does this mean for funders?

Funders play a critical role in ensuring that organizations have the resources, creative freedom, and other support needed to adapt programming during the sustained COVID-19 crisis. As the Association for Women's Rights in Development (AWID) and other influential actors in the GBV and gender-rights sector have articulated, funders must urgently provide extra flexibility and core support, prioritize grants to communities most affected, redirect unused travel/convening budgets to support unplanned activities, and invest in online technologies for grantee partners.<sup>23</sup> More broadly, the expansion of funding is needed for self- and collective care, mental health, urgent actions, and addressing other emergent safety risks.

Several funders have taken bold steps to demonstrate their commitment to grantee partners and appreciation for the uncharted difficulties emerging for many organizations. For instance, early in the pandemic, the United Nations Trust Fund to End Violence against Women announced a five-point action plan to better support grantees that included: "acknowledge and approve delays in grantee reporting, including final and evaluation reports, exercise utmost flexibility to enable grantees to modify or delay project activities, and accept budget reallocation requests to meet core costs."<sup>24</sup>

Similarly, WomenStrong International made swift changes to their grant strategy, transitioning all grants from restricted to unrestricted, reducing reporting requirements, and announcing a 1-year extension to partners existing grant periods.<sup>25</sup> In addition to changing how grants are structured, some funders are rethinking grant eligibility. For instance, Mama Cash has committed to investing in women's movement actors, highlighting the vital role that grassroots (and frequently under-resourced) actors play to support survivors of GBV and bridge the wide gap in available services.<sup>26</sup>

### B) Recovering and rebuilding

The pandemic has laid bare massive injustices that cut across gender, race, ethnicity, sexuality, economic status, ability, age, and other social identities. GBV has surged in different communities worldwide, and we have seen stark inequalities in COVID-related deaths, access to health care, and global vaccination rates. More than 2 years into the pandemic, the focus must shift from containing the virus to more forward-thinking conversations about rebuilding in a way that promotes more equity and resilience for all. This includes better safeguarding the right to live free from violence during times of both stability and future crises.



## Annex I. Complementary USAID Resources

Available in multiple languages at: <https://www.usaid.gov/gender-and-covid-19-resources>.

- Kellum Jane, Victoria S Rames, and Rekha Mehra. 2021. *Job Aid Tool for USAID Activities: Carrying Out a COVID-Specific Gender Analysis*. Prepared by Banyan Global. Washington, D.C.: USAID. <https://www.usaid.gov/gender-and-covid-19-resources/job-aid-tool-usaid-activities>.
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The goal of the Collective Action to Reduce Gender-Based Violence (CARE-GBV) activity is to strengthen USAID's collective prevention and response, or "collective action" in gender-based violence (GBV) development programming across USAID. For more information about CARE-GBV, click [here](#).

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