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APRIL 2021

COVID-19'S ONE-YEAR MARK: WHAT WORKS FOR GBV PROGRAM ADAPTATION

Gender-Based Violence Working Group, InterAction



INTRODUCTION

It has been one year since the outbreak of the COVID-19 pandemic, and its impact on women and girls has been especially harmful. The pandemic has increased the risk of exposure to gender-based violence (GBV) and challenged service provision and program implementation. Meanwhile, GBV programming remains even more essential and life-saving.

The InterAction GBV Working Group [hosted a webinar](#) to discuss these compounding factors and reflect on the successes, challenges, and lessons learned over the past year to inform the path forward. It is expected that these insights will prompt steps to put in place necessary safeguards to avoid similarly catastrophic impacts for women and girls' exposure to GBV in the context of pandemics.

The panelists outlined clear and widespread ways the pandemic has impacted GBV programming and its devastating effects on women and girls. Their comments are summarized below.

1. Girls are suffering disproportionately compared to boys during the COVID-19 pandemic, as they have been pulled out of school at much higher rates and are less likely than boys to ever return to the classroom. Girls are also susceptible to sexual violence, forced marriage, domestic violence, and teenage pregnancy. Current and future interventions must focus on this high-risk population.
2. COVID-19 related lockdowns and movement restrictions have necessitated more localized responses to GBV, as regular providers cannot access restricted areas to reach survivors. Local organizations have had to create community-level networks, with partners in each neighborhood who can still access survivors when large groups and movements are restricted.
3. The pandemic brought organizations from all around the world into closer contact through technology to share information and resources. This has connected more remote service providers to a larger community of practice to share ideas and support. The humanitarian community must build on progress made toward improved uptake of innovative technologies and this increased connectivity.
4. Due to the combination of increased GBV risk experienced by women and girls, the risk of COVID-19 exposure to GBV responders, and movement restrictions for all, the COVID-19 pandemic required humanitarians to adapt GBV prevention and response programs. GBV experts adapted their response to ensure staff and clients' safety while maintaining programming as effectively as possible. At the same time, organizations faced changes in budgets, lack of personal protective equipment (PPE), and many other limiting factors. Many lessons—applicable to GBV prevention, response, and risk mitigation during the current pandemic, as well as for future crises—must be remembered and absorbed in future ways of working.

KEY LESSONS AND RECOMMENDATIONS

FOR ALL HUMANITARIAN ACTORS

- GBV prevention and response is life-saving and essential. Recognize this by including GBV responders as essential workers and ensuring they can access PPE and other resources necessary to maintain programming. Throughout this pandemic, GBV service providers often had to fight to be recognized as essential workers within both the humanitarian system as well as their own domestic contexts. This resulted in challenges to obtain PPE and other resources necessary to maintain ongoing programming.
- Develop strong contingency plans that include local and national actors to avoid the suspension of critical services and program closure. This requires a multi-sectoral and coordinated effort to ensure adequate funding, staffing, and strategic approaches to maintain service provision and prevention efforts throughout a crisis.
- Bolster and strengthen local, women-led organizations and networks to promote information-sharing and best practices. This can be done by providing a platform to share their work, access to technology to facilitate their work, funding their activities, etc.
- Continue to invest in both short-term emergency action and long-term initiatives to fight harmful and sexist social norms, gender inequities, and GBV.
- Disseminate resources and information about services for GBV survivors through diverse channels that are accessible to women and girls and in appropriate languages. Use social and traditional media or locally accessible information dissemination methods to spread information to remote or hard to access locations.

“A big piece that was missing pretty early and took a long time to overcome was the advocacy for frontline GBV response workers to have PPE, to have protective equipment. Even internal to our organization, this took work for us to make sure we are prioritizing social workers and people who are in direct contact with survivors as essential workers.” – Micah Williams, Global Senior Gender-Based Violence Adviser at International Medical Corps.

FOR DONORS

- Recognize that GBV prevention and response are essential, life-saving programs and must be funded as a priority from the outset of an emergency.
- Promote innovative approaches to tackling GBV, including for prevention, by allocating resources for adaptation and innovation. This should incorporate multi-sectoral strategies and be informed by iterative and ongoing context-specific analysis.

- Prioritize funding for local and national organizations—particularly those that are women-led and that work directly with communities. This is essential to ensure continuity of services.
- Earmark emergency funds to respond to GBV in emergencies. Create a plan for rapid distribution of these funds, for example, by identifying pre-designated organizations that are prepared to respond immediately.
- Continue to make funding of GBV prevention and response programs a priority. As societies continue to experience waves of COVID-19 infection, the negative impact on women and girls' long-term well-being is not yet fully understood or appreciated.

“At this point, we have to be more proactive than reactive. We have to work on prevention of GBV instead of waiting for it to happen. I recommend that we engage with the culture and try to do more behavioral change than we are doing with case management.” – Bryar Mohammed, Director of Programs at Women’s Empowerment Organization in Iraq.

FOR STATES AND MULTILATERAL POLICYMAKING FORA

- Prioritize GBV responders for distribution of PPE, ensure adequate funding to operate under restricted circumstances, and provide resources to care for staff—including psychosocial support, childcare, and information and resources to stay safe.
- Recognize GBV service providers as essential workers exempt from movement restrictions that would prevent them from reaching survivors with life-saving support.
- Ensure that sexual and reproductive health services and clinics remain open and accessible to communities. Exempt these and other safe spaces for women and girls from pandemic-related closures or restrictive policies. Allocate resources and expertise to support facilities in making necessary modifications to provide COVID-19 safe services.
- Ensure that women and girls’ increasing needs during a crisis are met with strong, quick, and effective programs that contribute to a holistic and long-term strategy to target and change current patriarchal social norms and community values that promote gender inequality.
- Abolish institutional barriers that discriminate against women and girls, including barriers that prevent girls from returning to school when a crisis ends. This will require long-term investment in girls’ education and advocacy efforts to promote women’s and girls’ empowerment.
- Strengthen institutional capacities to ensure that perpetrators of GBV are held accountable. Create awareness of the consequences for those who perpetrate acts of GBV.

“There is escalation of teenage pregnancies and marriages. With the shutdown of schools, they are confined in their homes. It is something we need to pay attention to, organizing those safe spaces for adolescent girls and continue talking about the impact of this pandemic on their lives.” - Happy Ainomugisha, Program Manager at Action for Development in Uganda.

FOR INTERNATIONAL NGOS AND U.N. AGENCIES

- Provide technical guidance and necessary financial and logistical support to ensure that in-country staff can rapidly shift and adapt programs to meet changing needs of the affected community and continue operating during crises.
- Empower local and national organizations through sharing resources and power recognizing that they are often best placed to respond in a crisis.
- Prioritize keeping open health clinics and safe spaces for women and girls to ensure continued access to reproductive healthcare, educational and empowerment opportunities, and GBV resources.
- Equip local staff and partners with PPE and other essential equipment needed to continue in-person services.
- Ensure that communication channels for the affected community function and that they have appropriate access to reporting, complaint and feedback mechanisms. Ensure that they are equipped to handle reports of sexual exploitation or abuse, and that cases are handled ethically, confidentially, and using a survivor-centered approach.
- Advocate for national and local organizations to receive funding and recognition for their essential role in preventing and responding to GBV in emergencies.
- Invest in building and strengthening local women-led community networks to support them in identifying and responding to risks and vulnerabilities within their own communities. Bolster existing positive coping mechanisms and community capacities.

FOR LOCAL AND NATIONAL NON-GOVERNMENTAL ORGANIZATIONS AND COMMUNITY PARTNERS

- Prioritize continued in-person services for the most vulnerable populations and survivors.
- Create neighborhood-level community networks and train community members to help identify those at risk and connect them to resources.
- Work with community members to disseminate important information, either by social media, WhatsApp, radio, or word of mouth.

- Integrate gender equality messaging into work at all levels of the organization, both during crises and during periods of calm.

ABOUT THE EVENT

While guidance on program GBV program adaptation within the context of COVID-19 has been developed by various global bodies, including the Global GBV Area of Responsibility (AoR) and other technical experts, ways in which to implement this guidance varies significantly according to context, program type, as well as the severity of the infection rate in a particular setting.

In recognition of these factors, the InterAction GBV Working Group held a webinar to explore the ways in which humanitarian organizations have responded to the challenges of GBV program implementation within the context of the COVID-19 pandemic.

Webinar Panelists

Facilitated by Devon Cone, Senior Advocate for Women and Girls at Refugees International

- Happy Ainomugisha, Program Manager at Action for Development in Uganda
- Bryar Mohammed, Director of Programs at Women's Empowerment Organization in Iraq
- Micah Williams, Global Senior Gender-Based Violence Adviser at International Medical Corps

During the event, the GBV Working Group sought to answer the following questions

- How has the COVID-19 pandemic impacted the implementation of GBV prevention, response, and risk mitigation approaches?
- How were programs adapted to meet these changing needs? What triggered or informed those changes?
- What worked well? What challenges remain?
- What gaps can be identified in the area of needed guidance, resources, or evidence to guide programming? What program, policy, and research recommendations emerge as a result of this discussion?