

Guidance Note on GBV Service Provision during the time of COVID-19 Turkey Cross Border GBV Sub-Cluster

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This Guidance Note aims to provide certain key points to be considered by the front-line GBV service providers for ensuring timely, dignified and safe GBV service provision in the time of COVID-19 with its heightened risks. **This document is a living one to reflect the evolving situation, and will be continuously updated based on partner's feedback and best practices shared.**

GBV Risks and COVID-19

There are reports of increases in GBV incidents in the countries most affected by the COVID-19 outbreak. For example, domestic violence organizations have observed that extended quarantine and other social distancing measures have increased the reports of domestic violence, as a result of household stress over economic and health shocks combined with forced coexistence in narrow living spaces (VAWG Helpdesk report, March 2020). There are also reports of a growing number of attacks on female healthcare workers, which have the potential to increase as health facilities struggle to provide adequate care to everyone who requires medical assistance (VAWG Helpdesk report, March 2020).

There is little documented evidence on the specific impact of epidemics on GBV in humanitarian settings; however, we know that epidemics compound with existing gender inequalities, confinement and self-isolations increases risks of gender-based violence (specifically domestic violence and intimate partner violence due to high tension in the household) and sexual exploitation and abuse. Restrictions of movements, cities in lockdown, forced quarantine measures may impede GBV survivors' access to services and significantly impact GBV survivor's individual safety plan. Schools, community centers, WGSSs and places of worship could be closed down impacting GBV survivor's ability to cope with stressful situations. There has also been documented reports of sexual harassment and abuse against women in quarantine facilities.

There is growing concern about the potentially catastrophic impact on vulnerable displaced women and girls should the virus spread in IDP sites, where population density is high; water, sanitation and hygiene provision is poor; and self-isolation is virtually impossible. The inevitable increase in fear and tensions in IDP sites increases the risk of violence against women and girls, as well as their vulnerability to sexual exploitation and abuse.

It should also be noted that life-saving care and support for GBV survivors (i.e. Clinical management of rape and mental health and psychosocial support) may be disrupted or significantly affect GBV-related services previously available in health and other sectors. Health service providers may be overburdened and preoccupied with handling COVID-19 cases (COVID-19 Outbreak and Gender: Key Advocacy Points from Asia and the Pacific).

GBV case workers might become unable to meet and assist new survivors and will need to adopt new modalities to follow-up with old cases. They may be choosing to stay at home to protect their children and family members instead of working or they might be forced to stay at home by local authorities.

If confinement restricts the work of GBV case workers this may have serious consequences for those who rely on this support (GBV WG COVID-19 and GBV guidance note, Libya, March 2020).

In NW Syria, GBV SC members noted an increase in reported and observed GBV incidents in the last month due to extended quarantine and other social distancing measures, which increase household stress combined with forced coexistence in narrow living spaces. Incidents of family and domestic violence as well as emotional abuse and deprivation of resources and services were particularly sited. A new worrying trend has emerged of pregnant women being forced to abort by their husbands who do not wish to have children now due to COVID-19 concerns. Women also shared concerns about their husbands reportedly not taking prevention and other personal hygiene measures seriously and spending much time in contact with others. Reports also indicate that due to the deteriorating economic situation and the loss or reduction of income due to “stay at home” measures, has contributed to an increase in reported incidents of intimate partner violence (both physical and emotional). This was particularly observed in camps and reception centers.

Restrictions of movements and forced quarantine measures are reportedly impeding GBV survivors’ access to services and significantly impacting GBV survivor’s individual safety plan. Schools, community centers, Women and Girl Safe Spaces were significantly scaled down affecting GBV survivor’s ability to cope with stressful situations. The discontinuation and/or altered modalities of certain services that were accessed by women (e.g. recreational and empowerment activities) and the overall precautions linked to COVID-19 measures have also made it more difficult for women and girls to disclose incidents and seek GBV services. GBV services provided in health facilities were also reportedly impacted due to the general reduction of services provided in health facilities as precautionary measures against COVID-19.

Key Points of Consideration

GBV services are essential and their continuation should be ensured in COVID-19 preparedness and response planning and operation. These include case management, individual structure psychosocial support (PSS), distribution of dignity kits/IEC materials and referrals. Whereas the Protection Cluster Recommendations on the Criticality of Protection Activities in Relation to the COVID-19 situation provides ground for key protection activities to prioritize, this guidance note builds on that and focuses on key points of consideration for GBV programming as follows:

Remote Programming/Service Provision:

- **Dignity kit distributions to include dissemination of COVID-19 IEC materials.** Distributions of dignity kits should follow the [NFI distribution guidelines](#) developed by the Shelter/NFI cluster.
- **Localizing commodity and IEC production** (e.g. engaging women and girls in making non medical masks and other COVID prevention IEC materials)
- **Position [IEC materials related to GBV prevention and services](#)** at COVID-19 screening desks (e.g. triage tents). Incorporate GBV trained staff into these screening areas

- When possible, **assist women and girls through IPA service** to be able to address their basic needs
- Promote **integration of GBV risk mitigation actions** (as outlined in the Inter-Agency Standing Committee GBV Guidelines) in the interventions related to COVID-19 implemented by other clusters.
- WGSS/Community Centers: Set up **handwashing stations** (soap and hand sanitizer if available). Any activities at WGSS should **limit the number of participants** to avoid overcrowding. Include **dissemination of COVID-19 IEC materials during the GBV awareness raising sessions**
- Continue to **regularly update your services** and status of your GBV programming through 4Ws and online service mapping and reflect any changes in service operation hours or access points
- All **funding proposals should contain comprehensive gender analyses and protection mainstreaming provisions**

Capacity building & staff wellbeing

- Conduct **remote trainings for staff on Psychological First Aid (PFA) and GBV referrals**
- **First responders must be trained on how to handle disclosures of GBV and referral pathways.** Health workers who are part of an outbreak response must have basic skills to respond to disclosures of GBV that could be associated with or exacerbated by the epidemic, in a compassionate and non-judgmental manner and know to whom they can make referrals for further care
- **GBV case workers must be trained by health providers** to communicate correct messaging about how to prevent and respond to the COVID-19 in ways they can understand
- Increase availability of **remote, staff well-being services.**

Duty of Care: Respect the decisions of **female case workers to choose to work from home** or part time to look after children and older family members.

GBV Case management

Case management remains a critical service that is possible to continue in most cases as long as sufficient modification and adaptations are made to uphold public health guidelines. Decisions about whether to continue static, face-to-face case management services, scale down, or dramatically change in favor of other modalities such as remote case management, will depend on a number of factors including **the strategy of national response to the coronavirus, i.e. containment, delay or mitigation.** Each carry various levels of risks and restrictions which make some modes of service delivery more possible than others.

- **Containment (current stage in northwest Syria):** There is minimal disruption to public life, and the focus is on early detection, isolation and care of people infected with the virus. Face-to-face case management can continue under this strategy, provided there is strict adherence to infection, prevention and control protocols.

- **Delay:** There is significant disruption to public life and people are called to self-isolate and introduce social distancing strategies, such as asking people to work from home and closing recreational and leisure facilities. Face-to-face case management may only be possible in clinical facilities. Please see list of [GBV case management services embedded in health facilities](#). If referrals to these static services are not possible or approved by the survivor, primarily rely on remote case management services with limited or no face-to-face services outside of healthcare settings.

- **Mitigation (current stage in countries like China and Italy):** Aggressive strategies are deployed seeking to stem widespread infection, which can include severe restrictions on freedom of movement. Maintaining face-to-face support is likely to be impossible, so GBV service providers can switch entirely to remote service modalities through safe and secure forms of telecommunications, e.g. prepaid mobile phones. Individual Protection Assistance and Cash assistance could be used here to ensure survivors are equipped with phone and internet as needed. Prepare for possible closure (temporary or long-term) of physical locations of the WGSS/community centers in line with the GBV SC Guidance note on ethical closure of GBV programming.

Key considerations for case management to be taken at this stage (containment stage):

- Begin safety planning with current clients for situations of quarantine, lockdown, or “shelter-in-place. This should follow the individual [safety plan checklist](#) developed by the GBV SC.
- Ensure continued safe storage of sensitive documentation. Ensure your organization has developed and implemented data protection protocols with paper and electronic file evaluation provisions.
- Strengthen capacity and confidence to provide remote supervision and/or support.
- Ensure GBV case workers integrated COVID-19 prevention and response key messages during case management action plan discussions with survivors (In-person or remotely).
- Develop quick and clear new case management protocols with staff. If you move to remote support, how will it work?

Best experiences and practices in implementing GBV programs in time of COVID-19

Case Management

- Continuing to work with individual cases, especially critical cases, and follow up with cases physically or remotely as needed during this stage of the response

- Cash in the framework of case management and individual protection assistance continues without causing any gathering and ensuring in advance coordination with local councils and camp management
- Developing safety plans with the survivor in addition to preparation of personal safety bag for the survivor (medicines, – flashlight, identification documents - money or any tools the survivor might need in case of an emergency).
- Regularly updating the service mapping, whether for internal services or external services by other organizations and sectors
- Making sure to continue working with survivors according to the ethical closure matrix
- If possible, activating the hotline service for case management and specialist psychological support as well as share information and updates, including basic messages, to mitigate the effects of GBV in the time of COVID-19

Awareness Raising Sessions:

Internal Awareness Raising

Medical facilities

- Availability of standard Infection Prevention and Control (IPC) materials for the teams and beneficiaries
- Continuing awareness raising sessions within the medical facility, as all beneficiaries are examined before entering the facility, in addition to following Infection Prevention and Control (IPC) procedures, Social/physical distancing measures and reducing the number of participants to 5
- Ensuring the availability of services, updating them periodically, and sharing information with the beneficiaries, with an emphasis on printing posters and wrapping it, and ensuring the content is explained by the outreach team
- Continuing awareness raising sessions and vocational training activities that do not need physical contact between the team and the beneficiaries, taking into account the IPC measures and limiting the number of participants to 5-7 depending on the size of the space where the activity is taking place

Safe Spaces:

- Providing IPC materials, water, soap, or sterilizers for visitors and teams
- Establishing triage at the entrance to each protection center as a preventive measure (examination is conducted on a daily basis for both team members and beneficiaries by trained staff)
- Printing awareness raising posters and wrapping them whether those used to raise awareness on GBV or COVID-19 and avoiding distribution of printed IEC materials to reduce the risk of transmission, following recommendations from the World Health Organization
- Usage of workplace illustrations that contain information about hygiene, sterilization and infection prevention measures
- Stopping any provision of hospitality or any material to the beneficiaries during the sessions to reduce the possibility of transmission

External Awareness Raising:

- Canceling all group sessions
- Delivering awareness raising messages through home visits, and conducting sessions with social/physical distancing measures in place
- Preventing the use of any tools or materials between participants and service providers
- Using banners by mobile teams in their field visits instead of distributing printed IEC materials.
- Adjusting the project budget to include sterilizers and personal protection equipment, and planning to distribute protection equipment to beneficiaries through external teams accompanied by community outreach workers through tours and home visits, in addition to informing beneficiaries about the services available in the safe space

Empowerment Programs:

- Continuing life Skills and vocational trainings and using social media whenever possible to communicate with beneficiaries (e.g. send key messages and explanatory videos about activities). Allowing a small and specific number of beneficiaries (3-4 people in each course) to visit the center in sequence to practice different skill sets (e.g., facemask sewing, English courses).

Dignity and Personal Hygiene Kits Distribution:

- Continuing to distribute kits without causing any gatherings and in coordination with the relevant stakeholders in the community
- Distribution of dignity kits will include all female beneficiaries, whether new or old IDPs, in addition to the host community
- Using banners and providing verbal awareness raising messages about COVID-19 during distributions

Capacity building and training activities:

- Continuing to provide the necessary trainings in person while applying these [recommended precautions](#)
- Reducing the number of trainees to the minimum number necessary
- Postponing unnecessary exercises or convert them into online sessions

Mental health of GBV Staff:

- Prioritizing employee safety and well-being
- Increasing the availability of remote employee well-being services, especially those who provide direct services to GBV survivors
- Ensuring continued regular supervision of the centers' staff, in addition to caring for female staff who carry out care responsibilities for children and older family members

The training required for the teams:

- Conducting training sessions for non-medical staff on COVID-19 and ways to prevent it and prevent infection while including a session on the basic messages of GBV in the time of COVID-19
- Training health workers on how to respond to disclosures of GBV and how to make referrals for further care

Table: Key Messages on GBV and Inclusion in Time of COVID-19

Target audience	Main message	KEY MESSAGE
Everyone	GBV	1. During times of crisis similar to the COVID situation some families use negative coping mechanisms or other harmful practices. Protect every member of your family by saying no to these harmful practices. Don't feel ashamed to ask for help
Women and Girls	GBV	1. If you feel unsafe in or around your home or in the environment around you, you can seek support from specialized service providers using their known contact information 2. Make sure you have an emergency safety plan in case you faced domestic violence or you're at risk of it.
Men and boys	GBV	1. Pressure and current situation are not an excuse for violence or use of violence. 2. Staying at home because of COVID-19 may cause tension among couples. You may feel caged at home. In case of any disagreement, take a break (pray, listen to music or do any other activity) to avoid it turns into a fight.

		3. With the COVID-19 measures, your wives, daughters, sisters and mothers might have more domestic duties: let's help them. It's not a shame.
Humanitarian Workers	GBV	1. If you received a disclosure of a GBV incident in this time, it's very important that you should be a source of information and make sure to refer the survivor to a suitable place where she can be supported.
Everyone	MHPSS	1. If you must stay at home, maintain a healthy lifestyle. 2. Taking care of yourself is part of caring for your family and others
Everyone	PSEA	1. Remember that support and assistance are free. No one should ever ask for money, favors, or sex in exchange for assistance. You have the right to report anyone who attempts to exploit or abuse you through the complaint numbers.
Everyone	Inclusion	1. Persons with disabilities and older persons have equal rights to safety and freedom from exploitation and abuse. Persons with disabilities and older persons should be supported to report any form of abuse or other violation of their rights.
Caregivers	Inclusion	1. During COVID-19, caregivers of persons with disabilities and others, may feel an increase in responsibilities and subsequent stress. It's normal to feel overwhelmed and anxious during this time. Don't hesitate to seek help and support from your family members and social network when needed
PwD & Older People	Inclusion	1. If you must stay home, maintain a healthy lifestyle, which includes ensuring that if you have an underlying health condition or reduced functional independence, that you engage with as many of your regular activities as possible. A healthy lifestyle includes a wholesome diet, sufficient sleep, exercise, spiritual practices (if any), and contact with loved ones at home. Keep in touch with family and friends through email, phone calls and other forms of communication. 2. It is particularly important to maintain functional independence and engage in as many activities each day as possible.