



Priority Actions

For Gender-Based Violence Sub-clusters and Working Groups during the COVID – 19 Pandemic

The following Guidance was developed by members of the Regional Gender-Based Violence Working Group (GBV WG) for East and Southern Africa. It is important during these complex times to continue to assess the GBV risks and concerns of women and girls and monitor the availability of GBV prevention and response services. Members of GBV Sub-clusters and Working Groups should prioritize the following interventions.



A. Availability of services/activities

- ✓ **Update referral pathways** – Call the service providers on the referral pathway; confirm whether they are still providing quality essential services *in-person, remotely* or if they have *suspended* services; confirm whether service providers have the necessary personal protection equipment and feel safe doing their jobs; update the referral pathways based on the information received; disseminate the updated referral pathway widely to communities, PSEA networks, other clusters etc. through multiple mediums such as sms, email, and radio. If a life-saving service has been “suspended,” ask the provider what support is needed to maintain it (e.g. closure of a residential shelter due to lack of personal protection equipment) and/or if they have explored alternative methods of delivery.
- ✓ **Agree on GBV essential services** – Members need to agree on essential services (e.g. safe houses, MHPSS, health, issuance of legally-binding orders of protection etc.); advocate with Governments to ensure those service points are not shut down and that GBV essential services are included in all national emergency response plans; ensure that service availability is contingent on all providers having access to personal protection equipment.
- ✓ **Revise the 3 or 4 W’s matrix** – Reach out to members of the Sub-cluster/Working Group to determine who is still doing what and where; make certain that partners consider if the benefits of an activity (e.g. community awareness raising) outweigh the potential risks of COVID – 19 transmission and that providers are able to meet WHO’s recommended safety precautions; ensure that activities are aligned with Government directives around COVID - 19; write up a simple analysis of the information received and send to members so that they have an overview.



B. Remotely assess the evolving GBV risks of women and girls

- ✓ **Ensure that ethical and safety standards are adhered to during remote collection of GBV data**
- ✓ **Share existing data on needs and vulnerabilities** – Ask members or partner organizations to share recently collected protection/GBV-related COVID - 19 data; analyze trends across geographic locations; detect gaps in knowledge (identify other ways to collect important information).
- ✓ **Analyze hotline/helpline/GBV IMS data** - Review pre-crisis call data and compare it to data collected in the last 4-6 weeks.
- ✓ **Remotely conduct key informant interviews** – Contact key stakeholders at national and community level, such as health care personnel, women’s group leaders, child welfare committee members, government social workers and camp managers to verify information and fill-in the identified gaps; ask questions related to emerging risks and trends, do not ask for information about specific incidences of violence.
- ✓ **Compile consolidated briefing notes** – Assess trends from multiple data sources (e.g. hotlines, KII, member child protection colleagues etc.) before and throughout the pandemic; compile into short, concise briefs for external dissemination (humanitarian country teams, donors, OCHA etc.) to inform advocacy and revision of GBV prevention and response programming.

