Gender Based Violence (GBV) & Covid-19 Guidance Note

During times of crisis, such as in the case of Covid-19, women, girls and other at-risk groups face an increased risk of Gender Based Violence (GBV). Movement restrictions and other safety precautions put in place in order to prevent the spread of the pandemic have increased risks of Domestic Violence (DV) and Intimate Partner Violence (IPV) in particular. As a result, the need for specialised GBV services as well as risk mitigation across programming is increasingly important, although the ability to carry out these types of interventions is significantly more challenging. This guidance has been prepared for CARE staff to adapt existing GBV prevention, response and risk mitigation programming, as well as internal and external messaging.

PRIORITISE	Sharing of referrals to DV, IPV and other GBV support services; Advocacy for DV, IPV and other GBV services as essential, life-saving interventions; Use of guidance on case management and remote GBV assessments and service delivery during COVID 19; Integration of GBV risk mitigation measures across all sectors' programming.
ADAPT	Existing GBV specialised and risk mitigation programming to the realities of lockdown and movement restrictions; Ensure that any ongoing interventions are in line with existing standards and a "Do No Harm" approach; Include a Covid-19 and GBV perspective in all programming.
MAINTAIN	GBV specialist staffing; SRHR programming including clinical and psychosocial services; Support systems for staff affected by GBV; Community outreach [even remotely] regarding available GBV services and referrals; Partnerships with GBV actors and service providers; use of social norms and Engaging Men and Boys (EMB) approaches.

1. **Sharing of referrals to DV, IPV and other GBV support services:**
   a. Provide, and/or recommend that others provide, national and local level contact details of hotlines and services (online and/or in-person) for survivors of Domestic Violence, IPV and other forms of GBV. This should include information on how survivors may access alternative safe spaces in times of social isolation. This includes adapted information for children and for specific at-risk groups[1]. Connect with local women's rights organisations/groups for relevant referral information.

2. **Advocate for DV, IPV and other GBV services as essential and life-saving as part of the Covid-19 response:**
   a. Advocate with local authorities for safe ways for women to seek support without alerting their abusers. This could include setting up emergency warning systems in pharmacies and grocery stores and declaring shelters for GBV survivors as essential.
   b. Remind aid actors (including Humanitarian Country Teams where they are operational) that GBV is included in the Central Emergency Response Fund Life-Saving Criteria so that funding decisions prioritise GBV service delivery; ensure senior decision-makers within CARE prioritise life-saving GBV interventions and mitigation measures in funding proposals**.**

3. **In cases where specialised GBV services exist, determine whether and how essential GBV services can be continued, and how other activities can be adapted, including the use of remote means:**

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[1] Such as people with disabilities, LGBTIQ people, refugees and migrants, ethnic minorities, people living with HIV, sex workers, domestic workers, and many others.

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    a. Where GBV specialised staff are in place, allocate budgetary resources for GBV-specific programming.

    b. Increase investment in online services, civil society organisations, including women's rights organisations working at the frontline of prevention, response and mitigation of GBV.

4. **Ensure essential services for Sexual, Reproductive Health and Rights (SRHR):**

    a. During social isolation women and girls not only face increased risks of violence, but also face a lack of access to family planning and other essential SRHR services so there is a critical need to continue these services where CARE has existing SRHR programming or regularly provide updated information on available healthcare options, including the clinical management of rape and psychosocial services.

5. **Recognise that reduced mobility and increased income insecurity resulting from measures to contain Covid-19 may increase the likelihood of GBV** and risky coping mechanisms such as child marriage and transactional sex:

    a. Link to existing formal and informal safety net support systems and volunteer networks where available, particularly for low income, domestic workers and daily wage earners for example.

    b. Ensure that response strategies and remote community outreach communication consider ways to address patriarchal social norms (e.g. sharing household work and child care); engage men and boys to mitigate violence; mitigate risks of sexual exploitation and abuse, child marriage, transactional sex; and provide information on available support or resources.

6. **Across all sectors, ensure that GBV risk mitigation is incorporated into programming, as follows:**

    a. Consult the global (and forthcoming Regional and Country Office) RGA findings and Gender Implications of the Covid-19 response to determine relevant activities that have the potential to mitigate the risks of GBV.

    b. Consult the Guidance for GBV Monitoring and Mitigation within Non-GBV Focused Sectoral Programming for suggested indicators to monitor.

    c. Consider using remote modalities to continue to engage community members and partner organisations in GBV risk identification and program planning.

    d. Encourage staff and partners to participate in remote GBV training sessions and to access online resources on GBV prevention, response and mitigation measures.