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# ISSUES AND RECOMMENDATIONS ON GENDER-BASED VIOLENCE PREVENTION AND RESPONSE IN COVID-19 PROGRAMMING<sup>1</sup>

Globally, gender-based violence (GBV) has increased during the COVID-19 pandemic, following the same pattern as previous pandemics. COVID-19 and past pandemics have led to increases in intimate partner violence (physical, verbal, economic, and psychological); digital harm, including online and offline sexual harassment and gender-based bullying and abuse; sexual exploitation and abuse, especially among women and girls; trafficking for commercial exploitation, especially of girls through online means; child, early, and forced marriage (CEFM) to mitigate the loss of family income; abuse and mistreatment of persons with disabilities and lesbian, gay, bisexual, transgender, queer/questioning, and intersex (LGBTQI+) persons; female genital mutilation/cutting (FGM/C); attacks against female health workers; and trafficking in persons. Several factors have triggered the increase during the current pandemic: curtailed movement from home because of stay-at-home measures and/or social isolation, increased use

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<sup>1</sup> Disclaimer: If you are not a GBV specialist, please consult with local GBV practitioners on survivor centered approaches to prevention and response, and familiarize yourself with local GBV referral pathways to ensure safe and appropriate referrals can be made in the proposed activity.

of the Internet, reduced access to support networks, and financial stress. Some reported GBV incidence data indicate decreases in GBV, which are likely due to underreporting.

This document is excerpted from USAID’s comprehensive gender and COVID-19 guidance, and presents considerations and recommendations related to gender-based violence (GBV) prevention and response (including sexual exploitation and abuse ([SEA]), that are relevant across sectors. Each sector-level recommendation includes additional tags to cross reference other relevant sectors.

**GBV risk mitigation measures at the activity level.** Evidence from previous pandemics, such as the Ebola virus, highlights that not putting in place GBV risk mitigation across sectors and activities may unintentionally create a risk of GBV. Not integrating support—such as measures to address economic and emotional stressors at the household level; to ensure the equal participation in distance learning and safe return to learning for girls; and to provide safe access to water, sanitation, and hygiene—could enhance these risks. **Recommendations:** (1) Implement rapid assessments to identify context-specific GBV vulnerabilities during the COVID-19 pandemic and devise relevant strategies to mitigate and respond to those risks. (2) Include GBV prevention messaging in national or sub-national Risk Communication and Community Engagement (RCCE) strategies and action plans. (3) Implement targeted prevention programming that addresses triggers contributing to increases in GBV during the pandemic (e.g., economic support to families, respite care for childcare, counseling for women and men). (4) Make available safe and confidential in-person and remote GBV health, case management, social support response services. (5) Provide spaces for and engage men and boys in social and behavior change activities across sectors to promote healthy masculinities, more gender equitable relationships, and shared caregiving roles. (6) Fund action-oriented research on “what works” to prevent and respond to GBV in the context of COVID-19 and pandemics in general. **Related Sectors:** Agriculture, Food Security, and Nutrition (AFN); Child Protection; Democracy, Rights, and Governance (DRG); Economic Growth; Education; Environment and Natural Resources Management and Use (ENRM); Water, Sanitation, and Hygiene (WASH)

**Limited access to GBV response services.** COVID-19 stay-at-home measures and quarantines have forced some GBV survivors to remain confined with abusers and perpetrators, limiting their ability to access legal, health, and other frontline GBV services and informal support networks. Health services for GBV survivors have also diminished in some contexts due to the diversion of health care supplies and facilities from GBV and sexual and reproductive health care services to the COVID-19 response. GBV service providers face mobility challenges related to the lockdown measures in addition to resource constraints that limit their ability to meet the growing needs of GBV survivors.

**Recommendations:** (1) Allocate financial, planning, and human resources to GBV service providers to ensure availability of culturally appropriate GBV services that are operational during the pandemic response and remain accessible even during physical distancing. (2) Strengthen the capacity of existing GBV service providers to adapt case-management protocols, incorporate remote services, and ensure continued support for survivors, even during physical distancing. (3) Integrate GBV prevention and response into health systems’ response to COVID-19 (e.g., specialized training to health care workers, including how to respond compassionately and appropriately to disclosures of violence, and updated GBV referral pathways so that primary and secondary health care facilities can play more of a role in providing clinical management and refer cases to tertiary hospitals only when a more specialized level of care is needed). (4) Provide USAID staff and partners working in all sectors with training on how to respond appropriately to disclosures of GBV in the context of COVID-19, including how and to whom to make referrals for further care, as well as whom they can bring into treatment centers to provide care on the spot—if survivors should want to take this course of action. **Related Sectors:** AFN, Child Protection, DRG, Economic Growth, Education, ENRM, Health, WASH

**Mental health and psychosocial support (MHPSS) needs of GBV survivors.** GBV takes a significant toll on survivors' mental health and psychosocial well-being. However, access to MHPSS resources, in general, has been limited during the COVID-19 pandemic due to increased demand, reduced budgets before the pandemic, and reduction in MHPSS services as resources have been diverted to the COVID-19 response. Stay-at-home measures and women's lack of childcare may also limit GBV survivors' access to MHPSS services. **Recommendations:** (1) Update GBV referral pathways to include available MHPSS services for GBV survivors. (2) Increase the availability of virtual or localized MPHSS services, including phone, online, or remote ones. (3) Localize existing MPHSS services by establishing community focal points and working with existing networks to provide services. (4) Encourage informal (virtual) social support networks. **Related Sectors:** DRG, Health

**Economic support for women and GBV survivors.** Women who have to miss work, do not have sick leave, become infected with COVID-19, or become unemployed due to closure of a job site may not be able to leave an abusive partner. At the same time, women, including GBV survivors, who receive targeted economic support may experience increases in violence. **Recommendations:** (1) Adapt livelihood activities to identify and mitigate challenges (such as increased violence) that female beneficiaries, including GBV survivors, might experience as a result of receiving economic relief and support (including cash transfers). (2) Expand and reinforce economic safety nets for women and men. (3) Expand shelter and temporary housing for GBV survivors. (4) Provide targeted economic support (such as shelter, danger pay, and sick leave), along with case-management services, to GBV survivors, so they can safely leave abusive partners should they wish to do so. **Related Sectors:** DRG, Economic Growth

**Sexual exploitation and abuse (SEA) of affected communities by aid workers during COVID-19.** SEA is a form of GBV for which all aid workers are accountable. It is likely present in every aid context. SEA can have serious emotional and physical health implications for those affected, particularly if it occurs alongside other traumatic events, such as losing a loved one to the virus or experiencing food or economic insecurity. At the same time, the impact of SEA goes beyond individuals, causing collective harm and trauma to entire communities and requiring large amounts of community resources to care for the survivors. **Recommendations:** (1) Prioritize SEA prevention through ongoing efforts targeting USAID and its partners that tackle structural gender inequalities, patriarchy, and power imbalances while at the same time explicitly communicating to USAID partners and program participants that the Agency will not tolerate SEA. (2) Ensure that safeguarding practices to prevent, report, and respond to SEA are contextualized and responsive to the heightened vulnerability in the context of COVID-19 and specific contexts. (3) Develop culturally appropriate, context-sensitive, and survivor-centered approaches to prevent, mitigate, and respond to SEA allegations by focusing on needs, rights, insights, and wishes of survivors, families, loved ones, and communities. (4) Place community members' knowledge and needs at the center of planning and implementation of measures to prevent and respond to SEA. **Related Sectors:** AFN, Child Protection, DRG, Economic Growth, Education, ENRM, Health, WASH