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SGBV

# Survey Impact of Covid-19 on GBV Programming

January 2021

## Introduction

The COVID-19 outbreak increased the risk of sexual and gender-based violence (SGBV) around the world. This trend was even more evident in countries where strict lockdowns have been put in place to prevent the spread of the virus such as Lebanon<sup>1</sup>. **Women and girls' sense of safety was highly affected by COVID-19 in Lebanon.** Half of the interviewees in a survey conducted in May 2020 by the SGBV TF stated that they had been feeling less safe since the outbreak of COVID-19 in their communities and homes<sup>2</sup>.

**The pandemic not only had increased the risk of GBV but also had an impact on the implementation of GBV programming** in the country. For this reason, in December 2021, the SGBV Task Force launched a survey among its members to collect information on their perceptions about the impact of COVID-19 on GBV prevention and response activities in Lebanon.

The objective of the survey was to reflect on the impact of COVID-19 on GBV programming in 2020 and inform the sector programming in 2021 to reduce the negative effects of the current pandemic on the quality of GBV programming.

## Main Findings

- The areas of GBV programming most affected by the COVID-19 pandemic were GBV community outreach, women and girl's safe spaces activities and case management.
- Despite the challenges faced by SGBV actors, 84% of the respondents in the survey confirmed that their organizations were able to provide support to urgent and **high-risk cases**.
- The number of people reached with SGBV services was affected by the pandemics: 50% of the respondents stated that their organization **was not able to reach the same number of people** in need reached in 2019 (with the comparable level of resources and funding).
- The specialized services that were more challenging to be accessed for survivors in 2020 were **safe houses, legal assistance, and clinical management of rape**. For their nature, some specialized services such as health and legal services are often provided only in person and because of the lockdowns, women and girls have faced more challenges than usual in accessing those services.
- The COVID-19 pandemic also impacted **the way SGBV actors monitor their programs** because of the limitations imposed to field visits and direct supervision of staff.
- 44% of the participants in the survey confirmed that they would continue some activities in remote modality even when the situation will improve, in particular, awareness raising and capacity building activities.
- Despite the difficulties to access remote activities, GBV actors were able to reach some groups that usually are more difficult to reach, **including people with disabilities**.

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<sup>1</sup> In the first quarter GBVIMS report,<sup>2</sup> Lebanon indicated a 4% increase of intimate partner violence compared to the same time period in 2019 and an 8% decrease in reporting in March 2020 compared to January 2020.

<sup>2</sup> Impact of COVID-19 on the SGBV Situation in Lebanon, SGBV TF, May 2020



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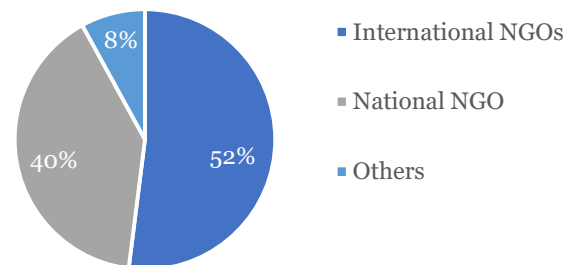
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- The pandemic also influenced front liners' wellbeing because of the limitations of capacity building opportunities, self-care options and direct coaching and supervision.

## Methodology and Profile of the Respondents

The survey was developed by the SGBV Task Force team in December based on a consultation within the SGBV actors. It was launched as an online survey among the members of the sector working group. It was anonymous. **51 members** of the SGBV TF participated in the survey (52% international NGOs, 40% national NGOs and 8% other institutions including Community based organizations, government institutions and academia). The respondents were mostly program coordinators (48%), GBV or protection specialists (32%) and case workers (10%).

Respondents' Organizations Profile



## Key Recommendations

- 1) Continue to advocate to ensure in-person support and services to **high-risk cases** even during lockdowns.
- 2) Collect and share lessons learnt on online/remote activities including outreach, case management and safe spaces programming.
- 3) **Develop guidelines to promote online safety** and initiatives to mitigate GBV risk while on-line for women and girls and marginalized groups.
- 4) Further research the **challenges to access remote activities** for women, girls and marginalized groups and develop a plan to further improve inclusiveness of remote activities.
- 5) Collect and disseminate experiences and good practices on **staff wellbeing** during periods of lockdown and restriction of movements and increase access to psychosocial support and self-care sessions for case workers and other frontline workers.
- 6) Review the **SGBV M&E Toolkit** to include recommendations on monitoring the quality of remote activities and support the collection of beneficiaries' feedbacks in remote modality.

### A) Areas of GBV programming and GBV services most affected by the COVID-19 pandemic

The areas of GBV programming most affected by the COVID-19 were **community outreach** and engagement around GBV risk mitigation and prevention, **women's and girls' safe spaces activities** and **case management**. The different lockdowns with restrictions of movement and the precautionary measures to reduce exposure to Covid-19 have impacted the ability of SGBV



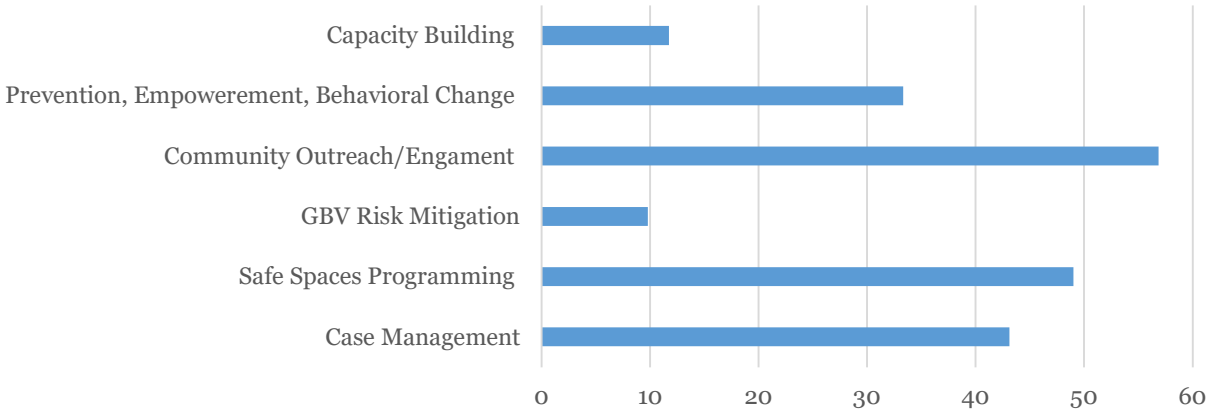
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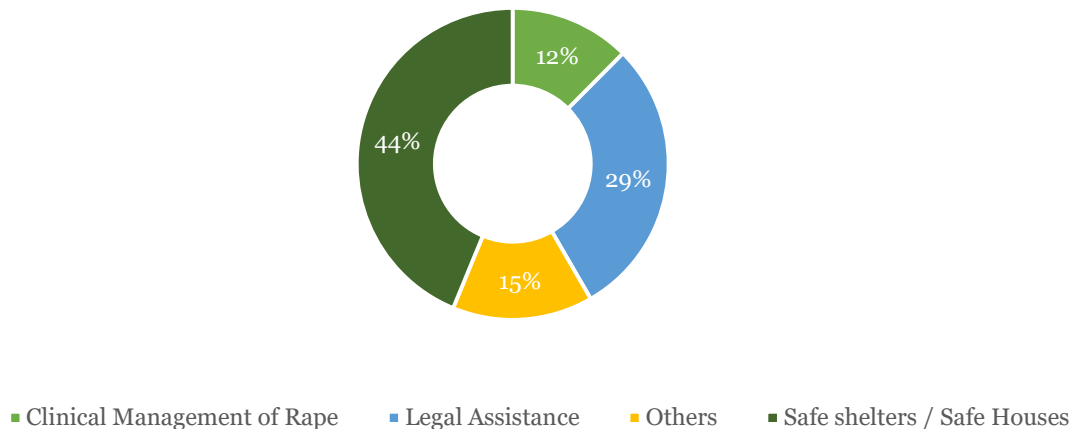
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partners to reach community members in person both for community outreach activities and within safe spaces that have been closed or limited in their capacity during the lockdowns. In respect to the safe spaces, one of the facts that also limited their operations was the difficulties to ensure safe transport options to the spaces while maintaining social distancing.

### Areas of GBV Programming Most Affected by COVID-19



### GBV services most challenging to be accessed



## B. People reached and categories most affected by the remote modality of service delivery

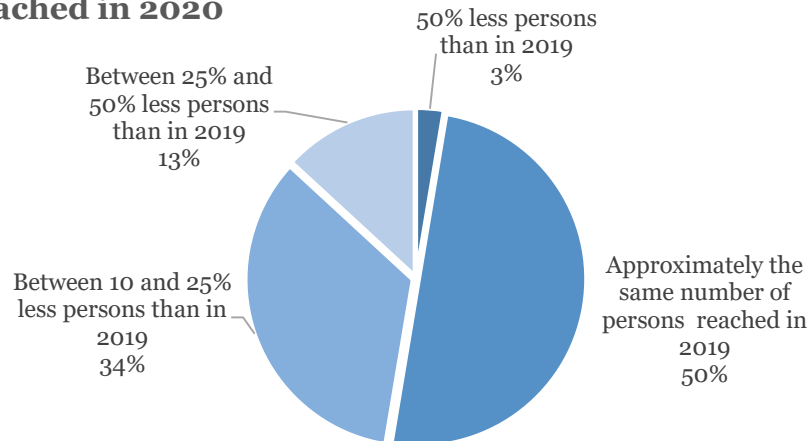
The pandemic also had an impact on the capacity of SGBV partners to reach people in need of prevention and response services. While 50% of the respondents confirmed that their organizations, with comparable funding and resources, were able to reach approximately the same level of beneficiaries in 2020 (compared to 2019), 34% stated that were able to reach 10-



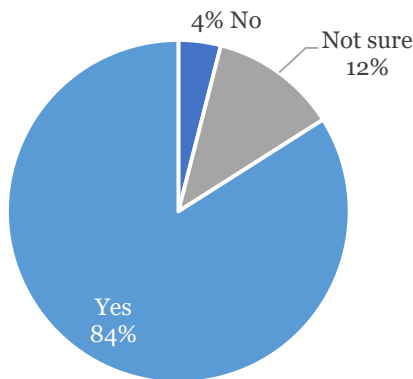
25% less people in need and 13% stated that they were able to reach between 25-50% less people in need than in 2019.

Nevertheless, **84% of the respondents confirmed that they were able to respond to the immediate needs of high risk, urgent cases.**

### People reached in 2020



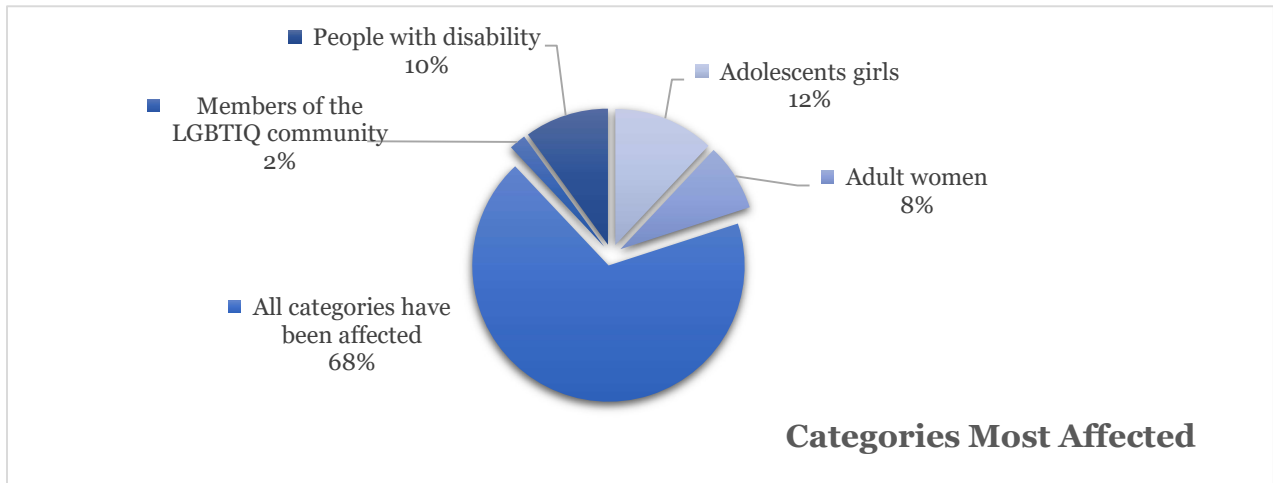
### Capacity to Maintain Services for High Risk Cases



68% of the respondents in the survey stated that all categories of beneficiaries have been affected somehow affected by the shift to the remote modality. 12% of the respondents stated that **adolescent girls** have been the most affected, while 10% mentioned **people with disability**. Participants in the survey also mentioned that **illiterate people, women and girls extremely poor and facing very hard socio-economic conditions, survivors of intimate partner violence** obliged to live with their perpetrators during lockdown periods were also affected by the shift to the remote modality.

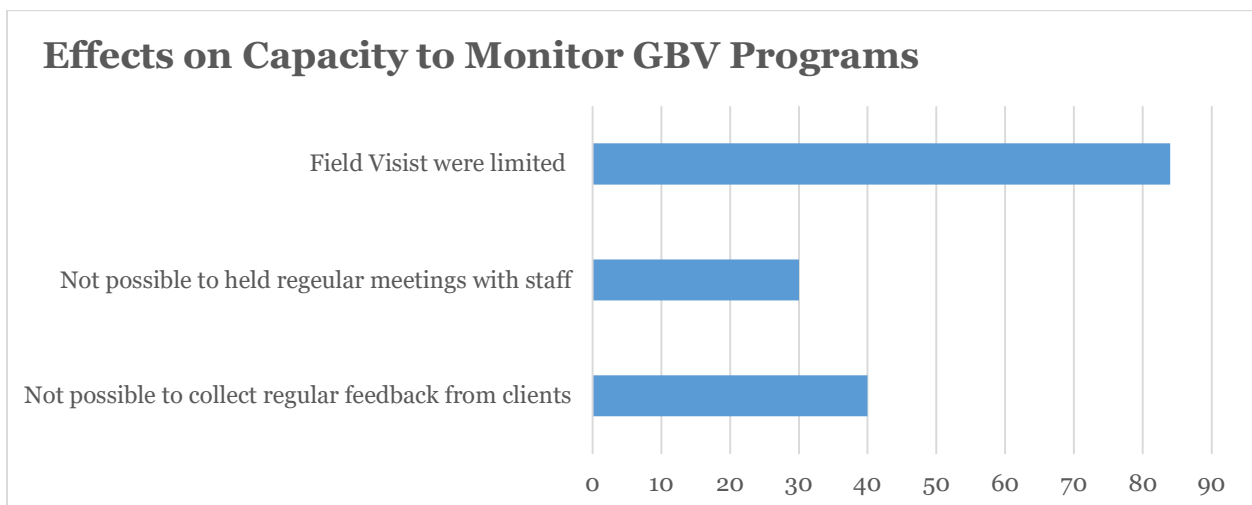


With SGBV response services relying more heavily on mobile and online platforms, **technology gender gaps**, limited access to communication devices and internet as well as lack of privacy were listed as the main reasons behind the challenges in accessing remote services.



### C. Effects of Covid-19 on GBV Monitoring, GBV Data Management and Staff Wellbeing

Ensuring a quality and systematic monitoring and evaluation of SGBV activities was challenging for SGBV actors in 2020. With the movement restrictions in place and the need to abide to precautionary measures, SGBV actors faced major limitations in the possibility to perform **regular field monitoring visits**. It was difficult to **systematically collect feedback** on the quality of the services and interventions from the affected populations. Despite the challenges, some SGBV actors have worked to establish new tools to ensure effective program monitoring of remote activities that would be further developed in 2021.



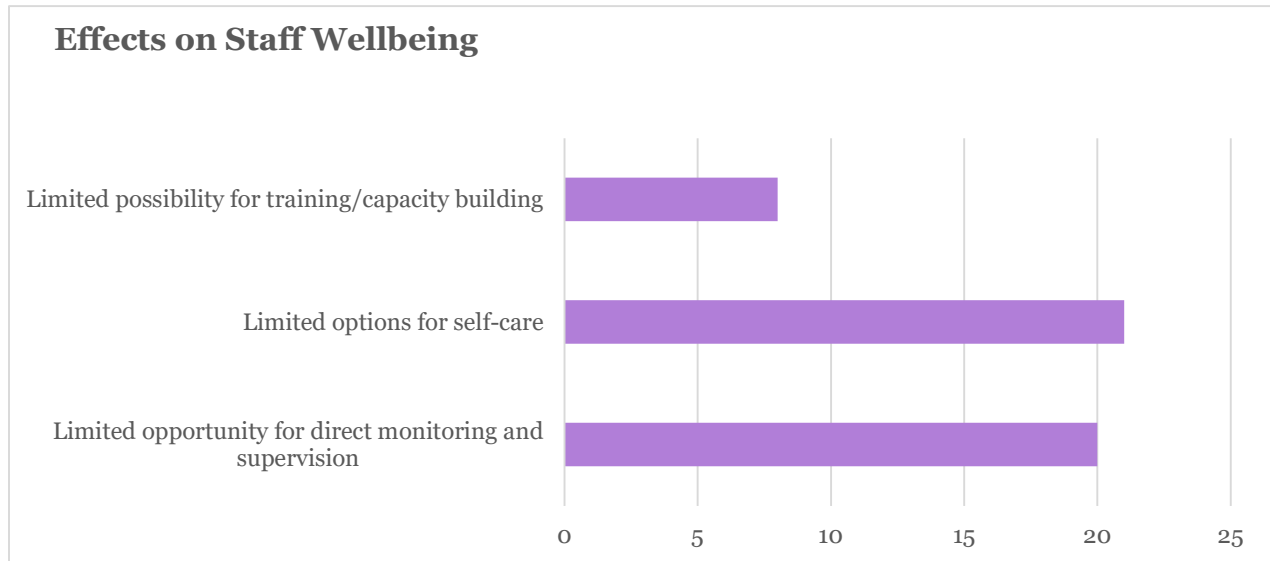


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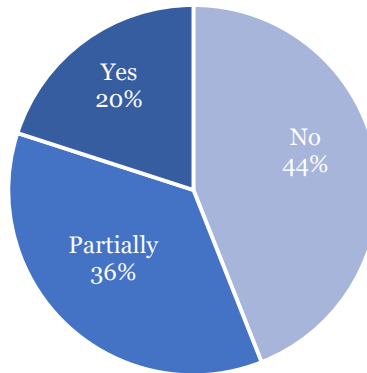
The pandemics also influenced the staff wellbeing. Frontline workers were exposed to **more risks compared to the period before the COVID-19 and had limited options for self-care and narrow opportunities for direct monitoring and supervision**. Additionally, staff development activities were negatively affected by the restrictions and preventive measures. The SGBV Task Force will collect lessons learned from those partners that have established mechanisms and launched initiatives to support staff wellbeing remotely.



56% of the respondents stated that the pandemics also influenced (totally or partially) **the way SGBV actors collect, store, analyze and share data on GBV**. Notably, SGBV actors mentioned that ensuring confidentiality and data protection was more challenging while performing case management in a remote modality. Nevertheless, the sector has increased its efforts to support the development and dissemination of **good practices of safe and ethical data collection**, including with support from the GBVIMS and Primero systems.



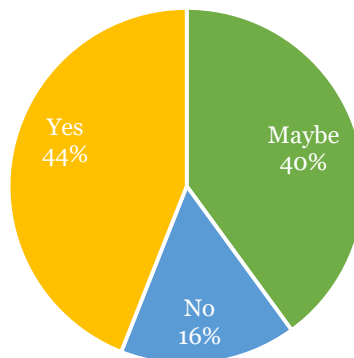
### Effects on GBV Data Management



### D. Possibility to continue to deliver GBV intervention in remote modality even when lockdown measures are lifted

44% of the respondents stated that they would continue to implement some activities in remote modality also when the situation of the pandemic improved. Another 40% of the members also stated they would consider implementing activities in remote modality. Among those, 20% suggested that they would continue to implement **awareness raising and capacity building activities on-line**. 16% would also continue to perform case management activities, especially for medium and low risk cases. Some SGBV actors noticed that the remote modality was helpful to reach some categories that were not always able to participate in regular activities in safe spaces, including people with disabilities.

### Possibility to Continue Remote Activities





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### Activities that Could Continue in Remote Modality

