COVID-19 Risk Mitigation and Program Adaptation Guidance for GBV Actors

This document has been adapted from the International Rescue Committee's Women's Protection and Empowerment Program Adaptations for COVID-19 guidance, developed in March 2020. This guidance aims at providing organizations and service providers working on gender-based violence (GBV) prevention and response programming with guidance on how to adapt different program components in the context of the COVID-19 pandemic, including:

- GBV case management
- Clinical care for sexual assault survivors/Clinical management of rape
- Women and girls safe spaces
- Group activities (psychosocial support, life skills, etc.)
- Community awareness raising and risk communication
- Distribution of non-food items and dignity kits

GBV response and prevention services are both life-saving and life-affirming for women, girls and communities. In times of emergencies, such as the COVID-19 pandemic, such services make a critical contribution both to risk reduction related to COVID-19 and continuing to respond to women and girls who experience daily risks of GBV.

Throughout the document, there are multiple references to remote service delivery as a modality. For further details on remote service delivery please refer to the *Guidelines for Mobile and Remote Service Delivery*[1]

The guidance provided is organized by risk category. It outlines essential steps in terms of response and preparedness that should be taken to mitigate risk of COVID-19 transmission for beneficiaries, based on different levels of risk. The feasibility of the proposed actions should be assessed by service providers based on the context they operate in, and staff capacity and bandwidth. The different risk levels used throughout this document are as follow:

(1) **Low/medium risk** – *this level likely includes:*
- Sporadic infections
- Some restrictions on gatherings, but largely free movement of populations including NGOs
- Staff have increased anxiety and uncertainty about their safety
- Health systems preparing for response

(2) **Medium/high risk** – *this level likely includes:*
- Local transmission clusters
- Restrictions to essential movement
- Health systems nearing capacity limits

(3) **High/very high risk** – *this level likely includes:*
- Health systems overwhelmed
- Movements limited to essential services
- Closure of most facilities

(T) **Transition/recovery** – *this level likely includes:*
- Significant reduction in cases
- Easing of restrictions on movement

[1] In some cases, services will need to be provided remotely so as to keep clients and staff safe, and limit risks of transmission. It is worth noting that remote service delivery can have some potential benefits to continue supporting women and girls, but can also present some challenges and risks. It is therefore recommended to always conduct a risk assessment prior to engaging in remote service delivery.

- Increased feelings of safety among staff
- Continued attention to risks of infection

When planning on risk mitigation and program adaptation, it is important to consider context. Recognize that each context where you operate may have specific restrictions and guidance in place (e.g. curfew/freedom of movement restrictions) and social norms to consider. Discuss with your organization and the specific adjustments required to work through what is appropriate and safe in your context and in line with the current category of the emergency for your programming locations. Be aware of the following factors:

- **National response strategy** – e.g. Protection cluster/GBV sub-cluster, and/or Humanitarian Country Team (HCT)
- **National government guidance** and policies that affect freedom of movement, ease of obtaining official permissions including formal exceptions which are required to operate static services in the event of a national lockdown
- **Location of static services.** GBV services situated within official clinical settings are more likely to be able to provide static, face-to-face services for the duration of the pandemic
- **Risks and perceived risks** of staff and others. It is critical to weigh actual risks not only to the health of staff, but to the health of others whom may be exposed by the delivery of services, including movement to and from. In addition, perceived risks also affect staff and clients
- **Resources (including donor flexibility)** for the service provider to maintain stringent infection, prevention, and control (IPC) standards at all stages of the pandemic, and in preparation for more advanced stages
- **Organizational policies**: Each service provider interprets government guidance and policies in a more or less flexible manner, which can influence service provision

For additional guidance on adaptations of the program components laid out in this document, please contact *(IRC WPE focal point in country/IRC BLTG focal point*).

GBV CASE MANAGEMENT (mobile or static)

Potential risks:

- Infected staff transmit virus to beneficiaries or other staff
- Staff are infected through contact with other staff or beneficiaries
- Beneficiary not aware of the COVID prevention best practice
- Small counseling rooms
- Demand for services outpaces supply
- Beneficiary is infected through referral services
- Lack of safe transportation options
- Travel restrictions, increased care giving responsibilities limit women's ability to access services

Risk level	RECOMMENDED ADAPTATIONS
(1) Low/ Medium Risk	**Change attendance policies, raise awareness, and establish contingency planning**: - Implement strict staff sickness policy – staff and volunteers to not attend work if sick - Implement strict participant sickness policy – participant to not attend activities if sick - Develop risk communication messaging and begin discussing contingency plans with women and girls/networks from communities - Develop IEC materials for the case management room that explains new hygiene procedures - Assess feasibility of transferring case management to online or mobile platforms, initiate safety and contingency planning with women and girls survivors - Advocate for GBV response services to be a part of essential services under relevant authority plans - Managers to routinely monitor case workers support and supervision needs and flag/request additional resources to mitigate secondary trauma impacts and avert burn-out
(2) Medium/ High Risk	**Scale-up screening, hygiene and social distancing measures**, <u>in addition to actions outlined above</u> : - Case worker to practice individual preventative measures – in particular hand hygiene and social distancing - Ensure simple messaging/IEC material is available in the counseling room - Provide COVID-19 briefing to survivor, including awareness on key preventative measures - Adapt the case management room as well as waiting room to comply with distancing regulations - Train staff in remote service delivery or other technical competencies - Inform clients of risks related to transportation options and personal mitigation measures - Based on feasibility of remote service delivery for case management services, incorporate into contingency plans, and order required equipment and train staff - Work with other services providers, local women associations and organization to establish preparedness plan and review/update referral pathways based on suspension and/or adaptation of some services - Identify alternative spaces for individual case management if venues used for case management are forced to close
(3) High/ Very high Risk	**Transition to remote services**, <u>in addition to the above guidance</u>: - Determine whether case management sessions can still be provided at the safe spaces/currently used venues; if not, check with existing case load of survivors for alternative safe venue preferences for face-to-face service provision - Transition to remote service delivery on a case-by-case basis; deliver critical case management for active cases - Update client safety and action plans in event of isolation/curfew/lockdown to mitigate risks - Use IEC material, radio and other channels/networks to communicate to community around available services - Determine if client-to-case worker ratios and new working environment allow for new client caseload - Conduct remote case conferencing as appropriate
(T) Transition	**SCALE-UP fast and with greater coverage** – checking on cases which could not get care during time of suspension and anticipate an increase in case load.

Resources needed for adaptations: case workers; GBV case management training; remote and mobile service-delivery guidelines; updated referral pathways/service mapping; infection control measures for case management spaces; additional phones/tablets/laptops to support remote service delivery; handwashing stations and material (soap, paper towels, hand sanitizer); thermoflash; IEC material; internet connection; Whatsapp/Skype/Zoom

CARING FOR SEXUAL ASSAULT SURVIVORS/CLINICAL MANAGEMENT OF RAPE

Potential risks:

- Individuals with COVID-19 attend and spread the infection to staff and others
- Staff who is sick attends work and transmits the infection to others
- Health facilities overstretched due to increases in demand for services – CCSAS/CMR not prioritized/available
- Poor infection prevention and control practices results in increases in fomite transmission of COVID-19
- Patient with COVID-19 not detected and referred to another facility, thus increasing transmission to other facilities
- Insufficient numbers of healthcare workers due to staff illness/caring for sick relatives, fear, significant increases in demand for services limiting CCSAS/CMR availability
- Reduced availability of Personal Protective Equipment (PPE) due to global stock outs

Risk level	RECOMMENDED ADAPTATIONS
(1) Low/ Medium Risk	**Change attendance policies, raise awareness, and establish contingency planning**: - Implement strict staff sickness policy – staff to not attend work if sick - Develop risk communication messaging and begin discussing contingency plans with women and girls/networks from communities; Develop IEC material - Make sure minimum of two trained focal points are available to provide clinical care to survivors - Triage and screening established at the entrances to all health facilities – this must include redesigning patient flow and waiting areas to minimize congestion and risk of COVID-19 infections - Standard and transmission-based IPC precautions implemented at health facilities; Provision of PPE - Assess stock of Post-Exposure Prophylaxis (PEP) and Emergency Contraception(EC) – order more if assessment indicates low supply to preempt stock-outs in the event of interrupted supply chain - Managers to routinely monitor staff support and supervision needs and flag/request additional resources to mitigate secondary trauma impacts and avert burn-out - Advocate for CCSAS/CMR response services to be part of essential services under relevant authority plans - Begin to update referral pathway based on suspension and/or adaptation of some services
(2) Medium/ High Risk	**Scale-up screening, cleaning and crowd-control measures**, <u>in addition to actions outlined above</u> : - Ensure IEC material is posted - Maintain PE and EC supply at the health facility, and if feasible at safe spaces (to reduce health facility visits) - Consider feasibility of hotlines if shelter-in-place orders are anticipated as a potential response - Consider establishing hotlines as sources of information, inclusive of medical information, for sexual assault survivors. Providing sexual violence survivors with information as to their possible care options and rights outside of the health facility so that they can make an informed decision without having to visit a health facility is an option that should be explored context permitting. - Routinely update referral pathway as services become more limited
(3) High/ Very high Risk	**Follow same guidance as above**
(T) Transition	**SCALE-UP fast and with greater coverage** – checking on cases which could not get care during time of suspension and anticipate an increase in case load.

Resources needed for adaptations: PEP kits; handwashing stations and material (soap, paper towels, hand sanitizer); thermoflash; PPE; IEC material; updated referral pathways/service mapping; internet connection; additional phones / tablets/laptops

WOMEN AND GIRLS SAFE SPACES (mobile or static)

Potential risks:

- Individuals with COVID-19 attend the space and spread the infection to other people and staff
- Staff who is sick attends work and transmits the infection to others
- Potentially large numbers of people in confined space which would promote spread of a respiratory pathogen
- Poor environmental cleaning resulting in increased transmission of COVID-19

Risk level	RECOMMENDED ADAPTATIONS
(1) Low/ Medium Risk	**Change attendance policies, raise awareness, and establish contingency planning**: - Implement strict staff sickness policy – staff to not attend work if sick - Implement strict participant sickness policy – participant to not attend activities if sick - Develop risk communication messaging and begin discussing contingency plans with women and girls/networks from communities
(2) Medium/ High Risk	**Scale-up screening, cleaning and crowd-control measures**, in addition to actions outlined above : - Implement access control and screening measures – ensure participants and visitors practice hand hygiene on entry to the space. Screen all participants and visitors for a fever. Do not permit access to anyone who is unwell or has a fever and make sure guards or safe space managers are trained on how to use thermoflash - Reduce the number of participants attending the spaces to ensure social distancing of at least 3ft/1meter - Implement environmental cleaning disinfection measures - Prepare and put in place measures for remote management of staff; test measures - Plan alternate care arrangement for survivors in case local regulations constrain to entirely close the space - Staff awareness raising on signs/symptoms of COVID- 19 - IEC materials and basic transmission prevention measures on display on gates/entry door and in safe spaces
(3) High/ Very high Risk	**Significantly scale-back or suspend activities,** , in addition to actions outlined above : - Implement alternate care arrangement for survivors in case local regulations constraint to close the space - Plan for alternative case management services delivery depending on the context and possible referral mechanism to other functioning services - Delivery of critical services via telecommunications chat (e.g. remote counseling/case management support) or alterations of physical spaces (fewer people, increased ventilation, social distancing of minimum 3ft/1m) - Provide awareness raising information for all participants on the coming changes within the space organization and why this is important to reduce transmission - Ensure remote supervision of staff is activated and routine to mitigate risks of secondary trauma/burn-out. - Scale back activities but may continue case management service if safe and not stigmatizing - see mitigation measures in case management section (page 2) - Depending on contextual factors and availability of staff, WGSS may be required to safely, and temporarily, close facilities
(T) Transition	**Re-open WGSS as soon as possible**, **scale-up fast and with greater coverage:** - Continue good hygiene and environmental cleaning - Update protocols for staff and participants safety - Update service mapping, referral pathways and IEC material - Re-institute WGSS services and activities, based on level of risk outlined above - Checking on cases which could not get care during time of suspension and anticipate an increase in case load

Resources needed for adaptations: handwashing stations and material (soap, paper towels, hand sanitizer); thermoflash; IEC material; internet connection; Whatsapp/Skype/Zoom; trained staff and volunteers; functional referral pathway

Detailed technical guidance on WGSS adaptations during COVID-19 pandemic was developed by the IRC, International Medical Corps and Norwegian Church Aid – it is available here.

GROUP ACTIVITIES (psychosocial support, life skills, and other group-based sessions)

Potential risks:

- Participants with COVID-19 attend the sessions and spread the infection to other people and staff
- Staff/facilitator who is sick attends the meeting and transmits the infection to others
- Small narrow meeting space not allowing distancing requirements

Risk level	RECOMMENDED ADAPTATIONS
(1) Low/ Medium Risk	**Change attendance policies, raise awareness, and establish contingency planning**: - Implement strict staff sickness policy – staff and volunteers to not attend work if sick - Implement strict participant sickness policy – participant to not attend activities if sick - Managers to routinely monitor case workers support and supervision needs and flag/request additional resources to mitigate secondary trauma impacts and avert burn-out - Develop risk communication messaging and begin discussing contingency plans with women and girls/networks from community - Develop IEC materials for the group activity participants that explains new hygiene procedures - Assess readiness of meeting room for social distancing measures and identify alternative venues if needed - Assess which group activities could be moved to online platforms and needed equipment and training costs
(2) Medium/ High Risk	**Scale-up screening, hygiene and social distancing measures**, in addition to actions outlined above : - Make sure the venue place is large enough to allow social distancing of 3 feet/1 meter between persons - Reduce participant numbers in sessions, respect social distancing standards of 3ft/1 meter - Implement access control and screening measures – ensure participants and visitors practice hand hygiene on entry to the space; screen all participants and visitors for a fever. Do not permit access to anyone who is unwell or has a fever and make sure activity facilitators are trained on how to use thermoflash - Implement environmental cleaning and disinfection measures for the meeting venue - Procure some toys/book/drawing supplies for distribution to adolescent girls in Girl Shine groups in the event these groups are cancelled to them busy at home and reduce the load on the mothers - Consider feasibility of using WhatsApp, Zoom or Skype for group sessions. Work with participants, caregivers and facilitators to determine what components of the relevant curriculum could be delivered virtually
(3) High/ Very high Risk	**Significantly scale-back or suspend activities,** , in addition to actions outlined above : - For life skills activities with adolescent girls, recommended to continue virtual/mobile phone sessions, with permission of the caregiver; for group psychosocial support activities, recommended to continue virtual/mobile phone sessions for participants who would like that support. - Alternatively, individual sessions can be offered to most high-risk individuals, with consent from participant or caregiver; and if staff capacity to support this - Distribute toys/books/drawing books to the adolescent girls if group sessions are suspended - Ensure remote supervision of staff is activated and routine to mitigate risks of secondary trauma/burn-out - Suspend virtual groups activities if bandwidth of staff it too stretched with other professional or personal responsibilities
(T) Transition	**SCALE-UP fast and with greater coverage** – checking on cases which could not get care during time of suspension and anticipate an increase in case load.

Resources needed for adaptations: handwashing stations and material (soap, paper towels, hand sanitizer); thermoflash; IEC material; internet connection; additional phones/tablets/laptops; Whatsapp/Skype/Zoom; trained staff

COMMUNITY AWARENESS RAISING AND RISK COMMUNICATION

Potential risks:

- Participant with COVID- 19 attend the meeting and spread the infection to other people and staff
- Staff/facilitator who is sick attends the meeting and transmits the infection to others
- Small narrow meeting space not allowing distancing requirements

Risk level	RECOMMENDED ADAPTATIONS
(1)	**Change attendance policies, scale-up awareness raising, and establish contingency planning**: - Implement strict staff sickness policy – staff and volunteers to not attend work if sick - Implement strict participant sickness policy – participant to not attend activities if sick - Develop risk communication messaging and begin discussing contingency plans with women and girls/networks from community - Add key messages on COVID-19 risk mitigation measures to all regular awareness-raising sessions - Develop IEC material that explains risk mitigation measures as well as new hygiene procedures - Assess how to use community education networks and activities to raise awareness of COVID-19 - Prepare and put in place measures for remote management of staff in the event of wider transmission
(2)	**Scale-up screening, hygiene and social distancing measures**, in addition to actions outlined above : - Make sure the venue place is large enough to allow social distancing of 3 feet/1 meter between persons - Reduce participant numbers in sessions to max 25, respect social distancing standards of 3ft/1 meter - make sure there is available hygiene and IPC material in place - Ensure participants practices individual preventative measures – in particular hand hygiene and social distancing when meeting - Ensure simple messaging/IEC material is available in the venue why it is important to comply with hygiene and behavior regulations to prevent infection - Support women's network and groups to hold risk communication activities
(3)	**Suspend group meetings and community mobilization/education activities:** - Consider feasibility of using WhatsApp, Zoom or Skype for community awareness raising messages, inclusive of COVID-19 risk communications - Deliver general information on services and awareness raising through other safe communication platforms that the community (especially women and girls) use in the context e.g. community radio - Ensure remote supervision of staff is activated and routine to mitigate risks of secondary trauma/burn-out
(T)	Assessment, technical data review/analysis, transition to phases above as applicable to context

Resources needed for adaptations: handwashing stations and material (soap, paper towels, hand sanitizer); thermoflash; IEC material; internet connection; additional phones/tablets/laptops

DISTRIBUTION of NON-FOOD ITEMS and DIGNITY KITS

Potential risks:

- Infected staff transmit virus to beneficiaries or other staff
- Staff are infected through contact with other staff or beneficiaries
- Beneficiary not aware of the COVID prevention best practice

Risk level	RECOMMENDED ADAPTATIONS
(1)	If possible, coordinate with WASH actors to plan and procure necessary inputs for dignity kit distributions. Prioritize procurements of 3 month supply of soap for women and girls (donor regulations applicable) with consideration for local supply chains - consider proportionate procurement which will not disrupt local markets and supply chains adversely
(2)	Distribute dignity kits to at-risk/vulnerable women and girls in coordination/consultation with WASH actor, if safety measures outlined by Environmental Health team can be safely implement WPE can with consultation still consider dignity kit distributions. For women and girls who are known to be self-isolating (e.g. known through the Whatsapp PSS chat) staff can arrange drop-offs after checking this is safe for both women and girls as well as staff first
(3)	Suspend dignity kit distribution. Drop-off only if compliant with government regulations and staff can safely arrange drops both in terms of their personal safety and those of the women/girl we are assisting.
(T)	Assessment, technical data review/analysis, transition to phases above as applicable to context

About the IRC
The International Rescue Committee responds to the world's worst humanitarian crises, helping to restore health, safety, education, economic wellbeing and power to people devastated by conflict and disaster. Founded in 1933 at the call of Albert Einstein, the IRC is at work in over 40 countries and 26 U.S. cities helping people to survive, reclaim control of their future and strengthen their communities. The COVID-19 Risk Mitigation and Program Adaptation Guidance for GBV Actors is a Gift of the United States Government and funded the Bureau of Population, Refugees, and Migration - US Department of State.