Adjusting to COVID

COVID-19 has shifted the way we live and work in fundamental and profound ways. For many researchers this has meant reviewing and revising their project plans and research methodologies. Innovations for Poverty Action (IPA) and the Sexual Violence Research Initiative (SVRI) asked colleagues in the violence against women and violence against children fields to provide insight into how they are adapting their research methods in the face of the pandemic and what support they need to ensure their research is done in a safe and rigorous manner. These are the results.

Respondent background

The 11-question survey “Adjusting to COVID” was widely shared and completed by 26 researchers/organizations working on violence against women. Those who completed the survey worked primarily in low- and middle-income countries and were a mix of academics, researchers, and practitioners.

How your research activities changed?

Most respondents have delayed activities and 11 are unsure when they will start activities again.

“Our university is closed until November due to government decisions so it’s difficult to carry out face to face interview type of research with students. Also, the state authority tightens the controls over freedom of expression so I can’t openly share any research result about impact from COVID_19”

“We had planned to implement research looking at experiences of SGBV including transactional sex among displaced Venezuelan women/girls in 5 Latin American countries. The project cannot be implemented at this time and we are on hold. Even when we are able to implement, we will likely need to modify the research design at least to some degree given the pandemic.”

14 said they are, or are planning to collect GBV data remotely and 2 respondents shared that they have already collected some data.

17 have modified activities to be delivered remotely and 3 have changed the activities to accommodate COVID (e.g. less people attending sessions).

“We are not allowed to travel to communities, our activities normally included group discussions (20 per group), now we have to do it all virtually, we need to train our participants and team member on how to hold these meetings virtually.”
“We have seen a significant decrease in reporting of GBV, and lower than expected levels of reported child abuse. We are keen to work with soup kitchens, community-based organisations and informal and formal networks in two provinces to understand the barriers to reporting, and to determine whether there has perhaps been an actual decrease in violence - and if so why.”

Only 3 respondents said they have not changed activities due to COVID.

**How we can help**

Every respondent was interested in resources around collecting GBV data during COVID and only 2 said they were not planning on remotely collecting data. Respondents were particularly interested in information on the ethical considerations for research and data collection during COVID and resources available for remote data collection.

“The abundant research and monitoring projects regarding GBV lack methodological specificities to data gathering in this context, and (more generally, not only regarding COVID scenario) clear guidelines on how to gather sensitive information and act accordingly.”

“I would LOVE to hear about how people are using WhatsApp for data collection. I’d also really appreciate learning from other communities of practice about their challenges and strategies. One major issue not on the survey is that the bulk of my time is now devoted to rapid COVID projects and media, which is important, but doesn’t allow me to devote as much time to gender/GBV work.”

“I think around intervention delivery is a key issue, balancing when to do it, and how to do it, recognizing risks. Also, ongoing concerns about safety with data collection e.g. WhatsApp or SMS surveys stay on phones.”

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<tr>
<th>RESOURCE REQUESTED</th>
<th>NUMBER OF RESPONDENTS REQUESTING THE RESOURCE</th>
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<tbody>
<tr>
<td>Ethical considerations for research and data collection during COVID, including case studies</td>
<td>21</td>
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<tr>
<td>One on one support to discuss specific project questions</td>
<td>7</td>
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<tr>
<td>Information on the resources available to do remote data collections</td>
<td>17</td>
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<td>Information on how staff can protect themselves from COVID</td>
<td>5</td>
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<tr>
<td>A how-to webinar for SMS, WhatsApp, or email/computer surveys</td>
<td>14</td>
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<td>A how-to webinar for phone surveys</td>
<td>11</td>
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<tr>
<td>Working groups/communities of practice with other similar projects to share advice and coordinate activities</td>
<td>14</td>
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<td>Support to assess delays, adjust budget expectations, and communicate changes with donors</td>
<td>10</td>
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Supporting staff wellbeing

11 organizations told us how they are supporting staff wellbeing during COVID. Their responses largely focused on being understanding of home/work/life balance and reduced productivity.

6 respondents are conducting supportive Zoom calls or other group chats.

“We are flexible about hours of work, have reduced the pressure on staff who have small children and have shifted some deadlines out.”

“Increased virtual calls to ensure that students feel supported, are having their questions answered, etc. Being cognisant that people are working from home with childcare and other responsibilities and that home is not always a safe/happy/comfortable place.”

“We recognise the gendered impact of COVID and that it is impossible to work as productively... We have staff that cannot work from home given the nature of services they render; we recognise that it is beyond their control. We have staff managing the helpline at national level and we have instituted daily debrief as it can be overwhelming.”

NEXT STEPS

• Jointly host a webinar series on research on VAW during COVID.
• Seek out and share case studies on how research on VAW is being done during COVID.
• Source funding to develop resources on data collection during COVID.
• Develop an online repository for doing research on VAW virtually.

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