



Opportunities for SGBV Data Collection in the Time of COVID-19: The Value of Implementation Science

Fri, 2020/06/26 15:23



[Photo: Institute for PR]

By **Chi-Chi Undie, Sanyukta Mathur, Nicole Haberland, Isabel Vieitez, and Julie Pulerwitz** | Population Council | 26 June 2020

The place of sexual and gender-based violence (SGBV) data collection in the time of COVID-19 is the subject of closely-watched discourse. To collect (SGBV data), or not to collect? As the field continues to grapple with this

question, it has surfaced the tension between the need to gather data to support women during unprecedented vulnerability, and the reality that the very act of data collection may heighten risk.¹ This article works toward resolving this tension by highlighting opportunities for ethical SGBV data collection during COVID-19.

The COVID-19 pandemic can be viewed as an urgent time for SGBV data collection for several reasons, including the reality of reported spikes in SGBV incidents globally since the pandemic began, the need to understand the extent and dynamics of this increase, and the reality that survivors' access to needed services is severely limited in these pandemic times. Overriding these and other important reasons, however, is the need to develop and implement effective, appropriate responses to SGBV in the context of COVID-19.²

Due to the sensitivities of SGBV, research on this subject has historically been expected to adhere to painstaking ethical measures in data collection to ensure the safety of survivors.³ Appropriately, recommended measures are no less strict in the time of COVID-19, and various forms of guidance continue to be disseminated broadly on this issue. In sum, caution is the watchword of global guidance on research implementation at this time, and data collection takes a backseat to fostering survivors' protection in the context of social distancing and restricted mobility, where unprecedented ethical concerns arise.

If we take a fresh look at this conundrum, the constraints around carrying out data collection during COVID-19 bring the strengths of implementation science to the fore. A fundamental component of implementation science is operations research,⁴ which aims to better understand a program's 'operations' in order to make improvements to service delivery.⁵ As a global research organization that prioritizes public health-related implementation science, the Population Council has tested myriad approaches to this research design,⁶ including using program or service delivery experts as resources for data collection as part of implementation science processes. For instance, some SGBV-focused Population Council studies have involved qualitative data collection by police officers,⁷ and both qualitative and quantitative data collection by health providers.⁸ This article highlights how the operations research aspects of implementation science are uniquely positioned to contribute during crises such as COVID-19.

Ethical issues in data collection

The focus of operations research is on 'the day-to-day activities or "operations" of ... programs,' and on 'variables which can be manipulated through administrative action.'⁵ Because operations research largely occurs in the context of programs which are under the control of program implementers, it has the potential to avoid many of the ethical issues that other types of SGBV research must grapple with in pandemic times. In the midst of COVID-19, major concerns have arisen around interviewing survivors (or potential survivors) in their homes: Perpetrators often reside in these very homes, making SGBV-focused interviews less safe at this time. However, with appropriate training, program settings (e.g., health facilities, police stations, etc.) present neutral spaces in which data collection can occur. In the current global context, where lockdowns and curfews have become the norm, many key government structures have continued to function. Health facilities, for instance, are accustomed to implementing protocols to preserve confidentiality (e.g., asking companions to leave the room to permit private consultations with clients). These contexts can therefore circumvent some of the ethical issues that render the preferred settings of other research designs less appropriate for investigating SGBV during the current pandemic.

Engagement of program implementers in data collection

By its very nature, implementation science involves developing meaningful, participatory partnerships with program implementers or service delivery experts supporting the program concerned. Due to their day-to-day and close engagement with survivors during actual service delivery, such experts are often well-positioned to collect SGBV data from service-seekers. In the present times with various social distancing requirements that prevent researchers and conventional data collectors from gathering data themselves, this strategy must be drawn upon more and more. Our experience is that rich datasets can be generated through these channels due to the level of rapport that SGBV service providers (who, unlike researchers and conventional data collectors, often accompany survivors on their healing journeys over time) are able to establish with survivors. Additionally, there is great value in collecting data from service providers themselves – both about emerging client needs and their own needs and experiences during the pandemic. The tactic of using program implementers as data collectors is an ethical means of gathering needed information during COVID-19. As mentioned below, quality training (and intervention monitoring) is imperative for attending to any potential issues of bias that might be associated with this approach.

Capacity-strengthening for data collection

In order to be effectively involved in SGBV data collection, service delivery experts (like any SGBV data collectors) require training. Implementation science involves building the capacity of service delivery experts to collect, interpret, and use data to inform their programming. It is advantageous if the forms of data collected by providers are already part of their normal provider roles (e.g., case notes, client in-take information), as this helps to enhance survivor comfortability, and to ensure that the data are consistently collected with attention to quality. In the time of COVID-19, training modalities are important, and should be shaped by government guidelines around social distancing. As virtual convenings have become the norm currently, training efforts can take advantage of available virtual platforms, if necessary.

Dissemination and use of study results

The dissemination of research results is embedded within the very ethos of implementation science. Feeding results emerging from collected data back to program implementers and survivors, and the collaborative interpretation of the data, are fundamental parts of implementation science processes.⁹ These aspects build ownership of solutions and can help ensure that SGBV responses during COVID-19 are shaped by evidence. Furthermore, as program implementers often play a role in collecting data (e.g., routine service statistics) under implementation science studies, they are typically enthusiastic to learn about findings generated from their data collection efforts, and to use the findings to inform their practice.

Reaching non-service seekers

An important concern around relegating SGBV data collection to service delivery contexts is the reality that many SGBV survivors do not seek services, or are simply unable to. The issue of how representative such data actually are of the general population therefore arises. Nonetheless, SGBV researchers must come to terms with the fact that it may not be ethical to reach all those that they would like to reach with every study; such are the constraints posed by a pandemic. Despite the constraints, researchers should still strive to find innovative and safe data collection mechanisms to ensure greater representativeness to the extent possible in COVID-19 times. Strategic partnerships – a hallmark of implementation science – are key to addressing this issue. In these pandemic times, careful collaborations with atypical partners that provide access to large populations (e.g., communications companies), are imperative for tapping into important SGBV data collection opportunities that would reach a wide range of participants.

Referrals for care, counseling, and support services

SGBV-related implementation science studies often take place in settings that offer important SGBV services on-site. Efforts must be made to strengthen referral systems associated with data collection, making them as easy as possible to navigate for survivors. During the COVID-19 pandemic, remote counseling should be increasingly explored and utilized, along with the modalities for linking survivors to such counseling as efficiently as possible, with confidentiality prioritized. Where in-person psychosocial support is available, accompanied referrals by service delivery experts should be considered. To ensure that any person who discloses violence receives the support they need, data collection should be limited to sites where virtual or in-person psychosocial support is available in-house, or is established temporarily for the duration of the data collection period. Referrals for more comprehensive care, if needed, should also form a part of this process.

In summary, the narratives of caution around SGBV data collection during COVID-19 are appropriate and in the best interest of survivors. However, placing an embargo on SGBV data collection or research at a time of increased need will not help survivors during this unprecedented pandemic – and, as Henriette Jansen points out: ‘We are in this situation that is complicated because if we don’t give an option, some people will go ahead [with data collection] anyway. But this is an evolving field, and we don’t have ready-made answers.’¹

Implementation science – and operations research, in particular – provides data collection options that are sufficiently nimble and flexible to meet the ethical requirements of SGBV research in the time of COVID-19, while providing built-in utilization of that research to support survivors.

For more information, contact Chi-Chi Undie at cundie@popcouncil.org (<mailto:cundie@popcouncil.org>)

Follow [@Pop_Council \(https://twitter.com/Pop_Council\)](https://twitter.com/Pop_Council) on Twitter

References

1. Rogers, K. (2020). Has it become too dangerous to measure violence against women? *Devex* <https://www.devex.com/news/has-it-become-too-dangerous-to-measure-violence-against-women-97112> (<https://www.devex.com/news/has-it-become-too-dangerous-to-measure-violence-against-women-97112>).
2. Breton, M. Gottert, A., Pulerwitz, J., Shattuck, D., Stevanovic-Fenn, N. (2020): Men and COVID-19: Adding a gender lens *Global Public Health*. <https://www.tandfonline.com/doi/full/10.1080/17441692.2020.1769702> (<https://www.tandfonline.com/doi/full/10.1080/17441692.2020.1769702>).
3. See, for example: WHO (2001). Putting women first: Ethical and safety recommendations for research on domestic violence against women. Geneva: World Health Organization. <https://www.who.int/gender/violence/womenfirtseng.pdf> (<https://www.who.int/gender/violence/womenfirtseng.pdf>); WHO (2016). Ethical and safety recommendations for intervention research on violence against women. Building on lessons from the WHO publication Putting women first: Ethical and safety recommendations for research on domestic violence against women. Geneva: World Health Organization. <https://apps.who.int/iris/bitstream/handle/10665/251759/9789241510189-eng.pdf;jsessionid=9D70B99C8F5BBA5B2C45BB6E71DE10F6?sequence=1> (<https://apps.who.int/iris/bitstream/handle/10665/251759/9789241510189-eng.pdf;jsessionid=9D70B99C8F5BBA5B2C45BB6E71DE10F6?sequence=1>).
4. Padian, N.S., Holmes, C.B., McCoy, S.I., Lyerla, R., Bouey, P.D., Goosby, E.P. (2011). Implementation science for the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). *Journal of Acquired Immune Deficiency Syndromes* 56(3): 199-203.
5. Fisher, A.A., Laing, J.E., Stoeckel, J.E., Townsend, J. (1991) (2nd edition). Handbook for family planning operations research design. New York: Population Council. <https://www.popcouncil.org/uploads/pdfs/HbkFPOR.pdf> (<https://www.popcouncil.org/uploads/pdfs/HbkFPOR.pdf>).
6. See, for example: Haberland, N., Ndwiga, C., McCarthy, K., Pulerwitz, J., Kosgei, R., Mak'anyengo, M., Peltz, A., Wong, V.J., Kalibala, S. (2020). Addressing intimate partner violence and power in intimate relationships in HIV testing services in Nairobi, Kenya *AIDS and Behavior* <https://link.springer.com/article/10.1007%2Fs10461-020-02801-9> (<https://link.springer.com/article/10.1007%2Fs10461-020-02801-9>); Mathur, S., Okal, J., Musheke, M., Pilgrim, N., Patel, S.K., Bhattacharya, R, Jani, N., Matheka, J., Banda, L., Mulenga, D., Pulerwitz, J. (2018). High rates of sexual violence by both intimate and non-intimate partners experienced by adolescent girls and young women in Kenya and Zambia: Findings around violence and other negative health outcomes. *PLoS ONE* 13(9). <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0203929> (<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0203929>); Undie, C., Maternowska, M.C., Mak'anyengo, M., Askew, I. (2016). Is routine screening for intimate partner violence feasible in public health care settings in Kenya? *Journal of Interpersonal Violence* 31(2): 282-301.
7. Chelwa, N., Hemal, K., Phiri, G.M., Mbizvo, M., Undie, C. (2017). Enhancing access to post-rape care for child survivors in the context of police and health services in Zambia: A feasibility assessment of a police response model. Lusaka: Population Council. https://www.popcouncil.org/uploads/pdfs/2017RH_PoliceResponseSGBV-Zambia.pdf (https://www.popcouncil.org/uploads/pdfs/2017RH_PoliceResponseSGBV-Zambia.pdf).
8. Undie, C., Mak'anyengo, M. (forthcoming, 2020). Asking and telling: An assessment of the feasibility of screening children for sexual violence in Kenyan school and health facility contexts. Nairobi: Population Council.

9. Kalibala, S., Nutley, T. (2019). Engaging stakeholders, from inception and throughout the study, is good research practice to promote use of findings. *AIDS and Behavior* 23, 214–219. <https://doi.org/10.1007/s10461-019-02574-w> (<https://doi.org/10.1007/s10461-019-02574-w>).

Further Reading

On the Current Discourse around SGBV Data Collection:

Berman, G. Ethical considerations for evidence generation involving children on the COVID-19 pandemic. Innocenti, <https://www.unicef-irc.org/publications/1086-ethical-considerations-for-evidence-generation-involving-children-on-the-covid-19.html> (<https://www.unicef-irc.org/publications/1086-ethical-considerations-for-evidence-generation-involving-children-on-the-covid-19.html>).

Bhatia, A., Peterman, A., Guedes, A. (2020). Remote data collection on violence against children during COVID-19: A conversation with experts on research priorities, measurement, and ethics (Part 2). UNICEF Office of Research-Innocenti, <https://www.unicef-irc.org/article/2004-collecting-remote-data-on-violence-against-children-during-covid-19-a-conversation.html> (<https://www.unicef-irc.org/article/2004-collecting-remote-data-on-violence-against-children-during-covid-19-a-conversation.html>).

Dartnall, E., Bates-Jefferys, E. (2020). Considerations for doing intimate partner violence research in the time of coronavirus, <https://svri.org/blog/considerations-doing-intimate-partner-violence-research-time-coronavirus> (<https://svri.org/blog/considerations-doing-intimate-partner-violence-research-time-coronavirus>).

Peterman, A., Bhatia, A., Guedes, A. (2020). Remote data collection on violence against women during COVID-19: A conversation with experts on ethics, measurement, and research priorities (Part 1). UNICEF Office of Research-Innocenti, <https://www.unicef-irc.org/article/1997-remote-data-collection-on-violence-against-women-during-covid-19-a-conversation-with.html> (<https://www.unicef-irc.org/article/1997-remote-data-collection-on-violence-against-women-during-covid-19-a-conversation-with.html>).

UN Women, WHO (2020). Violence against women and girls and data collection during COVID-19, <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/vawg-data-collection-during-covid-19-compressed.pdf?la=en&vs=2339> (<https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/vawg-data-collection-during-covid-19-compressed.pdf?la=en&vs=2339>).

On Implementation Science and Operations Research

Fisher, A.A., Foreit, J.R. et al. (2002). Designing HIV/AIDS intervention studies: An operations research handbook. New York: Population Council, <https://www.popcouncil.org/uploads/pdfs/horizons/orhivaidshndbk.pdf> (<https://www.popcouncil.org/uploads/pdfs/horizons/orhivaidshndbk.pdf>).

Hales, S., Leshner-Trevion, A., Ford, N., Maher, D., Ramsav, A., Tran, N. (2016). Reporting guidelines for implementation and operational research *Bulletin of the World Health Organization* 94(1) 58-64, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4709804/> (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4709804/>).

Hoke, T. (2018). Implementation research: The unambiguous cornerstone of implementation science *R&E SEARCH for EVIDENCE* <https://researchforevidence.fhi360.org/implementation-research-the-unambiguous-cornerstone-of-implementation-science> (<https://researchforevidence.fhi360.org/implementation-research-the-unambiguous-cornerstone-of-implementation-science>).

MEASURE Evaluation (2012). Fundamentals of implementation research <https://www.measureevaluation.org/resources/publications/ms-12-55>

(<https://www.measureevaluation.org/resources/publications/ms-12-55>).

Monks, T. (2016). Operational research as implementation science: Definitions, challenges and research priorities. *Implementation Science* 11(81), <https://implementationscience.biomedcentral.com/track/pdf/10.1186/s13012-016-0444-0> (<https://implementationscience.biomedcentral.com/track/pdf/10.1186/s13012-016-0444-0>).

The Global Fund to Fight AIDS, Tuberculosis and Malaria (2008). The framework for operations and implementation research in health and disease control programs, https://www.who.int/hiv/pub/operational/or_framework.pdf?ua=1 (https://www.who.int/hiv/pub/operational/or_framework.pdf?ua=1).