
Girls' Education Challenge

Safeguarding and COVID-19

Guidance Note for Projects

19/03/2020

Introduction

During the past week, the threat of the COVID-19 virus has become more and more apparent and the World Health Organisation has classified the spread of the virus as a pandemic. Currently, the worst affected locations are in Europe and China. However, the virus has now been recorded in Sub-Saharan Africa, Afghanistan and in Nepal – this means the spread of the virus could now impact on our projects, staff and the girls that we serve.

In many countries of operation, the Government has mandated that education activities and schools should close. Some of our projects deliver activities outside of formal education which require groups of people to come together. Governments are offering different instruction and advice on limiting group meetings or events. It should be noted that even if cases have not been officially declared in some of our countries of operation, the quality of health care and the strength of health systems in many of the contexts we work in may mean that there *are* cases, but that there is limited resourcing to diagnose and treat.

This guidance note provides information for Fund Manager (FM) staff and for projects on the following: (1) reflections on the gendered impact of the virus, Gender-based Violence (GBV) and safeguarding; *and* (2) what projects can do to mitigate these.

This is a living document and will be updated on an ad-hoc basis as the situation develops.

Gendered Impact and Safeguarding

All of our projects should have completed a Gender-equality and Social Inclusion (GESI) analysis of their contexts. The advice below is general, broad and written from a 'global' perspective. This is meant as a guide but should be used in conjunction with the project's contextual and GESI knowledge and experience. Projects should put in place mitigation and contingency plans and reflect these plans in their risk registers.

COVID-19 and Gendered Impact¹

- In the majority of countries, the gendered nature of health care is a predominant risk factor for women and girls. Women are more likely to be nurses in certain countries, whilst women and girls are more likely to be care-givers in the home.
- Sex-disaggregated data for COVID-19 show equal numbers of cases between men and women so far, however there are differences in mortality and vulnerability to the virus. Nascent evidence suggests that this is potentially due to sex-based immunological, or gendered behaviour differences (such as gendered patterns of smoking).
- The closure of schools to control COVID-19 transmission may have differential impact on women and adolescent girls as they provide most of the informal care within families, with the consequence of limiting their work, economic opportunities and

¹ Much of this section is taken or paraphrased from the following source: Wenham, C., Smith, J. and Morgan, R., 2020. COVID-19: the gendered impacts of the outbreak. *The Lancet*, 395(10227), pp.846-848.

education opportunities. In many contexts girls are less likely to return to school after the crisis.

- Men are more likely to be teachers in many of the contexts we work in. If state schools are suspended and pay is frozen, this will have an impact on men's status as 'breadwinners'. Changes in gendered roles and responsibilities in the home, particularly concerning economic income, may have a negative impact and increase the likelihood of intimate partner violence or violence against children.^{2 3}
- If quarantine is implemented, the different physical, cultural, security and sanitary needs of women, men, boys and girls should be considered.
- During previous outbreak of virus and disease, women were less likely than men to have power in decision making around the outbreak, and their needs therefore were largely unmet. For example, during the Ebola outbreak, resources for reproductive and sexual health were diverted to the emergency response, contributing to a rise in maternal mortality in a region with one of the highest rates in the world.

COVID-19 and a potential increase in violence against women and girls (VAWG)

COVID-19, like any crisis, has an impact on gender norms, and exacerbates gender-based violence. Whilst violence against men and boys exists and may also be exacerbated, the Girls' Education Challenge works primarily with adolescent girls and young women. We have therefore focused on this population in this guidance note.

Potential ways that an increase in VAWG may manifest:

- As livelihoods are affected, intimate partner violence may increase.⁴ Further, self-isolation may increase the psychological impacts of violence as well as the severity and frequency of the violence taking place – as survivors may have to be placed in quarantine with a perpetrator.
- Violence and other forms of child abuse may increase at the family level.⁵
- The closure of schools and other issues surrounding COVID-19 which may have a negative economic impact, may increase the likelihood of survival sex, transactional sex and risk of sexual exploitation and abuse in the community and within projects.
- With an increase in the need to collect water and fuel, which is often a role performed by women and adolescent girls, there is likely to be an increase in the number of trips

² Harvey, C., Garwood, R. and El-Masri, R., 2013. *Shifting Sands: Changing Gender Roles Among Refugees In Lebanon*. [ebook] Oxfam. Available at: <<https://policy-practice.oxfam.org.uk/publications/shifting-sands-changing-gender-roles-among-refugees-in-lebanon-300408>> [Accessed 17 March 2020].

³ There are many examples of this from throughout the world.

⁴ Buller, A., Peterman, A., Ranganathan, M., Bleile, A., Hidrobo, M. and Heise, L., 2018. A Mixed-Method Review of Cash Transfers and Intimate Partner Violence in Low- and Middle-Income Countries. *The World Bank Research Observer*, 33(2), pp.218-258.

⁵ Conrad-Hiebner, A. and Byram, E., 2018. The Temporal Impact of Economic Insecurity on Child Maltreatment: A Systematic Review. *Trauma, Violence, & Abuse*, 21(1), pp.157-178.

made and the distance travelled in search of fuel. This puts women and girls at increased risk of sexual violence.

- In other disease and virus-related crises, there has been an increase in sexual violence broadly.
- Girls with disabilities and girls who experience other intersections of inequality may be at further increased risk of VAWG due to their lack of power in communities, their potential lack of access to resources and in some contexts their increased levels of social isolation.⁶

Mitigation Measures

- To prevent the spread of the virus, schools and projects should be encouraged to provide more soap, more hand-washing stations/facilities and to encourage children to wash their hands and follow WHO advice.⁷ Where possible, projects should promote good hygiene as a part of life-skills sessions or girls' club activities. Teachers and facilitators can play a role in prevention.
- Projects should be aware that some girls may have increased risk of infection and should ensure social distancing is in place when working with those girls (particularly those with conditions which impact on the immune-system such as HIV/AIDS, cancer, liver disease, lung disease, diabetes, psoriasis and other rheumatic conditions etc. and illness which effects breathing). However, projects should work to 'check in' on girls with disabilities and other girls from their projects wherever possible and at a safe distance.
- Where projects have a reporting 'hotline' the project should promote this as a means to report safeguarding concerns and broader protection concerns (where they have the resources to do so) and refer victims/survivors to services. It is advised that hotline operators are briefed on services available and that mapping of services is updated regularly (as some 'new' services may be added to respond to increased need in communities, and some established services may be closed or have limited access). Potentially, hotlines could offer a valuable service to affected communities and provide basic psychological first aid to those dialling in during the acute phase of this crisis in particular.
- Projects should promote referral pathways and services to the community to encourage help-seeking behaviour around VAWG. In particular, services which offer the Sexual and Reproductive Health Minimum Initial Service Package (MISP) are to be promoted in the community and clear messaging on the '72 hour rule' regarding sexual violence and the window to prevent HIV contraction, pregnancy and other STIs is to be promoted. Further information on this can be found [here](#).
- Projects should think through and put in place additional reporting mechanisms. Many of our projects' reporting mechanisms are based in schools, with schools closing and different activities starting, new reporting mechanisms should be put in place. As ever

⁶ [Save the Children & Handicap International, 2011 Out from the Shadows, Sexual Violence against children with disabilities](#)

⁷ https://www.who.int/gpsc/clean_hands_protection/en/

it is advised that projects set up multiple entry-points to reporting, which take into account the different needs of girls who experience multiple forms of inequality.

- Projects should communicate with the community about the increased risk of VAWG that may result from the crisis.
- To mitigate increased risk of violence, the following measures are suggested. However, this is not an exhaustive list and should be driven by contextual knowledge:
 - Support community initiatives which promote joint collection of water or fuel, or which promote men undertaking these activities to avoid women and girls having to undertake this activity on their own and increase risk of sexual violence (whilst caveating that social distancing should be maintained during water and fuel collection).
 - Work with schools, the community, government and humanitarian agencies to distribute sanitary kits (including information on menstrual hygiene management), or food or cash (depending on context) to alleviate some of the increased risk of survival sex and other issues noted above. Increase awareness of reporting mechanisms and behaviour protocols around distribution (and ensure the guidance in the IASC Gender Handbook⁸ and the IASC GBV guidelines⁹ on distribution are followed).
- To respond to potential increase in violence and safeguarding incidents:
 - Promote reporting mechanisms, ensuring those who are particularly vulnerable such as girls with disabilities are aware of appropriate channels for them to report.
 - Provide staff with a refresher training in safeguarding with a particular emphasis on understanding referrals and victim/survivor assistance, and education on the content of this guidance note.
 - Increase the number of trained safeguarding staff members.
 - Where possible, and where appropriate, base safeguarding officers in and around health care providers – particularly in locations where safeguarding work is the only opportunity to report. Before doing this, the safeguarding officer should be trained in social distancing and other means to maintain their own health.
 - In countries where technology is available and girls have access, projects should use technological solutions to offer psychosocial support or **psychological first aid**. WhatsApp support groups, for example, are currently being used by protection projects (outside of the GEC) in the Middle East.
- Projects should be aware that the crisis may increase attrition within cohorts and should similarly prepare for an increase in safeguarding and general protection-related reports when schools and other activities reopen.

⁸ <https://interagencystandingcommittee.org/iasc-reference-group-gender-and-humanitarian-action/iasc-gender-handbook-humanitarian-action-2017>

⁹ <https://gbvguidelines.org/en/>