Girls' Education Challenge

Safeguarding, Protection and COVID-19

Guidance Note for Projects

01/04/2020

Second Edition

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Introduction

The Girls' Education Challenge (GEC) was launched by the UK's Department for International Development in 2012 as a 12-year commitment to reach the most marginalised girls in the world and it the largest global fund dedicated to girls' education. The UK is committed to ensuring millions of girls in some of the poorest countries, including girls who have disabilities or are at risk of being left behind, receive a quality education. Through the GEC, we aim to transform the lives of over one million of the world's most marginalised girls through quality education and learning. Access to a good quality education and learning opportunities will empower these girls to secure a better future for themselves, their families and their communities.

On the 11th March, 2020, The World Health Organisation classified the spread of COVID-19 as a pandemic. Currently, the worst affected locations are in Europe and China, but the virus has started to spread in other locations. The GEC operates in 17 countries[1]. Within these 17 countries, all schools are closed. Although guidance and action to stop the spread of the virus varies from county-to-country, in most contexts mass gatherings are prohibited, and many contexts have asked people to stay at home – impacting on economies at the macro- and micro-levels. 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 on: Gender-based Violence (GBV), Child Protection and safeguarding; *and* (2) what projects can do to mitigate these impacts. This guidance document notes that girls are not a homogenous group and integrates information regarding the impact of COVID-19 on adolescent girls who experience inequality in multiple forms – apart from only gender and age. At the end of this document, we have added a number of key resources and reference materials.

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

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[1] Afghanistan, DR Congo, Ethiopia, Ghana, Kenya, Malawi, Mozambique, Nepal, Nigeria, Pakistan, Rwanda, Sierra Leone, Somalia, Tanzania, Uganda, Zambia, Zimbabwe.

Suggested Partner Safeguarding Responses

Reporting

- 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. Potentially, hotlines could offer a valuable service to affected communities and provide basic psychological first aid to those calling during the acute phase of this crisis in particular.

- It is advised that projects 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. Projects should continue to review the capacity of services as well, particularly those that are already a part of their trusted referral pathway, for example some services may have reduced hours, or health services may not have the resources to be able to support survivors as the majority of efforts have gone into the COVID-19 response.

- Projects should update their referral pathways and promote this updated referral pathway 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: https://tinyurl.com/MISPUNFPA

- 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 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. The IASC Best Practice Guide for Inter-Agency Community-Based Complaints Mechanisms (2016) can be downloaded here: https://tinyurl.com/combasedcomplaints

Communicating

- Projects should communicate with girls from their projects (and if they have resources, the wider community) about the increased risk of VAWG and other protection concerns that may result from the crisis. Projects should continue to follow guidance previously provided on the use of IEC materials, e.g.:

  o No violence to be shown.

  o Materials are to be child friendly.

  o Projects are to implement communications which are accessible to all – different languages, children, people with a range and disabilities, people with low/no literacy.

- Adapt, translate and disseminate key messages on PSEAH through radio, TV, social media, print and other mediums. Ensure that key messages are included in public health messages. For example:

  - All kinds of humanitarian aid is free. No sexual or other favour can be requested in exchange of humanitarian assistance.

  - The humanitarian community have a policy of zero tolerance of sexual exploitation and abuse.

  Ensure to include means of reporting.

- Projects should update their communication and feedback channels by increasing the use of technology and remote communication channels, such as radio. Project may engage in the delivery of clear, consistent and accurate messages pertaining to COVID-19.

- Engage with the community and communicate to dispel any rumour or misinformation which could cause harm.

Mitigating Risk of Violence

To mitigate against 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 Handbook[2] and the IASC GBV guidelines[3] on distribution are followed).

- Ensure that you are guided by the IASC GBV guidelines (https://gbvguidelines.org/), the IASC Gender Handbook (https://tinyurl.com/su2loe7) and the PSEA Implementation Quick Reference Handbook (https://tinyurl.com/PSEAQuick) when planning and implementing all interventions – including WASH, food and non-food-item distributions, health. The guidance within these resources are invaluable for risk mitigation.

- Ensure that risk registers are updated and that SEAH and broader safeguarding risks are identified in relation to the COVID-19 response and are included within this. These risks and their mitigating measures should be communicated to the entire team by Safeguarding Focal Points.

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[2] https://interagencystandingcommittee.org/iasc-reference-group-gender-and-humanitarian-action/iasc-gender-handbook-humanitarian-action-2017
[3] https://gbvguidelines.org/en/

- Work with other responders to build capacity or to remind them about their safeguarding responsibilities. For example ensuring health care professionals understand their roles and responsibilities can be a vital contribution to the response. Projects should also utilise all opportunities to support the response of national and local partners, and ensure they are trained in Safeguarding.[4]

- Ensure that new staff members are subject to the usual background checks and reference checks. [5]

Responding to Violence

- To respond to potential increase in violence and safeguarding incidents:

  - Provide staff with a refresher training in safeguarding with a particular emphasis on understanding referrals and victim/survivor assistance, receiving disclosures safely 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 our safeguarding mechanisms have been the only opportunity to report all protection issues prior to the crisis. 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 (https://tinyurl.com/PFirstAid) . WhatsApp support groups, for example, are currently being used by protection projects (outside of the GEC) in the Middle East. Projects should develop behaviour protocols for these forums (for staff and girls), should ensure these are shared. As a basic rule, projects should have two adult moderators in groups, no images are to be shared, bullying behaviour is not to be tolerated, staff should be trained to identify grooming behaviour and should be able to refer girls to services in their area.

- 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. Projects should stay in contact with beneficiaries as much, and as safely, as they can to enable girls to more easily return to the project when the crisis is over.

Collaborating

- Work with child protection specialists and support their work where possible. Teachers and other staff members and volunteers in project networks may wish to support a response. Work with protection specialists who may wish to scale up their

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[4] https://reliefweb.int/report/world/interim-technical-note-protection-sexual-exploitation-and-abuse-psea-during-covid-19
[5] Ibid

response to the crisis and offer to support them through projects' extensive networks where possible.

- Ensure that you are coordinating with other actors who may be responding to the crisis to avoid duplication of activities and set up of joint reporting mechanisms if there are a large number of actors present. Work with the relevant government ministries and service providers, including the Gender-based Violence and Child Protection Working Groups (or where relevant, sub-clusters). Integrate the referral pathways for assistance. Work with relevant stakeholders to train COVID-19 responders on how to safely and confidentially refer survivors to trained GBV actors and ensure that the PSEA network utilises the most updated GBV referral pathways.[6]

- Work with responders and offer training and guidance on safeguarding and help them to set up reporting mechanisms. This could be a life-saving intervention in itself, even if your project is not able to engage in the formal response to the crisis.

- Where it exists, collaborate with the in-country PSEA Network to share information on high-risk areas and communication campaigns.

Gender and Protection Risks

Gendered Impact

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 Impact[7]

- 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

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[6] Ibid
[7] 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.

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 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.[8] [9]

- 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 Violence Against Women and Girls (VAWG)

COVID-19, like any crisis, has an impact on gender norms, and exacerbates violence against women and girls.[10] 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.

Ways that an increase in VAWG may manifest:

- As livelihoods are affected, intimate partner violence may increase.[11] 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.

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[8] 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].
[9] There are many examples of this from throughout the world.
[10] the term "violence against women" means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. Definition taken from the UN Declaration on the Elimination of Violence Against Women, 1993
[11] 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.

- Violence and other forms of child abuse may increase at the family level.[12] There is a heightened risk of neglect, violence, exploitation psychological distress and negative impact on children's development. As caregivers' stress and distress increases, there will be (at minimum) a vicarious impact on children.

- Child and Forced Marriage may increase as a means to cope economically for families (this can be linked to a need to decrease in the number of mouths to feed or bringing in money from bride pride). Families may feel that marrying their daughters may provide more safety for her than her family can provide in the current climate as well. With an increase in child marriage, we may also see an increase in early pregnancy and associated death. Child-birth is the second highest cause of death globally for adolescent girls.[13] With weakened health systems and an increase in marriage rates – an associated rise in maternal mortality should be prepared for. In addition to a number of other impacts: increase in 'quick marriages' leaving girls with fewer rights, intimate partner violence within child marriages are more frequent and more severe, decreased opportunity for girls' post-crisis.[14]

- 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. Diverse girls who are marginalised due to other harmful social norms, who may already have been excluded from income generating activities are more at risk of being forced into survival sex, transactional sex or sexual exploitation and abuse. This includes, but is not limited to: LGBT+ girls, girls with disabilities and girls from minority ethnic groups.

- 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 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. [15]

- Established reporting mechanisms may no longer function. GBV and Child Protection services may be closed.

- Safety, security and access to justice services may be disrupted as government institutions shift resources to the public health crisis.

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[12] 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.

[13] Spencer, D., 2015. *To Protect Her Honour*. [ebook] CARE International UK. Available at: <https://insights.careinternational.org.uk/publications/to-protect-her-honour-child-marriage-in-emergencies-the-fatal-confusion-between-protecting-girls-and-sexual-violence> [Accessed 23 March 2020].

[14] Ibid.

[15] Save the Children & Handicap International, 2011 Out from the Shadows, Sexual Violence against children with disabilities

COVID-19 and Other Protection Issues[16]

The list below is non-exhaustive. However, included below are inequalities experienced most often by the girls GEC partners work with. We recognise that many of the girls we work with will experience multiple forms of intersecting inequality and that there may be girls who experience a form of inequality which is not listed below. Partners are encouraged to get in contact with the Fund Manager for support.

Additional Child Protection Risks

- Stress, distress and trauma of children due to the death, illness or separation of a loved one, fear of disease or quarantine. Younger children may not understand what is happening.

- Girls or caregivers with pre-existing mental health conditions may not be able to access usual supports or treatments.

- Loss of caregivers due to disease may result in an increase in child-headed households.

- Increased risk and limited support for children living/working on the street, children in conflict with the law, children in detention and other children already at risk.

- Disruption of birth registration processes due to quarantine.

Possible actions for GEC projects who work with girls who may be affected by the above:

- Offer clear, child-friendly communications regarding COVID-19, and the context specific response so that children gain an understanding of what is happening in a way which is reassuring. Alternatively, offer parents or older siblings communication materials so that they may communicate with young children.[17]

- Offer psychosocial support through hotlines, where projects have training and resources.

- Work with child protection specialists and support their work where possible. Teachers and other staff members and volunteers in project networks may wish to

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[16] Much of the below has been taken from: Regional Risk Communication and Community Engagement Working Group's Guidance on COVID-19: How to include marginalised and vulnerable people in risk communication and community engagement: https://reliefweb.int/sites/reliefweb.int/files/resources/COVID-19_CommunityEngagement_130320.pdf

[17] See, https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/talking-with-children.html for an example.

support. Work with protection specialists who may wish to scale up their response and offer to support them through project's extensive grassroots networks.

People with Disabilities and People Living with Chronic Illness and HIV/AIDS:

- People living with HIV/AIDS may experience increased levels of prejudice and difficulty in accessing medication. People with chronic illnesses and who rely on life-saving medications may experience lack of access.

- Some Persons with Disabilities who contract the virus could develop a severe case of the disease as it can worsen existing health conditions.

- Some People with Disabilities face increased risk of contracting COVID-19. Some may have difficulties in implementing basic hygiene measures, others may not be able to practice social distancing because they require care or other support.

- People with Disabilities may feel left behind and may not be able to receive care and support services that they would normally have access to.

Possible actions for GEC projects who work with girls with disabilities and girls living with HIV/AIDS:

- Utilise established community systems to facilitate communication with people living with HIV, including utilising informal treatment to avoid treatment disruption.

- Ensure access to information on specific needs based on their feedback, including up to date information regarding where and how to access ARVs and other medications.

- Communicate with vulnerable groups and support them to access a supply of non-perishable food in order that they are able to take medication.

- Where projects have trained personnel and capacity, they may offer psychosocial support.

- **Remember that disabilities may be invisible. Staff members and girls may have a disability and you may not be aware of this.

LGBT+/Sexual and Gender Diverse Groups:

- There may be increased violence towards the LGBT+ community as false claims are made regarding the source of the virus. LGBT+ people may experience increased levels of violence and abuse resulting from isolation.

- Trans women are often culturally prohibited from using women's spaces yet face a high risk of violence and assault in men's spaces. Similarly, transgender men may be excluded from sex-segregated spaces and face increased risk of violence when attempting to use these spaces.

Possible actions for GEC projects who work girls who are a part of the LGBT+ community:

- Seek information and coordinate with existing LGBT+ groups, communities and centres in engagement and outreach. Reach out to regional, or global, LGBT+ groups, if not safe or possible to do so at country or community level.

- Develop communications materials with LGBT+ community that respond to their specific vulnerabilities ad concerns.

- **Remember that being LGBT+ is often an invisible inequality. Staff members and girls may be LGBT+ and may not be 'out'. Including LGBT+ people in your response planning is a vital way to ensure that LGBT+ populations feel included.

Refugees and IDPs:

- Refugees and Internally Displaced Persons (IDPs) in camp-settings are at particular risk. Social distancing may not be able to be implemented in confined spaces. Soap and water may be difficult to access in some camp settings. In this type of context, people are likely to be scared and face increased psychological stress and distress due to the perceived threat of the virus – whether the virus is present in the camp or not.

- Refugees, IDPS and migrants may not be included in national strategies and official information may not reach them.

- Where boarders are porous, refugees and migrants may travel irregularly and inadvertently circumvent health screening.

- Tensions may begin or be exacerbated between the host community and refugees/IDPs due to scare resources or rumour.

Possible actions for GEC projects who with Refugees and IDPs:

- Support the translation of dissemination of WHO and ministry of health advisories and public health information on COVID-19 and its prevention into preferred languages of refugees and migrants. Ensure messages are tested with different groups.

- Advocate for inclusion and non-discriminatory access of refugees and migrants to public health services.

Conflict Sensitivity:

- Breakdown of trust within communities, competition over scarce resources and limited access to community support services may exacerbate cleavages within communities leading to conflict or escalating existing conflicts/tensions.

- In some contexts, isolation may be seen as an opportunity by some armed groups. In Colombia, for example, there have already been attacks on villages as human rights defenders are in isolation and no longer able to protect indigenous groups.

Possible actions for GEC projects to mitigate risk of conflict in their response:

- Work to ensure that multiple languages of communication are used when sharing vital information.

- If engaging in response work you are aware of conflicts, tensions and cleavages and that you do not exacerbate these. Work with the community to ensure you understand the context and avoid causing harm.

Useful Resources

Protection from Sexual Exploitation and Abuse and Safeguarding

BOND Safeguarding Resources: https://www.bond.org.uk/resources-support/safeguarding-resources

CHS Alliance, PSEA Implementation Quick Reference Handbook: https://www.chsalliance.org/get-support/resource/psea-implementation-quick-reference-handbook/

The Inter-Agency Standing Committee, Interim Technical Note: Protection from Sexual Exploitation and Abuse (PSEA) During COVID-19 Response, https://reliefweb.int/report/world/interim-technical-note-protection-sexual-exploitation-and-abuse-psea-during-covid-19

Keeping Children Safe Resource Library: https://www.keepingchildrensafe.global/category/resource-library/

Child Protection

The Alliance for Child Protection in Humanitarian Action's, Guidance Note: Protection of Children During Infectious Disease Outbreaks: https://alliancecpha.org/en/system/tdf/library/attachments/cp_during_ido_guide_0.pdf?file=1&type=node&id=30184

The Alliance for Child Protection in Humanitarian Action's, Guidance Note on the Protection of Children During the COVID-19 Pandemic: https://alliancecpha.org/en/COVD19

The Minimum Standards for Child Protection in Humanitarian Action can be found here: http://www.cpaor.net/sites/default/files/cp/CP-Minimum-Standards-English-2013.pdf

Gender-based Violence

The GBV Area of Responsibility is hosting a number or GBV-specific webinars that some of our partners may find useful. They are also compiling a number of relevant resources on their website regarding GBV responses to COVID-19.

Website: https://gbvaor.net/thematic-areas?term_node_tid_depth_1%5B121%5D=121

The Inter-Agency Standing Committee's Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: https://gbvguidelines.org/en/

Gender and Social Inclusion

Regional Risk Communication and Community Engagement Working Group's Guidance on COVID-19: How to include marginalised and vulnerable people in risk communication and community engagement: https://reliefweb.int/sites/reliefweb.int/files/resources/COVID-19_CommunityEngagement_130320.pdf

The Inter-Agency Standing Committee's Gender Handbook for Humanitarian Action: https://interagencystandingcommittee.org/iasc-reference-group-gender-and-humanitarian-action/iasc-gender-handbook-humanitarian-action-2017

Disability

The Inter-Agency Standing Committee Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action: https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines