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COVID-19 - GBV Risks to Adolescent Girls and Interventions to Protect and Empower them

INTERNATIONAL RESCUE COMMITTEE

1. Introduction

The gendered impacts of infectious disease outbreaks and their propensity to increase Gender-Based Violence (GBV) have been well-documented in each of the most recent major epidemics - including Zika, SARS and Ebola.[1] Early evidence indicates that COVID-19 is no different in this respect, with GBV providers and community groups reporting a sharp increase in reported incidents of Intimate Partner Violence.[2] Adolescent girls are particularly vulnerable. Studies of past disease outbreaks and other humanitarian crisis have shown that without targeted intervention, COVID-19 will heighten pre-existing risks of GBV against girls, stymie their social, economic and educational development and threaten their sexual reproductive health.[3] This paper looks to set out the particular vulnerabilities for adolescent girls and provides practical guidance on how to provide girls with targeted support during the course of the COVID-19 pandemic.

2. Impact on Adolescent Girls

Sexual exploitation and abuse

While definitive economic cost projections for COVID-19 are not yet available, it does seem likely that the pandemic will have significant global economic impacts. There is well established evidence that economic insecurity can lead to sharp rises in intimate partner violence and exposure of adolescent girls to sexual exploitation, harassment and other types of gender-based violence[4]. The 2014 Ebola outbreak was estimated to have cost affected countries between $2.8-$32.6 billion in lost gross domestic product. It created substantial economic hardship for populations that were already highly economically insecure.[5] The dire economic conditions in turn, provided ample opportunities for perpetrators to exploit adolescent girls' need to attain basic necessities to survive. Multiple accounts have been documented of burial teams, drivers, frontline health workers and others; demanding sex in exchange for food and vaccines.[6] COVID-19 presents similar risks including- as in other outbreaks, the risk of adolescent girls being exploited by extended familial or community network systems if their trusted caregiver (s) falls ill or dies during the course of the pandemic. This also includes commercial sexual exploitation, with perpetrators grooming families facing economic hardship to sell their girl children, or grooming girls online (in contexts where girls have internet access).[7]

Risk of quarantine measures increasing GBV and unpaid care

Increased exposure to abusers at home due to pandemic controls restricting mobility will invariably lead to an increase in GBV experienced by adolescent girls from caregivers and/or intimate partners at home.

1 Smith J, Overcoming "the tyranny of the urgent": integrating gender into disease outbreak preparedness and response ,2019
2 UN Women, COVID-19 and Ending Violence Against Women and Girls , April 2020
3 The Coalition for Adolescent Girls, Missing the Emergency: Shifting the Paradigm for Relief to Adolescent Girls, 2012
4 O'Donnell, Peterman & Potts "A gender lens on covid-19: pandemics and violence against women and children" April 2020
5 ibid.
6 The Guardian, Ebola vaccine offered in exchange for sex, https://www.theguardian.com/global-development/2019/feb/12/ebola-vaccine-offered-in-exchange-for-sex-say-women-in-congo-drc. See also Save the Children, Children's Ebola Recovery Assessment: Sierra Leone, 2015
7 https://www.ecpat.org/news/covid-19-sexual-abuse/

GBV specialists tracking the impact of COVID-19 on women and girls across the globe are beginning to draw attention to a 'shadow pandemic' of violence against women and girls[8] – mirroring language from the Ebola outbreaks in West Africa, where researchers declared a silent "epidemic of rape, sexual assault and violence against women and girls".[9] Due to the highly contagious nature of COVID-19 and the restrictive mobility measures enacted to control its spread, access to, and the availability of, GBV services targeted at adolescent girls to operate will be highly restricted. Adolescent girls will also be expected to support their female caregivers in not only managing the usual household duties of cooking, cleaning, obtaining water and firewood, but also taking care of sick family members, including those who cannot access formal healthcare-duties that will not only increase their unpaid care labor, but also increase their exposure to the virus[10].

Poor education outcomes

UNESCO estimates 1.54 billion children and youth - including 111 million girls living in low income settings - are currently out of school because of COVID-19 school closures.[11] School closures due to the COVID19 pandemic could lead to millions more girls dropping out before they complete their education, especially girls living in poverty, with a disability or living in rural isolated places. These girls already struggle to access a nearby school and to learn the basics, they can depend on schools to build vital and sometimes protective, social networks. Even before this pandemic, millions of girls were contending with poor quality education – and millions were not on course to meet minimum proficiency in basic reading and math, nor the secondary level skills, knowledge and opportunities they need for a productive and fulfilling life[12].

Risk of early/forced marriage and very early pregnancy

The pandemic risks not only reversing progress made in increasing girls equitable access to education, but may also lead to increased incidents of pregnancy and early/ forced marriage. During the Ebola outbreak, school closures are thought to have played a key factor in a sharp rise in adolescent pregnancies- with some parts of Sierra Leone reporting a 65 per cent increase[13]. Pregnant girls and adolescent mothers do not tend to go back to school due to stigma, childcare, economic considerations and the status of laws, policies, and practices that block their access to education. Quarantine measures in already cramped and insecure housing and exacerbated economic strain may place additional burden on households which could result in early or forced marriage as a coping mechanism to 'ease the burden'.

Increase in sexual reproductive health risks

Evidence from past epidemics indicates healthcare resources directed at women and girls are at risk of being diverted towards addressing the pandemic. Challenges in accessing menstrual hygiene products and sexual and reproductive health services will exacerbate girls existing reproductive health risks (e.g. pregnancy and childbirth complications which is one of the leading causes of death among girls aged 15-19 years old[14]). There may also be an impact on survivors of sexual violence being able to access clinical management of rape services. Even where such services may be still operational, fear of infection may find caregivers reluctant to allow adolescent girls to access such services.

Unequal access to information

With tight restrictions on movement and assembly being a common response of many governments attempting to stem COVID-19, support services and general information on the virus are being delivered through remote/phone and virtual modalities. While mobile phone ownership and access has increased globally, women are still less likely than men to own a phone and it is estimated that there are 443 million "unconnected"[15] adult women in the world. Figures of non-ownership for adolescent girls in low-income settings are likely to be quite high. Additionally, close monitoring of adolescent girls by abusers in a context of confinement may make it challenging for some girls to use a phone or the internet even if they own or have access. It is therefore important that services designed to target adolescent girls and protect them from home, do not rely on 'high tech' solutions alone.

[8] O'Donnell, Peterman & Potts, A gender lens on covid-19: pandemics and violence against women and children April 2020
[9] ibid.
[10] CARE & IRC, Global Rapid Gender Analysis for COVID-19, March, 2020
[11] Plan, How will COVID-19 Affect Girls and Young Women?
[12] See UNICEF-WHO-IFRC operational guidance on protecting children and schools from COVID-19
[13] UNFPA, Recovering from the Ebola virus- rapid assessment of pregnant adolescent girls in Sierra Leone, 2017
[14] https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy

3. Key Considerations for Programming

The primary programming concern for adolescent girls is that any adaptation made to existing interventions takes into account adolescent girls' access and safety. In contexts where it is still possible to do so, prioritize consulting with girls to understand how best to stay connected to them and how best to get information to them, should the COVID-19 situation and mobility restrictions escalate. Ask them what they need/want in the current context and how they want to be involved in planning and response. Other considerations are outlined below:

Adapt safe space programming.

As stated in interagency guidance **Women and Girls Safe Spaces (WGSS) should not close at the first sign of COVID-19 as they facilitate life-saving interventions.** In addition to being an entry point for case management, a source of psychosocial support and relief, in the context of COVID, WGSS can be used as a key entry point and service point for continuity of care for women and girls, including sexual reproductive health services, when health services become overburdened. The aforementioned interagency guidance on adapting WGSS programming in the COVID-19 context provides recommendations for adaptations to reduce the risk of transmission. These apply to WGSS or any other programming that involves the gathering of girls. Key actions include:

- **Improve overall hygiene practices, institute cleaning/disinfecting measures[16].**
  This includes hygiene and sanitation points as well as the use of masks. When there may still be activities within confined spaces, staff and girls should wear masks and be guided on their proper use. Where procurement may be challenging, or lack of resources a barrier, consider a fun activity in which girls can make simple coverings with cloth that can be regularly washed and replaced. Ensure staff and clients are observing respiratory hygiene (e.g. cough/sneeze into elbow or disposable tissue).

- **Maintain a clean workplace** by ensuring safe waste management, environmental cleaning and disinfection of items or equipment used by clients.

- **Redesign the WGSS to avoid congestion.**
  In addition to changing the set-up of the WGSS, to allow for social distancing, consider moving activities that are recreational and do not involve sensitive content or require privacy to outdoor, open spaces.

- **Reduce both the schedule of group activities and the number of participants to allow for enough space for recommended social distancing measures.**
  Fewer numbers of girls gathering is safer in terms of infection control. If spaces are permitted to operate, consider smaller group numbers and more activities. Look to rotate/repeat activities during the week so all girls can access but with small groups of girls in each activity. Ensure adequate distancing in activities so that girls can access services and keep at least 1 meter apart.

- **Assess staff and/mentors who may be at high risk due to pre-existing health conditions or age** – and place them on paid leave (if possible) or on duties that strictly minimise direct contact.

Continue case management services.

As all GBV cases involving adolescent girls are considered high risk, case management services for adolescent girl survivors should be prioritized and continue to the extent possible. Assess the risk and feasibility with adolescent girls and their safe caregiver or another trusted adult of remote case management, and discuss and adapt safety plans according to mobility and other restrictions. Adapt case plans accordingly, including any changes to accessibility and availability of GBV referral services and mental health and psychosocial support (MHPSS). For new cases, establish clear protocols.

Facilitate access to information.

Girls with access to technology can be reached through WhatsApp or other messaging systems. However, given the digital divide for adolescent girls, messaging for girls must be available through other avenues and

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[15] CARE & IRC, Global Rapid Gender Analysis for COVID-19, March, 2020
[16] WHO Getting your workplace ready for COVID-19

must also take into consideration language, literacy, ability and limited movement and be based in the reality of what is most commonly accessed by girls.

- Where possible consider delivering information door-to-door or in small groups gathered in outdoor areas that maintain physical distancing.
- Develop radio messaging specifically for adolescent girls and radio programming, such as short stories, that can be both a learning and recreational outlet.
- Incorporate messaging for adolescent girls into communications with parents so that they can share with adolescent girls. Include in communication with parents the importance and benefits of girls returning to school post-COVID-19.
- Ensure that any messaging specific to COVID-19 counteracts rumours.

Provide girls with dignity/hygiene kits.

For many adolescent girls, menstruation is already challenging to navigate, and many girls will also get their first period during this time. There may be issues related to their access to communal WASH facilities and their ability to wash and access sanitary products. Coordinate with ASRH actors to include messaging on ASRH and managing menstruation as well as messaging on how girls might access ASRH information or services. Distribution points, in general, can be entry points for providing services to women and girls (Please see UNICEF guidance 'Not Just hotlines and Mobile Phones: GBV Service Provision and COVID-19).

Provide girls with learning and recreational kits.

Coordinate with education actors to develop and distribute learning packs to adolescent girls so that they can continue to have access to learning and educational resources. Distribute recreational kits that include items that facilitate activities for adolescent girls (drawing, writing, crafts, sports equipment, etc.).

Train first responders[17].

Ensure that first responders are trained in basic response to GBV, including adolescent-friendly communication techniques and specific issues related to adolescent girls, such as early marriage[18]. Coordinate closely with ASRH actors to incorporate basic ASRH information into training.

Resource and build capacity of frontline groups.

This includes women's activist groups, community-based female led youth groups, mentors, female community volunteers who are or will be responding within the community. Ensure these groups /volunteers include young women members/volunteers or older adolescent girls themselves who will be better placed to reach other girls, and that they receive training in basic response to GBV as noted above with key considerations for adolescent girls. These key community focal points must be allowed to move within restrictions and be at distribution points, food markets/shops at certain times to provide advice, support and onward referral for women and girls. (see further forthcoming guidance from UNICEF).

Coordinate with non-GBV actors[19].

Coordinate with Health, women's organisations, youth networks, ASRH, Child Protection, Education, disabled persons organisations and organisations providing specialized support for minority groups and other non-GBV actors on updated mapping of safe services for adolescent girls and ensuring these changes are reflected in referral pathways and disseminated accordingly, using strategies noted above to reach adolescent girls. Where joint agreements or SOPs between GBV and Child Protection actors exist in relation to case management for child and adolescent survivors, discuss adaptations as needed.

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[17] See the Interagency Pocket Guide - How to support survivors of gender-based violence when a GBV actor is not available in your area
[18] Interagency GBV Case Management Guidelines 2017
[19] See The Compact for Young People in Humanitarian Action- COVID-19 working with and for young people (forthcoming)