IMPLICATIONS OF THE COVID-19 CRISIS ON GIRLS AND YOUNG WOMEN

> **"It is difficult to go to the doctors. We have to walk a very long way and need to stand in a long queue. Even then we do not get the proper medicine."**
>
> **Adolescent girl, Myanmar[1]**

The world is facing an unprecedented global public health crisis. The Covid-19 pandemic is causing the worst health crisis of a generation and is severely challenging the most advanced economies, with a rising number of fatalities. The consequences for poorer countries with fragile health systems and limited ability to mitigate the economic and social consequences, could be catastrophic.

To overcome it will require the highest degree of international and regional cooperation, information sharing, and solidarity to ensure a well-coordinated response that protects people in all parts of the globe.

The pandemic is deeply affecting the environment in which girls and all children grow and develop. While children and young people's health and mortality currently appears less impacted by Covid-19 than older adults, our experience shows that health crises such as this can disproportionately affect girls and all children in a number of ways. Their education will be interrupted, protective structures disrupted, and their families and communities placed under stress by health and economic burdens. Unless addressed, this will have a devastating impact on their longer-term wellbeing and resilience.

This paper is based on a review of existing evidence and learning and Plan International experience as well as what we know to date about the Covid-19 impacts on girls and young women.

Girl washes hands using one of the new handwashing systems in Indonesia

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1 Plan International, Adolescent Girls in Crises – Voices of the Rohingya, 2018

EDUCATION

> **Most parents cannot read or write so they cannot help their children at home.**
>
> **Community leader, Liberia[2]**

Out of the total population of students enrolled in education globally, UNESCO estimates that over 89% are currently out of school because of Covid-19 closures. This represents 1.54 billion children and youth enrolled in school or university, including nearly 743 million girls[3].

Over 111 million of these girls are living in the world's least developed countries where getting an education is already a struggle[4]. These are contexts of extreme poverty, economic vulnerability and crisis where gender disparities in education are highest. In Mali, Niger and South Sudan — three countries with some of the lowest enrolment and completion rates for girls — closures have forced over four million girls out of school.

For those girls that do have access to education, the closure of schools and other educational settings in response to the Covid-19 pandemic will present a further barrier to learning, depriving girls of a protective environment and access to sources of life-saving information and psychosocial support. Where school feeding is disrupted, girls' nutrition may also be affected.

KEY STATISTICS:

- **89% of children** are currently out of school because of Covid-19 closures. This represents 1.54 billion children and youth enrolled in school or university, including nearly 743 million girls.

- During the Ebola outbreak in 2015 in Sierra Leone:
  - when schools were closed, **only 30%** of children asked said that home learning was taking place
  - **70% of communities** asked stated that children were no longer receiving routine vaccinations
  - in parts of the country, the teenage pregnancy rate **increased by 65%.**

- In the DRC, the Ebola epidemic saw a **70% decrease** in distribution of contraceptives.

As dropout rates rise following school closures, many girls may never return to school, further entrenching gender gaps in education, increasing the likelihood of child marriage and exploitation[5],

2 Plan International, *Ebola: Beyond the Emergency*, 2015
3 UNESCO, *COVID-19 Educational Disruption and Response*, 2020
4 Ibid
5 Global Partnership for Education, *GPE's response to COVID-19: Rapidly mobilizing to face an unprecedented challenge*, 2020

and undermining girls longer term opportunities. This is particularly true for girls who become pregnant or married during the period of school closures.

During the Ebola outbreak when schools were closed, for example, only 40% of children asked in Liberia and 30% of children asked in Sierra Leone said that home learning was taking place, mostly the occasional reading of old notes. The evidence from Sierra Leone suggests that girls are much less likely to home study than boys, possibly because of their greater domestic and caring responsibilities[6].

PROGRAMME ADAPTATION CASE STUDY

Girls' Education Challenge – Ghana

The Girls' Education Challenge (GEC) is working to ensure that 6,032 girls (including both existing primary and junior high school girls and out-of-school girls) are supported to successfully complete primary school. Running in 72 schools, the project draws on solar-powered, satellite-enabled distance learning to deliver interactive learning sessions to students, teachers, communities and government officials across Ghana.

Following the closure of schools and education institutions in Ghana, the Government of Ghana tasked the Education and Communication ministries to roll out a distance learning programme.

Plan International has offered to the Ghanaian Education Service (GES) the immediate use of its five studios and technical team, for the production of content to transmit on a dedicated GBC (Ghanaian Broadcasting Cooperation) channel.

We are also making available the experienced MG3 team to complement the GES and GBC in technical production. This includes our studio technicians (recording and post production) and the master teacher trainers who will work with the curriculum specialists from the National Council for Curriculum and Assessment (NaCCA) to develop adapted content for distant learning.

We are specifically supporting with televised programmes, as per MG3's experience, with other entities involved in radio programmes.

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6   Plan International, *Ebola: Beyond the Emergency*, 2015

Raising awareness of Covid-19 in community in Ghana

HEALTH AND WELLBEING

" **Some children watch their parents die before their eyes and cannot do nothing to help. This is getting our children traumatised.** "

Mother, Liberia[7]

Measures to limit the spread of Covid-19, including movement restrictions and border closures are already limiting access for humanitarian personnel and assistance, and resulting in the disruption of services and supplies essential for adolescent girls' health, safety and wellbeing.

The suspension of health services and the lack of attendance are likely to have a longer-term public health impact. This is sharply illustrated by the case of vaccinations. According to participants in research conducted during the Ebola outbreak, vaccination programmes in parts of Liberia appeared

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7   Plan International, *Ebola: Beyond the Emergency*, 2015

to come to a complete stop during the outbreak. The situation in Sierra Leone appeared slightly better; however, 70% of communities included within the research stated that children were no longer being vaccinated as they were before the outbreak[8].

Adolescent girls, including survivors of gender-based violence (GBV), have unique sexual and reproductive health (SRH) needs and face greater barriers to accessing services. An inability to prevent unintended and/or unwanted pregnancies will lead to an increase in adolescent mothers, whose risk of dying from complications in childbirth is already significant. Evidence from previous epidemics has shown the strain on health services is likely to lead to resources diverted away from routine health services, including pre and post-natal care required for safe delivery.

Disruptions in supply chains caused by current lockdown measures, including in India and China as two major exporters of pharmaceutical products, risk leading to significant stockouts of essential sexual and reproductive supplies. In the DRC, the Ebola epidemic saw a 70% decrease in distribution of contraceptives[9].

A lack of water, sanitation and hygiene (WASH) facilities and drinking water make communities particularly at risk of suffering the consequences of Covid-19. Many of the prevention measures, such as hand washing and social distancing, are challenging if not impossible to carry out, particularly in refugee camps. Previous health crises have also shown that a reduction in household income combined with disruption to the services that usually supply girls and young women with hygiene and sanitation products leave them at increased risk of sexual exploitation in order to access these products.

The need for mental health services and counselling is also paramount, as many people, including children, adolescents and young people, are facing high levels of anxiety and stress related to Covid-19. Again, as seen from our research during the Ebola crisis, many children spoke about being unhappy, feeling lonely, being heartbroken at the loss of loved ones and about fear. Ebola challenged the emotional wellbeing of children by disrupting their friendships, through bereavement, through the loss of their hopes for education and even through the loss of the normal care and intimacy from parents.

8 Ibid
9 Barden-O'Fallon J, Barry MA, Brodish P, Hazerjian J. Rapid Assessment of Ebola-Related Implications for Reproductive, Maternal, Newborn and Child Health Service Delivery and Utilization in Guinea. PLOS Currents Outbreaks. 2015:

VIOLENCE AGAINST WOMEN AND GIRLS

> **We are encountering lots of teenage pregnancy...Prostitution is rampant, girls don't eat unless they sleep with older men for money...Now, we girls have sex with our father's age group, because we need money and men don't give money for nothing.**
>
> **Selection of quotes from a girl's group, Sierra Leone[10]**

Quarantine measures to limit the spread of Covid-19 are already exacerbating the risks of intimate partner violence and other forms of GBV, as households are placed under increased stress by health and economic burdens[11].

These trends are likely to increase around the world, as evidence shows that all the forms of violence against girls and young women faced outside of emergencies are multiplied in humanitarian contexts. In parts of Sierra Leone, for example, the teenage pregnancy rate increased 65% during the Ebola epidemic[12].

Disruption of social and protective networks (hotlines, shelters and protection services) and decreased access to services, through movement restrictions and service provision all exacerbate the risk of violence against girls and women[13].

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Girl makes face mask using the sanitiser handcraft kit in Jordan

10 Plan International, *Ebola: Beyond the Emergency*, 2015
11 https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence
12 UNDP, Assessing Sexual and Gender Based Violence during the Ebola Crisis in Sierra Leone, 2015
13 WHO, *COVID-19 and violence against women: what the health sector/system can do*, 2020

Sonekham, 23, teaches children how to wash their hands, Lao

PROTECTION

> **Children are neglected, especially the orphans from Ebola. Even when they look healthy, people can still be afraid to take them. Most times they can't even have food to eat, they have to beg.**

Mother, Sierra Leone

Quarantine or confinement measures may mean that children, especially those displaced by conflict or disasters are at increased risk of being separated from their primary caregivers or of suffering neglect, abandonment, violence and exploitation.

Secondary impacts of the outbreak, such as loss of jobs and disruption to education, may also cause an increase in sexual violence, exploitation, trafficking and child labour as girls and women struggle to support their families.

An estimated 16,600 or more children lost one or both parents to Ebola[14]. The research found that in most instances relatives, friends or neighbours are taking on the responsibility of caring for orphans despite the ongoing fear and stigma that continue to surround the disease.

Plan International research during the Ebola outbreak indicated that while most orphans are cared for by the community in some way, it was suggested that the quality of care is sometimes low. Over 20% of the adult focus groups in Liberia and Sierra Leone said that orphans were either not properly supervised, or not properly fed[15].

PROGRAMME ADAPTATION CASE STUDY

Girls Out Loud is an innovative programme to create digital safe spaces for girls through the use of closed, moderated Facebook groups. Launched in 2019, the initiative is currently live in Colombia, Guatemala, the Dominican Republic, and Senegal, with more than 1,500 girls participating. As with traditional, in-person safe spaces, Girls Out Loud groups provide girls with an opportunity to connect with their peers, learn about and discuss key issues that are important to them, and they benefit from access to a trusted female mentor.

With social distancing measures and mobility restrictions increasingly in place in many contexts, Girls Out Loud online groups provide a valuable opportunity for girls to maintain connections with their peers and to access information and social support. Girls at risk or in need of support can also privately message the group moderator, who is trained to provide psychological first aid, as well as to support referrals to locally available services. With Covid-19 expected to drive a spike in intimate partner and domestic violence, Girls Out Loud groups offer an increasingly critical channel for girls to access services and support remotely.

We are also now using Girls Out Loud Facebook pages to disseminate health information related to Covid-19 and how girls can stay safe. Participating girls have expressed gratitude for reliable, accurate information that they can trust, given the spread of misinformation about the virus.

We are currently exploring how we might be able to scale this initiative to other countries where Plan International operates.

14 UNICEF, 2015
15 Plan International, *Ebola: Beyond the Emergency*, 2015

LIVELIHOODS

❝ This community was quarantined so the farmers cannot go out to work on their farms and so lost many crops. ❞

Girl, Sierra Leone[16]

The Covid-19 pandemic will have devastating consequences for peoples' livelihoods, especially in fragile and crisis-affected contexts. Prior experience shows that as livelihoods collapse, households' food security will deteriorate, resulting in rises in hunger and malnutrition, especially for children.

Economic stress is also highly likely to increase negative coping strategies, including child labour and child, early and forced marriage, and recruitment by armed forces and armed groups, increasing risks of sexual exploitation and adolescent pregnancy[17].

During the Ebola outbreak in Sierra Leone research showed that 80% of children asked in focus groups said that they had seen more girls of a young age getting married. In that outbreak children reported a direct correlation between school closure and increases of child labour and exploitation, exposure to violence in the home and community, and teenage pregnancy.

Disease outbreaks exacerbate burdens of unpaid care and domestic work on girls and young women, who bear greater responsibility for caring for elderly and ill family members, while also increasing their risks of infection. School closures are likely to further burden girls and young women by leading to additional childcare responsibilities.

Economic stress during the Ebola crisis as well as other factors such as restriction of movement led to a sharp increase in the price of many staple foods, coinciding with a significant decline in household incomes as a result of diminished economic activity. Furthermore, those stigmatised by Ebola sometimes found that they could not buy food at any price.

Children described in detail a reduction in the number of cups of rice their family were eating per day and how they were no longer eating meat, fruits or other quality foods. Almost all those interviewed in Plan International research described an increase in child undernourishment in the community as a result of Ebola[18].

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16 Ibid
17 Save the Children, Plan International, World Vision, UNICEF, *Children's Ebola Recovery Assessment: Sierra Leone*, 2015
18 Plan International, *Ebola: Beyond the Emergency*, 2015

PARTICIPATION, GOVERNANCE AND ACCESS TO INFORMATION

" I have a radio, but I don't have the mind to buy batteries when my children are crying with hunger. I'd rather buy food for my children with the little money I have. "

Father, Sierra Leone[19]

Understanding the needs, knowledge and concerns of population groups is essential for designing effective public health messaging and responses to disease outbreaks. However, girls and young women are less likely to be consulted or represented, which leads to their specific needs not being considered and services being less effective.

They also often have less access to information, lower levels of education and are more likely to be missed in communication efforts, meaning that they are less able to protect themselves and their families and are more vulnerable to misinformation. Girls and young women in refugee communities may face additional barriers to information, including language.

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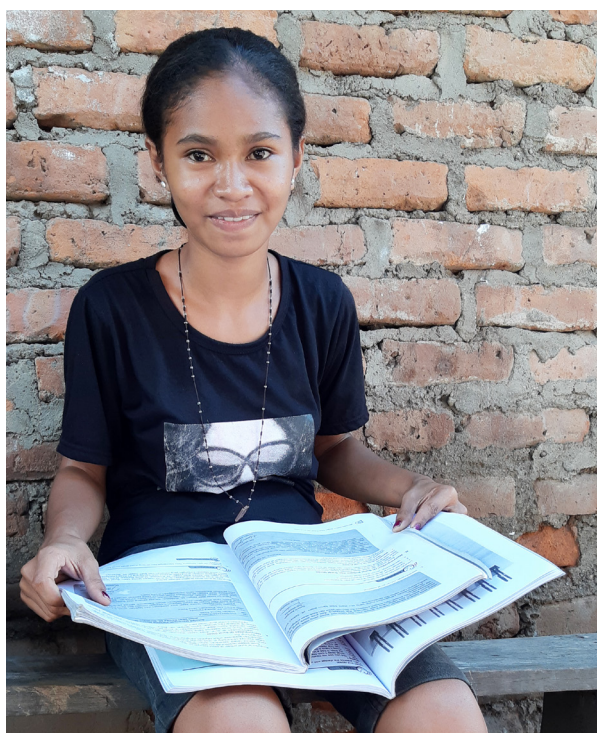
Angel, 13, with the school work she now does at home, Indonesia

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19 Ibid

FRAGILE AND CONFLICT-AFFECTED SETTINGS

"The difficulties [with accessing healthcare] are drugs are too expensive to buy due to high inflation... and the roads are blocked due to insecurity."

Girl, South Sudan[20]

In humanitarian contexts, a health epidemic is likely to mean the further erosion of already weak protection structures and education access, even greater stress on livelihoods, and heightened levels of anxiety, fear and worry. As crises exacerbate age, gender and other inequalities, girls, especially those from marginalised communities and with disabilities, may be particularly hard hit.

Crisis-affected populations, particularly refugees, asylum seekers and people on the move, risk being excluded from national Covid-19 preparedness and response plans. Refugees are frequently stigmatised, lack access to health services and information and are excluded from decision-making forums.

Girls within crisis-affected populations face additional discrimination and barriers to participation and access to services. As a result, their needs are likely to be overlooked in Covid-19 responses by national and local authorities. Refugees and asylum seekers also risk having their rights disproportionately violated by measures to control the outbreak, including their right to seek asylum.

Even before the Covid-19 pandemic, humanitarian needs outstripped available funding, particularly in neglected and forgotten crises. Preparing for and responding to the spread of Covid-19 will stretch, and in some cases redirect, these resources from key areas such as child protection and GBV services, education and SRHR rights. Funding for existing programming must be preserved.

As key donor countries face economic shocks resulting from the Covid-19 pandemic, there is a risk that humanitarian resources will shrink further, just as needs escalate. The most vulnerable, particularly girls and young women, will be hit the hardest by increasing funding gaps.

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20 Plan International, Adolescent Girls in Crises – Voices from South Sudan, 2018

RECOMMENDATIONS

For the UK Government:

- **Lead a coordinated global response to the global health crisis:** Work with bilateral and multilateral actors international NGOs and civil society including at the national level, to press for a principled, joined up, gendered humanitarian response that is based on need and to an appropriate scale. Use established response mechanisms wherever possible and ensure the UN system at all levels is coordinated, has clearly defined roles and takes a leading role in assisting and protecting populations most at risk including, women and girls refugees and internally displaced people.

- **Promote the localisation agenda:** The complexity of the Covid-19 crisis, and restrictions on movement globally as well as within borders, means that an effective Covid-19 response requires a 'whole of society' effort in each context. Civil society – especially national and local civil society – have critical roles to play, both in support of government systems strengthening, and in terms of frontline assistance and protection, particularly in conflict-affected areas. DFID should:

  – Adapt funding and compliance processes to ensure more funds are able to reach local and national civil society organisation.

  – Prioritise supporting local girls' and women's rights organisations who are especially important at reaching vulnerable populations, particularly those who are likely to experience GBV and protection risks.

- **Continue to prioritise gender equality:** Take account of the increased risk and impact on girls and young women, ensuring that targeted measures are taken to protect their safety and support continued or new learning opportunities created.

  – Incorporate analysis of the differential impacts that Covid-19 has on women and girls into all responses, in line with the Gender Equality Act.
  – It is critical that resources are not diverted from programmes essential to the health, safety and wellbeing of girls and young women and that funding for child protection, GBV prevention and response, education and SRHR programming is protected, and if necessary increased in line with needs.
  – Include gender specialists as part of Covid-19 planning and response teams to support gender analysis and development of tailored responses.

- **Prioritise learning continuity:** As Covid-19 forces 1.5 billion children including 743 million girls out of school in 184 countries, there are grave concerns that rising drop-out rates will disproportionately affect adolescent girls. DFID should:

  – Provide financial support to close the education financing gap in the Covid-19 Humanitarian Response Plan.
  – As Education Cannot Wait (ECW) and the Global Partnership for Education (GPE) scale up their support, DFID should top up existing support to these funds.
  – As schools close, scale up its support to non-formal learning, including using technology.
  – Ensure programme scheduling and learning structures are flexible and allow self-paced learning so as not to deter girls who often disproportionately shoulder the burden of care.

- **Commitment to sexual and reproductive health and rights (SRHR):** Ensure that DFID response measures to Covid-19 integrate and are in line with DFID's strong commitment to a comprehensive approach to SRHR, including access to safe abortion, and place emphasis on the particular needs of marginalised groups, especially adolescent girls.

  – As a champion of family planning and major supporter of the UNFPA Supplies programme, DFID should ensure further support for a strengthening of supply chains and additional measures as needed to ensure availability of essential SRH supplies.
  – Support the continued provision of essential SRHR services as outlined in the Minimum Initial Service Package (MISP).
  – Consider how DFID can offset the additional barriers to SRHR faced by adolescent girls during this crisis, through supporting interventions focusing on the wider socio-cultural environment within which girls' agency and access to SRHR is framed.

- **Prioritise gender-based violence (GBV) services as essential and life-saving:** Ensure that response plans consider and prepare for expected surges in GBV.

  – Invest in scaling up response services, including mobile and online support, working with specialist women's and girls' rights organisations.
  – Integrate GBV into the public health response, by e.g. training and supporting health workers to identify and sensitively handle disclosures of abuse and ensuring that medical services for GBV survivors are not deprioritised.

- Support national governments and CSO's to ensure protection and social welfare services remain open and central to preparedness and response to Covid-19 and that they are funded adequately throughout all stages of response.
- Ensure GBV risk mitigation measures are considered and integrated into responses across other sectors, including education, child protection, livelihoods, etc.

- **Support a rapid response with funding support:**

  - Urgently establish a new fund available to international, national and local CSOs and their partners to enable rapid at scale global response to the pandemic. This should focus on support for vulnerable populations, areas and countries which may have least capacity to access support. New funds should also be allocated on a 'no regrets' basis – including for preparedness in countries where detected cases are currently low.

  - Recognising the economic impact of the crisis on UK based INGOs which is already impairing their ability to operate programmes in their countries of operation, commit to a key stabilisation fund or loan mechanism enabling UK INGOs to continue operating at this critical time and enabling the retention and deployment of staff.

- **Provide maximum flexibility for existing agreements:** Provide existing fundsholders – grantees and contract suppliers – with flexibility to pivot existing programmes towards dealing with the pandemic. This includes: adapting existing restricted grants to be unrestricted to maintain operational integrity; reallocating funding agreements – grants and contracts – in line with new goals that have been affected by Covid-19; measures that enable the retention and deployment of staff and coverage of other necessary costs; and increased flexibility on processes such as payment in advance rather than arrears as a default, and procurement and award management rules, specifically costed extensions, project close out and simplifying reporting requirements (in line with other donors e.g. USAID administrative relief).

For international organisations and donors:

- **Donors should pledge financial and political support to the Global Humanitarian Response Plan for Covid-19:** Initially, US$2 billion is required between April and December 2020 for additional humanitarian interventions due to Covid-19. It is critical that pledged funds are released rapidly to humanitarian partners to ensure a timely response.

- **Funding must be protected at this time of increasing needs:** Donors must continue to provide funding for existing programmes, but also increase flexibility and simplify funding arrangements to enable humanitarian organisations to adapt responses to the rapidly shifting context of the Covid-19 pandemic, while also ensuring a duty of care to staff.

- **A global co-ordinated response:** Governments must support global and regional institutions and mechanisms such as the WHO, G7, G20, UN agencies and commissions, global health authorities, multilateral finance and human rights bodies, and the international humanitarian system, to spearhead a coherent and effective global response.

- **Plan for and respond to different gender and age impacts:** Global, regional and national authorities that are planning and implementing measures to prepare for and respond to the Covid-19 outbreak must recognise that disease outbreaks affect girls and boys, women and men differently.

  - They should ensure that policies and interventions to prepare for and respond to the outbreak are equitable, gender-transformative, protective of human rights, inclusive of the poorest and most vulnerable people in society, and responsive to the different needs and risks faced by individuals.

- **Ensure the engagement of communities:** Girls and young women, especially those from marginalised communities and with disabilities, may be particularly affected by the secondary impacts of the outbreak due to their age, gender and other exclusion factors.

  - Public authorities must promote and ensure the engagement of communities – including local leaders, families and caregivers, in particular women and girls – so that they are part of the response and solutions to protect lives and prevent the spread of the virus.

- **Recognise the impact on children and young people:** While children's health appears to be less directly impacted by Covid-19 than older adults, it must be recognised by decision-makers worldwide that the outbreak will deeply affect the environment in which children grow and develop.

- **Sexual and reproductive health and rights must not be de-prioritised by governments:** They are essential life-saving services which need to be part of the critical response to this crisis.

– With the disruption of schools, routine health services and community-level centres, new ways of providing information and support to adolescents and young people for sexual and reproductive health and rights need to be established, including through the use of social media, tele-health and the pooling of multiple services.

- **Prioritise rigorous protection and safeguarding of all children, and of girls and women from gender-based violence:** Protection must be emphasised and prioritised in all policies, information and guidance at all stages of the response. Protection and social welfare services must be adequately funded and adapted where needed, including by switching to remote forms of provision.

- **Meaningful participation of girls and young women:** Authorities at all levels must ensure that planning and decision-making processes related to the response to Covid-19 incorporate and respond to the voices of all population groups affected by the outbreak and its secondary impacts.

  – This includes strengthening the leadership and meaningful participation of girls and young women in all decision-making processes to ensure their perspectives are heard and needs are met. This can be facilitated through the use of technology and digital platforms.

- **A zero tolerance approach to discrimination:** Decision-makers responding to the pandemic should emphasise the critical importance of a zero tolerance approach in the public sector and wider society to any form of discrimination or stigmatisation against any groups in society, including on grounds of gender, age, disability, ethnicity and sexual identity, migratory status or national origin.

  – Such attitudes and practices, including unfair denial of health care and material support, not only directly violate human rights but are also likely to further fuel the spread of the virus.

- **Reaching the most vulnerable:** All global, multilateral and regional policies and responses to this global pandemic should emphasise the need to ensure that services, information and economic support are available and accessible to the poorest families and most vulnerable people, including in countries with limited economic resources, weak national health systems, family food insecurity and experiencing humanitarian and climate-related crises.

  – This includes information and advice that is fully accessible to children of different ages; and the introduction of new or rapid expansion of existing social protection (cash, food and other transfers) and humanitarian support to ensure adequate family income and basic necessities, including food supplies and essential medicines.

- **Prioritise low income countries:** Particular attention must be given by international donors to the critical needs of low income countries.

  – This includes through technical cooperation and rapid, flexible, additional grant funding; and to the critical protection, care and economic support needs of extremely vulnerable groups such as homeless and displaced people/children, refugees, asylum seekers and others who are lacking family and community support.

For all parties to conflict

- **Cease attacks on humanitarian operations, do not obstruct humanitarian actors, and allow humanitarian access:** The movement of state and non-state armed actors facilitates community spread of the virus among themselves and within vulnerable civilian populations. Armed activity should halt to prevent the spread of the virus, in line with the call by the UN Secretary-General for a global ceasefire. Aid workers are neutral and must be allowed to operate, treat affected populations, and work to prevent more people from becoming infected.

Plan International UK

Cover photo: Girl in Uganda washing hands