



Save the Children.

BEYOND THE SHADOW PANDEMIC

PROTECTING A GENERATION OF GIRLS FROM
GENDER-BASED VIOLENCE THROUGH COVID-19
TO RECOVERY

Protecting a Generation of Girls from Gender-Based Violence through COVID-19 to Recovery

1. Introduction

“I always tell girls to defend their rights, to defend their roles, and to be the voice of all women in the community. I tell them don’t stay quiet, and most importantly, don’t be quiet.” — Maya*, 14, Jordan¹

Gender-based violence (GBV) had reached pandemic proportions long before COVID-19 began to force school closures and lockdowns, push health systems to their breakpoint, and erode protective systems.² Worldwide, girls were already disproportionately impacted by this rights abuse and its lifelong and life-threatening impacts. An estimated one in three girls and women experience physical or sexual violence in their lifetimes; 12 million girls marry before their 18th birthday each year; and at least 200 million girls and women alive today have undergone female genital mutilation, most before or during adolescence.³

COVID-19 is exposing and exacerbating the existing inequalities that put girls, women, and non-binary and transgender children and adults at increased risk of GBV.⁴ The COVID-19 pandemic is projected to drive 31 million new cases of GBV over the next six months and cause a one-third reduction in progress toward ending GBV by 2030.⁵ In April, responding to what he described as “a horrifying global surge” in reports of GBV, the UN Secretary-General called for a global ceasefire on violence against girls and women in the home. Over 140 United Nations Member States and Permanent Observers have since endorsed the Secretary-General’s call to action on GBV.⁶

Early evidence and expert projections show that COVID-19 is already and will continue to drive incidences of GBV for girls and women across the globe. Weakening of formal and informal protection mechanisms as well as disruptions to standalone gender equality programs designed to get at the root cause of GBV – gender inequality and discrimination – are predicted to contribute to increased rates of GBV.⁷ In addition, COVID-19-related containment and response efforts also have negatively affected GBV risks and incidence rates, including through school closures and lockdowns where women and children are confined and isolated with abusers. The socio-economic impacts of such measures will also increase GBV risks, including economic

insecurity and food and water shortages.⁸ Girls also face barriers to accessing accurate, official information and public service announcements due to limited access to public spaces, group gatherings (e.g. through safe spaces), and outreach activities. For example, a recent Save the Children child and youth survey in Lebanon found that girls were twice as likely to have not left the house at all during lockdown as their male counterparts were.⁹

Gender inequality, combined with unequal age-based power dynamics and discrimination, means that girls, particularly the most marginalized,¹⁰ experience distinct risks of GBV and additional barriers to accessing essential response services. Adolescent girls too often fall through the gaps between protection efforts focused on younger children and those designed for women. Or to put it another way, the gendered nature of violence experienced by adolescent girls is not consistently or comprehensively addressed by child protection interventions, while their age-specific needs and rights can be missed by GBV prevention and response efforts.

Although much rhetoric and media attention has been given to the so-named “shadow pandemic” of domestic violence during the ongoing pandemic, little attention has been paid to the age dynamics and other intersecting factors that may impact the experiences of girls and women and drive risks of different forms of GBV. Even less progress has been made in turning rhetoric from policymakers into concrete action tailored to address the prevention, mitigation, and response needs of adolescent girls, in all their diversity, across contexts in COVID-19 response and recovery plans and funding.

The COVID-19 outbreak is being felt on a global scale, and gender-based violence prevention, mitigation, and response measures, tailored and targeted to meet the specific risks and vulnerabilities faced by girls, must be prioritized in all response and recovery efforts to address increased need.

Shumi, pictured here at age 16, avoided child marriage with help from a Save the Children-trained peer leader who runs an advocacy group for girls in her village. Sylhet, Bangladesh, June 21, 2019.



Photo: Tom Merilion / Save The Children

2. COVID-19 is Exacerbating Risks of Gender-Based Violence for Adolescent Girls

“...Girls staying at home [during the COVID-19 pandemic] are getting pregnant and getting married off. Others get physically abused as they are beaten by parents and guardians.” — Priscovia, Child Ambassador, Zambia¹¹

During adolescence (ages 10-19),¹² girls face increased risks of GBV both within and outside of crises. COVID-19 is exacerbating these risks and rights violations that for many girls will go unreported, uncounted, and unaddressed.

Adolescent girls often fall between gaps in data collection, analysis, and use. Older adolescent girls (ages 15-19), married girls, and girls who are pregnant or mothers are particularly at risk of being categorized as women in both data collection and response interventions. This conflation, often based on harmful social norms, denies adolescent girls’

specific age- and gender-related needs and their rights as children, including their rights under the Convention on the Rights of the Child and the 2030 Sustainable Development Agenda. Treatment as adults masks these girls’ needs, creates gaps in data, and hampers comprehensive responses to issues like adolescent maternal mortality, child marriage and early unions, FGM, and child labor. Conversely, very young adolescent girls (ages 10-14) are often categorized as children and referred to services without attention to their evolving decision-making capacities, needs specific to

their gender, and needs specific to this transformative period in their lives.¹³ For example, very young adolescents may face particular stigma related to their age, which serves as an additional barrier to accessing essential sexual and reproductive health services and information.¹⁴

Too often, girls and women are treated as a homogenous population, and intersecting diversity factors and relative inequalities resulting from age and disability are largely overlooked. Broad references and interventions aimed at “children” similarly leave gaps in data and analysis that disproportionately negatively impact girls as a population group. Common use of the phrase “and girls” over the last several years, while an improvement on initial efforts aimed at women or children, have not resulted in the tailored interventions urgently needed to prevent and respond to GBV and meet the other needs of adolescent girls.

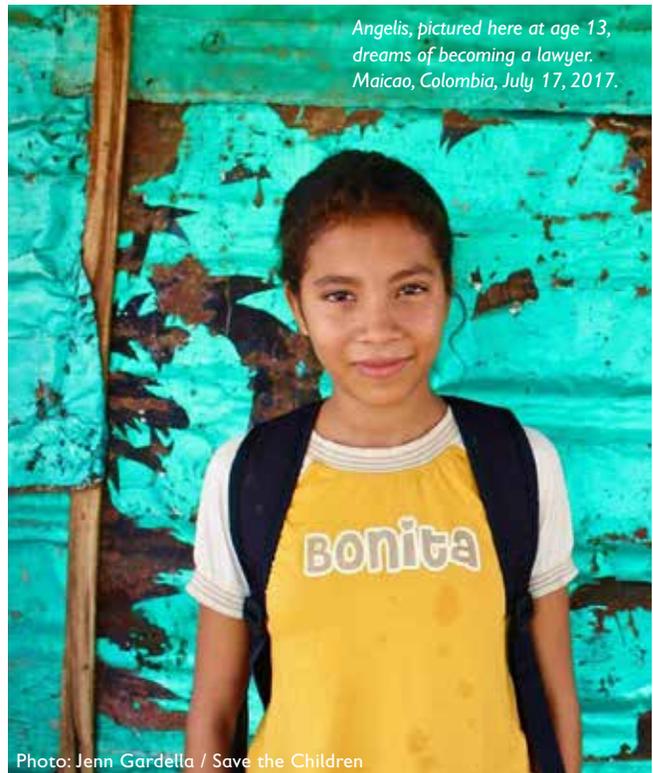
GIRLS AS KEY STAKEHOLDERS IN THEIR OWN LIVES

Girls are the experts of their own lives and have a right under international law to participate in the decisions that affect them.

As local and national governments around the world respond to and recover from COVID-19, it is critical that girls’ voices are part of these processes. However, most of the world’s governance structures and policy spaces coordinating such efforts have failed to institutionalize participation mechanisms for children. In the few cases where participation mechanisms for children are present, they likely do not reach girls equally due to gendered barriers. For example, girls may have less time to dedicate to civic activities due to a disproportionate amount of domestic work, they may not feel safe traveling to the public forums where decision-making happens, or forms of GBV like child marriage may inhibit their ability to participate. Yet evidence shows that girls’ perspectives in rebuilding are critical not only because girls know best what they need, but also because their contributions will lead to a more inclusive, and therefore effective, response and recovery.

PROMISING PRACTICE

Through collaboration and coordination between Save the Children in Mexico, the Mexican Government, and the child-led network RedPazMx, girl advocates were supported to safely and meaningfully participate in an intergenerational dialogue with Federal Government authorities on COVID-19 organized by the System for the Integral Protection of Children and Adolescents.¹⁵



Angelis, pictured here at age 13, dreams of becoming a lawyer. Maicao, Colombia, July 17, 2017.

Photo: Jenn Gardella / Save the Children

Girls and Gender-Based Violence in the Home

The most common place for children to experience violence is in the home, as witnesses and targets of abuse. Loss of income, school closures, deteriorating mental health, and increased likelihood of substance abuse are exacerbating the frequency and intensity of all forms of violence against women and children during the COVID-19 pandemic.

Ongoing containment measures are already driving a spike in domestic violence rates across the globe.¹⁶ These rates will likely continue to increase as the virus spreads and containment measures continue to force a growing number of women and children to remain confined with abusers without access to essential support mechanisms. Helplines across contexts are registering an increase in calls for help with violence and escalating intensity.¹⁷

Projections estimate that there will be an additional 15 million cases of GBV for an average lockdown of 3 months, 31 million cases if lockdowns continue for 6 months, 45 million over 9 months, and 61 million additional cases of GBV over one-year.¹⁸

Adolescent girls experiencing intimate partner violence, including already married girls and those in marriage-like unions, are often already isolated from protective mechanisms and support networks, and face heightened risk of ongoing violence.¹⁹ 120 million girls worldwide (almost 1 in 10) have experienced rape or other forms of sexual violence, with the most common perpetrators reported as current or former husbands, partners, or boyfriends.²⁰

INTERSECTION OF GENDER-BASED VIOLENCE AND VIOLENCE AGAINST CHILDREN

Half of the world's children, approximately 1 billion children each year, experience physical, sexual or psychological violence, suffering injuries, disabilities, and death, because countries have failed to prioritize or follow established strategies to protect them.²¹ Physical and humiliating punishment is the most prevalent form of violence against children and is routinely used to enforce harmful gender norms. For example, children may be disciplined if they do not comply with harmful gender norms and expectations that prioritize binary gender identities and expressions — how boys and girls should look and behave. Violence against children is also often a performance of gender roles that support violence by child and adult perpetrators, for example, by male caregivers as a demonstration of violent masculinity or by mothers and other female caregivers seeking to meet expectations of them as carers by using violence as punishment. Boys and girls are likely to experience different kinds of violent punishment, coinciding with harmful expectations of what they can cope with, which may also shift with the child's age and the gender normative expectations attached to different age groups.

Intimate Partner Violence and Other Forms of Gender-Based Violence and Violence against Children are Closely Linked:

Intimate partner violence is a form of GBV that impacts children both as partners, as noted above, and as witnesses, often of violence against their mothers. Witnessing intimate partner violence and other forms of violence in the home causes harm to children, and there is increasing evidence of shared commonalities and risk factors between intimate partner violence and child maltreatment in the home. Violence can be cyclical: children who experience physical punishment in their childhood face greater risk of intimate partner violence in adulthood. Boys who are exposed to childhood violence and who hold unequal gender attitudes have increased likelihood of perpetrating violence against girls and women; and girls who witness or experience violence in childhood are more likely to experience violence in relationships as adults. Save the Children's experience has shown that the strongest evidence for factors predicting intimate partner violence is the experience of violence during childhood.²²

Addressing Gender-Based Violence Experienced by Girls and Women Will Reduce Violence against Children:

Interventions to prevent, mitigate, and respond to GBV including through engagement with men, boys, and communities to reduce acceptability of violence and transform harmful gender norms will reduce use of violence against children— including as witnesses— and improve access to response services. Addressing the needs of adolescent girls in particular will require that GBV services be made child-sensitive to ensure accessibility to all children experiencing GBV. Child protection services should become more gender sensitive, improving their ability to respond to children's needs and experiences of gender inequality, including the gendered nature of the violence they may have experienced.

Measures and adaptations to address GBV during COVID-19 – including increased investment, creation of new options for safe and remote reporting and access, better data collection, and recognition of GBV and child-protection service providers as essential workers – will improve understandings of risk factors, access, and responses for all children across both systems. In addition, it is critical to prioritize gender transformative programming at the community and familial level that engages local power holders and influencers, including fathers, husbands, religious and traditional leaders, and male community leaders. With ongoing investment, adaptation, and policy reforms through the COVID-19 recovery phase, these measures can support sustained improvements to the formal and informal systems necessary to prevent, mitigate, and respond to all forms of violence against children, including in humanitarian contexts.

PROMISING PRACTICES

In **Ethiopia**, Save the Children is working in collaboration with UNICEF and government ministries to provide training for relevant staff from the Ministry of Women, Children, and Youth, Ministry of Health, Ministry of Labor and Social Affairs, Ministry of Education, NGOs and other partners, on COVID-19 related increased child protection and GBV risks, and how to safely report concerns.

In **Lebanon**, Save the Children has adapted a remote case management approach to monitor protection cases, with psychosocial support sessions planned throughout the lockdown. Save the Children teams meanwhile, continue to provide face-to-face support for girls who face protection risks such as child marriage, physical and emotional abuse, and child labor. These interventions happen through home visits or in partner centers, providing safe spaces while ensuring social distancing. High-risk GBV cases are also referred to specialist services, as Save the Children continues to raise awareness and share hotline numbers for partner organizations who support girls and women experiencing or at risk of GBV.

In **Mexico**, Save the Children developed a guide on “How to Make the Home a Safe Space.” The guide specifically addressed the need to transform harmful gender norms and stereotypes and create spaces free of gender-based violence, where girls, boys, and non-binary children can have the same spaces and time for participation, play, and recreation. The guide was placed on the official website of the Mexican Government's COVID-19 response.²³

In **Niger**, Save the Children has trained traditional and religious leaders on their role in protecting girls from GBV, including child marriage, during the COVID-19 pandemic. Joint awareness raising activities were conducted in communities to increase knowledge on GBV risks faced by girls and to provide information on GBV prevention and response.

Female Genital Mutilation (FGM) and Child, Early and Forced Marriages and Unions

COVID-19 is also exacerbating evidenced drivers of harmful practices against girls. Experts have projected that an additional 2 million cases of FGM will occur over the next 10 years and an additional 13 million child marriages that would have otherwise been averted.²⁴ A recent report from World Vision International estimates that as many as 4 million additional cases of child marriage will occur within the next two years.²⁵

For reference, approximately 200 million women alive today have undergone FGM,²⁶ and more than 700 million girls and women were married as children.²⁷ Before the COVID-19 pandemic, it was estimated that by 2030, over 134 million more girls would marry before the age of 18 with slowing global progress.²⁸ Married girls face immediate and life-long rights abuses, including increased risks of GBV throughout their lives, sexually transmitted infections, disruptions to their education, and dangerous complications in pregnancy and childbirth.

Current estimates on how COVID-19 will exacerbate risks of child marriage are based on projections of the pandemic's impact on known drivers of child marriage, including economic insecurity and collapse, food shortages, interruptions to education, and increases in adolescent pregnancy, combined with factors like disruptions in ongoing prevention efforts aimed at the community level.²⁹ Looking at past crises and how specific factors and drivers may intersect to exacerbate risks of child marriage and FGM are useful for analysis and for determinations on what to prioritize for prevention and mitigation purposes.

For example, cash transfers can be useful to reduce risks of GBV and other child protection concerns, including child marriage and child labor. Although few cash programs are specifically intended to address protection issues, the evidence nevertheless shows that cash transfers to families can help address some drivers of protection risks, resulting in lower cases of child marriage and child labor.³⁰ Such programs must be informed by a gender analysis to ensure any unintended harms are identified and mitigated. Additionally, gender transformative programming targeting harmful gender norms at the familial and community level must complement such cash-based interventions in order to get at the root cause of child marriage and other forms of GBV – gender inequality.

Sexual Exploitation and Abuse

According to new research by Save the Children and UNICEF, the economic fallout of the COVID-19 pandemic could push up to 86 million more children into household poverty by the end of 2020, a 15 percent increase.³¹ Evidence has shown that this kind of economic insecurity and income disruption is a key driver of risks of GBV for adolescent girls, particularly sexual exploitation and abuse, as they endeavour to meet their needs and the needs of their families.³²

Adolescent girls whose parents or caregivers are ill, deceased, or otherwise unable to care for them are at higher risk of sexual exploitation and abuse perpetrated by extended family and community members during emergencies like the COVID-19 pandemic. Children living on the streets, including those fleeing gender-based violence and abuse at home, are also at increased risk of sexual exploitation and abuse from human traffickers and other perpetrators.³³ UN Women's Trust Fund to End Violence against Women has already reported evidence of increases in sexual exploitation and abuse during the COVID-19 crisis, as raised by several of their grantees. The Alliance for Africa in Nigeria reported a rise in child abuse and exploitation, while another grantee, the Fund for Congolese Women, reported an increase in girls sent to beg for money on the streets and girls engaging in sexually exploitative activities as a means of subsistence for their families and households.³⁴

Online Sexual Exploitation and Abuse

Children of all genders are facing increased risks of online sexual exploitation and abuse, including commercial sexual abuse. Due to school closures, the pandemic has spurred an unprecedented and massive global scale-up of eLearning for out-of-school children and adolescents, including many children who have little prior experience with the internet. Adults working remotely may also be less able to monitor children's online activities. Online platforms that allow direct messaging between children and adults fuels a risk for exploitation from perpetrators that are known to children, including teachers and other trusted adults. Increased economic insecurity as a result of COVID-19 is also exacerbating risks of online commercial sex work.

Between eLearning, lockdowns, economic insecurity, and children with more time to spend online with little else to occupy them, COVID-19 is driving children's exposure to protection risks on the internet. In March 2020, the National Center for Missing and Exploited Children, based in the United States, reported a 106 percent increase in global reports of suspected child sexual exploitation compared to March 2019. Recently, the India Child Protection Fund reported a 95 percent increase in traffic searching for child sexual abuse content since before COVID-19-related lockdowns.³⁵ Girls are particularly vulnerable to online sexual exploitation and abuse, and account for 90 percent of those featured in online child abuse materials.³⁶

Girls Living in Humanitarian Settings, including Forced Displacement or Conflict-Affected Contexts

Girls on the move, girls living in refugee or internal displacement camps, girls displaced within host communities, and girls with disabilities face exacerbated risks and increased needs as the COVID-19 crisis intersects with already weakened, inaccessible, and sometimes non-existent

water, sanitation and hygiene facilities, health, education, and formal and informal protection systems.³⁷

Adolescent girls living in conflict or forced displacement contexts are already facing greater protection challenges,³⁸ as they are more likely than other girls in stable contexts to be unaccompanied or separated from their families or caregivers, or even caring for other children in “make-shift” girl-headed households.³⁹ These children may have less access to information and services than those in adult-headed households and face higher-risk of GBV, including sexual exploitation in cramped and insecure living conditions that will make limiting spread of COVID-19 particularly challenging.⁴⁰

At the end of June 2020, the Global Protection Cluster, which coordinates the UN’s humanitarian response on GBV and child protection, reported increased rates of GBV related to COVID-19 in 90 percent of humanitarian field sites where they are responding. Increased risks and incidents of exchanges of sex for food, a particularly pervasive form of sexual exploitation and abuse in humanitarian contexts, was also reported.⁴¹

Unfortunately, despite the high risks, the rights of adolescent girls are frequently invisible or under-prioritized in humanitarian needs assessments and humanitarian response

plans. This has resulted in the ongoing underfunding of protection response needs across both child protection and GBV efforts. According to global funding data, GBV accounts for only 0.12 percent of all humanitarian funding.⁴² More recently, GBV accounted for 0.58 percent of the May 2020 update of the Global Humanitarian Response Plan to address the impacts of COVID-19 in humanitarian contexts, and even this low appeal has remained virtually unfunded. Only 0.3 percent of the roughly \$43 million requested to address GBV has been funded as of early July 2020.⁴³

Data gaps on adolescent girls within the humanitarian system are also at issue. The systematic collection and analysis of data on child marriage in humanitarian settings is particularly problematic. Nine of the 10 countries with the highest rates of child marriage are classified as either fragile or conflict-affected, and several recent and older crisis-specific studies have increased attention to the issue.⁴⁴ Yet child marriage in humanitarian settings is still not captured in global databases that monitor child marriage (including the database measuring progress toward SDG 5.3), and data collection tools on child marriage were developed only for use in stable settings. Despite the glaring data gaps and recognition by relevant stakeholders, movement to address this issue has been slow, while girls remain at urgent risk.⁴⁵

LEARNING FROM PAST PUBLIC HEALTH CRISES – EBOLA OUTBREAK IN WEST AND CENTRAL AFRICA

“[Kadiatu’s experience with teenage pregnancy during the Ebola outbreak] has motivated her to bring girls together with similar stories to do what she calls ‘small, small sensitization.’ where she meets with teenage girls to share her story and raise awareness on adolescent pregnancy.

‘What happened to me in Ebola will not happen during Corona... We were lucky to give birth safely at such a young age. I worry for some of these children because they might not be so lucky.’” — Kadiatu*, 17, Sierra Leone⁴⁶

COVID-19 is unprecedented in its global scale. Yet there are lessons that can be derived from past public health crises, including evidence from the 2014-2015 Ebola outbreak. Limited research and anecdotal evidence from the Ebola outbreak in West Africa showed an epidemic of sexual violence experienced by adolescent girls. For example, children affected by the Ebola crisis in Sierra Leone later reported that school closures led to increases in girls’ vulnerability to sexual violence and adolescent pregnancy.⁴⁷ There was a reported 65% increase in adolescent pregnancy in some districts of Sierra Leone.⁴⁸ Focus group discussions with children in Sierra Leone following the 2015 Ebola crisis uncovered a reported increase in sexual exploitation and abuse perpetrated against girls trying to meet their basic needs during the crisis.⁴⁹ Other

reports found evidence of sexual exploitation and abuse of girls in exchange for food and cash by Ebola burial teams, frontline health workers, and taxi drivers.⁵⁰

PROMISING PRACTICES

To address the high risks of adolescent pregnancy and GBV in **Sierra Leone**, Save the Children has worked with adolescents to develop a game app that addresses harmful gender norms, GBV prevention, and sexual and reproductive health. The interactive game takes teenagers through realistic challenges in their lives and addresses the often taboo topic of adolescent pregnancy and was recently adapted and launched to address ongoing risks during the COVID-19 pandemic.⁵¹

3. COVID-19 and mounting causes and consequences of Gender-Based Violence for Girls

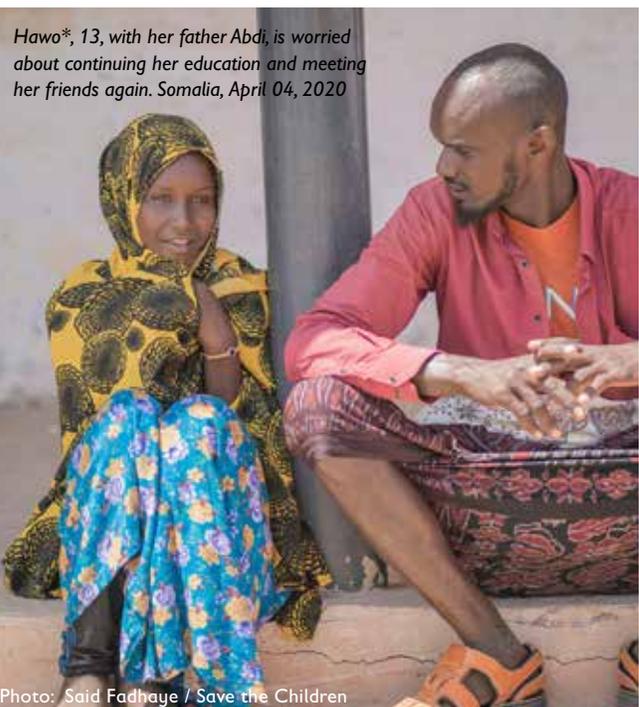
“I am concerned about how things will be once the lockdown ends because so many children, especially girls, have not been going to school. You know what happens with girls, right, they are asked to stay behind and work. When I was nine and working as domestic help, no one even told me about the school.... Now I am planning to go to college, I am lucky, not every girl gets that chance or is able to change the mindset of her parents. I hope the government and NGOs are able to make sure that girls don’t miss out on education even in the post coronavirus world.” — Nisha, 18, Save the Children Girl Champion in India (Delhi)⁵²

COVID-19 is reducing adolescent girls’ already unequal and globally inadequate access to education, nutrition, and health information and services, increasing their risk of exposure to GBV and exacerbating its consequences, perpetuating the gender inequalities that are the root cause of GBV.

Education

The spread of COVID-19 and subsequent school closures are likely to have a disproportionately harmful impact on girls, particularly the most marginalized and deprived. Experience has shown that girls out of school are at higher risk of GBV and less likely to return to school. This risk increases the longer schools remain closed. Before COVID-19, girls were already out of school in higher numbers than boys, particularly at the secondary level, because of harmful gender norms around the value of girls’ education, domestic and child-care work in the home, adolescent pregnancy, child marriage, lack of safe access to school facilities, and lack of access to menstrual hygiene management necessities. Girls were already more likely than boys to never step foot in a classroom at all.⁵³

In existing humanitarian contexts, harmful gender norms and gender-related barriers are already impacting girls’ safe and equal access to education. Girls living in areas affected by conflict or recovering from disasters are already more than twice as likely to be out of primary school as boys are.⁵⁴ Maintaining girls’ connection to school during the COVID-19 pandemic will be critical to enabling them to return, and to ongoing efforts to redefine expectations about gender roles and the value of girls’ education. Yet where access to learning resources are limited, sons’ education may be prioritized over daughters’.



Hawo, 13, with her father Abdi, is worried about continuing her education and meeting her friends again. Somalia, April 04, 2020*

Photo: Said Fadhaye / Save the Children

Increased Domestic Labor and Care Work

With millions of children out of school and likely increases in sick family members, evidenced and projected increases in girls’ domestic and caregiving tasks during COVID are already emerging, posing additional threats to girls’ education, risk of exposure to the virus, and decreases in the time they can dedicate to distance learning. Girls were also

already performing a more significant share of domestic chores than their brothers or male counterparts. Two-thirds of children working hours recognized as impacting their ability to benefit from school were girls.⁵⁵ Girls' disproportionate share of household chores is rooted in harmful gender, social, and cultural norms, and has been exacerbated by COVID-19. For example, children reported in a recent survey in Lebanon that girls are typically asked to watch their younger siblings while their mothers are occupied with housework, meaning girls have less time to dedicate to remote learning.⁵⁶

Global Digital Gender Gap

Where distance learning is delivered digitally, girls' access will also be limited by the global digital gender gap. Girls have less access than men, women and boys to technology critical to distance education, and to independent access to information, and essential services. Gaps are particularly wide in lower-income countries.⁵⁷ Access to online and phone services and remote learning via digital platforms will be critical to ensure girls' access to GBV and child protection services and to limiting the impacts of COVID-19 on their education.

Girls' more limited access to phones and the internet also means that services adapted for COVID-19 that rely on these technologies will fail to reach many in need. Providers will need to make context-specific adaptations including radio-messaging, community announcements, and delivery of messages related to access to services through women, girls and children's groups where possible.⁵⁸ GBV prevention messaging should also be disseminated widely, targeting men and boys and community leaders, including messaging that underlines the importance of girls' access to education and learning opportunities.

Essential Health Services and Information

Adolescent girls and women are on the frontlines of contracting COVID-19 as health workers and caregivers. Yet, as pressure on already struggling systems grows, girls are likely to face new and continuing gender- and age-based barriers to accessing protection and essential sexual and reproductive health services and information. Girls in many countries already die due to unequal access to healthcare. For example, research estimates that 426,000 girls aged 0-14 in Africa die each year because they do not receive the same healthcare that is given to boys.⁵⁹

During public health crises, increased pressure on health systems may further reduce access to routine health services. For example, Save the Children found that between January and April 2020, access to children's health care services plummeted by 81 percent in Yemen.⁶⁰

Increased barriers to essential health services is particularly dangerous for girls facing different factors of marginalization and whose needs may be more acute,

including girls with disabilities, those living in poor households, or pregnant girls and child mothers who already face heightened barriers to critical services.⁶¹ For example, pregnant and lactating women and girls may limit their trips to health centers due to fear of infection or clinic closures, as they did during the 2014-16 Ebola crisis.⁶² The leading causes of death for girls aged 15-19 years are pregnancy- and childbirth-related complications, followed by self-harm.^{63 64} Adolescent-friendly sexual and reproductive health, menstrual hygiene management, mental health and psychosocial support, and life-saving interventions for survivors of gender-based violence will therefore remain essential despite likely interruptions to services as gendered needs are overlooked, de-prioritized, or unfunded.

PROMISING PRACTICES

In **Uganda**, Save the Children is providing over-the-phone counseling and psychological first aid to support children with mental health concerns and GBV survivors. Save the Children midwives and staff are holding one-to-one sessions at homes and over the phone to equip young people with information on sexual and reproductive health and reporting abuse, and give them someone to talk to.

Food Security

The World Food Programme has projected that COVID-19 will double the number of people facing severe food insecurity to 265 million.⁶⁵ Gender discrimination and lack of awareness about the nutrition needs of girls and women often means that men and boys are prioritized in food insecure settings.⁶⁶ Girls and women are at greater risk of malnutrition than their male counterparts, and more girls die of malnutrition than boys.⁶⁷ Food insecurity also serves as a driver of child marriage and sexual exploitation and abuse.⁶⁸ Despite sometimes being seen as a solution to food insecurity by families struggling to feed their children, girls who are married early experience higher rates of anemia and malnutrition than those who marry later in life.⁶⁹

PROMISING PRACTICES

In the **Dominican Republic**, as a part of our COVID-19 response efforts, Save the Children is distributing food and hygiene kits to married girls and girls in early unions, with a special focus on reaching child mothers. This programme is integrating GBV prevention and response messages, including materials on preventing the sexual exploitation of girls. Save the Children is working directly with the Attorney General's Office for Children to support a complementary public campaign and dissemination of protection materials.

Maya*, 14,
advocates for other
children in the
Za'atari camp and
is determined to
end child marriage.
Za'atari, Jordan,
March 11, 2020



Photo: Sherbel Dissi / Save the Children

4. Recommendations

Save the Children calls on all humanitarian and development actors to #ProtectAGeneration of girls from gender-based violence and its consequences during the COVID-19 pandemic and beyond. The time has never been more urgent to address the invisibility of adolescent girls' needs in policies and response efforts, and to ensure that this change continues well into COVID-19 recovery and beyond.

National Governments

Save the Children calls on National Governments to immediately implement concrete policy, programmatic, and funding efforts to addressing the gender-based violence risks and experiences faced by adolescent girls. This includes sexual violence, sexual exploitation and abuse, FGM, child marriage and early unions, intimate partner violence, and domestic violence in the immediate and long-term.

- **Recognize gender-based violence, child protection, and sexual and reproductive health services and information as essential services**, including social service providers, shelters, and adolescent girl-friendly safe spaces, which must be maintained and adapted during the COVID-19 pandemic.⁷⁰ Adolescent girl-friendly safe spaces both protect and empower girls through providing girls the opportunity to build networks and solidarity whilst increasing access to essential services.
- **Increase national funding allocations for gender-based violence prevention, mitigation, and response efforts** commensurate with the extreme need.
- **Develop and strengthen formal and informal protection systems** to mitigate against gender-based violence. This should include engagement of local women's, girls' and child rights groups, and religious, traditional, and community leaders.

- **Increase inclusive, gender- and child-sensitive social protection mechanisms to support families living in poverty.** For example, cash transfers should be used to address immediate barriers to accessing essential services and resources to reduce the risk of negative coping strategies, such as sexual exploitation and abuse and child marriage.

- **Prioritize gender-based violence interventions tailored to the specific needs and priorities of adolescent girls,** including child-friendly and gender-responsive mental health and psychosocial support services and sexual and reproductive health services and information for child survivors of violence.

- **Design and implement standalone gender equality programming** to transform harmful gender norms and address the root cause of gender-based violence. Such programming should include engaging with men, boys, and local community leaders, as well as religious and traditional leaders.

- **Ensure adequate training of relevant staff on COVID-19-related child protection and gender-based violence risks** and safe, age-appropriate, and gender-sensitive referrals, case management, and immediate and long-term response. Coordination of referral mechanisms across civil society and government responders are critical.

- **Ensure adolescent girls' safe and meaningful participation in all public decision-making** at the community and national level about their own lives, including COVID-19 response and recovery efforts. This must include support for the safe and meaningful participation of marginalized groups of girls, including indigenous girls, girls with disabilities, married girls, pregnant girls and child mothers, and girls living on streets, in extreme poverty, or otherwise hard to reach.

- **Address ongoing data, knowledge, and analysis gaps on the priorities, needs, and solutions of adolescent girls:**

- **Conduct and apply an intersectional gender analysis** immediately, and at every stage of the program cycle, to inform all COVID-19 response and recovery efforts.
- **Comprehensively collect, analyze, and use sex-, age-, and diversity-disaggregated data** across all response and recovery efforts. All data collection must safeguard children's safety and protection, and adhere to the data collection safety and ethics standards outlined in the Inter-Agency Minimum Standards on Gender-Based Violence in Emergencies Programming.

Donors

Save the Children calls on donors including donor governments, multilateral donors, private sector donors and foundations to:

- **Increase flexible funding to support both gender-based violence prevention, mitigation, and response as well as child protection.** This should include mental health and psychosocial support, sexual and reproductive health services, and information for child survivors of violence.

- **Ensure the continuity of programming that addresses the root cause of GBV experienced by adolescent girls,** namely gender inequality. This includes programming that addresses harmful gender norms at the community and familial level and supports girls' participation in public decision-making spaces.

- **Invest in both technical support and flexible financial resources for local women's civil society organizations.** This should include women's and girls' rights organizations, and women- and girl-led civil society and grassroots organizations who are providing frontline GBV prevention, mitigation, and response services. **Humanitarian donors should adhere to commitments under the Grand Bargain,** including ensuring that at least 25 percent of funding goes directly to local and national responders.⁷¹

- **Mandate that a gender analysis informs the development of all requests for proposals for COVID-19 response and recovery efforts.** All recipients of donor funding should be mandated to use a gender analysis and sex-, age-, and diversity-disaggregated data throughout the project cycle, from design and implementation through evaluation. All proposed projects should be gender-sensitive at a minimum.

UN Actors

Save the Children calls on all UN Actors, including the UN Secretariat, UN Agencies, Human Rights Treaty Bodies, and Individual and Special Mandate Holders to:

- **Track and report implementation of the Secretary-General's "Global Ceasefire" on domestic violence and commitments of UN Member States** on gender-based violence prevention and response efforts at the national level.

- **Institutionalize adolescent girls' safe and meaningful participation in all policy-making and**

accountability mechanisms throughout the UN system. This should include COVID-19 response and recovery efforts through the use of innovative technologies and approaches, as well as ongoing and upcoming Generation Equality processes.

- **Amplify the needs and experiences of adolescent girls in all relevant COVID-19 UN policy documents,** including resolutions, outcome documents, and policy briefs.
- **Address ongoing data gaps on adolescent girls within the UN’s data collection tools and mechanisms,** including through:
 - **Ensuring all data collected is comprehensively disaggregated by sex, age, and other diversity factors.** “Children” should be disaggregated by sex and age breakdowns that highlight the different stages of child development, including the age ranges of 10-14 and 15-19.

Humanitarian Actors, Including Civil Society Organizations

Save the Children calls on all humanitarian actors, particularly those in leadership and decision-making roles in the humanitarian system to:

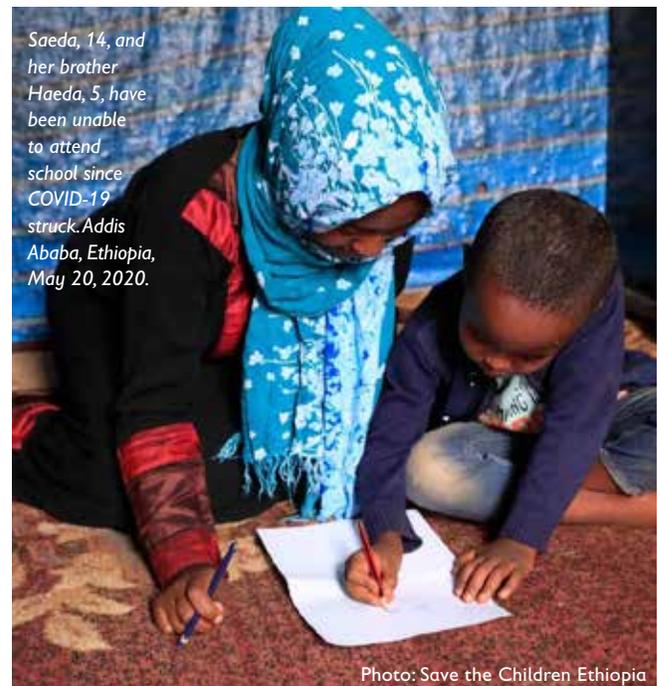
- **Ensure that all humanitarian needs assessments and humanitarian response plans** are informed by a gender analysis and the collection and analysis of sex, age-, and diversity-disaggregated data. Humanitarian needs assessments and humanitarian response plans must ensure that the needs of adolescent girls are identified and addressed.
- **Increase humanitarian funding appeals for gender-responsive child protection services and gender-based violence prevention, mitigation, and response efforts,** commensurate with urgent need and chronic underfunding within humanitarian responses. A recent study from UN Women, UNFPA, and Sharetrust found that not only is the amount of funding targeting the needs of girls and women disproportionately underfunded, the amount of funding requested in humanitarian appeals is significantly low.
- **Use existing evidence-based guidelines in COVID-19 response efforts in humanitarian settings, including the Inter-Agency GBV Minimum Standards and the IASC Guidelines COVID Tip Sheet.**⁷² Gender-based violence prevention and risk mitigation and the promotion of gender equality throughout humanitarian response are the duty of all humanitarian actors at all times as per the IASC Gender Equality Policy and Accountability Framework.
- **Implement and report on all commitments made during the “2019 Oslo Pledging Conference on Ending Sexual and Gender-Based Violence in Humanitarian**

Crises” and the “Call to Action on Protection from Gender-Based Violence in Emergencies.”

Media

Save the Children calls on the media to ensure ethical and survivor-centered reporting on gender-based violence at all times:

- **Utilize existing guidelines** on reporting on gender-based violence developed by the Global Protection Cluster⁷³ and on reporting on children developed by UNICEF.⁷⁴
- **Ensure robust child safeguarding protocols** and privacy concerns are comprehensively addressed. This includes changing or avoiding use of identifying information that may put survivors at risk.
- **Consult with and quote gender-based violence service providers as key experts** and ensure information for local gender-based violence referral services are included in reporting, wherever possible and appropriate.
- **Amplify the stories, experiences, and priorities of adolescent girls** impacted by COVID-19, when it is safe to do so.
- **Promote efforts by government and local women’s and girls’ rights organisations to address gender-based violence by providing a platform for sharing information about support services and educating the public about the causes and effects of gender-based violence, particularly for adolescent girls.**



Saeda, 14, and her brother Haeda, 5, have been unable to attend school since COVID-19 struck. Addis Ababa, Ethiopia, May 20, 2020.

Photo: Save the Children Ethiopia

Endnotes

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NOTE: Names of children have been changed to protect identities and is indicated with an asterisk*.

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ON THE COVER

Arsema, 14, is one of some 26 million children whose schools have closed in Ethiopia as a result of the coronavirus pandemic. Tigray, Ethiopia, smiling for a picture, May 27, 2020*

Photo: Teamir Abreha / Save the Children