



PLAN INTERNATIONAL NEW YORK UNITED NATIONS LIAISON OFFICE

COVID-19 Response: Addressing Specific Risks for Adolescent Girls

BRIEFING

We are facing an unprecedented global public health crisis. To overcome it will require the **highest degree of international and regional cooperation, information sharing, and solidarity** to mount a well-coordinated response that protects people in all parts of the globe.

Today the world is home to 600 million adolescent girls, many of whom suffer deep disadvantages due to both their gender and their age. This double discrimination is compounded by poverty and other factors of discrimination, such as disability or ethnicity. Often, they enter adulthood already at a severe disadvantage as a result of violence, early pregnancy, forced marriage, and limited opportunities for education and employment.

The COVID-19 pandemic has exposed the lack of strong health care systems and social safety networks to respond to the needs of people worldwide, especially those of women and girls. Safety measures put in place by many States in response to COVID-19, while necessary, place adolescent girls at heightened risk of violence in their home. **These measures have also exacerbated existing inequalities and have given rise to a global increase in domestic violence as a result of**

movement restrictions to curb the spread of the disease which is now being termed the 'second pandemic'¹.

Many girls around the world may now find themselves confined with their abusers, at a time when they are cut off from schools, social support structures and essential protection as well as sexual and reproductive health services. As of early April, most countries had introduced nation-wide early childhood care, school and university closures affecting nearly 91% of the world's school and student population – more than 1.5 billion learners². In addition, secondary impacts of the pandemic, such as loss of jobs and disruption to education, will cause an increase in **sexual violence, exploitation, trafficking, child labour, and harmful practices, including child, early, and forced marriage, and female genital mutilation**. The pandemic is also likely to exacerbate the burdens of unpaid care and domestic work on adolescent girls, who often bear greater responsibility for caring for elderly and ill family members.

Whilst the severe direct health effects of COVID-19 appear to disproportionately impact older populations, there will be a wide range of long-term indirect impacts that are likely to negatively affect all children, especially the most vulnerable. **Plan International's experience in emergencies has shown that, in these situations, girls are particularly at risk and face increased threats of sexual violence, exploitation, discrimination, and abuse.**

Girls living in fragile, conflict and disaster-affected contexts are acutely vulnerable to the direct and secondary impacts of the COVID-19 pandemic. In these contexts, health systems are usually weak and will quickly become overwhelmed. There are enormous obstacles to disease prevention and treatment, particularly in displacement camps and in situations of armed conflict. Meanwhile, measures taken to contain the outbreak are closing humanitarian space and resulting in disruption to essential humanitarian assistance and protection, including services critical for the safety and wellbeing of girls and young women.

In this regard, planning and decision-making processes related to the response to COVID-19 must 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.** Civil society organizations, including youth and girl-led organizations bring a unique perspective to decision-making, as they play a vital role in assisting the most vulnerable populations. These organizations, in many locations in the world, are the first, or only, point of reference for individuals and families about COVID-19. They serve as the main communication conduits about health mandates, hygiene practices and quarantine measures and are performing basic health services.

We know that the COVID-19 crisis will overwhelm national health systems, badly damage economies, and put millions of children at significant risk of harm. As needs grow, it is critical that resources are not diverted from programmes essential to the health, safety, and wellbeing of children, girls, and young women. Funding for child protection, education, gender-based violence (GBV) prevention and response, and sexual and reproductive health and rights (SRHR) programming should be protected and if necessary, scaled up in line with these needs.

Plan International welcomes the UNSG's report [Shared Responsibility, Global Solidarity](#) as well as the global call for ending all forms of gender-based violence, and applauds the UN's commitment to work with governments through tailored responses taking into consideration each country's different contexts. However, gains in gender equality and the protection of girls' rights, as well as critical development objectives, remain at risk of being eroded as a result of the global COVID-19 pandemic.

RECOMMENDATIONS

We urge all actors to make every effort to ensure that the COVID-19 response does not negatively impact human rights, including girls' rights by:

Ensuring the distinct needs of girls are visible and given due attention during the planning and implementation of COVID-19 response including through:

¹ "Lockdowns around the world bring rise in domestic violence" <https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence> accessed 11 April 2020; "A New Covid-19 Crisis: Domestic Abuse Rises Worldwide" <https://www.nytimes.com/2020/04/06/world/coronavirus-domestic-violence.html>, accessed 11 April 2020

² See UNESCO website for latest figures: <https://en.unesco.org/covid19/educationresponse>

- Conducting regularly updated, multi-sectoral gender and inclusion analyses using primary and secondary data in order to understand the specific impact of the crisis on girls, using this to inform and integrate into response plans and use the IASC Gender Marker to assess and improve the quality of COVID-19 preparedness and response plans during design and implementation phases;
- Ensuring that protection risks are assessed, monitored, and mitigated with the collection and use of data disaggregated by age, gender, diversity, and other exclusion factors;
- Ensuring gender expertise in response team at all levels;
- Recognizing and addressing the differential impacts of lack of access to education according to age, gender, diversity, and other exclusion factors, and take steps to ensure education provision by other means, including remote instruction;
- Prioritising the protection and safeguarding of all, including girls and women, from gender-based violence, including by creating or strengthening monitoring and reporting mechanisms and responding to cases of gender-based violence;
- Ensuring access for those experiencing violence to free emergency hotlines and other protection services, including mental health and psychosocial support;
- Keeping in touch (online, social media, phone, radio) with children and youth to collect their voices and direct them to helplines and referral mechanisms when necessary and also consider different methods of communication in order to overcome language divides and literacy levels, the gender digital divide and access to radio and internet etc. ; and
- Ensuring that girls and young women have continued access to comprehensive sexuality education, as well as sexual and reproductive health services and information.³ In humanitarian settings implement the Minimum Initial Service Package (MISP) for Reproductive Health in Emergencies.

Donors must continue to provide funding for existing humanitarian 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. More specifically donors should:

- Fulfil existing financial commitments to humanitarian, development, and human rights programming especially targeting child protection, gender-based violence (GBV), sexual and reproductive health (SRHR) services, and education;
- Pledge financial and political support to the UN's Global Humanitarian Response Plan (GHRP) for COVID-19, including in revisions of the GHRP the inclusion of a larger portion of funding allocated for NGOs as UN implementing partners who carry out work on the ground;
- Scale up existing funding mechanisms such as the UN's Women, Peace and Humanitarian Fund or the UN Trust Fund to End Violence Against Women and diverting existing funds such as the Spotlight Initiative to address the impacts of the pandemic on women and girls; and
- Support the WHO and UNICEF in developing country clinical and programmatic responses (not reflected in HRPs) to the COVID-19 pandemic through the COVID-19 Solidarity Response Fund and direct funding support to NGO operations.

Addressing situations of armed conflict and ensuring humanitarian access to affected and vulnerable populations. Conflict continues regardless of the COVID-19 pandemic. More specifically, the UN Security Council and relevant member states should:

- Support the Secretary-General's call for a global ceasefire. If global ceasefire support is not possible, call for conflict-specific ceasefires which is essential for the ability of humanitarian actors to deliver lifesaving assistance, to protect humanitarian workers, and to reach the most vulnerable;
- Taking lesson from its past decision on the Ebola epidemic, declare COVID-19 a threat to international peace and security.
- In line with the call by the Secretary-General for a global ceasefire, push parties to conflict to cease attacks on humanitarian operations, to not obstruct humanitarian actors, and to allow humanitarian access and allow aid workers to operate, treat affected populations, and work to prevent more people from becoming infected.

³ This includes, but is not limited to: modern contraception; menstrual health and hygiene management; antenatal and postnatal care; clean and safe delivery and management of complications in pregnancy; treatment of sexually transmitted infections; access to antiretroviral medications for those living with HIV; access to safe abortion (where legal) and post-abortion care; and provisions for clinical management of rape.

- Despite the pandemic-related limitations, continue to address, both as planned and as needs arise, situations of armed conflict worldwide, grave violations against children, and financially and politically support child protection efforts.

Safeguarding policies, laws, social protection plans, emergency economic schemes and other measures to tackle the immediate response and consequences of COVID-19 must consider the distinct needs and specific risks faced by adolescent girls by ensuring that they are:

- Designed and implemented without discrimination and with due consideration to age, gender, and diversity;
- Equitable, holistic, evidence-based, gender-transformative, and protective of human rights and dignity;
- Geared towards addressing both the short- and long-term impacts of the crisis, particularly for the poorest and most vulnerable people in society;
- Developed and implemented in consultation and partnership with civil society and communities, including children and young people;
- Communicated in a timely and accessible manner, using local languages and child-friendly communications.

Supporting girls' meaningful and safe participation in the planning, decision making and implementation of the covid-19 response, so that their perspectives are heard, and that their needs met, by:

- Creating space, strengthening and funding the role of youth and girl-led organisations in coordinating bodies for the response to COVID-19;
- Ensuring that girls and young women, especially in remote communities, have timely information on COVID19 measures, in a language and format that is accessible and by partnering with existing girl and youth-led online networks and platforms;
- Investing in ICT solutions and innovative approaches that are context specific, including low-bandwidth options such as text messaging and radio phone-in programmes;
- Protecting girl human rights defenders who face additional barriers, risks and threats as a result of their action during the COVID-19 must be protected and enable to speak out, specifically online;
- Facilitating safe spaces for girls through the use of technology and digital platforms to enable peer support, collective wellbeing and providing access to mental health and psychosocial support during quarantine and isolation periods and beyond;
- Use local and national COVID19 communication platforms to share awareness messages and social norm change campaigns, tackling discriminatory gender biases and encouraging boys and men to share the burden of family care and household work that too often falls onto girls' shoulders.

Ensuring open and transparent participation of civil society organizations. As UN bodies seek to adjust their working methods, alternative arrangements should not be pursued to the exclusion of civil society. Processes should be carried out with full openness and transparency and with the participation of all stakeholders. More specifically;

- The UN General Assembly and ECOSOC should explore alternative methods for CSO participation with particular UN mechanisms such as utilizing civil society coordination mechanisms where they exist or establishing new ones in their absence;
- The UN Security Council should:
 - Work to ensure that open meetings are broadcast live in full, not just the briefers' statements at the beginning. Council members and briefers should share their presentations and statements with the President of the Council to publish online;
 - Ensure that closed meetings are only reserved for consultations that would have been closed during normal operations;
 - Enable these working methods for subsidiary organs, including the Security Council Working Group on Children and Armed Conflict (CAAC);
 - Allow and encourage opportunities for civil society to brief the Council in full and in part, as well as for bilateral engagement between Council diplomats and civil society.
- Where virtual ways of working are necessary, UN entities should adopt a range of alternative methods that respond to the gender digital divide and the broader accessibility and inclusion challenges of digital spaces.