DFID Guidance Note for DFID Staff and Implementing Partners:
Safeguarding Against Sexual Exploitation and Abuse and Sexual Harassment (SEAH) across DFID Programmes during the COVID-19 Pandemic

In past epidemics safeguarding risks have increased. Women and girls have proven to be at increased risk of various forms of gender-based violence, with the most common forms being intimate partner violence and sexual exploitation and abuse. It is recognised that the Ebola response, which involved a surge of new responders, may have inadvertently created conditions which gave rise to SEAH. The COVID-19 pandemic is global and unprecedented in scale and therefore it is vital that efforts to safeguard against SEAH should be seen as lifesaving, not optional, and that this is reflected in strengthened accountability mechanisms and increased funding for SEAH. Sectors that are scaling up as part of the response such as health, humanitarian, social protection, education and infrastructure need to be especially vigilant to the risk of SEAH increasing and proactive in ensuring that it is a central component of the coordinated response. DFID must continue to uphold international SEAH standards and display zero tolerance to mishandling of SEAH during the COVID-19 pandemic.

The evidence of who is most at risk of SEAH is still limited but indicates that this is a gendered problem with women and girls most at risk. Anecdotal evidence is also starting to emerge to indicate that other groups may as well be at heightened risk including people with disabilities, sexual and gender minorities, and boys. It is critical therefore that strategies to prevent SEAH are grounded in a strong gender and social inclusion analysis. This enables DFID staff and partners to understand who is most at risk of SEAH during the COVID-19 pandemic, why and how they are most at risk, and take steps to prevent and respond to SEAH. It is particularly important that programme staff pay attention to where individuals may be affected by multiple inequalities that make them more at risk of experiencing SEAH, for example transsexual women living in refugee camps and national staff members that have a disability.

Those at highest risk of SEAH during the COVID-19 pandemic are

- **Women** are likely to be at an increased risk of experiencing SEAH where communities see an influx of male workers combined with high levels of need. For example, during the Ebola crisis in West Africa, reports emerged of male workers exploiting existing power differentials and high levels of material need to force women and girls to trade sexual services for aid. Women who head up households and who are affected by poverty are likely to see their coping strategies seriously impacted by lockdowns leading many to have to resort to negative coping strategies such as providing transactional sex. Women who are forced to move around despite lockdowns are also more likely to be vulnerable to SEAH at the hands of security forces tasked with upholding the lockdown.

- **Girls, especially adolescent girls**, are likely to be at an increased risk of SEAH due to both their age and their gender. School closures and the economic impact of COVID-19 increases the likelihood that adolescent girls will be taken advantage of and end up being sexually exploited to gain access to resources. Girls’ normal safety nets and access to reporting mechanisms are also likely to be affected. Girls living and working on the streets, girls with disabilities and migrant girls are likely to be especially at risk of SEAH.

- **Boys** are particularly vulnerable to SEAH due to their age. Boys may experience an increase in SEAH as a result of separation from their usual caregivers (due to quarantine requirements, or severe illness/death). The closure of schools will also affect their access to safety nets, especially for those most at risk, including child headed households, separated and unaccompanied boys, boys affected by conflict or living in refugees camps and boys living and/or working on the street.
• People with disabilities, especially women with disabilities and individuals with intellectual impairments are at higher risk of experiencing SEAH due to widespread discrimination against them. Owing to widely held social norms, many people with disabilities are excluded from engaging in paid work and may have to rely on trading aid for sex. People with disabilities are also likely to experience SEAH over a longer period of time compared to people without disabilities. This is because they are less likely to be included in awareness raising activities on how to report SEAH and even when they disclose an incident of SEAH, they are less likely to be believed.9

• Lesbian, gay, bi- and transsexual (LGBTQ+) people, are likely to be at increased risk of experiencing SEAH due to widespread economic, social, and political discrimination against them. LGBTQ+ aid workers are also at high risk of experiencing SEAH.10

• People in current and emerging crises situations, especially those in refugee camps or fleeing violence are likely to be at particularly high risk of SEAH. This is a result of their greater reliance on aid workers for assistance and the lower likelihood that they will have access to information on SEAH.11

• Women working on frontline service delivery (such as part of the health response), are likely to be vulnerable to already high levels of workplace violence, including SEAH perpetrated by both colleagues, patients, and relatives of patients. This is likely to be intensified due to high levels of stress owing to COVID-19, a concentration of power within the health system and shortages of personal protective equipment (PPE).12

Safeguarding Against SEAH: Ensuring Prevention and Response During the COVID-19 Pandemic

While COVID-19 does not bring new SEAH requirements, the current situation requires all programme staff to pay special attention due to the heightened risk of SEAH within their programmes. DFID expects programme staff to continue to follow DFID’s standard processes to address SEAH within their programmes. This includes applying enhanced due diligence (including child safeguarding due diligence where relevant) and to ensure programme design is based on up to date gender and social inclusion analysis that takes into consideration SEAH risks. Note that the provisions of DFID’s Smart Rule 17 for humanitarian emergencies also apply to urgent COVID-19 programming/amendments and a formal DDA can be completed after disbursing the first funds, but the SRO for the programme should have satisfied themselves that any risks are proportionate to the expected programme outcomes. All reports of SEAH related to DFID programmes must be immediately reported to reportingconcerns@dfid.gov.uk.

To support safeguarding against SEAH, programme staff need to:

• Show leadership across their programmes on tackling SEAH by consistently communicating the importance of SEAH prevention and response to partners. DFID should ensure that partners are both aware of the increased risk of SEAH and that they continue to prioritise implementation of safeguarding measures through any COVID-19 adaptations (including vetting all short and long-term staff and associates, signing codes of conduct, and training of all staff). It is crucial that even during rapid scale up and hiring of short-term staff, SEAH prevention is integrated into vetting and training before staff and associates are deployed.

• Support partners to align with Preventing SEA (PSEA) coordination mechanisms in country, where this is possible. Inter-Agency PSEA Networks are normally chaired by the UN Humanitarian Coordinator/Resident Coordinator supported by a PSEA Coordinator.13 Where these are not yet operational, programme staff should encourage partners to link up with other relevant networks, for example those that work on child safeguarding or GBV.14

• Ensure programme budgets enable safeguarding against SEAH. At the outset of a new programme safeguarding against SEAH should be budgeted for based on the assessed risk of SEAH occurring. Existing programmes may require budget revisions (within the current resource allocation) to ensure SEAH is prevented and responded to appropriately. This might include a funding allocation for technical experts to be brought in.

• Identify any new SEAH programme risks, taking into consideration specific SEAH risks linked to COVID-19. Programme staff should reflect on where the programme is likely to see large power differences as this is where there is a higher risk of SEAH. Particular attention should be provided to SEAH risk identification within health, humanitarian, social protection, education and infrastructure programmes and programme staff should recognise that SEAH can take place online and offline. With the move to more remote management and implementation of programmes, programme staff need to be aware of the new risks that this gives rise to including increased...
difficulties in identifying wrongdoing, supporting survivors to access services, conducting investigations and ensuring adequate accountability to affected populations. Programme staff need to design strategies to mitigate against these risks, which may include finding creative ways of communicating with populations in lockdown, exploring the possibility of remote investigations, where necessary, and partnering with women’s rights groups or other local service providers that are still able to operate.

To support reporting and response to SEAH, programme staff need to:

- **Ensure partners consider how community members can access programmatic information about safeguarding procedures, how to report a complaint and how to access related services (including those who may have challenges accessing formal mechanisms such as women, girls and boys, and people with disabilities).** Lockdowns and isolation measures are likely to limit many people’s access to vital SEAH messages and services. Programme staff should support partners to utilise different communication methods emphasising that aid is always free and how to report a concern, such as through mobile phones and radio programmes. Programmes also need to consider how community members can report safely including during lockdowns. In-person reporting may still be preferable in some contexts where there are high levels of IT illiteracy, when women and girls are unlikely to have access to mobile phones or where mistrust in reporting is an issue. Internal whistleblowing within organisations must also be considered while staff are primarily working remotely, as individuals may be reluctant to use virtual channels.

- **Support for survivors and whistle-blowers must continue to be a priority throughout all DFID funded programmes.** DFID should encourage partners to link up with existing opportunities at the country level to map what services are still operating to support survivors of SEAH. Where the UN have appointed a PSEA Coordinator, this mechanism should be encouraged. Likewise, GBV and child protection support services should be considered a core part of any humanitarian response to COVID-19 to which SEAH survivors can be referred as well as victims and survivors of wider VAWG and child abuse. In contexts where service provision is patchy, programme staff should consider whether there is an opportunity within their programme or their country office to support improved service provision for SEAH survivors.

- **Ensure all safeguarding concerns related to DFID-funded programmes are reported promptly to reportingconcerns@dfid.gov.uk and that partners take all reports seriously and take appropriate action to record, investigate and support the survivor.** Lockdowns must not be used as an excuse to not support survivors to access safety and lifesaving services or delay investigations. Remote investigations options can also be considered as an interim measure where this is possible. DFID’s Safeguarding Investigations Team (SIT) are available to access advice and support.

For further guidance

Guidance on Safeguarding across DFID-Funded Programmes during COVID-19
DFID’s Safeguarding Insight pages
IASC 2020 Interim Technical Note: Protection from Sexual Exploitation and Abuse (PSEA) during COVID-19 Response - Version 1.0
IASC 2020 COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement

Safeguarding concerns should be reported via:

+44 1355 843747
reportingconcerns@dfid.gov.uk


3 These include: IASC Six Core Principles Relating to Sexual Exploitation and Abuse, IASC Minimum Operating Standards on Preventing Sexual Exploitation and Abuse, Core Humanitarian Standard on Quality and Accountability and DAC Recommendations on Ending Sexual Abuse, Exploitation and Harassment in Development Cooperation and Humanitarian Assistance


14 This might include the GBV or child protection sub-clusters where these are operational or any other relevant coordination mechanisms related to GBV and child protection in other contexts.