

PSEA Network Mozambique: Covid-19 Tip Sheet

COVID-19 outbreaks are devastating in any context. However, the dangers of such outbreaks will be magnified in context where the population is already in need of humanitarian assistance, such as Mozambique. Disease outbreaks intensify humanitarian and protection needs. A holistic, people-centered approach to humanitarian work is called for, including during prevention, mitigation and preparedness stages of a response. This means enhancing people's safety, dignity and rights; avoid exposing them to further harm and ensuring access to impartial assistance according to need and without discrimination.

Women experience increased risks of gender-based violence (GBV), including sexual exploitation and abuse (SEA) and intimate partner violence (IPV). The needs of women and girls are often amplified during public health emergencies, programs that support women and girls are often however disrupted. Evidence from the 2014–16 West Africa EVD outbreak and 2018–2020 EVD outbreak in Democratic Republic of Congo suggests that SEA incidents increase during public health emergencies, in this last one, community members reported commercial sexual exploitation of women and girls to meet basic personal and household needs as well as concerns regarding SEA.

Women are more likely to be engaged in the informal sector and be hardest hit economically by COVID-19. In the short term, closure of schools may increase SEA risks for boys and girls. In the medium and longer term, the economic impact of the public health emergencies may force families to take their children, particularly their daughters, out of school to work, potentially leading to transactional sex.

The heightened vulnerability of certain groups should be further notice, such as older women and women and girls with disabilities. In addition to those that are less likely to adhere to measures of social isolation and quarantine, such as single mothers, and women and children in camps or camp like settings (such as IDP resettlement sites, Maratane Refugee Camp) or urban settlements, living in confined spaces without adequate physical, safe or dignified access to food, health care, specialized services or WASH.

It is necessary to pay special attention to their needs to ensure negative coping mechanisms, including but not limited to survival sex, are not resorted to in an effort for women to keep their families safe.

In this context, the humanitarian and development community in Mozambique must be prepared to prevent to the extent of possible and be ready to address SEA incidents. The initial public health emergency will most probably trigger soon a multi-sectoral response. Therefore, it is crucial to ensure PSEA coordination with WHO and the Ministry of Health but also with other relevant stakeholders such as INGC, Ministry of Gender, Children and Social Affairs, National Institute of Refugee Matters and others.

The present Covid-19 situation in Mozambique presents challenges for humanitarian and development actors operating in the country. These challenges include restricted travel to provide life-saving assistance to vulnerable groups, monitor programs, remote supervision of staff in the field, and even less access to already hard-to-reach communities to conduct community sensitisation activities. In this environment, the risk of sexual exploitation and

abuse may increase, and reporting channels may be compromised as well as our capacity of referral and investigation.

This document is intended to provide guidance to PSEA Network members and Heads of Agencies to ensure that prevention and response mechanisms are in place through this challenging period.

1. Ensure key staff are still working

- This includes PSEA focal points and staff that may have responsibilities according to internal reporting policies (for example, human resources or senior management staff).
- If any key staff have been placed on hold or other arrangement, ensure that another staff member has been assigned the relevant responsibilities.

If the PSEA focal point in your entity has changed, please update the information in the link below:

docs.google.com/spreadsheets/d/1znD6J-T7AREC6DbW9F6QaU6Y0ZQLpiNOQELVshd2Czk/edit#gid=1128490307

2. Community Sensitization

- While community engagement activities become more challenging in the COVID-19 response framework, it is paramount that organizations at this time continue spreading the message that aid is free of charge and that information about the existing reporting mechanisms will be provided accordingly. Existing community engagement pathways, particularly those utilizing technology, such as community protection focal points with mobile phones should be explored and coordinated upon to the greatest extent possible and scaled up to meet the needs on ground.

3. Reporting mechanism

- Ensure that affected communities have access to safe reporting mechanisms and that they are aware of how to report SEA concerns.
- Please remember that with the current access constraints, investigations and preliminary inquiries in situ could be restricted. Therefore, the use of mechanisms such as **Linha Verde da Resposta a Emergencia (1458)** and community protection focal points are to be promoted as they allow to reach out to the callers if further information is required.

4. Review internal reporting procedures

- Internal complaints handling procedures should be reviewed to ensure that **complaints received from beneficiaries or affected community members** are able to be channelled to appropriate staff members efficiently. For example:
 - complaints received by complaints box are still able to be received by responsible staff;
 - hotlines are manned by responsible staff; and
 - community facilitators are able to be reached by phone or other avenue.

- Internal complaints handling procedures should be reviewed to ensure that, once received, ***complaints are channelled to appropriate staff as quickly as possible***, notwithstanding remote working arrangements. Delays in channelling complaints may result in the survivor not being able to access critical services and/or important evidence being lost.
- As working from home has (temporarily) become a new modality to prevent the COVID-19 spread, make sure that the complaint referral systems within organizations and outside organizations are confidential and survivor-centred, for example, the IT infrastructure, office communication software are secure.
- Please remember that according to the endorsed PSEA SOPs, **allegations received by each agency/partner, should be shared with the PSEA Network** to 1) ensure the allegation reaches the organization of concern in case of being different that the organization receiving the allegations; and 2) allow the PSEA network to follow up on the cases reported.

5. Referral services

- Check that local life-saving services and other survivor services (child protection, gender-based violence services) are available during this time. Make sure that you have an update service referral pathway and contact lists.

6. Investigations support

- Out-of-country investigations support may not be available during this period. Likewise, preliminary enquiries mission might be restricted. The PSEA Network is currently reaching out to Investigation Offices in different entities and agencies to explore resources.

7. Ensuring all staff are trained

- While in-person training will be limited, staff are encouraged to access online training opportunities to refresh their knowledge and understanding of PSEA.

The PSEA Network is currently working on adapting the existing training modules to online versions and complementary learning materials.

Other examples of online courses and materials are:

- <https://ifrc.csod.com/client/ifrc/default.aspx>
- <https://agora.unicef.org/course/info.php?id=7380>
- <https://www.interaction.org/blog/no-excuse-for-abuse/>