



Plan International UK



**THE IMPACTS
OF COVID-19 ON
GIRLS IN CRISIS**



Girl rides her bicycle in Borno State

INTRODUCTION

“ It’s so stressful being out of school and getting food to eat is now very hard ”

Beatrice 17, Uganda

Over the last few months, Plan International and our partners have been speaking to some of the most vulnerable girls globally about the impact the Covid-19 crisis has had so far on them and their communities. The girls — in Jordan, Lebanon, Uganda and Nigeria — are living in contexts that were already affected by crisis before the effects of Covid-19 hit. Many of them are refugees and for them the global pandemic has meant a crisis on top of a crisis.

Whilst disaster affects everyone, inequality is exacerbated during a crisis. Girls are exposed to specific risks due to their age and gender — their voices often the least heard, and their rights and needs left unmet. The additional impact of Covid-19 on their already difficult lives has the potential to be devastating.

This briefing provides a snapshot of the findings from several early rapid needs assessments (Jordan and Lebanon) and surveys (Uganda and Nigeria) with girls, young women and their caregivers on the initial early impacts of the Covid-19 outbreak and subsequent lockdown.

The key commonalities across these initial surveys include:

- The impacts of this pandemic are exacerbating the existing inequalities that girls were already experiencing

due to their gender — around access to education and health care; particularly menstrual hygiene management, roles and responsibilities in the household and livelihoods.

- Rates of violence against women and girls (VAWG) are increasing while Gender Based Violence (GBV) and sexual and reproductive health (SRH) services are becoming harder to access.
- Food insecurity is rising, particularly among displaced communities, with many respondents informing us that they are only able to eat once a day.
- Adolescent girls are feeling isolated and anxious about Covid-19 particularly about the challenges they face in social distancing and a lack of access to information.

This pandemic will exacerbate and make it ever more challenging to meet the significant and existing needs of girls living through crises. The international community and donor countries, including the UK, must address the extreme additional impacts that the Covid-19 outbreak is having on girls already living in crisis, as well as continuing to address pre-existing challenges to ensure the needs and rights of these girls are met by the international community.

Background to the surveys

The needs assessments were conducted by Plan International and partners in Lebanon¹ and Jordan². In Jordan, the study was commissioned by the UNFPA Jordan country programme in co-ordination with Plan International and the Institute for Family Health (IFH) Noor Al Hussein Foundation. In Lebanon, the surveys were conducted by partners RMF, LOST, AND, Himaya and Amel Association. Both studies involved adolescent girls and boys as well as women and men.

The briefing also consists of information from surveys and key informant interviews (KIIs) conducted by Plan International with young women (18-25) in multiple locations in Nigeria, and South Sudanese adolescent girls and young women living in refugee camps in northern Uganda.

KEY GLOBAL STATISTICS

- There is expected to be an additional **13 million child marriages** taking place that otherwise would not have occurred between 2020 and 2030³.
- If the lockdown continues for 6 months and there are major service disruptions due to Covid-19, **an additional 7 million unintended pregnancies** are expected to occur⁴

All were conducted throughout April and May 2020.

See page 22 for further details on the methodology and a breakdown of respondents by age, gender and location.

LEBANON & JORDAN — KEY FINDINGS

- **43%** of female Syrian respondents were at school before the outbreak — only 28% are now having any formal learning.
- In Lebanon, **83%** of Syrian caregivers do not have enough food to last the next two weeks.
- In Lebanon, only **4.2%** of Syrian adolescent girl respondents own a mobile phone.
- In Lebanon, only **18%** of adolescent girls reported having access to information on SRH services during the lockdown compared to 37% before.
- **65%** of Syrian respondents do not have possession of hygiene and disinfection supplies at home and 94% have not received any water, sanitation and hygiene (WASH) or hygiene products in the last month.
- **73%** of adolescent girls in Jordan verified that it was easier to obtain support for domestic violence prior to the beginning of the lockdown.

¹ Covid-19 Multi-Sectoral Needs Assessment, Plan International Lebanon: April 2020

² Daring to Ask, Listen, Act: A Snapshot of the Impacts of Covid-19 on Women and Girls' Rights and Sexual and Reproductive Health Rights, UNFPA Jordan, Plan International and Noor Al Hussein Foundation: May 2020

³ UNFPA. (2020, April 27). *Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage.*

⁴ UNFPA. (2020, April 27). *Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage.*

CHALLENGES OF SOCIAL DISTANCING

“ Congestion at the water points makes social distancing impossible. It’s also so hard to socially distance at home since we are so many ”

Ruth, 16, Uganda

When asked about the key stressors since the outbreak of the pandemic, the challenges of social distancing were particularly prevalent — particularly in the Uganda camp setting.

Many of the girls and young women responded that social distancing was simply not possible due to living in very cramped conditions with extended families and a lack of access to basic supplies such as soap.

Respondents in Uganda also informed us that social distancing was particularly difficult at the water points with some choosing to walk much further distances to remote locations to access water, which puts them at greater risk of violence. They also reported that overcrowding at health centers meant that they are no longer going to obtain medical advice or supplies, including vital SRHR services. They referenced using

local herbs instead, which some of the respondents referenced had made some people sick.

Several adolescent girls in Uganda reported that because they are younger and perceived to be less at risk of Covid-19, they were being asked to break social distancing to look after vulnerable or sick relatives in other households. They advised that this potential additional exposure to Covid-19 was creating anxiety.

Whilst the surveys of those living in refugee camps did not include a large number of unaccompanied minors, it is important to note here that those that were involved explained that the lockdown had left them feeling even more vulnerable than before. They responded that many of the NGO run services they had previously accessed were no longer running due to their staffs limited access to the camps.

GENDER-BASED VIOLENCE (GBV)

“ The main source of stress during this period is everyday news of domestic violence and abuse is increasing day by day ”

Anonymous, Nigeria

Around the world, there have been terrifying reports of increased rates in gender-based violence as a result of the lockdown.

The surveys and qualitative data collected by Plan International reflects this trend of increased rates of GBV among women and girls, particularly domestic violence.

In Jordan, 69% of women and girls survey respondents stated they strongly agree with or somewhat agree with the statement that ‘since the lockdown GBV against girls and young women has increased’. Regarding the types of GBV experienced, 60% of adolescent girls point to physical violence.

Sexual exploitation in the camp setting in Uganda was a common theme. Adolescent girls spoke about their economic situation being a driver of sexual exploitation, particularly in exchange for goods such as sanitary pads.

When asked what was driving this increase in violence the economic situation was the greatest concern, while

lack of privacy, the inability to go out, and crowding at home came second.

Regarding accessing GBV support services, 73% of adolescent girls in Jordan verified that it was easier to obtain support for domestic violence prior to the beginning of the lockdown. However, in that context adolescent girls are accessing virtual GBV or SRHR sessions the most with 48% of adolescent girls surveyed reporting that they had accessed a service, compared to 23% of women ages 25-49.

Globally the data looks similar with UNFPA estimating that:

- If the lockdown continues for 6 months, 31 million additional gender-based violence cases can be expected
- For every 3 months the lockdown continues, an additional 15 million cases of gender-based violence are expected
- Due to pandemic related disruptions in prevention programmes, 2 million FGM cases could occur over the next decade that would otherwise have been averted⁵

⁵ UNFPA. (2020, April 27). *Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage.*



Miriam* was abducted from her home by Boko Haram when she was 22

Child marriage and teenage pregnancy

Respondents in Uganda and Nigeria spoke anecdotally about the increase in child marriage and teenage pregnancy in their communities. There was a particular concern that those girls wouldn't return to school.

“As a result of the Covid-19, so many girls are being married. By the time schools resumes, I'm afraid we would be having a drop in the population of girls who would be coming back to continue their education”

Comfort, Nigeria

Plan International's previous work in health crisis, particularly our work in Liberia and Sierra Leone during the 2014-16 Ebola outbreak has shown that such crises often lead to a rise in the rates of child marriage and teenage pregnancy. Research conducted during the Ebola outbreak by Plan International showed that during 2015 in parts of Sierra Leone, teenage pregnancy had risen by 65%.⁶

Data from UNFPA estimates an expected additional 13 million child marriages taking place that otherwise would not have occurred between 2020 and 2030 as a result of the Covid-19 outbreak.⁷

EXPERIENCES OF GENDER BASED VIOLENCE (GBV) & SEXUAL & REPRODUCTIVE HEALTH (SRH) PROVIDERS

The study in Jordan also engaged service providers in SRH, GBV, youth, as well as a handful of other key informants belonging to the state bodies of the Ministry of Health and the chair of the National Team for the Protection of the Family. GBV service providers described initial efforts to provide information in the form of remote awareness-raising sessions, flyers, WhatsApp and other social media group messages.

GBV: GBV service providers spoke about the challenges in supporting people to come forward during the pandemic and a loss of depth of the service due to not meeting face to face: the constant presence of husbands and other potential abusers in the household with women and girls prevents them from calling into hotlines or leaving the house

to obtain help. GBV service providers also lamented that often adolescent girls and some women do not have private access to their own mobile phone, particularly in camps. Women and girls using their own phones may find that their partners or families regard them with suspicion, especially if the phone is password protected.

SRH Providers continue to offer services over the phone to the extent that is possible. However, the restriction on movements hinders the ability of SRHR service providers to offer comprehensive services. A doctor shared that it is not possible to write prescriptions now if she cannot see patients in person. Whilst most contraceptive products are available in pharmacies, many do not have adequate funds to cover the costs.

⁶ Plan International, Ebola: Beyond the Emergency, 2015

⁷ ibid

EDUCATION

“ Is really not easy with education, we have been taking online classes but I can't afford a subscription for it so can't learn anymore ”

Delight, Nigeria

The closure of schools, the challenges associated with accessing any form of remote learning, and the possibility of not being able to return to school was a key issue across all the survey locations.

Whilst many of the respondents were not in school before the Covid-19 outbreak, many felt that economic challenges faced by them and their families now made it even less likely that they could attend school in the future.

For those respondents that had previously been at school, access to online learning is not a possibility. 43% of female Syrian respondents were at school before the outbreak — only 28% are now having any formal learning.

Many reflected that they do not have access to the technology required for online learning or the money needed to pay for subscriptions. Poor network

connections and limited devices in the family were the biggest challenge reported by Jordan respondents in accessing any remote education.

The scale of the impact of the Covid-19 pandemic on education systems globally and on children's learning and wellbeing is increasing daily. Over 90% of the world's student population are affected by school closures: 1.5 billion — in 186 countries⁸

For girls living in crisis settings, the long-term impact of this may be even more acute. In Mali, Niger and South Sudan — three countries with some of the lowest enrolment and completion rates for girls, closures have forced over 4 million girls out of school. Based on evidence from the Ebola outbreak in 2014-2016, the Malala Fund estimates that 10 million more secondary school aged girls could be out of school following Covid-19.⁹

⁸ UNESCO: 2020

⁹ Girls' education and COVID-19: What past shocks can teach us about mitigating the impact of pandemics, Malala Fund: April 2020



Roukietou, 12, uses chalk and slate to practice her letters

SPOTLIGHT CASE STUDY: NORTHEAST NIGERIA

The outbreak of Covid-19 has resulted in school closures across the world, including in Northeastern Nigeria which was already affected by crisis and conflict.

Whilst children are at home, Plan International along with other consortium partners, have been working with local communities to provide digitally enabled and offline home learning programmes. These programmes follow the 'teaching at the right level' approach so children receive the learning materials that are right for them.

The Covid-19 response programming includes radio broadcast lessons, the distributions of home learning materials including flash cards of the alphabet, two lettered syllables, numbers 1 to 100, play money cards and bingo boards using low cost and locally available materials. Plan International has transported materials to communities where they were distributed to children and their parents by village leaders.

LIVELIHOODS AND FOOD SECURITY

“ The reduction in food has stressed me the most. I have to eat only once a day to make the food last the month ”

Sadia, 18, Uganda

Access to jobs or other economic opportunities appear to have greatly decreased since the outbreak of Covid-19. This is particularly concerning considering that a lack of income generating activities (IGA) or assistance increases the risk of exploitation, including sexual exploitation of girls.

In Jordan, only 7% of adolescent girls reported accessing IGA or material assistance in comparison to 24% of boys of the same age.

Amongst Syrian caregivers in Lebanon, the number one coping mechanism to deal with economic stress was to reduce food consumption. The second was to borrow food.

Food Security

100% of Uganda respondents spoke of lower food rations and this was the number one cause of stress across the survey. Many respondents advised that they were now only eating once a day.

In Lebanon, 83% of Syrian caregivers reported not having enough food to last the next two weeks. 211 out of 309 respondents said their main stress was lack of food.

In all settings this does not appear to be due to physical access to markets, but rather a combination of reduced income and a reduction in their own food production. In Syrian households

in Lebanon, caregivers spoke about negative coping mechanisms, notably using credit, borrowing, and reducing food consumption.

Food insecurity affects individuals within a household differently, as roles and responsibilities within a household affect the production and management of food, as well as the decision making around household income and expenditure. As the quantity and quality of food are reduced under economic stress, the distribution of food within households is often biased against women and girls owing to gendered social norms.



Women tend to crops as part of Cash for Work programme in Borno State

Globally, the impacts that Covid-19 is having on food security is a growing concern. On 21 April 2020, the World Food Programme warned that, unless swift action is taken some 265 million people worldwide, double the numbers from the previous year, face acute food shortages.¹⁰

School closures have also exacerbated this problem. The suspension of school

lunch programmes, affecting 370 million children worldwide, has increased hunger for many families.¹¹

“ Life is hard. Before Covid we had enough food. Now our food rations are very reduced and it’s causing malnutrition ”

Jackline 17, Uganda

¹⁰ <https://www.wfp.org/news/Covid-19-will-double-number-people-facing-food-crises-unless-swift-action-taken>

¹¹ <https://cdn.wfp.org/2020/school-feeding-map/index.html>

HEALTH AND WELLBEING

“ It’s impossible to get pads. The prices have got so high and materials for making them have are not available ”

Christina 18, Uganda

Sexual and Reproductive Health and Rights (SRHR)

Across all settings, the predominant health needs in the assessments are access to sanitary pads and access to SRHR services.

In Lebanon, 83% of female respondents that previously had access to SRHR services are no longer accessing these services due to fears of Covid-19 transmission.

Additionally, only 18% of adolescent girls reported having access to information on SRHR services during the lockdown compared to 37% before.

These findings are supported by global data. Covid-19 is already causing major disruptions in meeting family planning needs. Recent UNFPA data reports that:

- Some 47 million women in 114 low and middle-income countries are projected to be unable to use modern contraceptives if the average lockdown, or Covid-19 related disruption, continues for 6 months with major disruptions to services
- If the lockdown continues for 6 months and there are major service disruptions due to Covid-19, an additional 7 million unintended pregnancies are expected to occur.¹²

¹² UNFPA. (2020, April 27). *Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage.*



Fatima, 15, washes her hands in IDP camp in Nigeria

Menstrual Hygiene Management

In Lebanon, 69% of Syrian adolescent girls say they are not in walking distance from local shops to buy menstrual pads. 63% of female caregivers do not have the financial means to buy menstrual pads

In Uganda, 100% of respondents said they were struggling to access menstrual pads.

Very worryingly, many of the respondents in Uganda, spoke about the increased levels of sexual exploitation in order to obtain pads. They spoke about being sexually exploited by older men in the community in exchange for money or goods. They referenced that previously they were supported by NGOs in the provision of sanitary pads, but they were no longer able to access this support since lockdown.

Water, sanitation and hygiene (WASH)

As in any public health crisis, ensuring access to clean water, sanitation and hygiene is one of the main pillars of response. Despite the intensification of efforts from WASH actors since the lockdown, the need for WASH materials among respondents remains very high.

65% of Syrian respondents in Lebanon did not have possession of hygiene and disinfection supplies at home and

94% have not received any sanitation or hygiene products in the last month.

This has big implications for girls. Social distancing at water points is referenced as a clear problem in camp settings. Again, many girls reported that they are regarded as less vulnerable due to their age so are sent most frequently, causing high levels of stress regarding transmission.

Psychosocial Support (PSS)

It was clear in the qualitative and quantitative data, that the Covid-19 pandemic is having an impact on respondents' stress levels. In Jordan, 72% of Syrian adolescent girls reported being concerned about the pandemic.

Worryingly, despite many already living in very stressful situations before the pandemic, there seemed to be a lack of support in place. In Lebanon, 95% of caregivers reported that their children are not participating in any activities to cope with stress.



Amal, 11, lives in a makeshift camp on a muddy hillside in northern Lebanon

SPOTLIGHT CASE STUDY — LEBANON

Lebanon hosts the largest refugee population per capita in the world: between 1 and 1.5 million Syrians and 180,000 Palestinians.

In response to the Covid-19 crisis Plan International is distributing food parcels to the most vulnerable families. In addition, we are distributing hygiene kits, including soap and sanitary pads, together with information about Covid-19 and sexual and reproductive health services which has benefitted over 3,000 people so far.

Plan International is conducting remote psychosocial support activities through WhatsApp or conference calls, to support girls who are affected by domestic violence. We are also offering parenting sessions to promote positive parenting practices with the aim of combatting violence against children and youth.

ROLES AND RESPONSIBILITIES

“ Girls are doing all the heavy work at home so they have no rest ... the work has increased so much that some have become sickly ”

Eva, 20, Uganda

The needs assessments across all locations point to adolescent girls bearing a much higher burden of household responsibilities and reported having fewer positive outlets.

As well as an increase in household chores, girls are also disproportionately taking on the care of younger children in the household and helping them with their studies, leaving less time for their own studies or other activities.

A study in Jordan conducted by the Centre for Strategic Studies also found that 85% of respondents agreed that the lockdown has led to an increase in

household burdens for Jordanian women and girls.¹³

Of respondents to our survey in Jordan, when asked to select the ways that young girls are affected by the lockdown, 55% of adolescent girls participating in the survey shared that their cohort is highly impacted by an increase in household tasks, including doing chores and looking after younger children in the household.

In Lebanon, 51% of adolescent girls have reported an increase in the time spent doing chores. In Uganda this was in the top 3 stressors reported by girls and young women.

¹³ Corona and family violence in Jordan: Findings and Indicators,” Center for Strategic Studies: 27 April 2020

COMMUNICATION AND ISOLATION

“ School closing has been very stressful and now public gathering are banned we cannot play with other children ”

Rona, 17, Uganda

Many of the adolescent girl respondents in all locations reported that they felt cut off from society. This was creating stress both in terms of having any communication with friends and family outside of their household and in accessing critical information to keep themselves safe from Covid-19.

In Jordan, only 35% of adolescent girls reported staying connected with and chatting with friends as a common pastime, in comparison to 47% of boys.

In Uganda, many of the girls specifically mentioned how difficult they found not being able to see friends and extended family, which has been made impossible with lack of access to mobile phones.

Globally, women and girls are less likely than men to have private access to their own mobile phone. The Global System for Mobile Communications (GSMA) estimates that there are 443 million “unconnected” women in the world.¹⁴

In Lebanon, only 4.2% of Syrian adolescent girls own a mobile phone.

Access to Information

Many of the adolescent girl respondents also reflected that they felt they had a lack of access to information regarding Covid-19 and how to stay safe. In Uganda, several of the respondents advised that there were rumors about potential cures for the virus including drinking very strong alcohol that was making people unwell. They reflected that this lack of information, particularly not having access to mobile phones

left them unable to combat this misinformation and ultimately at greater risk of catching the virus.

“ There is a community believe that alcohol cures Covid-19. So many parents go out to get alcohol and fight when they come back ”

Beatrice, 19, Uganda

¹⁴ GSMA. “Connected Women: The Mobile Gender Gap Report.” 2019



Amal, 11, holds her mother's hand as she tells her story

CONCLUSION AND RECOMMENDATIONS

The impact of the Covid-19 pandemic on adolescent girls is complex and severe and the consequences have the potential to be long lasting.

To minimise the damage this will have on girls' lives, particularly those already facing crises, it is vital the international community responds now to the impacts Covid-19 is having on

their lives beyond the immediate health implications.

As governments and donors look to the future and recover from this unprecedented global pandemic, we must take the opportunity to build back better and create more resilient, inclusive and sustainable societies for all, including girls living through crisis.

The UK Government must:

- Ensure that the newly created Foreign Commonwealth and Development Office (FCDO) retain commitments to be a global leader on gender equality,
- deliver on the commitments made in DFID's Strategic Vision for Gender Equality, by ensuring gender is prioritised across all stages of the Covid-19 response
- reaffirm its commitments to the Leave No-one Behind principals as central to the work of the FCDO, acknowledging that crisis affected populations, particularly refugees, asylum seekers and people on the move, risk being excluded from national COVID-19 preparedness and response plans,
- simultaneously address the socio-economic impacts of the crisis, as well as the primary health impacts, to both save lives and avoid devastating longer term impacts of the crisis. This must be a particular focus on addressing the areas critical to girls including education, SRHR, GBV and child protection
- play a leading role in coordinating work with other national governments to ensure that critical lifesaving and life-sustaining humanitarian activities can continue including preventing the disruption of services and supplies essential for adolescent girls' health, safety and wellbeing

- lead a coordinated global “Build Back Better Agenda” working with bilateral and multilateral actors, international NGOs and civil society to ensure a joined up approach that delivers for girls and women;
- deliver on commitments made as part of the Grand Bargain and SDGs to promote and fund the localisation agenda ensuring increased funding reaches local and national partners including girls and women led organisations. Now more than ever it is vital to work with partners that have direct knowledge and understanding of the impacts this crisis is having and are trusted as partners within their communities
- demonstrate global leadership in the response to Covid-19 by pledging additional financial support including to
 - the Global Humanitarian Response Plan for Covid-19 to ensure that \$6.7 billion funding target is met,
 - Local, national and INGOs recognising the critical role that civil society plays in delivering aid;
- protect existing humanitarian funding within the ODA budget at this time of increasing needs, recognising many communities are now facing multiple crises
- ensure all partners and programmes that receive UK Aid funding continue to uphold humanitarian standards, including the Core Humanitarian Standard, the Sphere Standard and sector standards including the Child Protection Minimum Standards and INEE Minimum Standards

For full detailed recommendations, Plan International UK has contributed and signed up to the following positions:

- **UK SRHR network:**
<https://plan-uk.org/file/uksrhr-network-Covid-19-briefingpdf/download?token=juNQjADn>
- **Gender, Peace and Security UK:**
<https://gaps-uk.org/wp-content/uploads/2020/04/Call-to-Action-Now-and-the-Future-COVID-19-and-WPS.pdf>
- **Send My Friend Education Briefing:**
<https://sendmyfriend.org/2020/05/learning-through-and-from-Covid-19-dfids-response-to-education-during-the-pandemic/>

METHODOLOGY

Jordan

UNFPA Jordan country programme commissioned the assessment in co-ordination with Plan International and the Institute for Family Health (IFH) Noor Al Hussein Foundation.

The assessments are a combination of quantitative and qualitative tools including phone surveys targeting adolescent and adult men and women, key informant

interviews (KII) with service providers, and focus group discussions (FGD) with women and girls.

The research involved 397 participants in total from 5 governorates including Irbid, Karak, Amman, Azraq Camp, Za'atari. Table 1 below presents the precise distribution and demographic profile of the survey respondents.

Table 1: Survey Respondents by Governorate and Gender

Governorate	Irbid	Karak	Amman	Azraq Camp	Za'atari Camp	Total
Number of Female Respondents	35	35	49	43	46	208
10-13	5	5	6	5	6	27
14-17	12	5	13	14	14	58
18-24	13	20	22	21	20	96
25-49	5	5		3	6	27
Number of Male Respondents	19	32	34	37	30	152
10-13	2	10	3	14	2	31
14-17	3	4	7	3	7	24
18-24	6	13	19	15	15	68
25-49	8	5	5	5	6	29
Total	54	67	83	80	76	360

Lebanon

In Lebanon surveys were conducted by partners RMF, LOST, AND, Himaya and Amel Association.

A total of 620 female and male caregivers and 498 adolescent girls

and boys, equally divided between Syrian and Lebanese populations, were surveyed also through KII's and FGDs. The tables 2 and 3 below give a breakdown of age, gender and location of the respondents.

Table 2: Demographics and Household characteristics (Adolescents)

Governorate	District	Lebanese			Syrian			Total
		Male	Female	Total	Male	Female	Total	
Akkar	Akkar	27	31	58	35	30	65	123
Baakbek-Hermel	Baalbek	23	31	54	21	31	52	124
	Hermel	8	0	8	9	1	10	
Nabatieh	Hasbaya	15	7	22	8	1	9	55
	Marjaayoun	2	10	12	6	6	12	
South Lebanon	Tyr	13	15	28	19	24	43	71
North Lebanon	Minieh — Dannieyh	6	8	14	22	15	37	125
	Tripoli	27	20	47	8	19	27	
Grand Total		121	122	243	128	127	255	498

Table 3: Demographics and Household characteristics (Caregivers)

Governorate	District	Lebanese			Syrian			Total
		Male	Female	Total	Male	Female	Total	
Akkar	Akkar	31	31	62	31	31	62	124
Baakbek-Hermel	Baalbek	26	25	51	29	31	60	246
	Hermel	36	32	68	33	34	67	
Nabatieh	Hasbaya	10	10	20	3	1	4	35
	Marjaayoun	1	4	5	3	3	6	
South Lebanon	Tyr	19	20	39	26	25	51	90
North Lebanon	Minieh — Dannieyh	32	13	45	23	23	46	125
	Tripoli	0	20	20	8	6	14	
Grand Total		155	155	310	156	154	310	620

Nigeria

Plan International Nigeria consulted with 26 young women aged 18 — 25 in multiple locations:

The surveys were done online with data costs supported by Plan International staff. No wider community members were consulted.

Uganda

Plan International Uganda consulted with 16 adolescent girls aged 15 — 18 and 9 young women aged 19 — 25. All were located in Rhino Camp.

The KIIs were completed over the phone by Plan International staff. No wider community members were consulted.

Table 4: Survey Respondents by Region

Region	Number of Respondents
Kaduna State	5
Jos	4
Abuja	4
Edo State	3
Madiguiri	10
Grand Total	26

Limitations

These studies were conducted separately and did not follow the same methodology. This paper provides a snapshot and draws on commonalities of experience.

Due to the ongoing lockdown all information collected remotely. This clearly poses some challenges and

limitations, particularly when discussing sensitive issues such as gender based violence.

Full details of how we navigated the sensitivities and risks involved in remote data collection are contained in the full needs assessments.



Plan volunteer distributes sanitiser handcraft kit in Azraq refugee camp



Plan International UK

Cover photo: Jeanette, 20, with her youngest child, 6-month-old Fistan

COVER PHOTO CREDIT: PLAN INTERNATIONAL

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