Introduction

The world’s attention is focused on the threat and impact of the COVID-19 pandemic, and researchers are at the forefront of the response. At the same time, many institutions have suspended non-COVID-related domestic and international research activities, in light of the potential hazards to both researchers and participants and the effects of political/social restrictions such as lockdowns, curfews and physical distancing.

**Safeguarding** – the responsibility to anticipate, mitigate and address harm – remains an essential function for all those involved in the international development research chain, whatever the focus of their research. The UK Collaborative on Development Research (UKCDR) define safeguarding in the research context as preventing and addressing “any sexual exploitation, abuse or harassment of research participants, communities and research staff, plus any broader forms of violence, exploitation and abuse... such as bullying, psychological abuse and physical violence.”

Safeguarding in international development research takes on added significance during the COVID-19 crisis, for a number of reasons:

- During emergencies, people and organisations can forget or overlook the importance of safeguarding in the face of immediate survival needs.
- Many institutions’ normal governance and oversight processes, including those for reporting or investigating safeguarding concerns, are delayed or severely disrupted; whistle-blowers may be ignored or even suffer retaliation.¹
- Unscrupulous actors may seize the opportunity to commit abuse or perpetrate harm during a time of lowered scrutiny and drastically reduced or overburdened public services. For example, emerging evidence from the international development sector strongly points to increases in domestic violence, sexual exploitation and sexual violence against women and girls during the COVID-19 pandemic,² as well as heightened risk to children of neglect, abuse and exploitation.³
- While certain safeguarding risks may appear temporarily reduced by restrictions on movement, closure of workplaces, etc., harm and abuse will manifest themselves in other ways, and specific new risks can arise as a result of the pandemic.

Researchers may be inclined to undertake more risky actions during a widespread crisis, because risks are perceived as being everywhere – individuals’ ‘risk line’ or definition of what constitutes acceptable risk can shift.

Research may have to be undertaken rapidly in emergency situations, with pressure to allow perceived urgency to override normal steps to anticipate potential harms, take action to mitigate harm and put in place or strengthen appropriate processes to address it.

Ability to carry out basic institutional functions, including the ongoing responsibilities of research funders/institutions to discharge their duty of care in relation to their staff, grant-holders and research teams, may be compromised, and additional risks overlooked.

Why has this additional guidance been produced and who is it for?

Please note that the UKCDR’s main Guidance on Safeguarding in International Development Research (https://ukri.org/files/guidance-on-safeguarding-in-international-development-research/) contains rigorous and comprehensive role-specific advice on safeguarding in international development research, with clearly targeted sections for research funders, heads of research institutions, university vice-chancellors, ethics committees, research managers and administrators, human resources, legal and finance teams, individual researchers, research participants and communities.

The purpose of this additional ‘companion piece’ is to underline the ongoing importance of safeguarding in research in the context of COVID-19, highlight specific issues to consider during the current crisis and signpost additional useful resources. Core values should continue to drive our approach.

“It is profoundly unethical for people to be approached to take part in research (however potentially valuable) if their own basic healthcare needs are not being addressed as part of the response effort. While researchers cannot themselves be directly responsible for meeting such needs, they must be confident that they know how to refer on to those who are (and that those services are in place). Equal respect also reminds us of the importance of the welfare of front-line research and healthcare workers themselves, and the responsibilities of their employers and funders to make sure that their needs are not overlooked.”

The considerations below will be most relevant to those funding research, those managing research grants and those undertaking research. While this companion piece largely targets these three groups, there is greater detail in the full guidance for all stakeholder groups involved in research (as listed above). This document is a supplement to – not a replacement for – the advice in the main Guidance, which remains valid and relevant in the face of COVID-19.

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### Rights of victims/survivors and whistle-blowers

- **What measures are we taking to identify specific additional safeguarding risks in our current (whether active or suspended) or planned research in the context of COVID-19, and to ensure the resilience and effectiveness of our reporting/investigation/disciplinary procedures?**

- **How are we protecting the rights of participants in COVID-specific research, e.g. the right to compensation for time/loss of earnings and the right to know where and how to access health care?**

- **How are we ensuring meaningful, fully informed and freely given consent (especially when under pressure to produce rapid results)? Are we avoiding undue inducement in any compensation we offer for participation in research? Do our existing consent procedures need to be revisited and possibly revised in the context of COVID-19?**

- **How are we ensuring support in relation to the anticipated rise in mental health issues/intimate partner violence affecting research staff and students working from home, in self-isolation, under quarantine or lockdown?**

- **How are we helping staff and students who are away from home and may be finding it difficult to return, to access health care where they are working?**

### Equity and fairness

- **How are we ensuring that all research partners and participants are receiving accurate, up-to-date information about COVID-19 relevant to their project and country, so that they are not placing themselves or others at unnecessary risk when undertaking research?**

- **Have we taken into account individuals or groups with particular characteristics who risk being affected disproportionately by any changes made to research during this period? (e.g. additional costs or absence of income arising from pausing/freezing research, which may exacerbate their risk or vulnerability to sexual exploitation, abuse, harassment, bullying, psychological abuse, physical violence)**

- **What support are we offering, particularly for those researchers in more precarious employment situations – such as temporary staff, sub-contractors, students – and/or with less access to credit or a social safety net, who may be more vulnerable to exploitation? (e.g. processing payments quickly, extending contracts, extending deadlines for research outputs)**

- **What support or alternatives are we offering for those researchers whose access to workspace, equipment, reliable electricity supply, internet, etc. at home may be limited, so that they can continue to work but do so safely?**

### Transparency

- **Are we specifically acknowledging, and consulting partners about, the actual and potential impact of COVID-19 on existing vulnerabilities and risks in the communities where we fund, manage or conduct research?**

- **What advice and support are we offering on how research can be modified to reduce transmission risk and prevent harm to those undertaking and involved in research, e.g. shifting from face-to-face data collection to remote methods via phone/Skype/Zoom or online survey etc?**

- **How are we communicating what research is still continuing, in what form and with what potential financial implications (if modified from the original research plan) to provide financial transparency and avoid financial exploitation?**

- **How can we ensure that staff and students are/remain in place to deal with any safeguarding breaches during the current disruption?**

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### Accountability and governance

- **How are we ensuring support in relation to the anticipated rise in mental health issues/intimate partner violence affecting research staff and students working from home, in self-isolation, under quarantine or lockdown?**

- **How are we ensuring that processes are/remain in place to deal with any safeguarding breaches during the current disruption?**

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- **What additional resources might be required to manage safeguarding risks in the context of COVID-19?**
In countries where authoritarianism is increasing as a result of enforcement of COVID-19 requirements, how are we protecting the safety of researchers, field workers, data collectors and research participants and ensuring they are not being placed at higher risk of physical violence? (e.g. if field workers/researchers are expected to work late, or research participants are involved in studies until later in the day, they may miss curfew and be subject to police brutality)

How are we ensuring that myths about transmission and infection (e.g. ‘Chinese virus’, Black people/young/poor/street children having immunity, etc.) do not influence research decisions or practice (as with the French scientists who proposed using Africans as test subjects for any COVID-19 vaccine5)? What are we doing to prevent and address increased racial harassment of researchers/participants in relation to these myths?

contacts if the primary contact is not available?

In the countries where we work, how will we identify and manage any changes to referral points or support mechanisms as a result of COVID-19? With the suspension or closure of many services, if there is nowhere to signpost people to, what is our plan for how to support victims/survivors?

Useful resources


Gender and COVID-19 Working Group. COVID-19 and Gender Resources and Articles – public Google drive. Available at: https://docs.google.com/document/d/1_QfLS6Z90w_1rPM-jdeKC_IQXTcwA8Z4kF8Z5CerZrk/edit


Liverpool School of Tropical Medicine and ARISE (Accountability in Urban Health Hub): *Practical advice on COVID-19 for people in informal settlements*. Video dialogue between Prof Sally Theobald and Dr Tom Wingfield, COVID-19 expert in Liverpool, drawing on questions from Slum/Shack Dwellers International and ARISE Hub members. Full film (22 minutes) available at http://bit.ly/ARISE-HUB-COVID-19, or divided into individual topics as below:

- What is COVID-19? Are there people who are more vulnerable? (4:21) https://youtu.be/PFMPuc_Ho8Q
- Prevention measures? Treatment at home? Low-cost measures? (8:45) https://youtu.be/Hf8SRM7_tRc


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About UKCDR Guidance on Safeguarding in International Development Research
This companion piece was commissioned and produced by the UK Collaborative on Development Research (UKCDR) to accompany Guidance for Safeguarding in International Development Research.

UK funders of ODA research worked with UKCDR to develop a set of principles and best practice guidance on safeguarding to anticipate, mitigate and address potential and actual harms in the funding, design, delivery and dissemination of research. This guidance is needed to ensure the highest safeguarding standards in the context of international development research, which presents specific situations in which harms that can occur are different to international development more broadly. The guidance is available here: https://www.ukcdr.org.uk/guidance/safeguarding-resources/

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