UNFPA–UNICEF
Global Programme to
End Child Marriage

PIVOTING
THE UNFPA-UNICEF
GLOBAL PROGRAMME
TO END CHILD MARRIAGE TO
RESPOND TO THE PANDEMIC

ADAPTING TO
COVID-19

23 September 2020

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BACKGROUND

The health, social, political and economic effects of the COVID-19 pandemic are disproportionately affecting girls and women by exacerbating existing systemic gender inequalities at all levels.[1] This has potential implications for the incidence of child marriage. COVID-19 also has immediate and longer-term implications for the implementation of the United Nations Population Fund-United Nations Children's Fund (UNFPA-UNICEF) Global Programme to End Child Marriage (referred to as the Global Programme). This document provides a summary of: the impact of the pandemic on the work of the programme; the steps taken to overcome the challenges; and the leverage opportunities to end child marriage under the current conditions (*see Table 1*).

Table 1. Objectives and questions of the brief

OBJECTIVES	QUESTIONS
Show how the Global Programme has pivoted towards COVID-19	How has the COVID-19 crisis affected the work of the Global Programme?
Document the Global Programme's research and programming approaches during the COVID-19 pandemic	What are the specific challenges and/or opportunities related to the pandemic that the programme has faced?
Showcase additional (non-Global Programme) examples for UNFPA, UNICEF and other stakeholders to learn from	How has the Global Programme mitigated the impact of COVID-19 on child marriage?
	What were the solutions for overcoming challenges and leveraging opportunities?
Present the changes in UNFPA and UNICEF work processes to make them more efficient during and following the pandemic	What is the Global Programme doing to ensure business continuity and programme effectiveness in 2020?

Examples and evidence presented in this note are based on:

- Global Programme sources of information: webinars; networks of organizations, civil society organizations, academics and consultants; research reports (e.g., Gender and Adolescence: Global Evidence [GAGE] research in Ethiopia); U-report; Twitter chats; etc. Most of the available information is in English.

- Programme and research efforts of other organizations, including the Population Council, GAGE, Save the Children, SOS Children's Villages, Childline India and other national actors.

India, June 2020
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EFFECTS OF COVID-19 ON CHILD MARRIAGE AND ON ADOLESCENT GIRLS

While it is too early to assess the full impact of COVID-19 on adolescent girls, eight months into the COVID-19 pandemic, it is becoming clear that many predictions on the impact of the pandemic on adolescent girls and young women are likely to be confirmed. According to global estimates by UNFPA, the COVID-19 pandemic may result in 13 million extra child marriages in the years immediately following the crisis, with at least 4 million more girls[2] married in the next two years, as family livelihoods evaporate and economic crises ensue, pushing families to identify other forms of income that harm children.[3] New analysis released by UNICEF also shows that the number of children living in poor households could increase by 15 per cent by the end of 2020 as a result of the global pandemic, with nearly two thirds of these households in sub-Saharan Africa and South Asia.[4]

UNFPA projections[5]

As the COVID-19 pandemic rages on, the number of women who are unable to access family planning, or are facing unintended pregnancies, gender-based violence and other harmful practices could skyrocket by millions of cases in the months ahead, according to data released by UNFPA, the United Nations sexual and reproductive health agency.

The research reveals the enormous impact that COVID-19 is having on women as health systems become overloaded, facilities close or only provide a limited set of services to women and girls, and many choose to skip important medical check-ups through fear of contracting the virus. Global supply chain disruptions may also lead to significant shortages of contraceptives and gender-based violence is expected to soar as women are trapped at home for prolonged periods.

 "This new data shows the catastrophic impact that COVID-19 could soon have on women and girls globally. The pandemic is deepening inequalities, and millions more women and girls now risk losing the ability to plan their families and protect their bodies and their health," said Dr. Natalia Kanem, UNFPA Executive Director. "Women's reproductive health and rights must be safeguarded at all costs. The services must continue; the supplies must be delivered; and the vulnerable must be protected and supported."

KEY PROJECTIONS:

- 47 million women in 114 low- and middle-income countries may not be able to access modern contraceptives and 7 million unintended pregnancies are expected to occur if the lockdown carries on for six months and there are major disruptions to health services. For every three months that the lockdown continues, up to an additional 2 million women may be unable to use modern contraceptives.

- 31 million additional cases of gender-based violence can be expected to occur if the lockdown continues for at least six months. For every three months the lockdown continues, an additional 15 million extra cases of gender-based violence are expected.

- COVID-19 will disrupt efforts to end child marriage, potentially resulting in an additional 13 million child marriages taking place between 2020 and 2030 that could otherwise have been averted.

Table 2. Summary of effects of COVID-19 on child marriage[6]

EDUCATION	■ School closures disrupt learning ■ Pulling girls out of school reinforces their roles as unpaid carers, increases gender-based violence, reinforces harmful gender norms and the unwantedness of girls at birth ■ Teachers return to their hometowns ■ Lack of adults and mentors that adolescents may be able to confide in ■ Girls are overburdened by household chores during lockdown, and school closure results in a lack of time in which to study ■ Children, and especially girls, are more isolated and lose social support	■ Digital divide: lack of access to online learning for children living in poverty, and in rural areas, because of a lack of digital infrastructure and the cost of data and equipment. This has a bigger impact on girls in contexts with a gender-based digital divide. Unpaid care and domestic work prevent most girls from participating fully and effectively in online and digital learning. ■ Many girls may not return to school after lockdown is lifted, especially if they get married or become pregnant ■ Economic effects of the pandemic make the cost of education unaffordable; resulting in families prioritizing boys' education over girls'
SEXUAL AND REPRODUCTIVE HEALTH	■ Health staff are busy with the pandemic response and neglect 'non-essential' health services ■ Limited access to sexual and reproductive health services during lockdown (e.g., contraception, abortion)	■ Lack of access to menstrual hygiene management products ■ Increase in pregnancies and sexually transmitted infections ■ Increase in 'transactional sex'[7]
CHILD PROTECTION AND GENDER-BASED VIOLENCE	■ Increase in violence, abuse and exploitation of children, particularly sexual and gender-based violence against girls due to restrictions on movement ■ Child protection staff and many other essential sexual and gender-based violence service providers are assigned to COVID-19 duties, focusing on limiting the spread of the virus ■ Decline in child protection and gender-based violence services (where they exist): shelters, hotlines, and police mostly shut ■ Temporary decline in mass child weddings and in trafficking of children for marriage (India) ■ Loss of social support for children and their families ■ Limited access to child protection services (e.g. in Bangladesh)[8]	■ Digital divide is deepened: reduced access for women and children to mobile phones and to helplines (some countries already had a low rate of mobile phone use across the population and especially in rural areas even before the pandemic) ■ Online child protection: prolonged access to the internet for learning purposes increases the exposure of girls and boys to potential online abuse, exploitation, inappropriate content, sextortion (the practice of extorting money or sexual favors from someone by threatening to reveal evidence of their sexual activity) etc. ■ Lack of mental health services ■ Reduced participation of adolescent girls in adolescent clubs due to closure of clubs in rural and slum areas (e.g. in Bangladesh)
ECONOMIC	■ Loss of income disproportionally affects the poorest households (e.g., migrants in India) ■ Increase in marriages as a negative economic coping strategy, for families to ease their burden by not having to provide for their daughters ■ Increase in sexual exploitation ('transactional sex')	■ Girls face main burden of unpaid care and domestic work ■ Economic pressures increase the perceived burden and unwantedness of girls at birth and contribute to an increase in child marriages (South Asia)[9]
INADEQUATE WATER, SANITATION AND HYGIENE	■ Inadequate water, sanitation and hygiene facilities in schools creates further risk of disease transmission when schools reopen after lockdown. Need to maintain social distancing and frequent handwashing	■ Due to poverty and restrictions on movement, girls are unable to buy sanitary products for proper menstrual health management
NUTRITION	■ Disruption of iron and folic acid (IFA) supplementation and deworming programmes	■ Girls and women are deprived of nutritious food due to the food crisis, their engagement in work, and households prioritising the nutrition of boys and men

The following paragraphs highlight some of the challenges faced by Global Programme countries to varying degrees.

INCREASE IN CHILD MARRIAGE: Media outlets and development agencies have been reporting an increase in child marriages as a result of school closures and the loss of livelihoods. Most of these reports are based on anecdotal evidence[10] or on rumours.[11] In the absence of reliable surveillance systems, one of the few sources of information on the number of child marriages is helplines. Although they do not provide an accurate estimate of the total number of child marriages taking place, they provide a clearer idea of the scale of the problem.[12]

Ethiopia case study

Since the onset of the COVID-19 pandemic in Ethiopia, UNICEF partners have raised concerns about the heightened risk for adolescent girls of child marriage, especially as school closures coincided with the marriage season and diminished girls' protective and supportive environment. Accordingly, community-level structures, such as women's development groups and community surveillance mechanisms, were mobilized to closely monitor the situation. Their strong engagement resulted in the identification of 1,502 cases of child marriage arrangements, of which 953 were cancelled from 1 April to 30 June in Amhara, Somali and Southern Nations Nationalities and People (SNNP) regions. Compared with January to March 2020, there was an increase of 82 per cent in cases reported (up from 827), and the number of cases cancelled has doubled (up from 460 cases cancelled) in the three regions. However, when comparing the number of cases reported and cancelled to last year's figures, there is no significant difference in the number of cases reported (1,497 cases in April to June 2019), while the number of cases cancelled increased by 68 per cent compared with last year. The extra attention given to child marriage due to the expectation of a potential rise in cases, along with timely action taken by implementing partners could explain the increase in the number of cases cancelled.

INCREASE IN DOMESTIC AND GENDER-BASED VIOLENCE: As feared, lockdowns led to a sharp increase in reports of domestic violence and sexual violence, and not just in countries with high rates of child marriage. Children and adolescents, including married adolescent girls and those

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April 2020
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cohabiting – when a couple lives 'in union' as if married, found themselves stuck at home with their abusers, unable to leave or to seek help.[13]

URBAN-RURAL DIVIDE: As the GAGE research in Ethiopia points out, many teachers and health workers left their places of work and returned to their hometowns during lockdown. Together with the travel restrictions, this led to rural areas being largely abandoned by government service providers.[14]

REDUCED ACCESS TO SERVICES: Information from UNFPA and UNICEF country offices and partner organizations confirmed the negative impact of lockdowns on education, nutrition services, sexual and reproductive health services, child protection and gender-based violence services, mental health support, and economic opportunities. While schools have reopened in Mozambique, not all are working at full capacity, since some teachers have not reported back to work. Adolescent girls and women also face a shortage of contraceptives and of menstrual hygiene supplies. In Ghana, overall service delivery has declined by 60 per cent.[15] In some countries (e.g., Niger, Kenya), safe houses have been closed, creating a gap in the protection of girls at risk of gender-based violence.[16] In response, some communities have offered community-based alternative care for at-risk girls.

In Bangladesh, since 26 March 2020, all education institutions have been closed as part of the government's efforts to contain the spread of COVID-19. The closure of primary schools means that, currently, 19.5 million school-aged children (of which 51 per cent are girls) have no or limited continuity of education. In addition, the lockdown may force students coming from daily wage-earning families to drop out because of financial problems. Girls are likely to be the first to drop out, and this may lead to increases in child marriage and other negative and gendered coping mechanisms.[17]

LOSS OF INCOME AND ECONOMIC INSTABILITY: The fall in income of parents, particularly in female-headed households, has a negative impact on children's overall care and development. A financial diary from sixty low-income households in the Hrishipara neighbourhood in Gazipur District, Bangladesh, captures the collapse of daily incomes when lockdown measures are introduced. Historically, the burden of such impacts on households has disproportionately been borne by girls. It is also affecting efforts to end child marriage in Bangladesh. Strategies being utilized to end child marriage – including adolescent girls' empowerment, community mobilization to change social norms, secondary education and employability, water, sanitation and hygiene and menstrual health management in schools, adolescent-friendly health services, and nutrition – are in jeopardy and disrupted. Girls are likely to be offloaded by parents through child marriage, as many of the drivers of child marriage are expected to increase as family and community-level social structures break down.[18]

COMMUNITY MOBILIZATION: Mobilization involving large groups of people has not been possible in most countries, owing to restrictions on public gatherings, limited access to schools, places of worship (churches, mosques and temples) and community centres, and the lack of implementing partners (e.g., in Burkina Faso, Ghana, Bangladesh). In Ghana, lockdown restrictions affected the work of implementing partners, especially safe spaces for girls, which led to a re-programmed approach of 'Virtual Safe Spaces'.

DIGITAL DIVIDE: The GAGE study in Ethiopia also highlighted the digital divide between urban and rural areas, and between boys and girls and their access to mobile phones, radios and television. The digital gap does not only limit individuals' access to information about the pandemic, it also restricts access to other sources of information about health, nutrition and protection concerns, and excludes rural areas from access to online education. A key difference is the availability of mobile and digital connectivity. While the majority of respondents in urban areas have access to a TV and their own phones, in rural sites these numbers are much more limited. Moreover, as these communities lack electricity, young people with mobile phones have to rely on trips to nearby towns to charge their phones and get connectivity. Some adolescents had heard of the pandemic on the radio and noted that, even if the household owned a radio, they typically lacked decision-making power over what to listen to. According to the adolescents, the main source of information about COVID-19 was via word-of-mouth and the automatic recordings that are played when making a call, prior to connecting with the other person.[19]

Ghana,
June 2020
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India, August 2020
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Adolescent girls in many of the Global Programme countries have limited access to communication and information technologies, which makes it difficult to switch to delivering education and life skills sessions at a distance. Bangladesh is revising the school-based life skills curriculum to enable distance learning. The ministry of education will deliver life skills sessions through television. Ghana is facing challenges in identifying innovative approaches to reaching girls who are at risk of, or affected by, child marriage. Nine out of 10 of these girls are out of school and are unlikely to have access to radio or TV.[20] In Yemen, most safe spaces and schools have been closed since April. Most girls do not have access to radios, TV or phones, making distance learning unworkable. In Sierra Leone, it has been a challenge to operate safe spaces where life skills training is delivered. Safe space modalities are being reviewed to ensure the safety of participants. The government of Sierra Leone has established a toll-free, gender-based violence helpline, but many people still do not know about it.

TABLE 3. CHILDLINE INDIA CALLS RELATED TO CHILD MARRIAGE		
Month	**2019**	**2020**
March	2,422	2,262
April	2,839	799
May	3,957	2,153
Total	**9,218**	**5,214**

Child helplines reported a drop in the reporting of child marriages (e.g., in Bangladesh). Childline India reported a decline in calls to helplines in 2020 compared with the same period in 2019 (*see Table 3*). Children's limited access to mobile phones, combined with a reduction in awareness raising and community mobilization may have contributed to the reduction in requests for help.[21]

Childline India: During the three months between 20 March and 20 June 2020, Childline India received a total of 92,203 calls. Out of these calls, 5,584 calls reported child marriage.[22] The reasons for the spikes in child marriage include poverty and loss of livelihoods, school closures and a lack of support systems. In India, many migrants lost their jobs and had to return to their hometowns as a result of the nationwide lockdown. Some of them were persuaded to have their underage daughters married, after receiving offers to cover all wedding costs and to waive demands for a dowry.[23] The closure of schools and community centres has made many girls more vulnerable by restricting their mobility and means of communication, and severing contact with teachers and friends. Moreover, many Child Marriage Prohibition Officers are occupied with COVID-19 management, thereby reducing surveillance and vigilance.[24] On a positive note, non-governmental organizations in Rajasthan noticed a sharp drop in mass weddings involving children. Trafficking of children for marriage was also affected, owing to restrictions on travel and transport.[25]

In the absence of coordinated national-level efforts to track child marriages during the pandemic, non-governmental organizations and district government officials are gathering data independently. An ActionAid-UNICEF project has been tracking child marriage cases since March 23. The project has reported 183 cases in Odisha, 138 in West Bengal, 56 in Jharkhand, 25 in Bihar and 16 cases in Rajasthan, among others. VICE News reported that there is a dire need to build comparative data, which may help organizations and district officials understand the true scale and trend of the current crisis.[26]

Uganda, August 2020
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MITIGATING THE IMPACT OF COVID-19 ON CHILD MARRIAGE

The Global Programme has responded to the COVID-19 crisis by building on lessons learned in responding to humanitarian crises, including conflict, climate change and political instability, while developing strategies to mitigate the impact of the pandemic on adolescent girls. This includes adapting community outreach activities and using new channels of communication, ensuring access to a continuum of services, and identifying new partners with experience in delivering community-based interventions in hard-to-reach areas.

At global level

- **PROVIDING TECHNICAL ASSISTANCE VIRTUALLY, USING ZOOM OR OTHER ONLINE PLATFORMS:** A series of webinars has been organized, to allow countries to share challenges and opportunities and coordinate actions in response to COVID-19. These webinars will continue throughout 2020 on a quarterly basis or as needed.

- **DEVELOPING, UPDATING AND CREATING NEW CURRICULUM AND CONTENT FOR VIRTUAL SETTINGS:** New content matched with switch to online platforms for staff training.

- **SHARING INFORMATION AND RESOURCES RELATED TO COVID-19:** Increased use of digital technology: Messenger apps, WhatsApp and web-based audio/ video conferencing tools.

- **ADVOCACY AND KNOWLEDGE MANAGEMENT:** Issued a technical brief on COVID-19 and harmful practices.[27] Global advocacy to ensure child marriage remains on the agenda despite the COVID-19 context. Knowledge management platforms such as Twitter chat (*see Figure 1*), Instagram live-streams, bi-weekly digests on COVID-19 and harmful practices utilized.

Figure 1. Amplifying girls' voices through a Twitter chat that engaged 411 participants, generated 896 tweets and led to 4.3 million impressions – highlights from the chat regarding ideas to support girls and prevent harmful practices during COVID-19

PHONE:
- Utilizing helplines for children and women, and ensuring follow-up calls are made
- Counselling through telephone calls and text messages
- Using drama skits
- Developing short messages and flyers on sexual and gender-based violence, to be shared through SMS
- Leaders of girls' clubs conducting regular phone calls to follow up with girls to ensure they have the information and resources needed; and to keep a record of cases of gender-based violence
- Leaders of girls' clubs regularly calling and talking to young girls and parents to normalize the situation and to undergo counselling as necessary
- Developing videos for psychosocial support, to be shared through WhatsApp
- Coordinating work between governments and organizations through phone calls

MASS MEDIA AND ONLINE PLATFORMS:
- Using print media for dissemination of drama skits, short messages and flyers on sexual and gender-based violence
- Using radio and television to provide learning and education programmes and to spread awareness
- Using social media to share information, creating safe spaces and communities online (e.g. via volunteers)
- Supporting free online counselling initiatives and online education
- Utilizing available online platforms for calls and webinars

YOUTH LEADERS:
- Working with young people to build their agency and make them leaders in their communities
- Engaging girl leaders at grassroot level
- Girls creating videos and leaflets in local languages to educate the population about COVID-19 and the need for protection
- Over 370 girl leaders in three states in India have displayed handmade COVID-19 awareness posters to keep their communities safe
- Girls holding authorities to account

CAPACITY BUILDING:
- Online training for field-level child protection workers in India, led by the Ministry of Women and Child Development to ensure that children, especially girls, are still being protected
- Trained community-level stakeholders upholding community-level laws on the protection of adolescent girls
- Women's self-help groups and frontline health workers are crucial and need to be oriented

IN-KIND & CASH TRANSFER:
- Providing necessary goods and services, mobilizing distribution of sanitary pads to ensure menstrual hygiene
- Providing sanitary and hygiene products to relieve parents of the burden to provide for these items – protecting girls from having to look for alternative income sources
- Community members collecting small amounts of money to buy food for daily wage workers in their communities
- Ensuring cash transfers being promoted

- Authorities sharing food and key items (such as hand sanitizers and sanitary pads) with vulnerable women and girls

COMMUNITY COMMUNICATION:
- Outreach through loudspeakers attached to cars and using grassroot movements to continue community campaigns
- Exploring ways to engage people in their homes, having regular conversations with communities
- Conducting door-to-door visits to get information about issues through coordination of frontline workers
- Crafting of positive messages and calling on men and boys to engage – using the UNICEF community child protection facilitation toolkit
- Supporting inter-generational dialogue and public service announcements from churches and mosques

SERVICES:
- Volunteers providing therapy for girls and women affected by, e.g., gender-based violence
- Organizations facilitating meetings to support girls at risk, working with governments to strengthen prevention and response mechanisms

MONITORING:
- Community members reporting child marriages to organizations and responsible authorities, with real-time follow-up
- Using the opportunity to get data on vulnerable girls and women
- Virtual monitoring through phone calls and pictures

Note: This extract contains descriptions and analyses of statements made on social media on April 8th 2020. The statements are views of the authors and are not necessarily representative of or endorsed by UNFPA or UNICEF.

Initiatives at regional level

During the pandemic, the regional offices of UNFPA and UNICEF continued to provide oversight, technical assistance (through review of annual workplans) and manage knowledge for cross-country learning and the identification of good practices. UNFPA Asia and the Pacific Regional Office and the UNICEF Regional Office for South Asia convened a webinar on the impact of COVID-19 on child marriage together with Plan International and Girls Not Brides, which helped to inform the Girls Not Brides briefing note on COVID-19 and child marriage. The UNICEF Eastern and Southern Africa Regional Office conducted a needs assessment of child helplines to inform investments and actions for the continuity of child protection service delivery by the helplines. The regional office also organized monthly webinars to strengthen the capacity of child helplines in the region.

Have your say! RESPONDING TO THE NEEDS OF ADOLESCENTS AND YOUTH IN THE TIME OF THE COVID-19 PANDEMIC IN EASTERN AND SOUTHERN AFRICA: This online study aimed to explore and learn from your experiences, challenges and learnings about the actions taken to protect young people, their peers and communities in the time of COVID-19 in East and Southern Africa. **A COVID-19 response with young people – for young people**

PREVENT:

- Provide age-appropriate and factual information about COVID-19 to adolescents and youth
- Support young people in community engagement
- Engage young people in risk communication, including translation of vital resources into local languages and combat misinformation and xenophobia around the COVID-19 pandemic
- Develop radio programmes and use young celebrities and influencers to promote information
- Reach out to young people through digital platforms to promote comprehensive sexuality education, including on COVID-19

PROVIDE:

- Make available easy access to psychosocial support
- Ensure continuation of youth-friendly health services including outreach of services through mobile clinics or remote delivery of services, e.g., through pharmacies. Ensure continuation of micronutrient (IFA supplementation) and deworming through health services and other platforms such as adolescent clubs at schools and in communities
- Ensure availability of condoms and emergency contraception, looking at different ways of facilitating access to young people
- Where possible, contribute to provision of essential hygiene and sanitation items (e.g., sanitary products, soap and hand sanitizers), especially for vulnerable girls and young women.
- Ensure adequate water, sanitation and hygiene facilities at schools when they reopen, maintaining social distancing, hygiene and frequent handwashing.

PROTECT:

- Leverage resources of youth organizations to play an effective role in the response
- Ensure that measures are in place to mitigate risk of all forms of violence against adolescents and youth, including teenage pregnancy and child marriage
- Support, where possible, non-formal education or recreational activities organized by youth, especially for the most vulnerable groups of young people

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Initiatives at country level

INNOVATION CHALLENGE ON PREVENTING AND RESPONDING TO GENDER-BASED VIOLENCE AND CHILD MARRIAGE: After declaring the first case of COVID-19, Mozambique launched a community hackathon (#covid19hack.org.mz). The hackathon aims to support the government, public and private sectors, as well as citizens with innovative and practical solutions that can reduce or minimize the negative impacts on the Mozambican health sector and the economy. The challenge focuses on the question: "How might the Mozambican tech, innovation and entrepreneurship community work together with the private sector and public sector, in a way that we mobilize digital and physical solutions in order to protect girls and young women from gender-based violence and child marriage, increase awareness on the issue, and improve access, availability, and quality of services?" UNFPA is supporting this initiative through FSD Mozambique through mentoring and funds for prototyping and piloting of innovative ideas to address bottlenecks in the prevention and response to gender-based violence and child marriage.

Life skills

- **SMALLER GROUPS AND MORE MENTORS:** Ethiopia, Niger and Zambia adapted life skills groups to the social distancing guidelines by reducing the size of groups and increasing the number of mentors. As a result, implementation costs may increase.

- **RADIO AND TELEPHONE:** Nepal is disseminating the national life skills package in several local languages through radio. To compensate for the lack of face-to-face meetings, girl peer leaders call the girl group members by telephone to follow up the radio broadcasts with questions and answers. The programme topped up the phone credit of the girl peer leaders. Nepal also uses local radio stations to broadcast messages from the Rupantaran social and financial skills package to adolescent girls. Uganda disseminates messages in different local languages through more than 36 radio stations and supports radio talk shows and TV programmes to involve adolescent girls and boys. Ethiopia is exploring the use of radio and mobile phones to deliver the life skills package and is looking for a solution to the limited access that adolescent girls have to radios and telephones. Yemen engages teachers to conduct life skills sessions as part of remote learning programmes through TV and radio. Teachers had been trained in 2019 to deliver life skills sessions, and the content of the life skills curriculum was adapted to TV and radio. It is expected that the broadcasts will reach larger audiences, including families. Ghana adopted the use of virtual safe spaces by paying for airtime on local radio stations that reach communities in programme districts. Radios were procured and distributed to adolescent girls in safe spaces to enhance their access to integrated modules and content (sexual and gender-based violence, adolescent sexual and reproductive health, etc.) that was delivered through radio. During the lockdown period, Community Public Address Systems (COMPASS) were also used to broadcast information targeted at adolescents, parents and caregivers.

- **TELEVISION:** Mozambique uses TV to disseminate the national life skills curriculum and messages on available services (e.g., helpline, police, legal aid) and Bangladesh has similar plans. To ensure two-way communication, the Global Programme is exploring whether TV and radio programmes allow audience feedback through SMS messages or call-ins.

- **REDUCE THE NUMBER OF HOURS:** Ethiopia proposed shortening the 31-hour life skills curriculum and

asked for guidance on an abbreviated 'good enough' curriculum adapted to the crisis. Zambia also limited the duration of the sessions to one hour.[28]

All of these approaches raise questions about the 'dos and don'ts' of life skills programmes and which goal posts can be moved. These are questions that must be explored further within each country context. However, one non-negotiable requirement for life skills education is two-way communication. Evidence has shown that two-way communication is essential for the development of life skills.

Adolescent empowerment in Bangladesh

In Bangladesh, the Accelerating Protection Project, led by the Ministry of Women and Children Affairs, is delivering a modified adolescent empowerment programme. Around 8,450 adolescents (65 per cent of whom are girls) will be reached through 50 frontline workers, called Child Rights Facilitators, and 1,020 adolescent peer leaders, using both mobile phones, online platforms and face-to-face sessions (which adhere to physical distancing guidelines). The adolescents will take part in life skills sessions with a specific focus on gender-based violence, gender and child protection. There have been 150 virtual clubs and 600 adolescent groups formed in selected Global Programme-targeted areas. Through the Accelerating Protection Project, UNICEF has also reached over 45,000 marginalized adolescents across the country through the application of the 'Digital Platform for Adolescents'. Together with the Ministry of Women and Children's Affairs, an illustrative handout for the adolescents was developed, covering how to prevent the spread of COVID-19, how to stay vigilant for gender-based violence, child marriage and other violence against children-related issues, linking the adolescents to prevailing social services, information on toll-free child helplines and hotlines for health information, as well as basic tips on mental health and psychosocial support for the overall wellbeing of the adolescents.

Community mobilization

With limited access to girls, their families and communities, most Global Programme countries expanded their community mobilization and communication campaigns using radio, television and

social media (e.g., in Sierra Leone). Ethiopia delivered social mobilization messages through radio and through partners using megaphones. In Bangladesh, social media is the main and largest channel of engagement with girls and women: the COVID-19 programme engaged with 3.3 million girls and women through risk communication messages on awareness, stigma, mask-wearing practices and helplines. A wide range of gender-specific materials is being developed and promoted relating to the pandemic on ending violence against children. India leveraged a pool of 800 national youth volunteers and 7,000 youth clubs for risk communication and to engage with adolescents and young people at the community level. Youth volunteers developed short plays and songs on child marriage to create awareness through online platforms. Zambia used community radio to support awareness raising of child marriage during COVID-19 as well as for the recovery period of the pandemic (including messaging on going back to school); and U-Report to reach out to adolescents with key messages on sexual and reproductive health and rights. Zambia has developed a campaign on Youth Against COVID-19, with key messages that can be used online and offline. Ghana conducted a series of online events targeted at adolescent girls in programme areas to ensure continuous sharing of information on relevant topics. A sexual and gender-based violence e-workshop and four bi-weekly e-classroom series, including an e-classroom on sexual

and gender-based violence and harmful practices and child marriage have been organized since the onset of the COVID-19 restrictions.

Education

- **RADIO:** Zambia reached the most vulnerable girls through the procurement of radios to ensure they could access learning programmes while schools were closed.

- **DOOR-TO-DOOR VISITS:** In Niger, adolescent girls went door-to-door to ensure that all girls returned to school. Together with the education sector, adolescents monitor girls who have not returned to school to find out if the girls have been married during lockdown. Initial results from the education-child protection intersectoral study on the impact of COVID-19 shows that seven per cent of primary school girls have not returned to school and four per cent of girls at secondary level have not returned. Secondary-level enrolment of girls is already very low. The same study will be repeated at the start of the next school year in October 2020. Based on the results of these studies, further investigations will be carried out to find out what has become of the girls who did not return to school. Mozambique prepared for campaigns and monitoring when schools reopen to ensure everyone returns to school.

Reflections and questions on adapting life skills and community mobilization interventions to virtual and distance communication

The following questions and challenges will guide the Global Programme as it continues to identify solutions to the challenges posed by the pandemic. These solutions will transform the approaches of the Global Programme beyond the end of COVID-19.

- Shifting the school-based life skills curriculum to distance learning in Bangladesh would still require girls to attend a meeting in order to get instructions on how to access learning remotely.
- Ethiopia: does a shift to smaller groups of girls and more mentors increase implementation costs?
- What are the dos and don'ts? How far can the life skills sessions be amended without loss of quality and effectiveness?

- Does a reduction in the number of hours of the life skills curriculum lower the quality of the life skills education?
- Are there guidelines on 'good enough' life skills curriculum that requires less than 31 hours of face-to-face sessions (as per the life skills curriculum standards)?
- The limited access girls have to radios and phones constrains the delivery of life skills sessions by radio and phone. Some countries are distributing radios to adolescent girls.

- Effective life skills sessions depend on face-to-face meetings. How to deal with this when using radio, TV and phones?
- Effective life skills sessions depend on two-way communication. How to deal with this when using radio and TV?
- As everyone is disseminating messages, is there a risk of overwhelming audiences with messages?

Health

Ethiopia distributed dignity and sanitary kits to adolescent girls. Mozambique provided training on multi-sectoral adolescent sexual and reproductive health and gender-based violence services in the context of the COVID-19 response at provincial and district levels. In Ghana, UNFPA supported the distribution of dignity kits and other essential items to marginalized girls such as the Kayeyei and adolescent mothers as an entry point for continuous sensitization on sexual and gender-based violence and COVID-19 hygiene protocols to reduce their vulnerability, especially during lockdown. Bangladesh developed videos on boosting immunity through nutritious food, physical exercise, hygiene and safety, caring, mental health, and preventing COVID-19 through digital platforms, social media and TV. Bangladesh is also developing and online training resource for service providers on adolescent nutrition, which includes the prevention of child marriage.

Protection

Country teams focused on workforce strengthening, continuity of case management and provision of psychosocial support. Sierra Leone is training social workers on psychosocial support and case management, including gender-based violence referrals, targeting 420 frontline workers. Bangladesh classified social workers as essential workers and engaged 500 new social workers to provide online psychosocial support and case management to children. Ethiopia adjusted the working modalities for the social service workforce and revised case management tools to COVID-19, including moving training for the social service workforce online. Uganda supported virtual community engagement with para-social workers using phones to deliver key messages on child marriage to vulnerable and at-risk households. Mozambique provided remote training of social workers and supported social workers and the police with transport, modems and laptops to enable local governments to continue their work remotely. Uganda created linkages with sub-county structures to prevent violence against children and ensure access to services, including social protection and a child helpline. Mozambique provided psychosocial support to girls and young women, including peer mentors, in alignment with the Rapariga Biz COVID-19 response. Yemen integrated child marriage in services addressing female genital mutilation and gender-based violence.

- **HELPLINES:** Fifteen countries in East and Southern Africa have toll-free child helplines (#116). Since the beginning of the pandemic, helpline calls have increased, with callers seeking information or raising concerns. India uses the child helpline as one of the prevention strategies of child marriage and uses WhatsApp for the coordination of groups. Mozambique is disseminating child marriage helpline messages in different languages through TV, radio and posters. Uganda successfully advocated for the continued operation of the national child helpline during the pandemic, which has initially been halted by government. The programme engages with district and local task forces to ensure that the child helpline is being used to prevent child marriage and female genital mutilation at national and sub-national levels, closely monitoring both harmful practices during the crisis. Zambia is using national child helplines to prevent and respond to child marriage and to provide mental health and psychosocial support. In Yemen, shelters, safe spaces, legal services and the delivery of economic empowerment services, with case management are being provided through hotlines. Ghana supported the re-activation of the Domestic Violence Hotline in addition to the Helpline of Hope by the Ministry of Gender to ensure the availability of reporting channels for sexual and gender-based violence and harmful practices during the pandemic. Preparations are underway for in-depth training for operators and other essential staff of the hotline to provide integrated services via the hotline. See above for the work with child helplines in India and Bangladesh.

Integrating child marriage in COVID-19 response

Burkina Faso was able to have child marriage and female genital mutilation integrated in the national COVID-19 response across social protection, health, education and humanitarian interventions and partnerships. This also includes the strengthening of hotlines and use of WhatsApp for the monitoring of cases.

Engaging with influencers and coordinating with partners

Country teams continued to engage in national and local-level advocacy to ensure child marriage remains a key focus area of the development agenda, despite the COVID-19 crisis. India developed advocacy messages on the risks of an increase in child marriage due to school dropout and economic instability, targeting teachers and frontline workers. Country teams used WhatsApp and Zoom to coordinate with government and civil society partners. Ghana supported a social media campaign

where gender departments targeted stakeholders with advocacy messages, fliers and voice clips under the campaign slogan 'Your Voice, My Voice, Together Against Child Marriage'.

Evidence, research and rapid assessments

A wide range of efforts to gather data on the impact of COVID-19 on adolescent girls and on child marriage are being planned or have been initiated:

- **GLOBAL:** UNICEF is working with Tulane University to develop projections on child marriage.

- **EAST AND SOUTHERN AFRICA:** Socio-economic assessments are ongoing to inform post-pandemic programming, including on child marriage. The UNFPA Regional Office has conducted a study on youth and sexual and reproductive health and rights challenges in the time of COVID-19 through youth networks in the region. They have also looked at the availability of information for young people, how they can be reached with information and what platforms are best. Other organizations are looking at platforms beyond internet/phones. The UNICEF Regional Office is exploring ways to use U-Report for surveys during COVID-19 for the region. There are also discussions with the World Bank to look at broader socio-economic impacts of COVID-19.

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- **THE MIDDLE EAST AND NORTH AFRICA/ARAB STATES REGIONAL OFFICES** are exploring how to ensure that child marriage is being considered in a United Nations Development Programme (UNDP)-led regional study on the socio-economic impact of COVID-19 on programming.

- **THE WEST AND CENTRAL AFRICA REGIONAL OFFICES** are planning a regional study on the socio-economic impacts of COVID-19.

- **BANGLADESH** is partnering with the Population Council to conduct a rapid assessment on the situation of adolescent girls during COVID-19. The rapid assessment is using remote data collection and mobile phone-based interviews has the following objectives: to understand the current COVID-19-related knowledge, attitudes, and practices of adolescent girls and track change over time; to identify the main challenges and barriers to adopting key social distancing behaviours to contain the spread of the virus; to assess the extent and impact of social distancing on lives and livelihoods.[29]

- **BURKINA FASO** is working with the government to put in place a monitoring system; and planning a rapid assessment on child protection during COVID-19, including questions on child marriage and gender-based violence. The assessment will be done online by partner agencies.

- **GHANA:** In June 2020, the Statistical Service initiated a monthly phone survey with parents to monitor the impact of the lockdown and of containment policies. The phone survey will be continued as long as the pandemic lasts and includes questions on gender-based violence, violence, adolescent pregnancy and child marriage. In addition, a long-term study on the impact of the pandemic is ongoing. A rapid assessment to generate data on the impact of COVID-19 on vulnerable populations (e.g., Kayayei) with focus on sexual and gender-based violence and harmful practices is currently being conducted as part of a Multi-Partner Trust Fund-supported response to COVID-19.

- **INDIA** is exploring partnering with the Digital Empowerment Foundation and using U-Report or Rapid Pro to look at vulnerabilities, child marriage and adolescent well-being during COVID-19. Other ideas are to include questions on child marriage in a global Gallup phone poll; and a rapid assessment based on existing administrative data and helpline records. In the longer term, national household surveys (such as

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the national family health survey [NFHS]) could be used to assess the impact of COVID-19 nationwide.

■ **ETHIOPIA:** GAGE carried out and published a study in different regions of Ethiopia. The study was based on qualitative phone calls with 119 adolescent girls and boys. Upon UNICEF's request, child marriage and female genital mutilation were added to the list of questions.

■ **MOZAMBIQUE:** A U-Report poll with questions on child marriage and violence was planned in July. In order to deepen the understanding of the consequences of COVID-19 on girls' and young women's vulnerability, a reality check study will be conducted towards the end of 2020 to feed into and inform the potential adaptation of the annual workplan for 2021 in order to respond to the needs of girls and young women in the targeted districts.

■ **NIGER:** An education-child protection intersectoral study on the impact of COVID-19 on child marriage by monitoring girls' return to school when classes reopen in June will be conducted. Initial data show that at primary school level, seven per cent of girls have not returned to school and, at secondary school level, four per cent have not returned. At secondary level, the enrolment rate of girls is already very low. The study will be repeated at the start of the school year in October, before investigating what has become of the girls who have dropped out of school.

■ **SIERRA LEONE** is planning to conduct a United Nations-led national assessment on the magnitude and causes of gender-based violence.

■ **UGANDA** is planning to coordinate a joint study of the Global Programme, the Joint Programme on Female Genital Mutilation and the Spotlight Initiative that looks at sexual and reproductive health and rights, gender-based violence and harmful practices.

BUSINESS CONTINUITY AND PROGRAMME EFFECTIVENESS

Programme implementation

Changes in restrictions on movements and gatherings create a fluid situation that makes planning and implementation difficult. All Global Programme countries have reported delays in the implementation of programme activities, due to social distancing policies and restrictions on movement. Accordingly, country offices have adapted their work plans for 2020 to the COVID-19 crisis by scaling down select interventions, reprogramming funds, introducing strategy adaptations, and postponement of interventions and some targets in the results framework. As reflected in the revised results framework for the Global Programme, almost all countries have reduced the initial 2020 target for community mobilization related indicators. The overall trend is to limit interventions in 2020 and scale up intervention in 2021 to be able to meet the overall target for Phase II.

Some countries have found it challenging to revise their workplans and set new targets in a constantly changing situation (e.g., in Nepal). Headquarters and regional offices supported countries to review and adapt their workplans in response to different and complex contexts and the multiple vulnerabilities of adolescent girls.

The Global Programme has prioritized the following activities to ensure business continuity and programme effectiveness in 2020:

- **CONTINUE TO SUPPORT SOUTH-SOUTH KNOWLEDGE EXCHANGE:** The Global Programme will continue to hold webinars on a quarterly basis and facilitate learning and exchange of experiences and lessons between implementing partners across Global Programme countries and beyond.

- **DOCUMENT AND SHARE LESSONS FROM THE COVID-19 CRISIS:** The Global Programme will document and share experiences on its knowledge sharing platforms.

Programme efficiency and effectiveness

In response to the pandemic, UNFPA and UNICEF have developed global response plans.[30] These are organization-wide policies to streamline business processes and ensure operational efficiencies and the effective delivery or Programme results.

Examples of operations efficiencies include:[31]

- Offices are required to conduct programme assurance and monitoring on critical life-saving interventions, and can postpone monitoring on interventions with low and medium criticalities

- No programmatic visits are required for partners that are receiving less than US$50,000 and had a programme visit completed in the past 12 months

- Postponement of all spot checks and audits of low- or medium-risk implementing partners

- Introduction of remote spot checks for significant and high-risk partners (previously not permitted)

- Limiting cash transfers to a maximum of three months

- Permitting digital signatures or email approval for Funding Authorization and Certificate of Expenditure(FACE) forms and programme documents

- Permitting the use of scanned FACE forms

- Permitting reprogramming of unspent budget for three months

- Conducting prevention of sexual exploitation and abuse assessment and training remotely

In addition, country offices are reminded to:

- Analyse the impact of COVID-19 on planned and funded interventions, as well as on donor agreements and on grant expiry

- Use simplifications under the emergency procedures for necessary amendments and new partnerships

- Use existing simplifications and harmonization facilitated by e-tools

- Apply existing procedures and policies and principles, which remain valid and pertinent in managing partnership agreements, e.g., *force majeure* provision of Project Cooperation Agreements (PCA) terms and conditions.

Programme partner management

UNFPA has developed a Guidance Note on Implementing Partnership Management during the COVID-19 Pandemic[32] to guide Regional and Country Offices on how to navigate the impact of COVID-19 on implementation partnership management and provide practical considerations and solutions to the challenges faced, especially as governments increasingly restrict movements, while still aligning with existing policies and procedures.

ENDNOTES

1   Proposal for a systematic review: Briggs, Hannah E and Thoai D Ngo, 'The health, economic, and social effect of Covid-19 and its response on gender and sex: a literature review', Population Council, 3 June 2020, <https://www.popcouncil.org/uploads/pdfs/2020PGY_CovidGenderReviewStudyDescription.pdf>, accessed 28 August 2020>.

2   World Vision, 'Covid-19 Aftershocks', World Vision, 14 May 2020, <https://www.wvi.org/sites/default/files/2020-05/Aftershocks%20FINAL%20VERSION_0.pdf>, accessed 28 August 2020. Many of the 13 million extra child marriages predicted by UNFPA will occur in the years immediately following the crisis, with at least 4 million more girls married in the next two years, as family livelihoods evaporate and economic crises ensue, pushing families to identify other forms of income that harm children.

3   United Nations Population Fund, 'New UNFPA projections predict calamitous impact on women's health as COVID-19 pandemic continues', Press release, UNFPA, 28 April 2020, <https://www.unfpa.org/press/new-unfpa-projections-predict-calamitous-impact-womens-health-covid-19-pandemic-continues>, accessed 28 August 2020.

4   United Nations Children's Fund, 'COVID-19: Number of children living in household poverty to soar by up to 86 million by end of year', Press release, UNICEF, 27 May 2020, <https://www.unicef.org/press-releases/covid-19-number-children-living-household-poverty-soar-86-million-end-year> accessed 28 August 2020.

5   United Nations Population Fund, 'New UNFPA projections predict calamitous impact on women's health as COVID-19 pandemic continues'.

6   Based on the information presented in this note and on other documentation from UNFPA, UNICEF and other agencies.

7   Transactional sex refers to sexual relationships where the giving and/or receiving of gifts, money or other services is an important factor. The participants do not necessarily frame themselves in terms of prostitutes/clients, but often as girlfriends/boyfriends, or 'sugar babies'/'sugar daddies', see Hoefinger, Negotiating Intimacy: Transactional Sex and Relationships Among Cambodian Professional Girlfriends, 2010.

8   According to information from the UNICEF Bangladesh country office reports.

9   According to information from UNFPA Asia and the Pacific Regional Office and UNICEF Regional Office for South Asia reports.

10 Plan International, 'Living Under Lockdown: Girls and Covid-19', Plan International, 29 April 2020, <https://plan-international.org/publications/living-under-lockdown> accessed 28 August 2020. We face a huge risk of increased child marriage and unwanted pregnancy. In Sierra Leone there was a 65 per cent increase in teenage pregnancy owing to girls being out of school during the Ebola crisis. Suspension of education heightens the risk of girls not returning to school due to economic hardship, pregnancy or child marriage.

11 Save the Children, 'Ugandan Youth Speak Out on The Impact of Covid-19', Save the Children, 15 May 15 2020, <https://uganda.savethechildren.net/news/ugandan-youth-speak-out-impact-covid-19> accessed 28 August 2020. "I heard a rumor that in some villages parents are giving their girls to men for marriage so that they can get money for food." "Ever since schools closed [...] we feel confined to one environment. We can no longer participate in social networks... [Girls and boys] are keeping themselves busy by getting involved in behaviour which could lead to unwanted pregnancies and child marriage." DW, 'Covid-19 Lockdown Increases Domestic Violence in Bangladesh DW', DW, 12 May 2020, <https://www.dw.com/en/covid-19-lockdown-increases-domestic-violence-in-bangladesh/a-53411507> accessed 28 August 2020. "The coronavirus lockdown has increased financial pressure on these families. Some parents decided to marry off their underage daughters to reduce the burden," Arpita Das, a human rights activist, told DW. "Child marriage is illegal in Bangladesh. In the present situation, law enforcement agencies and local administrators are busy dealing with coronavirus. Some families are taking it as an opportunity to arrange marriages for their daughters."

12 Reports from Childline India, 2020.

13 DevEX, 'Why Focusing on Gender-Based Violence is a Priority in a Crisis', DevEX, 13 May 2020, <https://www.devex.com/news/why-focusing-on-gender-based-violence-is-a-priority-in-a-crisis-97148> accessed 28 August 2020. Regardless of what the emergency is, whether a natural disaster or conflict related, we see a rise in gender-based violence, especially in intimate partner violence, sexual violence and, in some contexts, child marriage.

14 GAGE, 'Listening to Young People's Voices under Covid-19', GAGE, April 2020, <https://www.gage.odi.org/wp-content/uploads/2020/04/GAGE-Covid-19-Ethiopia-Young-Peoples-Voices.pdf > accessed 28 August 2020.

15 According to information from the UNFPA and UNICEF Ghana country offices in June 2020.

16 In Kenya, a presidential directive calling for the closure of children's institutions, including safe houses for girls fleeing female genital mutilation, were closed. Approximately 1,587 girls in 13 rescue centres who fled female genital mutilation were sent back to their communities, increasing their risk of undergoing the practice.

17 Government of Bangladesh and United Nations Entity for Gender Equality and the Empowerment of Women, COVID-19 Bangladesh Rapid Gender Analysis, May 2020, <https://giwps.georgetown.edu/resource/covid-19-bangladesh-rapid-gender-analysis/>

18 Ibid.

19 Ibid.

20 According to information from the UNFPA and UNICEF Ghana country offices in June 2020.

21 Reports from Childline India, 2020.

22 Ibid.

23 Pundir, Pallavi, 'India's Covid-19 Lockdown Is Making It Easier For Girls To Be Forced Into Child Marriage', Vice, 10 July 2020, <https://www.vice.com/en_uk/article/dyzday/indias-covid-19-lockdown-is-making-it-easier-for-girls-to-be-forced-into-child-marriage> accessed 28 August 2020.

24 "The pandemic has pushed the issue of child marriage on the back foot in the department's list of work priorities," said Varsha Rani Tirkey, a district coordinator with ActionAid Association in Chatra district, Jharkhand.

25 Pundir, Pallavi, 'India's Covid-19 Lockdown Is Making It Easier For Girls To Be Forced Into Child Marriage'.

26 Ibid.

27 UNICEF, 'Technical Note on COVID-19 and Harmful Practices', April 2020, <https://www.unicef.org/sites/default/files/2020-04/TechnicalNote-Covid-19-and-HarmfulPractices-April%202020.pdf> accessed 28 August 2020.

28 The outcomes of these measures will be assessed and shared.

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    <https://knowledgecommons.popcouncil.org/departments_sbsr-pgy/983/> accessed 28 August 2020.

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31 Ibid.

32 UNFPA, 'Interim Guidance Note on Implementing Partner Management during the Covid-19 Pandemic', UNFPA, 1 April 2020, <https://drive.google.com/file/d/1EkjKzGZP18v0XYWQeKYaUqka-DD63-R1/view?usp=sharing> accessed 28 August 2020.