



Child Marriage in COVID-19 contexts:

Disruptions, Alternative Approaches and Building Programme Resilience





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Purpose

This brief has been developed jointly by UNFPA and UNICEF regional offices in Eastern and Southern Africa. It provides an overview of child marriage in the region, particularly in the context of COVID-19, as well as an analysis of disruptions to child marriage programmes. The brief also describes alternatives to traditional programmatic work as a means to overcome challenges presented by COVID-19. It proposes a way forward for child marriage programming during the COVID-19 response and recovery phases, as well as outlining implications for future programming, including the need to strengthen programme resilience.

Background

The Global Programme to End Child Marriage (GPECM) is designed around a package of evidence-based interventions designed to reduce child marriage, including empowering girls, keeping them in school, providing them with life skills and sexual and reproductive health services, and addressing social and cultural norms linked to child marriage. Global estimates indicate that postponing implementation of the interventions by one year, on average, will see an estimated 7.4 child marriages go ahead, which otherwise, would have been averted.

Even prior to the pandemic, child marriage was a large and growing concern in the Eastern and Southern Africa where one in three (36 per cent) of all girls aged 20-24 are married before their 18th birthday. But regional data masks huge variations between and within countries. While the prevalence of child marriage has been decreasing in the region, population growth has outpaced the progress made and projections indicate that the numbers of girls who will get married as children will continue to grow.



COVID-19 Impacts on Child Marriage and Adolescent girls



COVID-19 has upended the lives of children and families across the globe and adversely affected programmes to end child marriage. The pandemic is having a devastating effect on families, communities and economies. The full impact on countries with higher rates of poverty and fragile health, social welfare and governance systems, is yet to be seen. But government measures to contain the spread of the virus - such as lockdowns - are particularly devastating for people whose livelihoods are based around informal economic activities.

Evidence from previous health crises show that adolescent girls are disproportionately affected by emergencies. Efforts to stop the Ebola epidemics led to school closures and a loss of education; a decrease in access to sexual and reproductive health information and services; a loss of livelihoods and a contraction of social support networks. These issues undermined strategies to end child marriage and adversely affected the progress made over the past decade. COVID-19 threatens to do the same. In the medium to long term, the threat of child marriage is far greater when communities are affected by economic shocks and have limited access to basic services such as health, education and child protection, all of which are being negatively impacted by the pandemic. The reality is that COVID-19 is driving many families into poverty, increasing risks that children will be forced into labour and marriage.

In all four countries in Eastern and Southern Africa – Ethiopia, Mozambique, Uganda and Zambia – which are implementing GPECM, emerging evidence shows that adolescent girls are being severely impacted by the pandemic and are experiencing increases in violence, child marriage and teenage pregnancies, driven partially by school closures and limited access to sexual and reproductive health services. For example, in Ethiopia, due to the school closures, anecdotal evidence suggests girls taking part in education bursary schemes, such as the World Bank-supported Keeping Girls in School, are being left with no choice but get married. In Mozambique, calls to the Child Helpline showed that children made 16,244 calls from January to April 2020 which was double the number of calls made during the same period in 2019. Child marriage, abuse and neglect, and school-related problems such as school dropouts, lack of school materials and sexual harassment in schools, were among the reasons people called the helpline.

The impact of COVID-19 seen in these countries is true across the continent. For example, in countries such as the Democratic Republic of the Congo, experts have noted a significant increase in child marriage in Kasai Central and Kasai regions. An assessment of the influence of the pandemic in these regions is being conducted by local NGOs.¹

1 <https://www.unfpa.org/swop>

Disruptions



Disruptions to the work on ending child marriage has been widespread as lockdowns and social distancing measures affect programming. Some of the biggest disruptions are:

- **School-based interventions:** The most adversely affected interventions within the GPECM are school-based. These range from interventions to keep girls in school; school-based mentorship programmes and girls' clubs; delivery of life-skills education or comprehensive sexuality education; and, guidance and counselling offered in school settings. The impacts vary considerably between countries; for example, Ethiopia reported that all school-based interventions were on hold while in Zambia and Mozambique, girls' clubs and safe spaces have continued to operate outside of school settings with social distancing measures in place.
- **Community engagement:** Due to social distancing measures and movement restrictions, all community engagement interventions that require face-to-face interactions have been adversely impacted. For example, in Uganda, mobilization and engagement with men and boys' groups, where gender equity and social norms are discussed, have been put on hold. This is the

case across all the countries with Ethiopia, Mozambique and Zambia reporting that community engagement with various stakeholders has been cancelled or scaled back.

- **Adolescent and youth friendly SRH services:** The impact of COVID-19 on the health sector has been significant with many resources being redirected to focus on the response to the pandemic. Combined with lockdown measures, this has resulted in a severe lack of access and availability of adolescent and youth friendly SRH and GBV services. Without these services, increases in teenage pregnancies and violence are inevitable.
- **Field research/studies:** In countries such as Uganda, a planned social behavioural change communication baseline study on child marriage in development and humanitarian contexts has also been put on hold until movement restrictions are lifted.

Alternative Approaches



GPECM continues to operate despite challenges presented by COVID-19, using alternative and innovative approaches. A snapshot of some of these approaches is provided below:

1. **Digital and media engagement:** UNFPA and UNICEF country offices and partners have explored other means to reach young people with education and key messages while schools are closed and young people are particularly vulnerable. These include methods such as:

- **Radio programmes and mini-dramas:** In Mozambique, a mini-drama of six episodes addressing COVID-19 related issues were broadcast to reach young people with messages about COVID-19, child marriage and gender-based violence. In Uganda, audio messages are being shared by 20 radio stations, the Child Helpline, television, social media, text messages and U-Report. These messages have been translated into over 24 local languages. Other countries across the region are undertaking similar initiatives.
- **Virtual e-learning:** All countries are looking into providing education through virtual or remote means. For example, in Ethiopia, the Ministry of Education and Regional Education Bureaus developed a costed distance learning plan. With the support of UNICEF and partners, an estimated 3.9 million children in GPECM regions (Amhara, Oromia and Somali) benefitted from the radio and TV education. However,

this method presents significant limitations when it comes to reaching the most vulnerable children and young people.

2. **Continuity of services:** It is essential that a full package of adolescent and youth-friendly sexual and reproductive health services, HIV and GBV services continue to be offered during the COVID-19 pandemic. In addition, mitigation measures related to the virus have led to an upsurge in mental health issues, especially among young people, who might require ongoing psycho-social support.

- **Sexual and reproductive health services:** Most countries across the region are exploring the feasibility of providing remote and mobile SRH services to ensure continuity. For example, in Uganda, UNFPA has an ongoing collaboration with the health ministry to maintain family planning services, ensuring ongoing needs of the supply chain, district and community distribution. In addition, outreach has continued to provide mobile and remote integrated GBV and SRH services. For example, UNFPA is collaborating with SafeBoda, going door-to-door distributing free condoms and raising awareness about HIV and family planning. In Zambia, the GPECM is also strengthening community case management referrals in relation to sexual and reproductive health services for adolescents. In most countries across the region, UNFPA provides dignity kits to vulnerable women and girls. The kits contain



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menstrual health and basic sanitary items, soap, washing powder – and in some cases, masks, gloves and sanitizers.

- **Mental health and psychosocial support:** Across the globe, mental health issues related to COVID-19 lockdowns are on the rise. In the region, UNFPA, UNICEF and partners are stepping up their efforts around mental health and psycho-social support where possible. For example, in Mozambique, counsellors are being trained to deliver remote psycho-social support, referrals to health services and strengthening linkages with helplines such as *Linha Verde* regarding reporting of sexual exploitation and abuse cases.
 - **Social Protection:** In Zambia, the Ministry of Community Development and Social Services, with support from UNICEF, developed a response plan to address the impact of COVID-19 on vulnerable populations. This includes the provision of emergency cash transfers to help prevent child marriage so families are not forced to arrange marriages in return for payment.
3. **Community and Youth Engagement:** Community engagement is critical to the success of the GPECM. Engagement with youth networks is essential for reaching adolescents and youth directly. Countries implementing the programme have been exploring alternative means to continue engagement activities in the COVID-19 context, mindful of public health and social distance protocols.
- **Youth engagement:** In many countries, UNFPA, UNICEF and partners are reaching out to support adolescents as well as work with them to monitor and track cases of violence and child marriage in their communities. In Ethiopia, youth associations are being supported to mobilize youth volunteers to engage in the COVID-19 response. These young people can also monitor what is happening in the community in terms of access and availability of SRH services for young people as well as incidence of child marriage and GBV.
 - **Community Engagement:** Where face-to-face traditional community engagement is no longer possible in many countries, UNFPA, UNICEF and partners are finding innovative ways to continue to engage with communities. For example, in Uganda, para-social workers have been using phone calls to continue virtual community engagement for one-on-one interaction with vulnerable adolescent girls including, identification, assessment, referral to the multisectoral case management system for response services, the Child Helpline and follow-up on at risk girls and families.
4. **Data and assessments:** COVID-19 has created a rapidly evolving and dynamic context in countries across the globe, and highlighted the need for accurate and timely data to inform policy and programmatic decision-making. UNFPA and UNICEF are working with governments, civil society organizations and private sector partners to strengthen data collection, analysis and use in the COVID-19 context. For example, in Zambia, with support from UNFPA, UNICEF and other partners, the gender ministry is conducting a socio-economic impact assessment focused on gender equality. The GPECM ensured that the assessment includes indicators related to child marriage.

Recommendations for Child Marriage Interventions during Covid-19 Response and Recovery Phase

Programme response:

Overall:

- Continue to strengthen an integrated approach to end child marriage with key sectors such as health, education and social protection. This is critical to ensure a holistic package of response services are delivered for adolescent girls at risk of child marriage or already in marriages.
- Ensure the integration of child marriage in ongoing and planned surveys and assessments. This includes – but is not limited to – socio-economic impacts assessments, vulnerability assessments, rapid gender assessments, studies or assessments on increases in harmful practices or GBV in the COVID-19 context.
- Integrate child marriage in COVID-19 response and recovery plans to the fullest extent possible.

Health:

- It is critical to ensure continuity of health services in the COVID-19 contexts. These services must include a comprehensive package of services including sexual and reproductive health, HIV and GBV information and services that are adolescent- and youth-friendly.
- Emerging evidence from countries indicate a rise in child marriages and teenage pregnancies in the COVID-19 contexts which underscores the importance of health services including contraceptive services and maternal health services for adolescent girls and young women during the pandemic.
- Strengthen and support channels for virtual health consultations using helplines, radio and mobile phones, including dedicated lines for adolescents.
- Support health services and personnel to adequately respond to SRH, HIV and GBV needs of young people during COVID-19.
- Update and strengthen referral pathways especially for GBV. Additional protocols when dealing with adolescents must also be implemented.
- Support community workers to provide sexual and reproductive health information and services and support for victims of GBV, including through mobile and outreach services such as pharmacies.
- Provide mental health and psycho-social support to young people as COVID-19 has led to a rise in mental health concerns particularly among adolescents and young people.
- Where appropriate, involve adolescents in the design, implementation and monitoring of interventions, while ensuring their safety and protection.

Education:

- Put in place flexible learning approaches, automatic promotion and appropriate opportunities in future admissions processes to encourage girls, especially pregnant girls and young mothers, to return to school.
- Catch-up courses and accelerated learning may be necessary for adolescents who return to school.
- Continued education – partner with the education sector and programmes to:
 - Educate teachers and students on how to address stigma and social exclusion.
 - Ensure teachers and volunteers have the knowledge and skills to mitigate the risks of GBV.
 - Ensure children, including adolescents, have access to complaints and reporting mechanisms in schools.
- Support access to digital tools for education, health, psychosocial support and social protection services for adolescents and their families, while acknowledging their limitations in reaching children left furthest behind.
- Ensure adolescent girls and children with disabilities have equal opportunities to access distance learning programmes and are provided with the necessary devices, accessible platforms and materials.
- Provide alternatives to online/digital channels of learning, where these are unavailable.
- When education is moved online, governments and education providers should monitor participation and retention of students taking online courses to ensure gender parity and respond quickly with strategies to retain and re-engage girls and young women.
- Governments should place additional measures to monitor compliance with compulsory education – and ensure government education officials monitor returning students once schools reopen. Education officials should focus attention on areas with high incidence of child labour and/or child marriage.

Social welfare and Social Protection

- Strengthen child protection and mental health systems at the community level through health, social welfare services, and support to police, education and health services.
 - Distance protection services should:
 - Provide guidance on how to adapt child protection services when social distance protocols are imposed.
 - Provide guidance on how to use digital and virtual spaces for psychosocial support and for information, education and communication.



- Reduce stigma and social exclusion that may result from the pandemic.
 - Ensure existing social protection programmes are not interrupted during the pandemic including advocating for continued/increased funding allocation and continue promoting linkages to key social services for beneficiaries, including targeted services for adolescents and their families.
 - Advocate for inclusion of additional vulnerable groups in social protection initiatives in response to COVID-19 such as cash transfers to prevent child marriages and/or keep girls in schools.
 - Where possible, contribute to provision of essential hygiene and sanitation items to families receiving social protection programmes (e.g. sanitary products, soap and hand sanitizers), especially for vulnerable girls and young women.
- Community based interventions:**
- Community mobilization and confronting harmful social practices remains paramount, especially given the emerging evidence and projected rise in child marriages and teenage pregnancies in the COVID-19 context.
 - Broaden the use of mass media, community radio and digital media to provide children and adolescents and their communities with access to information and communication tools.
- Create online opportunities for children and adolescents to share their experiences and concerns, communicate with their peers and access sources of support.
 - Partner with local women's organizations, traditional birth attendants and organizations for persons with disabilities to provide continued services for girls at risk.
 - Establish safe, trusted and confidential channels for children and adolescents to report violence, exploitation and abuse.
 - Support young people in taking on new roles:
 - Partner with youth organizations to support and build the capacity of adolescents and young people as educators and facilitators, communicators and mentors, as well as to provide support in their communities.
 - Ensure they are protected from infection and abuse.
 - Work with community groups and traditional leaders to stop child marriages and identify other opportunities which come to light during the pandemic to push for positive social change.
 - Work with traditional and religious leaders, as well as parents, to ensure a community-owned response providing girls with access to education, health services and social protection.

Implications for Future Programming



This brief outlines the disruptions, alternative approaches and recommended actions for child marriage interventions in the Eastern and Southern Africa region during COVID-19 contexts and beyond. The brief also reviews the emerging lessons from the COVID-19 response and highlights the importance of making the GPECM more risk-informed, adaptable and resilient to future shocks.

The COVID-19 pandemic is not the first time that schools have been closed or community programmes disrupted. It has happened on multiple occasions during periods of humanitarian conflict, disaster and previous epidemics such as Ebola. GPECM countries have had to adapt their programming to the new realities imposed by COVID-19 and related mitigation and containment measures. Digital spaces were used more effectively to convey messages and continue online education for young people; life skills education was adapted for community radios; SRH, HIV and GBV services continued through virtual means or physically while observing all COVID-19 health protocols; and partnerships with young people enabled quick and effective outreach. These alternative approaches offer valuable lessons on how the GPECM can and should adapt to rapidly evolving contexts.

In order to strengthen the resilience of the GPECM to future shocks in the region, the programme in Eastern and Southern Africa should integrate child marriage into humanitarian processes and tools such as situation analyses, vulnerability assessments, preparedness planning, early warning and early action. These tools should also be integrated into child marriage programming and interventions. This may require new actions such as calculating the vulnerability of specific parts of the protection system or groups of children and adolescents, and identifying their capacities to cope with a variety of hazards, shocks and stresses.

Emerging evidence about increasing incidence of child marriages and teenage pregnancies during the pandemic, as well as projected long-term adverse impacts over the next decade, underscore multiple vulnerabilities young people face when child marriage interventions and related programming are disrupted. The evidence also highlights the need for the GPECM to be adaptable and resilient to future shocks in order to reach the most vulnerable and those left furthest behind.

Additional Resources

- UNICEF [Technical Note on COVID-19 and Harmful Practices](#) (14.4.2020) To support work on harmful practices in the time of COVID-19, this technical note, compiles some of the evidence on harmful practices in the time of a public health emergency and proposes programmatic responses on a policy level; systems level; in terms of evidence and data; and on the level of communities and individuals.
- UNFPA. COVID-19: A Gender Lens. March 2020. Available here: https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_A_Gender_Lens_Guidance_Note.pdf
- UNFPA. Impact of the COVID-19 pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage. April 2020. Available here: <https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital>
- UNFPA State of the World's Population. Against my will: Defying the Practices that Undermine Women and Girls and Undermine Equality. June 2020. Available here: <https://www.unfpa.org/swop>
- The full Guardian article 28.04.2020 <https://www.theguardian.com/global-development/2020/apr/28/calamitous-domestic-violence-set-to-soar-by-20-during-global-lockdown-coronavirus>
- [Annotated Bibliography - Preventing and Responding to Harmful Practices During Public Health Crises](#) (14.4.2020). This annotated bibliography, designed to accompany the above technical note, provides evidence and resources on harmful practices and COVID-19/other public health emergencies. It is being regularly updated.
- [COVID-19 AND CHILD, EARLY AND FORCED MARRIAGE: AN AGENDA FOR ACTION](#) (Girls not Brides, March 2020)
- [Joint webinar UNFPA- UNICEF HP and COVID-19 pandemic 28 April 2020](#)



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