

Child Protection Learning Brief #3

March 2021

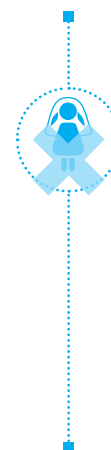


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BATTLING THE PERFECT STORM: Adapting programmes to end child marriage during COVID-19 and beyond

I. Introduction

The COVID-19 pandemic is quickly exacerbating key factors that put children at risk of marrying. It is also making child marriage prevention programming much more difficult to implement, hindering progress on the ambitious goal of eliminating child marriage by 2030 (Sustainable Development Goal 5.3, Indicator 5.3.1). Prior to the pandemic, progress would have had to increase 17-fold to prevent an estimated 100 million additional child marriages by 2030.¹ With the impact of the COVID-19 pandemic, UNICEF estimates that an additional 10 million child marriages may occur before the end of the decade, threatening years of progress in reducing the practice.²



“UNICEF is taking action to eliminate child marriage because it harms girls’ present and future well-being.”

The magnitude of this increase demands rapid learning and coordinated action to ensure that the United Nations Population Fund (UNFPA)-United Nations Children’s Fund (UNICEF) Global Programme to End Child Marriage (the Global Programme) and its partners have the resources they need to achieve the elimination goal.

This learning brief synthesizes evidence³ on how the COVID-19 pandemic is impacting child marriage risk factors and how UNICEF, within the Global Programme, is pivoting to identify and respond to risk factors and adapt programming to COVID-19 limitations. With a focus on UNICEF’s response in five Global Programme countries – Bangladesh, Ghana, Nepal, Uganda and Yemen – the brief summarizes key lessons learned to inform current and future programme planning with evidence from the first and second waves of the pandemic.

While child marriage does affect boys, it disproportionately affects girls, especially those from poor families, from marginalized groups,

and from poor and remote areas. Approximately 650 million girls and women and 115 million boys and men alive today married before the age of 18.⁴ Girls who are married early have lower school completion rates, engage in more unpaid labour and have poorer health outcomes than their peers who remain in school and do not marry early. Child marriage increases the risk of early and unplanned pregnancy, which in turn increases the risks of maternal morbidity and mortality. The younger the bride, the more likely she is to have a much older husband, have less say within the home and be a victim of intimate partner violence.⁵

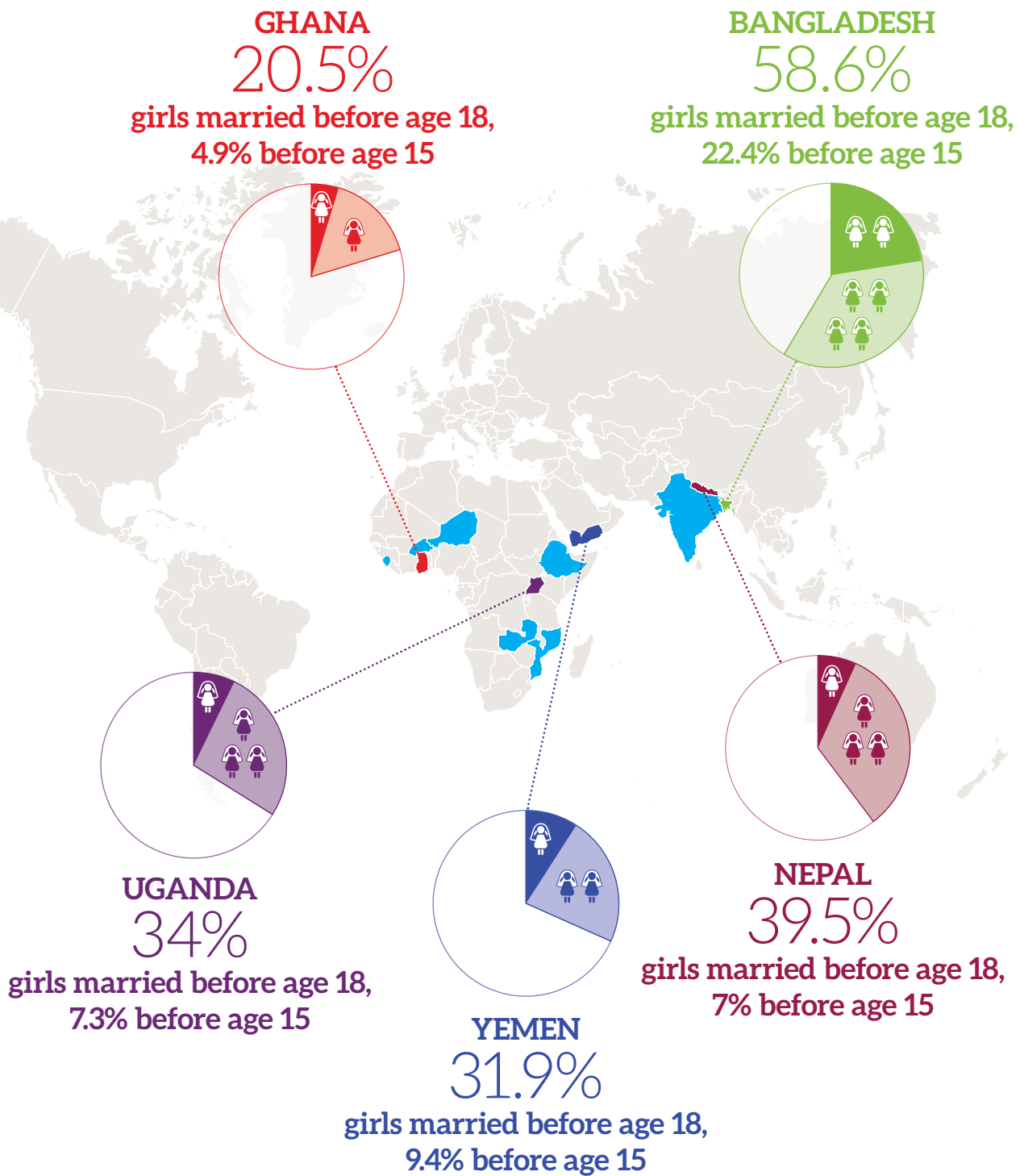
Unions between peers are also highly unstable: children lack livelihood options and economic stability, and child marriage is almost always illegal,⁶ leaving couples without legal protections. Unions often end in separation or abandonment, negatively impacting the futures of girls and boys.⁷ When child marriage is prevalent, these unions contribute to young populations, high dependency ratios and social and economic instability, hindering a country’s ability to realize a demographic dividend from its youthful population.

Decisions to form a union, formally or informally, are usually made by parents and/or adolescents in light of broader familial concerns; they are rarely solely the wishes of the individual adolescent(s).⁸ The primary factor contributing to child marriage is poverty and economic concerns: girls are 2.5 times more likely to marry before age 18 if their family is poor.⁹ Poverty influences families to see marriage as a way to secure their daughter’s future, reduce the economic burden on the household and, in some cases, raise needed funds (e.g., bride wealth). Early, unplanned pregnancy is also a significant driver of child marriage, in part due to the stigma surrounding unwed motherhood.¹⁰ Girls rarely drop out of school to marry, but they are far more likely to marry early if they have dropped out of school, especially when dropout is followed by pregnancy.¹¹ Adolescents may initiate a union themselves if they view marriage as a way to gain independence, escape a difficult home situation, and achieve the social status of adulthood in a context where they have limited status and opportunity.¹²



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Figure 1: Global Programme countries and their child brides¹³



The Global Programme is implemented in Bangladesh, Burkina Faso, Ethiopia, Ghana, India, Mozambique, Nepal, Niger, Sierra Leone, Uganda, Yemen and Zambia. This map highlights the five countries that are the focus of this brief. This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country or area or the delimitation of any frontiers.

Source: UNICEF global databases (2021).¹⁴

Several factors help to prevent early marriage. The most common protective factors for girls are secondary school attendance, living in an urban context, and having educated parents, financial security and livelihood opportunities. Living in a female-led household, and positive parent–child relationships and communication, can also be protective factors.¹⁵

A 2021 systematic review of evaluations of child marriage prevention initiatives in low- and middle-income countries finds that single component interventions that enhance girls’ own human capacity and opportunities by supporting schooling through cash or in-kind transfers show the clearest patterns of success.¹⁶ In Ethiopia, the pandemic demonstrated that sustained investments in girls’ empowerment (e.g., life-skills training and legal literacy sessions) and strengthening community-level structures (e.g., women development groups and surveillance mechanisms) can increase the effectiveness of community-level interventions, such as tracking child marriages and awareness-raising. This approach also builds girls’ confidence to seek support from these structures and offer their own support to peers. Significantly, these interventions continued during lockdown while other initiatives, which were reliant on schools being open, could not. Despite the pandemic, 55 per cent of reported child marriages were cancelled in communities where UNICEF Ethiopia implements programming to prevent child marriage, compared with 37 per cent in 2019.

Efforts to prevent child marriage suffer, in part, because countries lack the resources and capacity to implement legislation and policies to protect children’s rights (including their right to education) and prevent child marriage. Despite the prevalence of national laws banning marriage under age 18, child marriage continues in many contexts in the form of informal unions and cohabitation, which effectively leaves young wives without the protections and rights common in marriage laws.¹⁷ However, there can be unintended negative consequences of legislative interventions, so care is required during implementation.¹⁸

In Phase I (2016–2019) of the UNFPA–UNICEF Global Programme, most countries met or exceeded their programme targets,¹⁹ and the decade prior to the COVID-19 pandemic witnessed a decline in child marriage of approximately 15 per cent globally. Phase II (2020–2023) of the Global Programme began in 2020 with a focus on expanding scalable models.²⁰ However, almost immediately, the Programme had to pivot to respond to the pandemic in order to support adolescent girls’ access to prevention and protection services, and identify new ways to deliver community-based interventions in hard-to-reach areas.²¹ Now the Programme’s goal is to design COVID-sensitive programming that strengthens communities’ resilience and capacity to prevent child marriage in the face of shocks such as infectious disease outbreaks.



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“The pandemic is creating the ‘perfect storm’ of risks for child marriage...With each subsequent pandemic ‘wave’, the economic shock magnifies, sending out ripple effects that amplify the risk of child marriage for vulnerable girls and families.”

II. Child marriage risks in the context of COVID-19

COVID-19 is having a profound impact on the risk factors that drive child marriage.

The Global Programme's theory of change begins with understanding the key factors driving child marriage and how they are changing. It is therefore critical that the Global Programme and other efforts to prevent child marriage understand how the pandemic is exacerbating existing risks and creating new ones, so that they can effectively address the key factors contributing to child marriage while also responding to new and emerging risks.

Child marriage increases in humanitarian emergencies due to a rise in sexual and gender-based violence, social and economic insecurity, gender inequality, and the breakdown of law and state authority, social support networks and essential services.²² Early evidence suggests that the COVID-19 pandemic is increasing the prevalence of child marriage because it is disrupting or halting prevention and programming efforts, exacerbating the risk factors that drive child marriage and, at the same time, creating new risks.

While there is evidence that child marriage is temporarily declining in some contexts due to limits on gatherings and travel,²³ UNFPA and UNICEF estimate that, over the longer term, the effects of COVID-19 will delay and reverse gains made, increasing the number of new child marriages.²⁴ This is because the pandemic is creating the 'perfect storm' of risks for child marriage: After the first pandemic 'wave', lockdown measures eased, but then the economic 'wave' hit. With each subsequent pandemic 'wave', the economic shock magnifies, sending out ripple effects that amplify the risk of child marriage for vulnerable girls and families.

These dynamics are exacerbating the following **pre-existing risk factors** for child marriage in the five countries – Bangladesh, Ghana, Nepal, Uganda and Yemen – in diverse ways.



1. Multidimensional poverty and economic insecurity

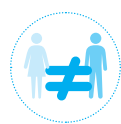
Poverty and economic insecurity are the primary risk factors for child marriage, and women and children are disproportionately affected by economic shocks.²⁵ As a result of the direct and indirect effects of COVID-19, UNICEF data indicate that an estimated 117 million children were pushed into monetary poverty in 2020 alone. Border closures and lockdowns are driving these effects. For example, in Yemen – the world's worst humanitarian crisis before COVID-19 – border closures significantly increased the cost of basic essential items, thereby exacerbating risk factors that contribute to child marriage.

In all five countries, lockdowns have prevented a significant proportion of the population from going to work and many have lost their sources of income. A COVID-19 impact study conducted in July 2020 found that 47 per cent of respondents in five governorates in Yemen experienced a drop in income of half or more during the pandemic, 24 per cent experienced a complete loss of income, and 40 per cent of respondents who had a job before COVID-19 have now lost it. The same study found that 71 per cent of Ugandan refugee, internally displaced persons and host community respondents had lost a job or employment income since March 2020.²⁶

These economic shocks pressure adolescents and their families to find new survival strategies. In Ghana and Uganda, girls have become more likely to engage in forms of work that put them at risk of sexual exploitation and abuse. For many, this results in pregnancy.²⁷ They are then more likely to cohabit with their abuser to secure basic support – or their families may marry them off to avoid the stigma associated with premarital sex and adolescent pregnancy. In Nepal, new economic pressures are pushing adolescents to seek their own marriage and home.²⁸ A rapid assessment conducted in October 2020 in Yemen found that the economic impact

of the pandemic has led poor families to adopt negative coping mechanisms, such as marrying their daughter to obtain bride wealth (*mahr*). At the same time, men find it cheaper to marry girls during this time of heightened poverty, as desperate families become more willing to marry off their daughters, allegedly to protect them from hunger.²⁹

Globally, economic insecurity is making parents more likely to view child marriage as a means to obtain a bit of dowry (or bride wealth) for the family or, conversely, marry their daughter (or son) while the cost of the dowry (or bride wealth) is low, and thereby secure a future for her (or him).³⁰ In Nepal, UNICEF reports that there has been an increase in families disguising human trafficking as child marriage to earn money to survive; as the economic situation deteriorates, families can be more easily enticed to marry their daughters for small exchanges of gifts and cash.³¹



2. Gender inequality and control of girls' sexuality

Efforts to mitigate infectious disease outbreaks such as Ebola, and now COVID-19, often have a disproportionate negative impact on adolescent girls: gender-based violence increases, and lockdown measures and school closures force more girls indoors and into unpaid domestic or household labour, threatening to reverse gains made in gender equality.³³ Girls are also less likely than boys to have access to technology (e.g., mobile phones, Internet) that would allow them to continue their studies online or remotely. With girls out of school, work and organized activities, parents worry even more about controlling their daughter's sexuality and protecting family honour by marrying them off. In Ethiopia, adolescents reported that parents fear that their daughters will start a relationship without being married, or become pregnant before marriage, because they are out of school. So, they coerce them to marry.³⁴



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CASE STUDY: Bangladesh: Responding to child marriage risks through telephone helplines³²

Leela is a lively 16-year-old girl who lives in south-east Bangladesh with her parents and two siblings. The COVID-19 lockdown took a heavy economic toll on her father, a local grocer. A powerful figure in the village convinced him that marrying Leela would help the family get through the pandemic.

On 4 June, the UNICEF-supported Child Helpline received a call about the impending child marriage. After verifying the information, the helpline team informed social services. Local leaders counselled Leela's father, reminding him that Leela had passed the national exams for the eleventh grade with very good

marks. They explained how child marriage would negatively impact his daughter's future and that it would not improve his financial situation. Leela's father signed an agreement stating that he would not marry his daughter until she turns 18 years old. He promised to try to keep her in school with support from social services.



3. Lack of access to quality services, including protection

In normal times, many adolescent girls in Global Programme countries have some (albeit limited) access to quality sexual and reproductive health, education, protection and social support services that prevent child marriage. The pandemic has disrupted and suspended these vital services. For example, when Uganda's Child Helpline was temporarily suspended, girls were left without a child marriage reporting mechanism or social services. With little or no access to resources to prevent unplanned pregnancy, teenage pregnancies increase, making child marriage more likely.

Service disruptions are impacting different regions and demographics differently. In Ghana, rural sexual and reproductive health and rights services have been hit harder than urban ones. Similarly, poor and remote rural households in Nepal have far less access to online learning, reducing the likelihood that adolescents will return to school and increasing the likelihood of child marriage.

In Yemen, the culture restricts movement of girls more than that of boys, leaving girls with even less access to services of any kind during lockdown. The most vulnerable girls in Yemen are unlikely to be reached via any remote communication modality. Additionally, movement restrictions in Yemen have prevented many internally displaced, refugee and migrant adolescent girls from accessing services that are not available in their settlements, putting them at greater protection and health risks.



4. Lack of implementation of laws and policies that protect children

Although most countries have laws prohibiting marriage before age 18 and international child rights laws have been ratified, these laws are rarely a deterrent to child marriage because they are not enforced. A primary goal of the Global Programme is to strengthen these legislative and policy frameworks, but COVID-19 has suspended and slowed progress. Local officials and child protection workers have been diverted

to the pandemic health response and, in many cases, government and civil society organizations (CSOs) are temporarily closed or not operational. In Uganda, for example, special court sessions on gender-based violence slated to take place in hard-to-reach areas were postponed due to COVID-19.



5. Lack of information and evidence

Movement restrictions and border closures have made it more difficult to conduct assessments and gather evidence on issues related to child marriage right at the time when evidence is what is needed most. UNICEF Yemen was forced to suspend two planned studies on child marriage due to COVID-19. Lockdown measures have also made it more difficult to maintain contact with programme beneficiaries to understand how they are being impacted by, and coping with, the pandemic.



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The pandemic has created an urgent need to understand how COVID-19 is impacting programming, service delivery and the risk factors driving child marriage so as to inform programme adaptations. This has compelled the Global Programme to devise new ways of learning – some of which will be beneficial over the long term – but it has also slowed progress on the Programme’s Phase II pre-COVID information and evidence goals.³⁵

Measures taken to contain COVID-19 are also introducing **new risk factors** that make children more likely to marry.



6. School closures

Prolonged school closures are the most significant new risk factor to emerge from the pandemic.³⁶ Boys and girls are more likely to marry early if they are out of school, especially when they lack the ability to study remotely. Currently, the Malala Fund estimates that 20 million more secondary school-age girls may be lost from school systems after the first COVID-19 wave³⁷ and World Vision estimates that an additional 4 million girls will be forced into marriage in the next two years as a result of school closures.³⁸ In Yemen, 2 million children were out of school before the pandemic. Subsequent school closures in both the north and south have worsened the country’s learning crisis, especially since distance and e-learning options are not possible for most, given adolescents’ limited access to new technologies and the Internet.³⁹

As the pathway diagram illustrates (*see Figure 2*), being out of school puts children at risk for early marriage for many reasons, some of which are interrelated. In Nepal, UNICEF reports that child marriages between peers are increasing due to a combination of boredom, an increase in violence in the home, and adolescents searching for new opportunities because they are out of school and do not expect to go back.⁴⁰ Out of school, Nepali girls lack their ‘student’ status, which would otherwise give them the agency to negotiate with their parents about marriage. School closures mean students lack safe spaces to socialize with the

opposite sex, access to established child marriage reporting mechanisms, and comprehensive sexual and reproductive health education. UNICEF Uganda reports that school closures and the shift to online learning (without safeguards in place) have introduced new risks of online bullying and child sexual harassment, exploitation and abuse, which can result in school dropout. The longer children are out of school, the more likely marriage becomes.



7. Global Programme disruptions

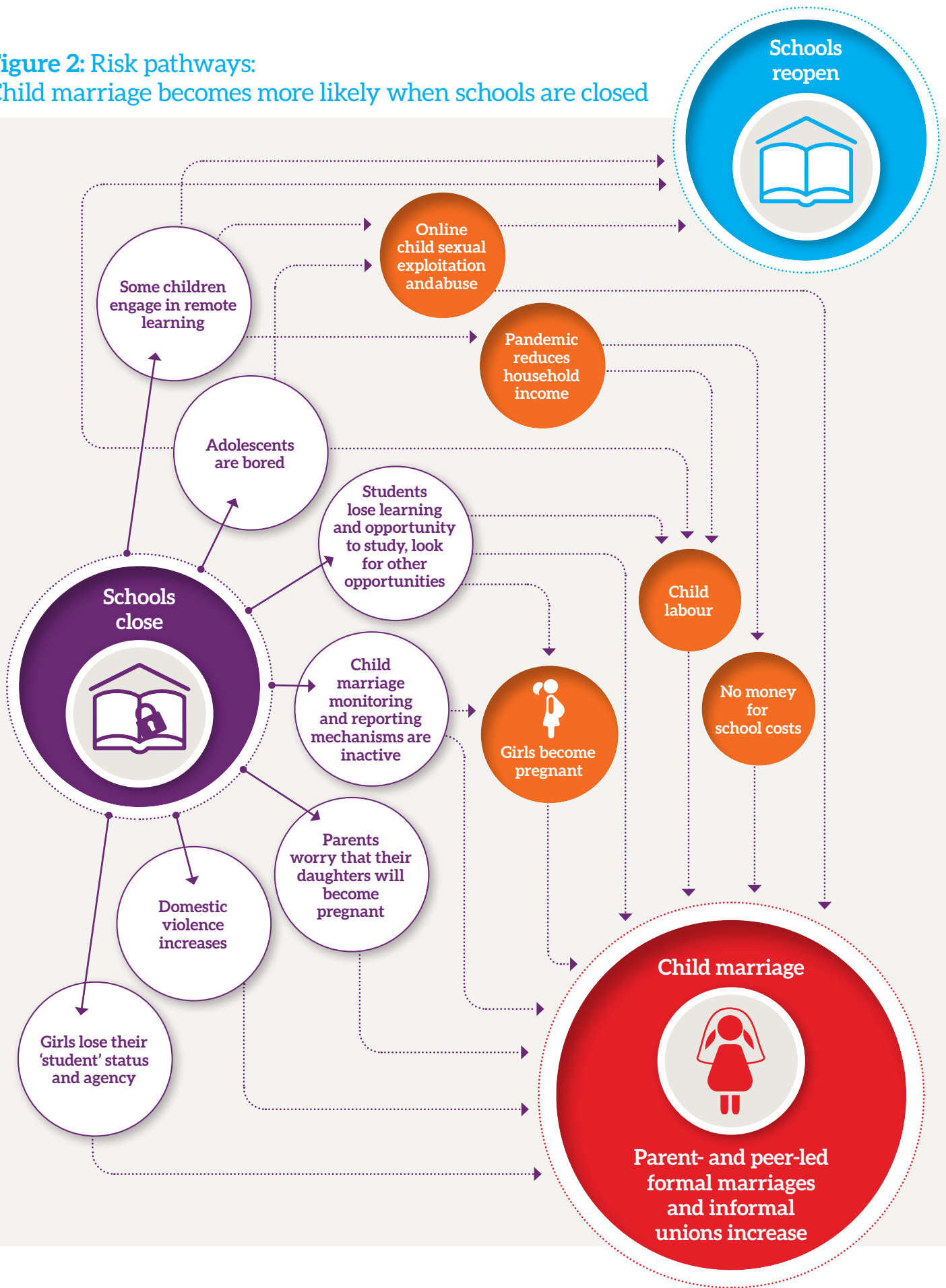
Global estimates indicate that postponing the implementation of interventions to end child marriage by one year, on average, will see an estimated 7.4 million child marriages go ahead that otherwise would have been averted.⁴¹ While UNICEF country offices and partners are pivoting to prevent this scenario, they face significant challenges. Since March 2020, all have experienced border closures and significant movement restrictions, health and social distancing requirements, and service disruptions. For example, in Yemen there were movement restrictions in the south while in the north, the government and CSO workforces were reduced by 80 per cent, dramatically reducing UNICEF’s ability to work with both. With schools, child-friendly spaces and child protection service delivery points closed, programming was completely halted for months. All of these challenges must be navigated for the Global Programme to continue its planned and adapted programming efforts.

The next section examines how the Global Programme is adapting to ensure a continuum of service delivery and programming and respond to new risks.



“With the impact of the COVID-19 pandemic, UNICEF estimates that an additional 10 million child marriages may occur before the end of the decade, threatening years of progress in reducing the practice.”

Figure 2: Risk pathways:
 Child marriage becomes more likely when schools are closed











III. Adapting and innovating to address risk factors

The Global Programme aims to contribute to the elimination of child marriage by 2030 through a strategic plan that increases girls' empowerment; family and community engagement; utilization of and access to systems and services; policy and legislation; and information and evidence. Prior to the pandemic, the Global Programme knew that it would have to accelerate progress to realize its ambitious goal of eliminating child marriage by 2030. Now, due to the impacts of COVID-19, UNICEF, UNFPA and partners must work even harder to create new ways to connect with girls and their communities of care. To this end, the Global Programme is supporting governments and partners to adapt and innovate programming to ensure continuity, especially for the most at-risk and vulnerable girls – including girls with disabilities – within the 12 target countries.⁴²

This section examines how UNICEF-led Global Programme interventions in Bangladesh, Ghana, Nepal, Uganda and Yemen have been adapted and innovated on two levels: first, to ensure that programming and service delivery continue through the pandemic; and second, to learn how child marriage risks are changing so that programming can be adapted to respond to the new emerging risks. While the pandemic threatens to stall or reverse progress, some adaptations and innovations appear to be creating new efficiencies that will advance progress over the long term.


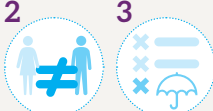




Table 1. Global Programme priorities during COVID-19⁴³

 <p>Ensure continuation of sexual and reproductive health information and services, including accelerating the procurement and pre-positioning of key health and nutrition commodities.</p>	 <p>Explore innovative and sustainable ways to support mental health and psychosocial support interventions and approaches for caregivers and adolescents.</p>
 <p>Scale up inclusive digital learning and develop programmes to support the safe return of girls to school, including water, sanitation and hygiene in schools.</p>	 <p>Prevent and mitigate COVID-19-related violence, abuse and exploitation and adapt intervention models to reduce risk and extend services.</p>
 <p>Ensure continuation and quality of water and sanitation services and affordable access to water, sanitation and hygiene products and services for the poorest and most vulnerable population groups.</p>	 <p>Invest in learning, monitoring and research about what is happening during the crisis in order to inform efforts to end child marriage during the pandemic.</p>
 <p>Ensure gender-sensitive and social protection programmes are not disrupted and advocate for continued financial support where systems do not exist or are weak.</p>	 <p>Invest in research and learning to prepare for programming after the crisis and measure the success of the post-crisis recovery.</p>






















1. Adaptations and innovations to ensure a continuum of service delivery and programming

Table 2 highlights key programme adaptations and innovations to date. The icons in the middle column identify which risk factors the adaptation addresses, and the right column identifies successful outcomes, emerging practices and lessons learned.







Table 2. Adaptations and innovations to ensure continuum of service delivery and programming

Adaptations and innovations	Primary risk(s) addressed	Successes, emerging practices and lessons learned
Ensuring the physical safety of service providers and beneficiaries		
Physical distancing protocols and use of personal protective equipment (PPE) have been implemented in all interventions.		Front-line workers and beneficiaries were protected from COVID-19, enabling programming to continue in a safe, modified format. Country offices met, or came close to meeting, their 2020 Global Programme targets.
Leveraging and strengthening cross-sectoral and inter-agency collaboration		
Ghana: Equipped the departments of Social Welfare and Community Development, and the specialized unit of the Ghana Police Service that responds to domestic violence and provides children/women victim support, to engage communities on COVID-19 and use that as an entry-point to provide child protection gender-based violence (GBV) prevention and response services and referral channels (hotlines) for victims and survivors to ensure continuum of services across communities and service uptake.		Messaging on child marriage, adolescent pregnancy, and sexual and gender-based violence (SGBV) was integrated into other sectors' interventions. Helped to develop the Government's 'SGBV and CP [child protection] messages for social welfare workforce in COVID – Ghana' and 'Special guidance for social workers on CP case management COVID Ghana'. ⁴⁴
Ghana: Supporting the Government to provide temporary social protection measures to assist the most vulnerable households severely affected by the pandemic.		The intervention is expected to have positive spin-off effects for the well-being and protection of girls and boys within vulnerable households.
Nepal: Strengthened coordination with humanitarian clusters. Advocated for the inclusion of the ending child marriage agenda in the COVID-19 response.		Achieved stronger coordination on child protection issues, including child marriage.
Uganda: Leveraged COVID-19 response structures (e.g., immunization programmes) to increase the number of girls accessing integrated sexual and reproductive health and rights (SRHR), HIV/AIDS and GBV services through outreach. Leveraged other programmes (e.g., the European Union–United Nations Spotlight Initiative, joint programmes on GBV and female genital mutilation) to bring child marriage-related interventions to more geographical areas. ⁴⁵		13,595 (6,390 girls) accessed integrated SRHR, HIV/AIDS and GBV services, and over 4,000 girls received family planning resources and contraceptives.
Uganda: Worked with the Ministry of Education and Sports to support students to continue their studies by distributing home learning materials and providing access to e-learning through the Kolibri free e-learning platform.		81% of learners (715,406) received home learning materials during school closures and 121,000 interacted with academic and life-skills curriculum.

◀ Table 2 (cont'd)

Adaptations and innovations	Primary risk(s) addressed	Successes, emerging practices and lessons learned
<p>Yemen: Some child marriage interventions have been integrated into remote psychosocial support delivery as part of case management to ensure that services are still being provided to girls in need. Remote case management capacity-building was conducted to ensure service continuity.</p>	<p>2  3  7 </p>	<p>Girls were supported and family counsellors and partners sensitized (452,919 women, men, girls and boys) on GBV risks, including child marriage. More case workers (33) now able to conduct remote case management.</p>
<p>New and alternative approaches to engage with girls, boys, families and communities</p>		
<p>Bangladesh: Built on existing systems (e.g., helplines) at district and national levels to reach girls and families. Female members of the anti-sexual harassment committees in schools reached out to girls at risk over the phone to ensure they are supported. Set up virtual clubs for adolescent empowerment, offering flexible hours. Child journalism training was moved to an online format with home-based mobile journalism.</p>	<p>1  2  6  7 </p>	<p>Girls have limited access to mobile phones and the Internet, so targets will not be met. But the new approach is cost-effective, so it will continue in addition to existing programming.</p>
<p>Ghana: Switched from large gatherings to small group activities and house-to-house visits, complemented by remote communication.</p>	<p>2  7 </p>	<p>Maintained good adolescent engagement in programmes.</p>
<p>Nepal: Rupantaran (social and financial skills package) sessions were adapted into a radio programme (39 episodes) targeting adolescents and parents. Girls highlighted the importance of having close follow-up and support mechanisms, so the programme created smaller girls' groups with one mentor to reinforce learning gained through the radio programme, monitor knowledge and skills, and link them to emergency cash support initiatives and other needed services. The new delivery modality strengthened the gender transformational aspect of the programme as each episode actively encourages listeners to question gender norms and rethink, challenge and redress prevalent power dynamics.</p>	<p>1  2  3  5  7 </p>	<p>The radio programme increased discussion and raised awareness of the negative consequences of child marriage. It reached 23,582 girls, 19,915 boys and 9,806 parents in 19 districts, and led to the strategic targeting of 6,000 vulnerable girls to link them with a life-skills programme and services. The programme managed to remain in touch with 100% of girls enrolled in 'Rupantaran' sessions.</p>
<p>Uganda: Provided community volunteer parascocial workers with megaphones, bicycles, raincoats, etc., to continue community engagement (physical and virtual), especially in remote rural areas. Volunteers were also trained to deliver child protection interventions including identification, basic assessment, reporting, referral and follow-up of child abuse cases.</p>	<p>2  3  7 </p>	<p>3,989 volunteers at sub-county levels in 15 districts (including emergency/refugee communities) were mobilized to deliver integrated child protection messages, including on ending child marriage.</p>
<p>Uganda: Life-skills training shifted to out-of-school clubs facilitated by peer educators. Engaged parents through door-to-door campaigns and small group sessions to support the clubs by ensuring that the work is engaging the community and that girls are safe when schools are closed.</p>	<p>1  2  6  7 </p>	<p>The programme was able to continue when schools were closed. Some 16,706 most vulnerable adolescents (8,186 girls, 8,520 boys) benefited from mentorship, and received information and life-skills education from peer educators.</p>

◀ Table 2 (cont'd)

Adaptations and innovations	Primary risk(s) addressed	Successes, emerging practices and lessons learned
<p>Yemen: 10% of the 8,049 adolescent girls who received life-skills training were supported to lead peer-to-peer awareness-raising activities within their communities on issues around gender norms and marriage.</p>	<p>2 7</p> 	<p>The peer-to-peer approach has been instrumental in keeping adolescents informed during COVID-19, when activities have been suspended due to movement restrictions, and school and safe space closures.</p>
<p>New and increased use of communication technologies</p>		
<p>Bangladesh: With radio partner Bangladesh Betar, used radio to continue Communication for Development (C4D) interventions via public service announcements, adolescent listenership clubs and community radio programmes. Trained adolescents to use the phone app 'Digital Application for Adolescents' to learn and teach peers about COVID-19, GBV, child marriage, and mental health and psychosocial support. Shifted some face-to-face counselling by front-line workers to phone/online. Conducted a U-Report perception poll on child marriage in Bangladesh during the COVID-19 pandemic.⁴⁶</p>	<p>2 5 7</p> 	<p>Reached 400 adolescent radio listener groups through 12 regional stations. Trained 4,200 adolescents on how to use the phone app. These adolescents reached 132,846 adolescents (70% girls), 27,962 parents and 63,517 community members through the application. A third (33%) of girls polled by U-Report (n=3,493) think that more girls are marrying due to school closures. Many report that no one is trying to stop child marriages.</p>
<p>Ghana: Continued to deliver programming through an increased use of mass media, radio and community public address systems. The Promoting Adolescent Safe Spaces (PASS) programme adopted the use of virtual safe spaces by paying for airtime on local radio stations to reach communities in programme districts. Radio sets were procured and distributed to adolescent girls in safe spaces to facilitate access to integrated modules and content delivered through the radio. E-learning and web-based platforms were created to provide up-to-date information and referral services to adolescents and to track those accessing services.</p>	<p>2 3 7</p> 	<p>Over 5,590 adolescent girls aged 10–19 were reached with integrated information, skills and services packages through physical/virtual safe spaces. You Must Know (YMK) adolescent health info packs, comprised of YMK Chit Chats on social media and YMK newsletters, were produced and widely disseminated.</p>
<p>Nepal: Public service announcements (30–60-second songs) on harmful practices and COVID-19 were developed and aired on radio.</p>	<p>2</p> 	<p>Messaging was aired on 20 radio stations with potential reach of 8.7 million people.</p>
<p>Uganda: Intensified media campaigns on radio, TV and social media with key messages on child marriage developed and aired in several local languages for ongoing policy engagement on social protection. Conducted U-Report perception poll on child marriage in Uganda during the COVID-19 pandemic.⁴⁷</p>	<p>2 5</p> 	<p>6,043,669 individuals over 700,000 aged 15–17 were reached through multimedia campaigns, including radio, TV and U-Report (n=33,095), with integrated child protection and harmful practices messages, including on child marriage. Some 96% of U-Report respondents think more girls are marrying due to school closures.</p>
<p>Yemen: Developed digital awareness-raising materials on gender inequalities, child marriage risks for adolescent girls, and other child protection issues to address social norms and behaviour change via radio broadcasts.</p>	<p>2</p> 	<p>Expanded reach, but not all radio stations were willing to air the messages.</p>



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2. Adapting and responding to new and emerging risks

The pandemic has exacerbated the **lack of information and evidence** on how to prevent and respond to child marriage. Since the emergency response phase of COVID-19, Global Programme countries have responded by prioritizing learning. Specifically, they have invested in understanding (1) how the pandemic is affecting programming and the likelihood that children will marry, and (2) how to gather this critical information during lockdown and social distancing restrictions. The Global Programme in Nepal conducted a rapid assessment of 3,097 girls to understand their experiences of lockdown, the key challenges they are facing, and how to continue existing programming during COVID-19. Because conventional approaches to data collection

are no longer possible, UNICEF Nepal shifted its monitoring mechanism from paper-based questionnaires and in-person interactions to radio and phone. UNICEF Bangladesh, Ghana and Uganda conducted similar studies or have them in process. The Global Programme in Uganda increased its use of digital platforms for coordinating and collecting data; both Bangladesh and Uganda used U-Report perception polls as an engagement tool for consulting with young people on child marriage during COVID-19.

UNICEF country offices and partners have since used the lessons learned from these studies to inform programme adaptations (*see Table 2*) and respond to new and emerging risk factors. To address the 'perfect storm' of risks related to **economic insecurity** and **service disruptions**, the Uganda programme learned that they need to include a resilience-building approach in their programming to ensure that girls and their families can withstand the diverse challenges brought on by COVID-19 and avoid teenage pregnancy. The Nepal programme learned that girls need mentoring support to complement the radio programming. They also realized that they need to invest in profiling vulnerable girls for targeted support to ensure that they are reaching the most at-risk adolescents. With service and programme disruptions, UNICEF Ghana reassessed girls' needs and adopted a blend of mass media (e.g., TV, radio) and door-to-door approaches. Aware that vulnerable adolescent girls needed support for menstrual hygiene management to reduce their risk of engaging in sexual exploitation to cover their basic needs – a common cause of adolescent pregnancy – they distributed over 8,200 dignity kits. This strategic intervention opened the door to engage with girls on issues of child marriage, adolescent pregnancy and sexual and gender-based violence, and make referrals to available services.

UNICEF country offices have developed several new strategies to reduce the risk of child marriage related to **prolonged school closures**. UNICEF Bangladesh adapted a research study, 'Keeping girls in school to reduce child marriage in rural Bangladesh', to the realities of COVID-19 to test interventions aimed at keeping girls in school and measure the impact on the prevalence of child marriage. Early evidence

prompted the Global Programme to connect with 50 per cent of the targeted adolescent girls through mobile phones to provide remote learning support in the form of customized lesson plans and content. The education system will use the research findings to select and introduce evidence-based interventions with the potential to keep girls in school longer, thereby reducing the likelihood of child marriage.

The Uganda programme has supported the Ministry of Education and Sports to print and distribute study materials for children during school closures to ensure they keep learning, especially in remote areas. They have also increased parent and community engagement to ensure that girls who are out of school – and at greater risk for child marriage – are continuously supported. Similarly, the Ghana programme negotiated with caregivers to ensure that particularly vulnerable girls attend online learning initiatives (through the Government’s new digital learning platform) and participate

in small group community-based activities, so they do not fall behind with their learning and reduce their chances of returning to school.

Programmes are also pivoting to support **return to school**, especially by the most vulnerable girls. In Nepal, UNICEF is working with local governments to provide incentives for poor families and girls to return to school once schools reopen. UNICEF Ghana encouraged return to school in January 2021 by partnering with the Ghana Education Service to provide bursaries and school items to be distributed to 1,000 particularly vulnerable girls. The Programme is also supporting a community-based back-to-school campaign to encourage timely re-enrolment and school re-entry for married girls, pregnant girls and adolescent mothers, and address concerns related to school-based gender-based violence.

Through these efforts, the Global Programme aims to improve school retention and reduce child marriage.

CASE STUDY: Ghana: Providing girls with access to sexual and reproductive health information and service ⁴⁸

The excitement and genuine appreciation from the adolescent girls supported with dignity kits under the Safe and Protective Environment for Adolescent Development (SPREAD) project in Ghana is refreshing. “I am excited about the three-month supply of pads. This will help me since my parents are mostly unable to buy it for me,” Faith remarked. In a short period of time, the support has had a significant impact. The girls have demonstrated increased knowledge on menstrual health management, teenage pregnancy

and prevention of transactional sex through the mentorship sessions. Discussions around menstrual health and hygiene led to deep conversations as girls shared their concerns about how their parents’ inability to support them drives them into transactional sex for sanitary pads. Nineteen-year-old Faith explained, “When we ask our parents for money to buy pads, they ask us to go to our boyfriends, so we go to them. So long as they give us money, we keep going. The end result is pregnancy.”



These discussions are impacting local leaders, too: “Listening to adolescent girls express how sad they feel when their parents fail to provide them with pads, and ask them to ask their boyfriends for money, really breaks my heart as a village headman. I will work hand in hand with International Needs Ghana (INGH) on this project to ensure parents are sensitized to be responsible.”

IV. Key lessons learned

UNICEF Global Programme country offices have learned valuable lessons in the first year of the COVID-19 pandemic, which will help them manage and respond to successive pandemic waves and plan for the future.

➤ 1. Invest early to learn how risks to children are changing

The experience in all five countries underscores the fact that the risk of child marriage increases during humanitarian emergencies, even when this might not be evident early on. Thus, it is critical that the programme invests in learning, monitoring and research with children themselves early on and throughout the pandemic to understand how risks are changing and for whom, inform programme adaptations during and after the crisis, and measure the success of the post-crisis recovery and its long-term impact on the well-being of children and families. It is also critical to gather evidence from young people and their communities on what is working to protect children from early marriage, including factors that are outside the formal child protection system.

UNICEF Nepal demonstrated the importance of this approach when, early in the pandemic, the office used findings from a study on child marriage in humanitarian settings by the UNICEF Regional Office for South Asia and the UNFPA Asia and the Pacific Regional Office⁴⁹ to advocate for the need for girl-focused programming and the integration of ending child marriage strategies across all cluster plans. It then intensified monitoring, using participatory research with girls, to understand how COVID-19 is exacerbating existing and/or creating new protection risks. This research enabled UNICEF Nepal to advocate with the broader humanitarian community and authorities for the continuation of priority protection activities, adjust its programming approach, and target its interventions more strategically for maximum effect.

When planning research for a pandemic context, it is critical to remember that conventional research methods may be difficult or impossible to use,

and new methods may not be capable of reaching the most vulnerable. This will threaten the implementation of planned studies and the viability of new ones. Consult UNICEF Innocenti's Ethical Considerations for Evidence Generation Involving Children on the COVID-19 Pandemic for guidance.⁵⁰ Country offices may have to plan and budget for alternative and more resource-intensive methods.

➤ 2. Support education ministries to reduce school closures and encourage school return

UNICEF country offices have witnessed first-hand how school closures dramatically increase the risk factors that make school dropout and child marriage far more likely, especially when closures are prolonged. To reduce the risk of dropout for the girls who are most vulnerable to child marriage, UNICEF Ghana partnered with the Ghana Education Service to provide bursaries and school supplies to encourage return to school in January 2021. They simultaneously launched an ongoing community-based back-to-school campaign to ensure timely re-enrolment, emphasizing the critical role school attendance has to play in preventing child marriage and other risks. These efforts provide one example of how UNICEF country offices can help to mitigate the effects of school closures on child marriage and encourage return to school. With research on school closures from UNICEF Innocenti,⁵¹ UNICEF is also well positioned to provide governments with evidence to support more informed school closure and reopening decision-making. Given the strong link between child marriage and being out of school, these efforts should take priority.

➤ 3. Help mitigate a rise in child marriages by supporting national emergency preparedness and response plans, and the inclusion of the child marriage agenda

When the pandemic reached Ghana, the Government – like many others – did not have a coordinated national child protection emergency and response plan. This severely impacted its ability to

provide services during the pandemic that are critical to preventing child marriage, such as adolescent sexual and reproductive health and rights information and resources. UNICEF Ghana could see that the pandemic was compounding child marriage risks in ways that will affect generations to come. The office stepped in to support the Government of Ghana to produce key child protection and sexual and gender-based violence messages, and special guidance for social workers on child protection case management during COVID-19.

Over the longer term, the pandemic has shown UNICEF offices that they have a key role to play in supporting government and CSO partners to continue providing consistent services across communities while encouraging service uptake and long-term planning. UNICEF can use its technical expertise to do this through:

- advocating for and supporting the development of coordinated national child protection emergency preparedness and response plans that include the child marriage agenda;
- targeting programmatic guidance to government and CSO implementing partners on alternative approaches for delivering programming and engaging target audiences during COVID-19 restrictions;
- developing key child marriage messaging for community engagement;
- providing partners and target communities with information on available helplines and services.

UNICEF should coordinate these efforts within its child protection units to ensure that all types of harms are addressed (e.g., child marriage, sexual and gender-based violence, violence against children).

➤ 4. Use the crisis as an opportunity for increased collaboration and coordination

The pandemic is unique in that it impacts every sector and actor. This dynamic has created a greater imperative for sectors, agencies and

organizations to coordinate their work and collaborate to achieve shared goals. When there is cross-sectoral collaboration, the child protection system as a whole is strengthened.

Increasing collaboration has enabled the country offices to reach target beneficiaries they may otherwise not have been able to reach with child marriage prevention and response information and services. As a result, UNICEF offices met, or almost met, their 2020 annual Global Programme targets. This was achieved through innovative cross-sectoral and inter-agency collaborations, such as those featured in Table 2.

➤ 5. Remote modalities extend reach, but limitations must be considered carefully

All five country offices increased and broadened their use of remote communication modalities to reach adolescents and parents during COVID-19. Overall, the programmes found that these modalities – which include both digital and mass media (TV, radio) technologies – can provide an effective alternative to in-person communication and programming, and exponentially extend the messaging reach. They can also be far more cost-effective and provide novel ways to engage adolescents. However, country offices find that these modalities are most likely to achieve behaviour change when combined with a community-engagement component, such as mentoring or door-to-door home visits.

UNICEF country offices also learned that remote forms of communication have limitations that need to be carefully considered. The following examples illustrate this.

- Bangladesh and Uganda found that while adolescents enjoy digital technologies, the programmes needed to find innovative ways to sustain virtual engagement with adolescents in the absence of social mobilization activities. Consistent engagement is not a given: attention spans are limited, there is competition for young people's attention, and COVID-19 fatigue negatively impacts messaging that includes a

COVID-19 component. Uganda used home visits by para-social workers to encourage young people's digital and remote engagement.

- Yemen found that remote communication is likely to exclude the most vulnerable, in particular those without radios and new technologies (e.g., smartphones) and those who do not feel comfortable or safe receiving a phone call with a husband or parents nearby. To overcome this challenge, Yemen is establishing small delivery points where girls can visit social workers and access the services they require, or be referred.
- Different target audiences have differential access to communication technologies (e.g., radio, online, phones). Thus, factors such as access to diverse technologies, Internet access, privacy concerns, household schedules, literacy, cultural preferences and disability must be considered when developing strategies to ensure that messaging/programming reaches and engages all of the different target audiences.
- Yemen found that adapting awareness-raising messages to a remote delivery modality can impact the quality of the message that the audience receives because mass media often demands more conservative messaging. If the context demands that the message is too vague, a cost-benefit analysis must be done. This highlights the importance of local (e.g., leaflets) and in-person messaging that provides greater detail and nuance.

Child protection emergency and response plans and communication strategies should be revised in the light of the COVID-19 experience and learning, with contingencies for reaching target beneficiaries, including the most vulnerable. The UNICEF technical note COVID-19: Digital and Remote Approaches in Eliminating Female Genital Mutilation and Child Marriage⁵² provides further guidance.

V. Conclusion

The UNFPA–UNICEF Global Programme to End Child Marriage faces a perfect storm in the form of COVID-19, which is

increasing risk factors for child marriage while challenging prevention efforts. UNICEF, UNFPA, their country offices and their partners are adapting and innovating to respond, while addressing new and compounded risk factors. With no clear end to the pandemic in sight, UNICEF will continue to navigate the present crisis and to share its learning with, and learn from, Global Programme partners and practitioners. By systematically using key lessons learned to adapt and improve Programme approaches, UNICEF offices will contribute to the elimination of child marriage and improve children's present and future well-being.



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March 2021

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The Global Programme to End Child Marriage is implemented in partnership with UNFPA and is generously funded by the Governments of Belgium, Canada, Italy, the Netherlands, Norway and the United Kingdom, the European Union and Zonta International.

Special thanks to the UNICEF country offices and UNICEF Global Programme Team who contributed to this brief.