UNFPA-UNICEF Global Programme to End Child Marriage

Joint Assessment of Adaptations to the UNFPA-UNICEF Global Programme to End Child Marriage in light of COVID-19

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List of Acronyms

AFHS	Adolescent-Friendly Health Services
C4D	Communications For Development
CHI	Child Helpline International
CO	Country Office
COVID-19	Coronavirus disease
ESARO	Eastern and Southern Africa Regional Office
GPSU	Global Programme Support Unit
HQ	Headquarters
MENARO	Middle East and North Africa Regional Office
PPE	Personal Protective Equipment
RO	Regional Office
SDG	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
ToC	Theory of Change
UNWomen	United Nations Entity for Gender Equality and the Empowerment of Women
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WCARO	West and Central Africa Regional Office
WHO	World Health Organization

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Executive Summary

Ending child marriage is a key priority for both the United Nations Population Fund (UNFPA) and the United Nations Children's Fund (UNICEF), as reflected in their respective strategic plans for 2018-2021. The UNFPA-UNICEF Global Programme to End Child Marriage was designed as a 15-year programme (2016-2030) to contribute to Sustainable Development Goal 5.3 to eliminate all harmful practices. The COVID-19 pandemic hit at the very beginning of Phase II of the Global Programme. The present assessment of adaptations to the UNFPA-UNICEF Global Programme to End Child Marriage in light of COVID-19 was commissioned by UNFPA and UNICEF evaluation Offices with the objective of informing further adjustments and strengthening the programme globally.

Scope and methodology of the assessment

The assessment was conducted from April 2021 to July 2021 and included all 12 programme countries and all implementation levels (global, regional, national and community). The assessment identified and analysed the Global Programme response, mitigation and protection measures adopted during the COVID-19 pandemic and considered the extent to which interventions were continued as planned, adjusted, or postponed. Opportunities and challenges related to programme adjustments to the COVID-19 situation were taken into consideration in the analysis and recommendations.
The assessment questions were organized around three criteria: relevance, effectiveness and coherence. The assessment collected data through remote interviews, group discussions and an online survey, as well as through document review.

Remote interviews were conducted with the Global Programme focal points in all countries, in regional offices and in headquarters. In five 'deep-dive countries',[1] remote interviews were held with other country team members and implementing partners. In three countries,[2] discussions were conducted with beneficiaries. The online survey was carried out with UNFPA and UNICEF technical teams technical teams and implementing partners.

Key findings

Relevance

Restrictions related to the pandemic, in particular social distancing rules, made it difficult to collect data with programme beneficiaries to understand how they were being impacted by, and coping with, the pandemic. As a result, the Global Programme was engaged in the identification of emerging needs in the context of the COVID-19 pandemic to varying extents. While planned studies and research could not be conducted, there were some adaptations such as innovative study design using different sources of data to identify and monitor emerging needs. Establishing new systems to better understand the situation provided a good basis for adjusting programming. Rapid assessments were useful to tailor tools and approaches to the needs of the target groups. The presence of field staff and implementing partners was crucial for gathering detailed information on needs and carrying out situation monitoring during the pandemic. Overall, available evidence from different sources proved to be valuable for keeping child marriage as a priority on the national and local agenda.

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[1] Burkina Faso, Niger, Nepal, Mozambique, Zambia.
[2] Niger, Mozambique and Zambia.

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Global Programme country workplans were adjusted in order to adapt to the situation in relation to COVID-19, and these adjustments responded to identified changes in needs and priorities to varying extents, depending upon the restrictions and COVID-19 mitigation measures and the feasibility of different strategies and approaches in each country. In all Global Programme countries, adjusted approaches involving adolescent girls and boys and community members were implemented in target areas that had been identified before the pandemic, and in general there was no change to target new areas of vulnerability. Modes of delivery as well as tools and packages were adapted to ensure continuity of programme implementation. Reaching the most vulnerable and marginalized adolescent girls remained a significant challenge or gap in most countries, particularly where the use of digital technologies was adopted as an alternative to face-to-face interventions. These adaptations to the COVID-19 pandemic highlighted digital divide, especially for adolescent girls, in which virtual methods are less accessible to the most vulnerable and marginalized adolescent girls.

In all Global Programme countries, interventions that involved people gathering were adjusted to ensure that COVID-19 prevention measures were applied including the procurement of personal protective equipment (PPE) for partners who were continuing with service delivery in the health and social sectors. However, breaks in the supply chain sometimes led to delays in the procurement of PPE. Tools and packages (life skills, community dialogues, training) were adapted to the mode of delivery and systematically included COVID-19-related messages.

Overall, the programmatic adjustments to COVID-19 were aligned with the global theory of change (ToC) for Phase II of the Global Programme. The programmes in the Global Programme countries were already aligned with the ToC pre-pandemic and 2020 workplans developed in the year before the pandemic generally followed the global ToC. When the pandemic hit, country offices explored ways to implement planned activities by adapting the modes of delivery rather than designing new activities from scratch. According to most key informants interviewed, COVID-19 has reconfirmed the validity of the Phase II ToC; there were no newly identified needs that were outside the scope of the global ToC, the drivers of child marriage were still relevant although some of them had gained relevance.

Effectiveness

Most country offices endeavoured to maintain contact with the adolescent girls targeted under the Global Programme through digital platforms or mass media and through community-based partners, committees, volunteers and networks. However, the adoption of virtual technologies raised concerns regarding the quality of these approaches and their ability to influence adolescent girls' agency or gender and social norms. It also shed light on the 'digital divide', in which many of the most vulnerable adolescent girls have limited access to cell phones, data and other digital technologies. Specific support was designed to encourage adolescent girls to return to school upon reopening, but monitoring of these initiatives was uneven across countries.

Community-based activities were either suspended or continued with adaptations (e.g. smaller groups, household visits or an increased involvement of local leaders), depending on the restrictions in place in light of COVID-19. In most countries, increased emphasis was placed on the use of mass and social media campaigns for wider reach. While Global Programme adjustments did

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not focus on a particular strategy to maintain the involvement of boys or men, the use of digital technologies allowed their continued participation in the programme.

Despite school closures and lockdowns, most countries endeavoured to adapt their system-strengthening activities to ensure that key capacity-building activities were maintained, including through online trainings. Similarly, capacity-building activities related to adolescent health sexual and reproductive health were sustained. However, access to adolescent-friendly health services was constrained due to factors external to the programme. Social services were generally impacted, as these were not considered 'essential services' within national COVID-19 response plans; however, sustained advocacy has helped to correct this situation over time. The importance of including psychosocial and mental health support for adolescents and family members in humanitarian crises was a valuable lesson learned during the pandemic response.

In some countries, small-scale and pilot initiatives to promote economic empowerment were included as part of the programme, since economic vulnerability of adolescent girls and their families is a key driver of child marriage. However, strong linkages with social protection programmes that would address at-scale the heightened risk of child marriage due to the pandemic were largely missing.

Advocacy and technical support to enhance the capacity of governments to end child marriage through national and subnational plans, as well as through strengthening coordination between sectors, was maintained to some extent, often through virtual means.

Restrictions in relation to COVID-19 impacted the ability of country offices to reach their targets with regard to evidence generation and knowledge products, but opportunities were created to collect data on the impact of COVID-19 and related restrictions on adolescent girls.

The transition to a gender-transformative approach is underway through the Global Programme, but some strategies that are key to this transition have been hampered by the COVID-19 pandemic and restriction measures that limit face-to-face or community dialogues, which are crucial for influencing transformative change.

The Global Programme at global and regional levels provided timely guidance and tools to support adjustments, but some countries found their operationalization difficult. One-on-one support in the reprogramming process and sharing of good practices were considered by country offices to be the most valuable forms of support received.

Several learnings from the adjustments to the pandemic have the potential to shape future programming. This includes i) the use of virtual methods with beneficiaries, allowing larger reach (with some caveats); ii) the need for multi-pronged approaches in programmes aimed at changing gender norms or developing skills; and iii) flexibility in adjusting programming and reallocating budgets.

Coherence

Overall, the process of adjusting the Global Programme to COVID-19 restrictions was coherent both internally, within agencies, and externally, with relevant national programmes. Internal coherence has been built through strengthened coordination and cooperation between the different programmes and the development of common strategies and methodologies to implement activities within the context of the pandemic. Communications for development (C4D), child protection, health, education, gender-based violence, female

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genital mutilation and gender complemented each other in terms adjusting work methods and modalities during the pandemic.

Complementarities between UNFPA and UNICEF have been strengthened and built upon in some countries, rather than each agency coming up with separate sets of training manuals, agencies collaborated around one shared set of manuals.

Externally, while COVID-19 was at first treated as a 'health only' issue, in several countries the secondary effects of the lockdown on gender-based violence, violence against children, harmful practices and child marriage were gradually recognized as multisectoral issues and various line ministries were drawn in to the response to play complementary roles.

Recommendations

01 —

The Global Programme should advocate with governments to continue developing aligned multi-sectoral policies, legal instruments and budgeted strategies contributing to ending child marriage, with a focus on addressing the various drivers of child marriage at national, sub-national and local levels, and to seek improved harmonization between sectors.

This can be achieved by using hybrid virtual/in-person models at all levels by continued:

a. Advocacy with government and partners for the integration of child marriage into the ongoing COVID-19 response as well as in future emergency response and recovery plans;

b. Support for the development of policies and multi-sectoral operational costed strategies at national, sub-national and local levels through continuing to build capacities in data generation, the analysis of existing data and the development and implementation of adapted strategies;

c. Strengthening of a multi-sectoral and coordinated approach to the prevention and response to child marriage in order to address the various drivers of child marriage as well as the rights of adolescent girls and women supported by a reinforced internal collaboration between sectors;

d. Including preparedness for different types of emergencies, risk and mitigation analysis and contingency planning in Global Programme country workplans, building on the experience of country offices.

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02 —

The Global Programme should reinforce its efforts to reach the most vulnerable and marginalized adolescent girls, boys and their families through policy advocacy and programming targeting them specifically.

This can be achieved by:

a. Ensuring that identification of the most vulnerable and marginalized girls is institutionalized and used as a basis for policymaking;

b. Involving local partners and actors to systematically undertake vulnerability assessments to be used as advocacy tools;

c. Reinforcing the reach of rural and remote communities through partnering with local organizations, local networks and local authorities as well as other local actors such as leaders, mentors, facilitators and peer leaders to mobilize adolescent girls and boys and parents and to deliver community-based activities;

d. Basing interventions on locally-available channels (e.g. girls-led radio programmes through community radios).

03 —

The Global Programme should continue to develop complementary multi-channel approaches to reach target populations based on country specificities and context.

This can be achieved by:

a. Adopting a mix of face-to-face and digital/mass media to reach beneficiaries, accompanied by advocacy with governments to address the digital/media divide for women and girls;

b. Ensuring that quality standards are developed for the design of digital approaches based on evidence, and that the application of these new approaches is monitored and contributes to the expected results;

c. Ensuring that developed digital approaches foster two-way communication, with a view to engaging with intended audiences;

d. Strengthening linkages with local authorities and networks to further involve them in in child marriage-related interventions.

04 —

The Global Programme should continue advocacy and systems-strengthening with governments with a view to maintaining access to essential services for adolescent girls and boys in contexts of heightened vulnerability, including in humanitarian crisis.

This can be achieved by:

a. Supporting systems-strengthening to ensure that education, SRHR and social welfare services, including helplines, are recognized as 'essential services' for adolescent girls and that their access is improved and facilitated with relevant safety measures;

b. Advocating and ensuring that essential service provision is related to the rights of adolescent girls and women in particular during emergencies and is addressed in national response plans;

c. Strengthening prevention components of sexual and reproductive health services, in particular as far as the prevention of unintended and early pregnancy is concerned;

d. Including mental health and psychosocial support as essential elements in the various services, as well as in the life skills package.

05 —

The Global Programme should articulate further its strategy to leverage social cash transfer programmes and other forms of income-generation opportunities for adolescent girls and their families, since these are a key tool to prevent child marriage.

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This can be achieved by:

a. Orienting agencies and government departments involved in social protection and economic empowerment programmes on the criteria that the Global Programme uses to identify girls vulnerable to child marriage so they can target them specifically;

b. Strengthening advocacy and linkages with these agencies and government departments, with the support of UNICEF social policy, with a view to anchoring the needs of adolescent girls in the conditionalities (e.g. school return, delay in age of child marriage) of these programmes;

c. Building Global Programme country teams and implementing partner technical capacities to leverage social protection programmes.

06 —

While the theory of change remains valid, the Global Programme should adjust its results framework and indicators, as well as further support country offices for monitoring, data generation and analysis, in order to reinforce evidence-based programming.

This can be achieved by:

a. Reviewing the results framework with a view to adding or refining some indicators, taking into consideration the differences in focus highlighted by the pandemic;

b. Continuing to support Global Programme country offices to streamline reporting with a view to harmonizing the measurement of the result framework indicators, using the Global Programme indicator reference guide;

c. Ensuring that the short- and medium-term effects of the newly developed approaches are measured, including the effectiveness and coverage of digital and mass media communications, as well as their effects on girls' agency and social and gender norms;

d. Facilitating the systematic analysis of the available data on child marriage and its drivers (gathered through different sources including secondary data and routine administrative data);

e. Monitoring the effects of the COVID-19 crisis on child marriage rates in relation to changes in gender dynamics and norms, non-return to school, hindered access to SRHR services, rates of teenage pregnancies and the economic situation of families.

1 | Background

1.1 Child marriage and the Global Programme

Child marriage affects millions of girls across the globe each year. Over the past decade, the practice has declined globally, and the proportion of young women who were married as children decreased from one in four in 2010 to about one in five in 2020.[3] Despite this progress, however, child marriage remains prevalent, especially in sub-Saharan Africa, where 35 per cent of young women were married before age 18, and in South Asia, where nearly 30 per cent were married before age 18.[4]

Child marriage prevalence rates vary between and within countries, driven by a combination of factors including poverty, social and gender norms, cultural and religious beliefs and practices, along with inadequate legislative frameworks.[5] Gender inequality and discrimination that place a lower value on girls/women in comparison to boys/men are strong influencing factors as well. Child marriage is a human rights violation that deprives children of their rights to health, safety and education, among others. Child brides often have limited economic opportunities and are less likely to remain in school.[6] They are at elevated risk of domestic violence and sexual and reproductive health issues including coerced sex, unwanted pregnancy, birth complications and even death.[7]

Ending child marriage is a key priority for both UNFPA and UNICEF, as reflected in their respective strategic plans for 2018-2021. Working jointly, both agencies initiated the UNFPA-UNICEF Global

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[3] United Nations Children's Fund, 'COVID-19: A threat to progress against child marriage', UNICEF, New York, 2021.

[4] United Nations Children's Fund, child protection data, UNICEF, New York, accessed April 2021.

[5] United Nations Population Fund and United Nations Children's Fund, 'UNFPA-UNICEF Global Programme to End Child Marriage: Phase I report', UNFPA and UNICEF, New York, August 2020.

[6] International Women's Health Coalition, 'The Facts on Child Marriage', IWHC, accessed August 2021.

[7] Global Programme to End Child Marriage Phase I Report.

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Programme to End Child Marriage[8] and designed a 15-year programme (2016-2030) to contribute to Sustainable Development Goal (SDG) 5 to achieve gender equality and empower all women and girls.[9] The programme was designed with the understanding that ending child marriage is a long-term goal that requires incremental steps to address the complex socio-cultural and structural factors that underpin the practice. The design covered three phases:

► Phase I (2016-2019) aimed to strengthen critical institutions and systems in select locations to deliver quality services and opportunities to a significant number of adolescent girls, and to establish the foundations for attitudes, behaviours and norms against child marriage in families and communities.

► Phase II (2020-2023) is meant to accelerate actions to end child marriage by: enhancing investments in and support for both unmarried and married adolescent girls; engaging key actors in catalysing shifts toward positive gender norms; increasing political support and resources for gender-responsive policies; engendering respect for laws and by improving data and evidence on what works.

► Phase III (2024-2030) aims to ensure that a larger proportion of adolescent girls fully enjoy a childhood free from the risk of marriage and experience healthier, safer and more empowered life transitions.[10]

The first phase of the Global Programme targeted adolescent girls (aged 10-19) at risk of child mar-

riage or already in a union, using a range of different strategies and working with multiple partners and stakeholders at national, regional and global levels in 12 countries within four regions.[11] Countries were selected based on child marriage prevalence rates, projected burden, regional distribution and levels of government engagement, with attention paid to including a variety of diverse contexts to allow for a broader understanding of what factors work effectively in different settings. An independent evaluation of Phase I of the Global Programme highlighted that the programme is on track to achieve programme outputs and is valued for its unique contributions to normative frameworks and multi-sectoral collaboration. It also noted that insufficient efforts have been put into the measuring and documenting of results and experiences, and that despite efforts to reach the most vulnerable, interventions have not always reached the most remote areas.[12]

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[8] Funded by the European Commission, the Governments of Belgium, Canada, Italy, the Netherlands, Norway, the United Kingdom and Zonta International.

[9] More specifically, the programme is designed to contribute to SDG target 5.3 to eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.

[10] United Nations Population Fund and United Nations Children's Fund, 'UNFPA-UNICEF Global Programme to End Child Marriage: Phase II', programme document, UNFPA and UNICEF, New York, 2019.

[11] Bangladesh, Burkina Faso, Ethiopia, Ghana, India, Mozambique, Nepal, Niger, Sierra Leone, Uganda, Yemen, Zambia.

[12] United Nations Population Fund and United Nations Children's Fund, 'UNFPA-UNICEF Global Programme to End Child Marriage: Joint evaluation report', UNFPA and UNICEF, New York, May 2019.

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1.2 The Global Programme and COVID-19

The coronavirus (COVID-19) global pandemic, declared by the World Health Organization (WHO) on 11 March 2020, by definition affects every country worldwide, including the 12 Global Programme countries. It has profoundly affected the lives of girls: their physical and mental health, their education, and the economic situations of their families and communities. The pandemic hit at the beginning of Phase II of the programme, at a time when adjustments following the evaluation of Phase I had just been initiated. The hardest hit among the 12 Global Programme countries are India, Bangladesh, Nepal and Ethiopia.[13]

Global Programme countries vary significantly in terms of the impacts of COVID-19 and the duration of containment measures such as school closures, lockdowns, bans on public gathering, travel restrictions. As documented in Global Programme publications, progress toward ending child marriage is now under threat. Key factors that put children at risk of marrying are exacerbated by the pandemic, including poverty and economic insecurity, school discontinuation and gender inequality, and interventions aimed at preventing child marriage are much more difficult to implement.[14] According to UNICEF data projections, 10 million additional child marriages (that is, over and above projections generated before the pandemic) are estimated before the end of the next decade,[15] with at least 4 million more girls married in the next two years[16] as a result of COVID-19. In addition, UNFPA estimates that due to the pandemic, 12 million women may have been unable to access family planning services, which may lead to 1.4 million unintended pregnancies.[17]

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[13] Although in some cases, higher figures may be a result of higher testing and contact tracing capacity. See here, accessed August 2021.

[14] United Nations Children's Fund, 'Battling the Perfect Storm: Adapting programmes to end child marriage during COVID-19 and beyond', child protection learning brief #3, March 2021, UNICEF, New York.

[15] United Nations Children's Fund, 'COVID-19: A threat to progress against child marriage', UNICEF, New York, 2021.

[16] United Nations Population Fund, with contributions from Avenir Health, Johns Hopkins University and Victoria University, 'Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage', UNFPA, New York, 2020.

[17] United Nations Population Fund, 'Technical Note. Impact of COVID-19 on Family Planning: What we know one year into the pandemic', UNFPA, New York, March 2021.

The Phase II of the Global Programme was designed based on reviews, feedback and an independent evaluation of Phase I as well as the outcomes of a participatory workshop held in 2019.[18] Key recommendations from the evaluation included a call for strengthening the programme design and the theory of change, leveraging normative leadership, greater country contextualization of the global framework, strengthening gender-transformative programming to influence discriminatory gender norms, consolidating and strengthening the evidence base and knowledge management, and

defining and monitoring 'jointness', convergence and complementarity. These recommendations informed the design of Phase II.

The initial theory of change (ToC) was developed to create a harmonized global vision between the two agencies, and to address the main recognized determinants that lead to child marriage. The Phase I evaluation identified gaps in the intervention logic. To address this, the ToC was updated to further articulate the different levels of the results

3 | Purpose, objectives and scope of the assessment

The present assessment of adaptations to the Global Programme in light of the COVID-19 pandemic has been jointly commissioned by the Evaluation Offices of UNICEF and UNFPA. The assessment is a learning-oriented exercise with the objective of informing further adjustments and strengthening the programme globally.

The assessment will contribute to the recommendations contained in the report of the United Nations Secretary-General on the progress and best practices toward ending child, early and forced marriage worldwide, including in the context of the COVID-19 pandemic.

3.1 Purpose and objectives

The main purpose of this assessment as per the terms of reference was to learn from the Global Programme adjustments to the COVID-19 pandemic and generate useful and timely evidence for Phase II implementation, including the status of implementation of these adjusted strategies and programming approaches. In addition, it will contribute to the sector as a whole in a period where opportunities to conduct assessments and evaluations are limited in the COVID-19 context.

The specific objectives were as follows:

► Assess relevant contingency planning and implementation and any alternative delivery and management arrangements for the Global Programme due to the COVID-19 pandemic, taking into account the views of the beneficiaries (vulnerable adolescent girls, their families and community) and key implementing partners;

► Make recommendations for the immediate to mid-term improvement of the Global Programme response to COVID-19, identify ongoing programme changes, and recommend any additional support required to implement those programme changes and shifting priorities;

▶ Make any recommendations required to adjust Phase II of the Global Programme to the new context, including to its theory of change and the targets established before the COVID-19 pandemic.

3.2 Scope of the assessment

The assessment encompassed all 12 countries and all programme levels (global, regional, national and community). It identified and analysed the Global Programme response, mitigation and protection measures adopted during the COVID-19 pandemic and considered whether the interventions were continued as planned or whether and how changes and alternatives were implemented. Challenges, opportunities and constraints related to programme adjustments were taken into consideration in the analysis and recommendations.

The analysis also took into consideration the differences in responses adopted by the various countries, as well as the experience of country teams in responding to humanitarian crises and emergency situations.

The assessment was organized around the three following areas:

Relevance. Ascertain the extent to which adjustments to the Global Programme integrated gender equality and the needs of vulnerable and marginalized adolescent girls and are aligned to national, regional and global priorities;

Effectiveness. Assess the extent to which the adjustments in relation to COVID-19 contributed to the expected results of the Global Programme, including learning from best practices. Assess the degree to which the Global Programme has considered cross-cutting issues including gender equality and a 'do no harm' approach;

Coherence. Assess whether the Global Programme adjustments are coherent with other UNFPA and UNICEF programmes as well as relevant national programmes.

3.3 Assessment approach

3.3.1 Overall approach

The assessment was conducted from April 2021 to July 2021 by an independent team comprised of two international consultants (team leader and technical expert) with the support of a research and data analyst.

The assessment was divided into four phases, with corresponding key deliverables as laid out below (see workplan and timeframe in Annex 2):

► Inception phase: **Inception report;**

► Data collection and analysis hase: **Presentation of findings and recommendations;**

► Validation and reporting phase: **Draft assessment report and final assessment report;**

► Preparation of products for dissemination: **Final presentation of key findings and conclusions, assessment brief, two-pagers per country.**

The following principles guided the assessment:

► Independence and objectivity of consultants;

► Integrity of consultants to ensure fairness of the findings;

► Evidence-based inquiry to properly document and justify the findings;

► Inclusive stakeholder participation (including beneficiaries where possible) to ensure that the interests and perspectives of diverse stakeholders are reflected in the findings;

► Respect for the rights, privacy, dignity and value of participant experiences and opinions.

The assessment took an evidence-based approach to exploring the extent to which programme adjustments to the COVID-19 pandemic led to targeted results, taking into account supporting or inhibiting factors that may have had an effect on programme implementation.

The assessment was conducted in line with the United Nations Evaluation Group (UNEG) Ethical Guidelines and Code of Conduct for Evaluation in the United Nations System,[20] the UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis,[21] as well as the guidance on the integration of gender equality and human rights principles in assessments as detailed in the UNEG handbook.[22] The assessment team also adhered to the UNICEF Office of Research brief, "Ethical Considerations for Evidence Generation Involving Children on the COVID-19 Pandemic",[23] which highlights that while ethical considerations in evidence generation with children are always important, the COVID-19 pandemic constitutes a 'special case' and brings heightened risks for all persons participating in evidence generation, particularly for children. The assessment team completed the ethical review process and obtained the ethical approval to proceed with the study early May 2021.

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[20] United Nations Evaluation Group, UNEG Ethical Guidelines, accessed August 2021.

[21] United Nations Children's Fund, 'Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis', UNICEF, New York, 2021.

[22] United Nations Evaluations Group, 'Code of Conduct for Evaluation in the UN System', UNEG, New York, 2008. See also UNEG, 'Integrating Human Rights and Gender Equality in Assessment: Towards UNEG guidance'.

[23] Berman, G., 'Ethical Considerations for Evidence Generation Involving Children on the COVID-19 Pandemic', UNICEF Innocenti, Florence, 2020.

3.3.2 Assessment questions and assessment matrix
The assessment questions fell under the criteria of relevance, effectiveness and coherence and were organized as follows.

Based on the assessment criteria and questions, the team developed the assessment matrix (see Annex 3), which includes assumptions to be assessed under each question, indicators, sources of data and tools for data collection. Question Q3 explored the contribution to each immediate outcome as seen in the assessment matrix.

Data collection tools (see Annex 4) were developed based on the assessment matrix comprising assessment questions, assumptions and indicators that were used to inform the content of key informant interviews, focus group discussions and online survey questionnaires.

The matrix was used to structure the consolidation of all collected information for systematic analysis and showing clear association between the evidence collected and the findings and recommendations derived from this evidence.

Table 2 Assessment questions

Relevance

Q1	To what extent did the measures adopted within the Global Programme during the COVID-19 crisis take into consideration the emerging needs of vulnerable and marginalized adolescent girls and their families?
Q2	To what extent were the measures adopted aligned with the Global Programme, Phase II and coherent with approaches at global, regional and country levels?

Effectiveness

Q3	To what extent did the Global Programme adjustments in response to the COVID-19 pandemic contribute to the results of the Global Programme, Phase II?
Q4	To what extent did the Global Programme provide support to Country Offices' programme adjustments to the COVID-19 pandemic?
Q5	To what extent are adjustments and innovations likely to be maintained over time?

Coherence

Q6	To what extent were adjustments to the Global Programme coherent with related programmes (specifically education, SRHR, social protection, child protection, gender-based violence, female genital mutilation)?

3.4 Assessment methodology

3.4.1 Data collection

The adaptations in different contexts and countries, including the strategies developed to mitigate the impact of the pandemic on adolescent girls, were reviewed. The data collected included primary (remote interviews, online survey and group discussions) and secondary data (document review). The assessment team utilized mixed methods and drew on both qualitative and quantitative data and analysis to triangulate evidence and add depth to findings. This included:

► Desk review of global, regional and country programme documentation, including Global Programme documents, theories of change, results frameworks and planning documents, workplans and annual reports, monitoring data and related studies, U-reports, surveys and evaluations. The 12 country workplans and reported achievements were consolidated by the assessment team and were sent to the Global Programme focal points for validation.

► Remote key informant interviews conducted with 85 stakeholders at all levels, using Microsoft Teams, Zoom or WhatsApp, to obtain in-depth and qualitative information (see data collections tools in Annex 4).

○ **Country level (in 12 countries):** UNICEF and UNFPA Global Programme focal points

○ **Country level (in the five deep-dive countries:** Burkina Faso, Niger, Nepal, Mozambique, Zambia): UNICEF and UNFPA deputy representatives, key technical staff, key partners from government and civil society, selected sub-national partners

○ **Regional level:** UNICEF and UNFPA regional office focal points

○ **Global level:** Global Programme Support Unit, UNICEF and UNFPA Global Programme-related technical specialists, donors and thematic advisory group members

► Two separate **online surveys** rolled out with (i) UNFPA and UNICEF technical teams and (ii) implementing partners at national and at sub-national levels in all 12 Global Programme countries. The online surveys were administered using Survey Monkey and translated into English, French, Arabic and Portuguese (see tools in Annex 4). The online survey was designed to capture both quantitative and qualitative data on the timing and extent of programme adjustments, whether key cross-cutting issues were considered, as well as the type of support received by partners and country offices and any key learnings. Altogether, there were 80 respondents (33 technical team members and 47 implementing partners). The quality of the responses was assessed during the first step of the data analysis, and 13 respondents were excluded from the analysis due to regular patterns of incomplete responses or very poor quality (in terms of time taken).

The table below summarizes the number of respondents by type of data-collection methods (see list of persons consulted in Annex 5).

Figure 1 Online survey response quality

	High quality responses	Other responses
Technical Teams	# 21	# 12
Implementing Partners	# 33	# 14

■ High quality responses ■ Other responses
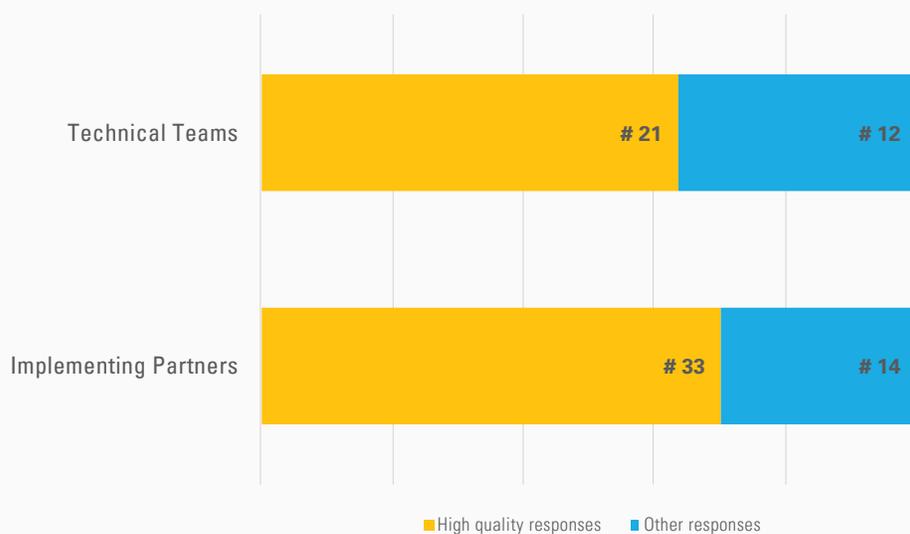
Table 3 Number and type of respondents per level and data-collection method

	Remote key informant interviews			Online Survey		
	M	F	Total	TTs	IPs	Total
Global level	2	8	**10**	NA	NA	**NA**
Donors	--	2	**2**	NA	NA	**NA**
Partners Advisory Group	1	1	**2**	NA	NA	**NA**
Regional level	1	9	**10**	NA	NA	**NA**
Deep-dive countries						
Burkina Faso	5	3	**8**	1	4	**5**
Niger	9	3	**12**	1	-	**1**
Nepal	3	5	**8**	3	7	**10**
Mozambique	3	5	**8**	1	1	**2**
Zambia	3	6	**9**	3	4	**7**
Non deep-dive countries						
Bangladesh		2	**2**	3		**3**
Ghana	1	2	**3**	1	7	**8**
India	-	3	**3**	1	3	**4**
Ethiopia	-	2	**2**	4	4	**8**
Sierra Leone	1	1	**2**	-	-	**0**
Uganda	-	2	**2**	3	1	**4**
Yemen	-	2	**2**	-	2	**2**
Undisclosed[24]	NA	NA	**NA**	12	14	**26**
Total	**29**	**56**	**85**	**33**	**47**	**80**

[24] Empty and undisclosed respondents cells indicate non-response.

► **Remote group discussions** with beneficiaries: 46 participants, among them 22 adolescent girls, five adolescent boys, four family members and nine community leaders in Niger, Mozambique and Zambia. Initially planned group discussions in Nepal could not be organized because of lockdown measures imposed at the time of data collection. Group discussions were carried out by a member of the assessment team remotely with the support of local partners, including interpretation in local languages. COVID-19 protection measures were put in place such as wearing of masks, hand washing and physical distancing whenever respondents were gathered in one place. Sites were selected together with country-level programme staff, taking into consideration cultural and geographic diversity as well as remoteness (see question guide in Annex 4).

3.4.2 Methods for data analysis

The data gathered from the desk review, interviews, online survey and group discussions with beneficiaries were structured according to the questions in the assessment matrix. Data analysis was done in a systematic way by showing associations and triangulating primary and secondary qualitative and quantitative evidence collected for each asssessment question, and by highlighting specificities of country experiences considering contextual factors. The consolidated triangulated evidence can be seen in detail in the data collection matrix in Annex 7. While the analysis focuses on adjustments to the interventions, data regarding the effects of those interventions were also analysed whenever available to assess the extent to which those interventions contributed to the expected immediate outcome. Learnings from the ways in which the Global Programme in different countries has or has not been able to adapt its programming in such a way as to continue to meet the needs of various stakeholders were identified.

Table 4 Number and type of respondents for remote group discussions

	Adolescent		Mentor	Parents		Leaders	
	Girls	Boys	F	F	M	F	M
Niger	10	-	-	1	3	-	4
Mozambique	6	-	6	-	-	-	-
Zambia	6	5		-	-	2	3
Total	**22**	**5**	**6**	**1**	**3**	**2**	**7**

3.4.3 Assessment limitations

The assessment team faced some important limitations that were mitigated as described below:

Limitations	Mitigation measures
The COVID-19 pandemic affected each country differently in terms of timing, geographical reach and intensity thus influencing the extent of country adaptations. Government mitigation measures were aligned with WHO recommendations and all countries adopted at some point measures such as mask-wearing, handwashing and social distancing. However, other restrictions such as school closures, limiting the size of gatherings, and limiting mobility, varied between countries, particularly as far as their duration was concerned.	The assessment endeavoured to take into consideration these contextual factors. Yet assessing with accuracy the actual effect of the pandemic and of the mitigation measures on country adaptations remained a difficult exercise.
Reconciliation of targets and results of the Global Programme countries was particularly challenging, as data varied between the different programming and reporting documents (e.g. country workplans, country annual reports, global annual report). This was further constrained by the amendment/ adjustment of interventions to respond to the COVID-19 crisis, which implied reaching beneficiaries in different ways as well as reaching different groups of beneficiaries than previously planned (e.g. larger numbers through mass media).	The assessment team prepared adjustment tables based on country workplans and annual reports that were validated by each country focal point to clarify the activities and adjusments carried out and results achieved versus targets. Unfortunately, these efforts were not always fully successful, perhaps because updated data were still not available.
Different indicators were measured between countries (e.g. number of clubs versus number of participants). Also, the measurement of indicators was not consistent across countries.	The assessment team opted to use the data for some indicators as reconciled in the Global Programme Annual Report 2020 despite some discrepancies[25] with the individual Global Programme country annual reports. However, not all the indicators could be included in the assessment, as the variation in approaches and related measurements did not allow to provide meaningful analysis.

[25] These discrepancies were the result of the validation process done at the global level to secure uniform measurement across countries in adherence with the indicator definitions.

Limitations	Mitigation measures
Data collection with stakeholders took place through remote interviews, which presented communication difficulties in some cases. This was particularly the case with group discussions with beneficiaries in remote/rural areas, where the internet/cellular coverage was weak.	Electronic surveys, interviews and virtual group discussions were organized in advance with the support of country offices with those who had access to adequate internet connections.
The virtual nature of the assessment necessitated by the pandemic limited the contextualisation of information usually gained through field visits. Data collected from non deep-dive countries was limited to the online survey and interviews with Global Programme focal points, making it difficult in some cases to get a comprehensive diversified picture of Global Programme COVID-19 response.	One mitigation measure was the administration of the online survey, which helped to collect the views of different types of stakeholders. The team also relied on documentation.
Technical team members and implementing partners are often involved in different programmes. When answering questions, they did not always refer strictly to their collaboration within the Global Programme and may have included references to non-Global Programme activities or Global Programme activities that overlap with other programming modalities/funding. Overall, due to the role of the Global Programme in leveraging other programmatic and donor contributions, it is at times difficult to disaggregate which changes/actions/results it contributes to.	This was addressed through systematic cross-checking of Global Programme reports and the adjustment tables mentioned above in this table.
The resurgence of the COVID-19 pandemic in South Asia hampered data collection. Remote interviews could not be organized in India and group discussions with beneficiaries could not take place in Nepal because of a new lockdown.	Instead of six deep-dive countries as initially planned, the assessment only selected five countries. Discussions with beneficiaries took place in three countries instead of four and covered one additional area in Niger.

5 | Main findings and analysis

This chapter presents the findings of the assessment, structured around the six assessment questions presented in the Chapter 3. The key findings from the assessment are presented with supporting evidence which resulted from the triangulation and analysis of the evidence gathered (see the details in the data collection matrix in Annex 7). Each finding includes a narrative discussion of the evidence and examples from the programme countries which provided the most pertinent evidence in support of the finding in question.

5.1 Relevance

5.1.1 Consideration of the emerging needs of vulnerable adolescent girls

Q1 —

To what extent did the measures adopted within the Global Programme during the COVID-19 crisis take into consideration the emerging needs of vulnerable and marginalized adolescent girls and their families?

Identification of emerging needs

Assumption
The Global Programme identified and reassessed priorities based on the situation generated by the COVID-19 pandemic.

Finding 1
The Global Programme was engaged in the identification of emerging needs in the context of the COVID-19 pandemic to varying extents and through a range of methods, with efforts to track evolving situations in the programme countries, including some innovative methods.

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The importance of identifying the emerging needs of vulnerable and marginalized adolescent girls during the COVID-19 crisis was highlighted in the technical note on COVID-19 and harmful practices issued by UNICEF in April 2020.[26] The technical note suggests investing in learning, monitoring and research about what is happening during the crisis to inform efforts to end harmful practices, including child marriage, during the pandemic and beyond.

Remote interviews conducted in Global Programme countries highlighted varying degrees of learning on the emerging needs in light of the evolving situation. Restrictions related to the pandemic, in particular social distancing rules, made it difficult to collect data with programme beneficiaries to understand how they were being impacted by, and coping with, the pandemic. As a result, planned studies and research could not be conducted. However, there were some adaptations such as innovative study design using different sources of data to identify and monitor emerging needs.

▶ The Global Programme was adjusted to support a significant number of studies related to the COVID-19 pandemic, often instead of planned studies and research initiatives that were delayed or could not take place. These studies were often designed as rapid assessments of the situation of adolescent girls in relation to the pandemic and related restrictions. Methods included online and remote modalities (e.g. phone surveys in Nepal and Bangladesh). Topics included knowledge in relation to COVID-19, the impact on adolescent girls and access to services, and vulnerability and decision-making factors in relation to child marriage. In some countries, rapid assessments were also used to analyse the situation in constantly evolving contexts. For instance, the need for psychosocial support has been identified for girls staying at home, often overburdened

with household chores and sometimes victims of violence.

▶ In some countries, the Global Programme collaborated with different partners, including the World Bank, to support national statistics offices to collect data on the socio-economic effects of COVID-19. The evidence was used in advocacy efforts related to child marriage.

▶ Relevant studies undertaken by other partners were also used as a source of information by Global Programme teams. In Sierra Leone, an assessment of the socioeconomic impact of COVID-19 commissioned by the United Nations Development Programme highlighted the particular vulnerabilities of girls, including teenage pregnancies, early marriage and sexual abuse due to the pandemic.

▶ Helplines or hotlines were also source of information. For example, in Uganda, the National Helpline reported a 45 per cent increase in the number of children calling in about teenage pregnancy. In Yemen, the use of hotlines increased drastically in 2020 and provided information on the needs of users, including adolescent girls.

▶ In some countries, U-Report was used extensively as a survey tool, while in others, it was used to a far lesser extent or not at all. In Zambia, U-Report was used to collect data related to sexual and reproductive health, education, and on the use of heath digital services. In Bangladesh, issues faced by adolescent girls were also explored through U-Report. In Ghana, U-Report was used to explore the impact of COVID-19, which included experience of abusive and violent behaviour. While U-Report data are useful as an overview of public percep-

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[26] United Nations Children's Fund in collaboration with Child Frontiers, 'Technical Note on COVID-19 and Harmful Practices', UNICEF, New York, April 2020.

tion, their analysis must be taken with care and caution because the samples are not representative, and the biases or sociodemographic characteristics of respondents cannot be assessed. Overall, the proportion of male respondents reached is higher than female respondents. Relatively few are adolescents; most are aged between 20 and 30, probably because of limited access to mobile phones.

► Field staff and partners in direct contact with beneficiaries were also a source on information. For instance, field teams in most countries (Ethiopia, Mozambique, Zambia, Uganda, Ghana, Nepal, Niger and Burkina Faso) remained in contact with targeted adolescent girls and could identify some of their needs.

► Some countries established real-time monitoring systems to follow up on a specific set of indicators on child protection risks, including child and forced marriage (e.g. Ghana, Nepal and Mozambique). Such systems are useful but highly technology dependent. In Ethiopia, community-based monitoring of child marriage was possible due to strong existing community structures and mechanisms.

► Data from various national management information systems were used, such as existing systems in relation to SRHR services, adolescent-friendly heath services, teenage pregnancy, education (school return), social services (child marriage, domestic violence cases). However, there are limitations due to varying degrees of performance of these systems, aggravated by the disruption of some public services due to the pandemic.

Establishing new systems to better understand the situation led to the availability of a range of data that provided a good basis for adjusting programming and enabled advocacy around child marriage as an increased vulnerability for adolescents during the pandemic. However, the skills, capacity and resources required to apply and benefit from some of these methodologies, particularly a larger scale, were lacking in some countries (for example, national statistical offices do not always have digital capacity). The Global Programme support unit (GPSU) in headquarters elaborated a technical note at the end of 2020 to partly address this gap and support country offices in identifying alternatives to physical distancing in order to conduct surveys, although this may not be sufficient, as countries would need additional resources to address those challenges.[27]

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[27] United Nations Children's Fund, 'COVID-19: Digital and remote approaches in eliminating female genital mutilation and child marriage', UNICEF, New York, 2020.

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Slightly above 52 per cent of respondents to the online survey thought that new and emerging needs of vulnerable and marginalized adolescent girls were identified (to a large and moderate extent), while the remaining 47 per cent per cent of respondents thought that those needs were not identified (identified to a small extent or not at all). This may be explained by the fact that not all countries engaged in formal surveys without considering other modes of data-gathering.

Overall, available evidence from different sources proved to be valuable and was crucial for keeping child marriage as a priority on the national and local agenda. Rapid assessments were useful to tailor tools and approaches to the needs of the target groups. The presence of field staff and implement-

ing partners was crucial for gathering detailed information on needs and carrying out situation monitoring during the pandemic. However, in some countries, available data were not systematically analysed and therefore programming was not always based on evidence.

At global level, both UNFPA and UNICEF produced estimates on the projected incidence of child marriage as a result of the COVID-19 pandemic. Data generated through modelling the potential impact of COVID-19 on vulnerable and marginalized adolescents was extremely helpful in engaging donors and for country-level advocacy. However, differences in projected impacts between UNICEF and UNFPA were perceived as confusing.

Figure 2 Identification of emerging needs

Were the new and emerging needs of vulnerable and marginalized adolescent girls identified? (e.g. through surveys, studies, data collection, etc.)

■ To a large extent   ■ To a moderate extent   ■ To a small extent   ■ Not at all   ■ Don't know
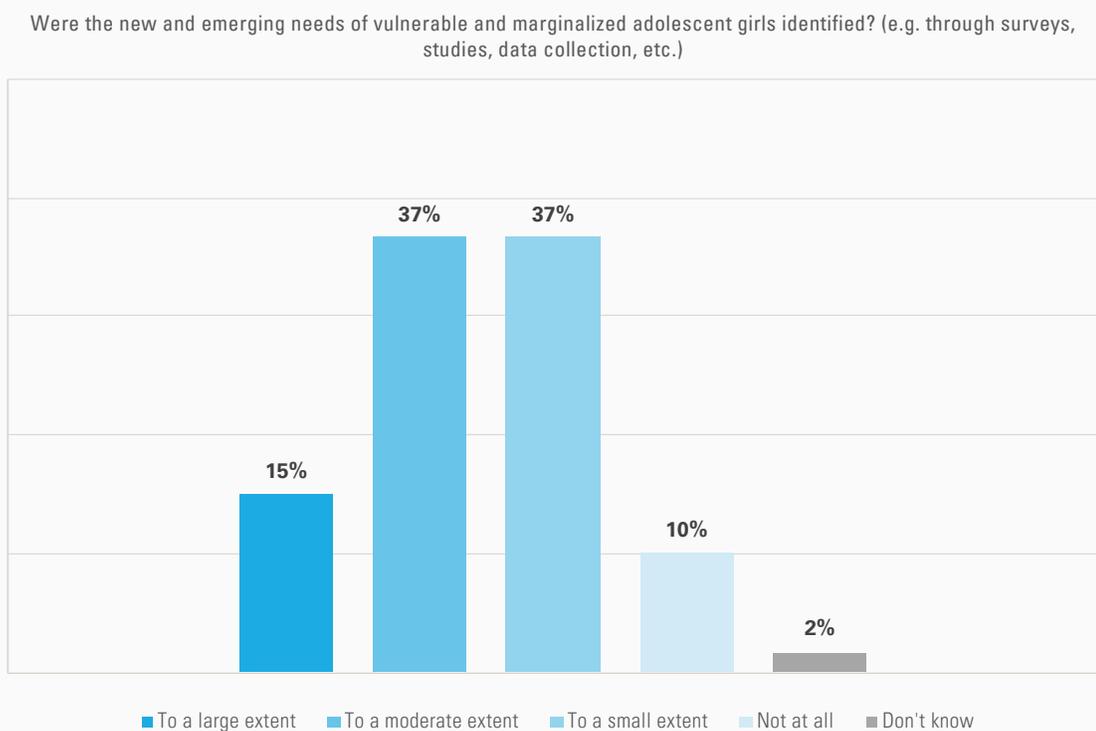
Source: Global Programme COVID assessment online survey

"

What was valuable was that UNFPA and UNICEF came out early with estimates showing that COVID-19 would likely have a significant impact on the incidence of child marriage now and over the coming year. What was not so helpful was that they came out with different numbers, shifting the focus away from the main issue to whose numbers were right, what methodologies were used by each agency, etc. In the future, it would be better for Global Programme partners to coordinate their messaging and come together around one set of facts and figures.

Interview global partner

Although the identification of emerging needs was not done systematically, the main trends identified across the various data sources showed an exacerbation of most identified drivers of child marriage, such as economic insecurity restraining access to basic needs, girls out of school, domestic violence, hampered access to sexual and reproductive health services, higher risks of teenage pregnancy and psychosocial risks. Another trend identified was a potential 'rolling back' of gender and social norms, although evidence supporting this was limited to the perceptions of interviewed stakeholders and participants in group discussions. Increasing gaps in availability and access to services such as protection systems and health systems related to child marriage were clearly emerging. The need for psychosocial support related to girls being at home and likely to experience emotional abuse or neglect emerged quite strongly, including during the group discussions. Despite some identified evidence, the gender-related impacts of the pandemic and associated restrictions are not being systematically monitored in all countries and that aspect has yet to be strengthened.

Revision of Global Programme strategies and approaches to meet emerging needs

Assumption
The Global Programme strategies and approaches have been revised to meet the needs of vulnerable and marginalized adolescent girls during the COVID-19 pandemic.

Finding 2
Global Programme interventions were adjusted to respond to the needs and priorities of vulnerable and marginalized adolescent girls targeted by the programme to varying extents and with varying degrees of timeliness. Modes of delivery as well as tools and packages were adapted to ensure continuity of programme implementation. The adoption of virtual communication methods shed light on the digital divide, which particularly affects the most vulnerable and marginalized adolescent girls.

Contextualization of strategies and workplan adjustments

Workplans were adjusted in order to adapt to the situation in relation to COVID-19, and these adjustments responded to identified changes in needs and priorities to varying extents and at different paces. Some country offices responded early, while others took time to think through the adjustments that were needed toward achieving expected results within the framework of the mitigation measures adopted by governments. No clear pattern emerged during the assessment. A statement that reflects the sentiments of many was given by one Global Programme team member:

> **"**
>
> We simply didn't know what was coming next – would everything return to normal in a week or was the situation here to stay for a while? At first, we were not sure whether and how much to change, and how long to wait before doing so.

Revisiting workplans, budgets and sometimes targets was done in collaboration with the GPSU and regional offices, as well as with other relevant UNICEF and UNFPA programmes, to explore different possibilities, since different programmes have similar approaches and target communities. In some countries, strategic and operational adjustments were made but not reflected in workplan adjustments, as country teams focused on the implementation of the adjustments. Many country teams reported that initial uncertainties around the COVID-19 pandemic led to a period

during which reprogramming was a challenge for all components of UNICEF and UNFPA country programmes. This was further exacerbated by the fact that United Nations staff were working from home and communicating with partners was often difficult because of connectivity issues. In some countries, like Yemen, changes in activity required special authorization to amend the plans, and negotiation took time. Reprogramming took between one to three months and the development of adapted tools sometimes took longer.

In September 2020, a document was issued at global level that aimed to show how the Global Programme had pivoted to address the impact of the pandemic on child marriage, drawing on a large range of experiences.[28] In all Global Programme countries, adjusted approaches involving adolescent girls and boys and community members were implemented in target areas and communities that had been identified before the pandemic, and in general there was no change to target new areas of vulnerability. Exceptionally, a few adjustments to reach other groups of vulnerable girls were carried out in Ghana. Additionally, some new vulnerability factors and rising risks, although not only related to the pandemic, emerged in non-targeted communities but were not always included in 2020 workplans. This included displacements due to insecurity in Mozambique, Niger and Burkina Faso, or migration such as that witnessed in India.

The adjustment process varied between countries, depending upon the restrictions and COVID-19 mitigation measures and the feasibility of different strategies and approaches in each country. In most countries, the process of adjustment depended largely on partners, and particularly government partners, who were not always available as they were engaged in the COVID-19 response (especially in the health sector), or because they

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[28] United Nations Population Fund and United Nations Children's Fund, 'Adapting to COVID-19: Pivoting the UNFPA-UNICEF Global Programme to End Child Marriage to respond to the pandemic', UNFPA and UNICEF, New York, 2020.

were ill-equipped for adjusting (and implementing) workplans (e.g. lacking computers or connectivity to work from home). In Zambia, for example, advocacy within UNICEF was needed to sensitize senior management to the fact that if government counterparts were going to continue their work from home, they needed the same tools – in terms of laptops, connectivity and data – as United Nations staff required:

"

We [UN] need to recognize that our government counterparts need the same things we need to transfer their work from office to home-based work.

**Interview with a member from
the technical team**

In all Global Programme countries, interventions that involved people gathering were adjusted to ensure that COVID-19 prevention measures were applied (i.e. mask-wearing, hydro-alcoholic gel, handwashing stations and social distancing). Most countries offices provided personal protective equipment (PPE) to partners who were continuing service delivery in the health and social sectors, and many also provided PPE to groups of beneficiaries, though procurement of such equipment was sometimes delayed because of breaks in the supply chain.

The mode of delivery of community-based interventions was adjusted in different ways across countries (see details in section 5.2.1):

▶ Life skills or messages were disseminated through mass media such as radio, TV, Facebook, SMS; sometimes combined by individual contacts with adolescent girls through facilitators using either phones or group meetings;

▶ Some interventions were implemented with smaller groups based on government-recommended response measures, sometimes replacing large gatherings by household visits;

▶ In some countries, some community-based activities were either postponed or terminated in few cases.

Tools and packages (life skills, community dialogues, training) were adapted to the mode of delivery and systematically included COVID-19-related messages. Adaptation of the packages were sometimes based on rapid assessments or available data. To a lesser extent, emerging needs such as mental health and psychosocial support were integrated in life skills packages.

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The most vulnerable and marginalized adolescents targeted and reached by the interventions

At country level, there is strong awareness of the importance of maintaining contact with the most vulnerable and marginalized adolescent girls, and efforts were noted in several countries where adjustments were made to sustain contacts with beneficiaries through phones or household visits. The online survey confirmed that the majority considered that adjustments reached the most vulnerable and marginalized adolescent girls to a moderate or small extent.

Reaching the most vulnerable and marginalized adolescent girls remained a significant challenge or gap in most countries, particularly where the use of digital technologies was adopted as an alternative to face-to-face interventions. These adaptations to the COVID-19 pandemic highlighted a digital divide, especially for adolescent girls, in which virtual methods are less accessible to the most vulnerable and marginalized adolescent girls, particularly those residing in remote areas.

Figure 3 Adjustments to reach the most vulnerable and marginalized adolescent girls

Did these adjustments reach the most vulnerable and marginalized adolescent girls?

- To a large extent
- To a moderate extent
- To a small extent
- Not at all
- Don't know

Source: Global Programme COVID-19 assessment online survey
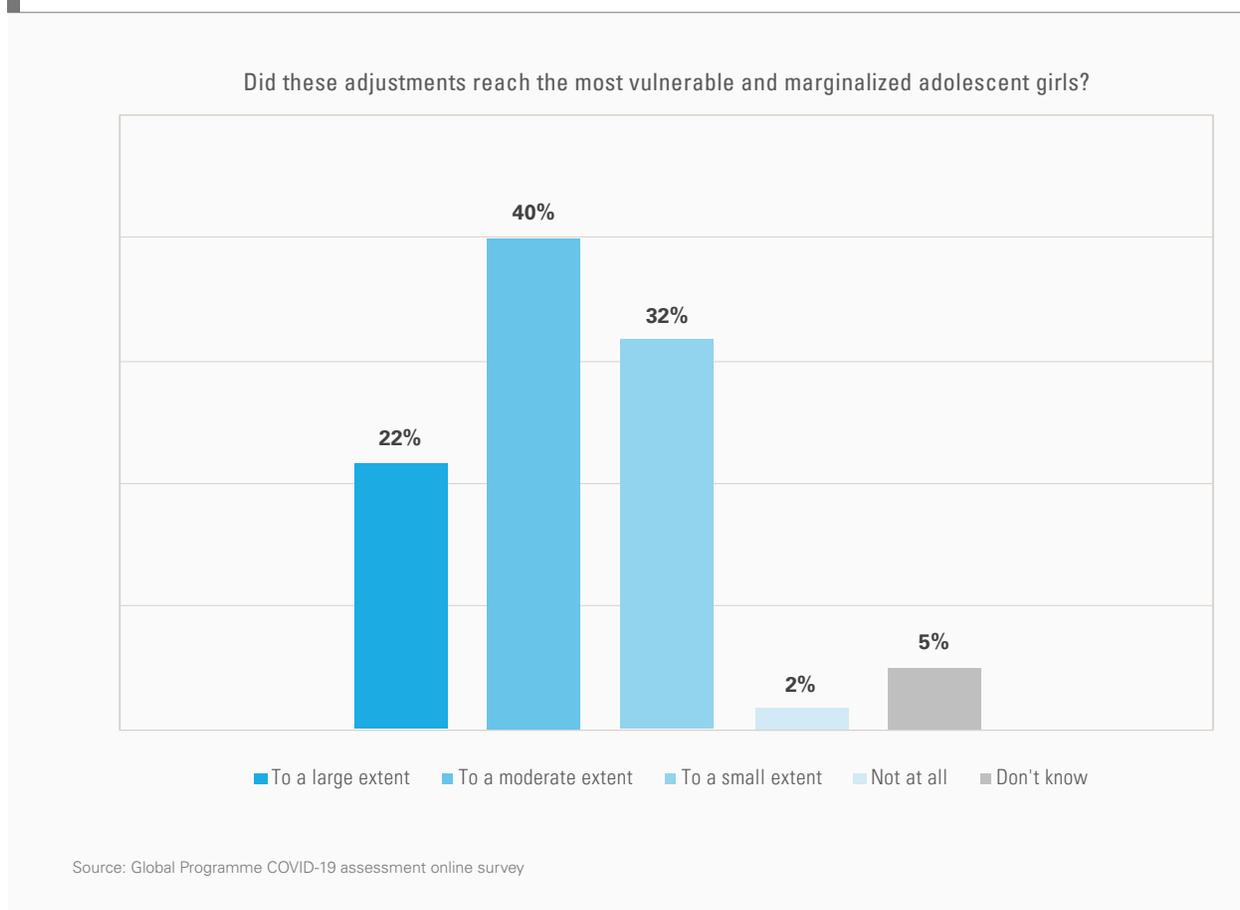
5.1.2 Alignment and coherence of the Global Programme adjustments to the COVID-19 crisis

Q2 —

To what extent were the measures adopted aligned with the Global Programme, Phase II and coherent with approaches at global, regional and country levels?

Assumption

Adjusted measures are aligned with the Global Programme, Phase II global, regional, country approaches.

Finding 3

Efforts to align the Global Programme at country level with the global theory of change were largely initiated in the pre-pandemic period. Programme adaptations to COVID-19 sought to maintain this prior alignment while aligning with national COVID-19 response strategies.

Alignment with and relevance of the theory of change in the current context

Overall, the programmatic adjustments to COVID-19 were aligned with the global theory of change for Phase II of the Global Programme. Country programmes were already aligned with the ToC pre-pandemic and 2020 workplans developed in the year before the pandemic generally followed the global ToC. When the pandemic hit, country offices explored ways to implement planned activities by adapting the modes of delivery rather than designing new activities from scratch. According to most key informants interviewed, COVID-19 has reconfirmed the validity of the Phase II ToC, since there were no newly identified needs that were outside the scope of the global ToC.

Specifically, programme adjustments focused largely on the first three immediate outcome areas, which proved highly relevant during the pandemic (see detailed description under paragraph 5.2), as follows:

► **Immediate Outcome 1** on support and life skills education for adolescent girls in Global Programme areas, by adjusting delivery modalities and being more flexible on the specific content of packages;

► **Immediate Outcome 2** on family and community environment, by adjusting approaches delivery modalities through the use of mass and social media channels;

► **Immediate Outcome 3** on systems strengthening, by providing additional or adapted support and capacity-building to key educational, health and child protection systems and networks.

To some extent, this may reflect a prioritization to support the most direct and immediate response to the needs of target beneficiaries; however, it may also reflect what was seen as feasible under very challenging circumstances.

For Immediate Outcome 5, in a number of countries, advocacy work and coordination mechanisms to implement national and sub-national action plans and systems to end child marriage were continued continued to a certain extent, but some capacity-building, coordination and advocacy events were also postponed.

Adjustments were made to a lesser extent under the two other immediate outcome areas as the pandemic imposed obstacles to reprogramming that were not easily overcome:

► **Immediate Outcome 4** on poverty drivers. While some small-scale measures to address this outcome were maintained, there were few examples of specific measures to increase the capacity of national and sub-national social protection, poverty reduction and economic empowerment programmes in response to the COVID-19 pandemic per se.

► **Immediate Outcome 6** on data and evidence-generation activities. Alternative mechanisms for data collection and evidence generation were explored, but many planned activities were curtailed or postponed due to logistical challenges.

Alignment to national policies and strategies related to COVID-19

Evidence also suggests that that the Global Programme adjustments were well aligned to national policies and strategies related to the COVID-19 response, with the vast majority of respondents to the online survey stating that these adjustments were aligned with national COVID-19 response plans to a large or moderate extent. Programme adjustments in all Global Programme countries were based around national COVID-19 guidelines and restrictions. Further, in some cases, the national response plans proactively include consideration of child marriage.

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Figure 4 Adjustments aligned with national COVID-19 response plans

Were these adjustments aligned with national COVID-19 response plans?

- 35% — To a large extent
- 33% — To a moderate extent
- 20% — To a small extent
- 3% — Not at all
- 8% — Don't know

Source: COVID-19 Global Programme assessment online survey
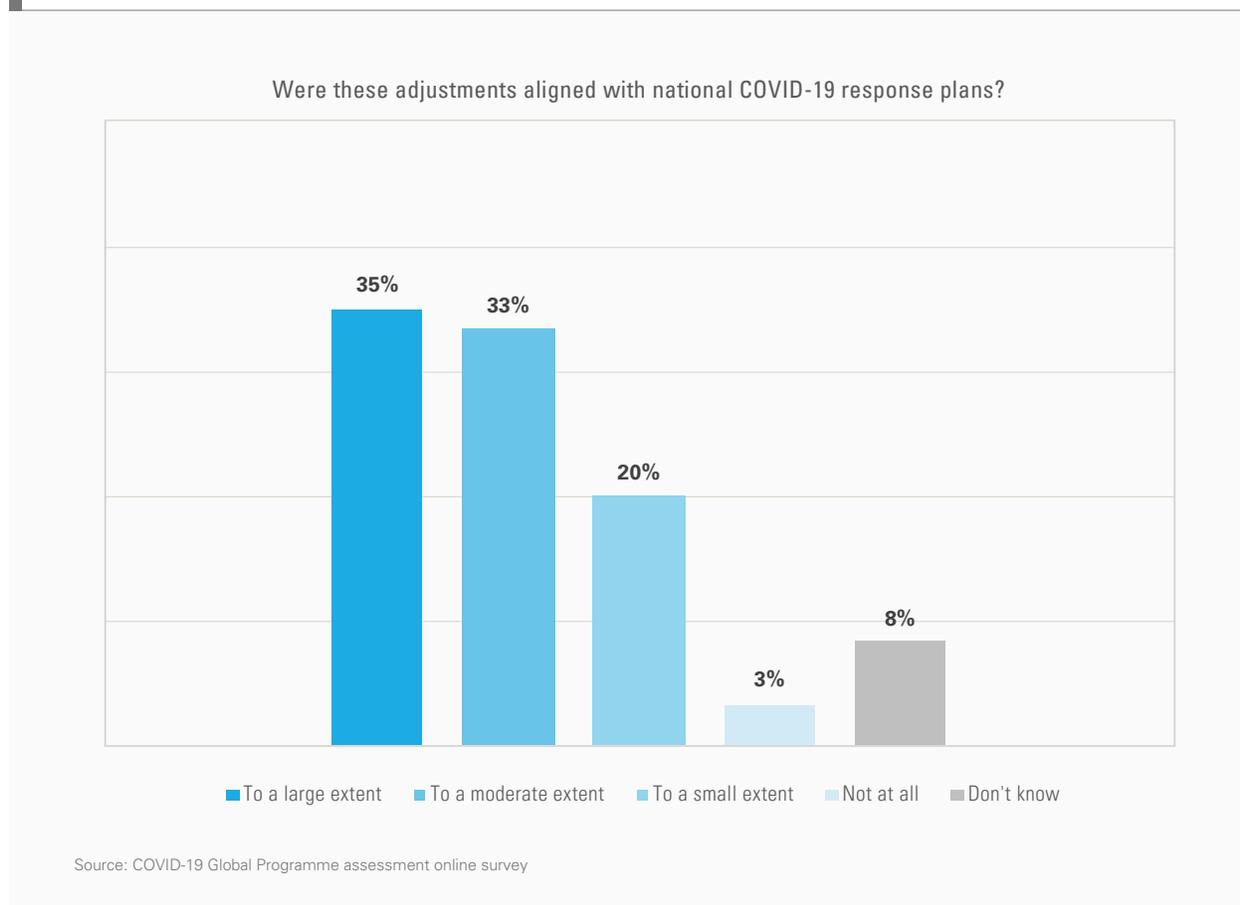
Beyond simply aligning with national policies and response strategies, it is clear that Global Programme adaptations actually supported these in practical ways. In almost all Global Programme countries, programme communication and messaging was adapted to provide information about the pandemic and to reinforce government messaging on protocols for prevention and response. In Zambia, an important activity was to support the Ministry of Community Development and Social Services to develop its own COVID-19 guidelines and response plan for social service delivery. In Sierra Leone and in many other countries (Uganda, Ghana, Niger, Burkina Faso, Zambia, Nepal), the Global Programme used safe spaces as a good channel for delivering COVID-19 information, along with information on SRHR and gender-based violence services. Across Global Programme countries, child helplines and other phone-in services were adapted to provide online counselling and to reinforce government messaging about how to protect oneself and what to do if one suspects one may have contracted the virus, and mass/social media messaging was used to effectively incorporate messaging on COVID-19 and child marriage (Ethiopia, Mozambique, Ghana, Zambia, Uganda, India, Bangladesh). This effort to reinforce and support government policies, strategies and messaging appears to be a highly appropriate response for the Global Programme and other United Nations programmes.

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5.2 Effectiveness

5.2.1 Contribution of the Global
Programme adjustments to the results
of the Global Programme, Phase II
This section of the report is organized around the result framework, and each subsection reports on adjustments and results achieved under each immediate outcome. Only key indicators were selected to reflect the adjustments to the pandemic.

Q3 —

To what extent did the Global Programme changes and adjustments in response to the COVID-19 pandemic contribute to the results of the Global Programme, Phase II?

▶ Immediate Outcome 1
Intensive support to the most marginalized girls.

Assumption
The measures taken by the Global Programme to respond to the COVID-19 situation have contributed to enhance knowledge, skills, and attitudes of marginalized adolescent girls on their rights, relationships, sexual and reproductive health and financial literacy.

Finding 4
Most Global Programme countries endeavoured to maintain contact with the adolescent girls targeted under the global programme through digital platforms or mass media and through community-based relays and networks. While virtual sessions were key in maintaining contact, these modes of delivery may not be optimal in terms of the quality of the content or impact on adolescent girls' agency or gender and social norms. Specific support was designed to encourage adolescent girls to return to school upon their reopening, although the effect of these efforts remained unclear as school return monitoring is uneven across countries.

All Global Programme countries adapted their interventions to reach adolescent girls and sometimes boys, either to continue delivering *life skills education* (sometimes including literacy and financial skills, sexual and reproductive health education and comprehensive sexuality education) or messages related to child marriage, female genital mutilation, teenage pregnancy, violence.

▶ Due to closure of schools, life skills education for adolescent girls implemented through the school system was adapted in different ways:

   ○ Through broadcasting Rupantaran sessions on local radios in Nepal[29]

   ○ Resuming face-to-face interactions once the restrictions were lifted, sessions conducted with smaller number of participants with COVID-19 protection measures in place (Ethiopia, Sierra Leone, Yemen).

▶ The life skills package sessions were adapted to the mode of delivery and the duration of the sessions or the level of interactivity possible. Content was also amended to introduce COVID-19-related information and to take into account the identified emerging needs such as psychosocial support.

▶ Life skills sessions continued in some community safe spaces during the period of restrictions in Burkina Faso, Niger, Zambia and Ghana.

▶ Through implementing partners, some country offices organized individual follow-up of the most vulnerable girls by phone or home visits by mentors and facilitators (Burkina Faso, Nepal, Mozambique, Zambia, Ghana, Uganda, Ethiopia).

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[29] Rupantaran package is the social and financial skills package used with adolescents girls in Nepal.

▶ In some countries, adoption of mass media, social media (depending on the advancement of digital technologies) and SMS to ensure continuous messaging with targeted adolescent girls and beyond, including boys and family was implemented (see Immediate Outcome 2 below). This resulted in a larger coverage although the actual effects of the adjustments are still to be measured.

▶ One of the approaches was to increase reliance on community-based structures, committees and clubs (Ethiopia, Zambia, Mozambique, Ghana, Uganda) and local authorities (Nepal) as well as women's rights organizations in order to continue the involvement of out-of-school adolescents.

During the pandemic, the numbers of participants attending sessions were reduced and activities carried out by telephone and through home-to-home visits by community volunteers, but it is not clear that all beneficiaries received the same level or consistent hours of support. Many of the adjustments added to the workload for implementing staff and partners and required specific competencies to ensure that life skills standards were maintained. Small group sessions and individual home visits meant that it took many more hours to reach the same or even fewer numbers of beneficiaries. Challenges around adherence to quality and the 'minimum standards' of the results framework (e.g. minimum 31 hours of engagement in life skills) had to be balanced with adaptations countries have had to make. Ensuring quality was also a key concern when shifting from face-to-face interaction to virtual approaches. For example, in the case of gender-transformative approaches using face-to-face interaction is considered more effective than remote, one-way interaction, as it involves more in-depth dialogue. Attempts were made to factor this concern into the revision of the packages. For example, in Nepal, special attention was paid to the methodology when adapting Rupantaran into radio sessions, and monitoring of combined Rupantaran radio and face-to-face sessions showed that both methods were effective although there was little evidence that comprehensive sexual education was part of these adjustments. More generally, many interviewees recognized that virtual approaches are not as effective and need further assessment. This impression was confirmed by the results of the online survey, as shown below.

Figure 5 Perceptions of the quality of adjustments

Overall, did adjustments (for example, 'virtual' approaches to reaching beneficiaries) allow the programme to maintain the quality of interventions?

- 24% To a large extent
- 38% To a moderate extent
- 36% To a small extent
- 2% Not at all
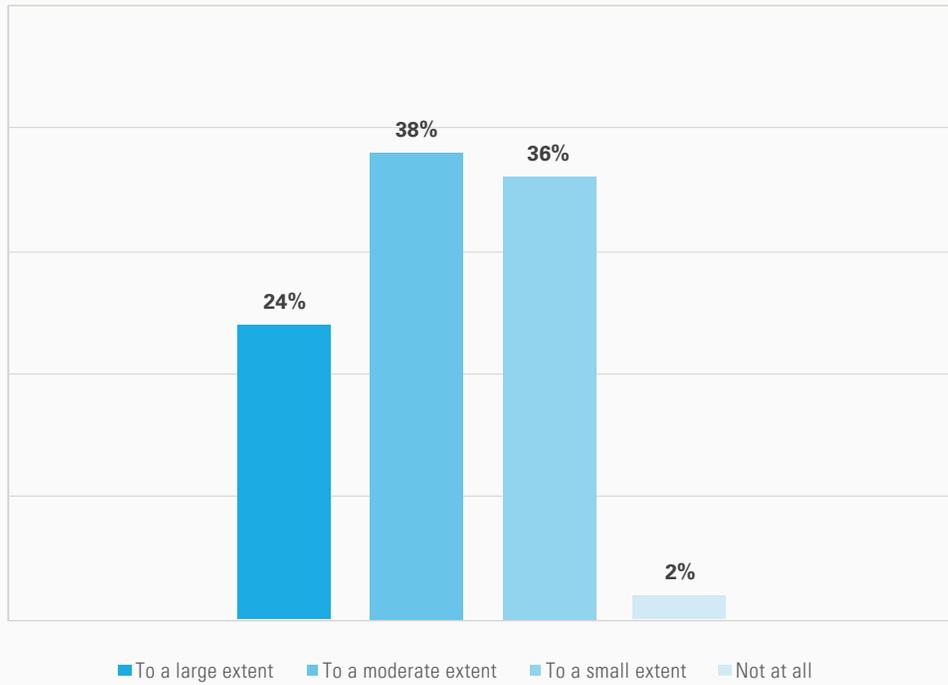
Source: Global Programme COVID-19 assessment online survey

Table 5 Number of adolescent girls (aged 10-19) who actively participated in life skills or comprehensive sexuality education interventions in programme areas, disaggregated by age and disability[30]

Country	Target 2020	Result 2020
Bangladesh	209,086	88,770
Burkina Faso	156,529	112,123
Ethiopia	93,373	152,782
Ghana	32,987	27,274
India	3,246,395	3,610,573
Mozambique	14,616	4,185
Nepal	28,000	3,533
Niger	9,940	12,471
Sierra Leone	25,000	12,000
Uganda	155,690	74,335
Yemen	1,170	2,457
Zambia	5,840	5,923
Total	**3,978,626**	**4,106,426**

Source: Global Programme Annual Report 2020

[30] While this is a Global Programme indicator, the data reported in the 2020 annual report are not disaggregated by age and disability

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It should be noted that targets were initially set for a certain mode of delivery, and were not always relevant/feasible for the adapted approaches. For instance, initial targets for reaching girls face-to-face were not appropriate when adjusting to hybrid (virtual and smaller groups) or radio-only sessions. For example, Nepal reported that 3,533 girls were reached face-to-face, and more than 23,000 girls reached through radio. Some countries were hesitant to adjust their targets when adapting the approaches. Targets for all Global Programme countries were only adjusted for 2021.

Although a clear analysis on achievement of targets could not be undertaken because of the limitations stated above, some reasons for under-achievement were identified during the assessment. The under-achievement of targets in some countries, such as Uganda, Sierra Leone, Nepal, Mozambique and Burkina Faso, can be explained by the fact that either UNICEF or UNFPA or both suspended the implementation of the life skills package because of school closures or mobility restrictions. In some countries (Bangladesh, Niger Burkina Faso), lower numbers of adolescent girls were recruited for life skills education, which will require accelerating the implementation of the Global Programme to achieve the target by the end of the programme.

Conversely, over-achievement of targets was observed in some countries because of the use of hybrid (virtual and smaller group sessions) approaches. UNICEF Yemen expanded the number of schools implementing interventions to reach more girls, and thus exceeded the targets. In Niger, adolescent girls trained to facilitate participatory workshops with their peers reached a higher number of girls than initially planned. In Zambia, as programme adjustments included smaller groups for fewer hours, it is likely that more beneficiaries were reached (but for fewer programme hours). In Ethiopia, the number of girls reached was above the target, despite the COVID-19 restrictions that affected school reopening, because intensive engagement of vulnerable girls happened during the wedding season at the beginning of the year.

Supporting adolescent girls to enroll and remain in formal and non-formal education

Interventions aimed at supporting adolescent girls to enroll and remain in formal and non-formal education were disrupted in most Global Programme countries. The effects of this disruption were less significant in countries where schools were closed for less than three months.[31] Nevertheless, specific support was designed to encourage adolescent girls to return to school once they reopened. These efforts were often built on the initiatives to retain girls in school implemented through the education sections in the different countries.

Sensitization on the importance of going back to school was one of the approaches adopted by several country offices, not only through the Global Programme but through education programmes and other projects (e.g. Sahel Women's Empowerment and Demographic Dividend in Burkina Faso, and the back-to-school campaign in Mozambique), delivering messages to prevent school drop-out

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[31] As estimated from different sources in Burkina Faso, Ghana, Niger and Zambia.

and encouraging girls to return to school through adolescent club facilitators in Bangladesh, mentors in Burkina Faso, villagers' committees in Niger or teachers in Ethiopia. In Nepal, targeted out-of-school girls received intensive support to complete a literacy course in order to join formal schools.

Other approaches included the provision of scholarships, education materials and supplies such as sanitary pads to identified vulnerable girls in Ghana, Burkina Faso, Zambia and Ethiopia to support their return to school. These items could not be provided during school closures and distribution resumed once schools reopened to provide an incentive to prevent girls from dropping out. In Sierra Leone, vulnerable girls received radios so that they could listen to the life skills programme funded by complementary funds.

The effect of various efforts to encourage adolescent girls to go back to school remained unclear, as monitoring of school return is uneven across countries, but this was identified as an important indicator to measure for future programming.

As a whole, efforts to maintain support to vulnerable adolescent girls were initiated from the start of government restrictions, through revising plans and approaches in all the Global Programme countries. The extent to which marginalized adolescent girls were reached varied between countries. Mass media enabled child marriage-related issues to remain a priority among listeners. Individual phone or group face-to-face interactions, although not implemented in all countries, proved to be a very effective approach to prevent child marriage and teenage pregnancy, provide psychosocial support to adolescents as well as to refer them to relevant services if needed. Further, initiatives such as equipping adolescent girls with skill set for engaging in income generation activities gave them a recognized position in the family that would contribute to mitigating the risks of early marriage. Also, involving them in disseminating COVID-19 messages, making masks and distributing kits gave them more visibility and recognition

in the community, thereby potentially lessening the risk of early union. However, while these have the potential to support adolescent girls within the context of the pandemic, social protection mechanisms or skills-building which lift families out of poverty are more likely to result in positive long-term effects.

▶ Immediate outcome 2
Family and community environment.

Assumption
The measures taken by the Global Programme to respond to the COVID-19 situation have contributed to enabling gender-equitable attitudes and support for girls' rights among adolescent boys, families, traditional and religious leaders, community groups and other influencers.

Finding 5
Depending on the restrictions put in place in relation to COVID-19, community-based activities were either suspended or adjusted to involve smaller groups, household visits and an increased involvement of local leaders. In most countries, increased emphasis was placed on the use of mass and social media campaigns to enable a wider reach. While the adjustments did not specifically plan for greater engagement from boys or men, the use of digital technologies enabled greater participation from both. The use of virtual channels has the potential to sensitize different segments of the population on the issue of child marriage, but the importance of community dialogues in addressing social and gender norms should not be underestimated.

In most countries, large community gatherings were hampered by restrictions put in place in relation to COVID-19. In some cases, Global Programme community engagement initiatives were adapted, while in others, interventions were interrupted and resumed (with adaptations) later in the year, once measures were lifted. In many countries, alternative channels such as mass me-

dia campaigns, social media, radio and TV broadcasts were used for sensitization and to sustain community engagement against child marriage. In some cases, even managed to include a two-way communication approach, for example question-and-answer, call-in, online discussions and debates (India, Nepal, Ethiopia).

In countries where community mobilization activities were continued, partners adjusted the implementing modalities, for example by bringing together smaller groups of people, or through door-to-door visits by facilitators, often focusing on vulnerable households (Ethiopia, Ghana, Niger, Sierra Leone and Burkina Faso). In countries such as Ghana, Burkina Faso and Niger, where the approach involved public declarations or action plans on the abandonment of child marriage, committees continued to meet, albeit with fewer people at a time.

Global Programme countries increased reliance on key persons in the communities, such as community, religious and traditional leaders, women's committees and youth groups, to communicate messages on COVID-19 as well as issues related to child marriage, female genital mutilation, gender-based violence, and gender issues more broadly. In Bangladesh, for instance, messages were spread through mosque microphones during Friday prayer. In Ethiopia, community, clan and religious leaders were mobilized to visit households for sensitization. In Niger, traditional religious leaders from the Association of Traditional Chiefs were mobilized to carry out campaigns and community caravans aimed at eliminating child marriage. In target areas, they continued organizing sensitization sessions with smaller groups.

In Mozambique, mini radio drama series and radio spots on COVID-19 were produced and broadcast by local radio stations in Portuguese and several local languages. In Nepal, Rupantaran sessions for parents were adapted for radio broadcast, and radio episodes on child marriage-related issues, targeting religious and community leaders, fathers and boys, were developed and broadcast on local radio stations. In Zambia, communities were reached through radio programmes on child or adolescent wellbeing, including sensitization on COVID-19 prevention. Television and child journalism platforms were also used in several countries, at times for public service announcements combining various messages on COVID-19 and social issues, including child marriage. An attempt to measure achievement in terms of outputs was made through the Global Programme monitoring framework, however evidence concerning the actual effect of mass media remains limited.[32]

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[32] Indicator 1222: Number of individuals (boys, girls, women and men) who participate in group education/dialogue sessions on consequences of and alternatives to child marriage, the rights of adolescent girls, and gender equality, by sex.

In addition, reporting was not consistent across countries, particularly as far as mass media achievements were concerned.

Although there was a clear shift between Phase I and Phase II to include the involvement of boys and men in interventions, adjustments made during the COVID-19 crisis did not indicate any particular focus on men and boys (other than those boys already targeted before the pandemic through programmes such as life skills education). Nevertheless, the use of digital approaches reached more young men and boys than planned, since they have greater access to these technologies.

The adjustments highlighted the importance of focusing on community structures and key actors as essential relays in situations where outsiders cannot access communities. Group discussions in Niger highlighted the need for continuous support and follow-up to keep the momentum going in targeted communities, as the gains made against child marriage are fragile.

"

It is not said openly, but it is more or less in the pipeline and as soon as an incident occurs it [child marriage] becomes a solution.

Adolescent girls in Maradi, Niger

▶ **Immediate outcome 3**
Systems strengthening.

Assumption
The Global Programme has adjusted its interventions to the COVID-19 situation in a way that contributes to enhancing the capacity of education, health, child protection and gender-based violence systems to deliver coordinated quality programmes and services that meet the needs of vulnerable adolescent girls and their families.

The Global Programme's planned interventions aimed to contribute to enhanced capacity of national systems to deliver coordinated quality programmes and services in education, health, child protection and prevention of gender-based violence that meet the needs of adolescent girls and their families in such a way as to prevent child marriage. Several of these areas needed to be adjusted in light of COVID-19, although the Global Programme had limited direct control, considering these are government-managed programmes.

Education and the impact of school closures

Finding 6
Despite school closures and lockdowns, which significantly impacted Global Programme activities, most countries endeavoured to ensure that key capacity-building activities were maintained. In some cases, teacher trainings were conducted online. In a few cases where adjustments were not feasible, activities were delayed.

In all Global Programme countries, school closures were a prominent feature of the COVID-19 response, lasting from two months to well over a year. School closures impacted heavily on programme delivery, since in most Global Programme countries, the school was a key space for service

delivery – through in-school girls' safe space clubs and community engagement events. According to interviews, school closures will likely prove to be one of the most devastating features of the pandemic in terms of creating and exacerbating the pre-conditions for child marriage.

As shown above, despite the fact that school closures prevented some countries from meeting their targets, others appear to have surpassed them. Despite the pandemic, in Ghana, Mozambique, Nepal, Uganda and Zambia, capacity-building of schools continued, using social distancing and virtual meetings. In Mozambique, the Global Programme funded capacity-building in 160 schools, including training of council members and gender focal points on prevention of violence and child marriage in the context of COVID-19.

"

We girls were just waiting for schools to reopen – we were at home, helping with the housework and it seems like our lives and future are over. If we get pregnant now, we girls will likely never come back to school and our parents will want us to get married. This is what is happening with many girls during school closures.

According to one beneficiary. Adolescent girls' group discussion

Table 6 Number of primary/secondary/non-formal schools in programme areas providing quality gender-friendly education that meets minimum standards

Country	Target 2020	Result 2020
Bangladesh	50	Impacted by COVID-19[33]
Burkina Faso	43	Not relevant to country context[34]
Ethiopia	66	Impacted by COVID-19[35]
Ghana	5	3
Mozambique	150	160
Nepal	31	368
Uganda	215	492[36]
Zambia	50	58
Total	**610**	**1,081**

Source: Global Programme Annual Report 2020

[33] According to UNFPA-UNICEF reporting on Global Programme activities in 2020: "During 2020, due to COVID–19, school-level activities could not take place, so, the focus was shifted on the community. 432 community stakeholders (sub-district level government officials, religious leaders, locally elected members) in 17 sub-districts in target areas have been capacitated to enhance the quality of public services to meet the needs of girls of a safer environment." Global Programme Annual Report for Bangladesh 2020, p. 25.

[34] According to Global Programme annual reporting from Burkina Faso in 2020, this indicator is not relevant: "In Burkina Faso, is integrated into school curricula as cross-cutting themes. There were no specific activities carried out during the year." This invites the question as to why a target was set. Global Programme Annual Report for Burkina Faso 2020, p. 9.

[35] According to Global Programme reporting in Ethiopia: "This target is not achieved because schools were closed from March due to COVID-19 and started reopening in rural areas from 16 October 2020. It is only Oromia region that reopened schools starting from 30 November 2020. However, 320 schools were supported with different capacity-building interventions such as training of trainers on life skills based on the recently developed manual and strengthening the SRGBV reporting mechanism, though this may not fulfil the criteria fully as articulated in the indicator definition." Global Programme Annual Report for Ethiopia 2020, p. 16.

[36] Global Programme Annual Report Uganda specifies that 492 Global Programme-supported schools "meet at least two of the key elements for quality prevention and response to address violence against children in schools, with several having data on violence, aware of and have in place the teachers code of conduct, have functional school clubs, have in place and are aware of the Reporting Tracking Response and Referral (RTRR) Guidelines and have committed to practicing positive discipline". (Global Programme Report for Uganda 2020, p. 7).

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Most implementing partners and Global Programme teams estimated that school closures will be shown in the future to be a major factor leading to large numbers of child marriages, both within and outside Global Programme target communities. In this context, the adjustments of the Global Programme and associated programmes led by education sector teams largely focused on efforts to ensure that girls return to school as soon as possible.

Continuity of Learning during school closures: In several countries, efforts were made to promote continuity of learning during school closures. This included online learning, but in most countries, such high technology options were not possible or possible only for a very privileged few. In most countries, mass education was provided through text or in-person follow up with teachers, or radio and television broadcasts of lessons through a remote learning model. In some cases, radios were distributed to allow Global Programme-targeted girls to access radio broadcasts (Ghana, Sierra Leone). In Zambia, Global Programme team members worked with the Ministry of Education to facilitate the broadcasting of existing remote learning radio programmes at national level. However, efforts to ensure continuity of learning are believed to have shown limited success, particularly for the most vulnerable and marginalized adolescents, who are often those living in rural areas. Although many countries were able to bring online some kind of radio learning modality, radio reception does not reach all parts of the countries, further marginalizing adolescents in remote and rural areas. Beyond the remit of the global programme, these cases also indicate how system strengthening in the education sector, during emergencies and pandemics like COVID-19, is hampered by the broader context of lack of roads, cellular and communications networks and infrastructure, which are pre-requisites for reaching vulnerable children and adolescents.

> **Box 1: Zambia and school closures**
>
> Equity is a major concern in light of school closures, as they disproportionally affect vulnerable and disadvantaged learners, and alternative distance learning modalities can exacerbate learning inequities due to the gaps in technology access and in the resources and capacities of schools and teachers. In an example of good practice, UNICEF Zambia supported a Ministry of General Education survey assessing readiness of schools to reopen. The survey indicated that "*less than 20 per cent of children accessed technology-based distance learning (E-learning, TV, or radio), with the majority relying on paper-based take-home assignments and textbooks. Only 8 per cent of the surveyed children agreed that they could learn from home the same as, or more than, [in schools]. Fifty-two per cent of surveyed teachers never contacted their students during school closure, and 29 per cent of the schools (143 out of 500 surveyed schools) reported cases of pregnancy during school closures. Pregnancy of school-going girls is a major factor in drop out, which can lead to marriage.*"[37]

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[37] Zambia National Education Coalition. Ministry of General Education (MoGE) COVID-19 Guidelines in Schools. August 2020.

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The Zambia study reflects a similar reality in many Global Programme countries, where apart from a few privileged groups who were able to access online and low-tech learning alternatives, the majority of students could not benefit from continuity of learning.

Safe school reopening and back-to-school campaigns: Supporting schools to safely reopen and drawing adolescents back to school has been an important area of programme adjustment. Several countries, including Ghana, Zambia, Niger, Uganda and Mozambique, noted that special grassroots efforts were required to draw adolescents (both boys and girls) back to school, and in particular to facilitate that girls who became pregnant during school closures were able to return to school (see Immediate Outcome 1). In Ghana, Zambia and Uganda, for example, COVID-19 heightened policymakers' awareness of the need to provide improved conditions for the reintegration into schools of girls who had become pregnant or given birth during school closures. Even then, as schools have reopened, many schools have reduced class sizes and implemented a staggered school day/week, such that learners may only be getting one or two full days of schooling per week. This also puts greater demands on teachers in terms of their time. In Zambia, efforts to ensure that vulnerable girls who had dropped out returned to school upon reopening were met with limited success.[38] The School Readiness for Reopening Study in Zambia highlighted a reality that likely applies to most if not all Global Programme countries.

> **"**
>
> The findings show that the school system lacks the capacity to pivot to alternative delivery modes at scale (It shows) consistency of findings across schools, districts and provinces. Structural constraints around the space needed to achieve physical distancing and the risk of putting the country's over 110,000 teachers at risk of COVID-19 infection remain the obstinate challenges to the full reopening of schools.[39]

The School Readiness for Reopening Study in Zambia

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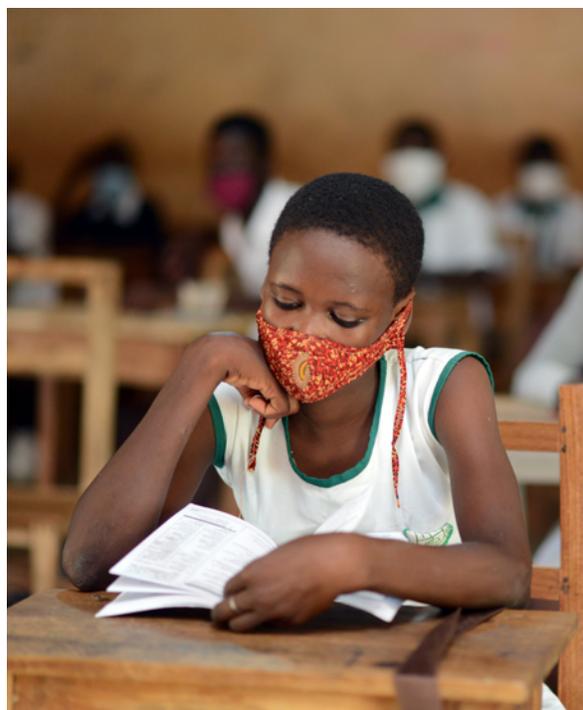
[38] 72 girls (out of a target of 188) were supported to return to school after dropping out due to early pregnancy and marriage. Fewer than expected were returned as a result of school closure due to COVID-19.
[39] Zambia National Education Coalition. National Monitoring of Implementation of the Ministry of General Education (MoGE) COVID-19 Guidelines in Schools. August 2020, p.12

Adolescent sexual and reproductive health services

Finding 7

The Global Programme adapted its system-strengthening activities to ensure that key capacity-building activities in adolescent sexual and reproductive health were sustained to the extent possible. Despite these efforts and given the scale of the pandemic and its restriction measures, access to adolescent SRHR services was constrained or hampered.

In most Global Programme countries, access to adolescent sexual and reproductive health services, including family planning, became more difficult as a result of the pandemic. As adolescent-friendly health services are generally operated in local community health centres, the COVID-19 pandemic generated conditions that did not favour easy access to SRHR services for adolescents due to, among other things:

► Fear of going to the health centre, where one might be more likely to contract the virus;

► Social distancing arrangements where one could not be 'in private' with health professionals, needing to shout to be heard;

► Some health centres having limited hours for any services other than COVID-19 cases;

► Limited staffing and human resources – staff being reassigned to the COVID-19 units;

► Fear of being tested/fear of testing positive for COVID-19 and needing to quarantine;

► Lack of PPE to allow health professionals to interact safely with patients;

► Disruption of the supply chain for contraceptives (for instance in Burkina Faso and Nepal).

Focus group discussions with beneficiaries illustrated the difficulties: *"The nurse who we knew and trusted at the health centre was put on other duties. The new person who replaced her was only there a few days a week, and we had to shout over our masks… She could not hear us and we felt embarrassed. Finally we stopped going…"* In another case, mobile health services that might have addressed the reluctance of adolescents to go to the health centres were stopped because they were not considered as an 'essential service' under pandemic restrictions.

The pandemic exacerbated and highlighted the weaknesses of the provision of adolescent-friendly health services. They often lack flexibility, and are not sufficiently decentralized and responsive to the demands of adolescent girls and boys. This is not an area where the Global Programme appears to have been able to intervene substantially, because it has to rely on governmental health systems – though there were a few notable exceptions, such as in Uganda, where a ride-hailing application called "Safe Boda" was engaged to do home delivery of contraceptives. Other countries such as Ghana were able to use e-learning and web-based platforms, or Burkina Faso to use SMS, to provide up-to-date information and referral services to adolescents on SRHR including access to contraceptives and to track those accessing the services. Online platforms were also used for the health sector in India:

"

We were trying to make the best of what we had at that time to ensure that those services are not interrupted.

Global Programme focal point

While these innovations are mainly accessible to those in urban areas and not universally available, they demonstrate the type of 'out of the box' thinking required to address the heightened risk of teenage pregnancy (which can lead to child marriage) during a public health emergency, when public health centres and services are overwhelmed. In most countries, some capacity-building measures for adolescent health practitioners went ahead as planned, but was provided in the form of online training instead of in-person (though it is planned to complement these training with in-person sessions when possible).

Support to Child Protection systems, psychosocial support services and child helplines

Finding 8

Child protection systems, including gender-based violence services and child helplines, were generally impacted by the pandemic, as these were not considered 'essential services'. Sustained advocacy work by the Global Programme and partners has helped to correct this situation over time, and service provision has been reinforced in response to heightened gender-based violence and child protection risks. Country offices have learned valuable lessons about the importance of including psychosocial and mental health support for adolescents and family members.

In the context of massive disruption to children's lives, significant responses by Global Programme teams to shore up and enhance both state and non-government-provided child protection services were observed. The strengthening of these existing systems took a variety of forms:

▶ Strengthened capacity in terms of staffing and resources for helplines to respond to emerging/growing demand for information, referrals and mental health support during COVID-19 in several countries. For example, in Mozambique, UNICEF helped to rapidly scale up existing child helplines by adding new lines and new staff to keep pace with growing demand. This also allowed the Global Programme to better monitor child marriage reporting, by using secondary data from child helplines to monitor where cases were on the rise. In India, online platforms were used for service providers who work in 'one-stop centres' under the Women and Child Development Department and offer integrated services to women victims of violence. "*We did online trainings in a big way, on how to do case management, how to manage phone counselling, as service providers who are on the front lines are not very used to technology.*" (Global Programme focal point). It should nevertheless be noted that provision of SRHR/gender-based violence services such as helplines reach more adult women than adolescent girls.

▶ In Uganda, high-level advocacy was conducted with the Ministry for Children and Youth Affairs to have social welfare workers recognized as essential workers during the pandemic and allow the National Child Helpline call centre to reopen after having been closed at the outset of the pandemic.

▶ Another important area was to support the reopening of gender-based violence shelters to provide a safe refuge to girls and women facing gender-based violence. In Yemen, shelters remained operational throughout the COVID-19 crisis.

▶ Provision of mental health/psychosocial support was either scaled up or added to the programme for the first time. The recognition that the isolation as a result of the pandemic required a psychosocial response was new in some programmes, and phone counselling or support allowed a degree of continuity where in-person meetings were not allowed (Yemen, Nepal, Mozambique) although at times this raised concerns around privacy.

In Mozambique, while peer mentoring and support groups could not meet due to pandemic restrictions, the Global Programme rolled out telephone-based psychosocial support and coping strategies to both mentors and mentees. In Nepal, gender-based violence reprogramming included safe houses and one-stop crisis management centres, and the development of guidelines on remote counselling, remote supervision, monitoring and reporting by the protection cluster which were disseminated to service providers. Community psychosocial workers carried out counselling to adolescent girls.

► Despite the pandemic restrictions, the Global Programme endeavoured to ensure that cross-sectoral child protection/case management committees continued to meet, with virtual meetings leading in some cases to more inclusive participation from sub-national and national partners than was previously the case. This was found to be the case in Ethiopia, Ghana, Mozambique and Uganda.

► In addition to country offices support to child helplines, a pre-existing partnership between Child Helpline International (CHI) and UNICEF's Eastern and Southern Africa Regional Office (ESARO) aimed to strengthen the capacities of child helplines across the region to address violence against children and harmful practices, data collection and analysis, and improving child helpline linkages with existing child protection systems at the country level. At the onset of the pandemic, the ESARO-CHI partnership provided a valuable platform for the 17 child helplines in the region and others, including key child protection and humanitarian stakeholders, to share experiences and good practices in addressing child protection concerns including harmful practices in the context of COVID-19 restrictions.

Overall, the Global Programme set a target of 2,529 service delivery points in programme areas providing quality adolescent-responsive services (health, child protection and gender-based violence that meet minimum standards), but only 1,150 of these service delivery points were reported to be providing adolescent-responsive services meeting minimum standards. In three cases, country offices reported greatly exceeding the target (Nepal, Yemen and Zambia). In other countries, COVID-19 restrictions limited their ability to carry out the types of assessments that would allow them to report on the result for 2020. In Sierra Leone and Uganda, undertaking assessments was not possible due to COVID-19 restrictions. For Burkina Faso, while capacity-building went ahead, the data were not collected to permit reporting on the indicator. The measurement of this indicator is also not harmonized, as some countries are reporting on numbers of capacity-building activities while others are reporting on those service delivery points that meet minimum standards.

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Table 7 Number of service delivery points in programme areas providing quality adolescent-responsive services (health, child protection, gender-based violence) that meet minimum standards

Country	2020			
	Target	Result[40]	Health	Child protection/GBV
Bangladesh	572	182	60	122
Burkina Faso	120	No data collection[41]	-	-
Ethiopia	543	358	70	288
Ghana	274	256	256	-
Mozambique	15	6	-	6
Nepal	55	124	44	80
Sierra Leone	10	-	-	-
Uganda	900	-	-	-
Yemen	16	33	-	33
Zambia	24	191[42]	51	140
Total	**2,529**	**1,150**	**481**	**669**

Source: Global Programme Annual Report 2020

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[40] Assessment impeded due to COVID-19 restrictions in Sierra Leone and Uganda.

[41] According to the Global Programme annual report from Burkina Faso: "There was no specific collection to inform the indicator. However, the capacity of different types of service providers has been strengthened: 55 health services, 1,150 community actors, 220 health care providers, provincial branches and social workers in charge of social affairs, community support technicians and other community actors". p. 10.

[42] This figure includes 140 community volunteers trained in case management, according to the Global Programme CO level annual report.

▶ Immediate outcome 4
Poverty drivers.

Assumption
The Global Programme has adjusted its interventions to the COVID-19 situation to contribute to enhancing the capacity of national and sub-national social protection, poverty reduction and economic empowerment programmes and services to respond to the needs of the poorest adolescent girls, boys and their families.

Finding 9
In some countries, small-scale and pilot initiatives were part of the programme to address economic empowerment aspects as a key driver of child marriage. But in most Global Programme countries, strong linkages with social protection measures and poverty reduction programmes that would address the heightened risk of child marriage due to the pandemic were missing.

The COVID-19 pandemic and related restrictions highlighted and reconfirmed the links between economic shocks and extreme poverty as a driver of child marriage in most countries (Zambia, Mozambique, India, Ghana, Niger, Uganda, Burkina Faso). According to beneficiaries, implementing partners and Global Programme technical teams, this was the risk factor for child marriage most exacerbated by COVID-19. In most Global Programme countries, social norm change and legal frameworks have made significant advances over recent years, but these advances can be largely eroded by the type of economic shock that the COVID-19 pandemic represents for vulnerable households. Girl beneficiaries of the programme reported that friends and neighbours faced extreme risks as their families struggled to survive the economic impacts of closures, job losses and indebtedness.

“

Many families have lost their incomes and are taking this burden to the girl child and preparing to have child marriages. So, our interventions should be enhanced even more during the COVID-19 crisis.

Online survey respondent

“

Even though laws are in place, even though people now know it is wrong, parents who are desperate to feed their families will continue to see child marriage as a way to survive this pandemic.

Interview with implementing partner

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Economic drivers are well identified in the Global Programme ToC for Phase II and there are clear outputs and outcomes related to enhancing the capacity of national and sub-national social protection, poverty reduction and economic empowerment programmes and services to respond to the needs of the poorest adolescent girls, boys and their families.

As shown in the Table 8 below, the Global Programme overall was able to exceed its objectives in terms of the number of partnerships, formal and informal, to deliver adolescent-responsive social protection, poverty reduction and economic empowerment programmes and services.[43] Some countries played a catalytic role in influencing governments to invest in social protection measures, but of the 12 Global Programme countries, three have no specific programming directly related to this immediate outcome.

Table 8 Number of partnerships (both formal and informal) established to deliver adolescent-responsive social protection, poverty reduction, and economic empowerment programs and services

Country	Target	Result	Health	Child protection/GBV
Bangladesh	1	8	2	6
Burkina Faso	4	1	1	-
Ethiopia	2	2	1	1
Ghana	4	6	4	2
India	5	26	26	-
Nepal	5	1	1	-
Sierra Leone	10[44]	-	-	-
Uganda	4	3	3	-
Zambia	1	1	1	-
Total	**36**	**48**	**39**	**9**

Source: Global Programme Annual Report 2020

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[43] These partnerships are in some cases with vocational training institutions, in some cases with formal government programmes, and in some cases with NGOs and civil society organizations and local associations.

[44] Although targets were set at the global level, the Global Programme Annual Report 2020 for Sierra Leone states that: "There were no programmes related to social protection, poverty reduction, and economic empowerment that took place in Sierra Leone in 2020 within the context of the Global Programme", suggesting a disconnect between target setting in the Global Programme Support Unit and programme planning at country level. Global Programme Annual Report 2020 Sierra Leone, p. 28.

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Support to economic empowerment for adolescent girls varied, from combining vocational training with some type of small-scale income-generating activity to facilitating their access to social protection schemes such as cash transfers. Some countries, meanwhile, have not yet engaged in this area.

▶ In some countries, due to the exceptional circumstances of the pandemic, small-scale and pilot initiatives aimed at developing adolescent girls' skills and enabling them to engage in income-generating activities such as handicrafts, food processing, mechanics, phone or refrigerator repair (Ghana, India, Niger and Burkina Faso) were implemented. In some cases, girls were supported in making masks or sanitary kits and selling them to earn a small income, or were provided with food parcels. In Niger, 200 adolescent girls participated in vocational training supported by the Global Programme to make and sell masks approved by the Ministry of Health. Altogether, 43,000 masks were produced (with Global Programme and other funds) and adolescents could buy sewing machines with the income generated.

▶ For instance, in Odisha and Rajasthan states in India, linkages were established betweem social protection and skill training programmes and social protection schemes through an online system, which played a critical role in delivering cash during COVID-19. However, not all states had the ability to invest in welfare schemes.

▶ In Burkina Faso, a social protection initiative was piloted for adolescent girls at risk of child marriage in areas highly affected by insecurity, involving a very small-scale cash transfer for 200 teenage girls in partnership with the General Directorate of the Family and Child Affairs. This programme helped to raise awareness among internally displaced populations and host communities about the abandonment of child marriage and child protection. On a somewhat larger scale, in Ghana, the Global Programme used the integrated social service model to test delivery mechanisms for providing technical and financial support to social welfare, social protection and health sectors to enhance service delivery for vulnerable families in 60 metropolitan and district assemblies.

▶ In Zambia, UNICEF was able to rapidly mount a COVID-19-specific cash transfer fund that has the potential to provide a certain degree of economic support to the most vulnerable households, including those with adolescent girls at risk of child marriage. However, it was difficult to ascertain the extent to which this fund and its criteria were specifically utilized to target adolescent girls at risk of child marriage. Focus groups with traditional leaders involved in the distribution of the COVID-19 cash transfer funds considered that there were too many criteria and that the adolescent girl was not given sufficient priority.

"

By preventing child marriage, by keeping a girl in school, we are making an investment in the future of our country. It is important to use cash transfers to support the adolescent girl to continue her education, to delay marriage, so that she can support her family in the future.

Group discussion, community leaders

However, aside from anecdotal experiences such as that of Ghana, conditions for the programme to leverage large-scale economic response measures, such as emergency cash transfers, that might have significantly addressed mounting poverty and related child marriage risks created by the COVID-19 crisis were rare in Global Programme countries. This would require pre-existing cash transfer programmes as in some countries, as well as the ability of the Global Programme to influence the eligibility criteria to ensure coverage of vulnerable adolescent girls, as is the case in Burkina Faso, Ghana and Zambia.

Online survey respondents echoed this observation: *"Integration with social protection programmes is very much needed. An 'ending child marriage fund' should allow a social protection component [that allows the] most vulnerable adolescents and married adolescents to continue [their] education or receive vocational training to be self-reliant".* Global Programme teams at country office level felt that they are not always trained or resourced to advocate for leveraging social protection programmes and social protection measures directly targeting the adolescent girls in public health crises or in future humanitarian crises. In general, the Global Programme relies on UNICEF social policy sections to collaborate in leveraging social protection programmes.

▶ Immediate outcome 5
Laws and policies.

Assumption
The Global Programme has adjusted its interventions in light of COVID-19 to contribute to enhancing the capacity of governments to fund, coordinate and implement national and sub-national action plans and systems to end child marriage.

Finding 10
In most Global Programme countries, advocacy around child marriage was carried on through providing technical support in organizing workshops, often held virtually, aiming at developing evidence-based national and sub-national plans related to ending child marriage as well as working with governments to strengthen coordinated support to adolescent girls during the pandemic. Such support contributed to enhancing the capacity of governments, albeit at a smaller scale than initially planned, as some specific capacity-building events had to be postponed.

In all Global Programme countries, many planned advocacy efforts and technical support initiatives continued, with a view to advancing policy and legal frameworks at national and sub-national levels. Advocacy, together with capacity development of government counterparts, was undertaken through national workshops with key decision-makers such as parliamentarians and government representatives. This resulted in the revision of policies and legal frameworks (Zambia and Burkina Faso) but also in the preparation of national and sub-national plans (Nepal and Niger) and the allocation of national budgets for ending child marriage (Ethiopia) with Global Programme support. In Mozambique, six priority districts were supported to elaborate response plans within the context of the COVID-19 crisis and received support for violence against children and child marriage case management. In Uganda, advocacy efforts resulted in the Ministry of Education issuing a circular that allowed pregnant girls and teenage

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mothers to return back to school and complete their final school year examinations. In 2020, the Ethiopia country office supported the rollout of a national costed roadmap to end child marriage and female genital mutilation at national and sub-national levels. Also, the Global Programme supported the monitoring and review of national plans in Ghana, Sierra Leone, Uganda, Yemen and Niger.

Interactions and consultations with partners and other stakeholders largely shifted to virtual meetings and workshops. Meetings conducted virtually allowed the participation of higher numbers of stakeholders, including sub-national government partners, than was possible pre-pandemic. Some in-person workshops were organized once government restrictions were eased, with protection measures in place.

Table 9 Number of policies or legal instruments addressing child marriage drafted, proposed or adopted at national and sub-national level with Global Programme support

Country	Target 2020	Result 2020
Bangladesh	3	_[45]
Burkina Faso	3	1 (proposed)
Ethiopia	1	1 (proposed)
Ghana	1	1 (adopted)
India	5	4 (3 drafted – 1 adopted)
Mozambique	16	2 (1 drafted – 1 adopted)
Nepal	2	_[46]
Sierra Leone	5	_[47]
Uganda	4	_[48]
Zambia	3	1 (drafted)
Total	**43**	**10**

Source: Global Programme Annual Report 2020

[45] Country Global Programme report: 1 proposed with other funds.
[46] Country Global Programme report: 2 (1 drafted – 1 adopted).
[47] Prioritized for 2021. High level advocacy is ongoing for the enactment of a bill on the prohibition of child marriage.
[48] Country Global Programme report: 1 with other funds.

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Advocacy to have the social welfare workforce recognized as an essential service was stressed by UNICEF ESARO and was achieved in Uganda and gradually in other ESARO countries, as well as in other regions. In India, social workers were given priority for vaccinations, helping to ensure the continuity of social service provision, including in the case of early marriages.

Despite these achievements, some advocacy work and policy advancements were postponed to 2021 due to difficulties in mobilizing government officials and organizing events that required large numbers of participants. These events aimed at, for instance, revising laws and strategies, developing plans and budgets, revising protocols and guidelines. Some specific capacity development interventions were undertaken with delays.

Regional-level advocacy around child marriage also continued. For example, in the West and Central Africa region, joint advocacy targeted key policy makers in the African Union and other regional civil society bodies. UNICEF ESARO, in collaboration with regional faith-based organizations,[49] produced new guidance on how to engage with religious leaders on violence against children, child marriage and female genital mutilation in the context of COVID-19.

▶ **Immediate outcome 6**
Data and evidence.

Assumption
The Global Programme has adjusted its interventions to contribute to supporting governments and non-governmental organizations to generate, disseminate and use quality and timely evidence to inform policy and programme design, track progress and document lessons.

Finding 11
COVID-19 restrictions impacted the ability of country offices to reach their targets on evidence generation and knowledge products focusing on what works to end child marriage, among other data-collection exercises. Nevertheless, opportunities were created to collect data on the impact of COVID-19 restrictions on adolescent girls and on changing incidences of child marriage.

In terms of data and evidence-generation activities, the pandemic provided challenges as well as opportunities to explore alternative mechanisms for collecting data and generating evidence on some of the key markers of progress towards ending child marriage. Previously established workplans and targets for data collection and evidence generation suffered due to COVID-19 restrictions. Most countries experienced difficulty contracting and carrying out previously planned baseline studies, evaluations and other data-collection activities, and these were postponed to 2021 and perhaps beyond. In many cases, these were able to resume in 2021 – for example, the multi-country evaluation of community engagement to address harmful practices, and the cross-regional research looking into behavioural drivers of harmful practices, both of which include Global Programme countries.

Routine field monitoring was largely interrupted due to travel restrictions in some countries. Some

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[49] Religions for Peace-ACRL and the Joint learning Initiative for Faith and Local Communities.

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counties, such as Nepal, have adopted different approaches, such as the use of the Kobo platform, for monitoring the outcomes of radio life skills sessions or even monitoring protection risks, including child marriage, through specific informants in the community. This type of system is highly technologically dependent, but provided a lighter approach to monitoring compared to the previous system and allowed a broader range of data to be gathered.

As a substitute for in-person donor field visits, GPSU initiated virtual donor visits, which are intended to simulate for donors the experience of a country visit in order to overcome the challenges and limitations of international travel. The first such visit was hosted by Uganda country office in 2021. Donors interviewed appreciated the effort, but hoped that in-person visits would soon return: "Virtual visits can feel a bit staged, and as donors we learn a lot of things from in-person visits, we

Table 10 Number of generated evidence and knowledge products that focus on what works to end child marriage

Country	Target 2020	Result 2020
Bangladesh	7	4
Burkina Faso	2	1
Ethiopia	4	Delayed to 2021
Ghana	6	_[50]
India	4	8
Mozambique	2	Impacted by COVID-19, started in June 2021
Nepal	2	_[51]
Niger	4	1
Sierra Leone	5	Delayed, completed by June 2021
Zambia	2	2 with other source of funding
Total	**38**	**14**

Source: Global Programme Annual Report 2020

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[50] Country Global Programme report : 4.
[51] Country Global Programme report : 1.

can meet with diverse partners and get our own sense of what is really happening in the country". As shown in Table 10, COVID-19 restrictions impacted the ability of offices to reach their targets on evidence generation and knowledge products. In some cases, no evidence generation was previously planned for 2020 or was funded from other sources (see notes below).

On the other hand, COVID-19 presented a clear opportunity to gather new and different data and evidence about the impact on the pandemic and mitigation measures on child marriage in Global Programme countries. As earlier discussed, through U-Report surveys, rapid assessments and various other studies, country offices have been working to gather evidence on the secondary impacts of COVID-19 on child marriage.

The limited extent to which country offices utilize routine administrative data (in health, education and child protection) to monitor and understand the impact of COVID-19 on children's lives and in the risks of child marriage was observed by the assessment team. Yet some examples illustrate the value of analysing routine administrative data for child marriage. For instance, as previously highlighted, the school reopening assessment conducted in Zambia showed a significant rate of non-return of both adolescent girls and boys (see Zambia data collection matrix in Annex 7), which can now be followed up on by implementing partners, Ministry of General Education staff and Global Programme technical team members. Another example is a multi-year analysis by the child helpline partner in Mozambique, which compares 2020 child marriage reporting with that of previous years and suggests that other factors, such as internal displacement, were having a greater impact on child marriage rates than COVID-19 and related containment measures. In Ghana, the Ministry of Gender, Children and Social Protection has estab-

lished a database and information portal on child marriage with Global Programme support.

Such cases illustrate that three types of routine administrative data are particularly useful to monitor as proxy indicators, as they are strong predictors of child marriage: 1) non-return of adolescent girls to school upon reopening; 2) referrals of child marriage cases as reported to child helplines and case management services; and 3) health reporting on adolescent pregnancies. Combining these three types of evidence is allowing some Global Programme countries to produce some form of remote situation monitoring.

Regional initiatives such as support from UNICEF regional offices in Eastern and Southern Africa and West and Central Africa to conduct a social and behaviour change baseline in selected programme interventions areas, in collaboration with Ipsos, were delayed by the pandemic. Planned studies are scheduled to resume in 2021. Similarly, a regional study to be undertaken by the UNICEF Middle East and North Africa Office (MENARO) on child marriage in the context of COVID-19 in Yemen was postponed until 2021.[52]

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[52] United Nations Children's Fund and United Nations Population Fund, 'Child Marriage in the Context of COVID-19: Analysis of trends, programming and alternative approaches in the Middle East and North Africa', UNICEF and UNFPA, Amman, 2021.

Cross-cutting issues

Assumption

The Global Programme has considered cross-cutting issues to ensure a gender equality and 'do no harm' approach.

Gender equality approach

Finding 12

The transition from a gender-sensitive approach to a gender-transformative approach, as envisaged in Phase II, is underway, but some strategies that are key to this transition have been hampered in their implementation by the COVID-19 pandemic and restriction measures that limited face-to-face or community dialogues, which are crucial for influencing transformative change.

Transition between Phase I and Phase II of the Global Programme largely stressed the change from a 'gender-aware' and 'gender-responsive' approach to a 'gender-transformative' approach. During the first year of Phase II implementation, the Global Programme sought to advance gender transformation through technical guidance, staff capacity-building, and monitoring gender transformation indicators. When exploring the extent to which principles of gender equality and gender transformation were applied in programme adjustments to the COVID-19 pandemic, it appeared that gender transformation was seen by respondents as a long-term outcome and that this transition varies across different Global Programme countries.

In the online survey, technical teams considered that COVID-19 adjustments were generally 'gender-mainstreamed' and 'gender-sensitive' to a greater extent than they were 'gender-transformative'. The same trend was reported among implementing partners, but their perception on 'gender-transformation' was rated higher.

Overall, where gender-transformative approaches were already incorporated into programme activities, the Global Programme sought during COVID-19 adaptations to maintain those gains. For example, where men and boys were already engaged as key partners in fighting child marriage, they were present also in COVID-19 adaptation measures.

Pathways of transformational change along the gender equity continuum

GENDER INEQUITY						GENDER EQUITY
	Gender-Unequal Perpetuates gender inequalities	**Gender-Blind** Ignores gender norms, discrimination and enequalities	**Gender-Aware** Acknowledges but does not address gender inequalities	**Gender-Responsive** Acknowledges and considers women's and men's specific needs	**Gender-Transformative** Addresses the causes of gender-based inequalities and works to transform harmful gender roles, norms and power relations	
	Exploit		Accomodate		Transform	

Source: Global Programme Annual Report 2020

Using the pathways above as a conceptual framework, some Global Programme countries were already piloting and adapting new approaches before the pandemic, for example on challenging gender norms and positive masculinities. For instance, in Bihar state in India, training of adolescent boys was extended to include ward members and returning migrants, and in the state of Uttar Pradesh, dialogues and two-way communication on online platforms were set up to engage men and boys in discussions on social norms and masculinity.

The following efforts to address gender-transformative programming were drawn from an analysis of programme adaptations at country, regional and global levels.

Table 11 Examples of efforts to address gender-transformative programming

Gender-responsive programme adjustments to COVID-19	Gender-transformative programme adjustments
Programme adjustments that considered how/whether different groups (girls/ boys for example) have been impacted differently in light of COVID-19.	Adjustments created opportunities, especially for girls, to actively challenge gender norms, early marriage of girls, empowerments of girls and women, including in the context of COVID-19.
Programme adjustments to communicate about COVID-19 prevention and response to girls and boys, women and men, along with intensified messages about GBV and child marriage.	Adolescent empowerment programmes adjusted to allow family members and adolescents to challenge social, cultural barriers including harmful practices such as child marriage, child labour.
Programme adjustments ensured masking, social distancing and handwashing to all participants in small group meetings or in-person events.	Programme adjustments amplified for the voices of adolescent girls through virtual participation in policy making, learning and other fora at the sub-national, national and international levels.
Programme adjustments considering particular challenges, needs and risks affecting primarily girls and young women as the primary/target beneficiaries.	Using mass/social media to amplify girls' voices of resistance to child marriage and other harmful practices.

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Programmes were adjusted to ensure that women and girls were prioritized as beneficiaries of masks and other items distributed.	Community dialogues and engagement with different/new social networks implemented within COVID-19 risk prevention guidelines to challenge gender stereotypes (e.g. traditional/religious leaders, men's groups as champions of gender norm change, IT and private sector partner engagement on gender norm change).
	Programme adjustments using mass/social media to amplify girls' perspectives, issues, concerts and voices of resistance to child marriage and other harmful practices (TV and radio talk shows, phone-in programmes).
	Programme adjustments maintained engagement of men and boys using platforms such as male action groups and men as 'champions' of gender norm change.

Although there was strong momentum behind this transition, the pandemic has hampered the implementation of these new approaches in Global Programme countries that were not yet advanced in empowering girls, boys, their families and communities to challenge gender norms and harmful practices. Gender-transformative processes require face-to-face interactions and in-depth discussions; limitations on in-person interaction in light of the pandemic therefore impeded pathways for transformative change.

The transition toward gender-transformative programming was also hindered because of limited technical expertise. In some countries, implementing partners and technical team members found it difficult to identify whether the approach they were taking was gender-sensitive or gender-transformative.

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Only time will tell the extent to which we are succeeding in transforming gender relations and norms…

One technical team member

Another online survey respondent reported that there are conceptual, technical and operational gaps in what gender-transformative reprogramming in the context of a pandemic should look like: *"What does gender-transformative programming on child marriage look like in a pandemic? As girls are going back home more and more in traditional roles, taking care of the family, spending more time on domestic chores and do not have time to study… Girls' time is stolen away from educational opportunities, impacting their socialization as well".* The Global Programme plans to address this gap through specific support from headquarters and regional offices targeting six countries,[53] in order to intensify gender transformation step by step, ensuring that countries conduct gender analysis, adopt adaptative strategies and monitor them.

'Do no harm' approach

Finding 13
In terms of a 'do no harm' approach, the Global Programme made efforts to take into consideration the health and wellbeing of agency staff, partners and beneficiaries while adhering to COVID-19 prevention and mitigation measures and restrictions.

The Global Programme has effectively taken a 'do no harm approach' in its COVID-19 programme adaptations and consistently considered the wellbeing, safety and security of agency staff, implementing partners and beneficiaries. Agency

staff interviewed highlighted the personal stress of having to work from home. Many if not most Global Programme team members are women, who often bear the double burden of also being mothers, grandmothers or caregivers. Both UNFPA and UNICEF have been flexible and supportive employers through the course of the COVID-19 pandemic. Examples were provided of flexibility from managers in terms of deadlines, online counselling, health advice and exercise classes. Some staff mentioned that working from home had become a preferred modality that they hoped would continue even after life "gets back to normal". Reasons for this include the ability to better combine work with household and child care responsibilities, spending less time in travel, improved work-life balance, etc.

In the online survey, both implementing partners and UNFPA and UNICEF technical team members considered that Global Programme adjustments included measures to address the health and well-being of implementing partners and beneficiaries. For example, in Ghana, "kayayei" girls (female porters) were provided protective equipment and dignity kits in addition to transportation to get back home during the COVID-19 lockdown. The programme continues to apply the 'do no harm' approach while targeting vulnerable minorities to promote equity and inclusion. In many cases, this was related to the provision of PPE (masks, visors, hand sanitizer) and communications equipment (radios, cell phones and/or data), as well as flexible arrangements and safety protocols for ensuring that hygiene and social distancing norms were respected. It was noted, however, that PPE and communications equipment were not always provided in sufficient quantities.

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[53] Mozambique, Niger, Burkina Faso, Ethiopia, Bangladesh, India.

Figure 6 COVID-19-related security, health and wellbeing of beneficiaries

Global Programme adjustments measures to address the COVID-related security, health
and wellbeing of Implementing Beneficiaries

- ■ To a large extent
- ■ To a moderate extent
- ■ To a small extent
- ■ Not at all
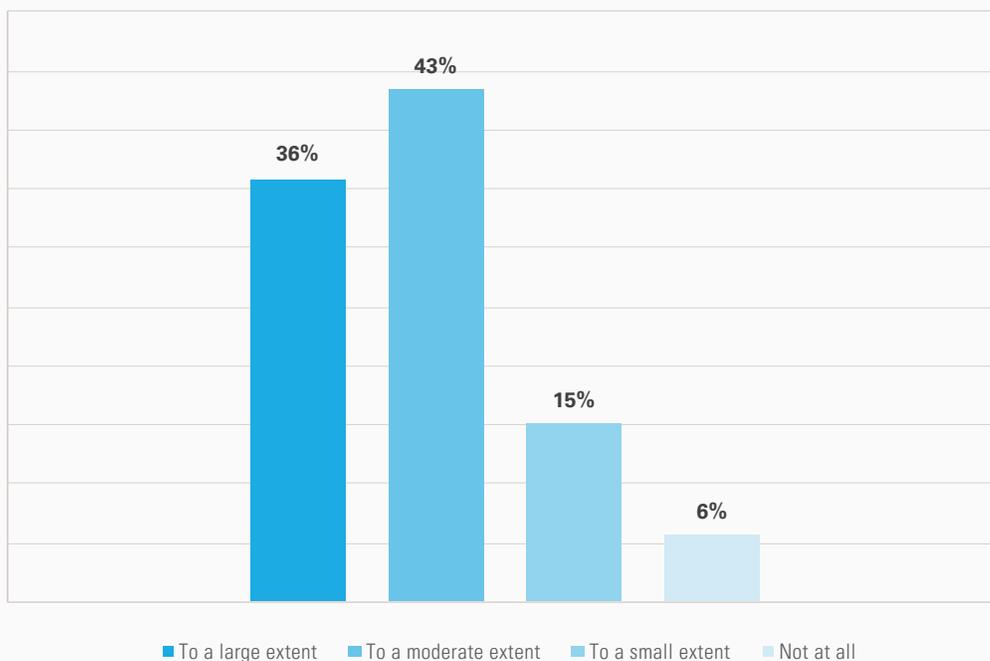
Source: Global Programme COVID-19 assessment online survey

Global Programme adjustments provided an effective platform for disseminating COVID-19 prevention and response information. Almost 50 per cent of survey respondents expressed that Global Programme adjustments were to a large extent able to provide marginalized adolescent girls with COVID-19 prevention and response information through radio, text messaging, door-to-door and other communications media.

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Figure 7 COVID-19 information to beneficiaries

Were those at risk of child marriage and marginalized adolescent girls provided with COVID 19 prevention and response information?

- To a large extent
- To a moderate extent
- To a small extent
- Not at all
- Don't know
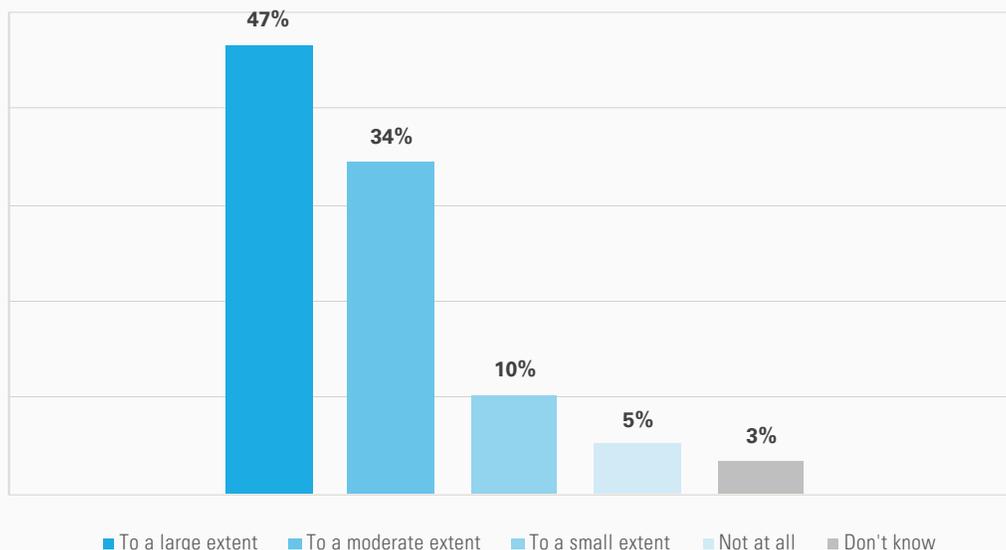
Source: Global Programme COVID-19 assessment online survey

5.2.2 Global Programme support to country office programme adjustments in light of the COVID-19 pandemic

Q4 —
To what extent did the Global Programme provide support to country offices' adjustments to the COVID-19 pandemic?

Assumption
The Global Programme has provided necessary guidance, tools and information on how best to prioritize activities and utilize alternative response modalities, and facilitated sharing to further objectives and learn from best practices in the context of COVID-19.

Finding 14
The Global Programme at global and regional levels generally provided timely guidance, tools and opportunities for sharing of good practices and to support programme adaptations at country office level. While technical notes were timely and relevant, some country office staff felt overwhelmed by the quantity they received and had difficulties in determining how to apply them given the specificities of their operational contexts. Most felt that one-on-one support in the reprogramming process and sharing of good practices and challenges between country offices were the most valuable forms of support.

Overall, most Global Programme country teams were very appreciative of the support received from the Global Programme Support Unit and regional focal points in terms of technical guidance and flexibility in adjusting Global Programme workplans and reprogramming budgets. They also expressed appreciation for the support provided by headquarters (HQ) and regional offices (ROs) to assist country offices (COs) in making programme adjustments in response to COVID-19 restrictions.

From the second week of March through May 2020, the HQ team was revising its own workplans, and in early April, requested ROs and COs to do likewise. All staff involved in the Global Programme were invited to a first 'open clinic' organized by the GPSU in the spring to help support their reprogramming efforts, and were also supported with bi-weekly, then monthly (from the start of 2021) digests on COVID-19 and harmful practices. Additionally, a range of technical notes were provided over the spring, summer and fall of 2020 to provide guidance to COs on issues around child protection, gender, inclusion and education in the context of the global pandemic. Further, most Global Programme countries followed the guidelines provided to them by HQ (see list of technical guidance notes in Annex 8). A webinar was also organized on monitoring child marriage during the COVID-19 pandemic. However, it was noted that indicator measurement still require harmonization across countries, and that further support was needed to this effect.

Overall, most UNFPA and UNICEF focal points and technical team members reported that they did not have time to read all the technical notes provided as there were many, and some reported that they were not simple enough to share them with implementing partners. Global Programme teams very much appreciated one-on-one support from RO/HQ levels in reprogramming specific to their context, as well as sharing experiences with technical teams from other Global Programme countries. This may help to explain why despite the significant volume of support offered by HQ in the form of technical notes, the online survey (see Figure 8) does not show as much enthusiasm as might be expected for support in the form of timely orientation, policy support, guidance, tools and training received from HQ/RO.

Figure 8 Global/regional-level support to COs

Did the Global Programme at global/regional levels provide timely orientation/policy support as well as guidance, tools, trainings to support country offices

■ To a large extent   ■ To a moderate extent   ■ To a small extent   ■ Not at all

Source: Global Programme COVID-19 assessment online survey
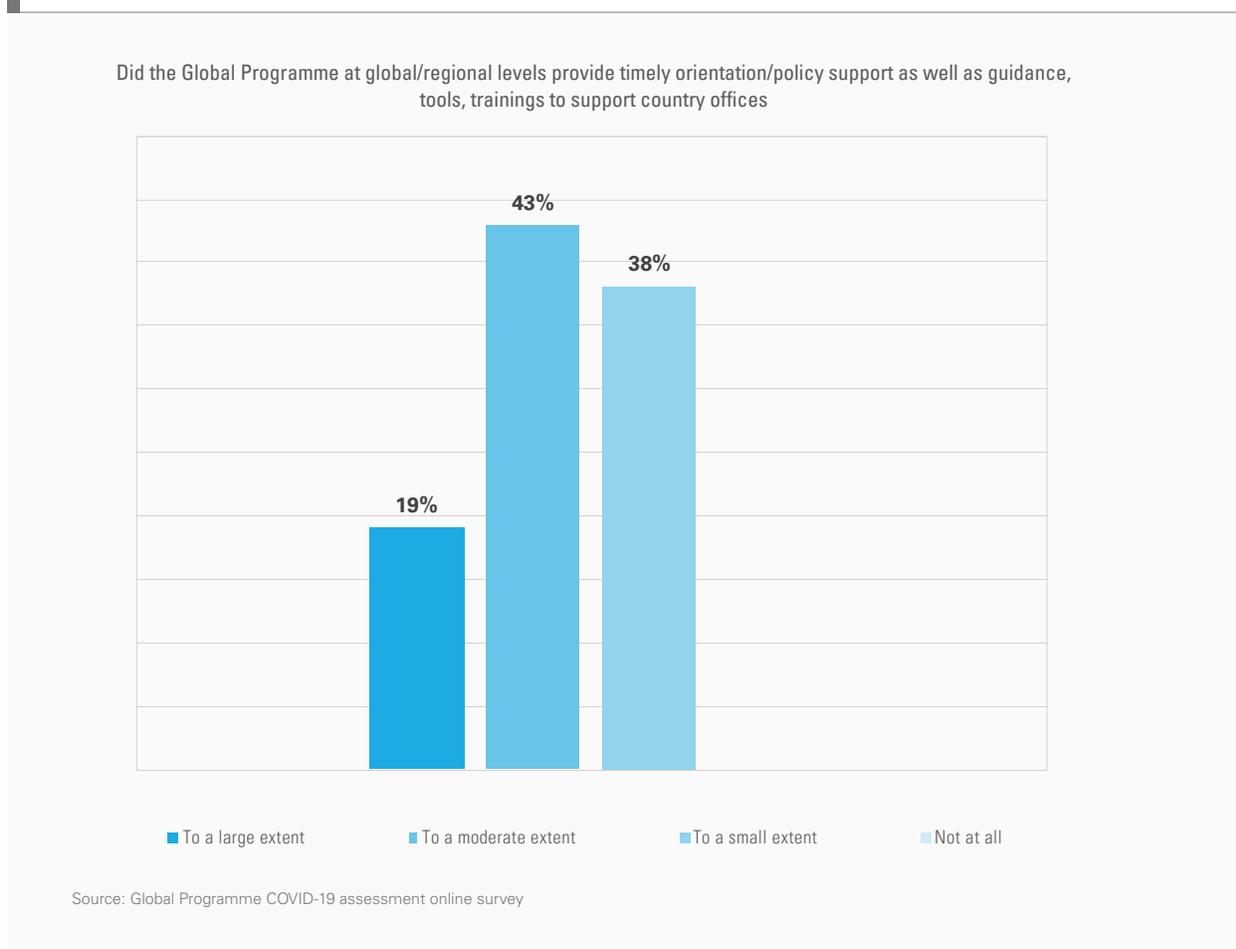
Regional offices played an important role in sharing experiences on adjustments with non-Global Programme countries. In addition to their appreciation for support in adjusting strategies, workplans and budgets, COs expressed appreciation for the advocacy work conducted with regional entities and partners. For instance, a number of opinion pieces (op-eds) were directed at governments and high-level policymakers in the Eastern and Southern African region. Support was also provided to Global Programme countries that were in the process of developing new country programme documents within the challenging context of the global pandemic.

5.2.3 Likelihood of the adjustments being maintained overtime

Q5 —

To what extent are changes, adjustments and innovations likely to be maintained over time?

Assumption

Some Global Programme adjustments and innovations may potentially represent improvements that are likely to be maintained over time.

Finding 15

Several learnings from the adjustments to the COVID-19 pandemic have the potential to shape future programming. Adjusting interventions allowed most country offices to experiment or to further use digital approaches for interventions that would typically involve stakeholders in person. Using virtual methods with beneficiaries led to reaching larger numbers and covering larger areas, and constitutes an approach that most countries are willing to systematically adopt. However a multi-pronged approach is indeed necessary in order to address some issues, such as changes in gender norms or skills developments, and the outcomes of these new approaches remain to be assessed before scaling them up. The importance of flexibility in adjusting programming to the context, and of monitoring the effects of these adjustments, is another learning for the future. Mechanisms in place in countries that experienced humanitarian crisis proved to be useful during the COVID-19 pandemic, but country teams were not sufficiently prepared to address child marriage-related issues in this context.

Adjustments to be maintained after the COVID-19 pandemic

The fact that COs were compelled to think beyond what they were accustomed to and adopt new methodologies was a good opportunity to question traditional approaches and their effectiveness. Before the pandemic, not all Global Programme countries were using online and digital platforms. This was particularly the case in countries where connectivity is poor. The necessity of adjusting to COVID-19 prevention measures was seen by the majority of countries as an opportunity to experiment with different ways of carrying out interventions as well as rapid assessments, and to continue using virtual approaches in future.

As described above (see section on effectiveness), most countries used digital platforms, SMS, U-Report and social and mass media to disseminate messages to larger numbers of beneficiaries, covering wider geographical areas, than was previously possible. Most COs plan to continue using these methods in line with the Global Programme, Phase II orientations toward scaling up interventions. Countries recognize that messages are less subject to distortion when disseminated directly rather than through facilitators, who may alter their meaning. Country teams, even those that are contemplating extensive use of digital approaches, nevertheless acknowledge that a multi-channel approach is necessary and that face-to-face and interactive encounters are essential for social and gender norm change (Mozambique, Ghana, Zambia, Uganda, Nepal, Bangladesh), particularly in the most remote areas where digital gaps are present. *"We had not thought about it, but now we understand that it can be helpful in different situations to reach more people, and it facilitates actions."* (Global Programme focal points). Virtual and remote methods have also proven useful in relation to capacity-building initiatives, as discussed above, and many of these methods will remain relevant going forward. Some countries are also considering continuing the use of digital platforms such as U-Report and Facebook to conduct rapid assessments and surveys. The pandemic demonstrated the value of using platforms such as Kobo for real-time monitoring, and some COs are contemplating more extensive use in the future (Nepal, Burkina Faso). The issue of quality, however, should not be underestimated, and criteria should be defined in order to ensure that standard quality is adhered to.

The adjustments to COVID-19 created opportunities to provide services differently. For example, hotlines were set up in several countries for case management; complaint mechanisms and psycho-

social support. In Yemen, social services Standard Operating Procedures were revised for remote case management during the pandemic. Global Programme teams foresaw a continued support to use virtual approaches if restrictions were to be reinstated (e.g., Zambia, Uganda). However, countries also consider that providing services on line is very challenging and even if the adaptation remains relevant, using a hybrid approach is very important provided that it is accompanied by sufficient systems strengthening and capacity building.

In addition, it is envisaged that a number of mental health and wellbeing aspects that were included in the adjusted digital interventions and training packages will be maintained by the Global Programme. These aspects should also be included in face-to-face activities as well, and linkages created between community-based psychosocial workers and adolescent girls. Some countries also considered that positive parenting initiatives are a very good entry point to promote harmony in the family during lockdown, and have the potential to influence child marriage.

Given the lingering economic impacts of COVID-19 for girls and families, some Global Programme countries are contemplating support to income generation, or are seeking linkages with cash transfer interventions aiming at supporting the livelihoods of girls and their families. For example, mask production by the girls attending vocational training in Niger will be continued with the support of other donors.

Household visits were another methodology adopted by some countries in order to avoid large gatherings, and while this approach is input-intensive, it proved to be effective in engaging in dialogue with the most marginalized groups. Some countries therefore plan to continue home visits with targeted households.

Lastly, the pandemic shed light on the importance of further engagement with local authorities, community-based structures and volunteer networks, since they are able to reach communities even when restrictions remain in place. The importance of increasing their engagement and strengthening their capacity to take action to prevent child marriage at community level has been widely recognized.

Institutional learning

Adjustments to the Global Programme in light of the COVID-19 pandemic highlighted a number of learnings that may prove relevant in future crises.

▶ As described above, data were (to some extent) generated in Global Programme countries to explore the needs of adolescent girls within the pandemic context in order to inform programme adjustments and monitor the effects of some adjusted interventions. However, the outcomes of some programme adaptations, particularly mass media interventions, in terms of effectiveness and coverage were not sufficiently

measured. Similarly, the short, medium and longer-term impacts of the pandemic on child marriage rates and the importance of various contributing factors and drivers were not systematically monitored (see section on data and evidence).

▶ Overall, there is limited evidence that any new partnerships were formed to facilitate Global Programme adjustments at country level. Most of the partnerships leveraged to make adjustments were already in place. In particular, implementing partners from civil society played an important role in the implementation of these adjustments due to their strong field presence. A notable exception was an innovative new partnership formed in Uganda with a private company, "Safe Boda", to distribute free condoms to young urban people impacted by the lockdown measures.

▶ Country offices with strong partnerships in digital technologies or mass media were at an advantage when the pandemic hit. For instance, the Nepal CO built upon the experience of its implementing partner to monitor the outcomes of Rupantaran sessions through use of the Kobo platform.

▶ Country offices with experience operating in humanitarian contexts were prepared to some extent with procedures, mechanisms, tools and a certain degree of flexibility. For instance, the rapid activation of the cluster system in Nepal helped ensure that child marriage was on the agenda quite early. Adjustments in light of COVID-19 also drew on lessons learned from other epidemics, such as HIV/AIDS, cholera and ebola, which had shaped the capacity of society and governments to respond. For example, some technical guidance notes were elaborated based on those developed for the ebola crisis. Countries in ESARO with decades of experience working on HIV/AIDS understood

the importance of mental health services and non-stigmatization of patients, or the idea of giving patients treatment for several months to limit visits to health facilities. In some countries, partnerships with organizations experienced in humanitarian response was a good platform to set up emergency preparedness and response mechanisms at local level. In South Asia, the UNFPA and UNICEF regional offices jointly commissioned a study in Bangladesh and in Nepal that provides insight into child marriage in humanitarian contexts, which will remain useful in future crises.

▶ It was however noted that the COVID-19 pandemic is quite different from other humanitarian crises some Global Programme countries are accustomed to facing (e.g. floods, earthquakes, etc.) and country teams were not sufficiently prepared to address child marriage-related issues in a pandemic situation.

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Resource mobilization

Assumption
The Global Programme has leveraged existing and additional resources to end child marriage.

Finding 16
The Global Programme has shown flexibility in allowing country offices to reprogramme and re-allocate existing budgets to achieve programme objectives in the new context. At the global level, new funding was mobilized from the Government of Canada, and several Global Programme countries were also able to leverage additional, non-Global Programme funds to support programme adjustments.

With the exception of the headquarters level, where the Global Programme benefitted from 10 million CDN additional funding from the Canadian government to enhance digitization processes and innovations in response to the COVID-19 crisis, Global Programme funds at CO level were not supplemented. The Canadian government grant appears particularly appropriate given the findings of this assessment concerning the need to de-velop new ways to address the digital divide fac-ing women and adolescent girls. The contribution from Global Affairs Canada will allow the Global Programme to critically interrogate the various dig-ital initiatives related to prevention and response to child marriage – those that are being utilized during the COVID-19 pandemic and those that can position it to better address the humanitarian-de-velopment nexus. This initiative, it is hoped, will serve to identify a range of critical components and allow the Global Programme to facilitate the development of a coherent, uniform digital system that will ensure strategic oversight, monitoring, adaptability, interoperability and scale.

Country offices were afforded the flexibility to re-programme existing Global Programme funds be-tween budget lines as needed within the mandate of the programme. In particular, research budget lines that required field work were completely reprogrammed. In general, donors were flexible and other funds could be reprogrammed e.g. for handwashing devices and protection equipment.

In most countries, additional funds were allo-cated for the COVID-19 response, and several country offices were able to mobilize additional funds for other programmes such as humanitar-ian, gender-based violence, and broader gender programmes, into which child marriage-related issues were integrated. For instance, in Niger, additional emergency funds were made available for COVID-19 response through the Humanitarian Action Plan, which is a mechanism that allows reactivity, flexibility and complementarity and could thus be used for some child marriage inter-ventions. The Word Bank repositioned unspent budgets for the implementation of COVID-19 mea-sures and to reinforce protection committees to end child marriage.

5.3 Coherence

5.3.1 Coherence with key related programmes

Q6 —

To what extent were changes and adjustments to the Global Programme coherent with related programmes (specifically education, SRHR, social protection, child protection, gender-based violence, female genital mutilation)?

Assumption

The Global Programme adjustments are coherent with other key UNICEF and UNFPA related programmes.

Finding 17

The Global Programme's programme adjustments were generally coherent between sectors within agencies and between agencies. Over time, Global Programme technical teams and partners in most countries were able to help shift the focus of programming from being 'health only' to creating a greater awareness of the inter-sectorality of the effects of the pandemic on child marriage.

Overall, a high degree of coherence was generated in the process of adjusting the Global Programme to COVID-19 restrictions. In almost all countries, key informants considered that both internally, within agencies, and externally, between agencies, the COVID-19 pandemic brought people together to share methodologies, skills, competencies and approaches to reprogramming in order to advance on common objectives.

Internal coherence has been built through strengthened coordination and cooperation between the different programmes and the development of common strategies to implement activities within the context of the pandemic. Communications for development (C4D), child protection, health, education, gender-based violence, female genital mutilation and gender all appear to have complemented each other in terms adjusting work meth-

ods and modalities during the pandemic. In Yemen, for example, more people were reached than targeted through youth and community volunteers under the risk communication and community engagement strategyon topics such as COVID-19, child marriage and gender-based violence. Key informant interviews and online survey confirm that in Mozambique, staff perceived that coherence in intersectoral and agency work had been enhanced during COVID-19: *"We implement this Global Programme with a multi-sectoral approach so health, education and child protection and C4D for UNICEF and gender and SRHR for UNFPA. They all are connected with the aim of ending child marriage and programme adjustments were made taking a coordinated approach. The adjusted workplan was prepared based on the discussion with the sectoral sections' colleagues. Our role is mostly coordination because they implement. So without consulting with them we can't make any change. Changes are completely based on the suggestion from sections."* In a few cases, cross-programming was found to be challenging, because each sector has its concerns and has to report to different donors.

Overall, 80 per cent of respondents to the online survey considered that the Global Programme was able to contribute to synergies and coherence within country office programmes to a large or moderate extent.

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Figure 9 Global Programme synergies and coherence (from technical teams only)

Did the Global Programme build synergies and coherence within country office programmes (specifically education, SRHR, child protection, GBV, FGM)?

- ■ To a large extent
- ■ To a moderate extent
- ■ To a small extent
- ■ Not at all

Source: Global Programme COVID-19 assessment online survey
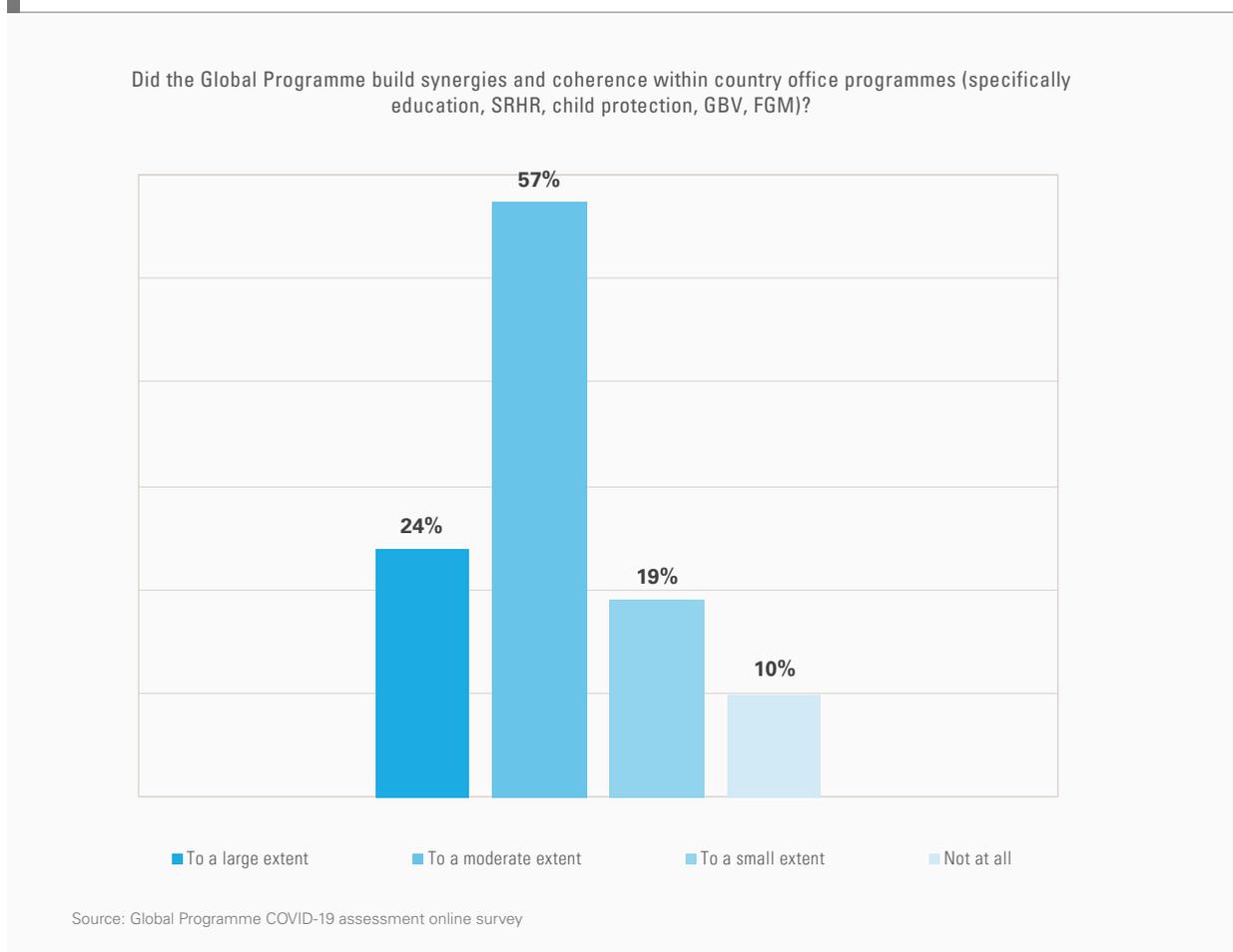
Complementarities between UNFPA and UNICEF have been strengthened and built upon to a large extent – for example in Zambia and Mozambique, rather than each agency coming up with separate sets of training manuals, agencies collaborated around one shared set of manuals. In the words of one Global Programme focal point: "We simply didn't have time to do everything in the context of the pandemic – so we found it easier to collaborate, to each take the lead on different things in order to get more done".

Externally, while COVID-19 was at first treated as a 'health only' issue, in several countries the secondary effects of the lockdown on gender-based violence, violence against children, harmful practices and child marriage were gradually recognized

as multisectoral issues and various line ministries were drawn in to the response to play complementary roles. Strong synergies with the Spotlight Initiative were seen in countries where both programmes are implemented (Niger, Uganda, Mozambique)

Coherence has also been improved with government partners in many countries in terms of how to continue promote new legal provisions and inter-sectoral coordination mechanisms to prevent and address child marriage. As highlighted above, in several countries, the Global Programme played a role in supporting government partners in the development of policies guidelines to strengthen social welfare workers role and response in the midst of the pandemic.

6 | Conclusions and recommendations

Despite the unpredictibility and stress generated by the COVID-19 pandmic, the unprecedented restrictions put in place to combat the virus helped Global Programme teams to 'think outside the box' with regard to approaches and delivery modes.

The fact that the Global Programme Support Unit and donors allowed a great degree of flexibility to adjust interventions was percweived as very valuable at country level. This led to important progress in implementation and significant efforts in maintaining contact with targeted adolescent girls.

Conclusion 1

The continued advocacy related to child marriage in different fora due to the 'catalytic' nature of the Global Programme, including the integration of child marriage into national COVID-19 response plans, resulted in keeping child marriage high on national agendas. It will require continued effort at various levels to maintain this momentum with governments as well as to ensure that budgetary allocations are maintained in the wake of COVID-19 and its aftermath.

Recommendation 01 —

The Global Programme should advocate with governments to continue developing aligned multi-sectoral policies, legal instruments and budgeted strategies contributing to ending child marriage, with a focus on addressing the various drivers of child marriage at national, sub-national and local levels, and to seek improved harmonization between sectors.

This can be achieved by using hybrid virtual/in-person models at all levels by continued:

► Advocacy with government and partners for the integration of child marriage into the ongoing COVID-19 response as well as in future emergency response and recovery plans;

► Support for the development of policies and multi-sectoral operational costed strategies at national, sub-national and local levels through continuing to build capacities in data generation, the analysis of existing data and the development and implementation of adapted strategies;

► Strengthening of a multi-sectoral and coordinated approach to the prevention and response to child marriage in order to address the various drivers of child marriage as well as the rights of adolescent girls and women supported by a reinforced internal collaboration between sectors;

► Including preparedness for different types of emergencies, risk and mitigation analysis and contingency planning in Global Programme workplans, building on the experience of country offices.

Urgency	High
Impact	High
Directed to	Global Programme Technical Team, Regional Offices, Country Offices

Conclusion 2

The COVID-19 crisis further underscored that adolescent girls in rural and remote areas are more vulnerable to child marriage and harder to reach compared to girls in the urban/peri-urban areas. Girls in remote rural areas were less affected by the pandemic, but they were affected by the containment measures or restrictions, such as school closures and limited group interaction, as they were harder to reach through digital technologies. At the same time, they were harder to reach though digital technologies. While Global Programme teams are aware of these increased vulnerabilities, have mechanisms in place for their identification, and attempted to adjust programming to address them, significant gaps still exist.

Recommendation 02 —

The Global Programme should reinforce its efforts to reach the most vulnerable and marginalized adolescent girls, boys and their families through policy advocacy and programming targeting them specifically.

This can be achieved by:

▶ Ensuring that identification of the most vulnerable and marginalized girls is institutionalized and used as a basis for policymaking;

▶ Involving local partners and actors to systematically undertake vulnerability assessments to be used as advocacy tools;

▶ Reinforcing the reach of rural and remote communities through partnering with local organizations, local networks and local authorities as well as other local actors such as leaders, mentors, facilitators and peer leaders to mobilize adolescent girls and boys and parents and to deliver community-based activities;

▶ Basing interventions on locally-available channels (e.g. girls-led radio programmes through community radios).

Urgency	High
Impact	High
Directed to	Global Programme Technical Team, Country Offices

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Conclusion 3

The adoption of digital approaches and the use of mass media demonstrated a high potential for sustaining virtual engagement of adolescents as well as reaching larger numbers and expanding coverage, especially in humanitarian situations. However, challenges linked to the 'digital divide' as well as in terms of measurability of the effects of such approaches on gender and social norms, behavioural and attitude change remain to be addressed. The value of further involving local networks, organizations and authorities was also highlighted during the pandemic. The adoption of multi-channel approaches, combining in-person interactions and diverse digital platforms that seek to improve adolescent participation and empowerment, offers undeniable benefits.

Recommendation 03 —

The Global Programme should continue to develop complementary multi-channel approaches to reach target populations based on country specificities and context.

This can be achieved by:

► Adopting a mix of face-to-face and digital/mass media to reach beneficiaries, accompanied by advocacy with governments to address the digital/media divide for women and girls;

► Ensuring that quality standards are developed for the design of digital approaches based on evidence, and that the application of these new approaches is monitored and contributes to the expected results;

► Ensuring that developed digital approaches foster two-way communication, with a view to engaging with intended audiences;

► Strengthening linkages with local authorities and networks to further involve them in child marriage-related interventions.

Urgency	High
Impact	Medium
Directed to	Country Offices

Conclusion 4

Despite efforts through the Global Programme to reinforce health and social welfare services and to support the establishment of additional online services, their availability to the most vulnerable adolescent girls was not commensurate with their increased needs. This underscored the importance of further strengthening systems with a view to ensuring operational health and social welfare services in a context of restrictions and associated disruptions.

Recommendation 04 —

The Global Programme should continue advocacy and systems-strengthening with governments with a view to maintaining access to essential services for adolescent girls and boys in contexts of heightened vulnerability, including in humanitarian crisis.

This can be achieved by:

► Supporting systems-strengthening to ensure that education, SRHR and social welfare services, including helplines, are recognized as 'essential services' for adolescent girls and that their access is improved and facilitated with relevant safety measures;

► Advocating and ensuring that essential service provision is related to the rights of adolescent girls and women in particular during emergencies and is addressed in national response plans;

► Strengthening prevention components of sexual and reproductive health services, in particular as far as the prevention of unintended and early pregnancy is concerned;

► Including mental health and psychosocial support as essential elements in the various services, as well as in the life skills package.

Urgency	Medium
Impact	High
Directed to	Regional Offices, Country Offices

Conclusion 5

The COVID-19 pandemic has highlighted economic realities and shocks as significant drivers of child marriage. It has also demonstrated that economic relief in the form of social protection schemes, including cash transfers and/or income-generation activities for adolescent girls, would benefit from improved integration into the Global Programme overall. The Global Programme ToC remains valid, but drivers such as multidimensional poverty and lack of economic opportunities could be stressed further in the operationalization strategies.

Recommendation 05 —

The Global Programme should articulate further its strategy to leverage social cash transfer programmes and other forms of income-generation opportunities for adolescent girls and their families, since these are a key tool to prevent child marriage.

This can be achieved by:

► Orienting agencies and government departments involved in social protection and economic empowerment programmes on the criteria that the Global Programme uses to identify girls vulnerable to child marriage so they can target them specifically;

► Strengthening advocacy and linkages with these agencies and government departments, with the support of UNICEF social policy, with a view to anchoring the needs of adolescent girls in the conditionalities (e.g. school return, delay in age of child marriage) of these programmes;

► Building Global Programme country teams and implementing partner technical capacities to leverage social protection programmes.

Urgency   High

Impact   High

Directed to Global Programme Technical Team, Regional Offices, Country Offices

Conclusion 6

Global Programme adjustments to respond to the pandemic have created a higher demand for data and evidence in order to (a) ensure that the newly-adopted approaches achieve the expected results and intended outcomes of Phase II and (b) monitor the impacts of the pandemic on child marriage rates and the importance of various contributing factors and drivers. The use of digital platforms for rapid needs assessments and monitoring provided an opportunity for experiencing easier systems that can be integrated into programming beyond the pandemic, provided quality standards are defined and adhered.

Recommendation 06 ——

While the theory of change remains valid, the Global Programme should adjust its results framework and indicators, as well as further support country offices for monitoring, data generation and analysis, in order to reinforce evidence-based programming.

This can be achieved by:

► Reviewing the results framework with a view to adding or refining some indicators, taking into consideration the differences in focus highlighted by the pandemic;

► Continuing to support Global Programme country offices to streamline reporting with a view to harmonizing the measurement of the result framework indicators, using the Global Programme indicator reference guide;

► Ensuring that the short- and medium-term effects of the newly developed approaches are measured, including the effectiveness and coverage of digital and mass media communications, as well as their effects on girls' agency and social and gender norms;

► Facilitating the systematic analysis of the available data on child marriage and its drivers (gathered through different sources including secondary data and routine administrative data);

► Monitoring the effects of the COVID-19 crisis on child marriage rates in relation to changes in gender dynamics and norms, non-return to school, hindered access to SRHR services, rates of teenage pregnancies and the economic situation of families.

Urgency	High
Impact	Medium
Directed to	Global Programme Technical Team, Country Officess

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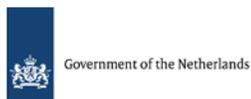
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