



Daniel Romana/CARE

GIRL-DRIVEN CHANGE
MEETING THE NEEDS OF ADOLESCENT
GIRLS DURING COVID-19 AND BEYOND



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I. Executive Summary

The COVID-19 pandemic has created a global crisis on an unprecedented scale, affecting lives and communities worldwide. As a result of the circumstances brought on by COVID-19, adolescent girls face a myriad of risks—ranging from an increased likelihood of exposure to violence and early marriage, to catastrophic learning, health and economic losses. Despite these concerns, girls’ unique needs have not been adequately prioritized in response plans and donor investments. In addition, information about girls’ experiences often remains hidden within existing data, obscuring the complexity and uniqueness of their situation.

As COVID-19 threatens to reverse important gains in adolescent outcomes while also widening existing disparities, it is crucial that donors, governments, and all stakeholders recognize the unique impact of the pandemic on adolescent girls, and invest in promising approaches to meet their most pressing needs. As part of this process, it is also necessary to ensure that girls have meaningful roles in shaping program, policy, and research initiatives to enable these efforts to be relevant and sustainable.

In light of these issues, this report draws upon available country data from CARE’s work as well as external sources in order to highlight the initial impact of the pandemic on the health, well-being and safety of adolescent girls as well as their access to, and involvement in, essential services. The report also provides examples of program innovations developed during the pandemic to profile the ways in which CARE’s work has been contextualized to address the unique needs of adolescent girls across sectors.

Importantly, this report seeks to amplify the perspectives of girls and highlight ways in which their voice, leadership and participation have been—and continue to be—crucial to both short-and-long-term response and recovery efforts. Finally, in order to inform future programming, policy development, research, and resource mobilization, this report provides recommendations for ways in which donors, practitioners, and other stakeholders can better identify and respond to the needs of girls in the midst of the crisis, with holistic, rights-based, and adolescent-centered initiatives. As findings suggest, although girls are facing unprecedented challenges, a range of innovative approaches have emerged to promote their resilience. Throughout the world, girls are leading the way in efforts to facilitate remote learning, share vital information, inform effective service provision, and engage in efforts to prevent and respond to violence. Adolescent-focused programming is also being tailored to support girls from diverse backgrounds—in order to build back more inclusively.

Taken cumulatively, this report highlights the powerful potential of adolescent girls—and of the critical importance of investing in them. When coupled with supportive community structures and necessary resources, girl-led action can be both impactful and cost-effective—within the context of COVID-19 and beyond.

II. Background

As of October 2020, the COVID-19 pandemic has resulted in more than 36,574,082 cases and 1,062,658 deaths worldwide with confirmed cases and deaths increasing daily, creating an unprecedented crisis on an enormous scale.¹ On a global level, there are more than 1.8 billion adolescents between the ages of 10-24, with nine out of ten living in low- or middle-income countries.² In light of the global nature of this crisis, adolescents worldwide are affected by the pandemic, which exposes them to unique challenges.

Although adolescents are as likely as adults to become infected with COVID-19, its impact on their health and rights differs significantly based on a host of individual and contextual factors, including their age, socio-economic status, family situation, educational opportunities, and the factors associated with the pandemic in the areas in which they live.

The COVID-19 crisis has also triggered dramatic reductions in education and health services; disrupted essential safety nets such as school feeding, subsidized health services, safe water and food programming; and caused the worst economic recession in more than 80 years. As a result of these conditions, many adolescents and their families have insufficient resources to meet their basic needs—a situation which is further compounded in contexts affected by conflict, natural disasters, and other humanitarian events.³ Refugees, migrants, and those affected by extreme poverty face an added risk of infection due to limited access to essential services as well as a decreased ability to engage in physical distancing and other preventive measures.

While these conditions impose significant hardships on all adolescents, girls are often among those most affected. At the household level, girls face increased responsibility for caregiving and domestic chores. If resources are scarce, families often prioritize educating sons over daughters, and girls may be given less access to food or other resources. In many places, restrictive gender norms also often limit girls' mobility and voice, reducing their access to basic health and education services and limiting opportunities for economic achievement and decision-making. Gender discrimination along with movement restrictions put in place to respond to the pandemic have also increased the risk of girls experiencing multiple forms of violence and other harmful practices such as child, early and forced marriage, contributing to a “shadow pandemic” of GBV globally.⁴

These patterns have been seen during prior disease outbreaks and epidemics. During the Ebola crisis in Sierra Leone, for example, school closures and reduced exposure to reproductive health programming resulted in a rise in sexual exploitation against adolescent girls, which was also associated with an

increase in early and unwanted pregnancy.⁵ Elevated rates of adolescent pregnancy also contributed to girls dropping out of school, and exposed them to additional development and protection concerns.^{6,7} The Ebola epidemic was also associated with increases in child labor, and girls began working to support their families in response to economic challenges—with rates in Sierra Leone increasing by 238% among adolescents between the ages of 12-17.⁸ Existing health services were also diverted to focus on Ebola-related care, resulting a rise in mortality due to a lack of preventative and acute medical care.⁹ In the end, negative health outcomes associated with these conditions resulted in more deaths than those due directly to Ebola, suggesting the potentially devastating impact of COVID-19 on the health, well-being and lives of girls.¹⁰



As COVID-19 threatens to reverse important gains in adolescent health, education, and well-being while also widening existing disparities, it is crucial that donors, governments, and other stakeholders recognize the unique impact of the pandemic on adolescent girls, and adapt programming to meet their needs. Due to a limited availability of data disaggregated by age, sex and disability, the perspectives and experiences of girls are often rendered invisible in existing reports and assessment exercises. There is also a shortage of reliable data on the prevalence of violence and other forms of harm experienced by girls due to a high number of cases that go unreported, as well as the challenges associated with gathering this type of information in crisis-affected settings.

This report draws upon available country data from CARE's work as well as external sources, in order to highlight the initial impact of the pandemic on the health, well-being and safety of adolescent girls as well as their access to, and involvement in, essential services. It further provides examples of program adaptations developed during the pandemic to highlight the ways in which projects have continued to respond in targeted ways across sectors to the unique needs of girls. Importantly, this report also seeks to amplify the perspectives of girls and highlight ways in which their voice, leadership and participation have been—and continue to be—crucial to both short-and-long-term response and recovery efforts. Finally, in order to inform future programming, policy development, research, and resource mobilization, this report provides recommendations for ways in which donors, practitioners, and other stakeholders can better identify and respond to the needs of girls in the midst of the crisis, with holistic, rights-based, and adolescent-centered initiatives.

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III. How Is COVID-19 Affecting Adolescent Girls?

Protection

As a result of conditions created by COVID-19, girls face an increased risk of exposure to harm. Prolonged lockdowns are likely to increase girls' exposure to violence within the home as economic and social stressors increase as a result of the pandemic. In contexts where internet access and cell phones are readily available, girls may also be more likely to experience online sexual abuse as a result of extended periods of virtual activity due to restrictions associated with COVID-19.¹¹ Movement restrictions and other security measures put in place due to COVID-19 in many settings also created additional barriers for girls seeking to report cases of violence or access specialized forms of care. Girls are also likely to face added challenges accessing support from community networks, peers and mentors—further exacerbating the risks of isolation and creating increased vulnerability.

Although reported cases represent only a fraction of the actual number of GBV incidents, available data suggest that cases are rising as a result of COVID-19. For example, reported cases of GBV have increased by 30% in France, 25% in Argentina, 30% in Cyprus, and 33% in Singapore since the start of the pandemic.^{12,13,14,15} Increased calls to helplines or in other mechanisms for reporting GBV incidents have also been documented since the start of COVID-19 in numerous other countries, including the United States, Canada, China, Australia, the UK, Lebanon, and Malaysia.^{16,17,18} While an increase in calls to helplines and other formal reporting mechanisms is suggestive of a potential pattern, it is also possible that some survivors may be less likely to be able to seek help if their perpetrators restrict their access to phones, technology, and other means of seeking support, reflecting the complexities involved understanding the full scale of the problem.¹⁹ In light of their age and developmental capacity, as well as the nature of their living situation, adolescent girls may face added challenges seeking help or reporting cases of violence—particularly those in rural areas or those with limited access to internet, mobile phones or other forms of technology. In recognition of these issues, on April 5th, 2020, United Nations Secretary-General Antonio Guterres called attention to what he described as a “horrifying surge in domestic violence” since the start of COVID-19.²⁰

Existing referral pathways and approaches for responding to reported cases of GBV and other child protection issues are likely to be changed or disrupted in places affected by COVID-19. Depending on the context, health facilities prioritizing COVID-19 response are likely to be less accessible as an access point to vital services for GBV survivors and girls with other protection concerns, requiring them to report their cases to providers from other sectors who may not be adequately equipped to respond to their disclosures. As a result, it is critical that staff across all sectors are aware of existing protocols for responding to GBV cases as well as how to connect survivors with needed services.²¹

In light of the widespread economic uncertainty that has emerged as a result of COVID-19, there is also an increased risk of exposure to sexual exploitation and abuse (SEA), as girls and their households are more likely to face shortages of necessary resources, girls may engage in sex for survival, a form of exploitation, to obtain access to these resources.²² Households experiencing poverty may also become dependent on international aid, which has a long history of being associated with various forms of SEA in exchange for food, essential supplies, or other types of humanitarian assistance.^{23,24} Due to security concerns and containment measures that have been put in place to prevent the spread of COVID-19, there is also likely to be an increase in checkpoints and other security personnel, including in and around vital transit hubs or access points for essential services, elevating the risk of SEA carried out by armed forces, police, or other relevant officials.²⁵ These types of conditions were associated with a rise in reported cases of SEA during the Ebola epidemic, suggesting prevention and mitigation approaches are also warranted within the context of COVID-19.²⁶



UNFPA estimates that 13 MILLION MORE child marriages could take place by 2030 than would have occurred prior to the COVID-19 pandemic.

In certain contexts, quarantine centers are being established by governments to contain and respond to the spread of COVID-19. Although physical separation of those at risk of transmitting infection is crucial from a public health perspective, these centers can place girls at an increased risk of experiencing multiple forms of GBV if they are not established in line with existing standards. For example, factors such as inadequate lighting, over-crowding, and the lack of sex-segregated water, sanitation and hygiene facilities can all increase the risk of violence.^{27,28}

In settings where schools have been closed as a result of the pandemic, girls miss out of the protective elements associated with formal education such as life skills, access to essential information, and connections with existing referral pathways and forms of support.²⁹ Although violence against girls can and does occur in and around school settings, the school environment also represents a vital safety net for girls, and school closures expose girls to new risks and vulnerabilities. Without the daily routine of education, out-of-school girls are also more likely to experience various forms of violence at the hands of relatives, neighbors, or others within their communities. Girls not in school are also more at risk of being subjected to sexual exploitation, human trafficking or other forms of harmful work.³⁰

In addition to facing increased exposure to violence, girls are also at an elevated risk of experiencing child early and forced marriage (CEFM). Families facing limited financial resources may be more likely to consider CEFM as a coping mechanism, an issue that itself a form of GBV, and one that is widely associated with increased rates of violence, restricted access to education, and negative health and developmental outcomes.^{31,32,33}

UNFPA estimates that 13 million more child marriages could take place by 2030 than would have occurred prior to the COVID-19 pandemic.³⁴ At the same time, programs that work to end CEFM are struggling to operate in their original format due to necessary safety precautions. There have already been anecdotal reports of CEFM increasing, even amid shelter-in-place directives.^{35,36} As mobility restrictions ease up and the effects of the pandemic linger, this trend is likely to continue. It is difficult to collect primary data about CEFM in this context, although prior research indicates that it likely to increase during times of crisis.^{37, 38} While CEFM is rooted in gender inequality, it is exacerbated by economic crisis and a lack of access to education—all of which are occurring in the midst of the pandemic.³⁹ Without decisive action to stop this trend, it will have dramatic implications on the lives of girls and society as a whole for generations to come.⁴⁰

Adolescent girls are not mentally, physically or emotionally prepared for marriage and motherhood. When a girl gets married, her education often stops—affecting her ability to exercise agency throughout her lifetime.⁴¹ Furthermore, married adolescent girls are more likely to experience early and frequent pregnancies, which can lead to multiple health complications, and in some cases, death.⁴²

Although it is widely understood that GBV, CEFM, and other forms of violence against girls are occurring, and that cases are likely to increase as a result of the pandemic, precise estimates regarding rates of violence or how these figures may have changed in the aftermath of COVID-19 are difficult to determine. Even prior to the pandemic, there are multiple circumstances that lead girls not to report their cases or seek out formal forms of support. For example, fear of retribution by perpetrators or concerns around

experiencing stigma by peers, relatives or community members may lead survivors not to come forward. As previously described, the circumstances created by COVID-19 also make it increasingly difficult for girls to report their cases or access care even if they would like to do so due to movement restrictions or disruptions in vital services. Likewise, interventions to mitigate the risks and effects of child marriage have had to adapt their modality or pause programming altogether. As a result of these issues, data on reported cases only represent a fraction of the total number that are occurring, and obscure the multi-faceted ways in which girls are exposed to multiple forms violence in the midst of pandemic, and experience challenges seeking out needed forms of support.

With these limitations in mind, incidental reports and initial data gathered by CARE suggest that GBV and other forms of violence against girls continue to be issues of concern in the midst of the pandemic. For example, in Mali, two separate studies found that girls believed violence and early marriage had increased as a result of the pandemic.^{43,44} Similarly, a survey carried out by CARE in Niger found that married girls reported increased rates of sexual violence carried out by their husbands since the start of COVID-19-related restrictions and mitigation measures.⁴⁵

In Ecuador, CARE staff identified an increase in cases of unaccompanied, pregnant adolescents as a result of the COVID-19 crisis and noted that many of these girls are also survivors of child marriage. CARE staff also reported cases of adolescents ending up in situations of sexual exploitation in order to feed their families.⁴⁶

Sexual and Reproductive Health and Rights

Even prior to the pandemic, adolescents faced gaps in access to essential health services. For example, 2019 data collected from the Guttmacher Institute suggest that 43 percent of adolescents ages 15-19 years old who desired to prevent pregnancy were not using modern contraception, resulting in an additional 10 million unplanned pregnancies and 5.7 million abortions annually, many of which were unsafe.⁴⁷ Even when adolescents are able to seek reproductive healthcare, girls often encounter bias or stigmatization based on their age, marital status, fertility, class, or other factors.⁴⁸ At a policy level, restrictions such as the United States' expanded Mexico City Policy continue to limit adolescent access to a full spectrum of reproductive health services, including safe abortions. Not only has this policy resulted in a "chilling effect" of reproductive health provision due to fear or confusion over compliance, but many researchers and service providers predict it may lead to increases in maternal mortality, unsafe abortion, and unintended pregnancy, especially for already vulnerable populations.⁴⁹ This is particularly concerning in light of the fact that adolescent pregnancy and birth remain the leading cause of mortality for girls globally.⁵⁰ Adolescent pregnancy is also associated with other health complications such as higher risk of eclampsia, puerperal endometritis, infections, obstetric fistula, and preterm or underweight newborns.⁵¹ Compared to adult women, adolescents are more likely to have unsafe abortions and less likely to seek care when experiencing complications.⁵²

Key to combating the impact of adolescent pregnancy and unsafe abortion is comprehensive sexuality education as well as the provision of voluntary, rights-based family planning to adolescents, which offers the potential to improve adolescent girls' economic and educational attainment, and reduce government costs for maternal and health care.⁵³ While significant progress has been made globally in some areas of adolescent reproductive health in recent years, the pandemic threatens to upend the initial gains in healthcare provision and access.⁵⁴ At a health systems level, key challenges include reduced clinic hours or closures, limited service availability within health facilities, disrupted contraception and HIV commodities supply chains, the diversion of clinical staff to COVID-19 activities, and a lack of personal protective equipment.⁵⁵ At an individual level, clients may also face challenges accessing health facilities due to limited mobility or fear about contracting COVID-19.⁵⁶ While these issues affect women and girls of all ages, adolescents are likely to be more severely impacted due to their age and developmental stage.



While projections vary, it is estimated that a three-month disruption in health services could result in between 13-44 million women and girls being unable to use modern contraceptive methods and could lead to an estimated 325,000-1,000,000 unintended pregnancies.⁵⁷ Similar modeling has demonstrated that reductions in access to care could have devastating impacts on adolescent girls. For example, a 12% average decline in modern contraceptive use, 25% decline in pregnancy care, and 23% shift from safe to unsafe abortions could result in an additional 734,000 unintended pregnancies, 134,000 obstetric complications, 3,400 maternal deaths, and 491,000 unsafe abortions to adolescent girls.⁵⁸ Given that adolescents already face barriers in accessing services, these challenges threaten to further exacerbate adolescent health and girls' ability to pursue education and vocational opportunities.

Alongside other reproductive health concerns, menstruation remains a challenge for women and adolescent girls. Even in the best of times, adolescent girls are often uninformed about menstruation or menstrual hygiene management (MHM) options before menarche. Access to key information, products, water, soap and privacy are even more challenging during COVID-19, when people are at home more often (decreasing privacy and availability of water and soap), when school and private supply chains for pads are reduced and when there is less access to peers and teachers who may instruct girls about menstruation.⁵⁹ For adolescents who are already menstruating, they may now be using unfamiliar products to manage menstruation (such as cloth pads) and may lack information on how to safely and hygienically use these products.⁶⁰ A study conducted in Somalia in 2019 indicated that 55% of adolescent girls were reusing disposable sanitary pads, and 26% of girls used reusable pads before they were fully dry—representing health risks.⁶¹ In particular, girls who rely on menstrual products and education through schools and NGO programs are likely to be significantly impacted by COVID-19, as these services are likely to be suspended during the pandemic.⁶² This lack of access to essential services and products is also likely to lead to an increase in reproductive tract infections.⁶³ Finally, as girls' privacy is diminished while at home during the pandemic, they face an increased risk of experiencing stigma or other forms of harm, as men may see menstruating girls as “ready for sex.”^{64,65}

In 2020, CARE conducted a series of regional Rapid Gender Analyses to assess the impact of the COVID-19 crisis. Across geographical contexts, examples have emerged of reduced access to lifesaving, essential reproductive health services, such as family planning, health facility access, ante- and postnatal care, HIV treatment and prevention, and safe delivery. Adolescent girls highlighting rising costs and economic challenges as barriers to accessing health care.⁶⁶ Girls also shared examples of long wait times at clinics, limited mobility, and a lack of trust in providers due to a fear of contracting COVID-19.⁶⁷ While in some cases, trends in service provision were similar for women and girls, preexisting disparities in access, as well as challenges unique to adolescent girls' ability to obtain healthcare, threaten to exacerbate adolescent morbidity and mortality. For example, preliminary data from Nigeria and Cox's Bazaar demonstrate that following lockdowns, when compared to adult women, adolescent clients may continue to lag in obtaining essential reproductive health services.⁶⁸

Adolescent girls are also vulnerable to broader health-system impacts of the pandemic.⁶⁹ As previously described, adolescents seeking reproductive health services face added challenges in accessing care, and these patterns are likely to increase as a result of COVID-19.⁷⁰ For example, in Latin America, a recent CARE, UNFPA, and UNICEF report on adolescent pregnancy found that, aside from Uruguay and Chile, most SRH services for adolescent girls were being disrupted due to supply chain challenges, the diversion of sexual and reproductive health equipment, resources, and personnel to other health activities, and the impact of movement restrictions on girls' ability to seek medical care.⁷¹ In Ethiopia, CARE's Towards improved Economic and SRH outcomes for Adolescent girls (TESFA+) project similarly identified that contraceptive stock outs led to some adolescent girls needing to wait for months to receive their preferred method of contraception, placing them at risk for unplanned pregnancy. In addition, adolescents who were able to access services reported that the quality had declined due to provider concern around the risk of infection.⁷²

Service access for girls in remote areas, or those affected by conflict or other humanitarian events have been particularly limited. For example, in DRC and Chad, CARE found that mobile outreach services—which are critical to service delivery for adolescents—were halted due to COVID-19. Similarly, anecdotal evidence from CARE's IMAGINE project in Bangladesh noted that reduced service hours and the suspension of community visits from frontline health workers restricted avenues to access to contraception, particularly at the community level. Adolescents living in fragile or crisis-affected settings are especially vulnerable to poor reproductive health outcomes. For example, initial data gathered by CARE in Colombia found a rise in unplanned pregnancy, especially for adolescents under the age of 14, as well as an increase in maternal mortality and sexually transmitted infections.⁷³

A study conducted by CARE in June 2020 also found that 47 percent of Syrian refugee women in Turkey reported that their menstrual hygiene needs were not being adequately addressed during the crisis—more than double the proportion of Turkish women with unmet needs.⁷⁴ Similarly, in Jordan, 55% of women in urban areas and 24% of women camp residents reported unmet menstrual hygiene needs.⁷⁵ In Ethiopia, adolescents identified that as a result of the pandemic, participants were no longer able to purchase disposable pads given the diversion of limited financial resources to meet other basic needs.⁷⁶

While adolescents' need to access essential sexual and reproductive health care remains during times of crisis, these needs are often not prioritized by donors, governments or implementing organizations. In some cases, existing funding for these services have been re-allocated to support other sectors.⁷⁷ For example, in Niger, health workers identified reductions in girls' ability to access contraception at health centers because health workers were diverted to provide COVID-19 testing and prevention services. Similarly, in Malawi, a fistula center was converted into a COVID-19 treatment center, reducing critical access for vulnerable women and girls.

CASE STUDY: Preliminary Findings—Reductions in Adolescent Family Planning and Antenatal Care During Lockdowns

CARE program data collected during the pandemic suggests significant reductions in adolescent family planning and antenatal care among girls ages 15-19 years old. For example, data from 662 antenatal visits and 666 family planning visits were analyzed from Cox's Bazaar, Bangladesh, revealing that girls' use of family planning services fell by 62% from January-May 2020, while antenatal care similarly fell by 65%. This decrease in service utilization coincided with lockdowns that began in March 2020 as a result of the pandemic.

Similarly, in Nigeria, CARE examined data from 201 family planning visits, and found a steep decline in family planning services among adolescent girls as a result of COVID-related movement restrictions. Family planning use among adolescent girls declined by 66% as compared to a decline of 46% experienced by adult women, suggesting adolescent girls faced more limited access to essential care.

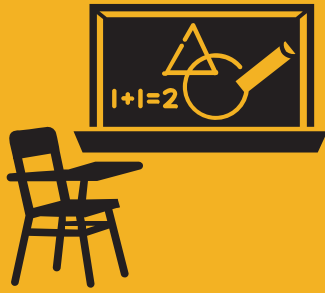
In Nigeria and Bangladesh, access to family planning and antenatal care rose more slowly among adolescent girls as compared to adult women. In Cox's Bazaar, adolescent uptake of contraception in June increased by 25%, compared to 65% for adults, and antenatal care increased by 42%, compared to 61% for adult women. In Nigeria, adolescent contraception use similarly experienced a slower increase compared to adult women, increasing only 39% in June for girls compared to 52% for adult women.

While the overall sample size for adolescents in both projects remains low, these preliminary data suggest that adolescents, like adult women, obtained fewer family planning and antenatal services overall as compared to women, and that these differences were particularly pronounced during COVID-related lockdowns. These data also demonstrate that at the end of lockdowns, family planning and antenatal care services increased. These findings are in line with global data suggesting that lockdowns and other disruptions related to COVID-19 (supply chain, service provision, etc.) are resulting in barriers the access and utilization of sexual and reproductive health care. While these findings do not establish a causal relationship between lockdowns and service utilization, they do suggest that lockdowns—alongside other policy and societal changes related to COVID-19—may impact the ability of adolescent girls to obtain care.

Education

Education represents an essential human right during times of crisis and beyond and is crucial for promoting girls' development and well-being. In contexts throughout the world, access to education presents an opportunity for girls not only to learn, but to receive food and essential information, engage with peers, and benefit from psychosocial support. Remaining in school is also a known protective factor against adolescent pregnancy and other protection risks.⁷⁸

As a result of school closures, lockdowns, and other measures put in place to respond to COVID-19, girls' access to education has been severely disrupted, along with the many benefits it brings. It is estimated that 1.2 billion children are out of school as a result of the pandemic, with 80% living in developing countries.⁷⁹ While remote education opportunities have been provided in many countries using a variety of formats, including radio, television, and mobile platforms, girls in rural areas or those affected by poverty often lack the means and support to participate in these opportunities. For many girls, heavy workloads, financial constraints, and limited access to the internet and other forms of technology represent significant barriers to education, with challenges increasing exponentially for those in settings affected by conflict or displacement.⁸⁰



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Josh Estey/CARE

Families find themselves unable to pay fees for all children, parents may decide to remove daughters from school to allow sons to continue. As previously described, girls also face an increased risk of being forced to leave school due to early marriage or household obligations. One study estimated that an additional 20 million girls of secondary school age may find themselves out of school as a result of the pandemic.⁸¹ Out-of-school girls face increased protection risks that, along with ongoing economic hardship, can reduce their likelihood of ever returning to school. During an assessment conducted by CARE in Mali after the start of the crisis, 7% of adolescent girls indicated that they are unlikely to return to school, compared to 1% of the boys.⁸²

In contexts where private and community-owned schools provide a large share of education services, the economic crisis may also contribute to a general reduction of system capacity. In Central South Somalia, for example, 93% of students are enrolled in community-owned, private or NGO-supported schools that heavily rely on school fees, which are covered to a significant degree by diaspora remittances.^{83,84} As a result of COVID-19, remittances have decreased in this region by 30-50%, placing many schools at risk of closure and eroding previous gains in access for adolescent girls.

Disruptions to girls' education and daily routines along with elevated protection and health concerns created by the pandemic also expose girls to an increased risk of experiencing negative psychosocial outcomes. For example, research conducted by CARE in Somalia in 2019 found that 31% of girls interviewed reported experiencing anxiety and/or depression on a daily, weekly or monthly basis.⁸⁵ A follow-up study conducted with the same population in mid-2020 using the same measures found that 62% of girls reported experiencing anxiety, and 60% reported experiencing symptoms of depression.⁸⁶ These findings are supported by additional studies conducted by CARE in 2020, which found high reported rates of anxiety (54%) and depression (56%) among girls in Mali,⁸⁷ and an estimated 30% of girls in Afghanistan reporting either depression or anxiety.⁸⁸

Although determining the casual nature of these findings requires further investigation, it is plausible that the conditions created by COVID-19 have contributed to these outcomes, and that the multiple stressors girls have experienced as a result of the pandemic are taking a toll on their psychosocial well-being. Psychosocial distress holds the potential to have a negative impact on girls' lives—including their ability to learn and stay in school. For example, a study conducted by CARE in Somalia found that average literacy scores were 14% lower among girls facing anxiety and/or depression.⁸⁹ Similarly, another study by CARE in Somalia found that school-age girls with depressive symptoms were 21 percentage points less likely to transition to upper grades.⁹⁰ These findings highlight the potentially harmful impact of psychosocial distress on girls' education, development and well-being, and the urgent need to address these issues in the midst of COVID-19 and beyond.

Food Security and Economic Empowerment

As a result of the pandemic, girls experience an increased risk of food insecurity due to market disruptions, pressure on land and water resources, and gendered disparities which are often exacerbated during times of crisis. Current estimates posit that an additional 130 million people may experience food insecurity in 2020 as a result of income shrinkage due to the pandemic. In settings throughout the world, COVID-19 threatens to disrupt food supply chains. When combined with food price inflation and income loss, these conditions elevate the risk of food insecurity, especially in crisis-affected settings, areas hard-hit by climate change, and regions already experiencing widespread food insecurity.⁹¹ Adolescent girls in many settings already face limited access to food—often eating last or least when options are scarce, and this pattern is only likely to increase as households face added burdens associated with COVID-19.

Initial data gathered by CARE in Somalia following the start of the pandemic found that 33% of girls interviewed reported experiencing food insecurity and 47% reported insufficient access to water during the past ten days.⁹² The closure of schools—and subsequent suspension of school meals—further point to the suspension of a safety net that supports nearly 368.5 million children globally.⁹³ At the same time, adolescent girls face unique nutritional needs, especially for those who are pregnant, breastfeeding, or those who have reached menarche. Without access to nutritious food, adolescent girls are especially at risk for adverse health outcomes such as anemia, which in turn elevates girls' risk of maternal mortality as well as reduced brain and physical development.⁹⁴

Due to the conditions created by COVID-19, fragile, low-income country economies are expected to contract by 4.6% in 2020 alone.⁹⁵ Within this context, economic empowerment and livelihood opportunities for girls are likely to significantly decline. Similarly, existing training opportunities for girls have seen rapid declines due to financial difficulties as well as mitigation techniques put in place to curb the spread of infection.⁹⁶ Youth clubs and village savings and loan associations (VSLAs) also face disruptions, reducing opportunities for informal skill-building and peer engagement. Disrupted access to these activities increases the risk of youth unemployment and limits girls' career options and future earning potential. These conditions exacerbate obstacles to finding work for girls who, in general, experience higher rates of unemployment.⁹⁷

The COVID-19 pandemic also increases the risk of child labor, trafficking and harmful work as girls face pressure to support themselves and their families through income generating opportunities.⁹⁸ Girls also carry a disproportionate labor burden during normal times, and this trend only increases during times of crisis. As a result of household economic strain brought on by the pandemic, girls are often faced with the responsibility for food preparation, harvesting, as well as caring for ill or elderly household members. In settings where girls are asked to travel long distances to collect water for their households, they also face an increased risk of harassment or attack from a range of perpetrators.⁹⁹ The increased burden at home also limits girls' ability to pursue education, vocational training and employment opportunities.¹⁰⁰

CASE STUDY: Access to Education and Involvement in Unpaid Work Among Adolescent Girls in Nigeria and Bangladesh

In 2020, CARE conducted surveys with adolescent girls in Nigeria and Bangladesh on the ways in which the COVID-19 crisis has affected their lives. Key findings that emerged included challenges with access to education as well as a high percentage of girls being involved in unpaid work.

In **Nigeria**, for example, CARE found that out of 308 adolescent girls, 69% (212 girls) had been to school in the last year. Of girls who reported not being in school, 34% (58 girls) noted that their lack of attendance was due to insufficient financial resources to cover the cost of school fees and other essential supplies. An additional 13 girls (8%) reported that they were not in school because they had to work in order to help support their families, suggesting that 42% of girls not in school from the sample could be attributed to economic challenges at the household level. In addition to these figures, 33% (56 girls) of out-of-school girls cited school closures as the reason that they were not attending.

Among girls participating in the survey, 56 % (172 girls) reported involvement in unpaid work, with 48% (83 girls) working 1-5 hours per week, followed by 26% (44 girls) working 6-10 hours per week, and 20% (34 girls) working 11-20 hours per week. Among girls who reported involvement in unpaid work, cleaning and household chores was the most commonly reported type (47%; 80 girls), followed by selling items in a marketplace or other location (35%; 60 girls), and childcare (33%; 57 girls).

In **Bangladesh**, data collected with 100 girls in Cox's Bazar found that 96% (96 girls) had been in school at some point, although only 66% (66 girls) reported attending in the past year. Of girls who reported not attending school, 50 girls (76%) identified social barriers to girls' education during puberty or lack of parental consent as the primary reason they were not attending, followed by 59% (39 girls) who reported not being in school because it was closed. Unlike the data from Nigeria, economic constraints were not listed as a primary driver for girls being out-of-school.

Among girls participating in the survey, 68% (68 girls) reported involvement in unpaid work, with 31% (21 girls) working more than 20 hours per week, followed by 25% of girls working 1-5 hours per week, and an equal percentage 22% (15 girls) working 6-10 and 11-20 hours and per week. Among girls who reported involvement in unpaid work, cleaning and household chores was reported by the vast majority of girls (91%; 62 girls), followed by childcare or taking care of those who were sick, which was mentioned by 16 girls (24%).

While the samples sizes and demographic characteristics in these populations differ, and causal linkages cannot be made between the onset of COVID and the outcomes reported above, these findings support what is known in other contexts regarding the ways in which girls in settings of crisis often experience barriers to their education, as well as a greater burden of unpaid labor as compared to boys. As these issues are likely to be exacerbated in the midst of the pandemic, urgent attention is needed in order to promote girls' access to education and overall well-being.

IV. Program Adaptation and Girl-Driven Solutions in the Midst of COVID-19

In light of the complex ways in which the pandemic has impacted the health, safety and well-being of girls, ensuring their continued access to essential services represents a crucial part of response efforts. Across sectors, achieving this goal requires significant adaptation as well as the investment of necessary resources. Another key part of this process involves elevating the voices of girls themselves and supporting opportunities for their leadership and participation.

During the COVID-19 pandemic, this objective has become even more crucial, as girl-led action enables interventions to be relevant and sustainable. When combined with support from families and communities, girls can shape the future in powerful ways.^{101,102}

This section presents multisectoral programmatic examples that highlight adaptations that have been developed during the pandemic, in partnership with adolescent girls, community members, government officials, and other key stakeholders. Taken from examples that have emerged from CARE's work, the following primary strategies have been identified: 1) Girl-Informed Assessment, Planning, and Accountability Efforts; 2) Girl-Centered Outreach and Sensitization; and 3) Innovative Approaches to Service Delivery, Community Support and Systems-Strengthening.

Promising Strategy #1: Girl-Informed Assessment, Planning and Accountability Efforts

The first promising strategy that has emerged across CARE's COVID-19 response programming is to enable the active participation of adolescent girls' in shaping and driving effective assessment, planning and accountability efforts. In many cases, girls have directly contributed to data collection efforts to help inform girl-responsive programming in response to COVID-19. In **Nepal**, for example, young female activists trained by CARE's Tipping Point project participated in COVID-19 survey data collection to examine the mobility of girls in the community. Due to movement restrictions put in place as a result of the pandemic, selected sites for the research would have been inaccessible to the original project team, although due to their proximity, contextual knowledge, and connections, girl leaders were able to reach study locations with limited restrictions, enabling the survey to continue. Girls who collected the data will present findings to community members and directly use study findings to engage in advocacy efforts focused on promoting the rights and mobility of girls in the midst of the pandemic.



In **Malawi**, in partnership with adolescent leaders, CARE testing innovative solutions to promote girls' health during the pandemic. Through this initiative, CARE is building upon its prior work on the Community Score Card (CSC), a social accountability approach that promotes community-led analysis and action. As part of this process, CARE is working with youth leaders and health workers who were engaged in CSC programming in the past to pilot a digital version of the CSC that is focused on the situation of adolescents in the midst of the COVID-19 pandemic. Learning from this pilot will be used to inform similar efforts in other countries in order to empower adolescents to hold service providers accountable for their health and rights. In addition, youth leaders across Malawi who participated in leadership activities supported by CARE prior to the start of the pandemic are sharing information on the needs of young people with peers and community members using existing technology.

In **Ethiopia**, when health activities for married adolescents were closed as a result of COVID-19, CARE sought the advice of young female group leaders during response planning to identify appropriate alternate locations for the distribution of hygiene materials, and to determine where face masks and other protective equipment could be locally procured. Adolescent leaders also advised CARE staff on the needs of girls in the community as a result of COVID-19, and potential ways in which programming could be adapted in response.

In **Burundi**, CARE organized a social innovation challenge for youth-led and civil society organizations to rapidly identify solutions to respond to the health and rights of vulnerable communities during COVID-19, especially in camps for refugees and internally displaced persons. Ultimately, two winning ideas were selected from young people, who were offered an internship with CARE to develop, prototype, and test their innovations with potential end users of the products. The selected ideas included a digital awareness-raising initiative focused on COVID-19 risk communication using art to share messages with internally displaced persons, as well as a method for using recycled plastic to build latrines to support environmentally friendly, sustainable solutions. After piloting these new approaches, CARE Burundi is exploring opportunities to finance these initiatives at scale.

CASE STUDY: EMpower: The Emerging Markets Foundation's Learning Communities Initiative

CARE's EMpower Learning Communities project provides leadership training and mentorship to girls, equipping them to engage in advocacy. Since the start of the pandemic, girls in the program have focused their advocacy and action on COVID-19.

Where girls have access to mobile phones and internet, EMpower mentors have formed WhatsApp circles with girls and held weekly sessions that feature topics based on the feedback of girls. Mentors have also hosted virtual watch parties and book clubs, and conducted cash transfers through e-wallets. For girls who do not have access to necessary technology, the program delivers reading materials to girls and operates a resource library that facilitates access to mobile phones, laptops, tablets, reading materials and documentaries. Girl leaders from the program have also become involved in distributing hygiene supplies to others in their community.

Promising Strategy #2: Girl-Centered Risk Communication, Community Engagement and Advocacy

The second promising strategy that has emerged throughout CARE's COVID-era work involves supporting girl-centered risk communication, community engagement and advocacy efforts. As part of this process, CARE is ensuring that girls have access to accurate information on COVID-19 and its implications on the safety, health and well-being of girls. These efforts are particularly important in areas where misinformation

or myths on the nature of the virus are prevalent, in order to counter the spread of inaccurate accounts regarding how the disease is spread, or prevention measures that can be adopted. CARE has also worked to ensure uninterrupted access to information on sexual and reproductive health, protection, and vocational training. Taken together, these communication and community engagement activities aim to ensure that girls are informed and empowered to make appropriate decisions affecting their lives.

In some contexts, girls have actively engaged in community outreach and risk communication associated with COVID-19 mitigation techniques and available services. In **Niger**, for example, CARE provided training on COVID-19 risk communication to community management committees that included both adolescent girls and adults. Girls worked with committee members to develop localized messages centered around the risks associated with COVID-19 and how girls and broader community members can protect themselves. Due to their role in the committee, girls directly informed overall messaging and outreach strategies for ensuring that adolescent girls, including vulnerable sub-groups, were reached.

In **India**, participants in girls' collectives (Kishori Samooh) who had received training prior to the pandemic are now working to disseminate information about COVID-19 and clarify misconceptions about how it is spread. As part of this process, girls developed posters and messages that resonate with their communities. Similarly, a network of youth-led organizations in **Cote d'Ivoire**—whose advocacy capacity and social capital had been strengthened through a year-long partnership with CARE—were approached by local health authorities to lead community-based outreach with adolescents about COVID-19 prevention and mitigation approaches, as well as to provide information about accessing essential health services. In **Sudan**, CARE has worked to amplify the efforts of youth associations and support their ability to share COVID-19 messaging in hard-to-reach locations, including with other adolescents. In each of these examples, CARE's pre-COVID investments in strengthening the capacity and social capital of girls collectives and youth-led groups, as well as helping strengthen their connections to local leaders—laid the groundwork for these groups to mobilize as change agents in their communities.



In addition to efforts led by girls' themselves, adopting innovative communication and outreach strategies to safely reach girls has been an essential part of CARE's girl-centered approach. In **Bangladesh**, for example, staff used mobile phones to reach girls with information and support when in-person services were suspended due to the pandemic. Health workers also contacted couples by phone to coordinate access to contraception. In Nepal and Bangladesh, girl activists involved in CARE's Tipping Point project have used the skills they learned during remote training sessions on COVID-19 to engage in sensitization efforts. For example, one girl learned how to make face masks through her involvement in the program, and sold more than 200 handmade masks within her community—thereby promoting known mitigation techniques while also increasing her income-generating potential. Similarly, in **Rwanda** CARE engaged in mass media communication strategies, including adolescent-focused, age-appropriate radio talk shows named "Ask Auntie," after the role of village aunts as sources of advice for girls. CARE staff also sent text messages to girls with essential information pertaining to GBV prevention and response, health services, and issues pertaining to economic empowerment. In **Mali**, CARE's Education programming disseminated COVID-19 messaging through the use of WhatsApp, reaching 33% of the adolescents participating in the project.



In **Colombia**, CARE is working with adolescent leaders to implement a community awareness campaign on adolescent health through the use of diverse platforms, including murals, plays, and social media. As part of this process, girl leaders will serve as focal points in their communities pertaining to the health and rights of girls in the midst of the pandemic. In order to respond to challenges created by COVID-19, CARE is also working to establish a phone and WhatsApp hotline that girls can use to access essential information related to sexual and reproductive health and available services. In partnership with local organizations, CARE is also seeking to establish mobile clinics and telemedicine opportunities to reduce barriers to access in vital information and forms of care for girls.

In **Somalia** and **Afghanistan**, CARE is working with community and religious leaders, teachers, and girls' clubs to conduct messaging around COVID-19 and known mitigation techniques. As part of this process, CARE is working to ensure that messages are translated into local languages, while also providing personal protective equipment and hygiene supplies to teachers and students. Initial evidence gathered by CARE suggests these efforts have been effective, with approximately 99% of girls in both countries reporting awareness of key messages, although there was variation across particular mitigation measures.

Finally, in **Benin**, CARE is adapting the work of community- and school-based youth groups to promote positive information, knowledge, and practices around sexual and reproductive health. During the pandemic, the project organized competitions for girls to demonstrate their knowledge of reproductive health. Participants were divided into groups, and competed against of "jury" for prizes and financial support.

CASE STUDY: Girl-Led Network in Ecuador

A prime example of girls' leadership and participation can be seen in the National Network for the Defense of Children's and Adolescents' Rights (RODNNA), which was established in June 2020 by adolescent girls in Ecuador in the aftermath of the COVID-19 pandemic. After attending a virtual national forum for children that was focused on discussing the impact of COVID-19 in the situation of children and adolescents, a group of three girls identified the need to have a space where girls could discuss their unique concerns and engage in advocacy and civic engagement. Ultimately, the goal of RODNNA was to establish a girl-led platform by which participants could discuss ideas, share their concerns, and advocate for solutions in their communities and the country more broadly. The founders of RODNNA established the network out of a feeling that girls' voices were not being adequately prioritized, and that there was not sufficient opportunity for girls to participate in advocacy, planning and decision-making. As one of the founders of RODNNA described, "We girls were sub-estimated. Not only because of our age, but also because of our gender. "Since its formation, RODNNA has grown in size, and is now supported through technical assistance and training by a network of 26 organizations, including CARE, World Vision, Child Fund, and UNHCR. Although supported by adults from partner agencies, RODNNA remains girl-led.

When asked about how COVID-19 has affected adolescent girls in Ecuador, members of RODNNA highlighted education as the most pressing need, particularly for those in rural areas. As movement restrictions and mitigation measures have forced schools to close, girls without internet access, or those who lack computers and other electronic devices, have faced severe limitations in their ability to participate in remote learning. According to a national media, because of pandemic, 40,270 children were not registered for the beginning of the school year in the Ecuadorian Amazonia and Highlands regions.

Girls reported that the pandemic has also resulted in an increase in internal displacement and migration, which has been associated with a host of protection concerns such as child labor and harmful work as families have faced economic shortages as a result of COVID-19. RODNNA members also described gender-based violence as an issue of significant concern, and noted that this is especially true in the case of girls who are forced to live in houses with their perpetrators as a result of lockdowns and other restrictions put in place to respond to the pandemic. Even before the pandemic, violence against girls was an issue of concern, with 2019 estimates from the National Institute of Statistics that 31% of adolescent girls ages 15-18 had experienced psychological or sexual violence, and 10% of adolescents faced gynecological and obstetric violence during pregnancy and delivery.

Girls also described the situation of adolescents living in rehabilitation centers and in detention as particularly at risk, with conditions created by COVID leaving them without access to information or enough food and other necessary resources. RODNNA members also described early pregnancy as being on the rise since the start of the pandemic, noting that adolescent girls faced added challenges in accessing health care and other essential forms of support. Current evidence suggests that, among girls ages 10-17, eight out of ten causes of hospitalization are related to childbirth, pregnancy complications and abortion, suggesting an urgent need for action in this area.

In response to these challenges, RODNNA has worked across its membership to propose solutions to help improve the situation of girls in Ecuador affected by the pandemic. Among their top priorities, girls identified a need for the allocation of resources to promote girls' access to education, including through adaptive means that reflect the changes that have been implemented in response to COVID-19.

CASE STUDY: Girl-Led Network in Ecuador, cont.'d

The RODNNA network has started a campaign focused on the issue of girls' education, and is advocating for technology equipment and capacity-building to be provided to teachers to increase their ability to provide remote learning, and for necessary supplies to be provided for girls to enable them to participate. RODNNA members also described an urgent need for information to be provided to girls on how to access essential health care, including services to address their reproductive needs. Girls also highlighted the need to utilize cell phones and other innovative approaches to reach girls and promote access to essential services. For example, girls mentioned that numbers have been RODNNA members also highlighted a need for additional data on how the pandemic is affected girls in order to inform the allocation of resources and other programmatic strategies by key decision-makers.

As a longer-term goal, RODNNA is also working to propose changes to the National Code for Children's and Adolescents' Protection (a national policy), in order to promote measures that provide greater protection for girls. For instance, the prohibition of domestic work for adolescents, since it implies situations of precariousness, violence and even sexual abuse. This prohibition was included in the draft Code that is being discussed by the National Assembly in first debate.

As the work of RODNNA exemplifies, even in the midst of a pandemic, girl-led action can result in transformative action which can help lead countries through the rebuilding and recover process—in the midst of COVID and beyond.



Daniel Romana/CARE

CASE STUDY: CARE's Tipping Point Initiative Engaging Adolescents and Families Through Mobile Phones

CARE's Tipping Point Initiative, currently implemented in Nepal and Bangladesh, aims to prevent child early and forced marriage (CEFM) by promoting girls' self-determination and activism and working to change harmful social norms. As part of this process, CARE and its partners facilitate dialogue sessions with girls, boys, parents, and community leaders on key topics related to gender equality and transformation and other protection issues. Community members also participate in discussion groups around key topics pertaining to the drivers of CEFM and prevailing social norms. A central goal of this program involves providing the space for adolescent girls to identify potential solutions to the challenges girls face and advocate for needed change.

As a result of COVID-19 and the corresponding mitigation measures that governments in both countries have put in place, girls participating in the project have faced significant mobility restrictions. In response to these challenges, program staff have adapted communication sessions to be done over the phone, allowing participants, including parents, to continue to connect with peers and critically engage with content related to girls' rights during this period. Of the participants who could be reached by phone, the attendance rate for remote sessions with adolescents in Bangladesh was 86%, and 87% in Nepal, representing a significant reach.

Despite the success of remote programming, its implementation required careful consideration of ethical and logistical issues in order to carry out activities with the "do no harm" imperative in mind. Program staff obtained informed consent and assent from caregivers and girls prior to their involvement in remote sessions. Staff also worked to organize activities at a time that was convenient for most participants, and to ensure that they were aware of the updated schedule. In light of the participatory nature of Tipping Point activities, facilitating girls' involvement and discussion was especially crucial. Since all sessions were taking place remotely, staff revised program content in order to enable them to be completed in a shorter time period than what would ordinarily be done in person. Staff also decided not to cover any topics pertaining to violence, sexuality, or other sensitive issues, as doing so without the appropriate level of in-person support and follow-up care could expose girls to potential harm.

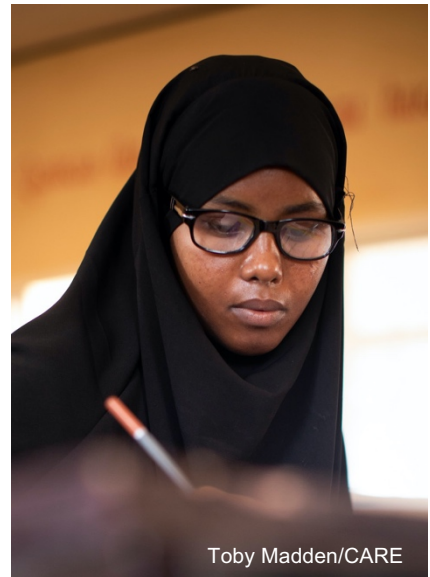
As findings from this model suggest, remote programming has provided a valuable opportunity for girls and other participants to foster social connections and receive support during a period that would otherwise be defined by relative isolation.

Promising Strategy #3: Innovative Approaches to Service Delivery, Community Support and Systems-Strengthening

CARE and its partners are constantly working ensure the continuity of essential services through innovative approaches that adapt to the unique challenges posed by the pandemic. Movement restrictions, lockdowns, and other mitigation measures have disrupted access to health, education and other services in many contexts, and adaptation is critical to ensuring that girls' rights, safety, and well-being can be upheld. As systems struggle to roll-out new service modalities, there is also a growing need to adapt approaches to meet the needs of girls who lack the connectivity, efficacy, time and means to access them. Outlined below are some of the innovative ways in which CARE programs are innovating and pivoting to ensure continuity and access to key services.

Remote Learning for Education Programs:

CARE's Education programming, the use of remote learning has been a primary means of adaptation, as well as a strategy for strengthening the broader education system. In contexts such as **Afghanistan** and **Somalia**, for example, projects are providing printed materials to girls for self-study, and are remotely training teachers to equip them to support students who are struggling. CARE projects have also provided electronic devices or alternative study materials for students in remote areas or those without access to necessary technology in order to enable them to access educational content prepared by Ministries of Education. Throughout this process, CARE has also provided added support to children with disabilities those with special needs to promote access to remote learning and ensure that adapted approaches are available inclusively.



As a result of these adaptations, adolescent girls supported by CARE projects are accessing remote education at promising rates, ranging from 99% among girls enrolled in community-based education classes in Afghanistan¹⁰³ to 96%-53% in Somalia (depending on the area)^{104,105} and 83% in Mali.¹⁰⁶ The high rates of adherence to remote learning reflect the success of early adaptations such as the provision of simple printed exercise materials for study at home, including for the development of basic literacy and numeracy skills, and the engagement of teachers and school management committees¹⁰⁷ to provide remote support and encouragement for girls to study at home.

Even though girls are accessing remote learning, data from CARE suggests that gendered barriers pose a challenge to the adoption of new modalities. In Afghanistan, 15% of parents reported that their adolescent sons were using television programs to learn, compared to 9% reporting the same about their adolescent daughters.¹⁰⁸ In contexts where access to mobile learning platforms is higher, the potential gap in technology skills between girls and boys is likely to play a role in effectiveness. For example, data collected by CARE in Cambodia suggest that boys self-reported higher technology skills than girls.¹⁰⁹

Adolescent girls have limited time to engage in remote learning due to heavy workloads at home and limited family support. In conflict-affected areas of Somalia, only 39% of girls participating in a study conducted by CARE reported being able to spend two or more hours a day on education activities.¹¹⁰ Household chores were reported by girls in Somalia as the primary barrier to schooling.¹¹¹ In Afghanistan, a study conducted by CARE found that only 43% of girls were spending more than two hours a day in remote learning.¹¹² Findings from CARE's work in Afghanistan also suggest that the support of community committees has been crucial to girls' involvement in remote learning. For example, 70% of girls participating a project in Afghanistan reported that committee members had checked to see if they are studying at home and 20% reported receiving support to address their workload.¹¹³

Findings from CARE's work also points to the crucial role of teachers in helping girls to study at home. For example, in Afghanistan, 99% of girls reported receiving support from teachers, including guidance on homework (93%) and explanations on difficult topics (67%).¹¹⁴ In Somalia, 50% of girls reported receiving support from teachers, including guidance on home study and additional help with difficult topics.¹¹⁵

As programs move into online and phone-based modalities for service provision during COVID-19, girls face an increased risk of experiencing online abuse and exploitation. To prevent and address cases, CARE has put in place feedback, complaint and response mechanisms, including hotlines and community focal points. CARE also works with girls to raise awareness on the risk of online abuse as well as available referral pathways.

CASE STUDY: Positive Impact of Remote Education for Adolescent Girls

Results from a remote learning assessment conducted by CARE in Somalia indicate that remote learning is having a positive impact on adolescent girls' literacy and numeracy skills. Findings suggest that girls studying at home have higher scores on word identification (a difference of four percentage points); reading comprehension (eight percentage points); and numeracy (a difference of 38 percentage points). A large portion of the girls participating in this study came from households facing economic challenges as well as insufficient access to food, water and other necessities—suggesting the potential role this model can play in providing access to education for girls living in conflict-affected, low-resource settings.

Findings from CARE's work also suggest that adapted approaches to remote learning combined with community mobilization and student support hold the potential to prevent dropout. In Afghanistan, for example, 97% of parents interviewed by CARE indicated that their adolescent daughters would return school once they reopen, while in Somalia, 98% of adolescent girls reported that they will return to school once classes resume.



Ensuring Continued Access to Essential Sexual and Reproductive Health (SRH) Services:

At the health systems level, CARE’s sexual and reproductive health and rights programming continues to adapt in order to ensure adolescents’ ability to access essential services as well as COVID-19 prevention information. This work includes health systems strengthening approaches such as bolstering supply chains, adapting clinical protocols, and expanding opportunities for telehealth visits. CARE also works with partners to support the continued provision of rights-based care for adolescent girls that is accessible and in line with recognized programming standards.

In **India**, for example, CARE has adapted its “Zero and Low Parity” Adolescent SRH project to reach married adolescents and young women (ages 15-24) with information and services in the context of COVID-19. Initially, adaptations included digital and remote engagement strategies. Later, the project resumed household visits using personal protective equipment (PPE) and other prevention measures. Similarly, in the **Democratic Republic of the Congo (DRC), Nigeria, and Chad**, CARE’s sexual and reproductive health programming has been adapted to ensure adolescents’ continued access to reproductive health services throughout the COVID response. As part of this work, CARE and its partners have worked to strengthen infection prevention protocols and used digital methods to monitor and prevent commodity stock-outs. Program staff have also worked to ensure that adequate personal protective equipment and training is available for health providers. In addition to promoting strong linkages to health facilities, these programs continue to adapt to COVID-19-related barriers to access—including restrictions on mobility—by expanding mobile outreach services at the community level that target hard-to-reach populations, including adolescents.

At a community level, CARE programming continues to address the knowledge, attitudes, and practices that influence adult-decision-makers and “opinion leaders”—such as parents, influential community members, and religious leaders—to support adolescent health and rights.

Especially during the pandemic, CARE works to promote the importance of adolescents’ ability to make decisions about their health and fertility. As part of this process, CARE has supported adolescent girls to share vital information with their peers, and to engage in advocacy efforts around girls’ health and rights.

In **Syria**, for example, [the Adolescent Mothers Against All Odds \(AMAL\) initiative](#), co-developed by CARE, UNFPA and Syria Relief and Development, provides life skills and sexual and reproductive health training to adolescent girls, and works to ensure that healthcare workers provide youth-friendly, rights-based services. AMAL creates safe spaces for young mothers to build their personal capacities, while also engaging parents and community leaders to support vulnerable adolescents (married, pregnant, and first-time mothers). The ultimate goal of the project is to support adolescent girls while also working to change inequitable gender and power dynamics. Preliminary data from a recent project evaluation indicate that 73% of girls participating in the program reported increased self-esteem, and 89% reported increased confidence to actively participate in household and community decision-making.^{116,117} In response to the pandemic, the project was adapted to accommodate COVID-related restrictions on mobility and in-person gatherings. For example, sessions were adapted to have a maximum of 8 participants, and both staff and participants used handwashing, face masks, and other protective measures. Staff also provided health messaging on COVID-19 and utilized WhatsApp and other remote approaches to reach participants.

Ensuring Continuity of Livelihoods and Skill-Building Initiatives:

In **Ethiopia**, CARE's livelihoods projects have adapted to ensure the continuity of services through remote support in order respect COVID-related mitigation protocols. These efforts were done through the enhanced use of Information and Communications Technologies for Development (ICT4D) such as radio platforms for entrepreneurship training as well as mobile technology to share market information. The program also provided mentorship and supervision to girls and collected routine data on project outcomes using remote means. CARE staff promoted self-directed learning among girls by developing comprehensive basic technical skills booklets (e.g. agriculture, basic skills, youth savings).



In order to provide financial opportunities, the project also worked with microfinance institutions to provide loans to adolescents with youth-friendly lending stipulations. Project staff also helped girls to identify potential new business ventures they could develop in response to the pandemic, such as the procurement and sale of personal protective equipment.

CASE STUDY: CARE's IMAGINE Project—Girl-Led GBV Referrals

The Inspiring Married Adolescent Girls to Imagine New Empowered Futures (IMAGINE) project is testing a holistic intervention package that holds promise for empowering married adolescents (ages 15-19) to delay first birth in Niger and Bangladesh. In response to the COVID-19 pandemic, project staff revisited their GBV referral protocols. At the start of the project, adult field staff were trained in GBV referrals as part of the project's broader "do no harm" approach. With the onset of the pandemic, staff determined that it was necessary to revise the Standard Operating Procedures (SOPs) for referring GBV cases in light of changes that occurred due to the COVID-19.

In revising its protocols, project staff sought to leverage local resources to maintain service linkages. In many areas where the project was operational, participants did not have access to cell phones, the internet or other forms of technology. In light of the fact that the project had recently transitioned to adolescent peer-leadership of girls' collective safe spaces, staff determined that adolescent peer leaders were best positioned to provide referrals and basic psychological first aid to survivors of GBV. In order to train peer leaders in GBV referrals, the IMAGINE project developed a short training guide which drew from IASC's GBV Pocket Guide and IMAGINE's GBV training to orient the peer leaders on the "Look, Listen, Link" approach to GBV referrals; referral "do's and don'ts; and key principles such as and "do no harm" and confidentiality. In the event that a participant approached a peer leader seeking information or a referral to health, justice, or other services, the peer leader would then be able to share key resources while maintaining confidentiality. The project also conducted an updated mapping of functional GBV resources that were accessible to girls and consolidated this information into simplified, pictorial-based referral sheets for peer leaders to use. Using a cascaded training model, adult project facilitators were trained first in the use of the manual and referral sheets. These adult facilitators subsequently rolled out the training to adolescent peer leaders. The goal of this process it to ensure continuity of services during the pandemic and to develop a model for sustainability that will outlive the project.

CASE STUDY: Adapted Community-Based Support and Cash Transfers in Jordan

CARE Jordan is working ensure the needs of adolescent girls and their families are addressed throughout the COVID-19 crisis by prioritizing support for community engagement centers that serve Iraqi and Syrian refugees as well as vulnerable Jordanians from host communities. Located in nine locations, these centers provide protection and psychosocial programming to women and children (including adolescent girls). These interventions serve as entry points for the provision of specialized protection services based on beneficiary need, which may include a range of approaches such as case management, cash assistance, and psychosocial support. For adolescent girls, case management and cash assistance are often used to prevent the occurrence of child labor or early marriage. Through these centers, CARE also provides girls and other beneficiaries with referrals to specialized medical assistance and other essential services.

As movement restrictions, social distancing requirements, and other mitigation measures put in place to help prevent the spread of COVID-19 have severely limited the ability for these vital activities to operate in the standard manner, CARE began using a variety of remote means such as phone and video calls to provide individualized assistance. In-person support has still been provided for those with the most urgent needs, although a hybrid intervention model has been utilized to facilitate the continuity of care while also ensuring that the health and well-being of both staff and beneficiaries could be protected. CARE also developed posters and other forms of public messaging to reach the broader community with essential information. This range of service modalities has enabled CARE to respond to the multiple stressors facing girls and their families. CARE also revised its programming guidelines and standard operating procedures (SOPs) to reflect this adaptive approach to service provision.

CARE Jordan has also worked to provide at-risk girls with continued access to education during the pandemic. Due to the fact that COVID-19 has caused significant economic strain in many households, girls in Jordan face an increased risk of being forced to drop out of school in order to work or get married—both of which are associated with a myriad of health and psychosocial risks, and interfere with girls' ability to realize their long-term potential. In response to these issues, CARE Jordan has provided conditional cash assistance to families of at-risk girls, who receive financial support in exchange for ensuring that their girls remain in school. Through this initiative, families are provided with 70 Jordanian Dinar (US \$100) per month to help cover essential expenses, as well training on protection issues and referrals to necessary services.

In addition to cash programming focused on girls' education, CARE has also provided other forms of cash assistance to vulnerable refugee and Jordanian families—including those with adolescent girls using a range of targeted modalities depending on the unique needs of affected individuals. CARE has also continued to provide psychosocial programs for adolescent girls in order to foster resilience and promote their safety, well-being and development in the midst of the pandemic. Through a combination of remote and in-person activities, and through the use of appropriate social distancing and safety precautions, CARE Jordan has been able to continue these crucial forms of assistance for adolescent girls, even in the midst of the challenges associated with COVID-19.

CASE STUDY: Digital Programming in the Balkans to Meet the Psychosocial Needs of Adolescents During COVID-19

Since 2006, CARE, in collaboration with nine youth partner organizations has been implementing the Young Men Initiative (YMI) project in Bosnia and Herzegovina, Serbia, Croatia, Kosovo and Albania. The project builds on CARE's comprehensive work to prevent gender-based violence (GBV), support the psychosocial well-being of young people, and promote gender equality. The core of the YMI intervention is a series of group educational workshops accompanied with a social norms campaign at school and community-levels. Recognizing the potential impact of COVID-19 on the psychosocial well-being of adolescents (including girls), CARE and its partners adapted YMI program activities, implementing their traditional programming along with expanded outreach and awareness raising on COVID-19 and issues related to psychosocial well-being.

In Belgrade, for example, YMI is producing a podcast that features adult role models referred to as "superheroes" and included activists, journalists, artists and youth leaders from Serbia or the larger region who share messages. CARE and its partners also developed social media campaigns on various platforms, including one focused psychosocial wellbeing entitled, "Are You OK?" which included youth to share their feelings through virtual support groups. Similarly, the "#StayAtHome" campaign focused on encouraging youth to comply with movement restrictions and other risk mitigation measures associated with COVID-19 prevention.

Partner agencies in Sarajevo and Kosovo also created a hotline and digital platforms to provide psychosocial support to adolescents and their parents in need of additional support, including those affected by, or at risk of experiencing, violence. As part of this initiative, online psychologists are available to provide individual counseling, in addition to a variety of other means of seeking support through virtual methods such as email, phone, and other digital communication platforms. Sessions covered a variety of topics, including anger management, coping with loneliness, dealing with quarantine, and missing regular school and work activities.



Sabine Wilke/CARE

V. Discussion

As findings from this report suggest, the COVID-19 pandemic has created a myriad of risks for girls, including disrupted access to education, livelihoods opportunities, and essential services, as well as an increased risk of exposure to violence, child marriage, and other harmful practices. The conditions created by this crisis also make girls more susceptible to experiencing negative health, psychosocial, and developmental outcomes—both in the short-term and the long-term—if girls' needs are not prioritized within the context of relief and rebuilding efforts.

Adding to these challenges is a lack of data on the pandemic that is disaggregated by sex, age, and disability—limiting the potential for a nuanced and comprehensive understanding of the experiences of girls. Even prior to this crisis, adolescent girls were often hidden within research, policy and programming efforts—frequently falling between the cracks as greater attention is paid to either women or younger children. And yet, adolescent girls face unique areas of vulnerability during times of crisis as a result of their age, gender, and developmental stage, which are compounded by pre-existing social norms. These gaps are only likely to increase as a result of COVID-19, as resources have become more limited, and the conditions within which to collect data have been invariably altered. In light of these issues, findings from this report suggest an urgent need for additional research on the situation of girls in the midst of the pandemic, as well as for the need to develop additional guidance on how best to collect this data in a way that is safe, appropriate and ethical.

Limited knowledge on the situation of girls also hinders the ability of governments, donors, policymakers, and humanitarian actors to adequately prioritize girls' needs within the context of response plans, financial investments, and corresponding interventions. As a result of the challenges created by COVID-19, governments in many settings lack the capacity or resources to respond to the needs of girls and other at-risk groups.¹¹⁸

As COVID-19 threatens to reverse important gains in adolescent outcomes and widen existing disparities, it is crucial that all stakeholders involved in response and recovery efforts recognize the unique impact of the pandemic on adolescent girls, and invest in promising approaches to meet their most pressing needs. These actions hold the potential to benefit not only to the lives of affected girls, but generations to come.¹¹⁹

Another key finding that emerges from this report is that, although girls are facing unprecedented challenges in the midst of the pandemic, a range of innovative approaches have emerged to promote their resilience. As the programming examples highlighted in this report exemplify, girls' leadership and participation is crucial to the success of these efforts. Throughout the world, girls are leading the way in efforts to facilitate remote learning, share vital information, inform effective service provision, and support interventions that prevent and respond to violence. Adolescent-focused programming is also being tailored to support girls from diverse backgrounds—in order to build back more inclusively. Amplifying the voices of girls, and providing them with opportunities for meaningful engagement has the added benefit of ensuring that program, policy, and research initiatives are adapted to the unique needs and experiences of girls, and that they are carried out in a way that is relevant and sustainable.

As suggested by programming examples contained in this report, families and communities also play an important role in supporting the health, education and well-being of girls—during COVID-19 and beyond. By promoting girls’ involvement in learning, participating in training and sensitization activities, and facilitating girls’ access to essential services, families and communities have played a vital role. It is also notable that parents, caregivers, and other community members have continued to participate in interventions designed to prevent violence and discrimination against girls—demonstrating their commitment to these issues, and the ongoing need to continue this type of engagement in the midst of the pandemic—particularly in light of the fact that violence, child marriage, and other harmful practices are likely to increase.

Findings from this report also highlight ways in which adaptive program design can be carried out in a way that adheres to COVID-specific safety guidance while also enabling essential activities to continue. The use of cellphones, online platforms, and other remote activities has been vital to this process, although attention is needed to ensure that girls with limited resources, or who lack access to internet or other forms of technology are not excluded. In many cases, program adaptations featured in this report were low-cost, presenting the possibility for these approaches to be adopted in other settings even after the pandemic.

Taken cumulatively, this report highlights the powerful potential of adolescent girls—and of the critical importance of investing in them. When coupled with supportive community structures and necessary resources, girl-led action can be both impactful and cost-effective—within the context of COVID-19 and beyond.



VI. Recommendations

Findings from this report suggest the following recommendations:

Girls' Participation, Leadership and Voice:

- All actors involved in COVID-19 response interventions should proactively work to ensure the participation and leadership of girls in shaping the programs and policies that affect them. All actors should enable clear pathways for girls' meaningful and sustained participation throughout all phases of response efforts, including the process of setting goals, designing interventions, defining criteria for success, monitoring progress, and driving accountability.
- Donors and implementing organizations should provide financial and technical support to enable girls' participation and leadership, including funding for girl-led groups and networks, and civil society organizations and women's groups.
- Where COVID-era restrictions on mobility and in-person gatherings interfere with service provision, all actors should consider the use of technology and other remote means to enable girls' participation, although care should be taken to ensure that those with limited financial means or restricted access to technology are not excluded.
- Donors, policymakers and humanitarian actors should build and sustain equitable partnerships with adolescent rights' networks at global, regional and national levels and as well local youth-led organizations. These groups have an essential role in representing the needs and interest of girls and youth constituencies, shaping youth-informed policy decisions and driving accountability for progress on girls' rights.
- In addition to working with girls directly, program implementers should prioritize work with community leaders and families to identify and challenge restrictive social norms that sustain discrimination against girls order to create an enabling environment for their leadership and participation.
- All actors should support pathways for adolescent girls to hold duty-bearers accountable for ensuring the continuity of essential services in the midst of the pandemic, and for proactively removing barriers that interfere with girls' ability to access services and care.

Funding for Girl-Centered Initiatives:

- Donors, governments and implementing organizations should fund and prioritize girl-focused approaches as discrete areas of work within grant proposals and project plans.
- Donors and implementing organizations should provide or broker funding for girl-led groups and networks, and the local women's rights organizations who support them. These resources should include both funding for strategic activities, as well as resources for capacity-building, network-strengthening and core operating costs.
- In light of the complexities created by the COVID-19 pandemic, donors should allow flexibility in existing grants to support necessary program adaptation in response to the realities facing girls.

Girl-Centered Research and Data Analysis:

- In light of the limited data available on the situation of girls affected by the COVID-19 pandemic, all actors should carry out assessments, monitoring, and research efforts in a way that enables data to be disaggregated by age (including age breakdowns that distinguish between young children as well as early and older adolescents) sex, disability and other characteristics. Once collected, disaggregated data should be included in reports and used to inform decision-making.
- Implementing organizations should analyze and use programmatic in real time in order to continuously monitor how COVID-19 is affecting girls and how pandemic response efforts can be adjusted according to emerging needs.
- Donors and implementing organizations should regularly analyze and use funding data to drive accountability for the adequate resourcing of girl-centered COVID-19 response efforts.
- Donors, academics and implementing organizations should invest in research and evaluation to better understand the unique ways in which the crisis has affected adolescent girls and assess the effectiveness of COVID-era adaptations. A key priority is research to better understand the drivers of girls' increased risk of exposure to GBV and child, early and forced marriage (CEFM) as a result of the pandemic.
- Due to the multiple safety, ethical, and logistical challenges associated with data collection with and about adolescent girls in the midst of the pandemic, all actors should only collect data using a "Do No Harm" approach, and all methods and tools should be carefully considered according to recognized standards of care.
- To reduce the burden of data collection to the extent possible, actors across sectors should explore ways to incorporate questions around the needs and experiences of girls into existing assessments and planned research activities.

Programming with and for Girls:

- All actors should prioritize and scale-up interventions tailored to the specific needs of both young girls and adolescent girls. This process must involve age-appropriate, holistic, multi-sectoral, and integrated approaches.
- Regardless of sector, program type, or modality used, all actors implementing humanitarian programming should prioritize GBV risk mitigation measures, and provide training for staff regarding how to handle disclosures of GBV and make appropriate and safe referrals.
- Governments, service providers and other implementing organizations should ensure that essential GBV response services, psychosocial programs, and girl-friendly safe spaces are sustained, and explore how these activities can be safely conducted in the context of a pandemic, including through a combination of adapted in-person activities and remote means.
- Essential service providers and frontline workers (e.g. healthcare workers, case managers, social workers, etc.) should ensure girls' access to GBV response services that are age-appropriate and tailored to meet girls individualized needs.
- Implementing organizations should prioritize and continue activities with girls, families and communities designed to challenge discriminatory gender norms that perpetrate violence, including child, early and forced marriage (CEFM)

- All actors should ensure access to essential life-saving sexual and reproductive health services (SRH), including access to contraception, in line with the Minimum Initial Service Package (MISP) for SRH in crisis-settings.¹²⁰ Service provision and referrals should employ adolescent-inclusive and targeted approaches that reach all girls, including already-married adolescents.
- Where feasible, providers should ensure the continuity of comprehensive Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) services, with targeted approaches for adolescents.
- Across all sectors, implementing organizations should consider adapted approaches to promote girls' access to essential services in the midst of the pandemic, including the use of technology and other remote means, although care should be taken to ensure that girls with limited financial means or restricted access to technology are not excluded.
- All actors should incorporate necessary COVID-19 infection prevention measures into program design to promote the safety and well-being of girls.



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