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# Annexes

UNFPA-UNICEF Global Programme to End Child Marriage

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



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

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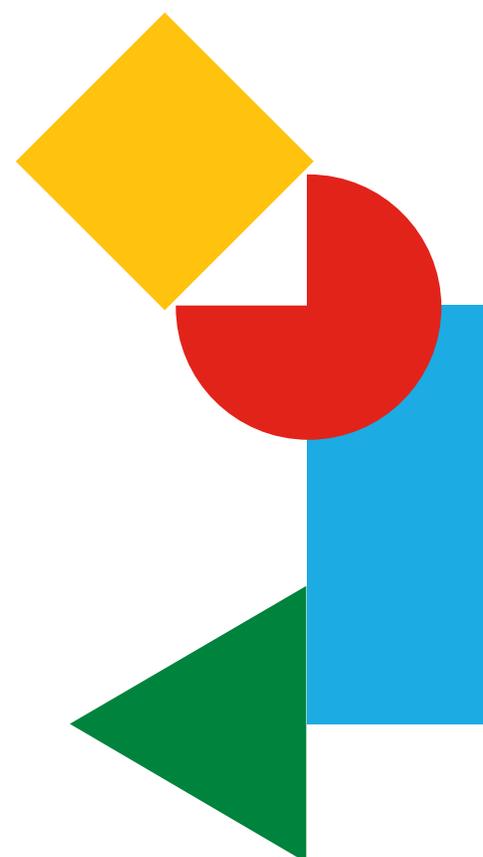
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# Annex 1:

## Terms of reference, including the theory of change

### 1. Introduction

The evaluation offices of UNICEF and UNFPA are commissioning a learning-oriented assessment exercise to examine the adaptation of the Global Programme to End Child Marriage to the COVID-19 pandemic, in order to inform and strengthen the programme globally. This assessment is scheduled for implementation and **presentation** to partners, donors and other stakeholders in 2021. This exercise aims to contribute to the report that the General Assembly requested the Secretary General to submit before the end of its seventy-sixth session on the progress and best practices toward ending child, early and forced marriage worldwide, including in the context of the COVID-19 pandemic.

This document outlines the rationale, scope and purpose of this exercise, its methodological framework and operational modalities. The team conducting the exercise will work under the direct oversight of UNICEF's independent Evaluation Office, in coordination with the UNFPA Evaluation Office, and will receive guidance from the Global Programme to End Child Marriage (GP) Steering Committee.

#### The Global Programme

The UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage (GP) promotes the rights of adolescent girls to avert marriage and pregnancy and enables them to achieve their aspirations through education and alternative pathways. Supported by the Governments of Belgium,

Canada, the Netherlands, Norway, the United Kingdom, the European Union, and Zonta International, the GP helps households to demonstrate positive attitudes, empowers girls to direct their own futures, and strengthens the services that allow them to do so. It also addresses the underlying conditions that sustain child marriage, advocating for laws and policies that protect girls' rights while highlighting the importance of using robust data to inform such policies.

The GP was designed as a 15-year programme (2016-2030). Phase I (2016-2019) aimed to strengthen critical institutions and systems in selected locations of the 12 countries where the GP is implemented to deliver quality services and opportunities to adolescent girls, and to set the foundations of attitudes, behaviours and norms against child marriage in families and communities.<sup>1</sup> Phase II (2020-2023) was designed to accelerate actions to end child marriage by enhancing investments in and support for both unmarried and married adolescent girls; by engaging key actors and increasing political support, resources, gender-responsive policies and frameworks; and by improving data and evidence on what works. Phase III (2024-2030) will have a longer-term gender transformative goal for significantly larger proportions of adolescent girls to fully enjoy a childhood free from the risk of marriage.

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<sup>1</sup> In East and Southern Africa: Ethiopia, Mozambique, Uganda and Zambia; in the Middle East and North Africa: Yemen; in West and Central Africa: Burkina Faso, Ghana, Niger and Sierra Leone; and in South Asia: Bangladesh, India and Nepal.



## 2. Context

The COVID-19 pandemic is undermining efforts to end child marriage by disrupting the implementation of interventions that provide safety, protection and inclusion of vulnerable and marginalized adolescent girls and their families. The consequences of the responses to the pandemic are likely to raise child poverty globally by 15 per cent, while the number of women who are unable to access family planning, or are facing unintended pregnancies, gender-based violence and other harmful practices, is expected to rise as well. The COVID-19 pandemic is projected to result in 13 million additional child marriages from 2020-2030, with at least 4 million more girls married in the next two years, as family livelihoods evaporate and economic crises ensue, pushing families to identify forms of income that harm children.<sup>2</sup>

The GP has pivoted its programming approach as a result of COVID-19 and the impact on women and children of some of the mitigation and response measures adopted by most countries.<sup>3</sup> Some of the specific vulnerabilities and risks to children and women due to restrictive measures imposed to fight COVID-19 hinder the fulfilment of their rights and future economic opportunities. These risks include social isolation, gender-based violence, sexual exploitation and abuse, unintended or early pregnancy, economic hardship, domestic work and the associated risk of not returning to school, and difficulties in gaining access to health care services. These risks, which are further exacerbated in humanitarian situations, are at core of the GP identified causes and drivers related to child marriage (see the theory of change for 2020-2023).

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

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



### **In November 2020, the General Assembly expressed**

Deep concern that the impact of the COVID-19 pandemic not only exacerbates root causes of child, early and forced marriage, but also diverts international, regional and national attention and resources away from, inter alia, the prevention and elimination of child, early and forced marriage and other harmful practices, and furthermore that COVID-19 containment measures are delaying and disrupting efforts, including by civil society and other relevant stakeholders, to end child, early and forced marriage, especially at the local level.<sup>4</sup>

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4 Resolution adopted by the United Nations General Assembly, 'Promotion and Protection of the Rights of Children', A/C.3/75/L.18/Rev.1, 10 November 2020.



The GP countries are revising their programme strategies and approaches in order to address more immediate needs of vulnerable and marginalized adolescent girls during the COVID-19 pandemic. The revision process takes place simultaneously with the preservation of the gains attained to date in ending child marriage. It may also mean getting some of the adapted strategies and programming approaches wrong and thereby hampering the post-pandemic programme phase. It is critical, therefore, for the GP to conduct an assessment of the strategies and programming approaches implemented to foster a learning environment and use the learning to adapt programmatic responses within and beyond the COVID-19 pandemic.

### 3. Purpose

The main purpose of this assessment is to document these adapted strategies and programming approaches and to learn from them, with a view to generating useful and timely evidence for implementation of Phase II of the GP.

### 4. Objectives

- i. Advise on relevant contingency planning and any alternative delivery and governance arrangements for the GP due to the COVID pandemic, taking into account the views of the beneficiaries (vulnerable adolescent girls, their families and community) and key implementing partners;
- ii. Make recommendations for the immediate to mid-term improvement of GP response to COVID-19, identify requirements for improvement, and recommend any additional support required to enable those improvements;
- iii. Make any recommendations required to adjust the GP Phase II programme to the new context, including to its theory of change and the targets established before the COVID pandemic.

### 5. Scope

#### Time and geographical coverage:

The diversity among countries in terms of restrictions adopted to combat the spread of COVID-19 has an impact on the response approaches adopted by the countries. In countries such as Bangladesh, Nepal and Ghana, strategies and programming approaches were adjusted early to respond to the COVID-19 pandemic, while in other countries, such as India, Niger and Zambia, strategies and programme approaches were adjusted later. For the purposes of the assessment, the concept of early and late adoption status (i.e. of the actions required to adjust strategies and programmes to changing circumstances) is used to describe sets of countries and understand some aspects of the measures they adopted. Countries such as Bangladesh, Burkina Faso, Nepal and Yemen have experience responding to humanitarian and emergency crises, which may also have affected their COVID-19 responses. All 12 GP countries will be included in the assessment, and data-gathering may be adjusted depending on each context. This exercise will take into consideration the recommendations from the GP phase I evaluation and its management response (October 2020).

#### Programmatic coverage:

The assessment will explore the measures adopted in response to the COVID-19 crisis, including mitigation and protection measures adopted by governments. It will cover all six programme outcomes (see the theory of change for Phase II in the annex), aiming at providing responses to the expected effects of the pandemic on child marriage, as listed in the following table.



## Effects of the COVID-19 Crisis on Child Marriage

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### Education

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- School closures disrupt learning
  - Pulling girls out of school reinforces their roles as unpaid carers, increases gender-based violence, reinforces harmful gender norms and the unwantedness of girls at birth
  - Teachers return to their hometowns
  - Lack of adults and mentors that adolescents may be able to confide in
  - Girls are overburdened by household chores during lockdown, and school closure results in a lack of time in which to study
  - Children, and especially girls, are more isolated and lose social support
  - Digital divide: lack of access to online learning for children living in poverty, and in rural areas, because of a lack of digital infrastructure and the cost of data and equipment. This has a bigger impact on girls in contexts with a gender-based digital divide. Unpaid care and domestic work prevent most girls from participating fully and effectively in online and digital learning.
  - Many girls may not return to school after lockdown is lifted, especially if they get married or become pregnant
  - Economic effects of the pandemic make the cost of education unaffordable; resulting in families prioritizing boys' education over girls'
- 

### Sexual and reproductive health

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- Health staff are busy with the pandemic response and neglect 'non-essential' health services
  - Limited access to sexual and reproductive health services during lockdown (e.g., contraception, abortion)
  - Lack of access to menstrual hygiene management products
  - Increase in pregnancies and sexually transmitted infections
  - Increase in 'transactional sex'
- 

### Child protection and gender-based violence

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- Increase in violence, abuse and exploitation of children, particularly sexual and gender-based violence against girls due to restrictions on movement
  - Child protection staff and many other essential sexual and gender-based violence service providers are assigned to COVID-19 duties, focusing on limiting the spread of the virus
  - Digital divide is deepened: reduced access for women and children to mobile phones and to helplines (some countries already had a low rate of mobile phone use across the population and especially in rural areas even before the pandemic)
  - Online child protection: prolonged access to the internet for learning purposes increases the exposure of girls and boys to potential
-



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- Decline in child protection and gender-based violence services (where they exist): shelters, hotlines, and police mostly shut
  - Temporary decline in mass child weddings and in trafficking of children for marriage (India)
  - Loss of social support for children and their families
  - Limited access to child protection services (e.g. in Bangladesh)<sup>8</sup>
  - online abuse, exploitation, inappropriate content, sextortion (the practice of extorting money or sexual favors from someone by threatening to reveal evidence of their sexual activity) etc
  - Lack of mental health services
  - Reduced participation of adolescent girls in adolescent clubs due to closure of clubs in rural and slum areas (e.g. in Bangladesh)
- 

### **Economic**

- 
- Loss of income disproportionately affects the poorest households (e.g., migrants in India)
  - Increase in marriages as a negative economic coping strategy, for families to ease their burden by not having to provide for their daughters
  - Increase in sexual exploitation ('transactional sex')
  - Girls face main burden of unpaid care and domestic work
  - Economic pressures increase the perceived burden and unwantedness of girls at birth and contribute to an increase in child marriages (South Asia)
- 

### **Inadequate water, sanitation and hygiene**

- 
- Inadequate water, sanitation and hygiene facilities in schools creates further risk of disease transmission when schools reopen after lockdown. Need to maintain social distancing and frequent handwashing
  - Due to poverty and restrictions on movement, girls are unable to buy sanitary products for proper menstrual health management
- 

### **Nutrition**

- 
- Disruption of iron and folic acid (IFA) supplementation and deworming programmes
  - Girls and women are deprived of nutritious food due to the food crisis, their engagement in work, and households prioritising the nutrition of boys and men
-



## 6. Questions

A number of strategies developed to mitigate the impact of the pandemic on adolescent girls have unfolded within the GP. These include adapting community outreach activities and using new

channels of communication, ensuring access to a continuum of services, and identifying new partners with experience in delivering community-based interventions in hard-to-reach areas.

### Examples of measures adopted within the GP

The adaptation of the GP to the COVID-19 crisis has implied a number of initiatives and efforts at national level, with regional and global support:

- ▶ Providing technical assistance virtually, using Zoom or other online platforms
- ▶ Developing, updating and creating new curricula and content for virtual settings
- ▶ Sharing information and resources related to COVID-19, increasing the use of digital technology: Messenger apps, WhatsApp and web-based audio/ video conferencing tools
- ▶ Provide oversight, technical assistance (through review of annual workplans) and manage knowledge for cross-country learning and the identification of good practices
- ▶ Conducted a needs assessment of child helplines to inform investments and actions for the continuity of child protection service delivery by helplines
- ▶ The regional offices also organized monthly webinars to strengthen the capacity of child helplines in the region
- ▶ Adapting life skills programmes to comply with social distancing guidelines by reducing the size of groups and increasing the number of mentors
- ▶ Community mobilization using TV, radio, telephone, social media campaigns
- ▶ Remote education systems have been supported, and wherever schools were opened, conducting monitoring of adolescent girls school attendance
- ▶ Support the strengthening of the social services workforce, continuity of case management and the provision of psychosocial support
- ▶ Support diverse initiatives to gather data on the impact of COVID-19 on adolescent girls and on child marriage



This assessment will seek to answer the following questions:



### **Relevance.**

To what extent did the measures adopted within the GP during the COVID-19 crisis meet the needs of vulnerable and marginalized adolescent girls?

To what extent has GP programme implementation during COVID-19 pandemic consistently integrated gender equality in all aspects of programming?



### **Effectiveness.**

To what extent have the measures adopted been aligned with the GP and particularly Phase II, and ensured coherent approaches at global, regional and country levels?

To what extent has the GP supported systems strengthening to provide linkages and referrals for adolescent girls for prevention and protection services including leveraging on resources during the COVID-19 pandemic?



### **Coherence.**

Have the GP programme adaptations in response to the COVID-19 pandemic contributed to the results of Phase II of the GP?

Did they identify, reassess and address bottlenecks throughout programme implementation during the COVID-19 pandemic?

Are results likely to be maintained over time?

## **7. Approach and methodology**

The assessment will use an established methodology to generate learnings in a relatively short time-span. It may apply known methods used during periods of crisis or emergency, specifically to identify early lessons and provide feedback to GP management. A synthesis of evidence to answer the above questions will be gathered and evidence gaps will be highlighted. The assessment will incorporate elements of a process evaluation with a focus on how the GP is conducting programme implementation given the resources and the priorities and approaches set in the Phase II programme document.

The methodology will include:

- i. Apply a systematic approach to searching for and selecting information relevant to the research question:** The steps followed will be clearly documented. The review will focus on the types of interventions suggested, the key activities planned, the implementation period, the budget and other financing mechanisms, as well as the baseline and targets pre-COVID-19 and during the COVID-19 period. Financial budget will be analysed to understand how resources were allocated during the COVID-19 pandemic. Review of results reports: the review will analyse all results reports for the GP including relevant reports generated for corporate reporting (e.g. COARs, RAM, SMQ, etc.) as well as COVID-19 routine reports and humanitarian action reports. Other evidence-generating activities will also be reviewed and integrated as appropriate (e.g. RTAs, SES impact surveys). Key personnel from both organizations will be consulted for recommendations on evidence and studies to be included.



**ii. Key informant interviews and online survey** with GP staff, implementing partners and government staff and beneficiaries will be conducted using a mix of standard and semi-structured questions. Information from the UNICEF child marriage survey questionnaire will be used to guide this search.

**iii. Assessment report:** The assessment will produce a preliminary assessment report that will highlight key findings regarding the strategies and programme approaches adapted during COVID-19, initial findings on the effectiveness and sustainability of the strategies and programme approaches adapted, lessons and recommendations. The reviewed, revised and completed version will inform the final report, which will be written in a style that is accessible and understandable to policymakers.

The results will be widely and effectively disseminated to help refine the GP Phase II design and implementation to improve its capacity to attain its results.

## 8. Ethics

The assessment will be conducted in line with the UNEG Norms and Standards for Evaluation in the United Nations System, and will abide by the UNEG Ethical Guidelines and Code of Conduct. It will include an ethical review and will abide as well as with any other relevant ethical codes. The UNEG guidance on Integrating Human Rights and Gender Equality in Evaluation should also be reflected throughout the evaluation.

## 9. Governance

The assessment will be conducted jointly by UNICEF (lead agency) and UNFPA. The governance structure will consist of two bodies constituted for this assessment, the joint assessment

management group (AMG), and the joint assessment reference group (ARG), as well as the existing steering committee (SC) of the GP.

- ▶ **AMG:** Composed of members of the UNICEF (chair) and UNFPA evaluation offices, the AMG will be the main decision-making body for the assessment and have overall responsibility for management of the assessment process, including hiring and managing the assessment team of external consultants. The AMG is responsible for ensuring the quality and independence of the evaluation and to guarantee its alignment with UNEG norms and standards and ethical guidelines. The AMG will supervise and guide the assessment team, composed of three persons: one team leader, one subject matter expert (child marriage), and a research assistant.
- ▶ The ARG will be established to support the assessment at key moments and ensure broad participation in the conceptualization of the exercise, access to information, high technical quality of the products as well as learning and knowledge generation. The UNICEF Evaluation Office will chair the ARG. The ARG will be consulted by the AMG on key aspects of the assessment process. The joint ARG will consist of staff from headquarters, the regional offices and key external stakeholders and will have a balance of expertise in evaluation and child marriage and other related areas as deemed relevant.
- ▶ The SC will be informed by the AMG chair of progress at key stages of the process: inception; preliminary findings from data collection; final report.

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## Annex 2: Work plan and timeframe

Task	Timeframe	Responsibility
<b>I. Inception Phase</b>		
Planning meetings	March 18 – April 12	AMG with Assessment team
Desk review of background documentation	March 18 – April 12	Assessment team
Inception report first draft	April 12	Assessment team
Developing instruments for data collection (including online survey)	April 7-21	Assessment team
Reference group meeting – presentation inception report	April 16	ARG and Assessment team
Inception report final	April 23	AMG to provide feedback; Assessment team to revise
<b>II. Data Collection and Analysis Phase</b>		
Desk review	April 15-May 31	Assessment team
Remote interviews (HQ, RO, PAG, donors)	April 26-30	Assessment team
Country data collection	May 3-June 20	AMG and COs for organizing sessions - Assessment team for data collection
Online survey	June 4-18	Assessment team
<b>III. Validation and Reporting Phase</b>		
Reference group meeting - presentation preliminary findings and recommendations	July 2	ARG and Assessment team
First draft assessment report	July 15	Assessment team
Feedback on first draft	July 21	Evaluation office
Feedback and revision	August 7 - 17	AMG to provide feedback; Assessment team to revise
Final assessment report	August 25	Assessment team
GP Steering Committee annual meeting	August 24	Reference Group
<b>IV. Preparation of dissemination products</b>		
Revised PowerPoint 2-pagers per country	August 21 August 17	Assessment team



## Annex 3.

# Assessment matrix

Assumptions	Indicator	Data collection sources and tools
 <b>Relevance</b>		
<b>Q1</b> <u>To what extent did the measures adopted within the GP during the COVID-19 crisis take into consideration the emerging needs of vulnerable and marginalized adolescent girls and their families?</u>		
<b>1.1 The GP identified and reassessed priorities based on the situation generated by the COVID-19 pandemic</b>	<ul style="list-style-type: none"> <li>○ Evidence on how the GP identifies and tracks the emerging needs of vulnerable and marginalized adolescent girls under the COVID-19 pandemic</li> <li>○ Identification of bottlenecks at the different stages of implementation of the GP adjustments to the COVID-19 pandemic</li> </ul>	Review of programme documents, relevant situational analysis, interviews with the GP country teams, partners and beneficiaries
<b>1.2 The GP strategies and approaches have been revised to meet the needs of vulnerable and marginalized adolescent girls during the COVID-19 pandemic</b>	<ul style="list-style-type: none"> <li>○ Evidence of contextualization of strategies and interventions at country level (based on identified needs)</li> <li>○ Evidence that workplans are adjusted to respond to changes in needs and priorities</li> <li>○ Evidence that interventions targeted and reached the most vulnerable and marginalized adolescent girls and boys in the country</li> </ul>	Review of programme documents, programme documents on adaptation to COVID-19 situation, interviews with the GP country teams, partners and beneficiaries



Assumptions	Indicator	Data collection sources and tools
<p><b>Q2</b> <b><u>To what extent were the measures adopted aligned with the GP Phase II and coherent with approaches at global, regional and country levels ?</u></b></p>		
<p><b>2.1 Adjusted measures are aligned with the GP phase II global, regional, country approaches</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that the GP adjustment measures and approaches at global, regional and countries level are aligned with the ToC and that the ToC remains relevant to the current context</li> <li>○ Evidence that the GP adjustments are aligned to national policies and strategies related to COVID-19 response</li> </ul>	<p>Review of programme documents, workplans and reports on adaptation to COVID-19 situation, review of national plans, interviews with the GP teams and partners</p>

 **Effectiveness**

<p><b>Q3</b> <b><u>To what extent did the GP changes and adjustments in response to the COVID-19 pandemic contribute to the results of the GP Phase II?</u></b></p>		
<p><b>3.1 The measures taken by the GP to respond to the COVID-19 situation have contributed to enhanced knowledge, skills and attitudes of marginalized adolescent girls on their rights, relationships, sexual and reproductive health, and financial literacy</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that the GP maintained or adjusted interventions to engage marginalized adolescent girls (aged 10-19) in gender-transformative life skills or CSE education programmes (Output 1110)</li> <li>○ Evidence that the GP maintained or adjusted support to adolescent girls to enroll and remain in formal and non-formal education (Output 1120)</li> <li>○ Evidence that the GP adjusted tools and packages to better reach marginalized adolescent girls during the COVID-19 crisis</li> </ul>	<p>Review of programme documents, workplans and reports on adaptation to COVID-19 situation, interviews with the GP teams, partners and beneficiaries, online survey, group discussion/online questionnaires with beneficiaries</p>



Assumptions	Indicator	Data collection sources and tools
<p><b>3.2 The measures taken by the GP to respond to the COVID-19 situation have contributed to enabling gender-equitable attitudes and support for girls' rights among adolescent boys, families, traditional and religious leaders, community groups, and other influencers</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that the GP maintained or adjusted interventions for engaging boys and men in gender-transformative programmes (including CSE for boys) that promote healthy relationships and positive masculinities and gender equality (Output 1210)</li> <li>○ Evidence that the GP maintained or adjusted interventions for engaging families, communities, traditional and religious leaders, and other influencers in dialogue and consensus-building on alternatives to child marriage, the rights of adolescent girls, and gender equality (Output 1220)</li> <li>○ Evidence that the GP maintained or adjusted interventions to include and support women's organizations and youth-led organizations to mobilize the voices of the marginalized (particularly girls), challenge harmful social norms, and promote gender equality (Output 1230)</li> </ul>	<p>Review of programme documents, workplans and reports on adaptation to COVID-19 situation, interviews with the GP teams, partners and beneficiaries, online survey, group discussion/online questionnaires with beneficiaries</p>



Assumptions	Indicator	Data collection sources and tools
<p><b>3.3 The GP has adjusted its interventions to the COVID-19 situation in a way that contributes to enhancing the capacity of education, health, child protection and gender-based violence (GBV) systems to deliver coordinated quality programmes and services that meet the needs of adolescent girls and their families</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that the GP maintained or adjusted interventions to support formal and non-formal schools to provide quality, gender-responsive education for adolescent girls, including comprehensive sexuality education (Output 2120)</li> <li>○ Evidence that the GP maintained or adjusted support to health (including SRH) and systems to implement guidelines, protocols and standards for adolescent-friendly, gender-responsive quality services (Output 2130)</li> <li>○ Evidence that GP maintained or adjusted support gender-based violence and child protection systems to implement guidelines, protocols and standards for adolescent-friendly, gender-responsive coordinated, quality services (Output 2130)</li> </ul>	<p>Review of programme documents, workplans and reports on adaptation to COVID-19 situation, interviews with the GP teams, partners and beneficiaries, online survey, group discussion/online questionnaires with beneficiaries</p>
<p><b>3.4 The GP has adjusted its interventions to the COVID-19 situation to contribute to enhancing the capacity of national and sub-national social protection, poverty reduction and economic empowerment programmes and services to respond to the needs of the poorest adolescent girls, boys and their families</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that GP maintained or adjusted support to partnerships with government, civil society organizations and other implementers to ensure that social protection, poverty reduction and economic empowerment programmes and services were adolescent-friendly, gender responsive and reaching the poorest adolescent girls and families. (Output 2210)</li> </ul>	<p>Review of programme documents, workplans and reports on adaptation to COVID-19 situation, interviews with the GP teams, partners and beneficiaries, online survey</p>



Assumptions	Indicator	Data collection sources and tools
<p><b>3.5 The GP has adjusted its interventions to the COVID-19 situation to contribute to enhancing the capacity of governments to fund, coordinate and implement national and sub-national action plans and systems to end child marriage</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that the GP maintained or adjusted capacity-building and technical support interventions to governments to enact, enforce and uphold laws and policies, in line with international human rights standards, aimed at preventing child marriage, protecting those at risk and addressing the needs of those affected (Output 3110)</li> <li>○ Evidence that the GP maintained or adjusted capacity-building and technical support to governments to implement a budgeted multi-sectoral gender-transformative plan on ending child marriage across ministries and departments at sub-national levels (Output 3120)</li> <li>○ Evidence that the GP was engaged to ensure that child marriage was taken into consideration in various national COVID-19 response strategies and guidelines</li> </ul>	<p>Review of programme documents, workplans and reports on adaptation to COVID-19 situation, interviews with the GP teams, partners and beneficiaries, online survey</p>
<p><b>3.6 The GP has adjusted its interventions to the COVID-19 situation to contribute to supporting governments and non-governmental organizations, to generate, disseminate and use quality and timely evidence to inform policy and programme design, track progress and document lessons</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that the GP maintained or adjusted its capacity-building and technical support to government and civil society organizations, to generate and use quality evidence on what works to end child marriage and support married girls (Output 3210)</li> <li>○ Evidence that the GP maintained or adjusted coordination and support to facilitate South-South collaboration and cross-learning across GP countries and with initiatives in other countries (Output 3220),</li> </ul>	<p>Review of programme documents, workplans and reports on adaptation to COVID-19 situation, research documents, monitoring data, interviews with the GP teams, partners and beneficiaries, online survey, group discussion/online questionnaires with beneficiaries</p>



Assumptions	Indicator	Data collection sources and tools
<p><b>3.7 The GP has considered cross-cutting issues across all interventions to ensure a gender equality and ‘do no harm’ approach</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that gender was mainstreamed in the COVID-19 changes and adjustments implemented by the GP and a gender-transformative approach was taken at all levels and across all sectors</li> <li>○ Evidence that all the GP applied a ‘do no harm approach’ aligned with international public health guidelines and national COVID-19 restrictions in developing its changes and adjustments across all sectors and activities</li> <li>○ Evidence that those at risk of child marriage and marginalized adolescent girls have been provided with COVID-19 prevention and response information</li> <li>○ Evidence that the GP response included consideration of the security, health and wellbeing of staff, partners and beneficiaries</li> </ul>	<p>Review of programme documents, workplans and reports on adaptation to COVID-19 situation, interviews with the GP teams, partners and beneficiaries, online survey, group discussion/online questionnaires with beneficiaries</p>

## Q4

### To what extent did the GP provide support to CO programme adjustments to the COVID-19 pandemic?

<p><b>4.1 The GP has provided necessary guidance, tools and information on how best to prioritize activities and utilize alternative response modalities, and has facilitated sharing to further objectives and learn from best COVID-sensitive practices.</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that the GP at global/regional levels provided timely orientation/policy support as well as guidance, tools, trainings to support COs in addressing the COVID-19 pandemic</li> <li>○ Evidence that information, good practices and resources related to COVID-19 changes and adjustments were shared between countries</li> </ul>	<p>Review of programme documents, workplans and reports on adaptation to COVID-19 situation, research documents, monitoring data, interviews with the GP teams, partners and beneficiaries, online survey</p>
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## Q5

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

#### **5.1 Some GP adjustments and innovations may potentially represent improvements that are likely to be maintained over time**

- Evidence that some of the changes and adjustments and innovations have the potential to be maintained after the COVID-19 pandemic if and where relevant
- Evidence of institutional learning (new processes, approaches or procedures) that will help the GP to better respond to this ongoing crisis and future global crises

Review of programme documents, workplans and reports on adaptation to COVID-19 situation, research documents, monitoring data, interviews with the GP teams, partners and beneficiaries, online survey

#### **5.2 The GP has leveraged existing and additional resources to end child marriage**

- Evidence that existing resources were leveraged or additional resources (financial, technical, and human) were mobilized to address new and specific needs related to the GP adaptation and response to COVID-19

Review of programme documents, workplans and reports on adaptation to COVID-19 situation, research documents, monitoring data, interviews with the GP teams, partners and beneficiaries, online survey



### **Coherence**

## Q6

### **To what extent are GP changes and adjustments coherent with key related programmes (specifically education, SRH, child protection, GBV, FGM, social protection)?**

#### **6.1 The GP adjustments are coherent with other key UNICEF and UNFPA programmes (FGM, SRH, child protection, education)**

- Evidence of coherence of the GP adjustments with national programmes (specifically education, SRH, child protection, GBV, FGM, social protection)
- Evidence of synergies and coherence of adjustments with related UNICEF and UNFPA programmes and their own adjustments (specifically education, SRH, child protection, GBV, FGM, social protection)

Review of programme documents, workplans and reports on adaptation to COVID 19  
Interview the GP teams, partners and beneficiaries  
Online Survey  
Group discussion/on line questionnaires



# Annex 4.

## Data collection tools

### Repository of questions for data collection

The list of questions below is based on the assessment matrix and will guide the assessment team during the remote interviews. The team will draw from this list to create a targeted interview format for each interview based on the type of respondent and data requirements. The online survey questionnaire will be designed based on this set of questions and will be presented separately.

#### Introduction:

Introduce interviewer; introduce evaluation; assure the interviewee that confidentiality will be maintained and that comments will not be related to any particular individual within the report.  
Questions about the COVID-19 pandemic:

- ▶ Date, duration, type and geographical coverage of government measures
- ▶ Date of revised workplan implementation
- ▶ Existence of country emergency preparedness and response plan for COVID-19.

#### Type of stakeholder:

- ▶ HQ GP – technical staff
- ▶ Donors/PAG
- ▶ RO GP
- ▶ CO GP focal points – technical staff
- ▶ IPs (NGOs-Gov)

Master list of questions	Question/ assumption number
 <b>Relevance</b>	
<p><b>Q1</b> <b><u>To what extent did the measures adopted within the GP during the COVID-19 crisis take into consideration the emerging needs of vulnerable and marginalized adolescent girls and their families?</u></b></p>	<p><b>Q1</b></p>
<p>To what extent were the emerging needs of vulnerable and marginalized adolescent girls under the COVID-19 pandemic identified and tracked by the GP? What are these emerging needs?</p>	<p><b>1.1.1</b></p>



Master list of questions	Question/ assumption number
To what extent was a systematic identification of bottlenecks at the different stages of implementation of the GP adjustments to the COVID-19 pandemic done? What are the main bottlenecks at each stage?	1.1.2
To what extent were strategies and interventions built on a contextual analysis at country level (based on identified needs)? To what extent did the programme adjustments target the emerging drivers and the causes of child marriage?	1.2.1
What adjustments were done in the 2020 and 2021 workplans to respond to changes in needs and priorities? What was the process and when were these adjustments made?	1.2.2
What processes and selection criteria were adopted to target the most at-risk, vulnerable and marginalized adolescent girls and boys in the country? How was disability integrated in programming and implementation?	1.2.3
<b>Q2</b> <b><u>To what extent are the measures adopted aligned with the GP Phase II and ensure coherent approaches at global, regional and country levels ?</u></b>	<b>Q2</b>
To what extent are the GP adaptation measures and approaches aligned with the ToC (at global, regional and countries level)?	2.1.1
Are the GP adjustments aligned to national policies and strategies related to COVID-19 responses? How?	2.1.1



Master list of questions	Question/ assumption number
 <b>Effectiveness</b>	
<p><b>Q3</b> <b><u>To what extent have the GP adjustments in response to the COVID-19 pandemic contributed to the results of the GP Phase II?</u></b></p>	<b>Q3</b>
<p>Which interventions were maintained or adjusted to engage marginalized adolescent girls (aged 10–19) who are at risk of child marriage? To what extent were the targets adjusted?</p>	
<p>What interventions were maintained or adapted to engage marginalized adolescent girls who are pregnant, married, divorced or widowed?</p>	<b>3.1.1</b>
<p>Which interventions were stopped because of the pandemic? To what extent were targets adjusted?</p>	
<p>Which interventions were maintained or adjusted for adolescent girls to enroll and remain in formal and non-formal education? What interventions were stopped because of the pandemic? To what extent were targets adjusted?</p>	<b>3.1.2</b>
<p>Which tools and packages were adjusted to better reach marginalized adolescent girls during the COVID-19 crisis? What was the process? How were these utilized?</p>	<b>3.1.3</b>
<p>Which interventions were maintained or adjusted for engaging boys and men in gender-transformative programmes? Which interventions were stopped because of the pandemic? To what extent were targets adjusted?</p>	<b>3.2.1</b>
<p>Which interventions were maintained or adjusted for engaging families, communities, traditional and religious leaders, and other influencers in dialogue and consensus-building on alternatives to child marriage, the rights of adolescent girls, and gender equality?</p>	<b>3.2.2</b>
<p>Which related interventions were stopped because of the pandemic? To what extent were targets adjusted?</p>	



Master list of questions	Question/ assumption number
<p>Which interventions were maintained or adjusted to include and support women’s organizations and youth-led organizations to mobilize the voices of the marginalized (particularly girls), challenge harmful social norms, and promote gender equality? To what extent were targets adjusted?</p> <p>Which related interventions were stopped because of the pandemic?</p>	3.2.3
<p>Which interventions were maintained or adjusted to support formal and non-formal schools to provide quality, gender-responsive education for adolescent girls, including comprehensive sexuality education? To what extent were targets adjusted?</p>	3.3.1
<p>Which interventions were maintained or adjusted to support to health (including SRH) and systems to implement guidelines, protocols and standards for adolescent-friendly, gender-responsive coordinated, quality services? Which related interventions were stopped due to the pandemic? To what extent were targets adjusted?</p>	3.3.2
<p>Which interventions were maintained or adjusted to support gender-based violence and child protection systems to implement guidelines, protocols and standards for adolescent-friendly, gender-responsive coordinated, quality services? Which interventions were stopped due to the pandemic? To what extent were targets adjusted?</p>	3.3.3
<p>Which interventions were maintained or adjusted to support partnerships with government, civil society organizations and other implementers to ensure that social protection, poverty reduction and economic empowerment programmes and services were adolescent-friendly, gender responsive and reaching the poorest adolescent girls and families? Which interventions were stopped due to the pandemic? To what extent were targets adjusted?</p>	3.4
<p>Which capacity-building and technical support interventions were maintained or adjusted to support governments to enact, enforce and uphold laws and policies, in line with international human rights standards, aimed at preventing child marriage, protecting those at risk and addressing the needs of those affected? What related interventions were stopped because of the pandemic? To what extent were targets adjusted?</p>	3.5.1



Master list of questions	Question/ assumption number
Which capacity-building and technical support interventions were maintained or adjusted to support governments to develop sub-national plans with evidence informed interventions to address child marriage? What related interventions were stopped because of the pandemic? To what extent were targets adjusted?	3.5.2
To what extent was child marriage taken into consideration in various national COVID-19 response strategies and guidelines? What was the process?	3.5.3
Which capacity-building and technical support interventions for government and civil society organizations to generate and use quality evidence on what works to end child marriage and support married girls were maintained or adjusted due to the pandemic? Which interventions were stopped due to the pandemic? To what extent were targets adjusted?	3.6.1
Which interventions on coordination and support to facilitate South-South collaboration and cross-learning across GP countries and with initiatives in other countries were maintained or adjusted due to the pandemic? Which interventions were stopped? To what extent were targets adjusted?	3.6.2
Was gender mainstreamed in programme adjustments to COVID-19? (Q.3.7.1) Please explain: Did GP programme adjustments to COVID-19 take a <i>gender-transformative</i> approach? Please explain.	3.7.1
Were those at risk of child marriage and marginalized adolescent girls provided with COVID 19 prevention and response information? If so, how? Please explain.	3.7.2
Did GP programme adjustments and responses include consideration for the security, health and wellbeing of staff, partners and beneficiaries? If so, how?	3.7.3



Master list of questions	Question/ assumption number
<p><b>Q4</b>  <u>To what extent did the GP provide support to CO programme adjustments to the COVID-19 pandemic?</u></p>	Q4
<p>Did the GP at global/regional levels provide timely orientation/policy support as well as guidance, tools, trainings to support COs in addressing the COVID-19 pandemic? If so, please provide examples.</p>	4.1.1
<p>Did the GP at global/regional or CO level facilitate the sharing of information, good practices, learnings and resources related to COVID-19 adjustments between GP countries? If so, please provide examples.</p>	4.1.2
<p><b>Q5</b>  <u>To what extent are changes, adjustments and innovations likely to be maintained over time?</u></p>	Q5
<p>What are the adjustments and innovations that have the potential to be maintained after the COVID-19 pandemic? For what reasons?</p>	5.1.1
<p>What are the learnings from this crisis that will help the GP to better respond to future global crises? What are the learnings for the GPEM for the post COVID-19 pandemic?</p>	5.1.2
<p>Did UNFPA and UNICEF mobilize resources to address the specific needs related to child marriage, as part of the adjustment to the COVID-19 context? If so, were these resources mobilized in a timely manner?</p> <ul style="list-style-type: none"> <li>○ Additional funding has been raised</li> <li>○ GP funding has been reprogrammed</li> <li>○ Non-GP funding has been reprogrammed</li> </ul>	5.2



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 **Coherence**

**Q6**

**To what extent are the GP adjustments coherent with key related programmes (specifically education, SRH, child protection, GBV, FGM, social protection)?**

**Q6**

- 
- Did the GP programme adjustments build synergies and coherence with country office programmes (specifically education, SRH, child protection, GBV, FGM)? Please give examples.
  - Did the GP programme adjustments build synergies and coherence with related national or government programmes?

**6.1**

---



## Online survey of GP technical teams

Sent to **UNFPA-UNICEF technical teams** involved in programmes contributing to end child marriage in all 12 GP countries (in deep-dive countries with those not participating in remote interviews).

### CONSENT FORM AND INFORMATION FOR SURVEY PARTICIPANTS (+ 18)

You are being invited to participate in a learning-oriented assessment exercise to examine the adjustment of the Global Programme to End Child Marriage (GP) to the COVID-19 pandemic. This study is commissioned by UNFPA and UNICEF to inform and strengthen the programme globally. UNFPA and UNICEF want to learn from you how the GP has adapted its programming to the COVID-19 pandemic, in terms of the timeliness, effectiveness, coherence, and relevance of these programme adjustments.

- ▶ The questionnaire takes approximately 30 minutes to complete.
- ▶ Participation is voluntary. You are free to decline to answer any question or to stop the survey at any time.

#### Benefits and Risks

You will not benefit personally by taking part in this survey. However, what you tell us may help us understand the opportunities and challenges that are being faced by practitioners delivering programming related to child marriage in the context of the COVID-19 pandemic and a range of government restrictions. It is expected that the findings of this study will be used to strengthen programming designed to address child marriage globally, regionally and in your country of operation. For this

study, the main risk is that it may take time away from other tasks. If you are uncomfortable or don't know the answers to particular questions, simply skip that question.

#### Confidentiality

The information you shared with us will be used only by the independent assessment team. The confidentiality is guaranteed. Additionally, all data will be kept on a password-protected computer to which only the research team will have access. All personal data collected will be treated by the UNICEF, 3 United Nations Plaza, New York, NY 10017, United States. UNICEF will store the data in the UNICEF filing system, no longer than necessary, in conformity with the UNICEF Policy on Personal Data Protection, 2020, and ethical guidelines.

If they wish to, the research participants can contact UNICEF at the email address [evalhelp@unicef.org](mailto:evalhelp@unicef.org) asking for their personal data to be deleted at any time. Only the research team will have access to the secured and encrypted folder.

If you have questions about the research, please contact Virginia Thomas by email at [vithomas@unicef.org](mailto:vithomas@unicef.org).

#### Informed Consent

Please complete the following form if you are willing to participate in this study.

- I WOULD NOT LIKE TO TAKE THE SURVEY
- I WOULD LIKE TO TAKE THE SURVEY

**Thank you for your time and collaboration!**



## Questionnaire

Considering the GPCEM-related programme adjustments to the COVID 19 pandemic:

Question	To a large extent	To a moderate extent	To a small extent	Not at all	Don't know
Were these made in a timely manner?					
Were <b>the emerging needs</b> of vulnerable and marginalized adolescent girls? (e.g. through surveys, studies, data collection, etc.)					
Did these adjustments <b>address</b> the evolving needs?					
Did these <b>target</b> the most vulnerable and marginalized adolescent girls?					
Did they <b>reach</b> the most vulnerable and marginalized adolescent girls?					
Did they <b>consider beneficiaries with disabilities</b> ?					
Were they <b>aligned</b> with national COVID-19 response plans?					
Was gender mainstreamed in programme adjustments? Please explain:					
Did they take a <b>gender-transformative</b> approach? Please explain:					



Were those at risk of child marriage and marginalized adolescent girls <b>provided with COVID 19 prevention and response information?</b>					
Did they include <b>measures to address the COVID-related security, health and wellbeing</b> of:					
○ Agency staff?					
○ Implementing partners?					
○ Beneficiaries?					
○ Did UNFPA-UNICEF mobilize resources to address the specific needs related to child marriage?					
○ Additional funds were raised					
○ GP funding was reallocated to meet these needs					
○ Non-GP funding was reallocated to meet these needs					
○ Were these resources mobilized when they were needed most?					

- Which resources were mobilized? (Select: personal protective equipment, radios, cell phones, computers, mass media broadcasts, cell phone units, communications devices, financial resources, technical resources, Other (please explain: \_\_\_\_\_))



- ▶ Optional text box for comments on programme adaptations: Please share with us your three most successful achievements in terms of adapting child marriage interventions to the COVID-19 pandemic. What factors do you think made these successful?
  
- ▶ Optional text box for comments on greatest obstacles: Please share with us the three greatest obstacles you faced in terms of adapting child marriage interventions to the COVID-19 pandemic. Why were these so challenging?

**Considering the GPCEM-related programme adjustments to the COVID 19 pandemic:**

Question	To a large extent	To a moderate extent	To a small extent	Not at all	Don't know
Was the GP engaged to ensure that child marriage was taken into account in various <b>national COVID-19 response strategies and guidelines</b> ?					
Did the GP at global/ regional levels <b>provide timely orientation/policy support</b> as well as guidance, tools, trainings to support COs? <i>Optional text box for examples:</i>					
Did the GP at global/ regional or CO level facilitate the <b>sharing of information, good practices, learnings and resources</b> between GP countries? <i>Optional text box for examples:</i>					



Did the GP programme adjustments <b>build synergies and coherence within country office programmes</b> (specifically education, SRH, child protection, GBV, FGM)? <i>Optional text box for examples:</i>					
Did the GP programme adjustments <b>build synergies and coherence with related national or government programmes?</b>					

**Considering the GPCEM-related programme adjustments to the COVID 19 pandemic:**

Question	To a large extent	To a moderate extent	To a small extent	Not at all	Don't know
Did adjustments contribute to the <b>strengthening of existing health, educational and child protection service provision?</b>					
Did adjustments contribute to <b>strengthening national and sub-national action plans and systems</b> to end child marriage?					
Overall, did adjustments (for example, 'virtual' approaches to reaching beneficiaries) allow the programme to <b>maintain the quality of interventions?</b>					



### Optional text box:

- ▶ Please share if you have any comments that can help us understand the effects of the COVID-19 adjustments to child-marriage focused programming:
- ▶ Of the measures that have been taken to adjust your programming to the COVID 19 context, are there any that you consider innovative and having the potential to be maintained after the COVID-19 pandemic? (Yes, no, don't know)
- ▶ If yes, which ones and why?
- ▶ What are the learnings that can help the GP to better respond to this ongoing crisis?
- ▶ What are the learnings from this crisis that can help the GP to better respond to future global crises?
- ▶ Is there anything else you'd like to share?

### Respondent Profile:

- ▶ What country are you in?
  - Bangladesh,
  - Burkina Faso,
  - Ethiopia,
  - Ghana,
  - India,
  - Mozambique,
  - Nepal,
  - Niger,
  - Sierra Leone,
  - Uganda,
  - Yemen,
  - Zambia
- ▶ Which organization do you work for?
  - UNFPA
  - UNICEF
- ▶ What is your job/position in the organization?
  - \_\_\_\_\_



- In which sector/s are you working in relation to the Global Programme to End Child Marriage (Multiple option:
- Adolescent Empowerment,
  - C4D,
  - Gender,
  - Health/SRH,
  - Education,
  - Child Protection,
  - GBV/Harmful Practices,
  - Community Mobilisation,
  - other:
  - please specify:

Thank you for sharing your experience of programme adaptation due to the COVID-19 pandemic with us.



## Online survey of implementing partners

Sent to **implementing partners** (NGO, government, academic, etc.) in all 12 GP countries (in deep-dive if not they did not participate in remote interviews)

### CONSENT FORM AND INFORMATION FOR SURVEY PARTICIPANTS (+ 18)

You are being invited to participate in a learning-oriented assessment exercise to examine the adjustment of the Global Programme to End Child Marriage (GP) to the COVID-19 pandemic. This study is commissioned by UNFPA and UNICEF to inform and strengthen the programme globally. UNFPA and UNICEF want to learn from you how the GP has adapted its programming to the COVID-19 pandemic, in terms of the timeliness, effectiveness, coherence, and relevance of these programme adjustments.

- ▶ The questionnaire takes approximately 30 minutes to complete.
- ▶ Participation is voluntary. You are free to decline to answer any question or to stop the survey at any time.

### Benefits and Risks

You will not benefit personally by taking part in this survey. However, what you tell us may help us understand the opportunities and challenges that are being faced by practitioners delivering programming related to child marriage in the context of the COVID-19 pandemic and a range of government restrictions. It is expected that the findings of this study will be used to strengthen programming designed to address child marriage globally, regionally and in your country of operation. For this

study, the main risk is that it may take time away from other tasks. If you are uncomfortable or don't know the answers to particular questions, simply skip that question.

### Confidentiality

The information you shared with us will be used only by the independent assessment team. The confidentiality is guaranteed. Additionally, all data will be kept on a password-protected computer to which only the research team will have access. All personal data collected will be treated by the UNICEF, 3 United Nations Plaza, New York, NY 10017, United States. UNICEF will store the data in the UNICEF filing system, no longer than necessary, in conformity with the UNICEF Policy on Personal Data Protection, 2020, and ethical guidelines.

If they wish to, the research participants can contact UNICEF at the email address [evalhelp@unicef.org](mailto:evalhelp@unicef.org) asking for their personal data to be deleted at any time. Only the research team will have access to the secured and encrypted folder.

If you have questions about the research, please contact Virginia Thomas by email at [vithomas@unicef.org](mailto:vithomas@unicef.org).

### Informed Consent

Please complete the following form if you are willing to participate in this study.

- I WOULD NOT LIKE TO TAKE THE SURVEY
- I WOULD LIKE TO TAKE THE SURVEY

**Thank you for your time and collaboration!**



## Questionnaire

Key work area of respondents:

**What are your main work areas related to child marriage? Select all that apply:**

- Enhanced knowledge, skills, and attitudes of marginalized adolescent girls including in humanitarian contexts, on matters such as their rights, relationships, sexual and reproductive health, and financial literacy
- Adolescent boys, families, traditional and religious leaders, community groups, and other influencers demonstrate more gender-equitable attitudes and support for girls' rights
- Education, health, GBV, and child protection systems deliver coordinated, quality programmes and services that are responsive to the needs of adolescent girls and their families, including in humanitarian contexts
- Increased capacity of national and sub-national social protection, poverty reduction, and economic empowerment programs and services to respond to the needs of the poorest adolescent girls and their families, including in humanitarian contexts
- Coordination and implementation of national, and sub-national action plans and systems to end child marriage
- Generation, dissemination and use of quality and timely evidence to inform policy and programme design, track progress and document lessons

### Considering all the work areas you have selected above:

- ▶ Were your GPCEM-related 2020 workplans modified in response to the COVID-19 pandemic?
  - Yes,
  - No,
  - Don't know
  
- ▶ If yes, how long after the first national COVID-19 containment measures were introduced (lock-downs, school closures, travel bans, curfews, etc.) were your workplans plans modified?
  - Less than 3 months
  - 3-6 months
  - After 6 months
  - Other (please explain) \_\_\_\_\_



- ▶ Are changes being made to your GPCEM-related 2021 workplans?
  - Yes,
  - No,
  - Don't know

**Considering GPCEM-related programme adjustments to the COVID 19 pandemic**

Question	To a large extent	To a moderate extent	To a small extent	Not at all	Don't know
Were these made in a <b>timely manner</b> ?					
Were the <b>emerging needs</b> of vulnerable and marginalized adolescent girls <b>identified</b> ? (e.g. through surveys, studies, data collection, etc.)					
Did these address these evolving needs?					
Did these <b>target</b> the most vulnerable and marginalized adolescent girls?					
Did these <b>reach</b> the most vulnerable and marginalized adolescent girls?					
Did these <b>consider beneficiaries with disabilities</b> ?					
Were they aligned with national COVID-19 response plans?					



<p><b>Was gender mainstreamed</b> in programme adjustments? <i>Please explain:</i></p>					
<p>Did they take a <b>gender-transformative</b> approach? <i>Please explain:</i></p>					
<p>Were marginalized adolescent girls <b>provided with COVID 19 prevention and response information</b>?</p>					
<p>Did these include measures to address the <b>COVID-related security, health and wellbeing of:</b></p>					
<ul style="list-style-type: none"> <li>○ Implementing partners?</li> </ul>					
<ul style="list-style-type: none"> <li>○ Beneficiaries?</li> </ul>					
<ul style="list-style-type: none"> <li>○ Did UNFPA and UNICEF mobilize resources to address the specific needs related to child marriage?</li> </ul>					
<ul style="list-style-type: none"> <li>○ Additional funds were raised</li> </ul>					
<ul style="list-style-type: none"> <li>○ GP funding was reallocated to meet these needs</li> </ul>					
<ul style="list-style-type: none"> <li>○ Non-GP funding was reallocated to meet these needs</li> </ul>					



Were these resources mobilized when they were needed most?					
Overall, did these adjustments (for example, new and 'virtual' approaches to reaching beneficiaries) allow the programme to maintain the quality of interventions?					

► Which resources were mobilized?

- personal protective equipment,
- radios,
- cell phones,
- mass media broadcasts,
- computers,
- cell phone units,
- communications devices,
- financial resources,
- technical resources,
- other, please explain: \_\_\_\_\_

► Optional text box for comments on programme adjustments: Please share with us your three most successful achievements in terms of adapting child marriage interventions to the COVID-19 pandemic. What factors do you think made these successful?

► Optional text box for comments on greatest obstacles: Please share with us the three biggest obstacles you faced in terms of adapting child marriage interventions to the COVID-19 pandemic. Why were these so challenging?

► Of the GP-related measures that have been taken to adapt your programming to the COVID 19 context, are there any that have the potential to be maintained after the COVID-19 pandemic?

- Yes, If yes, which ones and why? \_\_\_\_\_
- No,
- Don't know



- ▶ What are the learnings that can help the GP to better respond to this ongoing crisis?
- ▶ Is there anything else you'd like to share?

### Respondent profile

- ▶ What country are you in?
  - Bangladesh,
  - Burkina Faso,
  - Ethiopia,
  - Ghana,
  - India,
  - Mozambique,
  - Nepal,
  - Niger,
  - Sierra Leone,
  - Uganda,
  - Yemen,
  - Zambia
  
- ▶ What type of organisation do you work for?
  - government,
  - NGO,
  - academic institution,
  - other, please explain: \_\_\_\_\_
  
- ▶ Organization name: \_\_\_\_\_
  
- ▶ What is your job/position in the organization? \_\_\_\_\_
  
- ▶ What is your role in relation to the Global Programme to End Child Marriage?  
\_\_\_\_\_

Thank you for sharing your experience of programme adaptation due to the COVID-19 pandemic with us.

Keep safe,

**COVID-19 Adaptation Assessment team**



## Guidelines for discussions with beneficiaries

The discussions with direct (adolescent girls and boys) and indirect beneficiaries (boys and men, family and community members) will offer an indication of how adaptation of interventions to respond to the COVID-19 crisis is experienced by target beneficiaries and their families as told in their own words.

These discussions will be organized in one of two ways:

- ▶ With remote interviewer from the assessment team and small in-person group meetings that respect public health guidelines (mask-wearing, social distancing, hand washing, etc.);
- ▶ With remote interviewer and remote access by participants if the public health conditions do not permit in-person meetings.

In either case, these cannot be done without the facilitation of local implementing partners, who will assist in recruitment of participants, cultural mediation, interpretation and protection follow-up as needed. These discussions will respect ethical and protection considerations.

The assessment team will begin by welcoming participants and explaining the purpose of the assessment, verification that forms have been signed and reminding about what is contained in the form below.

### **MINOR ASSENT FORM AND INFORMATION FOR THE PARTICIPANT (under 15-17 years of age)(to be read, compiled and signed by all participants)**

Study “Assessment of the COVID-19 pivoting of the UNFPA-UNICEF Global Programme to End Child Marriage”

If you are reading this, it means you have been invited to be part of our study. Before taking your decision and signing this assent form, please read carefully the following information, questions and suggestions.

#### The study

1. If you read and sign this document, you will participate in a small group discussion. What does it mean? It means that you will talk with a researcher from UNFPA-UNICEF’s Global Programme to End Child Marriage (GP) in a group of other young people about your experiences during COVID-19. The researcher might ask for your opinions, and how your everyday life has changed. In some cases, a cultural mediator could be present, in order to help with the translations in your mother tongue or to better explain a topic that might not be clear in English.
2. Why is UNFPA-UNICEF carrying out this study? These agencies are working to address the needs of children and adolescents at risk of early marriage and we would like understand how the COVID-19 pandemic has impacted on the services and supports provided by [name of the organization], which you are familiar with. We want to hear from you what changes have you personally seen or experi-



enced in these activities since the beginning of the COVID-19 pandemic? Did they change and how? How are these changes affecting you and others your age? Are attitudes about child marriage changing as a result of the pandemic? What do you think is needed in your community to help end child marriage within the COVID-19 crisis context?

### Your rights, your privacy and treatment of data

3. Your participation to the research study is voluntary and confidential. Nobody should force or push you to participate. You are free to take your own decision. Your participation will not impact in any way the services you receive.

The researcher will record the audio of the interviews, so as to listen to it, transcribe it and analyse what the participants said. The transcripts and the recordings will be stored in a safe way for four-years; they will then be destroyed.

4. All personal data collected will be treated by the UNICEF, 3 United Nations Plaza, New York, NY 10017, United States. UNICEF will store the data in the UNICEF filing system, no longer than necessary, in conformity with the UNICEF Policy on Personal Data Protection, 2020, and ethical guidelines.
5. If you wish, you can contact UNICEF at the email address [evalhelp@unicef.org](mailto:evalhelp@unicef.org) asking for your personal data to be deleted at any time. Only the research team will have access to the secured and encrypted folder. In addition, in order for children to take part in a data-collection exercise, the law requires the informed assent from the child as well as the consent of the legal representative of the child. Data collected from participants will not be linked or associated with the assent/consent forms.

6. What happens with the information you share with us? All information you provide will be considered confidential. The researcher will never reveal anything you say to anybody else, including your guardians or educators. Only in case of evidence that you are at serious risk or have been victim of a crime will they be obliged to report it to the authorities; in that case, they will talk to you first and also refer you to where you can get help.
7. Who will read the things we learn about you in this study? Your name will not be in any report of the results of this study. Your name will be replaced with the words “participant 1” or “participant, age xx”. Even the name of the reception facilities where you live will not be in any report. Research findings will be summarized, without any identifiable information about you, your educators or your guardians.
8. You do not have to answer anything that you do not want to. You may feel uncomfortable with the questions being asked or upset about certain topics. You may feel like you have to say things in front of other people that you don’t want to. Please let us know if and when something is bothering you. If this happens, please know that you do not have to answer anything that you do not want to.
9. Please respect also the confidentiality of others and do not share anything of what you hear in the group discussion with others who did not participate. Thank you.

### Risks and Benefits

What are the GOOD THINGS AND the ISSUES that might happen in this study?

10. The benefits of this study to the participants might be:



- ▶ The results may help improve future activities supporting children at risk of marriage, their families and communities;
- ▶ Participants will be able to have their voice heard;
- ▶ Participants will be able to exchange opinions, experiences and ideas with their peers.
- ▶ The problems that might happen are:
  - ▶ Participants may be upset that their names and contributions are not explicitly mentioned in any of the publications or disseminations events;
  - ▶ Participants may feel uncomfortable with some questions. We will ensure to remind you that you can refuse to answer any of the questions or can leave the discussion any time.

#### Practical aspects of participation

- 11.** How long does the interview take? Each interview will last maximum 1 hour.
- 12.** How will the interviews take place? The interviews will be carried out in the office of NGO X. In case COVID-19 restrictions do not allow us to organize the interviews in person, we will arrange online meetings. After you and your guardian sign this form, the researcher will contact NGO X via email to plan a date and place for the meeting. If we cannot do the meeting in person, she will send you a electronic link to connect.
- 13.** What do you need to participate? In case of groups discussion in person you, the cultural mediator and the researcher will choose the most suitable and silent place for a group meeting. The researcher will be online because we cannot travel during the pandemic. You will be asked to wash your hands and wear a mask during the group discussion, as the cultural mediator will do.

- 14.** What if you change your mind? You can leave the interview when you feel like. If you decide to stop, no one will be angry or upset with you.
- 15.** What if you need support? If you need support you can talk with a cultural mediator in your mother tongue.
- 16.** If you need additional information on what you read on this form, please feel free to ask questions prior the beginning of the group discussion or, if you need information later, you can send an email to the researcher address: [vithomas@unicef.org](mailto:vithomas@unicef.org)

#### **Thanks for your collaboration!**

Now, if you are interested and want to participate in this research study, please fill in the following information and sign the document.

**Name and surname**

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**Signature**

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**Place and date**

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## Consent form for legal guardians (interview/ group discussion with minors)

### Study “Assessment of the COVID-19 pivoting of the UNFPA-UNICEF Global Programme to End Child Marriage”

#### Principal Investigators:

Isabelle Cazottes, Team Leader.

[icazottes@unicef.org](mailto:icazottes@unicef.org)

Virginia Thomas, Technical Expert

[vithomas@unicef.org](mailto:vithomas@unicef.org)

#### Informative note on the research study

Your child/ward is being invited to participate in a learning-oriented assessment exercise to examine the adaptation of the Global Programme to End Child Marriage (GP) to the COVID-19 pandemic. This study is commissioned by UNFPA and UNICEF to inform and strengthen the programme globally.

The objectives of the study are to:

- ▶ Assess relevant contingency planning and implementation and any alternative delivery and governance arrangements for the GP due to the COVID pandemic, taking into account the views of the beneficiaries (vulnerable adolescent girls, their families and community) and key implementing partners;
- ▶ Make recommendations for the immediate to mid-term improvement of GP’s response to COVID-19, identify ongoing improvement requirements, and recommend any additional support required to implement those improvements;

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

The assessment of the COVID-19 pivoting of the UNFPA-UNICEF Global Programme to End Child Marriage will encompass all 12 countries and all programme levels (global, regional, national and community). The assessment will identify the range of GP responses, mitigation and protection measures adopted during the COVID-19 pandemic and will consider whether the interventions were continued as planned or whether alternatives were implemented. The assessment will also look at interventions planned for 2021. Issues, challenges, opportunities and constraints related to programme adaptations to the COVID-19 situation will be taken into account.

#### Methodology

The study includes the following:

- ▶ Online survey directed at programme practitioners;
- ▶ Interviews with key agency staff, government personnel and implementing partners in six countries;
- ▶ Group discussions with programme beneficiaries and children/adolescents under 18 years of age accompanied by staff implementing agencies with which the children/youth should already be familiar.



### Modalities of the interview and confidentiality

The group discussions will take place at the premises of the implementing partners (safe spaces or health centre, or even online). Each group discussion will last approximately 1 hour.

The group discussions will be conducted by a researcher (Isabelle Cazottes or Virginia Thomas), together with a cultural mediator, if needed.

Participation is voluntary and confidential. Confidentiality is guaranteed for the participants of the research: all information provided will be considered confidential and analysed together with all the others provided by the other participants. Only in case of evidence that your child is at serious risk or has been victim of a crime are they obliged to report it to the authorities.

The researcher will record the audio of the interview, so as to listen to it, transcribe it and analyse what the participants said. The recordings will be stored by UNICEF in a safe way for four years; they will then be destroyed.

The names of the participants involved in the research study will not be published in any report or publications: names will be replaced with the words “participant 1” or “participant, age, role xx”.

Research findings will be summarized, without any identifiable information about participants or their institutions. The researchers will not disclose the content of the group discussion to any third party, including agencies’ staff, teachers and legal guardians.

Prior to the beginning of the interview, the researcher will go through the consent points with the respondents, and will also seek her/his verbal consent. In case restrictions due to COVID-19 do not allow to carry out interviews in person, they will be organized on a digital platform.

### Risks and benefits

The minor will not benefit personally by taking part in this study. She/he will not receive money or any material benefits. However, his/her participation may help us to better understand the experiences that adolescents are facing during the COVID-19 pandemic. The findings will be used to support activities and strengthen the services addressing child marriage at global, regional and country levels. For this study, the main risk is that the minor may feel upset or uncomfortable during the interview. If she/he is uncomfortable with any question or topic she/he can avoid answering and he/she can stop the participation any time.

### Privacy and treatment of data

- ▶ All personal data collected within the framework of the research study and research data (audio recordings) will
- ▶ All personal data collected will be treated by the UNICEF, 3 United Nations Plaza, New York, NY 10017, United States. UNICEF will store the data in the UNICEF filing system, no longer than necessary, in conformity with the UNICEF Policy on Personal Data Protection, 2020, and ethical guidelines.

If they wish to, the research participants can contact UNICEF at the email address [evalhelp@unicef.org](mailto:evalhelp@unicef.org) asking for their personal data to be deleted at any time. Only the research team will have access to the secured and encrypted folder. In addition, in order for children to take part in a data collection exercise, the law requires the informed assent from the child as well as the consent of the legal representative of the child. Data collected from participants will not be linked or associated with the assent/consent forms.

Dissemination

All the data gathered will be analysed and the results will be published in a report, as well as disseminated through the GP website and channels. Participants will be informed about the results of the research study via email.

**Consent form for legal guardians (to be signed only when the participant is younger than 18 years old)**

The undersigned legal guardian of (minor's name)

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**Consent (child's name)'s participation in a group discussion as part of the research study "Assessment of the COVID-19 pivoting of the UNFPA-UNICEF Global Programme to End Child Marriage" as described in the briefing note attached to this form and for the information gathered to be analysed for research purposes as described.**

Place an date

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Signature

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**GROUP DISCUSSION GUIDING QUESTIONS:**

1. You have been participating in programme activities to end child marriage in your community. What change have you personally seen or experienced in these activities since the beginning of the COVID-19 pandemic? Were these stopped? Were they adapted? How were they adjusted? What is your experience of the adaptations of these activities?

Probe for access to internet, to activities with peers (adjust based on adaptation)

2. Since the beginning of the COVID-19 pandemic what changes have experienced in your life? Probe for:
  - ▶ In your family (parents, siblings, grandparents) and in your community
  - ▶ After school were closed and reopened
  - ▶ For accessing health services? Accessing social services?
3. What changes have you seen regarding the attitudes toward early marriage within your own family and community?
4. What is needed in your community to help end child marriage within the COVID-19 crisis context? Probe for answers around what is needed for girls? For boys? Families? Leaders? Etc.



## Remote interview guide

### INFORMED CONSENT

You are invited to participate in a learning-oriented assessment exercise to examine the adaptation of the Global Programme to End Child Marriage (GP) to the COVID-19 pandemic. This study is commissioned by UNFPA and UNICEF to inform and strengthen the programme globally.

#### Modalities of the key informant interview and confidentiality

The interview will be carried out online (via Zoom or Teams) and will last approximately one and half hours.

Confidentiality is guaranteed: all information provided will be considered confidential and analysed together with all the others provided by the other participants. The names of the key informants will not be published in any report or publications: names will be replaced with the words “Key Informant 1” or “Interviewee with role xx”.

Research findings will be summarized, without any identifiable information about participants or their institutions.

The researcher will request your consent for the interview to be recorded. so as to listen to it, transcribe it and analyse what the participants said

All personal data collected will be treated by the UNICEF, 3 United Nations Plaza, New York, NY 10017, United States. UNICEF will store the data in the UNICEF filing system, no longer than necessary, in conformity with the UNICEF Policy on Personal Data Protection, 2020, and ethical guidelines. If they wish to, the research participants can contact UNICEF at the email address evalhelp@

unicef.org asking for their personal data to be deleted at any time. Only the research team will have access to the secured and encrypted folder. Data collected from participants will not be linked or associated with the assent/consent forms.

#### Benefits and Risks

You will not benefit personally by taking part in this survey. However, what you tell us may help us understand the opportunities and challenges that are being faced by practitioners delivering programming related to child marriage in the context of the COVID-19 pandemic and a range of government restrictions. It is expected that the findings of this study will be used to strengthen programming designed to address child marriage globally, regionally and in your country of operation. For this study, the main risk is that it may take time away from other tasks. If you are uncomfortable or don't know the answers to particular questions, simply skip that question.

**Do you consent to having this meeting recorded?  
Thank you.**



## QUESTION GUIDE

1. To what extent were the needs of the vulnerable and marginalized adolescent girls emerging under the COVID-19 pandemic identified and tracked by the GP? What are these emerging needs?
2. To what extent did the programme adaptations address the emerging needs and the known causes of child marriage?
3. What was the process to adjust GP activities in 2020 and 2021 to respond to emerging needs and priorities? When were these adjustments made?
  - ▶ Did GP programme adaptations and responses include considerations for the security, health and wellbeing of staff, partners and beneficiaries? If so how?
  - ▶ Did the GP at global/regional levels provide timely orientation/policy support as well as guidance, tools, trainings to support COs in addressing the COVID-19 pandemic? If so, please provide examples.
  - ▶ Did the GP at global/regional or CO level facilitate the sharing of information, good practices, learnings and resources related to COVID-19 adaptations between GP countries? If so, please provide examples.
4. What processes and selection criteria were adopted to target the most at risk, vulnerable and marginalized adolescent girls and boys in the country?
5. How was disability integrated in programming and implementation?
6. To what extent was a systematic identification of bottlenecks at the different stages of implementation of the GP adjustments to the COVID-19 pandemic done? What were the main bottlenecks at each stage?
7. Has your country adapted the global ToC ? Do you consider that your ToC remains relevant to the country context ?
8. Are the GP adaptations aligned to national policies and strategies related to COVID-19 responses? How?
9. [Pick up 2 or 3 key adjustments in the amendment tables (completed by GP focal points) and ask clarifications accordingly].
  - a. Can you explain about these key adjustments?
  - b. What were the bottlenecks at the different stages of implementation of these key adjustments?
10. To what extent was gender mainstreamed in the COVID-19 adjustments? Have GP programme adjustments to COVID-19 taken a gender-transformative approach? If so how? Please give examples.
11. Were those at risk of child marriage and marginalized adolescent girls provided with COVID-19 prevention and response information? If so how? Please explain.
12. Did UNFPA-UNICEF mobilize resources to address the specific needs related to child marriage?
  - ▶ Additional funding has been raised
  - ▶ GP funding has been reprogrammed
  - ▶ Non-GP funding has been reprogrammed

If so, which resources were mobilized? Were these resources mobilised in a timely manner?



- 13.** What are the adaptations and innovations that have the potential to be maintained after the COVID-19 pandemic? For what reasons?
- 14.** To what extent did the GP programme adaptations build synergies and coherence with country office programmes (specifically education, SRH, child protection, GBV, FGM)? Please give examples.
- 15.** To what extent did the GP programme adaptations build synergies and coherence with related national or government programmes or strategies? Please give examples.
- 16.** What are the learnings (new processes, approaches... ) from this crisis that will help the GP to better respond to the current crisis and future global crises?



## Annex 5.

### List of persons consulted - remote interview and group discussion

Name	Position	Sex
<b>GLOBAL LEVEL</b>		
Nankali Maksud	Coordinator Global Programme to End Child Marriage, UNICEF	F
Satvika Chalasani	Technical Analyst, Adolescent and Youth, UNFPA	F
Joseph Mibirizi	Monitoring & Evaluation Specialist, Global Programme to End Child Marriage, UNICEF	M
Lauren Rumble	Gender Section, UNICEF	F
Helen Belachew	Gender Section, UNICEF	F
Kristin Marie Linnea Andersson	Child Protection Officer - Knowledge Management, UNICEF	F
Ingrid Sanchez Tapia	Education Specialist, UNICEF	F
Charlotte Lapansky	Communication for Development (C4D), UNICEF	F
Alessia Radice	C4D Specialist, Social Norms, UNICEF	F
José Roberto Luna Manzanero	Technical Specialist Adolescents and Youth, UNFPA	M
<b>DONORS</b>		
Kathleen Flynndapaah	Global Affairs Canada	F
Margot Igländ Skarpeteig	NORAD	F



Name	Position	Sex
<b>PARTNERS ADVISORY GROUP</b>		
Faith Mwangi-Powell	Girls Not Brides	F
Chandra-Mouli Venkataraman	World Health Organization	M
<b>REGIONAL LEVEL</b>		
Mona Aika	Child Protection Specialist, UNICEF ESARO	F
Anandita Philipose	UNFPA ESARO	F
Indrani Sarkar	Child Protection Specialist, UNICEF MENARO	F
Shadia elshiwiy	UNFPA, ASRO	F
Senan Hodonou	UNFPA, WCARO	F
Ramatou Touré	Senior Child Protection Specialist, UNICEF WCARO	F
Sujata Tuladhar	GBV Technical Specialist, UNFPA APRO	F
Upala Devi	Gender and Human Rights Advisor, UNFPA APRO	F
Amanda Bissex	Regional Advisor Child Protection, UNICEF	F
Settasak Akanimart	Child Protection Specialist, UNICEF ROSA	M
<b>DEEP-DIVE COUNTRIES</b>		
<b>BURKINA FASO</b>		
Dalomi Bahan	Deputy Representative and Monitoring and Evaluation Officer, UNFPA	M
Sanou Djeneba Ouédraogo	Programme Specialist in Reproductive Health, UNFPA	F



<b>Name</b>	<b>Position</b>	<b>Sex</b>
Edith Ouedraogo	Programme analyst gender culture and human right Technical Focal Point, UNFPA	F
Karim Sankara	Child protection specialist - Technical Focal Point, UNICEF	M
Bilal Sougou	Chief Child Protection, UNICEF	M
Sahid Kobeane	General Director Family and Children Protection and Promotion Ministry of Social Affairs	M
Brigitte Yaméogo	Programme Manager, Mwangaza action	F
Yves Ouoba Yembuani	Executive Director, Association Tin-Tua	M
<b>NIGER</b>		
Amadou Alassane Cisse	Deputy Representative a.i., UNICEF	M
Salmey Bebert	Focal Point, Child Protection, UNICEF	F
Issa Sadou	Gender and Human Rights, UNFPA	M
Elsa Burzynski	UNFPA	F
Nounou Maman	Monitoring and Education, UNFPA	M
Maria Storrusten	Dynamics UNFPA	F
Gremah Aji Kanta	Women and Gender Promotion Programme In Charge, Ministry of Women Promotion and Child Protection	M
Moussa Yahaya	CPO Maradi and Zinder, UNICEF Maradi Region	M
Zakari Yaou	Technical Assistant Regional Child protection Directorate, Zinder Region	M
Ousmane Yacouba Hima	Technical Assistant Regional Child protection Directorate, Maradi Region	M



Name	Position	Sex
Issoufou Mahaman Sabiou	Supervisor Chadakori, Maradi Region	M
Hassan	Supervisor Jiratoua, Maradi Region	M
<b>Group Discussions – two villages, Maradi Region 1 village Zinder Region</b>		
Council members, Jiratoua and El Goja village, Maradi		2 M
Adolescent girls, Chadakori and village, Maradi		6 F
Parents, village, Dogo/Lingui village, Zinder		1F 3M
Council members, Dogo/Lingui village, Zinder		2 M
Adolescent girls, Dogo/Lingui village, Zinder		4 F
<b>NEPAL</b>		
Pragya Shah Karki	GP Focal Point Child Protection, UNICEF	F
Apekchya Rana	GP Focal Point, UNFPA	F
Inah Fatoumata Kaloga	Chief Child Protection, UNICEF	F
Dr Hashina Begum	Deputy Representative, UNFPA	F
Sudha Pant	Gender, UNFPA	F
Sabin Adhikhari	Programme Officer, Nepal Red Cross Society	M
Dhani Prasad Sharma	Education Office, Rautahat District	M
Dr Ghanashyam Bhatta	ADRA Nepal	M
<b>MOZAMBIQUE</b>		
Gaia Segola	Child Protection Specialist, UNICEF	F
Patricia Grundberg	Programme Analyst, Youth and Adolescents, UNFPA	F



Name	Position	Sex
Katarina Johansson	Deputy Representative, UNICEF	F
Eduardo Celades	Deputy Representative, UNFPA	M
Emidio José Sebastião Cuna	Programme Analyst, UNFPA	M
Ruben Cossa	C4D Specialist, UNICEF	M
Ana Ndove	National Programme Manager, Rapariga Biz, COALIZAO	F
Angelica Magaia	National Director for Children, Ministry of Gender, Children and the Family	F
<b>Group Discussions</b>		
6 Women Mentors, Rapariga Biz Programme		6 F
6 Girls Mentees, Rapariga Biz Programme		6 F
<b>ZAMBIA</b>		
Sylvi Hill	Child Protection Specialist, UNICEF	F
Womba Mayondi	Programme Analyst, Gender, UNFPA	F
Leonard Kamugisha	Deputy Representative, UNFPA	M
Katlin Zara Brasic	Chief of Child Protection	F
Edgar Arnold Lungu, PhD	HIV/AIDS Manager, Health and HIV Section, UNICEF	M
Luonde Cholwe	Education Specialist, Education Section UNICEF	F
Debbie Chingobe	Programme Coordinator, YWCA	F
Miriam Mwiinga	Programme Manager, YWCA	F



Name	Position	Sex
Bright Chileya	Social Worker, Department of Social Affairs, Senanga District	M
<b>Group Discussions</b>		
Discussion group with Traditional Leaders and Initiators – Three men and two women		3M/2F
Discussion group with boys from safe spaces – 5 boys		5 M
Discussion group with girls		6 F
<b>NON-DEEP DIVE</b>		
<b>BANGLADESH</b>		
Tahmina Huq	Programme Officer- Gender, UNICEF	F
Humaira Farhanaz	Programme Analyst Adolescents and Youth, UNFPA	F
<b>GHANA</b>		
Selina Owusu	National Programme Analyst – Gender, UNFPA	F
Muhammad Rafiq Khan	Chief, Child Protection, UNICEF	
Joyce Odame	Child Protection Officer, UNICEF	F
<b>INDIA</b>		
Tannistha Datta	Child Protection/Adolescent Specialist, UNICEF	F
Arupa Shukla	C4D Specialist, UNICEF	F
Shobhana Boyle	Gender Officer, UNFPA	F



<b>Name</b>	<b>Position</b>	<b>Sex</b>
<b>ETHIOPIA</b>		
Tsehay Gette	National Programme Analyst- Gender and Harmful Practices, UNFPA	F
Zemzem Shikur	Social Mobilization Specialist/UNICEF Ethiopia	F
<b>SIERRA LEONE</b>		
Yuichiro Yamamoto	Child Protection Specialist, UNICEF	M
Betty Alpha	Adolescent Sexual and Reproductive Health Programme Specialist, UNFPA	F
<b>UGANDA</b>		
Maryam Enyiazu	Child Protection Specialist, UNICEF	F
Harriet Ndagire	Programme Analyst, GBV, UNFPA	F
<b>YEMEN</b>		
Estelle-Emile Dade	Child Protection Specialist, UNICEF	F
Salwa Al Azzani	GBV Project Coordinator, UNFPA	F

## Annex 6.

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# Annex 7:

## Data collection matrices (country, global, regional)

### Bangladesh

This annex shows the evidence gathered and triangulated, relevant to answer each one of the assessment questions for each country. The information contained in the tables; hence it is sourced from the desk review and from interviews and focus groups. These tables are included here unedited, in their original format, for the sake of transparency.

Assumptions	Indicator
 <b>Relevance</b>	
<p><b>Q1</b> <b><u>To what extent did the measures adopted within the GPECM during the COVID-19 crisis take into consideration the emerging needs of vulnerable and marginalized adolescent girls and their families?</u></b></p>	
<p><b>1.1 The GPECM identified, and reassessed priorities based on the situation generated by the COVID-19 pandemic</b></p>	<ul style="list-style-type: none"> <li>○ Evidence on how the GPECM identifies and tracks the emerging needs of vulnerable and marginalized adolescent girls under the COVID-19 pandemic.</li> <li>○ Identification of bottlenecks at the different stages of implementation of the GPECM adjustments to the COVID-19 pandemic</li> </ul>

- Studies done in program areas where the global program have been working. The first one was done around April and then follow up done in October, both of them were done with Population Council and UNICEF on the needs and changing situation of adolescent girls, if any during the pandemic. A rapid assessment of the situation of child marriage was done in end of 2020, which was nationally representative<sup>5</sup>. There was no comprehensive identification of the changing needs. There were limitations to that because of restrictions to access to mobile phones or access to funds.
- SHRH helpline have been identifying and tracking Adolescent needs on what kind of Issues are arising specially with the adolescent girls. It's national and we mainly try to reach rural areas, not only focused on urban areas and we promote the helpline through the government and all our other implementing partners in rural areas.
- UNICEF partners did a phone survey and disseminated the information through the press release.
- Given the drivers and the social economic situation, the risk of child marriage might have increased as girls had nothing to do after the school closed and as a negative coping mechanism for parents as they cannot afford all children's enough food In our society, "either you have to be in school or you have to be in the bride's house"

U-Report Consultation	Response rate	Male	Female	15-19	20-24	25-30
for Adolescent & Youth Section 2: Issues and needs under COVID19	17%	71%	29%	23%	55%	18%

4.9% disabled girls could be reached.

**1.2 The GPECM strategies and approaches have been revised to meet the needs of vulnerable and marginalized adolescent girls during the COVID-19 pandemic**

- Evidence of contextualization of strategies and interventions at country level (based on identified needs)
- Evidence that workplans are adjusted to respond to changes in needs and priorities
- Evidence that interventions targeted and reached the most vulnerable and marginalised adolescent girls and boys in the country

UNICEF is working with the MoCWA Ministry of children and women affairs and we were jointly running a project called APC accelerating protection of children, so under that project we identify adolescent club facilitators who are at the doorsteps, who know girls and boys particularly from the most marginalized group, who are the adolescent with disability and other ethnic minority groups, Adolescent clubs facilitators delivered a blend of messages such as COVID safety measures, child marriage, GBV, remaining in school, information on SHR and mental health as identified in the studies.

- For example, government has set up hotline Centre, helpline centre which are really active and to do alternative thing with adolescent clubs to reach out the most marginal group.

### **BOTTLENECK**

- Uncertainties around the pandemic, for this lock down. “We are just learning by doing at this moment. We are assuming something and then we just go through the reality. So we can plan but we can't be 100% sure that we can implement that plan”
- The process of approvals slowed down quite a bit within the organization, in UNFPA which slowed down some of our activities.
- the government also started focusing, mainly on COVID related activities specially in the sub district levels e.g.providing health services and other basic needs. And getting support from human resources with the Ministry of Women and Children Affairs, was difficult and everything was slower
- a bottleneck is the economic crisis if lock down goes on as CM important driver, the impact at family level is that they deprioritized children's education. There is a need for re prioritizing social issues like child marriage, empowerment with the government
- another bottleneck is school closure (more than one year ?), UNICEF provided Technical Support to the government to develop a strategy paper for school reopening what would be beneficial for ending child marriage. Government decided that they will reopen the school, maintaining all the safety measures but nothing is fixed yet

## **Q2**

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

### **2.1 Adjusted measures are aligned with the GPECM phase II global, regional, country approaches**

- Evidence that the GPECM adjustment measures and approaches at global, regional and countries level are aligned with the ToC and that the ToC remains relevant to the current context
- Evidence that the GPECM adjustments are aligned to National policies and strategies related to COVID-19 response

In the government's implementation plan to address the pandemic, social issues like end child marriage and other social issues were included due to the advocacy of UN agencies e.g. UNICEF representative advocacy. They are not in top priority but there are there. All the adaptation of the global program are aligned with the government policies and strategy. There were five or six pillar on the national COVID-19 emergency plan and under one pillar ending child marriage is captured. The United Nations Sustainable Development Corporation framework UNSDCF: the strategy document that is applicable for all the UN agencies for the first time and a separate pillar on women and girls empowerment and gender balance that captured ending child marriage and girl's issues. ECM is also well integrated in the 8th 5 years development plan

 **Effectiveness**

**Q3**

**To what extent did the GPECM changes and adjustments in response to the COVID-19 pandemic contribute to the results of the GP Phase II?**

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

Evidence that the GPECM maintained or adjusted interventions to engage marginalized adolescent girls (aged 10–19) in gender transformative life skills or CSE education programmes (Output 1110)  
Evidence that the GPECM maintained or adjusted support to adolescent girls to enrol and remain in formal and non-formal education (Output 1120)  
Evidence that the GPECM adjusted tools and packages to better reach marginalized adolescent girls during the COVID-19 crisis

Implemented without modification, timely

- Approx. 93,360 adolescents (70% girls) have completed 38 sessions of Life Skills training course face to face in 1,502 adolescent clubs (Target 322 clubs - 80720 girls)
- An adolescent empowerment package, “Standardized Adolescent Empowerment Package (SAEP)” developed and piloted and a ToT facilitated virtually for 35 participants (48 hours in 12 days). Facilitators still need to practice face to face sessions in order to ensure quality interactive group sessions.<sup>5</sup>

<sup>5</sup> Online survey



### Adjusted, implemented with modifications

Most activities to be implemented through the school system were interrupted for a while due to closure of schools. Online mechanisms were developed as telephone, social media and also gathering in open spaces in smaller groups. Printed communication materials were also developed to support self-paced distant learning:

- Approx. 24,883 adolescents (65% girls) trained on LSBE, VAC and COVID-19 messages through 193 virtual clubs. The adolescent club facilitators we provided with mobile phone. The facilitators called parents number with messages on safety measures. The adolescent Club is a great platform, through which we can provide message. We first talked to the parents and we requested them whether a particular time slot is suitable for that adolescent girls or they can provide their mobile and the facilitator for a kind of one to one session either through parents or directly to the girls. The facilitators were provided with money for their phone, funds for their phone bills and Internet bill. They were oriented on the new messages for COVID-19. Messages were on safety measures at the same time on ending child marriage and also girls empowerment but also messages related to mental health. To ensure girls are always in the loop and they're being communicated with so that girls just don't get lost. They started off with health safety messages but also all the messages related to child marriage, GBV, remaining in school, information on SHR and also mental health UNFPA supported clubs with the Ministry of Women and Children Affairs about 60 girls Club were instructed to talk to each girl at least once every month. For UNICEF facilitators in charge of 2 to 3 clubs almost communicated each week then every 2 weeks In September 2020, when rates were going down, we resumed some of the activities in the club maintaining social distance i.e. before the pandemic we had 30 girls come up once a week at a time, but during the pandemic we brought it down to not more than 10 girls at a time. So they had three separate sessions. Adolescent clubs have met with smaller groups maintaining social distance in the open air.

When rates started picking up in February 2021 and the government was concerned, we stopped most activities in clubs again during the lockdown. We haven't recruited new Girls into clubs as we usually for life skills education sessions that is one-year curriculum that we do with the new cohort of girl every year.

- Online live counselling and information sessions gave access to a wider range of adolescent girls to needs specific information and to discuss sensitive issues anonymously
- The UN Youth Advisory Panel trained 1,000 adolescents (50% girls) in urban locations on COVID-19 through face-to-face and video show
- 13 gender-transformative life skill sessions on National TV along with the MoE national curriculum
- Approx. 4,200 adolescents trained on COVID-19, GBV, CM messages through the mobile phone application called, "Digital Application for Adolescents"

<p>Instead of Modelling of adolescent clubs for quality assurance (targeting with effective communication, gathering evidence and regular monitoring and reporting through GIS mapping, UNICEF in support with MOWCA, developed 'Online Reporting Analytical System' (ORAS) to monitor, effective communication, gathering evidence for adolescent clubs.</p>	
<p>The Department of Women Affairs, with the support of UNFPA, also developed a handbook for adolescent girls to support learning during the COVID 19 pandemic<sup>6</sup></p>	
<ul style="list-style-type: none"> <li>○ Adaptation of approaches such as using virtual tools for meetings and workshops with SAEP Technical Team</li> <li>○ Three offline workshops with more than 150 adolescents to develop "Workbook" on SAEP for adolescents on 12 or 15 thematic areas (SHR, gender and girls empowerment ...) and reviewing the Peer Leaders' Guidebook by these end-users</li> <li>○ 2-day online ToT on SAEP Training Manual produced 55 Master Trainers in June July 2020.</li> </ul>	
<p><b>3.2 The measures taken by the GPECM to respond to the COVID-19 situation have contributed to enable gender-equitable attitudes and support for girls' rights among adolescent boys, families, traditional and religious leaders, community groups, and other influencers</b></p>	<p>Evidence that the GPECM maintained or adjusted interventions for engaging boys and men in gender transformative programmes (including CSE for boys) that promote healthy relationships and positive masculinities and gender equality (Output 1210)</p> <p>Evidence that the GPECM maintained or adjusted interventions for engaging families, communities, traditional and religious leaders, and other influencers in dialogue and consensus-building on alternatives to child marriage, the rights of adolescent girls, and gender equality (Output 1220)</p> <p>Evidence that the GPECM maintained or adjusted interventions to include and support Women's organizations and youth-led organizations to mobilize the voices of the marginalized (particularly girls), challenge harmful social norms, and promote gender equality (Output 1230)</p>
<ul style="list-style-type: none"> <li>○ Online live counselling and information sessions gave access to a wider range of adolescent girls to needs specific information and to discuss sensitive issues anonymously</li> <li>○ The UN Youth Advisory Panel trained 1,000 adolescents (50% girls) in urban locations on COVID-19 through face-to-face and video show</li> <li>○ 13 gender-transformative life skill sessions on National TV along with the MoE national curriculum</li> <li>○ Approx. 4,200 adolescents trained on COVID-19, GBV, CM messages through the mobile phone application called, "Digital Application for Adolescents"</li> </ul>	



### Implemented without modification, timely

- 600 child journalists have successfully completed their training as planned,
- 40 adult leaders (19 female) trained as trainers for Life Skills Based Education (LSBE) to support young groups
- The “#Raisethebeat4ECM/Dhol Campaign” continued broadcasting the public service announcements (PSAs) through television channels and social media
- The adolescent-focussed entertainment-education drama-series ‘Icchedana (On The Wings of Wishes)’ complemented the campaign with behavioural and norms issues.
- The field based end-line survey of Icchedana Season 1 completed

In 966 CBCPCs approx. 13,524 parents, community people, adolescents and caregivers sensitised on VAC including child marriage, child rights perspective, referral, abuse, exploitation and neglect of children and adolescents

### Adjusted, implemented with modifications

- Social mobilisation and community engagement: The Community engagement initiatives (Interpersonal communication and community dialogues) were initially postponed due to COVID 19 and resumed in the later part of the year in a limited scale. The alternative modality for community engagement was through 18 community radios and online platforms across the country
- All face to face communication was stopped and instead digital media such as local radio programmes and miking from a distance (Auto motor vehicle just roam around the areas) to and provide messages about social issues focusing mainly on social issues like in child marriage and girls empowerment as government focused on COVID preventive measure.
- Target overachieved as C4D intervention was community engagement through community radio and (adolescent radio listeners groups) ARLG initiatives
- Total reached: 13089791 (The total reach under Output 1220 is calculated as a cumulative number for both C4D interventions and communications. The total reach has been calculated as a whole, and thus segregated numbers per activity is not available).
- Messaging through mosque microphone & Khutba during Jummah prayer initiated - Total reached: 13510. Online training provided to the religious leader so that they include some of the messaging during the Friday prayer. This has a lot of impact on the community people because they follow that religious leader
- We tried to find each communication channel very contextual and very localized, for each district e.g. satellite TV channel in local areas to communicate mostly on ending child marriage



- A team of 41 adult scout leaders equipped as trainers for online safety of children and adolescents.
- 2000 young adolescents, oriented on U-Report initiative
- Key communication materials produced including messaging around the impact of COVID-19 on gender issues, International Day of the Girl Child, 16 Days of Activism
- A video called Coping with COVID discussing issues of child marriage, gender inequality and social in rural Bangladesh; and other videos
- child journalists started producing at home vlog format diaries and mobile-based filming on staying healthy and online talk show collecting information through online interaction with adults who have expertise in different areas aired on the social media like Facebook and Twitter and others
- The Department of Women Affairs developed a guideline on community engagement during the COVID-19 pandemic used to engage a total of 954 community stakeholders in community meetings to address child marriage. These are the members of the Club management committees that are set up from the beginning of the project and the members of the committees are all community stakeholders who support the club and support adolescent and girls empowerment in the community and also anti-harassment committees in secondary schools (as per the High Court guideline in Bangladesh with school teachers and government officials and other relevant stakeholders as members). We had regular meetings through the pandemic with both committees on keeping girls involved with schools, keeping girls engaged in clubs as well as ensuring safety measures like social distancing, wearing masks, washing hands... Courtyard meetings to inform adolescent which services are open as uptake of services at the Community health centres were going down, specially for young woman and on gender based violence Services or information. . They were not meeting during the lockdown but met at the school in the school wasn't open,
- Over 38 million people reached via social media, television and child journalism platforms with messaging and reporting on raising awareness on eliminating harmful practices, ending child marriage, empowering girls and other key gender issues (through GPECM funding and other funding)

#### Postponed to 2021

- Capacity enhancement of religious leaders to advocate for adolescent's empowerment, face to face interaction and their engagement carried forward in 2021
- Training in football and cricket to ensure girl's empowerment and participation in outdoor sports

#### Terminated, not rescheduled

The partnership on child filmmaking was closed due to the magnitude of the COVID-19 epidemic and the need to focus resources on the pandemic response. Its activities had been on hold since the beginning of the project that was supposed to start in March 2020, and considering the aggravating and lingering COVID-19 situation, as per the UNICEF Executive Director's instructions on reprioritizing activities to emphasize work on areas which would make the biggest difference for children during this pandemic, the project had an early closure



**3.3 The GPECM has adjusted its interventions to the COVID-19 situation in a way that contributes to enhance the capacity of education, health, child protection and gender-based violence (GBV) systems to deliver coordinated quality programmes and services that meet the needs of adolescent girls and their families**

- Evidence that the GPECM maintained or adjusted interventions to support formal and non-formal schools to provide quality, gender-responsive education for adolescent girls, including comprehensive sexuality education (Output 2120)
- Evidence that the GPECM maintained, or adjusted support to health (including SRH) and systems to implement guidelines, protocols and standards for adolescent-friendly, gender-responsive coordinated, quality services (Output 2130)
- Evidence that GP maintained, or adjusted support gender-based violence and child protection systems to implement guidelines, protocols and standards for adolescent-friendly, gender-responsive coordinated, quality services (Output 2130)

Adjusted, implemented with modifications

- To improve the quality of education for adolescent girls in secondary school education, anti-sexual harassment committees in 122 secondary schools in the target districts were established (Target: 250 schools and 50 madrasa). All targeted 322 schools couldn't be reached due to school closures for the pandemic.
- Alternative Learning programme for the most marginalized out of school adolescents through informal apprenticeship has been positioned as a key strategy to reach the national target sets for Generation Unlimited (GenU)
- Policy dialogue with the Ministry of Education to prioritize the WASH facilities maintenance prior to school reopening
- 73 secondary schools received WASH support, both hardware and software programs (Menstrual Hygiene Management (MHM) awareness and facilities). 130 primary schools received WASH awareness through GPECM support to the Directorate of Secondary and Higher Education
- In Bangladesh, the programme facilitated coordination between different ministries to establish a system to provide students with a package of nutrition services in secondary schools, colleges and madrasas
- Partnership with a local NGO to overcome the challenges due to COVID-19 impacts on adolescent and to support the existing government health system for restoring services in Bhola
- 98,925 adolescents (M: 33,242 F: 65,683) received services from 60 AFHS reached more than the target fixed for 2020 (20 AFHS)
- Module for Training of Health Service Providers on psychosocial issues has been finalized. Trainings have been postponed to 2021



- Throughout the COVID-19 pandemic in 2020, the Alapon Helpline continued to provide remote counselling services to young people between the ages of 10 and 24 all over Bangladesh. More than 16,000 adolescents were supported with counselling. Thousands of calls received from young people and parents seeking advice and psychosocial support for their concerns about mental health, gender-based violence, sexual and reproductive health and rights (SRHR), general public health and other topics<sup>7</sup>.

#### Postponed to 2021

- Schools have been closed since March 2020 due to the COVID-19 pandemic; therefore, planned activities could not be implemented.
- The intervention “Developing a comprehensive skill package linked with jobs/employment for the most marginalized out of school adolescents including widow, married and divorced girls” (2111) has been shifted to next year because of COVID 19.
- alternative learning program for the most marginalized out of school through peer informal apprenticeship and skills development. The way this activity has been designed as action research . It was launched before the pandemic but was postponed

Demand for health services reduced dramatically from boys and girls. Gradually an alternative method was found based on a online platform to provide e-medicine through peer group.

Support was provided for the Adolescent Friendly Health Service facilitator and also an online database system was developed so that data such as: How many girls are coming? How many customers are asking for services based on the online platform?. Boys and girls from clubs have information about the status of health centres, what kind of service are there, but still we’re learning by doing and what can be achieved through the online platform. Before there was a momentum created and girls had access to services but there is now demotivation in communities.

**3.4 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to enhance the capacity of national and sub-national social protection, poverty reduction and economic empowerment programmes and services to respond to the needs of the poorest adolescent girls, boys and their families**

- Evidence that GP maintained or adjusted support to partnerships with government, civil society organizations and other implementers to ensure that social protection, poverty reduction and economic empowerment programmes and services were adolescent-friendly, gender responsive and reaching the poorest adolescent girls and families. (Output 2210)



Adjusted, implemented with modifications

Two training centres of the Department of Women Affairs in target areas capacitated to provide computer training to adolescent girls to enable them to seek paid work. but training with adolescent girls couldn't be started due to the pandemic.

**3.5 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to enhance the capacity of governments to fund, coordinate and implement national and sub-national action plans and systems to end child marriage**

- Evidence that the GPECM maintained or adjusted capacity building and technical support interventions to governments to enact, enforce and uphold laws and policies, in line with international human rights standards, aimed at preventing child marriage, protecting those at risk and addressing the needs of those affected (Output 3110)
- Evidence that the GPECM maintained or adjusted capacity building and technical support to governments to implement a budgeted multi-sectoral gender-transformative plan on ending child marriage across ministries and departments at sub-national levels (Output 3120)
- Evidence that the GPECM was engaged to ensure that child marriage was taken into consideration in various national COVID-19 response strategies and guidelines

Implemented without modification, with delays

- The COVID-19 pandemic delayed the contracting of, the London School of Hygiene and Tropical Medicine (LSHTM) to assist UNICEF and UNFPA in developing the Monitoring and Evaluation (M&E) framework for the National Plan of Action (NAP), as well as conduct a costing of the NAP and workshops for the Government of Bangladesh and relevant stakeholders on the monitoring of the plan.
- Continuous advocacy with parliamentarians and capacity development of the Eliminating Child Marriage and Preventing Gender-Based Violence Sub-committee members

Postponed to 2021

Advocacy for budget inclusion to implement NAP ECM and addressing child marriage including in humanitarian settings and to develop multi-sectoral act for ensuring SRHR for adolescent pregnancy and rights for services from other sectors to reinforce ECM as a priority

<p><b>3.6 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to support governments and non-government organizations, to generate, disseminate and use quality and timely evidence to inform policy and programme design, track progress and document lessons</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that the GPECM maintained or adjusted its capacity building and technical support to government and civil society organisations, to generate and use quality evidence on what works to end child marriage and support married girls (Output 3210)</li> <li>○ Evidence that the GPECM maintained or adjusted coordination and support to facilitate South to South collaboration and cross-learning across GP countries and with initiatives in other countries (Output 3220),</li> </ul>
<p>A Rapid Analysis of Child Marriage Situation during COVID-19 in Bangladesh was undertaken in collaboration with Plan International Bangladesh<sup>8</sup>. The main emerging reasons for increase of child marriage were related to economic insecurity and deepening poverty, girls being out of school, and lack of functional prevention systems</p> <p>A study was launched to examine local market for menstrual hygiene management (MHM) products, in terms of pricing and availability to match with the affordability, accessibility, suitability and desirability among adolescent girls in disadvantaged communities in Bangladesh. Data collection is completed and draft report is expected to be available by early 2021.</p> <p><u>Postponed to 2021</u></p> <ul style="list-style-type: none"> <li>○ Keeping girls in school to reduce child marriage research postponed due to school closure</li> </ul>	
<p><b>3.7 The GPECM has considered cross-cutting issues across all interventions to ensure a gender equality and ‘do no harm’ approach</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that gender was mainstreamed in the COVID-19 changes and adjustments implemented by the GPECM and a gender transformative approach was taken at all levels and across all sectors</li> <li>○ Evidence that all the GPECM applied a ‘do no harm approach’ aligned with international public health guidelines and national COVID 19 restrictions in developing its changes and adjustments across all sectors and activities</li> <li>○ Evidence that those at risk of child marriage and marginalised adolescent girls have been provided with COVID 19 prevention and response information</li> <li>○ Evidence that the GPECM response included consideration for the security, health and wellbeing of staff, partners and beneficiaries</li> </ul>

<sup>8</sup> Plan International Bangladesh. Manusher Jonno Foundation. A Rapid Analysis of Child Marriage Situation during COVID-19 in Bangladesh. Summary Report. December 2020

Whatever adjustment done are aligned with the gender transformative approach. UNICEF new CPD has been designed to be gender transformative. Every intervention is designed keeping in mind the gender transformative approach. Gender transformative approach is applied in all the work with government implementing partners as well. There is a well-designed shift in the gender transformative approach from Phase I to Phase II (changing school environment for fulfilling girls' dreams, improving their agency and capacity). The pandemic stopped the implementation but the design remains for school reopening in the education sector. In the other sectors as well the approach seeks to be gender transformative. Phase one was about piloting the interventions and see how they work with the government and supporting the government in developing legal and policy frameworks around child marriage. In phase two we are working more broadly in the communities and thus we could adopt a more gender transformative approach but economic hardship due to COVID had an impact on these new approaches. These are external factors that need to be addressed.

Men and boys were targeted to see the gender norms shift and change, for example girl's empowerment and change of the taboo around menstrual hygiene.

## Q4

### **To what extent did the GPECM provide support to COs programme adjustments to the COVID-19 pandemic?**

**4.1 The GPECM has provided necessary guidance, tools and information on how best to prioritise activities and utilise alternative response modalities, facilitated sharing to further objectives and learn from best COVID-sensitive practices.**

- Evidence that the GPECM at global/regional levels provided timely orientation/policy support as well as guidance, tools, trainings to support COs in addressing the COVID-19 pandemic
- Evidence that information, good practices and resources related to Covid-19 changes and adjustments were shared between countries

In the first quarter, after the pandemic hits, we were thinking how we can continue our work because that was new challenge for us and globally so we discussed with our colleagues from the global level and also regional level on how we can overcome. We got guidelines from the headquarter.

HQ support was manly in the 3rd quarter or late second quarter of 2020 with instructions or guidelines on what we should do and on how to adapt or slowdown interventions; to prepare 2021 work plan. Open clinics and webinars were organised to understand how we were doing through technical papers and on what other countries were doing during the pandemic. *" This helped feeling of being part of a community."*



The technical note on gender equality in the COVID-19 response was really helpful at the beginning to tackle the pandemic situation and also analyse the gender equality issues and address gender gap during COVID crisis. HQ helped to connect with Girls not brides in particular and with other organisations.

HQ was very flexible and asked whether we need any support because they assume that we might need to adapt our work plan. They listened to us, were aware of the context and have not come up with the direction or prescription.

The HQ support received for the MICS 2019 child marriage situation analysis was fantastic. It gave projections if we don't take initiative to end child marriage adequately by 2041, that helped a lot for doing advocacy with the government, particularly for strategic document discussions but did not focus on COVID.

Regional office joined in on the calls with headquarter and in open clinics and webinars, but there wasn't much individual support from UNFPA regional offices as such. ROSA provided a lot of support every third Thursday of the month there is a children network meeting to share information on what other South Asian countries are doing during the pandemic (Nepal, India). Alternative things could learn from this platform.

Technical notes on gender equality and child protection were really concrete and focused to implement child marriage program like this kind of flagship program. Different agencies are coming with different guidance, strategy and technical notes so as a whole it seems huge.

## Q5

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

#### **5.1 Some GPECM adjustments and innovations may potentially represent improvements that are likely to be maintained over time**

- Evidence that some of the changes and adjustments and innovations have the potential to be maintained after the COVID-19 pandemic if and where relevant
- Evidence of institutional learning (new processes, approaches or procedures) taking place that will help the GPECM to better respond to **this ongoing crisis and** future global crises

Before the pandemic we were not using alternative platform, online and digital platforms, they are seen as an opportunity that will be continued. We have not thought about it but now we understand that it can be helpful in different situation to reach more people and hear their voices, it facilitates actions.

The pandemic has shown us that we can adapt to certain digital methods and then we can reach a lot of lot more adolescent with really concrete messages and interventions in larger geographical areas beyond the schools. Throughout the pandemic, digital tools were developed to reach community people and to gather data that can help to support policy. An application on SRH was developed to give out information to adolescent girls on different issues and to pinpoint the closest health centre where they can get services and this will be continued.

In terms of quality of interventions there are some advantage in face to face communication definitely and it cannot be replaced but there are some for online and remotely connecting, specially during crisis situation e.g. cyclone, floods, to disseminate information and to reach out to more people specially around service related information of where to get what. A blend of approaches is needed. Digital tools are helping us as add-ons to what we do, but for sure to change social norms long term approach are needed. To reach the most marginalized, most vulnerable from different remote areas, we can organise learning session, through platform they can connect with if they cannot travel. It also helps to reach adult members of the families.

In post pandemic situation: continue to facilitate government consideration on how to recover from socio economic point of view and social issues like child marriage, education.

Partnership:

- UNICEF is at the final stage to contract with the London School for the Framework and cost analysis for the National Plan of Action to end child marriage as well as on gender norms that will really focus on gender transformative approach. This was initiated before the pandemic.
- UNFPA has been working only with the government in phase one, in phase two starting from this year January, we have taken on Non government organization as an implementing partner to mainly to engage with the community and also married adolescent girls. It has helped to reach more adolescent girls during the pandemic.
- Partnership with Girls not Brides was motivated by the pandemic because earlier we did not work with them. Once the pandemic hit, we started working with this platform: coordination, advocacy, common messaging...

*Humanitarian* experience helped in the work with MOCWA and GPECM teams could rely on humanitarian teams' expertise and decisions as well as the expertise of on engaging adolescent girls and youth leaders to disseminate messages also support their peers in the community. The existence of the humanitarian strategic plan also helped in setting up an immediate coping mechanism like using alternative platform with the government.

**5.2 The GPECM has leveraged existing and additional resources to end child marriage**

- Evidence that existing resources were leveraged or additional resources (financial, technical, and human) were mobilised to address new and specific needs related to the GPECM adaptation and response to COVID 19

Additional resources have not been raised specifically for child marriage for during the pandemic. For UNFPA there was no reprogramming, but 2020 unspent funds were carried over to 2021 for geographical extension. Also, some regular resources funding were reported for child marriage specially for developing ECM messages for dissemination. For UNICEF there was no change of activity in the work plan and in terms of GP resources however implementation modalities were less expensive

 **Coherence**

**Q6**

**To what extent the GP changes and adjustments are coherent with key related programmes (specifically education, SRH, child protection, GBV, FGM, social protection) ?**

**6.1 The GPECM adjustments are coherent with other key UNICEF and UNFPA related programmes (FGM, SRH, child protection, education)**

- Evidence of coherence of the GPECM adjustments with national programmes (specifically education, SRH, child protection, GBV, FGM, social protection)
- Evidence of synergies and coherence of adjustments with UNICEF and UNFPA related programmes and their own adjustments (specifically education, SRH, child protection, GBV, FGM, social protection)

We implement this global program with multi sectoral approach so health, education a child protection and C4D for UNICEF and Gender and SRH for UNFPA. They all are connected with the aiming of ending child marriage. The work plan is the consolidated one prepared based on the discussion with the sectoral sections colleagues. Our role is mostly coordination because they implement. So without consulting with them we can't make any change. Changes are completely based on the suggestion from sections.

Since we actively engaged with the government in developing the government's strategy for adapting to COVID most of the activities are in synergy not only health programs but also gender based violence programs. Each section is working with the government like with the health ministry to strengthen the online platform and system, how to provide Tele medicine, how to provide online training and how to reach girls at the same time education team is working with the Education Ministry...

Through strengthened partnership with Plan International and Girl not Bride and other organisations different initiatives such as a survey on the situation of child marriage within COVID-19; a strong focus on ending child marriage (ECM) within the 8th Fifth Year Plan and the COVID-19 response; mapping of all ECM programmes in Bangladesh to better coordinate among all partners; and district-level work with the district administration for better functioning and capacity building of the CMPC members to implement activities related to child marriage prevention.<sup>9</sup>

## BURKINA FASO

Assumptions	Indicator
 <b>Relevance</b>	
<p><b>Q1</b>  <b><u>To what extent did the measures adopted within the GPECM during the COVID-19 crisis take into consideration the emerging needs of vulnerable and marginalized adolescent girls and their families?</u></b></p>	
<p><b>1.1 The GPECM identified, and reassessed priorities based on the situation generated by the COVID-19 pandemic</b></p>	<ul style="list-style-type: none"> <li>○ Evidence on how the GPECM identifies and tracks the emerging needs of vulnerable and marginalized adolescent girls under the COVID-19 pandemic.</li> <li>○ Identification of bottlenecks at the different stages of implementation of the GPECM adjustments to the COVID-19 pandemic</li> </ul>
<ul style="list-style-type: none"> <li>○ UNFPA did on going needs assessment in safe space by mentors who are delivering modules. One strong limitation for girls because AGR could not sell their products because border were closed. Mentors try to find solutions together with social services department.</li> <li>○ Needs were identified with partners through formal studies: impact de la COVID sur le genre<sup>10</sup> that highlight the rise in GBV and primary needs: health, food specially for people involved in informal sector.</li> <li>○ UNICEF did 3 research: <ul style="list-style-type: none"> <li>○ Availability and continuity of child protection service; time to provide child protection services doubled.</li> <li>○ Impact COVID on child protection services - parents recognised that they violence can increase</li> <li>○ KAP study: access to SR deceased because of fear of going o services (ISSP)<sup>11</sup></li> </ul> </li> </ul>	

10 Plan International. UNDPUNFPA. Analyse genre des effets de la maladie a coronavirus 2019 (COVID-19) dans les secteurs socio-economiques au Burkina. 2021

11 Institut Supérieur des Sciences de la Population. COVID-19 Au Burkina Faso : connaissances, attitudes et pratiques, impact socioeconomique, sur les ménages et sur l'accès aux services de santé. 2020

- Coordination with institutional partners (teachers...) to identify at risk adolescents. No study done on girls who did not return to school but there was anticipation and synergies were increased with safe space to identify at risk girls. Situation COVID + security situation (migration of children) influenced the return to school as there are security issues in 6 regions.
- An evaluation of the socio-economic impact of the COVID on adolescent empowerment was carried out as well

No increase of CM reported in these studies

**1.2 The GPECM strategies and approaches have been revised to meet the needs of vulnerable and marginalized adolescent girls during the COVID-19 pandemic**

- Evidence of contextualization of strategies and interventions at country level (based on identified needs)
- Evidence that workplans are adjusted to respond to changes in needs and priorities
- Evidence that interventions targeted and reached the most vulnerable and marginalised adolescent girls and boys in the country

- Work plans were readjusted within the objectives and linked with expected results through discussions with partners and donors. Everybody was aware of the situation and was understanding. It took one month to review workplans taking into account the regional office recommendations. Some PTA with IP were not revised and some PTA with the government were revised as some activities were suspended and some adjusted and target decreased.
- Adjustments were ensuring that COVID prevention measures were applied to implement activities to protect communities. The role of the community was reinforced and we supported them through a lot of phone calls, more discussions, distance follow up. IP were local CBOs and they already were relied heavily upon but more reliance on community structure: women's groups, youth groups than originally planned.
- The whole community was sensitised through partners, in safe space smaller groups with adolescent boys and girls (20 to 25 initially reduced to 15) and providing handwashing, masks.
- Both agencies have 2 different planning cycles and planning do not coincide. UNFPA had just signed PTAs and had to revise with partners, this took time to discuss with partners and donors. Questions from regional office not easy on changes on budget lines to integrate protection equipment then purchase of materials: kit COVID (different by service) discussed at length and validated in April + handwashing – available in July – activities resumed by mid august as “we had to respect preventive measure by any means”.
- At village level, public declaration on CM abandonment had to be done with small numbers only – campaign with large gatherings stopped and replaced by group discussions 10 – 15 for social communication and identified leaders to declare the CM abandonment.
- Targeted groups did not change. For people in communities they did not manage to realise what was the pandemic. IP continued to follow up girls who are particularly vulnerable to refer to social services in the same way.

- No changes regarding girls with disability, no particular targeting of this group. They are anyway included e.g. SRH services are sensitised on needs of disabled in a view to reach all. Partners are use to integrate them and they continued.
- Need to reinforce the information with vulnerable groups. When attendance decreased because of the fear of COVID, the most vulnerable were the ones attending less (services PF attendance decreased in March 2020) and there was no particular effort for going and reach them. Insecurity situation is also affecting the reach of the most vulnerable wen people. UNFA has developed tents for providing services for displaced population.
- Girls who dropped out from income generating training were the most vulnerable (see 3.4)

## Q2

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

#### **2.1 Adjusted measures are aligned with the GPECM phase II global, regional, country approaches**

- Evidence that the GPECM adjustment measures and approaches at global, regional and countries level are aligned with the ToC and that the ToC remains relevant to the current context
- Evidence that the GPECM adjustments are aligned to National policies and strategies related to COVID-19 response

Burkina Faso TOC (need to review link between and expected results) should be revised to integrate COVID in relation with community. Do not need to review totally but need to review strategy to take into account COVID and the security situation (leading to displacement) which are not stressed enough and that are a driver for CM as it is a structural cause of poverty. Some elements were exacerbated for instance violence.

Adjustments are aligned with national measures. COVID 19 response Plan does not integrate child marriage but targets children whose parents are sick and who are impacted by the pandemic.

National plan was not too participative - can be integrated in the future as it is an evolving document through advocacy.

All interventions were aligned on UNDAF that is aligned on national priorities. Plans were developed with UNFPA support for implementing SRH services during COVID: handwashing, thermo flash

 **Effectiveness**

**Q3**

**To what extent did the GPECM changes and adjustments in response to the COVID-19 pandemic contribute to the results of the GP Phase II ?**

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

- Evidence that the GPECM maintained or adjusted interventions to engage marginalized adolescent girls (aged 10–19) in gender transformative life skills or CSE education programmes (Output 1110)
- Evidence that the GPECM maintained or adjusted support to adolescent girls to enrol and remain in formal and non-formal education (Output 1120)
- Evidence that the GPECM adjusted tools and packages to better reach marginalized adolescent girls during the COVID-19 crisis

Adjusted, implemented with modifications

- Mentors' guide for Club Animation revised in collaboration with Women Ministry to include an awareness-raising module on COVID-19 as well as gender-sensitive parenting and comprehensive sexuality education CSE. Promotion of peace culture and social cohesion were also included in modular sessions taught to adolescents in relation of the precarious security situation
- Social mobilisation and support for adolescents in safe spaces adapted to take account of COVID-19 and ensure the systematic application of barrier measures. In addition, in order to ensure physical distancing, the number of girls and boys in the safe space was decreased, what led to high burden for mentors
- 3279 clubs of adolescent girls and boys were set up separately to discuss life skills about CM(Target 10,000). A total of 112,123 new adolescent girls aged 10-19 (62,288 or 55.55% with GP contribution - 151 of whom are disabled) in 2020 acquired life skills and knowledge, on sexual and reproductive health, gender, VBG through their continued participation in club/safe spaces activities led by mentors and facilitators. Focus on maintaining 32,956 girl participants in club activities. They have been systematically identified and supported and equipped: handwash, masks and hydro-alcoholic gels
  - UNFPA Manual revised to give COVID information continuously. Reaching as many beneficiaries as planned was not possible but the work with girls was continued: SRH, school retention. Two cohorts but with 50% participants.

- UNICEF took time to provide the kits : mi July (restriction from March 13)- UNICEF One cohort only instead of 2. UNICEF 2019 (30 girls and 30 boys 2 times) – in 2020
- Besides clubs discussion with other members of the community including other adolescents who are not in clubs took also place. Several gatherings in one village instead of one gathering in one village more than 50 persons. Sessions on COVID 19 by facilitators (technician d'appui aux communautés) who have been trained following the lifting of movement restrictions<sup>12</sup>. Community dialogues took place in 350 new villages intervention. UNICEF provided a brochure on information on COVID-19.
- The activities were delayed because masks were not available. It took one month for procuring masks.
- When Burkina Faso reopened schools after 3 months lockdown, 32,956 schoolgirls were identified and their return to school facilitated through mobilization and providing essential school materials.

**3.2 The measures taken by the GPECM to respond to the COVID-19 situation have contributed to enable gender-equitable attitudes and support for girls' rights among adolescent boys, families, traditional and religious leaders, community groups, and other influencers**

- Evidence that the GPECM maintained or adjusted interventions for engaging boys and men in gender transformative programmes (including CSE for boys) that promote healthy relationships and positive masculinities and gender equality (Output 1210)
- Evidence that the GPECM maintained or adjusted interventions for engaging families, communities, traditional and religious leaders, and other influencers in dialogue and consensus-building on alternatives to child marriage, the rights of adolescent girls, and gender equality (Output 1220)
- Evidence that the GPECM maintained or adjusted interventions to include and support Women's organizations and youth-led organizations to mobilize the voices of the marginalized (particularly girls), challenge harmful social norms, and promote gender equality (Output 1230)

Implemented without modification, with delays

- 34 husband schools were created and an initiative "Thanks to Us" was launched, reflecting each boy's commitment to protecting at least one girl from child marriage
- 48,183 new boys participated in focus groups on positive masculinity and associated norms and Life skills education sessions, including sexual and reproductive health

- In order to build the social consensus for the abandonment of child marriage, outreach activities were carried out at the community level, reaching a total of 237,555 men, women, boys and girls. These activities culminated in public declarations of abandonment of child marriage in 630 new villages.
- "Don't Call Me Madam" campaign to combat CM continued with local population, especially teenagers and young people who took part actively in the caravans organized by Smarty, a singer

Adjusted, implemented with modifications

- 50 journalists from television, radio, print, online and institutional press were trained on the issue of child marriage. A network of journalists to promote the abandonment of child marriage was set up following the training. This activity has been pursued by intensifying the use of social networks. Mass gatherings have been avoided.

Postponed to 2021

- Launch of the MenEngaged Initiative and AP not undertaken because of COVID-19 pandemic
- impact evaluation of community interventions for the elimination of child marriage, female genital mutilation and violence against children, initiated but not completed
- Diffusion of the Minie Serie on child marriage

**3.3 The GPECM has adjusted its interventions to the COVID-19 situation in a way that contributes to enhance the capacity of education, health, child protection and gender-based violence (GBV) systems to deliver coordinated quality programmes and services that meet the needs of adolescent girls and their families**

- Evidence that the GPECM maintained or adjusted interventions to support formal and non-formal schools to provide quality, gender-responsive education for adolescent girls, including comprehensive sexuality education (Output 2120)
- Evidence that the GPECM maintained, or adjusted support to health (including SRH) and systems to implement guidelines, protocols and standards for adolescent-friendly, gender-responsive coordinated, quality services (Output 2130)
- Evidence that GP maintained, or adjusted support gender-based violence and child protection systems to implement guidelines, protocols and standards for adolescent-friendly, gender-responsive coordinated, quality services (Output 2130)



### Implemented without modification, with delays

Capacity of different types of health service providers and beneficiaries has been strengthened:

- in 2020: 33 health facilities were strengthened to provide adolescent-friendly and minimum-standard health.
- 132 health care providers were trained on the minimum emergency system and SRAJ/PF/HIV protocols to ensure quality services to adolescents. (Target 220) because of delays due to restrictions on gatherings and less participants in each session (usually 30 persons but 20 to 15 persons only).
- 1,150 community actors (550 men and 600 women) were trained on the gender-sensitive parenting module involved in outreach.
- Sensitisation on SRH was achieved with 2,500 adolescents, aged 10-19 (Targets: 1110) despite the slowdown of communication activities during COVID and because of insecurity (some health facilities closed for some time because of terrorist attacks). Communication was done through girls clubs, schools, and particularly FP week (including ECM, GBV, FGM) where advocacy with local authorities took place (delayed to November).
- Married girls were also targeted to prevent too early pregnancy or to space pregnancy (part of demographic objective). The focus was to strengthen capacity to handle adolescents and to prevent unwanted pregnancies.

### Social services

- Involvement at all levels of the national child protection system enabled the delivery of cross-sector services to 1,078 girls who are victims of child marriage and to save 490 teenage girls who were promised to marriage: provincial branches, social workers in charge of social affairs, community support technicians and other community actors.

### Adjusted, implemented with modifications

- Support for small equipment and consumables in targeted health facilities during the pandemic. Despite gratuity for PF methods in BF since 2020, only 51 % availability of FP methods because of supplies problems during the pandemic.<sup>13</sup>
- Implementing partners supported to ensure continuity of services through the provision of protective equipment: handwash, masks and hydro-alcoholic gels
- The child protection sector conducted three assessments to measure the impact of COVID-19 measures taken on the availability of child protection services to stakeholders and on child protection issues



<p><b>3.4 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to enhance the capacity of national and sub-national social protection, poverty reduction and economic empowerment programmes and services to respond to the needs of the poorest adolescent girls, boys and their families</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that GP maintained or adjusted support to partnerships with government, civil society organizations and other implementers to ensure that social protection, poverty reduction and economic empowerment programmes and services were adolescent-friendly, gender responsive and reaching the poorest adolescent girls and families. (Output 2210)</li> </ul>
<p><u>Implemented without modification, timely</u></p> <ul style="list-style-type: none"> <li>○ With the full participation of communities, 1,211 (Target 800) at-risk adolescent girls aged 15-19 were supported for their economic empowerment through the development of IGA of their choices (saponification, weaving, poultry farming, food processing etc...). All these teenagers have savings accounts that are regularly fuelled by the profits of their business.             <ul style="list-style-type: none"> <li>○ 190 teenagers were supported to develop income-generating activities through: equipment, raw materials endowment, cash transfers interrupted during restrictions</li> <li>○ 821 girls victims or at risk of child marriage trained in various trades</li> </ul> </li> </ul> <p>There were drop out because some parents could not support their daughters anymore as they did not have any income because of COVID. Girls trained in saponification had the opportunity to sell soap to health facilities.</p> <ul style="list-style-type: none"> <li>○ A social protection initiative in areas highly affected by insecurity in partnership with the General Directorate of the Family and Child Affairs: 200 (Target 3000) adolescent girls doubly affected by insecurity and risk of early marriage received unconditional cash transfer support to strengthen their autonomy (as a one-time transfer of 35,000). In addition to cash, beneficiaries benefited from psychosocial care and family mediation and parents had their skills strengthened for better supervision of children while respecting their rights.<sup>14</sup> This served for understanding the new vulnerabilities of children affected by the crisis, raising awareness among internally displaced populations and host communities about the abandonment of child marriage, child protection and the adoption of child rights friendly social practices</li> </ul>	

<sup>14</sup> GPECM Annual report 2020



<p><b>3.5 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to enhance the capacity of governments to fund, coordinate and implement national and sub-national action plans and systems to end child marriage</b></p>	<ul style="list-style-type: none"><li>○ Evidence that the GPECM maintained or adjusted capacity building and technical support interventions to governments to enact, enforce and uphold laws and policies, in line with international human rights standards, aimed at preventing child marriage, protecting those at risk and addressing the needs of those affected (Output 3110)</li><li>○ Evidence that the GPECM maintained or adjusted capacity building and technical support to governments to implement a budgeted multi-sectoral gender-transformative plan on ending child marriage across ministries and departments at sub-national levels (Output 3120)</li><li>○ Evidence that the GPECM was engaged to ensure that child marriage was taken into consideration in various national COVID-19 response strategies and guidelines</li></ul>
<p><u>Implemented without modification, with delays</u></p> <ul style="list-style-type: none"><li>○ National workshop held in the second half of the year helped build consensus on the major changes expected in the Code of Persons and Family</li><li>○ Annual session of the coordination platform for the national strategy, operational plan and 2021 draft plan for the prevention and elimination of child marriage.</li></ul> <p><u>Postponed to 2021</u></p> <ul style="list-style-type: none"><li>○ Advocate and support law enforcement initiatives including organization community courts on cases of sexual violence and child marriage</li></ul>	
<p><b>3.6 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to support governments and non-government organizations, to generate, disseminate and use quality and timely evidence to inform policy and programme design, track progress and document lessons</b></p>	<ul style="list-style-type: none"><li>○ Evidence that the GPECM maintained or adjusted its capacity building and technical support to government and civil society organisations, to generate and use quality evidence on what works to end child marriage and support married girls (Output 3210)</li><li>○ Evidence that the GPECM maintained or adjusted coordination and support to facilitate South to South collaboration and cross-learning across GP countries and with initiatives in other countries (Output 3220),</li></ul>

<p><u>Implemented without modification</u></p> <ul style="list-style-type: none"> <li>○ A comparative analysis between the results of EDS-MICS 2010 and EMC 2015 was carried out with the technical support of INSD</li> <li>○ Impact study of income-generating interventions on the increase of adolescent girls economic empowerment and social benefits as well as on their status and the acceleration of the abandonment of child marriages. Report finalized.</li> </ul>	
<p><b>3.7 The GPECM has considered cross-cutting issues across all interventions to ensure a gender equality and 'do no harm' approach</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that gender was mainstreamed in the COVID-19 changes and adjustments implemented by the GPECM and a gender transformative approach was taken at all levels and across all sectors</li> <li>○ Evidence that all the GPECM applied a 'do no harm approach' aligned with international public health guidelines and national COVID 19 restrictions in developing its changes and adjustments across all sectors and activities</li> <li>○ Evidence that those at risk of child marriage and marginalised adolescent girls have been provided with COVID 19 prevention and response information</li> <li>○ Evidence that the GPECM response included consideration for the security, health and wellbeing of staff, partners and beneficiaries</li> </ul>
<p><u>Gender</u></p> <ul style="list-style-type: none"> <li>○ Men involved (leaders, parents) but young boys not involved sufficiently although boys were involved in the safe space programme since last year. Initiative 'grace à moi' where boys protect 1 or 2 girls – pair network where COVID was integrated (UNFPA)</li> <li>○ UNICEF capacity building with adolescents – dialogues</li> <li>○ SRH activities target boys as well so that they can access information including about methods (condom), services</li> <li>○ IP think that gender is taken into consideration through ensuring participation of girls and boys, men, women and also all the ethnic groups. The approach allows analysing the situation in terms of gender and social norms and the contents are adapted accordingly so that detrimental practices are realised. Start of behaviour change and respect of women's views. The approach did not change during COVID</li> </ul> <p>Because of COVID the shift towards gender transformative approach slowed down because sensitisation decreased</p>	



### Do not harm

All implementation partners have been equipped with individual and collective protection kits;

- Budget allocation for protective equipment where high and were discussed with HQ and regional offices. There was some misunderstanding where teams expected that they would receive additional funds whereas they were supposed to use budgets from other lines
- COVID related information were integrated in the first module life skills in safe space

## Q4

### To what extent did the GPECM provide support to COs programme adjustments to the COVID-19 pandemic?

**4.1 The GPECM has provided necessary guidance, tools and information on how best to prioritise activities and utilise alternative response modalities, facilitated sharing to further objectives and learn from best COVID-sensitive practices.**

- Evidence that the GPECM at global/regional levels provided timely orientation/policy support as well as guidance, tools, trainings to support COs in addressing the COVID-19 pandemic
- Evidence that information, good practices and resources related to Covid-19 changes and adjustments were shared between countries

Support guide or very appreciated and useful but it is in English. Relevant orientation (e.g. use of social network). No pressure from RO and HQ, communication.

Webinars to question our activities, in English it was difficult. We listen but we cannot intervene. 19 notes orientation received in UNCEF for child protection so all were not looked at.

GP: COVID, social norms and COVID, gender and harmful practices: very relevant. Experience sharing, learning allowed to decide very quickly. At times several zooms at the same time, difficult to concentrate.

1000 girls platform (UNFPA Togo in 2020) to allow girls to exchange on what type of future they would like + forum generation égalité in France (SSR, CM, body autonomy)

Referential and guide needed to stress CM in COVID response

## Q5

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

#### **5.1 Some GPECM adjustments and innovations may potentially represent improvements that are likely to be maintained over time**

- Evidence that some of the changes and adjustments and innovations have the potential to be maintained after the COVID-19 pandemic if and where relevant
- Evidence of institutional learning (new processes, approaches or procedures) taking place that will help the GPECM to better respond to **this ongoing crisis and** future global crises

- Some adaptations will be maintained such as the prevention measures. If no COVID we will get back to 30 participates to reach as many people as possible. We will goback to the same strategies so that we can reach all the targeted populations.
- Mobilisation communautaire : COVID messages, build more on support technician, mentors' capacity reinforced beyond the pandemic.
- Hand washing : good practice
- Real time monitoring – distance data collection should be adopted and continued by the GP.Tools developed by AKDO also useful to use. All the IP are trained and all the indicators are integrated on this platform. GPECM indicators should be integrated soon.
- Using distance work is a good experience, people got familiar but now accept easily

#### Partnership:

- No new partners for the adjustments. In order to expand the programme to other regions the extension of the partnerships and support to youth and child organisation in their initiative to ending child marriage was decided before the major COVID 19 measures

#### Humanitarian context

- Better preparation to respond to some challenge and systems already developed such as distance data collection for humanitarian situation that helped during COVID such as KoBo toolbox that the IP used in the communities with community health workers. IP are equipped with telephone to use Kobo tool box. Used also SWEDD survey but not in the GPECM because the monitoring is integrated in the overall CP monitoring.

#### **5.2The GPECM has leveraged existing and additional resources to end child marriage**

- Evidence that existing resources were leveraged or additional resources (financial, technical, and human) were mobilised to address new and specific needs related to the GPECM adaptation and response to COVID 19

Additional resources through CERF for security situation for SR and GBV, not specifically for ECM but contributing to ECM.

IP received masks, gel, soap and handwashing devices instead of changing the PTA and budget.

Other IP could adjust budget to procure masks

## Coherence

### Q6

**To what extent the GP changes and adjustments are coherent with key related programmes (specifically education, SRH, child protection, GBV, FGM, social protection) ?**

#### **6.1 The GPECM adjustments are coherent with other key UNICEF and UNFPA related programmes (FGM, SRH, child protection, education)**

- Evidence of coherence of the GPECM adjustments with national programmes (specifically education, SRH, child protection, GBV, FGM, social protection)
- Evidence of synergies and coherence of adjustments with UNICEF and UNFPA related programmes and their own adjustments (specifically education, SRH, child protection, GBV, FGM, social protection)

- We were supposed to integrate child marriage in other programmes e.g. humanitarian programme ... for which additional funds were available.
- ECM issue integrated in interventions targeted to displaced populations that can be exacerbated by COVID (prevention and surveillance). Mix of populations with groups here CM is common and other groups where the practice is less common.
- Central Emergency Response Fund (CERF) sensitisation package integrated ECM - it is a minimum standard – partners address family separation with CM, FGM and violence and girls empowerment.
- Synergies started before the pandemic and were the same, we always worked together on strategic thinking, and particularly with FGM e.g. Luxemburg funded project integrates ECM and FGM. Implementing partners are involved in both components. Works with education sector and for SRH information for students.



- FGM programme implication of army for building capacity on ECM, FGM, GBV to be used as relays to address these issues.
- Synergy reinforced since all the sectors have the same constraints and for implementation e.g. Socio-economic impact survey funded by fund FGM together with UNDP and Plan International to bring means together, on the request of and conducted by the government. FGM and ECM programme
- Response plan to COVID developed by all included, the involvement young people in tracking COVID cases with the Youth Ministry
- 'Back to school' project multi donors funded in relation to COVID integrated child marriage.

# ETHIOPIA

Assumptions	Indicator
 <b>Relevance</b>	
<p><b>Q1</b>  <u>To what extent did the measures adopted within the GPECM during the COVID-19 crisis take into consideration the emerging needs of vulnerable and marginalized adolescent girls and their families ?</u></p>	
<p><b>1.1 The GPECM identified, and reassessed priorities based on the situation generated by the COVID-19 pandemic</b></p>	<ul style="list-style-type: none"> <li>○ Evidence on how the GPECM identifies and tracks the emerging needs of vulnerable and marginalized adolescent girls under the COVID-19 pandemic.</li> <li>○ Identification of bottlenecks at the different stages of implementation of the GPECM adjustments to the COVID-19 pandemic</li> </ul>
<p>Most impressive appears to be the monitoring of CM by community-based committees and structures themselves. Ethiopia is a very organised society, so Women’s Development Groups are closely linked to Bureau of Women which itself is closely linked to the police and other government structures. Having these strong community structures on side was a great strength in ensuring continuity of monitoring and response to child marriage.</p> <p>The programme got information and monitoring from these social networks.</p> <p>Monitoring of School Return upon Reopening: Data collected from Amhara, Oromia and Somali, where the ending child marriage (ECM) project has been implemented indicated that 95 per cent, 93 per cent and 71 per cent of girls have come back to school respectively from the regions. In most instances, the proportion of girls that are back in school is even better than that of boys.</p> <p>Adolescent Health Partners also provided information and feedback in terms of access to family planning and SRH services.</p>	

<p><b>1.2 The GPECM strategies and approaches have been revised to meet the needs of vulnerable and marginalized adolescent girls during the COVID-19 pandemic</b></p>	<ul style="list-style-type: none"> <li>○ Evidence of contextualization of strategies and interventions at country level (based on identified needs)</li> <li>○ Evidence that workplans are adjusted to respond to changes in needs and priorities</li> <li>○ Evidence that interventions targeted and reached the most vulnerable and marginalised adolescent girls and boys in the country</li> </ul>
<p>Workplans were adjusted based on what was feasible and possible, given the restrictions. Workplans were adapted in May, which is rather late given how early the Government restrictions were put in place. This mainly included going to digital and mass media channels for sharing of CM messages as well as the provision of PPE to partners who were continuing to work on the front lines. For the most vulnerable, this largely included door to door visits at community level.</p>	
<p><b>Q2</b> <b><u>To what extent were the measures adopted aligned with the GPECM Phase II and coherent with approaches at global, regional and country levels ?</u></b></p>	
<p><b>2.1 Adjusted measures are aligned with the GPECM phase II global, regional, country approaches</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that the GPECM adjustment measures and approaches at global, regional and countries level are aligned with the ToC and that the ToC remains relevant to the current context</li> <li>○ Evidence that the GPECM adjustments are aligned to National policies and strategies related to COVID-19 response</li> </ul>

 **Effectiveness**

### Q3

#### **To what extent did the GPECM changes and adjustments in response to the COVID-19 pandemic contribute to the results of the GP Phase II ?**

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

- Evidence that the GPECM maintained or adjusted interventions to engage marginalized adolescent girls (aged 10–19) in gender transformative life skills or CSE education programmes (Output 1110)
- Evidence that the GPECM maintained or adjusted support to adolescent girls to enrol and remain in formal and non-formal education (Output 1120)
- Evidence that the GPECM adjusted tools and packages to better reach marginalized adolescent girls during the COVID-19 crisis

##### Adjusted, implemented with modifications

The programme reached 141,447 adolescent girls with life-skills training (the target was 93,373). The training helped girls to access protective services including social and legal support to cancel child marriage arrangements. The number of girls reached was above the target by 51 per cent, despite the COVID-19 restrictions that affected the data gathering and school re-opening. The result can be attributed to effective implementation in the first quarter of the year when COVID-19 was not a public health issue. After COVID restrictions, the programme adjusted the delivery of **interventions such as reducing the number of trainees attending sessions, carrying out follow-up activities by telephone in the case of girls' platforms by facilitators and Woreda Women, Children and Youth and home-to-home visits by community volunteers.**

In addition, in partnership with VIAMO, (a technology company and global UNICEF LTA holder) the country office initiated a pilot project to reach girl leaders of the girls' clubs in SNNP with refresher training on facilitating discussion and activities through Interactive Voice Response (IVR) using their mobile phones. Based on the results from this pilot initiative, the IVR messaging to girls' club leaders will be scaled up to other regions.



Even though ad hoc reports showed that school closures created a challenging situation for girls due to increased risk of child marriage, the proportion of girls that are back in school after 8 months of school closure showed promising results showing information and skills delivered by schools in curbing child marriage empowered the girls and positively impacted families. Data collected from Amhara, Oromia and Somali, where the ending child marriage (ECM) project has been implemented indicated that 95 per cent, 93 per cent and 71 per cent of girls have come back to school respectively from the regions. In most instances, the proportion of girls that are back in school is even better than that of boys.

Delayed:

It has been agreed with MoWCY and BoWCYs. that the engagement manual for out-of-school girls', implementation guidelines and monitoring framework will be implemented across the target regions with the leadership of the Ministry and Bureau. To this end, the desk review which will inform the manual development is underway and expected to be completed until end of June 2021

In addition, the programme strengthened its partnership with local organizations such as health development armies that have a stronger structure on the ground to ensure the continuity of SRH services in case public health services were interrupted due to COVID 19 pandemic.

Supporting community groups such as youth associations, youth volunteers and peer educators (whose members are mostly female) also ensured that the implementing partners could easily monitor what was happening in the community in terms of SRH services and occurrence of Child Marriage, SGBV and HTPs.

**3.2 The measures taken by the GPECM to respond to the COVID-19 situation have contributed to enable gender-equitable attitudes and support for girls' rights among adolescent boys, families, traditional and religious leaders, community groups, and other influencers**

- Evidence that the GPECM maintained or adjusted interventions for engaging boys and men in gender transformative programmes (including CSE for boys) that promote healthy relationships and positive masculinities and gender equality (Output 1210)
- Evidence that the GPECM maintained or adjusted interventions for engaging families, communities, traditional and religious leaders, and other influencers in dialogue and consensus-building on alternatives to child marriage, the rights of adolescent girls, and gender equality (Output 1220)
- Evidence that the GPECM maintained or adjusted interventions to include and support Women's organizations and youth-led organizations to mobilize the voices of the marginalized (particularly girls), challenge harmful social norms, and promote gender equality (Output 1230)



#### Implemented as planned:

The programme reached 178,501[1] men and boys (the target was 26,199) with interventions such as community dialogues which highlight the role of men and boys in supporting adolescent girls to continue their schooling and rejecting child marriage. This has contributed to supporting adolescent girls whose marriage arrangements were cancelled to maintain relationships with their families. Some boys consulted during field-level programme monitoring in SNNP and Amhara regions expressed changes in attitude and pledged to play an active role against the practice of child marriage.

#### Adjusted:

The programme reached 483,143 community members (the target was 504,922) with regular educational interventions and dialogues despite COVID-19 restrictions on gatherings. Interventions were adapted by reducing the number of participants at dialogues and educational interventions, partners were supported to cover the costs of protective equipment for community-level interventions. In addition, W/ro Ateref Asaye, 30, one of the community conversation facilitators mentioned that community engagement had been continuing using different opportunities to disseminate information and to maintain the momentum, such as social gatherings at religious ceremonies and masses in church. The community dialogue members assigned the role of “eyes and ears” to cautiously watch how the community behaves in relation to child marriage. These members were also active in undertaking visits to villages and selected households to ensure that marriages were not being arranged behind the scenes. Moreover, the number of participants has reduced by approximately half of the members to attend the dialogue sessions. Similarly, W/ro Abala Obala, 30, and Ato Okach Cham, 25 community facilitators in Jore woreda, Gambella region, mentioned that seven members of the HP Committee and the two facilitators continued the dialogue and disseminating messages to the community conversation members by going house-to-house.

The programme reached 2,063,000 community members (the target was 1,165,266) with educational messages on child marriage, the benefits of girls’ education, the National Costed Roadmap and role of different actors in the roll out via the media. This reach was achieved through the increased use of media both at national and sub-national level, an effective delivery mechanism used because of the pandemic. Text messages gathered by broadcasting agencies revealed that the programme is helping to trigger discussion and debate on the issue of child marriage among friends and families.

The programme engaged 147,108 religious and other community leaders across the six programme target regions leading to a renewed commitment to ending the practice of child marriage. Religious leaders have committed to requesting age verification before blessing marriage arrangements which contributed to the cancellation of child marriage cases and further strengthening their collaboration and referral linkage with health facilities and law enforcement bodies.

The communities of the two woredas (Mille and Chifra) in Afar increased the punishment (to five livestock) for failure to comply with the community by-laws, one of which forbids making child marriage arrangements. The bylaw is planned to be shared and contextualized across all communities in the regions. The elderly and the Abba Geda in Oromia are reviewing 2017 by-law which may result in its revision and increased effectiveness in stopping child marriage.

UNICEF and UNFPA supported the National Alliance to develop packages of messages on child marriage, FGM and GBV, the increased risk of these practices due to COVID-19 and where to seek support and services during this time, especially when schools are closed. The aim was to integrate and align messaging among members and will contribute to ensuring consistency of messaging and coordination among stakeholders.

The programme achieved significantly higher than the target due to the revision of the indicator definition (the minimum number of sessions required to be counted was 10 session which reduced to 2 sessions) after the target had been set.

**3.3 The GPECM has adjusted its interventions to the COVID-19 situation in a way that contributes to enhance the capacity of education, health, child protection and gender-based violence (GBV) systems to deliver coordinated quality programmes and services that meet the needs of adolescent girls and their families**

- Evidence that the GPECM maintained or adjusted interventions to support formal and non-formal schools to provide quality, gender-responsive education for adolescent girls, including comprehensive sexuality education (Output 2120)
- Evidence that the GPECM maintained, or adjusted support to health (including SRH) and systems to implement guidelines, protocols and standards for adolescent-friendly, gender-responsive coordinated, quality services (Output 2130)
- Evidence that GP maintained, or adjusted support gender-based violence and child protection systems to implement guidelines, protocols and standards for adolescent-friendly, gender-responsive coordinated, quality services (Output 2130)

Adjusted:

Capacity building support was carried out at 288 service delivery points including technical training, review and exchange sessions and the sharing of materials which can serve as additional references. This enhanced the capacity of prevention and protection services delivered by structures of Bureau of Women Children and Youth, the Regional Attorney Generals, police and courts at sub-national and woreda level which enhanced the accessibility of the service and more than 152,782 girls and 17,420 boys accessed the service. This included timely legal support which resulted in the cancellation of child marriage arrangements. Adolescent girls who were at risk of child marriage received a basic level of psychosocial support by BoWCY staff in the target regions. The experts who have provided the psycho-social support (PSS) have received capacity building training by different agencies including UN agencies as part of the humanitarian response. NGOs working in the respective



regions which were critical in creating such capacity which was not available before. The trained experts also cascaded the training to staff of Woreda Women, Children and Youth to fill the gap which could have been created due to the turnover of trained staff. The provision of PSS service in their own locality helped adolescent girls rescued from child marriages and to deal with family relationships that may have been negatively affected by the adolescent girls' decision to report and stop the child marriage arrangements. The capacity-building interventions were adjusted to reduced numbers of participants in training and workshops and cover the cost of sanitizers and face coverings. Some of the meetings and follow-up activities (including coordination meetings among stakeholders) were held virtually on Zoom, Telegram and WhatsApp. Although adolescent girls have information on the existence of health institutions in their areas, they were not aware that adolescent friendly Sexual and Reproductive Health (SRH) services are available at those institutions. In order to give space for girls and link them to SRH services, safe spaces and girls' clubs were established to provide access to information on life skills which help to develop their confidence and referral linkages. These spaces enable girls to develop social networks, seek advice and information on family planning/sexual and reproductive health and rights and participate in wider community discussions to express and exercise their choices. The programme continued its support to adolescent girls through the procurement and distribution of sanitary and dignity materials for in school and out of schoolgirls. Accordingly, more than 5000 girls provided with sanitary and dignity materials.

Response to COVID-19 pandemic- the ECM funding was also reprogrammed to reach adolescent girls with distance education while they remained at home when schools across the country were closed since Mid-March until they get reopened in October and November 2020. The funding was also used to communicate messages around GBV and child marriage during the lockdown of schools and messages for teachers focusing on child marriage and mental health and psycho-social service (MHPSS) when schools reopen. A total of more than 285,000 teachers in Amhara, Afar, Oromia and Somali were reached with relevant messages contributing for prevention of child marriage as well as encourage students to com-back to school.

Implemented as planned:

During the reporting period, reports from three regions (Amhara, Oromia and Somali) show 29, 200 (25 per cent boys) adolescents participated in the life skill education (LSE) training. Further, the nationally developed LSE curriculum has been adapted into three regional contexts - Somali, Oromia and SNNP. Printing for Oromia and Somali is underway and expected to be completed before end of June 2021. Delivery of the life skills purposes enhancement of adolescent girls' and boys' life skills for active citizenship, learning and personal empowerment.



**3.4 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to enhance the capacity of national and sub-national social protection, poverty reduction and economic empowerment programmes and services to respond to the needs of the poorest adolescent girls, boys and their families**

- Evidence that GP maintained or adjusted support to partnerships with government, civil society organizations and other implementers to ensure that social protection, poverty reduction and economic empowerment programmes and services were adolescent-friendly, gender responsive and reaching the poorest adolescent girls and families. (Output 2210)

Implemented without modification, timely

The government's Productive Safety Net Programme (PSNP) continued to reach vulnerable families in the target regions with direct support, cash for work, and participation in community mobilization interventions. 910,000 adolescent girls benefited from the PSNP programme. The Child Marriage and Ethiopia's Productive Safety Net Programme: Analysis of Protective Pathways in Amhara Region study carried out in 2019 by UNICEF Office of Research-Innocenti and BDS Centre for Development Research and completed in the beginning of 2020, revealed that there are several pathways of change the programme can contribute to delaying marriage, including supporting girls to remain in school. A change in attitude towards child marriage and girls' education was observed among the families participating in the community mobilization interventions like behavioural change communication (BCC) sessions. Based on the finding of the study and the potential contribution of the programme in reducing vulnerability of girls to child marriage through supporting girls' education, both UNICEF and MoWCY will use the evidence to influence the design of PSNP V.

The national social protection scheme has a number of priorities that include improved nutrition and health outcomes and facilitating linkage with other social services such as education and GBV. UNICEF is using the evidence that relates to the benefits of ending child marriage to be included in the next iteration of PSNP V, noting that it may be linked via the health, nutrition and other social services. Considering that the goal of PSNP is to contribute in reducing extreme poverty and enhancing resilience of extremely poor and vulnerable rural households, it reduces vulnerability of adolescent girls to child marriage. This programme is in its last year and could not be specifically adapted to the COVID 19 pandemic.



**3.5 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to enhance the capacity of governments to fund, coordinate and implement national and sub-national action plans and systems to end child marriage**

- Evidence that the GPECM maintained or adjusted capacity building and technical support interventions to governments to enact, enforce and uphold laws and policies, in line with international human rights standards, aimed at preventing child marriage, protecting those at risk and addressing the needs of those affected (Output 3110)
- Evidence that the GPECM maintained or adjusted capacity building and technical support to governments to implement a budgeted multi-sectoral gender-transformative plan on ending child marriage across ministries and departments at sub-national levels (Output 3120)
- Evidence that the GPECM was engaged to ensure that child marriage was taken into consideration in various national COVID-19 response strategies and guidelines

Implemented without modification

The familiarization and roll out of the National Costed Roadmap to End Child marriage and FGM started this year both at national- and sub-national level. The aim is to familiarize the general public with the National Costed Roadmap, the roles of different actors and the efforts of key stakeholders to end child marriage and FGM. This was done by organizing workshops with stakeholders including national and regional level officials, cabinet, parliament and council members and non-governmental actors. Subsequently, a four-month media campaign was implemented in collaboration with Fana Broadcasting Corporate Share Company and MoWCY. Broadcasts of interviews and panel discussions with government and the National Alliance members about their organization's efforts, mandate and commitment in implementing the National Costed Roadmap was aired at the national level and in six programme target regions. Between the end of July 2020 and end of November 2020, 4,063,000 persons were reached in the target regions and 13.7 million people across the country through the media broadcast. Anecdotal evidence from listeners indicates positive feedback and favourable views towards ending child marriage and FGM.

Adjusted:

The advocacy effort for increased budget allocation for the implementation of the National Costed Roadmap (by 20 per cent) for BoWCY in Somali region was successful. Ato Mursal Mohammed, Director of BoWCY's Child Protection Directorate, leading the effort to end child marriage and FGM said that the region has put a dedicated budget line for the implementation of the Roadmap. This was made possible by the advocacy workshops convened by the regional BoWCY and joint deliberation with MoWCY targeting regional cabinet and council members.. Capacity building support was carried out at 288 service delivery points including technical training, review and exchange sessions and the sharing of materials which can serve as additional references. This enhanced the capacity of prevention and protection services delivered by structures of Bureau of Women Children and Youth, the Regional Attorney Generals, police and courts at sub-national and woreda level which enhanced the accessibility of the service and more than 152,782 girls and 17,420 boys accessed the service. This included timely legal support which resulted in the cancellation of child marriage arrangements. Adolescent girls who were at risk of child marriage received a basic level



of psychosocial support by BoWCY staff in the target regions. The experts who have provided the psycho-social support (PSS) have received capacity building training by different agencies including UN agencies as part of the humanitarian response. NGOs working in the respective regions which were critical in creating such capacity which was not available before. The trained experts also cascaded the training to staff of Woreda Women, Children and Youth to fill the gap which could have been created due to the turnover of trained staff. The provision of PSS service in their own locality helped adolescent girls rescued from child marriages and to deal with family relationships that may have been negatively affected by the adolescent girls' decision to report and stop the child marriage arrangements. The capacity-building interventions were adjusted to reduced numbers of participants in training and workshops and cover the cost of sanitizers and face coverings. Some of the meetings and follow-up activities (including coordination meetings among stakeholders) were held virtually on Zoom, Telegram and WhatsApp.

On the commemoration of the World Population Day and the launch of the "State of World Population 2020" (SWOP) report titled "Against My Will" which focuses on three harmful practices: Female Genital Mutilation, child marriage and son preference. A Panel discussion organized. The panellists were from Ministry of Health, Ministry of Women and Children and Youth, Representatives from CSO and Associations. During the panel discussion, the link between increased cases of child marriage and female genital mutilation and COVID 19 was the major topic among others. The panel discussion was broadcasted with the Government TV accessible to a wider audience.

**3.6 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to support governments and non-government organizations, to generate, disseminate and use quality and timely evidence to inform policy and programme design, track progress and document lessons**

- Evidence that the GPECM maintained or adjusted its capacity building and technical support to government and civil society organisations, to generate and use quality evidence on what works to end child marriage and support married girls (Output 3210)
- Evidence that the GPECM maintained or adjusted coordination and support to facilitate South to South collaboration and cross-learning across GP countries and with initiatives in other countries (Output 3220),

Delayed due to COVID 19

The evidence generation activities, including the social behavioural change (SBC) baseline-midline-endline survey, the desk review and data gathering, planned as part of the community conversation manual redesign, the out-of-school girls' engagement manual and the men and boys' engagement packages were delayed due to COVID-19. However, the statistical brochure on Ending Child Marriage: A Profile of progress in Ethiopia 2018 which was developed with support from UNICEF Data and Analytics Team, contributed to informing the 10-year plan of MoWCY which is under finalization.



No knowledge product or evidence gathering was done during the reporting period specific to child marriage only.

### NEW

However, UNICEF and UNFPA has technically contributed to the study conducted by GAGE on the experience of adolescents in relation to COVID-19 and issues that concerns child marriage, FGM and gender-based violence. In addition, the study commissioned by UNICEF - Assessment of barriers to accessing violence against women and children response services in refugee and host communities in Ethiopia -, which is started in 2019 and completed in 2020 also covered topics including child marriage in the two target regions of GPECM (Gambella and Somali).

### **3.7 The GPECM has considered cross-cutting issues across all interventions to ensure a gender equality and 'do no harm' approach**

- Evidence that gender was mainstreamed in the COVID-19 changes and adjustments implemented by the GPECM and a gender transformative approach was taken at all levels and across all sectors
- Evidence that all the GPECM applied a 'do no harm approach' aligned with international public health guidelines and national COVID 19 restrictions in developing its changes and adjustments across all sectors and activities
- Evidence that those at risk of child marriage and marginalised adolescent girls have been provided with COVID 19 prevention and response information
- Evidence that the GPECM response included consideration for the security, health and wellbeing of staff, partners and beneficiaries

### Gender

The programme reached 178,501[1] men and boys (the target was 26,199) with interventions such as community dialogues which highlight the role of men and boys in supporting adolescent girls to continue their schooling and rejecting child marriage. This has contributed to supporting adolescent girls whose marriage arrangements were cancelled to maintain relationships with their families. Some boys consulted during field-level programme monitoring in SNNP and Amhara regions expressed changes in attitude and pledged to play an active role against the practice of child marriage.

SRH activities target boys as well so that they can access information including about methods (condom), services

KIIS think that gender transformative aspect is gradually being integrated.

### Do not harm

At the outset of the pandemic there was not enough PPE available in the country and needed to be saved for Health Care workers. But gradually some resources were reprogrammed to give protection equipment to partners and to pursue virtual and multi media channels for messaging.

## Q4

### To what extent did the GPECM provide support to COs programme adjustments to the COVID-19 pandemic?

**4.1 The GPECM has provided necessary guidance, tools and information on how best to prioritise activities and utilise alternative response modalities, facilitated sharing to further objectives and learn from best COVID-sensitive practices.**

- Evidence that the GPECM at global/regional levels provided timely orientation/policy support as well as guidance, tools, trainings to support COs in addressing the COVID-19 pandemic
- Evidence that information, good practices and resources related to Covid-19 changes and adjustments were shared between countries

- Both region and HQ were quite proactive in providing technical support and guidance as needed, as well as open COVID 19 'clinics' to enable COs to share experiences.<sup>15</sup>
- Ethiopia was able to benefit from experience sharing with other GPECM countries. Close links also with other countries working on Harmful Practices.

## Q5

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

**5.1 Some GPECM adjustments and innovations may potentially represent improvements that are likely to be maintained over time**

- Evidence that some of the changes and adjustments and innovations have the potential to be maintained after the COVID-19 pandemic if and where relevant
- Evidence of institutional learning (new processes, approaches or procedures) taking place that will help the GPECM to better respond to this ongoing crisis and future global crises

Using Radio and social media and multi channel messaging is here to stay, as are hybrid in person-online meetings.

But the one way broadcast is not interactive, and it is difficult to know what is actually absorbed, understood by people and the relationship to behaviour change.

<sup>15</sup> ESARO interviews

Partnership

No new partners for the adjustments

Humanitarian context

Better preparation to respond to some challenge and systems already developed such as distance data collection for humanitarian situation that helped during COVID – need to think in terms of minimum packages/standards of services and messaging for humanitarian contexts.

**5.2 The GPECM has leveraged existing and additional resources to end child marriage**

- Evidence that existing resources were leveraged or additional resources (financial, technical, and human) were mobilised to address new and specific needs related to the GPECM adaptation and response to COVID 19

Funds of the GPECM were mainly reprogrammed based on what was feasible and effective for reaching targets under the circumstances. However there appears to have been additional funding through Canadian ECM funding, for printing of 51, 062 copies of gender club guidelines in eight languages is also finalized to reach over 42,000 primary and secondary schools with the guidelines. The gender club guidelines inform the school leadership on how to establish and run gender clubs, engage boys and provide specific services including how to implement life skills training.



**Coherence**

**Q6**

**To what extent the GP changes and adjustments are coherent with key related programmes (specifically education, SRH, child protection, GBV, FGM, social protection) ?**

**6.1 The GPECM adjustments are coherent with other key UNICEF and UNFPA related programmes (FGM, SRH, child protection, education)**

- Evidence of coherence of the GPECM adjustments with national programmes (specifically education, SRH, child protection, GBV, FGM, social protection)
- Evidence of synergies and coherence of adjustments with UNICEF and UNFPA related programmes and their own adjustments (specifically education, SRH, child protection, GBV, FGM, social protection)

More synergies were developed by different sectors and organisations during COVID- UNFPA and UNICEF coming together around shared methodologies. Came together around the need to scale up Safe Houses for victims of FGM, GBV were able to scale up these services during COVID 19.

## GHANA

Assumptions	Indicator
 <b>Relevance</b>	
<p><b>Q1</b> <b><u>To what extent did the measures adopted within the GPECM during the COVID-19 crisis take into consideration the emerging needs of vulnerable and marginalized adolescent girls and their families?</u></b></p>	
<p><b>1.1 The GPECM identified, and reassessed priorities based on the situation generated by the COVID-19 pandemic</b></p>	<ul style="list-style-type: none"> <li>○ Evidence on how the GPECM identifies and tracks the emerging needs of vulnerable and marginalized adolescent girls under the COVID-19 pandemic.</li> <li>○ Identification of bottlenecks at the different stages of implementation of the GPECM adjustments to the COVID-19 pandemic</li> </ul>
<p>Ghana had a clear response for this: one way they do this is through UReports which allows them to easily survey young people themselves for emerging needs. Ureports survey on COVID 19 impacts were first carried out in May, then another in June and July 2020.</p> <ul style="list-style-type: none"> <li>○ A U-report poll with adolescent and young people indicated a 32% increase in the prevalence of abusive and violent behaviour experienced since March 2020 as a result of being out of school/trapped at home. Different issues were addressed using UReports throughout the year.</li> <li>○ COVID-19 has exacerbated the existing high levels of sexual violence as indicated by the two national household surveys on the impact of COVID19 conducted by Ghana Statistical Service (GSS) with support from UNICEF, World Bank and UNDP. According to the first survey conducted in June by GSS, 12.9 per cent of households agreed that their community had seen an increase in violence between members of the same household and 4.7 per cent of households indicated that at least a member of their household experienced some type of violence with another household member since March 16.</li> <li>○ A second survey conducted by GSS, Ghana saw an increase in the incidence of domestic violence by 3.7 per cent nationally and 7.0 percent in lockdown districts in Accra and Kumasi. The situation has been further confounded by the fact that the victims and survivors have not been able to access medico-legal, social welfare and justice services as freely as they used to do before COVID-19.</li> <li>○ Survey conducted on social service usage – in July - with all 260 with social service and community development staff to see whether service usage has declined or stayed stable regarding the pre-pandemic period. Focused on social welfare, GBV, etc.</li> </ul>	

- The interim report on a Rapid Assessment on impact of COVID-19 on education revealed that school closures have disrupted learning, contributed to pregnancy and childbirth among school girls', among many other issues affecting adolescent girls.

2 conclusions: there is a 1/3 decrease in the use of social welfare and case management services and due to restriction on movement in larger urban areas – the reduction in the provision of services was by 2/3s. This represents a significant drop in service usage as a result of COVID 19. This was used to modify the GPECM interventions, particularly those on community mobilisation and services offered to community girls.

- GPECM supported the Department of Social Welfare to develop a realtime, virtual monitoring system allowing social welfare workers to register their child marriage activities/trainings in the field.

Also, UN in Ghana – UNCT did a Programme Criticality Assessment that positioned the GPECM well in terms of what was most critical to continue. Fortunately, the programme criticality of child marriage issues was very high, so these activities were given priority. Not all countries seem to have done the same programme criticality assessment exercise. Ghana did this early April.

**1.2 The GPECM strategies and approaches have been revised to meet the needs of vulnerable and marginalized adolescent girls during the COVID-19 pandemic**

- Evidence of contextualization of strategies and interventions at country level (based on identified needs)
- Evidence that workplans are adjusted to respond to changes in needs and priorities
- Evidence that interventions targeted and reached the most vulnerable and marginalised adolescent girls and boys in the country

According to KIIs: As a result of surveys and analysis (noted above), the adjustments to the programme reflected greater remote service provision and to use work with smaller groups, use megaphones, radio and other mass measures.

Programmes continued to be delivered in the planned areas, there was no change to target new areas of vulnerability. However, in the Northern Region some girls that were head porters who had returned back home due to the pandemic, one of the key interventions was to ensure that girls returning home, not having any income were able to cover their needs for sanitary pads to reduce the risk of transactional sex. This was a new 'population' that was included to the heightened risk.

## Q2

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

#### **2.1 Adjusted measures are aligned with the GPECM phase II global, regional, country approaches**

- Evidence that the GPECM adjustment measures and approaches at global, regional and countries level are aligned with the ToC and that the ToC remains relevant to the current context
- Evidence that the GPECM adjustments are aligned to National policies and strategies related to COVID-19 response

- The evidence suggests that GPECM in Ghana was and continued to be aligned with the Global GPECM Theory of Change, changes to programme activities were mainly adjustments to the delivery modalities and were aligned with National COVID 19 restrictions. Toc is still relevant but COVID 19 heightened focus on economic issues facing vulnerable adolescent girls.
- The COVID19 pandemic affected the capacity of IPs to engage the girls in community-based settings following traditional 'safe space' modalities. This caused implementation delays, but also provided an opportunity to re-assess the girls needs and circumstances, identify new risk factors and adjust programmatic interventions accordingly. For example, mass media, radio, community public address systems were preferred due to the changed circumstances and safety/social distancing concerns. Small group activities and house to house visits replaced large gatherings/bring group/ school-based activities, while strictly observing COVID19 protocols. PPE equipment was purchased and distributed to all partners and frontline workers to ensure strict adherence to safety protocols. Smaller group and more frequent activities were carried out with the girls; radio and phone channels were largely explored; girls were provided with sanitary pads supplies to reduce the risks they very often face of sexual exploitation to cover for their basic needs, etc.<sup>16</sup>
- The Ghana response was Health Focused, and all the socio-economic factors were ignored and all of UN as well as the GPECM tried to highlight the gaps and secondary effects of the pandemic on child marriage, but these issues were overlooked. The Ministry of Gender and others started distrusting food rations to combat vulnerability (Northern Zones of Ghana) to these poor market girls. UNFPA already programmed with them, but we brought in special protection measures for them. Their vulnerability was heightened and the programme was able to respond to this<sup>17</sup>.

<sup>16</sup> Interview and GPECM annual report

<sup>17</sup> Interview

 **Effectiveness**

### Q3

#### **To what extent did the GPECM changes and adjustments in response to the COVID-19 pandemic contribute to the results of the GP Phase II?**

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

- Evidence that the GPECM maintained or adjusted interventions to engage marginalized adolescent girls (aged 10–19) in gender transformative life skills or CSE education programmes (Output 1110)
- Evidence that the GPECM maintained or adjusted support to adolescent girls to enrol and remain in formal and non-formal education (Output 1120)
- Evidence that the GPECM adjusted tools and packages to better reach marginalized adolescent girls during the COVID-19 crisis

- Even before some of the government agencies could re-strategize in the face of COVID, the PASS programme adopted the use of virtual safe spaces by paying for airtime on local radio stations to reach communities in programme districts. Radio sets were procured and distributed to adolescent girls in safe spaces to facilitate their access to integrated modules and content (sexual and gender-based violence, adolescent sexual and reproductive health, etc.) that was delivered through radio<sup>18</sup>.

##### Adjusted:

- Evidence of programme adjustments/ targets were not met: - According KII and GPECM AR 2020 for Ghana - Output 1110 PASS programme targets were not achieved because life-skills training were temporarily suspended during the pandemic. However, adjustments were made to the programme to support mobile-based and remote sessions including use of TVs and radios. Older girls (mentors) living in the same community connect to the participating adolescent girls (in groups of approximately three) twice a week for 15 minutes for each learning session over a conference line. To support their adaptation to mobile-based and remote sessions, mentors were given a thorough training in using the Zoom platform. Session materials were also adapted to be not only more succinct but to also promote more discussion and interaction among the girls. A real-time monitoring system is currently in place where mentors can enter attendance data for the girls who joined phone sessions, thereby making effective monitoring still possible. Girls who cannot be contacted by mobile receive printed learning material (flipchart/illustration-based material) while those that are connected receive it online. Virtual safe spaces and radio broadcasts.

- UNFPA with funds from the GPECM collaborated with CSO and government partners including PPAG, PAYDP and the Department of Gender to reach additional 9,764 girls with an integrated package of information and services, including integration of SRH information in functional literacy sessions for marginalized girls. Based on the 31-hour minimum contact, PPAG employed rights-based approaches under the 'Enhance the Voice and Agency of Adolescent Girls, at risk or affected by Child Marriage through the Adolescent Girls Peer Mentoring, Sexual and Reproductive Health Support Programme in 6 regions (SISTAs Clubs) to provide the packages using the new Reproductive Health Education and Services for Youth (RHESY) manual. The complete SGBV/RHESY sessions provided girls with information on various SRHR topics including SGBV and Child Marriage. Though the COVID-19 pandemic and its accompanying restrictions was a major inhibiting factor, PPAG while observing the preventive protocols, resorted to one-on-one information delivery. Through the continuous analysis of pre and post test results, the interventions have proved to empower the adolescent girls to defend their rights, avoid unplanned pregnancies, negotiate for sex, and report cases of SGBV including Child Marriage. The RHESY sessions are critical to the health and wellbeing of the adolescent girls, particularly towards enhancing their decision making and self-awareness towards preventing abuse and forced marriage.

**3.2 The measures taken by the GPECM to respond to the COVID-19 situation have contributed to enable gender-equitable attitudes and support for girls' rights among adolescent boys, families, traditional and religious leaders, community groups, and other influencers**

- Evidence that the GPECM maintained or adjusted interventions for engaging boys and men in gender transformative programmes (including CSE for boys) that promote healthy relationships and positive masculinities and gender equality (Output 1210)
- Evidence that the GPECM maintained or adjusted interventions for engaging families, communities, traditional and religious leaders, and other influencers in dialogue and consensus-building on alternatives to child marriage, the rights of adolescent girls, and gender equality (Output 1220)
- Evidence that the GPECM maintained or adjusted interventions to include and support Women's organizations and youth-led organizations to mobilize the voices of the marginalized (particularly girls), challenge harmful social norms, and promote gender equality (Output 1230)

Adjusted:

Despite the pandemic, work continued in 2020 with the scale up of community engagement and advocacy sessions with structured toolkits and facilitation manuals targeting various community and identifiable groups to facilitate change in attitudes and to address violence, abuse and exploitation of children and the youth, especially adolescent girls. The sessions were rolled out via the use of interpersonal communication approaches as well as mass media and digital platforms, reaching all 10 regions of Ghana through both direct support from GPECM as well as complementary funding support. Members of some of the men's and community groups embarked on house-to-house visits during the period of the COVID restrictions to continue their education of parents and caregivers on the need to protect their children and youth during the lockdown processes. Some of them, especially some Male Champions and He-for-She Advocates, also served as resource persons for the radio and COMPASS broadcasts<sup>19</sup>.

<sup>19</sup> Interview and document review

Implemented as planned but with delays

In 2020, through direct GPECM funding support, at least 35,246 people (G: 7,763, B: 6,774, M:10,028, W: 10,681) in five Regions (Bono East, Bono, Upper West, Western North and Western) and 13 Districts were reached through community engagements and dialogues specifically on child marriage, adolescent pregnancy, SGBV and gender equality. UNFPA in collaboration with the Department of Gender/MoGCSP updated the [Child Marriage Advocacy Toolkit](#) based on lessons and feedback from engagement sessions in Phase 1. The updated toolkit together with the UNFPA Framework for engaging Men and Boys were used mainly after the second half the year, after COVID restrictions were eased to engage about 7,800 various groups in structured sessions that included follow-up meetings to track the results of the action plans of the groups.

**3.3 The GPECM has adjusted its interventions to the COVID-19 situation in a way that contributes to enhance the capacity of education, health, child protection and gender-based violence (GBV) systems to deliver coordinated quality programmes and services that meet the needs of adolescent girls and their families**

- Evidence that the GPECM maintained or adjusted interventions to support formal and non-formal schools to provide quality, gender-responsive education for adolescent girls, including comprehensive sexuality education (Output 2120)
- Evidence that the GPECM maintained, or adjusted support to health (including SRH) and systems to implement guidelines, protocols and standards for adolescent-friendly, gender-responsive coordinated, quality services (Output 2130)
- Evidence that GP maintained, or adjusted support gender-based violence and child protection systems to implement guidelines, protocols and standards for adolescent-friendly, gender-responsive coordinated, quality services (Output 2130)

NEW:

Due to COVID19, the programme was adjusted to include a focus on the provision of dignity kits, radios and SGBV mitigation and prevention through. UNICEF support programmes provided 8200 dignity kits to at risk adolescent girls and those Kayayei girls returning to the northern regions due to the lockdown in Accra and Kumasi.

Education:

*Adjusted-* UNICEF continued to partner with the Ghana Education Service (GES) in five selected districts including Saboba, Tolon, Nanumba North, West Gonja and West Mamprusi of the Northern, Savannah and North East Regions to provide bursaries and school supplies including sanitary pads, supplementary readers, stationery, among others for 1000 identified vulnerable adolescent girls in Junior High Schools as they progress to the 2020/2021 academic year. Due to the school closures since March 2020, the distribution of procured supplies to the beneficiaries happened once schools resumed in January 2021. The provision of the bursaries is to help improve retention, completion and

transitioning into Senior High School among these vulnerable girls. The same cohort of 1,000 adolescent girls benefitted from financial support throughout JHS 3 in the academic year 2021-2022, to ensure JHS level academic completion and minimize risks of school drop-out. This initiative is part of a broader package of interventions focused on girls' education and implemented by the Ghana Education Service (GES) in the five districts of three Northern Regions through complementary funding support from the UNICEF Canada NatCom over the period 2019-2022. In a context of full school closure, time was negotiated with caregivers to ensure that particularly girls could attend the online learning (through GoG new digital learning platform) and participation in small group community-based activities, so that they would not lag with their learning and chances to return to school. Additionally, in December 2020 UNICEF supported GES to embark on a back-to-school campaign in these 5 project districts, targeting particularly adolescent girls to secure their re-entry at school opening, and further addressing concerns related to SGBV issues in schools, prevention of adolescent pregnancy and facilitation of school re-entry for pregnant girls and adolescent mothers in January 2021.

#### Protection/Case management

*Adjusted:* To strengthen service delivery within the context of the COVID-19 pandemic, UNICEF provided technical support for the development of special guidance for Partners related to case management and key messages related to child protection and SGBV for social welfare and NGO Partners. These were disseminated and shared widely with all districts-based staff. Through complementary funding support, masks, gloves and other PPE items were provided for social workers across the country to enable them to continue to support the provision of services in a safer manner. This was to ensure that they were well equipped to monitor and respond to potential increases in the incidence of violence against children and women, sexual abuse and child marriage.

#### Health

*Adjusted:* The Adolescent Health and Development Manual was created to improve ASRH service provision for adolescents and youth in Ghana, whilst the Guidelines and Standards for Peer-Support Services are to ensure that peer support services provided nationwide by young people is standardized and support adolescent participation in planning, implementation and evaluation of health services. In the wake of COVID-19, an E-Learning and Web-Based Platforms were created to provide an up-to-date information and referral services to adolescents and to track those accessing services. Meanwhile, health information communication for adolescents were also strengthened with packages such as the You Must Know (YMK) info pack comprising of YMK Chit Chats on social media and YMK newsletters. In addition, the Adolescent Health Info Pack was also produced and widely disseminated. Overall, 115 health service providers from 6 UNFPA implementation regions have been engaged or trained on the guidelines.

*Delayed:* Likewise, UNICEF continued to support the Ghana Health Service in its 'Safety Net' initiative with the GPECM funding, which reached at least 2,123 pregnant girls and adolescent mothers with gender and age responsive prevention and care services including maternal and newborn care health and SGBV services scaled up to 232 health facilities of the Northern Region. The 2020 target of 250 service delivery points could not be achieved due to the COVID19 restrictions and related programmatic delays.

Again, through GPECM direct funding, 268 health care workers in 232 health facilities were trained to provide basic package of services under the safety net, which includes SGBV counselling. Further, to improve demand for adolescent health services, a total of 3409 adolescent girls, 2422 adolescent boys, 5000 women and 3017 men were reached with information and education on adolescent reproductive health and nutrition. A total of 23,018 community members were reached in 204 community durbars organized in selected communities within the 12 GPECM supported districts.

**3.4 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to enhance the capacity of national and sub-national social protection, poverty reduction and economic empowerment programmes and services to respond to the needs of the poorest adolescent girls, boys and their families**

- Evidence that GP maintained or adjusted support to partnerships with government, civil society organizations and other implementers to ensure that social protection, poverty reduction and economic empowerment programmes and services were adolescent-friendly, gender responsive and reaching the poorest adolescent girls and families. (Output 2210)

Adjusted

- The GPECM in Ghana continued to explore and invest in strategic initiatives aimed at empowering vulnerable and marginalised adolescent girls and their families to access economic empowerment and social protection services. Under the overall ‘Shaping Futures Programme’, about 8,000 marginalized adolescent girls, including migrant head porters (Kayayei) and adolescent mothers were engaged using human rights-based approaches to enhance their alternative livelihood options, thereby reducing their vulnerability to SGBV, child marriages, co-habitation and transactional sex. Various concurrent strategies including innovative ones such as Community Walkathons’ and ‘Online Marketing’ in the wake of COVID-19 were employed to heighten the interest of the girls in the activities aimed at equipping them with an integrated Reproductive Health, Empowerment and Leadership skills in five regions<sup>20</sup>.

Implemented as planned:

- Through the implementation of the Integrated Social Service (ISS) model, the Child Protection and Social Protection Programme teams jointly provided technical and financial support to various sectors (Social Welfare, Social Protection, Health etc) to strengthen their collaboration for wholistic and enhanced service delivery for vulnerable families in 60 MMDAs with funding from the GPECM directly supporting 8 MMDAs.

The ISS model involves testing specific linkages, largely centred around the delivery of social protection programmes and social welfare services. For example, beneficiaries of the LEAP cash transfer programme, as the poorest households in the country, are supported to access social protection, health, child abuse prevention and other social services including access to registration/renewal of their National Health Insurance Scheme (NHIS Card). This initiative has the potential to improve referrals and access to welfare and social protection services for over a million of most vulnerable adolescent girls and their households across the country, as the initiative is further scaled up to 100 MMDAs in 2021 (with joint CM GP+ Complementary funding).

**3.5 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to enhance the capacity of governments to fund, coordinate and implement national and sub-national action plans and systems to end child marriage**

- Evidence that the GPECM maintained or adjusted capacity building and technical support interventions to governments to enact, enforce and uphold laws and policies, in line with international human rights standards, aimed at preventing child marriage, protecting those at risk and addressing the needs of those affected (Output 3110)
- Evidence that the GPECM maintained or adjusted capacity building and technical support to governments to implement a budgeted multi-sectoral gender-transformative plan on ending child marriage across ministries and departments at sub-national levels (Output 3120)
- Evidence that the GPECM was engaged to ensure that child marriage was taken into consideration in various national COVID-19 response strategies and guidelines

Most activities under this Outcome area appear to have continued as planned however there were some adjustments:

- As part of national efforts to coordinate and track progress of interventions aimed at curbing child marriage, the Domestic Violence Secretariat under the Ministry of Gender, Children and Social Protection in collaboration with UNFPA and UNICEF organized a two days National Stakeholders meeting to assess the various interventions that have been adopted and undertaken by partners and stakeholders in meeting the agenda of Ending Child Marriage in Ghana. The main objectives for the Stakeholders meeting among others were to:
  - Track progress in the implementation of the strategic framework and 2020-2021 Operational Plan especially in the era of COVID-19
  - Assess the performance and activities of stakeholders and partners as identified in the 2020-2021 Operational Plan
  - Create a platform to enhance networking, collaboration and partnerships amongst partners and stakeholders
  - Identify challenges and risks associated with the implementation of the strategic framework and operational plan and how these can be addressed moving forward.

The stakeholder meeting created a platform for national reflections on progress made towards targets in the operational plan as well as mobilising key actors around a common vision towards elimination of child marriage by 2030.

Implemented as planned:

With support from UNFPA, the National Department of Gender in its continuous efforts to track the implementation of the 5-Year Adolescent Pregnancy Strategy through its Institutional Framework, organised 3 national cross-sectoral meetings to assess implementation by the various partners. Discussions highlighted challenges with increase in adolescent pregnancies in some areas especially during the COVID period. Partners also shared innovative ways through which they were rolling out interventions in spite of the restrictions. Consequently, the Ghana Education Service also sensitised 1377 (female:786; male - 591) Muslim stakeholders as part of the implementation of the National Guidelines for management of adolescent pregnancy and school re-entry of adolescent mothers and pregnant schoolgirls with through complementary funding from UNICEF. These interventions collectively reflect the commitment of cross sectorial actors in playing their respective roles in the implementation of the Adolescent Pregnancy Strategy.

**3.6 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to support governments and non-government organizations, to generate, disseminate and use quality and timely evidence to inform policy and programme design, track progress and document lessons**

- Evidence that the GPECM maintained or adjusted its capacity building and technical support to government and civil society organisations, to generate and use quality evidence on what works to end child marriage and support married girls (Output 3210)
- Evidence that the GPECM maintained or adjusted coordination and support to facilitate South to South collaboration and cross-learning across GP countries and with initiatives in other countries (Output 3220),

It appears that most planned activities under this outcome went ahead as planned, but some were delayed due to the pandemic as follows:  
*Delayed:* Two evaluations were delayed due to COVID19, and results are expected to be shared with stakeholders in the first quarter of 2021 and inform the GPECM Phase II approaches as well as the next Country Programme Document cycle. Through GPECM funding, UNICEF and UNFPA are jointly supporting the development of a feature documentary on the PASS adolescent girls' safe spaces programme, which will be finalized in Quarter I 2021. Purpose of the initiative is to capture, in partnership with Government, NGOs partners and beneficiary girls and communities the outcome level change and transformation experienced as a result of the programme since its commencement in 2018, with particular focus on documentation of innovative strategies and programmatic approaches implemented as a result of the COVID19 pandemic.

<p><b>3.7 The GPECM has considered cross-cutting issues across all interventions to ensure a gender equality and 'do no harm' approach</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that gender was mainstreamed in the COVID-19 changes and adjustments implemented by the GPECM and a gender transformative approach was taken at all levels and across all sectors</li> <li>○ Evidence that all the GPECM applied a 'do no harm approach' aligned with international public health guidelines and national COVID 19 restrictions in developing its changes and adjustments across all sectors and activities</li> <li>○ Evidence that those at risk of child marriage and marginalised adolescent girls have been provided with COVID 19 prevention and response information</li> <li>○ Evidence that the GPECM response included consideration for the security, health and wellbeing of staff, partners and beneficiaries</li> </ul>
<ul style="list-style-type: none"> <li>○ Staff and partners were provided with PPE in order to continue their activities, staff worked from home, no field monitoring was carried out.</li> <li>○ Communities and meetings were provided with hand washing stations, instructions regarding social distancing. Reduced Safe Space meetings</li> <li>○ Online Survey responses suggest also that Ghana was looking after the safety and wellbeing of staff, partners and beneficiaries.</li> </ul>	
<p><b>Q4</b> <b><u>To what extent did the GPECM provide support to COs programme adjustments to the COVID-19 pandemic?</u></b></p>	
<p><b>4.1 The GPECM has provided necessary guidance, tools and information on how best to prioritise activities and utilise alternative response modalities, facilitated sharing to further objectives and learn from best COVID-sensitive practices.</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that the GPECM at global/regional levels provided timely orientation/policy support as well as guidance, tools, trainings to support COs in addressing the COVID-19 pandemic</li> <li>○ Evidence that information, good practices and resources related to Covid-19 changes and adjustments were shared between countries</li> </ul>
<p>According to KIIs and document review: Yes, found support was adequate<sup>21</sup>.</p>	

<sup>21</sup> Interview and document review

## Q5

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

#### **5.1 Some GPECM adjustments and innovations may potentially represent improvements that are likely to be maintained over time**

- Evidence that some of the changes and adjustments and innovations have the potential to be maintained after the COVID-19 pandemic if and where relevant
- Evidence of institutional learning (new processes, approaches or procedures) taking place that will help the GPECM to better respond to this ongoing crisis and future global crises

According to KIIs and online survey: Some of the virtual meetings with diverse participants have the potential to be maintained over time

#### **5.2 The GPECM has leveraged existing and additional resources to end child marriage**

- Evidence that existing resources were leveraged or additional resources (financial, technical, and human) were mobilised to address new and specific needs related to the GPECM adaptation and response to COVID 19

Programme funds were reprogrammed based on what was possible.

Evidence suggests that New resources were leveraged as follows: complementary funds were obtained from Global Affairs Canada. UNFPA through the UNFPA-UNICEF Joint Programme on Adolescent Girls employed innovations such as E-workshops, E-Classrooms and E-Clubs and conducted a series of online events targeted at adolescent girls in programme areas to ensure continuous sharing of information on relevant topics. A sexual and gender-based violence e-workshop and four bi-weekly e-classroom series, including an e-classroom on sexual and gender-based violence and harmful practices and child marriage were organised during the period of COVID-19 restrictions.



#### **Coherence**

## Q6

### To what extent the GP changes and adjustments are coherent with key related programmes (specifically education, SRH, child protection, GBV, FGM, social protection) ?

<p><b>6.1 The GPECM adjustments are coherent with other key UNICEF and UNFPA related programmes (FGM, SRH, child protection, education)</b></p>	<ul style="list-style-type: none"> <li>○ Evidence of coherence of the GPECM adjustments with national programmes (specifically education, SRH, child protection, GBV, FGM, social protection)</li> <li>○ Evidence of synergies and coherence of adjustments with UNICEF and UNFPA related programmes and their own adjustments (specifically education, SRH, child protection, GBV, FGM, social protection)</li> </ul>
<ul style="list-style-type: none"> <li>○ The timely provision of guidance to implementing partners on alternative approaches for engaging target audiences in response to the restrictions imposed by measures to curtail the spread of COVID-19 has been instrumental. The prevention services, as well as essential information on where to report and seek support for child protection, SGBV, online safety and COVID-19 related issues, were made accessible to various target audiences.</li> <li>○ Cooperation and collaboration increased: The use of common approaches for delivery of structured information and services to a common cohort of adolescent girls through the Safe Space concept in geographical convergence areas has enhanced the consistency in the minimum package of information and services delivered to the girls. Although the context and dynamics as well as drivers of child marriage are slightly different in some regions, the application of similar approaches and COVID 19 adaptations helps to bring out the peculiar issues in each region.</li> <li>○ UNFPA-UNICEF joint support to key government partners such the Ministry of Gender Children and Social Protection and the Domestic Violence Secretariat for implementation of strategic initiatives such as the review/dissemination of the operational plan for the National Strategic Framework on Ending Child Marriage including joint support for Annual Stakeholder’s Meeting, joint support for the Girlz Girlz TV show series has been valuable.</li> </ul>	

# INDIA

Assumptions	Indicator
 <b>Relevance</b>	
<p><b>Q1</b>  <u>To what extent did the measures adopted within the GPECM during the COVID-19 crisis take into consideration the emerging needs of vulnerable and marginalized adolescent girls and their families?</u></p>	
<p><b>1.1 The GPECM identified, and reassessed priorities based on the situation generated by the COVID-19 pandemic</b></p>	<ul style="list-style-type: none"> <li>○ Evidence on how the GPECM identifies and tracks the emerging needs of vulnerable and marginalized adolescent girls under the COVID-19 pandemic.</li> <li>○ Identification of bottlenecks at the different stages of implementation of the GPECM adjustments to the COVID-19 pandemic</li> </ul>
<ul style="list-style-type: none"> <li>○ Situation analysis was done in the process of adaptation in each of the districts and states on 1. How COVID impacted, 2. Loss of income 3. school closure (girls education not prioritised as being an additional hand at home to manage other siblings or in the field) 3. Gender aspects and we found that each of the districts were reporting cases of child marriages.</li> <li>○ In West Bengal an analysis of triggers and drivers of child marriage during COVID-19 pandemic indicates that whilst a multi-sectoral approach to address child marriage is needed, greater acknowledgement of adolescent sexuality as well as development of parental skills is needed to address increasing cases of elopement.</li> <li>○ In Odisha, during the COVID-19 pandemic, technical support for documentation and analysis of 50 cases of child marriage prevented across 15 high child marriage prevalent districts.</li> <li>○ Early assessment of adolescent vulnerabilities through U Report to understand the challenges faced they and whether they have access to essential services during the COVID-19 lockdown</li> <li>○ Another U Report poll (Round 3) was conducted to assess the psycho-social issues faced by young people</li> </ul>	

<ul style="list-style-type: none"> <li>○ Study to identify the socio-economic and demographic factors in 9 states (Assam, Bihar, Chhattisgarh, Gujarat, Madhya Pradesh, Odisha, Rajasthan, Tamil Nadu and Uttar Pradesh) that make adolescents vulnerable to child marriage<sup>22</sup>,</li> <li>○ Large scale surveys like DHS and census that are major source of information for child marriage and on different life stages of our target population groups have all been affected by this crisis and true evaluation of programmes is going to be a challenge.</li> </ul>	
<p><b>1.2 The GPECM strategies and approaches have been revised to meet the needs of vulnerable and marginalized adolescent girls during the COVID-19 pandemic</b></p>	<ul style="list-style-type: none"> <li>○ Evidence of contextualization of strategies and interventions at country level (based on identified needs)</li> <li>○ Evidence that workplans are adjusted to respond to changes in needs and priorities</li> <li>○ Evidence that interventions targeted and reached the most vulnerable and marginalised adolescent girls and boys in the country</li> </ul>
<ul style="list-style-type: none"> <li>○ Re programming was started and it took 2 months to adapt the model of working. Partnerships were formalised at the beginning of 2019 at state and district level on a district based model. The adaptation requires a lot of work because very closely linked to the establishing mechanisms and systems in place, so obviously this required a very closed working relationship with the government.</li> <li>○ Risk Communication and Community Engagement (RCCE) became the focus, the entire government machinery shifted towards addressing this aspect.</li> <li>○ At district level, we were able to mobilize administration and to issue guidelines to enforce the implementation of the Act which prohibits child marriage. It proved that it is still not very strong because the societal acceptance around child marriage is very high. Mobilization around continuation of the education of the girl and building her agency trying to make sure that she is empowered were built into the amended partnership.</li> <li>○ in Odisha advocacy was done at state level in terms of building a cadre of Frontline functionaries able to respond to this crisis by having tools, materials and resources and to address the issue at the family and community level and also having systems in place to track any child marriage cases happening and immediately respond or stop those marriages from happening and then ensuring that the proper reference systems can be established</li> <li>○ Supporting communities and making sure that outreach workers reach most vulnerable adolescent were challenging, knowing that outreach itself was affected during this period. So lot of work was based on the community organizations and structures.</li> </ul>	

<sup>22</sup> UNICEF India. MAMTA-HIMC. CRY. ACTION AID Association. Vulnerability mapping of adolescents and drivers of child marriage.

- In Asam there is a huge teagarden program. In the initial days it was even difficult even to know what is happening to the girls in the tea gardens and then the management committee, that manages the program along with the district administration, started doing a clear mapping of the girls who are vulnerable to marriage and start tracking them to see where they are and what is happening to them. This was realized as part of the humanitarian context in terms of how it impacts families and communities, especially those which are marginalized.
- Programmes with adolescents in schools or in community settings could not take place with that kind of momentum that we had in 2019. So certainly programs have been affected. We found different ways of outreach, by integrating messaging or training on child marriage within the COVID-19 response through the trainings that we were doing.

## Q2

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

#### **2.1 Adjusted measures are aligned with the GPECM phase II global, regional, country approaches**

- Evidence that the GPECM adjustment measures and approaches at global, regional and countries level are aligned with the ToC and that the ToC remains relevant to the current context
- Evidence that the GPECM adjustments are aligned to National policies and strategies related to COVID-19 response

Theory of change still remains relevant because even in the global theory of change we did look at humanitarian context as one of the situations. The degree of contribution of different root causes may slightly change as the economic drivers that play such a strong role on child marriage as it is very much a response to the economy challenges that families are facing and not a result of a social norm or a behavioral issue. Greater emphasis has to be placed on gender. Transformative programming and looking at how gender differences are now impacting communities and adolescents because of COVID or greater emphasis on social protection.

There is a discussion with regional office on doing a scoping study to capture impact of COVID on child marriage as well as other services for adolescents and revisits the theory of change assumptions how and to use that opportunity to test the theory of change. This would add to the discussions of UNFPA and UNICEF country program strategies for the next five year and GPECM as well.

 **Effectiveness**

**Q3**

**To what extent did the GPECM changes and adjustments in response to the COVID-19 pandemic contribute to the results of the GP Phase II?**

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

- Evidence that the GPECM maintained or adjusted interventions to engage marginalized adolescent girls (aged 10–19) in gender transformative life skills or CSE education programmes (Output 1110)
- Evidence that the GPECM maintained or adjusted support to adolescent girls to enrol and remain in formal and non-formal education (Output 1120)
- Evidence that the GPECM adjusted tools and packages to better reach marginalized adolescent girls during the COVID-19 crisis

Implemented without modification, with delays

- For UNICEF life skills is largely led by Education and so the school based LSE was definitely impacted. Community level meetings with adolescent girls and interventions of developing Girl Friendly Gram Panchayats were interrupted due to COVID 19 during Aug-Sep 2000
- UNFPA Activities under this output are not limited to community-based outreach ; it also included outreach through school systems

Reached: 1,496,773 (UNICEF) + 2,113,800 (UNFPA)

Adjusted, implemented with modifications

Advocacy efforts were intensified and young adolescent boys and girls were reached out to with information and life skills trainings during COVID 19 through multiple approaches

- Innovative initiatives “Call a Student” to promote continued education for girls and boys especially during lockdown and school closure
- Educational programmes for young people through multi-media channels to address the digital divide

- Advika, (Adolescent Empowerment Programme) was conceptualised in collaboration with the Government of Odisha for building life skills and resilience among girls to address vulnerabilities such as child marriage, teen pregnancy, violence including sexual violence and rights. Intensive attempts by the government in Odisha to integrate life skills into outreach programmes met with challenges such as poor internet penetration and non-availability of smart phones among teachers and students, in hard to reach and interior tribal districts. This was addressed by conducting repeated sessions to increase coverage, strategize and reach out to more and more girls from remote communities through innovative strategies such as “call a student” and “alternate learning platform”. Short films and multimedia digital packages in vernacular languages were developed and disseminated for wider reach among all stakeholders (parents, teachers, community leaders).
- UNICEF engaged 524,587 youth volunteers (15-24 years) and 1,5,22,805 volunteers from civil society organisations, women’s & community structures in order to deal with the lack of school based platforms to disseminate information on COVID-19, combat stigma, discrimination, early and forced child marriage, violence against children and raise awareness on use of masks and provide peer-to-peer psycho-social counselling
- UNFPA engaged 43,000 peer educators and 500,000 students and teachers to promote life skills education, prevent child marriage, and promote COVID-19 safe behaviour.
- UNFPA introduced digital mechanisms to train teachers and follow up adolescent girls and boys from indigenous communities to ensure retention in schools in Odisha; and worked to reduce the digital divide by using television channels to air sessions on life-skills

Leveraging on the national media platform called ‘doordarshan’ which plays on television and that have their own branch in each state of the government media. A slot was booked on television channel in the evenings and life skills sessions could be played. This responded to the digital divide and how much can you convey through phone based applications, especially given the fact that the phones are not equally accessible for young people and within young the community of young people, not so much accessible for girls.

They were other mechanisms in Rajasthan. For instance, there is a phone based application that gives a missed call and a call back and play a few Bollywood songs but also messages that are relevant for young people.

The outreach could be measured but not the retention of messages. Any attempt at measurement and assessment or evaluation is a challenging given the situation.

#### Postponed to 2021

- In Madhya Pradesh the activities planned for supporting the rollout of the Scheme for Adolescent Girls could not be undertaken due to COVID-19. The support was limited to technical assistance for drafting of guidelines, capacity building of officials, and introduction of learning materials

<p><b>3.2 The measures taken by the GPECM to respond to the COVID-19 situation have contributed to enable gender-equitable attitudes and support for girls' rights among adolescent boys, families, traditional and religious leaders, community groups, and other influencers</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that the GPECM maintained or adjusted interventions for engaging boys and men in gender transformative programmes (including CSE for boys) that promote healthy relationships and positive masculinities and gender equality (Output 1210)</li> <li>○ Evidence that the GPECM maintained or adjusted interventions for engaging families, communities, traditional and religious leaders, and other influencers in dialogue and consensus-building on alternatives to child marriage, the rights of adolescent girls, and gender equality (Output 1220)</li> <li>○ Evidence that the GPECM maintained or adjusted interventions to include and support Women's organizations and youth-led organizations to mobilize the voices of the marginalized (particularly girls), challenge harmful social norms, and promote gender equality (Output 1230)</li> </ul>
<p><u>Implemented without modification, timely</u></p> <ul style="list-style-type: none"> <li>○ Capacity building of Panchayat level local elected representatives on preventing child marriage and enabling access to services for girls who are married : Training partners, District Youth Officers and youth volunteers on addressing harmful gender roles, power imbalances and gender inequalities</li> <li>○ 13,831 (UNICEF) 2,914 (UNFPA) Traditional, religious and community Leaders - 9,299,466 individuals (UNICEF) (targets: 1350 traditional, religious community leaders - 1,293,000 individuals)</li> <li>○ Across 12 States, 16 million community members have been reached and engaged in promoting gender equitable attitudes and support for girls' rights. District Level Task forces have been functional in all the programme districts and proactive in this outreach.</li> <li>○ In Maharashtra 8 films and information resources were developed and used to sensitize Village Child Protection Committees (VCPCs) - 44,000 VCPC trained for ending child marriage, preventing gender-based violence, child protection and harm prevention.</li> <li>○ in Bihar, adolescent boys and youth from the communities trained as Yuva Mitras (community volunteers), Youth CBO members and Vikas Mitra's (frontline cadre)</li> <li>○ in Rajasthan missed call edutainment initiative, Naubat Baja is used by several Government departments to engage with influencers (men, youth and community leaders) for disseminating information on programmes related to gender and adolescent empowerment</li> <li>○ in Madhya Pradesh 57 trainers from State Institute of Rural Development (SIRD) trained to integrate gender inequality and harmful practices in the curriculum for Panchayat elected representatives and 333 elected Panchayats representatives trained on gender, gender-based violence and harmful practices</li> </ul> <p>18,716,515 (UNICEF) and 1,298,586 (UNFPA) (target 4,215,271)</p>	

### Adjusted, implemented with modifications

- Integrating messaging on child marriage in COVID-19 related training, communication and outreach activities in Panchayat training
- A lot of SBCC multi-media and inter personal communication packages for community mobilisation/dialogue, intergenerational dialogue and positive parenting shifted to online modes of delivery. The use of integrated digital platforms offering two-way communication provided an opportunity to engage men and boys to understand social norms and masculinity.
- Given the restrictions, extensive use of social media and online platforms to promote information on issues of adolescent girls: in Bihar, adolescent boys training were extended to include wards members and returning migrants during COVID-19 and training of grassroots cadres for sharing SRHR and COVID-19 related information during home visits, Ratri chaupal (evening sessions using audio-visual mode).. In Uttar Pradesh, engagement with men and boys through conversations/dialogue on online platforms across 68 districts. Several states also used platforms of faith-based organisations
- Orientation sessions with teachers on the phone on the kind of messages that they can be sharing with family members

In the states, partners rarely moved towards digital engagement beforehand rather looked how they could use their volunteer basis for safe outreach in communities. After COVID they looked at innovative ways to manage to stay in touch with communities like WhatsApp messages which is more accessible than any other form of digital media. At national level efforts were on continuous content generation on appropriate behaviours, whether it was on child, marriage, prevention, or gender based violence and related issues<sup>23</sup>.

### **3.3 The GPECM has adjusted its interventions to the COVID-19 situation in a way that contributes to enhance the capacity of education, health, child protection and gender-based violence (GBV) systems to deliver coordinated quality programmes and services that meet the needs of adolescent girls and their families**

- Evidence that the GPECM maintained or adjusted interventions to support formal and non-formal schools to provide quality, gender-responsive education for adolescent girls, including comprehensive sexuality education (Output 2120)
- Evidence that the GPECM maintained, or adjusted support to health (including SRH) and systems to implement guidelines, protocols and standards for adolescent-friendly, gender-responsive coordinated, quality services (Output 2130)
- Evidence that GP maintained, or adjusted support gender-based violence and child protection systems to implement guidelines, protocols and standards for adolescent-friendly, gender-responsive coordinated, quality services (Output 2130)

### Implemented without modification, timely

- TA through planning, capacity development and evidence generation to support national and state government for continuation of girl's education linkages to career guidance opportunities (Online career guidance portals through UNILEARN for school based and for out of school)
- Partnership with Indian Nursing Council (INC) to train 8700 health professionals on youth friendly health services as part of larger trainings conducted online on SRH
- In Rajasthan, 314 service delivery points supported to provide adolescent friendly health services. (Total 13,0255 adolescents: 68018 girls, 62237boys)

### Adjusted, implemented with modifications

- Technical support to roll out the School Health Programme and resource persons training in on line mode - E-course for school teachers
- Technical support across states in completion of planned activities and in 'continuity of learning', leading to implementation of strong remote learning programmes
- Technical to National Adolescent Health Programme (RKSK)/Dept of Health, Dept of Education, WCD support for Adaptation of life skills education and implementation of the RKSK, Scheme for Adolescent Girls (SAG), scaling of LSE in secondary schools and initiating LSE in vocational and technical institutes and in health facility and community based.

In the initial months of the pandemic we also had to invest a lot in on online in depth trainings and sensitizing all the child protection functionaries across all states, all districts on how COVID is impacting children, what are the child protection concerns that they need to be more focused on during this time, e.g. training like online case management and remote follow up with communities and families on cases of children. We also invested a lot of training to ensure that ChildLine functionaries were aware of specific vulnerabilities that adolescents girls might face during the pandemic like child marriage or violence but also on privacy issues when dealing with adolescents. And also on digital online video counselling (Zoom) and telephoning counselling systems were set up.

Protective gears (PP kits) were provided to the frontline workers because they went into the community to manage cases and prevented a lot of child marriages. They prevented almost 800 child marriages in the first three months of the pandemic. There are challenges as well as some benefits of doing this mode of counselling. One is a privacy issue because children more often will not have access to a separate phone, especially younger children or some of the older adolescents. It's largely gendered as well, as girls will not have access to a separate phone, but boys will, so there is definitely a concern about privacy. There was also a very interesting feedback from some of our partners that it also allowed them to understand of what was happening and for more frequent interactions. .

Online platforms was also used for the health sector, and also for service providers under women in child development that work in crisis centres, (one stop centres) that offers integrated services to women, survivors of violence. We did online trainings in a big way, on how to do case management, how to manage phone counselling, as service providers who are on the front lines are not very used to technology. *“ We were trying to make the best of what we had at that time to ensure that those services are not interrupted”* (GPECM focal point). *“ A young girl spoke about the fact that her father would leave with the phone to go to work, and she wouldn’t have access or that the brother would be prioritized to attend schools sessions that continued through online classroom sessions and with only one phone available. And if there are multiple children in the family.”* (International day of the girl child). It highlights issues around ownership of assets which is not something that will change within one year of programming on child marriage.

No assessment was done on online case management as the CO wished to complete a year before doing assessment, then the 2nd wave hit. *“ Child marriage monitoring is challenging as community-based monitoring was not very successful because child marriage is a question that everybody knows it’s illegal, so nobody’s really want to say, that they saw it”<sup>24</sup>.*

**3.4 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to enhance the capacity of national and sub-national social protection, poverty reduction and economic empowerment programmes and services to respond to the needs of the poorest adolescent girls, boys and their families**

- Evidence that GP maintained or adjusted support to partnerships with government, civil society organizations and other implementers to ensure that social protection, poverty reduction and economic empowerment programmes and services were adolescent-friendly, gender responsive and reaching the poorest adolescent girls and families. (Output 2210)

Adjusted, implemented with modifications

- In Odisha, IPs supported district administration in arranging transportation of food and quarantine of in and out migrants including adolescent and youths and linkages with Social Protection and Skill training programme.
- in Rajasthan partnerships established on social protection scheme with online system has played critical role to deliver the cash during COVID-19

<p><u>Terminated, not rescheduled</u></p> <ul style="list-style-type: none"> <li>○ In Madhya Pradesh the inter-departmental reviews for cash transfer schemes could not be operationalized due to COVID-19 restrictions</li> <li>○ “We tried to make sure that girls getting social entitlement don't fall into CM trap again as it was something that we saw was very weak in the early stages. Service delivery got completely disrupted at that point in time so we also had a tough time in terms of tracking who are the girls that are still getting the benefits of these different entitlements.” In Bihar, by August 2020 they had stopped cash transfer programs that they had for the girls because they could not monitor the beneficiaries who are getting the funds although they had direct transfer to the beneficiary. There were some gaps in terms of monitoring, but also for us as we are doing a lot of reference and linkages that was a challenge in that period.</li> <li>○ Mid term review exercises were done for the child protection programme TOC. It appeared that the same factors are still responsible for child marriage and cash transfer plus kind of programs are proven to be more effective in changing the normative frameworks for girls and communities.</li> <li>○ Government's ability to invest in welfare schemes is not in every state, because a lot of the resources right now have been invested in the emergency health response</li> </ul>	
<p><b>3.5 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to enhance the capacity of governments to fund, coordinate and implement national and sub-national action plans and systems to end child marriage</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that the GPECM maintained or adjusted capacity building and technical support interventions to governments to enact, enforce and uphold laws and policies, in line with international human rights standards, aimed at preventing child marriage, protecting those at risk and addressing the needs of those affected (Output 3110)</li> <li>○ Evidence that the GPECM maintained or adjusted capacity building and technical support to governments to implement a budgeted multi-sectoral gender-transformative plan on ending child marriage across ministries and departments at sub-national levels (Output 3120)</li> <li>○ Evidence that the GPECM was engaged to ensure that child marriage was taken into consideration in various national COVID-19 response strategies and guidelines</li> </ul>
<p><u>Implemented without modification, timely</u></p> <ul style="list-style-type: none"> <li>○ Technical support to the government to strengthen schemes, policies and programmes (10 subnational action plans achieved – target 10)</li> <li>○ Around 799,206 (84% F) government functionaries have been equipped with knowledge and skills to use the UNICEF developed SBCC toolkits and approaches to address some of the key priorities related to harmful norms and social practices while promoting girl’s empowerment</li> </ul>	

- TA through active engagement on policy and advocacy initiatives with state governments led to the formulation of policy documents, guidelines and resource materials for critical adolescent centric programmes such as the scheme for adolescent girls in Odisha, Rajasthan and Madhya Pradesh
- in Rajasthan support to the development of the Girl Friendly Gram Panchayat (GFGP) Guidelines and dissemination among district officials and finalising of the state policies
- in Bihar Madarsa initiative scaled up across all the districts with a module on gender, gender-based violence and harmful practices such as child marriage
- In Assam, technical support to the evolving state and districts Strategic Action Plan and integration of multi-sectoral approach towards ending child marriage
- In Maharashtra, a committee constituted to frame “The Prevention of Child Marriage State Rule” for the effective implementation of “The Prohibition of Child Marriage Act and SoP drafted describing the process of prevention, response and rehabilitation of girls at risk of/ survivor of child marriage
- In Tamil Nadu, policy briefs were prepared to help the department frame evidence based adolescent friendly policies

#### Support the development of a costed and resourced multisectoral plan

- Across all 12 States advocating for the development and implementation of costed Strategic Action Plans at the state and district levels through establishing district task force
- In Gujarat strategic Action Plan presented to 11 departments and fund leveraged of around USD 7,00,000
- In Madhya Pradesh, a gender responsive costed and multi-sectoral Strategic Action Plan for Adolescent Empowerment with focus on Ending Child Marriages and Ending Violence Against Children (SAP) was developed and endorsed
- In Odisha, State level steering committee for multi-sectoral convergence on Prohibition of Child Marriage Act and State Action Plan established and budget increased
- In Uttar Pradesh, all 75 districts have functional district task force to plan, implement, monitor and review the progress of child protection and adolescent empowerment programme. 68 districts have an approved district action plan with financial allocation of USD 1.55 million under Beti Bachao Beti Padhao

#### Technical Support to District Administration to implement the Strategic Plan (Some of these happened by March 2020 and others continued as digital mediums or advocacy efforts)

- Support for implementation of the state action plan to end child marriage, monitoring and recommendations for revision of the State Rules in Odisha – 2400 persons trained on State AP and revised state rules

- In Madhya Pradesh: strategic support to the development of the detailed implementation plan of the National Adolescent Health Programme of the Health Department/RKSK, 24 comics developed for Adolescent girls peers sessions at village level and training of different levels cadres on the use of comics for monthly sessions with Adolescent girls. Discussion with the state government to develop a multi sectoral convergence plan (Department of Health). UMANG Adolescent helpline was launched in Jan 2020 and was dedicated to 14 million adolescents of the state

#### Implemented without modification, with delays

- GFGP guideline roll out delayed in majority districts; except in a few Gram panchayats
- Coordination with district (implement the Strategic Plan - mapping, monitoring, coordination, SBCC and capacity building packages, guidelines and standards for health, protection and education) delayed because of restricted movement and different priority of line departments

#### Adjusted, implemented with modifications

- Multi-state advocacy paper developed based on evidence from 10 GP implementation states on child marriage and impact of COVID-19 to influence policy for wellbeing of adolescents.
- In Bihar continued capacity development of all key structures and functionaries helped in activating all law enforcement machineries which were more visible during the COVID-19 pandemic
- Reprogramming strategies in alignment with Government's priority needs were finalised and TA support provided through online trainings of various cadres on how child marriages could be averted and ensure that adolescent girls and boys stay protected within their households and get back to schools on reopening..
- Support policy level discussions on adolescents: Analysis of budgetary provisions (expenditure) on children by age groups conducted and analysis of multi-dimensional poverty index with age specific analysis for children and adolescents
- Linkages with child protection structures at community and district levels were reinforced across all supported programme states.
- In Uttar Pradesh, advocacy for a social protection package to respond to the pandemic to be implemented by the government: guidelines, communication materials, capacity building modules and an online monitoring system.
- In Odisha state level webinar and district level online trainings 2100 cadres in 30 districts on SAP on Ending Child Marriage and Adolescent Empowerment. series of online orientation and capacity building trainings conducted on ADVIKA
- In 5 states capacity building of one stop crisis centre staff for responding to GBV and addressing child marriage
- CSO and youth led networks have acted as frontline workers during the COVID-19 crisis when government outreach was restricted

Advocacy, worked very well at the state level (at national level, we weren't able to do much of advocacy) when it came to addressing the whole issue of child marriage that was happening due to school closure and the social economic aspect of the families.

**3.6 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to support governments and non-government organizations, to generate, disseminate and use quality and timely evidence to inform policy and programme design, track progress and document lessons**

- Evidence that the GPECM maintained or adjusted its capacity building and technical support to government and civil society organisations, to generate and use quality evidence on what works to end child marriage and support married girls (Output 3210)
- Evidence that the GPECM maintained or adjusted coordination and support to facilitate South to South collaboration and cross-learning across GP countries and with initiatives in other countries (Output 3220),

Implemented without modification, timely

- The National Coalition Advocating for Adolescent Concerns (CSO led) was formed to work as a repository for resources for a range of issues relevant for young people including early marriage, child sexual abuse, juvenile justice, ARSH. It proposed changes in the minimum legal age at marriage for girls, and launched an online platform.
- A study was completed to identify the socio-economic and demographic factors in 9 states (Assam, Bihar, Chhattisgarh, Gujarat, Madhya Pradesh, Odisha, Rajasthan, Tamil Nadu and Uttar Pradesh) that make adolescents vulnerable to child marriage<sup>25</sup>, before the pandemic.

Implemented without modification, with delays

- In Rajasthan development of Management information System to monitor gender and adolescent outputs of various programmes implemented by Directorate of Women Empowerment
- In Bihar support to government in setting a Programme Monitoring Unit to ensure robust monitoring process and drew case studies of resilience amongst girls in preventing their own marriage

<sup>25</sup> UNICEF India. MAMTA-HIMC. CRY. ACTION AID Association. Vulnerability mapping of adolescents and drivers of child marriage.

Adjusted, implemented with modifications

- In West Bengal an analysis of triggers and drivers of child marriage during COVID-19 pandemic indicates that whilst a multi-sectoral approach to address child marriage is needed, greater acknowledgement of adolescent sexuality as well as development of parental skills is needed to address increasing cases of elopement.
- In Odisha, during the COVID-19 pandemic, technical support for documentation and analysis of 50 cases of child marriage prevented across 15 high child marriage prevalent districts.
- Early assessment of adolescent vulnerabilities through U Report to understand the challenges faced they and whether they have access to essential services during the COVID-19 lockdown.
- Another U Report poll (Round 3) was conducted to assess the psycho-social issues faced by young people.

Terminated, not rescheduled

- Knowledge sharing trip to a GP country to learn on best practises and share experience on child marriage programming in humanitarian settings

*“There is a lot of emphasis within the global program on measurement. True evaluation of programmes is going to be a challenge. We had an evaluation (not part of the global programme), but another program on empowerment of adolescent girls scheduled for last year and it was extremely difficult to get data from the field given the circumstances. So we foresee that even this year it’s going to be difficult and perhaps next year we may be able to roll out some surveys of this nature”*

**3.7 The GPECM has considered cross-cutting issues across all interventions to ensure a gender equality and ‘do no harm’ approach**

- Evidence that gender was mainstreamed in the COVID-19 changes and adjustments implemented by the GPECM and a gender transformative approach was taken at all levels and across all sectors
- Evidence that all the GPECM applied a ‘do no harm approach’ aligned with international public health guidelines and national COVID 19 restrictions in developing its changes and adjustments across all sectors and activities
- Evidence that those at risk of child marriage and marginalised adolescent girls have been provided with COVID 19 prevention and response information
- Evidence that the GPECM response included consideration for the security, health and wellbeing of staff, partners and beneficiaries

### Gender

- Moving from gender aware to gender transformative is missing at the community level with tribal and marginalized communities. Especially in Odisha with huge tribal population and access to that population itself and ensuring a gender responsive programme or moving towards a transformative program is a huge challenge<sup>26</sup>.
- It was addressed somehow through the GramMartha program using community themselves for community dialogue and then ensuring that girls are part of the Community level Centre, a platform for providing a safe space for girls to interact, as well as providing information to them. And through adolescent groups, trying to avert child marriages in the community, and girls would be working with their peers.
- “Regarding digital divide, this was the first time we reported having reached more boys than girls in the adolescent engagement area of work within the GPECM. That came quite a bit as a reality check. At the end of the year when we were compiling numbers and getting ready to report for the annual report.” “We are looking at a blended approach with low tech approach through which we can reach girls like using peer networks for example. And if one girl in a particular community does have access to a phone it allows to reach out others.
- There needs to be advocacy around this whole aspect of access to digital resources and the digital divide. Taking into account girls who are spending more and more time online, there were also some inherent risks built in. We ensured that messaging around digital safety and online safety was well integrated into all our communication content for adolescents as well as for parents.

### Do not harm

- PPE was provided to frontline functionaries going to communities.

## **Q4**

### **To what extent did the GPECM provide support to COs programme adjustments to the COVID-19 pandemic?**

**4.1 The GPECM has provided necessary guidance, tools and information on how best to prioritise activities and utilise alternative response modalities, facilitated sharing to further objectives and learn from best COVID-sensitive practices.**

- Evidence that the GPECM at global/regional levels provided timely orientation/policy support as well as guidance, tools, trainings to support COs in addressing the COVID-19 pandemic
- Evidence that information, good practices and resources related to Covid-19 changes and adjustments were shared between countries

- Not all the indicators in the results framework are actually applied to India. We had a discussion at the beginning of the second phase of the with global program on what it will be possible to report on at an outcome and output level for India and on which ones we would be able to report on. Targets were set at the beginning of the second phase of the program at headquarters level. So we report more in terms of what has been achieved and it is all collated with all the countries.
- We've been talking with our regional offices about the need for having a study in the region around how COVID will impact child marriage as well as other services for adolescents and to use that opportunity to also do a test of the theory of change and they would be coordinating and leading it

## Q5

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

#### 5.1 Some GPECM adjustments and innovations may potentially represent improvements that are likely to be maintained over time

- Evidence that some of the changes and adjustments and innovations have the potential to be maintained after the COVID-19 pandemic if and where relevant
- Evidence of institutional learning (new processes, approaches or procedures) taking place that will help the GPECM to better respond to this ongoing crisis and future global crises

- Telephonic counselling, can be continued to monitor cases of children through the phone using a video call. More frequent follow-ups done digitally because it is less of an effort then doing a physical visit and setting up a time physically to meet and traveling from one part of the city to another so that was and this is something that partners would like to even continue beyond the pandemic. Or mix a blended approach.
- Increasing investment in using technology with equitable access and thus more access to women.
- For going at scale (Phase II) (e.g. beyond the 10 supported districts) give states tools for digital engagement and adapting content to digital training modules / E modules and continue to use both in a blended manner.
- The importance of preparedness for humanitarian situations and emergencies (including at community level) has become so apparent that these components should be continuous part of the work, what was not the case with GPECM
- For UNFPA most of the interventions are limited to capacity building for intermediaries or service providers and one way of assessing quality is by doing short, pre and post evaluations for these training and to see how much of the inputs and messages have been retained.

UNICEF has a management information system like a database sheet where indicators both operational or reach and effectiveness (with gender break up) are looked at. that gives some assessment of, whether things are on track. The office initiated for all COVID related responses a real time evaluation exercise which is looking at various studies, small assessments etc. done across all offices, even if they are very small, or just NGO led or whatever in the grey literature space. It is giving some good insights into overall the child protection response for COVID.

### Partnership

- We largely continued with the ongoing partners. We did have to bring in new partners (but it was not under the global program) for training of those service providers on mental health and psychosocial support, in crisis Centres for women and girls. We had a separate program on gender-based violence from where we borrowed.

### Humanitarian context

You do realize that the vulnerabilities hugely increase, not just for the adults and girls, but for the marginalized communities themselves, because the reach of services is poor. And in a pandemic situation becomes worse. For these communities in the initial stages there was no way that we knew what was happening in these communities.

In India, states are at different stage of having an effective humanitarian response in place. Some states that face disaster situations very frequently like Orissa and thus have a more developed approach and others do not. Other states did not have that kind of mechanism in place. Linkages were established through the humanitarian response system. An online training platform called the COVID Academy was created by UNICEF to organize training sessions for different stakeholders, people who were in contact with communities with young people and for instance, they invited UNFPA to conduct some training sessions on gender, CM as well as on how do we engage youth volunteers in the COVID-19 response. E.g. what to do if in a community setting there may be instance of child marriage that is about to take place, or a young girl or boy may be pulled out of school? What to do as a youth volunteer in an instance of GBV? What to do as a volunteer?



### **Coherence**

## **Q6**

**To what extent the GP changes and adjustments are coherent with key related programmes (specifically education, SRH, child protection, GBV, FGM, social protection) ?**

**6.1 The GPECM adjustments are coherent with other key UNICEF and UNFPA related programmes (FGM, SRH, child protection, education)**

- Evidence of coherence of the GPECM adjustments with national programmes (specifically education, SRH, child protection, GBV, FGM, social protection)
- Evidence of synergies and coherence of adjustments with UNICEF and UNFPA related programmes and their own adjustments (specifically education, SRH, child protection, GBV, FGM, social protection)

*"Integration of various sectoral program came across very strongly because when you are addressing child it is not only for the health aspect or for the nutrition aspect or for the education aspect. So you look at it more comprehensively and make sure that all the all the dots are connected."<sup>27</sup>*

Interventions were often combining child protection and child marriage. Wherever there was an adaptation for child projections strategy child marriage was integrated.

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<sup>27</sup> Interview stakeholders

# MOZAMBIQUE

Assumptions	Indicator
 <b>Relevance</b>	
<p><b>Q1</b>  <u>To what extent did the measures adopted within the GPECM during the COVID-19 crisis take into consideration the emerging needs of vulnerable and marginalized adolescent girls and their families?</u></p>	
<p><b>1.1 The GPECM identified, and reassessed priorities based on the situation generated by the COVID-19 pandemic</b></p>	<ul style="list-style-type: none"> <li>○ Evidence on how the GPECM identifies and tracks the emerging needs of vulnerable and marginalized adolescent girls under the COVID-19 pandemic.</li> <li>○ Identification of bottlenecks at the different stages of implementation of the GPECM adjustments to the COVID-19 pandemic</li> </ul>
<p>First Annual Workplan was revised in April 2020, right after the pandemic, so Mozambique is an early responder. A number of systems have been used to identify and track emerging needs of vulnerable and marginalised adolescents during the COVID 19 pandemic.</p> <p>UNFPA launched its realtime tracking system of mobile health services in May 2021 to be able to track access of adults and youth to various mobile health brigade services. It is strange that the system fails to capture health services received by 'children' per se: the ages covered are over 19 and 19 years and younger, leaving some ambiguity regarding how adolescents of different ages are able to access SRH services.</p> <p>UNICEF supported a key study<sup>28</sup> on early marriage cases from 2018 to 2020 shows that early Marriage cases reported to LFC have increased from 3 per month in 2018, to 31 per month in 2020. This large increase may be as a result of: the use of early marriage as a negative coping mechanism due to Cyclones Idai and Kenneth; a consequence of LFC expansion into Central Mozambique; and increased advocacy work. There is no clear linkage with the impact of COVID 19 although it may be that poverty due to the pandemic is a key driver. Victims of early marriage are primarily female. 93% of victims recorded in LFC case data are female, whilst 7% are male. This echoes prevalence data showing</p>	

<sup>28</sup> Linha Fala Criança, A Review of Early Marriage Cases, January 2021. P.7

that whilst 48% of women are married before the age of 18, whilst the figure for boys is 9%. According to this study: *"The indirect impact of COVID-19, through lockdowns and public health measures, has widespread consequences across all sectors. Mozambique's schools were closed on the 23rd March 2020, impacting not only the education of children, but their protection as well. A state of emergency came into effect on 1st April 2020, with a recommendation to stay at home. There is no clear impact on the reporting of early marriage as a result of COVID-19. Compared to the previous quarter and the equivalent quarter in the previous year, reported cases declined 16% in the period when measures were introduced. This may reflect natural variation in case numbers, or a reduced ability to report cases of early marriage. A reduction of nine cases in absolute numbers is not a substantial amount and may reflect natural variation in case numbers. An alternative hypothesis may be that contactors have reduced ability to contact helplines as victims may be in the home more due to public policy. However, it is impossible to discern the actual cause of the reduction in case numbers."*

### Ureports

A number of Ureports have provided feedback on how students, adolescents and young adults are being impacted by COVID 19. However, no Ureports about direct COVID 19 impacts on Child Marriage

- level of adherence of Adolescents and Young People (15-24 years old) to SRH and HIV services during the COVID-19 period. May 7, 2021
- Satisfaction survey about Sexual and Reproductive Health Services December 13, 2020
- SCHOOL reopening survey, September 18, 2020 – 3% could not return to school because they were pregnant and 1 % because they were married
- June 22, 2020 – survey on accessing health facilities during COVID 19 pandemic
- VIOLENCE in the days of COVID-19. Participate and enrich your knowledge. July 21, 2020
- well-being of teenagers and young people in the days of COVID-19. May 18, 2020
- Rumours and myths about COVID-19 - April 8, 2020
- Signs and symptoms of COVID 19 - March 17, 2020
- U reports follow a typical pattern of predominantly adult male respondents (20-30 years of age).
- A significant challenge to monitoring is that field visits were completely stopped.

Schools closed in March and some were only opened again after 18 months in January or public schools opened in March or early april.  
From Ureports: *Estou grávida/engravidar*: To contract COVID-19 on the way to school or at school; B. I now have a job; C. I'm pregnant/I got pregnant;D. I am married/I live together;E. Another option. Married girls were all 20 and over.

Postponed to 2021:

- UNFPA plans to do a reality check study on secondary impacts of COVID 19 in 2021.
- IPSOS social baseline assessment on child marriage was also delayed to 2021 due to the ethical committee, not with funds from GPECM. GPECM funds were for dissemination, and that has given them the chance to include some question about pre-and post COVID in the survey methodology so should give a better understanding the secondary impacts of the pandemic.
- Mozambique has had to revise its work plan two or three times in relation to the shifting restrictions and COVID 19 response measures.

**1.2 The GPECM strategies and approaches have been revised to meet the needs of vulnerable and marginalized adolescent girls during the COVID-19 pandemic**

- Evidence of contextualization of strategies and interventions at country level (based on identified needs)
- Evidence that workplans are adjusted to respond to changes in needs and priorities
- Evidence that interventions targeted and reached the most vulnerable and marginalised adolescent girls and boys in the country

The rapid implementation of a psycho-social support initiative for girls and mentors to deal with the secondary impact of COVID-19 seems to be a highly contextualised strategy, based on GPECM understanding of the needs on the ground.

Mozambique brought in changes to its workplan as of April, 2020, is one of the early responders

Working through the on the ground Rapariga Biz programme, through psycho social support to mentors and mentees, and regular follow ups, it is likely that the programme continued to monitor the needs of those at risk, however, in focus group discussions with the Mentors and Mentees, it was clear that internal migration brings displaced girls from the area of Capo Delgado who are currently not registered with the Rapariga

Biz programme and there are no supports or mentors following them.

Focus groups with Girl Mentors and Mentees suggest that there were highly vulnerable girls who have not been registered with the Rapariga Biz programme in the area – when asked who are the most vulnerable the girls said that the most vulnerable are the girls displaced from Capo Delgado who are living in the same area but not covered by the GPECM – Rapariga Biz programming.

**BOTTLENECK**

- Targets set by HQ for GPECM in Mozambique are a subject of conflict. The targets were not discussed fully between HQ and with both UNICEF and UNFPA. Therefore there is confusion about why certain targets were set for the Mozambique GPECM, and these are not accurate.

- Pressure to increase their targets. Despite issue with double reporting
- Clear bottleneck has been the restrictions on gatherings – both private and public, which means that the main outreach mechanism to adolescent girls – the Rapariga Biz programme – needed to officially stop its activities, but carried on contacts with girls through text messaging and home visits and phone calls.

## Q2

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

#### **2.1 Adjusted measures are aligned with the GPECM phase II global, regional, country approaches**

- Evidence that the GPECM adjustment measures and approaches at global, regional and countries level are aligned with the ToC and that the ToC remains relevant to the current context
- Evidence that the GPECM adjustments are aligned to National policies and strategies related to COVID-19 response

- In the government's implementation plan to address the pandemic, social issues like end child marriage and other social issues were included due to the advocacy of UN agencies e.g. UNICEF representative advocacy. They are not in top priority but there are there. This was seen primarily as a Health Emergency, but UN advocacy gradually helped highlight the secondary effects of the closures and restrictions on adolescent girls.
- All the adaptation of the global program are aligned with the government policies and strategy.
- There were five or six pillar on the national COVID-19 emergency plan and under one pillar ending child marriage is captured.
- The United Nations Sustainable Development Corporation framework UNSDCF. the strategy document that is applicable for all the UN agencies for the first time and a separate pillar on women and girls empowerment and gender balance that captured ending child marriage and girl's issues. ECM is also well integrated in the 8th 5 years development plan
- The GPECM in Mozambique is somewhat adjusted to the local context, but still fully aligned with the Global Theory of Change, and KII's confirm that the Global Theory of Change remains relevant and holds up to the COVID 19 pandemic. In fact the COVID 19 pandemic demonstrates the validity of the Global Theory of Change.

 **Effectiveness**

### Q3

#### **To what extent did the GPECM changes and adjustments in response to the COVID-19 pandemic contribute to the results of the GP Phase II?**

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

- Evidence that the GPECM maintained or adjusted interventions to engage marginalized adolescent girls (aged 10–19) in gender transformative life skills or CSE education programmes (Output 1110)
- Evidence that the GPECM maintained or adjusted support to adolescent girls to enrol and remain in formal and non-formal education (Output 1120)
- Evidence that the GPECM adjusted tools and packages to better reach marginalized adolescent girls during the COVID-19 crisis

##### Terminated/delayed

- Regular mentorship modules could not be followed, so mentors adjusted but continued following up with their girl mentees, despite the fact that formal mentorship programme (lifeskills of 31 hours) could not be continued.

##### Newly introduced response to COVID 19-psycho social support for the secondary effects of COVID 19

Structured Psychosocial support to girls and young women via phone: UNFPA has ensured the provision of psychosocial support via phone to 1,226 girls and young women, including mentors, focal points and girls through 3,194 consultations under Rapariga Biz (with contribution from GPCM) which represents 60% of the 2,038 targets of 2020. Due to the heightened need to mitigate the secondary impact of COVID-19 and build resilience, psychosocial support was reprogrammed to be provided via phone. Additionally, 1,900 mentors were reached with messages on GBV, teenage pregnancy, child marriage and themes related to psychosocial well-being and resilience. Finally, training was conducted for 29

District Focal Points and Monitors in content on psychosocial support in order for them to be able to provide quality psychosocial support and supervision to the mentors. It was critical for the activity to adapt the psychosocial support to be provided via phone in order to be able to continue its provision during the COVID-19 pandemic. However, the target was not achieved due to delays encountered as a result of the suspension of the in-person psychosocial support sessions due to COVID-19 and the fact that not all 4800 mentors have phones. It is well-known from

previous health crises show that adolescent girls are disproportionately affected by emergencies. Hence, the psychosocial support takes into account the fact that the COVID-19 pandemic is disproportionately affecting girls and women by exacerbating existing systemic gender inequalities at all levels, with potential implications for the incidence of child marriage - and therefore the psychosocial support works to strengthen the resilience in girls and young women as well as the positive norms that support equality and an enabling environment.

One of the limitations was that mentors and girls did not have their own cell phones – a gap was access to phones and data to communicate. Some of the girls and mentors have created whatsapp group, some mentors went directly to the girls homes to speak one on one, mentors can afford to buy their own phones. The issue of the digital divide is very great in these communities. Mentors are paid, so they can afford their own phones. In Mozambique there is overall a gender gap in access to the cell phones just to put it into context.

#### Terminated in 2020

- Mentorship sessions in schools could not take place due to school closures from March 2020 onwards. School-based mentorship programmes had to stop completely.
- Mentorship programme/Rapariga Biz: Due to the challenge of double counting, it was funded in 2020 but it will not be funded by GPECM in 2021. Funded in 2020 in 6 out the 22 districts. We were reporting the Rapariga biz numbers for the Global Programme, and also again for the same donor.

### **3.2 The measures taken by the GPECM to respond to the COVID-19 situation have contributed to enable gender-equitable attitudes and support for girls' rights among adolescent boys, families, traditional and religious leaders, community groups, and other influencers**

- Evidence that the GPECM maintained or adjusted interventions for engaging boys and men in gender transformative programmes (including CSE for boys) that promote healthy relationships and positive masculinities and gender equality (Output 1210)
- Evidence that the GPECM maintained or adjusted interventions for engaging families, communities, traditional and religious leaders, and other influencers in dialogue and consensus-building on alternatives to child marriage, the rights of adolescent girls, and gender equality (Output 1220)
- Evidence that the GPECM maintained or adjusted interventions to include and support Women's organizations and youth-led organizations to mobilize the voices of the marginalized (particularly girls), challenge harmful social norms, and promote gender equality (Output 1230)

#### Adjusted to COVID 19:

- Multi-layered social and behavior change activities reached more than 2 million families, adolescents and children with an integrated package of messages on essential family practices, protective behaviors (including specific focus on child marriage) and COVID 19 prevention through multiple channels including Ouro Negro radio drama series, community dialogues, SMS Biz/U-Report and FBO platforms.

- Community engagement interventions were significantly hampered by COVID 19 preventive measures imposed by the government, hence as of Q2, more emphasis was placed on communicating through mass, mid media and social media.

#### Delayed:

Male engagement: under the leadership of UNFPA the mentorship manual and implementation guide targeting boys and young men on SRHR/ HIV/GBV information, life skills, gender equality and positive masculinities was developed and tested/piloted in one selected district in Zambezia and Namputa provinces (with contribution from GPCM). The pilot included training of 6 mentors who reached a total of 100 boys and young men. Under Rapariga Biz, a need was identified through programme reports and external evaluations to strengthen the gender-transformative approach by strengthened engagement of boys and young men through a boys' mentorship model to enable positive masculinities and equitable social norms in their own right as well as girls and young women's sexual and reproductive health and rights, including building more just and equitable communities in the targeted districts. The model will be piloted in selected districts in 2021. Instead of developing a different set of modules on male engagement, UNICEF decided to use the same modules developed by UNFPA through JHU but UNICEF will aim to develop IEC materials, including some adolescent-friendly ones.

#### Adjusted:

Contribution to the production of mini radio drama series on COVID-19 and secondary impact: The popular entertainment-education radio drama Ouro Negro produced 9 mini-dramas targeting adolescents on prevention and mitigation of the secondary impacts of COVID-19; messages included ASRH, HIV and VAC prevention, child marriage as well as COVID prevention measures including for young people with disabilities. The episodes were broadcast twice per week by 115 radio stations in Portuguese and several local languages: Emakwa, Cisena, Elomwe, Ndao, Tsonga.

SMS Biz/U-Report: Around 319,000 adolescents and young people (41 per cent female) systematically engaged with the U-Report/SMS BIZ platform by asking questions related to SRH, HIV prevention, child marriage and gender-based violence issues. To leverage the effectiveness of this platform, the Secretary of State for Youth and Employment, Ministry of Health and UNICEF repurposed two SMS BIZ counselling hubs with 52 trained counsellors to respond to COVID-19. This setup allowed counsellors to address more than 500,000 queries on COVID-19 between April and December 2020.

Using other funds, UNICEF implemented a number of key interventions adapted to the COVID 19 context including:

- Social media campaign on COVID-19 prevention and mitigation (with other funds): In order to adjust to the absence of planned interpersonal engagements, UNICEF leveraged social media, radio, WhatsApp and music platforms to continue communicating with and engaging adolescents throughout the country. UNICEF, UNFPA, Coalizao and the Secretary of State for Youth and Employment launched an adolescent-friendly social media campaign by using local creative artists and their social media followers to promote COVID-19 prevention practices.

Between August and October, the campaign reached 4,151,561 young people with 8,804,191 impressions and an engagement of 418,997. Total video views were 492,293 and total image views were 52,051. The TikTok mask challenge video received 53,000 views and 12,000 likes on UNICEF social media, and over 100 adolescents and young people in Maputo province, Nampula and Zambezia participated in the campaign “offline” by sharing pictures and videos. The campaign expanded its reach by associating PCI Media and Radio Mozambique (RM) to produce programmes with local artists talking about COVID-19 and aired them through all 12 RM radio stations across the country. UNICEF in collaboration with Radio Mozambique, produced 55 radio spots on Early Childhood and Development, Psychosocial Support and VAC including adaptation to COVID-19. The spots were translated into 17 local languages and broadcast on 12 radio stations reaching over 5 million children, including 100,000 aged 3-6 years, and their families.

#### Reprogrammed:

- UNFPA reprogramed activity 1231 “capacity building and facilitation of advocacy sessions at the district, provincial and national level with women organizations and youth groups” to include the inclusion of paralegals in the community outreach/dialogues under Rapariga Biz to specifically address girls’ rights and awareness of the new law at the community level. The paralegals will also play a role in identifying cases of child marriage at community levels and helping girls and families denounce the case.
- UNFPA reprogramed funds to continue to provide support for the implementation of selected Hackaton initiatives with focus on dissemination of the Law and the tracking and referral of child marriage cases in targeted districts.
- The distribution and the VAC mechanism and capacity building of Education and other relevant players will be a priority for 2021. Being this a multi sectorial mechanism it will require a close collaboration and coordination between key sectors, especially Education, Health, Gender Social Action, Justice and Interior (the police). Another priority for the education sector will be to increase advocacy efforts before MINEDH for the development of a retention policy for pregnant girls.
- UNICEF will adjust activities 1211, 1221, 1223 and 1222 in order to comply with COVID 19 restrictions on community engagement activities, especially considering the 2nd wave of the pandemic currently spreading through the country. As aforementioned, mass, phone-based and social media and online tools and platforms will be utilized to ensure a wide number of young people and families continue to be reached with key messages related to child marriage, VAC prevention and promotion of protection and health services (SAAJ, SMS Biz/U-Report, Linha Fala Crianca).
- Should places of worship be closed, UNICEF will engage FBOs creatively to ensure messages related to child marriage continue to be disseminated

#### Stopped:

- Community engagement interventions were significantly hampered by COVID 19 preventive measures imposed by the government, hence as of Q2, more emphasis was placed on communicating through mass, mid media and social media

**3.3 The GPECM has adjusted its interventions to the COVID-19 situation in a way that contributes to enhance the capacity of education, health, child protection and gender-based violence (GBV) systems to deliver coordinated quality programmes and services that meet the needs of adolescent girls and their families**

- Evidence that the GPECM maintained or adjusted interventions to support formal and non-formal schools to provide quality, gender-responsive education for adolescent girls, including comprehensive sexuality education (Output 2120)
- Evidence that the GPECM maintained, or adjusted support to health (including SRH) and systems to implement guidelines, protocols and standards for adolescent-friendly, gender-responsive coordinated, quality services (Output 2130)
- Evidence that GP maintained, or adjusted support gender-based violence and child protection systems to implement guidelines, protocols and standards for adolescent-friendly, gender-responsive coordinated, quality services (Output 2130)

Adjusted, implemented with modifications

With GP funds 3 main activities were conducted in Nampula covering 2 districts (Monapo and Rapale) reaching a total of 160 schools:

- Capacity building of 120 school council members and 120 gender focal points on prevention of violence and child marriage (120 primary schools)
- Capacity building of 40 gender focal points and 40 school health focal points on the creation of circles of interest at school level to ensure the implementation of the extracurricular activities with focus on child participation in prevention of violence and child marriage (40 primary schools)
- Capacity building of the gender focal points on GBV in the context of Covid 19
- With contribution from other donors, UNICEF supported DPE Tete in the training of 100 school council members on the prevention of GBV as part of the back-to-school campaign. And, supported MINEDH to conduct a national training for 20 provincial gender focal points in planning gender activities in the context of COVID-19.

Postponed to 2021

Due to COVID 19 most of the education activities foreseen in 2020 were postponed to 2021, however GPECM was able to ensure the integration of messages on VAC preventive measures into the distance learning activities.

Despite the challenges posed by the COVI 19 pandemic, GPECM was able, through different funds, to start the revision and integration of the VAC (including child marriage) and GBV, PSS and mental health referral protocols into the existing PSS training manual for teachers and use it to train gender, school health and emergency focal points for the provision of PFA and referrals of children affected by COVID -19 to psychosocial

<p>support and specialised mental health services. Also, it includes the recently approved fluxogram from the VAC mechanism in school that was recently approved. In 2021 the plan is to have the teacher training in the priority focus provinces, districts.</p> <p>Strengthening multisectoral coordination: due to COVID-19 the support to MGCAS to strengthen the multisectoral coordination at the national, provincial and district levels was reprogrammed to take place virtually.</p> <p>With GPECM funds, 90 schools in Nampula province received the training on GBV and child marriage strategy and equipped the information, knowledge and skills to operationalize the extracurricular activities with children.</p> <p>With other funds, UNFPA was able to strengthen the provision of mobile health services and also introduce a virtual tracking system for monitoring access. Unfortunately the reporting of consultations is based on figures over 19 and under 19, which does not allow monitoring of adolescent beneficiaries.</p>	
<p><b>3.4 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to enhance the capacity of national and sub-national social protection, poverty reduction and economic empowerment programmes and services to respond to the needs of the poorest adolescent girls, boys and their families</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that GP maintained or adjusted support to partnerships with government, civil society organizations and other implementers to ensure that social protection, poverty reduction and economic empowerment programmes and services were adolescent-friendly, gender responsive and reaching the poorest adolescent girls and families. (Output 2210)</li> </ul>
<p>N/A Mozambique do not have activities under this outcome – as seen in CO level Theory of Change</p>	
<p><b>3.5 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to enhance the capacity of governments to fund, coordinate and implement national and sub-national action plans and systems to end child marriage</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that the GPECM maintained or adjusted capacity building and technical support interventions to governments to enact, enforce and uphold laws and policies, in line with international human rights standards, aimed at preventing child marriage, protecting those at risk and addressing the needs of those affected (Output 3110)</li> <li>○ Evidence that the GPECM maintained or adjusted capacity building and technical support to governments to implement a budgeted multi-sectoral gender-transformative plan on ending child marriage across ministries and departments at sub-national levels (Output 3120)</li> <li>○ Evidence that the GPECM was engaged to ensure that child marriage was taken into consideration in various national COVID-19 response strategies and guidelines</li> </ul>

Support has been provided by UNICEF and UNFPA to MGCAS to effectively start the evaluation. The joint TOR has been prepared and a company has been jointly selected. The inception report has been widely commented on by UNICEF and UNFPA and a multisectoral working group have been activated, counting also with the presence of key CSO, to discuss the comments to the inception report and key next steps. The multisectoral working group will support the government to ensure a more transparent and effective process and it will be convened to provide support for each key milestone of the consultancy.

Adjusted:

In order to respond in a quick and effective way to the secondary effect of COVID 19 (possible increase of VAC cases and CM cases as copying strategy) UNICEF, in coordination with MGCAS, decided to re-activate a response plan already used in 2019 during the VAC national survey. This new activity has been introduced in the annual workplan. MGCAS organized regional training on response of VAC and CM cases, targeting those technicians (51) that were not trained in 2019 (from August to October). After that, with the technical support from UNICEF field and national office, the 6 priority districts elaborated districts response plan and for the first time we were able to send funds (and key IT equipment) directly to district to enable them for an effective and timely response to the VAC and CM cases. The elaboration of the district plan to address VAC and CM cases was not part of the original AWP, but it was introduced as new activity in response to COVID 19 secondary impact.

We are expecting to have it by the end of February 2021, the data collected by the districts on the number of cases addressed and solved. UNICEF is planning to have a joint evaluation with MGCAS of this pilot intervention and based on the result we may continue with this intervention throughout 2021

Postponed:

- Operational plan for the implementation of the new child marriage law: the activity under UNFPA is postponed for 2021 due to COVID-19 restrictions.
- Revision of the protocols and guidelines for the shelters: the activity under UNFPA is postponed for 2021 due to COVID-19.

**3.6 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to support governments and non-government organizations, to generate, disseminate and use quality and timely evidence to inform policy and programme design, track progress and document lessons**

- Evidence that the GPECM maintained or adjusted its capacity building and technical support to government and civil society organisations, to generate and use quality evidence on what works to end child marriage and support married girls (Output 3210)
- Evidence that the GPECM maintained or adjusted coordination and support to facilitate South to South collaboration and cross-learning across GP countries and with initiatives in other countries (Output 3220),

Postponed:

In 2020, UNICEF and IPSOS advocated with the Ministry of Gender to endorse the social norms baseline study on child marriage, adjust and finalize the research protocol and questionnaire submitted to the IRB. Final approval of the IRB is expected to be received end of January 2021 which will then allow the cognitive testing process to kickstart. Data collection is planned to begin towards the end of Q1, but this will depend on the COVID 19 situation in the field. Finally, the preliminary findings report should be available before the end of 2021.

Partly using other funds, UNICEF organized in December 2020 a Social forum in Zambezia, with the thematic focus on Child Marriage, with the participation of focus districts, including the administrators of the districts, with the main objective of including child marriage indicators into the district plan (PESOD) from 2021 PPP done on CM and Child grant <https://unicef.sharepoint.com/:p/t/MOZ/Programmes/Child-Protection/EYmK-GolKDvZQjbl3JnumvsEBJddKagyJXglCDkHPVJ142Q>

NEW

Qualitative study on girls’ vulnerability due to COVID-19: the implementation of the reality check approach (quality study) on girls' vulnerabilities due to COVID19, specifically related to child marriage faced delay in 2020, and will be implemented during the 1st quarter of 2021. The Covid 19 Pandemic caused delays in the finalization of the approval process of the VAC mechanism.

**3.7 The GPECM has considered cross-cutting issues across all interventions to ensure a gender equality and ‘do no harm’ approach**

- Evidence that gender was mainstreamed in the COVID-19 changes and adjustments implemented by the GPECM and a gender transformative approach was taken at all levels and across all sectors
- Evidence that all the GPECM applied a ‘do no harm approach’ aligned with international public health guidelines and national COVID 19 restrictions in developing its changes and adjustments across all sectors and activities
- Evidence that those at risk of child marriage and marginalised adolescent girls have been provided with COVID 19 prevention and response information
- Evidence that the GPECM response included consideration for the security, health and wellbeing of staff, partners and beneficiaries

Whatever adjustment we have done that is aligned with the gender transformative approach. UNICEF new CPD has been designed to be gender transformative. Every action we’re taking and the interventions that we’re designing is designed keeping in mind the gender transformative approach. Gender transformative approach is applied in all our work with government implementing partners as well. There is a well designed shift in our gender transformative approach from Phase I to Phase II (changing school environment for fulfilling girls’ dreams, improving their

agency and capacity) . The pandemic stopped the implementation but the design remains for school reopening in the education sector. In the other sectors, as well the approach seeks to be gender transformative. Phase one was about piloting the interventions and see how they work with the government and supporting the government in developing legal and policy frameworks around child marriage. In phase two we are working more broadly in the communities and thus we could adopt a more gender transformative approach but economic hardship due to COVID had an impact on these new approaches. These are external factors that need to be addressed.

Men and boys are targeted to see the gender norms shift and change. For example girl's empowerment and change the taboo around menstrual hygiene.

## Q4

### To what extent did the GPECM provide support to COs programme adjustments to the COVID-19 pandemic?

#### **4.1 The GPECM has provided necessary guidance, tools and information on how best to prioritise activities and utilise alternative response modalities, facilitated sharing to further objectives and learn from best COVID-sensitive practices.**

- Evidence that the GPECM at global/regional levels provided timely orientation/policy support as well as guidance, tools, trainings to support COs in addressing the COVID-19 pandemic
- Evidence that information, good practices and resources related to Covid-19 changes and adjustments were shared between countries

In the first quarter, after the pandemic hits, we were thinking how we can continue our work because that was new challenge for us and globally so we discussed with our colleagues from the global level and also regional level on how we can overcome. We got guidelines from the headquarter.

Open clinics were organised to understanding how we're doing through technical papers. So on what other countries are also doing during the pandemic.

HQ support was mainly in the 3rd quarter or late second quarter of 2020 with instructions or guidelines () on what we should do and on how to adapt or slowdown interventions; t prepare 2021 work plan and on what other countries were doing during the pandemic. The technical note on gender equality in the COVID-19 response was really helpful at the beginning to tackle the pandemic situation and also analyse the gender equality issues and address gender gap. HQ helped to connect with Girls not brides. Regional office joined in on the calls with headquarter and in open clinics and webinars, but there wasn't much individual support from the regional offices as such.

## Q5

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

#### **5.1 Some GPECM adjustments and innovations may potentially represent improvements that are likely to be maintained over time**

- Evidence that some of the changes and adjustments and innovations have the potential to be maintained after the COVID-19 pandemic if and where relevant
- Evidence of institutional learning (new processes, approaches or procedures) taking place that will help the GPECM to better respond to this ongoing crisis and future global crises

- Hybrid online training and meeting models - in person and remote – will be continued after the Pandemic
- Need to leverage economic self sufficiency for vulnerable gives
- Continued strong online and multi media channels for messaging

#### **5.2 The GPECM has leveraged existing and additional resources to end child marriage**

- Evidence that existing resources were leveraged or additional resources (financial, technical, and human) were mobilised to address new and specific needs related to the GPECM adaptation and response to COVID 19

Significant reprogramming of GPECM funds, as well as locally raised funds that were utilised in the fight against child marriage – Canada, Sweden, etc.



### **Coherence**

## Q6

### To what extent the GP changes and adjustments are coherent with key related programmes (specifically education, SRH, child protection, GBV, FGM, social protection) ?

#### **6.1 The GPECM adjustments are coherent with other key UNICEF and UNFPA related programmes (FGM, SRH, child protection, education)**

- Evidence of coherence of the GPECM adjustments with national programmes (specifically education, SRH, child protection, GBV, FGM, social protection)
- Evidence of synergies and coherence of adjustments with UNICEF and UNFPA related programmes and their own adjustments (specifically education, SRH, child protection, GBV, FGM, social protection)

In Mozambique, staff perceive that coherence in intersectoral and in agency work has been enhanced during COVID 19: “We implement this global program with multi sectoral approach so health, education a child protection and C4D for UNICEF and Gender and SRH for UNFPA. They all are connected with the aiming of ending child marriage.”

*“The work plan is the consolidated one prepared based on the discussion with the sectoral sections colleagues. Our role is mostly coordination because they implement. So without consulting with them we can't make any change. Changes are completely based on the suggestion from sections.”<sup>29</sup>*

Coherence has also been gained with Government partners in terms of focus in promotion of the new Law and the functioning of cross-sectoral inter ministerial committees.

## NEPAL

Assumptions	Indicator
 <b>Relevance</b>	
<p><b>Q1</b> <b><u>To what extent did the measures adopted within the GPECM during the COVID-19 crisis take into consideration the emerging needs of vulnerable and marginalized adolescent girls and their families?</u></b></p>	
<p><b>1.1 The GPECM identified, and reassessed priorities based on the situation generated by the COVID-19 pandemic</b></p>	<ul style="list-style-type: none"> <li>○ Evidence on how the GPECM identifies and tracks the emerging needs of vulnerable and marginalized adolescent girls under the COVID-19 pandemic.</li> <li>○ Identification of bottlenecks at the different stages of implementation of the GPECM adjustments to the COVID-19 pandemic</li> </ul>
<ul style="list-style-type: none"> <li>○ It took time to analyse, understand what to do. The first round of understanding was mostly informal understanding from the field colleagues. Initially the initial observations were mostly those with our district. What were the possibilities and options that the girls thought convenient for them, what were the resource or support we might have to provide were the questions that made us understand that some kind of formal assessment was required so the rapid assessment was conducted. The rapid assessment was not done as soon as the pandemic started because unlike this second phase we were not prepared. Other countries experience shared by HQ showed that they looked at vulnerabilities. Also most of the the ongoing assessment that was that were happening in the country were focusing on the older population rather than adolescents or children, so the adolescent population was somehow missing; It was done between July and September 2020 through phone interview with more than 6000 adolescent girls (11 to 16) enrolled in Rupantaran programme in the target district of UNICEF and UNFPA. Data including qualitative data were collected using Kobo Toolbox<sup>30</sup>.</li> <li>○ Some of the issues or indicators related to child marriage were included into the ongoing protection cluster monitoring in the three provinces where UNICEF is working. It includes the issues faced by young girls and by boys and other age group. UNFPA gets two weekly updates from all the districts covered to follow up children’s cases and women’s cases and what are new avenues where support is required. Fact sheet are prepared accordingly. It started after the start of the pandemic.</li> </ul>	

**1.2 The GPECM strategies and approaches have been revised to meet the needs of vulnerable and marginalized adolescent girls during the COVID-19 pandemic**

- Evidence of contextualization of strategies and interventions at country level (based on identified needs)
- Evidence that workplans are adjusted to respond to changes in needs and priorities
- Evidence that interventions targeted and reached the most vulnerable and marginalised adolescent girls and boys in the country

- The assessment was a very good basis to do the adaptation to radio programme. It took time to explore what alternative would be convenient. For instance, radio, phone but it is expensive and in a family there was only one mobile phone. NGO Partners in vulnerable areas in collaboration with local government were given an outline of the radio program with all the resource materials and were asked them to engage with community. Some did the translation in local languages. The broadcast was very localised.
- New radio listeners groups were formed including out of schools girls as it was open to anyone. There's a much bigger reach which has not been counted for.
- In the second phase of the program, perception was that we will target and reach out the most marginalized and the most vulnerable. There is still work needed to reach the furthest behind and on how to include disabled or differently abled and also married adolescent girls. COVID as impacted that because their identification of these groups was not possible.
- UNICEF does vulnerability assessment to identify the most vulnerable and most marginalized but disability aspect is not fully included and it is quite challenging to include disabled in the programmes including life skills by lack of capacity. The targeting strategy is already very vulnerabilities focused, but in that context it was very difficult to reach the most vulnerable given partnership strategies with the government
- In order to reach the most vulnerable girls extra effort are required such as community level work continuously engaging them and linking with local governments for their identification, including disability
- two streams of work that the CO was particularly concerned about that was the work on child labour and child marriage prevention. Adaptations were based on several criteria one, so one was the partners capacities; the emerging needs and what the girls and their families were saying were their priority at that moment. The major gap was the partners capacity to remain in touch with the girls and their families capacity to do that as well. The real concern was that there would be disruption to the programme and nobody had set up that kind of system before, and Secondly, in some of the areas of Nepal, the distance and the connectivity leads to a big digital gap. It took some time to really have a system in place, particularly because monitoring tools and methodology is that were developed had failed to capture child protection and gender related risks beyond the health, nutrition. A new tool was developed that target specific informants in the community and incorporates protection risks, including child marriage and forced marriage. Unfortunately, it is highly technologically dependent because it's based on mobile technology, based on Kobo Open source platform but through those tools we actually start in getting more data on child marriage

## Q2

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

#### **2.1 Adjusted measures are aligned with the GPECM phase II global, regional, country approaches**

- Evidence that the GPECM adjustment measures and approaches at global, regional and countries level are aligned with the ToC and that the ToC remains relevant to the current context
- Evidence that the GPECM adjustments are aligned to National policies and strategies related to COVID-19 response

- Technical support was provided to local, federal and provincial level government to develop local level action plans was based on the national strategy while taking into consideration provincial and local level differentiation and engaging more at Palika level then at federal level because at federal level, ministries, especially the Ministry of Women and Children, were over stretched
- National guidelines were issued on COVID response, but it's up to the Palika to adapt and implement the guidelines



#### **Effectiveness**

## Q3

### **To what extent did the GPECM changes and adjustments in response to the COVID-19 pandemic contribute to the results of the GP Phase II?**

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

- Evidence that the GPECM maintained or adjusted interventions to engage marginalized adolescent girls (aged 10–19) in gender transformative life skills or CSE education programmes (Output 1110)
- Evidence that the GPECM maintained or adjusted support to adolescent girls to enrol and remain in formal and non-formal education (Output 1120)
- Evidence that the GPECM adjusted tools and packages to better reach marginalized adolescent girls during the COVID-19 crisis

- An extensive exercise was done to revisit the work plan with the Headquarter and UNICEF and UNFPA programmes to see what was possible and how the target, the activities and the budget could be changed. Some budget line were changed like research which required field work that was completely taken off.

- The initially planned target was to reach girls face to face but girls were reached through radio sessions as well as face to face. Actually the achieved numbers are closed to the targets but the modality is different. The revised targets were not submitted to HQ but at the end of the year, we reported on what was achieved.
- the social and financial package would probably have really low targets as it was not implemented, which would be probably something to be alarmed.

#### Implemented without modification, timely

- Not all “Rupantaran” classes (life skills programme) were suspended. In some municipalities the “Rupantaran” sessions were not disrupted due to COVID lockdown. Face-to-face Rupantaran session limited to only 5829 girls vulnerable listed under the profile benefit from the life skills programme and were also referred for other appropriate services.
- A standardized empowerment scale specific to Nepali girls (“Power in Nepali Girl” - PING) was developed and implemented in partnership with local governments

#### Adjusted, implemented with modifications

- As the schools were closed Rupantaran session in schools were mostly discontinued and girls benefitted from radio sessions
- Modality of delivery was adapted in April May, June through a large consultation process with all the stakeholders based on the rapid assessment – revised Rupantaran curriculum for radio episodes broadcasted through multiple community radio stations in over 19 districts both in and outside of the programme target areas providing key information related to COVID-19 prevention and transmission.. The radio covered most districts of all provinces except provinces 1 and 3. Approximately over 23,000 girls were reached through radio version
  - To strengthen engagement with listeners and to make the radio program interactive it includes quiz contests, storytelling, songs contextualised to the local needs and in local language and competitions where adolescent are given some price if they respond the correct answer
  - follow up of the girls listed in the system and their parents through in-person interaction – phone calls and household visits – and follow up sessions by mentors (outreach workers/peer leaders), conducted in smaller groups.
  - protection in emergencies including multisectoral response to GBV and SRH were included in the radio material revision.

Target : 28000 girls combining in school and out of school Result: reach 5829 girls reached directly + 23000 girls reached through radio combining in and out of school reach

- To replace the Pre-test and Post-test use to measure the skills, knowledge, and attitude and to test the effectiveness of Rupantaran a survey done through the KoBo platform was undertaken to monitor the impact of the programme among 10% of the participants, 92.73 % of the participants were female (34.03% Rupantaran Face to Face and 65.97% Rupantaran Radio). This was possible because the programme had set up a data base of all the participants. There has been an 85 per cent correct response rate. It highlighted that the level of knowledge seems very good<sup>31</sup>. Further data analysis could help at looking at the difference between the participants taking part in face to face and radio programme.
- Radio programme is not as effective as face-to-face session but considering the situation important efforts were made to develop it based on needs and to make it as interactive as possible. Also, in some of the settings, specially for the out of school girls, they were still, meeting as a group of five to 10 girls from the same locality and listen to the radio program together with the radio they had, this was a time to interact and they were supported by Community workers who visited them regularly or contacted them by phone.
- There was a database of all the participants, so it really helped to maintain continued engagement with the girls that were participating in the program. During the lock down when the pandemic started the facilitators would call the parents of most of the girls. Girls themselves didn't have phone but there was a phone number of each participant. Facilitator's phone was topped up in order to ensure that her group girls were reached through her phone. "Just simply a radio program would not have been as effective if the partners had not been in touch with these girls"<sup>32</sup>
- New radio listeners groups were formed. New participants were mostly, you know, girls from vulnerable communities based on vulnerability assessment done to identify like which girls are more vulnerable or at risk of being married and those who are who are out of school. All these parameters were checked before forming those groups.
- 2 day Orientation module developed for Rupantaran facilitators on Protection in emergencies including multisectoral response to GBV and SRH in emergencies
- Orientation and support provided to cluster mechanisms on disaster risk management committee, protection sector health system in emergency preparedness and response. Last year it was conducted in all program areas, some of them at provincial level and some at local level. This need arose from the protection cluster to support the local mechanisms to understand this emergency and give them orientation. And because NRCS is our one of UNFPA partner, we did this through the chat. GPCEM phase two emphasised a lot on emergency humanitarian context and girls' preparedness. This activity was added assuming that it was going to be orientation on humanitarian context: what the girls need to do, what they need to understand, including showing them the minimum essential service packages. Considering the COVID-19 situation the modality was changed a little bit and streamlined to COVID related messages and on what they could do in the current context.

31 Findings of survey to assess knowledge, attitude and practice among participants of Ending Child Marriage programme.

32 Interview technical team Nepal

There was already a video on minimum essential service package, after finishing the classes the girls were shown the video and the facilitators given a pen drive with the video so that they can translate it in local languages. During the reformulation of Rupantaran package into radio material, the main messages of the minimum essential service package were integrated. Messages on mental health, suicide prevention were also included.

- Some adolescent girls enrolled in the life skills programme were mobilized by the Government in the distribution of kits (dignity kits and adolescent kits) to pregnant women, lactating mothers, disabled women, adolescent girls, and women affected by the COVID-19 pandemic. Few active facilitators were even involved in informal counselling, in information sharing and providing support to other peers

#### Postponed to 2021

- The non-formal Girls' Access to Education (GATE) classes targeting out-of-school girls was interrupted. Once schools and non-formal centres reopen, girls will receive intensive support to complete the course with the target of mainstreaming at least 60 per cent of the girls into formal schools
- The roll out of minimum essential service package video on protection in emergencies including multisectoral response to GBV and SRH was postponed as it was planned to be conducted in Rupantaran classes (1800 groups).
- A review of the radio programme against the face-to-face component will be conducted to make future adaptations

### **3.2 The measures taken by the GPECM to respond to the COVID-19 situation have contributed to enable gender-equitable attitudes and support for girls' rights among adolescent boys, families, traditional and religious leaders, community groups, and other influencers**

- Evidence that the GPECM maintained or adjusted interventions for engaging boys and men in gender transformative programmes (including CSE for boys) that promote healthy relationships and positive masculinities and gender equality (Output 1210)
- Evidence that the GPECM maintained or adjusted interventions for engaging families, communities, traditional and religious leaders, and other influencers in dialogue and consensus-building on alternatives to child marriage, the rights of adolescent girls, and gender equality (Output 1220)
- Evidence that the GPECM maintained or adjusted interventions to include and support Women's organizations and youth-led organizations to mobilize the voices of the marginalized (particularly girls), challenge harmful social norms, and promote gender equality (Output 1230)

#### Adjusted, implemented with modifications

- A total of 9806 parents were reached through Rupantaran parents' package, which was adapted into a radio programme. Ten radio episodes targeting parents were developed through a consultative process and were aired through community radios in programme municipalities. ( Target 25000) - 195 parents participated in the after-session survey to measure the outcome of the radio programme

- Radio Rupantaran version reached in school boys - 19915 boys reached
- 16 radio episodes on child marriage related issues targeting religious/community leaders, fathers, men and boys were developed and broadcast on 8 FM stations (covering all Province 2 districts)
- 320,000 adults, adolescent boys, religious leaders, local leaders and influencers were reached by ending child marriage campaigns implemented following COVID-19 safety protocols as mandated by the Government of Nepal.
  - Messaging on COVID-19 integrated into the ending child marriage messaging
  - Public service announcements (PSAs) on harmful practices and COVID-19 were broadcast through 20 community radio in Bajhang, Baitadi, Rolpa, Rautahat and Kapilvastu in the form of child marriage testimony songs translated into local languages and megaphone announcements

Since the parents in person package could not be rolled out there was increased emphasis to involve religious leaders. Separate messages on COVID-19 were developed and rolled out on videos and linking with marriage issue.

- 30 youths attended forum theatre training on ending child marriage
- Youth collected and documented 14 real life stories of child marriage, used to develop a storybook.

#### Postponed to 2021

- The published storybook to be disseminated in schools and communities for awareness raising.
- While some orientation and support was provided to emergency cluster mechanisms in 12 municipalities, orientations and mobilization of youth and women networks were postponed to 2021

**3.3 The GPECM has adjusted its interventions to the COVID-19 situation in a way that contributes to enhance the capacity of education, health, child protection and gender-based violence (GBV) systems to deliver coordinated quality programmes and services that meet the needs of adolescent girls and their families**

- Evidence that the GPECM maintained or adjusted interventions to support formal and non-formal schools to provide quality, gender-responsive education for adolescent girls, including comprehensive sexuality education (Output 2120)
- Evidence that the GPECM maintained, or adjusted support to health (including SRH) and systems to implement guidelines, protocols and standards for adolescent-friendly, gender-responsive coordinated, quality services (Output 2130)
- Evidence that GP maintained, or adjusted support gender-based violence and child protection systems to implement guidelines, protocols and standards for adolescent-friendly, gender-responsive coordinated, quality services (Output 2130)

### Implemented without modification, timely

#### **Health**

- The National Adolescent Sexual Reproductive Health training package was revised with an added focus on building the skills of health service providers.
- 57 health service providers trained on the revised training package during the end of the year
- 44 health service sites supported to deliver adolescent-friendly services . (Target 24 municipalities)

Health services were mostly concentrated on providing basic health.

Adolescent-friendly health services are regular activity of the global program supported before the pandemic in training providers and ensuring that information corners for adolescents are organised and that Flyers are available. The support modality change quite a bit during the pandemic, government health services were asking for phone counsellors to provide providing health services counselling services.

Most of the girls sought services and information on menstruation related issues from the health facilities during the lockdowns. The flow of adolescent seeking FP services remained the same throughout 5 months' lockdown period in comparison to prior to lockdown. A slight increase in adolescent flow for FP services was reported in November 2020. Main challenges/obstacles hindering adolescent girls from SRH service during the lockdown period were 'fear of contracting COVID-19' 'lack of transportation' and 'strict implementation of lockdown'<sup>33</sup>.

### Implemented without modification, with delays

#### **GBV/social services**

- Skills and knowledge of 301 justice/security authorities were enhanced on justice for children, including data management and diversion, to strengthen their capacity to provide quality services that are child and gender sensitive. (Target 1000). Some of it happened face to face earlier in the year because justice sector and specially police had mobility even during lockdown so it was easier to conduct face to face interaction and training, but it was a mix and they were online virtual trainings as well. Initially it was difficult, even coming to a zoom meeting was a challenge. Initially government people were reluctant to use technology but they are now very comfortable. It was however very challenging to keep the participants engaged through long hours. So when moving to virtual methods, sessions were limited to half a day spreading to 5 days with different resource persons rather than having two full days of training. "We have not been able to go to the field, but in a way it brought us together. The district officers were key in terms of operationalizing and listening to the partners, we didn't have to wait for 6 monthly meeting, we had Zoom meeting. Colleagues got more engaged in the programme"<sup>34</sup>

33 CREHPA. UNFPA. UKaid. Assessment of the Impact of COVID-19 Pandemic on Functionality and Utilization of RMNCAH Services by Clients in Public Sector Health Facilities of Nepal. 2020

34 Interview Technical team Nepal

### Adjusted, implemented with modifications

#### **Education**

- In some programme areas, some of the girls enrolled in the programme have received in-kind support such as education materials, scholarships and uniform based on their economic situations. Of the total 30 girls supported, 28 girls are continuing their education in school and two are attending computer and tailoring courses, respectively
- one-day virtual orientation on safe school reopening was conducted for political authorities and the education officers of 37 local governments
- 69 schoolteachers were trained on the Complaint Response Mechanism and providing psychosocial first aid support (Target 800 schools)

#### **GBV/social services**

- GBV reprogramming (fully connected with GPECM and targeting adolescent girls as well): Safe House, One Stop crisis management centres guidelines, on remote counselling, remote supervision, monitoring and reporting were developed by the protection cluster (Co chaired by UNFPA and UNICEF, the Ministry of Women, Ministry of Health and NGOs) and disseminated to service providers. Community psychosocial workers had increased access to adolescent girls.
- The Complaint Response Mechanism Guideline, was amended and incorporates changes on the role and responsibility of Gender Focal Persons and the Complaint Response Committee, integrating lessons learned from the COVID-19 pandemic. Some content was added to adapt case management the COVID context like interaction with helpline psychosocial workers or if there's a child marriage happening in the community. Most of the systems were non functional or functioning in a limited capacity so we had to make sure that police have all the information to work with the NGO run child helplines. The hotlines also address child marriage because the child marriage is illegal in Nepal and the police are aware of it.
- There is a need to have a kind of rapid assessment whether the remote counselling was really helpful. For instance national hotline which is run by the National Women's Commission is very effective: after the lockdown it increased.

#### **Health**

- Adolescent Sexual Reproductive Health training was conducted online with initial briefing about the current COVID situation in the districts. This was considered as a stopgap mechanism because of the apprehension from the government and implementing partner. The understanding was that there would be a face to face training when things were better.
- Strengthen coordination with local disaster management committees, protection sector (where exists), health system in emergency preparedness and response in 24 municipalities

Postponed to 2021

- The programme partially supported the establishment of 332 non-formal Girls' Access to Education (GATE) classes targeting out-of-school girls, in partnership with 35 local governments (rural and urban municipalities). A total of 7,686 adolescent girls (10-19 years) were enrolled in the programme and were due to graduate in June 2020. Unfortunately, due to the COVID-19 pandemic and the nationwide lockdown, the classes had to be stopped.
- Train CSE Saathi (Focal Points) and teachers to implement ECM and CSE activities in schools and out-of-school

**3.4 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to enhance the capacity of national and sub-national social protection, poverty reduction and economic empowerment programmes and services to respond to the needs of the poorest adolescent girls, boys and their families**

- Evidence that GP maintained or adjusted support to partnerships with government, civil society organizations and other implementers to ensure that social protection, poverty reduction and economic empowerment programmes and services were adolescent-friendly, gender responsive and reaching the poorest adolescent girls and families. (Output 2210)

Postponed to 2021

Activities planned under this outcome could not be started because of the COVID-19 pandemic and were revamped in 2021 workplan. It aims at linking adolescent girls with government livelihood schemes including the provision of some seed funding. It will build upon the resources for livelihood support in place in 90% of the palikas

**3.5 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to enhance the capacity of governments to fund, coordinate and implement national and sub-national action plans and systems to end child marriage**

- Evidence that the GPECM maintained or adjusted capacity building and technical support interventions to governments to enact, enforce and uphold laws and policies, in line with international human rights standards, aimed at preventing child marriage, protecting those at risk and addressing the needs of those affected (Output 3110)
- Evidence that the GPECM maintained or adjusted capacity building and technical support to governments to implement a budgeted multi-sectoral gender-transformative plan on ending child marriage across ministries and departments at sub-national levels (Output 3120)
- Evidence that the GPECM was engaged to ensure that child marriage was taken into consideration in various national COVID-19 response strategies and guidelines

2 sub-national areas with plans

Implemented without modification, with delays

- Technical support for virtual consultations targeted groups (youth and children, social leaders and elected representatives, religious leaders and teachers, and policymakers/ higher authorities) and workshops were conducted with sectoral ministries representatives to draft the Provincial strategy on ending child marriage of Province 5 in quarter 4

Terminated, not rescheduled

- Learning visits to other GP countries in the region focusing on best practices and government initiatives and in country learning visits - cross learning from different provincial initiatives

Postponed to 2021

- Capacity building workshops could not be conducted due to COVID pandemic.

**3.6 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to support governments and non-government organizations, to generate, disseminate and use quality and timely evidence to inform policy and programme design, track progress and document lessons**

- Evidence that the GPECM maintained or adjusted its capacity building and technical support to government and civil society organisations, to generate and use quality evidence on what works to end child marriage and support married girls (Output 3210)
- Evidence that the GPECM maintained or adjusted coordination and support to facilitate South to South collaboration and cross-learning across GP countries and with initiatives in other countries (Output 3220),

Implemented without modification

Strengthen data collection and integration with the web based monitoring system

Adjusted, implemented with modifications

- Survey designed using alternative tool: Kobo tool with 10 per cent of Rupantaran participants from all target groups randomly selected
- Study on Adolescents in Nepal focusing on Sexual and Reproductive Health and Rights - AFHS assessment
- Midterm review of the programme - 2 virtual meeting/reviews conducted
- Joint meetings were conducted using virtual platform - 1 joint annual review conducted
- Rapid assessment covering over 3,000 girls in the “Rupantaran” programme area to explore the impacts of the outbreak and identify alternative modalities

Postponed to 2021

Kobo tool for monitoring outreach workers will be used throughout the remaining programme period

**3.7 The GPECM has considered cross-cutting issues across all interventions to ensure a gender equality and ‘do no harm’ approach**

- Evidence that gender was mainstreamed in the COVID-19 changes and adjustments implemented by the GPECM and a gender transformative approach was taken at all levels and across all sectors
- Evidence that all the GPECM applied a ‘do no harm approach’ aligned with international public health guidelines and national COVID 19 restrictions in developing its changes and adjustments across all sectors and activities
- Evidence that those at risk of child marriage and marginalised adolescent girls have been provided with COVID 19 prevention and response information
- Evidence that the GPECM response included consideration for the security, health and wellbeing of staff, partners and beneficiaries

Gender

Gender transformative aspects were included in the Rupantaran curriculum but the training manuals for the security forces or justice system are more gender sensitive. The gender course helped in touching upon all the gender transformative aspects and issues. The fact that GBV components are gender transformative allows cross learning between programmes.

UNFPA planned to involve boys in the LS programme as in UNICEF programme but the process of forming boys’ group was hampered by the COVID and thus the focus was more on girls. Boys are listening Rupantaran radio programme

Do no harm

Mask and sanitizer and hand washing facility were provided to groups listening to the radio programme. Some of the adolescent girls received a 'kishwori kit' for the face to face classes to keep them safe and make them feel secure about coming to classes.

**Q4**

**To what extent did the GPECM provide support to COs programme adjustments to the COVID-19 pandemic?**

**4.1 The GPECM has provided necessary guidance, tools and information on how best to prioritise activities and utilise alternative response modalities, facilitated sharing to further objectives and learn from best COVID-sensitive practices.**

- Evidence that the GPECM at global/regional levels provided timely orientation/policy support as well as guidance, tools, trainings to support COs in addressing the COVID-19 pandemic
- Evidence that information, good practices and resources related to Covid-19 changes and adjustments were shared between countries

The global support unit provided support, a lot of encouragement and flexibility to the Country Offices which allowed to adapt the programming to the context. This was a new situation and everyone was looking out to each other to understand what could be the context. Their flexibility and understanding is commendable. There was not pressure. They recommended a good mix of being flexible, but at the same time focusing on the program area.

From the headquarter level there was a lot of sharing once the COVID pandemic started. They were sharing a lot of resources from other countries in a form of technical notes responding to our needs, fact sheets or newsletter and even calls useful for reprogramming e.g.it showed that other countries had already started looking at the vulnerabilities or change in vulnerabilities among the girls due to COVID.

- Emergency guideline provided by the global adapting the root pattern curriculum program was adapted. And some questions contextualized to the Nepal context and translated and uploaded on the Kobo platform..
- The gender technical notes were helpful in adapting the Rupantaran curriculum and that was referred to extensively (highlighting issues that should be addressed). The course provided by the program on Gender Transformation was very useful as well for programming. 'It gives us more confidence.'

The adaptation in radio modality in Nepal was shared to lots of other countries.

At regional office level, there was changes of teams and planned visits could not take place, communication is not as frequent. They were involved in all of the open clinic sessions organized by headquarter. It is taking shape gradually.

The revised matrix was shared with RO but it was in Nepali but they provided strategic guidance. They also shared the adaptation that the countries in the region are doing. The two regional (UNICEF and UNFPA) offices work separately and it would be useful if collaboration increases.

## Q5

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

#### **5.1 Some GPECM adjustments and innovations may potentially represent improvements that are likely to be maintained over time**

- Evidence that some of the changes and adjustments and innovations have the potential to be maintained after the COVID-19 pandemic if and where relevant
- Evidence of institutional learning (new processes, approaches or procedures) taking place that will help the GPECM to better respond to this ongoing crisis and future global crises

- Radio Rupantaran has proved effective so continuing the radio sessions wherever possible, along with the face to face classes is an option for the future. Mechanisms are in place and it allows to reach more numbers. This was a good learning through the pandemic situation. It would serve both purpose expanding the coverage as well as connecting with the existing target group and also inform about the law and policies. There was a will that the local government take the lead on establishing or having radio Rupantaran supported through their resources. But because of their engagement in COVID response, it was very difficult.
- Continue adolescent girls' empowerment and leadership building of those who have contributed during the pandemic and engaging them in future emergencies because they have gone through this experience
- Strengthening some of the linkages that we were able to create during COVID should continue. Specially, linkages with psychosocial support as in the rapid assessment it was quite clear that the girls were feeling very stressed.
- Monitoring the results of the programme through phone and Kobo platform allows to only reach a limited number of participants. This is very useful during the pandemic but in the future we may go back assessing each participants what really helped because partner NGOs could provide individual support to the girls and the questionnaire was much more detailed. The use of KoBo may provide opportunities in the future, it needs to be assessed.
- The mental health and mental well being aspects have been included in the radio content and should also be included in the face to face activities. And also creating linkages with the community based psychosocial workers and the girls should be pursued specially after COVID. if a girl is pressurized by a family to be married she will go through a lot of psychosocial trauma, so providing that kind of mental health support is important. After COVID municipalities have appointed social workers and this is very positive.

- In view of the information already available on how the economic impact of COVID is going to affect the girls and families, support to livelihood should be strengthened not only to the girls but to the families as well. It will start from 2021 as it was already in the plan.
- Keep the cluster mechanisms alive and have periodic meetings because it is a great sharing and coordination between the agencies doing similar work in different regions.

Partnership:

UNICEF established new partnerships in Provence 5 because it was only working through the municipalities 'Palika' but in order to reach larger numbers and implement a combination of ending child marriage, COVID response programme as well as community based psychosocial workers new partnerships with NGOs were established.

UNFPA was going through a restructuring process which means in revisiting our implementing partners and new regional implementing partners were already on board and it helped having local partners to work on child marriage. New partnerships were not considered as necessary

Humanitarian context

Emergency plans are geared towards emergency situations like flood or earthquake but COVID-19 situation was quite unique and different, as face to face interaction was not possible. While designing work plan for ending child marriage, there should be some kind of thinking on emergency context, risk and mitigation analysis and on what adaptation are possible. For example we were better prepared for the second wave.

**5.2 The GPECM has leveraged existing and additional resources to end child marriage**

- Evidence that existing resources were leveraged or additional resources (financial, technical, and human) were mobilised to address new and specific needs related to the GPECM adaptation and response to COVID 19

Mask, sanitizer and hand washing facility were procured through implementing partners as part of the Rupantaran implementation budget. Some were procured with emergency funds. The procurement process was quite lengthy. GPECM funds were not all spent.

For UNFPA there was additional funding under the GBV programme for one stop centres and counselling . for UNICEF a lot of emergency funding to support children and adolescents were received in the child protection area. Support has been provided to the girls who got married during the pandemic.

There was a lot of resources that could be leveraged, like for the risk communication or COVID programme that was used for developing information materials and conduct campaigns on ending child marriage in places where there were reports of increased cases of child marriage.

 **Coherence**

## Q6

**To what extent the GP changes and adjustments are coherent with key related programmes (specifically education, SRH, child protection, GBV, FGM, social protection) ?**

**6.1 The GPECM adjustments are coherent with other key UNICEF and UNFPA related programmes (FGM, SRH, child protection, education)**

- Evidence of coherence of the GPECM adjustments with national programmes (specifically education, SRH, child protection, GBV, FGM, social protection)
- Evidence of synergies and coherence of adjustments with UNICEF and UNFPA related programmes and their own adjustments (specifically education, SRH, child protection, GBV, FGM, social protection)

- After the pandemic, despite the fact that the schools were open the vulnerability assessment found out that many girls were not going back to school, so the number of out of school girls had drastically increased and these girls were specifically targeted through the education section with their own resources. A plan was developed for those girls to be enrolled in school and to receive support such as tuition, stationary.
- Close link between GBV and ECM. The COVID response was developed and child marriage and GBV were integrated.
- Teachers training for CSE was not possible so pamphlets, resource material on CSE were produced and distributed, including to UNICEF schools. A lot of coordination and synergy were created within the harmful practices and gender program within UNFPA. The gender program portfolio (girls empowerment, access to services for girls...) has increased for UNFPA so other harmful practices include besides child marriage such as gender bias selection. Webinars were organised.
- Within the cluster mechanism e.g. child protection cluster, there are regular meeting with UN agencies and UNFPA, UNICEF and also external partners organisations working on these issues to share what each organisation is doing, how they could assist the government as well as available information on Child marriage and other issues. That mechanism was very active during the COVID first phase and started again in the second phase.
- The Resident Coordinator Office has developed a National Recovery plan with all the agencies contributing. UNFPA and UNICEF made a suggestion that needs child marriages should be a priority.

## NIGER

Assumptions	Indicator
 <b>Relevance</b>	
<p><b>Q1</b> <b><u>To what extent did the measures adopted within the GPECM during the COVID-19 crisis take into consideration the emerging needs of vulnerable and marginalized adolescent girls and their families?</u></b></p>	
<p><b>1.1 The GPECM identified, and reassessed priorities based on the situation generated by the COVID-19 pandemic</b></p>	<ul style="list-style-type: none"> <li>○ Evidence on how the GPECM identifies and tracks the emerging needs of vulnerable and marginalized adolescent girls under the COVID-19 pandemic.</li> <li>○ Identification of bottlenecks at the different stages of implementation of the GPECM adjustments to the COVID-19 pandemic</li> </ul>
<ul style="list-style-type: none"> <li>○ Use of platform developed by C4D in project but not particular identification of needs. Reflection on how to reach target populations to identification of their emerging needs. UNIFEM and CARE did studies on needs (FaCom participated) stating that “women and girls and vulnerable people are disproportionately affected by the measures adopted to manage the health crisis but also the socio-economic crisis induced by the health crisis. Women and girls are affected in many ways, including adverse effects on their education, food security, health, livelihoods and protection.”<sup>35</sup>. WHO did a study on economic impact of COVID but no much research on the social aspects.</li> <li>○ Already set up community mechanisms (groups, FaCom..) were used for COVID sensitisation but also to hear their concerns and needs</li> </ul>	
<p><b>1.2 The GPECM strategies and approaches have been revised to meet the needs of vulnerable and marginalized adolescent girls during the COVID-19 pandemic</b></p>	<ul style="list-style-type: none"> <li>○ Evidence of contextualization of strategies and interventions at country level (based on identified needs)</li> <li>○ Evidence that workplans are adjusted to respond to changes in needs and priorities</li> <li>○ Evidence that interventions targeted and reached the most vulnerable and marginalised adolescent girls and boys in the country</li> </ul>

- In regions, Child protection Committees take adolescents needs into account and helped them to open dialogue spaces where they can exchange. Many mentioned the need to get the opportunity to remain or go back to school. For the out of school girls they want to gain family recognition and get involved in income generating activities (handicraft or small business)
- Revision of work plan started in March and revised in May 2020 with new targets

## Q2

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

#### **2.1 Adjusted measures are aligned with the GPECM phase II global, regional, country approaches**

- Evidence that the GPECM adjustment measures and approaches at global, regional and countries level are aligned with the ToC and that the ToC remains relevant to the current context
- Evidence that the GPECM adjustments are aligned to National policies and strategies related to COVID-19 response

Child marriage was not considered as a priority in the government emergency plan for COVID.

- Phase II GPECM ToC was contextualised for Niger through participative workshops. The ToC remained the same but community approach interventions document was revised including emergency situations based upon learning of COVID-19 e.g. instead of groups of 30, door to door...



#### **Effectiveness**

## Q3

### **To what extent did the GPECM changes and adjustments in response to the COVID-19 pandemic contribute to the results of the GP Phase II?**

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

- Evidence that the GPECM maintained or adjusted interventions to engage marginalized adolescent girls (aged 10–19) in gender transformative life skills or CSE education programmes (Output 1110)
- Evidence that the GPECM maintained or adjusted support to adolescent girls to enrol and remain in formal and non-formal education (Output 1120)
- Evidence that the GPECM adjusted tools and packages to better reach marginalized adolescent girls during the COVID-19 crisis

#### Implemented without modification, timely

- 11,271 adolescent girls in the 97 new target villages of the Community-based Child Protection Approach (CBCPA) program, enhanced knowledge, and skills through their participation in educational session (Target 4050)
- 194 teenage leaders from 97 new villages continued to raise awareness among their peers, including during the peak period of the COVID-19 pandemic, through door-to-door visits and small group participatory community workshops
- Illimin 5 started 2019 and completed early 2020
- 15 Learning Centers (Second chance educational offer for children outside the system) operated with 635 learners, 72% girls, in 3 municipalities before school closing because of COVID-19 (When COVID-19 declared the centers were closed from March to June 2020) (Target 4500 – reached 276)
- Community facilitators for Community-based child protection approach (CBCPA) in Maradi, Tahoua and Zinder were recruited and trained. Community meetings for action plans validation held after July (72 % reached) in 97 new villages (Target 134)

After the lock down and the closure of school there was a question on how to continue and to ensure that services are operational. The CBCPA facilitators and the correspondents were already recruited and they could continue the activities with reduced groups of girls and groups of boys from 30 to 10 in 3 times, applying protective measures such as masks and hand washing. Information on COVID 19 was added to the messages. Instead of large community gatherings, the facilitators and the correspondents started visits in households considered at risk. Although the facilitators recognise that household visits are very effective they find it very time consuming and are not able to reach as many people.

As a result of the pandemic the role of the correspondents (girls who can facilitate) has been boosted.

#### Implemented without modification, with delay

- Educational sessions (home visits and participatory workshops) run by the girls were postponed several times
- Illimin 6 participants recruitment was delayed because it was planned to involve traditional leaders and this was delayed by the pandemic until the second part for the year, and because Spotlight activities were prioritised. Illimin 6 training materials and data collection tools reviewed and printed. National level meeting was in June 2020 regional orientation workshops on Illimin 6 held in 5 regions in October - November 2020. The global program is relatively flexible compared to Spotlight, there was a lot of pressure on implementation of the Spotlight initiative that have a lot of overlap in terms of the objectives and staff and capacity was limited. Spotlight was prioritised.

### Adjusted, implemented with modifications

- 300 teenage girls enlisted in the Centre for Professional Training in Niamey mobilized to produce protective masks against COVID-19 provided an opportunity to generate income.
- (Target 1045)
- National launch of the “Face COVID-19” series for the celebration of International Little Girl Day. Two teenage girls shared their stories on national television. It focused on the use of smartphones and WhatsApp to strengthen the empowerment of adolescent girls. This has strengthened cross-sector collaboration between education, protection and communication. (Target 716)
- Rescheduling meeting held virtually with partners with support to ensure connectivity
- Educational sessions applying COVID prevention measures with classes reduced to 10 out of the usual 30 participants and hand-washing device at the entrance to each class and masks provided to the participants (due to distribution of ‘prevention kits’ (soap, gel, masks, hand-washing, bucket, glass, kettle and loud speaker)). Facilitator remind prevention measures at the beginning<sup>36</sup>.
- Additional animation days without financial compensation for community facilitators. “these adjustments reach less people and required more sessions and more time”
- ‘Ecole de la deuxième chance’ and ‘écoles alternatives’ with UNICEF/NGOs to catch up in 3 months to go back to formal school (include boys as well) and above 12 years old to join vocational trainings. Vocational training resumed in April 2021
- UNFPA support literacy classes and income generating: with MoE revised the curriculum and set up end of classes evaluation and based on results are oriented towards formal system or vocational training – 163 girls returned to school with parents commitment not to marry them.

### Postponed to 2021

- Illimin programme 6 not conducted in 2020 because of COVID-19 pandemic started in 2021 – 239 mentors, 41 ‘facilitators communautaires’, 8 supervisors and 6 M&E trained including COVID messages and applying protection measures (masks, gel, handwashing devices) in different rooms - modular sessions in June 2021
- Actor training for 23,000 girls as soon as the health environment allows in 2021

<p><b>3.2 The measures taken by the GPECM to respond to the COVID-19 situation have contributed to enable gender-equitable attitudes and support for girls' rights among adolescent boys, families, traditional and religious leaders, community groups, and other influencers</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that the GPECM maintained or adjusted interventions for engaging boys and men in gender transformative programmes (including CSE for boys) that promote healthy relationships and positive masculinities and gender equality (Output 1210)</li> <li>○ Evidence that the GPECM maintained or adjusted interventions for engaging families, communities, traditional and religious leaders, and other influencers in dialogue and consensus-building on alternatives to child marriage, the rights of adolescent girls, and gender equality (Output 1220)</li> <li>○ Evidence that the GPECM maintained or adjusted interventions to include and support Women's organizations and youth-led organizations to mobilize the voices of the marginalized (particularly girls), challenge harmful social norms, and promote gender equality (Output 1230)</li> </ul>
<p><u>Implemented without modification, (before the pandemic)</u></p> <ul style="list-style-type: none"> <li>○ UNFPA supported safe spaces communities were mobilized through 1,347 community dialogues on topics related to sexual and reproductive rights then interrupted-</li> <li>○ 734 (target 433) traditional religious Leaders from the Association of Traditional Chiefs of Niger (ACTN) carried out campaigns and community caravans to eliminating child marriage. 70 leaders (15 funded by the Global Programme) exchanged with communities committed to eliminating child marriage</li> <li>○ capacity-building of 528 child protection committees to play their role in eliminating child marriage</li> <li>○ Spots, magazines and forum on the rights of adolescent girls, the consequences of child marriage produced and broadcast on media partners networks (70% national coverage)</li> <li>○ Reached 340261 people (including Spotlight interventions)</li> <li>○ During the closure of schools following COVID-19, members of School Management Committees (CGDES), of Associations of Mothers Educators (AME) and of Village Child Protection Committees (CVPE) ran outreach sessions to prevent drop-out and encourage girls to return to school as soon as sanitary conditions permitted.</li> </ul> <p><u>Adjusted, implemented with modifications</u></p> <ul style="list-style-type: none"> <li>○ Child protection committee members raised awareness on the prevention of COVID-19 with few members in small groups (wearing of masks and with installation of hand-washing devices). They also collected data on child marriage.</li> <li>○ Educational talks on human rights, sexual and reproductive health, hygiene and sanitation and harmful traditional practices with of 5,470 men and 824 boys from the 97 new villages (Target 6940)</li> </ul>	

- Debates moderated by traditional leaders through community radio stations on COVID-19 prevention measures incorporating VBG prevention, children's and girls' rights.

#### Postponed to 2021

Support the establishment of a cultural troupe, for girls and boys, to produce theatre on various topics

Sensitisation resumed fully with parents, boys and men willing to get married through loud speakers (with USB key for messages)

#### Group discussion Zinder/Maradi (girls, parents, leaders)

- At village level, since the beginning of the COVID pandemic travels and large gatherings are banned use of masks, handwashing, domestic violence increased due to tensions in the families. Economic activities were reduced as people are afraid to go to the market and family income is not sufficient to support the family what create a psychological pressure.
- Complains about violence cases in social services including rapes increased in the community
- Adolescent girls continued following the 9 months programme with discussions on human rights, protection, harmful practices for health and children. It ended in January 2021 without interruption but with the adoption of preventive measures (handwashing with soap, masks made locally) and groups of 15 instead of 30. Habits were changed as now they wash their hand. They cannot meet with friends anymore for dancing.. They cannot go to the market where they used to go and sell the bread cooked by their mother because of the fear. Once the pandemic decreased they could go back to the market and to gather with friends.
- Correspondent girls continued sensitisation with their peers through debates, sketch.
- Imams, teachers, health workers and village chiefs continued spreading messages related to COVID and to issues of the village including child marriage with half groups outside, masks and hand washing or using loud speakers. Sketch on cause, consequences and prevention of child marriage can be done with the village authorisation. Committees meet in different areas in the village instead of big gatherings.
- Health and social services are accessible but limited by the protection measures and decrease in accompanying people. People did not attend health services because there are too many rules of because they fear to be tested positive and to have to stay quarantined as well as their family.
- Schools closed for the first time and parents had the responsibility for their children's education. *"When schools reopened there was a lot of drop out (a lot of girls) by fear of the disease despite the fact that parents were very happy that schools open again". After COVID, C4D goes to the village committee to mediate with parents if girls do not return to school, some parents agree but some do not agree, it is then reported to the Township chief.. " during COVID we didn't go to school but I do exercises, I repeated old exercises, at home alone with her sister who is senior. I didn't see my friends outside ..."* (adolescent girls Maradi).

<ul style="list-style-type: none"> <li>○ In Zinder, during the pandemic 2 cases of child marriage were managed and prevented, one girl going to school and one girls out of school. They have even set up a committee to follow up the age of child marriage (16 or 17 years depending upon the physical appearance). However <i>"It is not said openly; but it is more or less in the pipeline and as soon as an incident occurs it (CM) becomes a solution"</i>(adolescent girls Maradi) . In Maradi it was reported that school closure did not impact CM, except few cases for which the committee did not get the information on time to be able to prevent it.</li> <li>○ If women or girls manage to raise some income they do not need to ask money to their husband or father and this avoid disputes and conflicts</li> <li>○ Recommendations to ECM: during COVID context increase sensitisation during Friday prayer, door to door visits and to strengthen CM case notifications. Continues upport income generating, regular supervision and capacity building</li> <li>○ <i>" The main thing is to keep the girls busy and occupied. The girls who do nothing are given in marriage. It is important to give them the opportunity to learn knitting, production of soap, ointment perfume, sewing, braiding..."</i> (adolescent girls Maradi)</li> </ul>	
<p><b>3.3 The GPECM has adjusted its interventions to the COVID-19 situation in a way that contributes to enhance the capacity of education, health, child protection and gender-based violence (GBV) systems to deliver coordinated quality programmes and services that meet the needs of adolescent girls and their families</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that the GPECM maintained or adjusted interventions to support formal and non-formal schools to provide quality, gender-responsive education for adolescent girls, including comprehensive sexuality education (Output 2120)</li> <li>○ Evidence that the GPECM maintained, or adjusted support to health (including SRH) and systems to implement guidelines, protocols and standards for adolescent-friendly, gender-responsive coordinated, quality services (Output 2130)</li> <li>○ Evidence that GP maintained, or adjusted support gender-based violence and child protection systems to implement guidelines, protocols and standards for adolescent-friendly, gender-responsive coordinated, quality services (Output 2130)</li> </ul>
<p><u>Adjusted, implemented with modifications</u></p> <ul style="list-style-type: none"> <li>○ 59 workers from Child protection services received additional support (masks, hydroalcoholic gel, hand washing device, budget for telephone) to ensure permanence, including during the peak of the pandemic, in order to prevent abuse, violence and exploitation of children, but also ensure good case management (No training conducted) – involving social services required intensive advocacy at regional level. Phone were provided (no GP funding) for maintaining contact with communities.</li> <li>○ 20 (Target 20) communal committees benefited from capacity building interventions to better play their role in the elimination of child marriage. They used door-to-door to sensitize communities on children's rights, girls' rights by integrating the prevention of COVID-19</li> </ul>	

<p><b>3.4 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to enhance the capacity of national and sub-national social protection, poverty reduction and economic empowerment programmes and services to respond to the needs of the poorest adolescent girls, boys and their families</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that GP maintained or adjusted support to partnerships with government, civil society organizations and other implementers to ensure that social protection, poverty reduction and economic empowerment programmes and services were adolescent-friendly, gender responsive and reaching the poorest adolescent girls and families. (Output 2210)</li> </ul>
<p><u>Adjusted, implemented with modifications</u></p> <ul style="list-style-type: none"> <li>○ The COVID pandemic was the opportunity for 300 adolescent girls participating in the vocational training supported by GPECM to make masks approved by the Ministry of Health and to sell them (to be used with the National Gendarmerie, Niamey Police forces, refugees and displaced persons) with 30% of selling price for them to buy sewing machines. 43000 masks were produced (with GP support and others) – mainly in Niamey</li> <li>○ Government and World Bank Cash Transfer programme was broadened to child particularly girl child in families that lost source of income linked to child protection as conditionality (maintain to school – risk of child marriage)</li> </ul> <p><u>Postponed to 2021</u></p> <p>Training in food processing, agriculture, eggs production, chicken breeding, cosmetic production (200/1000 in Maradi) that can help to respond to the fact that borders with Nigeria were closed and commercial exchanges were hampered was planned for 2021</p>	
<p><b>3.5 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to enhance the capacity of governments to fund, coordinate and implement national and sub-national action plans and systems to end child marriage</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that the GPECM maintained or adjusted capacity building and technical support interventions to governments to enact, enforce and uphold laws and policies, in line with international human rights standards, aimed at preventing child marriage, protecting those at risk and addressing the needs of those affected (Output 3110)</li> <li>○ Evidence that the GPECM maintained or adjusted capacity building and technical support to governments to implement a budgeted multi-sectoral gender-transformative plan on ending child marriage across ministries and departments at sub-national levels (Output 3120)</li> <li>○ Evidence that the GPECM was engaged to ensure that child marriage was taken into consideration in various national COVID-19 response strategies and guidelines</li> </ul>

<p><u>Implemented without modification, timely</u></p> <ul style="list-style-type: none"> <li>○ 8 regional forums carried out which enabled capacity building on access and retention of girls (ending child marriages, GBV, sensitive gender planning, Monitoring) of 1,100 participants (Target 8)</li> <li>○ Mid-term review of the 2019-2021 National Strategic Plan to ECM with all stakeholders with support from the platform.</li> <li>○ + follow up by CDEAO virtually – government partners attended form UNICEF office</li> </ul> <p><u>Postponed to 2021</u></p> <ul style="list-style-type: none"> <li>○ Workshops for sharing and advocating the results of the comparative study of the legislative framework with customs on the question of marriage (Results of the study not available)</li> <li>○ Capacity building for 100 people (authorities and implementation partners) on social norms and social change</li> <li>○ Strengthen and extend the existing “community of champions” to advocate for girl’s rights</li> <li>○ Support for the preparation and participation of partners in regional and international meetings on child marriage: ECOWAS, African Union</li> </ul>	
<p><b>3.6 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to support governments and non-government organizations, to generate, disseminate and use quality and timely evidence to inform policy and programme design, track progress and document lessons</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that the GPECM maintained or adjusted its capacity building and technical support to government and civil society organisations, to generate and use quality evidence on what works to end child marriage and support married girls (Output 3210)</li> <li>○ Evidence that the GPECM maintained or adjusted coordination and support to facilitate South to South collaboration and cross-learning across GP countries and with initiatives in other countries (Output 3220),</li> </ul>
<p><u>Implemented without modification, timely</u></p> <ul style="list-style-type: none"> <li>○ A study on social demand conducted to identify community perceptions on education and how to achieve change</li> <li>○ Celebration of International Girl Day on October, 11st</li> </ul> <p><u>Adjusted, implemented with modifications</u></p> <p>Virtual programmatic visits were conducted for monitoring.</p>	

### Postponed to 2021

- preliminary results of the regional evaluation on community engagement to end child marriage of the targeted communes of the global programme in 2020
- national study on the extent and determinants of gender-based violence, and child marriage under the Spotlight initiative postponed until the first half of 2021
- study on the impact of COVID-19 on child marriage through the consequences of class closures
- Study on self-initiated child marriage, planned in Phase 1, will consider the impacts of COVID-19 on the child marriage narrative and trend.

### **3.7 The GPECM has considered cross-cutting issues across all interventions to ensure a gender equality and 'do no harm' approach**

- Evidence that gender was mainstreamed in the COVID-19 changes and adjustments implemented by the GPECM and a gender transformative approach was taken at all levels and across all sectors
- Evidence that all the GPECM applied a 'do no harm approach' aligned with international public health guidelines and national COVID 19 restrictions in developing its changes and adjustments across all sectors and activities
- Evidence that those at risk of child marriage and marginalised adolescent girls have been provided with COVID 19 prevention and response information
- Evidence that the GPECM response included consideration for the security, health and wellbeing of staff, partners and beneficiaries

- Due to the stress related to COVID-19 men were at home because their activities stopped and women were overburdened by domestic chores and violences increased. Messages were oriented towards a better repartition of work between men and women and using dialogue to solve conflict. C4D organised a platform for young people where adolescent girls could express themselves.
- A gender analysis and programme review were started and will be completed at the end of June 2021.
- Link ECM, GBV and gender emphasised in Illimin 6 related to COVID context.
- Partnership with police and 'gendarmerie' women and children protection cells) highlighted the increase in GBV<sup>37</sup>.
- Gender transformation, change was not particularly taken into consideration in the adjustments to GPECM. But adolescent girls were involved in message dissemination around COVID, GBV, social norms, gender...

- Lack of prior analysis of detrimental factors related to gender that we could take into account during the pandemic.
- COVID pandemic messages designed by the cluster protection (including NGOs). Rural populations were informed about COVID through different national and international radios channel<sup>38</sup>

## Q4

### To what extent did the GPECM provide support to COs programme adjustments to the COVID-19 pandemic?

#### **4.1 The GPECM has provided necessary guidance, tools and information on how best to prioritise activities and utilise alternative response modalities, facilitated sharing to further objectives and learn from best COVID-sensitive practices.**

- Evidence that the GPECM at global/regional levels provided timely orientation/policy support as well as guidance, tools, trainings to support COs in addressing the COVID-19 pandemic
- Evidence that information, good practices and resources related to Covid-19 changes and adjustments were shared between countries

- Received technical notes including in French. Very useful for gender transformative approach particularly. UNICEF focal point followed the Gender Pro course and was very useful for adopting the GPECM. All the technical guidance notes helped us. UNICEF FP and UNFPA technical person took part in 2 or 3 Open Clinics. It allows to learn about new technologies to maintain contact with beneficiaries. Two adolescent girls with WhatsApp. Some adaptations can be applicable in Niger. E.g. Correspondent could be equipped with phone to make video and gather information.
- UNFPA FP had to be isolated and could not follow up all. Because of shortage of staff for GPECM activities existing staff were overwhelmed and lacked time.
- With Regional office discussion on how to maintain programme gains. Follow up of key results on child marriage which is in regional result framework.
- Every 2 weeks : Sit Rep on how to apply measures during the community approach, follow up on Talib Child, positioning of child of vulnerable families (lost f income) for cash transfer

## Q5

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

#### **5.1 Some GPECM adjustments and innovations may potentially represent improvements that are likely to be maintained over time**

- Evidence that some of the changes and adjustments and innovations have the potential to be maintained after the COVID-19 pandemic if and where relevant
- Evidence of institutional learning (new processes, approaches or procedures) taking place that will help the GPECM to better respond to this ongoing crisis and future global crises

Mask productions will be continued with the support of other donors (e.g. European Union) with the purchase of 200 sewing machines  
 New private centres for masks production were opened in Zinder with 100 girls from Illimin 5 and other locations (Tawa, Maradi, Sambou)  
 The protection measures put in place during the training helps the mentors, FaCom ... to apply those measures in conducting the sessions

#### Humanitarian context

- Additional emergency funds were available for COVID through the HAP Humanitarian Action Plan that allows reactivity, flexibility and complementarity. HAP in Niger is positioned for any ongoing humanitarian situation (floods, security issues, population displacement)

#### **5.2 The GPECM has leveraged existing and additional resources to end child marriage**

- Evidence that existing resources were leveraged or additional resources (financial, technical, and human) were mobilised to address new and specific needs related to the GPECM adaptation and response to COVID 19

- Additional funds were allocated for COVID but not from GPECM. GPECM funds could be reoriented within the theme.
- Additional emergency funds were available for COVID through the HAP Humanitarian Action Plan that allows reactivity, flexibility and complementarity. HAP in Niger is positioned for any ongoing humanitarian situation (floods, security issues, population displacement)
- Donors were flexible and other funds could be reprogrammed e.g. for hand washing devices and protection equipment. World Bank repositioned budget (if programmes were not implemented) for COVID + and protection committees to end child marriage in all village (UNICEF in its target areas for GPEM and Spotlight)

 **Coherence**

**Q6**

**To what extent the GP changes and adjustments are coherent with key related programmes (specifically education, SRH, child protection, GBV, FGM, social protection) ?**

**6.1 The GPECM adjustments are coherent with other key UNICEF and UNFPA related programmes (FGM, SRH, child protection, education)**

- Evidence of coherence of the GPECM adjustments with national programmes (specifically education, SRH, child protection, GBV, FGM, social protection)
- Evidence of synergies and coherence of adjustments with UNICEF and UNFPA related programmes and their own adjustments (specifically education, SRH, child protection, GBV, FGM, social protection)

External

- Sensibilisation COVID funded by Spotlight initiative integrated GBV, FGM and CM messages.
- Went on working with the NGO platform (co-chaired by Save the Children and Care): very active to disseminate COVID messages but also for child marriage
- Spotlight funds were used for strengthening capacity of both programme (GPeCM and Spotlight)
- Helped a coordinated response between sectors (education, transports) with MoH having a central role and crisis cells at regional level with governors and at district level (UNICEF mobilised resources communication, logistic, case management...)
- Coordination and complementarity with Peace building fund interventions in safe spaces and with mentors for disseminating COVID-19 measures in 7 common communities and building the capacity of NGOs (2 to 3 are same as GPECM IP). Girls were part of municipal councils (50%) and participated in decision making.
- NGO platform CM, role of UNFPA changed from Co lead and now provides technical support (accelerated by COVID). Distance support that worked well despite connectivity difficulties.

Internal

Crisis management team established meeting weekly ensured synergy between all programmatic components as well as protection measures (hand washing, soap, masks) in public schools, health facilities with C4D as key UNICEF contribution in mass campaign and mobilisation of traditional leaders and scouts

## SIERRA LEONE

Assumptions	Indicator
 <b>Relevance</b>	
<p><b>Q1</b>  <b><u>To what extent did the measures adopted within the GPECM during the COVID-19 crisis take into consideration the emerging needs of vulnerable and marginalized adolescent girls and their families?</u></b></p>	
<p><b>1.1 The GPECM identified, and reassessed priorities based on the situation generated by the COVID-19 pandemic</b></p>	<ul style="list-style-type: none"> <li>○ Evidence on how the GPECM identifies and tracks the emerging needs of vulnerable and marginalized adolescent girls under the COVID-19 pandemic.</li> <li>○ Identification of bottlenecks at the different stages of implementation of the GPECM adjustments to the COVID-19 pandemic</li> </ul>
<p>Life skills packages are not harmonised in Sierra Leone so it is difficult to track data.            Experience of Ebola epidemic: higher risk of adolescent pregnancy and GBV, stress due to lock down and economic impact ( study was done earlier), efforts were done for making sure that adolescent have information through a lot of messaging (SMS, Radio)            Through the U-report platform, more than 4,000 individuals were engaged with a series of poll questions on child marriage            An assessment of the socio-economic impact of COVID-19 in Sierra Leone was done by UNDP.</p>	
<p><b>1.2 The GPECM strategies and approaches have been revised to meet the needs of vulnerable and marginalized adolescent girls during the COVID-19 pandemic</b></p>	<ul style="list-style-type: none"> <li>○ Evidence of contextualization of strategies and interventions at country level (based on identified needs)</li> <li>○ Evidence that workplans are adjusted to respond to changes in needs and priorities</li> <li>○ Evidence that interventions targeted and reached the most vulnerable and marginalised adolescent girls and boys in the country</li> </ul>
<p>COs were given the opportunity to review some activities of the wok plans in 2020 to adjust to the COVID context. All activities done with government.</p>	

With the schools closed from April 2020, all life-skills and in person training was suspended, UNFPA postponed the implementation of the safe spaces and did a transition to other as use of radio teaching, radio jingles and SMS through mobile phones as countrywide awareness raising campaign on child marriage . A radio programme was prepared with complementary funding from other donors during school closure.

UNICEF did the mapping and started the implementation of the safe spaces with delay once the restrictions were lifted. UNICEF wanted to open safe spaces because it was considered as good channel for delivering COVID 19 information as well as SRH and GBV. July August was for preparation for putting the mitigation measures in place for schools before opening safe spaces in October

Research was deprioritised because of data collection being hampered by travel restrictions between districts. UNFPA is trying to integrate and address disability in the approaches as well as the already married. Their vulnerability was increased by the pandemic and increased efforts to include them. UNICEF has not change the approach and has always considered disability. SMS through partnering with main phone company covered most of the country including remote parts.

## Q2

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

#### **2.1 Adjusted measures are aligned with the GPECM phase II global, regional, country approaches**

- Evidence that the GPECM adjustment measures and approaches at global, regional and countries level are aligned with the ToC and that the ToC remains relevant to the current context
- Evidence that the GPECM adjustments are aligned to National policies and strategies related to COVID-19 response

National COVID-19 response plan was organised by pillars and there was work done with government partner (social welfare, gender) to integrate messages on GBV and ECM

 **Effectiveness**

### Q3

#### **To what extent did the GPECM changes and adjustments in response to the COVID-19 pandemic contribute to the results of the GP Phase II?**

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

- Evidence that the GPECM maintained or adjusted interventions to engage marginalized adolescent girls (aged 10–19) in gender transformative life skills or CSE education programmes (Output 1110)
- Evidence that the GPECM maintained or adjusted support to adolescent girls to enrol and remain in formal and non-formal education (Output 1120)
- Evidence that the GPECM adjusted tools and packages to better reach marginalized adolescent girls during the COVID-19 crisis

##### Implemented without modification, with delays

- Despite the COVID-19 pandemic, 12,000 girls were reached through adolescent safe spaces where they accessed life skills training as well as information on GBV prevention and response and sexual reproductive health (UNICEF target 12000). Adolescent girls' safe spaces could not be operated during the schools closure, and partially restarted in Kambia and Moyamba districts during the last quarter of the year with UNICEF support.
- Delays were due to school closure. UNFPA postponed the implementation of the safe spaces.

##### Adjusted, implemented with modifications

- Life skills radio teaching programmes was developed with the Ministry of Education and aired throughout the country, with lessons six days a week, at different times for different age groups as in class teaching was impossible. Radios were distributed to vulnerable girls to allow them to continue with schooling and life-skills training (Activity also funded by complementary funds in 2020) but limitations due to renewing batteries were faced.
- UNFPA provided 2453 dignity kits to vulnerable women and adolescent girls, containing essential items such as sanitary products and torches along with COVID prevention items such as masks. At least 23,000 of these kits went to adolescent girls

Terminated, not rescheduled

A comprehensive mapping of girls at risk in target localities could not go ahead due to the pandemic

Postponed to 2021

- The establishment of safe spaces and girls' clubs by UNFPA could not go ahead due to the pandemic. 2020 amount allocated rolled over to 2021 and activities to be completed in 2021 starting with mapping (to avoid transmission of the virus among adolescents)
- Efforts planned to harmonise the life skills packages including emergency
- Technical support to de development of materials to better reach girls with disability - to be completed in 2021
- Funds to be rolled over 2021 to fund radio life skills programmes within COVID-19 context, as well as the threat posed by Ebola in neighbouring Guinea

**3.2 The measures taken by the GPECM to respond to the COVID-19 situation have contributed to enable gender-equitable attitudes and support for girls' rights among adolescent boys, families, traditional and religious leaders, community groups, and other influencers**

- Evidence that the GPECM maintained or adjusted interventions for engaging boys and men in gender transformative programmes (including CSE for boys) that promote healthy relationships and positive masculinities and gender equality (Output 1210)
- Evidence that the GPECM maintained or adjusted interventions for engaging families, communities, traditional and religious leaders, and other influencers in dialogue and consensus-building on alternatives to child marriage, the rights of adolescent girls, and gender equality (Output 1220)
- Evidence that the GPECM maintained or adjusted interventions to include and support Women's organizations and youth-led organizations to mobilize the voices of the marginalized (particularly girls), challenge harmful social norms, and promote gender equality (Output 1230)

Implemented without modification, timely

- 5,276 adolescent boys participated in UNICEF-operated safe spaces in Kambia and Moyamba districts (Target 10 750)
- Three separate re-orientation trainings were conducted for 60 Male Advocates Peer Educators (MAPE). The engagement of the MAPEs network in three target districts supported a more gender-equitable attitude amongst men and boys
- More than 1,500 religious leaders were also engaged to promote positive social norms (target 50)

Implemented without modification, with delays

- Mapping of and identify in- and out-of-school adolescent boys in intervention areas (UNICEF)
- Through the U-report platform, more than 4,000 individuals were engaged with a series of poll questions on child marriage

- Positive Parenting Programme to promote positive child-rearing practices was developed
- Community dialogues were held during the last quarter of 2020 when restrictions eased with 15 927 people (target 3375)

Adjusted, implemented with modifications

- 78 million SMS messages and audio recorded messages were sent out to 3.9 million subscribers in Sierra Leone using GPECM and complementary funds on GBV and SRH (not in work plan).

Postponed to 2021

- mapping of and identify in- and out-of-school adolescent boys in intervention areas (UNFPA)
- UNFPA supported boys clubs
- Positive Parenting Programme to promote positive child-rearing practices will be piloted
- Mainstream U-report through women’s and youth-led organizations

**3.3 The GPECM has adjusted its interventions to the COVID-19 situation in a way that contributes to enhance the capacity of education, health, child protection and gender-based violence (GBV) systems to deliver coordinated quality programmes and services that meet the needs of adolescent girls and their families**

- Evidence that the GPECM maintained or adjusted interventions to support formal and non-formal schools to provide quality, gender-responsive education for adolescent girls, including comprehensive sexuality education (Output 2120)
- Evidence that the GPECM maintained, or adjusted support to health (including SRH) and systems to implement guidelines, protocols and standards for adolescent-friendly, gender-responsive coordinated, quality services (Output 2130)
- Evidence that GP maintained, or adjusted support gender-based violence and child protection systems to implement guidelines, protocols and standards for adolescent-friendly, gender-responsive coordinated, quality services (Output 2130)

Implemented without modification, timely

- Comprehensive sexuality education (CSE) was fully integrated into the Ministry of Basic and Senior Secondary Education’s Basic Education Curriculum Framework and accompanying syllabi for the following subject areas: Social Studies, Religious and Moral Education, Integrated Sciences, Home Economics and Physical Health Education.

- Terms of Reference developed for the Ministry of Gender and Children's Affairs technical working group to oversee the expansion of PRIM-ERO / GBV Information Management Systems GBVIMS+ and consultations with GBVIMS+ global experts.
- Establishment of call centres and one stop centres for GBV survivors.
- National training guidelines for health care workers developed on clinical response to GBV (including SOPs) for first time adolescent mothers

#### Adjusted, implemented with modifications

- UNICEF trained 420 government (Ministry of Social Welfare) and CSO social workers on case management and child protection information management system within the context of the COVID-19 pandemic response and provision of psychosocial support, inter-sectoral case management and referral mechanism (which included elements of GBV risk mitigation and prevention).
- Development of adolescent friendly hubs to be located near schools/Safe spaces, so adolescent girls can have easy access to SRH services in Koinadugu and Pujehun (pilot locations). Health workers to be trained and equipped.
- Support to the Office of the First Lady on the 'Hands off Our Girls Campaign', working with high-level influencers, to keep the momentum to prevent child marriage and other harmful practices in the midst of COVID-19.

#### Adjusted, implemented with modifications

- Government established free toll hotline and was supported by both UNFPA and UNICEF

#### Postponed to 2021

- Additional resources for CSE curriculum will be produced, and teachers will be trained on the revised content
- The school-related GBV action research initiative (to enhance the coordination mechanisms between the education and child protection sectors in relation to GBV reporting and referrals in schools) will be carried over to 2021
- Providing legal services to adolescent survivors of GBV and child marriage and other harmful practices

<p><b>3.4 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to enhance the capacity of national and sub-national social protection, poverty reduction and economic empowerment programmes and services to respond to the needs of the poorest adolescent girls, boys and their families</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that GP maintained or adjusted support to partnerships with government, civil society organizations and other implementers to ensure that social protection, poverty reduction and economic empowerment programmes and services were adolescent-friendly, gender responsive and reaching the poorest adolescent girls and families. (Output 2210)</li> </ul>
<p>No activities planned</p>	
<p><b>3.5 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to enhance the capacity of governments to fund, coordinate and implement national and sub-national action plans and systems to end child marriage</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that the GPECM maintained or adjusted capacity building and technical support interventions to governments to enact, enforce and uphold laws and policies, in line with international human rights standards, aimed at preventing child marriage, protecting those at risk and addressing the needs of those affected (Output 3110)</li> <li>○ Evidence that the GPECM maintained or adjusted capacity building and technical support to governments to implement a budgeted multi-sectoral gender-transformative plan on ending child marriage across ministries and departments at sub-national levels (Output 3120)</li> <li>○ Evidence that the GPECM was engaged to ensure that child marriage was taken into consideration in various national COVID-19 response strategies and guidelines</li> </ul>
<p><u>Implemented without modification, timely</u></p> <ul style="list-style-type: none"> <li>○ Technical support to the National Secretariat for the Reduction of Teenage Pregnancy (NSRTP) and Ministry of Gender and Children Affairs (MGCA) to enhance its capacity to better plan, coordinate and implement activities to respond to violence against children include child marriage cases</li> <li>○ mid-term review of the implementation of the National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage</li> </ul>	

Postponed to 2021

- Review of the Child Rights Act and identifying the bottlenecks that impair children to receive child friendly legal, justice and welfare services in a discordant legislative framework.
- Review and validation of the National Strategy to End FGM based on the evidence gained from the ethnographic study
- Support the review, enactment, and implementation of laws and policies related to ending child marriage such as the Sexual Offences Act (2012), Prohibition of Child Marriage Bill,

High-level advocacy for the enactment of a bill on the prohibition of child marriage was put on hold as government had other priorities and the process had to be very consultative and this was not possible to achieve because of the restrictions on gatherings and partners did not have the access to virtual communication (equipment lacking<sup>39</sup>).

**3.6 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to support governments and non-government organizations, to generate, disseminate and use quality and timely evidence to inform policy and programme design, track progress and document lessons**

- Evidence that the GPECM maintained or adjusted its capacity building and technical support to government and civil society organisations, to generate and use quality evidence on what works to end child marriage and support married girls (Output 3210)
- Evidence that the GPECM maintained or adjusted coordination and support to facilitate South to South collaboration and cross-learning across GP countries and with initiatives in other countries (Output 3220),

Implemented without modification, timely

- Formative study on child marriage, which is a quantitative baseline survey as part of a broader global study on social and behaviour norms related to child marriage (950 respondents) to be completed in 2021. Technical assistance could be provided remotely

Implemented without modification, with delays

- The ethnographic study on FGM was completed in 2020 but is still in the process of review and validation, delayed due to the effects of COVID-19

### Postponed to 2021

Evidence generation activities had to be delayed or deprioritized due to restrictions on movement as well as to address the immediate emerging needs of the COVID-19 response; therefore, achievements are limited and the work will be accelerated in 2021

- School-related gender-based violence (SRGBV) pilot project to generate evidence on effective strategies to implement minimum standards to address SRGBV
- Establish GBV information management system - Evidence generation activities had to be delayed or deprioritized due to restrictions on movement as well as to address the immediate emerging needs of the COVID-19 response; therefore, achievements are limited and the work will be accelerated in 2021

### **3.7 The GPECM has considered cross-cutting issues across all interventions to ensure a gender equality and 'do no harm' approach**

- Evidence that gender was mainstreamed in the COVID-19 changes and adjustments implemented by the GPECM and a gender transformative approach was taken at all levels and across all sectors
- Evidence that all the GPECM applied a 'do no harm approach' aligned with international public health guidelines and national COVID 19 restrictions in developing its changes and adjustments across all sectors and activities
- Evidence that those at risk of child marriage and marginalised adolescent girls have been provided with COVID 19 prevention and response information
- Evidence that the GPECM response included consideration for the security, health and wellbeing of staff, partners and beneficiaries

### Gender

- The engagement of the MAPEs network in three target districts supported a more gender-equitable attitude amongst men and boys.
- 2020 Male engagement strategy by the government. Phase I focus only on girls and from Phase II boys were included in interventions. UNFPA made sure that male are targeted on GBV, ECM teenage pregnancy through male peer educators mainly in 2021.
- SMS through partnering with main phone company that covers most of the country including some remote part. When SMS were sent there was a follow up on message sent including men.

### Do no harm

- "at every steps we need to be mindful that we create situation and ensure that we do not put adolescent girls at risk"
- Time was spent to prepare for mitigation measures but then we manage to put them in place

## Q4

### **To what extent did the GPECM provide support to COs programme adjustments to the COVID-19 pandemic?**

**4.1 The GPECM has provided necessary guidance, tools and information on how best to prioritise activities and utilise alternative response modalities, facilitated sharing to further objectives and learn from best COVID-sensitive practices.**

- Evidence that the GPECM at global/regional levels provided timely orientation/policy support as well as guidance, tools, trainings to support COs in addressing the COVID-19 pandemic
- Evidence that information, good practices and resources related to Covid-19 changes and adjustments were shared between countries

## Q5

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

**5.1 Some GPECM adjustments and innovations may potentially represent improvements that are likely to be maintained over time**

- Evidence that some of the changes and adjustments and innovations have the potential to be maintained after the COVID-19 pandemic if and where relevant
- Evidence of institutional learning (new processes, approaches or procedures) taking place that will help the GPECM to better respond to this ongoing crisis and future global crises

- Harmonisation of the life skills was delayed but is essential
- The radio programme with remote messages should be continued
- U report is way of disseminating messages through the phone that can be carried out there are limitations of access from the remote areas
- Positive parenting is a very good entry point to ECM (several studies) but difficult to assess what works and what does not work : a lot of messages about harmony in the family during lock down
- Religious leaders are very important

#### Partnership

- No change in partnerships following COVID – new partnership was developed at the beginning of Phase I.

### Humanitarian context

- Psychosocial support was developed during Ebola and was also considered during COVID. Tools developed during Ebola were adapted for COVID
- Ebola experience helped to tackle the situation : emergency teams helped to put the response in place based on previous experience. Government, staff, partners were all prepared to implement mitigation measures: handwashing,.... This helped to open the schools soon.

### **5.2 The GPECM has leveraged existing and additional resources to end child marriage**

- Evidence that existing resources were leveraged or additional resources (financial, technical, and human) were mobilised to address new and specific needs related to the GPECM adaptation and response to COVID 19

There was no additional resources but resources were realigned within the programme. Being conscious of GBV and CM the funds that were received for the pandemic were used for these issues as on teenage pregnancy. Complementary funding from other donors allowed to start a radio programme.



### **Coherence**

## **Q6**

**To what extent the GP changes and adjustments are coherent with key related programmes (specifically education, SRH, child protection, GBV, FGM, social protection) ?**

### **6.1 The GPECM adjustments are coherent with other key UNICEF and UNFPA related programmes (FGM, SRH, child protection, education)**

- Evidence of coherence of the GPECM adjustments with national programmes (specifically education, SRH, child protection, GBV, FGM, social protection)
- Evidence of synergies and coherence of adjustments with UNICEF and UNFPA related programmes and their own adjustments (specifically education, SRH, child protection, GBV, FGM, social protection)

More coordination with other sectors through the pillar system for the COVID national response: update, strategize, action to be taken including response team at district level. GBV guidelines development brought people together. In services a lot of messaging GBV but not sure that services providers were equipped enough

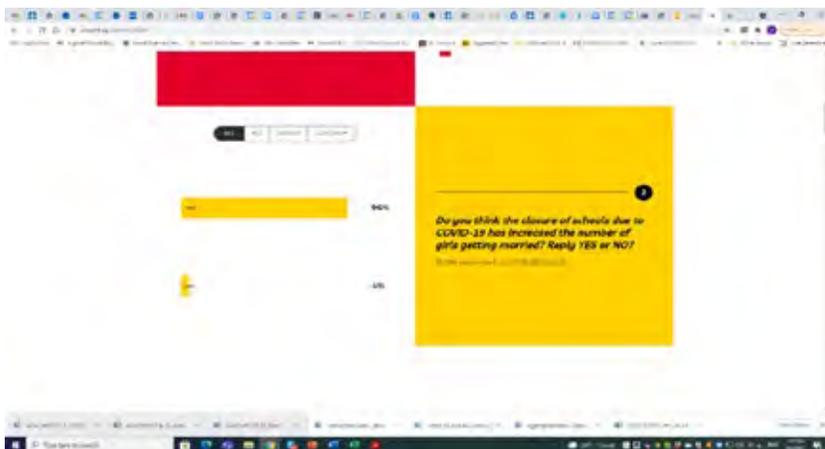
Health was working in isolation as they had a lot to deal with (guidelines..) but other sectors e.g. education, social welfare worked in collaboration.

## UGANDA

Assumptions	Indicator
 <b>Relevance</b>	
<p><b>Q1</b> <b><u>To what extent did the measures adopted within the GPECM during the COVID-19 crisis take into consideration the emerging needs of vulnerable and marginalized adolescent girls and their families?</u></b></p>	
<p><b>1.1 The GPECM identified, and reassessed priorities based on the situation generated by the COVID-19 pandemic</b></p>	<ul style="list-style-type: none"> <li>○ Evidence on how the GPECM identifies and tracks the emerging needs of vulnerable and marginalized adolescent girls under the COVID-19 pandemic.</li> <li>○ Identification of bottlenecks at the different stages of implementation of the GPECM adjustments to the COVID-19 pandemic</li> </ul>
<p>COVID 19 response plan at the Country level took an all UN approach, UN agencies developed UN COVID Response plan and worked with related ministries.</p> <ul style="list-style-type: none"> <li>○ Monitoring was done at community level, where there are community volunteers and para-social workers, community leaders who are trained to report on the incidence of harmful practices, including child marriage. The GPECM was in constant communication with these community leaders and to get information from them.</li> <li>○ Also the news papers were reporting and mass media was reporting on rising rates of child marriage, it was a very public issue.</li> <li>○ Civil society organisations were also involved – there are a number of civil society platforms that were reporting.</li> <li>○ national helplines and police helplines were also active, CBFU youth platforms.</li> </ul> <p>In August 2020 a Ureport survey indicated that 96% of 35,000 respondents think that school closures have led to an increase in child marriage. <a href="https://ureport.ug/opinion/4569/">https://ureport.ug/opinion/4569/</a> Poverty and School closures seen as main drivers of child marriage for the whole population.</p>	

GPECM in Uganda are doing 2 new assessments: 1 on the National Helpline, which reports a 45% increase in the number of children calling in about teenage pregnancy; and one on GBV and harmful practices. Results to be published soon....

Situation is most serious in Kasete in the west where floods have put many families out of their homes, here they are in camps and parents are marrying off their girls as a survival measure.



**1.2 The GPECM strategies and approaches have been revised to meet the needs of vulnerable and marginalized adolescent girls during the COVID-19 pandemic**

- Evidence of contextualization of strategies and interventions at country level (based on identified needs)
- Evidence that workplans are adjusted to respond to changes in needs and priorities
- Evidence that interventions targeted and reached the most vulnerable and marginalised adolescent girls and boys in the country

○ There is ample evidence<sup>40</sup> that workplans were adapted and that contextualised strategies and interventions were brought in:

<sup>40</sup> Interviews and document review

- Output 1110 targets were not achieved because life-skills training were suspended during the pandemic. However, adjustments were made to the programme to support mobile-based and remote sessions including use of TVs and radios. Older girls (mentors) living in the same community connect to the participating adolescent girls (in groups of approximately three) twice a week for 15 minutes for each learning session over a conference line. To support their adaptation to mobile-based and remote sessions, mentors were given a thorough training in using the Zoom platform. Session materials were also adapted to be not only more succinct but to also promote more discussion and interaction among the girls.
- A real-time monitoring system is currently in place where mentors enter attendance data for the girls who joined phone sessions, thereby making effective monitoring still possible. Girls who cannot be contacted by mobile receive printed learning material (flipchart/illustration-based material) while those that are connected receive it online.
- In addition, the programme contributed to National and District COVID 19 efforts with preparation and operationalisation of the COVID 19 Preparedness and Response Plans. The focus of the plans were to minimize the adverse effects COVID-19 on learners, teachers and the education system at large; promote coordination among education stakeholders and other agencies for a more effective response as well as enhancing the capacity of Ministry of Education and Sports, DLGs and stakeholders to promote protection of learners and support continuity of learning. The programme contributed to 81 % of learners (715,406) receiving home learning materials, 121,000 interactions with academic and life-skills content via Kolibri e-learning platform. 85% of learners are however still denied access to education. Coordination with MoES and districts to review the partial reopening and schools' compliance to the SOPs to inform Government decisions on whole school reopening.
- Leveraging on the COVID-19 structures e.g. immunization programmes to help the GPECM reach 13,595 (6,390 girls aged -10-24) to access integrated SRH, HIV/AIDs/GBV services through outreaches; where over 4,000 girls received FP – implants, IUDs, Depo, & pills. At the same time, UNFPA's provision of fuel vouchers to support delivery of SRH and GBV services enhanced referral of girls aged 13-20 years, where 673 accessed ANC services: 2,281 delivered safely in health facilities: 324 referred for comprehensive emergency obstetric and neonatal care services (emergency caesarean section); 4,360 mothers supported to access post-natal care services; 5,766 accessed modern family planning services and 643 SGBV survivors accessed timely life-saving medical services within 72hrs.
- While services were provided to GPECM beneficiaries, COVID -19 brought a heightened level of need and risk that the GP with its limited resources could not address<sup>41</sup>.

### **BOTTLENECK**

- In Uganda, COVID-19 exacerbated many of the factors that normally drive child marriage. Poverty increased due to loss of income at family level, as a result of loss of jobs, and salary cuts. Notably, during the lock down, the informal sector which employs more women than men was the worst hit. The reduction of income amongst women and girls, heightens the risk wiping out decades of gains of women's empowerment, and increasing gender inequality and everything that comes with including child marriage. There were tremendous challenges to achieving the results under Outcome area 2000:

- COVID-19 led to a break in the protection, health and education services. As a result of a directive for social services workforce to work from home, the temporary closure of the Child Helpline, girls could not receive social services or even report cases of child marriage; they could not congregate in their groups for them to look out for and protect each other and many of them were married off in the lockdown without any recourse. As a result of restrictions in movement, and the closure of schools, adolescent girls had limited or no access to SRH services like contraception and education as a safety net, which led to an increase in the risk of unwanted and unintended pregnancies as result of limited access to SRH services, which in turn put pressure on the girls to marry.
- Underfunding constrained the breadth and depth of the child protection emergency response.

## Q2

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

#### **2.1 Adjusted measures are aligned with the GPECM phase II global, regional, country approaches**

- Evidence that the GPECM adjustment measures and approaches at global, regional and countries level are aligned with the ToC and that the ToC remains relevant to the current context
- Evidence that the GPECM adjustments are aligned to National policies and strategies related to COVID-19 response

- GPECM adjustments adhere to the Global ToC but require also greater attention to the economic aspects which is what has made COVID 19 context a real threat to increased risks of child marriage<sup>42</sup>.
- GPECM was able to support advocacy through social media campaigns to support national policies and strategies on return to school particularly for girls who had become pregnant. Through these platforms like the U-Report, over 42,000 community members including parents and adolescents were provided with critical information and knowledge about existing alternatives for their adolescent girls, especially those who have gotten pregnant during lock down due to COVID-19. In addition, the GP a youth led organization (RAHU) facilitated to create awareness, educate girls and duty bearers on CSE. RAHU ran a media campaign on CSE through the entire COVID-19 lock down period, and several online conferences and webinars thus supporting sustained conversations at national level on the relevance of CSE. The activism on CSE in part shaped the inter-ministerial dialogues, shaped the joint statement by MGLSD, MOH, MoES and Makerere University to H.E. the President on child marriage which resulted to the MOE issuance of a circular to permit pregnant girls go back to school upon re-opening.

- The programme contributed to UNICEF Uganda’s support to National and sub-national COVID 19 efforts with preparation and operationalisation of the COVID 19 Preparedness and Response Plans to ensure minimalization of the adverse effects COVID-19 on learners, teachers and the education system at large; promote coordination among education stakeholders and other agencies for more effective responses, as well as enhancing the capacity of Ministry of Education and Sports, DLGs and stakeholders to promote protection of learners and support continuity of learning during lock down.

 **Effectiveness**

**Q3**

**To what extent did the GPECM changes and adjustments in response to the COVID-19 pandemic contribute to the results of the GP Phase II?**

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

- Evidence that the GPECM maintained or adjusted interventions to engage marginalized adolescent girls (aged 10–19) in gender transformative life skills or CSE education programmes (Output 1110)
- Evidence that the GPECM maintained or adjusted support to adolescent girls to enrol and remain in formal and non-formal education (Output 1120)
- Evidence that the GPECM adjusted tools and packages to better reach marginalized adolescent girls during the COVID-19 crisis

Implemented without modification, with delays:  
School clubs delayed due to school closures

Adjusted, implemented with modifications:  
Of the total adolescents reached, 16,706 adolescents (8,186 G, 8,520B) most vulnerable adolescents received mentorship, and gained life skills during the COVID 19 period, through the support of peer educators and home visits. The target for mentorship and life skills building was not achieved due to the suspension of gatherings as a result of the pandemic, hence the training was affected. However, adjustments were made to the programme to support mobile-based and remote sessions including use of TVs and radios in the areas of reach. Older girls (mentors) living in the same community were supported to connect to the participating adolescent girls (in groups of approximately three) twice a week for 15 minutes for each learning session over a conference line. In order to support their adaptation to mobile-based and remote sessions,

mentors were given a thorough training in using the Zoom platform. Session materials were also adapted to be not only more succinct but to also promote more discussion and interaction among the girls. Girls who cannot be contacted by mobile receive printed learning material (flipchart/illustration-based material) while those that are connected receive it online.

Potential Innovation:

A real-time monitoring system was put in place where mentors can enter attendance data for the girls who joined phone sessions, thereby making monitoring still possible without the need for field visits.

**3.2 The measures taken by the GPECM to respond to the COVID-19 situation have contributed to enable gender-equitable attitudes and support for girls' rights among adolescent boys, families, traditional and religious leaders, community groups, and other influencers**

- Evidence that GPECM maintained or adjusted interventions for engaging boys and men in gender transformative programmes (including CSE for boys) that promote healthy relationships, positive masculinities and gender equality (Output 1210)
- Evidence that the GPECM maintained or adjusted interventions for engaging families, communities, traditional and religious leaders, and other influencers in dialogue and consensus-building on alternatives to child marriage, the rights of adolescent girls, and gender equality (Output 1220)
- Evidence that the GPECM maintained or adjusted interventions to include and support Women's organizations and youth-led organizations to mobilize the voices of the marginalized (particularly girls), challenge harmful social norms, and promote gender equality (Output 1230)

Implemented without change:

Joint policy guidance in form of five pastoral letters on family planning, HIV prevention, maternal health, GBV prevention and teenage pregnancy was formulated by the Inter-religious Council. This initiative has harmonized thinking on issues that were approached differently by different denominations including conflict with national policy e.g., over the stance and age against use of modern contraception. The pastoral letters have facilitated capacity building of religious leaders in touch with communities, and have helped build consensus across denominations on issues related to child marriage.

Delayed/Postponed to 2021:

Interventions on social, gender norm change slowed down; special court sessions & GBV/SRH outreach camps in Sebei postponed due to COVID-19

Adjusted, implemented with modifications:

Scale and reach of specific target population is downsized (large scale engagement with men, boys, community leaders, religious leaders, women groups) on programme interventions - Parenting, community dialogues, social and gender norms change and out of school SE and youth programmes

Delayed/Postponed:

- School based interventions through school clubs due to school closure -limited access to protection, reproductive health and other services
- Adoption of data collection approaches by govt and implementation partners, GBV COVID-19 Impact assessment delayed-
- M&E & data collection on activity implementation/general situation of C/M –limited field visits – data is anecdotal.

**3.3 The GPECM has adjusted its interventions to the COVID-19 situation in a way that contributes to enhance the capacity of education, health, child protection and gender-based violence (GBV) systems to deliver coordinated quality programmes and services that meet the needs of adolescent girls and their families**

- Evidence that the GPECM maintained or adjusted interventions to support formal and non-formal schools to provide quality, gender-responsive education for adolescent girls, including comprehensive sexuality education (Output 2120)
- Evidence that the GPECM maintained, or adjusted support to health (including SRH) and systems to implement guidelines, protocols and standards for adolescent-friendly, gender-responsive coordinated, quality services (Output 2130)
- Evidence that GP maintained, or adjusted support gender-based violence and child protection systems to implement guidelines, protocols and standards for adolescent-friendly, gender-responsive coordinated, quality services (Output 2130)

**Education**

Implemented without modification, with delays:

- 492 schools were supported to meet at least two of the key elements for quality prevention and response to address VACiS, with several having data on violence, are aware of and have in place the teachers code of conduct, functional school clubs, as well as the Reporting Tracking Response and Referral (RTRR) Guidelines and have committed to practicing Positive discipline.
- 420 of the 492 schools, were supported to integrate life skills and citizenship education in their school development plans, as an approach for keeping adolescent concerns and strategies to address them on the agenda in the target schools which helps to enhance their retention and transition in school.

- Additionally, 897 teachers (549 males, 348 female) including senior women/male teachers, club patrons gained better knowledge on VACiS, menstrual hygiene management (MHM), HIV and gender responsive pedagogy, while 320 lower secondary teachers were trained on SE guidelines and teaching materials developed in 2019 with Joint support of the Spotlight Initiative.

#### Adjusted:

Following the closure of schools due to COVID 19 in March 2020, the approach to skilling adolescents shifted from in school to out of school clubs engagement. 16,706 adolescents (8, 186 G, 8,520B) most vulnerable adolescents received mentorship, information and gained life skills during the COVID 19 period, through the support of peer educators.

### **Health**

#### Implemented without modification, timely:

In the health sector, several guidelines were revised to include adolescent specific output areas on HIV/AIDS, Nutrition and GBV. The guidelines include; National Young People and Adolescent Peer Support (YAPS) Model- Mentors' Guide, which details roles and responsibilities of service providers in ensuring HIV/AIDS positive young people and adolescents receive appropriate care and support; The National Strategy and Implementation guidelines for Sexual Reproductive Health, HIV and AIDS, and Gender Based Violence Integration- 2020 – 2024, which will assist in providing a standardized approach to SRHR/HIV and GBV integration across the country including in Humanitarian setting; The Consolidated Guidelines for prevention and treatment of HIV and AIDS in Uganda; the Guidelines On Maternal, Infant, Young Child and Adolescent Nutrition (MIYCAN), which provides guidance for the health sector with the support of the development partners, to deliver high quality nutrition interventions to the prioritised vulnerable target groups, all of which are in their final stages for approval by the relevant sector high level management; including the Menstrual Health Management guidelines which will be used to re-orient girls, boys, male and women teachers as a whole in 2021, all of which are in their finalisation and approval stages.

#### Adapted:

In addition, provision of SRH, GBV and MHM services were integrated into the COVID-19 essential services guidelines and training packages developed by the Ministry of health.

#### New/Innovative:

GPECM and other partners supported access to SRH services, especially in response to the COVID-19 lock down measures through partnerships with Safe Boda which provided home delivery of contraceptives, Reproductive Health Uganda and through the fuel voucher system to District Local governments, which reached over 49,000 young people with ANC, safe and clean deliveries, emergency obstetric and neonatal care services, postnatal services, family planning commodities, and SGBV 72 hours' treatment, many more had limited or no access to essential and life-saving SRH services.

## Child Protection

### Implemented with delays/adapted:

Due to the outbreak of COVID-19, social service delivery was affected. Capacity building activities such as trainings were suspended to align with Health sector guidelines. However, community-based volunteer para-social workers were provided technical and material support to sustain community engagement, interpersonal communication and remote case management through the use of technology (phones/whatsapp) at district/sub-county level.

The Ministry of Gender, Labour and Social Development was also provided with technical support and guidance to advocate and build a case for the successful inclusion of the social welfare workforce (social workers, community development officers, para-social workers, and justice actors) in the critical staff category of government, which enabled them to continue working, leading to providing services to over 73,000 community members. 5,612 Para social workers in 15 district local governments were provided with supplies and materials like mobile phones, bicycles, case management books and protective gear and enabled them to sustain community engagements though house to house visits to provides psychosocial support and counselling to both parents and adolescents and prevent child marriage.

### Adjusted:

In the child protection sector, CSO partners and district local Governments were supported to provide critical child protection services to children directly and indirectly affected by emergencies including floods, displacement and the COVID-19 pandemic. 35,681 children received psychosocial support while 30,798 COVID-19 affected children and their parents received mental health and psychosocial services. 2,049 COVID-affected children benefitted from social care and support services.

The inclusion of the social welfare workforce into the COVID-19 response resulted into strengthened linkages between the social welfare and health sectors and was recognized as a critical part of the workforce for addressing future pandemics.

**3.4 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to enhance the capacity of national and sub-national social protection, poverty reduction and economic empowerment programmes and services to respond to the needs of the poorest adolescent girls, boys and their families**

- Evidence that GP maintained or adjusted support to partnerships with government, civil society organizations and other implementers to ensure that social protection, poverty reduction and economic empowerment programmes and services were adolescent-friendly, gender responsive and reaching the poorest adolescent girls and families. (Output 2210)

Adjusted, implemented with modifications:

- The programme partnered with government ministries (MGLSD, MoES, MGLSD and Makerere University) and 15 District Local governments to ensure Child Marriage and teenage pregnancy issues featured in the national inter-ministerial meetings and its impacts amidst the COVID-19 Pandemic. As a result, a joint statement on child marriage by the MoES, MGLSD, MOH and Makerere University was developed advocating for increased investment into elimination of Child Marriage, and policy pronouncement on pregnant girls to be able to access education once schools re-opened.
- The Joint statement was presented to the Representative of H.E. the President at State House, resulting to immediate circulation by the MoE a circular to permit pregnant girls access education once schools re-opened. In addition, the World Population Day of 11th July 2020, the GP organized a virtual e-conference of all District Local Government Chairpersons on Child marriage which resulted into a Joint agreement by LC Chairpersons and CAOs to include strategies for addressing Child Marriage in the District Development Plans.

Implemented with delays:

direct economic empowerment initiatives through BRAC and AIC benefitting 3,350 girls directly through economic empowerment and livelihood training and start-up capital were assisted

**3.5 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to enhance the capacity of governments to fund, coordinate and implement national and sub-national action plans and systems to end child marriage**

- Evidence that the GPECM maintained or adjusted capacity building and technical support interventions to governments to enact, enforce and uphold laws and policies, in line with international human rights standards, aimed at preventing child marriage, protecting those at risk and addressing the needs of those affected (Output 3110)
- Evidence that the GPECM maintained or adjusted capacity building and technical support to governments to implement a budgeted multi-sectoral gender-transformative plan on ending child marriage across ministries and departments at sub-national levels (Output 3120)
- Evidence that the GPECM was engaged to ensure that child marriage was taken into consideration in various national COVID-19 response strategies and guidelines

Implemented without delay:

The Child policy, which provides a framework for all child protection work was approved and launched in June 2020. In addition, government's capacity to deliver gender equitable services was enhanced through the recruitment of 67 Social Welfare Officers recruited to boost capacity of social service workforce to prevent and respond to VAC and GBV in 67 sub-counties in 9 districts. As a result, 36 (13m,23f) justice professionals' capacity enhanced to prosecute child related cases, which resulted in the fast tracking of cases involving 3,484 children (1,562 boys and 1,922 girls) in contact with the law and diverted cases of 687 children (473 boys, 214 girls) from the justice system (national diversion rate of 74.3%).

<p><b>3.6 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to support governments and non-government organizations, to generate, disseminate and use quality and timely evidence to inform policy and programme design, track progress and document lessons</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that the GPECM maintained or adjusted its capacity building and technical support to government and civil society organisations, to generate and use quality evidence on what works to end child marriage and support married girls (Output 3210)</li> <li>○ Evidence that the GPECM maintained or adjusted coordination and support to facilitate South to South collaboration and cross-learning across GP countries and with initiatives in other countries (Output 3220),</li> </ul>
<p><u>Implemented without modification, timely:</u> The MGLSD conducted a midterm evaluation of the national strategy to end child marriage and teenage pregnancy, which provides insights into progress, achievements, challenges, lessons learned to-date, and makes recommendations to areas that need improvement, to enable address child marriage and teenage pregnancy in a multisectoral and comprehensive manner. NEW: An assessment of the impact of COVID-19 on harmful practices (child marriage and FGM) is underway and expected to generate new evidence, but was not completed in time for this Assessment to take into consideration</p> <p>Output 3220: Regional and global coordination and support provided to facilitate south to south collaboration and cross-learning across GP countries and with initiatives in other countries. This activity was postponed to 2021 due to COVID-19.</p> <p><u>Newly introduced:</u> GPECM in Uganda and ESARO are planning a “Donor Virtual Visit” to take the place of traditional in person visit while COVID-19 limits international travel. One donor considers this is a nice idea, but does not feel that it is “here to stay” as it will likely be a bit staged and donors like to learn for themselves not have their visits totally managed by the GPECM or other programmes.</p>	

<p><b>3.7 The GPECM has considered cross-cutting issues across all interventions to ensure a gender equality and ‘do no harm’ approach</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that gender was mainstreamed in the COVID-19 changes and adjustments implemented by the GPECM and a gender transformative approach was taken at all levels and across all sectors</li> <li>○ Evidence that all the GPECM applied a ‘do no harm approach’ aligned with international public health guidelines and national COVID 19 restrictions in developing its changes and adjustments across all sectors and activities</li> <li>○ Evidence that those at risk of child marriage and marginalised adolescent girls have been provided with COVID 19 prevention and response information</li> <li>○ Evidence that the GPECM response included consideration for the security, health and wellbeing of staff, partners and beneficiaries</li> </ul>
<ul style="list-style-type: none"> <li>○ Gender was mainstreamed, but gender transformative approaches are only just being introduced and the impact has been limited. Limited during the pandemic. Not much work on adolescents with disabilities, nor any monitoring of this, an acknowledged weakness of the programme<sup>43</sup>.</li> <li>○ Do no harm approaches, suggest that both Ips and TTs consider that the response considered the wellbeing of staff and partners to a moderate or large extent. Somewhat less so for beneficiaries<sup>44</sup>.</li> <li>○ COVID 19 prevention and response information was provided to girls through a range of mass media, social media and person to person channels<sup>45</sup>.</li> <li>○ Gender was ‘mainstreamed’ in planning for the Phase II implementation, but that additional work on positive masculinities has been hampered by the COVID 19<sup>46</sup>.</li> </ul>	
<p><b>Q4</b>  <b><u>To what extent did the GPECM provide support to COs programme adjustments to the COVID-19 pandemic?</u></b></p>	

43 Interview

44 Interview and online survey

45 Interview, document review and online survey

46 Interview

<p><b>4.1 The GPECM has provided necessary guidance, tools and information on how best to prioritise activities and utilise alternative response modalities, facilitated sharing to further objectives and learn from best COVID-sensitive practices.</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that the GPECM at global/regional levels provided timely orientation/policy support as well as guidance, tools, trainings to support COs in addressing the COVID-19 pandemic</li> <li>○ Evidence that information, good practices and resources related to Covid-19 changes and adjustments were shared between countries</li> </ul>
<p>Focal points in Uganda benefited from all forms of support from RO and HQ, including regular webinars on the programming/reprogramming context, technical guidance and materials, and support in adjusting the programme to the COVID pandemic<sup>47</sup>.</p> <p>This is supported by Online survey that sees regional and HQ support as shared resources and information between GPECM countries to a large extent!</p>	
<p><b>Q5</b> <b>To what extent are changes, adjustments and innovations likely to be maintained over time?</b></p>	
<p><b>5.1 Some GPECM adjustments and innovations may potentially represent improvements that are likely to be maintained over time</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that some of the changes and adjustments and innovations have the potential to be maintained after the COVID-19 pandemic if and where relevant</li> <li>○ Evidence of institutional learning (new processes, approaches or procedures) taking place that will help the GPECM to better respond to this ongoing crisis and future global crises</li> </ul>
<p>The collaboration with the Safe Boda ride hailing app seems to have potential to be maintained after the COVID 19 pandemic, as it responds to an unmet need for access to contraceptives that predated but was intensified during the pandemic.</p> <ul style="list-style-type: none"> <li>○ In general respondents feel it is still too early to say what will be maintained for the on-going or future crises. COVID 19 is still not over and they are still making adjustments.</li> <li>○ etween now and 2023, there is a need to strengthen community-based structures and volunteer networks because they are the ones that can reach communities even throughout the pandemic</li> </ul>	

<sup>47</sup> Interview

- Targets definitely need to be revised in terms of the current situation and knock-on effects of what what not achieved in 2020.

#### Partnership

Uganda has brought in or scaled up one new and innovative partnership during this period: that is the partnership with Safe Boda ride hailing service for home delivery of contraceptives described above. This something that has been widely described in other publications about COVID-19 response. GPECM converges with the Spotlight and the UNJPGBV in some districts, as a result leading to support of 10,000 girls in 2020, with the GP directly supporting 2500 girls.

#### Humanitarian context

Uganda is very experienced in humanitarian response, due to its long experience hosting refugee camps in various parts of the country. This may have assisted Uganda's covid-19 response but this is not clear from the evidence.

#### **5.2 The GPECM has leveraged existing and additional resources to end child marriage**

- Evidence that existing resources were leveraged or additional resources (financial, technical, and human) were mobilised to address new and specific needs related to the GPECM adaptation and response to COVID 19

Uganda is a spotlight country, spot light resources were leveraged for child marriage activities – however no other resources provided, mainly the GPECM resources were reprogrammed due to the COVID 19 pandemic, activities that could not be implemented were adjusted and additional resources were put to activities that could be sustained



#### **Coherence**

### **Q6**

**To what extent the GP changes and adjustments are coherent with key related programmes (specifically education, SRH, child protection, GBV, FGM, social protection) ?**

#### **6.1 The GPECM adjustments are coherent with other key UNICEF and UNFPA related programmes (FGM, SRH, child protection, education)**

- Evidence of coherence of the GPECM adjustments with national programmes (specifically education, SRH, child protection, GBV, FGM, social protection)
- Evidence of synergies and coherence of adjustments with UNICEF and UNFPA related programmes and their own adjustments (specifically education, SRH, child protection, GBV, FGM, social protection)

- Leveraging on the UN Joint Programme on GBV, the Spotlight Initiative and the Joint Programme on FGM enhanced the GP reach to wider masses, better coordination and advocacy especially at national level, where there was widespread publicity on child marriage and teenage pregnancy rates. As a result, Child marriage was a key subject of discussions in the inter-ministerial meetings, COVID-19 response structures (COVID-19 GBV Sub-Committee), the medico-legal task force, the National GBV Reference Group and the Gender Development Partners Group<sup>48</sup>.
- COVID 19 response saw a good level of coordination and collaboration within different sector responses and with government partners<sup>49</sup>.

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48 Interview and document review

49 Interview and online survey

# YEMEN

Assumptions	Indicator
 <b>Relevance</b>	
<p><b>Q1</b>  <u>To what extent did the measures adopted within the GPECM during the COVID-19 crisis take into consideration the emerging needs of vulnerable and marginalized adolescent girls and their families?</u></p>	
<p><b>1.1 The GPECM identified, and reassessed priorities based on the situation generated by the COVID-19 pandemic</b></p>	<ul style="list-style-type: none"> <li>○ Evidence on how the GPECM identifies and tracks the emerging needs of vulnerable and marginalized adolescent girls under the COVID-19 pandemic.</li> <li>○ Identification of bottlenecks at the different stages of implementation of the GPECM adjustments to the COVID-19 pandemic</li> </ul>
<p>Hotlines were established by the ministry with a lot of constraints but led to demands for services and referral to shelters. This gave an idea about the needs.</p>	
<p><b>1.2 The GPECM strategies and approaches have been revised to meet the needs of vulnerable and marginalized adolescent girls during the COVID-19 pandemic</b></p>	<ul style="list-style-type: none"> <li>○ Evidence of contextualization of strategies and interventions at country level (based on identified needs)</li> <li>○ Evidence that workplans are adjusted to respond to changes in needs and priorities</li> <li>○ Evidence that interventions targeted and reached the most vulnerable and marginalised adolescent girls and boys in the country</li> </ul>
<p>The deteriorating humanitarian situation in Yemen due to the conflict has a huge toll on girls and women (e.g. 12000 female headed households). COVID-19 pandemic is not considered as important compared to the war situation. The needs for socio economic opportunities is important. Mental health support is also a huge need.</p>	

For safe space, adult literacy classes, we managed to reach nearly all the most remote ones with smaller groups through strong coordination and network with different sectors (Ministry of interior, police station, lawyers...).

Asking girls to come for online activities could be very challenging and reaching the most remote ones will also be challenging.

## Q2

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

#### **2.1 Adjusted measures are aligned with the GPECM phase II global, regional, country approaches**

- Evidence that the GPECM adjustment measures and approaches at global, regional and countries level are aligned with the ToC and that the ToC remains relevant to the current context
- Evidence that the GPECM adjustments are aligned to National policies and strategies related to COVID-19 response



#### **Effectiveness**

## Q3

### **To what extent did the GPECM changes and adjustments in response to the COVID-19 pandemic contribute to the results of the GP Phase II?**

Targets were not revised because they need to be renegotiated with the government through the Secretary-General of the Supreme Council for Management and Coordination of Humanitarian Affairs (SCAMCHA). The interventions were adjusted 'as it goes', some were overachieved and some not. There were efforts to reach more beneficiaries in smaller groups with the same amount of funding but also with other sources of fund because needs are huge.

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

- Evidence that the GPECM maintained or adjusted interventions to engage marginalized adolescent girls (aged 10–19) in gender transformative life skills or CSE education programmes (Output 1110)
- Evidence that the GPECM maintained or adjusted support to adolescent girls to enrol and remain in formal and non-formal education (Output 1120)
- Evidence that the GPECM adjusted tools and packages to better reach marginalized adolescent girls during the COVID-19 crisis

Implemented without modification, timely

- GPECM fund only a small part of Life skills which is a bigger programme “My safety” - adolescent girls under the GPECM funding are referred to the services supported under other programmes (mental health, safe spaces, shelters) – 3000 were referred to services such as health, Psycho social support, legal support...
- 22 literacy classes were conducted with 630 girls<sup>50</sup> (72 integrated formal education)
- UNICEF use MENA framework for school based life skills – GP funds are used for girls and other funds for boys

Adjusted, implemented with modifications

- From the end of March to September/October Life Skills could not be conducted when schools were closed because of the restriction due to the pandemic. Life skills and literacy courses was extended to youth clubs with out of school children and reached 2,457 adolescent girls, victim or at risk of child marriage. (Target 1170).
- The life skill package was revised to be delivered remotely with the main messages e.g. resilience and to make the curriculum more gender-transformative but not all the messages could be kept. It was challenging to deliver interventions of equivalent quality.
- During COVID-19 adolescents were kept informed through the peer-to-peer approach, when activities have been suspended due to restrictions of movement, schools and safe spaces closure. 10 per cent of adolescent girls who received life skills training, were supported with grants to lead peer-to-peer awareness raising activities within their communities, and to raise awareness on issues around gender norms and marriage (out of 30% targeted)

- The number of schools increased in three new Governorates in the south to 106 (81 targeted) with new implementing partners so more adolescent girls could be reached following the re-opening of schools and community centres in September. The life skills component was scaled up from 17 to 31 districts which explained the overachievement against the initial target.

**3.2 The measures taken by the GPECM to respond to the COVID-19 situation have contributed to enable gender-equitable attitudes and support for girls' rights among adolescent boys, families, traditional and religious leaders, community groups, and other influencers**

- Evidence that the GPECM maintained or adjusted interventions for engaging boys and men in gender transformative programmes (including CSE for boys) that promote healthy relationships and positive masculinities and gender equality (Output 1210)
- Evidence that the GPECM maintained or adjusted interventions for engaging families, communities, traditional and religious leaders, and other influencers in dialogue and consensus-building on alternatives to child marriage, the rights of adolescent girls, and gender equality (Output 1220)
- Evidence that the GPECM maintained or adjusted interventions to include and support Women's organizations and youth-led organizations to mobilize the voices of the marginalized (particularly girls), challenge harmful social norms, and promote gender equality (Output 1230)

Implemented without modification, timely

- 604 boys attended with life skills classes (Target 570)
- SBCC reached out in community in community centres targeting male influencers (Iman, health workers, teachers) but physical awareness stopped because UNICEF was strict on prevention measures. Government's rules were looser.

Adjusted, implemented with modifications

- More people reached than target through RCCE including through youth/community volunteers
- Physical awareness raising stopped but was done through social media. Instead key messages were integrated in the Risk Communication and Community Engagement (RCCE) strategy (C4D): COVID, child marriage, GBV
- 17,529 (target 13,104) women, men, girls and boys sensitised on GBV risks, including child marriage through remote psychosocial support, families counselling, programme partners as well as Gender-based sub-cluster partners During the pandemic, all actors were mobilised for awareness raising especially on GBV during lockdown.

Postponed

Men2men network activities where men are engaged on social and gender norms have not taken place due to COVID-19

**3.3 The GPECM has adjusted its interventions to the COVID-19 situation in a way that contributes to enhance the capacity of education, health, child protection and gender-based violence (GBV) systems to deliver coordinated quality programmes and services that meet the needs of adolescent girls and their families**

- Evidence that the GPECM maintained or adjusted interventions to support formal and non-formal schools to provide quality, gender-responsive education for adolescent girls, including comprehensive sexuality education (Output 2120)
- Evidence that the GPECM maintained, or adjusted support to health (including SRH) and systems to implement guidelines, protocols and standards for adolescent-friendly, gender-responsive coordinated, quality services (Output 2130)
- Evidence that GP maintained, or adjusted support gender-based violence and child protection systems to implement guidelines, protocols and standards for adolescent-friendly, gender-responsive coordinated, quality services (Output 2130)

Implemented without modification, timely

- Within the targeted districts, 22 literacy courses were provided to 630 child marriage survivors and girls under the threat of child marriage (target 320)
- 105 girls were supported to return to school following school reopening in October. UNICEF, UNFPA and partners are still working to identify and support more out-of-school girls to return and remain in school

UNFPA Services did not stop because they are implemented by experienced partner such as Yemen Women Union with case workers in each target districts to identify GBV and CM cases. A total of 175 girls, survivors or at risk of child marriage were referred and supported with various services depending on their needs (target 98). People did not care about COVID and continue attending services.

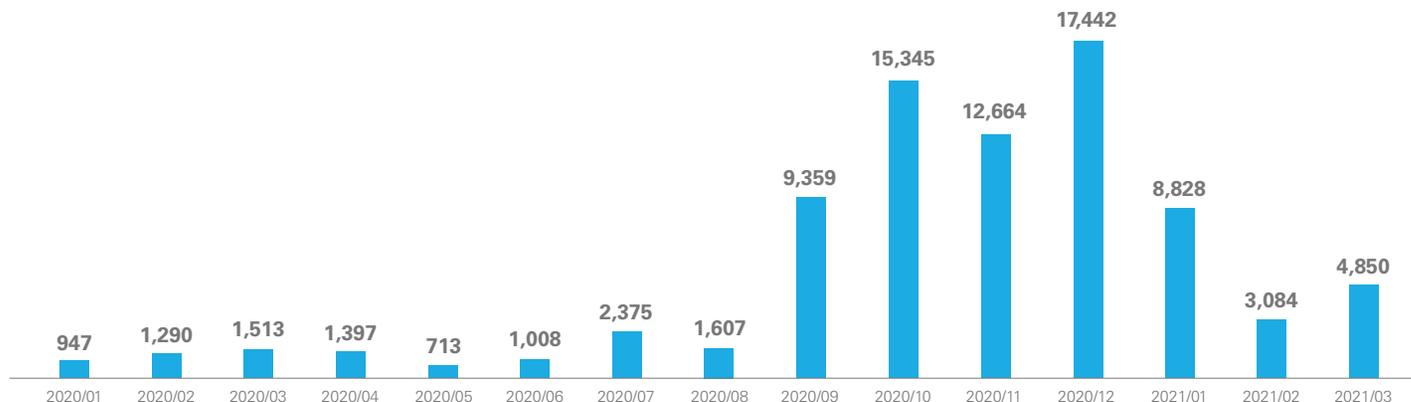
Adjusted, implemented with modifications

- Ending child marriage is embedded in Violence against Children (VAC) programme i.e. preventing marriage but also for married girls. Service provision provided by the Ministry of Social Affairs and Labour (MSAL) with UNICEF support was extremely affected because of low capacity as the workforce was decreased by 80%, case management as well as referral diminished. With the closure of community centres and safe spaces, PSS was delivered remotely to beneficiaries. However, due to the risk of lack of privacy, breach of confidentiality, and stigmatisation of beneficiaries, family counselling was prioritised involving all family members
- It took 5 months to develop SOP for remote case management. SOP were adopted in August and 33 social workers were trained and resumed case management remotely. The revised SOP focused on phone psychosocial support and counselling, not only for survivors but for families in order to maintain the link. In terms of quality family counselling and individual counselling are very different but keeping contact

is essential. They could pursue remote gender-based violence and child protection case management and ensure service continuity while preserving the safety and security of beneficiaries what improved cross-sectoral referral mechanisms. As a result, 3,365 adolescent girls where provided with multisectoral services, including health, psychosocial and legal support.

- o Women and Girls Safe spaces (WGSS) remained partially opened for smaller groups (6 instead of 15) with sufficient social distancing.
- o GBV shelters remained fully functional, integrated COVID -19 prevention and control measures (PPE). GBV multisectoral services continued to be provided through case workers at the district and governorate level (case workers updated services mapping on regular basis)
- o IEC awareness raising brochures with preventive measures available at all UNFPA facilities including IDP sites, including information on support hotlines and MHPSS services available
- o Five toll free hotlines were established in 2020, through all UNFPA partners ( legal, psychosocial and referrals), (altogether 5) that supported GBV survivors with remote counselling and information on COVID-19, including complaint mechanisms., see below graph above that shows the increase in hotline services during COVID-19<sup>51</sup>.

#### Hotline services provided January-December 2020



A total of 175 girls (Target 98), survivors or at risk of child marriage have been referred and supported with various services depending on their needs.

51 UNFPA Yemen. Impact of COVID-19 on Child marriage. Power Point presentation. May 2020

**3.4 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to enhance the capacity of national and sub-national social protection, poverty reduction and economic empowerment programmes and services to respond to the needs of the poorest adolescent girls, boys and their families**

- Evidence that GP maintained or adjusted support to partnerships with government, civil society organizations and other implementers to ensure that social protection, poverty reduction and economic empowerment programmes and services were adolescent-friendly, gender responsive and reaching the poorest adolescent girls and families. (Output 2210)

Implemented without modification, timely

- Vocational training continued for girls. Vocational training on for incense manufacturing, hairdressing, tailoring, based on a market survey provided to 194 vulnerable out-of-school adolescent girls accompanied by small grant to start a business and a basic financial course<sup>52</sup>. Some livelihood training for women stopped Individual training.

Implemented without modification, with delay

- Three new Implementing partners related to socioeconomic empowerment and poverty reduction have been supported with capacity building on adolescent friendly and gender responsive project implementation, during COVID-19<sup>53</sup>

Adjusted, implemented with modifications

- UNFPA 'My Safety' increased its coverage. Girls started the production of masks that they could sell in liaison with the Ministry of Health.

<sup>52</sup> Yemen GPECM Annual report 2020

<sup>53</sup> Yemen GPECM Annual report 2020

<p><b>3.5 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to enhance the capacity of governments to fund, coordinate and implement national and sub-national action plans and systems to end child marriage</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that the GPECM maintained or adjusted capacity building and technical support interventions to governments to enact, enforce and uphold laws and policies, in line with international human rights standards, aimed at preventing child marriage, protecting those at risk and addressing the needs of those affected (Output 3110)</li> <li>○ Evidence that the GPECM maintained or adjusted capacity building and technical support to governments to implement a budgeted multi-sectoral gender-transformative plan on ending child marriage across ministries and departments at sub-national levels (Output 3120)</li> <li>○ Evidence that the GPECM was engaged to ensure that child marriage was taken into consideration in various national COVID-19 response strategies and guidelines</li> </ul>
<p><u>Implemented without modification, with delay</u></p> <ul style="list-style-type: none"> <li>○ A Mid-term review of the 2019-2021 National Strategic Plan was undertaken in September, with the participation of all stakeholders, following the lifting of restrictions on the organisation of workshops by the Government</li> </ul> <p><u>Postponed to 2021</u></p> <ul style="list-style-type: none"> <li>○ The conflict situation in Yemen did not allow to facilitate the development of a National plan but support to victims is organised through a network of lawyers that continued to be mobilised after the pandemic. There is no law on the age of marriage</li> </ul>	
<p><b>3.6 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to support governments and non-government organizations, to generate, disseminate and use quality and timely evidence to inform policy and programme design, track progress and document lessons</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that the GPECM maintained or adjusted its capacity building and technical support to government and civil society organisations, to generate and use quality evidence on what works to end child marriage and support married girls (Output 3210)</li> <li>○ Evidence that the GPECM maintained or adjusted coordination and support to facilitate South to South collaboration and cross-learning across GP countries and with initiatives in other countries (Output 3220),</li> </ul>

### Postponed to 2021

- Several research/evidence generation activities were planned in 2020: Study on the cause and practice of child marriage planned to be conducted in 2020 but has been postponed due to COVID 19 movement restrictions (implications on focus group discussion and key informants interview) and ministry of Social Affairs and Labour workforce was reduced of 80% . Impact evaluation on psychosocial support (also planned in 2020) was also postponed to 2021 due to the pending approval from Secretary-General of the Supreme Council for Management and Coordination of Humanitarian Affairs (SCAMCHA). Research was not a priority for the government. e.g. IPSOS study quantitative component could not be undertaken but will resume in 2021
- The child marriage programme review planned for 2020 did not take place and will be conducted in 2021<sup>54</sup>
- UNICEF regional office for the Middle East and North Africa initiated a regional analysis of factors contributing to changes in rates of child marriage during COVID-19, and to capture the impact of the pandemic on child marriage programming in the region. The analysis which will be completed in the first quarter of 2021<sup>55</sup>.

### **3.7 The GPECM has considered cross-cutting issues across all interventions to ensure a gender equality and 'do no harm' approach**

- Evidence that gender was mainstreamed in the COVID-19 changes and adjustments implemented by the GPECM and a gender transformative approach was taken at all levels and across all sectors
- Evidence that all the GPECM applied a 'do no harm approach' aligned with international public health guidelines and national COVID 19 restrictions in developing its changes and adjustments across all sectors and activities
- Evidence that those at risk of child marriage and marginalised adolescent girls have been provided with COVID 19 prevention and response information
- Evidence that the GPECM response included consideration for the security, health and wellbeing of staff, partners and beneficiaries

<sup>54</sup> Idem

<sup>55</sup> UNICEF Middle East and North Africa Regional Office. Child marriage in the context of COVID-19. Analysis of trends, programming and alternative approaches in the Middle East and North Africa. June 2021

### Gender

Participation of adolescent girls in literacy programmes (using REFLECT methodology) and in developing materials helped developing their self confidence. The revision of the life skills manual (including promoting positive masculinities) and training methodology and the involvement of boys (40%) also contribute to change norms although there is a need to be cautious since it is considered as bringing western ideas and as it is very sensitive.

### Do no harm approach

UN had stricter measures than the government so preventing measures were strictly followed. Government in South acknowledged more the pandemic, the Ministry of Health restricted gathering and put in place masks and sanitizers. COVID is mainly seen as a health issue.

## **Q4**

### **To what extent did the GPECM provide support to COs programme adjustments to the COVID-19 pandemic?**

**4.1 The GPECM has provided necessary guidance, tools and information on how best to prioritise activities and utilise alternative response modalities, facilitated sharing to further objectives and learn from best COVID-sensitive practices.**

- Evidence that the GPECM at global/regional levels provided timely orientation/policy support as well as guidance, tools, trainings to support COs in addressing the COVID-19 pandemic
- Evidence that information, good practices and resources related to Covid-19 changes and adjustments were shared between countries

The Regional office is very supportive during the pandemic and both country and regional offices work together. The humanitarian context of Yemen is taken into consideration by HQ ( how the Global Programme can be implemented in humanitarian settings) and guidance is provided accordingly. Webinars and calls are useful although quite generic. 2020 in Amman. It is also us feeding to the HQ related to the specificity of humanitarian situation of Yemen.

## Q5

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

#### **5.1 Some GPECM adjustments and innovations may potentially represent improvements that are likely to be maintained over time**

- Evidence that some of the changes and adjustments and innovations have the potential to be maintained after the COVID-19 pandemic if and where relevant
- Evidence of institutional learning (new processes, approaches or procedures) taking place that will help the GPECM to better respond to this ongoing crisis and future global crises

- Programming COVID adjustment gave the opportunity to think differently. Case management in remote delivery mode (revised SOP) can be continued if any restrictions have to be applied and offer preparedness for any situation. However even if the adaptation remains relevant using a mix approach is very important.
- Need for strengthening systems, case management, complain mechanisms, hotline through capacity building.
- We are investing in adapting the manual for remote delivery in case we need to deliver remotely and ensuring that the core message remain and that it remains relevant. We endeavour to maintain the maximum quality but doing things remotely on line is very very challenging.

#### Partnership

Additional partnership : for UNICEF (one in North and one in South) was planned to expand and COVID 19 helped speeding the process.

#### **5.2 The GPECM has leveraged existing and additional resources to end child marriage**

- Evidence that existing resources were leveraged or additional resources (financial, technical, and human) were mobilised to address new and specific needs related to the GPECM adaptation and response to COVID 19

Implementation of activities with prevention measures was difficult and costly. There was reshuffling of budget from activities that could not take place (night care centres) for procuring PPE. Left over money was used for hotline, information materials. There was flexibility to support social workers. Humanitarian context allowed the flexibility so we could use flexible funding for message dissemination. COVID was integrated in all clusters.

 **Coherence**

**Q6**

**To what extent the GP changes and adjustments are coherent with key related programmes (specifically education, SRH, child protection, GBV, FGM, social protection) ?**

**6.1 The GPECM adjustments are coherent with other key UNICEF and UNFPA related programmes (FGM, SRH, child protection, education)**

- Evidence of coherence of the GPECM adjustments with national programmes (specifically education, SRH, child protection, GBV, FGM, social protection)
- Evidence of synergies and coherence of adjustments with UNICEF and UNFPA related programmes and their own adjustments (specifically education, SRH, child protection, GBV, FGM, social protection)

Projects are not stand alone, all are integrating different components

# ZAMBIA

Assumptions	Indicator
 <b>Relevance</b>	
<p><b>Q1</b>  <u>To what extent did the measures adopted within the GPECM during the COVID-19 crisis take into consideration the emerging needs of vulnerable and marginalized adolescent girls and their families?</u></p>	
<p><b>1.1 The GPECM identified, and reassessed priorities based on the situation generated by the COVID-19 pandemic</b></p>	<ul style="list-style-type: none"> <li>○ Evidence on how the GPECM identifies and tracks the emerging needs of vulnerable and marginalized adolescent girls under the COVID-19 pandemic.</li> <li>○ Identification of bottlenecks at the different stages of implementation of the GPECM adjustments to the COVID-19 pandemic</li> </ul>
<p>U-Reports has been used consistently in Zambia to gather data on various issues related to COVID-19 as follows<sup>56</sup>:</p> <ul style="list-style-type: none"> <li>○ SRH/HIV Service uptake during COVID-19 March 18, 2021</li> <li>○ Use of Digital Health Services, October 21, 2020</li> <li>○ COVID-19 Education Poll, May 25, 2020</li> </ul> <p>While these are useful in general the respondents are mainly men (approx. 65%) and mainly adults mostly between the ages of 20 and 30. According to KIIs few adolescents participate since they do not have access to cell phone and data. This is the general context in other countries and should be reflected on at the global and regional levels, how to overcome this digital divide</p> <p>The main way that tracking of emerging needs is done is through direct contact with the community through IPs<sup>57</sup>. Through the activities of YWCA, which maintains offices and personal in GPECM districts of Senanga, Katete and Lusaka, and also through the strong relationship</p>	

<sup>56</sup> From Desk Review

<sup>57</sup> Interview

created with the Department of Social Affairs and the social workers at District level. During the lockdown measures, the social workers were only working on rotation (not all at the same time) and did not travel the communities so while they were 'working' a lot of community activities did not happen.

From document Review: GPECM AR refers to a study that was supported by UNICEF by the Ministry of General Education that reviews how schools and learners were impacted by the pandemic. We have followed up and review of this document suggests that this is really a good practice: UNICEF supported a study that covered some 500 rural, urban and remote schools tracking the response to the pandemic, how learners were or were not able to access education during school closures (see SCREAM Study).

Tracking of health indicators: A study done by the Ministry of Health indicated that there was a change of about 5% in access to family planning services at the national level. However, national level statistics are probably not the best basis for planning: From KIIs, we know that there are methods for tracking impacts on child marriage have not been used at the local/district level. One has to do with the linkages with Health service providers regarding teenage pregnancy rates which is would be a strong factor leading to child marriage.

**1.2 The GPECM strategies and approaches have been revised to meet the needs of vulnerable and marginalized adolescent girls during the COVID-19 pandemic**

- Evidence of contextualization of strategies and interventions at country level (based on identified needs)
- Evidence that workplans are adjusted to respond to changes in needs and priorities
- Evidence that interventions targeted and reached the most vulnerable and marginalised adolescent girls and boys in the country

Evidence of contextualised strategies and interventions:

- It is clear that school closures led to the need to change the way the programme was implemented. In school Safe Spaces were suspended during school closures but out-of-school Clubs and safe spaces were continued using adjusted modalities: more and more frequent but smaller groups of adolescents. It is considered that the "most vulnerable" within GPECM districts continued to be reached through these new modalities, but Ips also consider that given the scale of the secondary impact of pandemic measures, the "most vulnerable" needed to re-defined. This is no longer limited to a few districts but vulnerability of adolescent girls to child marriage has gone to a national scale. KIIs with Ips stated that economic drivers are now forcing poor families across the country to consider child marriage as a negative coping strategy given rising rates of unemployment.
- Changes in programme delivery modalities was seen to put a strain on IP field teams as they did not have additional resources, but those who were supposed to be leading in-school activities were mobilised to contribute to working with out-of-school safe space groups. This is in part how the target for participation was exceeded despite school closures.

- Both GPECM focal points and IPs adapted their workplans as noted above, to focus during school closures on out of school clubs, and support continued to strengthening the capacity of Community Action groups to support girls to return to school once they re-opened.
- Although the GPECM allowed social workers in GPECM districts to reallocate their budgets to procure needed PPE, their movement was constrained as they were not considered as 'essential workers'; they were put on work rotation from the office and did not carry out home visits and case management during the height of the lockdown measures.

## Q2

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

#### **2.1 Adjusted measures are aligned with the GPECM phase II global, regional, country approaches**

- Evidence that the GPECM adjustment measures and approaches at global, regional and countries level are aligned with the ToC and that the ToC remains relevant to the current context
- Evidence that the GPECM adjustments are aligned to National policies and strategies related to COVID-19 response

According to Doc Review and KIIs: In Zambia, the COVID 19 programme adjustments did not change initial alignment with the GPECM Theory of Change. They remain essentially aligned with the Global ToC, and when asked whether the ToC remains valid, despite the pandemic, the answer is an emphatic YES. The ToC is comprehensive and the main drivers of child marriage have not changed, although some have been accentuated due to the pandemic. For example, the pandemic has led to growing poverty and anecdotal evidence suggests that this level of poverty is leading girls into transactional sex to meet their basic needs. But this does not change the ToC, but rather reinforces that more needs to be done to address poverty as a main driver of child marriage in Zambia.

The same goes for the Regional level - ESARO has that been the case. Programme adjustments at CO level were essentially to change the delivery modalities rather than change the substance of the programme so continued to be aligned with Global ToC<sup>58</sup>.

The GPECM response was aligned in with National policies and strategies in the sense that everything took a backseat to the health sector response. Looking back, some KIIs felt that UNFPA/UNICEF could have been more energetic in pushing the envelop to challenge that this was not only a public health emergency but should have included reflections on the social and economic aspects and the secondary effects on child marriage. To take a more integrated approach...

 **Effectiveness**

**Q3**

**To what extent did the GPECM changes and adjustments in response to the COVID-19 pandemic contribute to the results of the GP Phase II?**

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

- Evidence that the GPECM maintained or adjusted interventions to engage marginalized adolescent girls (aged 10–19) in gender transformative life skills or CSE education programmes (Output 1110)
- Evidence that the GPECM maintained or adjusted support to adolescent girls to enrol and remain in formal and non-formal education (Output 1120)
- Evidence that the GPECM adjusted tools and packages to better reach marginalized adolescent girls during the COVID-19 crisis

Despite the pandemic, 5923 girls were able to continue and complete community-based Safe Space mentorship programmes, which surprising exceeded the target for the year of 5480. The fact that the mentorship programme was sustained during this period is also an achievement in itself because most girls were not able to go to school during the time that the schools were closed for over 6 months and all school-based activities and clubs needed to be suspended. The mentorship programme was adapted to the pandemic in order to sustain engagement with adolescent girls so as to contribute towards averting adolescent pregnancy and child marriage. Instead of discontinuing the mentorship programme, the programme adhered to COVID-19 guidelines, thus fewer adolescent girls and boys were met, for a shorter period of time while observing physical distancing. Additionally, hygiene supplies such as face shields, masks, sanitisers, soap and buckets were provided.

Adapted

5,923 (3,923 girls aged 10-14 and 2,000 girls aged 15-19) completed safe space sessions. Girls were mentored on gender equality, self-confidence, HIV, GBV, goal-setting, MHM and entrepreneurship. This was done in over 108 safe spaces (45 girls spaces and 63 boys spaces) across 3 GPECM districts (Katete, Senanga and Lusaka). Sessions in safe spaces were conducted in a staggered manner and for a period of not more than 1 hour at every given time. The work in safe spaces was able to continue even during COVID-19 due to the approach that was used to reach the girls – fewer girls in each session, shorter sessions and distancing between all participants. These adaptations implied an increase in effort by mentors and teams working with the girls, they needed to double or in some cases triple the amount of time to reach all the girls and boys in the groups. As result of entrepreneurship training, two girls were able to make masks for all the girls in the safe spaces using the cloth and sewing machines they already have which they have been using to make reusable pads.

Similar activities designed to be operated out of school needed to be delayed/cancelled during school closures but were able to resume after schools reopened in September of 2020.

**3.2 The measures taken by the GPECM to respond to the COVID-19 situation have contributed to enable gender-equitable attitudes and support for girls' rights among adolescent boys, families, traditional and religious leaders, community groups, and other influencers**

- Evidence that the GPECM maintained or adjusted interventions for engaging boys and men in gender transformative programmes (including CSE for boys) that promote healthy relationships and positive masculinities and gender equality (Output 1210)
- Evidence that the GPECM maintained or adjusted interventions for engaging families, communities, traditional and religious leaders, and other influencers in dialogue and consensus-building on alternatives to child marriage, the rights of adolescent girls, and gender equality (Output 1220)
- Evidence that the GPECM maintained or adjusted interventions to include and support Women's organizations and youth-led organizations to mobilize the voices of the marginalized (particularly girls), challenge harmful social norms, and promote gender equality (Output 1230)

Adapted:

Community engagement through direct dialogues could not be carried out as envisaged due to public gathering restrictions as part of COVID-19 prevention. As an adaptation, communities were reached with messages through radio programmes with 22 radio programmes on child/adolescent wellbeing, including sensitisation on COVID-19 prevention. Although it is not certain how many listeners tuned in, the overall number of local listeners is estimated at approximately 300,000.

- The live phone-in format for the radio programmes, allowed for listener contribution. A total of 413 callers participated in the programmes, which provided a forum for public conversation on topical issues impacting on child marriage. The programmes focused on gender sensitive programming, such as girl child inclusion in social and economic opportunities like, school re-entry after pregnancy, girl and boy child education, including access to social protection programmes. As a result of the radio programmes, the Katete district ECM multisectoral team was requested to provide mentorship to the girls in 5 schools, where 111 girls participated<sup>59</sup>.
- According to Focus groups with traditional leaders: While traditional leaders and initiators remained engaged during the pandemic lockdown, they were not able to move about or meet with school students as they typically would. Their activities were very much hampered by the lockdown, although in some cases they were able to make phone calls and home visits to follow up with some families and girls at risk of child marriage<sup>60</sup>.

<sup>59</sup> Based on GPECM Annual Report and confirmed by interview.

<sup>60</sup> Based on Interview with Traditional Leaders and Initiators.

Delayed/Constrained:

- Based on analysis of GPECM annual report from Zambia: Due to COVID-19 restrictions on public gatherings, the Indaba with spouses of traditional leaders and engagement with the House of Chiefs were moved to 2021.
- With UNFPA support The Ministry of Chiefs and Traditional Affairs engaged 25 chiefs and 16 chiefs’ spouses and YWCA reached 134 traditional leaders, as well as, 133 Alangizi (female initiators) and 59 Alumbwe (male traditional counsellors). The engagement was focused on local solutions that can contribute to ECM and reducing adolescent pregnancy.
- Based on GPECM annual report: Although Zambia reports having exceeded its targets on New Partnerships (target 10/result 30), the following note is added to explain: “No additional youth groups were engaged by UNICEF in 2020 as no progress was made on the youth-led development of the peer-to-peer tool on gender norms due to COVID-19. This will re-start in 2021.”
- Community dialogues (using existing tools on power and gender that were adapted for the programme) were only started in December 2020 due to COVID-19 pandemic. The development of a gender transformative tool was moved to 2021.

**3.3 The GPECM has adjusted its interventions to the COVID-19 situation in a way that contributes to enhance the capacity of education, health, child protection and gender-based violence (GBV) systems to deliver coordinated quality programmes and services that meet the needs of adolescent girls and their families**

- Evidence that the GPECM maintained or adjusted interventions to support formal and non-formal schools to provide quality, gender-responsive education for adolescent girls, including comprehensive sexuality education (Output 2120)
- Evidence that the GPECM maintained, or adjusted support to health (including SRH) and systems to implement guidelines, protocols and standards for adolescent-friendly, gender-responsive coordinated, quality services (Output 2130)
- Evidence that GP maintained, or adjusted support gender-based violence and child protection systems to implement guidelines, protocols and standards for adolescent-friendly, gender-responsive coordinated, quality services (Output 2130)

While the services remained “open”, people were receiving messaging to ‘stay at home’ and there was concern that public health facilities were ‘dangerous’ places because that is where people with COVID 19 were being treated<sup>61</sup>. It is also reported that there many of the cases of COVID 19 were being spread by Health staff themselves. Therefore it is likely that although health centres remained open, there was a drop in the use of/accessing of adolescent health services. Some services like mobile clinics that were provided outside the health centre were suspended due to the pandemic restrictions which seems very unfortunate<sup>62</sup>.

61 Interview

62 Interview and focus group discussions:

Ureports data on access to SRH/HIV services asks: During COVID, were you able to access sexual and reproductive health services if you needed?

3,769 responded out of 76,747 polled – 54% of respondents said that they were never, hardly ever or sometimes able to access, as opposed to only 28% who said that they were always or mostly able to access these services during COVID 19.

On Ureports, link to ESARO efforts to have comparable data from different ESARO countries (MONA interview)

### **Health and child protection sectors**

“According to GPECM Annual Report for Zambia: The programme exceeded targets (target 24/result 191) on 2131 on service points meeting standards as follows: All the 33 health facilities in Katete and all the 18 health facilities in Senanga already had adolescent friendly spaces (AFS) - a platform for delivering SRHR/HIV and other health services that are responsive to needs of adolescents and young people. Partnered with Marie Stopes Zambia in the establishment of 8 mobile based clinics for adolescent friendly services in the high burden peri-urban areas of Lusaka and Ndola with a reach of 5,000 adolescents with SRHR/HIV services. Given that Zambia had a partial lockdown and guidelines for continuity of essential health services (including SRHR/HIV services for young people) were in existence, service delivery under this initiative continued while adhering to safety measures. 140 community level volunteers trained in community-based case management (CBCM) in the 2 ECM learning districts. The volunteers are classified as a delivery point as they directly interact with vulnerable children and families in their community, intervene and address together and/or refer to other services and/or escalate to a social worker.”

There has also been monitoring of the public health situation by Health Sector, including UNICEF and WHO analysis at national level with the Ministry of Health on changing patterns in terms of use of services – such as vaccination, maternal health, SRHS. This analysis showed not more than a 5-10% variability in use of specific health services. According to HIV-AIDS technical staff this can be a lot, of variation, especially if it is localised in some areas more than others or in some types of services like SRHS.

Some recommendations or lessons learned<sup>63</sup>:

- HIV-AIDS has taught us some very important lessons for the COVID 19 pandemic – Zambia has been very much dealing with HIV-AIDS pandemic for a long time. At least three key lessons learned:
- 1) Multi-month meds package and mobile clinics – it is possible to circumvent congestion in health centres and the health centre itself become a disease vector by decentralising services – providing people with their meds for a longer period of time so they don’t need to keep coming to the health centre. This can be done with oral contraceptives for girls, or the use of mobile adolescent health clinics for injectables.

- The Cholera epidemic in Zambia has also provided messaging prior to the Pandemic, but some people have also commented that dealing with the COVID has helped Zambia deal with its colera epidemic by reinforcing hygiene and the importance of hand washing.

### **Education**

School closures meant that little to nothing could be done within schools – this was a major impact since various girls’ clubs were designed for the school setting and education is a key form of protection from early marriage. According to KIIs, UNICEF worked with the Ministry of General Education to recover some remote learning radio programmes that already existed and to bring them into use while the schools were closed.

However the overarching problem for remote communities<sup>64</sup> is that even radio broadcasts do not always reach the community since radio signals are not strong enough and there are too few radio towers to reach many rural areas. This suggests that the bigger problem is radio broadcast infrastructure, not the distribution of radios.

However, according to GPECM Annual Report from Zambia and KIIs: Despite school closures, the GBPECM continued to work with to strengthen the capacity of Community Action Groups (CAGs), which were created to liaise with schools and communities to identify learners, both adolescent girls and boys, that have dropped out of school. The CAGs are supported to conduct income generating activities which are used to improve the environment for girls, e.g. through the provision/production of menstrual hygiene products and washing facilities (basins/ soap). With supplies and funds generated, the CAGs support girls that have dropped out to return to school. In 2020, 72 girls who had dropped out received support to return to school once they re-opened.

#### Implemented as planned:

Despite the pandemic: 54 schools supported to scale-up and institutionalise MHM through training of teachers and Parents Teachers Association (PTAs) members on MHM.

25 of the schools were supported by strengthening CAGs associated to them. These were the same schools WASH was supporting MHM interventions. 58 schools reached through work on guidance and counselling teachers.

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64 Interview.

**3.4 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to enhance the capacity of national and sub-national social protection, poverty reduction and economic empowerment programmes and services to respond to the needs of the poorest adolescent girls, boys and their families**

- Evidence that GP maintained or adjusted support to partnerships with government, civil society organizations and other implementers to ensure that social protection, poverty reduction and economic empowerment programmes and services were adolescent-friendly, gender responsive and reaching the poorest adolescent girls and families. (Output 2210)

Implemented without delays:

The Single Window Service Delivery Initiative has been scaled up to both ECM districts (Senanga and Katete) in 2020 from other resources. The initiative creates strengthened district level coordination between different state and non-state actors, initiates referral pathways, decentralises case management and improves community outreach. This initiative is a part of two national partnerships, the GRZ-UN Joint Programme on Social Protection Phase II between Government (MCDSS), UNICEF, ILO, UNDP, WFP and five cooperating partners (EU, Germany, Ireland, Sweden and UK), and a partnership with the World Bank to provide additional financing to social protection through its Girls in Education, Women's Empowerment and Livelihood (GEWEL) programme.

New, given the pandemic:

While outside the scope of the Programme, UNICEF was able to work with the Government of Zambia to launch a COVID 19 social cash transfer which is considered an achievement in itself in the context of the pandemic. This was done in December 2020, to provide support to households mainly of informal workers whose livelihoods had been seriously impacted by covid 19 pandemic. One of the aspects or conditionalities was the requirement to keep girls in school. This was seen by focal points has an important achievement which could, by providing direct cash support and keeping girls in school, have a mitigating influence on child marriage.

UNICEF continued supporting government's delivery of social protection programmes in line with the Seventh National Development Plan (7NDP)<sup>65</sup>. The flagship social assistance programme, the SCT currently reaches 632,223 households, with 68% being female-headed households. UNICEF supported advocacy for cash transfer payments to beneficiaries through contributing towards and supporting the World Bank provision of a facility for the financing of the SCTs in 2020 and beyond, as well as, through direct advocacy within government for national treasury releases for the SCT programme. UNICEF continued to play the role of a trusted partner and honest broker, facilitating and coordinating a

<sup>65</sup> GPECM Country Annual Report as well as interviews.

forward-looking approach across different stakeholders. This has resulted in World Bank availing funding for the SCT programme and improved releases from Treasury especially in the 4th quarter of 2020.

In response to the COVID-19 pandemic<sup>66</sup>, UNICEF led, convened and developed a COVID-Emergency Cash Transfer (C-ECT) response for vulnerable households affected by COVID-19 either directly or indirectly. By end of December 2020, payments to beneficiaries had commenced in the 15 most affected districts benefitting both households in chronic poverty and captured under the SCT (vertical expansion), and households who have become vulnerable through the emergency (horizontal expansion). While not directly a 'product' of the GPECM, the programme is remarkable for the speed with which it was rolled out in response to the pandemic and is aligned with other emergency response sectors, including WASH, health, GBV case management, Prevention of Sexual Exploitation and Abuse (PSEA), child protection, nutrition and disability.

The programme engaged with actors in the national level GBV coordination mechanism including the World Bank which is implementing the GEWEL programme consisting of:

- 1) Keeping Girls in School (KGS) where households on the SCT with adolescent girls in secondary school are provided additional education support and
- 2) Securing Women's Livelihoods (SWL) where women in households on the SCT are supported with livelihood packages. The UN, World Bank and other GBV actors discussed:
  - a) The national referral pathway, with the World Bank leading mapping of GBV service providers in their 67 implementation districts to inform a national service directory and the finalisation of the national referral pathway to support their KGS programme; and
  - b) Coordination around revisions to the national multi-disciplinary GBV guidelines and GBV case management where multiple partners are supporting similar work with the same ministry.

However, a meeting with traditional leaders and Initiators working with the GPECM in Senanga<sup>67</sup> showed that while cash transfers could be used to reduce the risks of child marriage, this was not the case during the pandemic and in Senanga specifically. Cash transfers related to the pandemic were introduced quite late, and were not properly targeted to have an impact on child marriage. and mainly went to the elderly. All participants in the focus group however felt that cash transfers should be used to support youth – particularly adolescent girls, to further their education. For every additional year of education for the girls they said, the Zambian government can recover revenue in the form of taxes on earnings later on. Any measures, such as income generation that can keep girls in school are measures to prevent child marriage. There is a recommendation by Traditional Leaders and Initiators that GPECM to work more effectively with UNICEF's social protection section to explore ways that cash transfers in emergencies be more closely linked to prevention of child marriage – either directed at adolescents or the families of adolescents to as a prevention measure<sup>68</sup>.

66 GPECM Country Annual Report

67 Interviews with Traditional Leaders and Initiators in Senanga

68 According to Discussion Groups:

**3.5 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to enhance the capacity of governments to fund, coordinate and implement national and sub-national action plans and systems to end child marriage**

- Evidence that the GPECM maintained or adjusted capacity building and technical support interventions to governments to enact, enforce and uphold laws and policies, in line with international human rights standards, aimed at preventing child marriage, protecting those at risk and addressing the needs of those affected (Output 3110)
- Evidence that the GPECM maintained or adjusted capacity building and technical support to governments to implement a budgeted multi-sectoral gender-transformative plan on ending child marriage across ministries and departments at sub-national levels (Output 3120)
- Evidence that the GPECM was engaged to ensure that child marriage was taken into consideration in various national COVID-19 response strategies and guidelines

New, given the pandemic:

It seems that at this level a number of activities were delayed/postponed to 2021: COVID-19 impacted on implementation of field level activities including local learning visits, conducting research including the SBC baseline and finalising important laws and guidelines. Due to this, some of these activities have been moved to 2021. From March, the Government focussed on addressing COVID-19 but the programme continued to advocate for and engage with multiple Government actors to find space to finalise important laws such as the Children’s Code Bill and starting work on developing key guidelines. An important activity was to support the MoCDSS to develop its COVID 19 guidelines for social services and social development<sup>69</sup>.

Adjusted:

However, the pandemic did bring some important opportunities. For example, since meetings with government partners went online, the GPECM was able to include subnational government partners on meetings that was not something that had been done before in national inter-sectoral coordination meetings.

The inclusion of provincial planners in the annual review process highlighted the need to leverage the role of previously un-used Government officers in scaling up efforts to ECM and expanding accountability for results across Government<sup>70</sup>. Virtual meetings made it possible to include more staff and perspectives from the field. Significantly, the provincial planners recognised the importance of addressing child marriage to

69 Link [here](#)

70 According to AR and Interview

ensure improved outcomes for children and suggested the inclusion of multi-sectoral child marriage work as one of the key performance indicators of the provincial permanent secretary, which the programme intends to take forward in 2021. The virtual format of meetings allowed these to be much more inclusive and more cost effective than they had been in the past, allowing a number of new partners and layers of government to participate and be engaged in Ending Child Marriage.

Implemented as planned without delays:

GPECM supported MoH with the drafting and printing of the National Operational Plan for the Adolescent Health Strategy 2017-2021

Delayed:

2 districts have had district level action plans to address child marriage since 2018. No progress made to scale to other districts through learning visits due to COVID.

**3.6 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to support governments and non-government organizations, to generate, disseminate and use quality and timely evidence to inform policy and programme design, track progress and document lessons**

- Evidence that the GPECM maintained or adjusted its capacity building and technical support to government and civil society organisations, to generate and use quality evidence on what works to end child marriage and support married girls (Output 3210)
- Evidence that the GPECM maintained or adjusted coordination and support to facilitate South to South collaboration and cross-learning across GP countries and with initiatives in other countries (Output 3220),

It appears that most evidence generation, study tours and baseline studies were delayed to 2021. No south-south study tours were planned for 2020.

**3.7 The GPECM has considered cross-cutting issues across all interventions to ensure a gender equality and 'do no harm' approach**

- Evidence that gender was mainstreamed in the COVID-19 changes and adjustments implemented by the GPECM and a gender transformative approach was taken at all levels and across all sectors
- Evidence that all the GPECM applied a 'do no harm approach' aligned with international public health guidelines and national COVID 19 restrictions in developing its changes and adjustments across all sectors and activities
- Evidence that those at risk of child marriage and marginalised adolescent girls have been provided with COVID 19 prevention and response information
- Evidence that the GPECM response included consideration for the security, health and wellbeing of staff, partners and beneficiaries

GPECM programming includes Safe Spaces for both girls and boys and is introducing a mentoring programme for positive masculinities. The COVID 19 pandemic affected both girls and boys, as boys as well as girls have been found to not return to school after schools have reopened. The exact reasons for boys and girls non return is not clear yet. The gender transformative approach in Zambia has very much to do with work on positive masculinities as well as working through traditional leaders to change cultural attitudes and norms. From our interview with traditional leaders and initiators this seems to be a very good approach.

Regarding do no harm, yes the programme made every effort to comply with public health restrictions and ensure masking, hand washing and social distancing in its adaptations with communities.

Community members and children in Safe Spaces were provided with public health information on COVID 19. Both KII and AR emphasize that as an adaptation, communities were reached with messages through radio programmes with 22 radio programmes on child/adolescent wellbeing, including sensitisation on COVID-19 prevention. The programmes reached an audience of approximately 300,000 listeners. The live phone-in format for the radio programmes, allowed for listener contribution and to ask questions about COVID 19 and child marriage.

## Q4

### To what extent did the GPECM provide support to COs programme adjustments to the COVID-19 pandemic?

**4.1 The GPECM has provided necessary guidance, tools and information on how best to prioritise activities and utilise alternative response modalities, facilitated sharing to further objectives and learn from best COVID-sensitive practices.**

- Evidence that the GPECM at global/regional levels provided timely orientation/policy support as well as guidance, tools, trainings to support COs in addressing the COVID-19 pandemic
- Evidence that information, good practices and resources related to Covid-19 changes and adjustments were shared between countries

Interviews with Focal points suggests that HQ and RO level support was very much appreciated. It seems that the idea to do the radio broadcasts was itself adopted after one of the 'GPECM Clinics' where focal points were able to share good practices. Focal points from Zambia report having participated in the following technical documents and activities:

- 1) Webinar Resources: Budget Advocacy for Public Financing for Ending Child Marriage and Female Genital Mutilation;

- o 2) Technical Notes: Addressing Gender Transformation to End Child Marriage; 3) Technical notes on convergent programming and on scaling up interventions to end child marriage;
- o 4) COVID-19 focused Open Clinic
- o 5) Half-year update from the Global Programme;
- o 6) Webinar on partnering with Men and Boys to End Harmful Practices;
- o 7) Webinar on monitoring child marriage during COVID-19;
- o 8) Webinar on COVID-19 Deep Dive with Regional Participation;
- o 9) Webinar on MHPSS;
- o 10) Webinar on PSEA;
- o 11) Webinar on COVID-19;
- o 12) Webinar on CSE

Sharing between focal points was found to be particularly helpful to learn from other countries adaptations. A particularly useful tool was UNICEF's The Adolescent Kit for Expression & Innovation during COVID 19<sup>71</sup>.

## Q5

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

#### **5.1 Some GPECM adjustments and innovations may potentially represent improvements that are likely to be maintained over time**

- o Evidence that some of the changes and adjustments and innovations have the potential to be maintained after the COVID-19 pandemic if and where relevant
- o Evidence of institutional learning (new processes, approaches or procedures) taking place that will help the GPECM to better respond to this ongoing crisis and future global crises

The most valued changes have to do with working with government partners on-line as opposed to always having to do in person meetings<sup>72</sup>.

71 Link [here](#)

72 Interview

Online meetings allowed the GPECM to be more inclusive (and cheaper) than in person meetings. There are strong efficiencies here that should be maintained after the pandemic is over. Savings in DSA for government partners has been an important efficiency. But government partners do not always have the tools needed to continue their work. According to on KII, “If we need these tools to work (computers, data, connectivity) then our partners also need these tools to work. As UNICEF we should be helping our partners to get the tools they need even/and especially during a pandemic”

The other important innovations in Zambia was using radio, this seems to have been new for them. This is something that can be maintained. Also it is important for the future to explore how cash transfers schemes can be adapted most effectively to prevention of child marriage, and it would be good to examine any data that might be available on this.

Need for decentralised Adolescent Health Services to address need for SRH/family planning when the normal health centres are overrun, insufficient privacy in place.

#### Partnership

Zambia has mainly relied on existing partnerships in the context of the pandemic, but one additional partnership was an institutions contract with Global Platform to provide 80 bicycles for peer educators in Katete and Senanga for purposes of supporting community outreach for adolescent health services and distribution of family planning commodities.

#### Humanitarian context

Zambia has both long experience with humanitarian response including refugees and displaced populations, as well as with health pandemics, including HIV-AIDS and Cholera. KIIs suggest that its experience in dealing with other health pandemics is an advantage in terms of responding to COVID 19. For example the fight against HIV-AIDS has taught that it is important not to stigmatise people if we want them to come forward for testing. Also the country has learned about the importance of psycho-social support for those infected in order to support them to self-isolate and follow public health guidelines, and also the idea of decentralised public health services points and multi-month meds/contraceptives that would reduce the need for frequent visits to the health center. All these public health practices could have/but did not necessarily feature in the COVI-19 response. Experience from fighting Cholera reinforces the needs for handwashing and proper hygiene, so it was seen that COVID-19 prevention also leads to Cholera prevention and vis-versa.

### **5.2 The GPECM has leveraged existing and additional resources to end child marriage**

- Evidence that existing resources were leveraged or additional resources (financial, technical, and human) were mobilised to address new and specific needs related to the GPECM adaptation and response to COVID 19

Yes, UNICEF in Zambia Canadian Embassy among other provided some additional funding to produce the 22 radio spots and to support Save and Plan in their areas to strengthen work on Child Marriage (in non GPECM areas)/GPECM did not mobilise but rather UNICEF child protection.

 **Coherence**

**Q6**

**To what extent the GP changes and adjustments are coherent with key related programmes (specifically education, SRH, child protection, GBV, FGM, social protection) ?**

**6.1 The GPECM adjustments are coherent with other key UNICEF and UNFPA related programmes (FGM, SRH, child protection, education)**

- Evidence of coherence of the GPECM adjustments with national programmes (specifically education, SRH, child protection, GBV, FGM, social protection)
- Evidence of synergies and coherence of adjustments with UNICEF and UNFPA related programmes and their own adjustments (specifically education, SRH, child protection, GBV, FGM, social protection)

The COVID-19 response in Zambia was treated very much a health response and most other services – like child protection and education – were left out of the initial response measures. So while UNICEF and UNFPA were very supportive of the Zambian government’s response, it is clear that non-health related responses largely came to a stop. Social workers were not considered ‘essential workers’ during the lockdown and that posed a challenge. Had social workers been deemed as essential workers during the pandemic, GPECM would have been able to mobilise them to address the various emergent protection risks faced by children, among these, early marriage.

Advocacy was done to have SWs considered as essential workers but this did not bear fruit. However, UNICEF helped to create the MSWSD Action plan on COVID 19.

Coherence was felt to not only exist but to have been enhanced in the pandemic since no one knew what to do, they had to cooperate and find solutions together – internal organisational coherence was built through greater collaboration, as was collaboration with a range of partners and donors. An example given where UNICEF and UNFPA were planning to design different training manuals but came together around a single set, developed by UNFPA.

## GLOBAL LEVEL

Assumptions	Indicator
 <b>Relevance</b>	
<p><b>Q1</b>  <b><u>To what extent did the measures adopted within the GPECM during the COVID-19 crisis take into consideration the emerging needs of vulnerable and marginalized adolescent girls and their families?</u></b></p>	
<p><b>1.1 The GPECM identified, and reassessed priorities based on the situation generated by the COVID-19 pandemic</b></p>	<ul style="list-style-type: none"> <li>○ Evidence on how the GPECM identifies and tracks the emerging needs of vulnerable and marginalized adolescent girls under the COVID-19 pandemic.</li> <li>○ Identification of bottlenecks at the different stages of implementation of the GPECM adjustments to the COVID-19 pandemic</li> </ul>
<ul style="list-style-type: none"> <li>○ Both UNFPA and UNICEF – independently – published modelling that projected, based on prior pandemics such as Ebola, what this could mean for teenage pregnancies and child marriage/early unions at a global level. NGO partner felt it was good messaging, but the fact that the agencies did this separately led to the sense that the two agencies were not working/speaking as one.</li> <li>○ The very first thing that emerged as a reality based on information from the field was that girls were at risk of all different kinds of violence – domestic, psychological and sexual violence, and although many countries set up systems for children to learn during school closures – those being online, offline, difference distance education modalities, girls time to learn was not as protected as boys time to learn. If there was a device at home, adults would use it first, then older boys, and only later and if nobody else needed it, were maybe girls allowed to use. Maybe if there was time at night, but then there is no electricity, they are tired, etc. Girls are helping with different chores at home so they have a lot to do apart from focus on their studies. For those colleagues who are closer to the field, closer to the children we are working for, those were realities – but there was no hard data, only anecdotes. We were missing hard data that we could use for making robust claims about the impact of the lockdown measure on continuity of learning for adolescent girls. Lockdown measures have made it more difficult to maintain contact with programme beneficiaries to understand how they are being impacted by, and coping with, the pandemic<sup>73</sup>.</li> </ul>	

- The technical note on COVID-19 and harmful practices published in April 2020 recommended to 'Invest in learning, monitoring and research about what is happening during the crisis in order to inform efforts to end FGM, child marriage and other harmful practices during the pandemic and beyond'<sup>74</sup>
- In India migrant population, and even younger girls having to migrate from, urban locations to rural locations and therefore being subjected to all forms of gender-based violence
- Child marriage in some contexts is the consequence of poverty. In this context of COVID-19, national and global levels were seeing a regressive pattern with some communities that had seen progress on girls' education and abandonment of child marriage, and are now seeing themselves falling deeper and deeper into poverty – in order to feed their families to marry off an older daughter, and in some cases believing it is for her own good, that she will have a better life. From the point of view of education, it is very unlikely that this girl now will have the opportunity to continue her education. This was the context that required reprogramming.
- HQ level relied heavily on data from past pandemics: in Sierra Leone and Liberia for example with the Ebola Virus and what were the effects of the lockdowns on girls and girls' education. HQ started to use that hard data for advocacy and they didn't have any comparable data yet for COVID-19 to make the case that teenage pregnancies really spiked during and after the Ebola lockdowns measures, partly due to violence against girls and other aspects related to child marriage, and that if nothing was done in the context of COVID-19 lockdowns the same would happen again. This advocacy was the first level of response and it was in many respects successful.
- U-reports and surveys emerged as a way to document what was changing due to COVID 19 a CO levels during lockdown conditions

### **BOTTLENECKS**

- The bottlenecks in terms of keeping the focus of gender transformative approaches was absorbing resources, because of the fact that countries and implementing partners could not be fully operational.
- Life skills virtual interventions were more awareness building rather than more intense interactions. Not reaching out enough to girls because of the whole challenge of the digital divide, or the fact that suddenly because schools were on standstill and the whole area of social protection, which was a bit of a challenge for countries. Girls' attendance was slipping and social protection interventions were either not getting out there or were not happening at all like in India or Ethiopia.
- *"The huge expanded outreach (something like 30 million communities reached through IEC interventions) was related to the success of the program but not necessarily speaking to quality" But it was obviously an inflated figure our M&E and results-based tracking that would not make sense".* Difference needs to be made between IEC and community-based interventions where dialogues and participating engagements happen.

<sup>74</sup> UNICEF in collaboration with Child Frontiers. Technical note on COVID-19 and harmful practices. April 2020

- The other challenge was of course, political will. With people really worrying about their health, with countries prioritizing health services and the economies, we have to really push hard to maintain the focus on the needs of adolescent girls' reproductive health services, HIV and gender-based violence. Even opening schools was top priority last year the pressure had to be kept to keep school open and around infection at schools.
- Gender team is looking more at helping girls overcome the digital divide

**1.2 The GPECM strategies and approaches have been revised to meet the needs of vulnerable and marginalized adolescent girls during the COVID-19 pandemic**

- Evidence of contextualization of strategies and interventions at country level (based on identified needs)
- Evidence that workplans are adjusted to respond to changes in needs and priorities
- Evidence that interventions targeted and reached the most vulnerable and marginalised adolescent girls and boys in the country

- From HQ point of view, the fact that NY was hit early by the pandemic sensitized them to what was coming for GPECM countries, many of which had not really begun to respond to the pandemic in early March while NY was in a very shocking first wave of the virus. As early as the first and second week of March 2020, HQ team understood and started to signal to COs that they would want to start to adjust their programming – this was considered a very timely response. With restrictions on going in the field and this very difficult emerging context, from HQ level one of the things that was done was to provide guidance which is one of the main roles of HQ. So early on HQ was focused on rolling out guidance and when possible, collecting data that included education, well-being and protection especially for girls. This was good information for advocacy and there were countries like Cote d'Ivoire and Jordan that provided good data and information about the violence that girls and women were experiencing and their access to continuity of learning – be it online, or via TV or radio.
- At HQ level, workplan revisions focused on addressing the disruptions to services and the need for flexibility as to how each CO reprogrammed its funding, based on what was possible/feasible given the partnerships and restriction measures. The COs themselves were very good at taking stock of their realities and what could be done, while the role of HQ was to provide guidance and opportunities to exchange. No one really knew what was coming or what to expect.
- Early in the spring, GPSU launched an open clinic for all GPECM countries to discuss what this could mean for their workplans. It was a big challenge for GPSU and GPECM at all levels that they did not know how the pandemic would play out, and how long restriction measures would last. Most GPECM countries submitted either revised workplans in the first three months.
- Some countries were more ready than others for digital shift (access to phone network, electricity, internet) with hotlines set up pre-pandemic for instance. Countries that had experience on distance modalities had a better shift e.g. Mozambique
- The focus was on advocacy and messaging in the period prior to receiving hard data.

- In education, the focus was on “building back equal” – to remove obstacles to girls’ education to the greatest degree possible. To expose and focus on gender barriers. Focus on learning in safe environments even at home. In education very focused on linking education with prevention of violence against girls and the specific topic of early marriage.
- India, and to some extent Ethiopia operated at large scale and GPECM is only playing a catalytic role. They were out there through large virtual access with mobile phones, tv. (as access to mobile phones is not bad in India compared to other developing countries). Child helpline which is a very strong partner in the India country office was out there responding in large geographical coverage is good example in terms of trying to address the whole area of psychosocial support.
- C4D emphasised the use of multiple channels (radio/TV, phone) depending upon the reach of media in different countries
- Reaching the most marginalised is subject to debate and different approaches were adopted like targeting them through life skills or GBV case management or interventions with married girls but with COVID-19 this remained a challenge
- COVID19 was also seen as an opportunity to bring a clarity of focus – a focus on the girl, her welfare and voice, where other aspects of programming could be postponed.

## Q2

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

#### **2.1 Adjusted measures are aligned with the GPECM phase II global, regional, country approaches**

- Evidence that the GPECM adjustment measures and approaches at global, regional and countries level are aligned with the ToC and that the ToC remains relevant to the current context
- Evidence that the GPECM adjustments are aligned to National policies and strategies related to COVID-19 response

- GPSU and Global level colleagues agreed that programme adaptations remained faithful to the spirit of the Global Theory of Change which is very robust “ *TOC is more relevant than ever but ways to intervene may need to be adapted and country need support. The poverty element is very important*”.
- C4D plays an important role in ECM as social norms is a there is a need for more comprehensive and cohesive approach for addressing social norm frameworks across countries and efforts were done in the past 2 years in terms of guidance including measurement. COVID emphasised even more the need for continuing identifying changes in drivers.
- ECM in crisis and in humanitarians setting require a better understanding and to be better addressed. The need for stepping up the interventions related to girls’ economic empowerment was highlighted during the pandemic.

 **Effectiveness**

### Q3

#### **To what extent did the GPECM changes and adjustments in response to the COVID-19 pandemic contribute to the results of the GP Phase II?**

Reaching targets are part of GPECM accountability. For some donors reaching numerical targets is 'value for money'. In some areas like services targets were not reached but in messaging numerical targets were reached. Efforts on quality and content of adjusted approaches are done but it needs to be measured.

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

- Evidence that the GPECM maintained or adjusted interventions to engage marginalized adolescent girls (aged 10–19) in gender transformative life skills or CSE education programmes (Output 1110)
- Evidence that the GPECM maintained or adjusted support to adolescent girls to enrol and remain in formal and non-formal education (Output 1120)
- Evidence that the GPECM adjusted tools and packages to better reach marginalized adolescent girls during the COVID-19 crisis

- Pivoting to more digital service delivery, is an unprecedented way of doing business through digital solutions. On the one hand it is a huge opportunity to do things differently and to be more creative in the way we work with children and their families. At the same time, we still don't know exactly with this kind of outreach work what is the quality. Pivoting approaches requires critical thinking and plans to address the quality of adaptations. Heterogeneity of girls should be recognised because of so diverse contexts. *"we were all calling for using digital platforms but access of the most marginalised is a concern, especially in Africa"*. Addressing digital divide goes favouring Low technology options and connectivity access.
- Partnership with Prezi for a campaign for adolescents through creating videos on COVID, GBV, SRH, gender
- A foundation block was the very dedicated work to empower adolescent girls and listening to what they were saying and some countries (Ethiopia and Mozambique) did a great job of doing that, really putting them at the front in dedicated spaces for girls to say what matters to them.
- Support to mentors to maintain direct contact with adolescent girls, keeping girls connected and how girls still have the opportunity of interpersonal interactions with peers were encouraged.

<ul style="list-style-type: none"> <li>○ There was a reflection on how CSE can be kept going specially for out of school girls based a technical note issued before the pandemic<sup>75</sup>. Require advocacy with government. Use of video with youth leaders can be an option.</li> <li>○ As reaching girls through schools became impossible, ROs supported COs to share information about how they were adapting to continue to reach girls out of school through technical notes and online Open Clinics on measures taken to help keep girls in school.</li> </ul>	
<p><b>3.2 The measures taken by the GPECM to respond to the COVID-19 situation have contributed to enable gender-equitable attitudes and support for girls’ rights among adolescent boys, families, traditional and religious leaders, community groups, and other influencers</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that the GPECM maintained or adjusted interventions for engaging boys and men in gender transformative programmes (including CSE for boys) that promote healthy relationships and positive masculinities and gender equality (Output 1210)</li> <li>○ Evidence that the GPECM maintained or adjusted interventions for engaging families, communities, traditional and religious leaders, and other influencers in dialogue and consensus-building on alternatives to child marriage, the rights of adolescent girls, and gender equality (Output 1220)</li> <li>○ Evidence that the GPECM maintained or adjusted interventions to include and support Women’s organizations and youth-led organizations to mobilize the voices of the marginalized (particularly girls), challenge harmful social norms, and promote gender equality (Output 1230)</li> </ul>
<ul style="list-style-type: none"> <li>○ The trend was that some GPECM countries could not implement all of the community engagement activities due to restrictions on movement and gatherings, however, some countries were able to compensate for this through use of mass media to engage radio/tv and social media audiences.</li> <li>○ However, GPECM has provided guidance and training at Global level to help COs understand and implement a gender-transformative approach.</li> <li>○ The indicator of the social behaviour change and communication strategy that tries to capture the interactive dialogue with men and boys, and communities had a minimum kind of benchmark of having at least six community dialogues in a year. This was not possible during COVID.</li> <li>○ A number of Eastern southern and western Central African countries, Uganda, Nepal, India, Bangladesh had mixed groups with boys and girls having interactive discussions, which, are extremely powerful on norms and stereotyping of men and boys, kind of positions in society.</li> </ul>	

<sup>75</sup> UNFPA, UNESCO, UNICEF, UNAIDS and WHO. International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education. 2020

**3.3 The GPECM has adjusted its interventions to the COVID-19 situation in a way that contributes to enhance the capacity of education, health, child protection and gender-based violence (GBV) systems to deliver coordinated quality programmes and services that meet the needs of adolescent girls and their families**

- Evidence that the GPECM maintained or adjusted interventions to support formal and non-formal schools to provide quality, gender-responsive education for adolescent girls, including comprehensive sexuality education (Output 2120)
- Evidence that the GPECM maintained, or adjusted support to health (including SRH) and systems to implement guidelines, protocols and standards for adolescent-friendly, gender-responsive coordinated, quality services (Output 2130)
- Evidence that GP maintained, or adjusted support gender-based violence and child protection systems to implement guidelines, protocols and standards for adolescent-friendly, gender-responsive coordinated, quality services (Output 2130)

- Girls were the most affected by the disruption of services specially in education sector and AFHS as governments were engaged in the pandemic response. There was an important need for advocacy to keep services going for adolescents: education, social protection, GBV, SRH as priority in recovery plans e.g. with parliamentarians to keep ECM
- Mozambique and Nepal teams used virtual platforms for system strengthening and were out there to deliver sexual reproductive health services.
- Within the Education Sector, at HQ level there was an awareness that during the pandemic most governments were working to scale up digital education. That means that the poorest children are even more excluded because they don't have devices and access to internet. For girls there were pre-existing digital disparities. AT HQ level a focus was on gender-equality in terms of developing digital skills for girls that do not have access regularly to IT equipment, and making sure that UNICEF has programmes to convince both governments and donors to engage in addressing the digital divide. Examples from GPECM countries include India- where the office there has great relationships with government and deployed everything they had in terms of digital skill – both digital education and online skills and coaching for girls who had access to the internet. From the Education team, a very large number of girls were reached online on online learning; career coaching that was specifically targeted to adolescent girls. In Uganda, from the education perspective, they have been trying to innovate with STEM for girls, trying to make education more relevant for girls and families, that they are better able to connect with the world of work. Most of the good examples were already nascent prior to the pandemic, but the pandemic gave a rationale for scaling up. *"In the past, if you had proposed only reaching girls online, you would not have had buy in. But during the pandemic, digital learning really changed the logic, this was seen as a new context where everything needed to be online. Access needs to be provided to the most marginalised, which are often adolescent girls."* Programmes were not designed from scratch but COVID was an opportunity to scale up.
- In terms of bringing girls back to school – GPECM in many countries supported back to school campaigns that sensitized families about the importance of getting girls back to school when schools reopened, and also policy makers on the importance of allowing girls who had become pregnant or given birth during the pandemic to return to their studies. In Uganda and Sierra Leone and Zambia as well as Ghana. Government policies and laws allowing girls to return to school were already in the works, they did not come about because of the pandemic, but the pandemic highlighted the value and rationale for these policies.

<ul style="list-style-type: none"> <li>○ Catch up learning for girls to support them to return and succeed at school after a long absence from the classroom.</li> <li>○ At Global level there was an effort to gather and curate gender-responsive digital content via the Learning Passport, a tool originally created for refugee learning but is now available to many other countries and governments that want to use it<sup>76</sup>. Content and messaging taking a gender-sensitive and transformative approach – it has been deployed in Bangladesh (Cox’s Bazaar), and in the works in Sierra Leone. Collaboration between UNICEF, Microsoft and University of Cambridge. Originally meant for migrant and refugee children.</li> <li>○ During lockdown measures and school closures, guidance provided by HQ to provide options in all countries for continuity of education – including no tech, low tech and high tech options.</li> </ul>	
<p><b>3.4 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to enhance the capacity of national and sub-national social protection, poverty reduction and economic empowerment programmes and services to respond to the needs of the poorest adolescent girls, boys and their families</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that GP maintained or adjusted support to partnerships with government, civil society organizations and other implementers to ensure that social protection, poverty reduction and economic empowerment programmes and services were adolescent-friendly, gender responsive and reaching the poorest adolescent girls and families. (Output 2210)</li> </ul>
<p>Evidence pointed to Zambia which has large cash transfer programme, because of the pandemic funding during COVID 19 it could continue to ensure continued to cash transfers for conditional on girls education. In Mozambique, social cash transfer funds that usually could not be used to reach a large number of girls were able to be mobilised because it was now an emergency on a national scale, so this was an interesting example of how cash transfers could be mobilised to keep girls in school on a larger scale than done previously, using emergency/humanitarian funding.</p>	

<sup>76</sup>The assessment did not find evidence that the Learning Passport was widely taken up by GPECM countries during the pandemic

<p><b>3.5 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to enhance the capacity of governments to fund, coordinate and implement national and sub-national action plans and systems to end child marriage</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that the GPECM maintained or adjusted capacity building and technical support interventions to governments to enact, enforce and uphold laws and policies, in line with international human rights standards, aimed at preventing child marriage, protecting those at risk and addressing the needs of those affected (Output 3110)</li> <li>○ Evidence that the GPECM maintained or adjusted capacity building and technical support to governments to implement a budgeted multi-sectoral gender-transformative plan on ending child marriage across ministries and departments at sub-national levels (Output 3120)</li> <li>○ Evidence that the GPECM was engaged to ensure that child marriage was taken into consideration in various national COVID-19 response strategies and guidelines</li> </ul>
<ul style="list-style-type: none"> <li>○ Global projections and estimates were useful for advocacy in countries</li> <li>○ The Education sector rolled out its gender transformative education sector planning and budgeting with funds from the GP.</li> <li>○ Global level guidance produced addressed in some cases the need to integrate ECM messaging into national COVID 19 response strategies.</li> </ul>	
<p><b>3.6 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to support governments and non-government organizations, to generate, disseminate and use quality and timely evidence to inform policy and programme design, track progress and document lessons</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that the GPECM maintained or adjusted its capacity building and technical support to government and civil society organisations, to generate and use quality evidence on what works to end child marriage and support married girls (Output 3210)</li> <li>○ Evidence that the GPECM maintained or adjusted coordination and support to facilitate South to South collaboration and cross-learning across GP countries and with initiatives in other countries (Output 3220),</li> </ul>
<ul style="list-style-type: none"> <li>○ Evidence generation was delayed and studies were put on hold or countries went for COVID assessment but ensuring that planned studies is important</li> <li>○ Research was suspended in 2020 and picked up later. In 9 countries a multi country was undertaken with IPSOS on behavioural drivers in harmful practices. Another research was undertaken on the role of community engagement.</li> <li>○ From a HQ perspective it is clear that in most countries, direct data collection and evidence generation that required field work were postponed for obvious reasons – due to restrictions on mobility and gatherings. Some countries were to refocus the research agenda on COVID-19’s impacts on child marriage but this has taken some time to get started.</li> </ul>	

<p><b>3.7 The GPECM has considered cross-cutting issues across all interventions to ensure a gender equality and 'do no harm' approach</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that gender was mainstreamed in the COVID-19 changes and adjustments implemented by the GPECM and a gender transformative approach was taken at all levels and across all sectors</li> <li>○ Evidence that all the GPECM applied a 'do no harm approach' aligned with international public health guidelines and national COVID 19 restrictions in developing its changes and adjustments across all sectors and activities</li> <li>○ Evidence that those at risk of child marriage and marginalised adolescent girls have been provided with COVID 19 prevention and response information</li> <li>○ Evidence that the GPECM response included consideration for the security, health and wellbeing of staff, partners and beneficiaries</li> </ul>
<p><u>Gender</u></p> <ul style="list-style-type: none"> <li>○ Our programmes are in between gender aware and gender responsive and getting to gender transformative was difficult during the pandemic. It is rather about to maintain and not letting the achieved level to slip back. If we address the exacerbation of risk this is more gender responsive.</li> <li>○ Transformative approaches is relatively new concept and we only started using the agenda continuum pre pandemic and suddenly has to be translated into a global emergency. That was a huge issue: having full time gender expertise in gender transformative approaches and not just understanding it but applying it to programming with and for adolescent girls.</li> <li>○ Instilling and operationalising the gender transformative approach agenda requires more quality intensive engagement with community members, families and girls. There were some challenges with quality and reach was not a problem.</li> <li>○ Straight after the GP evaluation the whole program pivoted to adopt agenda transformative approach but chances are highly unlikely that 12 countries would pick it up and totally reform the programme particularly with limited technical expertise. What country teams need is people that are on the ground, 24 seven that can help really influence the programming. In 2021, 6 countries will be supported by HQ and RO to intensify gender transformation step by step, ensuring that countries do gender analysis, adopt adaptative strategy and monitor and learn from them (Mozambique, Niger, Burkina Faso, Ethiopia, Bangladesh, India). These countries will do peer to peer to other countries.</li> <li>○ Partnering with men and boys is absolutely essential and technical guidance issued late 2019 literally spells out that working with men and boys, is critical to gender transformation. For example, in the parenting guidance and messaging from a global level, we have been trying, within the global program to include more graphics and images with boys doing housework, men taking care of children, talking about more equitable decision making. With the advocacy work on the global stage with media attempt to really shifting the images to have girls at the</li> </ul>	

- forefront and men and boys really being champions and allies. “just as people are starting to get their heads around it, bang the emergency comes”. Working with men and boys is the area that we had the most trouble with, it’s not clear if it’s problem of documentation and capturing or whether it just didn’t happen because country offices didn’t have access to communities in the same way, not able to move. We also had a couple of webinars and clinics specific on men and boys engagement but it’s not enough to do technical guidance you also need to have some engagement and handholding
- Adopting Gender transformation approaches became more difficult and was not prioritised because conversation was about COVID-19
- There is a challenge to be gender transformative as it does not suit all countries and looking at what level countries are is important. During COVID emphasis was on gender responsive because girls were more affected and at risk; this was a learning from Ebola epidemic in 2014 (ECM higher).
- A key piece over the past 18 months has been to link child marriage, girls education and girls empowerment. This is part of a gender-transformative approach to education and other sectors. That means that instead of only working for making sure that girls receive a cash transfer are able to continue learning at home, not married off, but that does not change how communities think, how governments allocate resources, educate children, etc. The GPECM in Phase II has begun to work on sustainable and transformational approaches that over time can improve gender-equality within social and educational systems and translates into community-based changes. GPECM has developed and pushed gender-responsive Education sector planning, for example. Most governments, and especially those supported by GPE (Global Programme for Education), need to undertake gender sector analysis and gender-sensitive sector planning. That is how the sector becomes organised and budgets are planned. This more easily translates into gender-transformative policies and programmes. And policies that have funds allocated to their planning and execution and durability over time.

#### Do no harm

- GPECM and both agencies tried to provide support to staff and partners mental health and wellbeing during a difficult time

## Q4

### To what extent did the GPECM provide support to COs programme adjustments to the COVID-19 pandemic?

**4.1 The GPECM has provided necessary guidance, tools and information on how best to prioritise activities and utilise alternative response modalities, facilitated sharing to further objectives and learn from best COVID-sensitive practices.**

- Evidence that the GPECM at global/regional levels provided timely orientation/policy support as well as guidance, tools, trainings to support COs in addressing the COVID-19 pandemic
- Evidence that information, good practices and resources related to Covid-19 changes and adjustments were shared between countries

- HQ from the outset has been mobilised around advocacy and messaging, guidance and data collection/evidence generation. At HQ level, technical guidance, one on one support and Open Clinics were the main measures utilised to help COs make the needed adjustments to their programmes. Information sharing organised by HQ supported COs to rapidly adapt to the new and rapidly changing pandemic.
- Between march to May 2020 HQ from both agencies drafted guidance documents with potential adaptations even if adjustments came organically from countries. HQ remained open and did not put pressure on countries trying to provide institutional support for mental health.
- The gender section has a day-to-day engagement with not only HQ but with COs as well and was involved in producing technical guidance papers jointly between UNICEF and UNFPA, which, were reflecting how programming should be pivoting and addressing gender transformative approaches within the context of COVID. A series of clinics were undertaken together by the global program support unit with country offices, which, was not necessarily just headquarters speaking to the country offices, but also trying to be responsive and allowing South to South interactions, dialogue and support. We did a critical review of annual work plan and had transparent discussions on where countries were in in terms of implementing their annual work plan, what made sense in terms of gender transformative programming in the context of COVID and how being realistically adaptive to the context, recognizing the myriad of context in the 12 countries .
- Offices were bombarded by technical guidance and needed help with on the ground programming
- A online course is proposed to GPECM staff called gender pro together with the George Washington Women's Institute as a globally accredited course on gender equality includes an action learning program, where the participants design a research project based on the country they're in, and then they get supervised coaching throughout the delivery of that. The pandemic influence people's availability to follow these training and there is an increase in demand for trainings like this and this training was really appreciated
- Countries capacity to develop quality adaptations is an issue
- GPECM has been supportive to countries and offered adaptability but human capital and institutional capacity needs to be considered.
- For C4D two ways communication was encouraged (phone, texting), guidance note on digital engagement and remote options with different approaches. In August and October there contacts with countries to look at what they did and provide input. We emphasise with countries to assess how things changed and question approaches (methods, content, messages) in relation to COVID since priorities have changed for beneficiaries. Countries were very responsive. Religious leaders were engaged more intensively and C4D developed a guidance note in this regard. Quality is always a concern so we provided guidance for programming and identifying bottleneck and addressing them and for that we work closely with regional offices (C4D advisors or focal point).
- Collaboration with RCCE to maintain a certain level of engagement and to leverage RCCE for harmful practices and ECM e.g. integration of ECLM in rapid assessments.
- Action plan for 2021 for sharing between countries in a more structured way through clinics to strengthen programming on social norms change.
- Clinics were very valued by countries.

- In terms of guidance in the Education Sector “Reimagining Girls’ Education” was rolled out with funding from the Global partnership for Education: campaign, inviting governments to make this accessible to all governments and all children, all colleagues should be aware of this in the field. How have they used this guidance and the learning passport to ensure that girls remain in school and connected during the pandemic.
- HQ reflections include that COs are not all tooled and trained up for the realities of the new context where mass/social media communications methods and partnerships are needed to ensure effective communications on child marriage at scale. And do not have the right indicators in place to measure the effectiveness of communications using new mass/social media modalities.

## Q5

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

#### 5.1 Some GPECM adjustments and innovations may potentially represent improvements that are likely to be maintained over time

- Evidence that some of the changes and adjustments and innovations have the potential to be maintained after the COVID-19 pandemic if and where relevant
- Evidence of institutional learning (new processes, approaches or procedures) taking place that will help the GPECM to better respond to this ongoing crisis and future global crises

- Adaptability and reaching the most vulnerable is key for GPECM in humanitarian situation
- Conducting girls centred programming through digital platform has potential to be continued based on the learnings
- Counties having experience of Ebola pandemic had better mechanisms in place e.g. networks at community level
- Having multiple channels ensuring engagement in the different channel proved to be useful.
- Working cooperatively, join forces and integrating issues and different sectors around a common purpose.
- From the Education Sector, the main campaign is ‘Reimagine Education’ to reach every child with access to a world class digital education –this does not seem to be feasible in practice or taken up within GPECM countries.
- Need to build programme resilience, and adaptability in the ongoing context – COVID 19 is not over yet.

#### 5.2 The GPECM has leveraged existing and additional resources to end child marriage

- Evidence that existing resources were leveraged or additional resources (financial, technical, and human) were mobilised to address new and specific needs related to the GPECM adaptation and response to COVID 19

- No additional funds were provided to countries for COVID response itself but to facilitate the continuation of activities (e.g. phones, protective supplies...).
- Funds leveraged from the Canadian government - \$10,000,000 CND dollars during COVID 19 for three main work areas as follows: Scale up of a digitization system for the Global Programme, keeping the focus on gender norm transformation by shining a spotlight on boys and masculinities, global communications campaign on boys and gender equality.
- NORAD allocated additional funds to the GPECM for adjusting to the COVID challenges and doing research assess what works in a different situation and possibly adjusting the result framework
- Funds leveraged from the Global Programme for Education to keep girls learning during the pandemic for Learning Passport and guidance produced by HQ level for GPSU and Education sector.
- GPECM is seen as good place to invest for donors interested in supporting the adolescent girl because of the cross-cutting and holistic nature of its approach/interventions. Suggested that it is important for GPECM to continue to show how it is effective leveraging other resources and programmes – this is not completely clear and transparent from its reporting. ...Needs to show clearly results both in terms of outputs and outcomes, and in terms of what it has been able to leverage at a higher, systems level.
- It will be important at HQ, RO and CO levels to monitor the impact of the pandemic on shrinking national budgets for ECM work – both from donors as well as efforts to encourage national governments to increase budgeting for this area of activity.

 **Coherence**

**Q6**

**To what extent the GP changes and adjustments are coherent with key related programmes (specifically education, SRH, child protection, GBV, FGM, social protection) ?**

**6.1 The GPECM adjustments are coherent with other key UNICEF and UNFPA related programmes (FGM, SRH, child protection, education)**

- Evidence of coherence of the GPECM adjustments with national programmes (specifically education, SRH, child protection, GBV, FGM, social protection)
- Evidence of synergies and coherence of adjustments with UNICEF and UNFPA related programmes and their own adjustments (specifically education, SRH, child protection, GBV, FGM, social protection)

- At HQ level, we work as a single unit, global conversation remained very smooth during the pandemic.
- GPECM has strong synergies with GBV and SRH programming e.g. advocacy messages are integrated. This was not particularly different during the pandemic
- Synergies with COVID Risk Communication Community Engagement (RCCE) at global level that trickle down at country level. Responses were more systematically coordinated since COVID-19.
- Close collaboration between Education, child protection and social protection teams around the COVID-19 pandemic – the fact that schools were closed refocused on the child protection and wellbeing aspects in terms of data collection, the need for psycho social support. In some cases the existing teams of social cash transfers were redeployed to make sure that girls were not forced to marry. So it was a strong interdisciplinary effort to understand and address the drivers for early marriage as a combination of issues around education, services and child protection.

## REGIONAL LEVEL

Assumptions	Indicator
 <b>Relevance</b>	
<p><b>Q1</b> <b><u>To what extent did the measures adopted within the GPECM during the COVID-19 crisis take into consideration the emerging needs of vulnerable and marginalized adolescent girls and their families?</u></b></p>	
<p><b>1.1 The GPECM identified, and reassessed priorities based on the situation generated by the COVID-19 pandemic</b></p>	<ul style="list-style-type: none"> <li>○ Evidence on how the GPECM identifies and tracks the emerging needs of vulnerable and marginalized adolescent girls under the COVID-19 pandemic.</li> <li>○ Identification of bottlenecks at the different stages of implementation of the GPECM adjustments to the COVID-19 pandemic</li> </ul>
<ul style="list-style-type: none"> <li>○ There was not systematic identification of emerging needs by all COs specially at the onset of the pandemic. Regional research agenda re-focused on COVID 19. Several countries did studies on assessments on the impact of Covid-19 on a range of different issues and partners. This was the case in the different regions.</li> <li>○ In MENARO and ASRO a virtual study was conducted in 6 countries including Yemen on the impact of COVID-19 on child marriage and on programming.</li> <li>○ In South Asia child marriages cases were reported on child helplines what gave an indication of heightened rates but not too accurate because of a huge digital divide as girls have much less access to digital platforms specially the most vulnerable. Report polls also do not access the most vulnerable. In Bangladesh the use of phone led to privacy issues. Digital divide, access to internet was known before but was not perceived as such an issue and so critical. Realtime data is a way to obtain data of CM but is still insufficient as not comprehensive.</li> <li>○ In South Asia children have lost caregivers during the pandemic and some households have lost everything as soon as the first wave. Schools were closed for long period. It will take a long time for regaining education. Also in South Asia marriage among child grooms is increasing and boys need to be specifically targeted.</li> </ul>	

- With the pandemic there was a global acknowledgement that violence would increase and that women and girls would bear the burden. In WCARO it was critical that adolescent girls could raise their voice on the impact of COVID-19 and to promote good practices and access to services through digital platforms in urban areas although this was different for rural areas.
- Mental health was not usually tackled but it became very important during lockdowns
- Generally there is a large recognition that there is insufficient data on how the pandemic affected the CM drivers.

**1.2 The GPECM strategies and approaches have been revised to meet the needs of vulnerable and marginalized adolescent girls during the COVID-19 pandemic**

- Evidence of contextualization of strategies and interventions at country level (based on identified needs)
- Evidence that workplans are adjusted to respond to changes in needs and priorities
- Evidence that interventions targeted and reached the most vulnerable and marginalised adolescent girls and boys in the country

- In all regions COs were good at taking stock of their realities and what could be done, while RO helped them to think outside the box based on what had worked in other countries and regions. It was realised that new vulnerabilities need to be specifically targeted and interventions reaching millions of people do not address the specificities of different groups of populations and their vulnerabilities. Engaging more partners working on the longer term would address these needs.
- Even if workplans were not revised in all countries, activities were adapted in all and depending upon countries other programmes were used to continue reaching the beneficiaries.
- In West and Central Africa phone and internet connections are not good and that impacted the programme adaptations and target achievements.
- ESARO supported national focal points to gather information and re-programme in the COVID 19 context. At the beginning nobody knew what to do, nor how long the situation would last. So a first step was to organise sharing of information between GPECM and countries of the region to explore how they were responding and what support was needed. ESARO revised its own workplan early on to support other levels to reprogramme strategically. Some relevant resources, guidance, tools were developed<sup>77</sup>.
- The pandemic obliged us “to think out of the box” and to find other ways to continue interventions. Donors were supportive to some extent including adjusting targets.
- The pandemic made us realise that there are other ways to reach vulnerable and marginalised adolescent even in countries where internet connections were difficult providers did some effort to improve the situation.

77 Link [here](#); Wait to Wed Video 1 [here](#)

## Q2

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

#### **2.1 Adjusted measures are aligned with the GPECM phase II global, regional, country approaches**

- Evidence that the GPECM adjustment measures and approaches at global, regional and countries level are aligned with the ToC and that the ToC remains relevant to the current context
- Evidence that the GPECM adjustments are aligned to National policies and strategies related to COVID-19 response

- Further understanding of changes in drivers between pre-pandemic and later is needed as well as whether these changes are sustained and the ToC reviewed based on this study. For instance decreased access to SRH services and education should be looked at through the lens of social norms change.
- Regional GPECM focal points generally considered that both at regional and CO levels the programme remained strongly aligned with the Global Theory of change – programme adjustments focused on changing modes of delivery to what was possible given national restriction measures, not changing the content of activities, per se, unless it was to add and support messaging about COVID-19 prevention and response.



#### **Effectiveness**

## Q3

### **To what extent did the GPECM changes and adjustments in response to the COVID-19 pandemic contribute to the results of the GP Phase II?**

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

- Evidence that the GPECM maintained or adjusted interventions to engage marginalized adolescent girls (aged 10–19) in gender transformative life skills or CSE education programmes (Output 1110)
- Evidence that the GPECM maintained or adjusted support to adolescent girls to enrol and remain in formal and non-formal education (Output 1120)
- Evidence that the GPECM adjusted tools and packages to better reach marginalized adolescent girls during the COVID-19 crisis

- In all regions digital platforms and social media were used extensively although at a lesser extent in West and Central Africa due to the lack of facilities. They however share a common concern on the difficulties in reaching the most vulnerable. Also, at all GPECM levels the quality issue has not been addressed yet as “we can reach a lot but we have not figured out how to monitor”. In Nepal Rupantaran package has been adapted in trying to keep the quality but the challenge for all is how to maintain the quality. There is a need for guidance on how to monitor.
- ESARO has focused its attention on how bring programme resilience to not see “humanitarian action” as something that only belongs in a few countries but can apply anywhere... Even prior to the pandemic, UNFPA and UNICEF have been concerned with the equity issues. Rural young girls are clearly the most marginalised and hard to reach, so Ethiopia has been a good example of how to reach girls through door to door, and radio – through direct community outreach. Using digital technologies like WhatsApp that the girls already use is also been seen to be a good way to reach out, or connecting by phone. Uganda – social protection officers were provided with phones and data to reach out to the girls while they were working from home. In Zambia they were able to continue mentorship throughout almost all of 2021 through smaller group sessions. Disabilities have not been taken into account in many countries, but in Zambia it was. GPECM is not very advanced on disability work, many countries are not taking this into account, but both agencies are doing work on disabilities, only not within the context of child marriage

**3.2 The measures taken by the GPECM to respond to the COVID-19 situation have contributed to enable gender-equitable attitudes and support for girls’ rights among adolescent boys, families, traditional and religious leaders, community groups, and other influencers**

- Evidence that the GPECM maintained or adjusted interventions for engaging boys and men in gender transformative programmes (including CSE for boys) that promote healthy relationships and positive masculinities and gender equality (Output 1210)
- Evidence that the GPECM maintained or adjusted interventions for engaging families, communities, traditional and religious leaders, and other influencers in dialogue and consensus-building on alternatives to child marriage, the rights of adolescent girls, and gender equality (Output 1220)
- Evidence that the GPECM maintained or adjusted interventions to include and support Women’s organizations and youth-led organizations to mobilize the voices of the marginalized (particularly girls), challenge harmful social norms, and promote gender equality (Output 1230)

- Overall, it seems that in most regions all of the community engagement activities could not be implemented due to restrictions on movement and gatherings, however, some countries were able to compensate for this through use of mass media to engage radio/tv and social media audiences.
- Community engagement was possible through rotating the participants – a kind of mobile community engagement with more people.
- Radio programmes were organised by youth associations inviting specialist but there is no feedback on the outcomes of the shows but on youth engagement to some extent.
- In WCARO there were distribution of soap home to home through community engagement (Ghana, Niger).

<p><b>3.3 The GPECM has adjusted its interventions to the COVID-19 situation in a way that contributes to enhance the capacity of education, health, child protection and gender-based violence (GBV) systems to deliver coordinated quality programmes and services that meet the needs of adolescent girls and their families</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that the GPECM maintained or adjusted interventions to support formal and non-formal schools to provide quality, gender-responsive education for adolescent girls, including comprehensive sexuality education (Output 2120)</li> <li>○ Evidence that the GPECM maintained, or adjusted support to health (including SRH) and systems to implement guidelines, protocols and standards for adolescent-friendly, gender-responsive coordinated, quality services (Output 2130)</li> <li>○ Evidence that GP maintained, or adjusted support gender-based violence and child protection systems to implement guidelines, protocols and standards for adolescent-friendly, gender-responsive coordinated, quality services (Output 2130)</li> </ul>
<ul style="list-style-type: none"> <li>○ In the early stages of COVID-19 there was a definite break in service provision, not only on ASRH, but also on child protection, education. Any kind of services suffered from shorter hours, lockdowns, lack of transport, confinement of workers. Shortage of SRH commodities, mobility restrictions at short notice and fear to attend services led to decrease access to SRH services. There was increasing reliance on implementing partners but they were very stretched. UNFPA needed to do advocacy to make sure that SRH services were classified as essential services and continue to be fully operational.</li> <li>○ In South Asia since the child protection cluster was in place in countries like India, Bangladesh or Nepal the COs were responsive and adaptive and had the structures in place however the COVID-19 crisis was very different as everybody was impacted by the pandemic and because of its unpredictability.</li> <li>○ Systems strengthening was a focus in all regions, as well as helping COs to advocate for the social welfare workforce, GBV and child helpline staff to be considered as “essential workers” in the context of the pandemic response. Governments declared social welfare and health services as essential to continue services and in South Asia social workers vaccination was a priority</li> <li>○ In West and Central Africa young people were mobilised for promoting SRH services through youth centres, SMS on COVID-19, GBV, ECM.</li> <li>○ MENARO and ASRO helped adapting promising practice such as phone psychosocial support. They advocated with government for increased intersectoral coordination and focus on prevention.</li> <li>○ The biggest lesson learned in 2020 is on the importance of building programme resilience as a means to ensure programme continuity. The child helplines played an important role in the continuity of service provision (counselling and information sharing) during the pandemic. As result of this, SOP and quality service provision manuals were revised to provide guidance to the frontline workers.</li> </ul>	

<p><b>3.4 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to enhance the capacity of national and sub-national social protection, poverty reduction and economic empowerment programmes and services to respond to the needs of the poorest adolescent girls, boys and their families</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that GP maintained or adjusted support to partnerships with government, civil society organizations and other implementers to ensure that social protection, poverty reduction and economic empowerment programmes and services were adolescent-friendly, gender responsive and reaching the poorest adolescent girls and families. (Output 2210)</li> </ul>
<p>There was not a lot of additional evidence on this provided by the RO level.</p>	
<p><b>3.5 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to enhance the capacity of governments to fund, coordinate and implement national and sub-national action plans and systems to end child marriage</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that the GPECM maintained or adjusted capacity building and technical support interventions to governments to enact, enforce and uphold laws and policies, in line with international human rights standards, aimed at preventing child marriage, protecting those at risk and addressing the needs of those affected (Output 3110)</li> <li>○ Evidence that the GPECM maintained or adjusted capacity building and technical support to governments to implement a budgeted multi-sectoral gender-transformative plan on ending child marriage across ministries and departments at sub-national levels (Output 3120)</li> <li>○ Evidence that the GPECM was engaged to ensure that child marriage was taken into consideration in various national COVID-19 response strategies and guidelines</li> </ul>
<ul style="list-style-type: none"> <li>○ From a regional perspective the trend appears to be that due to the pandemic, COs needed to let go to some extent of the policy and legislative agenda in order to strengthen focus on services which was key to supporting girls and communities in GPECM areas. Under the limitations of the pandemic not everything could be given equal importance and urgency. Social issues are not resourced as priority and focus are on economic recovery.</li> <li>○ ROSA and APRO, in South Asia, could not conduct some of the planned regional level advocacy events with key stakeholders e.g. the presentation of key lessons of the Phase I evaluation could not be done.</li> </ul>	

- ESARO also found it important to put the relationship between COVID-19 and child marriage onto the public agenda of decision makers through publishing two OP-Eds on the subject, one in 2020 and one for international women’s day March 8 2021. In ESARO a particular point of advocacy was on the need to have child protection, prevention of child marriage and GBV recognised as “essential services” which was gradually achieved by various countries – not all at once, but as the pandemic progressed. On the other hand ESARO was able to come out with a set of Guidelines for Developing a Child Protection (including harmful practices) Budget Brief. This resource was jointly developed by the child protection and social policy teams in ESARO and benefitted immensely from field testing in Malawi, Mozambique and Zambia.

The guidelines are the first to focus on a complex and cross-sectoral topic. While there are standardized methodologies for measuring and monitoring government spending on traditional social sectors. The guidelines take a thematic approach, placing less emphasis on big picture funding trends and focusing more on the adequacy of spending on the main components of national child protection systems. They are also designed to support CO internal capacity, so that staff with no prior experience with budget analysis have the knowledge and tools to develop briefs and take forward the recommendations. It is envisioned that this new resource will serve as a catalyst for systematic child protection budget analysis across the region, building on the excellent practices already in place in Angola, Burundi, Malawi, Mozambique and Zambia.

**3.6 The GPECM has adjusted its interventions to the COVID-19 situation to contribute to support governments and non-government organizations, to generate, disseminate and use quality and timely evidence to inform policy and programme design, track progress and document lessons**

- Evidence that the GPECM maintained or adjusted its capacity building and technical support to government and civil society organisations, to generate and use quality evidence on what works to end child marriage and support married girls (Output 3210)
- Evidence that the GPECM maintained or adjusted coordination and support to facilitate South to South collaboration and cross-learning across GP countries and with initiatives in other countries (Output 3220),

- From a regional perspective it is clear that in most countries, direct data collection and evidence generation that required field work were postponed for obvious reasons – due to restrictions on mobility and gatherings. Some countries were able to refocus the research agenda on COVID-19’s impacts on child marriage but this has taken some time to get started.
- ESARO conducted as study Child Marriage in COVID-19 context, December 2020<sup>78</sup>
- In WCARO a regional study on how young people were engaged through youth association. Ghana also tried to do a real-time evaluation of the adjusted interventions (there is no document available)

78 Link [here](#)

<p><b>3.7 The GPECM has considered cross-cutting issues across all interventions to ensure a gender equality and ‘do no harm’ approach</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that gender was mainstreamed in the COVID-19 changes and adjustments implemented by the GPECM and a gender transformative approach was taken at all levels and across all sectors</li> <li>○ Evidence that all the GPECM applied a ‘do no harm approach’ aligned with international public health guidelines and national COVID 19 restrictions in developing its changes and adjustments across all sectors and activities</li> <li>○ Evidence that those at risk of child marriage and marginalised adolescent girls have been provided with COVID 19 prevention, response information</li> <li>○ Evidence that the GPECM response included consideration for the security, health and wellbeing of staff, partners and beneficiaries</li> </ul>
<ul style="list-style-type: none"> <li>○ Gender transformative approach is further advanced in some countries than in others. Those that have multiple initiatives – such as GPECM and the Spotlight initiative, have more resources and technical support to make more rapid progress.</li> <li>○ The regional GPECM focal points in the Middle East and in South Asia consider that the gender transformation agenda cut across all programmes but stated: “we are not there yet.” From Phase II it started but COVID-19 had an impact. Gender issues are exacerbated by the pandemic. It is taken seriously by countries but there are capacity issues (with staff, government and CSO partners) e.g. all 3 countries have high demand for operationalisation and monitoring; in India is keen on being pilot despite the pandemic.</li> <li>○ More time and more understanding are needed for social norms change. In some pockets there is progress and some positive signs of gender norms changes can be seen but in other pockets there is a need for more concentrated efforts</li> </ul>	
<p><b>Q4</b>  <b>To what extent did the GPECM provide support to COs programme adjustments to the COVID-19 pandemic?</b></p>	
<p><b>4.1 The GPECM has provided necessary guidance, tools and information on how best to prioritise activities and utilise alternative response modalities, facilitated sharing to further objectives and learn from best COVID-sensitive practices.</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that the GPECM at global/regional levels provided timely orientation/policy support as well as guidance, tools, trainings to support COs in addressing the COVID-19 pandemic</li> <li>○ Evidence that information, good practices and resources related to Covid-19 changes and adjustments were shared between countries</li> </ul>

- Flexibility was key – allowing countries to reprogramme based on their needs and situations and provided support accordingly in trying to find out what to do and adjust workplans and sometimes targets including in line with regional targets. Regular bilateral conversations between RO and COs helped to clarify what should be prioritised in terms of reprogramming and how and adjusting workplans. Keeping in mind that all were learning. Learning to plan for uncertainty and the ability to rapidly adapt was a critical learning from the pandemic
- Regional offices helped digesting, adapting and contextualising guidelines that could be quite overwhelming for COs. They also facilitated coordination calls, sharing between countries, sharing what worked well in different countries and why as well as Open clinics and webinars that at times could include implementing partners which would not normally be included in normal meetings and non GPECM countries. In WCARO the UNFPA document “My Body, My Life, My World Through a COVID-19 Lens”<sup>79</sup> was very useful for the COs teams once adapted for adolescent programming.
- In MENARO and ASRO not only GPECM countries received technical support regarding ECM. Different countries presented their experience including on the ‘Girls Asset Framework’ and harnessing and adapting digital approaches. They also participated in the webinars involving practitioners as well. Virtual support to countries was difficult.
- HQ and RO level support was very much appreciated. It seems that the idea to do the radio broadcasts was itself adopted after one of the ‘GPECM Clinics’ where focal points were able to share good practices. Focal points from Zambia report having participated in the following technical documents and activities. However COs teams were receiving too many requests for calls and WCARO responded to demands only.
- ESARO produced a range of resources that proved useful during the pandemic – videos etc.
- In depth country visits or regional workshops were planned but were impossible. Nevertheless it was important to continue through virtual interactions.
- The change in GPECM focal points in South Asia (APRO and ROSA) led a transition period which was difficult. In South Asia a knowledge management website was launched

## Q5

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

#### **5.1 Some GPECM adjustments and innovations may potentially represent improvements that are likely to be maintained over time**

- Evidence that some of the changes and adjustments and innovations have the potential to be maintained after the COVID-19 pandemic if and where relevant
- Evidence of institutional learning (new processes, approaches or procedures) taking place that will help the GPECM to better respond to this ongoing crisis and future global crises

- A main innovation has been the use of online meetings that are much more inclusive and allow girls voices to be heard. This is true at the national level, but also true at the HQ and Regional levels. This type of meeting format is here to stay. As well as the use of radio and other forms of mass media messaging to reach communities at a large scale
- Going forward, looking at empowering the social welfare workforce and bringing online mobile clinics – to ensure that most at risk girls are receiving the services they need where they live. This is something that needs to be reinforced for the future.
- “Adaptations are invaluable for future emergencies – make us more resilient” but there is a need for more documentations and analysis of these adaptations
- A kind of mobile community engagement with more people can be continued after the pandemic (see Burkina Faso) as well as SMS and virtual engagement despite low internet and media penetration in West and Central Africa but more work is needed to engage community at distance.
- In WCARO engaging youth associations further has a high potential.
- Flexibility to be reactive to circumstances for reprogramming and implementation and also in partnership and approaches

#### Partnership

- The adaptability, capacity, commitment and resilience of partners are key issues and were instrumental in maintaining social services. Also in countries where UNFPA and UNICEF work closely together and where management teams were dynamic and reactive adjustments worked better. COs do not have the same level of understanding and “formalising paper work”
- In ESARO partnership with the African Council of Religious Leaders (ACRL) to engage with religious leaders’ members of the Inter-Faith Councils at national level and address the frequent incorrect interpretation of the sacred scriptures on Child Marriage, very similar to work done in Uganda with different the Pastoral Letters.
- Great opportunity in diversifying partners as they were the only ones in the ground, including local partners and redefine their roles of different actors including youth engagement “cards can be redistributed”

#### Humanitarian context

- ESARO has focused its attention on how bring programme resilience to not see “humanitarian action” as something that only belongs in a few countries but can apply anywhere...

<ul style="list-style-type: none"> <li>○ In South Asia there were tools for preparedness on floods and other disasters but not really on pandemic as it is an unprecedented challenge. A Research on child marriage in humanitarian setting was conducted and shared in a Webinar by ROSA and APRO<sup>80</sup>, providing learning on the child protection systems response in emergencies like floods, earthquake or the Rohingyas crisis.</li> <li>○ In West and Central Africa, Burkina Faso leadership in terms of emergency led to higher reactivity due to their experience in insecurity situation. If CO were experienced in emergencies the shift and reaction were easier and they were prepared to some extent depending on management, capacity, systems, available budgets, prepositioned logistics. Preparedness is about specific strategies that were not always adapted.</li> </ul>	
<p><b>5.2 The GPECM has leveraged existing and additional resources to end child marriage</b></p>	<ul style="list-style-type: none"> <li>○ Evidence that existing resources were leveraged or additional resources (financial, technical, and human) were mobilised to address new and specific needs related to the GPECM adaptation and response to COVID 19</li> </ul>
<ul style="list-style-type: none"> <li>○ Some Cos are better at fundraising than others, examples were given that Mozambique is one of the GPECM countries with a strong donor base who are committed to ECM and is very successful at raising additional resources on this issue. Some other COs have smaller offices and are not as connected and able to raise funds in the context of the pandemic, these ones need help to do so.</li> <li>○ Fund utilisation was minimal what created some pressure on teams</li> </ul>	
<p> <b>Coherence</b></p>	
<p><b>Q6</b> <b><u>To what extent the GP changes and adjustments are coherent with key related programmes (specifically education, SRH, child protection, GBV, FGM, social protection) ?</u></b></p>	
<p><b>6.1 The GPECM adjustments are coherent with other key UNICEF and UNFPA related programmes (FGM, SRH, child protection, education)</b></p>	<ul style="list-style-type: none"> <li>○ Evidence of coherence of the GPECM adjustments with national programmes (specifically education, SRH, child protection, GBV, FGM, social protection)</li> <li>○ Evidence of synergies and coherence of adjustments with UNICEF and UNFPA related programmes and their own adjustments (specifically education, SRH, child protection, GBV, FGM, social protection)</li> </ul>

- Close collaboration between UNICEF and UNFPA focal points at regional level (ESARO, WCARO, MENARO) working together on a number of knowledge products and advocacy pieces, also with the support of UN Women. COVID-19 has strengthened synergies between these agencies that already worked closely together but the pandemic made interactions more difficult as all was virtual and required to focus more on the complementarities between them. In WCARO, work, guidance, research are done jointly but the operationalisation in country is the most important
- Cross programming is challenging as each sector has its difficulties that the pandemic exacerbated. For instance in South Asia the education sector does not always prioritise ECM. “Health was given the priority for COVID-19 response, gender and child protection had to fight for their space and it depends on the leadership of the team” (WCARO)
- Most COs did not have other choice that collaborating between sectors e.g. teachers were looking after girls and staff had to wear different hats. However this remain a challenge because approaches are not too multi sectoral because different programmes have different donors. Having multisectoral preparedness plans leads crisis teams to work together, not in silos.
- There were opportunities like additional funding in education for girls
- In Middle East FGM countries messages on the increased risks of CM due to the pandemic were emphasised and the interlinkages between FGM and CM were strengthened i.e. same drivers, increased vulnerabilities for women and girls...

## Annex 8.

# List of Global Programme webinars, information sharing sessions and guidance notes

Webinar Budget Advocacy for Public Financing for Ending Child Marriage and Female Genital Mutilation, hosted 10 February 2020

Technical Note on COVID-19 and Harmful Practices, April 2020 (<https://www.corecommitments.unicef.org/kp/technical-note-for-addressing-harmful-practices-child-marriage-and-fgm-during-covid-19-pandemic>, accessed 13 September 2021)

Guidance note: COVID-19: Digital and remote approaches in eliminating female genital mutilation and child marriage, November 2020 (<https://www.corecommitments.unicef.org/kp/covid19-and-digital-engagement-v5>, accessed 13 September 2021)

Technical Note on Gender-Transformative Approaches in the Global Programme to End Child Marriage, November 2019 (<https://www.unicef.org/documents/technical-note-gender-transformative-approaches-global-programme-end-child-marriage>, accessed 13 September 2021)

Technical Note on Convergent Programming, April 2020 (<https://www.unicef.org/documents/technical-note-convergent-programming>, accessed 13 September 2021)

Technical Note on Scaling Up Efforts to End Child Marriage: The Global Programme approach, April 2020 (<https://www.unicef.org/documents/technical-note-scaling-efforts-end-child-marriage-global-programme-approach>, accessed 13 September 2021)

Leaving No One Behind: Technical note of the Global Programme to End Child Marriage, October 2020 (<https://www.unicef.org/documents/leaving-no-one-behind>, accessed 13 September 2021)

Child Protection Learning Brief #3: Battling the Perfect Storm: Adapting programmes to end child marriage during COVID-19 and beyond, March 2021

Technical Brief on Equality for Girls in Crisis: Adapting child marriage and adolescent girls programming during COVID-19 pandemic, February 2021

Technical Note on Monitoring and Evaluation of Child Marriage Programmes during Epidemics and Pandemics, September 2021

COVID-19 focused Clinics: 24 June 2020 (internal); 9 Feb 2021 (internal); 2 March 2021 (public)  
Half-year update from the Global Programme, 7 July 2020 (<https://mailchi.mp/4f4330dc60e9/2020-in-review-half-year-update-from-the-global-programme>, accessed 13 September 2021)

Webinar on Partnering with Men and Boys to End Harmful Practices, 13 August 2020

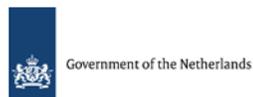
Webinar on Strengthening the Evidence Base for Social and Behaviour Change to End Child Marriage, September 2020 (<https://youtu.be/1r5K2e3HGKw>, accessed 13 September 2021)

Webinar on Child Marriage and COVID-19 [one per region], April 2020

Webinar on Child Marriage in Humanitarian Settings in South Asia: Preliminary findings (February 2020)

Webinar on Monitoring Child Marriage during COVID-19, 29 September 2020 (<https://youtu.be/lt5hfRSH-jY>, accessed 13 September 2021)

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