



UNDER SIEGE

Impact of COVID-19
on Girls in Africa



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June 2020



AFRICAN CHILD POLICY FORUM (ACPF)

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ACPF's work is rights based, inspired by universal values and informed by global experiences and knowledge and is committed to Internationalism. Its work is guided by the UN Convention on the Rights of the Child, The African Charter on the Rights and Welfare of the Child, and other regional and international human rights instruments. ACPF aims to specifically contribute to improved knowledge on children in Africa; monitor and report progress; identify policy options; provide a platform for dialogue; collaborate with governments, intergovernmental organisations and civil society in the development and implementation of effective pro-child policies and programmes and promote a common voice for children in and out of Africa.



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OVERVIEW

Throughout history, women and girls have been affected negatively and at a disproportionately higher rate by the outbreaks of epidemics and pandemics, and COVID-19 hasn't been an exception. Existing social and cultural norms and practices that underlie structures of systemic gender discrimination and marginalisation glaringly manifest themselves. Otherwise hidden and suppressed attitudes and practices are laid bare as communities and institutions resort to instincts to control and survive within emergency situations.

In Africa, an intersection of factors leaves girls and adolescents at greater risk of marginalisation, discrimination and neglect. Gender and social norms have traditionally placed girls at a greater disadvantage than other segments of the population.

Pandemics, like other crises, often result in the breakdown of social infrastructure and services, leading to health, transport, food, sanitation, legal, security and other governance structures being temporarily contracted or becoming dysfunctional.¹ This may result in increased exposure of women and children to human rights abuses, including exposure to gender-based violence.²

The COVID-19 pandemic has exacerbated and added yet another layer of vulnerability to an already dire web of vulnerabilities of girls

in the African continent, which constitute about 49% of the total child population. Critically, gender equality and girls' multidimensional vulnerability have been accentuated to an unprecedented level. The pandemic has triggered major concerns about the potential reversal of the strides achieved over the years towards gender equality and human development in Africa.



Photo credit: dreamstime.com

SUMMARY

Since the onset of the COVID-19 pandemic, hundreds of thousands of people have been infected in Africa and the livelihoods of millions has been disrupted. It is also important to note that some countries have effectively used the lead time before the pandemic hit the continent and have managed to put in place the necessary control and mitigation measures. The fast evolving nature of the pandemic and its multidimensional impact has, however, caught many governments and other actors off guard, making it difficult to respond proactively and effectively. This has been worsened by the already weak health systems across the continent. On average, the continent has less than 2 hospital beds per 1,000 people, and with many western countries (more than 71 so far) restricting exports of COVID-19 essential supplies, Africa's posture to combat the pandemic has become precarious.³

Control and mitigation measures targeted at minimising infections have also exacerbated the situation of already vulnerable children, especially in Africa where child protection systems were already fragile.

With less than 2 hospital beds, on average, per 1,000 people, and more than 71 countries restricting exports of COVID-19 essential supplies, Africa's posture to combat the pandemic has become precarious.

Millions of girls have been deprived of access to food, basic healthcare and protection and thousands were exposed to abuse and exploitation.

The control and mitigation measures related to the pandemic have been felt more acutely among children, especially in poor communities of Africa. But even then, girls more than boys have been severely affected. According to 2020 estimates, Africa counts about 308,768,000 girls under 18.⁴ The majority of them are school-going children, hence currently staying at home in the midst of lockdowns across the continent. Report after report is revealing that homes are becoming physically and emotionally suffocating spaces for girls, where the well-established dictum 'home sweet home' is no longer tenable for most. Quarantines and stay-home measures and movement restrictions related to COVID-19 have brought potential victims and potential perpetrators together under the confines of the home setting, increasing girls' close and constant exposure to abuse and violence.

The pandemic has also thrown millions of families – up to 29 million – further into extreme poverty and affected access to social services. Health systems have diverted attention from immunisation programs, sexual and reproductive services and high prevalence conditions such as malaria, HIV/AIDS and TB. Schools have been disrupted, which are not only the only safe space

for many girls in Africa, but also the only source of a decent meal for hundreds of thousands. More than 120 million school-going girls are currently at home and many of them fear that they may not be able to go back to school. This is what Halima, a 16-year-old girl from Niger, had to say: “I pray the government finds a solution to this disease as soon as possible, so girls like me can go back to school. My dream of becoming a doctor should not be broken, please.”

Further, heightened anxiety engendered by the circumstances surrounding quarantine and confinement have emboldened perpetrators’ predisposition to abuse their positions of power, trust and authority over others under lockdown with them.

Efforts to enforce curfews and lockdowns have also resulted in assault and killings of civilians who did not adhere to movement restrictions. Under those circumstances, young women and girls would be fearful to go to a hospital to seek healthcare or sexual and reproductive services. Even in emergency situations, they do so at the real risk of assaults, unreasonable quarantines, or arbitrary detention for lockdown, movement restriction and curfew violations.

This rapid assessment seeks to document the impact of COVID-19 on girls and the corresponding control measures put in place by African governments across a spectrum of issues, including deprivation, hunger, violence and access to healthcare and education services. It also highlights the special plight of girls in crises

Heightened anxiety engendered by the circumstances surrounding quarantine and confinement have accentuated perpetrators’ predisposition to abuse their positions of power, trust and authority over others under lockdown.



Photo credit: Plan International

circumstances such as displaced girls and girls in refugee settings, girls living in urban slums, girls with disabilities and those living and/or working on the street.

Box 1.1: Methodology

This rapid assessment covered as many countries in Africa as data is available, with selected country case studies, analysing the gender dimensions of COVID-19, with a thematic focus on the impact of the pandemic on girls across an array of issues, including abuse, exploitation, exclusion from basic services, hunger and poverty.

The assessment relied both on primary and secondary data. Skype and phone call interviews were conducted with government officials, parliamentarians, NGO executives and child protection officers in Ethiopia, Kenya, Malawi, Nigeria, Sierra Leone, South Sudan and Uganda. In addition to the virtual interviews, an online questionnaire was administered and written responses received. The assessment was also enriched by secondary sources and documents, including documents and guidelines issued by global, regional and national bodies and their organs; reports by child focused agencies and relevant international and African organizations such as AU, ACERWC, CDC, Plan International, Save the Children International, UNESCO, UNICEF and WHO, among others; media and webinar reports; and relevant literature from academia.



1. MULTIDIMENSIONAL IMPACT OF COVID-19 ON GIRLS

1.1 STATE OF ABUSE AND EXPLOITATION

The effects of response measures to COVID-19 pandemic, including stay-home measures and the resultant close physical proximity between perpetrators and victims in the confines of the home setting – usually overcrowded – coupled with family economic hardships have created a perfect storm of circumstances for sexual and physical violence, abuse and exploitation to happen with limited public scrutiny.

With more than 120 million school girls at home in Africa, there have been numerous reports from countries of child abuse and exploitation, including domestic violence and child marriage. As a respondent from Nigeria noted, school teachers are mostly the first people that abused children come in contact with and thus report the abuse to; that is no longer the case now that schools are closed, enabling violence against girls in the home to go on without someone noticing or trying to stop it.⁵

The UN Special Rapporteur on Violence against Women, has rightly noted that “For too many women and children, home can be a place of fear and abuse. That situation worsens considerably in cases of isolation such as the lockdowns imposed during the COVID-19 pandemic.”⁶



More than 120 million school girls in Africa are currently staying at home, living in close proximity with potential perpetrators with limited public scrutiny.

Photo credit: dreamstime.com

“My fear with this virus [COVID-19] is that women will really suffer. We will suffer over food. Men will abuse us. Because if I don’t have food and a boy has food, if I ask him for help, he will ask me for sex before he gives me some. This is the suffering I am talking about.” Janet 14, Liberia

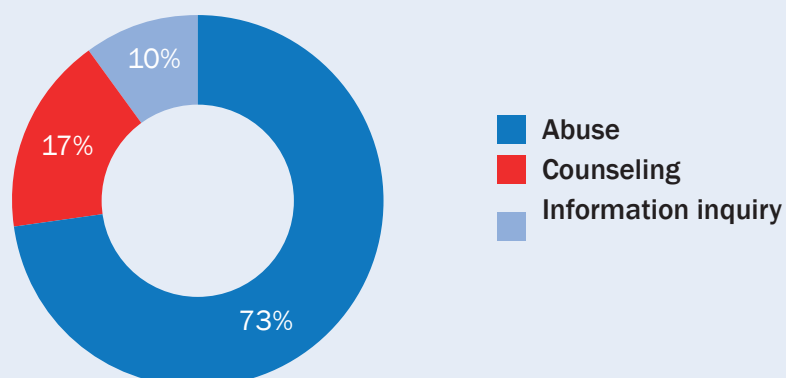
Source: Plan International (2020).
Living UnderLockdown: Girls and COVID-19.

Box 1.2: Violence against girls in the Context of COVID-19: Uganda case study

In Uganda, a taskforce undertaking a rapid assessment in selected districts found that physical/domestic violence, psychological torture/emotional violence and sexual violence are on the rise. In February 2020, a total of 2344 gender-based violence cases were registered and the numbers increased to 2808 in March 2020.⁷ Within the space of two weeks of the lockdown in the country, there were 53 reported cases of child neglect, 25 cases of child abandonment, 28 cases of child abuse, 43 cases of missing children and 4 cases of torture of children.⁸ Seventy percent of girls contacted reported having witnessed incidents of domestic violence, involving physical fights between parents.⁹ In fact, the Ugandan police released a report that recorded over 5000 cases of gender-based violence that happened in between mid-April and mid-June alone.¹⁰ Alcohol abuse by men occasioned by idleness, redundancy and stress due to inability to adequately provide for the families have been cited as some of the factors for the increase in incidents of domestic violence.¹¹

Child Helpline Uganda received a total of 718 calls related to girls from 10 April to 14 June 2020. About 73% of these calls were related to abuse against girls. Mothers account for the largest percentage of people who reported the abuse followed by non-related adults, including neighbours.

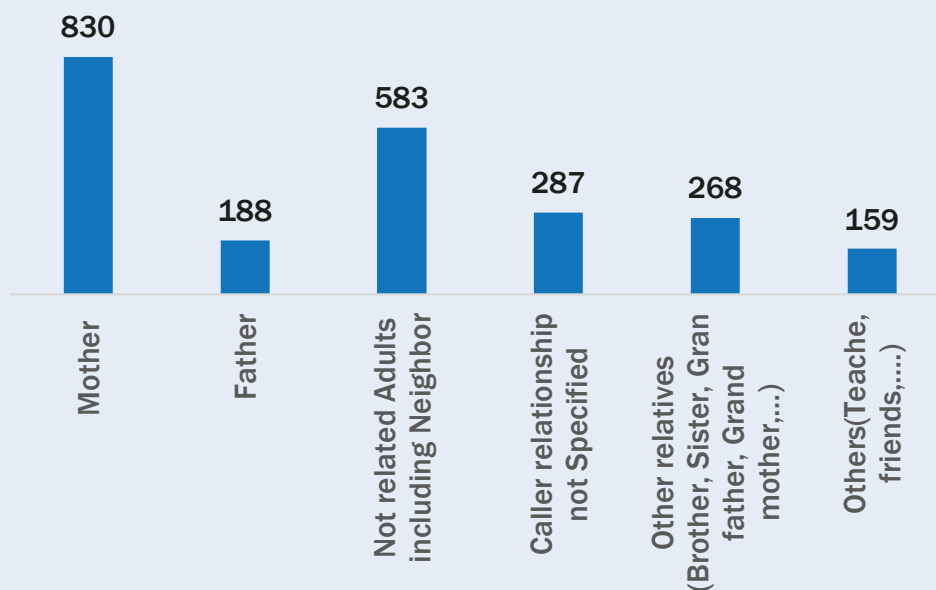
Chart 1.1: Total Child Helpline calls by type of reported issues related to girls, 10 Apr to 14 Jun 2020, Uganda



Access to services has been a major issue for victims of gender-based violence. In some of the districts such as in the Buhweju district, some victims have been asked to wait to report their cases until after the lockdown. In the Kabarole district, for instance, where access to Police stations is difficult because of transportation, many gender-based violence cases are being handled at community level by elders through mediation as well as Local Council leaders.

Given the patriarchal nature of the customary justice practices administered by elders, there's a possibility for justice to be compromised. In terms of access to sexual and reproductive services, the only service listed as essential is related to pregnant mothers. Other sexual and reproductive health services such as contraception, post-rape care and treatment for sexually transmitted infections, have not been listed as essential, thus excluding women and girls who are in need of such services.¹²

Chart 1.2: Total number of abuses by callers, Jan-May 2020, Uganda



Reports from other countries also paint a grim picture:

- The Kenya National Council on Administration of Justice, reported a significant spike in sexual offences in many parts of the country. Sexual offences

such as rape and defilement have constituted more than 35% of all reported cases.¹³

- Similarly, the Gender-Based Violence Command Centre in South Africa recorded a sharp increase in cases of up to 10,660

reported through phone calls during the lockdown from 27 March to 16 April and about 1503 calls through unstructured supplementary services data and 616 through SMS. In one single day, on 16 April, the Centre received reports of 674 cases.¹⁴

- In Ethiopia, data from few hospitals in Addis Ababa, showed that, between mid-March and mid-May 2020, within the space of less than two months, more than 100 girls have been raped, some of them by close family members.¹⁵
- In Zimbabwe, there have been reports of an increase in cases of young girls forced into transactional sex in return for cash, food, or even sanitary products.¹⁶
- In Tunisia, in the first five days after lockdown, calls to a hotline for women suffering abuse increased fivefold.¹⁷
- In Somalia, there has been a 50% increase in calls to helplines/hotlines across the country.¹⁸
- In Niger, 499 gender-based violence cases were reported in

Niamey between January and April 2020 (86 in January to 212 in April), which points out to a worrying increase as a result of COVID-19.¹⁹ Also of concern is the increase in cases of forced marriage.

The above figures are likely to be an underestimation because of the scarcity of abuse reporting mechanisms, and given the fact that the most widely used avenue to report abuse is the school system, mostly through teachers and peers. With the predominant majority of schools closed, it is extremely difficult to identify children who may be experiencing violence in the home and seek appropriate intervention.²⁰

According to UNFPA estimates, if the lockdown continues for six months, 31 million additional gender-based violence cases can be expected, up to an additional 15 million additional cases of gender-based violence every 3 months.²¹ This indicates that the projections that the COVID-19 pandemic is likely to cause a one-third reduction in progress towards ending gender-based violence by 2030 are regrettably highly probable.²²

In Ethiopia, within the space of less than two months, data from few hospitals in Addis Ababa, showed that more than 100 girls have been raped, some of them by close family members.

COVID-19 pandemic is likely to CAUSE A ONE-THIRD REDUCTION IN PROGRESS towards ending gender-based violence by 2030.

Box 1.3: Online Sexual Exploitation

In the context of COVID-19 online sexual exploitation is becoming more pervasive on the continent. Limited social contact and the school closures mean that there is a growing digitalisation of children's lives. With more than 120 million girls at home due to school closures in Africa, and a fair number of them, especially those living in urban centres, accessing education through online platforms, there is already a heightened risk of online sexual exploitation. Further, because Africa's legal and policy framework and technical capacity to protect children from online violence is still evolving, the shifts caused by the pandemic have resulted in children's access to unlimited and uncensored online content and use of less secure online educational applications. There is fear that children could be groomed by predators who are soliciting for sex online. This has been reported by various organisations, including the Anti Human Trafficking and Child Protection Unit in Kenya.

The US-based National Center for Missing and Exploited Children reported a 106% increase in global reports of suspected child sexual exploitation to its CyberTipline compared with March 2019. Europol has reported that as a result of COVID-19, law enforcement partners are reporting a global increase in online activity by those seeking child abuse material.

The Internet Watch Foundation, which identifies child sexual abuse content online, is also having to operate at reduced capacity and has warned that the number of child sexual abuse images being removed globally has fallen by 89% during the pandemic. Capitalising on this weakness, distributors of child sexual exploitation and child pornography material are becoming emboldened and are targeting mainstream platforms to reach wider audiences. While online sexual violence is a risk for all children, it is feared that girls are more likely to fall victims than boys. It is to be noted that online sexual exploitation is an already fast-growing phenomenon affecting many countries in Africa. Rapid expansion of internet access in Africa, which is at an annual average rate of 42% between 2016 and 2021, in a context of limited or no regulation, meant that online sexual exploitation of children was already on the rise. Moreover, given the near total absence of laws and regulations in Africa governing data privacy and protection, online educational attendance means that children's personal data, which often reveals names, home addresses, hobbies and other highly personal details, can be accessed and misused.

1.2 FACTORS AGGRAVATING ABUSE AND EXPLOITATION

Abuse and violence in the home setting are expected to increase partly because of the household arrangements in Africa, where household sizes are very large and where households are mostly living in single room accommodations. The average household size in Africa is 5.4 in West Africa, 5.2 in Central Africa, 4.5 in East and North Africa respectively and 3.3 in Southern Africa. Household size goes as high as 8.4 in Mali and 6 in Niger.²³ A rapid assessment of the impact of COVID-19 in children in Ethiopia by Children Believe Ethiopia revealed that having a large family size living together in a small house has been a factor in the increase in violence against children in Addis Ababa.²⁴

COVID-19 could cost about 20 million jobs in Africa, and this is likely to fuel inter-partner violence.

Mainly because of resource limitations, Africa is a continent where multi-generational living arrangements are common. Eight in ten households include at least one child under 15 years of age and an older person. For instance, in Senegal, 37% of households include both a child under 15 years of age and an older person aged 60 years or over.²⁵

According to the UN Population Division, there is a substantial number of single-headed households,



Photo credit: Plan International

both single-father and single-mother households with children in Africa. For instance, single father households account for more than 15% of households with children in Sierra Leone and Côte d'Ivoire.²⁶

In a context where most formal jobs are male jobs, potential job loss is also likely to complicate the situation of gender-based violence in the family setting. The ILO estimates that the pandemic could cost between 5 million and 25 million jobs.²⁷ This has the potential to trigger severe economic stress and anxiety over finances, a situation that, for families, will exacerbate the risk of violence in the home, including both violence between partners and by caregivers against children. There is evidence to suggest that male unemployment, and the resultant feeling of failure to fulfil the traditional male breadwinner role, triggers feelings of inadequacy and emasculation,²⁸ in which case

violence against women can be a means of resolving this crisis as an expression of male power.²⁹ A global study by the World Bank in 2019 revealed that just a 1% increase in male unemployment is associated with a 2.5% increase in physical inter partner violence against women.³⁰

Because of their resilience at times of crisis, women and girls are often the last resort to ensure family survival by taking up more responsibilities, in which case they can be exposed to increased sexual exploitation. Under those circumstances, girls have often been forced into ‘transactional sex’ as a survival strategy. This has been confirmed by many studies. According to an earlier study in Kenya, 87% of adults who participated in a survey associated exploitation of children through ‘transactional sex’ with poverty. In Rwanda, a 2012 study with girls who had engaged in transactional sex indicated that they were forced to do so due to conditions of adversity and financial hardships.³¹

1.3 ACCESS TO PROTECTION SERVICES

The other challenge brought about by the COVID-19 crisis unfolding in Africa is the decrease in availability and accessibility of support services to survivors of abuse. As countries mobilise their resources to address COVID-19, very limited services are now available to life-saving care and support to gender-based violence survivors, including in the area of clinical management of rape and mental health and psycho-social support.³²

In countries such as Ethiopia, Uganda

and Kenya, facilities providing care and support services to survivors of violence are now operating at their lowest capacity. A respondent from Kenya noted that the biggest issue in the country has been the lack of shelters for survivors of gender-based violence.³³ Provisions for the clinical management of rape and sexual violence have also been disrupted.³⁴ This situation has not only created a sense of helplessness by victims or survivors but has also emboldened perpetrators by expanding the space for impunity.³⁵

In a continent where women and girls

In many countries, there is a sense of laxity in terms of detaining people who commit crimes, including abuse because of the fear of prison overcrowding.

already face numerous barriers in accessing justice for gender-based violence and related crimes and where there are consistently low conviction rates, a total or partial disruption of court processes due to the pandemic might create a positive feedback loop, wherein malfunctioning systems discourage women from reporting incidents of violence, thus shielding perpetrators.³⁶ In Ethiopia and Kenya, there has been a partial lockdown of courts, where half of the court officials have been advised to stay home, and hearings have been postponed. And in many countries, there is reluctance to detain people who commit crimes, including gender based crimes because of the fear of prison overcrowding. In such cases

police officers, who are also enforcing curfews and lockdowns, will give less priority to investigating cases of abuse and violence.³⁷

Equally important, challenges in accessing information has made girls more vulnerable to abuse. Their limited knowledge of the ways of transmission of the pandemic may create an opportunity for would-be perpetrators to abuse their positions of authority as well as their apparent dominant access to information within the household. Studies have revealed that perpetrators may use misinformation or scare tactics to subjugate or blame victims especially

when little is known about the ways of transmission of a pandemic such as COVID-19. They might also withhold economic support, health insurance, protective and safety items such as hand sanitisers, soaps, disinfectants, masks as a tactic to further exploit the girls' vulnerability.

The implementation of curfews, lockdowns or movement restrictions has curtailed girls' capacity to access basic services in the midst of police brutality, excessive use of force which ultimately poses a risk of sexual violence and exploitation for girls.³⁸



Photo credit: Plan International



Photo credit: Plan International

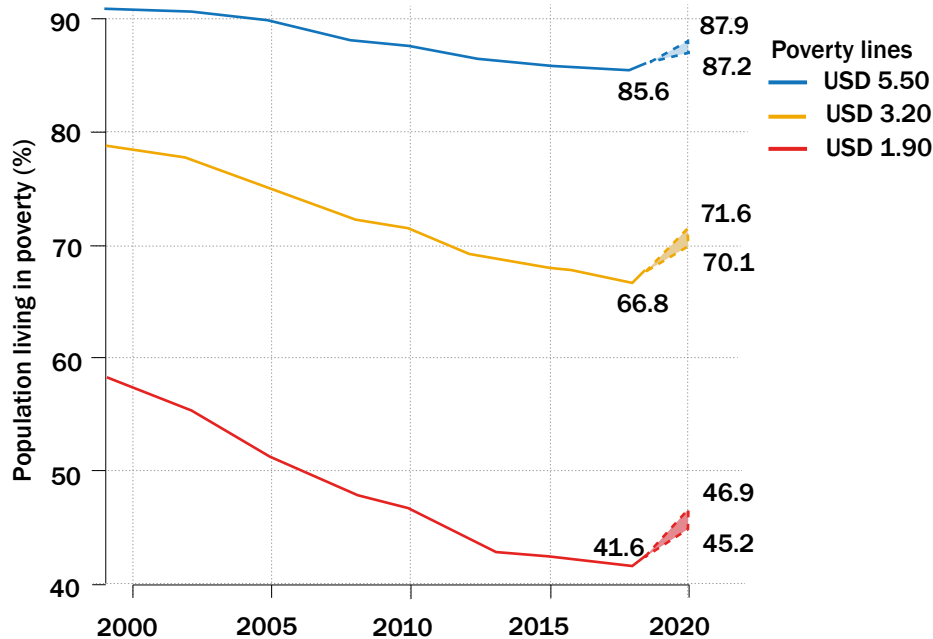
2. POVERTY AND HUNGER

COVID-19 has not only severely affected health, education and other services in Africa, but it is also pushing millions into extreme poverty. According to the UN Economic Commission for Africa (UNECA) estimates, up to 29 million Africans are expected to be pushed below the extreme poverty line of USD 1.90 per day owing to the impact of COVID-19. An estimated 42-66 million children could fall into extreme poverty as a result of the crisis this year, adding to the estimated 386 million children already in extreme poverty in 2019.³⁹

According to the UNECA, vulnerable households affected by COVID-19 are

expected to face a 4.2% increased probability of staying in poverty for years into the future.⁴⁰ In Ethiopia, for instance, on average, COVID-19 is estimated to increase the number of poor families by about 26 million people this year and next year, doubling the current poverty rate of 22% to 48%.⁴¹

Up to 29 million Africans are expected to be pushed below the extreme poverty line of USD 1.90 per day owing to the impact of COVID-19.

Chart 2.1: Potential impact of COVID-19 on poverty in sub-Saharan Africa

Save the Children based on World Bank's PovcalNet database. Reduction in consumption of 7%/10% based on World Bank's "Africa's Pulse", April 2020. Upper and lower bounds based on chosen scenario.

Already within the space of a couple of months, household consumption in sub-Saharan Africa has gone down by 7% to 10% due to the COVID-19 crisis.⁴² Diminishing household consumption will inevitably lead to prioritisation of food and other basic goods within the household, in which case girls are likely to lose out.

During crises there is often an increase in the number of children suffering from malnutrition. The prevalence of severe acute

malnutrition more than doubled in Sierra Leone during the Ebola outbreak.⁴³ And COVID-19 is no different. The pandemic has already thrown millions of children into hunger and they are now at risk of malnutrition.

More than 50 million people would suffer from hunger in West Africa alone, and the number of food insecure people could more than double in East Africa, jumping to 43 million. In Ethiopia, for instance, an additional 800,000 cases of child malnutrition are expected in 2020, on top of the 3.5 million cases anticipated previously.⁴⁴

In Ethiopia, for instance, an additional 800,000 cases of severe and moderate acute malnutrition are expected in 2020 on top of the 3.5 million cases anticipated previously.

Early estimates suggest that there will be significant increases in the prevalence of stunting for children, ranging between 2% and 5%.⁴⁵ This

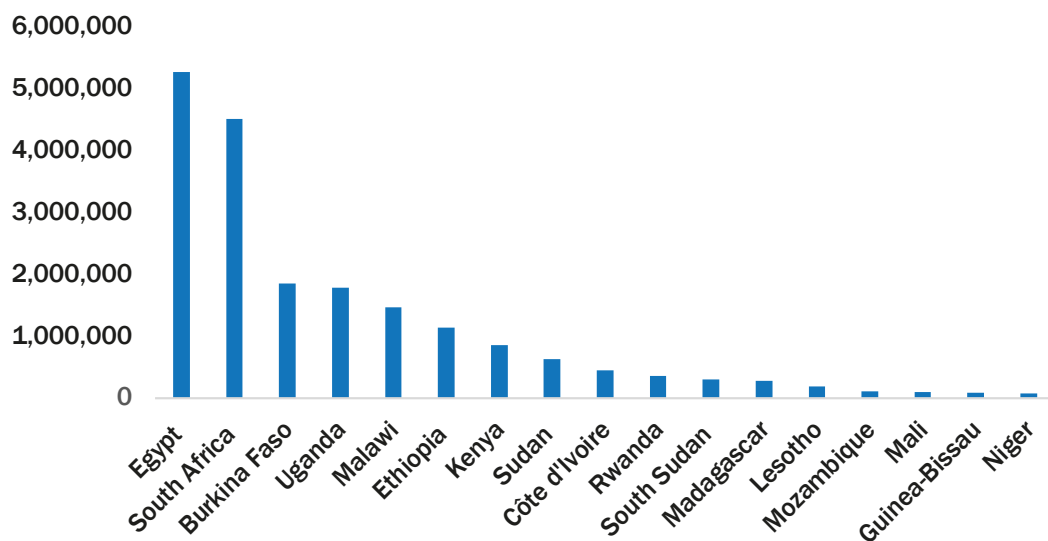
is further complicated by the fact that more than 26 million girls across Africa normally rely on school meals for a reliable source of daily nutrition must now look for other sources.⁴⁶ Some countries, given their large child population, are the hardest hit. For instance, more than 5.2 million girls in Egypt, more than 4.5 million girls in South Africa and more than 1.8 million girls in Burkina Faso are missing out on school meals because of COVID-19.⁴⁷ The disruption of school feeding programmes not only affects girls' access to food but it also aggravates the household poverty situation. For families, the value of meals freely served in school is equivalent to about 10% of a household's income.⁴⁸

The COVID-19 crisis is disrupting food supply chains because farmers and

In Africa, more than 26 million girls miss out their school meals with more than 5.2 million of them in Egypt and more than 4.5 million in South Africa.

labourers cannot work or travel and transportation delays are causing shortages.⁴⁹ Several sub-Saharan African countries such as Somalia and South Sudan imported more than 40 million tons of cereals from around the world in 2018 to plug gaps in local food production.⁵⁰ This reliance on imported food stuff, in the context of travel restrictions, is likely to affect the availability and accessibility of food by the general population, including girls.

Chart 2.2: Number of girls missing out on school meals in Africa, by country



Source: WFP, Global Monitoring of School Meals During COVID-19 School Closures

3. ACCESS TO BASIC HEALTHCARE SERVICES

The disruptions in healthcare service provision created by the COVID-19 pandemic, mainly due to diversions of health care resources to combating the pandemic, has left many people with chronic illnesses in a limbo. So far, measles campaigns have already been suspended in 27 countries and polio campaigns put on hold in 38 countries, exposing at least 80 million children under one to the risk of diseases such as diphtheria, measles and polio, according to WHO.⁵¹

Photo credit: Plan International

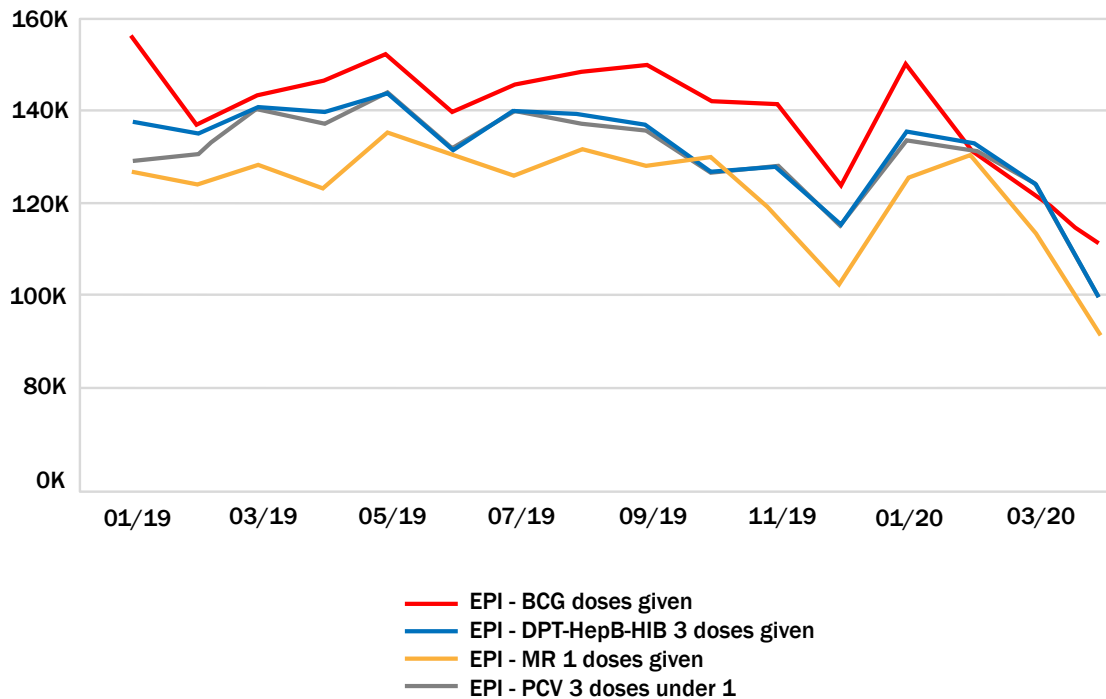
In many countries, transport restrictions amidst lockdowns and reduced health-seeking behaviour due to fear of contracting the virus are affecting peoples' ability to access essential healthcare services.⁵² In Ethiopia, many people in the rural parts of the country are now dying due

to malaria because health centres and their staff have been mobilised to the fight against COVID-19. In a survey among young people in Uganda, Kenya, Rwanda, Burundi, South Sudan and Tanzania, 38.4% of them mentioned that their access to healthcare has been impacted because of the de-prioritisation of illnesses not related to COVID-19.⁵³

Since the onset of COVID-19, measles immunisation campaigns have been suspended in at least 27 countries and polio campaigns disrupted in 38 countries, cumulatively affecting at least 80 million children under one.

In Uganda, due to the lockdown, girls' access to medical facilities has been reduced by almost 35% within the lock down period alone.⁵⁴ Before the outbreak of COVID-19 the health facility run by the Hunger Project

Chart 3.1: Total number of children vaccinated, month by month, 2019 vs 2020, Uganda



Source: Republic of Uganda, Monitoring the Impact of COVID-19 Containment Measures on RMNCAH, Nutrition and HIV Service Delivery and Utilization, 02 June 2020

Uganda in Namayumba Sub-county, Wakiso district, would receive 20 to 25 young people seeking for services and information every week. The number has drastically fallen to less than 5 young persons.⁵⁵

Disruptions in immunisation will have long-lasting negative consequences, by complicating efforts to eradicate polio and manage measles outbreaks.⁵⁶

In Uganda, for instance, there has been a sharp drop in the number of children covered by the country’s Expanded Programme of

Immunisation (EPI) since the onset of the pandemic in the country.

Estimates have it that the diversion of healthcare resources away from chronic illnesses and immunisation programmes could potentially lead to an additional 6,000 child deaths per day from preventable causes over the next 6 months across 118 low-income and middle-income countries.⁵⁷

According to another study, for one excess COVID-19 death attributable to infection at service delivery points, continuing routine vaccination programmes would prevent approximately 101 future deaths in children of up to 5 years of age.⁵⁸

4. ACCESS TO EDUCATION

Following the COVID-19 crisis, more than 120 million girls have been affected by school closures across Africa.⁵⁹ This presents serious challenges for girls from the poorest households who are likely to be the hardest hit and their education severely set back, unless immediate and comprehensive measures are taken.

Currently, more than two-thirds of African countries have introduced national distance learning platforms. Even in those countries where distance education is made available, it is only accessible in one or two major languages, excluding the vast majority of learners. Only 15 countries are offering distance instruction in more than one language.⁶⁰ Most of

“I am really missing classes. Sometimes I try to study at home but the house chores are so much that I can’t revise my notes. I take care of my siblings as well as the house and the farm. I start working very early and go to bed very late” Halima, 16, from Niger

Source: <https://plan-international.org/news/2020-06-16-girls-risk-covid-19-threatens-leave-african-children-behind>

these distance learning platforms also use digital and online media.

Increased digitalisation of schooling is likely to widen inequalities between boys and girls, as girls from poor economic backgrounds are least



Photo credit: Plan International

likely to have access to smartphones, television, and the internet.⁶¹ We know that almost one third of the world's young people, most of them in sub-Saharan Africa, are already digitally excluded.⁶² In Ethiopia, only 2% of rural households have access to television, resulting in the current TV-based learning options, excluding the vast majority of learners in the country.⁶³

When disaggregated by gender, overall, in Sub-Saharan Africa women are 50% less likely to use the internet than men.⁶⁴ Boys are 1.5 times more likely to own a phone than girls in low and middle-income countries and are 1.8 times more likely to own a smartphone that can access the internet.⁶⁵ Even where smartphones and internet are accessible, the cost associated with using internet data is prohibitively high for many girls. Thirty-seven percent of the girls contacted in Uganda as part of this study reported having no access to television and radio-based study material run by Ministry of Education. They said they relied on their school notes/handouts. Fifty percent of them reported not having any home school help.⁶⁶

In Ethiopia, even in urban areas, only one in four households in the country has access to television.⁶⁷ In Nigeria, a respondent stated that following the introduction of online and TV and radio-based schooling, most girls in the rural communities are totally excluded from education.⁶⁸ It is also likely that such home-schooling options might discriminate against girls, as social and gender norms, which are more inclined towards

traditional values in rural areas, which dictate that educational investment decisions, resources, often be redirected to boys over girls.⁶⁹ Girls from poor backgrounds and those living in rural areas are also less likely to have a quiet place in their home to concentrate on their studies and/ or to get the necessary parental pedagogical support.⁷⁰ Consequently, the pandemic is magnifying the social inequities between girls and boys on one level, but also between children living in rural and urban settings.

There is fear that the pandemic and its fallouts might leave an adverse lasting impact on girls' education after the crisis is over. Girls are likely to drop out of school to look for jobs to sustain families in post-pandemic economic crises. The Liberia experience during the Ebola outbreak, where 21% of girls of primary school age girls did not go back to school might repeat itself across Africa.⁷¹ The Malala Foundation estimates that, globally, about 10 million more secondary school age girls could be out of school after the COVID-19 crisis has passed. African girls are likely to be a significant portion of these millions.⁷²

Globally, ABOUT 10 MILLION more secondary school age GIRLS COULD BE OUT OF SCHOOL after the COVID-19 crisis has passed.

5. CHILD MARRIAGE AND FGM

The COVID-19 crisis has exacerbated many of the interwoven factors that drive child marriage in stable environments, as economic hardship bites, schools and safe houses remain shut and families and communities facing social, economic challenges fall back on traditional gender social norms. The community and social safeguards have also become difficult to access, as have the formal reporting and child protection mechanisms.

Families facing economic hardships such as job loss may feel they have no choice but to marry daughters off as soon as possible to reduce the number of dependents in the household. Because of strong patriarchal influence on marriage practices as well as social and gender norms some may believe their daughter is better off with a family with greater financial resources while persistent cultural practices around dowry and bride price mean that families in financial crisis have a monetary incentive for arranging a marriage. Widespread school closures may also increase risks of child marriage, as research shows that leaving education is highly correlated with girls being married off.⁷³

“Things have become very uncomfortable for me since the state of emergency began. Being at home all day with my family is dreadful, because they are rushing me to get married.” Angelina, 17, from Mozambique

Source: <https://plan-international.org/news/2020-06-16-girls-risk-covid-19-threatens-leave-african-children-behind>

While lockdowns and being out of school have increased the incidences of sexual violence and transactional sex, they have also presented increased opportunities to engage in sexual activity. Combined with the breakdown of community social support networks this can also heighten families’ and communities’



Photo credit: Plan International

desire to control girls' sexuality in the name of protecting their "honour." In communities where strong traditional gender and social norms dominate, marriage is often viewed as a means to protect girls and their families from the shame and social stigma that can result from teenage pregnancy, surviving rape or sexual assault. Inevitably, this forces many girls into child marriages.

Many girls may also be prevented or afraid to seek sexual and reproductive services, particularly contraception and abortion services, post-rape care and antenatal care.⁷⁴ Going by past reports, higher levels of education are correlated with a reduction in child marriages and over 60% of child brides in developing countries have no formal education. The ongoing school closures have created fertile ground for child marriages to happen in large numbers with no early detection or scrutiny by child protection workers. Experts have projected that child marriage in Africa would fall by 64% if all girls in sub-Saharan Africa had secondary education.⁷⁵

A combination of the above factors contributed to a sharp rise in the number of incidents of child marriage in many countries:

- In Ethiopia, the deputy chief of the Women, Children and Youth Bureau of the Amhara Regional State reported a sharp rise in the number of children getting married following the pandemic. In Simada, Tach Gayint and Fogera woredas¹ of South Gondar, and

School closures are compounding the problem of child marriage in Africa. In the northern part of Ethiopia, a month into the COVID-19 crisis, 766 planned child marriages were averted by authorities.



in Shebel Bereta, Debay Tilat and Gozamn woredas in East Gojjam, child marriage is increasing at an unprecedented rate. A teacher

¹ The *woreda* is the lowest administrative and political unit in the Ethiopian federal system, and is equivalent to a district in other countries. The *zone* is an administrative unit consisting of several woredas.

in the area told the BBC Amharic Service that school closures have played an important role in the increase. A taskforce looking into the situation in East Gojjam zone reported that, out of the 1280 marriages planned during this period, 541 or more than 42% were child marriages. In one woreda alone in this zone, 225 planned child marriages were

cancelled through the intervention of local government authorities, since the onset of the COVID-19 pandemic.⁷⁶

- In Kenya, there have been reported cases of forced child marriages, driven by economic difficulties, with the girls being married off in exchange for cash and other gifts.⁷⁷

Box 5.1: COVID-19 fuelling an increase in cases of FGM in Africa

FGM is on the rise in many parts of the continent, especially in countries where it was already a common practice. In FGM prone areas in Kenya, following the COVID-19 crisis, the lock-down has provided an opportunity for practitioners to carry out the cut on girls, because community and government accountability systems are operating at minimum levels.⁷⁸

Somalia, with the highest rate of FGM in the world, is witnessing a huge increase in the practice, with circumcisers going door to door offering to cut girls stuck at home during the pandemic, according to Plan International. They are taking advantage of school closures to carry out FGM so that the girls have time to recover from the ritual, which can take weeks.⁷⁹

According to an Aljazeera report, an Egyptian doctor and a father of three were prosecuted for tricking the three girls into undergoing female genital mutilation saying that the treatment was a COVID-19 vaccination.⁸⁰

UNFPA projects that disruptions in efforts to combat FGM will set back progress towards ending FGM by 2030 by one third.⁸¹ In many countries in Africa, rescue brigades, public awareness programmes against FGM and referral pathways, which are the most common and effective prevention strategies, are all disrupted.



Photo credit: Plan International

6. ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES

The COVID-19 pandemic and corresponding control measures have affected not only access to basic healthcare and education services, but have also disrupted sexual and reproductive health services. Lockdowns and diversion of medical resources to the pandemic have led to millions of women and girls being forced to carry unwanted pregnancies or risk unsafe backstreet abortions. A recent survey of about 80 organisations providing family planning services found one in five has been forced to shut clinics, while others have had to cut services.

UNFPA estimates that, as of March 2020, there were an estimated 450 million women using modern contraceptives across 114 low- and middle-income countries. However, 47 million women in these countries will be unable to use modern contraceptives if the average lockdown continues for 6 months with major disruptions to service. Potential disruption of the production of contraceptives, coupled with the unavailability of medical staff to provide family planning services, is affecting the availability and accessibility of family planning

In Uganda, in one district alone, within the space of just two months since the COVID-19 lockdown, 40 primary school girls were reported to have become pregnant

services.⁸² UNFPA also predicts that, if the lockdown continues for another 6 months, stock-outs of many contraceptive methods are expected in more than a dozen lowest income countries and resulting in an additional 7 million unintended pregnancies.⁸³ Emerging reports indicate that those affected will invariably include girls. In Kenya, close to 4,000 school girls were impregnated during the lockdown.⁸⁴

In Uganda, in one district alone, within the space of just two months, the Luuka district reported that over 40 primary school girls have been made pregnant.⁸⁵

This will be a huge setback for the gains achieved over the years in reducing adolescent pregnancy globally and in Africa. The prevalence of adolescent pregnancy in Sub-Saharan African countries was 101 births per 1,000 girls aged 15 to 19, compared with the global average of 44 per 1000 girls of the same age.⁸⁶ The highest prevalence was recorded in the East African sub-region (21.5%),

followed by Southern Africa (20.4%), West Africa (17.7%), Central Africa (15.8%), and the lowest was in Northern Africa (9.2%). Despite being the region with the highest prevalence of adolescent pregnancy globally, sub-Saharan Africa had witnessed a sharp decline, from 115 per 1000 women aged 15-19 in 2020, to 101 in 2018.⁸⁷ There are serious fears that these gains might be reversed because of widespread lockdowns.

For girls who are provided with personal and menstrual hygiene materials through school programmes, the school closures have left them unable to observe essential menstrual hygiene.

School closures mean that girls are more likely to be forced to engage in sexual activity than before, hence also more likely to get pregnant and suffer from complications of pregnancy and child birth. Studies have shown that adolescent girls out of school are more than two times more likely to start childbearing than those who are in school.⁸⁸ Going by previous studies that have established that girls aged 15 to 19 are twice as likely to die from childbirth as women in their 20s and girls under age 15 are five times more likely to die from childbirth,⁸⁹ more pregnant girls are likely to die or suffer from lasting health complications with the limited availability of pre-natal and birth attendance during the COVID-19 lockdowns.

7. GIRLS IN VULNERABLE SITUATIONS

The COVID-19 pandemic has affected all girls regardless of their age, social or economic background. But, its effect on girls who have already been victims of marginalisation, exclusion and discrimination has been disproportionately severe and more likely to have long-lasting and irreversible impacts.

Girls with disabilities, girl domestic workers, girls living and/or working on the street and in urban slums, girls in institutional care, and in detention centres and refugee and stateless girls have especially been more severely affected.

Girls with disabilities: The COVID-19 pandemic lock-down measures have left millions of girls with disabilities without access to disability-friendly services, including much needed specialised face-to-face therapeutic and medical care services and inclusive education services. Most of them are not able to access information on how to protect themselves from the virus, as currently available messages are largely not packaged in disability accessible formats.

The lockdowns and quarantine measures have also exacerbated their exposure to sexual and physical abuse and exploitation. We know that girls with disabilities are up to 10 times more likely than girls without disabilities to experience sexual, emotional and physical violence, as well as forced abortions and sterilisations.⁹⁰ Girls with disabilities are victims of a triangle of factors



Photo credit: Plan International

based on age, disability and gender. Given their limited access to sexual and reproductive health information and services under normal times, the pandemic and subsequent disruptions in those services are also likely to affect girls with disabilities more than girls without disabilities. Under non-crisis times, girls with disabilities lack

Girls with disabilities contacted in Ethiopia, Kenya and Uganda complained that the media messages around COVID-19 are not generally packaged in a manner that is accessible to the disability community.

access to sexual and reproductive health information and services and they are often denied the right to make decisions for themselves about their reproductive and sexual health, increasing their risk of sexual violence, unplanned pregnancy, and sexually transmitted infections.⁹¹ In many countries in Africa, lack of sexual and reproductive health education means that adolescents with disabilities engage in casual sex without using any condoms and other contraceptives.⁹² Only 35% of young people with disabilities used contraceptives during their first sexual encounter, according to a study in Ethiopia.⁹³

This already dire situation has now been accentuated in many countries due to the total absence of messages on COVID-19 and on sexual and reproductive health issues in disability-accessible formats. Girls with disabilities contacted in Ethiopia, Kenya and Uganda complained that the media messages around COVID-19 are not generally packaged in a manner that is accessible to them. Further, there are real risks that girls with disabilities, especially those with intellectual and behavioural disabilities, might undergo feelings of anger, fear, stress, and confusion, which might be more severe with longer durations of lockdowns. There are also reported concerns in countries such as Ethiopia and

South Sudan of girls with disabilities in general encountering difficulties in quarantine centres, because of both physical accessibility and communication challenges.

The situation is no less daunting on the education front. Girls with disabilities, who rely on face-to-face, and at times individualised, pedagogic services are likely to be excluded from newly introduced education programmes of distance learning as these are scarcely available in formats suitable for them.

Girls living and/or working on the street: In the context of lockdowns, movement restrictions and closures of drop-in centres and feeding services, girls living and/or working on the street are the hardest hit by the COVID-19 pandemic. The causal work opportunities that somehow helped these children to survive are fast disappearing. Shops, markets and businesses are closed, and income generation opportunities such as watching over parked cars, carrying goods in the market, selling small items or other petty trade are almost gone. The empty streets have made food assistance impossible. Girls living and/or working on the street who normally rely on food handouts from hotels and restaurants are starving.⁹⁴ There are reports in Ethiopia of hotel leftover food now being sold for just under a dollar.⁹⁵

These dire circumstances are likely to force girls living on the street to resort to 'survival sex' and 'sex for protection'. Street gang leaders might exploit lockdown measures to subjugate girls, under the threat of withdrawal of protection, resulting in

sexual exploitation.

There are reports of children living and/or working on the street being driven out of streets by police. For instance, in Nigeria, where Lagos, Abuja and Ogun are in lockdown, it was reported that children were already being chased away from the streets by paramilitary officers. With nowhere to go, these children are in extremely precarious situation. In Kenya there were reports of children, including girls, living on the street wishing to be in prison for the sake of getting shelter.⁹⁶ In Uganda and Ethiopia, there are reports of security forces beating up children trying to enforce social distancing measures.⁹⁷ Ethiopia reported having already taken children off the street, but girls are still seen on the street, mostly begging.⁹⁸

In Senegal, the government reported having rescued more than 2,000 children living and/or working on the street, including 205 from neighbouring countries since the COVID-19 outbreak. More than 50 of these children were found to have been infected with COVID-19 and have since recovered.⁹⁹

There are fears that the reliance of these children on inhalants such as glue to survive, stay warm or ward off hunger, might complicate their chances of recovery if they are infected with the virus.¹⁰⁰

Girls living in urban slums: The COVID-19 crisis has introduced another layer of vulnerability to an already dire life situation of girls living in a crowded space deprived of essential water and sanitation services where they find it difficult

With hotels and shops closed and streets empty, girls living and/or working on the street who normally rely on food handouts from hotels and restaurants and on street trade are struggling for survival.

to observe preventative hygiene and social distancing. They have limited access to piped water and hand-washing facilities and rely on over-strained communal sanitation facilities, making it extremely difficult to protect themselves from the virus. About 56% of the urban population in sub-Saharan Africa is concentrated in overcrowded and poorly serviced slum dwellings and only 34% of the households have access to basic hand washing facilities.¹⁰¹ This has raised huge concerns about the special vulnerability to COVID-19 of women and girls in those communities.

Girls living in urban slums also struggle to maintain menstrual hygiene because of reduced access to sexual and reproductive health and rights services.¹⁰² They are also the most affected by sexual and physical abuse and exploitation. As a result, urban slums are characterised by high levels of teenage pregnancy.

About 56% of the urban population in sub-Saharan Africa is concentrated in overcrowded and poorly serviced slum dwellings and only 34% of the households have access to basic hand washing facilities, raising serious concerns in the context of COVID-19.

In Kenyan urban slums, for 41% of adolescents, the pregnancies were unintended, with 26% being mistimed and 15% unwanted.¹⁰³ COVID-19 is likely to aggravate this already dismal situation of millions of girls living in Africa's urban slums.

Girls in detention centres: Girls and boys in detention centres across Africa often find themselves in crowded spaces under unhygienic conditions. Deprivation of liberty makes it more difficult to self-isolate, practice physical distancing, or observe the hand-hygiene required during this pandemic especially in facilities with limited or overstretched sanitation facilities.

While no data is available on the population of girls in pre or post trial detention, anecdotal evidence suggests they are a very small portion

of the prison population. There is however a population of “invisible” children who are imprisoned with their mothers or caregivers, who require special attention during the pandemic.

These children, and girl offenders, like most child offenders have common demographic characteristics which dictate generally poorer health than the rest of the child population and are more likely to have or experience underlying psychosocial, physical and mental health issues that are exacerbated by their placement in custody even before an emergency arises. They often receive poor nutrition and lack access to quality medical and mental health care, psychosocial support, social and educational services.

Girls in refugee and humanitarian settings: Africa hosts more than 25.2 million refugees and internally displaced people and houses four of the world's six largest refugee camps in Ethiopia, Kenya, Tanzania and Uganda. The chronic overcrowding characteristic of most refugee and IDP camps in Africa is already making it extremely difficult for people in those camps to adhere to social distancing and proper hygiene protocols essential for preventing COVID-19. COVID-19 cases have already been confirmed in Dadaab (Kenya) and Mai-Aini (Ethiopia) refugee camps. These are countries whose health systems are ill-equipped to manage significant outbreaks.¹⁰⁴ This is further complicated by the absence of clean running water and soap, insufficient medical personnel, face masks and poor access to COVID-19 information. In many host countries, refugees have limited or no formal entitlements



Photo credit: Plan International

to healthcare and social protection systems, further complicating their vulnerability to the pandemic.¹⁰⁵

Girls comprise a good majority of these refugee, migrant, or internally displaced persons living in overcrowded camps, informal reception centres, or squatter settlements, where basic COVID-19 prevention measures such as frequent hand washing and social distancing are nearly impossible.¹⁰⁶ In Somali region of Ethiopia, for instance, some 2,000 deportees/returning migrants – mainly from Somalia – have been registered in eight quarantine locations. In Gambella, over 4000 asylum seekers from South Sudan have arrived at Pagak, including unaccompanied children.¹⁰⁷ Nearly all of these returnees, who comprise a good number of unaccompanied girls and boys alike, lack access to proper protective and hygiene materials.

In the Sahel and Lake Chad Basin, COVID-19 has added yet another crisis to an area already one of the most serious humanitarian emergencies in the world, plagued by conflict, displacement, drought and food insecurity. There are more than 2.2 million displaced people in the region, half of whom are children. Girls in the region have already been facing multiple challenges including early and forced marriage, lack of access to quality education and lack of access to sexual and reproductive health services, among others. Niger, the country with the highest rate of child marriage in the world, is found in this region, where 3 in 4 girls are married before their 18th birthday.

The COVID-19 crisis and its



attendant measures such as school closures, overcrowding in camps for refugees and the internally displaced, closure of child friendly spaces due to social distancing, lack of access to water and sanitation as well as limited availability of hygiene materials for protection from COVID-19 create a perfect storm of challenges for girls in the region. Terrorist groups operating in the area have also ramped up their attacks taking advantage of the crisis, further complicating mitigation and control measures against the pandemic.¹⁰⁸

The spread of the pandemic in pre-existing humanitarian settings, especially in areas with little state presence, exacerbates existing gender inequalities and vulnerabilities and has direct and indirect consequences on girls and young women's rights. For instance, Niger and Central African Republic, both affected by protracted crises, are the two countries in the world with the highest prevalence of child marriage.¹⁰⁹

Evidence from the Ebola outbreak shows that girls are more likely to suffer forced marriage in health emergencies due to the lack of protection and school closures.¹¹⁰

8. CONCLUSION

While children are not as widely infected by COVID-19, they are disproportionately affected by the socio-economic impact. There is fear that many children may be deprived of care or be forced to play the role of caregivers to younger siblings when parents or caregiver become infected or die.

As it has been witnessed in other crises, in situations where millions of African families live under extreme poverty and where adequate social protection and community safety nets are nearly totally absent, girls will be the first to suffer from hunger, malnutrition and ill health. The widespread closure of schools and child care centres has effectively excluded girls from poor backgrounds from accessing basic services that were made available in those facilities such as school feeding schemes, thereby leading to malnutrition and accompanying health related problems.

It is also troubling to observe that stay-home measures have brought girls in close and routine proximity with potential perpetrators of sexual abuse. There are many disturbing reports of girls being sexually abused by their fathers and other family members. There is also a sharp rise in the number of cases of child abandonment, partly seen in the rise in the number of children newly arriving on the street.

In many African countries, schools provide safe havens for girls, where they serve as the first port of call for reporting child marriages and sexual violence. Schools also serve as centres for girls to access sexual and reproductive health services, including information and sanitary materials. Many more also rely on school meals for food. The closure of schools has disrupted all these protective mechanisms and services, further exposing girls to multiple vulnerabilities. Even from the millions of girls negatively affected by the pandemic, those with disabilities, those living and/or working on the street, girl domestic workers, girls from poor backgrounds, including those living in crowded, urban slums, and girls in institutional and detention centres and in refugee camps, have been affected at a disproportionately greater impact.

COVID-19 and the lockdowns and movement restrictions accompanying it, have created a perfect storm of opportunities for potential abusers to commit sexual crimes against girls behind closed doors with limited or no public scrutiny. Girls in Africa are now living with a sense of being insecure and besieged in the confines of their homes.

9. RECOMMENDATIONS

The COVID-19 pandemic is one of the most devastating challenges facing Africa's children today: it is life-threatening and has the potential to shatter the childhood dreams of many. Africa's success in tackling the pandemic and mitigating its impact on children now will have serious implications for its future continuity and wellbeing as a continent. In light of this, we suggest that governments, the African Union and other stakeholders take the following and other related measures to better protect girls from the pandemic and its effects.

WE CALL UPON THE AU AND OTHER PAN-AFRICAN AND SUB-REGIONAL BODIES TO:

- Coordinate and intensify efforts at all levels in the fight against the pandemic, through political and organisational leverage to mobilise resources from within and outside the continent;
- Provide extra support to governments in post-conflict and fragile situations, particularly in equipping their healthcare infrastructure in their response efforts; and
- Provide technical support to Member States as they implement the ACERWC Guiding Note on COVID-19.

WE CALL UPON GOVERNMENTS, IN COLLABORATION WITH CIVIL SOCIETY ORGANISATIONS, THE UN AND THE PRIVATE SECTOR, TO:

adopt a rights and gender-responsive approach to COVID-19 control measures by:

- applying a human rights approach dictated by the principle of 'the best interests of the child' and with a clearly defined gender-sensitive approach in all their efforts to prevent and respond to the pandemic;
- ensuring messages and information packages around COVID-19 are formulated in a manner that promotes gender equality and that takes gender differences into proper account; and
- ensuring that measures related to social distancing, quarantines, and partial or full lockdowns are friendly to girls and cognisant of the needs, capacity and vulnerability of girls.

recognise girls' voice and agency by:

- consulting and taking into account girls and young women's views in the response and recovery to COVID-19; and
- building on girls' power and agency to benefit from their contributions in the efforts to control and mitigate the impacts of COVID-19, not as victims but as agents of change

alleviate poverty and provide economic support by:

- ensuring that girls get access to urgent, lifesaving provisions of nutritious food and healthcare as well as hygiene and sanitation amenities; and
- rapidly scaling up economic safety net and poverty alleviation programmes such as cash transfers, paid leave, and free or subsidised health services, with proper gender-responsive orientations that prioritise women, girls heading households and girls working on the street.

protect girls from abuse and gender-based violence by:

- reinforcing multi-sectoral child protection systems for girls who are at risk of experiencing abuse, violence and exploitation, including by ensuring access to justice for survivors;
- supporting community-based child protection systems to rebuild themselves in light of the adverse impact of the pandemic on their operations;
- ensuring access to comprehensive post-rape care, including reporting and investigations of complaints;
- addressing online abuse within their response plans for addressing child protection and gender-based violence and ensure that there are reporting mechanisms in place to report online abuse and that information on these are promoted through different digital channels;
- mitigating the risks of exploitation, child, early and forced marriage, and gender-based violence and bringing perpetrators to justice; and
- paying extra and urgent attention for protection of girls already in vulnerable circumstances such as girls employed in domestic work, girls living on the street and girls with disabilities, and girls living in urban slums and refugee and humanitarian settings.

ensure access to basic and sexual and reproductive health services by:

- ensuring that funding to address immediate public health and humanitarian concerns is paired with and complementary to mid- to long-term investments aimed at strengthening systems, building resilience, addressing macro-economic issues and addressing drivers of vulnerability, particularly in fragile contexts and protracted crises;
- prioritising adolescent sexual and reproductive health services, both through policy instruments and funding, to create safe, non-stigmatising channels for girls in need of such services; and
- ensuring access to modern contraception, menstrual health and hygiene management and other sexual and reproductive services as well as to antenatal and postnatal care, and safe delivery services.

ensure access to education by:

- recognising how the gender digital divide affects educational participation, and further marginalises certain groups;
- providing full access to existing distance and digitised learning options by making home schooling options and materials available to girls, and by enhancing the capacity of girls to leverage access to digitally-enabled communications;
- enabling parents to fill in the pedagogic gaps created due to school closures by broadcasting educational programmes that better equip parents to help their children;
- identifying policies and approaches that encourage girls to re-enrol in school, including by removing policies that ban re-entry for pregnant girls and young mothers, and providing support through flexible and accelerated learning opportunities; and
- ensuring that COVID-19 education response plans are gender and age responsive and reflect the lived realities of girls with disabilities, girls in rescue and humanitarian settings and other marginalised children throughout the life cycle of education.

make gender-disaggregated data available by:

- collecting data related to the pandemic and its impact on children, disaggregated by age, sex, gender, disability and other gender-related indicators and updating it regularly; and
- ensuring that the voices of girls are captured in the research and data gathering processes.



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