**Plan International, Inc.**

**SUBMISSION FOR THE STUDY ON THE IMPACT OF THE COVID-19 PANDEMIC ON HUMAN RIGHTS OF YOUNG PEOPLE**

Plan International has developed this submission to inform the detailed study on ways to mitigate the impact of the global pandemic on human rights with regard to young people. We have responded to certain questions of the Call for inputs by sharing extracts from several recent studies published by Plan International.

Plan International, Inc. is an independent non-governmental organisation and is in General Consultative Status with ECOSOC. Founded in 1937, Plan International is one of the oldest and largest children’s rights organisations in the world. We strive to advance children’s rights and equality for girls in both development and humanitarian contexts. Working with children and young people in more than 75 countries around the world, we tackle the root causes of inequality faced by children, especially girls, through our programme and influencing activities.

Response to call for inputs

1. *What are the main challenges that young people face in the country/region where you operate in connection with the COVID-19 pandemic and the response to it? If any age-disaggregated data has been collected in this regard, please include it in your response.*

Harmful practices and gender-based violence

The existing inequalities making girls most vulnerable have been amplified by the
COVID-19 pandemic. For example, UNFPA projected that the pandemic could lead to additional 2 million cases of gender-based violence; 13 million more child marriages over the next decade and another six months of lockdown could lead to 7 million unintended pregnancies.[[1]](#footnote-1)

The COVID-19 pandemic is exacerbating existing gender and social inequalities, therefore heightening the risks of child, early and forced marriage and unions (CEFMU). Adolescent girls are now at increased risk of unintended pregnancy, economic shocks that lead to poverty, and widespread school closures. They are also impacted by the disruption to or breakdown of protection and health services, including essential SRHR services and referral mechanisms.[[2]](#footnote-2) Socio-economic conditions caused by the pandemic are driving families to marry off their daughters in order to obtain a dowry or to reduce the number of dependents within the household.[[3]](#footnote-3)

Lockdowns and school closures have also increased the incidences of sexual violence and adolescent pregnancies, as girls spend much more time at home. In addition, the number of COVID-19 infections are overwhelming health systems and in response, countries are diverting resources from routine health services to fight the pandemic. As a result, adolescents and girls face further challenges in accessing sexual and reproductive health information and services which lead to an elevated risk in unintended adolescent pregnancies.[[4]](#footnote-4) In fact, UNFPA predictions showed that a 6-month COVID-19 lockdown could deny 47 million women access to modern contraceptives.[[5]](#footnote-5) For example, between April 2020 and March 2021, South Africa saw a 60% increase in adolescent pregnancies, where more than 23,000 girls under 18 years old gave birth, of which 934 were under the age of 14, compared to 14,577 girls in the same period a year earlier.[[6]](#footnote-6)

Evidence to date suggests that COVID-19 has led to an increase in child, early and forced marriage in Indonesia. School closures and subsequent risk of school drop-out together with the economic pressure on households is thought to be linked with the significant spike in child marriage applications observed in Indonesia in 2020. By June 2020, 24,000 applications for permission to marry underage had been lodged with district and religious courts – more than two and a half times the total number for the whole of 2012. The estimated 33,000 child marriages in 2020, runs against the overall downward trend seen over the past years in Indonesia. This trend was confirmed in a Policy Corner event hosted by Plan International in January 2021 where it was noted that in West Nusa Tenggara province, child marriage and marriage dispensation requests had increased significantly during the pandemic.[[7]](#footnote-7)

Education

Though there is yet to be a measure of the full effect of the COVID-19 crisis on education, it is evident that millions of students are at risk of not returning to education institutions, with many of them eventually dropping out. This is due to several factors including: a) financial constraints and pressure to take up employment, b) household chores, c) childcare, especially when parents or caregivers are ill or have passed away, d) early and forced marriage and/or

early and unintended pregnancy, with girls being particularly vulnerable, and e) fear of resurgence of the virus.[[8]](#footnote-8)

The presence of harmful or negative gender norms within societies were brought to the fore during this COVID crisis. These norms continued to form barriers for adolescent girls and young women during the pandemic. This was evidenced by a significant reduction in the number of girls that return to school once they reopened. These norms did not only make few girls to return to school after the first lock down, but also provided an avenue for increased burden of work for children especially girls who in most cases do domestic chores, this also affected their ability to utilise the home learning packages that were given to them because of inadequate time and exhaustion after work. This latter observation was based on monitoring done at the settlement to find out the extent to which the materials given to children were utilised.[[9]](#footnote-9)

Moreover, learning from home, however it was attempted, was not at all popular and virtually all the participants in our global study Halting Lives felt they were falling behind. Many discussed having little space, too many noisy siblings, being easily distracted by online apps and social media and in some cases not having enough time to study. Many students also talked about not having money for data, or phones and other costs related to online learning. Finally, not having anyone who could help explain concepts or lessons and not having the opportunity to ask questions were also factors that weighed against learning from home.[[10]](#footnote-10)

Adolescent girls with disabilities who have complex learning needs, or those in poorer households and in remote regions are not able to access online lessons due to not having internet access at home, or accessible computers/laptops. Girls with disabilities in Indonesia reported a lack of support, internet access, and accessible software and learning materials to

learn during the pandemic.[[11]](#footnote-11)

Health

Mental health is at the core of the pandemic’s impact on girls’ and young women’s lives: the inability to attend school means they miss their friends and fear for their future as they struggle to adapt to online education, the lack of money means a rise in family tensions and again they worry about the lost opportunities which loss of income results in; they worry about their health being compromised by lockdown and about catching the virus.

There is no area of life that is stress free and it is quite clear that the resilience of the young is being tested. It is however a tribute to their strength that, in many countries, respondents to our global study Halting Lives did feel they had learned from the pandemic: they were grateful for the things they did have, they felt closer to friends and family, they talked about new hobbies and online opportunities and an increase in self-confidence – in their ability to survive.[[12]](#footnote-12)

The mental health impacts for girls of diverse sexual orientation and gender identity and expression during COVID-19 is significant, with evidence of high rates of mental health issues, including depression, anxiety and suicide, aggravated by situations of stress, family harassment, ill-health, and confinement.[[13]](#footnote-13)

1. *What measures are taken in the country/region where you operate to support young people and ensure the full implementation of their rights during and after the pandemic? Please provide examples of policies and programmes adopted to this end, in particular regarding*
* *right to education (including in the context of the closure of educational institutions and transition to online learning);*

COVID-19 impact on learning resulted in innovations aimed at leveraging use of technology to enable learning among adolescent girls and young women. Although, several online learning strategies existed before COVID19, the pandemic led to heightened use of these strategies to facilitate access to continued learning particularly for young girls at household level. In the Middle East, East, and Southern Africa region, the main model of learning during the lockdown was through lessons broadcasted via Radio and Television (TV). In addition, other interventions through WhatsApp, online learning platforms via Website and Applications were implemented. The process of using these platforms during periods of lockdown included the development of curriculum and guidelines for an online based delivery of lessons to various levels of learners.

In Uganda, teachers were given free airtime on different local radio stations with timetable approved by the local education officers to teach specific subjects. This was also true on National Television (UBC). Civil Society (Plan International specifically) also paid for additional radio airtime to allow the teachers do more lessons in all projects supported districts.[[14]](#footnote-14)

The response in communities focused on supporting the enabling of continued learning in communities especially for adolescent girls and young women to avert the negative effects of closures on girls. This was achieved through the strengthening of local and community structures such as community-based learning hubs in Zimbabwe and friends of the family in Rwanda. Such community-based structures played a critical role in enabling the access of learning during a pandemic, especially during lockdown. Important to note is that some of these structures already existed before COVID-19, but this pandemic provided an opportunity to further strengthen these interventions outside of the school environment.

The community learning approaches evolved to door-to-door education interventions in Zimbabwe and Rwanda. Education aid actors and key stakeholders leveraged the already existing community structures such as home-based interventions to activate door-to-door outreach to ensure that young people, especially adolescent girls, and young women continued learning. Similarly, this approach was critical in identifying and accounting for the girls that needed to return to school in countries that re-opened schools.[[15]](#footnote-15)

* *right to the enjoyment of the highest attainable standard of physical and mental health (including with the increase in domestic violence and abuse, anxiety and depression, stress caused by social isolation, etc.);*

Increased reporting of abuse during COVID-19 meant that Plan International intensified existing work with partners in Cambodia, the Philippines and Uganda to set up or strengthen online counselling and toll-free helplines for children to report abuse or to ask for information about the virus.

Adapting to COVID-19 restrictions, Plan International developed and increased the use of digital tools to inform young people on sexual and reproductive health and rights. Laos created the popular “Merlin Pha Hoo” learning tool, which may be included in national education curricula. Bangladesh, Peru, Indonesia and Zimbabwe were also among places to adapt projects to deliver health and rights messages and education digitally. In Zimbabwe, Plan International worked with the Ministry of Health and Child Care to provide sexual and reproductive health services to adolescent girls and young people through mobile clinics. Plan International also supported mentors and SRHR educators to deliver sessions via WhatsApp and SMS during the national lockdown.[[16]](#footnote-16)

Given the fact that the COVID-19 pandemic has curtailed access to social and health services in Jordan, especially sexual and reproductive health and rights (SRHR) and gender-based violence services, with a disproportionate impact on women, adolescent girls and youth, several response measures were taken by Plan and other organizations; including 1) assessing the extent to which the COVID-19 outbreak affects adolescent girls and young women, both Jordanians and Syrians and other nationalities, in refugee camps and host communities looking at GBV/SRHR risks; and 2) the provision of youth-friendly services via digital platforms such as WhatsApp, and Zoom. These virtual services were generally well received by young women and girls.

1. *What role have the young people had in COVID-19 response, vaccination and recovery efforts in the country/region where you operate?*

Adolescent Initiative for Reform (AIR) is a girl-led group (14–19 years old) in Cameroon which runs a peer education program in schools, focused on menstrual hygiene and sexual and reproductive health and rights (SRHR). Furthermore, they seek to strengthen the capacity of girls to influence SRHR and HIV/AIDS laws and policies. Once schools were closed due to COVID-19 the group decided to facilitate access to information on SRHR through the use of radio, posters and social media campaigns. In addition, they sought to provide ‘dignity kits’ to internally displaced girls – each kit will have COVID-19 prevention materials as well as menstrual kits. The group has changed its strategies from in-person to online peer education through various platforms to ensure that girls in their community access the content they are sharing.

1. *What measures are taken in the country/region where you operate to value/encourage the role of youth in COVID-19 response, vaccination and recovery efforts?*

To raise awareness about COVID-19, Plan International supported young people in their communities to raise their voices about how they are affected by the pandemic. Plan International facilitated girls’ inclusion in decision-making spaces in Uganda’s response, provided training on digital participation in Paraguay, and equipped young people in Peru and Guinea with devices and credit for data to help them participate this way. With UNICEF in Togo, Plan International co-organised a Facebook webinar on the impacts of COVID-19 on children, reaching 23,974 people. Plan International also financed the activities of 22 child and youth organisations to fight the virus. Three digital campaigns produced by children and young people reached 100,000 people.[[17]](#footnote-17)

Recommendations

It is incumbent on authorities and civil society everywhere to continue to support gender equality and drive toward the Sustainable Development Goals: in particular by addressing the structural barriers and gender norms that prevent girls from accessing and completing education, and funding and implementing gender transformative learning environments. Once the virus is under control, the priority must be a just recovery, one which addresses those most in need. The transition to a more sustainable, climate-responsive and gender-equal future must focus in particular on girls and young women in all their diversity, and must include targeted support for their families and communities. This should be at the core of all response strategies from governments, global and regional institutions and resourced accordingly.

Specifically:

* Recognise when planning and implementing measures to respond to the COVID-19 outbreak and its aftermath that the pandemic has affected people differently according to their multiple and intersecting identities. Decision-makers should ensure that policies and interventions are equitable, gender-transformative, age-sensitive, protective of human rights, inclusive of the poorest and most vulnerable people in society, and responsive to the different needs and risks faced by individuals.
* Take robust measures to safeguard all children, and particularly to protect girls and women from gender-based violence. All service providers responsible for delivering child protection and sexual and gender-based violence services must adapt these to ensure accessibility during pandemics, including through remote provision.
* Fund and enable a safe return to school for all students, recognising that girls are at heightened risk of dropping out permanently. It is imperative that back to school planning addresses the specific needs of girls and young women.
* Prioritise programming that addresses the digital divide and redresses the gender inequalities in internet access and access to technology so that the particular needs of adolescent girls and young women in respect of both education and mental health support are addressed.
* Promote and ensure the involvement of girls and women, as well as their wider communities so that their interests are represented in the pandemic response and the solutions adopted to protect lives, prevent the spread of the virus and plan for the future.[[18]](#footnote-18)
1. Plan International, *An Evaluation of Adolescent Girls and Young Women’s Continued Access to Education During COVID-19 in the Middle East, East, and Southern Africa* (March 2020 – March 2021), pp11-12 [↑](#footnote-ref-1)
2. UNICEF, *COVID-19 A threat to progress against child marriage*, 2021, Available at: [COVID-19: A threat to progress against child marriage - UNICEF DATA](https://data.unicef.org/resources/covid-19-a-threat-to-progress-against-child-marriage/) [↑](#footnote-ref-2)
3. Plan International, *Under Siege: Impact of COVID-19 on Girls in Africa*, 2020, p.20 [↑](#footnote-ref-3)
4. UNICEF, *COVID-19 A threat to progress against child marriage*, 2021, Available at: [COVID-19: A threat to progress against child marriage - UNICEF DATA](https://data.unicef.org/resources/covid-19-a-threat-to-progress-against-child-marriage/) [↑](#footnote-ref-4)
5. UNFPA, *Interim technical note*, 2020, Available at: <https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf> [↑](#footnote-ref-5)
6. Reliefweb, *Teen pregnancies in South Africa jump 60% during COVID-19 pandemic*, 2021, Availabe at: [Teen pregnancies in South Africa jump 60% during COVID-19 pandemic - South Africa | ReliefWeb](https://reliefweb.int/report/south-africa/teen-pregnancies-south-africa-jump-60-during-covid-19-pandemic#:~:text=Pretoria%2C%20South%20Africa%2C%2024%20August,of%20both%20mothers%20and%20babies.) [↑](#footnote-ref-6)
7. Plan International, *Smart, Successful, strong: The case for investing in adolescent girls’ education in aid and COVID-19 response and recovery*, 2021, p.22 [↑](#footnote-ref-7)
8. Plan International, *An Evaluation of Adolescent Girls and Young Women’s Continued Access to Education During COVID-19 in the Middle East, East, and Southern Africa* (March 2020 – March 2021), p.14 [↑](#footnote-ref-8)
9. Ibid, p.48 [↑](#footnote-ref-9)
10. Plan International, *Halting Lives 2 in their own voice: girls and young women on the impact of COVID-19*, 2021, pp.12-13 [↑](#footnote-ref-10)
11. Plan International, *Smart, Successful, strong: The case for investing in adolescent girls’ education in aid and COVID-19 response and recovery*, 2021, p.19 [↑](#footnote-ref-11)
12. Plan International, *Halting Lives 2 in their own voice: girls and young women on the impact of COVID-19*, 2021, p.6 [↑](#footnote-ref-12)
13. Plan International, *Smart, Successful, strong: The case for investing in adolescent girls’ education in aid and COVID-19 response and recovery*, 2021, p.14 [↑](#footnote-ref-13)
14. Plan International, *An Evaluation of Adolescent Girls and Young Women’s Continued Access to Education During COVID-19 in the Middle East, East, and Southern Africa* (March 2020 – March 2021), pp.38-39 [↑](#footnote-ref-14)
15. Ibid, p.41 [↑](#footnote-ref-15)
16. Plan International, *Halting Lives 2 in their own voice: girls and young women on the impact of COVID-19*, 2021, pp.36-37 [↑](#footnote-ref-16)
17. Ibid, p.37 [↑](#footnote-ref-17)
18. Ibid, pp.33-35 [↑](#footnote-ref-18)