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## Assessment Report

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**Assessment on the Impact of COVID – 19 on Ending Child Marriage -**  
in Reference to Planned Efforts as Stipulated in the SADC Model Law and AU Common  
Position on Ending Child Marriage in Eastern and Southern Africa with In-depth Focus on  
Egypt, Kenya, Malawi, Uganda, Sudan and Zambia

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## GLOSSARY/ACRONYMS AND ABBREVIATIONS

AU	African Union
COVID-19	Coronavirus Disease
CSOs	Civil Society Organisations
DEVAW	Declaration on the Elimination of Violence Against Women
EU	European Union
EAC	East African Community
EFCM	Early Forced Child Marriage
GBV	Gender Based Violence
KII	Key Informant Interviews
SADC	Southern African Development Community
SIDA	Swedish International Development Cooperation Agency
SRH	Sexual Reproductive Health
IDI	In-depth Interview Guide
FGD	Focus Group Discussions
KAP	Knowledge Attitudes and Practices
CEFM	Child, Early and Forced Marriage
GPECM	Global Programme to End Child Marriage
SADC-PF	Southern African Development Community Parliamentary Forum
SDG	Sustainable Development Goals
FGM	Female Genital Mutilation
CDC	Centres for Disease Control and Prevention
ECT	Emergency Cash Transfer
CRC	Convention on the Rights of the Child
CBCPM	Community Based Child Protection Mechanisms
WHO	World Health Organisation
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund

## EXECUTIVE SUMMARY

### Background

Despite many strides made towards ending child marriage and teenage pregnancy, the first wave of the pandemic (December 2019 to December 2020) saw some of the worst impacts as most of the countries-imposed lockdowns and put in place strict measures to reduce the further spread of the virus. Beyond the health and economic effects, the pandemic undermined efforts to end child marriage as evidence points to an alarming increase in all abuse and violence against children and adolescents during the time when economies were forced to shut down and stay-at-home orders became the new normal. During school closures in the period between March to December 2020, COVID-19-related measures interrupted the education of approximately 1.6 billion children worldwide. In sub-Saharan Africa, these measures impacted around 250 million students, adding to the 100 million out of school children before the pandemic.

**Objective:** To establish the impact of COVID-19 on ending child marriage in reference to planned efforts stipulated in the SADC Model Law on Ending Child Marriage and protection of those already in marriage and the African Union (AU) Common Position on ending child marriage. Specifically, this assessment sought to generate evidence on the impact of the COVID-19 pandemic on measures to end child marriage in Eastern and Southern Africa covering Sudan, Egypt, Kenya, Malawi, Uganda and Zambia. This assessment was also meant to inform the development or alignment of programmes and advocacy strategies.

**Methodology:** A participatory and integrated approach using extensive qualitative methods of data collection and analysis was used. This was complemented by quantitative secondary data. Primary data was collected across six countries, Egypt, Kenya, Malawi, Uganda, Sudan and Zambia through various participatory engagement techniques with parliamentarians, representatives of Civil Society Organisations (CSOs) and Government Officials, young people between the ages of 15-18 years and other local leaders in the targeted countries. Secondary data was obtained from across Eastern and Southern Africa in general through detailed document review. Sources of secondary data included existing legislation, approved programme documents, COVID-19 rapid assessment report and other relevant information.

### Assessment Results

#### *Potential Effect of COVID-19 on Child Marriages*

- *Increase in child marriage:* COVID-19 has had an impact on the risk factors that drive child marriage as it is exacerbating several intertwined complex factors that drive child marriage while simultaneously disrupting the work of many organisations working around the world to end the practice.
- *Limited-service delivery:* The lockdowns have had negative impacts on the delivery of education, sexual and reproductive health, child protection, and SGBV services.
- *Exacerbating poverty:* The pandemic has exacerbated poverty at individual and community levels, therefore, contributing to child Marriages since in some countries marriage is believed to relieve the girl's family from economic stress through the bridal price received or by reducing the number of children that parents have to support.
- *Weak legal and regulatory frameworks:* Most of the laws have loopholes that allow for child marriage. Either lack of adoption of or implementation of policies and laws that seek to protect children was noted to fuel child marriage. It was also noted that legal and regulatory frameworks became less important during the COVID-19 pandemic as all the attention was directed towards reducing further spread of pandemic. Overall,

there was no evidence of policies or laws that ensured that children were protected and received standard education services during the first wave of COVID-19 pandemic.

- *Unsafe and insecure environments:* Child marriage is associated in some instances with the parental need for protection of their daughters against early sexual encounters and pregnancy to keep the family's dignity. With fears that some girls may be exposed to sexual activities because of school closures, some parents preferred that their children get married.

#### ***National adoption of laws on ending child marriage.***

- Several promising laws and programmes have been recently made which have either been informed or developed to support the implementation of regional laws or commitments such as the SADC Model Law on ending child marriage, the AU Common Position on ending child marriage, and East and North African Regional Block Commitment.
- All the countries except for Sudan have developed policies that set the minimum age for marriage at 18 while in Zambia, the Marriage Act and the Children's Code Bill as well as the Ministry of Youth and Child Development (MYCD) strategy to end child marriage (2016-2021) all aimed at ending child marriages as well as push up the age of marriage to 18 without exception are still in draft and in the process for approval by parliament. The marriage policy in Sudan has been drafted pending government approval.
- Across the six countries, there was limited information on alternative policies securing the interest and safety of girls and boys against the impact of COVID-19.

#### ***Measures to address the impact of COVID-19 on child marriage.***

- Key measures that were in place to curb the rising or expected spike in teenage pregnancies and child marriage during COVID-19 included ensuring that girls and boys continue schooling, improving household access to safety nets to ensure children are protected, ensuring continued health for adolescents and stakeholder engagement in ending child marriage.

#### ***The effectiveness of measures during COVID 19 Situation***

Several COVID-19-related measures were implemented to curb the effects of the pandemic on children and adolescents in and out of school as part of measures aimed at addressing the impact of COVID-19 on child marriage,

- *Strengthening access to school laws during COVID-19:* Although efforts to ensure children continued going to school during the first wave of COVID-19 (March and December 2020), or even after school re-opened were implemented, there was no evidence of policy or laws that ensured that children were protected and received standard education services.
- *Strengthening child marriage laws during COVID-19:* In some cases, national legal provisions for the minimum age of marriage are superseded or undermined by customary and religious laws, which often do not set a minimum age of marriage that complies with the age of a child reflected in Constitutions. Few efforts were made to strengthen laws to put a minimum age of marriage to 18 during COVID 19 except in Zambia where it is in the children's code bill.
- *Improving household livelihoods during and after COVID-19:* Several governments have established measures in line with SADC Model Law, which recommends the

establishment of economic incentives for families and children to assist in the delay of marriage. For instance, Zambia implemented the emergency cash transfer, Malawi established an Emergency Liquidity Assistance framework, while Egypt developed the GBV shelters to address the household challenges which drive child marriage. However, these initiatives were reported to have become inadequate given the huge impact that COVID-19 has had on the economy worldwide.

- *Continuing essential health services during and after COVID-19:* Findings demonstrate that the pandemic has disrupted and brought shocks to health and social care systems in Eastern and Southern African countries due to increased COVID-19 cases. Governments supported both public and private measures to ensure adolescents continued to receive health services and products. For instance, in Uganda, UNFPA collaborated with the Ministry of Health to maintain family planning services while in Kenya, health outreach continued to provide mobile and remote integrated GBV and SRH services. In Mozambique, COVID-19 related issues were broadcast to reach young people with messages about COVID-19, child marriage and gender-based violence and in Zambia, Kenya, Malawi, and Egypt schools were provided with PPEs and IPC material. In some countries, like Malawi, conducting sensitisation campaigns targeting schools, children, teachers, and school administrations were important interventions to ensure children's health and safety.
- *Conducting judicial undertaking during the COVID-19:* Suspension of court sessions, except for urgent matters, slowed down access to justice overall, including justice related to gender-based violence, early and forced marriages.

#### ***Reducing the vulnerabilities for children already in marriage***

- ***Supporting the Livelihood and Skills Development:*** Young women already in marriage are particularly vulnerable to abuse, have limited access to health services and are more likely to stop their education. During and after the COVID-19 context, measures should be targeted at protecting their economic security and livelihoods to ensure that they have a secure income, consider skills development, as well as promotion of entrepreneurship and vocational training to ensure that they develop the skill for them to use to enhance household livelihood.
- ***Promoting and Securing access to SRHR for Young Women in Marriage:*** Recognising and responding to the sexual and reproductive health and rights needs of young women in marriage is essential for them to have access to life-saving services (including contraceptives) crucial to young women's wellbeing, and need to be protected as part of the critical response to this crisis and after the crisis.
- ***Promote Re-Entry into School:*** Findings suggest that many girls and boys may not return to school after lockdowns as they would already be pregnant (girls) and/or married. In this regard, findings demonstrated the need for parliamentarians, governments and CSO to consider developing regulations and programmes (reviewing re-entry laws, to strengthen return to school programmes) during and after COVID 19 and communities to ensure that distance learning is fully accessible to all.

#### **Programmatic and Implementation Recommendations during Covid-19**

### ***Recommendations for governments***

- i. Governments should continue to prioritise the development of innovative ways of learning through improving access to internet services for online e-learning. This may include identifying improved access to income for households to enhance access to internet for alternative learning platforms for adolescents from low-income families or rural areas who cannot access online e-learning platforms.  
Governments should prioritise support towards enhancing adolescent access to SRHR services as well as improving the skills and behaviour of services providers. Efforts should be placed improving the availability and access to SRHR during and after COVID 19 and ensuring that SRHR services are available for young people at facility or community levels through safe spaces.
- ii. Governments should put in place (if not already), strengthen, and monitor the implementation of policies to allow access to education, including re-entry policies, of pregnant girls and adolescent mothers during emergency and non-emergency times. This includes establishing/strengthening continuation policies and strategies to facilitate continued education of pregnant girls and adolescent mothers and enhancing emergency cash transfer to ensure households are strengthened to allow their children to be in school.
- iii. Governments should prioritise the development of gender responsive school curricula including on 21st Century skills, delivery of gender-responsive teacher training to create discrimination-free classroom environments. This should include comprehensive sexuality education to ensure age-appropriate sexuality information as part of efforts to reduce teenage pregnancy and facilitate catch-up classes and alternative pathways to learning for out of school and returning adolescent mothers.

### ***Recommendation for CSOs***

- i. Findings from UNFPA's work on SRH in COVID-19 contexts indicates that it is important that segmented services are provided to adolescents. It is therefore, recommended that CSOs should implement in separate adolescent spaces. Health services should separate the services provided to adolescents especially ASRHR and GBV services and classify them as essential services during and after COVID 19 crisis. CSOs to advocate that SRHR services for adolescents are classified as essential services.
- ii. CSOs should support enhanced engagement with traditional and religious leaders, adolescents, and community members in developing community-level interventions in line with human rights and national laws that address harmful gender norms. This can do through enhancing advocacy towards emergency response, behaviour change through community groups, virtual platforms to address misinformation and negative norms that perpetuate child marriage.
- iii. Findings demonstrated that community engagement especially adolescents and traditional, and religious leaders and parents is essential to enhancing SRHR and education uptake for adolescents during COVID-19 pandemic. It is recommended that CSOs should prioritise partnering with youth networks and community platforms to ensure community outreach continues even during strict lockdowns to enable adolescents to access SRH and GBV services.
- iv. CSOs should work with schools to organise public awareness and targeted back-to-school campaigns to ensure that all children return to school upon re-opening, especially girls who become pregnant.

### ***Recommendations for community and religious leaders (local level structures)***

- i. Findings in this assessment demonstrate that effective community engagement and participation during COVID-19 or emergency situations is critical to ensuring that essential services to prevent and respond to child marriage including education, SRHR, protection and legal services continue. It is recommended that traditional and religious leaders should work with schools, health facilities and departments of social welfare to scale-up the delivering of advocacy information to end child marriage, teen pregnancies, and abuse. This can be done through local radio, community meetings, and other advocacy platforms that will educate parents and children in a language that they understand better.
- ii. Traditional and religious leaders as well as children should promote engagement with parliamentarians and local political leaders through TV programmes, community meetings and school debates on ending children's marriage during and after Covid-19. Advocacy plans on child marriage; teen pregnancy and abuse of children should include messages on what MPs and political leaders can do during and after humanitarian crisis periods.
- iii. There is a need to prioritise advocacy measures for girls who get pregnant or are already in marriage to return to school through the existing re-entry policies. Efforts should be placed on making return to school easy for young women through enhanced sensitisation and advocacy by community members, including traditional leaders.

***Recommendations to AU***

- i. Findings showed that countries had differing provisions on ending child marriage. The AU should provide technical support and monitor the harmonisation of country laws to ensure a continent-wide minimum age of marriage (18). The harmonisation of the laws should also focus on addressing the existence of custody and statutory laws that conflict and create loopholes thereby creating risks and perpetuating child marriage.
- ii. The AU should compel states and parties to develop regional and country specific emergency strategies that cover approaches and resourcing (human, finance and technical) mechanisms to ensure that all the diverse groups have access to the services and support to address teenage pregnancies, violence, and pregnancies.

***Recommendations to SADC-PF and EAC committees***

- i. Across the countries in the SADC region, there was limited information on alternative policies that will secure the interest and safety of girls and boys against the impact of COVID-19. It is recommended that SADC should enhance the monitoring of implementation and enforcement of countries on the adoption of laws and policies that will safeguard the interest of boys and girls during COVID-19 related lockdowns and recovery period. This should include programme financing of services that target maintaining girls in school.
- ii. East Africa Committees (EAC) should compel member countries to fully finance education, in country, to protect education budgets from potential cuts and to facilitate supportive measures for pregnant girls, and adolescent mothers to continue their education and recover education systems from the COVID-19 crisis.

## **1.0 Introduction**

### **1.1. Background**

The outbreak of coronavirus disease (COVID-19) has undoubtedly altered the way individuals, communities and nations operate and interact. The first wave of the pandemic (December 2019 to December 2020) saw some of the worst impacts as most of the countries-imposed lockdowns and put in place strict measures to reduce further spreading of the virus. Beyond the health and economic effects, the pandemic undermined efforts to end child marriage and evidence points to an alarming increase in all forms of gender-based violence during the time when economies slowed down and stay-at-home orders became the new normal. Since its onset in December 2019, the pandemic had by December 2020 moved into the second wave globally, and in most East and Southern African countries, the pandemic continues to evolve in 2021. The COVID-19 pandemic is projected to have immediate and long-term impacts on child marriages, teenage pregnancies, gender-based violence (GBV) and the general lives and wellbeing of young boys and girls. An unspoken and damaging effect of the pandemic is the spike in child marriages globally<sup>1</sup>. In Eastern and Southern Africa, specifically, it is estimated that the pandemic will disrupt the efforts made so far to end child marriage and is likely to result in 13 million more girls forced into Child Marriages between 2020 and 2030<sup>2</sup>.

The COVID-19 school closures implemented by Governments between March to December 2020, interrupted the education of approximately 1.6 billion children worldwide. In addition, 180 countries had implemented nationwide school and university closures<sup>3</sup>. This affected over 87% of the world's student population. In sub-Saharan Africa, these measures impacted around 250 million students, adding to the 100 million out of school children before the pandemic<sup>4</sup>. With evidence from the Ebola experience, school closures during the 2014 to 2016 in West Africa contributed to spikes in child labour, neglect, sexual abuse, and teenage pregnancies. In Sierra Leone, cases of teenage pregnancy more than doubled to 14,000 during the outbreak.

Similarly, the COVID-19 situation possibly increased the view of child marriages as an option, as the practice was seen to relieve girls' families from economic stress, which was worsened by the pandemic in two ways: the prospect of receiving a dowry and the relief from higher food expenditures. This was exacerbated by the projected increased number of children in developing countries living in monetary-poor households from 582 to 715 million by the end of 2020 (UNICEF, 2020)<sup>5</sup>. In addition, one million more girls risked becoming pregnant due to disrupted access to reproductive health services given the effect of the pandemic on health interventions including limited focus on sexuality education by governments, civil society and/or NGOs during the pandemic period<sup>6</sup>. Boys and girls are more likely to marry early if governments continue to pay less attention to their needs during school closures and after re-opening of school. The impact of the COVID-19 pandemic on child marriages and teenage pregnancies, therefore, requires exploration Child Marriages, to inform prevention approaches.

### **1.2. Rational for the Assessment**

Enabling millions of girls to avoid marriage by staying in school is a priority to ensuring that children (boys and girls) are safe. As part of the coordinated response to end Early Forced Child

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<sup>1</sup> Isabel and Nelsy (2020); Child marriage: the unspoken consequence of COVID-19. World Bank Blogs

<sup>2</sup> UNFPA (2020); Impact of the COVID-19 pandemic on family planning and ending gender-based violence, female genital mutilation and child marriage

<sup>3</sup> <https://data.unicef.org/covid-19-and-children/>

<sup>4</sup> <https://www.unicef.org/esa/press-releases/covid-19-catastrophe-for-children-in-sub-saharan-africa>

<sup>5</sup> <https://data.unicef.org/covid-19-and-children/>

<sup>6</sup> <https://www.savethechildren.net/news/covid-19-places-half-million-more-girls-risk-child-marriage-2020>

Marriage (EFCM), Plan International, Girls Not Brides, UNFPA, UNICEF and ROZARIA Memorial Trust among other partners understand that societies cannot claim a cultural ‘right’ to child marriages. It is recognised that tackling child marriage requires a multi-pronged approach which involves social change at all levels (individual, community, national and international). Therefore, a holistic approach to identify and address the root causes of child marriage and identify opportunities for change is critical to helping young people, communities and governments attain the goal. Crucially, the involvement of children (boys and girls), local leaders, policymakers and CSOs in the process of empowering children to claim rights is vital. The assessment was conducted to establish the impact of COVID – 19 on Ending Child Marriage about planned efforts as stipulated in the SADC Model Law on ending child marriage and AU Common Position on Ending Child Marriage. The assessment had an in-depth focus on Egypt, Kenya, Malawi, Uganda, Sudan, and Zambia.

### **1.3. Conceptual Understanding of Child Marriage**

#### **1.3.1. Child Marriage**

Child marriage refers to any formal marriage or informal union between a child under the age of 18 and an adult, or another child (UNICEF, 2016). “Child marriage” is generally understood to mean marriage that take place before age 18,<sup>7</sup>. Child marriage is often seen because of entrenched gender inequality, making girls disproportionately affected by the practice. Globally, the prevalence of child marriage among boys is just one-sixth that among girls. In Eastern and Southern Africa including Ethiopia, Mozambique, Uganda, and Zambia which are implementing the e Global Programme to Accelerate Action to End Child Marriage GPECM, evidence shows that adolescent girls are experiencing increases in violence, child marriage and teenage pregnancies, during COVID-19 driven partially by school closures and limited access to sexual and reproductive health services<sup>8</sup>. In Eastern and Southern Africa, one in three (36 per cent) of all girls aged 20-24 are married before their 18th birthday<sup>9</sup>. The reasons girls are married are diverse and include poverty, pregnancy, peer pressure, parental belief that through marriage, they are protecting their daughters and increasing their economic opportunities. Child marriage exposes girls to increased health problems and violence, and denies them access to education, limits their social networks and support systems. Additionally, it perpetuates a cycle of poverty and gender inequality.

#### **1.3.2. COVID-19 Prevention Measure and Child Marriages**

To curb the further spread of the COVID-19, strict measures were put in place during the first wave (March to December 2020). The strictness in COVID measures varies from country to country. In most countries, COVID measures included suspension of international flights, screening passengers and mandatory quarantine where necessary, and restriction of social gatherings. In some cases, initial control measures such as shutting down borders and halting international flights were followed by domestic transportation restrictions and bans on mass mobility including school closures and stay at home measures. These measures brought daily life and commercial activities including education activities almost to a stop. Economically, the first wave affected many people, with restriction measures resulting in loss of employment, income and productivity as people and enterprises faced restrictions on work due to social mobility and distancing precautions. Nearly half of the world’s 3.3 billion global workforce was at risk of losing their livelihoods. Informal economy workers were particularly vulnerable

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<sup>7</sup> <https://iwhc.org/resources/facts-child-marriage/>

<sup>8</sup> UNFPA and UNICEF (2020) Child marriage in COVID-19 contexts: Disruptions, alternative approaches and building programme resilience

<sup>9</sup> [https://esaro.unfpa.org/sites/default/files/pub-pdf/child\\_marriage\\_in\\_covid-19\\_contexts\\_final.pdf](https://esaro.unfpa.org/sites/default/files/pub-pdf/child_marriage_in_covid-19_contexts_final.pdf)

because the majority lack social protection, quality health care and lost access to productive assets. Without the means to earn an income during partial or full lockdowns, many people were unable to feed themselves and their families<sup>10</sup>. Towards the end of last year (2020), many countries started to ease restrictions, re-opening borders, and schools despite the pandemic. The economic challenges due to COVID coupled with school closure, not ensuring that sexual and reproductive health services, social welfare/police/courts are essential services posed a challenge to effectively addressing child marriage.

### **1.3.3. Gender-Based Violence**

Gender-Based Violence (GBV) generally, has a normative connotation and is used to capture violence that occurs because of the role expectations associated with each gender and unequal power relationships between different genders in a contextual space. The United Nations defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.” According to the Swedish International Development Cooperation (SIDA) Gender Toolbox (2015), GBV is defined as any harm or suffering perpetrated against a woman or girl, man or boy or other genders that harm the physical, sexual, or psychological health, development, or identity of the person<sup>11</sup>. In this report, the focus is on girls and boys, women, and men, given that child marriage occurs mainly in relationships between males and females. According to UNDP and UNFPA<sup>12</sup>, GBV is a violation of basic rights that also prevents women from exercising their other social, economic, and political rights. In Zambia, the Anti-Gender Based Violence Act No.1 of 2011 defines GBV as any physical, sexual, mental, social, or economic abuse against a person because of that person’s gender including early pregnancy and marriage. This understanding was also highlighted in the 1993 UN Declaration on the Elimination of Violence against Women (DEVAW)<sup>13</sup>.

## **1.4. The Current Context of COVID-19 and Child Marriage**

### **1.4.1. Analysis of COVID-19**

The COVID-19 pandemic initially reported to the World Health Organisation (WHO) on December 31, 2019 has been the most difficult pandemic to contain. Since 14<sup>th</sup> February 2020 when Africa recorded the first case of COVID-19 in Egypt, more than 52 countries have reported cases. In low-income countries where livelihood systems are already weak, the pandemic has disrupted access to life-saving and essential services including health, education, and economic empowerment. Despite increasing COVID-19 cases, in some countries there is a paucity of kits for COVID-19 testing leading to under reporting of COVID-19 cases. According to the Africa Centres for Disease Control and Prevention (ACDC ,2021), ten countries accounted for 70% of the COVID 19 cases in Africa: Ethiopia, Kenya, Egypt, Uganda, Zambia, South Africa, Morocco, Nigeria, Cameroon, and Rwanda. The King's Global Health Institute reports that in sub-Saharan Africa testing activities in some countries fell back after the first wave of the virus had subsided.

The pandemic is compounding existing gender and social inequalities. Gender inequalities magnify testing inequalities, as women and girls, access testing is proving difficult due to their involvement in multiple household chores that they may have to do and the inability to pay

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<sup>10</sup> <https://www.who.int/news/item/13-10-2020-impact-of-covid-19-on-people%27s-livelihoods-their-health-and-our-food-systems>

<sup>11</sup> SIDA (2007) Action Plan for SIDA’s work against gender-based violence 2008-2010

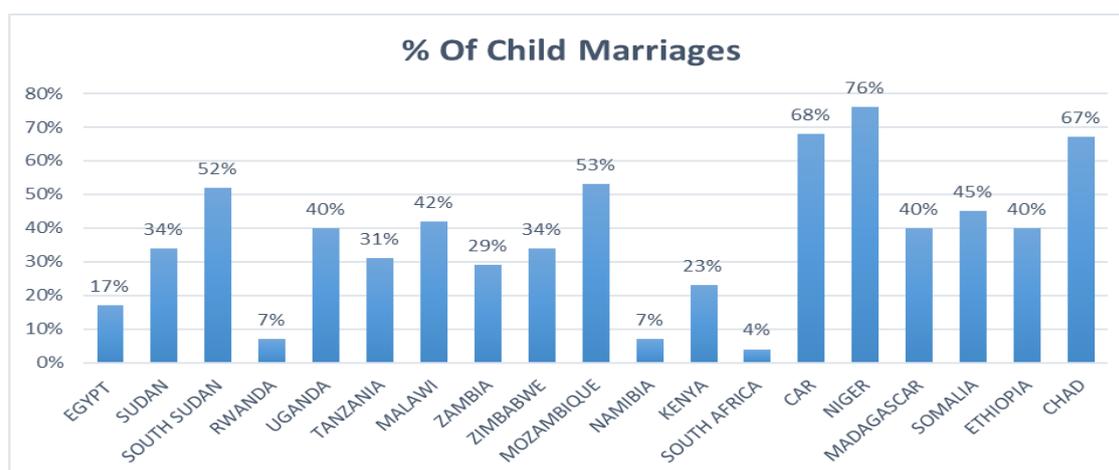
<sup>12</sup> <https://www.undp.org/content/undp/en/home/2030-agenda-for-sustainable-development/people/gender-equality/gender-based-violence.html>

direct and indirect testing costs<sup>14</sup>, thereby threatening the health and lives of women and adolescent girls.

#### 1.4.2. Contextual Analysis of Child Marriage

All African countries are faced with the challenge of child marriage (Figure 1). Although child marriage is prevalent across Africa, the prevalence varies across countries. In 2020, UNICEF reported child marriage prevalence ranging from 76% in Niger to 4% in South Africa. Other countries with high child marriage prevalence include Chad (67%), Central African Republic (68%) and Mozambique (53%). Countries with lower child marriage prevalence include Namibia (7%), Rwanda (7%) and Egypt (17%).

*Figure 1: Prevalence of Child Pregnancies in Africa*



**Source:** UNICEF Global Databases 2020

In sub-Saharan Africa, Ethiopia is among countries that also experience the problem of Female Genital Mutilation FGM. About 47% of girls aged 15-19 years have undergone FGM compared to 75% of women aged 35-49 years in Ethiopia (UNFPA, 2020<sup>15</sup>). Female genital mutilation/cutting (FGM/C) has been frequently linked to marriageability and is thought to be related to the marriage of girls younger than age 18, known as child marriage. These practices threaten the health of girls and women in sub-Saharan Africa, their development, and quality of life<sup>16</sup> Global estimates show that sub-Saharan Africa will account for the largest number of girl child brides by 2050<sup>17</sup>. Several factors contribute to adolescent pregnancies and Child Marriages. In some societies like Ethiopia, girls are under pressure to marry and bear children early<sup>18</sup> (WHO, 2013), (Kozuki, Lee, & et al, 2013). In the least developed countries at least 39% of girls marry before they are 18 years of age and 12% before the age of 15 (World Bank, 2017.). In many places, girls (and boys) have limited educational and employment prospects making marriage or union and childbearing the best of the limited options available for young girls and their families. Adolescents “chose” to marry peers without parental knowledge or consent to escape ‘unbearable’ living conditions in the family home, to gain social standing in the community or because of peer influence<sup>19</sup>. Furthermore, adolescents face barriers to

<sup>14</sup> <https://www.devex.com/news/opinion-to-enable-uhc-close-covid-19-testing-and-gender-gaps-97703>

<sup>15</sup> <https://www.unfpa.org/swop>

<sup>16</sup> [https://www.popcouncil.org/uploads/pdfs/2018RH\\_FGMC-ChildMarriage.pdf](https://www.popcouncil.org/uploads/pdfs/2018RH_FGMC-ChildMarriage.pdf)

<sup>17</sup> [https://www.unicef.org/media/files/Child\\_Marriage\\_Report\\_7\\_17\\_LR..pdf](https://www.unicef.org/media/files/Child_Marriage_Report_7_17_LR..pdf)

<sup>18</sup> WHO. (2013). *Global and regional estimates on violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*. Geneva: WHO

<sup>19</sup> <https://www.childfrontiers.com/all-projects>

accessing contraception due to restrictive laws and policies regarding the provision of contraceptive based on age or marital status, health worker bias, lack of knowledge about SRHR, and/or fear of being judged and pregnancy is correlated to child marriage. More so, adolescents may lack the agency or autonomy to ensure the correct and consistent use of a contraceptive method (WHO, 2011.).

The COVID-19 pandemic presents unique challenges resulting in increased child marriages and early childbearing, both in the acute and recovery phases. The prolonged school closures during the first wave left many children and young people without alternative home learning platforms thereby contributing many girls being at high risk of teenage pregnancy, and child and forced marriage in their communities and homes during the stay-at-home COVID measures (UNESCO, 2020). Additional challenges included the loss of household income and an increase in GBV.

GBV is another problem that has significantly increased in all societies at varying degrees of prevalence and severity with half the world under lockdown (UN Women, 2020a). The pandemic has clearly shown that GBV is a “Twin Pandemic to COVID-19”<sup>20</sup>. UNFPA observes that as COVID-19 pandemic rages around the world, women and girls are more vulnerable to abuse than ever, describing GBV and COVID as a double pandemic. This was attributed to women and girls being trapped at home with their abusers<sup>21</sup>.

#### **1.4.3. Global, Continental and Regional Frameworks to End Child Marriage**

In response to the many threats posed by child marriage to the health, development and protection of children and adolescents, as well as the harmful gender norms underpinning this practice, numerous international agreements have called for government action. Guided by the 1962 Convention on Consent to Marriage, Minimum Age for Marriage, and Registration of Marriages, the 1979 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and the 1995 Beijing Platform and Declaration for Action, governments have taken measures to eliminate the practice of child marriage. The African Union (AU) adopted a common position on ending child marriage in Africa. In 2016, the Southern African Development Community (SADC), Model Law on eradicating child marriage, and protecting children already in marriage was adopted by the plenary assembly of the Southern African Development Community Parliamentary Forum (SADC-PF). This was a key milestone in the efforts towards ending child marriage in Southern Africa. These agreements exhort state governments to act by establishing legislation that sets a minimum age of marriage. For instance, the Model Law guides parliamentarians, Ministries of Justice, policymakers, and other stakeholders in SADC Member States as they develop effective national laws to end child marriage and address inconsistencies in their current legal frameworks.

With the COVID-19 pandemic impacting negatively on an already existing issue, the SADC Model Law on eradicating child marriage and protecting children already in marriage provides a comprehensive legal framework that aims at guiding the actions of member states concerning legislation, policy, and programming to address the problem of child marriage. This assignment, therefore, conducted an assessment on the impact of COVID-19 on ending child marriage and the development/alignment of programme and advocacy strategies. The assessment is further intended to outline strategies for utilisation of the SADC Model Law

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<sup>20</sup> Dlamini J. Gender-Based Violence, Twin Pandemic to COVID-19. *Critical Sociology*. December 2020. doi:10.1177/0896920520975465

<sup>21</sup> <https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19>

during the COVID-19 and in the pandemic recovery period. The assessment focused in Eastern and Southern Africa with detailed focus on Egypt, Kenya, Uganda, Sudan, Malawi, and Zambia

## **1.5. The Rapid Assessment on the Impact of COVID-19 on Ending Child Marriage**

### **1.5.1. Introduction**

Tackling child marriage requires a multi-pronged approach that involves social change at all levels. Plan and partners (Girls Not Bride, UNFPA, UNICEF and ROZARIA Memorial Trust) take a firm understanding that societies cannot claim a cultural 'right' to child marriage and works at local, national, and international levels to enable millions of girls to avoid marriage, stay in school and decide for themselves whether and when to marry. The organisations take a holistic approach to addressing the root causes of this harmful practice and identify opportunities for change by helping children, parents, community leaders and governments, to identify, understand and end harmful practices. The partners ensure that children - particularly girls - are involved in the process and empowered to claim their rights. However, the impact of the COVID-19 is likely to reverse the progress recorded in the past few years.

### **1.5.2. Main Objective**

The main purpose of this assessment was to generate evidence on the Impact of COVID – 19 on Ending Child Marriage in Reference to Planned Efforts as Stipulated in the SADC Model Law and AU Common Position on Ending Child Marriage in Eastern and Southern Africa to inform the development/alignment of programme and advocacy strategies. The assessment was further intended to outline strategies for utilisation of the SADC Model Law during and after the COVID-19 pandemic. Therefore, the focus of the assessment was at three levels:

1. To establish the impact of COVID-19 on child marriage
2. To establish the extent to which AU member states are utilising the AU Common Position on Child Marriage in their COVID-19 national response mechanism.
3. To establish strategies for Southern African countries to apply the SADC Model Law on Ending Child Marriage during and after the COVID-19 period

### **1.5.3. Assessment Questions**

This assessment will be guided by five (5) main assessment questions, which include:

1. What is the situation of child marriage and teenage pregnancy in Eastern and Southern Africa during the COVID-19?
2. What is the state of implementation of the SADC Model Law, AU Common Position on ending child marriage in the target countries?
3. What measures are in place to curb the rising or expected spike in teenage pregnancies and child marriage during the COVID-19 and to what extent are these implemented?
4. What strategies can be employed to reduce the vulnerability of children to child marriage and enhance agency and protection of girls already in marriage especially during and after the COVID-19 pandemic?
5. How can the SADC Model Law on ending child marriage be utilised by SADC member states in addressing the impact of the COVID-19 on ending child marriage work?

## 2.0. Assessment Methodology

### 2.1. Study Approach and Design

In conducting this assessment, we utilised a participatory and mixed method approach using predominantly qualitative research, complemented by quantitative methods of data collection and analysis. This assessment utilised both secondary and primary data collection techniques. Secondary data from the targeted and other countries in Eastern and Southern Africa was collected through detailed document review using sources such as existing legislation, approved programme documents, assessment reports and other relevant information. Primary qualitative data was collected through in-depth interviews and focus group discussions with parliamentarians, representatives of Civil Society Organisations (CSOs), government officials, traditional and religious leaders, parents/guardians to adolescents, youth activists, and adolescents between the ages of 15-18 years from the six participating countries<sup>22</sup>.

### 2.2. Data Collection Techniques and Methods

#### 2.2.1. Data Collection Techniques

A combination of the following techniques was used to collect data during this assessment:

- a) **Systematic Desk Review:** This technique was used to collect data from available documents, reports, theories of change followed by partner reports on ending child marriage, government policies and programme documents on child marriage<sup>23</sup> and COVID-19 response plans in the targeted countries. We examined the regulating text, plans, approaches and the package for ending child marriage interventions.
- b) **Key Informant Interviews (KIIs) and In-depth Interview Guide (IDI):** The rationale for KIIs/IDIs was to generate high-level qualitative data through detailed discussions with parliamentarians, government representatives, representative of the CSOs, Plan Partners and adolescents between the ages of 15-18 years in the targeted countries.
- c) **Focus Group Discussions (FGD):** The FGD's were used to capture group experiences from adolescents on enablers and challenges and knowledge, attitudes and practices regarding child marriage, pregnancy, protection and gender issues. During the FGDs, questions were asked on the impact of COVID-19 on young people's access to services that could protect them from Child Marriages. FGDs targeted adolescent girls and boys aged 15-18 years.

#### 2.2.2. Data Collection Methods

- a) **Secondary data collection:** Secondary data including both published and grey literature were sourced from online platforms and organisations websites. Using the list of search terms, the research team identified online platforms (Google Scholar and PubMed) for relevant literature related to ending child marriage. Organisational specific reports were obtained from websites and relevant stakeholders identified together with Plan International. Through the review of secondary data, the study team also aimed to explore and understand the impact of the COVID-19 pandemic on measures to end child marriage.

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<sup>22</sup> Participating countries included: Egypt, Sudan, Kenya, Uganda, Malawi, Zambia (parliamentarians, Staff from Government Departments – Ministries of Gender, Community Development and Social Welfare, Ministries of Justice among others

<sup>23</sup> Bryman, 2012

**b) Primary data collection:** Qualitative data were collected through key informant interviews and focus group discussions with relevant stakeholders as indicated above. Respondents were identified with the support of country-specific Plan International staff and/or partners in the targeted countries. Most of the data collection was done virtually mainly via phone calls, Skype, teams and/or zoom. However, in a few cases, data collection was done face-to-face, with strong consideration of country-specific and the WHO recommended COVID-19 preventive measures and guidelines. A total of four unstructured interview guides were developed for use during data collection, the first interview guide was for adolescents and young people, and the second guide was for parliamentarians and government officials. The third guide was for CSOs and Plan partners, while the other was used for traditional leaders.

### 2.3. Sampling and Sample Size

In this assessment, we used purposive sampling to select participants for the individual interviews and focus group discussions. Participants were selected in consultation with Plan International based on their involvement in any of the activities aimed at ending child marriage. Thus, all the stakeholders interviewed in this assessment were involved in implementing programmes directed toward ending child marriage. Table 1 summarises the total of interviews planned and conducted across all the six countries that participated in this study.

*Table 1: Number of Participants per Interview Technique*

S#	Respondents in the Targeted Countries	Interview Method	Planned Target	Total Reached
1	Parliamentarians	KII	10	5
2	Government Staff (Social Welfare, Gender, Education or Health)	KII	12	7
3	Civil Society Organisations	KII	12	16
4	Plan Partners	KII	12	4
5	Local Traditional and Religious Leaders	KII/IDI	12	11
6	Adolescents (girls and boys)	FGD	12	9
7	Adolescents (girls and boys)	KII	12	9
8	UN Agencies	KII	3	3
9	Parents to Adolescents Aged 10-17 Years	KII	12	8
10	Youth Activists	IDI	12	7

Country coordinators in each country who were identified by Plan International supported the mobilisation of participants. Communications were done through emails, WhatsApp conversations and phone calls. First, coordinators introduced the study team to the participants, after which the study team made appointments with the respondents for interviews. Interviews were conducted at the time convenient to the participants. For countries, whose official language was not English, locally trained interviewers were engaged who used in local language. Where interviews were conducted in a local language, they were then transcribed and translated verbatim into English before sending them to the researchers at PRIM Zambia.

### 2.4. Data Analysis

**a) Qualitative data:** Qualitative data was analysed using thematic analysis (Creswell, 2013). At the early stages of data analysis, the inductive approach was used to identify emerging codes, categories and themes. Preliminary themes were then organised using the pre-identified themes related to child marriages and COVID-19 context, approaches, and experiences. This approach helped in analysing the relationships between child marriage and COVID-19, existing

situation and child marriage support provided to adolescents and young people. *b) Quantitative data:* A data entry interface was created in excel through which all secondary data was entered. In this report, data was presented using frequency tables and graphs.

## **2.5. Quality Control Strategy**

During the assessment, we placed a premium value on the credibility of findings and the quality of data collected. Thus, all individuals who participated in data collection were trained prior to the commencement of field activities. This was a one-day training on the rapid assessment methodology, questions, and interviewing techniques and study tools. Further, all coordinators in each of the countries were trained virtually. Before data collection, a data collection guide and study tools were shared with Plan International for review and sign-off. During data collection, supervisors monitored the completeness of the data on a weekly basis. Frequent meetings with all stakeholders involved in data collection were held to discuss progress and challenges, and to share experiences on data from across the countries. Upon completion of data collection, data cleaning and error checks were done by PRIM Zambia staff.

## **2.6. Response to COVID-19**

To ensure the protection of participants and researchers from COVID-19, participants were treated with equal respect. In situations where physical interviews were done (in Zambia, Egypt and Sudan), due to difficulties in online connection and language barriers, physical interviews were organised in which COVID-19 guidelines were observed. In all the countries, participants were selected in a way that minimised risk, protected (but did not exclude) vulnerable populations, and maximised social value and collaborative partnerships. For Zambia, the process for ethics clearance was done prior to commencement of the study. At the beginning of each interview, consent

was obtained from participants before commencing with the interviews. For interviews conducted virtually or physically, additional consent was obtained to record the interview. For adolescents aged below 18 years, verbal parental consent was obtained during the process of recruitment while verbal assent was obtained before the commencement of the interviews.

## **2.7. Limitations**

- In some cases, we faced a limitation of the non-availability of respondents especially in Egypt and Malawi in which the mobilisation of respondents and language barriers limited the effective data collection processes. As a result, the sample size across 6 countries was limited and the fact that not all the targeted sample size was reached. To manage this, a WhatsApp platform was created by Plan and PRIM Team to support the mobilisation processes. The translation of the tools and engaging of local people to support with data collection were also done.
- The study team faced a limitation of physical contact with the respondents to analyse the body language in data collection. This was because of the use of virtual platforms to conduct research.
- The political situation in Uganda presented challenges during data collection in which mobilising respondents such as Adolescents for in-depth and focus group discussions were difficult. Another limitation was organising interviews with government officials and parliamentarian which was problematic as they were either busy with campaigns or the environment was not conducive to undertake the interviews. To manage some of the interviews, the PRIM team worked with local staff to mobilise participants who were willing and had space to participate in the interviews.

### 3.0. Assessment Findings

#### 3.1. Introduction

This section presents consolidated findings from the in-depth assessment that was conducted in six (6) countries namely, Egypt, Kenya, Malawi, Sudan, Uganda and Zambia. The section begins by presenting participant demographic data, then presents the rest of the findings starting with: a) the situation of child marriage and teenage pregnancy in Eastern and Southern Africa before and during COVID-19; b) the state of implementation of the SADC Model Law, AU Common Position on ending child marriage in the target countries; c) presentation of measures in place to curb rising or expected spike in teenage pregnancies and child marriages during COVID-19 and their implementation; and d) strategies currently used and could be employed to reduce the vulnerability of children to child marriage and enhance agency and protection of girls already in marriage especially during and after the COVID-19 pandemic. Further, the report presents the recommendations on how the SADC Model Law on ending child marriage can be utilised by SADC member states in addressing the impact of COVID-19 on ending child marriage.

#### 3.2. The Situation of Child Marriage and Teenage Pregnancy During COVID-19

##### 3.2.1. The Prevalence of Child Marriage

Results from the secondary review of data show that the prevalence of child marriage was highest in West and Central Africa, followed by East and Southern Africa, and then the Middle East and North Africa, compared to the rest of the world. Africa accounts for more than 35% of the world's Child Marriages.

*Table 2: Estimated child Marriages before and after COVID 19 Situation*

Region	Girls at Risk of Child Marriage before COVID-19	Additional Girls at Risk of Child Marriage Over the Next 5 Years
Middle East and North Africa	2,954,000	72,000
East and Southern Africa	8,630,000	158,000
West and Central Africa	10,023,000	450,000
World	58,363,000	2,496,000

Source: *The Pan-African Girlhood Report 2020: How COVID-19 is Putting Progress in Peril*

Further estimates indicated that an additional 385-543,000 girls<sup>24</sup> will face the risk of adolescent pregnancy as a result of the economic impacts of COVID-19 expected in 2020. The highest number of girls affected are likely to be in East and Southern Africa, followed by the West and Central Africa and Latin America (Table 3).

*Table 3: Estimated Adolescent Pregnancies Before and After COVID 19 Situation*

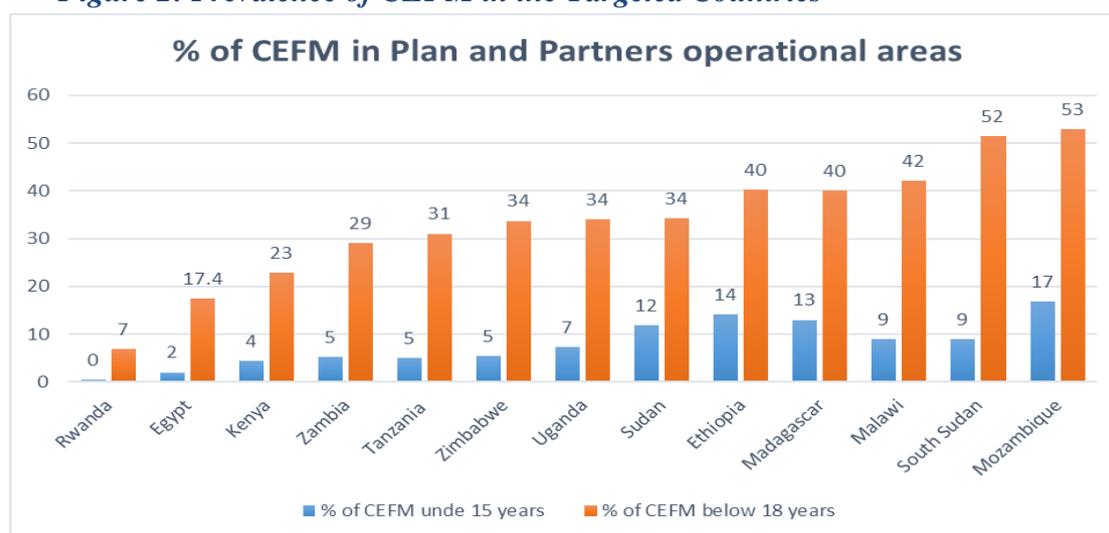
Region	Girls at Risk of Adolescent Pregnancy before COVID-19	Additional Girls at Risk of Adolescent Pregnancy
Middle East/North Africa	1,659,401	7,600
West and Central Africa	6,956,715	260,000
East and Southern Africa	7,232,552	282,000
World	32,402,551	1,041,000

Results on the prevalence of child marriage before the COVID-19 pandemic showed large disparities across sub-Saharan African countries between 16.5 to 81.7%. Within the Eastern

<sup>24</sup> [https://resourcecentre.savethechildren.net/sites/default/files/documents/pan-african\\_girlhood\\_report\\_2020\\_final.pdf](https://resourcecentre.savethechildren.net/sites/default/files/documents/pan-african_girlhood_report_2020_final.pdf)

and Southern African countries, data showed that Mozambique (53%) had the highest prevalence while Rwanda reported the lowest prevalence rate at 7%<sup>25</sup>. (See Figure 2

**Figure 2: Prevalence of CEFM in the Targeted Countries**



**Source: UNICEF Global Datasets Child Marriage – February 2020 data.unicef.org**

Evidence from four countries in Eastern and Southern Africa; Ethiopia, Mozambique, Uganda and Zambia that are implementing the UNFPA-UNICEF Global Programme to End Child Marriage (GPECM), shows that adolescent girls are being severely impacted by COVID-19 and are experiencing increases in gender/sexual violence, and child marriage, driven partially by school closures during the first wave and limited access to sexual and reproductive health services. Below, more details on the impact on COVID -19 is outlined.

### 3.2.2. Country Findings on the Situation of Child Marriages

Between march and September 2020, most governments adopted COVID 19 lockdown measures including school closure that impacted the implementation of school activities. In Ethiopia school-based interventions were on hold throughout the first wave of COVID 19 (March to September 2020). In Zambia and Mozambique during the first wave of COVID 19, some girls’ clubs and safe spaces especially in rural areas continued to operate adopting the outside of school settings with social distancing measures in place. As a result, anecdotal evidence from Ethiopia suggests that some girls that participated in education bursary schemes, such as the World Bank-supported Keeping Girls in School were left with no choice but to get married due to the school closures.

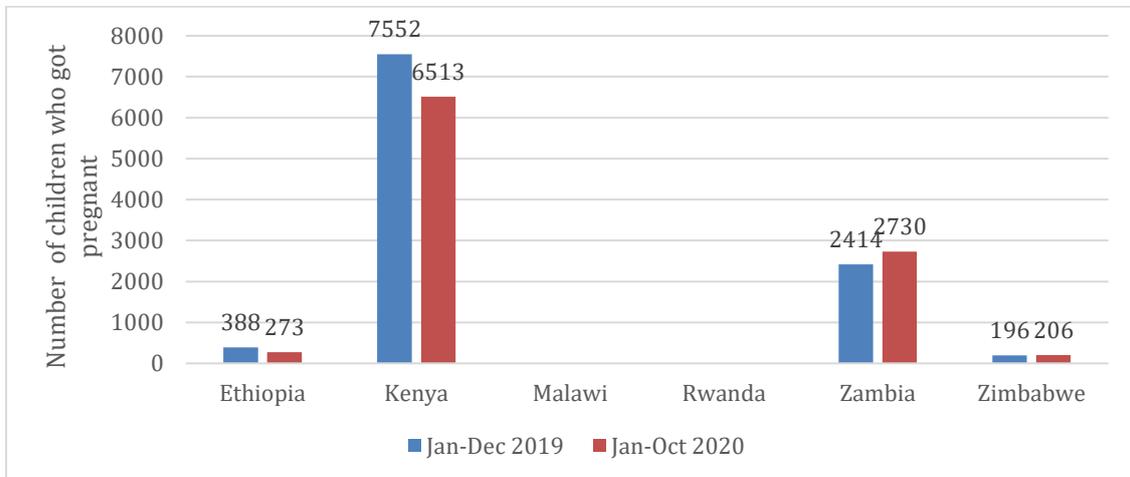
In Zambia, to prevent prolonged school closures, government, reopened school on first June 2020 for learners in examination classes while in Mozambique, secondary data shows that calls to the Child Helpline made by children in relation to SGBV reached about 16,244 from January to April 2020, which was double the number of calls made during the same period in 2019 (UNFPA, 2020). Child marriage, abuse and neglect, and school-related problems such as school dropouts, lack of school materials and sexual harassment in schools, were among the reasons people called the helpline<sup>26</sup>.

<sup>25</sup> Yaya, S., Odusina, E. K., & Bishwajit, G. (2019). Prevalence of child marriage and its impact on fertility outcomes in 34 sub-Saharan African countries. . BMC Int. Health Hum Rights-19, 33, 12914-019-0219-1.

<sup>26</sup> <https://www.unicef.org/media/94761/file/Battling-Perfect-Storm-Adapting-child-marriage-programmes-COVID-19.pdf>

**Children below 18 Years Who Got Pregnant:** Contrary to the report on child marriages, overall, a decrease in cases of child pregnancies were reported<sup>27</sup> in Kenya, with 6,513 reported between Jan – Dec 2020 versus 7552 reported between Jan – Oct 2019. In Zambia, a slightly higher number 2730 were reported for the period January to October 2020 as compared to 2,414 in the period January to December 2019. Relatively, fewer cases were reported in both Ethiopia (388 in 2019 vs. 273 in 2020) and Zimbabwe (in 2019 and 206 in 2020; Figure 2).

*Figure 3: Number of Children below 18 Years Who Got Pregnant*



*Source<sup>28</sup>: Child Help Line and Government Statistical Bulletins*

**Children below 18 Who Got Married:** In Ethiopia, according to Amhara and Southern Nations, Nationalities, and Peoples' Region (SNNPR) States of Women, Children and Youth Affairs office (WCYA) offices, the number of children below the age of 18 who got pregnant was 1,725 in 2019 with an increase to 4,093 in 2020. Results showed that more children; about 70.3% (n=4093) of the total child marriages occurred during the COVID-19 pandemic, more specifically between January to October 2020. The number of children who got married before the age of 18 was, 5818 in 2019. In Malawi, findings showed that the number of children who got pregnant under the age of 18, increased from 9,000 cases in 2019 to 13,000 in 2020. This represents a 31% increase in the number of children below the age of 18 who got pregnant across the country.

In Zambia results from data received through calls to Child Helpline shows that 2414 were reported to be pregnant in 2019 compared to 2740 children who were reported to be pregnant in 2020 between April and September of both years<sup>29</sup>. This increase represents a 12% increase from 2019 to 2020 for the number of children below 18 years who got pregnant. As seen in the figure below, Kenya recorded 10,088 children below the age of 18 who got pregnant in 2019 compared to 10,461 in 2020 representing three counties (Kisumu, Kibera and Nairobi). This represents a 4% increase between 2019 to 2020 of children who were reported to be pregnant between January to October in both years. The low number of child marriages reported in 2020 could also be attributed to under-reporting; inconsistent reporting mechanisms or lack of

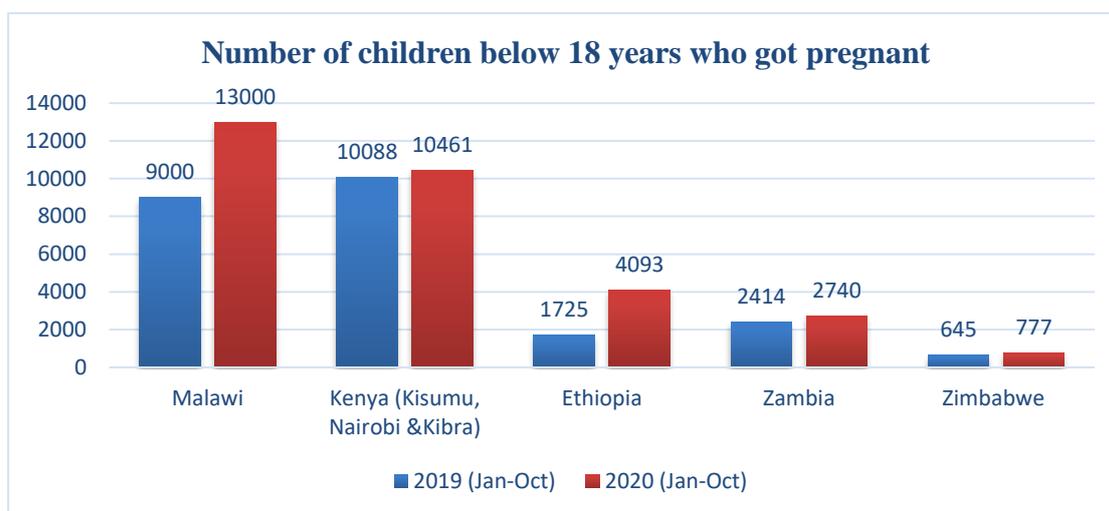
<sup>27</sup> Data Sources: Ethiopia Amhara and SSNP Regional States of the Women, Children and Youth Affairs office; Plan International Ethiopia; Addis Ababa BoWCY Special Edition Magazine; Kenya- CHV Project Area, Ministry of Health, DCS. Zambia- Child Helpline and Plan International. Malawi- Plan International

<sup>28</sup> Ethiopia Amhara and SSNP Regional States of the Women, Children and Youth Affairs office; Plan International Ethiopia; Addis Ababa BoWCY Special Edition Magazine; Kenya- CHV Project Area, Ministry of Health, DCS. Zambia- Plan International. Malawi- Plan International, Zambia - Child Helpline Zambia

<sup>29</sup> Child Helpline Zambia

sufficient data reported during COVID 19 period as community awareness to report on the cases had reduced due to COVID 19.

**Figure 4: Number of Children below the Age of 18 Who Got Married**



**Source:** Child Helpline and plan (Zambia, Zimbabwe) Amhara and SNPP regional states as well as Addis Ababa City (Ethiopia), National Assessment Report (Malawi) CHV Project Area Data and, Government Reports (Kenya),

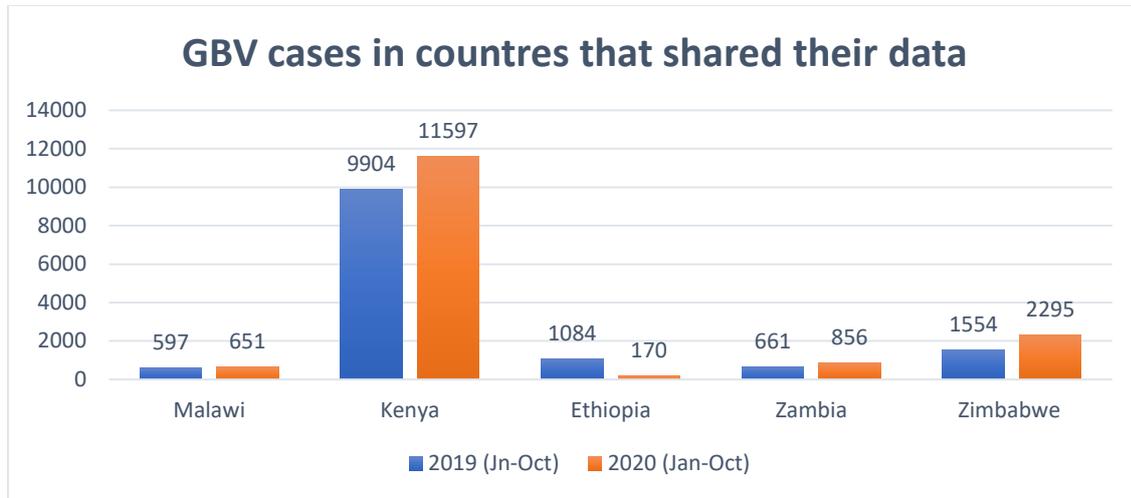
**Children below 18 Years Who Experienced SGBV:** The data presented in these sections were collected from Plan International implementing partners across 6 countries namely, Ethiopia, Kenya, Malawi, Rwanda, Zambia, and Zimbabwe. Data sources varied across countries as it was a representative of a few areas where data were available<sup>30</sup>. Segregated by period, we found more cases of gender/sexual violence in Zimbabwe after COVID-19 (2295 January-October 2020) as compared to before (1554 January-December 2019); (Figure 5). When the cases were further segregated by sex, 93.8% of the gender/sexual violence cases in Zimbabwe were reported by female children as compared to 6.2% of their male counterparts. Similarly, in Zambia (63.4%) and Zimbabwe (86.4%), most of the gender/sexual violence cases were reported by female children as compared to male children. Surprisingly, very few overall, cases of gender/sexual violence were reported in Ethiopia during the COVID-19 period (n=170) as compared to the period before the COVID-19 (n=1094). This could be attributed to the under-reporting of cases during the COVID-19 period (Figure 5) due to challenges in data gathering and limited awareness on reporting child marriage cases.

In Kenya, the national GBV Hotline 1195 data shows that 810 cases were received in September 2020 compared to 646 cases in August, an increase of 25%. This increase was attributed to increased household conflicts. In a study undertaken by the Ministry of Health and Population Council (April 2020) on COVID-19 Knowledge, Attitudes, Practices and Needs, 39% of women and men were experiencing tensions in their homes. In Kenya, data was compared between 2019 and 2020, and findings showed that 9904 children experienced gender/sexual violence for the period January to December 2019 while 11597 children below

<sup>30</sup> Data Sources: Ethiopia (Amhara and SSNP Regional States of the Women, Children and Youth Affairs office; Plan International Ethiopia; Addis Ababa BoWCY Special Edition Magazine; Kenya- CHV Project Area, Ministry of Health, DCS. Zambia- Child helpline and Plan International. Malawi- National assessment report and Plan International and Zimbabwe, Child Helpline

the age of 18 experienced violence between January to September 2020 (Ministry of Health; 2020) as shown in Figure 5 below.

*Figure 5: Children below the Age of 18 Years Who Experienced Gender and Sexual Violence*



**Evidence from Kenya:** Teenage pregnancy existed in Kenya before COVID-19. However, the assessment findings demonstrate that more cases of girls becoming pregnant were reported during the COVID-19 pandemic in 2020 compared to the 2019 pre-COVID (refer to Figure 3). This finding was consistent with the perceptions of participants reported during qualitative interviews. Participants highlighted that this increase could be attributed to the Kenyan Government’s decision to close schools from March 2020 to January 2021. According to government officials interviewed,

*“more adolescents; about 40% more child pregnancies have been recorded during the COVID period (2020 compared to the same three months January to March, 2019 before COVID-19” (KII – Kenya).*

These findings were triangulated with results from qualitative interviews, which attributed this increase in teenage marriage to COVID-19. This was considered by some participants as a common occurrence during emergencies and humanitarian crisis such as flood and displacement, post-election violence and war.

*“Every time there's an emergency.... if there's post-election violence, if there's any crisis to be precise, child marriages escalate in this country. Based on the previous experiences that have occurred when there are floods ... child marriages escalate... I think it's the same scenario. It is a pandemic that has come, and that has really affected Child Marriages ” (KKI 1, Female Kenya).*

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<sup>31</sup>.

<sup>31</sup> Centre for Women in Governance (2020). The Impact of COVID-19 Pandemic on the Rights of Women and Girls in Uganda: A Situational Analysis Report

**Reported cases in Sudan:** In one of the qualitative interviews with a Sudanese official, child marriages were estimated to be very high. This was indicated in the response of one official who said: “*we have a serious challenge with child marriage here, especially in the conflict and mining areas*” (KII – Government Offices). Secondary data confirmed these perceptions with data showing that 34% of women aged 20–24 married before their 18<sup>th</sup> birthday<sup>32</sup>. In Sudan, secondary data shows that from March 2020 to December 2020, education institutions were closed as part of the government’s efforts to contain the spread of COVID-19. The closure of schools meant that approximately 19.5 million school-aged children (of which 51% are girls) had limited or no continuity of education. As a result of school closure, implementing partners reported that the prevalence of child marriage could potentially increase. As one participant indicated:

*“We are in a situation with a lot of young people getting married especially the period of COVID-19 ... This is due to increased risks of girls staying at home as a result of school closures, and especially in rural areas”* (KII Implementing Partner).

Even after schools re-opened, some parents still expressed worries and need for support for girls who fell pregnant. One parent said: “*we need more support especially for our young girls who got pregnant during the stay-at-home period as they may have limited chances of returning to school*” (FGD parents).

**Reported cases in Zambia:** In Zambia, since the onset of the COVID-19 pandemic, UNFPA, UNICEF and partners raised concerns about the heightened risk for adolescent girls of child marriage, especially with school closures which diminished girls’ protective and supportive environment. According to the *Zambian Demographic Health Survey (2018)*, 29% of girls aged 15-19 years have already given birth or were pregnant with their first child and 29% of women aged 20-24 reported being married before age 18. Concerning violence against children, a report by Childline services indicates that the number of GBV calls during COVID-19 has increased by 22% since the outbreak of COVID-19. This includes an increase in the number of cases in need of child protection and mental health psychosocial support services<sup>33</sup>.

*“In 2019, we registered 36 cases of child marriage and 18 cases of teen pregnancies in this area (community Register). In 2020, however, as of this month (November 2020), we have registered 67 cases of child marriage and 58 cases of teen pregnancies. I think this is because children were in homes and communities due to COVID-19”* (IDI – Traditional leader Zambia).

According to information obtained from the Eastern Provincial Education Office, in Zambia, more than 1,700 pregnancies were recorded among schoolgirls between the periods January 2020 to September 2020. It was reported that almost 80% of these cases were recorded during the COVID-19 related lockdown measures.

**Reported cases in Malawi:** In Malawi, secondary data is in line with the UNFPA projection of the impact of COVID-19 on disrupting efforts to end child marriage showing an 11% increase in teenage pregnancies, and an additional 13,000 cases of child marriage from January to August 2020 compared to the same period in 2019<sup>34</sup>. Evidence of teenage pregnancies and

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<sup>32</sup>Laura Dean et al., (2019), “He is suitable for her, of course he is our relative”: a qualitative exploration of the drivers and implications of child marriage in Gezira State, Sudan

<sup>33</sup> <https://reports.unocha.org/en/country/zambia/card/6ELuzrX3VI/>

<sup>34</sup> <https://reliefweb.int/report/world/urgent-action-needed-meet-sdg-end-child-marriage-2030>

child marriages in Malawi suggests that cases of child marriages and teenage pregnancies increased during the COVID-19 period. Findings from the Malawi shows that 44,178 adolescent pregnancies and 20,109 child marriages were recorded in 2020<sup>35</sup>. Interviews with the representatives of CSOs also demonstrated that there has been a noticeable increase in child marriages during the COVID-19 period; they reported that:

*“Because of [the] closure of schools...women and girls were in homes facing the perpetrators to take advantage of the victims, in which some children were forced into marriage while others experienced raped and forced into marriage” (KII – CSO Representative 1).*

Interviews with government representatives and parents indicated that the escalating data revealed that COVID-19 has just worsened a problem that was already there. Adolescents in an FGD highlighted high numbers of teenage pregnancies that were recorded during the COVID-19 pandemic as one of the driving forces of child marriage.

*“Most of our colleagues are forced into marriage once they become pregnant, we have lost a lot of girls that were in school because in some process, during the COVID-19 period, this has really gone-up” (FGD – Adolescent Girls).*

**Reported cases in Egypt:** Children and youth (0-24) make up 52% of the Egyptian population and are among the most vulnerable groups to COVID-19’s social and economic impact. Similar to other countries, school closures have affected an estimated 25.3 million students in Egypt. Disruptions in learning and lack of peer interaction may affect social and behavioural development. In Egypt, 90.5% of children were subjected to violent discipline, 88.7% experienced psychological aggression, and 43.2% encountered severe physical punishment<sup>36</sup> and 25% of ever-married adolescents aged 15-19 reported being exposed to some type of physical, sexual, or emotional violence. It was anticipated by most of the participants that the act of quarantining coupled with lack of access to protection services may increase the prevalence of violence against children, youths, and women.

**Reported cases in Uganda:** In Uganda, a task force undertaking a rapid assessment in selected districts found that physical/domestic violence, psychological, emotional, and sexual violence were on the rise. Data from Global Girls Leading our World (Global GLOW 2020)\_ (an organisation monitoring data from Kitgum, Ngora, Kyegegwa, Kases and Lyantonde districts of Uganda, recorded more than 2,372 adolescent pregnancies during this lockdown (March to September 2020). Adding to the burden, many girls are abandoned by the partners after being impregnated thus, finding themselves as breadwinners of their families and child.

Within the space of two weeks after the lockdown in Uganda, The Ministry of Gender, Labour and Social Development reported that 53 children were neglect, 25 child abandonment, 28 cases of child abuse, 43 cases of missing children and 4 cases of torture of children. Participants also reported that the Ugandan police released a report (in October 2020) that recorded over 5000 cases of gender-based violence reported to the police between mid-April and mid-June 2020. Participants cited alcohol abuse by men occasioned by idleness, redundancy and stress due to inability to adequately provide for the families as some of the factors that could have led to the increase in incidents of domestic violence. Another report from Child Helpline Uganda

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<sup>35</sup> Report on rapid Assessment of Teenage Pregnancies and Child Marriages During COVID 19 In Malawi (September 2020)

<sup>36</sup> <https://jepha.springeropen.com/articles/10.1186/s42506-021-00071-4>

reported a total of 718 calls from girls between 10 April to 14 June 2020 73% of which were related to abuse against girls.

### 3.2.3. How COVID 19 has Exacerbated the Drivers of Child Marriages

The key drivers of child marriage in this analysis are not new but existing ones which have been exacerbated by the pandemic in different ways. During the COVID-19 situation, child marriage has increased due to exposure to sexual and gender-based violence, social and economic insecurity, gender inequality and lack of enforcement of laws, social support networks and essential services<sup>37</sup>. This analysis demonstrates the linkage between humanitarian crisis and its impact on child marriage. The disruption in social services, including closure of schools meant that young people had no protective environment that a school provides and not classifying social workers as essential workers hindered their ability to carry out their job. Lockdown measures prevented a significant proportion of the population from engaging in work and many lost their sources of income. When faced with such economic challenges, parents saw the marrying of their girls as a way to get income from bride price. Moreover, during such times, family members are more exposed to violence due to the frustrations of fathers and male relatives who may have lost their jobs or are not able to adequately provide for their family.

In reviewing the state of child marriage in the context of COVID-19 in 2020, this assessment established that the COVID-19 pandemic exacerbated several of the intertwined complex factors that drive child marriage while simultaneously disrupting the work of the many organisations working at the community level to end the practice. Findings show that COVID-19 is and continues to threaten progress made on ending child marriage in the medium to long-term as it is driving many families into poverty, increasing risks that children will be forced into labour and marriage<sup>38</sup>. The findings also show that lockdowns led to a sharp increase in reports of domestic violence and sexual violence.

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*“COVID-19 has had a knock-on effect on family income and sources of livelihood. This risks derailing progress on ending child marriage, child labour and sexual exploitation” (KII- UNICEF Representative).*

*“For Children living in rural areas, the possibility of returning to school are diminishing” (KII Traditional Leader Zambia).*

*“Children living in fragile and conflict-affected areas are inevitably at the highest risk of getting married” (KII Government Representative Sudan).*

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#### 3.2.3.1 Limited Access to Support Services

Information from UNFPA and UNICEF country offices and partner organisations confirmed the negative impact of lockdowns on education, sexual and reproductive health services, child protection and gender-based violence services. During the lockdown measures in the first wave of the pandemic, access to health services for young people was disrupted or altogether stopped in some places. This disruption meant that there was limited/no access to SRH for young people who could otherwise access these services from the school. The lack of services meant that getting hold of contraceptives was a problem and young girls were at an increased risk of

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<sup>37</sup> <https://www.unicef.org/media/94761/file/Battling-Perfect-Storm-Adapting-child-marriage-programmes-COVID-19.pdf>

<sup>38</sup> UNICEF (2020): Child Marriage in COVID-19 contexts: Disruptions, Alternative Approaches and Building Programme Resilience

pregnancy. To avoid the stigma associated with out of wedlock pregnancies, some families end up marrying off their daughters. In all the sub-Saharan African countries, evidence from document review has shown that the COVID-19 pandemic has exacerbated the already existing deficit in health systems<sup>39</sup>. As highlighted by one government representative; *“Many health facilities were not ready to provide adolescent and youth-friendly services during the pandemic”* (KII – government representative, Malawi).

In **Malawi**, adolescents’ access to SRH services such as condoms reduced during lockdowns. This situation was problematic given that some adolescents were involved in sexual practices or relationships during the pandemic. Interviews with CSO representatives showed that:

*“When schools closed, most young people had a lot of time to engage in sexual activities, however, with limited or no access to SRHR services, most of them ended up being pregnant and in marriage.... It is easy to access condoms when you are away from home”* (KII- CSO Representative).

*“Adolescents suffered unmet health needs such as access to condoms, and contraception, as well as HIV services as funds that were meant to provide specific health services for young girls such as reproductive health services and provision of sanitary needs, were diverted to combat COVID-19 in hospitals and create awareness in the communities”* (KII – CSO Representative).

During the FGDs, some adolescents highlighted that going to school had provided a way for sexually active adolescents to divert and obtain contraceptives from the local health facility especially in the community settings where contraceptive use is not supported or encouraged.

*“Sometimes, as you go to school, you pass through the clinic and get condoms, or some friends can share what they have so it’s not that sex increased but that there was a gap where the young people did not access to protection as much as they wanted”* (FGD – Boys and Girls).

Further, fears of possibly contracting COVID-19 at the health facility also made some adolescents not access the services.

*“We are more threatened to visit the health facilities as the COVID 19 measures around stay at home and social distancing limited our ability to access health services”* ( IDI – Young Males and Females – Malawi).

In **Ghana**, secondary data shows that overall, service delivery declined by 60% while in **Niger, and Kenya**, safe houses were closed during the first wave of the pandemic, creating a gap in the protection of girls at risk of gender-based violence. As such, COVID-19 is reported to have brought a decrease in the availability and accessibility of support services to boys and girls. According to UNFPA (2020), as countries mobilised their resources to address COVID-19, very limited services were available – especially in the initial lockdown phases – to life-saving care and support towards the health and social needs of girls and boys including clinical management of rape and psycho-social support<sup>40</sup>.

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<sup>39</sup> Human Rights Watch. Africa: COVID-19 Exposes Healthcare Shortfalls. Prioritise Investment to Improve Access to Care for All. 2020

<sup>40</sup> UNFPA (2020). COVID-19: A Gender Lens: Technical Brief Protecting Sexual and Reproductive Health and Rights and Promoting Gender Equality.

In **Kenya**, the partial lockdown slowed the operation of courts, where half of the court officials were advised to stay home, and hearings were postponed. This situation created barriers related to accessing judicial help and justice among victims of gender and sexual violence.

*“We are in a situation of consistently low conviction rates, of the perpetrators which force most victims to abandon the pursuit of justice due to the total or partial disruption of court processes due to the pandemic” (KII – Religious and Traditional Leaders).*

It can be deduced that COVID-19 has resulted in systems that are not functioning as normal and so discourage reporting incidents of violence. Similarly, 38.4% of the young people interviewed in Kenya revealed that their access to healthcare has been impacted because of the de-prioritisation of illnesses not related to COVID-19. In **Uganda**, secondary data shows that access to health facilities including medical services for girls reduced by almost 35% during the lockdown period alone<sup>41</sup>.

In **Zambia**, girls talked to in FGDs were worried that school closures may motivate them to stop school permanently and get married. The adolescents reported seeing many other girls getting pregnant or married during the school closures. The closure of schools also meant that adolescents had a lot of time on their hands, and with very little to entertain themselves. Therefore, this made young people turn to sexual activities among themselves and with older men or women.

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*“If COVID-19 restrictions do not end soon, most of us will stop school because we will not manage buying masks and hand sanitisers. It is very worrying because most of our colleagues who got pregnant during school closure are already in marriages. The fear is that our opportunities for continuing with education are diminishing” (FGD – Girls – Chadiza district in Zambia).*

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Interviews with UNICEF representatives demonstrated that many teenage pregnancies could have been as a result of lack of education on sexual and reproductive health in their homes. One representative explained the challenge with access to information as follows:

*“During the pandemic period, we have learnt that the limited number of service providers at community level trained to support adolescent health during emergencies is worrying” In homes, children are receiving little or no guidance on sexuality” (KII UNICEF – Representative).*

### **3.2.3.2. Household and Community Poverty**

The worsening economic situation resulting from the COVID-19 pandemic has exacerbated poverty at individual and community levels. This has contributed to child marriages as such marriages are believed to relieve the girl’s family from economic stress by reducing the number of children that parents have to support. The economic strain caused by the recession on already vulnerable communities and the loss of family income was reported to force families to marry off their young girls, perceiving them as financial burdens rather than potential wage earners. Findings should that as the cases of COVID-19 evolved and the lockdown persisted,

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<sup>41</sup> WHO, Press Release, 22 May 2020

household economies were stressed thereby exacerbating household poverty. As a result, there was a spike in child marriages as children continued to stay in homes and parents lost jobs and were increasingly unable to sustain household needs<sup>42</sup>.

Across the participating countries, one of the main drivers of child marriage that featured prominently was poverty. In **Zambia**, findings showed that teenage pregnancies and poverty are amongst major drivers of child marriage. With 60% of the Zambian population living in poverty, child marriage is sometimes used as a way of reducing the perceived financial burden a girl places on her family and receiving money through the payment of lobola (bride price). In Zambia, like other countries, COVID -19 had worsened the economic situation.

*“With COVID-19, there has been a considerable fall in household income... and we are concerned that this is already affecting our eating habits and we are already skipping meals”* (IDI – Parents – Zambia).

Young people talked to in Zambia reported that most of their peers who have fallen pregnant have ended up being married. Several interviews revealed that if parents want their children to get married, they will allow them to be in a relationship with boys or men and later force them into marriage once they get pregnant.

*“Here in Chadiza, it is part of practice in families that, parents force children into marriage once they get pregnant for economic gain, and this is even worse with the current economic problems due to poverty”* (FGD Boys and Girls).

With COVID-19 measures, young people experience barriers to access sexual reproductive health information and products thus, increased their risk pregnant, and child marriage.

In **Sudan**, parents reported that men and boys who worked in the mines took advantage of the COVID-19 related increased vulnerability and married underage girls. This resulted in young girls not going back to school after it re-opened when lockdown measures got relaxed.

*“Most of our children are working in the mines in which after making some money, they quickly move into marriages and take advantage of young girls from poor households affected by COVID-19 measures”* (FDG Parents).

In **Malawi**, experiences show that poverty is among the top factors, and like other countries, the situation had become worse with the COVID-19 pandemic. The COVID-19 pandemic had resulted in the loss of income and higher food insecurity, which was said to be fertile ground for child marriages and teenage pregnancies.

*“In most poor households, the common belief is that marrying off a daughter reduces family expenses, temporarily increasing family income”* (KII Traditional Leader).

In **Uganda**, child marriage is fuelled by the family seeing young girls as assets or investments. Secondary data showed that in most poor communities, the prevalence of child marriage is mostly high where the girl is considered an economic asset from which families can gain wealth (Lubaale, 2013). The assessment established that the COVID-19 situation has led to parents

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<sup>42</sup> <https://blogs.worldbank.org/developmenttalk/child-marriage-unspoken-consequence-covid-19>

seeing bride price as a source of wealth, therefore, encouraging or forcing their daughters to get married early.

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*“The lockdowns and closure of the business are already affecting millions of Ugandan’s who depend on them for employment, ---, this puts millions of young girls of being brides as a source of income for caregivers, as well as reducing the impact of caring” (KII – Government Representative).*

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Some participants in Uganda also confirmed that some parents, especially in poor households, perceived girls as an intolerable economic burden because parents were unable to meet their basic and other needs. With COVID-19, poverty has worsened by the underperformance of the informal sector, which employs 84.9% of the population, 90% of whom are young people below 30 years old. Reports from **Egypt** indicate that the tourism and oil sectors were impacted by the lockdown measures, which resulted in an increase in unemployment rates from 7.7% in the first quarter of 2020 to 9.2% by the end of April 2020. In addition, 73.5% of Egyptian families experienced declining income due to COVID-19 than in normal situations (Source: Central Agency for Public Mobilisation and Statistics (CAPMAS)).

### **3.2.3.3. Weak Legal and Regulatory Frameworks**

In several countries, either lack of adoption of or weak implementation of policies and laws that seek to protect children has been noted to fuel child marriage. In **Sudan**, the high number of child marriages was attributed to having no specific laws prohibiting child marriages.

*“There is need to have laws that will restrict families from marrying off young children as soon as they reach puberty” (IDI – Girl).*

This lack of laws coupled with the socio-economic problems posed by COVID-19 increased vulnerability among the girls. Strengthening legal and regulatory frameworks became less important as all the attention was on tackling the pandemic and other pressing matters such as child marriage became secondary considerations. Discussion with government representatives and parents revealed that the existing challenge lies in the lack of compliance to the minimum age of 18 years for marriage:

*“The problem is that under the local law, young girls as young as puberty stage are considered mature for marriage determined by as soon as they begin menstruation” (IDI-Parents).*

*“You see, the dominance of non-statutory laws facilitates and encourages child marriage, giving it a religious and traditional legitimacy” (KII - Government Representative-Sudan).*

Similarly, the Sudanese National Child Act of 2010 defines a child as a person younger than 18 years but does not mention child marriage explicitly. Despite international and domestic pressure to make 18 years the minimum age for marriage, local laws remain unchanged.

Further, the dualist structure of **Egyptian, Sudanese and Zambian** laws, statutory and customary, has perpetuated gender inequality and child marriages. This assessment observed that in Egypt and Zambia, like in Sudan, the conflict between customary and statutory laws is often circumvented using an unofficial marriage custom (known as urfi in Egypt), which allows for the marriage of underage girls. Discussions with traditional and religious leaders revealed that what COVID-19 has done is to expose the already existing weak legal provision that the chiefdoms and stakeholders are battling with to correct.

*“This conflict of laws violates the rights and the freedoms which are supposed to be protected under statutory law, but are not necessarily observed and women endure unfair treatment which exacerbates child marriage, unequal distribution of property, and more under the customary law” (KII – Traditional Leader).*

*“During the lockdown period (March to September 2020), many girls underwent initiation. After the girls graduated from the initiation ceremonies, most of them were forced into marriage.... There is need to look at this together with the laws on marriage to protect young people” (FGD – Girls – Zambia).*

These findings demonstrate that while governments and other primary actors recognise this gap, action legal reform during COVID 19 was not implemented. Therefore, there is need for governments to strengthen the loopholes in the laws and enforcement of existing legal provision to ensure children are protected. There is also need for increased advocacy by Civil Society Organisation (CSOs) and dialogue with governments on the enactment and harmonisation of existing laws during emergencies.

#### **3.2.3.4. Unsafe and Insecure Environments**

Amongst typical traditional families and communities, child marriage is associated with the parental need for the protection of their daughters against early sexual encounters and pregnancy to keep the family’s dignity. With fears that some girls may be exposed to sexual activities because of school closures, some parents preferred that their children get married. Parents and young people talked to in **Sudan**; indicated that child marriage is seen as offering lifelong security for young girls. However, interviews with government officials and CSO representatives indicated that girls have been subjected to forced marriages especially in areas like Juba due to increased vulnerability as a result of COVID 19 measures

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*“In Egypt, temporary and transactional marriages, such as zawaj al-safka (a contract marriage based on benefits and interests) and zawaj al-misyar (visitor marriage or summer marriage that last only a few months), that provide a means for circumventing the restrictions of Islamic law on pre-marital sex are on the rise. These practices have increased during COVID-19 lockdowns” (CSO representatives)*

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Discussions with CSOs in **Kenya** revealed that adherence to COVID-19 measures impacted negatively on the attendance of school for girls as most of them were removed from schools between March to December 2020, and many are unlikely to return.

*“For the girls from poor families, they are experiencing pressure from family and GBV, harmful practices such as child, early and forced marriage/unions due to the shrinking household economies” (KII CSO representative – Kenya).*

As indicated by Girls Not Brides “at the core, child marriage is deeply rooted in gender inequality and the belief that girls and women are somehow inferior to boys and men.” In **Zambia**, like in other countries, findings showed that the COVID-19 situation presented security concerns for girls, which were linked to school closure and lockdown. It was reported that some parents forced their girl children into marriage based on the view that they were protecting them from abuse and pregnancies.

*“Parents also believe that marrying their daughters young, protects them from rape, premarital sexual activity, unintended pregnancies, and sexually transmitted infections” (FGD, Parents).*

*“The COVID-19 has undermined efforts to protect the girls and young women, efforts to protect household livelihood, efforts to protect national economies and efforts to empower young people” (Group Discussion – CSO in Zambia).*

The evidence shows that child marriage is exacerbated by a combination of economic, social and political factors which have worsened during the COVID-19 pandemic. For example in **Uganda**, parents have allowed their daughters to marry members of the militia to secure protection for the family. In **Algeria, Chad** and the **Sudan**, COVID 19 exacerbated violence against children resulting into young girls being abducted by militias and forced to marry them. Conflict and insecurity motivated girls to marry early due to breakdown in family networks (parent and youth communication), loss and trauma, as well as dropping out of school due to lack of safety and access to school<sup>43</sup>. Findings show that the belief that children especially girls should be married before and after getting pregnant to avoid embarrassing the family took centre stage during the school closure COVID-19 related measures thereby exacerbating child marriage.

### **3.3. National Adoption of Laws on Ending Child Marriage**

#### **3.3.1. Introduction**

In addition to assessing the situation of child marriages, this assessment also aimed at exploring the state of implementation of the SADC Model Law and AU Common Position on ending child marriage in the target countries and how these have been affected by the COVID-19 pandemic. First, this section presents available international and regional policies, laws and programmes targeting child marriages (Section 3.3.2), then presents how adoption and implementation of the SADC Model Law and AU Common Position on ending child marriage has been affected by the COVID-19 pandemic in specific countries of interest (Egypt, Kenya, Malawi, Sudan, Uganda and Zambia; section 3.3.3). This section also presents findings on the harmonisation of child marriage-related laws and the measures that countries have put in place to curb the rising or expected spike in child marriage during the COVID-19 pandemic, and the extent to which these measures were being implemented.

#### **3.3.2. Available International and Regional Policies, Laws and Programmes**

This assessment established that the earliest instruments adopted by the international community did not contain express measures to deter child marriage, nonetheless, several human rights agreements provided ‘men and women with a right to marry. Several promising developments have been recently made and demonstrated the international, regional and national commitments to eradicate child marriage and move towards achieving gender equality and empowerment of all women and girls. In 2015, the United Nations Human Rights Council unanimously adopted a resolution to strengthen efforts to eliminate child, early and forced marriage. The measures adopted include eliminating child marriage as a key target by 2030 for advancing gender equality with the implementation of a uniform minimum age as a key component of a multi-sectoral approach to prevent child marriage. Ending child marriage is one of the SDG targets and also critical to achieving Sustainable Development Goals in which

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<sup>43</sup> <https://www.girlsnotbrides.org/articles/married-during-ugandas-covid-19-lockdown/>

eight of the 17 SDGs could not be achieved without significant progress to end child marriage which includes:

DG 3 —	Ensure healthy lives and promote wellbeing for all at all ages
SDG 4	Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all'
SDG Goal 5	Achieve gender equality and empower all women and girls
Target 5.3	Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation
Indicator 5.3.1	The proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18

The SDG targets reinforce other UN measures. For example, Article 16 (1) of the Universal Declaration of Human Rights 1948 states that '*men and women of full age have the right to marry. Article 2 states that Marriage shall be entered into only with the free and full consent of the intending spouses.* The UN Convention on the Rights of the Child (CRC) and The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) are among the most important instruments. Both the CRC and CEDAW recommend legislating a minimum age of marriage at 18. State parties who do not have laws that meet the minimum age of marriage requirement are regularly urged to do something about this (Silva-de-Alwis, 2008). The practice of child marriage entered the political agenda in many African countries after they committed to the Beijing Platform of Action in 1995. The platform calls upon states to enforce laws securing a minimum age (Beijing Platform for Action, Chapter IV, 274e).

Over the years, there has been an exponential growth in the momentum to end child marriage and violence's against children on the international agenda. This assessment reveals that there has been an alarming rise in the incidents of gender-based violence during the COVID-19 pandemic due to various other risk factors that have been found attributive to the surge of gender-based violence such as economic insecurity. Therefore, GBV is overwhelmingly being recognised as a human rights violation, a public health challenge, and a barrier to civic, social, political, and economic participation<sup>44</sup>. In response, in 1993, GBV was presented as a structural and universal issue at the United Nations World Conference on Human Rights<sup>45</sup>. For instance, in 2015, the United Nations Human Rights Council overwhelmingly adopted the first in history substantive resolution on child marriage. Against this international backdrop are several regional institutions like the African Union, and the European Union who also provide clear guidance on ending child marriage.

***African Union (AU) Common Position on ending child marriages:*** In 2015, the AU adopted a common position for ending child marriages in Africa. In this agreement, member states agreed to establish concrete and comprehensive plans on ending child marriages. In this meeting, the AU coined 17 commitments for future action. Some of them include the agenda to establish and enforce the laws which set the minimum age for marriage at 18; ensure that ending child marriages remain on top of the political agenda and interventions are well supported financially and ensure that civil society initiatives to promote the well-being of children are encouraged. Thus, the AU Common Position has been crucial to efforts to end child marriages activities. Other relevant instruments to tackle child marriage include:

<sup>44</sup> Humanitarian Practice Network (HPN) – Network Paper Number 77, January 2014

<sup>45</sup> <http://www.ohchr.org/EN/ProfessionalInterest/Pages/Vienna.aspx>

1. The EU Guidelines for the Promotion and Protection of the Rights of the Child (2017) – ‘Leave no child behind.
2. The EU Action Plan on Human Rights and Democracy 2015-2019.
3. The 2002 recommendation on the protection of violence against women Council Conclusions of 2015 on the Gender Action Plan 2016-2020.

***The SADC Model Law on Child Marriage:*** The SADC Model Law provides a comprehensive multi-sectoral approach for preventing and mitigating child marriages. The SADC model law was primarily developed for use by lawmakers in the SADC region. It is based on promoting *the basic rights* of children, protecting them from discrimination and harmful practices such as female genital mutilation while at the same time providing social protection services. Of key importance is the recognition of the multi-sectoral approach to addressing child marriage by engaging stakeholders at all levels including parliamentarians; CSOs, community members, service providers and adolescents. The Model Law encourages the adoption of progressive marriage laws and the reform of outdated laws; provides specific guidance to national legislators in Southern Africa on the content and provisions of effective child marriage laws that would be binding at the national level.

Also, the Model Law promotes harmonisation of child marriage-related laws across Member States – laws on sexual offences; laws relating to gender equity and equality; penal laws; marriage and divorce laws; laws on the rights of women and children – to tackle the issue of child marriage in Southern Africa. As a result of the SADC Model Law, a robust legal and policy framework under the (SADC) Model Law on Eradicating Child Marriage and Protecting Children Already in Marriage was developed in 2016. The model laws call for countries’ commitment to programmes and financing for implementation of the SADC Model Law to prevent child marriage and to support married girls through government efforts to address the practice. A summary of the key aspects to guide ending child marriage was highlighted as follows:

1. Encourage the adoption of progressive marriage laws and the reform of outdated laws and harmonisation the laws.
2. Provide specific guidance to national legislators on the content and provisions of effective child marriage laws.
3. Reaffirm a human rights approach focused on the rights of women and children.
4. Serve as a standard for national legislators and policymakers and promote accountability.

Interviews with parliamentarians in SADC member countries (Zambia and Malawi) and secondary data review in Mozambique<sup>46</sup> and Zimbabwe<sup>47</sup>, demonstrated that the Model Law provided a guide in the development of national laws and policies on ending child marriage. It was also explained that the SADC Model Law on child marriage provides a comprehensive legal framework that guides the implementation of legislation, policy and programmes aimed at addressing the problem of child marriage.

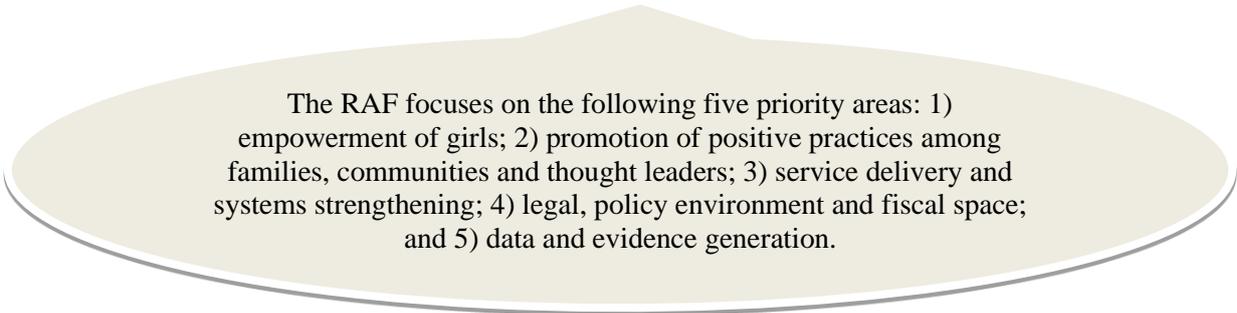
*“As beneficiaries to the Model Law, we were provided with guidance on the development of national laws to end child marriage and address inconsistencies in their current legal frameworks” (KII, Parliamentarian).*

<sup>46</sup> <https://plan-international.org/news/2019-08-21-mozambique-bans-child-marriage>

<sup>47</sup> <https://www.corteidh.or.cr/tablas/libro1-68.pdf>

Nonetheless, it was reported that challenges in the implementation of the model laws continued to face challenges in relation to human resource, financial allocation and enforcement of interventions that have been developed in line with the model law on ending child marriage.

***East and North African Regional Block Commitment:*** In 2013, under the leadership of UNAIDS and with the support of the Regional Economic Communities such as the East African Community (EAC and Southern African Development Community (SADC), the UN initiated a process that resulted in the development and implementation of a commitment on the needs and rights of young people. The initiative has expanded to include core UN partners and civil society organisations from across the ESA region. For the Middle East and North Africa (MENA)/Arab States region, the Regional Accountability Framework (RAF) was developed with commitments to work together to end child marriage in the region<sup>48</sup>. Through such efforts, the Regional Accountability Framework was initiated and linked to the five outcomes of the Global UNFPA/UNICEF Joint Programme to End Child Marriage, and the UNFPA Regional Strategy on Prevention and Response to Gender-Based Violence in the Arab States Region<sup>49</sup>.



The RAF focuses on the following five priority areas: 1) empowerment of girls; 2) promotion of positive practices among families, communities and thought leaders; 3) service delivery and systems strengthening; 4) legal, policy environment and fiscal space; and 5) data and evidence generation.

The RAF laws were designed to serve as a standard for national legislators and policymakers in promoting accountability and helping to put the issue of child marriage on the agenda so that it could serve as a stimulus for debate and entry point for advocacy. As such, different policymakers and government officials reported that they were held accountable in the domestication and implementation of how they would promote the Model Law in their countries. The next section provides more detailed findings on how the above regional laws and commitments have supported the implementation or relate to the national laws, policies and programmes to curb child marriage.

### **3.3.3. National level adoption of laws and policies to curb child marriage.**

#### ***3.3.3.1. Existing National Laws on Ending Child Marriage***

All countries covered by the study have ratified the Convention on the Rights of the Child (CRC) and all countries except Sudan have ratified the Convention on the Elimination of All Violence against Women (CEDAW). The increased political will to curb child marriage is reflected in the growing number of government initiatives. Egypt co-sponsored the Human Rights Council Resolution on Child, Early and Forced Marriage in 2013 and that ratification of CEDAW is subject to various reservations, to ensure compliance with Shariah Law.

*“We have ratified the minimum age limit for marriage without any exceptions on the judicial processes” (IDI - Local Leaders, Egypt).*

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<sup>48</sup> Regional Accountability Framework of Action on Ending Child Marriage: 2018-2021 Middle East and North Africa/Arab States

<sup>49</sup> UNFPA Regional Strategy on Prevention and Response to Gender-Based Violence in the Arab States Region (2014-2017)  
<http://arabstates.unfpa.org/en/publications/unfparegional-strategy-prevention-and-response-gender-based-violence-arab-states>

In **Ethiopia**, the government developed a National Strategy on the Elimination of Harmful Traditional Practices. The strategy adopts a multi-sectoral approach to addressing child marriage and female genital mutilation (FGM).

In 2019, Ethiopia developed the National Costed Roadmap to End Child Marriage and FGM/C 2020–2024, with the support of UNFPA, UNICEF, and UN Women. The National Roadmap stipulates the approaches and evidence-based interventions to eliminate child marriage and FGM/C by 2025, throughout three strategies: 1). Empowering adolescent girls and their families; 2). Community engagement (including with faith and traditional leaders) and 3). Enhancing systems, accountability and services across sectors among others.

In **Sudan**, puberty is broadly used as the appropriate age for girls to marry. As a result, girls in Sudan are allowed to marry after puberty, provided they can reason and consent to the marriage. An effort to align the age of marriage to international and national policies were reported to be pending government approval. There is a high likelihood that the focus on COVID-19 and the country lockdown (March to June) may further contribute to the delays in government deliberation and adoptions of the proposed marriage law.

In **Zambia**, the government adopted a National Strategy on Ending Child Marriage in Zambia (2016-2021) to reduce child marriage by 40% by 2021 and its costed action plan. It is a multi-sectoral holistic approach to addressing child marriage through social and behaviour change; provision of multi-sectoral and child sensitive services to address vulnerability to child marriage and strengthening policies and legislation to ensure consistent interpretation and application of child related interventions. Traditional leaders and government representatives reaffirmed that the enactment of the Anti-GBV Act in 2011 was the first step towards the regulatory management of child marriage and GBV.

The CSOs acknowledged that the efforts of the government to end child marriage are complemented and supported by various stakeholders. They acknowledged that the process of developing policy documents and programmes on ending child marriage are guided by different national and international instruments, including the Revised Sixth National Development Plan (RSNDP), the Seventh National Development Plan, Zambia’s Vision 2030, the United Nations Convention on the Rights of the Child (1989), the African Charter on the Rights and Welfare of the Child, and other national and international treaties and conventions.

*“In Zambia, we take a multi-sectoral and holistic approach in developing laws and programmes to end child marriage, which tackles both the causes and the consequences of the practice” (KII – Parliamentarian).*

In **Uganda**, it was reported that addressing child marriages is a government commitment.

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*“Addressing child marriage is in line with government’s commitment to ending all forms of discrimination and ensuring the protection of children’s rights as articulated in the various global and regional conventions and declarations (Annex 1) and reflected in Uganda’s policy documents including National Development Plans [NDP], 2010; 2014); the National Vision 2014 - 2020; the National Gender Policy (2007); and other sector policies and strategic plans” (CSO Representative).*

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In **Kenya**, participants reported knowing several policies, laws and programmes related to ending child marriage and teenage pregnancies. Some of the policies, laws and programmes were reported to have been developed since 2011 and were currently under parliament review; examples include the Children’s Act of 2001. Like other countries, the situation of COVID-19 delayed parliament meetings and consequently delay deliberations on policies, laws and programmes related to child marriages that were reported to be under parliamentary review.

*“Most of the legal provision and policy documents are under parliamentary review to ensure that they speak to the current challenges that we are going through in ending child marriages, --- some of these provisions related to the Children's Act of 2001, which was tabled in 2018, and 2019; ... the Sexual Offences Act of 2006, and the Anti-Female Genital Mutilation Act of 2011”* (KII, Implementation Partner).

In sub-Saharan Africa, several countries have a legal minimum age for girls to get married at or below 16 years. In Sudan, there is no minimum legal age for girls to get married as girls are allowed to get married as soon as they reach puberty while in Zambia the statutory law says a child can marry at the age of 21 but the customary law says earlier. Five countries have set the minimum legal age for girls at 17 years, while most countries have set the minimum legal age for girls to get married at 18 years. In about ten countries, the minimum legal age for girls to get married is 19 years or older. Given the lack of legal age for girls to get married in Sudan, child marriage is very high and more frequent.

In **Egypt, Malawi, Uganda** and **Zimbabwe**, the minimum legal age of marriage is 18 years old and in Zambia, the age of marriage is 21 years for both boys and girls, with an exemption of the consent of the High Court Judge. In Tanzania, it is 18 years for boys and 15 years for girls within which 14 years is granted with permission of the court and parental or guardian consent.

Statutory laws are often circumvented through marriage under customary laws which are often not in alignment with statutory laws and therefore allow for the marriage of young girls. The findings showed that each nation has taken different measures to proactively address the problem of child marriage. Sudan has done less because child marriage is permitted by law and is therefore not seen as a pressing issue.

During the COVID-19 pandemic, most respondents reported that they have been in discussion with stakeholders and parliamentarians on child marriage:

*“We have learnt lessons that engagement with government, and parliamentarians will help in strengthening the marriage laws that incorporate the current religious laws, which are referred to in child marriage issues which has been challenging during COVID-19 on ending child marriage and protecting children”* (KII – CSO Representatives).

And that a multi-sectoral response is needed to transform the future for millions of girls during and after COVID-19 through holistic national action plans to end child marriage.

### **3.3.3.2. Awareness of Laws and Policies on Ending Child Marriage**

This assessment established the awareness levels among the participants of the national laws and policies on ending child marriage. All key informants (Government representatives, parliamentarians, CSO representatives, traditional and religious leaders) interviewed reported

knowing about the child actors and the laws on GBV and sexual consent when girls are still in school. In **Uganda**, government representatives reported to know the minimum age limits for children to get married.

*“In 2016, we supported recommendations to implement the action plan to more effectively combat child marriage to having no law on child marriages”* (KII government Representative-Uganda).

*“We have the National Strategy on Ending Child Marriages and pregnancies in Uganda which prohibits marrying anyone before the age of 18 years old”* (KII COS Representative, Uganda).

The National Strategy was the main guide for most of the players seeking to end child marriage. The punitive measures against marriage before 18 years old in the Ugandan constitution were also cited.

*“We are guided by this policy in our work with local leaders as they are custodians of social norms in the communities, alongside the close consultation with government ministries and health experts”* (KII – CSOs Uganda).

In **Zambia**, a traditional leader reported that they have full knowledge of the laws and policies governing actions to end child marriage. He stated that:

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*“As a first step towards the regulatory management of child marriage and GBV, Zambia enacted the Anti-GBV Act in 2011 to enhance the legal framework to curb GBV and child marriages in all manifestations. In 2016, the government adopted a National Strategy on Ending Child Marriage (2016-2021) to reduce child marriage. As chiefdoms, we have adopted these measures at the local level and they guide us to ensure that we protect our children .... The Ministry of Gender is coordinating the operationalisation of the provisions of the Act with other relevant line Ministries, and non-state actors like Plan.”*  
(Chief, Zambia).

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In **Malawi**, CSO and government representatives also reported knowing the relevant laws and policies to ending child marriages. They explained that they were aware that any person who marries another person below the age of 18 is liable before the courts of law.

*“I know of the other laws as the Child Protection and Care Act, Prevention Domestic Violence Act, Gender Equality Act and the Education Act of Malawi under Section 58 which all criminalise child marriages”* (KII – CSO Representative).

In **Kenya**, participants acknowledged that an adult who engages in sexual activities with adolescents below the age of 18 is punishable by national law. One participant said: *“We have many regulations and rules that are being put in place in Kenya, such as the Sexual Offences Act which carries a minimum of 15 years (imprisonment) and there's no option of being fined. There is also a law against female genital mutilation”* (KII Government Official). In addition, in Kenya, it was reported that the government adopted national laws to protect and promote child rights and reduce gender-based violence against women and vulnerable populations (such as adolescents). Some of the adolescent and youth participants (girls and boys) also reported

being aware of some of the national programmes, policies, and local activities aimed at ending early child marriages, teen pregnancies, and violence against children.

*“Yes, we are aware that even if you get pregnant, teenage mothers are supposed to continue schooling after delivery” (FGD – Young Girls-Kenya).*

In **Sudan**, respondents only acknowledged knowing the proposed marriage law (pending approval) which aims at addressing the social, legal and cultural aspects of child marriages. Some stakeholders also highlighted that the proposed marriage law was developed using the principles of the AU Common Position on ending child marriages and is expected to harmonise the child and criminal act laws of defining anyone under 18 years of age as a child. One CSO representatives informed that: *“we expect that once this law is approved it will help forbidding individuals under 18 years’ form getting married in line with the existing child and criminal act”*.

Contrary, to the knowledge that the respondents have on the proposed laws and policies on ending child marriage, children knew the customary laws. One boy in an FGD said:

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*“What I know is that in our community, when a girl shows signs of puberty that is a sign that they can get married, ..., for girls that are usually happening around 13 years and for boys 20 years or less depend on financial condition” (FGD - Boys –Sudan).*

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Meanwhile, for parents, in Kenya, Uganda and Malawi, the knowledge levels regarding the laws were low. For example, one respondent said: *“We do not know any laws governing child marriage in the country....., you know, children are just being married off and there is no guide” (IDI – Parents – Malawi).*

To further promote implementation of initiatives aimed at ending child marriages, it is important to enhance awareness levels of the different interventions, policy and regulatory guidelines as well as the complex drivers of child marriages in the country. According to Girls Not Brides, “ending child marriage requires increased, targeted investments from both international donors and governments in high prevalence countries”.

### **3.4.Measures to Address the Impact of COVID-19 on Child Marriage**

#### **3.4.1. Introduction**

This assessment documented the measures that are in place to curb the rising or expected spike in teenage pregnancies and child marriage during COVID-19 and reviewed the extent to which these measures are being implemented. Some of the measures that are presented include health-related measures, education measures, household livelihood strengthening, and social protection classified into preventive, rehabilitative and restoration. In this section, these measures will be categorised by type and according to countries that have adopted these measures as reported below.

#### **3.4.2. Measures to ensure that Girls and Boys Continue Schooling**

From March to September 2020, **Zambia** closed all schools countrywide in an attempt to slow down the spread of COVID. During this period, approximately 4 million learners were forced to stay at home, thereby, losing valuable months of schooling and consequently, deprived of

the much-needed social security and support. To ensure that children continued schooling, Zambia received a US\$10 million COVID-19 emergency grant from the Global Partnership for Education (GPE) to support interventions that were aligned with this plan. Children and youth activists talked to in **Kenya, Malawi and Zambia** confirmed that the majority of them accessed online lessons: *“if it were not for the online lessons, it was going to be difficult for me to do revisions for my exams, during the time the schools closed”* (FGD – Female Adolescents).

In **Kenya**, the school closure prompted the development of a COVID-19 response plan (Kenya Basic Education COVID-19 Emergency Response Plan). Through this initiative, the Government of Kenya provided remote teaching support using the internet

- Measures to ensure boys and girls were in school*
1. Introduction of online lessons using tablets, TVs and/or radio programmes in (Kenya, Zambia, Sudan)
  2. Splitting of the learners to reduce the number of learners in-class attendance to reduce risks (Egypt)
  3. Awareness campaign with parents and students on COVID-19 preventive practices
  4. Promotion of hygiene practices such as washing hands, social distancing, masking and ventilation of classrooms
  5. Provision of radios and tablets to the poorest families
  6. Ensuring children return to school after schools opened
  7. Provision of schools access to clean water

and television and encouraged academic institutions to adapt teaching material to create a more accessible online learning environment (Ngwacho, 2020)<sup>50</sup>.

For some parents, children were able to continue with the school during the stay home period through lessons provided on television (TV), *“children were kept busy during shutdowns by watching classes on TV and had limited chances to engage in negative vices that would expose them to risks during the lockdown”* (IDI – Female Parents).

Unlike the measures taken in Zambia and Kenya above, **Egypt** decided to use a phased approach during the first wave measures. This was by way of splitting the in-class attendance of students to reduce the number of students present simultaneously in class and school premises on any given day. Secondary data review showed that this approach helped to ensure that children were in school and protected from the COVID-19 pandemic and child marriage. Further, Egypt also demanded the establishment of a committee in each school to monitor the implementation of governmental precautionary measures within its premises.

In **Sudan**, however, the utilisation of community teachers, who play a key role in sustaining the education delivery typically paid by the communities that hire them, was promoted during the stay home period. Interviews with CSOs confirmed that the education of children during lockdowns were sustained through the GPE programme that prioritised community teachers assigned in schools to collect students’ homework and grade them.

*“It was easy for our children to continue with the school as ‘teachers’ followed them in homes to give them the schoolwork as well as grade them”* (IDI – Parents).

Findings showed that this practice was weak in rural areas and for children in distant places from schools. In all these interventions, vulnerable students were given incentives including

<sup>50</sup> Ngwacho, (2020) COVID-19 Pandemic Impact on Kenyan Education Sector: Learner Challenges and Mitigations

free learning materials to return to school in the initial phase. Remote schools were provided with clean water (boreholes) for hand washing and to prevent the spread of COVID-19.

*Additional strategies to reduce the risks to child marriage through access to education.* This assessment established that school closures (stay-at-home) due to COVID-19 measures during the period March to September 2020 exacerbated child marriages and violence against children. Findings suggest that government should introduce laws and programs for increasing access to education facilities for young people for both rural and urban communities as a sure way of protecting children from child marriage during and after COVID 19. Young girls talked to reported that although online-based education that were implemented in Zambia and Kenya, for example, during this period, were crucial to delaying marriage. Governments should have put aside finances to support girls' ins through community-based education programs:

*“government should have funded schools to take televised education programs to communities where leaners could discuss the lessons in small groups, even using volunteers to show these lessons to leaners as most of them did not have the opportunity to access online platform” (FGD – Girls – Kenya).*

Ensuring that the girls have continued access to education, government should provide financial, and material support for the physical school attendance programmes at community level with volunteer teachers delivering online lessons. Findings further showed that while some schools received awareness messages, and one-off COVID materials, schools lacked sustainable supply of protective equipment during the COVID-19 period.

*“the government and CSOs should empower schools and Parent Teachers Committees (PTCs) to ensure that the supply of PPEs, sanitary hygiene supplies, and capacity building for the teachers is sustained to ensure that girls and boys are safe and remained in school” (FGD – Boys and Girls – Zambia).*

Further suggestions recognised that abrupt transition to online learning may have required schools to create new lesson plans or adapt existing ones quickly to suit specific classes. This should also require schools to networks and encouraging co-operation between teachers and schools to facilitate the transition to new learning environments.

### **3.4.3. Improving Household SafetyNet to Ensure Children are Protected.**

Several governments such as Malawi, Egypt and Zambia, adopted measures to improve household SafetyNet's In line with the SADC Model Law on ending child marriage, a child is entitled to social protection and social security services through policies, measures and interventions to ensure that a child has access to adequate social protection and social security services. To adhere to the SADC Model Law provision and above, the **Malawian Government** established an Emergency Liquidity Assistance framework to support banks in the event of worsening liquidity conditions, suspended interest, and principal payment for microfinance institutions, facilitated mobile money and e-payments, and established a liquidity fund for small-medium enterprises. It was stated that these interventions were to mitigate the impact of the COVID-19 pandemic.

*“By strengthening national liquidity, the livelihoods of people are guaranteed by ensuring that essential trade continues where food markets and trade continue” (KII, Government Representative).*

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*In Zambia, the Ministry of Community Development and Social Services, with support from UNICEF, developed a response plan to address the impact of COVID-19 on vulnerable populations. This included the provision of emergency cash transfers to provide temporary emergency support to the most vulnerable households already on a Social Cash Transfer and included horizontal expansion to include informal workers, and prevent family separation due to the effects of COVID 19 “You see, our COVID-19 Emergency Cash Transfer (ECT) programme is a temporary intervention to support 204,000 vulnerable households including those who have become vulnerable because of the COVID-19 pandemic, in 22 districts” (KII- UNICEF Representative). “We have received overwhelming support from partners like UNICEF, WFP, and non-governmental organisations (Plan International, Child Fund and the Zambia Red Cross Society)” (KII – Government Staff).*

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This support is part of the ongoing efforts to safeguard the livelihoods of families and protect children in homes and around their communities. In **Egypt**, findings showed that the UN Women of Egypt cooperated with the National Council of Women (NCW) in strengthening the technical capacities of the Women’s Complaints Office (WCO) affiliated to NCW.

*“Yes, we worked with other government and non-governmental organisations in establishing a Standard Operating Procedures (SOPs) for recording and following up on complaints about cases against women” (UN-Representative).*

Findings further showed that Egypt also developed the GBV shelters through the Ministry of Social Solidarity (MoSS) to support women, girls and boys who were victims of violence. This support included the endorsement of new protocols that ensure it takes into account the COVID-19 pandemic response.

***Additional strategies for reduce the risks to child marriage through improving Family and Girl’s Livelihood:*** This assessment showed that poverty forces families to marry their daughters at a young age as a way of improving the economic status of the family. In line with the SADC Model Law, government and partners should develop laws and programs that empowers families, and creating economic opportunities for young girls and households, is to ensure resilience among girls and families and discourage them from marrying their daughters early. Findings demonstrate that although some governments implemented emergency cash transfer (Zambia), Emergency Liquidity Assistance (Malawi) and strengthening the technical capacities of the Women’s Complaints Office (Egypt), poverty in families, continues to make girls have less access to schooling and paid work.

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*“you see, it is important for governments to link their livelihood Social Cash Transfer (SCT), Farmer Support Programs (FSPs), as well as economic and microfinance activities to girls support to reduce their vulnerability to child marriage (KII, CSO).*

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In this regard, strategies to empower girls and families may include skills training, providing microcredit or savings clubs, and jobs and job placement services. In some countries like

**Kenya, Malawi, Rwanda, Tanzania and Uganda**, governments and CSOs with support from donors like AID for Africa and GPE are supporting efforts to remove school fees and supporting parents with educational needs (such as uniforms and other school-related expenses) to ensure the right to education is realised for the majority of the children during and after COVID-19. These interventions should be scaled-up and linked to ending child marriage.

#### *3.4.4 Ensuring Continued Health for Adolescents*

Findings showed that governments collaborated with private institutions and CSOs to ensure that adolescents had access to health information and products during COVID 19. This was in line with the SADC Model Law on ending child marriage which calls for countries to train and work with health service providers so that they respect the sexual and reproductive health rights of every adolescent while the AU Common Position calls upon states to provide free and quality health education. Therefore, countries across the region are exploring the feasibility of providing remote and mobile SRH services to ensure continuity. For example, in **Uganda**, UNFPA collaborated with the Ministry of Health to maintain family planning services.

*“We are working with partners to ensure that the provision of health services to adolescents – outreach SRH information and products and, GBV and to the general population --- family planning, reproductive health information--- are not disrupted due to COVID-19”* (KII – Government Representative).

Also, findings from **Kenya**, showed that health outreach continued to be provided using mobile and remote integrated GBV and SRH services. It was reported that:

*“adolescents have continued to receive outreach health information through door-to-door distribution of free condoms and raising awareness about HIV and family planning”* (KII – CSO Uganda).

Secondary data also shows that UNFPA and UNICEF country offices and partners during COVID-19 triggered school closures, introduced other means to reach young people with health education and key messages. In **Mozambique**, for example, mini-drama messaging addressing COVID-19 related issues were broadcast to reach young people with messages about COVID-19, child marriage and gender-based violence. In **Uganda**, audio messages were shared through radio stations, the Child Helpline, television, social media, text messages and U-Report. These messages were translated into local languages to ensure efficiency.

In **Zambia**, findings showed that adolescents have continued to receive health information during the first wave of school closures and during the phase when schools re-opened in 2020. Those talked to confirmed that:

*“these days, the situation is different, as we can receive health information on radios... we can even visit health facilities depending on how you relate with health workers”* (FGD – Girls Zambia).

In addition the country is implementing community case management to identify vulnerable children and directly address their issues using traditional approaches or refer them to services including health, education, nutrition, PSS and to social workers for violence cases.

In most countries across the region, UNFPA provides dignity kits to vulnerable women and girls. In countries like **Malawi** and **Egypt**, the provision of health services including life skills, health education, the supply of comprehensive education for sexual health, and other services for all survivors of child marriage, including the expansion of social protection and child rights services were reported to have continued during the lockdowns.

In preparation for the re-opening of schools, most countries such as **Zambia**, **Kenya** and **Egypt** focused on supporting schools with Personal protective equipment (PPEs) and Infection Prevention and Control (IPC) material. In some countries, like **Malawi**, conducting sensitisation campaigns targeting schools, children, teachers and school administrations were important interventions to ensure children's health and safety.

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*“We realised that schools cannot continue to be closed, because we will lose a lot of children especially girls to marriages, therefore, within our strategic plan, to re-open schools, we factored in hand washing facilities, soaps, sanitisers, face masks, infrared temperature guns, desks to ensure social distancing” (KII – Parliamentarian – Zambia).*

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***Additional strategies to reduce the risks to child marriage through increased access to Health Services for adolescent:*** Although findings showed that adolescent girls and boys had continued access to sexual and reproductive health, and rights services, respondents indicated major gaps still existed in adolescents' access to SRHR information and products. It was reported that, government and CSOs should work to integrate adolescents SRHR services within community services to ensure that even during and after COVID 19, adolescents will still have adequate information and products within their communities. Discussion with adolescents in Uganda, like in Zambia and Kenya indicated that:

*“service providers should train people from the communities including young people as peer educators and supporters to deliver adolescent friendly SRHR information and health products within the communities” (FGD – Girls – Uganda).*

According to recent work by UNFPA on how to deal with SRH issues in COVID-19 times, governments and other services providers should design and implement interventions that ensure that SRH and gender-based violence were considered as essential services, and that these services be integrated into primary health care.

*“countries should partner with young people and/or youth networks to ensure adolescents and young adults continue receiving SRH and gender-based violence services during the COVID-19 pandemic and similar crisis context”. KII – Unicef Staff*

Findings further demonstrate some of the activities that governments should work with relevant stakeholders to enhance the skills for para-professionals to allow adolescents to have access to condoms and contraceptives, to help prevent the risk of unwanted pregnancies, Child Marriages and exposure to sexually transmitted diseases. Also, community sensitisation of all stakeholders including parents, community members and girls during and after COVID-19 was one strategy participants highlighted as important for adolescents to continue accessing information and services on issues related to their reproductive health.

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*“Adaptive leadership has been adopted in Zambia’s 2017-21 National Health Strategic Plan to introduce a behavioural focus to ASRHR and HIV prevention and supplement existing medical and social initiatives around young people’s development” – (KII – Youth Advocate – Zambia).*

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While **Zambia**, is piloting adaptive leadership programme as an approach that would facilitate increased access to health services for adolescents in the communities, CSOs in Kenya, and Sudan also pointed out that community-based interventions aimed at strengthening SRHR among adolescents can help to reduce such health challenges through making SRHR appropriate and accessible by adolescents

### **3.4.5. Stakeholder Engagement in Ending Child Marriage**

This assessment demonstrated that at the community level, traditional and religious leaders reported having community-based committees that push forward the agenda of ending child marriages. In this way community engagement was critical to the success of ending child marriage. Engagement with youth networks and community members as well as CSOs is essential for reaching adolescents and youths directly.

*“We have been supporting countries to design and implement the programme to accelerate the response to adolescent’s health during COVID-19 context, mindful of public health and social distance protocols” (KII – UNICEF Representative).*

In some countries, when face-to-face traditional community engagement was no longer possible, UNFPA, UNICEF and partners worked with local CSOs to find innovative ways to continue to engage with communities. For example, in **Uganda**, para-social workers were engaged and have been using phone calls to continue virtual community engagement for one-on-one interaction with vulnerable adolescent girls including, identification, assessment, referral to the multi-sectoral case management system for response services, the Child Helpline and follow-up on at-risk girls and families.

In **Zambia**, youth associations were supported during the first wave and after school re-opened in 2020 to mobilise youth volunteers to engage in the COVID-19 response. In most cases, these committees acted as community gatekeepers and would punish or report individuals disobeying national and local laws and guidelines on child marriages.

In addition to ensuring that national and community laws were followed, some traditional and religious leaders also engaged actively in advocating against female genital mutilation, Child Marriages and teenage pregnancies. As one traditional leader reported:

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*“We call ourselves the Jury XX council of elders ...we do a lot of advocacy against FGM, administer early marriage and teenage pregnancies”.*  
(KII- Traditional Leader – Kenya)

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It was noted that community-based structures if well organised have the potential to promote community involvement in fighting child marriages from the lowest levels during COVID-19. Key stakeholders in implementing programmes and activities on ending child marriage include girls and boys, parents, religious and traditional leaders and CSOs.

Taking the campaign to the next level, traditional leaders in Zambia have moved in to take a lead role in ending child marriage. During their participation in the Symposium on child marriage, they made commitments to share information about child marriage in Zambia, learn from one another, and explore ways to build partnerships in the country as narrated by one traditional leader. In some countries like **Malawi**, due to lockdown measures like social distancing and movement restrictions, all community engagement interventions that require face-to-face interactions were adversely impacted. In **Uganda**, the mobilisation and engagement with men and boys' groups, where gender equity and social norms are discussed were put on hold.

### A Chief's effort and commitment to ending child marriage

Our desire is to see that children, both girls and boys are educated, by creating an equal playing field for them to be kept in school.

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*We want this message to reach everyone – residents and non-residents in which messages against these social vices should greet them as they enter our Chieftom. We will make sure that similar messages are inscribed on school walls, and streets too.*

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To enforce measures put in place by the government and our own customary measures, we have set up a committee to preside over any cases of child marriages. We withdraw such children, impose sanctions on their parents and support the children to continue with school. We are also working to build Coordinated Response Centres, which represent a promising model for providing comprehensive care to survivors.

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*“In my chieftom, we have declared zero tolerance to child marriage, teen pregnancy, child defilement, and GBV as these vices hinder children from realising their full potential. Let us protect our children.”*

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This message has also been delivered to other chiefdoms in the country where I have been getting invitations to share our plans with other chiefs. At international level, these plans have also been shared to ensure that the girl child is protected regardless of national boundaries.

The above scenario is not unique to all countries with reports in **Ethiopia, Mozambique and Zambia** indicating that community engagement with various stakeholders had been cancelled or scaled back. In **Zambia**, community-level structures, such as traditional leaders and their community surveillance mechanisms, were mobilised to closely monitor the situation, while in countries like **Sudan and Somalia** a strong community engagement resulted in the identification of cases of child marriage arrangements, and the cancellation of such arrangement.

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## Key Emerging Issues as of December 2020

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- i. Inadequacy of online and remote education system and learning opportunities for children especially those in low-income households during the first wave (March to December 2020).
  - ii. Lack of sufficient learning space within the schools to allow for social distancing after school re-opened between September and December 2020 and as the pandemic evolves.
  - iii. Introduction of learning in shifts measures in schools to ensure children are in school and safe during the pandemic period.
  - iv. Lack of support systems and opportunities for children who may be willing to return to school after schools re-opened especially children from vulnerable households.
  - v. A limited number of people especially vulnerable households receiving COVID-19 rescue packages such as emergency cash transfer, food hampers and COVID prevention materials.
  - vi. Reduced access to SRHR services and products for adolescents during strict stay at home period and after measures were eased.
  - vii. Exclusion of pregnant girls from school in some cases.
  - viii. Lack of concentration on comprehensive sexuality education during online school lesson due to school closures.
  - ix. Limited number of skilled emergency response staff or para-professionals to support emergency activities in facilities or communities.
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### 3.1. The Effectiveness of Measures during COVID-19 Situation

Different countries have made various progress toward ending child marriage in line with the SADC Model Law and AU Common Position on ending child marriages. In this section, we present the effectiveness of the measures countries have taken to end child marriage during the COVID-19 pandemic.

#### 3.1.1. Countries regulation on ending child Marriage during and after COVID 19

Most governments established different laws and regulations before the onset of COVID 19 to ensure children are protected against child marriages. This assessment established that all the countries except for Sudan have developed policies that set the minimum age for marriage at 18. These policies continue to be going through adjustments and debate for further improvements. The table below shows the progress countries have made in enacting laws on child marriage as of December 2020.

**Table 4: National Adoption of Minimum Age of Marriage**

Country	Progress	Comment
Egypt	Achieved	Under the Egyptian Child Law, 2008; Annex: Article 31-bis, the marriage contract shall not be registered for those who are under 18 years of age. Without prejudice to any criminal penalty stipulated in any other law, anyone who registers a marriage that violates provisions of this article shall receive disciplinary punishment.
Kenya	Achieved	Adopted the age of 18 as the legal age for marriage as one participant explained: <i>“Then we have the minimum legal framework for this particular one to end child marriage is the Marriage Act of 2014 which stipulated the age of 18 before the girl too is legally allowed to get into marriage” Female KII, Kenya (KII, Implementation Partner).</i>
Sudan	Pending approval	Currently, there is no specific law to restrict the age of marriage in Sudan. Individuals can get married as long as they are old enough to reason and consent on their own. However, much progress has been made in formulating the marriage act which is pending approval by the Sudanese Government.
Malawi	Achieved	Under the Malawi Marriage, Divorce and Family Relations Bill, 2015, Part III: No. 14., two persons of the opposite sex who are both not below the age of 18 years, and are of sound of mind, may enter into marriage with each other. <i>“In line with the SADC Model Law, we revised this law in 2017, under Chapter IV: No. 22. (Family and Marriage) to include a provision that all men and women have the right to marry and found a family” (KII – Parliamentarian).</i>
Uganda	Achieved	Under the Constitution of the Republic of Uganda, 1995, Chapter 4: Article 31. (Rights of the family) Men and women of the age of 18 years and above have the right to marry and to find a family and are entitled to equal rights in marriage, during marriage and at its dissolution; <i>“In Uganda, Customary Marriage (Registration) Act (Cap. 248) Section 11. Restricts customary marriage and shall be void if - the female and male parties to it has not attained the age of 16 years” (KII – Parliamentarian).</i>
Zambia	No minimum age limit of 18	Under the Zambian Constitution Articles 17 and 33, a person aged 16-21 years may marry parental consent. A person aged under 16 can be married with judicial consent assuming the particular circumstances of the case are not contrary to the public interest. <i>“Under the 2016 amended Constitution, Article 55(5): Every child has a right (d) to be protected from discrimination, neglect, abuse and harmful cultural rites and practices, including female genital mutilation and body mutilation, and to be protected from marriage before attaining the age of 18 years.</i>

**Legal and Regulatory on ending child marriage during COVID 19:** Across the countries, national instruments have different ways in protecting and guaranteeing children’s rights in line with the international human rights instruments including the SADC Model Law and AU Common Position. It is critical at this point to state that many of these laws have not been adapted to suit the COVID-19 situation either during the total lockdown or when school re-opened. In **Egypt** and **Zambia**, it was established that the conflict between the statutory and

customary laws, perpetuated child marriages and it was escalated during the COVID-19 situation in 2020. Findings demonstrate that:

*“this conflict of laws violets the rights and the freedoms and girls endure unfair treatment which exacerbates child marriage, unequal distribution of property, and more under the customary law” (KII Religious Leader).*

The laws were said to have lacunas in addressing the vice, therefore, creating the need to strengthen the sensitisation on the progressive laws and policies specifically targeting local leaders to address the vice and parliamentarians to redress the loopholes. Advocacy for law reform to address the vice has also been very low, especially in **Sudan** and **Egypt** where legal provisions are less enforced if any. This exacerbated the weak progress, especially during the COVID-19 Pandemic on ending child marriages. There has also been a fragmented response to legislating children’s rights generally. This is evidenced by the inconsistencies and, sometimes, overlapping of the efforts that exist in addressing issues relating to children.

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*“Because existing laws are often poorly enforced or superseded by customary and religious laws, it becomes particularly important to work with community leaders and members of the law enforcement and the justice sectors to ensure adherence” (KII Traditional Leader).*

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In this regard, to end child marriages, some countries like Malawi, Kenya and Zambia are attempting to harmonise the legal and customary laws and provisions. Also, interventions to promote legal literacy and support paralegal services have been attempted in Kenya to help equip judicial officers with knowledge of responding to matters affecting adolescent’s health (GBV, and child marriages). Legal and other support services are being supported in Zambia for those who want to escape child marriages and those facing the prospect of early marriage by intensified advocacy for legal reforms and compliance with international instruments to guarantee better protection and enjoyment of human rights by all through domestication of these instruments. During emergencies it is commonly acknowledged that response plans (including for COVID-19) that aim to protect children should ensure continuity of key services including including adolescent sexual and reproductive health and rights, mental health and psychosocial support, education services and interventions to address violence. In this regard, several emerging issues were documented during the assessment which range from stakeholder’s participation in developing and implementing the measures, access to the services being provided as well as their experiences and satisfaction of the services during COVID, as reported below.

### **3.1.2. Strengthening Access to School Laws during COVID-19**

While most countries developed initiatives to ensure that children continued going to school between March and December 2020, findings demonstrate that the initiatives developed did not ensure that learners received standard education services during the first wave of COVID-19 measures even after school re-opened in 2020. For instance, concerns were raised regarding the effectiveness of the measures that were introduced as mentioned in the previous sections, and the extent to which most vulnerable girls and boys benefited. For instance, findings showed that the introduction of online education systems including the TV and radio broadcasting of lessons during March and September 2020, favoured children with a higher wealth status,

predominantly in urban areas while the majority of children from rural-based and poorer households had poor network systems and no facilities to access online lessons if they were even available.

Findings demonstrate that although UNICEF, UNFPA and partners supported countries with virtual e-learning such as Ethiopia, Kenya and Zambia, in Ethiopia, providing effective and accessible remote learning opportunities for children was still a challenge. With many countries re-opening schools after the first wave and allowing children to go back to school<sup>51</sup>, the pandemic still threatens their livelihoods as many of them could not manage to secure COVID 19 preventive materials as the pandemic deepened the household poverty levels and crimped caregivers or parents' sources of income. For some girls, pregnancy remained a barrier to their access to education with reports indicating that some pregnant teens were being denied access to education facilities and other services.

For most of the CSOs and youth activists, this was exacerbated by the inadequacy in the provision of online education to the learners especially those from poor households. Findings further showed that even after the period September to December 2020, when the lockdown measures were eased and school re-opened, adolescents found it difficult to access education information and support from parent/caregivers to support their children to return to school.

The lack of policy and laws to ensure that all children returned to school after COVID 19 exacerbated the vulnerability of children into child and forced marriages, at a time when COVID-19 was already presenting serious challenges. COVID-19 related school closures presented the need for governments to establish programs and interventions that ensure the schools were safe for children after schools re-opened such as enhancing capacity and skills of teachers, parents teachers committees and use of technology based delivery of education to all especially the rural population and those most exposed to child marriages. Despite this opportunity presented to governments and other implementing partners, several governments in sub-Saharan Africa, let alone the target countries for this assessment, have not developed any policies to safeguard the interest of many girls and boys affected by the COVID-19 regarding return to school.

Among the elements that deterred young people from returning to school were reports of pregnancy tests for all children returning to school. For instance, in **Uganda**, CSOs were asking schools to subject learners to mandatory pregnancy tests to ascertain the rate of teenage pregnancies. High school dropout rates registered for example, in APAC district where more than 600 pupils who were supposed to sit for Primary Leaving Examinations, dropped out of school largely due to teenage pregnancies. These findings point to the need to implement programmes that will advocate for girls' return to school and their right to education guaranteed despite being pregnant. Some interventions should focus on working with schools and community-based child protection structures to follow up with families to make sure that the girls are protected and that families are encouraged to let them return to school.

### ***3.1.3. Strengthening Child Marriage Laws during COVID-19***

In many countries, national legal provisions for the minimum age of marriage are usually superseded by customary and religious laws, which often do not set a minimum age of marriage that complies with global agreements, or any minimum at all. In some parts of Sudan and

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<sup>51</sup> <https://africa.cgtn.com/2021/02/12/zambian-leader-says-strategy-to-end-child-marriages-bearing-fruits/>

Egypt's religious and ethnic communities, for example, these laws provide weaker protections against child marriage for girls (Maswikwa et al., 2015). Our findings from document review, show that girls in 30 countries around the world may not be legally protected from marriage before the age of 18 when exceptions under customary and religious law are considered. Overall, our analysis shows that when the legal exceptions of parental permission and parallel customary and religious laws are considered, marriage is permitted below 18 in 104 countries worldwide.

In most countries, child marriage is prohibited by national law but many countries still allow girls to be married before the age of 18; in Ethiopia under 16 years for serious reasons while in Mozambique with exemption in recognised special circumstances with parental or legal representative consent.

*“During COVID-19, these differing circumstances, subject many girls to marry before reaching the legal age for marriage” (KII – UN Representative).*

*“This is more common after girls get pregnant and parents opt not to accommodate them in their homes” (FGD – Girls and Boys Malawi).*

In Zambia, Article 7(d) of the Amended Constitution recognises customary law as long as it is consistent with the Constitution while in Sudan, 15 years of age for non-Muslim boys and 13 years of age for non-Muslim girls if one of the couples to be married is under 21 years of age, written and signed consent of father, mother or guardian is essential.

*“During COVID-19, some of the custody laws have been a source of illegal marriages with most children being the victims” (KII – Government Official).*

To ensure that customary marriage law is consistent with the Constitution, there is a need to adopt the SADC Model Law to end child marriage, amend the marriage act, and adopt policies that clearly define marriage and prohibit child marriage in its totality<sup>52</sup>.

#### **3.1.4. Improving Household Livelihoods during and after COVID-19**

The SADC Model Law promotes Government economic support to families and children to assist in the delay of marriage, such as: providing conditional cash transfers to the family to encourage children to remain single until they reach the minimum age of marriage; providing funds to a girl child to enable her to complete secondary education; or giving scholarships and bursaries to a girl child up to tertiary level. Findings in this assessment established that several governments have education support initiatives, and emergency cash transfers for the most vulnerable families that address household poverty is one of the drivers of child marriage may have an impact on ending child marriage. Government education bursaries..... However, findings showed that a limited number of participants in Malawi were aware of livelihood support in their area from the government or NGOs. Although some identified that primarily cash transfer and maize distribution were provided in some communities, fewer respondents received livelihood support during the COVID-19 period. Findings in Zambia identified government assistance in the areas of food distribution, information on COVID-19, hygiene kits, cash support and COVID-19 testing.

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<sup>52</sup> Population Council, UNFPA, and Government of the Republic of Zambia. 2017. “Child Marriage in Zambia.” Lusaka, Zambia.

Meanwhile, all the parents and girls and boys interviewed indicated that they had never received any of the interventions to safeguard girls and boys from COVID-19 related stay-at-home measures. In **Malawi**, 76% of the respondents were unaware of any government assistance available with a small number who had heard of government assistance in response to the pandemic primarily identified cash support, food distribution and hygiene kits. According to the livelihood's rapid needs assessment, most of the respondents did not receive government support. The situation in Malawi was similar to that in Uganda – where secondary data showed that 93% of the respondents did not receive any government support.

### **3.1.5. Continuing Essential Health Services during and after COVID-19**

Findings demonstrate that the pandemic has brought disruption including shocks to health and social care systems in the Eastern and Southern African countries due to increased number of COVID-19 cases. While this is so, COVID-19 containment has been low especially in situation of resource constraints which have led to risks of disruption of routine healthcare services in multiple ways. Interviews showed that:

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*“There are fewer resources allocated to other health care needs such as reproductive health as attention has been placed to COVID-19 measures...., we are seeing many hospitals entirely designated as COVID-19 hospitals and SRMNCAH workers diverted for COVID work” (KII – CSO Representatives).*

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To help resolve these challenges, partners like UNICEF and UNFPA in Uganda, developed a collaboration mechanism with the Ministry of Health to maintain family planning services for adolescents who experienced difficulties in accessing health services due to movement restriction, and non-availability of transport and health products during lockdown (March to September 2020). In **Kenya**, during the period of partial lockdown (March to December 2020), although outreach services continued to be provided through mobile and remote integrated GBV and SRH services, it was reported that the fear of contracting COVID coupled with concerns about prolonged separation from family (when sick) discouraged people from visiting health facilities and consulting health workers for essential reproductive health services.

In **Malawi and Zambia**, while adolescents reported that they had continued accessing health services, among those that participated in the interviews, secondary data showed that adolescents who previously (before March 2020) had access to SRHR services were no longer accessing these services during the pandemic period (March and December 2020) due to fears of Covid-19 transmission<sup>53</sup>. In **Kenya**, 56% of the adolescent girls and boys reported having access to information on SRHR services during the pandemic (March to December 2020). Challenges were also reported in that they could not easily visit the health facilities and receive information from health staff.

Do these findings demonstrate the need to have contingency plans to ensure young people have access to health services and products (SRHR/CSE) during emergencies like COVID-19? Interviews with parliamentarians and UNICEF representatives demonstrate that COVID-19 pandemic has exposed the weak planning during emergencies for most countries requires

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<sup>53</sup> <https://plan-international.org/sexual-health/how-covid-19-threatens-girls-women>

reconfiguration to ensure that adolescent health during emergencies, especially ASRHR is prioritised. Therefore, as the pandemic evolves and lockdown and social distancing measures change, there is a need to support strategies that can be employed to ensure provision ASRHR services and addressing pregnancy which is one of the drivers of child marriage

### **3.1.6. Ensuring Actors Commitment to End Child Marriage during and after COVID-19**

**Enhanced capacity and skills of Judicial Officers:** Findings demonstrate that governments had put in place measures to ensure that there was continued delivery of judicial services to enhance among other the protection of children. These measures were in direct response to preventing the spread of COVID 19 as well as continued delivery of judicial services. In **Kenya**, all court sittings were suspended except for urgent matters, as well as all foreign travel for justice institution staff, during COVID-19 while in Zambia, and Malawi, courts were closed with court Session deferred to later dates. On 19 March 2020, the Ugandan Chief Justice issued guidelines suspending court appearances for 32 days, following earlier presidential guidelines on the prevention and mitigation of COVID-19.

These measures slowed and denied access to justice by some especially for violence cases. To mitigate the challenges arising from the COVID-19 measures, Kenya's JTI made consultation with various partners including IDLO to transform its convening platforms from physical to virtual. In Ethiopia UNICEF advocated with the Federal Attorney General and Supreme Court at the national and subnational levels for the release of children and women in detention while in Zambia, The Judiciary of Zambia in collaboration with the International Labour Organisation (ILO), held a sensitisation workshop for Judges on the impact of COVID-19 on International Labour Standards for most marginalised groups. Findings, therefore, shows that countries adopted holistic and inclusive strategies for ensuring the continued functioning of the justice system and equal access to fair, timely, and effective justice services. There was need however, to also provide trainings of child marriage prohibition officers, judicial officers, law enforcement officers, traditional leaders, religious authorities, other public officers and policymakers in the new strategies.

**Strengthening community networks and mechanisms:** Governments and CSOs in Eastern and Southern African countries are promoting and encouraging local communities to establish community watch committees under the auspices of traditional leaders or religious authorities, for the prevention of child marriages and protection of children already in marriages. This approach has been effective in ensuring that girls and boys are safe during stay-at-home measures as a result of COVID-19. Communities have also taken a stand against child marriage. In Egypt, for example, the Grand Iman, second in charge of Al-Azhar University, declared a fatwa against child marriage in 2019.

*“This continued to be the cornerstone of ensuing child marriage even during COVID-19 lockdowns and highlighting that marriages should be based on mutual consent of persons over 18 years of age “(KII-Religious Leader).*

In Ethiopia, due to the spike of child marriages during COVID-19, the leaders of the Orthodox Church declared that they will not be presiding over marriages where either spouse was under 18. In Malawi and Zambia, chiefs, such as Chief Chamuka, have developed chiefdom by-laws outlawing child marriage. According to chief Chamuka ‘*child marriage has no place in modern society.*’ These measures have proved to be effective in curbing child marriages during lockdowns, and these efforts should be promoted. Similarly, in Sudan, committees and

technical working groups have been put in place in which community dialogue meetings and sensitisation are conducted.

**Addressing adolescent needs with adolescents:** To strengthen child surveillance systems and national child rights observatories, several monitoring systems have been put in place to identify, report and collect information on child marriages. In Kenya, school-based girl club sessions on ending child marriages that aim at providing knowledge on sexual and reproductive health have been developed. These are being used as surveillance mechanisms for ensuring that children are involved in the governance systems. In Sudan, the presence of the child protection unit targeting child protection and female genital mutilation has helped in responding to the needs of the children.

**Strengthen Local Mechanisms for Monitoring of Cultural Practices:** In all the countries in the assessment, child marriage is deeply embedded in cultural traditions, which take different dimensions that made it difficult to address child marriage issues during COVID 19. However, as the campaign against gender inequality, gender-based violence and female genital mutilation demonstrates, participants identified community mobilisation as an effective approach in initiating behaviour change and discouraging harmful practices. For instance, in **Zambia**, chiefdoms and local communities are already taking action to end child marriage.

*“To enforce measures to end child marriage put in place by government and our own customary measures, we have set up a committee to preside over any cases of child marriages....., all marriages under 18 years are withdraw, and parents found wanting receive sanctions”*( KII – Traditional Leader –Zambia).

Findings showed that these community-based interventions are working to reduce early marriage at local level where the practice takes place. Local level interventions during COVID-19 situation are taking into account complex and deep-rooted social norms, attitudes, and practices which consider engagement with communities, community-based organisations and local CSOs in a bid to develop locally sound strategies for ending child marriage. Grassroots efforts, coupled with national policies that prohibit child marriage, signal a desire among governments and local communities to end the practice.

### **3.1.7. Reducing the vulnerabilities for children already in marriage**

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*“Despite efforts to end child marriage, a substantial number of young women continue to marry during adolescence. Studies have found that females who marry young may be less capable than those who marry later of asserting themselves in their marriage, which may place them at higher risk of experiencing physical and sexual violence”* (Santhya, 2010).

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#### **3.1.7.1. Supporting the Livelihood and Skills Development**

Young women already in marriage are particularly vulnerable to abuse, have limited access to health services and are more likely to stop their education. Findings showed that; *“Once a girl gets married, there are limited chances of them continuing with education”* (IDI – Parents).

It was established that *“young girls become slaves in their homes especially if they have no sources of income or skills to find something to do.... Sometimes, even if they have a skill, tradition demands that women especially those if they are young, they cannot engage in economic activities”* (FGD Girls and Boys).

Therefore, during the COVID-19 context, measures should be targeted at protecting, supporting and building economic security and livelihood resilience for young women to ensure that they have a secure income. This intervention should take into account skills development, promotion of entrepreneurship and vocational training to ensure that they develop the skill for them to use to enhance household livelihood.

### ***3.1.7.2. Promoting and Securing Access to SRHR for Young Women in Marriage***

Recognising and responding to the sexual and reproductive health and rights needs of young women in marriage is essential for them to have access to life-saving services (including contraceptives), crucial to young women's wellbeing, and need to be protected as part of the critical response to this crisis. Respondents stated that developing effective ways for providing adolescent girls with family planning to avoid unintended early pregnancies is one of the major discussions among stakeholder during the COVID-19 situation and as the pandemic evolves. For others, attempts to enhance awareness of reproductive health issues targeting both young women and their partners has been another key consideration. Findings demonstrate these considerations are paramount and should be accompanied by calls for increased community and family support for the reproductive health and family planning services for married adolescent couples.

*“[If] the stay-at-home measures, access to contraception for young women is limited, and they are more likely not to practice child spacing” (FGD Parents).*

### ***3.5.3.3. Promote Re-Entry into School***

Findings suggest that many girls and boys may not return to school after lockdowns as they would already be pregnant (girls) and/or married. The assessment documented that:

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*“Teenage pregnancy threatens to block many girls across Africa from returning to school. According to a report by World Vision and UNESCO, it is estimated that as many as one million girls across sub-Saharan Africa may be blocked from returning to school due to pregnancy during COVID-19 school closures.”*

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In this regard, parliamentarians, governments and CSO, should consider developing regulations and programmes (re-entry laws, to return to school programmes) that make sure that girls are not discouraged from returning to school by being flexible in their approach to education and schooling and adapting future admissions procedures to their particular needs. This must include making it easy for pregnant girls and young mothers in marriage, who often face stigma and discriminatory school environments to return to school.

As a follow-up to the measures developed during the first half of the COVID-19 pandemic such as utilising the online platforms to deliver lessons to learners, governments need to work closely with teachers, school staff and communities to ensure that distance learning is fully accessible to all. Enforcing regulations towards regular information and help for caregivers is also crucial to make sure children, especially girls, are motivated and families are encouraged to invest in girls' learning. Some families and learners, in particular, are in places where digital

solutions are not accessible, including in conflict and disaster-prone areas and humanitarian crises, as such, governments must invest in distance learning approaches that are low-tech and gender responsive. This includes sending reading and writing materials to families (as experienced in Sudan) through a volunteer teaching model and using radio and television broadcasts.

### **3.6. Enhancing the Utilisation of SADC Model Law Laws during COVID-19**

#### **3.6.1. Strengthening Monitoring and Reporting Mechanisms**

This section presents findings on the suggestion and proposals on how the SADC Model Law on ending child marriage can be utilised by SADC member states in addressing the impact of the COVID-19 on ending child marriage. Findings demonstrate that all countries have adopted at least, one or more provisions as provided for in the SADC Model Law. For instance, Kenya put in place measures and platforms for monitoring and reporting child marriages and gender-based violence.

*“As part of the measures that have been put in place through dedicated government ministries and departments working with CSOs, there are established platforms that track, capture real-time information and report on Child Marriage” (KII – Government Representative).*

These platforms will need to be strengthened to ensure that child marriage and violence against children is tracked and reported during the COVID-19. This will allow countries to submit state reports to the SADC-PF and other international and regional bodies, annually or as required under various international and regional human rights instruments.

#### **3.6.2. Strengthening Stakeholder’s Participation**

To ensure effective coordination and stakeholder engagement in ending child marriage issues, there is a need for the utilisation of a multi-sectoral approach involving all the significant others including religious and local leaders. These platforms should be linked with local leaderships and systems such as child protection committees and Community Based Child Protection Mechanisms (CBCPM) and the use of toll-free lines.

*“If local teams and groups are used, it will help avoid the results of the challenge from lockdowns as a result of COVID-19” (IDI – Parents).*

This approach will make use of local efforts that reduce the cost of moving from one point to another and at the same time allow community members to report unanimously if they need. By so doing, the lockdown measures will not affect the monitoring and reporting of child marriage cases. In line with the SADC Model Law, this process should ensure that the local platforms are strengthened to ensure their effective participation in child marriage prevention programmes. In addition, local community watch committees should be supported and funded to promote sustainability; and strengthening of community networks.

#### **3.6.3. Strengthen Households and Girl’s Livelihood Opportunities**

Findings from the assessment have shown that parents and caregivers have lost income and jobs due to the COVID-19 pandemic. The sudden economic shock has forced many households to expose children to harmful and dangerous practices, such as begging or child marriage such that without immediate action to protect people’s livelihoods, this pandemic’s impacts will

reverse progress toward achieving the Sustainable Development Goals (SDGs) and irreparably damage the lives of children – both now and for future generations. Findings showed that countries like Kenya and Zambia have already started the household empowerment process through emergency cash transfer (ECT) and the provision of food supplements to cushion against the impact of COVID-19.

Therefore, governments should scale up measures of mapping of the household that are vulnerable or of very low social-economic status to establish a system in which these families could be helped. Emergency Cash Transfer should be scaled-up monthly to improve their livelihood. This will encourage children to remain single during the COVID-19 period.

### **3.6.4. Established a Community Mapping and Early Warning System**

The assessment established that local and community-level interventions are more effective in understanding where child marriage cases are and the channels for reporting such cases. Therefore, to effectively utilise the SDAC Model Law on ending child marriage during COVID-19, there is a need to establish a community mapping and early warning system in which community members are recruited to help identify and report early and forced marriages cases to relevant authorities. In **Zambia** and **Sudan**, local efforts indicate that chiefdoms are already setting child marriage early response centres. Through this system, community structures were identified that speak against child marriages and sometimes, punish individuals who go against this norm have been established. These efforts needs to be strengthened to ensure that measures against child marriage are universal covering wider national chiefdoms. By using community members, cases of early and forced marriages are sometimes reported before they occur. The established community structures should be linked to line ministries and government departments and other stakeholders for them to effectively conduct their work.

## **4.0 Conclusion**

The COVID-19 pandemic has potentially triggered an increase in early pregnancies and marriages in Eastern and Southern Africa. This situation is due to the pandemic exacerbating several intertwined complex factors that drive child marriage while simultaneously disrupting the work of the many organisations working to end child marriage. The pandemic has contributed to limited health service delivery, exacerbated poverty, weakened legal and regulatory frameworks, and has also contributed to unsafe and insecure environments. Key measures that are in place to curb the rising or expected spike in teenage pregnancies and child marriage during COVID-19 pandemic include making sure that girls and boys continue schooling, improving household SafetyNet to ensure children are protected, promoting continued health service delivery for adolescents and encouraging stakeholder engagement in activities aimed at ending child marriage. Meanwhile, several issues such as lack of clear policy to address child protection related matters in the context of the COVID-19 pandemic, socio-cultural issues and economic challenges have affected the implementation of these measures.

### **4.1. Recommendations**

#### ***Recommendations for governments***

- i. Governments should continue to prioritise the development of innovative ways of learning through e-learning, television, and radios or tablet-based to ensure that boys and girls continue learning. This will need to include identifying alternative learning platforms for adolescents who cannot access e-learning platforms or lessons over TV or the radio.

- ii. Governments should ensure that ASRHR services are classified as essential services during emergencies (including COVID) to ensure continuity of services; prioritise support towards enhancing adolescent access to adolescent specific SRHR services. Efforts should be placed on creating awareness among young people on the existing SRHR services and addressing community and health facility workers' attitudes towards young people accessing SRHR services and commodities. Interventions must include adolescent girl programming and creating of safe spaces.
- iii. Governments should put in place (if not already), strengthen and monitor the implementation of policies to allow access to education, including re-entry policies, of pregnant girls and adolescent mothers during emergency and non-emergency times.
- iv. Government should consider provision of emergency cash transfers during emergencies to households with school going children.
- v. Governments should prioritise the development of gender responsive school curricula including on 21<sup>st</sup> Century skills, delivery of gender-responsive teacher training to create discrimination-free classroom environments. This should include comprehensive sexuality education to ensure age appropriate sexuality information as part of efforts to reduce teenage pregnancy and facilitate catch-up classes and alternative pathways to learning for out of school and returning adolescent mothers.

***Recommendation for CSOs***

- i. CSOs should implement separate adolescent spaces for ASRHR and GBV services
- ii. CSOs should support governments to ensure that all essential ASRHR and GBV services are integrated in primary health care.
- iii. CSOs should support enhanced engagement with traditional and religious leaders, adolescents, and community members in developing community-level interventions in line with human rights and national laws that address harmful gender norms. This can be done through enhancing advocacy towards emergency response, behaviour change through community groups, virtual platforms to address misinformation and negative norms that perpetuate child marriage.
- iv. Findings demonstrated that community engagement to end child marriage that involve adolescents, is vital to enhancing SRHR and education uptake for adolescents during the COVID-19 pandemic. It is recommended that CSOs should prioritise training adolescents as peer educators and partnering with youth networks and community platforms supervised by health professional to ensure community outreach continues even during strict lockdowns to enable adolescents access SRH and GBV services.

***Recommendations for community and religious leaders (local level structures)***

- i. Findings shows that effective community engagement involving parents, traditional and religious leaders in child marriage issues during COVID-19 or emergency situations is critical to ensure that SRHR, education and child protection services continue. It is recommended CSOs and government departments should engage traditional and religious leaders to improve access to schools, health services and

products as well as social welfare to adolescents and to scale-up the delivering of advocacy to end child marriage, teen pregnancies, and abuse during and after COVID 19 situation. This can be done through local radio, community meetings, and other advocacy platforms that will educate parents and children in a language that they understand better.

- ii. Traditional and religious leaders should engage with parliamentarians and local political leaders through TV programmes, community meetings and school debates on ending children's marriages during and after Covid-19. During these engagements, discussions should focus on messages on how to deal with such situations during and after COVID 19.
- iii. Traditional and religious leaders should support efforts to implement the re-entry policy. Traditional and religious leaders should support governments and schools with back-to-school campaigns.

***Recommendations to AU***

- i. The AU should provide technical support and monitor the harmonisation of country laws to ensure a continent-wide minimum age of marriage (18). The harmonisation of the laws should also focus on addressing the existence of custody and statutory laws that conflict and create loopholes thereby creating risks and perpetuating child marriage.
- ii. The AU should promote states to develop emergency strategies that classify ASRHR and GBV services as essential services, classify the social welfare workforce as essential.

***Recommendations to ESA committees***

- i. SADC should enhance its monitoring of countries on the adoption and implementation of laws and policies that will safeguard the interests of boys and girls during emergencies (including COVID).
- ii. East African Community (EAC) committees should compel member countries to fully finance education, to protect education budgets and to implement supportive measures for pregnant girls and adolescent mothers to continue their education.

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